

Portsmouth Care Group – Mental Health Inpatient Transformation Scheme.

Purpose of paper

This short report is to alert system partners to a current estates consolidation scheme proposed by Solent NHS Trust in Portsmouth, provide a synopsis of the project - including the rationale for undertaking the service changes - and present an overview of risks, challenges and mitigations.

Introduction

Each year, every NHS organisation has to plan to deliver financial efficiencies, between 4-6% of its overall budget. This is because real-terms income decreases with the annual “tariff deflator” (around 1.8%) and the cost of provision rises with annual pay awards, incremental pay-spine increases and the increased price of consumables and equipment (around 3.6%).

In Portsmouth NHS community and mental health services have reached the point at several junctures over the past 10 years; where further savings cannot be made without some redesign. One productive area for improving spend is in reviewing how current estate is utilised with a view to rationalisation. This is particularly the case where care delivery has moved from a bed based to a community based model, resulting in poor use of current wards. Better deployment of beds can result in reduced estates use and more efficient use of staffing.

This paper highlights an estates based scheme which may fall within the remit of CCG and HOSP oversight; in that it present some changes to how services are delivered to people in Portsmouth.

Proposal

At present Mental Health inpatient services are provided in three units in Portsmouth (Limes, Orchards and Oakdene) all on or close to the St James site in Locksway Road. There are currently 6 ward areas – a total of 78 beds. Through reconfiguration of ward location– all the current functions could be provided within only 2 units (Limes and Orchards), by re-commissioning an empty “mothballed” ward on the Limes, moving two separate under-used Older Persons wards into a single 22-bed unit and moving Oakdene Ward into the vacated space at Limes. This would reduce total number of beds to 72, without any loss of service. Efficiencies are released through reduced estates footprints and better use of staffing establishments.

Undertaking the scheme requires some minor estates works, but is relatively straightforward and could be completed by the end of February 2016, subject to the necessary approvals.

Rationale

Over the first two quarters of 2015/16 – total mental health bed usage across the St James sites has consistently been far lower than the number of beds in commission. This reflects a trend over the past 5 years towards greater provision of care out of hospital. Reductions in bed usage have been particularly marked for older people in the past two years, as a result of improved clinical processes and leadership. Planned commissioned improvements in community services have decreased the number of beds required in Older People’s Mental Health (OPMH). The beds in service for older people are currently divided into two wards at the Limes Unit:

- Appleby Ward – 14 Beds - “functional” (depression and Psychosis) focus.
- Kitwood Ward – 14 beds - “organic” (dementia) focus.

The current layout of wards has also left a redundant empty 8 bedded ward area within the Limes (Brooker Ward), which was originally designed for long-stay patients who had been transferred from wards within the old St James site. This is a space that obviously could be much better utilised, since there are ongoing costs to retaining the ward – but no identified source of income.

National benchmarking (NHS Benchmarking) indicates that the population of Portsmouth requires 13 beds in total for older adults with mental health problems; based on average utilisation across the whole of England. Therefore reducing from 28 beds to 22 retains Portsmouth in the top quartile for bed availability nationally. In 2015 and 2016 there have been no instances of greater than 22 older adults in Portsmouth requiring admission. The average bed utilisation across the two units has been 63% (66% Kitwood, 60% Appleby). Staff consultation has taken place and there are high levels of clinical confidence that 22 beds in the configuration suggested will be comfortably sufficient. This has also been further tested recently when the purpose of Appleby Ward was altered for a three week period during system escalation and a single OPMH Ward of 14 beds was adequate for admission needs, with up to 13 beds in use; a maximum 4 of which were for “functional” patients.

Combining the two OPMH wards into a single unit enables better staff utilisation. The Clinical Director, OPMH Consultants Group and Clinical Matron have redesigned a new staffing establishment for the unit, which provides better staff:bed ratios than on the previous separate wards.

Re-siting Oakdene does not change the number of mental health beds available for Working Age adults. Staff and service users have been fully involved in the discussions about re-siting Oakdene and are supportive of the move to the new environment.

Challenges, Risks and Mitigation

All ward areas have been built within the past 10 years and are well fitted out to a modern specification. All are suitable for mental health inpatients of any age. Each Unit has access to its own garden space and can be adapted to have its own separate entrance. There are no intrinsic estates challenges for the re-siting of the mental health wards in the manner described and the adaptations required are of a purely pragmatic nature. The following are identified challenges and risks, together with plans for their mitigation.

Oakdene Utility

The current Oakdene Unit has facilities for patients to cook their own meals, as part of their rehabilitation. It was initially believed that the Appleby area would require some adaptation to allow a larger patient kitchen to enable this to continue; however on-site testing by the clinical team has shown that these adaptations are unnecessary.

Oakdene also has a self-contained flat to allow 1 patient to “test-out” independent living, before moving to their own accommodation. There is not the ability to build this into Appleby Ward; so we will continue to seek a community based solution together with housing and delivery partners.

OPMH functional and organic split

The current Limes Unit has two separate wards, in which people with different presentations can be nursed separately. This is to allow older people with greater frailty to receive care away from more active and challenging patients. Although Kitwood and Brooker are connected by a common core and will be operated as a single unit; patients will continue to be separated into the two areas within the unit, based on their individual needs. Brooker

Safe staffing

The altered configuration of wards required a review of nursing and allied health professional establishments to ensure that we would have a safe level of staffing within the new environments. This was completed and exceeds current ratios – creating a safer staffing level.

Ligature Points

The Brooker area was not originally designed as ligature proof, but in re-commissioning the area – it has been re-fitted to make it safe for a “functional” group of patients who may present a deliberate self-harm risk.