Plymouth Community Healthcare CIC

Recovery Pathway Proposals

Public Consultation Document

1. Executive Summary

This paper sets out a proposal that Plymouth Community Healthcare (PCH) re-designs its Recovery Service so that improved outcomes and efficiencies are delivered through a programme of investment in Community alternatives to in-patient treatment.

Evidence demonstrates that Plymouth has significantly more Recovery inpatient beds when benchmarked against comparable Mental Health Providers (The Sainsbury Centre 2007, "Delivering the Governments Mental Health Policies"). Through a programme of re-distribution of resources and service re-design therefore, quality of service can be improved, and resources released for further investment.

This proposal is in keeping with the trajectory of travel nationally and with good practice and key strategic drivers (The Bradley Report (2009), New Horizons – Towards a Shared Vision in Mental Health (2009)), Personalisation in Mental Health (2010), Work, Recovery & Inclusion (2009), Realising Ambitions (2009).

An analysis of delays and gaps in the service demonstrates that in the order of 3,000 bed days could avoided through developing Community alternatives to in-patient care and strengthening working arrangements with Supporting People colleagues.

The total number of current delayed discharges "in the system" equates to the capacity of either The Gables or Syrena. A marginal improvement in the period of time patients spend within these units would yield a significant reduction in the need for inpatient beds. A more rigorous focus on delayed discharge management as well as investment in treatment options (Psychological therapies) for Service Users will achieve this.

It is proposed that a newly defined service would clearly deliver improvements through pathways for people who use our services, focus on needs, demonstrate clear outcomes, provide value for money and deliver improved quality in terms of privacy and dignity for service users.

This document argues that re-design will:-

- Enhance the ability to meet the complex needs of people within the community
- Reduce the need for Out of Area placements through a more effective model of service delivery and without compromising the ability to meet existing local demands and thus ensure that fewer people are sent out of area for treatment.
- Deliver services closer to people's homes and communities.
- Develop services in response to identified individuals needs.
- Develop a model in collaboration with people who use our services and carers as well as with clinical involvement and input.
- Provide better clinical outcomes for people.
- Deliver a significant efficiency and opportunity to re-invest in areas that are known deficiencies

It is a model of care which embraces best practice and enhances the personal experience within a framework of improved service integration and efficiency.

It is important to emphasise that this consultation is based upon a whole service re-design proposal and although it is easy and tempting to focus on bed closures or the loss of a building, these are secondary and not the key consideration(s).

The views of staff, people who use our services and stakeholders are genuinely encouraged to help inform the shape of services for the future.

2. Overview

2.1 Background

Recovery Services perform a crucial function in the delivery of long term reablement for people with severe and enduring mental health problems. They are fundamental to the delivery of an effective and efficient Mental Health Service through their focus on:-

- Developing skills and resilience to live in the community
- Delivering improved health outcomes and reducing inequalities
- Reducing inpatient length of stay
- Ensuring that Primary Care Services are supported to manage more complex individuals
- Supporting the development of an integrated pathway for Recovery Services with Plymouth City Council Adult Social Care Services.

There has been a consistent move towards more Community based services in Mental Health for some time which has led to less reliance on Inpatient service provision and more robust and integrated Community Services.

This links with a focus on the concept of reablement where people are supported to regain their place in their family and the local community as quickly as possible.

Analysis of the mental health needs for Plymouth has shown that:

- 1% of the population will suffer from schizophrenia
- 4% will have a personality disorder
- 6% will suffer from significant depression

Most of this will be managed within the existing mental health services, but it is proposed that approximately 60 people will be managed by a newly designed Mental Health recovery pathway including an enhanced community element.

2.2 Current Resources

The Recovery services model presently consists of:

- Three inpatient facilities – Greenfields, Syrena and the Gables. These Units are on three different sites, two of them are located away from any other provision or campus. The inpatient service provides 28 beds and delivers support to discharge processes and resettlement from Lee Mill, other secure services as well as support to our own local acute inpatient service.

- Community based support.-The Community element of the service, both in the Assertive Outreach Team and the Home Treatment Team has capacity issues that mean that it is difficult for them to always respond to the demands of individuals and of referrers and others that have a role in the recovery service pathway.

In addition to the Recovery Beds there are 12 Low Secure Beds based at Lee Mill. These are considered to generally operate effectively.

The Teams link into other Agencies in areas of support such as Housing and Employment. The Spring Project. is viewed as an example of where these links are working well however this is not the case throughout the entirety of the Service.

There are also links to Primary Care however these need to be developed to embrace the wider opportunities for Primary Care to be more involved in Psychiatric patient management within a framework of liaison and support.

3. Impacts of Current arrangements

A SWOT analysis of the current arrangements is set out below.

3.1 Strengths

- ✓ Stable teams that understand and can deliver the service to the current specification
- ✓ Those who use our services and Carers understand what is currently available.
- ✓ Satisfaction questionnaires are largely positive about their experiences
- ✓ Syrena provide Community follow up for some individuals which has resulted in positive feedback in regard to consistency and continuity.
- ✓ Can continue to repatriate some individuals in Out of Area Placements (OATS) within the context of the current model.
- ✓ All teams have made significant improvements in recent years.

3.2 Weaknesses

- ✓ No opportunity to fundamentally re-design pathways
- ✓ Quality remains compromised e.g. Syrena and Gables are unable to always provide physical interventions should a person become distressed. This potentially puts both staff and those we care for at risk.
- ✓ No opportunity to build a service, embedding quality at its heart from the bottom up.
- ✓ Current services are not seamlessly linked with partners in employment, housing.
- ✓ It is arguable whether some current services have the critical mass to be sustainable i.e. able to cover sickness, training and annual leave. Recent bank and agency use would support this.
- ✓ Service model does not fit with local and national policy directives i.e. too many beds.
- ✓ Some buildings i.e. Syrena and Gables are not entirely fit for purpose and may cost significant amounts to make them fit for purpose.

3.3 Opportunities

- ✓ There is an opportunity to continue to focus on developing the quality of service currently provided within the parameters that are currently set
- ✓ There is an opportunity to repatriate people back into local provision from Out of Area or to prevent their referral.

3.4 Threats

- ✓ More innovative providers may approach Commissioners and re-provide services. This might pose a risk to the long term sustainability of Plymouth Community Healthcare as a provider of specialist mental health services.
- ✓ The current number of beds or model for charging does not incentivise more efficient ways of working e.g. Speedier discharge.

The analysis underlines the potential for quality improvement within this area of Care and the scope for this to be delivered within existing resources

4. Strategic Direction

4.1 Commissioning Intentions

This Commissioning Intentions of NHS Plymouth set a strategic direction of travel for the Recovery Service that is:

- Integrated with Social Care provision
- Engages Primary Care in shared care arrangements
- Focuses on Community interventions
- Ensures Housing and Employment are priorities
- Reduces the use of inpatient beds leading to a reduced capacity.

As set out above, PCH currently provide 12 Low Secure beds and 28 mainstream Recovery beds. The Sainsbury Centre, in their document "Delivering the Governments Mental Health Policies" (2007), have suggested that it would be usual for a population of 250,000 to have approximately 10 Recovery inpatient beds and 10 Low Secure beds.

Devon Partnership Trust plan to provide no recovery beds and Cornwall Foundation Trust provide 15 for a population of 560,000. The number of Recovery beds currently provided within Plymouth varies considerably from this, even taking into consideration the 6 or so beds historically provided for other Commissioners (such as Devon).

Table 1 describes services as they are currently configured.

	Lee Mill	Syrena	Greenfields	The Gables
No of beds	12	9	10	9
Average length of stay (days 2009/10)	361	612	234	467

Table 2 sets out a comparison with the Sainsbury Centre recommendations.

Local Provision Versus Sainsbury Centre Profile		
	Mainstream Recovery Beds	**Low Secure Beds**
Sainsbury Centre Analysis	10	10
Local Provision	30	12

The comparison highlights the potential scope for a reduction in the number of Recovery Beds.

4.2 Integrated Care Pathways

There are a number of challenges described by Commissioners within the Recovery Service Specification for 2012/13. These include the requirement to deliver Integrated Care Pathways and Services which enable the User to achieve individualised outcomes from Community living. Achieving this will entail:-

- An integrated arrangement for both Commissioning and Providers that has a shared set of outcomes;
- Agreed principles for pathway management
- Identified responsibilities for delivering interventions and monitoring outcomes;
- A commitment to reducing dependency on statutory or paid for services
- An integrated approach to co-ordinating care.

It is intended that the pathway for the Recovery Service will be based around the pathways described in the Payments by Results (PbR) clusters for the management of Psychosis, Depression, and Personality Disorder. The main focus will be clusters 12 – 17 but this will be reviewed as the understanding of cluster pathways improves.

In order to deliver these intentions there are clear commitments from the Health and Social Care Commissioners in Plymouth to co-ordinate their approach to Commissioning for Recovery Care Pathway Services.

The priority objectives for the service are described as:

- Facilitating discharge planning which results in a reduction in the average length of stay in an inpatient unit and reduction in delays in discharge to community settings
- Focusing Supporting People resources on those with the greatest need;
- Committing resources to ensuring housing solutions are available and supported;
- Co-ordinating support and treatment in supported housing services;
- Engaging GPs in the on-going medical management of people in the community, including in prescribing;
- Developing the mental health awareness and skills in generic/single homeless provision;
- Developing and co-ordinating the commissioning of employment and social inclusion programmes;
- Improving the physical health and well-being of service users as part of the locality delivery model

It is proposed, by Commissioners, that the primary task will be to facilitate discharge from inpatient facilities in order to speed the flow of patients through the pathway.

In partnership with Plymouth City Council (PCC) an enhanced service will be developed aimed at achieving two key outcomes:

- An improved flow of people from inpatient facilities into supported housing through focused work and increased support funded by PCC;

- A reduction in the bed base that will deliver QIPP savings which will enable re-investment in Mental Health Community Services and other Commissioning priorities.

5. Service Re-design Proposals

5.1 Model of Care

These suggestions are an initial proposal for comments, feedback and scrutiny. It is recognised that there are other many potential ways of re-configuring services. The over riding principle however is that we have a blank canvas in terms of what our buildings and staff can deliver. The following is a potential model upon which to consult.

It is proposed that PCH, NHS Plymouth and Plymouth City Council focuses on developing the Services it provides so that it puts the experience of using services as well as outcomes and quality at the heart of delivery. In essence the opportunity exists to re-design pathways through the service with a particular focus on flow

through Lee Mill and onto Recovery units and then onto enhanced accommodation with improved and targeted Community based support. This will enable the unblocking of current bottlenecks and the continued return of Out of Area Treatments (OATS). This proposal will illustrate that it is possible to improve efficiencies & flow, enhance quality and demonstrate improved outcomes through a process of re-design.

This proposal has several key elements at its core:

1. The development of enhanced accommodation and support to address known bottlenecks.

2. A review by PCC of existing Supporting People contracts in support of 1 above.

3. Enhanced Community Services, working in partnership with Housing Providers, to improve discharge from Units and support to Housing Providers in being able to manage a greater complexity of need.

4. The possible closure of Syrena (or another unit) and a reduction of 9 beds.

5. The potential for further reductions in bed numbers and increase in community support.

6. The development of better treatments, bed management processes and a clearer role for whichever service remains.

6. An improvement in the interface with Primary Care enabling an enhanced role In management in accordance with the Pilot currently being trialled with Knowle House Surgery.

6.2 Bed Utilisation

It is proposed that the number of recovery beds will be reduced from 28 to 19 as an initial stage.

The model will involve building an alternative to inpatient provision which addresses a range of community requirements and which encompass housing, educational, employment and recreational needs.

Through the QIPP process, gaps in the delivery of effective Psychological therapies are being addressed. This aims to improve flow by providing needs led treatments.

The following analysis is based on the proposal that Syrena closes and enhancements are made to The Gables to accommodate disabled service users..

Table 3

Unit	Current Number of Beds	Number of delayed discharges	Proposed number of beds
Lee Mill	12	2	12
Greenfield	10	2	10
Gables	9	0	9
Syrena	9	5	0
Total	**40**	**9**	**31**

Bed management and flow will be rigorously monitored and managed through a fortnightly, whole service Care Pathway meeting.

5.3 Lee Mill

It is envisaged that Lee Mill will continue to operate along existing lines.

5.4 Greenfields

It is proposed that the number of beds remains at 10. These beds could however be used more effectively overall with six of the beds being used intensively and with an average length of stay of 261 days. The remaining beds would be used by men who present with more complex needs, with an average length of stay of circa 1825 days.

The Role of this Unit within the care pathway will be to provide:-

- Step down for service users from the Low Secure Unit
- Some access for OATS service users
-
- A maximum of 4 “longer term Recovery” beds for individual Service Users with particularly long standing and enduring mental health problems for whom it is neither cost or clinically effective to discharge into an independently provided service. This may include physical needs or disability and a range of complex needs.

The profile of Service Users will be those who normally have a diagnosis of psychosis Individual assessment will however be undertaken to ensure a balanced and manageable “mix” of service users.

The patient group will include individuals with complex psychological needs requiring intensive support and treatments.

It is acknowledged that Service Users may be vulnerable and present with significant risk histories.. This may include some individuals with a learning disability Including those on the autistic spectrum.

5.5 Gables

It is proposed that the number of beds remain at 9 Beds. The average length of stay will however reduce from 467 to 261 days. The location of the current service, given some of the known risks, is a specific point for discussion.

The role of this Unit within the care pathway will be to work with women to:-

- Provide "step down" from Medium (if appropriate) and Low Secure care
- Provide a pathway through local services for OATS service users
- Provide a pathway for individuals in the local Acute Unit who require an extended period of Recovery

The profile of people using the service will be those with a mixed range of diagnoses which will require individual assessment to ensure a balanced and manageable "mix". This may include individuals with a diagnosis of personality disorder and psychosis.

It will also include individuals with complex psychological needs requiring intensive support and treatments. It is acknowledged that these individuals may be vulnerable and present with significant risk histories. This may include some with a learning disability including those on the Autistic spectrum

An analysis of the efficiencies resulting from these changes is set out in Table 5 below

Table 5
Efficiencies and flow

Unit	Current average lengths of stay (days)	Proposed lengths of stay (bed days)	Current Available beds days (per year)	Proposed Available bed days (per year)	Current flow rate (per year)	Proposed flow rate (per year)	Proposed number of beds
Lee Mill	361	361	4380	4380	12.1	12.1	12
Greenfields	234	261 **Based on Mainstream Beds**	3650	3650	15.6	13.9	4 longer stay and 6 mainstream
Syrena	612	0	3285	0	5.3	0	0
Gables	467	261	3285	3285	7.0	12.6	9
Total (Recovery Units Only)	**430 (mean)**	**261 (mean)**	**10,220**	**6,935**	**23.8**	**26.6**	**19**

The table above demonstrates how a reduction in average lengths of stay in the recovery beds of 169 days will impact upon capacity and flow. In essence, a reduction in 9 beds will potentially increase the flow rate (total number of bed days divided by average length of stay) from 23.8 to 26.6 .The majority of capacity will be maintained through the development of a more efficient model that addresses blockages and issues of quality within the system. This will be achieved within an overall reduction of 9 beds which will result in 3,285 fewer available bed days per year. Please note - the overall churn rate may be affected with the use of 4 beds for longer term treatment/care.

The proposed recovery pathway associated with these proposals is set out in Appendix 1

An SWOT analysis of the proposals is set out in Appendix 2

6. Financial Analysis

As set out above there will be an overall reduction in 9 beds resulting from the implementation of these proposals.

The impact on contract values in light of PbR arrangements for Mental Health services remains to be established. Based however on existing values there would be a reduction in the contract value of circa £900K.

Clearly such a reduction would potentially de-stabilise overall services and not be reflective of the actual reduction in cost associated with the loss of 9 beds. This is especially so in light of the overall thrust of the care pathway to utilise remaining beds more intensively.

It is considered therefore that a mechanism will need to be established to manage the issue of bed reduction income loss within the context of the service contract and the emerging PbR tariff.

In order to take the financial analysis forward it is proposed to focus this on the impact of that changes in the Recovery Care Pathway will have on staffing levels.

Table 6 Core Staffing Profile

Unit	No of staff in Post currently	No of staff in Post following implementation	Enhancement to community services	Available for re-deployment
*** Gables**	22	22	0	0
*** Syrena**	16	0	0	0
*** Greenfields**	23	23	0	0

Community			6	
Total	61	45	6	10

Within the analysis set out above Syrena would close with a saving of 16 posts. Community staffing would be strengthened by 6 posts in order to support cross agency working including Primary Care, Housing, Employment, and Education.

The focus would be on supporting Users, preventing admission and facilitating discharge.

Staffing costs at Syrena are in the order of £475k per annum. It is assumed that the 6 Community Staff will, on average be appointed on a Band 5, at a total cost of circa £210k per annum

The proposals would result in a net saving of around £265k which would be available through QIPP for re-investment in other areas of Health Provision.

At the same time the proposals would enable a reduction in the level of investment currently directed to Out of Area Treatments.

The proposals do not allow for increased staffing levels in support of additional patient dependency and complexity. It is considered that through this can be accommodated through scrutiny of current nursing practice. The situation will however be kept closely under review during the first few months of operation to ensure a smooth transition to new arrangements.

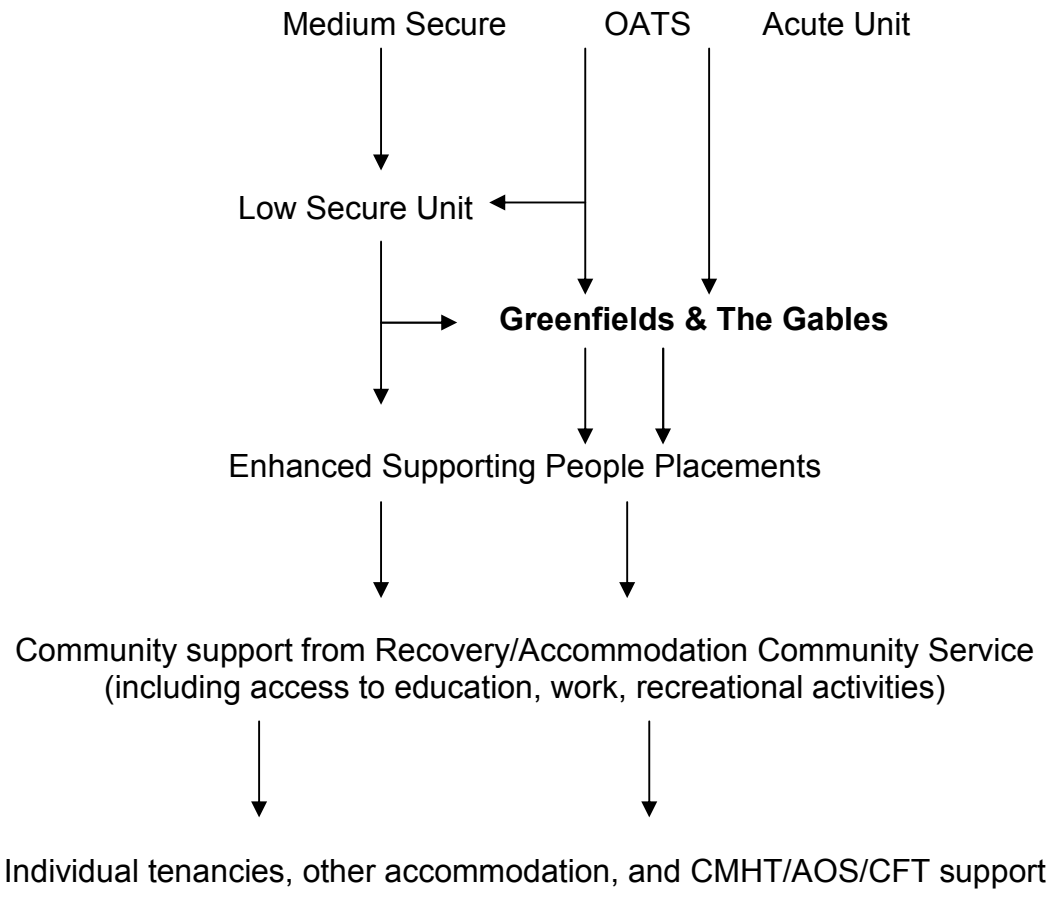
7. Conclusion and Recommendations

The analysis, set out within this document, demonstrates that by addressing blockages and flow issues within the system, the quality of care for Service Users can be considerably improved. At the same resources of approximately £265k can be made available for investment, through QIPP, in service priorities.

PCH, NHS Plymouth and Plymouth City Council are statutorily required to undertake a period of 3 months public consultation on all significant service change proposals. This document set out the basis for the discussion to inform the consultation.

Appendix 1

Proposed Recovery Pathway



Appendix 2

SWOT Analysis of Recovery Pathway Proposals

Strengths

- ✓ Joint Health & Social Care approach resulting in improved outcomes for service users
- ✓ More efficient, whole systems model achieved through the above.
- ✓ Enhanced local service that is able to provide better quality care and treatment with a broader range of skills, enabling more complex service users to be cared for locally.
- ✓ Clear pathways through services.
- ✓ Would meet the required environmental standards in terms of Disability Discrimination Act (DDA) and privacy and dignity requirements
- ✓ Plymouth would be moving towards a model; in terms of the number of inpatient Recovery beds, that matches current local needs and more closely reflects national norms
- ✓ The service would be in a position to accommodate more complex and risky individuals through enhancements to staffing levels and skills (see table 4).
- ✓ There is the potential to realise considerable CRES efficiencies as there would be approximately 11.6 WTE posts released through this process. The skills and experience these individuals bring would be invaluable when re-deployed in supporting other parts of the service.
- ✓ More complex individuals can, as a consequence of the above be managed locally, potentially enabling the treatment of service users closer to their homes and families and avoiding unnecessary out of area placements.
- ✓ Services would be safer in that there would be a greater critical mass on one site and thus able to provide a full range of safe physical interventions and support should the need arise.
- ✓ There would be more support available on one site for staff reducing the feeling of isolation
- ✓ The change provides an opportunity for staff who have not worked in other units for some time to experience new and exciting challenges
- ✓ Continued ability to return OATS service users.

Weaknesses

- ✓ This would mean the loss of single sex facilities
- ✓ The change process could de-stabilise well established staff teams
- ✓ Service users might become anxious unless the process is well managed and communicated.
- ✓ Staff anxieties could be transferred onto service users
- ✓ It will take some time and require focussed project management to move from the current service model to the one described.
- ✓ Plymouth will still retain a relatively high number of beds

Opportunities

- ✓ To develop a service of outstanding quality
- ✓ To develop a new, innovative and exciting service model
- ✓ Develop innovative partnerships and new ways of delivering services
- ✓ Improve outcomes for service users
- ✓ The opportunity to address inefficiencies. In particular delayed discharge issues
- ✓ To develop a model and approach for the ongoing care and treatment of those service users who have a complex set of needs and may meet continuing healthcare criteria.
- ✓ The potential to share skills and expertise into other areas such as the PCLS & AOS.
- ✓ In order to incentivise discharge and flow, the use of a different payment model could be explored such as replacing bed day cost with treatment episode.

Threats

- ✓ Other providers may still develop more innovative models
- ✓ Potential reduction in income once blocks contract ceases.
- ✓ Some individuals would need to be re-deployed into vacancies.
- ✓ Significant service developments will result as a consequence of these proposals. This would mean the development of additional capacity into community services. A clear service specification will need to be developed to support this.