

22nd October 2015

Item 5

Reconfiguration Update


Richard Bulmer – Service Director, Inpatient Directorate

Governors Session
22nd October 2015



Reconfiguration

- Acute Care
- Rehabilitation
- Wider system changes: liaison and diversion services, home treatment productivity review, personality disorder strategy



Why are we reconfiguring in acute mental health care?

- Crisis Care concordat
- Role of acute inpatient beds
- Changes in home treatment
- Reducing relapse
- Healing environments
- Least restrictive practice
- Best use of resources
- Improving outcomes



Context for mental health services in Sheffield

- Joint strategy across community and inpatient services
- Planning high quality, needs led care
- Seamless services
- Care as close to home as possible in the least restrictive way
- Crisis Care Concordat
- Personality Disorder Strategy



Acute Care progress

- Care and Compassion
- Recovery Care Planning
- Improved staffing
- Taking over budgetary responsibilities for out of town
- Productivity and pathways
- Improved home and community treatment across the age range
- Delivering more for less money (Quality Improvement Productivity Partnership)



Reinvestment to date

- Safer staffing levels
- Crisis House
- Functional Intensive Community Service
- Multi-disciplinary Teams
- Psychology
- Physical environments – green rooms etc
- Psychiatric Intensive Care Unit staffing
- New Psychiatric Intensive Care Unit building

New Psychiatric Intensive Care Unit at the Longley Centre




Improved environment to support physical health care and activity

Therapeutic and de-escalation space

Outdoor spaces





Consequences of Acute Care Reconfiguration to date

- Single Dovedale Ward (Functional mental illness / 'older adult')
- Reduced occupancy (maintained admissions)
- Elimination of out of town for acute beds due to lack of capacity
- Better access to acute care
- Reduced length of stay and improved pathway management

Acute Beds of care

	2011/12	2012/13	2013/14	2014/15	Q1 2015/16
Total beds of care/ occupancy for whole age range acute in and out of city*	141.8	127.8	116.1	104.7	92.3
Number of out of town bed nights	2939	1190	557	444	14

- Excludes substance misuse and PICU

Projected reduction of 98% out of city bed use compared to 2011/12



Mothballing – fluctuating bed use

Mothballing as occupancy allows:

- Reduction from 44 to 18 Dovedale (FMI) beds
- 23 Acute beds mothballed down from 90 in October 2014 to 67



Substance misuse – inpatient detox beds

- Review of provision
- Plans to not have inpatient detox on acute inpatient wards in new acute care system
- Discussions with commissioners to clarify medium term strategy

136 beds / suite

- Currently one 136 bed (place of safety) situated on Maple Ward
- Monitoring and feedback indicate one bed is insufficient
- No under 18 service users in police cells for 136 from October 2015 – CAMHS business plans
- No service users of any age in police cells for 136 from April 2017 (except in very exceptional circumstance)
- New model to have two place of safety beds at the Longley Centre



Healing environment

New acute wards to have:

- More therapeutic space
- Improved access to outdoor space
- Increased de-escalation space
- Improved general environments and facilities
- All single en-suite bedrooms
- Eliminating Mixed Sex non-compliance – mixed wards with separate areas for men and women



Next steps

- Further development of home treatment and other community alternatives
 - Across the age range home treatment
 - Further crisis houses?
 - New models of crisis and home treatment
 - Review of crisis house contract
- Inpatient units become high dependency / PICU
- Implementation of personality disorder strategy

Personality Disorder Strategy

Clinical Case Board

Therapeutic Strand



Upgraded crisis response



More psychological support and training



Community Mental Health Teams / Service users



Whole system

- Liaison

Sheffield Teaching Hospital

Liaison and diversion expansion

- Out of hours

- Street triage

- Opportunities to move to more 7 day provision



Rehabilitation Reconfiguration



Drivers for change

- Out of city locked rehab
- No Sheffield provision for locked rehab
- Least restrictive practice
- CQC feedback re discharge plans and environmental issues at Forest Close
- Improving outcomes
- Creating healing environments



Rehabilitation reconfiguration

- Multidisciplinary gatekeeping for locked rehab
- Clinical review of those out of town including care plan and risk management reviews
- Budgetary responsibility for locked rehab



Community Enhancing Recovery Team (CERT)

- Intensive community rehab
- Recovery focussed
- Value based recruitment
- Multidisciplinary approaches
- Partnership working
- Complex case management



Creating single intensive rehabilitation service at Forest Close

- Less dependence on inpatient rehabilitation
- Improving pathways
- Addressing environmental issues
- Returning service users from out of town



Enhanced clinical model

- Increased staffing levels with higher registered nurse ratio
- Intensity of staffing to provide sufficient 1:1 staffing to support rehabilitation and recovery activities
- To provide relational security by having skilled staff and effective systems for staff support, debrief, supervision and reflective practice
- Therapeutic risk taking and management to promote personal responsibility



Next steps - rehabilitation

- Develop Forest Close site
- Return service users for out of city
- Expand CERT
- Continue partnership working e.g. South Yorkshire Housing
- Consider residential care delivery options



Quality measures

All indicators of quality (listed below) are demonstrating that there is no evidence that quality is being compromised by the reconfiguration.

- Seclusions and restraints
- Emergency readmissions
- Complaints
- Incidents
- Friends and family
- Quality and Dignity Surveys
- Recovery care planning
- MHA monitoring visits and key themes
- Care planning – service involvement
- Advocacy

Questions about Reconfiguration

