

Southend-on-Sea Borough Council

Department of the Chief Executive

John Williams - Director of Democratic & Legal Services

Our ref:

Telephone: **01702 215000**

Your ref:

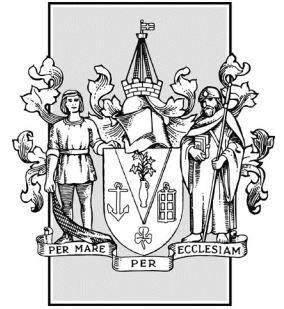
Fax: **01702 215994**

Date: 5th October 2018

E-mail: **committeesection@southend.gov.uk**

Contact Name: Fiona Abbott

DX 2812 Southend



PEOPLE SCRUTINY COMMITTEE - TUESDAY, 9TH OCTOBER, 2018

Please find enclosed, for consideration at the next meeting of the People Scrutiny Committee taking place on Tuesday, 9th October, 2018, the following report which was unavailable when the agenda was printed.

Agenda Item No

16. Proposed changes in south Essex (Pages 1 - 10)

Detailed Report

Presentation from Malcolm McCann (EPUT) and Simon Williams (NHS Southend CCG)

Fiona Abbott
Principal Democratic Services Officer

Southend CCG

Report to People Scrutiny Committee

on
09 October 2018

Report prepared by: Malcolm McCann, Executive Director of
Community Services and Partnerships, EPUT / Simon
Williams, Director of Partnership Integration, Southend CCG

Agenda
Item No.

16

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- The proposed creation of additional Adult Mental Health “inpatient beds” and associated temporary ward moves
 - The proposed temporary relocation of CICC to facilitate the St Luke’s Primary Care Centre Development
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1. Purpose of Report

Members of the HOSC are invited to consider a proposal from the South Essex Health and Care System which is in two parts:

- a) Due to concerns for patient safety, work on the Cumberlege Intermediate Care Centre (CICC) to accommodate the development of the St Luke’s GP centre has been halted. Unless alternative temporary accommodation is found for the CICC unit, £1.5 million of NHS England (NHSE) funding will be lost, and the new GP / Primary Care facility will not be built in the proposed timeframe and no guarantee can be given about when it might actually be built. In addition, CICC would continue to operate at 16 beds instead of the 22 that it normally provides and the opportunity to improve the environment for our intermediate care patients will be lost.
- b) Due to significantly increased demand for adult inpatient mental health care and the associated issues of patient safety, there is an urgent need to provide additional mental health adult inpatient beds for south Essex over the winter period. To facilitate the additional 16 – 20 beds needed from 01 December 2018 (until the end of April 2019) requires several temporary ward moves. One of these ward moves is the temporary transfer of Maple Ward on the Rochford site to Meadowview Ward in Thurrock. There are three Southend residents currently on Maple Ward, with an average of five since January 2018; hence this aspect of the proposal does have implications for a small number of Southend residents and their families.

This paper sets out a proposal to address both issues. It has the support of Essex Partnership University NHS Foundation Trust (EPUT), Southend University Hospital NHS Foundation Trust (SUHFT), Basildon and Thurrock Hospitals NHS Foundation Trust (BTUH), Southend Clinical Commissioning Group (CCG), Castle Point and Rochford CCG, Basildon and Brentwood CCG and Thurrock CCG..

2. Recommendations

To secure the £1.5 million NHSE funding to enable the continued development of the St Luke’s primary care facility, the HOSC are invited to consider a request that they give support to the following recommendations:

- a) The relocation of CICC to Maple Ward, Rochford Hospital before 25 February 2019.
- The recommended option of Maple Ward on the Rochford Hospital site is based on the following:
 - o The work necessary to provide the intermediate care facility can be completed within the timeframe that enables CICC to transfer before 25 February 2019 which is the cut-off point to spend the NHSE allocation for the St Luke's Primary Care development.
 - o The proposed move is temporary.
 - o There will be a full engagement process with all stakeholders and patients / relatives regarding the permanent home for the CICC unit. This work will be led by the CCGs and a working group overseeing this will be chaired by Dr Jose Garcia, Clinical Chair, Southend CCG and Dr Kashif Siddiqui, Clinical Chair, Castle Point and Rochford CCG. The group will conclude its work by August 2019.

To ensure adequate adult inpatient beds are available over the winter period to address capacity pressures, the HOSC are invited to consider a request that they give support to the following recommendation.

- b) The creation of an additional 16 – 20 adult inpatient beds for the winter period on the Basildon Mental Health Unit site, effective 01 December 2018, on the basis of the following:
- o The additional bed capacity will be provided from Gloucester Ward on the Basildon Mental Health Unit site. Gloucester Ward will be made available following the transfer of patients currently in place to Ashingdon Ward on the Thurrock Hospital site.
 - o By combining the bed capacity from Maple Ward (older people's dementia assessment) at Rochford to Meadowview Ward (older people's dementia assessment) at Thurrock, both of which are operating at 50% capacity due to successful community initiatives such as Community Dementia Nurses and the Dementia Intensive Support Team; money will be freed up to enable the additional adult beds to be provided within current resources.
 - o As the average length of stay on Maple Ward is 6 – 9 weeks, no patient on Maple Ward currently will be transferred to Thurrock. New patients will go to Meadowview Ward from 12 October 2018 if the proposal is supported.
 - o On average there are five Southend residents on Maple Ward at any one time. The Transport needs of the respective families will be considered with them on a one to one basis and appropriate arrangements put in place by EPUT.
 - o An additional community resource will be made available maximising potential for patients with a dementia need to be cared for in the community so that an inpatient stay on Meadowview Ward in Thurrock will only happen if it is a clinical imperative.
 - o The proposed ward moves are temporary and all reversible.
 - o EPUT's commitment is that a report will be provided to Southend commissioners on a fortnightly basis on its residents and their discharge date/plans.
 - o There will be a full engagement process with all stakeholders and patients / relatives regarding the future model for older people's dementia

services which will include the provision of organic assessment beds / service. This work will be led by the CCGs and a working group overseeing this will be chaired by Dr Jose Garcia, Clinical Chair, Southend CCG and Dr Kashif Siddiqui, Clinical Chair, Castle Point and Rochford CCG. The work on the service model will be concluded by April 2019.

With respect to consultation, system partners have taken legal advice. The circumstances of patient safety and the desire to facilitate the development of the St Luke's Primary Care Centre underpin the system request that HOSC support the proposals and the request to defer consultation until the point of determining permanent moves.

3. Background

Work on CICC necessary to facilitate the St Luke's development has been suspended due to concerns for the safety of CICC patients. The original plan that this development work could continue with patients in-situ has had to be abandoned. Unless alternative temporary accommodation is found for CICC, £1.5 million of NHSE funding will be lost and the planned new GP / Primary Care facility will not be built in the proposed timeframe and no guarantee can be given about when it might actually be built. A range of options were considered, but the only realistic option in the short term to facilitate the transfer of CICC by 25 February, is to transfer CICC to Maple Ward at Rochford Hospital. The link between the CICC proposal and the creation of additional mental health inpatient capacity for adults is that Maple Ward at Rochford hospital will become vacant as part of plans to provide an additional 16 – 20 adult inpatient mental health beds for winter to ensure the provision of safe services.

During the summer, the adult mental health demand pressures have increased across the whole system. EPUT has seen acute inpatient occupancy reach levels which have exceeded current capacity and we have had an unprecedented increase in adult mental health out of area placements. A&E referrals to psychiatric liaison have increased by 25% per day. The system has experienced temporary increases in demand in the past. However, the current rise in demand has not diminished and the system has not returned to balance. (Appendix 01).

Our short term steps, including opening an additional 10 beds and commissioning out of area placements (up to 12 at one point), has not returned the situation to balance. The system has developed a mental health winter plan to address these increasing demand pressures. This includes weekly Delayed Transfer of Care (DTOC) meetings, frequent-attender pathways and improved communication. Business cases are also being developed to invest in developing 24/7 community crisis teams by 2019/20. However, the system remains concerned that the winter plans will be insufficient to manage the winter period safely and the transformational plan will not be ready in time. The system is, therefore, proposing that we temporarily increase the provision of adult mental health inpatient capacity (by 16 – 20 beds) by utilising the resources freed up by merging two older people organic assessment (dementia) wards that are currently 50% occupied (Maple Ward at Rochford and Meadowview Ward at Thurrock).

The tables below set out the wards and their location and the proposed ward moves.

Figure 1: Location of Wards / Services Affected by Proposal

Name of Ward	Current Location	Description	Number of Beds
Maple Ward	Rochford	Older People Organic Assessment (Dementia)	12 patients with 10 beds vacant (Current number of Southend residents: 3, average: 5)
Meadowview Ward	Thurrock	Older People Organic Assessment (Dementia)	12 patients with 12 beds vacant
Ashingdon Ward	Thurrock	Vacant Space	Vacant space that can accommodate 22 beds
Gloucester Ward	Basildon MHU	Older People Functional Assessment (eg: anxiety and depression)	19 patients with 5 beds vacant
CICC	Pantile Avenue, Southend on Sea	Intermediate Care services for older people providing rehabilitation	Currently operating at limited capacity using only 16 of the 22 beds due to building work
St Luke's Primary Care Centre	Pantile Avenue, Southend on Sea	Being provided from a portacabin	
Beech Ward	Rochford	Older People Functional Assessment (eg: anxiety and depression)	22 patients with 2 beds vacant

Figure 2: Proposed Ward Moves

Ward Moves	Rationale	Proposed Move Date
Maple Ward from Rochford combined into Meadowview Ward at Thurrock Community Hospital	Combining these two wards into one frees up resources to staff / fund an extra 16 – 20 adult inpatient mental health beds at no additional cost.	“New” patients from 12 October 2018 requiring organic assessment (dementia) inpatient provision will access this service via Meadowview Ward at Thurrock. No current patients will be moved from Maple Ward to Meadowview Ward unless clinically indicated.
Gloucester Ward at Basildon Mental Health Unit to be transferred to Ashingdon Ward at Thurrock Community Hospital	Ashingdon Ward (currently vacant) to be modified to accommodate older patients with a functional need (eg: anxiety and depression) as opposed to organic (dementia).	Transfer to take place in last week of November 2018.

Freed up Gloucester Ward to provide additional 16 – 20 adult inpatient beds	Gloucester Ward is already appropriately configured to provide for “adult” inpatient needs on the Basildon MHU site.	Additional adult inpatient beds to be available from 01 December 2018
CICC move to Maple Ward, Rochford	The CICC move facilitates the development of the St Luke’s Primary Care Centre.	CICC to relocated into Maple Ward on 25 February 2019

4. Reasons for Recommendations

4.1 The Provision of a new and promised Primary Care Facility (St Luke’s)

There is a desperate need to replace the inadequate portacabin from which the St Luke’s GP service is currently provided. These proposals enable this Southend CCG promise to be realised.

For Southend residents registered at St Luke’s GP Practice, the proposed purpose-built and modern premises will provide a better environment for patients. The development of a health centre in St Luke’s will also address the health inequalities in the area. The new centre will act as a catalyst to improve the health and wellbeing of the local community, building resourceful and resilient communities.

4.2 Opportunity to Improve the Intermediate Care Service

The temporary relocation of CICC has two benefits; firstly the proposed move will result in an increase in intermediate care capacity (from 16 beds to a definite 22 and a potential 24), secondly there are a range of environmental benefits associated with the temporary move. These include:

- Ground floor accommodation on an established hospital site (with associated infrastructure);
- Ward design that would enable improved patient observation;
- Access for bariatric patients; ward design and bedrooms that enable improved self-care and rehabilitation;
- The potential to return to the full complement of CICC beds (22) plus the potential for an additional 2 rehabilitation beds.
- Significantly improved IT access (access to electronic patient records) thus improving patient safety.

4.3 Addressing Patient Safety Concerns

The proposals to increase the number of adult mental health inpatient beds (by 16 – 20) is necessary to address an issue of patient safety. For Southend residents, this proposal is extremely positive. Without the additional capacity, there are concerns that patients will remain in A&E longer than they need to, that the care required will be compromised and that the quality of service will fall below the high standard we expect for our residents.

5. Considerations

The South Essex Health and Care System recognises the concern associated with the proposal in its entirety is the recommended relocation of the organic assessment (dementia) beds from Rochford to Thurrock for a temporary period. There are several important points to share with HOSC.

- Working with the two CCG Boards, all possible options to facilitate a local solution were considered. The recommended option is viewed as the only option that could meet the criteria of patient safety, workforce, finance and timeframe.
- There will be a full engagement process with all stakeholders and patients / relatives regarding the permanent home for the CICC unit. This work will be led by the CCGs and a working group overseeing this will be chaired by Dr Jose Garcia, Clinical Chair, Southend CCG and Dr Kashif Siddiqui, Clinical Chair, Castle Point and Rochford CCG. The group will conclude its work by August 2019.
- An additional community resource will be made available maximising potential for patients with a dementia need to be cared for in the community so that an inpatient stay on Meadowview Ward in Thurrock will only happen if it is a clinical imperative.
- As the average length of stay on Maple Ward is 6 – 9 weeks, no patient on Maple Ward currently will be transferred to Thurrock. New patients will go to Meadowview Ward from 12 October 2018 if the proposal is supported. EPUT's commitment is that a report will be provided to Southend commissioners on a fortnightly basis on its residents and their discharge date/plans.
- The EPUT commitment is to ensure that families required to travel to Thurrock will be assessed individually and a personalised plan will be agreed with those affected.
- Given the South Essex Health and Care System revenue concerns, a critical success factor for this project is to manage it within existing resources. EPUT and commissioning colleagues have acknowledged that the proposals need to be provided within existing resources and that the system cannot rely on new money for the additional inpatient beds.

6. Corporate Implications

6.1 Financial Implications

The South Essex Health and Care Executive Oversight Group are working to the following principles:

- The capital requirements will be met by EPUT for the internal EPUT moves and NHS England are providing the funding to the CCG for the development of St Luke's primary health care centre.
- It is intended that the creation of additional adult mental health inpatient beds for the winter 2018/19 period (16 – 20 beds) and the additional two intermediate care beds facilitated by CICC moving to Rochford will be contained largely within existing financial resources. However, there are likely to be revenue consequences associated with these moves, including the marginal increase in the establishment by increasing adult ward capacity compared to the older people's beds and the reinstatement of the full establishment at Meadowview ward. Should additional resources be required, commissioners and providers are committed to seeking a resolution.

6.2 Legal Implications

Legal opinion has been sought and the section around consultation below sets out compliance with the legal obligations in this regard.

6.3 People Implications

The system's commitment is to avoid any redundancies and to pool staffing opportunities to minimise this possibility. There will be a full consultation process with staff affected and this work will be undertaken jointly with the Joint Staff Consultative Committee.

6.4 Consultation

Having consulted with legal opinion, there are two points to share with HOSC:

1. The proposed move for CICC is a material move and, ordinarily, would require consultation. However, HOSC support is requested for this move so that the system can utilise Maple Ward (subject to support for the additional adult mental health beds initiative) to accommodate CICC thus securing £1.5 million from NHSE to develop the St Luke's Primary Care facility. This will have the added benefit of returning CICC's bed capacity from the current 16 to its original 22 beds, and then potentially by a further 2, to 24 beds. In addition, there will be improvements in the quality of accommodation. The implications of not proceeding are that the system would lose the NHSE funding of £1.5 million and the new St Luke's development will not proceed as planned and that the current GP / primary care facility would continue to be provided inappropriately from a portacabin.
2. The proposed moves to accommodate the additional adult inpatient mental health beds are prompted by patient safety concerns (due to the pressure on inpatients' services) and do not require formal consultation. This proposal is a product of work with the four CCGs, EPUT, SUHFT, BTUH and the three Local Authorities. The system partners would welcome the support of HOSC as we believe the proposal is in the interest of maintaining safe patient services, and the associated ward moves meet the financial and workforce requirements.

In addition the South East Health and Care System stress that the support of HOSC is on the understanding that the series of moves are temporary and reversible and that the permanent moves will be underpinned by a process of engagement with the wider community and stakeholders. Both projects (a permanent home for CICC and new clinical model for organic assessment (dementia) provision in the South East) will be led by the CCGs and chaired by their clinical leads; Dr Jose Garcia and Dr Kashiqi Siddiqui.

6.5 Equalities and Diversity Implications

Thurrock CCG on behalf of the STP have approved this proposal. There are some further requirements included within the EQIA (available on request) including a review of the modifications to Ashingdon Ward, and feedback on the outcomes of the staff consultation.

6.6 Risk Assessment

There are three fundamental risks if the system does not proceed with these proposals:

1. If the opportunity to relocate CICC to Maple Ward is not taken, the money to fund the St Luke's primary care development (NHSE funding of £1.5 million),

will be lost and St Luke's Primary Care Centre will not be developed as planned.

2. A failure to provide additional adult mental health inpatient capacity presents a risk to the safety of our patients.
3. If the opportunity to relocate CICC to Maple Ward is not taken, the potential to increase the intermediate care bed capacity (from 16 to a definite 22 and a possible 24 beds) will be lost, placing greater pressure on Southend Hospital.

7. Appendices

- 1. Current pressures on EPUT mental health assessment and inpatient units**

Pressures on Adult Mental Health Inpatients
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Current pressures on EPUT's mental health assessment and adult inpatient units and pressure on Basildon and Thurrock University Hospitals NHS Foundation Trust's (BTUH) and SUHFT's A&E departments:

- EPUT have a contracted capacity of 53 adult treatment beds for the South East locality. Bed occupancy in the past 12 months has averaged in excess of 105%, with a peak in the past six months of 119.48% and a lowest figure in the same period of 104.53%. To manage this increased demand, EPUT opened a further 10 beds on Thorpe Ward (Basildon Mental Health Unit). Despite this, EPUT have still had to place patients out-of-area (12 patients at one point).
- It is important to note that the south of the county has fewer beds than the national average for the size of the population.
- Having high levels of occupancy has affected the capacity and flow offered by EPUT to local partners, in particular A&Es, and has led to longer waits for patients to be moved from A&E to the acute mental health unit with the associated risks to the quality of service provision and potential impact on patient safety.
- Occupancy in the south's assessment unit was, on average, 86% in 2017/18 and this has risen to 96% in 2018/19.
- A review of Rapid Assessment, Interface and Discharge (RAID) activity at both SUHFT and BTUH has shown a continual increasing number of referrals received for the service from A&E (in the main) each month - rising from 608 in April 2017, to 884 in August 2018.
- During the time of high demand, the mental health community teams have maintained and, in some areas, increased their level of service. Longer term, it is expected that a change in culture in the mental health community teams will enable them to work with higher levels of acuity and risk to prevent more hospital admissions. New clinical approaches to specific cohorts of patients (such as those with a diagnosis of personality disorder) will impact positively on the level of demand.
- There has been an increase in the numbers of detained mental health patients over the past 18 months
 - i. 2016/17 – 1227 detained patients
 - ii. 2017/18 – 1290 detained patients
 - iii. Projected 2018/19 – 1318 detained patients
- b. Compared to April 2017, in August 2018 BTUH had a 34% increase in mental health patients presenting to their A&E department.
 - i. The average attendance on a daily basis at BTUH's A&E has increased from six patients to eight.
 - ii. Referral to discharge time has increased from an average of 88 minutes to an average of 122 minutes in the past 15 months at BTUH.
- c. Compared to September 2017, in August 2018 SUHFT had a 26% increase in mental health patients presenting to their A&E department
 - i. The average attendance on a daily basis at SUHFT A&E has increased from 10 patients to 13 in the same period as above for BTUH.
 - ii. Referral to discharge time has increased from 174 minutes on average to 187 minutes in the past 15 months at SUHFT

- d. The pressures upon SUHFT and BTUH translate into further pressures on the Trusts' ability to meet their four-hour wait targets.

1.1 The impact of these pressures on mental health patients' experience is considerable and unacceptable.

- There has been an over-reliance on 'leave beds' to manage patient demand which the CQC have highlighted is not best practice. This means that patients are not guaranteed the same bed or, on occasion, even the same ward when they return from leave.
- There has been a rise in out-of-area placements leading to patients being placed out of their locality (even though EPUT's focus is on immediate repatriation) which is unsettling and hugely difficult for patients and their families.
- Despite best efforts, patients spend prolonged periods of time in an unsuitable environment (BTUH A&E department).
- An increased use of A&E nursing and medical staffing due to the level of supervision required for these often complex patients. (BTUH and SUHFT)
- Nationally, it is recognised that the bed occupancy rate should be 85%, the impact of EPUT continually being higher than that will have a negative impact on the therapeutic environment.

1.2 Conclusion

EPUT and system partners have concluded that the above analysis points towards the need to provide an additional 16 – 20 adult mental health inpatient beds to be available for the winter 2018/19 period. These bed numbers are a balance between necessary additional capacity and recommended bed numbers on an adult mental health ward to allow privacy, dignity and safe management of the ward. The beds are needed from 01 December 2018 and are anticipated to be required until the end of April 2019.