



Proposed Future Configuration for Forensic Step-Down Beds

Walsall Health overview and Scrutiny Committee

September 2014

Summary

The Black Country Partnership NHS Foundation Trust Learning Disabilities Division is progressing a business case redesign the current provision of its Step Down Inpatient Service both in terms of treatment and estate.

“Forensic Step Down” beds have been delivered by Black Country Partnership Foundation Trust and its predecessor organisations since 2005. This is a successful model and the resource is well used by commissioners, delivering excellent clinical outcomes. The provision of inpatient care offering longer term intensive rehabilitation is a key element in a pathway which supports people to return to their community following a period in secure care.

“Step Down” beds are currently provided at Suttons Drive, an eight bedded male only facility in Walsall and Newton House a four bedded male only facility on the Hallam Street Hospital site, West Bromwich.

Suttons Drive as a building, as well as being isolated is old with significant issues in complying with the standards required to deliver high quality care. There has also been a past proposal by Walsall Commissioners to decommission the services. In short there is no long term future for Suttons Drive as a building from which Step Down service can be delivered.

On the Hallam Street Hospital Site there is a building situated next to Newton House which although originally an inpatient facility is currently being used as office space by mental health teams. As well as offering the opportunity of replacing Suttons Drive this building (Langley House) would allow the organisation to bring together the eight beds at Suttons Drive and the four beds currently provided in Newton House into a single fit for purpose male Step Down facility. As well as improving the effectiveness of the service through closer team working, the building also provides the opportunity to deliver fourteen beds and increase of two beds on the current capacity. This is a prudent increase in capacity supported by current demand and in discussions with commissioners.

By vacating Newton House as a site for male Step Down beds this then makes the facility available for the development of a Forensic Step Down service for females. This is a clear gap in service not only in the Black Country but across the West Midlands which currently results in female service users being managed in either inappropriate local settings or in facilities hundreds of miles from their home and families.

In summary we have a good service in a poor building based in the Borough of Walsall.

We have a more suitable building which is currently underused. This building could be used to consolidate and increase our capacity for males and release capacity to deliver a much needed female service.

Background

The Black Country Partnership LD Division has developed a model of care for specialist Health Services for People with Learning Disabilities across the Black Country. The model has been developed with staff and people who use our services and in discussions with commissioners. All involved are clear that there should be a renewed focus on supporting people to remain healthy both in terms of their physical and mental health and such care is best delivered by multidisciplinary, multi-agency teams working within local communities.

There is however recognition that people with learning disabilities will, at times need more intensive support some of which will be in response to a crisis. The shared vision is again that such interventions will where appropriate be managed within people's communities; however there will be times when admissions to a local specialist NHS bed are required. These in the main will need to take place where issues are of such intensity that the presenting risks are too great to be managed in the community or the complexity requires intensive levels of observation, assessment and treatment only possible in an inpatient setting. (People with learning disability and mental health, behavioural or forensic problems: the role of in-patient services - Royal College of Psychiatrists' Faculty of Psychiatry of Intellectual Disability Faculty Report FR/ID/03 July 2013).

The Learning Disability Division is quite clear in describing the Model of Care and the health outcomes it will deliver that access to local inpatient services plays a crucial role in supporting people through a whole pathway of care and recovery. In fact the effects of the Winterbourne concordat and a shift in access thresholds from other inpatient services may mean any reduction in local bed use through more robust local community models may be replaced by an increased demand from a new set of patients on their journey back to the Black Country.

Local NHS inpatient services will be delivered by multidisciplinary teams working towards shared health outcomes based on recovery. Admission will follow agreed pathways which clearly define the therapeutic benefit being delivered and lengths of stay being no longer than necessary.

Inpatient service will therefore be clearly defined in the divisions Model of Care and supporting estate plan. The plan will define and deliver a realistic and clearly prioritised plan for the future of NHS inpatient service for people with learning disabilities across the Black Country which are:-

Fit for Purpose

Inpatient environments must be staffed by the appropriate number of staff with the required competency to support people through the relevant pathway. The environment should be enabling offering the opportunity for people to take part in meaningful and therapeutic activities.

The environment should also be safe as well as offering separate male female accommodation.

Of a High Standard

There are a numerous standards that inpatient services must adhere to and it is recommended that all units should be undergo externally accredited process e.g. RCP peer review accreditation for forensic beds, the AIMS-LD.

Flexible

Any developments in inpatient services must support the Division to flex its capacity to meet presenting needs at any one time, as well as offer the opportunity to meet any future changes in demand.

Value for Money

Admissions to LD beds are a significant cost for commissioners and in the current financial climate and competitor market it is clear that commissioner will be seeking to get maximum value for money from such services.

In summary despite national pressure to reduce the use of beds for people with Learning Disabilities it is becoming clear this is concerned with not sending people away from their home area and families. Inpatient care if well-defined is an important element of the support we offer people but it needs to be fit for purpose and used effectively.

Service provision and the Model of Care

The Black Country, which consists of the four boroughs of Dudley, Sandwell, Walsall and Wolverhampton, has adult (18+years) population of about 863,000 of which 20,000 are predicted to have some level of learning disability. (Projecting Adult Needs and Service Information -Oxford Brookes University and Institute of Public Care). A recent internal review of services across the Black Country identifies 144 people with Learning Disabilities known to BCPFT Forensic Teams.(Development of a Community Forensic service for People with Learning Disabilities Gemma L Unwin April 2012)

The Black Country Partnership Foundation NHS Trust employs clinical teams with knowledge or training in learning disabilities to deliver specialist health services for people with Learning Disabilities and is the main provider of such care across the Black Country.

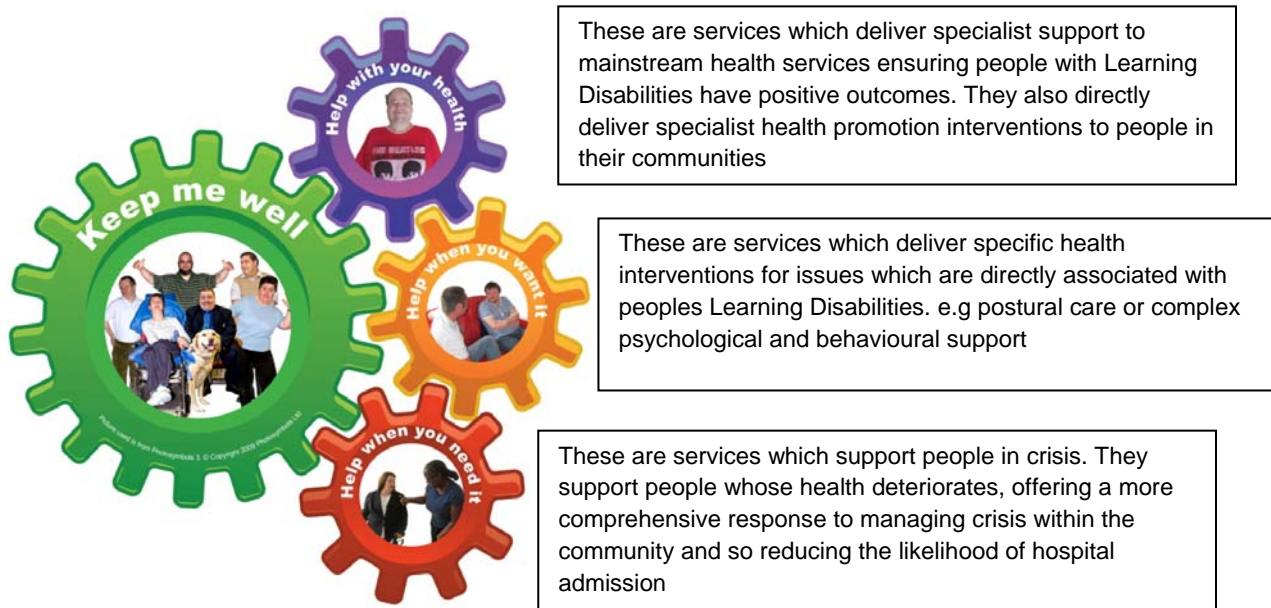
The aim of these teams is to improve or maintain people's health which they do in a number of ways. In some cases they offer specialist advice to, or work with other health and social care professionals and third sector service providers so supporting people to access mainstream services. More significantly the teams intervene directly to resolve specific health issues which are directly related to people's learning disabilities. These issues may relate to an individual's physical or mental health or be associated with behavioural problems.

The teams are multidisciplinary being made up of health staff from different professions. They provide a range of community and outpatient treatments and where necessary inpatient care.

As the four providers of Learning Disabilities Services have come together as a single provider following Transforming Community Services, work has been undertaken to develop a single "Model of Care" across the Black Country. The model of care clearly describes the unique, specialist roles that BCPFT services play in supporting people with learning disabilities in response to clearly defined needs and intended health outcomes.

BCPFT is unique amongst local providers of service for people with Learning Disabilities in that it is involved in delivering care and support across the whole spectrum of need. Our teams are involved in supporting people from those who need help accessing primary care to managing those with severe multiple and complex needs in specialist inpatient environments. Within this context the strategic focus continues to be on developing a health and wellbeing model of service delivery. The aim is to proactively manage people's mental and physical health by offering high quality, effective and efficient services in the least restrictive environment, ideally within the community which is home to them.

The model of care has been described in pictorially below



In delivering the model of care it is acknowledged that the Black Countries four boroughs community services will be organised differently. This will depend on population size, demographic profile and the local partners with whom the community teams need to work alongside. However at a level, where numbers of services users are small but require high levels of intensive care, it makes quality and economic sense to begin to develop a single Black Country approach to service delivery, This will ensure equity of access, consistency of response and best use of a very specialist workforce, a view supported by the four Black Country Commissioners in there document “**Overarching Commissioning Intentions for Bed Based Services across the Black Country**”. This is particularly true of Forensic services.

In delivering the model of care the Division will focus on working with commissioners on the co production of three key service user pathways

- Healthy Lives Pathway
- Intensive Assessment and Treatment Care Pathway
- Whole Forensic Pathway

Future Forensic Services

As stated one of the Divisional priorities is a development of a Whole Forensic Pathway and the delivery of Step Down Beds is a key element in this pathway. As commissioners strive to support people as close to home as possible and make best use of resource there will be a pressure to move people along the pathway from secure care to community support in as timely fashion as possible.

It is anticipated that this will result in increasing numbers of service users requiring moves from out of area medium secure placements to low secure placements. In turn this will require increased movement from low secure into the community. This process relies on the development of suitable services being available locally in terms of capability and capacity. It is this which drives the development of increased local Step Down services to support throughput and a reduced length of stay in secure care. In order that Step Down services are also used efficiently there must also be a supporting development of community services, including outreach to ensure there is also a timely route out of step down.

Demand Female beds

There is a clear gap in provision of female forensic beds across the West Midlands. This is not only in terms of “step down” rehabilitation beds but also in terms of the medium and low secure bed provision which are the main referral routes to Step Down.

It is difficult to describe the exact demand for this service however the lack of step down beds in the local area results in a number of issues for the management of females with complex behaviours, including being kept in secure accommodation beyond a point that they require such restriction. This “blocking “ of secure services has a knock on effect of females being unable to access secure serves which meet their needs and so are managed in less appropriate settings e.g. Mental Health settings or LD Assessment and Treatment beds where the staff and environment are not suitable to manage their care. The development of some local step down beds will go some way to unblocking this issue. Local experience tells us that another consequence of limited step up/down services is that females are discharged directly from secure care into the community without the adequate preparation step down rehabilitation would offer and consequently fail to thrive.

BCPFT Step Down Beds - Now and Proposed

Step Down beds provide care, treatment and rehabilitation for individuals with complex needs who may have offended or provide challenges to other inpatient services. Step Down beds play an important role in the development of the Whole Forensic Pathway work being progressed as part of the Black Country Model of Care.

BCPFT has a long and successful history of delivering step down beds for males with Learning Disabilities whose challenging behaviours are forensic in nature as detailed in the patient story below.

There are two slightly different models across the two units, but both fall under the RCP description of Category 4 care.

Newton House has been open since 2009 and is a four bedded unit on the Hallam Street Hospital Site. Its primary aim is as a step down unit in support of the Low Secure Gerry Simon Clinic.

Males who no longer require a low secure environment, but continue to require intensive rehabilitation are admitted to the unit as part of an agreed pathway.

Suttons Drive has been in operation as a step down unit since end of 2007. It is eight bedded unit based in a house on the outskirts of Walsall.

This unit has admissions which are both step down in nature as described above, but also admits people directly from the community under section or community treatment order. This is a more proactive approach and one which will be the proposed model for the new fourteen bedded unit.

Although Suttons Drive was originally solely used and paid for by Walsall Commissioners they now purchase care on "cost per case" basis Therefore only purchasing the capacity they need at any given time. Of the eight beds available at Suttons Drive Four are currently occupied by people from Walsall.

Both units therefore now admit people from across Black Country and the Greater Midlands. The planned length of stay in both units is between eighteen months and two years. Both units are near 100% occupied.

The issues with the current configuration of Step Down beds are:-

- There are significant issues in the long term viability of Suttons Drive as a building.
 - The building has significant compliance issues especially as highlighted in a recent PLACE assessment
 - The building is isolated
- The fact that there are no female Step Down beds locally despite an increasing demand.

The Preferred Option

The preferred option for the reconfiguration of Step Down beds and basis for the business case is to relocate the beds at Suttons Drive and Newton House into a refurbished Langley House on the Hallam Street Hospital Site.

This enables the Division to develop a single model of the use of male step down beds to support improved clinical outcomes and enables the delivery of efficiency savings by consolidating staffing. The option also affords the opportunity to make a prudent increase in beds from twelve to fourteen and by vacating Newton House gives the opportunity to provide a female step down services which is a clear gap in the current provision of care.

Consultation

In terms of consultation BCPFT will need to work sensitively with the service users currently staying in Suttons Drive and Newton House. A number of the current service users will have been discharged when the move happens and so not be affected. Those who are affected will be supported by the clinical teams as part of the implementation process.

The proposal has been presented and supported by the Walsall Joint Commissioning Committee March and August 2014. The August presentation is attached as Appendix 2 and will form the basis of discussions at the August Health Overview and Scrutiny Committee

In terms of a wider consultation process Walsall Health Overview and Scrutiny Committee will advise on our wider Commitment taking into consideration:

- This is a development of a current service in the context of a wider redesign.

- The reducing number of Walsall people currently requiring the service

- There is a single estate option available to facilitate the change.

Appendix 1

A Patient's Story



I'm Chris, I have a mild learning Disability and Autism, this makes me vulnerable and gets me into trouble because on the Feb.2010 I attended court for being a lookout during a burglary for a gang of men I thought were my friends. I was let off as I was unable to plead due to my learning Disability.



On my journey home from the court sitting on the bus I got into an argument with another lad so when I arrived home I was angry and frustrated so I locked my Mum out of the house.



Mum managed to talk me round and I let her back into the house, but I was still angry so I went and lay down in the road and then called the police on my mobile phone.



The police arrested me for breaching the peace and I was taken to Walsall Police Station. The good thing that came out of this was that the Walsall Mental Health Team assessed me.

I agreed to stay at Orchard Hills Assessment Unit as a section 2 patient for a short period of assessment and treatment.



I came to Sutton Drive on the Feb 2010 and my Primary Nurse referred me to Psychology, Behaviour Support Team and Speech and Language Therapy.



Psychology and Behaviour Support was very important because I would damage property by throwing and smashing things and the Behavioural Support Team helped me to manage my aggression in a more positive way.

My Mum says that my time at Sutton Drive did me the 'world of good' and helped her and Dad as they didn't know where to turn.

Mum says she remembers a member of staff saying to her-

"you've been holding your son up for a while now, so let him fall and we will catch him"

Mum was so relieved and moved by these wise words she went home and cried because she felt as last people were listening to her and I would get the support that I needed.

In my Care Plan I set out things to achieve during my treatment and rehabilitation at Sutton Drive.

Where I am today 11/2013

I live independently now in a flat of my own; my sister lives nearby so she pops in to see if things are o.k.

I visit Mum and Dad from time to time, if my behaviour gets out of hand they ask me to go home, however they feel that over time this has become less.



I'm still trying to go to college but the last time I tried to enrol the college refused stating that I was too pushy.



I bought a dog to manage my anger outbursts; I know I need to control my temper as shouting upset the dog.



BUT my Tortoise doesn't seem to mind.



I've got an allotment and plan to have chickens in the future.

Thank-you for getting in touch again'

Chris.

The Future Forensic Rehabilitation Beds



Walsall Joint Commissioning Committee
August 2014

VAEB Briefing Paper – March 2014

Current Provision

Suttons Drive, Walsall– 8 male beds

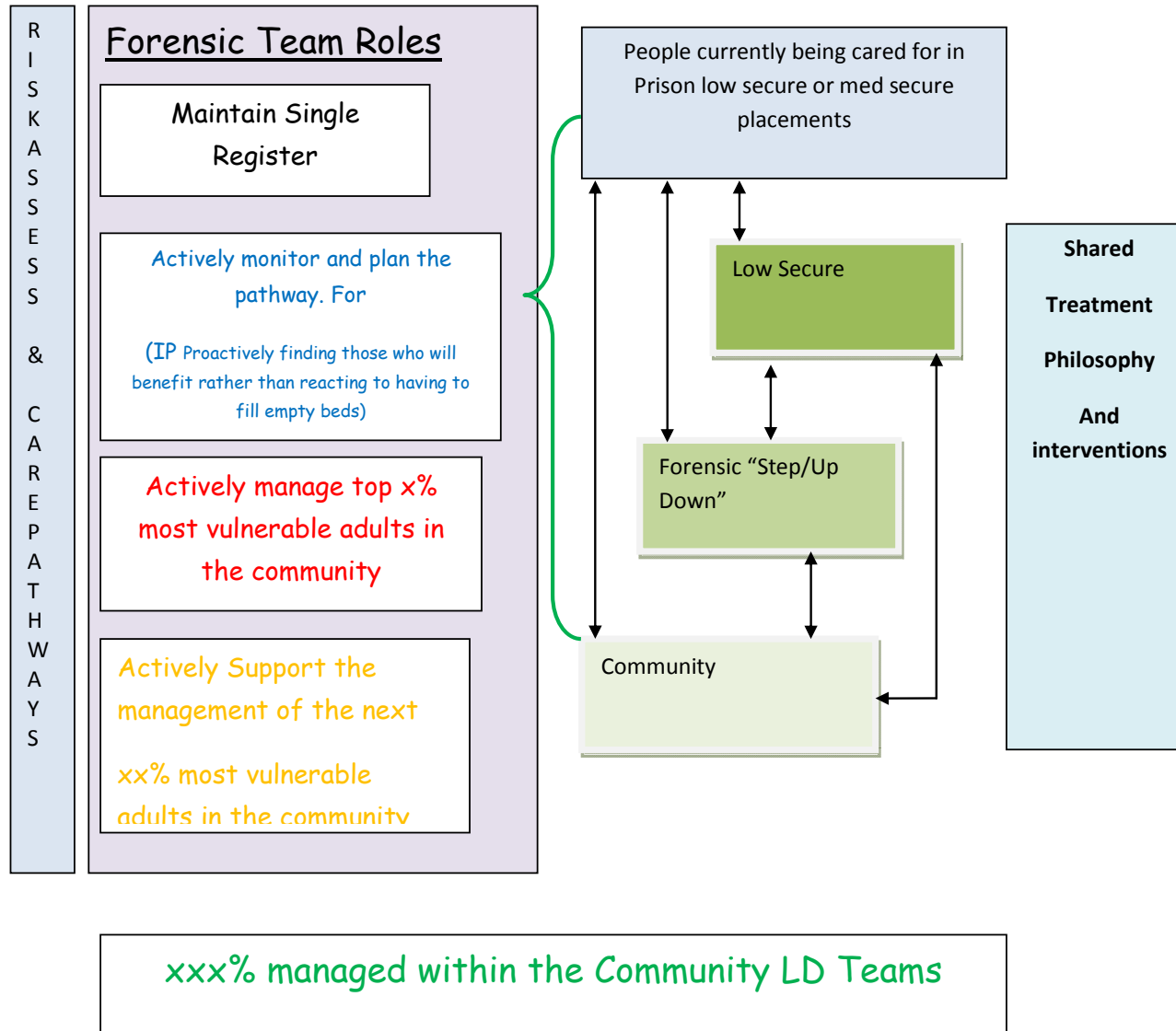
Newton House, Sandwell – 4 male beds

Future Provision

“Langley House” Sandwell – 14 male beds

Newton House Sandwell – 4 female beds

Whole System Black Country Forensic Pathway



Service Description

- People will access Forensic Rehabilitation beds when they have on-going needs which require access to the 24 hour multi-disciplinary support and whose aim is to then return to living in the community in a way that is meaningful and safe for them and the people they *are in contact with*
- People will be provided with structured and supported setting in which to engage in treatment and rehabilitative work. close to home
- Rehabilitation will be provided in an environment that is clearly recognisable to patients, visitors and staff as a 'step' between inpatient and ordinary community living
- Treatment will follow The My Shared pathway approach with clearly defined expected lengths of stay

The New “Langley” Unit

14 bedded unit all en suite

Facilities for 1:1 and group sessions

Enabling Environment

Easy access to wider facilities and amenities

Extra care and DDA rooms

Current Walsall Patients in Suttons Drive

There are currently 7 people in Suttons Drive
3 of who are from Walsall

1. Admitted Feb 2010 - In transition towards D/C
2. Admitted Feb 2012 – Moving towards Transition
3. Admitted July 2012 – Still in Treatment Phase

There is one potential Walsall admission

Timescales

- Full Business Case to BCPFT Board – Sept 2014
- Langley upgrade to be completed by – Late Spring 2015
- Transfer of patients by – mid Summer 2015
- Begin to admit to female beds – Autumn 2015

Consultation

- Consultation with Individuals who may be involved in the move – Clinically led by BCPFT
- Wider Commissioner Led Consultation