NHS Brent

Central and North West London NHS
NHS Foundation Trust

Report to: **Brent Health Partnerships OSC**

Report from: **Central and North West London Foundation Trust**
NHS Brent

Date of meeting: **29th November 2011**

RE: **Improvements to Adult Mental Health In-patient Continuing Care and Rehabilitation services in Brent**

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1. Executive Summary

- The 44 in-patients of the mental health rehabilitation facilities, Fairfield House and Rosedale Court, have been through a detailed continuing healthcare needs assessment.
- The results of this assessment mean that approximately 22 of the existing in-patients across Brent and Harrow will be moved on to more appropriate levels of care that better meet their individual need.
- This is a standard needs based practice and within the remit of CNWL, NHS Brent and NHS Harrow to manage without recourse to external consultation.
- As a result of the moves there will be 22 bed vacancies - approximately half of the current total of available beds across both sites.
- Rosedale Court is a modern facility and designed for active rehabilitation recovery model style care. Fairfields is considered outdated and not as suitable for rehabilitation (CQC March 2011).
- Therefore, CNWL and partners propose to move the remaining 15 inpatients at Fairfield House to Rosedale Court, where their needs can be better met and temporarily close Fairfield House for a full options appraisal regarding its future use.
- This is a needs based programme to improve health and wellbeing outcomes.
- CNWL and partners will carry out this programme with due diligence, in consultation and through joint planning to ensure a trouble free transition process for each individual patient.

2. Recommendation

The Health Partnership OSC members are requested to *note* the progression of this proposal to improve patient care through a standard needs based assessment and placement process; and to approve:

- The subsequent but temporary closure of Fairfield House pending a thorough options appraisal regarding its future use.

3. Detail

3.1 Purpose of report

To describe the impact of the most recent patient needs assessments on Adult Mental Health in-patient continuing care and rehabilitation services in Brent and propose a needs based service redesign to improve clinical outcomes - for consideration by the Health Select Committee (HSC).

3.2 Background

Over the last 12 months NHS Brent and Harrow have been looking at how working together could improve adult mental health 'in-patient continuing care rehabilitation' services (ICCR) so that it better supports the successful rehabilitation of individual patients with varying needs.

ICCR is currently provided by two units: Fairfield House in the Kingsbury area of Brent (26 beds) and Rosedale Court in Harrow (22 beds).

These units offer 24 hour nursing care to a diverse range of patients with competing needs such as ICCR, Step down support and specialist physical care for extreme frailty.

The review was driven by our most recent patient needs assessments which then allowed us to evaluate how effectively current services are meeting the needs of individual patients and what more could be done to improve long term health and well being.

3.2.1 Findings of the Review

Both ICCR units have patients with a great variety of needs. Each type of need requires a specific package of care. Table 1 below segregates the different types of patient need at Fairfields and Rosedale Court following the October/November 2011 Continuing Care Assessments and the type of care required to meet that need:

Table 1: Outcome of Patient Needs Assessments (2011)

Type	Patient Need	Care Specification	Fairfield Patients	Rosedale Patients
1	**Physical Frailty**	Intensive 24 hour care with specialist nursing support for physical and mental health needs	4	7
2	**Continuing Care (ICCR)**	Long term Continuing Care with physical health care	4	0
3	**Long Term Rehab (ICCR)**	24hr clinical care to manage challenging behaviour with on-going rehabilitation (2 yrs+)	11	7
4	**Step Down 24hr care**	24 hour support with therapeutic engagement aiming for discharge to 9-5 accommodation	5	5
5	**Step Down 9-5 support**	9-5 supported accommodation, including semi-independent and group homes	0	1
		TOTAL	**24**	**20**

a. Due to the great diversity of care needs in each unit, the level of care is often dictated by the needs of the most challenging patients presenting with complex behavioural, clinical and physical needs. This means that currently it is very difficult for staff to give patients with rehabilitation potential the level of support that they need to progress.

b. Based on table 1, 15 Fairfield patients (Type 2 and 3) meet the full continuing healthcare criteria (ICCR).

c. The remaining 9 Fairfield patients would benefit from moving into other types of care. For example, specialist nursing care for those with physical frailty needs (Type 1) and supported living or 'extra care' facilities for those ready for step down services (Type 4).

d. Due to the current set up, patients and carers exercise little choice in the design and delivery of their care as the care package is limited

e. The CQC inspection of Fairfield House reported in March 2011 that Fairfield has *'inadequate resources to enable the delivery of proper rehabilitation'*. The building was opened almost 15 years ago and is not an appropriate environment for developing active rehabilitation services.

f. Fairfield was originally opened to provide care for patients of the Shenley Hospital closure. There are 6 'legacy' patients at Fairfields House and their needs are characterised by older age and physical frailty and a need for more home-like settings to meet their social support needs. This would be best achieved through an 'extra care' environment rather than the existing 'nursing care' model. Please note that changes in mental health provision over the past 20 years mean that the clinical history of the 'legacy' population will not be repeated by future mental health service users. They make up most of Type 4 and Type 1 patients.

3.2.2 Proposed Way Forward

The impact of our findings is that by fully assessing patient needs and seeking now to provide patients with the best care packages that meet their needs, there will be a 50% reduction in demand for patients with ICCR needs across Brent and Harrow (Type 2 and 3). This equates to 15 Brent patients and 5 Harrow patients.

This means that, across Brent and Harrow, we only require half of the number of current ICCR beds that we currently provide through the Fairfield House and Rosedale Court provision. We therefore need to choose one of the two units to provide our ICCR services from. The unit not selected will then form the subject of a detailed options appraisal by CNWL to determine its future use.

Based on our review, that considered CQC reports, our own appraisals and consultation with clinical staff, Rosedale Court, which is a 22 bed unit, would provide the best clinical environment and offer the greatest potential for rehabilitation.

We therefore propose, following the secure and safe placement of patients into more appropriate care, as part of this ongoing assessment process, that we temporarily close Fairfield House to complete a full options appraisal to determine its future use. It should be noted that this is early notification of temporary closure as any closure would be subject to approval by CNWL's Council of Members and Board. CNWL undertake to ensure that the Health Partnerships Overview and Scrutiny Committee receive the full options appraisal of Fairfield once this has concluded. Additionally, should any long term closure be recommended following the options appraisal, this would be subject to the approval of Monitor, as CNWL is a Foundation Trust.

Table 2 illustrates our proposed care solutions for each patient type and the provision we have identified to meet that need:

Table2: Care Solutions and Provision for Fairfield patients:

Patient Need	Care Solution	Identified Provision
Physical Frailty	Specialist in-patient rehab centres	CNWL Horton, Approved Providers
Continuing Care (ICCR)	ICCR Services	Rosedale Court, CNWL Horton
Long Term Rehab (ICCR)	ICCR Services	Rosedale Court, CNWL Horton
Step Down 24hr care	Supported Housing Providers	Approved Providers
Step Down 9-5 support	Supported Housing Providers	Approved Providers

This will make the best use of mental health resources with respect to the skills and time of our consultants and nurses as well as better align our services to patient choice and need.

3.2.3 Benefits to Patients and Carers

- Improved patient care – which means better health outcomes including more independence and an enhanced quality of life for more patients and carers

- Increased patient choice - Patients and carers will have more choice and control over their care resulting in care packages that are tailored to meet their individual needs

- Stronger clinical team – The consultant led team is together in one location and can focus on meeting the specific needs of a more homogenous group

4 Impact and Risk

Even though these changes to patient care would have occurred as part of the on-going continuing care assessment process, our service redesign proposal to pro-actively improve care pathways will have an impact on stakeholders. This section of the report evaluates the impact on these stakeholders and summarises key risks in an assurance framework.

4.1 Impact on Patients, Carers and Families

Transitioning care is a difficult process for patients, carers and their families. Attachment and familiarity are primary drivers for our patient groups but research has shown that if transitions are managed properly, then disruption to care is minimal and the long term health benefits far outweigh the short term stress. Managing transitions properly is part of our standard practice procedures and it means that we commit to:

- Decision making through a Care Programme Approach (CPA) that fully involves the patient and where applicable, the carer, family or an independent mental capacity advocate (IMCA).
- Service User consultation with IMCA's to map and understand individual and group needs/supports to ensure person centred 'inclusion web' approach to care planning.
- Wherever possible, providing patients with care options and supporting them to choose a new facility through multiple day visits and meetings.
- Agreeing a transparent and appropriate timeline for transition and fully supporting them with a phased handover process.

4.2 Impact on Fairfield Staff

Following initial and informal consultation with Fairfield staff, there is unanimous agreement that this service redesign is urgently required to improve health and care outcomes for patients. CNWL are not anticipating any redundancies and are working toward redeployment of existing staff into new roles. A full staff consultation will be undertaken of up to 3 months duration to manage staff placements into new roles. CNWL are committed to conducting an open, honest and full consultation with agreed and transparent timescales.

4.3 Impact on Fairfield local residents

The local community have lived with Fairfield House for almost 20 years with no major incident. Similar to other upper and lower middle class residential communities, there is a need for assurances of safety and order. Changing the status quo to eventually close the site may be met prima facie with positive feedback but residents will soon form legitimate concerns about its future use. CNWLFT commit to full and thorough consultation with local residents as part of the Fairfield House options appraisal process.

4.4 Impact on Rosedale

Rosedale Court is in a similar process of implementing the results of its most recent patient needs assessments. Based on their November data, 7 of their current residents will require the ICCR services that we propose Rosedale to now focus on. The proposed changes will impact the provision of service at Rosedale as this will now be for the cohort of patients needing ICCR support as opposed to current mixed cohort of patients it currently has, thereby creating a unit that manages complex rehabilitation needs. Although substantive change to the local community is not anticipated from this service redesign proposal, mitigation of any potential negative impact will be considered as part of implementation plans. Additionally, CNWL commit to ensuring that the staffing and service model for Rosedale is developed in consultation as per standard practice.

4.5 Impact on Alternative Care Provision

CNWL and NHS Brent have a range of active block contracts and spot purchasing facilities throughout Brent and beyond. These resources are regularly utilised, as appropriate, as unit costs are comparable. This proposal only seeks to further utilise these placements as a means of increasing patient choice and improving health outcomes for more patients. An informal mapping exercise has provided the assurance that there are sufficient placement vacancies for our needs. As part of the implementation process, we will establish a formal mapping and project management process.

4.6 Impact on Financial Resources

Table 3 and 4 below provide an illustration of the current and proposed spend respectively in relation to the 24 Brent in-patients currently at Fairfields House.

Table 3: Current spend on the 24 Brent in-patients of Fairfield House

	Number of Patients	**current unit cost /p /wk**	**Current total cost /wk**	**current annual spend /52wks**
Fairfield House	24	£1589	38,136	£1,983,072

Table 4: Proposed spend on the 24 Brent in-patients post re placement

Type	Patient Need	Number of Patients	**proposed unit cost /patient /wk**	**proposed total spend /wk**	**proposed annual spend /52wks**
1	**Physical Frailty**	4	1000	4000	208,000
2	**Continuing Care (ICCR)**	15	817	12,255	637,260
3	**Long Term Rehab (ICCR)**				
4	**Step Down 24hr care**	5	700	2750	182,000
5	**Step Down 9-5 support**	0	300	0	0
		24			**£1,027,260**

The total annual differential in spend is approximately £955k of which £850k is within Brent's QIPP plan. This does not include potential transitional costs of service redesign, temporary closure or contingency reserves.

As part of Brent's investment planning, business cases are being developed to support investment into key mental health priorities such as dementia and improved capacity in talking therapies

The anticipated financial impact to the Local Authority from the 5 patients being placed in supported care is a cost of approximately £182k (per annum). This is based on an average price of £700 per placement per week. Please note that the actual placement price ranges from £550 and £800 per week depending on level of need.

4.7 Project Timeline

	ACTIVITY	SEP	OCT	NOV	DEC	JAN	FEB	MAR	APR	MAY	JUN
PHASE 1	Stakeholder Engagement 1: Service users, carers, clinicians and care staff										
	Final Continuing Healthcare Needs Assessments for existing patients										
	Approval by statutory bodies: NHS Brent GPCE, Brent OSC, CNWL										
PHASE 2	Placement Planning										
	Stakeholder Engagement 2: Service users, carers and Independent Mental Capacity Advocates										
	Transition planning, implementation and monitoring										
PHASE 3	Engagement of independent user group for evaluation purposes										
	Complete options appraisal for Fairfield House										
	Approval of options appraisal by statutory bodies: Brent OSC, CNWL and Brent GPCE										

Activity
Milestone

4.8 Risk Assurance Framework

We have identified the following as the most significant risks to the Trust in achieving the proposed improvements to patient care. The risk assurance framework will be used to monitor the progress of mitigating actions on a monthly basis:

Risk name	Description/impact of risk	Impact	Likelihood	Risk rating	Mitigation
Failure to transition patients safely, securely and in a timely manner	Transfer process must be executed with dignity and respect. Poor transfer support could result in poor health outcomes for patients. There may be patients who take longer than others to agree and transfer to new placement	8	1	8	• CNWLFT and NHS Brent have established protocols for transition and established a joint project board, across Brent and Harrow, with Local Authority representation, to ensure a robust project management approach to governing the process • Fairfield staff will fully support patients into new placements and complete a phased handover of care for patient comfort and trust. • CNWL, NHS Brent and Harrow will ensure robust and individual transition care plans are developed, implemented and monitored at regular intervals. • CNWL will ensure that flex will be built into the timetable and staff have already identified 2 patients that will need extra support. • A comprehensive patient consultation utilising Independent Mental Capacity Advocates

Risk name	Description/impact of risk	Impact	Likelihood	Risk rating	Mitigation
Failure to identify re-provision sites	The transition process for patients will be overly prolonged if suitable care placements cannot be found in a timely manner	8	1	8	• Assurance gained from informal mapping of vacancies. • Formal mapping process will be undertaken with a project management approach throughout • The Project Board will regularly review, monitor and evaluate progress
Failure to stay within financial targets	Spot purchasing of in patient rehab care more expensive than existing model	5	1	5	• NHS Brent and CNWLFT already utilise 3rd party independent providers and unit costs are comparable. There are no significant anomalies in pricing
Staff Morale	Staff currently based at Fairfield House and Rosedale Court may choose to leave CNWL following consultation	5	2	10	• Staff agree with the service redesign and are sympathetic to the need for change. They will continue to be actively involved in implementation and design. • CNWLFT have given assurances that they will work together to match skills and experience with new roles. • CNWLFT commit to developing staffing and service model in consultation in line with good practice.

5 NHS Operating Framework – The 4 Tests

This section seeks to satisfy the Committee that the four new tests laid out in the NHS Revised Operating Framework (2010/11) have been met:

5.1 TEST ONE: Clinical Evidence Base

There is a clear clinical evidence base for responding to the recent continuing care patients needs assessments. If we do not act pro actively now, these patients will suffer poorer clinical outcomes and be denied their human right to better health and quality of life. Our own studies and those of the CQC have appraised Fairfield House as not having the resources to deliver 'recovery models' of care that promote effective rehabilitation.

5.2 TEST TWO: Impact on Choice

This proposal is a pro-active reaction to observable data in patient need. This proposal will substantially increase and improve patient choice not only in care setting but in care package as has already been demonstrated.

5.3 TEST THREE: Support from GP Commissioners

The GPCE, which represents Brent GP Federation, comprising all five of the GP Commissioning Consortia, has given its support for this need based proposal. They support the approach to ensuring that implementation is managed through consultation, agreement, transparency and in a timely manner. GP Commissioners therefore have been fully involved and are supportive of the process.

5.4 TEST FOUR: Engagement

Within 10 working days, we engaged informally with staff, commissioners, patients, carers, advocacy group leads and resident groups in Brent. Their feedback demonstrates a broad understanding and high level of support for the proposal notwithstanding the assurances sought.

This is part of a continuing process of stakeholder engagement and we are committed to implementing all improvements in full consultation with patients, staff and stakeholders.

Please note that the concerns raised as part of early engagement work, have been incorporated into the risk assurance framework summarised in paragraph 4.8.

5.4.1 Activity Summary

Stakeholder		Participants
NHS PARTNERS		
1	Brent GPCE	13
2	CNWL Rehab Senior Management Team	5
3	Fairfields staff	20
4	Brent LINk	6
VCS		
5	Brent MIND	2
6	Brent Mental Health User Group	1
7	Loud and Clear (IMCA)	1
8	Brent MENCAP	3
PATIENTS AND CARERS		
9	Fairfield Service Users	23
10	Carers of service Users	2
11	Brent Carers Centre	1
12	Brent Carers Forum	1
PUBLIC		
13	Roe Green RA	1
		79

5.4.2 Engagement Feedback Summary

NHS PARTNERS

- **Agreement by Fairfield care staff and clinical leads** for the need for change and affirmation of support for the action recommended in this report.
- **Manage transitions with the highest levels** of care, respect and dignity
- **Clear and continuous communication with patients** should be maintained to involve them throughout the process.
- **Build in sufficient flex to the process** so that highly vulnerable patient needs are not compromised.
- **Process recommendations include** relocation of Shenley 'legacy' patients as one group and greater use of CBT in the rehab model.
- **Concerns about moving patients into step down care** expressed by Brent LINK. Assurance sought that these patients will receive the level of support required to transition safely and securely to step down care without impacting and disrupting the needs of existing residents.
- Service user representation on the Project Board

VCS, PATIENTS, CARERS AND PUBLIC

- **There was understanding and acceptance** of the rational for this needs based process. Concerns focussed on implementation
- **"Enhancing lives of patients is to be applauded** and I'm happy with the proposal if it for their benefit." – Roe Green Village Resident Association
- **Assurances sought that a support service will be commissioned** to support this group of highly vulnerable and institutionalised service users pre, during and post placement.
- **The CPA process, while improved, is insufficient** to constitute a meaningful patient consultation to support patients through an effective and successful transition process.
- **Patient Consultation** is crucial to preparing detailed individual care plans and should be delivered by a third party provider.
- **'Inclusion web' approach to care planning** that surveys internal and external social networks as well personal, health and care needs.
- **Positive experience of re-provision of Melrose Avenue** was cited. Carers and advocates were heavily involved in the service redesign resulting in detailed personalised care plans.
- **Warning that lessons should be learned** from a Brent Council programme to transfer individuals with Learning Disabilities to new day centres. Allegedly, the project was poorly managed causing unnecessary distress, due in part to incomplete care planning.
- **Stakeholders should be consulted about the service redesign** of Rosedale and options appraisal of Fairfield House.
- **Assurance that there is a clear timetable** for determining the future use of Fairfield House so it is not left vacant indefinitely.

6 Conclusion and Recommendation

CNWL, NHS Brent and NHS Harrow will implement the results of the patient needs assessments with due diligence, consultation and joint planning to improve the long term health and care outcomes of patients at Rosedale Court and Fairfields House.

The Health Partnership OSC members are requested to:

- note the progression of this proposal to improve patient care through a standard needs based assessment and placement process

- approve the subsequent but temporary closure of Fairfield House, subject to the approval of CNWL's Council of Members and Board, pending a thorough options appraisal to determine its future use

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