

TELFORD & WREKIN COUNCIL

CABINET – 27 APRIL 2010

SHELTON MODERNISATION

REPORT OF HEAD OF ADULT SOCIAL CARE COMMISSIONING

1.0 PURPOSE

- 1.1 To seek Cabinet support for the development of the Shelton modernisation programme and mental health strategy and identify potential risks and opportunities to the Council.

2.0 RECOMMENDATIONS

It is recommended that Members:-

- 2.1 Note the proposals and seek assurances from the NHS that there will be full consultation and further explanation of how local services will be developed in future.**

3.0 SUMMARY

- 3.1 Currently Telford & Wrekin PCT (TWPCT) purchase 55 inpatient beds from South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) at Shelton Hospital in Shrewsbury. Proposals for the development of a new facility and the closure of Shelton are being made. Further to these proposals made by SSSFT and detailed analysis of current activity, Joint Commissioners on behalf of TWPCT are proposing to purchase 33 in-patients beds within the new mental health hospital. This is a significant reduction from the current 55 beds.
- 3.2 In addition and in order to support this SSSFT identified the need for 12 additional community staff for adult mental health teams and 23 additional staff for older people mental health services. Based on analysis of current activity trends TWPCT recognises the need to support the proposals, particularly for older people.
- 3.3 The above relates entirely to health care provision and there is no financial investment from the Council. NHS funding has been made available for community resources within acute teams (£395k) and older people and dementia teams (c£520k). Further funding would be needed and TWPCT have identified £800k.
- 3.4 Joint Commissioners on behalf of TWPCT have indicated to SSSFT their intentions to gain more accurate data to support future planning and de/re-commission services in the future in line with the above proposals. These are indicated within 2010/11 mental health contract and the mental health strategy (final draft currently being circulated for comments).

- 3.5 A series of Shared Governance meetings have been arranged to manage the potential negative impact of the proposed modernisation and subsequent reduced level of funding for SSSFT. This will also include Shropshire County PCT. The first meeting takes place on 1 April 2010.
- 3.6 Joint commissioners have not identified significant risks to the Council from the development at this stage. Investment by TWPCT is intended to complement and support current community care services and deliver preventative and specialist health interventions; the resources are intended to maintain people for longer at home and delay moving into residential care settings.
- 3.7 There is no expectation that the modernisation programme will increase admissions to residential care. Without the NHS investment in additional services to meet the needs of an increasing ageing population, the demand for residential care would have inevitably risen.

4.0 PREVIOUS MINUTES

- 4.1 Not applicable

5.0 INFORMATION

5.1 Background

5.1.1 South Staffordshire and Shropshire NHS Foundation Trust (SSSFT) propose to develop and an 80-bedded in-patient facility away from the existing Shelton hospital site. NHS Telford and Wrekin (T&W) is proposing to commission a total number of 34 beds; a significant reduction from the current 55 beds. Average length of stay would be reduced from the current 32 days on acute wards/ 65 days for older people to a regional average of 23 days in all areas. Additional community services will be commissioned to support the bed reductions.

5.1.2 In total the FT projected that T&W PCT needed to contribute an additional c£2.3m for the additional resources needed.

5.2 In-patient bed numbers

The table reflects the numbers of beds commissioned from 2008/9 to the proposed numbers to be commissioned within the new mental health in-patient facility.

Current commissioned activity	Current activity for 2009/10 and before	FT projected beds	Proposed commissioned beds for the new in-patient unit
21 adult beds (Bed Days) 3 pre-senile (1156) 17 older people assessment 3 continuing care 2	12 adult beds 1.5 pre-senile 13 older people assessment 2 continuing care 9 castle lodge (dual diagnosis)	11 acute (all age) beds 3 younger people with dementia 5 older people with dementia	9 acute beds 2 younger people with dementia including alcohol dementias 5 older people with dementia

dual diagnosis beds (ALD/ MH) 9 Castle Lodge Total = 50 85% occupancy	treated on acute wards) Total = 37.5	5 complex care (including place of safety) 12 castle lodge Total = 36	5 complex care (pod facility and place of safety) 12 castle lodge Total = 33 92% occupancy
---	---	---	--

With the development of locally based community services and improved data it will be possible to monitor the rate of reduction of bed usage and determine actions to ensure effective community services are in place to support the activity for the new in-patient unit.

5.3 Development of community services

As previously mentioned additional NHS investment is proposed in community based staffing as outlined in the table below.

Current staffing	Shared with SCPCT	Proposed additional staff
Acute 77.5 wte	7wte	12 wte
Older People 9.5wte	13.5 wte	23 wte

5.3.1 Older people services have been historically under-resourced. Additionally, the reductions in older people's bed occupancy are much less than acute beds.

5.3.2 TWPCT have already invested in community services within 2009/10 and have committed resources support a reduction in bed numbers and a reduced length of stay (identified below). Incentives within the mental health contract with SSSFT to reduce length of stay by 10-15% have also been taken forward.

Team	Investment	Intended Impact
Community Mental Health teams , Assertive Outreach Team and Crisis Resolution/Home Treatment	£260k	Reduced length of stay and early discharge; improved care co-ordination; reduced admissions
Personality Disorder	£100k	Improved evidence based interventions; Reduced admissions
Dual diagnosis (substance misuse)	£35k	Improved evidence based interventions; Reduced admissions
Older People and Dementia	£720k	Reduced length of stay; improved evidence based interventions in line with dementia strategy

5.4 Future commissioning intentions

5.4.1 Future commissioning intentions will be set out in the Mental Health and Wellbeing Strategy (final draft currently being circulated for comments). It outlines the direction of commissioning over the next 3-4 years and has been

written in the light of New Horizons (the policy document replacing the National Service Framework). The Strategy focuses on health promotion and prevention of ill health, and for those who require it, early intervention with a clear objective of personal recovery. It also focuses on the need to improve the quality of services provided including inpatient services. The strategy will set out the commissioning intentions for the Shelton modernisation programme and the community support and structures needed to facilitate a reduction in beds.

5.42 The model of commissioning services is built on the following principles:

- A focus on health promotion, prevention & early intervention
- Services which promote recovery
- Inclusive, personalized services
- Where possible maximize choice, and improve quality
- Community based rather than hospital based
- Care to be delivered closer to home
- Focused on need rather than age
- Improved outcomes across stages of transition
- Greater focus on links to physical health needs and care

5.4.3 The strategy will be supported by a detailed action plan and monitored through the Mental Health Commissioning Partnership Board.

5.4.4 Commissioners are also ensuring improved information to support future decision-making, stimulate the market to procure new services in line with personalisation. The core services that SSSFT will continue to provide will be clarified. These will include the specialist mental health and dementia related services. Other services would be identified as likely to be de/ re-commissioned. e.g., formal notification of the intent to de-commission West Bank and Church

5.5 Equality and Diversity

The existing contracts address equality and diversity and this will be reviewed as part of issuing any new contract.

5.6 Environmental Impact

None identified from the proposals contained within the report

5.7 Legal Comment

There are no legal comments arising in addition to the information already contained within the body of the report

5.8 Links with Corporate Priorities

5.8.1 The Shelton modernisation programme and development of the mental health and well-being strategy links to identified Corporate priorities:

- Promoting Healthy Communities and Improving the Quality of Life of Vulnerable and Older People
- Creating a Safe, Strong and Cohesive Community

5.9 Opportunities and Risks

- 5.9.1 There are a number of opportunities and risks relating to the Council set out below:
- 5.9.2 The modernisation programme is intended to complement and support current community care services. The additional services for older people and those with dementia proposed are to deliver preventative and specialist health interventions. These will support existing social care services
- 5.9.3 The additional resources are intended to maintain people in their own homes for longer and delay the need for residential care. This includes additional Rapid Response and Intermediate care provision, working in conjunction with social care staff.
- 5.9.4 There will however be increases in activity and demand for acute and older people services that will impact on community services including social care staff due to demographics and the change in nature of service delivery. These include:
- Increased older people and dementia referrals due to population profile
 - Increased referrals due to reduced length of stay in hospital
 - Increased referrals to teams and social care staff for support packages for social inclusion, day opportunities and employment
- 5.9.5 Community care services will need to prioritise services within joint teams as currently occurs. Whilst the NHS has increased resources in community based services the impact on local authority community based services will need to be carefully monitored.
- 5.9.6 There is no expected increase in admissions to residential care at this time
- 5.9.7 Dementia modelling to be carried out to identify the likely future needs and demand for care services. This will provide more clarity about the need for specific types of resources and support future planning.
- 5.9.8 The key risk to the Council is should the level of NHS investment in local services be insufficient. No investment in NHS provisions will have a bigger impact on demand for residential care as key health interventions will not be utilised. This will lead to more rapid deterioration and the subsequent need for residential and other community services.
- 5.9.9 The shared programme of Governance meetings (first meeting 1st April 2010) will provide opportunity to discuss the potential issues for social care throughout the development of the programme.

5.10 Financial Implications

- 5.10.1 Although there are no direct financial implications for the Council, there is likely to be a knock on effect from the increased Community based provision.
- 5.10.2 At this point in time it is not possible to evaluate what this may be. Careful monitoring and evaluation of the impacts will be required as the programme

progresses and any response or action to financial issues arising will be made as they arise.

6.0 WARD IMPLICATIONS

6.1 The Shelton modernisation programme is a borough wide provision.

7.0 BACKGROUND PAPERS

None

End of Report

Report compiled by:

Michael Bennett
Lead Joint Commissioner
Commissioning and Contracting
(Mental Health, Substance Misuse, Learning Disabilities and Employment)

01952 388886