

Stockton-on-Tees HEALTH OVERVIEW AND SCRUTINY COMMITTEE

24TH JANUARY 2010

ROSEBERRY PARK UPDATE REPORT

1. PURPOSE OF REPORT

- 1.1 This paper is designed to bring the Committee up to date with the development of the new Roseberry Park Hospital and how these Inpatient Services fit into the wider care system.

2. BACKGROUND

- 2.1 The process to redevelop the St Lukes Hospital site began with an outline Business Case in 2001. The Business Case was developed using the best evidence at the time in regard to the service model bed configuration and bed capacity.
- 2.2 Due to a change in the way PFIs were managed in the NHS a new process was introduced which slowed the development until the appointment Business Case was signed off by the DOH in March 2007 and reached financial closure within the PFI process in December 2007.
- 2.3 At this point the Business Case identified the need for 312 beds, comprising 146 Adult and Older Persons beds and 166 Forensic Mental Health and Learning Disability beds.
- 2.4 The Business Case wanted to see a step change in the quality of inpatient care and after consultation with staff and service users and carers the development was based on the following key design features:
- All bedrooms single and en-suite.
 - All living accommodation at ground floor.
 - Bedrooms wrapped around external courtyards.
 - All day/dining areas to access safe courtyard external space.
 - Extensive landscaping around the site.
 - Improved accessible vocational and therapy space.
 - Domestic scale light and airy.
- 2.5 Building work commenced in January 2008 with a completion date programmed in for March 2010. Services will then incrementally move into their new accommodation in April and May 2010. The current St Lukes Hospital will then be demolished and landscaped between June 2010 and March 2011.

2.6 The build process has gone very well with the builder reporting to be slightly ahead of schedule before the Christmas and New Year break.

3. RECENT DEVELOPMENTS

3.1 Since the development of the original Business Case and subsequent refreshes up to sign off in 2007 there have been some significant changes that have affected the demand for and average length of stay in Adult Mental Health Services.

3.2 Major factors in these changes have been the establishment of a number of specialist community based mental health teams that have enabled a greater number of people with mental health problems to be supported to receive treatment in their own homes, these include:

- Access Teams
- Psychosis Teams
- Affective Disorder Teams
- Crisis Functions
- Assertive Outreach Function
- Early Intervention in Psychosis Teams
- Primary Care Mental Health Teams and IAPT Service
- Psychiatric Liaison Teams

3.3 When people require inpatient care this has been re-engineered to improve the assessment and treatment process, reduce unnecessary waits for treatment and accelerate and align the necessary clinical inputs to dramatically reduce the average length of stay.

3.4 These changes have significantly reduced the demand for and number of inpatient beds required across the Trust including within the Roseberry Park development.

3.5 Following discussion with and agreement by Commissioners the Trust have reduced the number of Adult Mental Health beds in the development by 20, bringing the total number of Adult and Older persons Mental Health Beds down from 146 to 126.

3.6 Similarly since inception of the service model for Mother and Baby Services best practice suggests that a community focussed service supporting mothers in their own homes is preferable than inpatient care wherever possible relying on a small number of specialist regionally commissioned inpatient beds on the rare occasion a bed is required. These beds are currently commissioned regionally at St Georges Hospital Morpeth with very low usage in recent years. For this reason we have agreed with Commissioners not to open the four bedded Mother and Baby Unit as planned but enhance our community resources to meet identified need. The Trust are currently looking at a number of options for the use of this facility.

- 3.7 Conversely over recent years the pressure on Forensic Mental Health Services has increased beyond that envisaged by the Trust and the Regional Commissioners who commission the majority of the beds. This has been due to an increase in the number of people diverted out of the Criminal Justice System, a decrease in the high secure bed base, and an increase in individuals requiring long term secure care.
- 3.8 To meet this increased demand Commissioners have agreed that the Trust will utilise the accommodation freed up by the reduction of the 20 adult inpatient beds to provide an additional twenty low secure forensic beds.

4. CONCLUSIONS

- 4.1 Roseberry Park Hospital will deliver a step change in the quality of inpatient mental health and learning disability care with purpose built accommodation, ground floor single bedrooms en-suite accommodation, easy access to outside space with improved models of treatment and rehabilitation.
- 4.2 The Build Process has gone well with the expectation the hospital will be handed over in March 2010 and then occupied during April and May 2010.
- 4.3 Due to changes to and effect of modern community services and improved clinical processes and pathways the demand for inpatient mental health beds has reduced allowing 20 beds to be used to meet the growth in demand for forensic inpatient beds.
- 4.4 The contemporary model for the provision of Mother and Baby Services has changed in recent years, moving to a community rather than inpatient focus. The Trust are to identify an alternative use for the freed up accommodation following an option appraisal process. Access to Mother and Baby beds will be provided on a regional basis.

5. RECOMMENDATIONS

- 5.1 The Committee are asked to receive the update report and comment on any areas that require further clarification or explanation.

Les Morgan
Chief Operating Officer