

Pinhey Ward – Proposal for Closure

Introduction

Pinhey Ward is a 13-bedded rehabilitation in-patient ward, co-existing with 4 acute in-patient and 1 Psychiatric Intensive Care wards on the St Clements' hospital site. The service operates on a total budget of £848,657 this covers both pay and non-pay costs. It has an allocated staff complement of 23.68 whole time equivalent posts. The ward is the only in-patient facility in Tower Hamlets, which focuses on the provision of rehabilitation for people aged 18-65, who have severe and often treatment resistant mental illness. Rehabilitation also takes place within clinical areas across both community and inpatient teams. Increased co-ordination and sustainability is required within the service.

The unit provides 9 beds for the treatment of male patients and 4 for the treatment of female patients. The focus of the unit is on recovery, and community integration. Although situated within a hospital setting, the unit forges and maintains links with the local community and strives to develop the strengths of the service users, and improve quality of life by promoting social inclusion and independence. Unit practice is to follow the patient for at least a 4-week period post discharge, through home visits and inclusion in community-based groups, to ensure that resettlement is eased.

It is the borough's intention that a Community Rehabilitation Team will be developed in 2007/08, providing specialist care and treatment to service users with serious mental illness. This is described in the Tower Hamlets Directorate of The East London & The City Mental Health NHS Cost Improvement Schedule for 2006/7.

The decommissioning of Pinhey Ward is part of Tower Hamlets Directorate contribution to the East London & The City Mental Health NHS Trusts Savings Plan for 2006/7. Some discussion of this plan has taken place with partner agencies. It is anticipated that the decommissioning of the ward be brought forward to facilitate break even financial position for the borough in 2006/07.

Proposed Actions

Decommissioning of Pinhey Ward is expected to yield £200k savings with the balance of the budget re-distributed within the Adult Service to ensure the impact of the decommissioning on staff, service users and carers is minimised and services are not compromised.

Background and Context

The ward has a capacity of 4745 bed days per year, and bed occupancy of 80% for the period April 06 to the end of September 06 (this excludes use of the vacant beds by patients from the acute unit). During the same period 12 referrals have been made to the service 8 of which have been admitted to the unit. During the same period in the previous year 6 referrals were made to the service and 5 had been admitted to the unit. Reasons for referrals not been accepted, include individual patient choice and inappropriateness of referral. Year to date 8 patients have been discharged from the service back into the care of Community Mental Health Team.

Of the 11 patients currently on Pinhey Ward 4 are approaching readiness for discharge, pending the availability of appropriate accommodation and community support, and 7 continue to require intensive in-patient rehabilitative care.

Currently the ward is operating with 2 vacant beds; these are used to accommodate any overspill from the acute in-patient wards to assist with the bed crisis experienced within the borough.

Current Costs

Pinhey Ward cost centre has a total budget of £848,657 for 2006/7.

The current staff establishment in the Pinhey Ward cost centre is as follows:

23.68 Whole Time Equivalent (wte) posts including:

1 wte Band 7 Nurse – Ward Manager

1.72 wte Band 6 Nurses – Clinical Team Leaders

9.76 wte Band 5 Nurses – Staff Nurses

9.19 wte Band 3 Health Care Assistants

1 wte Band 5 – Assistant Psychologist

1 wte Band 2 – Ward Administrator

Currently 17.5 staff are in post leaving 6.18 posts vacant, with recruitment to the vacant posts frozen (covered in part by the use of bank staff).

There is a total of £51,519 in Pinhey Ward non-pay budget, which covers patient provisions and services, clinical and office equipment, and the Ward Managers Budget.

Options

1. Do nothing:

This is not a feasible option due to the impact this would have on the borough's overall position of breaking even year end, and would further compound the Trust's overall financial position, compromising the ability for re-investment in the longer term.

2. Close Pinhey Ward

2.1 Service Users: There are currently 4 service users who are approaching readiness for discharge pending the availability of appropriate supported accommodation and community support. The plan is to focus on facilitating the discharge of these service users, prior to the final decommissioning of the ward. This will be done through close collaboration with Community services and Funding Sources.

Service users who are referred from acute wards will be assessed by the service to determine their Rehabilitation needs and recommendations regarding this will be made to the relevant referrers.

Closure of Pinhey Ward would place additional pressure on acute beds. The low referral rate to Pinhey Ward underlines the fact that there are already patients with a rehabilitation need receiving care and support on acute wards, closure would inevitably mean that additional rehabilitation bed-days would have to be found on the acute wards. When current patients are discharged their beds will be closed.

The 7 service users who require continued in-patient rehabilitation care will require their care to be transferred to suitable in-patient acute services within the borough or alternatively to formal rehabilitation in-patient services else where in the Trust.

2.2 Staff: Closure of Pinhey ward would mean that the existing 17.5 wte staff would need re-deployment within the Trust. Re-deployment of these staff would be to available vacant positions within the borough and across the Trust as a whole. The budget for the re-deployed posts will contribute to the savings plan.

Within the 17.5 posts requiring re-deployment is 1wte Band 5 Assistant Psychologist post. The budget for this re-deployed post will follow the transfer of the post-holder to the relevant service in the absence of a vacant post being available in that service. This will be an interim arrangement pending the development of a Community Rehabilitation Team for the borough.

Closure of Pinhey Ward -Benefits and Risks

Potential Benefits include:

Closure of Pinhey Ward will contribute to the Tower Hamlets Directorate Cost Improvement Schedule 2006/7.

The potential development of a focussed Community Rehabilitation Service. A business case has been completed for this and is included in the Tower Hamlets Directorate Cost Improvement Schedule 2006/7

Transferring service users from Pinhey Ward into local acute in-patient services may contribute to the development of a more co-ordinated and sustained approach to rehabilitation as part of the care provided on the acute in-patient wards.

A greater range of rehabilitative individual and group work being provided within the acute in-patient services by both core and sessional staff.

Potential Risks include:

Adverse impact on current service users, their relatives and carers as a result of the closure of the ward.

Availability of appropriate supported accommodation for those rehabilitation in-patients who are ready for discharge, in the light of current Local Authority placement restrictions.

Delay of discharge for those rehabilitation in-patients who are ready for it, due to the placement restrictions currently experienced within the borough.

A gap in the rehabilitative care provided to in-patients, which may result in a delay in the recovery process for service users.

Transferring in-patients to existing rehabilitation services out of the borough, within the Trust, will impact on service users, their relatives and carers and the community team responsible for their care due to the distance from the borough and the implications this may have on leave and visits to the facility.

Adverse impact on bed management within the adult directorate due to the unavailability of vacant beds on Pinhey Ward to accommodate overspill from the acute in-patient services.

Adverse impact on Pinhey Ward staff as a result of the closure of the ward and their chosen career focus, and subsequent re-deployment into services with a different focus.

Adverse impact on the Local Authority including pressure to fund suitable supported accommodation.

Adverse impact on the CMHTs, particularly in terms of capacity to support service users with a high rehabilitation need in the community.

Delivery of savings within the timescale required.

Conclusion

The decommissioning of Pinhey Ward will leave a gap in the whole system of care for adults aged 18-65 within the borough, but it also brings with it opportunities for the development of a more co-ordinated and sustained approach to the provision of rehabilitative care by acute in-patient services. It may also hasten the development of a Community Rehabilitation Team for adults within the borough in accordance with the already submitted business plan.

Service users, carers, commissioners, ELCMHT staff and partner agencies are invited to comment on the proposal and to respond by **16th November 2006**

To:

Lori-anne Johnson
Rehabilitation Development Manager
Occupational Therapy Department
Coburn Unit
St Clements Hospital
2a Bow Road
London
E3 4LL
Lori-anne.Johnson@elcmht.nhs.uk

0207 377 7000 x 5182

