Leicestershire Partnership NHS
NHS Trust

Summary of changes in inpatient and day services December 2005 to October 2007

Investment in community mental health services
In recent years there has been a national and local emphasis on providing more community-based mental health services because research has shown that, whenever possible, people prefer to be treated in the community rather than having to be admitted to hospital.

Within Leicester, Leicestershire and Rutland there has been additional investment in developing new community mental health services such as Crisis Resolution Teams, Assertive Outreach Teams, Early Intervention Teams and the Common Mental Health Problems Service. There are teams serving both Leicester City and the Counties areas and the Common Mental Health Problems Service is available from all General Practitioner surgeries. This additional investment allows more patients to be seen and supported in a community setting and the consequence has been a reduced demand for inpatient care. For example, the number of inpatient admissions for adult mental health services fell from 2298 in 2003-04 to 1516 in 2005-06.

Table 1 shows the extra money that has gone into the development and expansion of community mental health services since 2004. This has been through additional investment by Primary Care Trusts and investment by LPT through the redesign of services, so that services continue to meet the changing needs and preferences of service users. Further investment, particularly in Early Intervention Services is taking place in 2007-08.

The requirement for enhanced provision of community services is set out in the National Service Framework for Mental Health (Department of Health, 1999) and in the White Paper 'Our Health, Our Care, Our Say' (Department of Health, 2006).

As part of the Local Health Services Review, Leicestershire Partnership NHS Trust is undertaking a developmental review of its services to inform its future strategies and plans for the next 5 years. One of the proposals is for the development of integrated locality-based community teams. These teams will focus on meeting the mental health care needs of people living in specific localities in the City and Counties. They will have much closer working relationships with GPs and their primary care teams and will be able to develop improved networks with other local services and agencies that will assist in providing service users with a more holistic and socially inclusive service. The creation of these integrated locality teams will be one of the first improvements to be implemented under our future plans.

Bed changes summarised

- Adult Mental Health Services (acute and rehabilitation services) used to have 355 beds (206 acute and 149 rehabilitation) and now has 260 (154 acute and 106 rehabilitation).

- Eating Disorder Services have increased their bed numbers from 6 to 14 beds.

- Mental Health Services for Older People used to have 130 beds for organic disease (dementia, Alzheimers Disease) and now has 100 organic beds. This service also had 48 beds for functional mental illness (severe depression, schizophrenia, etc) and continues to have those beds. In addition 24 beds for older people with mental illness run by the Leicestershire County and Rutland PCT at Loughborough Hospital have closed during this period.

- Where bed numbers have reduced the situation has been monitored constantly and the impact of the reduction kept under review. The Trust has continued to meet the demand for inpatient beds and no out of area transfers have been required because a bed was not available. The latest bed occupancy figures available (August 2007) show that across adult mental health services as a whole 87% of beds are occupied and across older people's mental health services the figure is 80%, compared to recommended maximum occupancies of 95%. The number of beds available for acute adult mental health services also falls within the Royal College of Psychiatrists recommended norms of 25-33 beds per 100,000 adult weighted population.

- Some bed changes are introduced on a temporary basis. Where there is a proposal that a significant change should be made permanent, it is the Trust's intention to consult on that change in spring 2008.

Table 2 provides further detail about the bed changes.

Table 1: Funding for community mental health service developments 2003-04 to 2006-07

Service	Funding Source*	2004-05	2005-06	2006-07
		£000	£000	£000
Crisis Resolution	PCT	1866	2898	3408
	LPT	-	398	109
Total investment in Crisis Resolution Services		**1866**	**3296**	**3517**
Assertive Outreach	PCT	562	1071	1071
	LPT	565	747	1041
Total investment in Assertive Outreach Services		**1127**	**1818**	**2112**
Psychosis Intervention & Early Recovery (PIER)	PCT	410	688	688
	LPT	-	-	92
Total investment in PIER Services		**410**	**688**	**780**
Common Mental Health Problems Service (CMHPS)	PCT	710	957	957
	LPT	705	566	759
Total investment in CMHPS		**1415**	**1523**	**1716**

***** Primary Care Trust (PCT) funding provided through additional investment; LPT contribution provided through funding released through service redesign.

Table 2: Changes in Bed Provision December 2005 – October 2007

Date	Change & Alternative Provision		Change in Bed Numbers			
		No. of beds lost	Acute Adult MHS	Rehabilitation Adult MHS	Specialist MHS	Older People MHS
December 2005	Herrick Ward closed temporarily and following public consultation permanently, for acute adult inpatient use. Alternative provision either on other adult acute wards or within the community from crisis resolution team, assertive outreach team or community mental health team.	30	206 – 30 = 176			
September 2006	Gwendolen Ward closed on temporary basis. Alternative provision on other older people's wards.	10				178 – 10 = 168
October 2006	Rutland Unit, Narborough closed following public consultation. Alternative provision in other adult rehabilitation units, in community residences, and on acute wards as required	21		149 – 21 = 128		
January 2007	Langley Ward closed on temporary basis. Alternative provision on other older people's wards.	20				168 – 20 = 148
January 2007	Hynca Lodge older people's day service consolidated from 5 into 2 days. Some provision continued at Hynca Lodge, otherwise alternative provision by either the 2 other older people's day service units or by local mainstream community provision.	n/a				
March 2007	Grasmere Unit closed on temporary basis. Alternative provision in other adult rehabilitation units, in community residences, and on acute wards as required	10		128 – 10 = 118		

Date	Change & Alternative Provision		Change in Bed Numbers			
June 2007	Francis Dixon Lodge (Personality disorder inpatient service) closed due to reduced demand for service as a result of changing regional commissioning strategies. Alternative provision by day service, outpatient and outreach services	15			15 – 15 = 0	
July 2007	Glenvale and Langton day hospital services for adults closed on temporary basis. Alternative investment in new Acute Recovery Team, which provides part of the previous day services activity; remaining activity provided by mainstream community day services or community mental health teams.	n/a				
September 2007	Extended Eating Disorder Service opened in refurbished Beaumanor Unit (previously known as Herrick Ward) to provide regional inpatient service				6 + 8 = 14	
September 2007	Fosse Ward transferred to space vacated by Eating Disorder Service on Stanford Ward Refurbishment of Fosse Ward to be undertaken.	1	176 – 1 = 175			
October 2007	Bosworth Ward closes temporarily. Refurbishment of Bosworth Ward to be undertaken. Alternative provision either on other adult acute wards or within the community from crisis resolution team, assertive outreach team or community mental health team.	21	175 – 21 = 154			
October 2007	Rothesay Unit closes on temporary basis. Alternative provision in other adult rehabilitation units, in community residences, and on acute wards as required	12		118 – 12 = 106		