

Partnerships in Care

Half year statement 2010

Partnerships in Care (PiC) offers the largest independent network of secure mental health hospitals and facilities in the UK. We have 25 years of experience caring for men and women with complex mental health needs and specialise in:

- Mental illness
- Personality disorders
- Learning disabilities
- Brain injury rehabilitation

Highlights

Patient numbers continued to increase in the first half of 2010

Further roll out of the 'Recovery Approach' across all PiC services

Introduction of electronic patient record system

A new medium secure unit at Kneesworth House hospital, Cambridgeshire

Norfolk prisons' mental health in-reach contract won



Strategy

In 2010 we have continued to develop the UK's most comprehensive secure mental healthcare network through a cohesive approach. Knowing and exceeding commissioner needs, working in partnership with commissioners and NHS services constantly drives our development.

Adopting the recovery approach across all services has been a key focus. We have worked hard to meet and exceed the demands of the new NHS standard contract and continue to respond to contracting opportunities.

We continue to develop our estate to meet and surpass evolving standards in medium and low secure hospitals as necessary. Our geographical spread also helps us meet patient and commissioner needs when a quality service within a particular catchment area is required. We work with commissioners to identify the most appropriate service.

Our commitment to training and development is at the heart of PiC. We continue to work in partnership with universities, professional bodies and ex-service users to develop our programme of events and training courses to meet the needs of our staff and customers, and to address current issues and innovations within mental illness, learning disability and brain injury.

Service developments

Focus on the Recovery Approach

Following our success in adopting the 'Recovery Approach' in our step down rehabilitation services, this important outcome based approach is now embedded across all PiC services. We believe that this successful large scale implementation of the recovery model gives PiC a significant clinical advantage. Emerging guidance from the Department of Health and others suggests that recovery will be key to strategic thinking in specialist psychiatry. For this approach to be successful it needs to be implemented at all levels, consistent with the Coalition Government's 'rehabilitation revolution'.

Modernised patient record processes

We are currently implementing an integrated system to meet a broad set of requirements including patient administration, a clinical records system, income processing, staff cost controls, corporate governance and business intelligence reporting tools. Our two year Electronic Patient Record (EPR) project will enable:

- further development of patient care from more focused and better informed staff
- professional, clear, and compliant patient and clinical records
- reporting from a single central database that will give commissioners a flow of accurate and timely information
- wider engagement and empowerment of all PiC staff with a unified source of patient and business information

The EPR Project is being managed in a series of stages. The system has been piloted at Kneesworth House hospital, Cambridgeshire and it will be rolled out to all 23 of PiC's hospitals by spring 2011.

New medium secure unit at Kneesworth House

After a protracted process, planning permission for the proposed new medium secure unit at Kneesworth House was received over the summer. As part of that process, an archaeological survey has been completed on the site. The new unit, which will comprise three single storey 14 bedded wards (total 42 beds), will enable us to further enhance the Kneesworth House site providing a modern environment for patients and creating a better care pathway on the site. It will be built to the highest modern medium secure standards and all bedrooms will include en-suite facilities. This facility is expected to open in early 2012.



The 'Recovery Approach' is now embedded throughout all our services and is giving us a significant clinical advantage.



Our Intensive Assessment and Treatment Service (IATS), aimed at those on bail, remand and in prison, was launched at one hospital in May. We are developing similar services in other hospitals as appropriate.



Jordon Taylor (17yrs) who is currently working through the Business and Administration Apprenticeship programme at Arbury Court, receiving his First Aid at Work Certificate from Gareth Green (Director of Human Resources).

Refurbishment at Burston House

In May 2010 the final phase of the Burston House renovations work was completed. This work has been undertaken in six phases ensuring that the unit meets low secure guidelines in terms of access control, security and environment for patients and staff. The standard of the work undertaken demonstrates the dedication and quality of the teams involved. The patients and staff have all pulled together to bring the project to a successful conclusion.

Mental Health Prison In-reach Contract

Earlier this year we were part of a successful consortium tendering for the contract to provide part of an integrated healthcare solution to Norfolk prisons (HMPs Bure, Wayland and Norwich), alongside Serco Healthcare and Norfolk Community Health and Care NHS Trust.

We will supply the psychiatric in-reach services element of the contract. Working with primary mental healthcare, the in-reach team will work with prisoners with serious mental disorders. The team will work to provide a high quality and innovative service to this group of men. The principal objectives of in-reach are to address the mental health needs of prisoners and wherever possible offer appropriate treatment in prison.

The focus of our role in the contract will be assessment and treatment; long term maintenance of prisoners with serious mental disorders; management and advice to wing staff and other professionals; and continuity of care through the Care Programme Approach (CPA) process.

This is an exciting new venture – one where we will work with other agencies in evolving services to meet the needs of these three prisons. We see this as a potential growth area and are tendering for similar opportunities as they arise.

PiC National Training Centre

The PiC National Training Centre continues to build on the successes of 2009 and is becoming a recognised and renowned centre of educational excellence for both the PiC workforce and for mental health professionals in general. Since the beginning of the year 15 PiC staff have

achieved a National Vocational Qualification (NVQ) with another 126 staff working to achieve theirs.

During 2010 we have successfully implemented an Apprenticeship Programme within Partnerships in Care North West Services. To date three apprentices have successfully completed their training programmes and have secured permanent employment with us, whilst continuing to study for their NVQ qualifications. The Apprenticeship Programme is currently being organised for PiC Brain Injury Services as well as Learning Disability Services in Norfolk/Suffolk.

Care first

Despite difficult economic times, organisations are still committed to supporting their employees. In particular, Care first has increased work with police forces in 2010. Care first now delivers employee assistance programmes (EAP) and professional support services to Lincolnshire and Nottinghamshire police forces. Greater Manchester police has also formally extended its contract with Care first into 2011.

Intensive Assessment and Treatment Service (IATS)

In May we launched an Intensive Assessment and Treatment Service (IATS) at The Spinney. This new and exciting service, primarily for those on bail, remand and sentenced prisoners, provides a 12 to 14 week programme to assess mental disorder and risk. A ten-bedded male medium secure service is dedicated for suitable patients.

The results of the programme will enable the team to make recommendations regarding placement and future treatment options within a timely manner, in line with government recommendations (Bradley Report 2009). So far, there has been positive interest in this service from commissioners from the North West, West Midlands and North East.

We are also developing a similar service for men at other PiC units including The North London Clinic and Stockton Hall and services for women at The Dene and Calverton Hill.



Changing political environment

We have engaged fully in the consultation processes around the White Paper and we await with interest the new Health Bill. Within criminal justice, the Green Paper on sentencing and other matters will be published in November. PiC is fully involved in the consultation process through both written submissions and meetings with key policy makers.

We have long held the view that in certain policy areas there will be value in the voice of key private sector providers of psychiatric care being heard. We have taken the lead in the formation of the Independent Mental Health Services Alliance (IMHSA). This new industry group has already had success in raising common concerns with representatives with the Treasury prior to the comprehensive spending review and the chair of the Health Select Committee. The IMHSA is able to represent the views of the independent sector to the Bradley National Advisory Group. PiC chairs the IMHSA as well as being a representative member of the Health and Criminal Justice National Advisory Group.

New regulatory measures

This year the regulatory environment provided new measures for reporting. The Commissioning for Quality and Innovation (CQUIN) payment frameworks are now underway and we have reported data for quarter 1. To best meet CQUIN targets we have developed a central reporting/recording system allowing us to monitor progress across all 14 CQUIN standards. In addition this will evidence progress through the year. Our hospitals have provided training across all staffing groups to ensure input from each department. To date, feedback from commissioners has been very positive with 100% CQUIN compliance agreed for quarter 1. We will be reporting quarter 2 at the end of September. Like all other providers as well as the NHS we are still learning about the level of information required.

We prepared our first 'Quality Account' report for 2010, a new 'legally required' document which was submitted to the Department of Health, Commissioners and the Care Quality Commission. This supports our objective of delivering excellence and is representative of PiC's overall status in relation to the quality of our care.



Appointments

We have made a number of important appointments in the first half of 2010. Dr Lorna Duggan joined us as Medical Director at Kneesworth House hospital at the end of June. She was previously Director of Clinical Services at Care Principles following nine years with St Andrew's Healthcare in a variety of consultant forensic psychiatrist roles.

James Proudlock joined us as Financial Controller from Care Principles where he was the Finance Director. James brings a wealth of healthcare experience including driving cost and margin improvements, negotiation with PCTs and Strategic Health Authorities as well as the development and integration of acquisitions.

We have also made two key appointments within our referral and relationship management functions this year. Graham Butler, previously Head of Care Pathway Advisors, West Midlands Specialised Commissioning Team, was appointed as Corporate Relationships Manager. Anne Benfield, joined us as Business Development and Quality Manager at Kneesworth House hospital, from Cygnet Healthcare. Prior to her time at Cygnet she had worked within the commissioning team in the East of England NHS Trust.

Corporate Responsibility

Relationships with local communities remain a vital consideration for all our hospitals. We continue to meet and update our local communities on our activities and plans as appropriate.

Outlook

Liberating the NHS, the health white paper, has profound implications for the NHS and for independent sector providers. Common regulation (commercial and operational) across the independent and state sectors allied to an 'any willing provider' model of commissioning should open up further market opportunities for PiC. At this point, whilst rhetoric is abundant, the actual shape of the future healthcare landscape is less clear. The challenge for both providers and commissioners is the sustaining of 'business as usual' until all change has been implemented by 2012/2013.

PiC has had a successful year to date, with continued progress in terms of financial performance, despite the political and economic challenges. Working in partnership with the NHS and commissioners helps us ensure our services are in line with those needed by NHS specialised commissioners.

We continue to push forward with new services and developments where we feel these are important and of value. We look forward to playing our full part in the new government's 'rehabilitation revolution'.

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