

Service Brief

In-reach support – Radernie Low Secure Unit

1 Introduction

Radernie Low Secure Unit, Stratheden Hospital is aiming to commission a grant funded service, that primarily involves in-reach support from a third sector/voluntary sector service, to support patients to achieve their longer term rehabilitation needs and subsequent transfer of care to community-based settings. Patients within Radernie Ward would benefit greatly from increased 1:1 (Staff : Patient Ratio) and 2:1 support for structured social activities both within and out with the clinical area as this would greatly enhance community engagement. At present it is not possible to achieve the necessary levels of activity within Radernie Ward due to staffing numbers, recruitment factors and the day to day service-wide staffing challenges.

2 Benefits

- The in-reach service would be used to target those patients most in need of additional support
- The patient(s) would be able to have a planned community visits that would be less likely to be cancelled due to ward staffing pressures
- Exposure and access to community-based services and resources would enhance the wider treatment plan and support future discharge planning
- Greater engagement with patient(s) would improve health and social outcomes
- Activities could be tailored to the individual patient(s) interests, reinforcing engagement.

3 Challenges

- Patients within Radernie Ward can present as disorganised with delusional thought content which can impact on their ability to focus and remain attentive to basic tasks
- Patients often require considerable support to organise their daily routine and complete its constituent activities of self care, productivity and leisure. They often may require repeated verbal prompting, visual guidance or to be given necessary tools / equipment to complete tasks.
- Individual patients may present specific challenges, such as: Poor Risk awareness, distractibility, constant supervision while out with the clinical area, hostility/irritability, delusional thinking, hallucinations, etc. Patients may also display difficulty with social interactions, including; poor awareness of personal space, inappropriate conversations, lack of awareness of social cues, social dysfunction or affected social cognition.
- Building relationships can be difficult for patients within the clinical area.

4 AMPS

- Patients within Radernie Ward can show evidence of moderate to marked clumsiness and increased physical effort/fatigue when carrying out motor

skills and moderate to marked inefficacy and ineffective time space organisation in relation to process skills.

5 Recommendations

- Continue to identify occupational opportunities for patients to participate in to promote increased structure within their daily routine and additional opportunities to pursue valued interests.
- Due to the impact of the pandemic opportunities to access the community was greatly reduced. As and when it is safe to do so, it will be important to support patient's re-integration to the community to access community-based resources
- Continue with established treatment plans and therapeutic approaches
- Consider access to alternative therapies, e.g. Pet Therapy, Community-based mental health supports.

Fife Health and Social Care Partnership is looking to develop a project with partners in the Voluntary Sector which aims to meet the patient(s) rehabilitation and social needs in a more proactive and structured way using community-based services and resources.

6 Service Requirements

Nursing and occupational staff would continue to support patients with the majority of their direct care and treatment needs. The enhanced 1:1 / 2:1 social activity and support could be facilitated by an In-reach Service. It is hoped that the future service would compliment and offer a balanced approach to meeting the overall care needs of patient(s) in the unit.

It is envisaged that the following level of support would be provided by the in-reach service:

Activity	Frequency / hours	
	2:1 (Staff : Patient ratio)	1:1 (Staff : Patient ratio)
Social activity out with the clinical area	3 – 4 times a week	6 – 8 times per week
Day Outing	Once per month	Twice per month
Total In-Reach Hours (per week)	16.5	33
Additional Hours (Quarterly) for Risk & CPA meeting	6	6

- Support staff that are experienced / trained in working with forensic mental health service users.
- Security training could be provided by Radernie Low Secure Unit staff for support staff as part of their induction process.

The objectives of the Service will be:

- To enhance the quality of patient(s) life.

- To support and promote long term welfare & recovery
- To provide direct support, to compliment the Radernie MDT approach to patient(s) care.

7 Outcomes

Some of the positive changes that it is envisaged will happen due to the provision of this service are:

- Self confidence
- Trust in other people
- Reduction in isolation
- Increased Independence
- Involvement in new activities within own community

Organisations will also be expected to evidence the following;

- Activities that support delivery of integrated health and wellbeing.
- Extent to which activity will deliver improved outcomes.
- Relationships within localities.
- Long term sustainability.

8 Workload

It is anticipated that initially the in-reach service would be focussed on one patient who is due to be transferred from another NHS service provider. However, as the service becomes established, consideration will be given to extending it to other patients depending on need and capacity.

9 Monitoring

The funding of the service will be subject to compliance with Fife Council's Monitoring and Evaluation Framework which requires that all funding awards are reviewed on an annual basis as part of the council's on-going commitment to ensure that organisations are meeting the terms of their Service Level Agreement. A Link officer will be appointed to work closely with the organisation if the organisation do not already have an appointed Link Officer and the Link Officer will be supported by the Health and Social Care Service's Monitoring Officer.

10 Budget

39 hours in reach care support equivalent to band 3 (Approx £33,400 for 39 hours)