

North East Mental Health and Learning Disabilities Commissioning Unit
hosted by



County Durham

Report to County Durham Adult Health and Wellbeing Overview & Scrutiny Committee

Thursday 27th August 2009

1 Purpose of the Report

This report will:-

- update members as to progress with the model of care for mental health services in County Durham where formal consultation has already taken place,
- indicate areas of service development where the Commissioners, NHS County Durham (NHSCD), have identified that consultation under section 242 NHS Act 2006 is required and outline timeframes for these,
- indicate future areas of development and propose timeframes.

2 Context

Since the publication of the National Service Framework (NSF) for MH (2001), mental health services have changed significantly with a growing focus on increasing community infrastructure, reduced reliance on hospital beds and a greater emphasis on services which reflect service user expectation as to the care they receive. The first evidence of these changes was the introduction of community integrated teams, the opening of West Park Hospital and the planning for and consultation in 2004 to develop the Lanchester Road Hospital and supportive community infrastructure which would replace the current County Hospital.

Throughout this time, NHSCD has been working to introduce their preferred community focused model of care and have done so alongside key partners such as the County Council, Tees Esk and Wear Valley NHS Foundation Trust (TEWV) and service users and carers. This model of care promotes an integrated approach which has a greater emphasis on promoting wellbeing, prevention, early intervention and recovery. The model is underpinned by the following principles:-

P1: Safety: Services need to ensure the safety of individuals, their carers, staff and the wider public,

P2: Best practice: Commissioning services and treatment options are built on evidence of effectiveness drawn from a range of sources including academic research, user led research, national expert programmes and local service evaluations and demonstrate improved outcomes over time that enables individuals to recover and regain a meaningful life,

P3: User and Carer Focus: Empowering service users and carers so that they can influence and inform commissioning and service improvements; offering a range of assessment and treatment options that are effective and beneficial for service users; services that value diversity, particularly through the development of policies and practices to serve members of black and minority ethnic communities,

P4: Supporting social inclusion: Ensuring that the model is not simply a 'mental illness' service but seeks to promote and de-stigmatise disability in communities through education and awareness raising; with effective links and partnerships with organisations that can provide housing, work opportunities, social networks and educational opportunities; promoting the objective that, wherever possible, needs should be met through ordinary daily living solutions and community services, not disability services,

P5: Working in Partnerships: Delivering well coordinated pathways that prevent organisational boundaries from inhibiting the delivery of high quality services. These pathways will include enabling people to return to or maintain good physical health,

P6: Local, timely and equitable: Ensure the provision of services close to where users and carers live, with specialist services being concentrated to ensure sustainable clinical quality; ensuring that equity of access and quality is not dependent on where service users and carers live,

P7: Efficient and cost effective: making use of benchmarking information to ensure we get the maximum benefit from the 100% of resources used to improve the health and well being of people with mental health problems.

These principles have now been fully integrated into a Joint Commissioning Strategy for MH between Durham County Council and NHSCD and a Joint Commissioning Group for MH has been introduced and is operational. In addition, meetings have taken place between NHS County Durham, Tees Esk & Wear Valley NHS Foundation Trust and Durham County Council officers.

3 Improvement Impact - Areas Identified as Requiring Consultation

Proposed Transfer of Adult Mental and Older Persons Mental Health Services for North Easington

- **Adult**

Services for mental health in Easington have for many years been complex with multiple service providers. The need to introduce equity of service provision has been an integral part of the development and roll out of the model of care.

NHS County Durham currently commission acute inpatient beds for adult mental health care for the population of North Easington from Northumberland, Tyne and Wear NHS Trust (NTW). This care is provided from Cherry Knowle Hospital in Sunderland. However, it is recognised that a majority of that population receive other health care from within County Durham or from the North Tees (Hartlepool and Stockton) areas. Working initially with Easington PCT, then more recently with NHS County Durham and the North East Regional Commissioning Team for mental health, TEWV and NTW have been working progressively towards a series of service transfers designed to simplify service provision and locate appropriate services with a single provider organisation. This direction of travel has reflected a collaborative approach being adopted between the commissioners and the provider organisations.

For individuals with acute mental health problems who require inpatient admission, the continuity of care between community teams and admissions ward is very important. The current position where these services are provided by different organisations, working to different policies, protocols and systems as is the case here, greatly compromises that principle.

In order to complete this process it is proposed that the provision of inpatient services for adult acute mental health will transfer to TEWV. Since April 2009 service users have been given the choice of admission to the County Hospital Durham. Almost all have taken this option and feedback from service users has been overwhelmingly positive.

At the same time NTW are intending to go to consultation on the re-provision of services currently provided on the Cherry Knowle site and these adult services have been included as a factor in their consultation documentation. It is understood that there will be a number of options presented by NTW and not of all of these will include the delivery of services on the Cherry Knowle site.

NHS County Durham will therefore link with the consultation being undertaken by Sunderland PCT. Work is ongoing to agree timeframes for this consultative process.

- **Older Persons**

NHS County Durham currently commission acute inpatient beds for older people's mental health care for the population of North Easington from NTW. This care is provided from Cherry Knowle Hospital in Sunderland. However, it is recognised that a majority of that population receive other health care from within County Durham or from the North Tees (Hartlepool and Stockton) areas. Risks and issues described from adult services are replicated with the fragmented care for older people.

As with working age adults, older people predominantly receive community mental health care from the Easington Older People's CMHT, provided by TEWV. Inpatient care is provided from Cherry Knowle Hospital, where around seven beds are commissioned for the North Easington older adults population. Day services are also provided from within NTW. Staff grade medical provision for the community team (and support to the inpatient ward) is provided by TEWV, whereas the consultant input continues to be provided by NTW. Using the same considerations as for working age adults, the fragmentation of care, issues with inconsistent and incomplete clinical records and risks in the patient pathway also apply. TEWV are keen to use the opportunity to review the model of service delivery. Given some of the improvements in other areas, investment in greater community resource as an alternative to additional beds would be considered the most clinically and cost effective way to provide services for this population.

It is proposed that mental health services for older people currently commissioned for North Easington residents from NTW are transferred to TEWV. This will mean:-

- all specialist mental health services to be provided within a single patient pathway,
- day services and community services provided by a single provider and developed and modernised in line with other day and community services in the trust, thus ensuring equality of access and care,
- all services managed within a single governance framework,
- a single patient record for the totality of care, thus improving communication and reducing risk,
- a choice of location for inpatient admissions for residents, depending on their preference, need and bed availability. All admissions would be to the existing bed capacity within purpose built, newly opened units in Durham (Bowes Lyon Unit), Hartlepool (Sandwell Park) or Bishop Auckland (Auckland Park Hospital),
- consistency of medical cover,
- consistency of commissioning arrangements.

Again, as within adults, it is necessary to ensure engagement and linkages with consultation relating to the re-provision of services currently provided by NTW on the Cherry Knowle site led by Sunderland PCT.

It is proposed to consult on these two service changes in a single process commencing September 2009 and running for the normal 12 week period. A full consultation programme will be followed and set out giving timeframes once this timeframe is agreed. A commitment to fully engage service users in this process including the evaluation of responses will be undertaken.

4 Service Model Implementation Update

- **Lanchester Road Hospital (P1,P2,P3,P6,P7)**

This new facility was subject to full formal statutory consultation in 2004 and is due to open and become operational on 3 November 2009 and whilst the following paragraphs set out the impact and consequences of improvements in community services the model of care approved in 2004 continues to be the overarching framework of service.

At the time of its approval in 2004, the Outline Business Case for the new Lanchester Road Hospital provided accommodation for 60 acute adult mental health inpatient assessment and treatment beds in North Durham based on the best modelling and information available at the time.

Since that time, service improvements have continued to be made. At present, there are three, adult mental health assessment and treatment wards within North Durham. Allensford (ten beds) is a mixed ward based at Shotley Bridge Hospital in Derwentside, whilst Rushford (15 beds) and Harding (15 beds) are gender specific wards based at the County Hospital (the former for males, the latter for females).

Current activity evidences that running at a Trust target of 85%, premised on bed occupancy of 21 days, the adult acute in-patient requirement would now be 36.5 beds in North Durham. Analysis of the current North Durham LoS figures show two wards are already achieved. As a result, a total of 40 assessment and treatment beds for adults within North Durham would be appropriate.

As a result of this one of the three wards in the new Lanchester Road Hospital is no longer required for adult mental health services. This ward will be used to relocate Farne ward, which is currently provided on the Earls House site in an old villa that, although has been refurbished, cannot meet the standard of the new ward within Lanchester Road Hospital.

In addition, further work is being undertaken to identify the feasibility of utilising some of the remaining beds to provide inpatient care for female LD patients whose level of need and challenging behaviour currently result in them being placed out of the area.

- **Relocation of Lindisfarne Ward (P1,P2,P3,P5,P7)**

The formal 2004 consultation included the transfer of the Allensford

ward to the new accommodation in Lanchester Road. With the renewed emphasis on patient safety and safe clinical practice the realisation of Lindisfarne as a stand alone unit on the Shotley Bridge site presents unacceptable levels of risk in relation to patient safety and clinical practice. To address this, it is proposed to decommission the ward and accommodate the patients within the high calibre specific organic and functional wards at the Bowes Lyon Unit. This move would be facilitated as soon as practicable following the opening of the Lanchester Road Hospital.

- **Community Rehabilitation impact on Holmdale Ward (P1,P2,P4,P7)**

The original 2004 consultation included the rehabilitation service of which Holmdale was a part at that time. The implementation of the community infrastructure and the new policy emphasis on social inclusion and worklessness has resulted in fewer and fewer patients requiring in-patient facilities and as a consequence Holmdale had been operating with significant under capacity for some time.

As a result, Holmdale became non-viable from 16 August 2009 and the staff relocated within Tees, Esk and Wear Valley NHS Foundation Trust (TEWV).

This has resulted in the few patients on Holmdale Ward being individually reassessed and alternative placement procured which better meet their needs.

The substandard building which stands alone on the existing Lanchester road site is planned to be demolished.

It is worthy of note that when all of these moves are complete all services provided by TEWV will meet the requirements of privacy and dignity and the oldest estate facilities for acute in-patient services in Durham will be less than ten years old.

This change was a natural consequence of the continuing and ongoing development of the community infrastructure and reflects national and regional trends in best practice for rehabilitation to occur. This will link in with the planned further work identified in section 5.

5 Future areas requiring development

As the model of care progresses the next key functional areas which commissioners feel will require consultation are continuing care and rehabilitation services. Work is ongoing to identify the specific service components which might be subject to change. These will be reported in the update to committee in December. Prior to this however, to identify options for models which fulfil the expectations and intentions referred to at the beginning of this report, both of these areas will require discussions with partner agencies, third sector and voluntary sector providers alongside service users and carers.

It is proposed therefore to commence this work in September 2009 with the intention of reporting back to this committee in December.

NHS County Durham's management group have yet to consider the detail of this report which they will on Tuesday 25 August 2009. Any changes following that meeting will be reported to OSC when officers meet with them on Thursday 27 August.

6 Recommendations

County Durham Adult Health and Wellbeing Committee are asked to: -

- note the changes outlined in sections 3 and 4,
- note and agree the proposed timeframe and methodology for consultation in relation to services for adult and older persons services for North Easington (section 3)
- note the proposal for formal consultation in section 3
- note the timeline for an update report in December 2009.

7 Author and Sponsor Director

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Date	August 2009
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