

Adults Wellbeing and Health Overview and Scrutiny Committee



25 February 2010

Mental Health Services in North Easington – Report of the Overview and Scrutiny Working Group

Report of: Lorraine O'Donnell, Assistant Chief Executive

Purpose of the Report

1. The purpose of this report is to present to the Adults Well-being and Health Overview and Scrutiny Committee the report of the North Easington Mental Health Services Working Group for ratification by this committee.
2. The Working Group was set up by this committee at its meeting on 29th October to respond to consultations on the future provision of mental health services in North Easington. It was agreed that a response would be submitted by the Working Group within the timescale of the consultations being undertaken by the NHS, and the response would be presented to the full committee retrospectively.

Report of the Mental Health Services Working Group

3. The report of the Mental Health Services Working Group responds to two consultations, one undertaken by NHS County Durham, and another by NHS South of Tyne – the PRIDE consultation.
4. The Executive Summary of the Working Group report is attached as Appendix 1 and the full response to the consultation - key issues and recommendations - are attached as Appendix 2.
5. The report will be presented to Cabinet for information in April 2010.

NHS proposals for future provision

6. The Working Group has been advised by the Regional Commissioning Team for Mental Health, that further consultation will now take place in North Easington to ascertain whether users and carers would prefer to use Monkwearmouth, Ryhope or Lanchester Road in future for inpatient facilities. The approach will be to target specific groups and further confirmation about this and of dates is expected by the date of the committee meeting.

7. The Working Group requested that it is advised of proposals for the future provision of services in North Easington once the outcome of both consultations, including the extension referred to above, has been considered by the NHS.
8. It is expected that these proposals will be presented to the committee at its next meeting in April.

Recommendation

9. It is recommended that the committee:
 - Notes and agrees the content of the report of the North Easington Mental Health Services Working Group.
 - Notes the current position in relation to proposals for future consultation and potentially the future provision of mental health services in North Easington.
 - Notes the expectation of a report at a future meeting.

Contact: Feisal Jassat, Overview and Scrutiny Manager
Tel: 0191 383 3506 **E-Mail:** Feisal.Jassat@durham.gov.uk

Author: Jeremy Brock, Health Scrutiny Liaison Manager
Tel: 07909 877136 **E-Mail:** Jeremy.brock@nhs.net

Background Papers:

Report of the Overview and Scrutiny Working Group - Mental Health Services in North Easington, January 2010. (Response to the NHS County Durham consultation on the future provision of mental health services in North Easington, also with comment on the PRIDE consultation – NHS South of Tyne and Wear)

Appendix 1

Section Two – Executive summary

In October 2009 NHS County Durham and Darlington initiated a consultation on its proposal to transfer mental health services for inpatient beds for adults of working age and inpatient and day mental health services for older persons in North Easington. The consultation period ran from Monday 26th October 2009 to Sunday 31st January 2010. In September 2009, a linked consultation had been initiated by NHS South of Tyne and Wear – the PRIDE consultation – into the future provision of mental health and learning disability facilities in Sunderland and South Tyneside. This consultation began on 21 September and ended on 31 December 2009 (although it was subsequently extended).

In line with its statutory responsibility as a key consultee in relation to NHS proposals to make significant changes to the way services are provided, the Adults, Well-being and Health Overview and Scrutiny Committee set up a Working Group to examine the proposals and respond to these consultations.

During the period November 2009 to January 2010 a series of evidence gathering meetings have taken place at which a substantial amount of evidence has been received from a range of stakeholders and interested parties who have shared their views and presented evidence to the committee. Visit to hospital sites and involvement in a joint health scrutiny meeting with Sunderland and South Tyneside Councillors has also taken place.

The central proposal in the consultations is for in-patient beds for adults, and in-patient and day services for older people, to be transferred from Cherry Knowle hospital to other locations in future.

It is recognised that commissioning for NHS service provision must meet the principles of:

- **Safety:** where services ensure the safety of individuals, their carers, staff and the wider public.
- **Best practice:** where commissioning services and treatment options are built on evidence of effectiveness.
- **User and Carer Focus:** where service users and carers are empowered to influence and inform commissioning.
- **Supporting social inclusion:** where the model of care is not simply a 'mental illness' service.
- **Working in Partnerships:** where well co-ordinated pathways prevent organisational boundaries from inhibiting the delivery of high quality services.
- **Local, timely and equitable:** where the provision of services is close to where users and carers live,
- **Efficient and cost effective:** making use of benchmarking information to ensure we get the maximum benefit from the resources used.

In response to the request in the consultations to tell NHS commissioners our views on the proposals – these are summarised below. For a full response to the consultation see pages 34 to 40.

- Two separate consultations have been undertaken in relation to services in the area which has been confusing for all those seeking to respond to the two consultations and the proposals therein. As a consequence the residents of the north Easington area were not initially included as part of the PRIDE consultation although they have historically been users of, and are a natural catchment for, services provided from the Cherry Knowle and Ryhope hospitals – latterly there was recognition that this was an oversight and the consultation was extended to include residents and service users/carers from this area.
- The Adults Well-being and Health Overview and Scrutiny Committee should be advised of what consultation events and activities are to be undertaken as part of the extension to the PRIDE consultation in North Easington, and will take a view of the adequacy of the consultation undertaken.
- The outcomes of both the NHS County Durham and PRIDE (NHS South of Tyne) consultations should be considered jointly and future proposals should be formally presented at a forthcoming scrutiny committee meeting.

Working Group
Members visit
Lanchester Road
Hospital



- The review has investigated in detail the evidence for the proposal that in future pathways of care will not enable residents from the North Easington area to continue to access services from Cherry Knowle or the new Ryhope hospital facility (although historically this has been a pathway available to service users) as a consequence of the potential for risks to patient safety in passing a patient from one provider to another provider.
- Evidence about the degree of patient risk received by the Working Group is inconclusive and conflicting views have been presented to it. It is noted that the existing dual provision arrangement has been in place for many years and has generally been a safe arrangement.
- It is noted that if patients or their families/relatives are required to travel further for their in-patient or day services, or to visit people in hospital then this may involve increased risks for patient safety.

- The review recommends that pathways of care should be available to service users and their families so that they can benefit from in-patient and day services from both NTW and TEWV now and in the future.
- Residents from North Easington prefer to travel north to access services and there is direct access to Cherry Knowle (or to Ryhope) hospital by public transport. In contrast travel to Lanchester Road Hospital by public transport presents significant difficulties.

Working Group Members visit the day hospital at Cherry Knowle Hospital



- A proactive approach should be taken by service providers to assessing both service user and carer access/transport needs at the point of users accessing services as part of their care needs.
- In planning for provision of health services, transport and access issues must be seen in the context of a 'whole system' approach. Should the future location of in-patient and day patient services necessitate the development of solutions to address transport difficulties, these are developed in discussion with service users and their families, take a 24/7 approach, and recognise any cost implications for vulnerable users/carers.
- There is an increased emphasis on the provision of care closer to people's homes and in a community setting wherever possible however at present it is not possible to clearly demonstrate enhanced investment in community based service provision due to an inability to disaggregate the current 'block contracts' arrangements. It is recommended that this is addressed.
- The Adults Well-being and Health Overview and Scrutiny Committee wishes to receive assurance that user and carer concerns about the quality of community services are being addressed.
- The Working Group notes that the Crisis House and Home Treatment Team in Seaham is highly regarded, provides a significant resource for the North Easington area and has enabled a significant number of people to avoid admission to an acute setting. The Working Group would wish to see the continuation of the services provided by the integrated Crisis House and Home Treatment Team, or a similar such service located in the area.

Section Seven - Response to the consultation - Key issues and Recommendations

The overall approach to consulting on future service provision for the residents of North Easington

7.1 The Working Group has captured evidence about two consultations affecting services for residents of the northern part of the former Easington District. The Working Group considers the rationale and approach to the consultations has been compromised. The **Key Issues** are that:

- Two separate consultations have been undertaken in relation to services in the area – one by NHS County Durham and one by NHS South of Tyne that were initiated as separate exercises with different timescales. They have not been properly linked with each other and has resulted in an approach that has been fragmented and lacking a ‘whole systems’ context. It is apparent that this approach has been confusing for all those seeking to respond to the two consultations and the proposals therein.
- As a consequence the residents of the north Easington area were not initially included as part of the PRIDE consultation – latterly there was recognition that this was an oversight and the consultation was extended to include residents and service users/carers from this area. The initial exclusion of residents from the North Easington area has led some Members to voice unease that a decision about the future configuration of services had already been taken (prior to consultation).

Recommendation 1:

The outcomes of both the NHS County Durham and PRIDE (NHS South of Tyne) consultations should be considered jointly – and the Adults Well-being and Health Overview and Scrutiny Committee should be appraised of what views have been expressed in both consultations, and what approach NHS County Durham and NHS South of Tyne (via the joint commissioning team) propose to take, in relation to the future provision of services in the area as a result. This information should be formally presented at a forthcoming scrutiny committee meeting.

Recommendation 2:

In planning to consult on services affecting residents of the County, NHS commissioners should give the Adults Well-being and Health Overview and Scrutiny Committee adequate advance notice of the approach, and provide details of the consultation planned, so that the scrutiny committee may determine its adequacy.

The NHS County Durham consultation

7.2 The approach to the consultation has been a concern. The **Key Issues** are:

- The choice of venues for public consultation meetings has been questioned by Members. Representations about this issue were made to Working Group by the MP for Easington and from a prospective parliamentary candidate asking that more local consultation activity should take place in the communities affected.
- The public consultation events were very poorly attended which may in part be due to the choice of venues but may also be due to poor communication and marketing.
- It was noted that consultation meetings with existing user and carer groups have in contrast been reasonably well attended and that NHS County Durham had offered to give presentations to any other interested groups.

Recommendation 3:

That the planning of consultations such as this should recognise that contact with existing networks and stakeholder groups can provide a more targeted approach to eliciting informed views and opinions on proposals than more general public consultation events.

NHS South of Tyne: The PRIDE consultation

7.3 In relation to the PRIDE consultation the **Key Issues** are:

- The initial consultation did not include the residents of the northern part of the former Easington District. Residents in this area have historically been users of, and are a natural catchment for, services provided from the Cherry Knowle/Ryhope hospitals and should have been included as part of the consultation. This concern is being addressed as the consultation is being extended.
- The focus of the consultation is on proposals for investment in new facilities, and whilst this is welcomed the lack of information on which services that are to be located in the new facilities and the lack of information on plans for community service provision is seen as a significant gap in the consultation.

Recommendation 4:

That the Adults Well-being and Health Overview and Scrutiny Committee is advised of what consultation events and activities are to be undertaken as part of the extension to the PRIDE consultation in North Easington, and will take a view of the **adequacy of the consultation undertaken**.

Model of care principle: user and carer focus empowering service users and carers so that they can influence and inform commissioning and service improvements

Patient choice, patient safety and risk

7.4 The Working Group received a considerable amount of evidence in relation to patient choice, patient safety and associated. The **Key Issues** are:

- That legislation appears to treat mental health services differently from other NHS services and service users do not have a choice in the way that they do for other NHS services. Service users will therefore have more limited pathways of care available to them.
- The proposals demonstrate that future pathways of care will not enable residents from the North Easington area to continue to access services from Cherry Knowle or the new Ryhope hospital facility (although historically this has been a pathway available to service users).
- The proposal for a single provider for both in-patient and day service provision appears to be a consequence of the potential for compromising patient safety in passing a patient from one provider to another provider.
- The Working Group notes that evidence about the degree of patient risk is inconclusive and that conflicting views have been presented to it. Members note that NHS health care pathways that transfer patients from one organisation to another as part of a single pathway of care can be complex but are routinely part of the way the NHS works. Such care pathways are achieved via collaboration and close working arrangements across different organisations. Members of the Working Group have not been convinced that service users cannot be safely served by a different provider of in-patient services from the provider of community based services in North Easington.
- The Working Group notes that the existing dual provision arrangement has been in place for many years and has generally been a safe arrangement for patients.
- The Working Group also notes that if patients or their families/relatives have to travel further for their in-patient/day services or to visit people, in hospital then this may involve increased risk to patient well being and recovery. For these vulnerable service users their families and carers will have a key role in providing a support mechanism to them and that risks to patient care can be minimised if they receive their care as close to home as possible.
- It is noted that should the outcome of the consultation be that services are to remain as they are with dual provision there would be challenges in converging information systems to minimise patient risks. Evidence suggests that this is not unmanageable, and it is also noted that the direction of travel in the NHS is for single patient records systems.

Recommendation 5:

Pathways of care should be available to service users and their families in the North Easington area so that they can benefit from in-patient and day services from both NTW and TEWV, now and in the future, in accessible locations as close to home as possible.

Model of care principle: working in partnerships and delivering well coordinated pathways that prevent organisational boundaries from inhibiting the delivery of high quality services

Model of care principle: local, timely and equitable - ensuring the provision of services close to where users and carers live

Recommendation 6:

That an approach to the management of risk is actively pursued by all providers ensuring that services are integrated and patients can be safely be passed between them on a single pathway of care.

Model of care principle of safety: services need to ensure the safety of individuals, their carers, staff and the wider public

Transport, access and natural population flows

7.5 Evidence has been received which shows that the **Key Issues** are:

- There are natural transport flows by the population of an area to access a wide range of services. Residents from North Easington prefer to travel north to access services while passengers from East Easington prefer to travel to Hartlepool and this is reflected in the public transport opportunities available.
- There is direct access to Cherry Knowle (or to Ryhope) hospital by public transport for residents of North Easington and around 25 do so every day. In contrast travel to Lanchester Road Hospital by public transport presents significant difficulties requiring more busses and considerably lengthier journeys. There has also been an acknowledgement that public transport access to the Lanchester Road site has not yet been addressed.
- The Working Group has so far not been presented with any specific proposals for addressing transport needs arising from the proposals. It is noted that opportunities may exist to develop hospital link services to address transport difficulties and indeed other solutions such as taxi services (previous precedents exist).
- The Working Group noted a view expressed by providers that the location of their service is entirely a separate issue to the travel needs of those using it. It is also noted that providers are willing to be part of working to find a solution for transport needs of service users but that at

the same time they have indicated that they do not have principal responsibility to resolve any difficulties.

- For these vulnerable service users and their families and carers transport difficulties could exacerbate risks to their care and rehabilitation.

Recommendation 7:

That a proactive approach is taken by service providers to assessing both service user and carer access/transport needs at the point of users accessing services. This requires service providers to acknowledge that they have a significant responsibility in helping to address this aspect of a persons care needs, as part of package of care.

Model of care principle: supporting social inclusion ensuring that the model is not simply a 'mental illness' service

Recommendation 8:

Transport and access issues should be assessed by commissioners in the context of a 'whole system' approach and planned for accordingly with all relevant parties, because relocated or reconfigured services can present service users and carers, particularly vulnerable service users and carers, with significant transport difficulties.

Model of care principle: supporting social inclusion ensuring that the model is not simply a 'mental illness' service

Recommendation 9:

Should the future location of in-patient and day services necessitate the development of transport solutions – such as extensions to patient transport schemes or taxi services – these should be developed in discussion with service users and take a 24/7 approach. Whilst an assessment of the feasibility of transport options should form part of a whole system approach it should recognise any cost implications for vulnerable users/carers.

Model of care principle: supporting social inclusion ensuring that the model is not simply a 'mental illness' service

Community service provision

7.6 The Working Group notes that the **Key Issues** are:

- There is an increased emphasis on the provision of care closer to people's homes and in a community setting wherever possible.
- That at present it is not possible to clearly demonstrate enhanced investment in community based service provision due to an inability to

disaggregate the current 'block contracts' arrangements. It is noted that work is taking place to disaggregate these contracts.

- That concerns have been voiced by the service user/carer forum about the quality of community service provision currently provided (see 5.9), and also that commissioners are working with providers to improve this.
- Concerns were noted about the adequacy of the skills and knowledge of GPs to recognise and properly refer on those with mental health problems to appropriate specialist services.

Recommendation 10:

That service contracts are disaggregated so that the investment in community based provision can be demonstrated – and that the policy direction of services can be assured.

Recommendation 11:

That the Adults Well-being and Health Overview and Scrutiny Committee receives assurance that user and carer concerns about the quality of community services.

Recommendation 12:

There should be ongoing training and development for GPs and other practitioners around treatment for those with mental health problems.

Crisis House and Home Treatment Team

7.7 The Working Group notes that the **Key Issues** are:

- The Working Group noted that the Crisis House and Home Treatment Team is highly regarded, provides a significant resource for the North Easington area and has enabled a significant number of people to avoid admission to an acute setting. It is noted that there may be less stigma associated with accessing this facility rather than an acute hospital.
- Members were impressed with the quality and effectiveness of the current arrangement and recognise that if the Crisis House facility were not available in future then a significant number of local people would require alternative pathways of care.
- That TEWV's Service Level Agreement with Stonham ceases on 31 March and the continuance of the Crisis House facility is at present unclear.
- Members expressed concern that the beds available at the new Lanchester Road hospital could be seen as an alternative means of bed-

provision to those at the Crisis House and hope that this would not be the case.

Recommendation 13:

The Working Group would wish to see the continuation of the services provided by the integrated Crisis House and Home Treatment Team, or a similar such service located in the area, subject to a review of its effectiveness and efficiency.

Recommendation 14:

If the current specific arrangement is to be changed in some way there should be no gap in service provision.