

# **Durham County Council's Joint Health Overview and Scrutiny Committee**

## **Response to the Tees, Esk and Wear Valleys (TEWV) NHS Foundation Trust consultation on proposals for developing mental health services for older people in County Durham and Darlington.**

### **1. Introduction and background**

Under Section 244 of the NHS Act 2006, local NHS bodies have a duty to consult local Overview and Scrutiny Committees on proposals for any substantial development of the health service or substantial variation in the provision in their areas.

In accordance with this requirement the Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) launched its consultation on proposals for developing mental health services for older people in County Durham and Darlington in June 2008.

Durham's Joint Health Overview and Scrutiny Committee has considered evidence from Tees, Esk and Wear Valleys NHS Foundation Trust, County Durham Primary Care Trust, Durham County Council, as well as views expressed during the public consultations, and the views of County Durham and Darlington Mental Health Forum in making this response.

Minutes of the meetings, a consultation update, presentations to scrutiny meetings and the site options appraisal are attached as appendices 1-5.

### **2. Consultation proposals**

#### **2.1 Plans for mental health services for older people**

Tees, Esk and Wear Valleys NHS Trust are working in a rapidly changing health and social care environment. A five year plan has been developed to enable the Trust to respond to the anticipated needs of the people who use their services.

In particular there is a need to develop and strengthen community based services so that more people can receive the care they need in or near their own homes and to improve awareness and detection of mental health problems in older people. The approach will also provide effective specialist assessment, early diagnosis and treatment and continue to develop specialist mental health services.

To do this the Trust need to focus on their areas of expertise, such as the assessment and treatment of people with complex and enduring mental health problems i.e. those with difficult and challenging behaviour. They also

recognise that there will be other organisations commissioned to take on responsibility for services such as long term continuing care.

TEWV explained that there had been no strategy in place when their work on the proposals started - however a draft Primary Care Trust commissioning strategy had identified the following needs which it believes its proposals address:

- A shortfall in existing services.
- Lack of capacity in staffing of community mental health teams.
- Variance in capacity.
- Limited resources for liaison nursing in acute hospitals and nursing homes.

There is general support from health and social care providers for the general strategic direction of the proposal which is considered to be in line with national directives and principles of enhancing community provision and providing services closer to home. The approach fits with the County Durham Primary Care Trust Draft Commissioning Strategy for Mental Health Services for Older People and the approach being taken by Durham County Councils Adult and Community Services.

#### **JHOSC Conclusions:**

- Members understand and are supportive of the general direction of travel contained in the consultation document and set out above.
- Members recognise that there will be significant implications from this approach on a wide range of organisations:
  - The provision of new community based care teams will need to fit with existing integrated teams and this must be carefully developed and managed. Members wish to see evidence of discussion with Adult and Community Services in relation to the model for the increased staff in the community teams.
  - There will be significant impacts on the provision of long term residential care by both statutory and non-statutory providers and Members were concerned that there was little evidence that this had been thought through. Whilst Members also voiced concerns over the monitoring of quality of provision in independent sector care homes - it is recognised that this is outside the scope of these proposals.
- The absence of a Joint Commissioning Strategy for Older People is a concern. Although clearly work is taking place in this regard, the absence of such a strategic framework within which these proposals can be considered is a concern for Members.

### **2.1.1 Assessment and treatment services**

A review of assessment and treatment services for older people in the north of County Durham is to be undertaken over the coming months. TEWV propose to move adult inpatient services from facilities in Shotley Bridge, which are not considered suitable for the provision of modern mental healthcare, to Lanchester Road Hospital towards the end of 2009.

Older people's inpatient services are currently provided from the Lindesfarne Ward at Derwent Clinic, Shotley Bridge and currently this facility provides for 15 assessment and treatment beds. It is proposed to separate provision of care for 'organic' illnesses such as Alzheimers from 'functional' illnesses such as depression currently provided on the same ward. Further consultation on this is promised.

### **2.1.2 Continuing care and challenging behaviour services**

The Trust currently provides continuing care and challenging behaviour services on four wards in County Durham:

- Hardwyke Ward, Sedgefield Community Hospital - 12 beds
- Binchester Ward, Auckland Park Hospital - 12 beds
- Appletree Ward, Earls House, Durham - 11 beds
- Inglewood Ward, Earls House, Durham - 11 beds

The Trust does not currently provide specialist community services for people with challenging behaviour.

Historically, patients on these wards have had varying health care needs including some with challenging behaviour. There are patients with long term needs, some of whom no longer need specialist mental health care.

## **2.2 Specific proposals**

The Trust believe they should focus on providing services for older people with the most complex challenging behaviour and that concentrating on these services will also allow them to strengthen and develop services to better meet the needs of these patients. The Trust believes that the changes they propose make best use of the expertise of their staff and represents best value for money for the taxpayer.

#### **JHOSC Conclusion:**

- Members wish to see a firm and costed commitment to the additional staffing that is to be provided through enhanced community provision.

### **2.2.1 Community services**

It is intended to almost double the number of people working in community teams and the Trust will introduce new specialist services to support people with challenging behaviour. The support will be available for extended hours seven days a week, enabling more people to remain in their own homes for longer. Community teams will work closely with nursing and residential homes to train staff and provide improved support to residents with complex needs, reducing the need for admission to hospital. The Trust wants to increase staff to patient ratios so that more intensive and individualised support can be provided. It is estimated that the new community teams will be able to support at least 300 people each year.

### **2.2.2 Inpatient services**

It is understood that a number of their existing patients no longer need specialist health services and could best be supported in nursing or residential homes. They are already reviewing the care with patients who may be affected, their families and carers and remain committed to discussing and agreeing any proposals with them.

The Trust has already begun to develop more specialist challenging behaviour services and the number of people on wards has reduced. As patients move to more appropriate accommodation and more people are supported in other care settings fewer beds will be needed. It is proposed to reconfigure the service and it is believed that in future 24 beds will adequately support the modernised challenging behaviour service. This represents a reduction in provision to nearly half current bed provision.

Reducing the number of beds will allow investment in more community staff and support many more people. Two wards admit on average just two new patients each year.

Concerns were expressed about the potential for increased demand on beds for example from the increasing numbers of people expected to have dementia over coming years. The increasingly ageing population will lead to an increase in the numbers of people with dementia which is expected to double over the next thirty years to 1.4 million people. The Draft PCT Commissioning strategy identified that there are 2200 patients with dementia in North Durham in 2008 and this is expected to rise to 4200 by 2025.

It was explained that fewer beds will be needed with the provision of community services. Durham has more beds than the national average because it has fewer community services. It was explained that a recent exercise at the Bowes Lyon Unit had indicated that it would be possible to manage patients within a 45 day admission period. The typical admission period at present is 65 to 70 days. The reduction in the period of admission can be achieved by the provision of community services.

### **2.2.3 Review of existing accommodation**

Appletree and Inglewood wards provide reasonable accommodation but lack single, en-suite accommodation. These units are also smaller than either Binchester or Hardwyke wards.

Sedgefield Community Hospital is less than six years old and the new Auckland Park Hospital was opened in 2004. Both wards provide excellent accommodation for older people and offer the space and facilities needed to develop these specialist services.

The following options have been developed:

Retain Appletree and Inglewood wards and close Hardwyke and Binchester wards. This option would require significant investment to upgrade the facilities to an adequate standard and space for patient accommodation would be severely restricted.

Retain either Appletree or Inglewood ward and either Hardwyke or Binchester ward, providing a unit in the south and one in the north of the county. As with option (a) the Trust would need to invest heavily in Durham. The age and condition of the buildings means the standard of accommodation would not be as high as the wards in south Durham.

Retain Hardwyke and Binchester wards and close Appletree and Inglewood wards. This option provides spacious, modern accommodation and would not require significant investment. This is the Trust's preferred option. The Trust believes that the Hardwyke and Binchester wards will provide the best environment for people with challenging behaviour and complex needs.

This change would affect a small number of patients (nine patients) and they need to review their needs to ensure they are receiving their care in the most appropriate setting. It is recognised that this would mean that some people will travel further to visit their loved ones but the Trust has indicated that it would work with them to address any transport problems.

The Chair and Vice Chair requested that, in order to improve their understanding of the issues, they could visit all the facilities being considered within the proposals and TEWW agreed that this would be arranged.

## **JHOSC Conclusions:**

- Members wish to see a firm and costed commitment made by TEWV to help meet the transport needs of families and carers so that they can visit relatives in Wards in the South of Durham.
- Members wished to be reassured that if patients need to be moved to other wards their needs and those of their families and loved ones will be uppermost in the minds of managers and staff during the transition and settling in period.
- Has the impact on the patients in neighbouring wards in Sedgefield Community Hospital, and on day visitors to the hospital, been considered as Hardwyke ward is proposed to be used for assessing people with severe challenging behaviour?

Members have seen the *Challenging Behaviour Service Estates Options Appraisal*. Specific concerns in relation to the Options Appraisal:

- The rationale for scoring matrix is not explained: the six 'benefits' categories; the weighting applied and the score given for each option.
- There is a particular concern noted in relation to the choice of weighting for the 'Accessibility' benefit of only '10', the lowest choice of weighting available - this would appear inappropriate given that accessibility is a key concern for consultees (users and also Members).
- Only three options are considered in the published consultation document whereas the *Challenging Behaviour Service Estates Options Appraisal* documents the assessment of seven options.
- The preferred option is the lowest cost option. The significance of the costs of these options to the choice made is not clearly explained in evidence provided to the JHOSC to date. Whilst it is not difficult to understand that high costs required to refurbish or build new wards for patients might impact adversely on sums available for investment in community based provision, Members wish to see a clear explanation of:
  - The reasons why a significant investment cannot be made to provide a ward for challenging behaviour service in the north of county.
  - The reasons why the investment currently committed to the new Lanchester Road Hospital cannot enable the provision of a suitable ward serving the north of the County.
- Has the potential for single-sex wards been given consideration and what implications would this have for the proposals?

In addition Members wished it noted that the Options Appraisal information had not been circulated to Members and Officers during the timescales promised despite assurances that it would be. Members wish to note their concerns about this delay, which had not been adequately explained to them, and that as a result, there had been an incorrect inference that the report not being circulated in good time was the responsibility of Officers at Durham County Council.

### **3. Staff-side considerations**

Many of the staff working on these four units are expected to transfer to the new community teams or help support patients who are moving to new accommodation. It is not envisaged that there will be any compulsory redundancies. The Trust is discussing these proposals with staff and staff side representatives and will meet with those directly affected individually to discuss future roles and opportunities. No particular concerns were noted by staff-side representatives at this stage – refer to Appendix 1 and 2.

### **4. The consultation process**

There has been a wide circulation of information in relation to the consultation and five public meetings from 23 June to 3 July. It should be noted that no public meetings have been held in Darlington. However attendances at the public meetings were low – only only 38 attendees in total.

The Tees, Esk and Wear Valleys NHS Foundation Trust consultation update report dated 13th August indicated that the consultation produced considerable support for the development of community services and increasing staff to patient ratios. However the following key concerns arose during the consultation:

- Those in the north of the County feel a Ward should be retained in Durham due to concerns about longer distances to travel for carers.
- Proposed future bed numbers may be insufficient to cope with future demands of an ageing population (with increasing numbers with dementia)
- The quality of care in nursing homes.

### **5. Conclusions**

There is an understanding of, and support for, the overall approach set out in the proposals. However the consultation, and discussion through the scrutiny process, has given rise to a number of issues and conclusions highlighted in boxes in the report. The Joint Health Overview and Scrutiny Committee would welcome the provision of further information in response to these, to be considered at its next meeting on 29<sup>th</sup> September 2008.

**Contact: Jeremy Brock, Health Scrutiny Liaison Manager**  
**E Mail: [Jeremy.brock@cdpct.nhs.uk](mailto:Jeremy.brock@cdpct.nhs.uk) Tel:07909 877136**

**Addendum to JHOSC response to the Tees, Esk and Wear Valleys NHS Foundation Trust consultation on proposals for developing mental health services for older people**

Issues raised by Members of the County Durham and Darlington Mental Health Forum:

- a) Why are TEWV leading on the consultation, shouldn't the PCT, as commissioners be leading on any proposed changes to services?
- b) The timescales for the public meetings have been questioned. The consultation leaflets were not distributed until about a week before the public meetings which gave people little notice to attend.
- c) Is it appropriate for the TEWV to be buying in advocacy when this should be as independent as possible? Isn't this something the PCT should provide?
- d) Service users and carers have raised issues around the move of services from the North of the County to the South. This has already happened with PICU. It is difficult for Carers to visit relatives when they have to travel long distances. People feel that they are losing services in the North because of the Trust merger and it is more convenient to the MH Trust to have everything centralised. This may not be the best option for people living in the north of County Durham who have to access these services.