

**Joint Health Overview and  
Scrutiny Committee**

5<sup>th</sup> January 2009



**Tees, Esk and Wear Valleys NHS  
Foundation Trust Integrated  
Business Plan**

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**Report of Head of Overview and Scrutiny**

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**Purpose of the report**

1. The purpose of the report is to inform JHOSC of Tees Esk and Wear Valleys Foundation Trust's proposals – in context of its Integrated Business Plan - for key service changes to adult mental health services, and potential changes to adult mental health in-patient services at Cherry Knowle Hospital that may impact upon North Easington residents. It also signposts the production of a Joint Commissioning Strategy for Mental Health and Well Being in County Durham.
2. The report also highlights opportunities for regularly keeping JHOSC informed on proposed changes and opportunities to consult on them.

**Background**

3. 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 or substantial variation in health provision in their areas.

**Information**

4. Tees Esk and Wear Valley Mental Health Foundation Trust's strategic direction is contained in the Trust's Integrated Business Plan 2008-13 and is underpinned by a commitment to moving towards the provision of specialist care and treatment, whilst supporting partnership working across the health and social care economy.

The Integrated Business Plan contains a number of areas that are in line with commissioner intentions outlined by the County Council, NHS County Durham and the North East Regional Team and commissioners have confirmed with the Trust their agreement with regard to the general direction of travel. Within that context, the Trust has outlined their aims to modernise services across the service areas outlined in Table one in Appendix 1.

The NHS County Durham report states that:

- Any proposed changes are to be developed through due process.
- Regular updates on proposed changes are to be presented to JHOSC when they are proposed.
- Work has commenced on proposals to change adult mental health in-patient services at Cherry Knowle Hospital and advice has been taken from overview and scrutiny with regard to appropriate consultation process. A project plan for consultation on the proposed changes is being drawn up and will be presented to OSC when complete.

As part of the duty on NHS bodies to consult Overview and Scrutiny Committees it is noted that decisions on service changes must take into account both the Committees views in relation the consultation process itself, but also views expressed in relation to the substantive contents of the proposals on services changes themselves.

It is suggested that the process of consultation in relation to Cherry Knowle referred to above is completed as soon as possible.

## **Recommendations**

5. It is recommended that members:
- (i) Note the NHS County Durham recommendations in Appendix 1, and
  - (ii) Advise on the level and period of consultation in relation to Appendix 4

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## Appendix 1 - Integrated Business Plan



### **Report to County Durham Overview and Scrutiny Committee**

### **Adult Mental Health Services and Proposed Key Service Change Areas**

#### **1. Introduction**

This report provides an update to County Durham Overview and Scrutiny Committee regarding Tees Esk and Wear Valleys Foundation Trust's proposals for key service changes to adult mental health services, and highlights potential changes to adult mental health in-patient services at Cherry Knowle Hospital that may impact upon North Easington residents.

It also signposts the production of a Joint Commissioning Strategy for Mental Health and Well Being in County Durham.

#### **2. Context**

Durham County Council, NHS County Durham, the North East Regional Commissioning Team for Mental Health and Learning Disabilities, with the involvement of people who use mental health services and their carers, are jointly developing a Joint Commissioning Strategy for Mental Health and Well Being in County Durham. The strategy is in its final draft stage and will be published towards the end of January 2009.

The strategy promotes an integrated approach to mental health; bringing health and social models together. It outlines a greater focus on promotion, prevention and early intervention and recovery. It describes our shared vision for improving quality of life, ambition and hope, not on illness and deficiency.

The strategy is intended to secure better mental health, primarily for adults aged 18 and over who have mental health issues ranging from common mental health problems to severe and enduring conditions who live within the County Durham area. Both the County Council and NHS County Durham have adopted principles that will result in commissioned services that:

- **Are safe:** Services that ensure the safety of individuals, their carers, staff and the wider public.

- **Are built on best practice:** Commissioning services and treatment options that build 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;
- **Are service user and carer focused:** 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;
- **Support social inclusion:** Ensuring that the system 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;
- **Work 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;
- **Are 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; and
- **Are 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.

Within that context, our vision is to commission a range of services and approaches that treat people as individuals with diverse needs, cares for the most vulnerable, encourages personal achievement, supports people to achieve their potential and delivers Best Value

Over recent months, senior managers at Tees Esk and Wear Valley Mental Health Foundation Trust have been outlining their strategic direction and direction of travel for their organisation over the next five years. That direction of travel is contained in the Trust's Integrated Business Plan 2008-13 and is underpinned by a commitment to moving towards the provision of specialist care and treatment, whilst supporting the development and delivery of the reform agenda through partnership working across the health and social care economy.

The Integrated Business Plan contains a number of areas that are in line with commissioner intentions outlined by the County Council, NHS County Durham and the North East Regional Team and commissioners have confirmed with the Trust their agreement with regard to the general direction of travel. Within that context, the Trust has outlined their aims to modernise services across the service areas outlined in table one (please note that the key service changes also included Teeside);

Table one

<b>Service area</b>	<b>Key service changes</b>	<b>When</b>
Inpatient services	Implement Roseberry Park and Lanchester Road schemes in Teesside and North Durham respectively. Redesign Inpatient services reducing beds and lengths of stay to generate funding for community provision, increase quality, and review skill mix (including transfer of North Easington Services).	2009/2011
Rehabilitation & Supported Living	Rationalise the provision of inpatient beds to improve the rehabilitation service and develop community specialist rehabilitation and recovery services. Work with commissioners to provide more cost effective supported living care services – implementing alternative models of care and living solutions.	2009/2012
Community Services	Re-define Community Mental Health Teams to focus on person-centred care co-ordination and effective interventions to promote physical health, recovery and social inclusion. Teams will either be for functional psychosis or affective disorders with the development of associate practitioner roles to support this approach.	2008/2012
Day Services	Provide specialist intensive day services (not “traditional” day care), offering an alternative to inpatient care.	2008/2009
Primary Care – Psychological Therapies	In the short to medium term, work with commissioners to maintain and strengthen current provision to deliver a more effective Primary Care Service in line with NICE stepped care model. To ensure good access to and appropriate provision within each step and demonstrate effective outcomes via CBT delivered by fit for purpose workforce.	2008/2011

To ensure that any proposed changes are developed through due process, the North East Regional Commissioning Team has in place a Strategic Forum to ensure an organised and managed approach to proposed service changes. The Strategic Forum meets on a regular basis and appendices one and two respectively, highlight the process regarding service change and contract variations and prompts for completion of the service change proforma.

Regular updates regarding proposed changes will be presented to this Committee as when they are proposed.

As part of the service area changes outlined in table one, work has commenced on proposals to change adult mental health in-patient services at Cherry Knowle Hospital and these will impact upon North Easington residents.

Advice has been taken from Overview and Scrutiny colleagues with regard to the consultation process that needs to be put in place as part of due process, and outlined in Appendix three, is a paper highlighting the proposed changes. A project plan including the details for consultation regarding the proposed changes is being

drawn up and these will be presented to Overview and Scrutiny Committee when they are complete.

### **3. Recommendations**

Overview and Scrutiny Committee is asked to:

1. Note the content of this report;
2. Note the proposed service area changes in table one;
3. Accept the proposal regarding receiving regular updates; and
4. Note the discussion paper relating to proposed changes at Cherry Knowle Hospital.

### **4. Author and sponsor director**

Author: Anthony Prudhoe/Grace Bennett  
Title: Assistant Director Joint Commissioning/Lead Commissioner – Mental Health & Learning Disabilities

Director: Rosemary Granger  
Title : Director of Commissioning for Mental Health & Learning Disabilities  
Date: December 2008

**Appendix 2**

<b>Mental Health and Learning Disabilities Contract Variation Summary</b>
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Variation Title			
Proposing Organisation		Date of Proposal	
Service Area		Lead Director	

<b>Service Variation Summary</b>
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Details of Current Situation
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Summary of Proposed Change
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Identified and Potential Risk
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<b>Financial Summary</b>
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Summary of Financial Change
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Impact Assessment Completed – Finance	x/√
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Further Investment	£
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Commencement Date
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Savings Identified	£
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Allocation of Savings:
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Lead-In Time
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Summary Change to Outcome/Activity
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Impact Assessment Completed – Activity	x/√
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<b>Approvals</b>
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Contract Negotiation Meeting (Attendees):
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Date of Meeting:

--- On Behalf of Commissioner ---

--- On Behalf of Provider ---

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_

Signature \_\_\_\_\_  
Print Name \_\_\_\_\_



### **Appendix 3**

#### **Prompts to assist in the completion of Contract Variation Documentation**

It is important that the information provided includes sufficient detail to ensure that Commissioners are fully cognisant of facts and detail contained within the proposal as this will be required to facilitate discussions with relevant commissioning groups and partner agencies.

The following are therefore an aide to ensure that salient points are covered:-

1. The name(s) and locations of any unit /facility effected by the proposal
2. Timeframe
3. Current service delivery from that unit e.g. number of beds, day places etc
4. Proposed service delivery if proposal taken forward e.g. number of beds ,day places etc
5. Details of any information which has been used to assist in the proposal e. bed occupancy, referral rates etc
6. If included - Outline of any new models being proposed to support changes e.g. change to community infrastructure
7. Impact assessment to evidence impact on service users /carers, partner agencies and/or third sector providers
8. Risk assessment
9. Details of any discussions which have taken place with partner agencies e.g. Social care and Health
10. Financial implications

Grace Bennett  
Lead Commissioner MH and LD NHS Durham and Darlington  
15/12/08

## Appendix 4



### **Adult Mental Health: In-patient Services North Easington**

#### **Discussion Paper**

##### **1. Purpose**

This paper outlines proposed changes in Adult Mental Health In-patient Services specifically in regard to North Easington.

At this early stage, it is felt important to alert the Joint Health Overview and Scrutiny Committee to surrounding issues; and through discussion seek advice on the consultation process and next steps.

##### **2. Background**

Mental Health Services in Easington have for many years been fairly complex in their form and function. Pre-dating recent Trust mergers, there were at one time three separate specialist Mental Health provider Trusts operating in the Easington locality: County Durham and Darlington Priority Services NHS Trust; South of Tyne and Wear NHS Trust and Tees and North East Yorkshire NHS Trust.

Following initial work by Easington Primary Care Trust, County Durham Primary Trust and the Regional Commissioning Team have been working on a series of transfers designed to simplify service provision and locate appropriate services with a single provider organisation [Tees, Esk and Wear Valleys NHS Foundation Trust]. The direction of travel has reflected a collaborative approach being adopted between commissioners and provider organisations.

Primarily centred on service provision in North Easington, various services transfers have already taken place. The Community Mental Health Team for North Easington was transferred around 2006. In early 2007, the funding resource for psychology was transferred. The phased transfer of services to one provider Trust was seen as the most appropriate way to deliver improvements in consistency, quality and governance of mental health services.

More recently, in February 2008, agreement was reached to transfer funding resource for the consultant package from Northumberland, Tyne and Wear Trust to Tees Esk and Wear Valleys NHS Foundation Trust. The full year transfer of £245,934 [2007/08 costs] for medical cover and associated administration has consequently taken place.

### **3. Proposal**

Following the transfer of medial cover, it has now been proposed that Adult Mental Health In-patient Services be transferred from Northumberland Tyne and Wear Trust to Tees Esk and Wear Valleys NHS Foundation Trust.

Within discussions it was identified that this would not be a like for like transfer and that this proposal would provide the opportunity to review the current arrangements and consider an alternative model for delivery. It was anticipated that this would include less beds than the 12 currently commissioned supported by an increased community infra structure. If savings for commissioners were realised it was agreed that these would be re invested in Mental Health against commissioning priorities.

Currently Adult Mental Health In-patient Services are provided on the Cherry Knowle Hospital site. Transfer to Tees Esk and Wear Valleys NHS Foundation Trust would result in in-patient beds being moved to the County Hospital in Durham or possibly the facility in Hartlepool.

Based on the planned activity for working age adult services 2008/09, i.e. 4,286 occupied bed days, this would equate to approximately 12 beds. However, given the actual reported activity over a 6-month period [April-September 2008], it is evident that occupancy rate on these beds from a County Durham perspective, is relatively low in comparison to the older persons service [see appendix 1].

### **4. Rationale**

The divided nature of the provision of in-patient care and community care has led to governance concerns due to the fractured service. It should be noted that a serious untoward incident occurred in January 2008, prior to the transfer of medical cover.

Concerns raised by the divided service provision include:

- Reduced admission threshold; as there has not been a consistent or coherent system for the community team to work in conjunction with the in-patient team.
- Potential for extended lengths of stay due to inefficiencies in planning discharge.
- Impaired quality and access to timely case note information. This may deteriorate further when the Trust electronic health record [PARIS] becomes operational.

In addition to addressing governance concerns, the proposed change in service provision may facilitate an integrated service that is coordinated seamlessly across the service boundaries of Crisis Team, Community and In-patient teams. This may have a positive impact on admission rates.

### **5. Implications and risks**

This proposal would have major implications for residents of North Easington requiring in-patient care for a mental health problem and their families, particularly in regard to access/transport.

Based on 2004/05 a total of 72 service users would be affected by the proposed change. A more up-to-date figure is presently unavailable.

Consideration needs to be given to appropriate service user and carer involvement and whether proposed changes need to be taken to full consultation.

It is worth noting that Northumberland, Tyne and Wear Trust are proposing to build a new hospital, but to date there is no definite answer regarding the site of the new hospital.

Concerns have been raised around the risks associated with the current situation. Under the present arrangement the consultant needs to be familiar with two sets of organisational protocols. This system is seen as inefficient and a potential area for misunderstandings or confusion.

Although consultant medical cover was transferred earlier in year, junior doctor cover was not transferred until August 2008 in-line with the 6-monthly rotation of Senior House Officers. This has resulted in a gap in the junior medical rota. Tees, Esk and Wear Valleys NHS Foundation Trust have agreed to provide 'normal hours' junior doctor cover [and sickness cover] into Cherry Knowle Hospital on an interim basis, which has practical and resource difficulties. Risks around supervision and management of the current medical arrangements therefore need to be acknowledged.

Tees, Esk and Wear Valleys NHS Foundation Trust have expressed concern that the use of PARIS electronic notes across the Directorate apart from admissions to Cherry Knowle is a considerable communication problem and therefore a risk. Similar to comments and concerns above, the requirement for their community team to grapple with two organisational protocols can lead to problems and misunderstandings.

In regard to finance, there may be an indirect impact, dependent on the nature of the consultation, as consideration will need to be given to the transfer of the contract value. Additional cost may be incurred to cover transport for service users and their families.

The potential impact of decommissioning Adult Mental Health In-patients Services on the Cherry Knowle Hospital workforce will need to be explored.

Although the present focus is on Adult Mental Health In-patient Services, it has previously been acknowledged that further discussions need to take place around Older Persons Services.

## **6. Recommendations**

- Consider the detail in this report;
- Advise on the level and period of consultation.

**Christine Scollen**  
**Project Manager, Joint Commissioning Team**  
**December 2008**

## Appendix

### Working Age Adult Services

	Ward	POD	Planned Activity 12-months Apr08–Mar09	Planned Activity 6-months Apr- Sept-08	Actual Activity 6-months Apr- Sept-08	Activity Variance 6-months Apr- Sept-08
Admission Assessment	Beeches	Occupied Bed Days	1,837	918.5	0	-918.5
	East Willows	Occupied Bed Days	0	0	562	+562
	West Willows	Occupied Bed Days	0	0	41	+41
Rehab	Meadow View	Occupied Bed Days	1,278	639	5	-634
	Wellfield Project	Occupied Bed Days	1,095	547.5	0	-547.5
PICU	SL Dene	Occupied Bed Days	76	38	68	+30
			4,286	2,143	676	-1467

Source: SLAM report month 7 2008/09

#### **Available beds**

4,286 annual planned occupied bed days, divided by 365 days = **12**

#### **Occupancy rate over 6-month period [Apr-Sept 08-09]**

Planned activity = 2,143

Actual activity = 676

Occupancy = **31.5%**

### Older People Services

	Ward	POD	Planned Activity 12-months Apr08–Mar09	Planned Activity 6-months Apr- Sept-08	Actual Activity 6-months Apr- Sept-08	Activity Variance 6-months Apr- Sept-08
Elderly Admission Assessment	Pop 4	Occupied Bed Days	1,970	985	599	-386
	Hawth	Occupied Bed Days	0	0	432	+432
Elderly CC	Maple	Occupied Bed Days	730	365	0	-365
Elderly Challenge Behaviour	Sycamore	Occupied Bed Days	0	0	97	+97
Elderly Long-Term Care	Rosewood	Occupied Bed Days	0	0	178	+178
			2,700	1,300	1,306	-6

Source: SLAM report month 7 2008/09

#### **Available beds**

2,700 annual planned occupied bed days, divided by 365 days = **7**

#### **Occupancy rate over 6-month period [Apr-Sept 08-09]**

Planned activity = 1,300

Actual activity = 1,306

Occupancy = **100.5%**



