

Report for Slough Borough Council Health Scrutiny Committee

Future of Mental Health Inpatient Services – Progress Update on Additional Engagement and Consultation Activity. September 2011.

1.0. Introduction

The purpose of this paper is to provide an update on the additional work agreed by NHS Berkshire and Berkshire Healthcare NHS Foundation Trust (BHFT) in July, to inform decision making on the future of mental health inpatient services for East Berkshire.

The decision to do further work was based on a number of factors, notably:

- No clear consensus has emerged on the way forward
- Significant concerns have been raised by key stakeholders about some options.

It was decided to undertake a further period of engagement during the summer, with any additional consultation taking place in the autumn. Engagement work is currently in progress, and the views of the Health Scrutiny Committee will contribute to the development of recommendations to be placed before the Board of NHS Berkshire at its September meeting, when next steps will be confirmed.

It is vitally important that we make the right decisions and ensure the provision of good quality, cost effective services for people with mental health problems. Both the Primary Care Trust and BHFT are totally committed to making sure we listen to clinicians, patients and their families, our local authority partners and other key stakeholders before our decision is made.

2.0. Background

Consideration of options for future provision of Mental Health Inpatient Services for East Berkshire commenced in 2007. The results of the consultation work, clinical opinions and financial analysis supported a preferred option of a new build at the Upton Hospital site. However, it did not prove possible to proceed with this option due to the changed financial context in which the NHS was operating, and BHFT developed its "Next Generation Care" Programme in order to ensure that high quality service provision could be achieved in future years within the resources available.

Consultation was undertaken between August and November 2010 on 3 options:

- Option 1. All hospital beds to be provided from Prospect Park Hospital in Reading resulting in BHFT closing all beds on the current three sites in East Berkshire
- Option 2. All hospital beds at Prospect Park Hospital except for those for older people (aged 75 years and over) at St Mark's Hospital in Maidenhead
- Option 3. Develop a new, purpose built mental health unit at Upton Hospital, Slough that would replace all the current hospital beds in the east of Berkshire

In January 2011 Berkshire East PCT asked BHFT to progress an Outline Business Case (OBC) for option 1 and issued a joint statement with BHFT stating option 3 was unaffordable and option 2 not clinically appropriate.

Option 1 includes approximately £350k investment in community services for older people, £240k for services for adults of working age with borderline personality disorder, and an allocation of approximately £100k per annum to support transport needs of both patients and carers.

3.0. Additional Work Undertaken to Date

3.1. Clinical Engagement

The East Berkshire Clinical Executive Committee, comprising leads of the three Clinical Commissioning Groups, along with the PCT Executive, determined the form of the additional clinical engagement work required. Three meetings with clinicians have now taken place with the following results:

- BHFT Clinicians strongly support consolidation of inpatient services on a single site in order to achieve the best clinical outcomes for patients. Their experience of the increased provision of community services is that the requirement for inpatient services is reducing, in line with other areas of the country (see below). The importance of a good quality environment in terms of inpatient treatment was emphasised – which includes single bedrooms and access to outside space. Clinicians recognise the need for locally accessible services, which should be provided by community based services for the vast majority of people. They see inpatient provision as a specialist function, for a small minority of patients (approximately 2% of adults of working age receiving support from Community Mental Health Teams).
- GPs understand the clinical case for change, but are concerned to ensure that the service user and carer experience is a positive one, and have requested that some work is undertaken to ensure that the voice of users and carers informs their decision making. This will build on the work undertaken by BHFT to date. GP leads will also be working with BHFT to ensure that all possible options have been considered to enable provision of inpatient services in East Berkshire, which are clinically appropriate and affordable.
- GPs have highlighted the importance of their clinical leadership in service development, and the establishment of a “clinical interface group” is now being progressed. This group would provide the required leadership of service change across both primary and secondary care.

3.2. Clinical Review

A review of the clinical evidence for mental health treatment has been provided by the Berkshire East Public Health Team. This will inform the decision making process by the Clinical Executive Committee and Board, and can be summarised as follows:

- Emphasis is on the provision of treatment in patient’s own homes as far as possible, to achieve the best outcomes. This includes patients of all ages.
- Provision of single bedrooms with en-suite facilities is the optimum environment for inpatient services, ensuring patients are treated with respect and dignity.
- Consideration of travelling distance should be included in decision making about service provision.
- The physical environment is an important component of treatment and a poor environment can have a detrimental impact on patients.

3.3. Engagement with Stakeholders

Individual discussions with Health Scrutiny Chairs, Lead Council Members for Adult Social Care and Health and Senior Council Officers are almost complete across the three East Berkshire Council areas. Opportunities for discussions between clinicians and Council Members are currently being explored to enable discussion about key issues of accessibility of services, respect and dignity in the provision of services, ensuring the best clinical outcomes and effective use of resources.

Discussion with BHFT Governors has taken place, including patient and carer representatives. Key points emphasised:

- Patients reporting individual experience of inpatient services at Prospect Park Hospital as significantly better than in East Berkshire environments – this was not a comment on the quality of care provided by staff, rather the physical environment.
- Carer and patient representatives highlighted that the previous survey work had identified patients' preference for a single room over the location of services.
- Carer representatives highlighted the enhanced respect and dignity and positive outcome associated with an appropriate environment as more important than service location.

Senior PCT staff have visited Wexham Park Hospital and heard directly from staff and some patients about their experience of the current environment and their thoughts about future service provision:

- Despite investment and improvement, the ward does not provide the environment required for the service they would like to provide or receive.
- Transferring patients to the Intensive Care Ward at Prospect Park Hospital from East Berkshire inpatient services can present a significant challenge.
- Isolated/ small units are difficult to recruit staff into.
- The variety of patient needs and mix of diagnosis means that consolidation onto one site enables more personalised care.
- Significant numbers of patients from East Berkshire have already received services at Prospect Park.

3.4. Review of Inpatient Service Development Proposals in other Areas

Consideration of future inpatient service provision is currently underway in a number of other parts of the country. A brief review of this work has been undertaken to identify issues in common and potential learning:

- Future plans in Lancashire have identified the need for more personalised support, and a network of community and hospital based services. The "specialist" nature of inpatient care is highlighted and a reduced number of inpatient sites is planned to correspond with reduced demand, and increased provision of community services. Evidence and independent

review supports improved outcomes for people receiving treatment in community settings. The impact of increased community service investment has resulted in reduction in the original estimate of inpatient service need.

- Manchester services have planned to consolidate onto 2 sites, following consultation in 2010. The objectives were to provide same sex accommodation, improved staff response as a result of the physical environment and improved user and carer experience.
- Central and North West London Foundation Trust has experienced reduced demand in need for inpatient services for older adults, with the development of community services. This has identified an inpatient service requirement 60% less than existing provision. The aim is to provide a single centre of excellence for older people on one site rather than the existing 2 sites.

3.5 Exploration of potential options

Further work has been done to identify whether there could be another means of providing appropriate inpatient service provision in East Berkshire within available resources. This has included exploration of options for the use of St Mark's site, as well as alternative configurations at Wexham Park Hospital. No other viable options have emerged to date; however, as noted above, the Slough Clinical Commissioning Group is undertaking some further exploration with the support of BHFT.

4.0. Summary of Further Work Planned

- Conclusion of clinical engagement work and consideration of progress to date by the East Berkshire Clinical Executive Group in September.
- Conclusion of meetings with Councils (both Health Scrutiny Committees and Lead Members and Heads of Service for Adult Social Care) during September.
- Completion of a "Gateway Review" – which is an independent peer review undertaken by a team of experts through the Department of Health. This review will take place during September.
- Engagement with LINKs and Carer Groups .
- Discussion with Service Users and Carers – as requested by Slough Clinical Commissioning Group.
- Establishment of Clinical Interface Group and exploration of the potential for formal, independent representation of service user and carer voices in service development plans possibly through an independent advocacy organisation.
- Confirmation of any further engagement and consultation work required.

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