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Statutory Joint Scrutiny Committee

5 Boroughs Partnership NHS Trust

Proposals Relating to Improving Services for Adults with Mental Health Needs

In Halton, St Helens and Warrington

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1. Introduction

This report sets out the findings of the Joint Scrutiny Committee established by Halton Borough Council, St Helens Council and Warrington Borough Council to consider the 5 Boroughs Partnership NHS Trust's Proposals to Improve Services for Adults with Mental Health Problems (summarised in the document "Change for the Better"). The report sets out the background to the consultation process, the methodology employed by the committee and the committee's findings in relation to various aspects of the proposals. The report closes with a conclusion and recommendations for the 5 Boroughs Partnership NHS Trust.

The committee would like to formally thank all those who have contributed to the scrutiny process, and provided information for the committee, which has helped in its deliberations. The committee acknowledge that much of the information has been provided to demanding timescales, and would like to thank respondents for the efforts that they have made.

2. Background

On 1 June 2006 the 5 Boroughs Partnership NHS Trust launched a consultation document "Change for the Better – Improving Services for Adults with Mental Health Needs". The consultation document proposed changes to mental health services for adults in the four boroughs of Halton, Knowsley, St Helens and Warrington. The date initially identified for the end of the statutory consultation process was 24 August.

Three of the four local authorities – Halton, St Helens and Warrington – considered that the issues identified in the proposals would represent a substantial variation in the provision of health services in their area. An agreement was reached to form a Statutory Joint Scrutiny Committee. Knowsley was invited to join the committee but did not participate.

The committee met on 20 July, 10 August, 24 August and 7 September. The committee was later informed that the timescale for response for statutory agencies, including the committee, was extended to 15 September.

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3. Methodology

The committee was established in accordance with the “Local Authority (Overview and Scrutiny Committee Health Scrutiny Functions) Regulations 2002”. The committee comprised of three elected members from each of the local authorities involved, and the decision was made by each local authority to waive political proportionality.

The committee agreed the following terms of reference:-

- To establish a statutory joint committee to scrutinise proposals from the 5 Boroughs Partnership NHS Trust to improve services for people with mental health needs in the boroughs of Halton, St Helens and Warrington.
- To undertake the scrutiny of proposals in accordance with the Local Authority (Overview and Scrutiny Committee Health Scrutiny Functions) Regulations 2002, and the direction to Local Authority (Overview and Scrutiny Committee, Health Scrutiny Functions) July 2003.
- To complete a report outlining the statutory committee’s views of the proposals and to make recommendations to the 5 Boroughs Partnership NHS Trust where relevant.
- To monitor the Trust’s responses to the report, and agree mechanisms for the ongoing monitoring of future changes to mental health services.

The committee agreed protocols and methodology for its working practices. Having read copies of the consultation document “Change for the Better” (attached as Appendix 1), the committee identified key issues and established an outline work programme, taking into account the tight timescales for the work.

The committee identified a list of key issues and wrote to the 5 Boroughs Partnership NHS Trust and invited them to attend the meeting and respond to these issues. A copy of the 5 Boroughs Trust response is attached as Appendix 2.

Similarly, the committee identified key issues for PCT commissioners in each of the boroughs, and wrote to them with a list of key issues. The PCT’s response is attached as Appendix 3.

A press release was issued in each of the three boroughs, and written responses to this were considered by the committee. The committee also considered a range of other information including:-

- A financial report presented by the 5 Boroughs Partnership NHS Trust.
- A report of public consultation undertaken by Mental Health Strategies working in association with the 5 Boroughs Partnership NHS Trust.
- Reports of a visit by officers and some service users to Norfolk and Waverley to see the model in operation.

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4. Findings of the Committee

4.1 Impact on Service Users

4.1.1. General

The committee welcomes the aspirations of the model to see fewer people admitted to hospital and more people provided with services in the community. The committee also supports the model's intention of ensuring stays in hospital are as short as possible, and only those requiring hospital admission are admitted.

The committee is concerned, however, that the proposals in their present form do not satisfactorily explain how these aspirations will be achieved. The committee's concerns are outlined in this report, and explained below. The committee is concerned that deficiencies in the document and proposals, may actually lead to a decrease in support and services for vulnerable adults with mental health problems, particularly those living in the community.

4.1.2 Particular Client Groups

The committee notes that the document aims to improve services for adults with mental health needs, and in section 1.3 of the consultation paper it explains a number of service areas which are excluded from the process. The committee were not able, therefore, to formally examine these services, but it has become clear during the scrutiny process, that there are many linkages between all these services and whilst acknowledging that work is being carried out in a number of areas, the committee would still wish to make the following comments about a number of groups which are not properly dealt with in the proposals.

- *Dual Diagnosis* – the committee are not satisfied with the arrangements for service users with a dual diagnosis of mental health problems and alcohol and/or drug problems. However, they do acknowledge the 5 Boroughs Partnership NHS Trust's commitment in Section 2.3 ii of Appendix 2 assuring that this group will be given a high priority.
- *Adults in secure environments and psychiatric intensive care units* – the committee understands that adults in these environments are being dealt with separately, however, the proposals do seem to have some linkages with these inpatient services and the committee are disappointed that these have not been properly considered.
- *Personality Disorder* – The committee feel that more attention should have been paid to adults with a personality disorder as this is likely to impact on community services.
- *Young People* – the committee welcomed the high priority afforded to this in section 2.3 appendix 2, but are concerned that the issue of young people being admitted to adult wards is not being satisfactorily addressed, and the reduction in in-patient beds may have some impact on young people over the age of 16.

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- *Older People* – the committee is particularly concerned that the proposals do not effectively meet the needs of older people, and do not link effectively with the Older People's Commissioning Strategy for the three boroughs. The committee note and support the comments about ensuring that people are not discriminated against in terms of their age, however, they believe that this does not properly reflect the complex needs of older people, particularly those older people requiring inpatient services. The committee continue to have concerns about the proposals to have older people and younger adults on the same inpatient wards.

The committee acknowledged the 5 Boroughs Partnership NHS Trust's comments relating to the developing a Commissioning Strategy for Older People with Mental Health Needs, but feel that this should have been properly considered and factored in to the proposals before they were published.

The committee feel that the issue of older people requires much more detailed attention, particularly in relation to inpatient settings.

4.2 Financial Implications

SECTION MAY REQUIRE A POSSIBLE RE-WRITE WHEN DETAILED FINANCIAL INFO IS RECEIVED

The committee acknowledged that the 5 Boroughs Partnership NHS Trust need to ensure financial balance, and would wish to support the Trust in achieving this.

The committee have not been provided with thorough and detailed financial information about the present and proposed services. Whilst acknowledging some of the complexities of these issues, the committee is surprised that the financial information is "continuing to finessed" at such a late stage in the consultation process.

The Committee is aware that the overall level of investment in Mental Health Services is significantly below the national average in Halton and St. Helens. Although investment is close to the national average in Warrington, Warrington has significant ongoing commitments to ex-Winwick Hospital residents who still live in the Borough. In the light of this overall situation the proposals contained in the Model of Care to significantly reduce expenditure on services and to dramatically reduce the number of inpatient beds, is in the Committee's view, likely to be impossible to achieve.

The committee has made the following findings in relation to the financial implications based on the information it had access to :-

- There is no detailed financial information in relation to the savings which are to be achieved from back office functions (£1m) and the cost releasing efficiencies savings (CRES) of £2.6m. It is not clear how these savings will impact on adult mental health and other relevant service areas.

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- The model of care proposals rely heavily on capital investment. The committee support concerns about the inadequacy of present facilities in the three boroughs, and welcome the confirmation that capital funding for some of the developments has been achieved, but the fact that other capital funding is still subject to bids at this late stage in the consultation processes causes concern. The committee note that there do not appear to be effective contingencies in place if the capital funding is not secured.
- Transitional resources – the committee feel that the issue of transitional resources has not been properly addressed. Such a significant change would require major investment, and the committee is not assured that appropriate resources have been identified and/or put in place.
- Ashton, Leigh & Wigan – the situation relating to Ashton, Leigh and Wigan is difficult for the committee to understand. The committee understands from various professional that the situation is complex, but again, the committee feels that this should have been resolved prior to the finalising of the proposals and the consultation process. The Committee is concerned that the savings targets appear to be allocated to only four of the five boroughs served by the Trust as Ashton, Leigh and Wigan have been excluded.
- Out of Area Placements – the committee feels that the large reduction in inpatient beds, may actually have implications for both Primary Care Trusts and Social Care Services in financing additional out of area placements. The committee is not satisfied with the 5 Boroughs Partnership NHS Trust's response that alternative services will be in place, particularly in the early years of the model.
- The committee is confused about the issue of indirect costs which need to be apportioned across different boroughs. Again, the committee felt that this should have been addressed as part of the planning process, and before the consultation stage was reached.

The limited financial information available to the committee indicates significant disinvestment in each of the three boroughs. These shifts in expenditure are likely to have a significant impact on services in the borough. When this is set against the relatively low spend on mental health services which the 5 Boroughs Partnership NHS Trust refers to, the committee has difficulty in seeing how the model can lead to improved services for service users and carers.

4.3 Access to Services

The committee supports the view that community based services normally offer the better outcomes for service users and carers. However, the committee have strong concerns about the fact that the reduction in inpatient beds, coupled with a significant decrease in funding proposed, will see a tightening of eligibility criteria which will impact on people's access to mental health services. It seems clear that if the following factors are combined:-

- A reduction in the number of inpatient beds,
- An increase in the number of people receiving services in the community,

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- An overall decrease in staffing,
- An increase in staffing in inpatient services,
- An overall significant decrease in budgets,

That this will lead to a greater rationing of services. It is difficult to see how this fits with the promotion of early intervention and community based services.

The committee also have concerns about proposals to have access and advice centres in each borough. The committee is pleased that this issue is being actively considered by the Trust, but is disappointed about the lack of detail in the response, as it believes single points of access may actually serve to exclude some service users, and that other models of access i.e. through primary care, may actually do more to promote the types of services being proposed in the model.

4.4. Inpatient Services

The committee understands that if community services are enhanced, and inappropriate admissions are avoided, then the number of inpatient beds will decrease. However, the committee has serious concerns about the proposed reduction in inpatient beds. The committee has the following concerns:-

- There does not appear to be any phasing of the reduction and the assumption leads to dramatic reductions in Warrington and Halton, with the number of beds in Halton reducing to 38 from 60, and in Warrington to 32 from 60.
- The committee notes that the number of beds is the lowest level recommended by the Royal College of Psychiatrists, as stated by the 5 Boroughs Partnership NHS Trust, but the committee feels that achieving these lower level figures may not be realistic in the three boroughs.
- The 5 Boroughs Trust acknowledge Appendix 2, Section 2.1 ii that this level of beds is only recommended when the appropriate level of community services is in place. The committee is not satisfied that these services are in place in the three boroughs, and is concerned that the proposals will reduce Community Services further.
- The recommended figures apply to the number of beds for adults under 65. As the 5 Boroughs Partnership NHS Trust are presently proposing to include inpatient beds for older people in the numbers, then it would appear that the actual number of beds available to adults (excluding older people) would fall below the minimum.
- In Section 2.1 ii of Appendix 2, the Trust states that many of the community services are “already in place”. If this is the case, then the committee is uncertain why inpatient facilities are presently experiencing levels of over-occupancy, and how these community based services will manage when the number of inpatient beds have significantly decreased. The Committee believe that current bed usage should be demonstrably reduced before further bed reductions can be safely achieved.

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- The committee note the intention to combine inpatient services for adults and older people, and acknowledge 5 Boroughs Partnership NHS Trust statements about age discrimination. However, the committee's view is that this over-simplifies the complexities of caring for adults and older people with mental health needs in the same inpatient settings.
- The committee has concerns about the needs for young people to be admitted to adult inpatient services, and whilst acknowledging that this is not part of the consultation process, the committee believes that some issues do need to be factored in to the proposals.
- The committee are pleased that the 5 Boroughs Partnership NHS Trust are proposing an increase in staffing in the inpatient units, coupled with the reduction in the numbers of beds, as this should lead to better services for those inpatient residents. However, the committee has concerns about the impact that this will have on community based services, as it would appear to be likely to increase the staffing reductions in these areas.
- The committee is concerned that there is a lack of clear information and apparent analysis to demonstrate the impact of reduction in beds on community services, and how this will be managed.

4.5 Resource and Recovery Centres (RRC)

The committee broadly welcomed the proposals to have resource and recovery centres in each of the boroughs, and believe that the model of multi-agency services offers the best outcomes for service users and carers. However, the committee have a number of concerns about the proposals:-

- Capital funding for the development of the centres has yet to be secured in a number of cases, and there does not appear to be a clear contingency plan should this funding not be available.
- The significant drop in the number of beds does not seem to be realistic or achievable.
- Staffing issues are not clear, and the increasing staff in resource and recovery centres is likely to have a negative impact on Community Services.
- The mixing of older people and younger adults in inpatient settings does not seem to have been properly thought through.
- The committee has concerns about the capacity of the resource and recovery centres, particularly to provide community based services.

4.6 Assertive Outreach

The committee have noted Appendix 2, section 5, the comparison of assertive outreach services. The committee notes the 5 Boroughs Partnership NHS Trust's comments that services are being provided at higher levels of input than that for which funding has been obtained. However, the committee is concerned that in Warrington and St Helens the model does not allow for any increase in assertive

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outreach, with the number on caseload remaining the same. The committee would have expected that with the reduction in inpatient beds, more pressures might have been placed on assertive outreach, and that further resources would need to be identified.

4.7 Community Mental Health Teams

The committee acknowledges the commissioning strategies sees the need for “a team of multi-disciplinary practitioners providing ongoing care and support to people with serious mental health problems”. The committee is surprised that the role of such a team has not been more clearly thought out prior to the publication of the model, and disappointed with the response from the 5 Boroughs Partnership NHS Trust that detailed operational issues will be progressed locally with LA and Trust staff.” This may lead to an inconsistency in approach across the three boroughs and this appears to be one of the issues which the model was seeking to address.

4.8 Impact on Other Mental Health Services

The committee acknowledged that other aspects of mental health services are not part of the consultation process, but feel that the proposals contain issues which will have clear implications for other services, particularly through the cost releasing efficiencies savings and back office savings, and the committee believes that these may have impact on a number of relevant services including:-

- Services for people with a dual diagnosis,
- Child and Adolescent Mental Health Services,
- Psychiatric intensive care services,
- Secure services.

4.9 Impact on Council and Other Health Services

As the model states that it aims to ensure closer working relationships with partner agencies such as “PCTs, Social Services, Housing Departments, voluntary agencies and others”, then the committee are surprised that very little consideration seems to have been given to the impact of the model on those services. In their response to the committee, the 5 Boroughs Partnership NHS Trust 6.1 Appendix 2 do not provide any detailed information about the impact on Council services, and the committee has similar concerns for other Health agencies. The committee’s concerns can be summarised as follows:-

- There is possible impact in relation to out of area placements.
- The tightening of eligibility criteria is likely to lead to increased pressures on social care services and increased demands on Primary Care services.
- The increase in community services may well lead to implications for housing providers.
- The impact on Local Authority staff seconded to, or working closely with, the 5 Boroughs Partnership NHS Trust have not been properly considered.

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4.10 Staffing

It is clear to the committee that the proposals have significant staffing implications. The committee were anxious that there seemed to be a lack of clarity about the number and nature of posts to be deleted to secure the savings across front line services and support service staff. Although pleased with the proposals to increase staffing in inpatient settings to improve the quality of therapeutic work, the committee believes that there is an inconsistency in that any increase in staffing in inpatient services will lead to a greater decrease in staffing in community based services. It is therefore difficult to see how community services could be improved, and can manage more cases.

The committee also believed that a change such as this needs to be accompanied by a significant investment in staff development and training, and they have not been able to identify clear plans for this.

4.11 Partnership Working

The Committee's view is that the proposals appear to have been developed by the 5 Boroughs Partnership NHS Trust in isolation of the wider primary care and social care community. The key requirement of the Commissioning Strategy for the three boroughs concerned is to redesign services on a Whole Systems basis. The Committee is surprised that the model does not appear to have been developed in an effective partnership, particularly as developing a recovery and social inclusion approach clearly requires full partnership with local authority and other health services.

5. Consultation Process

SECTION WILL NEED TO BE RE-WRITTEN TO INCLUDE FINDINGS OF PUBLIC CONSULTATION WHEN AVAILABLE.

The committee acknowledged that the consultation process is in accordance with the requirements of legislation relating to consultation. The committee would, however, support the view of the PCTs (Section 8 Appendix 3) that the application of the statutory minimum 12 week consultation period, in this case, has generated "undue haste".

The committee's view is that this weakness has been compounded by the lack of robust and accessible information to support the consultation process.

6. Implementation of Proposals

The committee feel that the timescales for the implementation of the proposals require further, more detailed consideration. The committee were informed by the 5 Boroughs Partnership NHS Trust that the original start date of October would be delayed until early in the next year, and they were later informed by the Primary Care Trust (Appendix 3 Section 8) that this would now be delayed until April 2007. The committee welcomes the review of timescales but feels that the targets for implementation are particularly challenging, and in the light of the issues identified in

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this report, timescales need to be more carefully considered and a model developed for the phased and effective implementation across all three boroughs.

The committee was also of the view that proposals represent a significant variation in services, and they have not been able to identify clear plans to resource and implement the changes. In the light of the proposed timescale for implementation, the committee are particularly concerned about this, and feel that the identification of additional resources from the Primary Care Trust of £0.5m to fund transitional work may not be sufficient. For a major service change like this, the committee would have expected detailed project plans to be put in place.

7. Borough Specific Issues

The committee identified a number of borough specific issues:-

7.1 Halton

There is confusion about an alcohol detoxification bed – the situation appears to be that a bed has been in existence although it has never been properly funded or commissioned. The bed is not contained in the proposals, and members of the committee are concerned about the impact on services.

The 5 Boroughs Partnership NHS Trust has also been providing services for Halton and Frodsham, and there is a lack of clarity about how this will be resolved in the future, and the impact that this will have on Halton's services. Associated proposals would see the cost of a psychiatric intensive care bed being made to the borough of £100,000 per annum (shared with St Helens).

7.2 Warrington

Associated proposals would see the cost of a psychiatric intensive care bed of £200,000 per annum for the borough. There is an issue of non-recurring financial support from the PCT which the committee feels needs to be clarified and addressed.

7.3 St. Helens

The committee noted that the reduction in inpatient beds in St Helens had been minimised by the closure of a hospital ward shortly before the consultation process commenced.

An additional cost of £100,000 per annum has been identified for a psychiatric intensive care bed (shared with Halton)

8. Conclusion

In the time available, the joint committee has thoroughly scrutinised the proposals contained in the "Change for the Better" document.

The committee has found that the model in its present form has a number of deficiencies:-

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- A potentially negative impact on many service users and carers; with fewer services available and a tighter rationing of those services.
- Potential negative impact on a number of associated client groups, particularly older people;
- Lack of clear financial information and plans;
- Lack of clear sources of capital funding and contingency plans / alternative proposals if this is not secured;
- Significant reductions in investment and staffing across the three boroughs;
- Changes in arrangements to access to services which would be likely to lead to tighter rationing of services;
- Significant reductions in the number of inpatient beds, possibly below the minimum recommendations;
- The lack of community based services being in place to properly support the reduction of inpatient beds;
- The lack of clarity about the role of community mental health teams;
- The lack of clarity about the impact on other Local Authorities' services, and their ability to respond to changes;
- The lack of clarity in relation to other Health services, particularly Primary Care, and their ability to respond to changes;
- The impact which the model might have on other mental health services in the three boroughs;
- The lack of clarity about staffing proposals;
- The haste with which the consultation process has been conducted;
- The timescales for implementation of the proposals;
- The lack of clear implementation plans and resourcing for transition;
- The failure to properly consider other models of service.

Taking all of these issues into account, the committee has formed a view that the proposal in its present form would not be in the interests of the Health Services in the area of the three local authorities.

9. Recommendations

The Statutory Joint Scrutiny Committee makes the following recommendations to the 5 Boroughs Partnership NHS Trust:-

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9.1. Recommendation 1

The model, in its present form, is not in the interest of Health services in Halton, St Helens and Warrington. The model should therefore not be implemented in its present form.

9.2. Recommendation 2

If the 5 Boroughs Partnership NHS Trust wish to implement the model, then the following factors should be addressed prior to the implementation:-

- Clarity of financial implications.
- Clarity and securing of associated capital funding. If capital funding is not available, contingency plans should be put in place.
- Access to services should be reviewed and the most effective model, engaging all partners, should be agreed.
- The reduction in inpatient services should be accompanied by a corresponding increase in community based services, and a phased implementation of any reduction in bed numbers should be agreed.
- Consideration should be given as to how the needs of older people in inpatient services will be properly met.
- The role of community mental health teams in the new structure should be clarified.
- The impact on other Council services of the proposals should be clarified and agreed with local authority partners.
- The impact on other Health services should be clarified and agreed with other partners, notably Primary Care providers.
- The impact on other mental health services associated with the proposals, and any implications, should be clarified.
- Staffing proposals should be clearly identified.
- Proposals should be developed in full partnership with all interested parties.
- A proper implementation plan should be put in place and available, and appropriate infrastructure and resources must be available to implement what is a significant change effectively.

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9.3. Recommendation 3

The 5 Boroughs Partnership NHS Trust should respond formally to the Committee about the issues raised in the report and the recommendations

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APPENDICES :

- ONE** - **Change for the Better.**
- TWO** - **Response of 5 Boroughs Partnership NHS Trust to Statutory Joint Scrutiny Committee.**
- THREE** - **Response of Primary Care Trust to Statutory Joint Scrutiny Committee**