PROPOSED CHANGES TO IN-PATIENT CONTINUING CARE BEDS FOR OLDER PEOPLE’S MENTAL HEALTH SERVICES IN SOUTH ESSEX

1.0 Introduction

This briefing document is issued jointly by NHS South East Essex (PCT) and NHS South West Essex (PCT) as commissioners of mental health services for the residents of south Essex, and in partnership with South Essex Partnership University NHS Foundation Trust (SEPT) – the main provider for the majority of mental health services for older people in south Essex.

The PCTs are proposing a reduction in number of in-patient continuing (long-term) care beds across South Essex. The main reasons for this proposed change in service provision are that the numbers of beds currently commissioned across South Essex are more than are needed and that the funding that will be released will be better used to support more community based mental health services for older people in south Essex.

The term Continuing Care is used to describe long-term care provided and fully funded by the NHS. This is referred to as NHS Continuing Healthcare within the guidance set out in the National Framework for NHS Continuing Healthcare.

2.0 Current Service Provision and Occupancy

The PCTs currently commission 239 in-patient beds for mental health services from SEPT. 142 of these beds are commissioned specifically to provide continuing (long-term) care. Within this number, 13 of these continuing care beds are dedicated for carers’ respite, with 4 specifically dedicated for respite for carers of people with dementia.

These beds are provided in the following locations:-

- 24 beds Mayfield Ward, Thurrock Community Hospital (Grays);
- 20 beds Cherrydown Ward, Basildon Mental Health Unit (Basildon);
- 28 beds Mountnessing Court (Billericay);
- 35 beds Rawreth Court (Rayleigh);
- 35 beds Clifton Lodge (Westcliff on Sea);

Patients admitted to these beds are usually well known to the mental health services as they will have been under the care of the specialist services for some time. Admission for long-term care for them will only take place if there are no alternative care options available.
The continuing care services on all 5 sites are of the highest standard. However the location and physical environment of some of the units makes them more appropriate for retaining than others. The location of these units is shown on the map below:

3.0 Reasons for Service Change

Both Primary Care Trusts (PCTs) are committed to:

- making services for older people with mental health needs more community-based by developing services outside hospital to support people who need long term care.
- ensuring that the services commissioned are clinically safe, of high quality and provide value for money

Indeed, the implementation of the NHS Next Stage Review, led by Lord Darzi, requires PCTs to ensure that there is:

- Increased investment in community-based services that enable more people to stay in their own homes
- A reduction on the reliance on in-patient beds as the preferred care option
- A new and innovative response to changes in demand for health care provision
• Evidence that year on year investment results in services that are not only clinically safe and of high quality, but also provide value for money.

The introduction of revised eligibility criteria for NHS Continuing Healthcare by the Department of Health, gave more options for people to have their long-term care needs met outside hospital.

An analysis of continuing care bed occupancy across the different locations in 2008 shows under-utilisation ranging from 15% to nearly 35% of the total available beds. Cherrydown Ward, in particular, shows a consistent trend of under-occupancy. The average occupancy across all the locations has reduced from 91% to 82% during the year which means that at the end of the year 18% of the beds were vacant - that is 25 out of the 142 beds available.

In light of the above the NHS South East Essex, NHS South West Essex and South Essex Partnership University NHS Foundation Trust have reviewed the need for the current level of provision. This review has concluded that there are more continuing care beds than needed and that resources could be safely diverted from in-patient care to the provision of community support.

The PCTs are proposing to reduce by 20 beds the total number of continuing care beds commissioned for older people with mental health needs.

The proposed reduction in the number of continuing care beds will not affect:

• The availability of respite care
• The availability of emergency care
• The availability of NHS funded care for people who meet the eligibility criteria
• How the needs and interests of carers are met
• Agencies or providers other than SEPT
4.0 Future Demand – Dementia Care

Both PCTs have undertaken a Joint Strategic Needs Assessment (JSNA) of their areas which project an increasing growth of the older population.

The commissioning guidance on ‘Living Well with Dementia’ Strategy for 2008 estimates that the older the profile of the local population, the more people with dementia there are likely to be. The projected increase in the number of people with dementia in south Essex is 43.8% over the next 12 years. The PCTs need to ensure that community-based services are available to support these people in their own homes.

In South Essex both NHS South East Essex and NHS South West Essex have identified funding totalling £2.4 million over the financial years 2008/09 and 2009/10 to develop local dementia services. Exploring opportunities to re-design existing services to ensure capacity and resources are fully utilised will contribute toward the identification of this funding.

In 2008-09 both NHS South East Essex and NHS South West Essex began developing new community services for people with dementia in line with the aims of the National Dementia Strategy. These services will:

- assist in the early diagnosis of dementia when people are still able to exercise choice over their future
- provide patients and carers with information and counselling at the earliest opportunity
- enhance partnership working between mental health services and social services, acute services, primary care and the voluntary sector
- reduce the burden on primary care by supporting GPs and practice nurses
- provide community-based support to further reduce the reliance on in-patient beds
- provide individualised care planning

Practical initiatives that are already underway include:

- development of a range of information leaflets for GPs, carers and service users
- the provision of a dedicated “Dementia Services” telephone line giving a single point of access to the local dementia link nurses
- memory service with clinics being held in Castle Point, Southend, Rochford/Rayleigh, Basildon, Thurrock and Brentwood.

The memory service is in accordance with NICE guidance, and accepts direct referrals. On receipt of the referral a visit is arranged for an initial assessment from one of the specialist memory nurses. If appropriate this would be followed by a CT scan, an assessment by a psychologist. Where necessary, a referral would also be made to an occupational therapist and/or a speech and language therapist.
The patient would then be invited to one of the memory clinics where they will be seen by a consultant psychiatrist, who will carry out an assessment and discuss the results before giving a diagnosis. If appropriate, one of the memory nurses and associate practitioners/link nurse will continue to visit the patient and family, supporting them through the pre and post diagnostic phase and beyond.

The service has:

- 9 Dementia link nurses
- 9 Associate practitioners
- 2 Clinical nurse specialist
- 4 Psychologists
- 3 Occupational therapists
- 1 Speech & language therapist

The resources released by the proposed closure of 20 in-patient beds will secure the future development of these services. The reduction in continuing care beds will also allow the number of respite care beds to be increased from the current 13 to 17.

The importance of a range of service provision for older people with mental health needs is recognised and 122 NHS in-patient beds will remain available for the people in South Essex for whom this is the most appropriate model of care. The PCTs are confident that this number is sufficient to meet current and future needs providing it can release sufficient resources to develop community-based services.

The South Essex PCTs will ensure that people who meet the eligibility criteria for NHS funded continuing healthcare will receive care in the most appropriate setting for their needs.

5.0 Options for Bed Reductions

The PCTs have worked with senior clinicians to review the viability and quality of each service and consider each service’s ability to respond to future challenges.

It was recognised that it was essential to keep patients and their carers informed about the issues that were being considered. The Chief Executive of the South Essex Partnership University NHS Foundation wrote to all patients and carers advising them that the review was taking place, meetings have been held with carers on the units and individual concerns have been responded to.

In addition discussions have been held with Essex and Southend LINk (Local Involvement Network) in relation to the proposal, and the comments they raised have been incorporated within this document.
The key features associated with each service are detailed below:-

**Clifton Lodge**

<table>
<thead>
<tr>
<th>Locality Covered</th>
<th>Southend</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds</td>
<td>35</td>
</tr>
<tr>
<td>Environment</td>
<td>Built in 2004, Community based, Ground floor, Generous garden space, Single rooms throughout, A number of sitting rooms</td>
</tr>
<tr>
<td>Privacy and Dignity</td>
<td>Extensive access to toilets, bathrooms and showers, Single rooms for very disabled</td>
</tr>
<tr>
<td>Facilities</td>
<td>Excellent disabled facilities, Fresh catering supplied on site</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Close to main train and bus stations, Excellent parking in immediate vicinity</td>
</tr>
</tbody>
</table>

**Mayfield Ward**

<table>
<thead>
<tr>
<th>Locality Covered</th>
<th>Thurrock</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds</td>
<td>24</td>
</tr>
<tr>
<td>Environment</td>
<td>Built in 1980s, Community Hospital based, Ground floor, Generous garden space, Mainly dormitories, 3 sitting rooms</td>
</tr>
<tr>
<td>Privacy and Dignity</td>
<td>Limited toilets, bathrooms and showers, Some side rooms</td>
</tr>
<tr>
<td>Facilities</td>
<td>Limited disabled facilities, Catering supplied by general hospital</td>
</tr>
<tr>
<td>Accessibility</td>
<td>Not close to main train and bus stations, Good parking in immediate vicinity</td>
</tr>
</tbody>
</table>

**Cherrydown Ward**

<table>
<thead>
<tr>
<th>Locality Covered</th>
<th>Central Essex</th>
</tr>
</thead>
<tbody>
<tr>
<td>Number of beds</td>
<td>20</td>
</tr>
<tr>
<td>Environment</td>
<td>Built in 1970s, General Hospital based, Basement floor, Limited garden space, Mainly large dormitories</td>
</tr>
</tbody>
</table>
Mountnessing Court

Locality Covered
- Central Essex

Number of beds
- 28

Environment
- Built in 1990s
- Community based
- Ground floor
- Generous garden space
- Single rooms throughout
- A number of sitting rooms

Privacy and Dignity
- Extensive access to toilets, bathrooms and showers
- Single rooms for very disabled

Facilities
- Excellent disabled facilities

Accessibility
- Close to main train and bus stations
- Excellent parking in immediate vicinity

Five options to achieve the proposed reduction of 20 beds have been identified, which are:-

Rawreth Court

Locality Covered
- Central Essex

Number of beds
- 35

Environment
- Built in 2004
- Community based
- Ground floor
- Generous garden space
- Single rooms throughout
- A number of sitting rooms

Privacy and Dignity
- Extensive access to toilets, bathrooms and showers
- Single rooms for very disabled

Facilities
- Excellent disabled facilities

Accessibility
- Not close to main train and bus stations
- Excellent parking in immediate vicinity

Five options to achieve the proposed reduction of 20 beds have been identified, which are:-
Option 1 – Close 20 beds at Clifton Lodge
Option 2 – Close 20 beds on Mayfield Court
Option 3 – Close Cherrydown Ward (there are 20 beds on this ward)
Option 4 – Close 20 beds at Mountnessing Court
Option 5 – Close 20 beds at Rawreth Court

Each option was considered against detailed criteria to determine whether:

- any of the options identified should be discounted
- Whether one option could be identified as a preferred option in the best interest of service users as well as the viability of the residual service.

The criteria against which each option was considered are:-

1) Would beds in alternative units provide a “local” alternative i.e. would the reduction in beds leave a geographic area without reasonable access to provision?
2) Ranking of the overall environment for the 5 units in relation to suitability for client group.
3) Is the unit easily accessible? (i.e. good public transport links, car parking in close proximity for elderly carers)
4) Would the unit remain viable if 20 beds were removed from its total bed complement?
5) Would the reduction in beds maximise the release of funding to be invested within older peoples services (or would the unit remain partially open)?

The results are detailed in the table below:-

<table>
<thead>
<tr>
<th></th>
<th>Option 1 Clifton Lodge</th>
<th>Option 2 Mayfield Court</th>
<th>Option 3 Cherrydown Ward</th>
<th>Option 4 Mountnessing Court</th>
<th>Option 5 Rawreth Court</th>
</tr>
</thead>
<tbody>
<tr>
<td>Would closure of the unit result in significant extra travel for population currently served?</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Ranking of environment (1 best, 5 least good)</td>
<td>=1</td>
<td>4</td>
<td>5</td>
<td>3</td>
<td>=1</td>
</tr>
<tr>
<td>Unit easily accessible :-</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>a) Public transport</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>b) Car Users</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
<tr>
<td>Does unit remain viable after closure of 20 beds?</td>
<td>✅ (note 1)</td>
<td>✅ (note 2)</td>
<td>n/a (note 3)</td>
<td>✅ (note 2)</td>
<td>✅ (note 4)</td>
</tr>
<tr>
<td>Does closure of 20 beds</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
<td>✅</td>
</tr>
</tbody>
</table>
Explanation of notes:

Note 1. A reduction of 20 beds would result in 15 beds remaining. Whilst this could remain operational the savings released would be limited.

Note 2. A reduction of 20 beds would result in 4 beds remaining on Mayfield. This would not be viable on operational and financial grounds and therefore a further 4 beds would need be removed.

Note 3. Cherrydown Ward is 20 beds; therefore a reduction of 20 beds would result in complete closure of the ward with all associated costs being released.

Note 4. A reduction of 20 beds would result in 8 beds remaining at Mountnessing Court. As with Mayfield, this is not operationally or financially viable.

Note 5. Savings maximised as complete unit/ward would be closed. However, with options 2 and 4 this would necessitate the closure of beds in excess of the originally proposed 20 beds.

6.0 Preferred Option

The preferred option is to close Cherrydown Ward (located at the Basildon Mental Health Unit). This is because:-

   a) It is the unit with a history of the greatest number of vacancies
   b) The area it serves (Central Essex) has alternative continuing care units within reasonable distance (Mountnessing Court, Billericay and Rawreth Court, Rayleigh)
   c) It is the least appropriate environment for the patient group
   d) Its closure would maximise the savings available for investment in the community dementia services, and would not require the closure of any beds in excess of the 20 proposed.

7.0 Implications for Current Patients

The people directly affected by the proposed change will be the patients resident in the beds that are selected for closure and their families and carers.

SEPT and the two PCTs will work closely with patients and carers to identify appropriate alternative accommodation within SEPT. The transfer of patients will be managed by a team of health and social care professionals within SEPT who will ensure that the needs of each patient are addressed in their new accommodation and family members are fully involved.
Each person’s case will be looked at individually and a care plan drawn up for them.

8.0 Implications for Staff

There will be a consultation process with staff affected and their Trade Union representatives.

It is anticipated that approximately 20 staff will be affected by the proposed service change. SEPT will make every effort to redeploy these staff into suitable alternative employment within the organisation; redundancy cannot, however, be ruled out.

9.0 Process

Representatives of the PCTs have presented to the Overview and Scrutiny committees as part of involving the community in the early stages of developing these proposals. It was confirmed that Essex Overview and Scrutiny committee would lead on this issue, and a further presentation was given to them on 5th May to explain the preferred option and to give an opportunity for further discussion.

A Steering Group has been established consisting of senior clinicians and managers from the Mental Health Trust, NHS South East Essex, NHS South West Essex, and a carers’ representative. The Steering Group will:

- Co-ordinate the process
- Oversee the safe and timely transfer of patients to alternative accommodation

10.0 Summary and Conclusion

NHS South East Essex and NHS South West Essex (PCT) as commissioners of mental health services for the residents of south Essex, and in partnership with South Essex Partnership University NHS Foundation Trust (SEPT) are proposing the reduction by 20 of the commissioned in-patient continuing care beds for older people with mental health needs across south Essex.

It is proposed to achieve this reduction in commissioned beds by closing Cherrydown Ward at Basildon Hospital.