



**Essex Partnership University NHS Foundation Trust
NHS Southend Clinical Commissioning Group**

Dear Councillors and co-opted members,

We wanted to write to you to provide you with some positive news around the development of the St Luke's Health Centre.

In October 2018, members of People Scrutiny Committee, and later the Full Council, considered a paper presented by Officers from both Essex Partnership University NHS Foundation Trust (EPUT) and NHS Southend Clinical Commissioning Group (CCG). The paper is at Appendix 1 to this briefing note.

The paper outlined a proposal that would realise a £1.7million NHS investment in the St Luke's ward by reorganising the provision of intermediate care and dementia care at The Cumberlege Lodge and Maple Ward respectively.

UPDATE: Development of a new health centre

Following the successful and safe relocation of intermediate care patients from Cumberlege Lodge, refurbishment works are expected to commence in March, subject to final leases being agreed.

£1.7 million of NHS England funding has been approved and will be used to:

- refurbish the Cumberlege Lodge to provide modern healthcare facilities in the St Luke's ward that is fit-for-purpose now and into the future
- provide, as a consequence of the refurbishment, additional space to increase access to GP services for the local population
- provide the infrastructure for better joined up health and care services to reduce duplications and ensure people don't fall through the cracks
- help to reduce demand for hospital-based urgent care through better provision and access to a wider range of services in the community

The partial refurbishment of Cumberlege Lodge and the relocation of the St Luke's GP practice is the first stage of the programme of works to develop the site. It is anticipated that this will take around 10 months and the CCG will work with the GP practice to agree a timeline to move into the new premises.

The next stage relates to the development of the remainder of the site to deliver Community and other integrated service, potentially incorporating services from Southend-on-Sea Borough Council and voluntary organisations.

UPDATE: Intermediate Care beds

We are delighted to confirm that plans are progressing, to schedule, with works to refurbish the Maple Ward at Rochford Hospital, nearing completion. The ward has been reshaped to ensure it is wholly suited to being an intermediate care facility and provide a quality of accommodation that far exceeds the current environment in the Cumberlege Intermediate Care Centre (CICC). It is expected that patients will begin to benefit from the newly-refurbished facility from the end of February.

As discussed in October, these changes are temporary to ensure patients continue to receive safe, effective care. No decision will be made on any permanent changes until we undertake a full engagement process with stakeholders and patients/relatives, to ensure that we have a clear picture of the implications of any permanent changes.

UPDATE: Dementia care in Southend

Pre-refurbishment, Maple Ward at Rochford Hospital was home to south east Essex dementia care assessment beds.

To ensure people with dementia continued to receive care close to where they live, an additional five beds were made available at Clifton Lodge in Southend and community dementia services were strengthened.

We are pleased to report that the dementia system is currently functioning without the beds in Maple ward and this is currently being overviewed by a task and finish group, of which I Chair. To date, no residents living in south east Essex have needed to travel out of the local area for care.

NHS Southend CCG, with its partners across south east Essex, continues to work to make sure local people in St Luke's and the wider south east Essex, receive safe, high quality care, in fit-for-purpose premises.

Finally, we want to assure you that we are committed to continuing our engagement with all key audiences on a regular basis and throughout the entirety of the project until its completion, ensuring close liaison with St Luke's Patient Participation Group (PPG) and patients, as these are the core groups affected by this project.

If you have any questions, or should you require clarification on any of the above, please do not hesitate to contact us.

Yours sincerely

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Enc. Appendix 1

**JOINT BRIEFING NOTE FOR MEMBERS REGARDING THE PROPOSED
CREATION OF ADDITIONAL MENTAL HEALTH 'IN PATIENT BEDS' AND THE
PROPOSED TEMPORARY RELOCATION OF CICC TO FACILITATE THE ST
LUKE'S PRIMARY CARE CENTRE DEVELOPMENT**

1 Purpose and Introduction

Purpose

- 1.1 To provide a briefing note on behalf of Southend Borough Council (SBC) and Southend Clinical Commissioning Group (SCCG) which will update all Members on the developments regarding;
- St Luke's primary care centre;
 - The creation of additional mental health 'in patient' beds; and
 - The re-organisation of intermediate care beds at Cumberlege Intermediate Care Centre (CICC) and Dementia Care Assessment beds.

Introduction

- 1.2 At Scrutiny on 9 October 2018 Members considered a paper presented by Officers from both Essex Partnerships University NHS Trust (EPUT) and SCCG, the paper is at **Appendix 1** to this briefing note.
- 1.3 Appendix 1 outlines a proposal which would facilitate the improved provision of primary care at St Luke's by reorganising the provision of intermediate care and dementia care at CICC and Maple Ward respectively. Appendix 1 also outlines the creation of additional adult mental health inpatient beds which would reduce system pressures both within the community and Southend hospital.
- 1.4 The case for change and links between these schemes is detailed in the report and can be summarised as;
- The requirement to develop St Luke's primary care centre through NHS England capital funding (circa £1.5M);
 - The requirement to address pressures on adult mental health beds across south Essex and the adverse impact this is having on both their treatment and wellbeing; and
 - The maintenance of local dementia services through local beds and an enhanced community service to keep more people in their own homes more of the time.
- 1.5 Both primary care services and the primary care estate in Southend are in urgent need of investment. A Southend Primary Care Strategy has been developed which aims to increase and upskill the workforce, invest in primary

care premises and improve outcomes for patients. SCCG has successfully applied for £1.5M capital funding to improve the facilities at St Luke's. To enable this re-development CICC will need to move to another suitable local facility.

- 1.6 Demand for adult mental health inpatient beds for patients in Southend and across south Essex has reached unprecedented levels. This is leading to delays in admitting patients who need a bed. This means that patients in crisis who go to Southend Hospital A&E Department may have to spend an extended period in a busy and unsuitable environment when they are in a highly distressed state. The difficulty in admitting patients to the local beds is also leading to more people having to be taken to other places where beds are available, in some instances as far away as Southampton. This proposal facilitates the development of an additional 16-20 adult inpatient beds at the Mental Health Unit at Basildon Hospital at no extra cost.
- 1.7 The revised plan (post Scrutiny) outlined in Section 2 will deliver better outcomes for the residents of Southend. At Scrutiny a number of concerns were raised by Members and the purpose of this briefing note is to address these concerns so that Members can consider and debate at Full Council on 18 October 2018.
- 1.8 Scrutiny were asked to note that the circumstances of patient safety and the desire to facilitate the development of the St Luke's Primary Care Centre underpin the request to defer consultation until the point of determining permanent moves.

2 The Proposal

- 2.1 To access £1.5M NHS England capital funding by 31 March 2019 which will facilitate the improvement of St Luke's primary care centre. Thus enhancing facilities and access to primary care in Southend. In addition, an opportunity to increase the current list size by circa 4,000 patients from its' current 6,000 to 10,000. To achieve this the following steps are proposed;
 - Move intermediate care beds from CICC to Maple Ward at Rochford Hospital. This will increase capacity for intermediate care provision from 16 to 22 beds (South East Essex), with the potential for 2 additional beds if SCCG want to commission.
 - Move existing south east Essex dementia care assessment beds from Maple Ward to Meadowview Ward at Thurrock Community Hospital in Grays. As these patients have an urgent need for specialist assessment and treatment they need to be formally detained under the Mental Health Act, and that means they have to be admitted to a hospital (and not any other facility such as a nursing or care home). There are currently seven patients from Southend in Maple Ward, four of whom are still subject to their initial detention under the Mental Health Act.
 - After CICC has relocated to Maple Ward any patients needing this urgent specialist assessment and treatment will be admitted to Meadowview in Thurrock. No patients currently on Maple Ward will move to Meadowview as they will be discharged in the normal way when it is appropriate to do so
 - Since Scrutiny the proposal outlined in Appendix 1 has developed and now includes the creation of 5 beds for patients with dementia at Clifton Lodge. These beds will be ring fenced for Southend patients for as long as they are needed. At the point at which patients can appropriately have their Mental

Health Act detention removed they can be transferred to Clifton Lodge for any on-going treatment, monitoring and discharge planning.

- Through consolidating Maple and Meadowview Wards funding will be released from the existing financial envelope to allow for the creation of an additional 16-20 adult mental health inpatient beds at Gloucester Ward, Basildon. This will address the fact that mental health patients are experiencing long waits at Southend A&E; enhanced local capacity is required to avoid out of area admissions and there are poor levels of patient experience at Southend A&E.
- Funding would be released from within the system to fund 2 additional nurses working within the community support offer. The nationally recognised best practice model is for people with dementia to be supported at home wherever possible, this includes meeting their treatment, care and support needs. When a crisis emerges support will be provided through intensive support teams and social care support packages.

2.2 The proposal outlined in para 2.1 will deliver improved outcomes for residents of Southend. These are explored further in Section 3. With any change there are compromises and challenges that need to be addressed and mitigated. Members at Scrutiny raised concerns regarding patient outcomes; patient safety; service provision remaining local and the impact on staff, including EPUTs lack of consultation. In Section 4 the mitigations are explored in greater detail.

3 Outcomes / benefits for Southend patients

- 3.1 **Improving the access to and provision of primary care and primary care estate in St Luke's.** These proposals would increase the current list size from 6,000 to 10,000. The provision of improved facilities would allow the creation of an integrated locality hub with social care, health and 3rd sector all able to work together under one roof.
- 3.2 **New facility for intermediate care** addressing weaknesses and inadequacies of current provision. Intermediate care capacity would increase from 16 to 22 with potential for further 2 beds (subject to commissioning). The enhancement of intermediate care would provide a safer and better rehab environment.
- 3.3 **Improved outcomes for dementia patients.** Through investment in the community support team and the ring fencing of 5 beds at Clifton Lodge the model of care would be aligned to nationally recognised best practice models for dementia care. Additionally, all partners to these proposals are committed to a clinical review, led by Dr Garcia (Chair SCCG), to report by 31 March 2019. The clinical review will set out options to be consulted on.
- 3.4 **Reduced lengths of stay and better access to beds** at Southend Hospital as a result of more capacity in CICC.
- 3.5 **Improved service for mental health patients at A&E.** Reduced waits and better care for mental health patients at Southend A&E.
- 3.6 **Enhanced local services for people with dementia.** People with dementia will be supported at home where ever possible, this includes meeting their treatment, care and support needs. When a crisis emerges support will be provided through intensive support teams and social care support packages; care at home provides better outcomes. This proposal includes an investment

in the community support team and a clinically led review of local dementia services.

- 3.7 **Improved adult inpatient mental health care provision.** Through consolidating Meadowview and Maple Wards an additional 16-20 adult MH beds in south Essex will be creating within the current financial envelope. This will deliver better care for mental health adults, not having to travel to Southampton for a bed for example.

4 **Links and dependencies between the proposals**

- 4.1 At Scrutiny on 9 Oct 2018 Members raised a number of concerns. Since Scrutiny the concerns have been addressed and are outlined below;

- **Locally based dementia care assessment beds.** Admission for treatment for those with dementia to a mental health ward would nearly always be subject to a Section of the Mental Health Act, in this case; Meadowview Ward. Once assessed and treated patients care will be transferred to Clifton Lodge so that the most appropriate discharge pathway could be agreed.

Acknowledging that dementia care assessment beds are to be relocated in Thurrock, SCCG can provide assurance that, subject to the outcome of the clinical review and appropriate finance being made available, dementia care assessment beds will be based in South East Essex once the reconfiguration of services and clinical review is complete. SCCG and SBC have invested resource to work in partnership and develop an integrated commissioning function. A key priority for our joint function is to ensure that dementia patients receive appropriate care in the right place.

Additionally these proposals include an investment in the Community Support team to ensure patients with dementia will be supported at home wherever possible, this includes meeting their treatment, care and support needs.

- **Planning permission.** Temporary planning permission for the current St Luke's primary care centre (based in a portakabin) runs out on 10th November 2018. An 8 week period to apply for an extension has been advised. Planners have also advised that they would need a clear commitment from health regarding the detail of the plan if an extension was required.
- **Patient safety.** EPUT have confirmed that patient safety is the principle concern. The proposal to develop additional adult in-patient beds was prompted by discussions with clinicians concerning patient safety. Discussions on patient safety have guided all aspects of our proposal and have the support of lead clinicians and nurse leaders. Additionally, EPUT have confirmed that they are confident in their ability to staff Meadowview so that any patient cared for will receive expert medical and nursing care in a safe environment.
- **Impact on workforce.** EPUT have confirmed the following with regards to minimising the impact on staff;
 - Trade Unions have supported the approach to consultation and are fully appraised of the proposals and impact these may have on their members. Appropriate support to answer questions any staff may have;

- Following the Full Council meeting (if supported) EPUT will be meeting staff on 19 October 2018 to explain the process set out in policy on organisational change;
- Consultation paper on the proposed changes to be produced. Staff will have a period of time to consider the proposals and feedback is encouraged. Each comment received will be considered and each issue raised will be responded to. 1-1 meetings will be held. EPUT HR have also been aligned so that they can support our staff during this time.
- EPUT have committed to a clinical review which will be led by Dr Garcia. EPUT have confirmed that they will ensure all clinicians and staff across health and care can contribute to the discussions and shape the options which can be consulted upon post April 19. EPUT are keen to extend the invite to their staff member Councillor Robinson.
- Staff entitlements e.g. travel protection are set out in relevant HR policies that are available for EPUT staff and their Union reps. Overall aim is to avoid and minimise redundancies. EPUT have confirmed that they have successfully redeployed staff during other organisational change.
- **Transfer and transport for patients, friends and family.** EPUT have committed to ensuring that transfer and transport issues for patients, friends and family will be addressed on an individual basis in consultation with the individuals. Healthwatch have confirmed that they will work with individual patients and families in association with EPUT to monitor and ensure the arrangements are suitable and appropriate.

5 Clinical view

- 5.1 Dr Jose Garcia, the GP mental health clinical lead for Southend CCG and the Consultant for Older People's Mental Health at EPUT, have stressed the importance of patients with dementia staying where they live. Maintaining their own routine, seeing familiar faces and having the right support is vital for them. Collectively, health and social care are working to offer this to patients and we are getting better and better at responding to sudden change, deterioration and challenge. In those situations, keeping patients in their natural environment provides a higher chance of recovery.
- 5.2 The reorganization that EPUT is proposing for re-locating CICC and dementia assessment beds, together with the proposal of having local beds for dementia patients to come back to after they have received a specialist inpatient dementia assessment along with a stronger community offer to reduce the need for admissions will give a safe and meaningful locally focused offer for patients and their families, with safe support for those patients in crisis in the short term.
- 5.3 The clinical group that is being established as part of these proposals will ensure that people have safe and appropriate care over the winter. The group will review and lead changes to enhance inpatient and community treatment, care and support going forward. This will include the current approach to specialist inpatient dementia assessment (the beds on Maple Ward); more changes to bring services closer to home; and a more holistic approach for both patients and those who look after them to improve their physical and emotional health and wellbeing.

6 Community provision

- 6.1 The Dementia Intensive Support Team has been developed over the last four years to provide more support to people in their own homes. As part of the further work undertaken since Scrutiny EPUT has now confirmed that they will fund two more nursing posts and an initial one half day per week of consultant older people psychiatrist time to add to this team to facilitate discharge from Meadowview and Clifton Lodge with higher level of support in the community. This community approach will be further enhanced through the work of the clinically led group established to oversee these changes to local dementia services and advise on the best way of meeting the needs of people in Southend going forward.

7 Appendices

- 7.1 Appendix 1 – The proposed creation of additional adult mental health ‘inpatient beds’ and associated temporary ward moves. The proposed temporary relocation of CICC to facilitate the St Luke’s Primary Care Centre development.

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