

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **20 June 2013**

By: **Assistant Chief Executive**

Title of report: **Dementia Service Redesign**

Purpose of report: **To consider potential further dementia service redesign, specifically a review of specialist dementia assessment services in East Sussex.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Support the planned review of specialist dementia assessment services as outlined in appendix 1.**
 - 2. Support the proposed approach to public engagement outlined in appendix 1.**
 - 3. Confirm that options 3 and 4 listed in appendix 1 would constitute a substantial variation to services requiring consultation with the Committee.**
 - 4. Re-establish the HOSC Mental Health Task Group to consider the outcomes of the review in more detail and to review any proposals for substantial change, including the process and outcomes of any public consultation.**
 - 5. Request a report back from the Task Group in September 2013.**
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1. Background

1.1 Given the older and ageing profile of the East Sussex population, older people's mental health services have been included as a priority within HOSC's work programme for several years. Since the publication of the first national dementia strategy by the Department of Health in 2009, reports to HOSC have focused on the local response to this strategy.

1.2 A process of dementia service redesign has been underway over the past few years. Some services no longer providing best practice care have been decommissioned, with the freed-up resources being largely reinvested in new models of care based on the latest national evidence. These new or expanded services include Memory Assessment Services (to support earlier diagnosis of dementia), Dementia Advisors (to provide ongoing information, signposting and guidance to patients and their families), Dementia Support Services (outreach activities to support people diagnosed) and the Dementia Carers' Breaks service.

1.3 Through the committee's Mental Health Task Group, HOSC scrutinised the service redesign programme in detail in late 2011. Acting on the Task Group's recommendations, HOSC supported the decommissioning of a number of mental health day hospitals and redeployment of resources into the above services. The committee has continued to follow progress in developing new service models and the last update report was presented to HOSC in March 2013.

2. Dementia assessment beds

2.1 Within East Sussex there are currently two acute psychiatric assessment wards for older people with dementia. These are at the St Anne's Unit on the Conquest Hospital site in Hastings and the Beechwood Unit at Uckfield Community Hospital. The wards are provided by Sussex Partnership NHS Foundation Trust, the local mental health trust and they contain 34 beds in total (18 at St Anne's and 16 at Beechwood).

2.2 The intended role of the wards is to provide a specialist dementia assessment service for people (either diagnosed or undiagnosed) with acute or challenging needs which mean they are not able to be assessed at home (which is the preferred approach). The intention is for them to be relatively short stay wards, assessing the person's needs and designing a plan for their future care which could be at home with additional support, or in a residential setting.

2.3 Local Clinical Commissioning Groups (CCGs) are proposing to review the provision of dementia assessment beds in East Sussex to determine whether the currently commissioned services remain appropriate for meeting the needs of the population.

2.4 A report from the CCGs outlining the planned review in more detail is attached at appendix 1. In summary, the main reasons given for the review are:

- Under-use of the current two wards resulting in spare capacity and potentially poor use of resources.
- Potential to develop alternative ways to deliver assessment in less intensive environments, for example using specialist in-reach services.

2.5 The report outlines some possible options for the future which the review will consider and could recommend pursuing, including potentially decommissioning one or both of the current wards. Specific confirmed proposals will not be clear until the review is completed.

2.6 Martin Packwood, Head of Strategic Commissioning (Mental Health), East Sussex CCGs/ESCC Adult Social Care and Catherine Ashton, Associate Director of Strategy for Eastbourne, Hailsham and Seaford and Hastings and Rother CCGs will present the report.

3. HOSC and public involvement

3.1 NHS bodies have a statutory duty to consult the relevant HOSC(s) on any proposal to make substantial variation or development to the provision of services. What constitutes 'substantial variation or development' is not defined in legislation. It is a matter for local agreement between the NHS and relevant HOSC(s). Factors which can be taken into account are the number/proportion of people affected by the change, the significance of the impact in terms of access or quality of care and the general public interest in the proposed change.

3.2 If HOSC considers, in discussion with the NHS, that a proposed change is substantial the committee will be formally consulted and can respond, having considered the proposals and the detailed evidence. If the change is not considered substantial but HOSC still feels it requires scrutiny, this can be carried out on an informal basis as part of the usual work programme.

3.3 It is for NHS commissioning bodies to determine the appropriate level of public involvement and consultation on service change, proportionate to the scale of the change. The CCGs' proposed approach is set out in appendix 1 for HOSC's consideration and comment.

4. Conclusions and recommendations

4.1 HOSC is asked to consider whether, as outlined in appendix 1, the potential options 3 and 4 (decommissioning one or both wards) would constitute substantial change on which the Committee should be formally consulted.

4.2 Given that the review is related to the ongoing dementia service redesign programme previously scrutinised by HOSC, it is recommended to re-establish the Mental Health Task Group to provide HOSC oversight. The Task Group would be able to consider the outcomes of the review in more detail and to scrutinise any proposals for substantial change, including the process and outcomes of any public consultation, providing a report to the next HOSC meeting in September.

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Review of In-patient Dementia Assessment Beds

1. Introduction

The Clinical Commissioning Groups (CCGs) need to demonstrate that the services we commission offer best value for money for our local population. Reviewing our currently commissioned services is a key element that will enable the CCGs to continue to meet the needs of our populations.

To ensure that we are continuously delivering best value for our local populations we link this review process to our overall 'Quality, Innovation, Productivity and Prevention' (QIPP) programme across all commissioned services which aims to improve the quality and delivery of NHS care while reducing costs.

Following initial discussions with GP commissioning leads, one area that it is proposed to review is the provision of in-patient assessment beds for older people with dementia, provided by Sussex Partnership NHS Foundation Trust.

2. Dementia assessment beds in East Sussex

In-patient dementia assessment beds in East Sussex are provided for both men and women in 16 beds on Beechwood ward at the Uckfield Community Hospital, and in 18 beds on St Gabriel's ward at the St Anne's Unit on the Conquest Hospital site.

Reasons for admission to these beds are understood to relate to when patients are 'in crisis', for example:

- where behavioural difficulties and risk issues require a stabilisation of the patient, perhaps with medication; or
- where behavioural difficulties and risk issues require a stabilisation of 'the situation', for example relating to carer needs; or
- often, both of the above.

During the second half of 2012/13, both wards have been under-occupied, operating at an overall average of 54%, which is equivalent to a use of just 18 beds. At the same time mean average lengths of stay have been high at around 68 days, with a median average of around 50 days.

Whilst in-patient assessment beds will probably always be needed for those dementia patients who are the most behaviourally disturbed, and require highly specialist skills to stabilise their symptoms, for many others there may be alternative ways of meeting their assessment needs. This could include community services and / or periods of intermediate care or respite in places commissioned from care homes or community hospitals.

A number of provisional options for the future provision of dementia assessment services will be explored by the CCG review, including functions and locations. This will incorporate findings from a preliminary audit of admissions indicating the numbers for whom, for example, behavioural disturbance merits highly specialist units, and those for whom less intensive environments may be suitable, especially with enhanced specialist in-reach.

3. The review process.

Key areas that will be covered in the review are:

- strategic context - do the current services reflect the priorities of the CCGs?
- wider health economy fit - do these services reflect how other localities commission services for this cohort of patients?
- activity by CCG, including others outside East Sussex
- cost benefit analysis
- alternative provision, cost and deliverability.

If the review recommends considering options which involve the de-commissioning of services, then there would be requirements for consultation with service users, their carers and other key stakeholders on:

- how, where and when current residents could be resettled in other services appropriate to their needs
- how, where and when other services could and would be provided elsewhere to meet the future needs of people who might have used these services.

4. Health Overview and Scrutiny Committee

We wish to inform HOSC of the intention to review the services outlined above.

Based on discussions with GP leaders and others to date, and upon evidence of our current use of existing services and alternative models of provision, it is possible that the recommendations from the review could include options that may constitute substantial development or variation of services requiring consultation with HOSC.

The possible range of options could include:

Option 1	No change to existing service provision
Option 2	Reduction in existing service provision / total commissioned activity - reduce the number of beds on all sites
Option 3	Reduction in existing service provision / location of activity - reduce the number of beds by de-commissioning them at one site
Option 4	De-commission the current service and invest in a new service that meets the needs of the populations / patients in other ways / locations

The provisional approach to meeting public engagement and consultation requirements in relation to each option would be:

Option 1	None required
Option 2	No formal consultation – but there would be engagement with and information sharing with relevant local and specific interest groups, including through existing networks
Option 3	Formal consultation – focused on populations local to services being considered for de-commissioning including their political representatives, as well as specific interest groups and networks
Option 4	Formal consultation – East Sussex-wide publication of consultation document(s) widely available (as well as briefed to local politicians), with opportunities for comments and questions about review evidence and options, plus meetings with specific interest groups and networks

It would also be proposed that any consultation involving a consideration of more than one option would be based on the most extensive consultation requirements associated with any included option.

It is considered that options 3 and 4 could constitute substantial development or variation to services where HOSC would wish to be formally consulted.

5. Recommendations

The East Sussex HOSC is invited to:

- Note the proposal by the CCGs to review in-patient dementia assessment beds
- Support the review process as outlined and note the potential options within its scope
- Comment on CCG proposals for patient and public engagement/consultation in relation to each potential option
- Consider which, if any, potential options, would constitute substantial development or variation to services requiring formal consultation with HOSC
- Consider forming a Task Group to work with CCGs during the review, consider any proposed substantial changes and consultation outcomes, making recommendations to the HOSC in due course.

Authors:

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