Agenda Item 8

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**12 September 2013**
By:	**Assistant Chief Executive**
Title of report:	**Dementia Service Redesign**
Purpose of report:	**To provide an update on proposals for the future provision of specialist NHS dementia assessment services in East Sussex, and the work of the HOSC Mental Health Task Group in scrutinising these proposals.**

RECOMMENDATIONS

HOSC is recommended to:

1. **Note the outcome of the Clinical Commissioning Groups' review of dementia assessment beds and the options currently subject to consultation (appendix 1).**
2. **Support the proposed approach of the Mental Health Task Group to reviewing these proposals on behalf of HOSC (appendix 2).**
3. **Identify any specific questions or issues the Task Group should consider in the course of its review.**

1. Background

1.1 In June 2013 HOSC received a report from the East Sussex Clinical Commissioning Groups (CCGs) which outlined a planned review of specialist NHS dementia assessment beds and potential options for the future. The review was due to be completed in July 2013, with a consultation process expected to follow in August, if the review recommended potentially significant change to current services.

1.2 HOSC agreed to re-establish its Mental Health Task Group, now comprising Cllrs Carstairs, Pragnell (Chairman) and Standley, to consider the outcomes of the CCG review and to evaluate any proposed changes on the Committee's behalf.

2. Dementia assessment beds

2.1 Within East Sussex there are currently two acute psychiatric assessment wards for older people with dementia. These are St Gabriel's ward within the St Anne's Centre 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 and they contain 34 beds in total (18 at St Gabriel'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.

3. Outcomes of the review

3.1 The CCGs agreed 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. In summary, the main reasons given for the review were:

- 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.

3.2 The initial outcomes of this review were presented to the CCG governing bodies in July and it was agreed to undertake consultation on five possible options for the future. The options and associated background information are set out in full in a consultation document which has previously been circulated to HOSC Members and is available from all the CCG websites, including www.eastbournehailshamandseafordccg.nhs.uk. An extract from this document, setting out the five options and potential pros and cons, is attached at appendix 1.

4. Public consultation

4.1 As the options for the future provision of dementia assessment beds include potentially significant change to current services, the CCGs have launched a period of public consultation which runs from 12 August to 25 October 2013.

4.2 Information about the consultation is publicly available. Publicity and engagement activity has been targeted primarily at those groups most likely to have an interest, namely:

- Voluntary groups with an interest in dementia
- Older people and carer groups
- Groups and organisations local to the location of current services
- Staff

4.3 If there is wider public interest in the proposals, further open access events and activities will be organised as needed.

5. HOSC involvement

5.1 In June, HOSC determined that options 3 and 4 would constitute 'substantial variation or development to the provision of services' which would require formal consultation with the Committee under health scrutiny legislation. As the subsequently developed option 5 is a combination of options 3 and 4 it follows that it also falls into this category.

5.2 The HOSC Mental Health Task Group has been established to review the proposals and deliver a report and recommendations for consideration by HOSC. This report will form the Committee's response to the CCGs.

5.3 The Task Group held an initial meeting on 1 August 2013 at which the outcomes of the review and options for consultation were presented and discussed. The Group made comments on the proposed public consultation process and agreed its own process for reviewing the proposals over the coming months. The Task Group's proposed approach is summarised at appendix 2 for HOSC's agreement.

5.4 The intention is to deliver a draft report and recommendations for consideration by HOSC at the next Committee meeting on 21 November 2013. This will allow time for the Task Group to consider the outcomes of the public consultation process and use these to inform its report.

6. Conclusions and recommendations

6.1 HOSC is asked to note the options subject to consultation (appendix 1), support the Task Group's planned process for reviewing these options (appendix 2) and to identify any specific questions or issues the Task Group should consider in the course of its review.

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The Options ***(extract from consultation document)*** **Appendix 1**

The options we are consulting on are listed below. Each has an accompanying set of preliminary strengths and weaknesses which the three Clinical Commissioning Groups considered when deciding on what options to include in consultations, and should not be considered to be in any way definitive. Views from interested stakeholders are sought on all options and any additional strengths and weaknesses which people consider relevant to this consultation.

Option One – No change

This option would involve no change, and if selected would result in the existing number and location of dementia assessment beds continuing to be provided:

- 16 beds on Beechwood ward at the Uckfield Community Hospital, ***AND***
- 18 beds on St Gabriel's ward in the St Anne's Centre at the Conquest Hospital

Strengths	**Weaknesses**
Maintain existing levels of in-patient beds for dementia assessment, allowing for risks of increases in demand and /or fluctuations in demand	Prevailing under-use would mean continuing with existing bed numbers and poor value for money for local populations

Net revenue released for other priority investments by the CCGs to meet health needs of local populations: £0

Option Two – Reduce bed numbers at both sites

This option would involve minimal change, and result in the existing locations of dementia assessment beds continuing to be provided, albeit with reduced numbers at each site:

- Eight beds on Beechwood ward at the Uckfield Community Hospital, ***AND***
- Nine beds on St Gabriel's ward in the St Anne's Centre at the Conquest Hospital

Strengths	**Weaknesses**
Maintain in-patient beds at levels sufficient to meet prevailing demand, and maintain their existing geographical distribution	Given the necessity for minimum ward staffing levels and skills-mix over a 24 hour period, as well as fixed costs associated with maintaining both facilities, it is unlikely that costs could be reduced in proportion to the reduction in the capacity of in-patient beds

Net revenue released for other priority investments by the CCGs to meet health needs of local populations is difficult to assess. For example, if beds reduced by 50% on each site this would not release 50% of full current costs, but estimated at between 20% and 30% of full costs: approximately £590,000 (mid-point).

Option Three – Consolidate beds on one site

This option could involve relatively little change, if beds were able to be accommodated on one of the two existing sites from which they are currently being provided:

- 16 beds on Beechwood ward at the Uckfield Community Hospital, ***OR***
- 18 beds on St Gabriel's ward in the St Anne's Centre at the Conquest Hospital

This option does also include the possibility however, of other facilities being used for consolidating beds on a single site – details are to be developed during the consultation period, but views are invited upon the relative importance of their being:

- Geographically located near to, or in particular populations/ areas of East Sussex
- New build or recently developed facilities with high environmental standards
- Proximate to other facilities such as NHS facilities including acute/ general hospital(s) and or care home(s)

Strengths	**Weaknesses**
This option would yield fuller savings as associated with the closure of one or other ward, in line with their respective costs, hence realise greater value for money, reflective of utilisation rates/ prevailing levels of demand for these services	All admissions would be to one facility, reducing population wide accessibility
Depending on the frequency with which patients make use of acute hospital services (tests and referrals) consolidating beds onto the Conquest Hospital site could ease access to these	Some capital works would be required at either Beechwood or St Gabriels ward if they were to accommodate beds being fully occupied with patients with anticipated levels of dementia severity

Net revenue released for other priority investments by the CCGs to meet health needs of local populations: consolidation at Beechwood ward – c. £1 million; consolidation at St Gabriel's ward – c. £1.35 million.

Option Four – Close both sites and create a wholly new model of bed-based dementia services

This option involves the most significant level of change, and as a result is the most complex to describe in simple terms.

It makes a reasonable assumption - that the trends seen over recent years; that investment in community-based services for people with dementia is accompanied by a parallel reduction in the need for NHS beds, (See Section 2: Why change?), can be pursued and continued in to the future.

It assumes therefore, that the existing number of NHS beds in use could be further reduced, for example by reducing lengths of stay and/ or admissions, *if* further investments were made in community-based services.

The anticipated smaller number of NHS beds still needed by East Sussex residents, might then be located on a single site, possibly also serving a wider geographical area, but be supplemented by a network of locally-based non-NHS beds. When required, these could provide a place from which patients could 'step-up' from home and 'step-down' from NHS facilities, for temporary periods in suitable facilities such as care homes and/ or community hospitals.

These assumptions would need to be checked using evidence to be gathered during the consultation period, and views from stakeholders, clinicians and others would be sought about how the anticipated and wholly new model of bed-based services would be stand up in comparison to other options under consideration.

Evaluating this option will depend in part upon findings from an audit of admissions to beds and further work on alternatives to in-patient admission / lengths of stay, for example:

- How many admissions involve compelling people to come into hospital for their own safety, perhaps due to their behaviour becoming difficult to manage and requiring a large number of nursing staff to look after them.
- Whether enough funding was released from the closure of beds to invest in a network of locally based non-NHS beds providing a place from which patients could 'step-up' from home and 'step-down' from NHS facilities, for temporary periods, in suitable facilities such as care homes and/ or community hospitals. Whether enough funding was released from the closure of beds to invest in a potentially small number of highly specialist NHS beds for those who still require such facilities due to high levels of need. This could be provided in a ward serving more than East Sussex residents.

Strengths	Weaknesses
This would release greater funds than other options and enable re-investment in wholly new models of services potentially more closely aligned to need and that better meets the needs of current and future populations.	The envisaged range of wholly new services may be expected to take some time to establish, and implementation in full of this option might not be accomplished in 2013/14.
This new model of care has the potential to most closely meet the needs of our current and future populations.	As the option that involves the most substantive change to services, this option would involve more uncertainty about the future model of care and how it could work to benefit patients.

Revenue released for other priority investments: £2.35 million *minus* necessary re-investments in new models of services.

Option Five – Combination of Options Three and Four

This options combines Option Three - consolidate beds on a single site, *and* Option Four – close both sites and create a wholly new model of bed-based dementia services, by proposing that *both* Options be pursued but in a *phased way*:

- *first* consolidate on a single site;
- *then* create a wholly new model of bed based services;
- *before* completing the process whereby both (current) sites would close.

The reason for including this 'combination' Option Five is because Option Four involves a quite complex and inter-related range of new services and developments, which would be unlikely to be deliverable during 2013/14, resulting in a protracted period when un-occupied beds continued to be funded.

Since any preference for Option Four may therefore be for a longer term aspiration in practice, but is not incompatible with Option Three to consolidate on a single site *for a temporary period,* this further option is to be considered one which would have the following *additional* pros and cons.

Strengths	Weaknesses
This would realise the same benefits as Option Three and release funds earlier than under a full implementation of Option Four	Risk of temporary period becoming protracted
Any access issues arising from consolidation on a single site would be for a temporary period only	

The new approach to reconfigured services could be piloted in the area in which beds closed to mitigate access issues and test the new model	
The new model of care to be developed could better meet the needs of our current and future populations	

Revenue released for other priority investments by the CCGs to meet health needs of local populations: £2.35 million *minus* necessary re-investments in new models of services.

Appendix 2

Health Overview & Scrutiny Committee Mental Health Task Group: Review of Specialist Dementia Assessment Services in East Sussex

Project Initiation/Scoping Document

1. Background

1.1 The Health Overview and Scrutiny Committee (HOSC) has set up the HOSC Mental Health Task Group to assess the Clinical Commissioning Groups' (CCGs) proposals for alternative models of provision of specialist dementia assessment services in East Sussex.

1.2 HOSC agreed at its 20 June 2013 meeting that three of the five options for alternative models of provision would constitute a "substantial variation" to the service. Consequently, the CCGs will consult with HOSC alongside their own public consultation, which runs from 12 August to 25 October.

1.3 HOSC will give its response to the consultation at its meeting on 21 November 2013. HOSC's response will be informed by the recommendations of the HOSC Mental Health Task Group. Once the CCGs have taken a decision, HOSC will then review and decide whether the CCGs' decision is in the best interests of local health services.

2. Aim of the task group

2.1 The HOSC Mental Health Task Group will:

- consider the outcomes of the CCG review of specialist dementia assessment services in more detail;
- review the pros and cons of the five proposed options for change.

2.2 The Task Group's findings and recommendations will be contained in a report to HOSC on 21 November 2013.

3. Key questions/lines of enquiry

3.1 Key questions/lines of enquiry will include:

- Which option has the best clinical case?
- How would care home capacity be affected by each option?
- What are the staffing challenges for each option?
- Will the option improve patient safety and quality of care?
- Will the options offer value for money?
- How will the options affect access for patients and families/carers?

3. Methodology

3.1 The HOSC Mental Health Task Group will hold three further meetings: two to speak to stakeholders and a third to consider the outcome of the CCGs' public consultation.

3.2 The Task Group should gather views/information from:

- Sussex Partnership NHS Foundation Trust: management and clinical viewpoints
- GP leads on mental health in East Sussex: Lindsey Hadley, David Roche and Jorg Bruuns
- Barry Atkins, Head of Strategic Commissioning (Older People & Carers), Adult Social Care
- Key patient and carer organisations, e.g. Care for the Carers, Alzheimer's Society, (wider stakeholder views will be obtained through review of the public consultation responses)
- Care home providers e.g. Care Home Association.

3.3 The Task Group will consider background documents/data provided by the CCGs.

3.4 The Task Group will produce a report to HOSC, with recommendations for how it should respond to the consultation, for consideration on 21 November 2013.

4. Timescale

The indicative timescale is set out below:

Activity	**Timescale**
HOSC Mental Health Task Group initial scoping meeting	1 August 2013
CCG consultation period begins	**12 August 2013**
2nd meeting of the HOSC Mental Health Task Group – evidence gathering	w/b 23 September
3rd meeting of the HOSC Mental Health Task Group – evidence gathering	w/b 14 October
CCG consultation period ends	**25 October**
4th meeting of the HOSC Mental Health Task Group – review consultation responses and agree recommendations to HOSC	w/b 4 November
HOSC despatch	13 November
HOSC meeting	21 November 2013
CCG Board meetings	13, 21(?) and 27 November 2013
HOSC to review CCG decisions	TBC – December 2013/January 2014

5. Membership and support

5.1 The task group is comprised of Members of the Health Overview and Scrutiny Committee, namely Cllrs Carstairs, Pragnell (Chairman) and Standley

5.2 Ongoing specialist support will be provided by:

- Martin Packwood, Head of Strategic Commissioning (Mental Health), ESCC/CCGs
- Catherine Ashton, Head of Strategy and Whole Systems, Eastbourne, Hailsham and Seaford/Hastings and Rother CCGs

5.3 Officer support will be provided by Harvey Winder, Scrutiny Support Officer and Claire Lee, Scrutiny Lead Officer.