Agenda Item 8

Report to:	**East Sussex Health Overview and Scrutiny Committee (HOSC)**
Date:	**21 November 2013**
By:	**Assistant Chief Executive**
Title of report:	**Dementia Service Redesign**
Purpose of report:	**To consider a report from the HOSC Mental Health Task Group on proposals for the future provision of specialist NHS dementia assessment services in East Sussex.**

RECOMMENDATIONS

HOSC is recommended to:

1. **Support the report and recommendations of the HOSC Mental Health Task Group (appendix 1).**
2. **Request a response from East Sussex Clinical Commissioning Groups (CCGs) to HOSC's recommendations.**
3. **To request a report on the CCGs' decision in due course.**

1. Background

1.1 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).

1.2 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.

1.3 In June 2013 HOSC received a report from the East Sussex CCGs which outlined a planned review of these beds 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.

1.4 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.

2. Public consultation

2.1 As the options for the future provision of dementia assessment beds included potentially significant change to current services, the CCGs launched a period of public consultation which

ran from 12 August to 25 October 2013. Publicity and engagement activity was 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

3. HOSC involvement

3.1 In June, HOSC determined that options for the future included some which would constitute 'substantial variation or development to the provision of services' which would require formal consultation with the Committee under health scrutiny legislation. The HOSC Mental Health Task Group (comprising Councillors Frank Carstairs, Michael Ensor and Bob Standley) was established to review the proposals and deliver a report and recommendations for consideration by HOSC. The Task Group's approach to this review was agreed by HOSC in September 2013.

3.2 The Task Group has held five meetings during the course of its review. A range of stakeholders have been questioned about the proposals including:

- Head of Strategic Commissioning for Mental Health
- GP mental health leads for the CCGs
- Sussex Partnership NHS Foundation Trust clinicians and managers
- Adult Social Care commissioning manager for older people
- Voluntary sector groups – Alzheimer's Society and Care for the Carers
- The managers of Beechwood and St Gabriel's during a visit of the Task Group members to both facilities on 11 November 2013.

3.3 The Task Group also reviewed the analysis of feedback from the public consultation, in order to take wider stakeholder and public views into account, and a range of data about the services.

3.4 The Task Group's report and recommendations are attached at **Appendix 1** and will be presented by the Chair of the Task Group, Councillor Bob Standley. HOSC is asked to endorse this report as the Committee's formal response to the NHS consultation. A response to the Committee's recommendations will be sought from the CCGs.

3.5 A decision on the preferred future service model is expected to be taken by CCG governing bodies in the coming weeks, taking into account a range of evidence which will include HOSC's report. Once agreed, the proposed model will be reported to HOSC so that the Committee can consider whether it is in the best interests of the local health service, based on the evidence gathered by the Task Group.

3.6 Martin Packwood, Head of Strategic Commissioning for Mental Health, East Sussex CCGs/Adult Social Care, will be in attendance to discuss any issues arising from the Task Group's report.

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Appendix 1

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East Sussex Health Overview and Scrutiny Committee

Review of the proposals for the provision of NHS beds for the admission and assessment of people with dementia

Final Report

November 2013

Contents

Introduction

1. There has been significant investment and improvement over the last five years in community-based services for people with dementia with more planned for the future. Clinicians, and people who use NHS services, generally agree that as far as practicable it is better to care for people with dementia in their own homes or usual place of residence rather than in a hospital.

2. In addition to the community-based dementia services, teams of NHS Trust nurses, occupational therapists and other staff working with older people in their own homes, there are also NHS bed-based services to assess people who may have dementia in East Sussex.

3. These beds are located at the Beechwood ward in Uckfield Community Hospital (16 beds) and at the St. Gabriel's ward in the St Anne's Centre at the Conquest Hospital in Hastings (18 beds).

4. In July 2013, the CCGs reviewed the bed-based dementia assessment service and developed alternative options with a view to reducing the number of beds to reflect the actual level of usage. The CCGs propose to reinvest any identified savings back into the NHS.

5. The CCG review outlined five options for the future provision of the dementia assessment service, which were then subject to a public consultation that was completed on 25 October 2013.The proposed options are:

Option one – No change to the service

This would result in the existing number and location of dementia assessment beds.

Option two – Reduce the bed numbers at both sites

This option would involve the existing locations of dementia assessment beds continuing with reduced numbers at each site.

Option three – Consolidate beds on one site

This would involve consolidating all the dementia assessment beds at one of the two current locations or at a different single site.

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

This option involves a significant level of change. An anticipated smaller number of NHS beds (as a result of reducing length of stay and/or admissions) could be located on one site *if* further investment is made in community based services providing 'step-up' and 'step down' facilities.

Option five – Combination of options three and four

This could be achieved by firstly consolidating on a single site, then creating a new model of bed-based services. One new model that emerged during the consultation period was to create 18/20 NHS beds at a single location, and a further 4/6 beds in a step-down facility where assessments could be undertaken as a pilot.

The role of the East Sussex Health Overview and Scrutiny Committee

6. The East Sussex Health Overview and Scrutiny Committee (HOSC) is a group of elected local councillors from East Sussex County Council and the five district and borough councils in the county, together with two co-opted Members representing local voluntary and community sector organisations. The Committee's role is to review and make recommendations about local health issues and health services which are of concern or importance to East Sussex residents. Local NHS organisations are required by national legislation to consult with HOSC about any proposed major changes to health services, and must supply information and attend HOSC meetings to help the Committee do its job.

7. HOSC agreed in June 2013 that options three and four constituted a "substantial variation or development to the provision of services" under health scrutiny legislation.[1] Consequently, the CCGs were obliged to consult with HOSC and take into account the Committee's response when making a final decision on the future of the service.

8. HOSC agreed to establish a *Mental Health Task Group*, comprising Councillors Carstairs, Ensor and Standley (Chair), to consider the outcomes of the CCG review and to evaluate the proposed changes on the Committee's behalf.

9. The Task Group's objective was to consider whether or not the proposed options, or specific aspects of them, are in the best interests of the health service for East Sussex residents and to make recommendations to HOSC on this question.

10. The Task Group gathered evidence from the CCGs, clinicians, social care commissioners, healthcare providers, and community and voluntary sector representatives. It also considered the results of the CCGs' own consultation.

11. This report sets out the Task Group's findings and recommendations in relation to the proposed options for change.

Findings and recommendations

The inpatient dementia assessment service

12. The East Sussex Clinical Commissioning Groups (CCGs) commission Sussex Partnership NHS Foundation Trust (SPFT) to provide the inpatient dementia assessment service in East Sussex. There are currently 34 dementia assessment beds: 18 at the St Gabriel's ward in the St Anne's Centre at the Conquest Hospital in Hastings, and 16 at the Beechwood ward in Uckfield Community Hospital. The annual cost of the two wards is £2.3 million.

13. The patients admitted to the dementia assessment wards are almost always in crisis and might typically lack the mental awareness to feed, clothe and care for themselves. Most patients are in an acute condition when they arrive and most are suffering from co-morbidities. According to a recent audit, 72% of patients at the wards had been sectioned under the Mental Health Act.

14. The wards are staffed by doctors who are able to assess patients and prescribe anti-psychotic drugs where appropriate. Specialist nurses or nursing assistants are trained to support patients in an agitated state. St Gabriel's has an occupational therapist, whereas Beechwood does not.

15. Clinicians will initially stabilise a patient's condition and identify the cause of their symptoms. This process may take several weeks. If a patient has been sectioned, they will have to be detained generally for 28 days (under Section 2 which relates to an admission for assessment) or for three months (under Section 3 which relates to an admission for treatment).

16. Patients are also assessed for their preparedness to move to longer term care which might typically involve a placement in a care home, potentially one specialising in Elderly, Mentally Infirm (EMI) care. Some patients are discharged back home or to their previous care or nursing home.

[1] At the June 2013 HOSC meeting, the CCGs outlined four proposed options for change. Once the CCGs completed their review in July, they added a fifth hybrid option, which also constituted a substantial variation.

17. The two dementia assessment wards were set up several years ago to admit and assess people with dementia. What has become apparent is that the profile of patients now being admitted has changed since the wards were originally commissioned. It was the unanimous view of the witnesses that the existing dementia assessment wards are now largely performing the role of 'dementia intensive care wards' and not the diagnosis and assessment role for which they were originally commissioned.

18. This is in large part because community-based dementia services have developed significantly over the last five years and most dementia assessment is now provided in community-based settings.

19. The wards contain the only inpatient NHS beds in East Sussex for patients who are suffering from organic mental health conditions like dementia. The beds cannot be used for carer or patient respite breaks or for non-dementia patients.

20. At the end of July 2013, SPFT decided to temporarily close the Beechwood ward to new patients on safety grounds. The Trust was concerned about its ability to provide sufficient staff cover to meet the needs of patients safely. Subsequently, changes to staffing levels have since been made and Beechwood ward is now admitting patients if:

- they are transferred from St. Gabriel's ward to help alleviate bed or staffing pressure at that site;
- their condition has been assessed beforehand and they are deemed suitable for admission.

Bed occupancy

21. The increased investment and reliance on community-based dementia services has led to reduced occupancy of the wards. During 2012/13, occupancy was approximately 50% with an average length of stay of 67 days; an average of 18 beds were occupied at any one time out of the 34. As of April 2013, SPFT reported the available number of beds as 28 (14 at each site) to reflect the occupancy rates over the previous months.

22. The Task Group visited both wards on 11 November 2013 and observed that 8 beds were occupied at Beechwood and 12 at St. Gabriel's.

23. However, during the first two quarters of 2013/14, occupancy rose to over 65%, peaking at 24 occupied beds during the first quarter. This increase could have been caused by an increase in admissions and/or an increase in the average length of stay.

24. The CCGs consider that the increase appears to have been caused predominantly by an increase in length of stay. A piece of work is being undertaken by SPFT to provide a more precise understanding of duration of the different stages of a patient's time at the wards. This may indicate the need for additional step-down facilities (see below).

25. Either way, The Task group would be most concerned about the permanent reduction in the number of beds if there is a clear and demonstrable need for them regardless of their intended purpose.

Community-based services

26. The CCGs' stated aim is to continue to move from bed-based services to community-based services to help people 'Live Well' with dementia and maintain their independence for as long as possible. Community-based services are recognised as best practice for diagnosing people with dementia and managing the early stages of the disease. For example, people generally feel more comfortable seeking help from a GP than they do in going to a hospital.

27. Community-based services also provide in-reach support in a home or care home so that patients can be treated in familiar surroundings and so are less likely to become agitated or disorientated, or display challenging behaviour. Community-based services are more likely to diagnose people earlier and put plans in place to prevent crises arising.

28. The commissioned community-based dementia services include:

- Community Mental Health Teams (provided by SPFT)
- Memory Assessment Service (provided differently in each CCG area)
- Dementia Advisors (provided by the Alzheimer's Society)

29. The Community Mental Health teams comprise the largest part of the community-based dementia services. The Teams include psychiatrists and psychiatric nurses.

30. The Memory Assessment Service diagnoses people with dementia. It is currently a pilot scheme and is provided differently in each CCG area.

31. A GP might typically refer a patient to the Memory Assessment Service for formal diagnosis. Then either the GP or the Community Mental Health Teams will take responsibility for ongoing care, depending on the level of need. Currently it is estimated that only of a third of people with dementia actually have a diagnosis. The Memory Assessment Service aims to increase this to 70% over the next few years. A public advertising campaign was undertaken at the launch of the Memory Assessment Service in October 2012.

32. The Alzheimer's Society provides nine Dementia Advisors who provide information, advice and counselling for people diagnosed with dementia and their carers. They act as a friendly face, a voice and a point of contact for further support as a patient's condition develops. All patients diagnosed with dementia are put in contact with a Dementia Advisor.

Options for the future provision of inpatient assessment

33. The current system of the bed-based service is, in the opinion of the CCGs, not offering value for money and needs to be redesigned. Judging by the occupancy rate during 2012/13 of the two wards, some £1 million a year is currently being spent on empty beds which is considered wasteful.

34. Initially, the idea of empty beds may appear strange. With an aging population we can expect that more people will have dementia and require diagnosis, care, treatment and support. This will include admission to beds in some circumstances. However, with investment in community services we have seen a steady reduction over a number of years in the need for assessment beds. Whilst admissions may rise in proportion to population changes, if the time taken to achieve clinical objectives and make arrangements for on-going care can be reduced, the number of beds required may not necessarily increase.

35. Despite the general move towards a community-based dementia service, all the witnesses agreed that there will be a continuing need for some form of bed-based 'dementia intensive care ward' to manage and assess a specific cohort of patients who have:

- reached a crisis point and cannot be treated or looked after in a community setting by either their carer or the care/nursing home staff.
- been sectioned, so by law must be admitted to a registered location for the duration of the section order.

36. The question is how many assessment beds are needed and whether they should be in one location rather than two as at present. There is general agreement amongst all the witnesses that the two wards can safely be consolidated to a single site with fewer total beds. The single site could be re-branded as a 'centre of excellence'.

37. Reconfiguring two sites on to either a new or existing single site is likely to be complex and might take a considerable amount of time. SPFT considers that neither of the current sites is currently capable of accommodating enough beds to act as a single site. On this basis, a new, site altogether would be needed.

38. The Task Group received evidence that the single ward should ideally, and where practicable, be located as close as possible to an acute hospital. This is in keeping with national guidelines, and avoids clinical isolation.

39. Any single site means that some patients will have to travel further than they do at present. The witnesses argued that it was more important to have a high quality of care available at a single site which was supplemented by an alternative model of community based assessment.

'Step-down' facility

40. Alongside the assessment ward there would need to be some development of alternative models including a step-down facility located at a single site or in several care homes across the county. A step-down facility would provide *intermediate* beds for patients that no longer require NHS care but for whom a long-term care placement has not yet been put in place.

41. A step-down facility would help to reduce the cost of inpatient episodes as care home provided beds cost less than on average half of the cost of NHS provided inpatient beds. Depending on how much of a patient's stay can be transferred to a step-down facility, the CCGs estimate that further savings over and above those savings from consolidation on a single site could be made of £250,000 to £400,000 for reinvestment in dementia services.

Influencing the provision of better community based services

42. The length of stay of a patient at the dementia assessment wards is likely to be affected by the availability of long-term places at EMI care or nursing homes that have the specialised skills to manage patients with dementia. Less than half of the patients admitted to the dementia assessment wards cannot be discharged back home or to their previous care/nursing home due to the change in their condition and require a long-term placement at an EMI home. There are relatively few care/nursing homes in East Sussex that are registered EMI facilities:

- 24 EMI nursing homes, totalling 1,259 beds
- 59 EMI care homes, totalling 1,732 beds

43. The Adult Social Care department is attempting to influence the market to increase the number of EMI beds being built by only supporting planning applications for care or nursing homes with specialist EMI beds, except in rare cases.

44. It is also possible to influence the provision of facilities within nursing and care homes to enable some dementia assessment to be carried out locally. An early adjustment to the design of a planned nursing or care home could enable the facility to care for patients with more demanding needs than would otherwise have been possible.

45. One way that the ASC department might be able to influence the design of new facilities is during the pre-application stage of the planning applications process when detailed building specifications are still to be finalised. Unfortunately, the planning authorities don't currently notify Adult Social Care when they become aware of proposals for new care and nursing home facilities. Promoting effective dialogue between County and District/Borough planners might be able to improve communications in this area to bring about substantial benefits.

Carers

46. The vital importance of the role of carers of those with dementia should never be underestimated. In any model of care:

- Carers need to be kept informed of the ongoing care of the patient, including the proposed location of their long-term care. This will help to manage the carer's expectations and ensure that they are 'on-board' with the proposed location of the long-term care for their loved one.
- Prior to a patient's discharge, carers are given practical advice about how they can best look after the patient at home in order to build their confidence and reduce the chance of them changing their mind at the last minute. However, the choice of whether or not the patient should return home or go into long-term social care should remain the decision of the carer.

Conclusions and recommendations

1) There appears to be a sound rationale for reducing the number of dementia assessment beds (34) currently located at the Beechwood ward in Uckfield Community Hospital and at the St. Gabriel's ward in the St Anne's Centre at the Conquest Hospital in Hastings.

2) There appears to be a sound rationale for locating the dementia assessment beds at a single site. However, any reconfiguration to a single site should not be undertaken before a suitable site has been identified with appropriate physical surroundings, facilities and levels of care for patients.

3) Consideration should be given, where practicable, to locating the single site near to an acute hospital so that the multiple health needs typical of this group of patients can better be handled.

4) The innovative ideas emerging around alternative models of support (including step-down facilities) need further development and must be in place before the reconfiguration can be undertaken.

Additional recommendation to East Sussex County Council:

5) East Sussex County Council should seek to persuade district and borough council planning departments to notify Adult Social Care when they receive pre-application enquiries relating to private sector care home planning applications.

Appendix: Terms of reference, membership and evidence

Scope and terms of reference of the Task Group

The Mental Health Task Group was established by the Health Overview and Scrutiny Committee on 20 June 2013 to consider the Clinical Commissioning Groups' (CCGs) options for the proposed changes to the provision of NHS dementia assessment beds on behalf of the parent committee.

Board Membership and project support

Review Board Members: Councillors Carstairs, Ensor and Standley (Chair)

The Project Manager was Paul Dean

Ongoing support to the Board throughout the review was provided by Martin Packwood, Head of Joint Commissioning (Mental Health), East Sussex County Council/CCGs.

Task Group meeting dates

1 August 2013, 24 September 2013, 17 October 2013, 7 November 2013, 12 November 2013

Witnesses providing evidence

The Task Group would like to thank all the witnesses who provided evidence.

Martin Packwood, Head of Joint Commissioning (Mental Health), East Sussex County Council/ CCGs

Catherine Ashton, Head of Strategy and Whole Systems, Eastbourne, Hailsham and Seaford/Hastings and Rother CCGs

Dr Jorg Bruuns, GP and Mental Health Lead, Eastbourne, Hailsham and Seaford CCG

Dr Lindsay Hadley, GP and Mental Health Lead, Hastings and Rother CCG

Dr Mokhtar Isaac, Consultant Psychiatrist and Divisional Clinical Lead for East Sussex, Sussex Partnership NHS Foundation Trust

Claire Newman, Interim General Manager, Sussex Partnership NHS Foundation Trust

Charlotte Clow, Service Development Manager (Dementia and Later Life), Sussex Partnership NHS Foundation Trust

Barry Atkins, Head of Strategic Commissioning (Older People & Carers), East Sussex County Council

Jennifer Twist, Chief Executive of Care for the Carers

Chris Wyatt, South East Area Manager, Alzheimer's Society

Prof Sube Banerjee, Professor of Dementia & Associate Dean, Brighton and Sussex Medical School

Task Group visit

The Task Group visited the Beechwood Ward at Uckfield Community Hospital, Uckfield and St. Gabriel's Ward at the St Anne's Unit, Conquest Hospital on 11 November 2013. The Task Group would particularly like to thank the units' managers Jay Jameson-Allen and Heather Lewis for their time and for the valuable information they provided.

Evidence papers

Improving Dementia services in East Sussex, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG), Hastings and Rother CCG, High Weald Lewes Havens CCG, July 2013
Analysis of responses to consultation on the provision of NHS beds for admissions and assessment of people with dementia, Eastbourne, Hailsham and Seaford Clinical Commissioning Group (CCG), Hastings and Rother CCG, High Weald Lewes Havens CCG, November 2013

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