

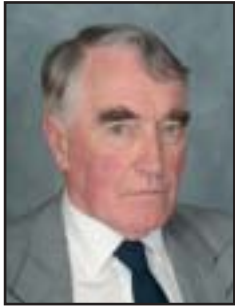
Swindon Borough Council

Health & Social Care Commission
Review of Modernising Mental Health
Services for Older People in Swindon

www.swindon.gov.uk



Task Group Members:



Cllr. Owen Lister (*Chair*)



Cllr. Melanie Duff



Cllr. Steve Allsopp



Cllr. Anthony Peake



Cllr. John Ballman

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1. Summary

- A Member task group has produced this report for the Health and Social Care Commission which was established under the terms of the Health and Social Care Act (2001).
- Under the terms of the Act NHS bodies are required to consult local authority Health Scrutiny Committees about plans for significant changes.
- Local Authority Health Scrutiny Committees have the power to report back to the Secretary of State if they consider the proposals under scrutiny would not be in the interests of the local population or if they find the consultation process with the Health and Social Care Commission inadequate.
- The Strategic Outline Case for 'Modernising Services for Older People in Swindon' produced by the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) is a plan that applies to the Act.
- AWP first brought the Strategic Outline Case to the Commission in January 2004, at which it was determined that members would conduct further work and feed into AWP's consultation on the proposals.
- The task group have produced this report to feed into AWP's consultation on the proposals for 'Modernising Mental Health Care for Older Adults in Swindon', but this does not mark the end of Councillor involvement. At the next stage AWP will present the Outline Business Outline Case to the Health and Social Care Commission.
- Following detailed work, the task group are in broad agreement with AWP's Strategic Outline Case, however there are further recommendations detailed in section 4 of the report that address the task groups concerns.

2. Introduction

Rationale for the Review

The Health and Social Care Commission considered the Victoria Hospital Strategic Outline Case at its meeting on 29th January 2004. The Commission supported the plans for re-provision at that particular stage (as described in the strategic outline case), but agreed that a task group would be established in the new municipal year to consider the re-provision of older adults mental health care in Swindon in further detail.

The Council's Health and Social Care Commission established the task group under the powers set out in regulation 2(1) of the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002:

"An overview and scrutiny committee may review and scrutinise any matter relating to the planning and operation of health services in the area of its local authority."

The public consultation for the proposals for modernising mental health services for older adults started on 19th July, the formal consultation period ends on 18th October. The task group was formed to consider the consultation proposals, speak with clinicians, managers and carers, and to feed into the consultation process by October 18th 2004.

Report Overview

The report is divided into the following sections:

Summary	Provides an overview of the project.
Introduction	Provides the background and the context for the report; reviews the structure of the report.
Evidence Gathering	Sets out the approach taken and methodologies adopted in course of the investigations/ review and provides a detailed picture considering the management of staff sickness at Swindon Borough Council.
Conclusions & Recommendations	Details the findings and conclusions that emerged from the task groups investigations and provides an explanation of the task groups recommendations.
Appendices	Contains glossary of terms and appendices referred to in text.

Review Structure

The review can be divided into three distinct phases as detailed below. Phase 1 established the terms of reference, work programme and planning of the project for the review. At phase 2 the task group considered all of the evidence (questioning witnesses, considering existing material that was relevant to the investigation). At the final stage, phase 3, the task group determined their findings and made their recommendations based on the evidence received.

Phase	Activities
Phase 1 Consolidation & Work Plan September 2004	<ul style="list-style-type: none"> • Task group established • Chair appointment • Setting of the terms of reference • Identification of internal advisers • Identification of existing consultation and information
Phase 2 Evidence Gathering October 2004	<ul style="list-style-type: none"> • Literature Review • Consideration of statistical data • Desk research into existing documentation • Meetings with internal advisers
Phase 3 Recommendations October 2004	Task group workshops to develop findings and recommendations

Aims and Objectives

The aim of the task group was to consider the consultation proposals for Modernising Mental Health Services for Older Adults in Swindon, and to feed into the consultation process by October 18th 2004.

The scope of the review included:

- Consideration of future service provision;
- Sustainability of service provision;
- Population projections (likely service user projections);
- Flexibility of service (Care in the Community and respite care for Carers).

Methodology

The methodology used to make enquiries and to gather evidence involved:

- Desk based review of documentation (see **Appendix 2** for details);
- Interviewing witnesses (See **Appendix 2** for details);
- Site Visit (see **Appendix 2** for details).

Acknowledgements

In the course of this inquiry we have heard oral evidence from the staff of AWP, Swindon PCT, Swindon Social Services, and from carers and have received written submissions of evidence from AWP and the Swindon and Marlborough Acute Trust. We would like to thank staff at the Victoria Hospital for accommodating and enabling our visit to the hospital and to Focus for enabling us to speak with carers. We are grateful to all those who contributed.

3. Evidence Gathering

A series of meetings were held at which we spoke with carers, clinicians, and appropriate stakeholders.

Carers

We felt that it was particularly important to engage with the carers, we met with current and past carers, and discussed proposals for the re-provision of the current Hospital service. The session was organised with the help of FOCUS, which is a charity that provides a wide variety of information and support for any carer in Swindon. The carers made a number of strong points:

- That they would wish the services to be provided in one unit, not separated over several sites.
- They stressed the need for staff to have adequate training in dealing with people with dementia and Alzheimer's disease. They felt that at present there were not adequate facilities nor were staff adequately trained for providing care for people with dementia and Alzheimer's disease at the Great Western Hospital.
- Concern was expressed that any new facility at the Great Western Hospital would be substantially smaller than at Victoria Hospital and reference was made to the number of people currently on the waiting list at Focus for respite care.
- The carers felt that the current proposals for 26 beds was not enough and they were afraid that the new facilities would not be geared towards the special requirements of people with dementia and Alzheimer's disease. It was noted that private nursing homes often are full up with 'self-funders'.

Victoria Hospital

We visited the Victoria Hospital to view the standard of facilities for patients, carers and employees of the Trust. Following the visit we were able to determine that the building is no longer adequate for the provision of modern day care. It is clear that standards need to be raised, service provision is out of date and plans for a replacement will need to provide significant improvements in terms of privacy and patient dignity in order to accommodate the needs of the patients that often require intensive/ long stay care.

Reduction in Beds

Throughout the inquiry concern has been raised in respect to the reduction of the number of beds. At present there are a total of 38 in-patient beds in 3 wards, 14 for functional mental illness and 24 beds used for respite care, longer term care, and assessment of organic illness. The proposals allow for 1 ward to replace 3 wards with a total of 26 beds (12 beds for functional illness and 14 for organic illness), this is a reduction of 12 beds¹.

Evidence that has been presented indicates that there will not be a reduction in 'useable' beds at the new hospital. There will be a phased reduction in the number of beds at Victoria Hospital from now until the new hospital comes into operation.

¹ Strategic Outline Case, January 2004

We are satisfied that the number of beds proposed for the new hospital was based on current clinical evidence. We are however concerned as to the adequacy of the provision when considered in relation to the increasing number of elderly people in the community and the fact that Swindon has an ageing population that is set to grow considerably over the next decade or so. Additionally we remain very concerned about the financial impact that this may have on Social Services. Whilst there is evidence of a number of residential beds being created through the development of Whitborne House and Kingsdown, we are sceptical as to whether the proposed increase will be enough.

The Kingshill Research Centre

During our visit to the Victoria Hospital we sought to clarify the future position of the Research Centre. The Research Centre is a centre of excellence, rated as within the top three in the country, bringing a direct benefit to Swindon patients suffering from dementia, depression or Alzheimer's. Whilst reference is made in the Strategic Outline Case to the 'prestigious Research and Development Unit' no accommodation has been allocated for the Research Centre in the architects plans for the new hospital. It is understood that the intention is that the research unit will become a part of the University of Bath in Swindon. The best possible location for the research centre is on the same site as the mental health hospital.

We asked AWP for some assurance that the Research Centre would remain a priority, we received a joint submission from Malcolm Sinclair - Director of Mental Health & Victoria Hospital Project Director, Gill McKinnon - Service Manager for Older Adult Mental Health & Victoria Hospital Project Manager and Dr Roger Bullock - Clinical Lead for Older Adult Mental Health & Director of the Kingshill Research Unit;

"AWP as a Trust, and the local Old Age Psychiatry Service, are fully committed to the continued close working of the Research Unit and Older People's Mental Health Services in Swindon - the work of the Unit is invaluable in informing good practice and encouraging recruitment and retention of staff.

We recognise that it is not possible to build new premises for the Unit within the available resources for the redevelopment of the Victoria Hospital, but from the outset of planning this development we have firstly ensured that the clinical research activity of the Unit will continue to be conducted in the new development as it is now at the Victoria Hospital, and that the administrative base of the Unit will be more closely aligned to the University to enable integration with wider academic activity.

There have been preliminary discussions with the University regarding space for the administrative base but we are not pursuing this actively at present to avoid paying rent twice, and because we only want the move to occur at the same time as the rest of the Victoria changes in order to ensure research continuity."

The Liaison Service

In response to the Carers concerns about the Great Western Hospital's level of staffing expertise in dealing with elderly patients with mental health needs we invited the appropriate bodies to respond to our concerns, evidence was received from GWH and AWP. AWP provided us with the following response;

"After a long period of requesting extra resources for targeted liaison with the Acute Hospital, AWP last year was funded for a Liaison Nurse post from the Borough Council in line with investment in other areas from the Access, Systems and Capacity Grant.

Rather than use this investment on one person, with all the problems of when that person is not available, we have ensured that we provide a range of professionals who liase with the hospital on a regular basis. These are usually Community Psychiatric Nurses or Social Workers, but we also have Consultant Psychiatrists, Psychologists etc., who may undertake such links.

There is a separate liaison service also at GWH for adults of working age with mental health problems

In addition, we have received funding from the NHS Local Workforce Development Confederation for a Training Co-ordinator who is at present in post for a one-year period. She is in touch with GWH as well as a whole range of other services to identify training needs and set up workshops, seminars etc. She is concentrating initially on Whitbourne House because that was a priority we agreed with SBC, due to the proposed changes by the Council to EMI Residential provision - which link so closely as you are aware to our own proposals for the Vic. But I know she has already held meetings with GWH in order to discuss their specific training needs. We are also hoping to persuade the PCT to fund her part time post ongoing in order to be able to maintain the provision of regular training programmes. In addition of course, our Liaison staff have a role in education - albeit on a more informal rather than planned basis.

We have also discussed with the Acute Trust the potential of closer collaboration in the future when we move there, and Consultants and others are already starting to meet to develop shared protocols of care."

Whilst progress has been made, particularly in the last year, it is essential that it is recognised that a gap exists between where general nursing care ceases and psychiatric care commences. If the GWH site is selected as the site for new mental health hospital, together the mental health hospital the research unit and acute hospital will forge greater links.

Impact on other Services

Although beyond the remit of this scrutiny investigation, questions surfaced about the other services that are currently provided from the Victoria Hospital site. The strategic outline case details that the Swindon PCT is managing the process of negotiating the relocation of three other services currently provided from the Victoria Hospital:

- Koalas
- The Sadler Unit
- Headway

The Strategic Outline Case also details that the Swindon PCT employs and directly manages the paediatric therapy services associated with the Sadler Unit and will ensure that these services are uninterrupted by its relocation. The relocation of some of these services may be connected with the current consultation that is being conducted on the Chalet School by the Education Directorate of Swindon Borough Council, and so it was not possible for an answer to be provided as to where these services will be relocated to.

4. Recommendations

Recommendation 1:

We are in broad agreement with the Avon and Wiltshire Mental Health Partnership NHS Trust's Strategic Outline Case.

Although overall support is to be provided, this should be considered in the context of four further recommendations that aim to address our concerns.

Recommendation 2:

That a contingency plan is produced to ensure that the research centre is on the same site as the new hospital.

Recommendation 3:

That further information is submitted on the timeframe and effectiveness and future development of the liaison service. The task group do not feel that current provisions are satisfactory in order to make a sustained difference.

Recommendation 4:

That an assessment should be made by Social Services of the likely effect of bed reduction in the proposed new unit on the costs to be borne by Social Services for the care of elderly mentally ill patients bearing in mind the local eligibility criteria for NHS Continuing Care. Commissioners of all services should consider whether there are enough services to meet the future growth trends of the mentally ill in an ageing population and report to the Health and Social Care Commission accordingly.

Recommendation 5:

That detail regarding the relocation of the other services currently based at the Victoria Hospital, (Koalas, The Sadler Unit, and Headway), is provided to the Health and Social Care Commission at the appropriate time by the Swindon PCT.

5. Response to the Report

The Report was sent to Swindon PCT, AWP, the Swindon & Marlborough Acute Trust and Swindon Social Services.

A joint response from all of the above bodies was presented at the Health & Social Care Commission on the 16th November 2004. The responses are attached at Appendices 5 through to 7.

Appendix 5 - Joint Response to the Report (Author: Swindon PCT)

Appendix 6 - Joint Response to the Report (Author: Social Services)

Appendix 7 - Response to the Report by Swindon & Marlborough Acute Trust

Appendix 1

Glossary and Abbreviations

AWP	Avon & Wiltshire Mental Health Partnership NHS Trust
EMI	Elderly Mentally Ill
GWH	Great Western Hospital
NHS	National Health Service
NSF	National Service Framework
PCT	Primary Care Trust
SBC	Swindon Borough Council

Eligibility Criteria The rules the local Council or Health Trust uses to decide whether a person can receive a service.

Joint Assessment An assessment of needs that is made by different assessors working together. For example, health and social care workers co-operating to make a joint assessment for someone who has health and social care needs.

Residential Home A care home that provides personal and practical care but not nursing care.

Respite Care A short period of care, either in or outside of someone's home, to provide an individual and/or a carer with a break.

Sheltered Housing People live independently in their own flat or apartment, but have contact with and support from a warden. This type of accommodation is usually rented and managed by the local Council but there are also private schemes.

Appendix 2
Project Brief

Aim	To consider the consultation proposals for Modernising Mental Health Services for Older Adults in Swindon, and to feed into the consultation process by October 18 th 2004 (last day of the consultation period). Views of service users, carers, and health professionals should be taken into account.	
Rationale	The Health and Social Care Commission considered the Victoria Hospital Strategic Outline Case at its meeting on 29 th January 2004. The Commission supported the plans for re-provision at that particular stage (as described in the strategic outline case), but agreed that a task group would be established in the new municipal year to consider the re-provision of older adults mental health care in Swindon in further detail.	
Scope	<p>Includes:</p> <ul style="list-style-type: none"> • Future service provision • Sustainability of service provision • Population projections • Flexibility of Service (Care in the Community and respite care for Carers) <p>Excludes:</p> <ul style="list-style-type: none"> • Carrying out detailed consultation with service users and carers; • Repeating the work of the Avon & Wiltshire Mental Health Partnership NHS Trust in any way. 	
Resources	<p>Task Group Members</p> <ul style="list-style-type: none"> • Cllr Owen Lister (Chair) • Cllr Steve Allsopp • Cllr John Ballman • Cllr Melanie Duff • Cllr Anthony Peake <p>Scrutiny Officer</p> <ul style="list-style-type: none"> • Claire Yeates <p>Committee Officer</p> <ul style="list-style-type: none"> • Alison Smith 	
Timescales	Start	Monday 20 th September
	Finish	Monday 18 th October (last day of the consultation period)
Outputs	1. Chair of the task group to provide the H&SCC with oral progress report at its meetings of the 16 th November 2004.	

	<p>2. To formally respond to the Avon and Wiltshire Mental Health Partnership NHS Trust by October 18th 2004.</p> <p>3. Chair of the task group to present the task groups final report detailing the findings and recommendations of the investigation to the H&SCC at its meeting on the 20th January 2004.</p>
Methodology	<ul style="list-style-type: none"> • Desk based review of documentation; • Site visits; • Interviewing officers; • Calling expert witnesses; • Calling service users.
Evidence Sources for Documents	<ul style="list-style-type: none"> • Victoria Hospital Strategic Outline Case; • 'Forget Me Not', Audit Commission • National Service Framework, Cabinet paper • Public Consultation Document – Modernising Mental Health Services for Older Adults in Swindon; • Consultation Newsletters. • www.awp.nhs.uk
Site Visits	<ul style="list-style-type: none"> • Victoria Hospital; • Public Exhibition (Thursday 14th October, Victoria Hospital, Okus Road, 5.30pm – 8.30pm); • Public Displays (Monday 20th September – Monday 11th October: Civic Offices, Watt Tyler Building and Monday 11th – Thursday 14th October: Park Library).
Expert Witnesses/ Advisors	<p>Internal Advisors</p> <ul style="list-style-type: none"> • Graham Pearson, Assistant Director (Adult Services), Social Services <p>External/Expert Witnesses</p> <ul style="list-style-type: none"> • Malcolm Sinclair, Director of Mental Health for Swindon & Wiltshire, Avon & Wiltshire Mental Health Partnership; • Dr Roger Bullock, Senior Consultant at the Victoria Hospital; • Geoff Degg, Joint Commissioning Manager, Swindon PCT/ Social Services • Carers (through Focus)

Appendix 3
Planner

Date	Action
20 th September 2004 CR3 6.00pm	Consolidation and work plan
23 rd September 2004 CR6 7.00pm	Interim progress report to the Health & Social Care Commission by the Chair of the task group
1 st October 2004 CR6 10.15am	Expert Witness: Carers, accompanied by Deb Bignall, Focus
5 th October 2004 Victoria Hospital 3.00pm	Site Visit to Victoria Hospital and discussion with Dr Roger Bullock, Senior Consultant
7 th October 2004 Victoria's Office 5.00pm	Geoff Degg, Joint Commission Manager for Swindon PCT & Swindon BC
12 th October 2004 Council Chamber 10am	Malcolm Sinclair, Director of Mental Health for Swindon & Wiltshire, Avon & Wiltshire Mental Health Partnership NHS Trust.
13 th October 2004 Room 42 10am	Conclusions and Recommendations, Final Report.
18 th October 2004	Report findings to AWP

Evidence Documents

- Modernising Services for Older People in Swindon, Strategic Outline Case, AWP, January 2004
- Victoria Hospital Strategic Outline Case, Report to the Health & Social Care Commission, 29th January 2004.
- Standard Seven, Mental Health in Older People (NSF).
- Forget Me Not 2002, Developing Mental Health Services for Older People in Swindon, Audit Commission Update.
- Written submission on the Research Centre, Malcolm Sinclair - Director of Mental Health & Victoria Hospital Project Director, Gill McKinnon - Service Manager for Older Adult Mental Health & Victoria Hospital Project Manager and Dr Roger Bullock - Clinical Lead for Older Adult Mental Health & Director of the Kingshill Research Unit.
- Written submission on the Liaison Service, Malcolm Sinclair - Director of Mental Health & Victoria Hospital Project Director, AWP.
- Written Submission on the Liaison Service, Francesca Thompson (Director of Nursing) and Donna Bosson (Lead Nurse for the Elderly), Great Western Hospital.
- AWP Consultation Newsletter September 2004.

Appendix 5

Joint Response to the Report (Author: Swindon PCT)



Councillor Owen Lister
Swindon Borough Council
Civic Offices
Swindon
SN1 2JH

North Swindon District Centre
Thamesdown Drive
Swindon
SN25 4AN

20 November 2003

Tel: (01793) 708700 Direct Line (01793) 708714
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Dear Councillor Owen Lister

Scrutiny Review of Modernising Mental Health Care for Older People in Swindon

Thank you for your letter of 18 October 2004 regarding the above.

Having read your report, I thought it would be useful to discuss the proposals with other health and social care colleagues and provide you with a joint response to all 5 recommendations. This response has therefore involved input from colleagues within Swindon PCT, Swindon Borough Council, Avon and Wiltshire Mental Health Partnership Trust, and Swindon and Marlborough NHS Trust. Cross reference will be made to the letter from Mrs Lyn Hill-Tout, Chief Executive of Swindon and Marlborough NHS Trust of 8 November 2004 and the Report to The Health and Social Care Commission of 16 November 2004 by Graham Pearson, Assistant Director of Adult Services in Swindon Borough Council.

Please find below our response to each recommendation.

Recommendation 1

We are in broad agreement with the Avon and Wiltshire Mental Health Partnership's Strategic Outline Case by the task group, on behalf of Health and Social Care Commission.

Although overall support is to be provided, this should be considered in the context of four further recommendations that aim to address our concerns.

We are pleased that the Swindon Scrutiny Task Group is broadly in agreement with the proposal to provide the Victoria Hospital and are grateful for the time the group has taken to discuss and consider the proposals with a wide range of people.

Recommendation 2

That a contingency plan is produced to ensure that the research centre is on the same site as the new hospital.

The need for close links to continue between the Older Adult Service and Kingshill Research Unit is recognised. The Clinical Lead of the Service is Director of the Unit. It is not the view of either the Trust or the Research Unit that co-location is necessary - but it is essential that research activity continues to be supported at the new site and this will occur.

It is assumed that the required contingency plan within this recommendation refers to ensuring premises for the Unit at the University. This has been agreed with the University and will continue to be followed up by the Research Unit as the academic links to the University are as important as the service links to the new hospital site.

The Swindon and Marlborough Trust in their letter to the Health and Social Care Commission concur with these comments.

Recommendation 3

That further information is submitted on the timeframe and effectiveness and future development of the liaison service. The task group do not feel that current provisions are satisfactory in order to make a sustained difference.

There is currently a liaison service for older people that is based at the Great Western Hospital. This comprises of 1.0 FTE post but the input to the older peoples mental health liaison service comes from a multi-disciplinary group of staff within the Department of Old Age Psychiatry in AWP. The liaison service also is able to access the other specialist therapists who work within the service to ensure that a wide range of therapeutic inputs is available for the liaison service. As highlighted in Graham Pearson's report Access and Systems Grant from Swindon Borough Council currently fund the service. The longer term funding of the service will be dependent on its success and interagency discussions to continue with and further develop the service. The PCT are currently developing plans for financial investment across all health services for the next 3 years and will consider further developing this service against other priorities.

Recommendation 4

That an assessment should be made of the likely effect of bed reduction in the proposed new unit on the costs to be borne by Social Services for the care of elderly mentally ill patients bearing in mind the local eligibility criteria for NHS Continuing Care, and that Commissioners of all services consider whether there are enough services to meet the future growth trends of the mentally ill in an ageing population and report to the Health and Social Care Commission accordingly.

An assessment of the future needs of older people with mental health problems was undertaken earlier this year as part of Swindon Borough Council's modernisation Programmes for its residential care homes. This was updated with information required for the business case in re-providing Victoria Hospital. The reduction of beds in the new hospital from 38 to 26 is only one of a number of factors that have been taken into account on the provision of care for older people with mental health

problems. These are discussed in more detail in Graham Pearson's report to The Health and Social Care Commission of 16 November 2004.

Of the current 38 beds within Victoria Hospital, three of these beds are occupied by patients who are not from Swindon and will not require to be provided in the new unit, there are also a number of people who are blocking beds due to the lack of local capacity in specialist EMI nursing care. The increase in the number of local EMI beds planned over the next few years would account for a number of these blocked beds in the Victoria Hospital. With the design of the new hospital around single rooms there should also be a more flexible use of beds, compared with the 'ward' provision of beds within Victoria Hospital which would reduce the need to rely on a greater number of gender segregated wards.

The reduction in beds will be balanced with the improved services being provided by the integrated Older Peoples Mental Health Services including improved services for carers, the development of a specialist older peoples mental health residential home as part of Swindon Borough Council's residential care homes and new capacity within the local area for specialist EMI nursing care. Private sector care homes are seeking higher fees for the provision of specialist EMI care and this was reflected in the increased budget for 'Community Care' as part of the Section 31 agreement between Swindon Borough Council and Avon and Wiltshire Mental Health Trust. With the new developments of specialist EMI care in Swindon it is hoped that the increased capacity will help in managing the cost of individual care home placements, with the greater risk not being in capacity but cost of individual placements.

Recommendation 5

That detail regarding the relocation of the other services currently based at the Victoria Hospital, (Koalas, The Sadler Unit, and Headway), is provided to the Health and Social Care Commission at the appropriate time by the Swindon PCT.

Swindon PCT, the Borough Council and Swindon and Marlborough Trust are working with other services based on the Victoria Hospital site i.e. Koalas, The Sadler Unit and Headways, to ensure appropriate alternative accommodation is found. There are already possible options for relocation of these services, for example, the possible relocation of the Sadler Unit and Koalas to the Chalet School.

We will keep the health and Social Care Commission updated of these development over the next few months.

If there is any further information you require on any of these issues please do not hesitate to contact me.

Yours sincerely

Ros Hartley

Director Primary Care and Commissioning

c.c. Jan Stubbings
Malcolm Sinclair
Graham Pearson
Francesca Thompson

Appendix 6

Joint Response to the Report (Author: Social Services)

To: The Chair and Members of
the Health & Social Care
Commission

Date: 16th November 2004

By: Graham Pearson, Assistant
Director of Adult Services

Parish/Ward: Ward

Modernising Mental Health Services for Older People in Swindon: Response to Task Group's Final Report on the Strategic Outline Case

1 Purpose

1.1 To present a joint response to the final report of the Task Group on the Strategic Outline Case.

2 Recommendations

2.1 For the Commission to note the response.

3 Financial and Procurement Implications

3.1 These are described in the Strategic Outline Case (June 2004) and the Outline Business Case (November 2004).

4 Social, Environmental, Staffing, Legal/Human Rights, Risk and Other Implications

4.1 These implications and the links with other strategic plans are referred to in detail in Strategic Outline Case and Outline Business Case.

5 Detail

5.1 A response was requested by the Task group to their Recommendations 2 to 5.

Recommendation 2:

That a contingency plan is produced to ensure that the research centre is on the same site as the new hospital.

The need for close links to continue between the older Adult Service and Kingshill Research Unit recognised. The Clinical Lead of the Service is Director of the unit. It is not the view of either the Avon & Wiltshire Partnership Trust or the Research Unit that co-location is essential – but it is essential that research activity continue

to be supported at the new site and this will occur as part of the planned future arrangements.

It is assumed that the required contingency plan within this recommendation refers to ensuring premises for the Unit at the University. This has been agreed with the University and will continue to be followed up by the Research Unit, as the academic links to the University are as important as the service links to the new hospital site.

Recommendation 3:

That further information is submitted on the timeframe and effectiveness and future development of the liaison service. The task group do not feel that current provisions are satisfactory in order to make a sustained difference.

The Liaison service or “in-reach” service resulted in significant improvements during 2004 to the joint assessment and discharge planning of Older People with mental health problems receiving acute medical treatment at Great Western Hospital. The expertise and improved availability of specialist staff has benefited patients, carers and hospital-based staff. This ‘in-reach’ service is one of the projects funded by Social Services Access and Systems Grant 2004/05 and is monitored by the joint agency Hospital Discharge and Winter Planning Group. During January 2005 the project will be evaluated and if proven successful, which it currently is, inter-agency discussions will be needed to secure longer term funding. If that evaluation demonstrates the need to extend the service then those discussions will also need to accommodate the additional costs.

Recommendation 4:

That an assessment should be made of the likely effect of bed reduction in the proposed new unit on the costs to be borne by Social Services for the care of elderly mentally ill patients bearing in mind the local eligibility criteria for NHS Continuing Care, and that Commissioners of all services consider whether there are enough services to meet the future growth trends of the mentally ill in an ageing population and report to the Health and Social Care Commission accordingly.

An assessment of the future needs of Older People with mental health problems was undertaken earlier this year as part of Swindon Borough Council’s Modernisation Programme for its 6 residential care homes, by Swindon Primary Care Trust with Swindon Social Services (through consultants SECTA), and was updated recently as part of the work required by the Outline Business Case. Cabinet Paper on Whitbourne House. Detailed briefings were given to the Task Group on the impact of the reduction of the number of beds in the new hospital from 38 to 26. The assessment also took into account:

- Current and predicted numbers of placements in EMI residential and nursing home care
- Current and predicted fee rates being charged by the private sector

- Current and future capacity of EMI care homes able to offer care for Older People in Swindon
- Current and future capacity of domiciliary care services to support Older People in their own homes
- Potential to develop specialist domiciliary care services in Swindon
- Development of Business Case for Whitbourne House (Swindon Social Services) care home as a specialist EMI care home
- Budget planning 2005/06
- Reports on Section 31 'pooled budget' for Mental Health Services submitted to the Joint Commissioning Board for Mental Health bi-monthly.

The impact of the reduction in beds proposed in the Strategic Outline Case is only one of a number of factors that have been taken into account. This reduction has to be balanced against the impact the new improved facilities at Victoria Hospital and Whitbourne House will have, the impact of improved and improving medication prescribed to Older People with mental health problems, the potential impact of improved support for carers and the continuing improvements to services from the integrated care model and services from Health & Social Care in Swindon.

Currently within Swindon there are: 75 EMI residential care beds

48 EMI Nursing Home care beds

Capacity being developed:

20 EMI residential care beds (Whitbourne House June 2005)

30 EMI Nursing Home beds (Methodist Homes Assoc Dec 2005)

30 EMI Nursing Home beds (Local Provider 2006)

20 to 30 EMI Nursing Home beds (previous PMH site estimated opening 2006)

Current placements:

EMI RCH 68 in Swindon, 14 outside: total 82 beds

NH EMI 14 in Swindon, 24 outside 14: total 38 beds

Current demand: (including those assessed for care and those listed above)

92 RCH EMI

51 RCH NH

Allowing for Demographic increase: 2009 105 RCH EMI

58 NH EMI

Current costs of care homes: Swindon rates: EMI RCH £323

EMI NH £454

However care homes are seeking higher fees for their placements at present, which will need to be considered in Budget planning 2005/06 and beyond. AWPT is reporting increased costs for all out-of-area placements, some of which include Continuing Health Care and health-funded placements. It is hoped the increase in capacity will assist in managing the costs of care home placements.

An increase in fees 2004/5 was allowed for in the Adult Services budget of between 3% and 9% to ensure enough placements were available, and this forms part of the section 31-pooled budgets. We consider that there will be increased capacity in all services, and that the greater risk is the increasing cost of care placements.

Recommendation 5:

That detail regarding the relocation of the other services currently based at the Victoria Hospital (Koalas, The Sadler Unit, and Headway), is provided to the Health and Social Care Commission at the appropriate time by the Swindon PCT.

The Project Board through its constituent agencies has been looking into alternative sites and provision for these 3 services. The Project Board will continue to seek an agreed solution with these services as part of its programme referred to in the OBC.

6 Appendices

6.1 Appendix 1 - Letter from GWH

7 Date

7.1 8th November 2004

The Director of Finance and the Director of Law and Corporate Governance are consulted on all reports. The following officers and agencies were consulted on this report:

Officer
Agency

The following Ward Councillors were consulted or informed of the contents of this report:

Ward

THE FOLLOWING UNPUBLISHED DOCUMENTS HAVE BEEN RELIED ON IN THE PREPARATION OF THIS REPORT: None.

Further information regarding this report can be obtained from Graham Pearson on Direct Dial No. 01793 465852 or Email gpearson@swindon.gov.uk

The Cabinet Lead Member for the service area subject to this report is Councillor Ian Dobie, Lead Member or Leader of the Council for Portfolio who has also been consulted on its contents.

Swindon and Marlborough

NHS Trust

The Great Western Hospital
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CG/LHT

8th November 2004

Councillor Owen Lister
Civic Offices
Euclid Street
Swindon
SN1 2JH

Dear Councillor Lister

RE: SCRUTINY REVIEW OF MODERNISING MENTAL HEALTH CARE FOR OLDER PEOPLE IN SWINDON

Thank you for your letter regarding the above and requesting a response on recommendations 4 and 5.

Recommendation 4

The possible effect of bed reductions is, I believe, a question which should be addressed to AWP who will be in a better position to assess future trends of the mentally ill. From this Trust's perspective, we would want to ensure sufficient facilities (not just beds but services) to support patients rather than for them to remain in acute hospital beds longer than necessary. This requires all the health and social systems to work effectively together and I believe we have established a good foundation on which to continue this work.

Recommendation 5

We will work closely with AWP and Swindon PCT in the relocation of services based at Victoria Hospital. However, the relocation provides an opportunity for key stakeholders to consider what and how future services should look like.

Although you have not asked me to comment on recommendation 2, this could impact on this Trust's site development and I feel it would therefore be appropriate

for me to do so. My understanding is that AWP support the continuation of active research. However, the research facilities should be sited with an academic base. Research will continue to take place alongside clinical services. This Trust would not plan to site a research centre as part of the reprovision.

Unfortunately, I am unable to attend the Overview and Scrutiny Commission on 19th November as this clashes with our Clinical Executive meeting. Please do not hesitate to contact me if you have any queries.

With best wishes.

Yours sincerely

Mrs Lyn Hill-Tout

Chief Executive

Copy to: Carl Beech, PALS
Malcolm Sinclair, AWP

Appendix 8

Minutes of Meetings

MODERNISING MENTAL HEALTH CARE FOR OLDER ADULTS IN SWINDON SCRUTINY TASK GROUP

MONDAY, 20 SEPTEMBER 2004

PRESENT:- Councillors Steve Allsopp, John Ballman, Melanie Duff, Charles Lister and Anthony Peake.

Apologies for absence were received from Councillors Stan Pajak.

1. Appointment of Chair

Resolved – That Councillor Charles Lister be Chair of the Modernising Adult Mental Health Care Task Group.

2. Terms of Reference

Some discussion took place around the scope of the project brief, and in particular, around the issues that the Task Group should focus upon. Claire Yeates (Scrutiny Officer) confirmed that the Health and Social Care Commission had supported plans for the re-provision of older adults mental health care in relation to Victoria Hospital at their meeting on 29th January 2004 as stated in the strategic outline case. The role of this Task Group was to review the consultation process in relation to this and to consider the sustainability of future service provision. Views from this Task Group would need to be fed into the consultation process by October 18th 2004.

It was agreed that the strategic outline case would be sent out to all Members of the Task Group before the next meeting for information and that a clinician and a carer would be invited onto the Task Group. Councillor Allsopp also requested that a copy of the National Service Framework (NSF) is sent to all Members of the Task Group. It was also agreed that the next meeting would be held at Victoria Hospital and that Malcolm Sinclair (Director of Mental Health for Swindon and Wiltshire) and/or Roger Bullock (Senior Consultant) would be invited to give evidence at this meeting.

3. Dates for future meetings

Provisional dates for the next meeting are Friday, 1st October (am) or Tuesday, 5th October (am) and will be held at Victoria Hospital.

MODERNISING MENTAL HEALTH CARE FOR OLDER ADULTS IN SWINDON SCRUTINY TASK GROUP

FRIDAY, 1 OCTOBER 2004

PRESENT:- Councillors John Ballman and Charles Lister.

4. Meeting with Carers

The Task Group met with current and past carers who were members of the Focus group and discussed the proposals for the re-provision of the current Hospital and Community Services with 26 beds serving dementia and functional illness for over 65's from Victoria Hospital. Other services which operate at Victoria Hospital are identifying alternative solutions for their long term future.

The non financial option appraisal has identified the Great Western Hospital as the highest preference for the site of the re-provision, with the Victoria Hospital Site the second highest provision preference. The Task Group indicated that this meeting was an opportunity for carers to make the Group aware of the level of service that they need to be provided, and what they needed as carers to provide that service.

The carers indicated that they would wish the services to be provided in one unit, not spread out over various sites. They stressed the need for staff to have adequate training in dealing with people with dementia and Alzheimer's disease. They felt that at present there were not adequate facilities nor were staff adequately trained for providing care for people with dementia and Alzheimer's disease at the Great Western Hospital. Concern was expressed that any new facility at the Great Western Hospital would be substantially smaller than at Victoria Hospital and reference was made to the number of people currently on the waiting list at Focus for respite care.

The carers felt that the current proposals for 26 beds was not enough and they were afraid that the new facilities would not be geared towards the special requirements of people with dementia and Alzheimer's disease. It was noted that private nursing homes often are full up with "self-funders".

The carers gave the Task Group their personal experiences of dealing with someone who has Alzheimer's disease or dementia and the help they received from various services.

MENTAL HEALTH TASK GROUP

THURSDAY, 7th OCTOBER, 2004

PRESENT:- Councillors John Ballman, Melanie Duff, Charles Lister and Anthony Peake.

5. Meeting with Geoff Degg, Joint Commissioning Manager

Geoff Degg advised the Board that the proposal for the re-provision of the Hospital and Community Services with 26 beds serving dementia and functional treatment for the over 65's was not fully committed to being re-housed at Great Western Hospital. The National Health Service Business Case process requires significant capital programme to be progressed through three formal planning stages, (a) strategic outline case, (b) outline business case and (c) full business case.

The strategic outline case was approved by the Health Authority in July 2004. The Avon and Wiltshire Mental Health Partnership is now progressing work on the outline business case and this includes a public consultation of three months which completes in mid October 2004. The proposed move was stand alone, and not dependant on the University moving to Coate Water.

Other services which operate at the Victoria Site are identifying alternative solutions for their long term future. Councillor Peake expressed concern that the Kings Hill Research Unit would not be moving in tandem with the Hospital and Community Services. Graham Pearson undertook to report these concerns back to the Project Board, he explained that the Research Unit had two parts (i) patients and (ii) academic. The patients would be moving to Great Western Hospital and the academic part would be housed elsewhere.

Councillor Lister asked what facilities are available in the community for people suffering with dementia and are the facilities enough to cope with the likely increase in these figures. Geoff Degg responded that better drug treatments, and better technology allowed people to remain in the community for longer periods of time. He advised that the type of patients currently in long term care at Victoria

Hospital were unlikely to come through the system again. People were more likely to be hospitalised because of physical problems.

Councillor Peake thought if the overall of number of beds is reduced that the social care provision must be increased. Graham Pearson agreed however he warned that as demand for social care increases then it often out strips unaccounted budgets. He advised that the stock of beds will increase when Wimborne House and Kingsdown become operational. If home care is offered alongside nursing home care then this offers respite care in a safe environment. If people go into self sheltered accommodation early enough and the on set of dementia then their quality of life is safer and they are more likely to remain in the community.

Geoff Degg advised that the proposed new unit would not result in a cut in "usable beds" and that if people from outside the Swindon area are admitted to the unit then they are funded by their own local commissioning board.

The Task Group discussed the footprint of Great Western Hospital and the proposed unit would be placed. It was thought that the close proximity to Great Western Hospital would improve liaison.

MODERNISING MENTAL HEALTH CARE FOR OLDER ADULTS IN SWINDON SCRUTINY TASK GROUP

TUESDAY, 12 OCTOBER 2004

PRESENT:- Councillors Melanie Duff and Anthony Peake.

1. To hear evidence from Malcolm Sinclair, Director of Mental Health for Swindon & Wiltshire, Avon & Wiltshire Mental Health Partnership (oral).

The Task Group met with Malcolm Sinclair, Director of Mental Health for Swindon & Wiltshire, to discuss various concerns that had arisen during the Task Group's review.

Research Unit - why was this being sited separately at the Great Western Hospital and not being included in the main work area?

The unit was primarily the concern of Roger Bullock, senior consultant at Victoria Hospital, and he wanted it to be nearer to the university, possibly to give closer access to their research facilities. The unit was an independent facility and it had been understood that it would move nearer to the university. The Task Group commented that it had gained the impression that Roger Bullock would prefer the unit included within Victoria Hospital. Malcolm Sinclair agreed to:

- Clarify with Roger Bullock the preferred site for the research unit
- Provide a plan to show the site of the unit by the Great Western Hospital
- Information on the contingency plans should there be a delay in the university location process.

Staff training – carers had expressed concern that staff were not adequately trained in providing care for patients with dementia or Alzheimer's disease at Great Western Hospital.

It was recognised that a gap existed, as this was where general nursing crossed over to psychiatric care. With the research unit on the hospital site, it should help to forge greater links between the two, with the possibility of liaison training with staff from the hospital. A colleague of Roger Bullock had done a lot of work on this issue.

- Malcolm Sinclair agreed to forward information on the liaison training.

Number of beds – carers were concerned that 26 beds was not sufficient provision, although it had been noted that Roger Bullock had stated he accepted the reduction in the number of permanent beds as there would be more outside support from other social care facilities.

The number of beds required for the specialist unit had originated with Roger. There were enough beds for local people, but very often it was people from outside the area who were filling them.

Children's facility – there were concerns over the provision of a children's facility but this was not within the remit of the Task Group. However, it is an issue that will be touched on in the report.

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