

DERBYSHIRE COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY REVIEW

**WOODSIDE WARD, ILKESTON COMMUNITY
HOSPITAL – RELOCATION OF IN-PATIENT MENTAL
HEALTH WARD**

FINAL REVIEW REPORT

DECEMBER 2005

DERBYSHIRE COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY REVIEW

WOODSIDE WARD, ILKESTON COMMUNITY HOSPITAL – RELOCATION OF IN-PATIENT MENTAL HEALTH WARD

FINAL REVIEW REPORT

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Foreword

We would like to thank all of those individuals and organisations that participated in the Health Scrutiny meeting at Charnos Hall, Ilkeston Community Hospital on Tuesday 11 October 2005.

We would also like to thank Erewash Primary Care Trust for hosting the event.

We have listened to the views of carers and carers' representative groups, and also to senior managers from NHS Trusts and Derbyshire Social Services.

We commend this Report and its recommendations to the Board of the Derbyshire Mental Health Services NHS Trust.

We recognise that the issues raised in this report will enable the Health Overview and Scrutiny Committee to take an informed view of the Derbyshire Mental Health Services NHS Trust in relation to, at least, Core Standard 17 of the Healthcare Commission's Annual Health Check.



Councillor Alan Jones
Chair
Improvement and Scrutiny Committee – Services for Older People and
Vulnerable Adults and Community Safety Services
Derbyshire County Council
County Hall
Matlock
Derbyshire

December 2005

1. Background to the Review

- 1.1 Derbyshire County Council's Health Overview and Scrutiny Committee¹ was notified of a proposal to close an older person's mental health ward at Ilkeston Community Hospital on 8 August 2005. The ward, Woodside Ward, was managed by Derbyshire Mental Health Services NHS Trust. It provided in-patient care for four people with mental health problems, and respite care for a further two patients.
- 1.2 The initial notification came in a telephone call from the Mental Health Trust's Associate Director for Legal and Statutory Affairs. Formal notification came in an email from the Associate Director on 25 August 2005.
- 1.3 At its meeting on 6 September 2005, the Health Overview and Scrutiny Committee agreed to establish a Members Panel² to further explore the Mental Health Trust proposals.
- 1.4 The Panel met three senior managers from the Trust on 21 September 2005 – the Chief Executive, the Acting Director of Care Services and the Associate Director, Legal and Statutory Affairs. It was at this meeting that the Trust Chief Executive confirmed that the Trust Board had made a decision to close Woodside Ward at Ilkeston Community Hospital on 27 July 2005 – before the Health Overview and Scrutiny Committee was informally notified of the "proposal" on 8 August 2005. It was also confirmed that the closure date was planned for 4 October 2005 – before the Committee would have chance to fully explore the implications of the closure.
- 1.5 The Panel determined that it wanted to find out more about the decision to close Woodside Ward, particularly from users of the service. It agreed to hold a meeting – in the style of an "Examination in Public", on 11 October 2005, in Ilkeston Community Hospital, although to protect patient confidentiality the meeting was not held in public.
- 1.6 The Panel invited a number of organisations and individuals to the meeting, including:
 - Carers of former Woodside Ward in-patients

¹ The Health Overview and Scrutiny function is constituted in the Improvement and Scrutiny Committee for Older People and Vulnerable Adults Services and Community Safety Services

² Panel Members included Councillors Alan Jones (Chair), Sharon Blank, Michelle Booth, Frank Hood

- Derbyshire Mental Health Services NHS Trust Public and Patient Involvement Forum
- Erewash Primary Care Trust Public and Patient Involvement Forum
- Derbyshire Voice
- Derbyshire Mental Health Carers Forum
- Ilkeston Family Friends Group
- NEDCASH
- Local Derbyshire County Councillors
- Derbyshire Mental Health Services NHS Trust
- Erewash Primary Care Trust
- Derbyshire Social Services
- Primary Care Trust Lead Commissioners for Mental Health Services

1.7 The Panel listened to information and evidence provided by the invited guests, and focussed their attention on three issues:

- The Mental Health Trust's need to make changes – financial recovery package, providing services for in-patients at a central location, relocation of the day service to Woodside.
- Public Involvement and consultation in shaping and delivering the proposals.
- Continuing care for patients and carers.

1.8 Appendix 1 details the people who attended the meeting on 11 October 2005.

2. Executive summary and recommendations

- 2.1 The meeting at Charnos Hall, Ilkeston Community Hospital on 11 October provided a good opportunity for all parties to express their points of view. The process has been welcomed, especially by the patient and carer representatives.
- 2.2 The overriding point that emerged was that lessons were to be learned from the whole process. This was acknowledged by the Chief Executive of the Derbyshire Mental Health Services NHS Trust.
- 2.3 The fundamental dilemma that the Trust highlighted was balancing the dual responsibilities of delivering a purposeful and transparent consultation process and achieving substantial financial savings through the closure of Woodside Ward (and a number of other changes in services).
- 2.4 This dilemma generated a very real difficulty for the Trust. The closure of Woodside Ward was only one of a total of eight proposals that the Trust Board agreed on 27 July 2005. These service reconfigurations, as a package, would deliver some annual savings of £1.345 million in 2005/6 and £2.554million in a full year. The Trust Board considered that these savings are essential to ensure the Trust operated within its financial resources.
- 2.5 The Committee considers that the Trust did not meet its requirements to comply with section 11 of the Health and Social Care Act. The Committee further considers that the Trust also did not comply with requirements of section 7 of the Health and Social Care Act. The basis for this consideration being that:
- The Trust did not formally notify Members of its decision to close Woodside Ward until 21 September 2005. However, the decision to close the Ward was taken on 27 July 2005, and so the communications of “proposals” on 8 and 25 August were misleading. The Ward closed on 4 October 2005.
 - Taken as a package the eight proposals are to deliver £2.554 million full-year savings by changes to service delivery. The decision to relocate the in-patient services formerly provided at Woodside Ward, Ilkeston Community Hospital constitutes substantial service reconfiguration. This fact is disputed by the Trust. However, the Health Scrutiny Guidance published by the Department of Health makes it clear that any permanent relocation of a service may be considered a

substantial service reconfiguration. Also, regardless of Health Scrutiny Guidance, the permanent relocation of a service from a site in Ilkeston to Kingsway Hospital in Derby is a major issue for local people.

- The Trust's Chief Executive stated he was unaware of any protocols for dealing with service reconfigurations. Such protocols were widely consulted on in Derbyshire during Summer 2004 and were agreed by Derbyshire NHS Chief Executives in August 2004. Derbyshire County Council forwarded the protocols to the Chief Executive on 11 October 2004, and the Trust's Associate Director for Legal and Statutory Affairs asked for an electronic version of the protocols on 8 August 2005. Indeed the Trust submitted details of what were believed to be proposals to the County Council, using the agreed Protocol, on 25 August 2005.
- The concerns expressed by carers' representatives about the lack of any consultation and the impact of this omission on patients.
- It would seem that actions needed to resolve the Trust's financial situation were known by the Trust management some time prior to the eventual proposals becoming public.

2.6 The point was made by the Trust's Chief Executive about the lack of any formal definition of what constitutes a significant service reconfiguration. In the absence of further Government guidance on this matter, it is considered that the Health Overview and Scrutiny Committee's protocol previously agreed with Derbyshire NHS Trust Chief Executives is a reasonable working interpretation.

2.7 Given that Woodside Ward has now closed, the focus is also upon improving relationships for the future. The 'examination in public' proved extremely fruitful in this regard. The Trust and PCT representatives undertook a number of steps including:

- The establishment of networking arrangements with the various carer organisations to improve future consultative arrangements.
- An acknowledgement of closer co-operative working arrangements with the County Council's Health Overview and Scrutiny Committee and support staff.
- Although separate from the Woodside Ward closure, the Panel noted the invitation by the Trust's Chief Executive that he would welcome a future broad based Health Overview and Scrutiny review into the provision of mental health services. This is welcomed.

- 2.8 The Panel feels that fears expressed by the Carers representatives led to adverse publicity and this could and should have been avoided.
- 2.9 From the Panel's perspective, the Trust is strongly encouraged to provide advance notice of similar future proposals. In doing so it also acknowledges that confidentiality may need to be exercised especially in the timing of such notification – the point being to establish rapport which enables informal, advance notification wherever possible, but with an obligation upon the Committee that these be dealt with on a confidential basis until made public by the Trust. One of the primary concerns being to provide assurances on the anticipated consultation arrangements for such proposals.
- 2.10 The Panel thanks all the participants to the 'examination in public' style of meeting.

RECOMMENDATIONS

RECOMMENDATION 1

Derbyshire Mental Health Services NHS Trust provides the Health Overview and Scrutiny Committee with a timeline for the project involving the relocation of patients from Woodside Ward, Ilkeston Community Hospital, covering the period April 2005 to the closure of the Ward on 4 October 2005. In particular, the Committee wants to better understand when:

- Primary Care Trusts were notified of the proposal and decision,
- The Derbyshire Health Overview and Scrutiny Committee was notified of the proposal and decision,
- Patient representative groups were notified of the proposal and decision,
- Carers and service users were notified of the proposal and the decision.

RECOMMENDATION 2

Derbyshire Mental Health Services NHS Trust provides the Committee with its agreed interpretation of the Health and Social Care Act 2001, including tangible evidence that it is involving service users and carers in shaping service delivery, in relation to:

- (a) Section 11 – Patient and Public Involvement, and**
- (b) Section 7 – Decision of a Health Overview and Scrutiny Committee to undertake a review.**

RECOMMENDATION 3

The Chair and Chief Executive of the Derbyshire Mental Health Services NHS Trust meet with the Committee to agree how to manage service reconfigurations in the future, and to determine scope for dialogue to take place before a Board decision.

RECOMMENDATION 4

Derbyshire Mental Health Services NHS Trust considers issues around access to services as part of its decision-making process in future, when reconfiguration of services is proposed, particularly for disadvantaged and minority groups.

RECOMMENDATION 5

Derbyshire Mental Health Services NHS Trust provides the Committee with a written response to the issues raised by Carers and representative groups, these issues being raised with the Committee and included in the Report.

3. **Derbyshire Mental Health Services NHS Trust's need to make changes – financial recovery package, providing services for in-patients at a central location, relocation of the day service to Woodside**
- 3.1 The Chief Executive of the Mental Health Trust delivered a presentation to the meeting. The presentation is set out in Appendix 2.
- 3.2 The Chief Executive set out a series of facts relating to the Trust's current financial position, including:
- A recurring £2m deficit, since 2001/2002.
 - A cost improvement efficiency target for 2005/2006 of £1.5m
 - A statutory duty to achieve financial balance by 31 March 2006.
- Actions needed to resolve the Trust's financial situation were known by the Trust management early in the financial year.
- 3.3 The Chief Executive also spoke of the environment the Trust is working in, in relation to funding. The Trust confirmed that the Derbyshire Primary Care Trusts (PCTs), as Commissioners of the Mental Health Trust Services, require the Trust to give priority to national targets, and that the PCTs were unable to fund Mental Health Trust cost pressures. The Trust reported that Sir Nigel Crisp, NHS Chief Executive, has also stated that "it is not acceptable for any NHS organisation to spend more than it has been allocated in income."
- 3.4 In the Trust's words, "achieving financial balance is the single most important statutory duty for NHS Trusts".
- 3.5 The Trust also reported that in the medium to long-term it plans to implement significant system reform and service redesign and also that it is the view of Patricia Hewitt, Secretary of State for Health that Trusts facing financial difficulty do so because they have failed to modernise.
- 3.6 In the short-term, in order to achieve financial balance by 31 March 2006, the Trust has focussed on four key principles:
- Reducing the use of agency staff to a minimum
 - Ensuring the economic viability of every Ward / Department
 - Speeding up the modernisation and service redesign process
 - Continuing the agreed strategic direction of travel.
- 3.7 Amongst the total planned savings of £1.345m during 2005/2006

is a decision to “transfer Woodside Ward inpatients to Kingsway”, generating a saving of £250,000 in 2005/2006, and £525,000 in 2006/2007. The Trust also notes that some mental health day services would be relocated from Kingsway Hospital, Derby to Ilkeston Community Hospital, as part of the service redesign. Seven other savings schemes were agreed by the Trust Board.

- 3.8 The Panel understands that the Derbyshire Mental Health Services NHS Trust Board received a report covering these issues in the “closed” session of the Board meeting on 27 July 2005. A full copy of this report has not been shared with the Committee.
- 3.9 The Panel remains unclear of the process for considering these proposals, for example when the proposals were considered and agreed by the Primary Care Trusts, patients groups, patients and carers and when decisions were taken to close the Ward on 4 October 2005. Table 1 sets out the Panel’s understanding of some key milestones.

Table 1 – Woodside Ward – Key milestones

27 July 2005	Trust Board decision to close Woodside Ward, and introduce other financial recovery package measures
8 August	Informal contact made with the Scrutiny Officer by the Trust regarding “proposals” for Woodside Ward
9 August	The Scrutiny Officer forwarded the Trust a copy of the agreed reconfiguration protocol – agreed by Derbyshire NHS Chief Executives in August 2004
25 August	The Scrutiny Officer re received the completed reconfiguration protocol (dated 17 August), covering all "proposals" in the Financial Recovery Package.
21 September	A Panel of Members met with Trust Chief Executive – who confirmed that a Board decision was taken on 27 July, and that Woodside ward would close on 4 October. This means that our earlier correspondence relation to decision taken by the Trust rather than proposals.
4 October	Woodside Ward closed as an in-patient mental health ward.
11 October	The Members Panel held an “Examination in Public” style meeting in Ilkeston Community Hospital.
15 November	The County Council’s Scrutiny Committee agreed the Members Panel recommendations.

- 3.10 A further concern of the Panel is the timing of the closure of Woodside Ward. The Panel first knew of the decision to close the Ward at a meeting with the Trust Chief Executive on 21 September 2005, yet the Trust knew that the Committee had expressed interest in receiving the proposals as early as 8 August 2005. At some stage, the Trust took a final decision to close Woodside Ward, knowing that the Committee was considering its response.
- 3.11 At its meeting on 27 July 2005, the Trust Board was presented with information which indicated that a saving of £1.345m could be made during 2005/2006. The 2006/2007 saving is £2.554m, just under twice of the 2005/2006 saving. The information presented to the Board on 27 July 2005 must have had a timeline against it. In relation to Woodside Ward, the 2005/2006 saving is £250,000, just less than half of the 2006/2007 saving. The Panel feels that the Trust Board was presented with a series of proposals with an implementation date of around 6 months into 2005/2006. It appears more than co-incidental that Woodside Ward was closed in the first week of October 2005, six months into the financial year – yet the Panel were not shared this information until 21 September 2005.

RECOMMENDATION 1

Derbyshire Mental Health Services NHS Trust provides the Health Overview and Scrutiny Committee with a timeline for the project involving the relocation of patients from Woodside Ward, Ilkeston Community Hospital, covering the period April 2005 to the closure of the Ward on 4 October 2005. In particular, the Committee wants to better understand when:

- **Primary Care Trusts were notified of the proposal and decision,**
- **The Derbyshire Health Overview and Scrutiny Committee was notified of the proposal and decision,**
- **Patient representative groups were notified of the proposal and decision,**
- **Carers and service users were notified of the proposal and the decision.**

4. **Patient and Public Involvement in shaping the proposals**

Sections 7 and 11 of the Health and Social Care Act 2001

- 4.1 Section 11(1) of the Health and Social Care Act 2001 is reproduced below:

It is the duty of every body to which this section applies to make arrangements with a view to securing, as respects health services for which it is responsible, that persons to whom those services are being or may be provided are, directly or through representatives, involved in and consulted on

- a) The planning of the provision of those services.*
- b) The development and consideration of proposals for changes in the way those services are provided.*
- c) Decisions to be made by that body affecting the operation of those services.*

- 4.2 There is no reference to “substantial” in relation to the duties under section 11. It is expected that all NHS organisations consult patients, carers and representative groups on service changes. The Department of Health has produced guidance for consultation arising from responsibilities under section 11, entitled *Strengthening Accountability*³.

- 4.3 An extract from *Strengthening Accountability* is set out below:
Page ix

Why we involve and consult patients and the public

There are many reasons why it is important to involve and consult patients. First and foremost – it is the law.....

Beyond this there are other valid reasons to involve and consult

- Better decisions are made because more people’s views, perspectives and suggestions are heard.*

- 4.4 The Health Scrutiny Guidance published by the Department of Health in July 2003 states:

Section 10.1.2 – The NHS body will need to discuss any proposals for service change with the overview and scrutiny committee at an early stage, in order to agree whether or not the proposal is considered substantial.

This Section implies that the Trust should have consulted the Committee before the Trust Board took a decision to close Woodside Ward.

³ Strengthening Accountability. Involving Patients and the Public. Department of Health. February 2003

- 4.5 Section 7 of the Health and Social Care Act 2001 conveys a power to Health Overview and Scrutiny Committees in relation to undertaking scrutiny and review of matters relating to the health service in the authority's area, and the scrutiny committee making reports and recommendations.
- 4.6 This means that if a Health Overview and Scrutiny Committee believes a service change to be a "substantial service reconfiguration", then it may hold a health scrutiny review.
- 4.7 The Panel believes that it is evident that the Trust has not complied with its legal responsibility to consult people who use Woodside Ward.
- 4.8 The Panel heard that the Trust had tried to communicate the proposals to its Patient and Public Involvement Forum. It is for that Forum to determine if it feels that it has been properly consulted, and if not to pursue an appropriate course of action through the Commission for Patient and Public Involvement in Health.
- 4.9 However, the Trust also has a duty under section 11 of the Health and Social Care Act 2001 to consult more widely, including patients and their carers, other carers groups, including Derbyshire Voice and Ilkeston Family Friends, Erewash Primary Care Trust Patient and Public Involvement Forum and Derbyshire County Council's Health Overview and Scrutiny Committee. This duty is a responsibility of the Trust regardless of whether the service change is substantial or not.

Local interpretation of Substantial Service Reconfiguration

- 4.10 In March 2003, Derbyshire County Council held a Health Overview and Scrutiny Conference. One of the conference aims was to commence dialogue between Trusts and the Health Overview and Scrutiny Committee on a local interpretation of "substantial service reconfiguration".
- 4.11 Using the Department of Health information available at that time, the Health Overview and Scrutiny Committee prepared a NHS Service Reconfiguration Protocol, which was subsequently agreed with Derbyshire's NHS Chief Executives in August 2004.
- 4.12 The Protocol – set out in Appendix 3 – set out a local interpretation for "substantial service reconfiguration". The local

interpretation includes:

- ***The permanent and off-site relocation of a service***

4.13 The Trust Chief Executive was forward a copy of the Protocol on 11 October 2004. The letter accompanying the Protocol is attached in Appendix 4.

4.14 At its meeting on 6 September 2005, the County Council's Health Overview and Scrutiny Committee heard that the Woodside Ward proposal involved the ***permanent and off-site relocation of a service***. The Committee considered the proposal to be a substantial service reconfiguration. The Committee set-up a Panel to further investigate the proposals by the Trust in respect of Woodside Ward, Ilkeston Community Hospital and Castleton Day Unit, Hartington Unit, Chesterfield Royal Hospital, and so exercise powers under Section 7 of the Health and Social Care Act 2001.

RECOMMENDATION 2

Derbyshire Mental Health Services NHS Trust provides the Committee with its agreed interpretation of the Health and Social Care Act 2001, including tangible evidence that it is involving service users and carers in shaping service delivery, in relation to:

- (a) Section 11 – Patient and Public Involvement, and**
- (b) Section 7 – Decision of a Health Overview and Scrutiny Committee to undertake a review.**

Involvement of the Health Overview and Scrutiny Committee

4.15 The Committee was made aware of a proposal to close Woodside Ward on 8 August 2005. The information came in a telephone call between the Health Overview and Scrutiny Support Officer and the Trust's Associate Director, Legal and Statutory Affairs.

4.16 The Trust requested a copy of the Derbyshire Health Overview and Scrutiny NHS Service Reconfiguration Protocols. These protocols were agreed by Derbyshire's NHS Chief Executives in August 2004 and the Health Overview and Scrutiny Committee in October 2004, and distributed to Trusts in October 2004.

4.17 The Protocol was returned to the County Council, by email, on 25 August 2005, though it is dated 17 August 2005. The Protocol includes a series of questions, and the Trust's

- responses are set out in Appendix 3. The Committee noted that no response was given to the Sections 3.1 to 3.4, which cover Public Consultation, nor Section 3.7, which relates to the impact of the proposed service reconfiguration on patients and carers.
- 4.18 At this time, the Committee was aware of an adverse reaction to the proposal to close Woodside Ward within the Ilkeston community. Councillors had seen press coverage in local media, and the Committee had received a request from the Erewash Primary Care Trust Patient and Public Involvement Forum that the Committee should investigate the Trust's decision to close Woodside Ward.
- 4.19 The Health Overview and Scrutiny Committee set up a Panel of four Councillors to further investigate the Woodside Ward proposals.
- 4.20 As part of their better understanding of the issues around the Woodside Ward proposal, the Panel met the Trust Chief Executive and two other senior managers on 21 September 2005. At that meeting, the Trust Chief Executive confirmed that a decision had been taken to close Woodside Ward at the Trust Board meeting on 27 July 2005 and that, operationally, it would close on 4 October 2005.
- 4.21 The Panel agreed that it wanted to hear other people's views on the decision to close Woodside Ward, and to focus on three issues:
- The background to the need for the Mental Health Trust to close Woodside Ward
 - Public Involvement in shaping the proposals
 - Continuing care for patients and carers
- 4.22 At the meeting on 11 October 2005, the Trust Chief Executive shared some information relating to the Trust's approach to public consultation.
- 4.23 The Trust Chief Executive commented that there is not a locally agreed definition of "substantial service change" – this is not correct. The Derbyshire NHS Chief Executive's agreed the County Council's interpretation of substantial service reconfiguration at one of their meetings in August 2004. Indeed, other Derbyshire NHS Trusts are regularly using the Protocol, including the agreed definition.
- 4.24 The Trust Chief Executive commented that formal consultation

was not undertaken because each scheme was determined not to constitute substantial change. This practice is contrary to the advice given to NHS Trusts in the Health Scrutiny Guidance. It is for a Trust to consult with Health Overview and Scrutiny Committees “at an early stage” to determine if the proposal is substantial. Additionally, the duties under section 11 of Health and Social Care Act 2001 require consultation, of some sort, regardless of a service change being substantial. Indeed, the Trust Chief Executive, when delivering information to Derby City Council on 17 October 2005, stated that the County schemes (Woodside Ward and Castleton Day Unit) were considered to be “significant” – this is contrary to the view shared with Scrutiny Panel on 11 October 2005, when he commented that the County schemes were not significant.

- 4.25 The Trust Chief Executive stated that informal contact had been made with the Health Overview and Scrutiny Officer. This is correct – but contact was not made until 8 August 2005, after the Trust Board took a decision to close Woodside Ward. Formal contact was made on 25 August 2005, nearly one month after the decision was taken to close Woodside Ward. Again, at the Derby City Council meeting on 17 October, the Trust Chief Executive said that the County Scrutiny Committee had been consulted “at an early stage”. This is not an accurate reflection of when the County Council was notified. The Panel do not believe that notification after a decision has been made may be construed as consultation “at an early stage”.
- 4.26 Also at the meeting on 11 October, carers and representative groups were given the opportunity to listen to the Trust Chief Executive, the Primary Care Trust Mental Health Commissioners and Derbyshire Social Services. Representative groups included the Patient and Public Involvement Forum, Derbyshire Voice, Derbyshire Mental Health Carers Forum and Ilkeston Family Friends Group. Positive comments were received from some that this was an opportunity to listen to all views around the closure of Woodside Ward. The Panel strongly believes that such representative groups should be given the opportunity to be involved in all future service changes proposed by the Trust, in line with expectations set out in *Strengthening Accountability*.
- 4.27 The Panel also welcomed the offer by the Trust Chief Executive for a review of processes relating to service reconfiguration.

RECOMMENDATION 3

The Chair and Chief Executive of the Derbyshire Mental Health Services NHS Trust meet with the Committee to agree how to manage service reconfigurations in the future, and to determine scope for dialogue to take place before a Board decision.

5. Continuing care for patients and carers

- 5.1 The Trust Chief Executive explained that Woodside Ward was an 8-bed unit in Ilkeston Community Hospital, for people with severe dementia, and other mental health needs. Until its closure on 4 October 2005, Woodside Ward provided in-patient support for four patients, “three of whom should be elsewhere, in other accommodation”. A further two patients access respite care, but these should also receive services elsewhere.
- 5.2 The Trust Chief Executive stressed that Woodside Ward is not being closed, but the in-patient facility is being moved elsewhere, to Derby Kingsway Hospital.
- 5.3 The Panel were concerned that a decision had been taken to close Woodside Ward in July 2005, before an assessment of needs for each of the patients was undertaken. This left carers having concerns over the future of their loved ones, particularly when the Trust has indicated that their care should be provided by unnamed others.
- 5.4 The Panel is not clear on the relationship between the Mental Health Trust, Erewash Primary Care Trust and Derbyshire Social Services in relation to the overall care of these vulnerable patients. However, the Panel does not want to focus on the needs of individuals, since to do so would necessarily require a degree of discussion of personal and confidential circumstances.
- 5.5 However, a number of written representations have been made to the Panel by representative groups.
- 5.6 Specifically, the Panel is concerned that in planning the service change little account has been made of the need for patients transferred from Ilkeston to Kingsway, or elsewhere, to be visited by carers, relatives or friends. However, the Health Scrutiny Guidance requires NHS bodies to consider the impact of changes in accessibility of services, particularly for disadvantaged and minority groups, such as Older People. In such circumstances, a geographical relocation of a service may result in difficulties associated with public transport or with the financial cost of visiting a relative or friend. The Panel would like to see such changes explicitly addressed.

RECOMMENDATION 4

Derbyshire Mental Health Services NHS Trust considers issues around access to services as part of its decision-making process in future, when reconfiguration of services is proposed, particularly for disadvantaged and minority groups.

- 5.7 Generally, the Panel is content for the issues raised by representative groups to be put to the Trust, and that the Trust should provide a written response for each one. The issues are set out in Appendix 5.

RECOMMENDATION 5

Derbyshire Mental Health Services NHS Trust provides the Committee with a written response to the issues raised by Carers and representative groups, these issues being raised with the Committee and included in the Report.

DERBYSHIRE COUNTY COUNCIL

HEALTH OVERVIEW AND SCRUTINY REVIEW

**WOODSIDE WARD, ILKESTON COMMUNITY
HOSPITAL – RELOCATION OF IN-PATIENT MENTAL
HEALTH WARD**

**FINAL REVIEW REPORT
APPENDICES 1 TO 5**

Meeting at Charnos Hall, Ilkeston Community Hall, 11 October 2005

The meeting was attended by:

Health Overview and Scrutiny Panel

Councillor Alan Jones	Derbyshire County Council
Councillor Michelle Booth	Derbyshire County Council
Councillor Sharon Blank	Derbyshire County Council
Councillor Frank Hood	Derbyshire County Council

Carers and representative groups

Elaine Jackson	Chair, Derbyshire Mental Health Services NHS Trust Patient and Public Involvement Forum
Lynda Stancliffe	Forum Support Officer, The Carers Federation
Catherine Ingram	Chief Executive, Derbyshire Voice
Janet Rice	Derbyshire Mental Health Carers Forum
Stan Fulwood	Derbyshire Mental Health Carers Forum
Betty Fox	Ilkeston Family Friends
Ann Roberts	Ilkeston Family Friends
Alan Smith	NEDCASH
Peter Gunn	Carer
Kevin Miller	Carer's relative

Derbyshire Social Services and NHS organisations

Councillor Dave Allen	Cabinet Member for Older People and Vulnerable Adults, Derbyshire County Council
James Matthews	Head of Policy, Derbyshire Social Services
Judith Forrest	Chair, Derbyshire Mental Health Services NHS Trust
Mike Shewan	Chief Executive, Derbyshire Mental Health Services NHS Trust
Graham Gillham	Associate Director, Statutory and Legal Affairs, Derbyshire Mental Health Services NHS Trust
Debbie Smith	Manager, Derbyshire Mental Health Services NHS Trust
Anthea Thompson	Chair, Erewash Primary Care Trust
Helen Ashley	Acting Chief Executive, Erewash Primary Care Trust
Nina Ennis	Chief Executive, Derbyshire Dales and South Derbyshire Primary Care Trust
Ruth Sargent	Mental Health Services Commissioner, Derbyshire Primary Care Trusts

Scrutiny Team

Tony Chadbourne	Head of Administration, Derbyshire County Council
Roy Ackrill	Improvement and Scrutiny Officer, Derbyshire County Council

DERBYSHIRE COUNTY COUNCIL HEALTH OVERVIEW AND SCRUTINY COMMITTEE

11TH OCTOBER 2005

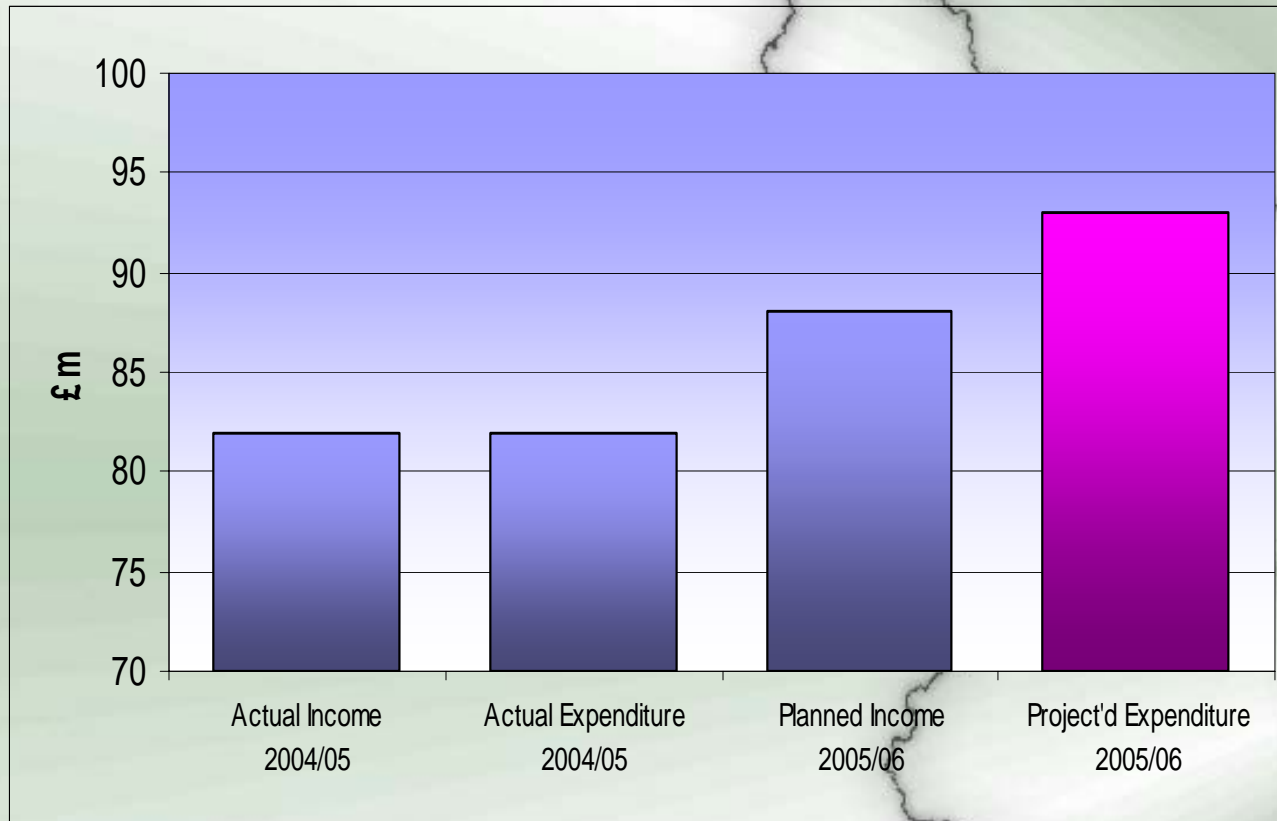
- *Context of Financial Recovery Plan*
- *Consultation and Communication*
- *Continuity of Care*

FINANCIAL RECOVERY PLAN 05/06


TRUST BACKGROUND

- Underlying deficit post-mergers (2001 and 2002) £2M
- Cost improvement efficiency target (2005/06) (1.7%) £1.5M
- Statutory duty to achieve financial balance
- Local delivery plan:
 - Commissioners give priority to national targets primarily
 - Unable to fund Trust cost pressures
- Non-recurrent solutions (as previous years) now exhausted
- Evidence of increasing overspend/excessive use of agency staff – situation unsustainable
- Situation unsustainable if financial balance to be achieved
- Action deemed **URGENT**

WHAT IS THE PROBLEM WE ARE TRYING TO FIX?



By end of June there was the prospect of £5M overspend



“It is not acceptable for any NHS organisation to spend more than it has been allocated in income.”

***Sir Nigel Crisp
NHS Chief Executive***

Achieving financial balance is single most important statutory duty for NHS Trusts

SO WHAT OPTIONS HAVE BEEN OPEN TO US?

- Argue the case for increased income
- Reduce costs to match income
 - HOW?

IN MEDIUM TO LONG-TERM, THE ANSWER LIES IN SIGNIFICANT SYSTEM REFORM AND SERVICE REDESIGN

- *“Many of you (NHS Trusts) will have system reform as one of your top priorities. For those of you in financial difficulty, it is your **ONLY** priority.”*
- *“Many Trusts say that they are facing financial difficulties because they are being told to modernise. The reality is they are facing financial difficulty because they are failing to modernise.”*

Patricia Hewitt

Secretary of State for Health

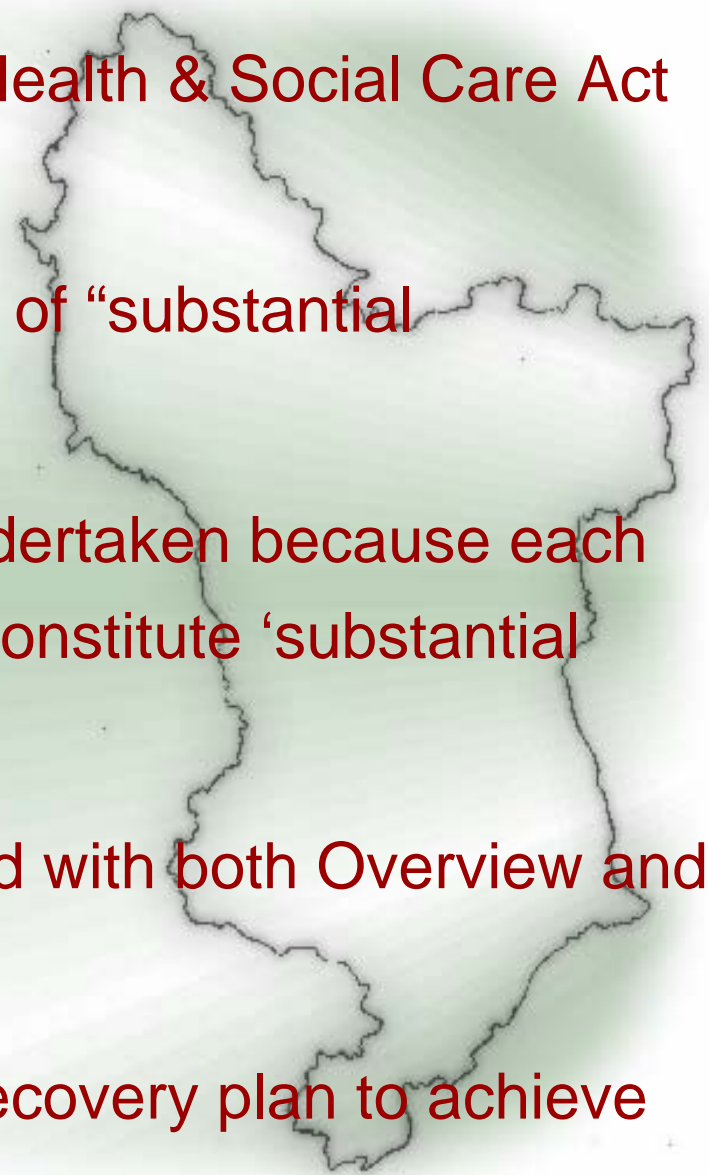
IN SHORT-TERM, WE HAVE FOCUSSED ON 4 KEY PRINCIPLES

- Reducing the use of agency staff to a minimum
- Ensuring the economic viability of every Ward/Department
- Speeding up modernisation and Service redesign processes
- Continuing the agreed strategic direction of travel

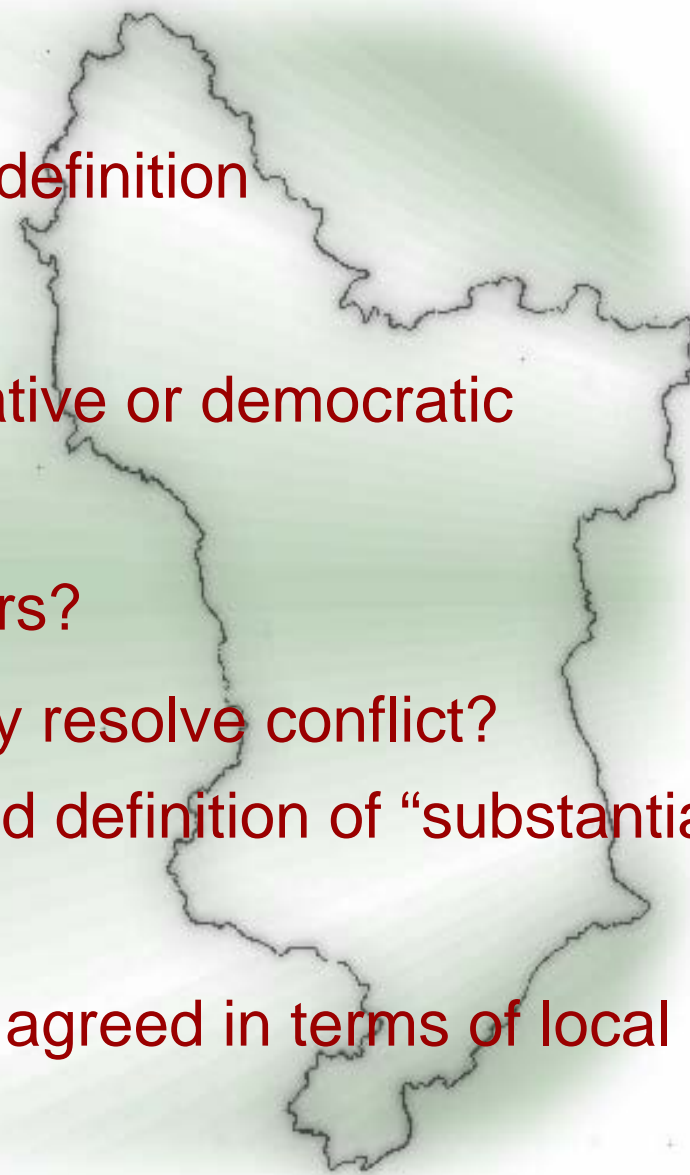
PROPOSED SAVINGS SCHEMES	POTENTIAL SAVING 0506 Approx £ DIRECT COSTS ONLY	POTENTIAL SAVING 0607 Approx £ DIRECT COSTS ONLY	COMMENTS
1.Early closure of Beresford Ward	315	464	Has now closed (14 th July), bringing forward previously agreed plans required for Kingsway retraction. Currently being temporarily re-utilised by Wirksworth Ward
2. Merger of rehabilitation services on Monsal ward and Cherry Tree Close onto Cherry Tree	175	350	Closure of Monsal Ward
3. Transfer of Woodside Ward inpatients to Kingsway	250	525	Subject to PCT approval, also possibility of relocating day services/CMHT to Woodside
4. Reduction of acute beds and eventual closure of Ward 34	350	700	Consistent with Crisis Resolution investment objectives
5. Review of Castleton Day Unit	90	185	Potential benefit of relocating Crisis Service and improving inpatient activity
6. Amalgamation of Quarnmill Day services with Dovedale	Up to 75	Up to 175	May need to find alternative use for Quarnmill due to lease tie-in
7. Community Teams management reconfiguration – Move to 3 teams from 7 teams	70	115	
8. Car Park charges for staff	20	40	Nominal charge for all staff to be taken via payroll
TOTAL SCHEMES REQUIRING BOARD APPROVAL	1,345	2,554	

COMMUNICATION & CONSULTATION

- Regular briefing of Trust's financial pressures since beginning of year no suggestions of action forthcoming
- Schemes approved 'in principle' subject to further discussion (Trust Board 17/07/07)
- Each scheme considered in its own right
- Immediate discussions with Trades Union, staff and users directly affected, and subsequently with wider interested parties
- Discussions with Chair of Trust PPI Forum and Lead Commissioner

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- Requirements of Sect. 11 Health & Social Care Act considered
 - No locally agreed definition of “substantial change/variation”
 - Formal consultation not undertaken because each scheme determined not to constitute ‘substantial change/variation’
 - Informal contact established with both Overview and Scrutiny Committee Officer
 - Urgency of implementing recovery plan to achieve statutory financial duties

PARTNERSHIP/CONSULTATION/WORKING TOGETHER

- 
- All require less ambiguous definition
 - Examples of ambiguity
 - Is partnership a participative or democratic process?
 - Where are the parameters?
 - How do we constructively resolve conflict?
 - What is the locally-agreed definition of “substantial change or variation?”
 - What has already been agreed in terms of local strategic direction?

THE WAY FORWARD?

- 
- Unequivocal commitment to partnership **MUST** be underpinned by more formal written agreements (in **ALL** partnerships!)
 - Remove the ambiguity
 - Clarify what partnership is, and as important, what it is not
 - Working more closely with Health Overview and Scrutiny Committees
 - Where could reviews add value in Mental Health?
 - Clarify levels of consultation needed, and what has already been agreed

DERBYSHIRE HEALTH SCRUTINY

NHS SERVICE RECONFIGURATIONS

HEALTH OVERVIEW AND SCRUTINY REVIEW CHECKLIST

SECTION 1 – to be completed by or on behalf of a Chief Executive of NHS organisation

Initial information

Name of organisation: Derbyshire Mental Health Services NHS Trust

Information provided by: Alan Riggott / Graham Gillham

Contact details: 01246 515696 / 01332 623736
alan.Riggott@derbysmhservices.nhs.uk
graham.gillham@derbysmhservices.nhs.uk

Dated: 17 August 2005

- 1.1 Please outline the nature of the proposed service reconfiguration, including information on:

It is a statutory requirement of NHS Trusts that they achieve financial balance each year and Derbyshire Mental Health Services NHS Trust has had a good track record of financial management. However, over the last three years an underlying deficit has been addressed through non-recurrent solutions, and because these solutions have been non-recurrent the problem has not gone away. Worse still, the potential for such solutions has greatly reduced.

At the beginning of this year, as Local Delivery Plan negotiations (i.e. discussions with the commissioners of our services) were underway, it became clear that commissioners would only be able to focus on the nationally set targets for service development, and would be unable to fund the cost pressures identified by the Trust. At this stage consideration was given by the Executive Management Group to a range of schemes which would help to reduce the problem.

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However, it very quickly became clear that the scale of the problem was such that nothing but fairly radical change to the way some of our services are delivered would have a chance of being successful, hence the current set of proposals.

It is important to emphasise that the Trust has had real new investment in community-based services over the last three years, particularly in Crisis Resolution/Home Treatment, Assertive Outreach, and Early Intervention Services. It has also had some additional funding for key areas of staffing such as Consultant Psychiatrists. However, all Mental Health Trusts are working to the same national targets, and therefore the recruitment of large numbers of new staff has been extremely difficult. In reality, many of these new roles have been filled by existing staff, with a necessity to backfill, often using agency staff, on our inpatient areas. The Trust has therefore relied on agency staff, the cost of whom have been a major area of cost pressure within the Trust.

In addition, as the Trust continues the implementation of its strategy for Kingsway Hospital re-provision, and the associated creation of locality based resource centres, the numbers of long-stay patients have continued to reduce to the point where some clinical areas are now no longer economically viable. There has also been a continuing discussion about the nature, appropriateness and location of some of our day services.

The schemes which are summarised below are designed to generate savings of £1.3m in the current financial year, and recurrently from 2006/07.

The proposed schemes have been discussed with the Chair of the Patient and Public Involvement Forum, Directors of Social Services, and local Primary Care Trusts Chief Executives.

It is estimated that 161 patients may be directly affected as services are reprovided. A General Manager has been identified for each project to ensure that full communication takes place with the patients concerned and their carers.

- 1.2 What will the proposed service reconfiguration mean for patients and the public?

There are five service reconfigurations summarised below.

Integration of Rehabilitation Services provided on Monsal Ward (Challenging Behaviour Unit) and Cherry Tree Close

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(Rehabilitation Unit) into a single recovery-based setting. This will improve the patient environment and better meet the needs of privacy and dignity, until the eventual reprovision in a PFI new build facility.

Woodside. The relocation of the inpatient beds will enable local day care provision to be enhanced. This is a temporary measure until the development of the local resource centre which is due to be built in 2007. The four remaining inpatients are being reassessed in order to be moved to a location appropriate to their individual needs.

Inpatient Acute admission beds – Acute Psychiatric Unit, Derby City General Hospital. To reduce the number of acute admission beds in line with the strategic direction by providing home treatment through the newly-developed Crisis Team in line with the Service Plan.

Quarnmill. To rationalise day hospital services for older adults upon Dovedale Day Unit, based at the Derbyshire Royal Infirmary. The unit will become a centre for all older adult day assessment and treatment services including extended hours services. In County locations day treatment services will be provided by locally based Community Mental Health Teams.

Castleton Day Unit. The aim is to focus the day services on the high needs of inpatients and explore the feasibility of providing local community day services instead of expecting patients to travel to a District General Hospital site. It will also enable the Crisis Home Treatment Team to be relocated closer to the inpatient service in order to reduce the number of acute admissions.

- 1.3 Please provide a copy of the project programme, illustrating the project timeline and key milestones.

See attached.

- 1.4 Is there any further information you want to provide at this stage?

Nothing further.

SECTION 2 – Further information

The following information will assist the Health Overview and Scrutiny Committee to determine its response to service reconfiguration.

Strategic relevance and evidence base

- 2.1 Is the proposed service reconfiguration in context with the stated aims and objectives of your organisation?

Adult Acute

Ward 34 reconfiguration and Castleton Day Unit are consistent with the trend for Crisis Home Treatment teams to deliver services outside of hospital and is part of the expected outcome of the investment in community Services

Older People

In South Derbyshire, the strategic plan is to provide service through Community Resource Centres based on grouping day services, inpatients and the Community Mental Health Teams together. Drawing the day services together in the City an enable use to bring day services from Kingsway into Ilkeston is a step towards achieving the strategic end.

Rehab / Recovery

Cherry Tree and Monsal while improving the patient environment the plan is also to put in place a stepped model of service so that people will move through high intensity rehab to a service which enables them to promote independent living within the ether of recovery.

- 2.2 How will the service reconfiguration enhance the health of local communities?

Overall the reconfiguration schemes will enable more consistent access to available services across the City and County, whilst at the same time providing better value for money from the income available from Commissioners.

- 2.3 a. What is the evidence base for the service reconfiguration?
b. Is the proposal in line with 'good practice'?

Reference:

- **Outline Business Case for Kingsway retraction.**
- **Policy Guidance and NHS National Plan for Crisis Home Treatment and need to reduce bed occupancy by 30%.**
- **In line with the recent Derbyshire wide Rehab and Recovery Review 2003 / 2004**

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- 2.4 How does the service reconfiguration complement your partner organisations' aims and objectives?

These reconfigurations are in line with Commissioners' expectations and the Trust's agreed expectations and Strategic Direction.

Finance

- 2.5 a. What is the cost of the service reconfiguration?
b. Is the project affordable, short term and long term?

No additional costs expected, changes will be within budget and produce cost savings as part of the Trust's Financial Recovery Plan.

- 2.6 What is the source of funding for the service reconfiguration?

N/A

- 2.7 Are there any direct service changes linked to the proposal so that it can be funded, e.g. service reductions, delays in new services?

None directly applicable.

Human Resources

- 2.8 What is the impact on the current workforce?

Staff affected by change have all been contacted individually and assured there will be no redundancies as part of these changes the Trust will be able to redeploy staff into vacancies within the service and the "Staff Organisational Change" policy will be applied.

- 2.9 What are the human resource demands within the service reconfiguration proposals?

All vacancies during the period of service reconfiguration will be managed through a clearing house process, led by the Director of Human Resources for the Trust with input from managers.

- 2.10 Will you be able to recruit sufficient trained and experienced staff to deliver the newly reconfigured services?

N/A

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2.11 What are the plans for workforce development?

The Trust has a Workforce Development Plan in place for each of its service areas and the Workforce Plan will apply to the new services.

Any other comments?

2.12 Please use this space to add any further comments relating to the proposed service reconfiguration.

SECTION 3 – Detailed information, with a patient and public perspective

Consultation

- 3.1
- Who has been consulted so far?
 - Why have you consulted these groups?
 - What questions were asked?
- 3.2
- Who will you consult in the future, as part of your consultation programme?
 - Why will you consult these groups?
 - What questions will you ask?
- 3.3
- What information have you gathered so far from your consultation programme? (key points, themes and issues)
 - How do you plan to respond to these emerging point, themes and issues?
- 3.4 What are the views of the Patient and Public Involvement Forums?

Changes in Accessibility of Services

- 3.5 Please set out how the proposed service reconfiguration impacts upon the accessibility of services from the patient and public perspective.
- Physical access to services e.g. relocation to another site / public transport / opening times / matching accessibility to a community's capacity to attend at the time of service availability.**

The change of acute services is in line with reducing our dependency on providing care in hospital and focussing on

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providing care in the home wherever possible.

Older adult services - the aim is to extend the hours of service where we can and to move our services into the Community where they will have the greatest impact on providing access and reducing the amount of time travelling that service users will have to do in order to obtain services.

- Is an existing service being withdrawn or modified resulting in reduced access or changes in access?

Woodside ward has been providing a service for patients from Ilkeston although the ward is for the whole of Erewash, because of arrangements with GP's, patients from elsewhere in Erewash PCT are admitted to Derby City for treatment. For a small number of patients from Ilkeston (at the moment the ward is half full). The move to inpatient services in Derby will be construed as a reduced level of access this is an interim position until the Resource Centres is built on the Ilkeston Hospital site as part of the Batch PFI when inpatient, day services and the Community Mental Health Team will be brought together.

Impact of the proposed service reconfiguration on the wider community

3.6 Please set out the impacts of the proposals on the wider community:

- Environmental impact
- Employment impact
- Inequalities impact
- Impact on other organisations.

You may want to provide an environmental or health impact assessment, or similar supporting evidence

Patients affected

3.7 Please set out how the proposed service reconfiguration impacts upon patients, carers (if appropriate) and other members of the public.

Methods of service delivery

- 3.8 Please set out plans to vary the existing form of service delivery – from an organisational and patient perspective. Further provision of information on the link between the patient care pathway and the service reconfiguration is essential.

FOR FURTHER INFORMATION PLEASE CONTACT

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Mike Shewan
Chief Executive
Derbyshire Mental Health Services
NHS Trust
Kingsway Hospital
Derby DE22 3LZ

7263 or
01629 585263
Shaun Gordon

11 October 2004

Dear Mike,

Health Overview and Scrutiny - NHS Service Reconfigurations

I am writing to you in relation to the delivery of part of the patient and public involvement component of the NHS Plan.

At its meeting last week, the County Council's Social Care & Health Improvement and Scrutiny Committee agreed a set of protocols relating to NHS service reconfigurations. The Health and Social Care Act 2001, and associated DH Health Scrutiny Guidance, sets out circumstances when NHS organisations might involve health overview and scrutiny committees in service reconfigurations. A copy of the protocols is attached for your information – comprising background information, a checklist and a process flow chart.

The Derbyshire NHS Chief Executives group received and endorsed the protocols at its meeting in August 2004.

We would be grateful if you could adopt the protocols as part of your patient and public involvement strategy? We also plan to keep the protocols under review, and will update them in the light of our experience.

If you have any enquiries relating to the protocols or to our interpretation of the Health and Social Care Act, please do not hesitate to contact me.

Yours sincerely,

Shaun Gordon
Improvement and Scrutiny Team
Chief Executive's Office

ISSUES RAISED BY REPRESENTATIVE GROUPS

Erewash Patient and Public Involvement Forum

“I was told that some families were enquiring about the provision of travel expenses or travel arrangements to mitigate the move from Ilkeston to Kingsway Hospital. In an email reply I received from the Chief Executive he did say that the Trust would not be averse to agreeing at least on a time limited basis, some support for those who have difficulty in making the journey to visit their relatives.”

Question – Have any arrangements been made to support carers in relation to transport issues?

Question - Have all the individual families of the patients on Woodside been accommodated to their satisfaction?

Ilkeston Family Friends Group

Question - Have the transport, particularly public transport, needs of carers been taken into consideration in relation to the relocation of patients to Kingsway Hospital?

Question - Why is the Trust able to access skilled mental health staff through agencies rather than being employed directly by the Trust?

Question - Will the Family Friends Group be informed of future mental health service changes?

Derbyshire Voice

Consultation and Communication

- “The Woodside Ward Project Manager has been unable to provide project members with a copy of the Trust’s strategy for communicating to staff and other stakeholders about the cost improvement and its impact.”

Question - The Health Overview and Scrutiny Committee would welcome further information on the Trust’s communications strategy and how it was deployed in relation to the closure of Woodside Ward as an in-patient unit.

Individual schemes

- “We have asked Project Managers if we could see a copy of any option appraisal documents which would enable us to understand how these schemes were decided upon. We would have thought it reasonable to assume that before any of the schemes were given a proposed completion date of the end of October a significant amount of work would have already taken place around:
 - Risk assessments
 - Accommodation surveys
 - Service mapping
 - Cost analysis”

Question - The Health Overview and Scrutiny Committee would welcome the sharing of such information in relation to Woodside Ward.