



**Gloucestershire**  
COUNTY COUNCIL

## **Gloucestershire Health Overview and Scrutiny Committee**

*Response to the Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust*

10<sup>th</sup> August 2006

**Andrew Gravells, Chairman of the Health Overview and Scrutiny Committee**



**Gloucestershire Health Overview and Scrutiny Committee**  
**Response to the *Consultation on Changes to Mental Health Services***  
***Proposed by the Gloucestershire Partnership NHS Trust***

**1. Introduction**

This report sets out the Gloucestershire Health Overview and Scrutiny Committee's (HOSC) formal response to the Trust's consultation on changes to local mental health services.

In examining mental health proposals the HOSC has recognised its responsibilities under Section 7 of the Health and Social Care Act 2001. In particular the HOSC has followed the guidance set out in the Health Scrutiny Support Programme entitled 'Substantial Variations and Developments of the Health Service'. In order to assess the impact of these proposals the HOSC has adopted a 'select committee' approach and heard evidence from a wide range of stakeholders and has therefore followed the guidance set out on page 8 of the above document. This approach has ensured that Gloucestershire HOSC, has been thorough and diligent in its work to assess the real impact of these proposals.

**2. General comments**

**2.1 Consultation Validity**

The committee's examination of the proposals that have been brought forward by the Partnership Trust, and indeed the examination of the wider proposals set out in *The Future of Healthcare in Gloucestershire* have been hampered to some degree by the ongoing uncertainty and debate at a local and National level around the exact financial requirements placed on local NHS organisations, by the Department of Health and Strategic Health Authority. Much of the debate since these proposals were announced has focused on whether or not local organisations are required to achieve a monthly balance and clear historic deficits by April 2007, or whether there is scope for a longer period to pay off the historic deficits.

The committee fully understands that the rules set out in the NHS Operating Framework do require deficits to be cleared by April 2007, and that local health organisations must work towards this requirement. However, the conflicting messages at Ministerial level (see for example Caroline Flint's comments (Hansard 12<sup>th</sup> June 2006, Column 613)) have, at times, caused confusion, and have made the job of scrutinising the proposals more difficult. This has been complicated by very strong representation from the Communities that make up Gloucestershire residents and a significant media campaign. The HOSC has had to weave a very independent examination over recent weeks and focus on evidence gained through the 'Select Committee' process, but the foundation of this consultation has raised questions about its validity and the limited options being explored.

The HOSC has expressed concern over budget management. In particular the committee has not been convinced that the proposal put forward to make these efficiency savings are supported by the Government White Paper *Our Health, Our*

Care, Our say. Therefore a major stumbling block for the HOSC has been the ability to fully understand what are the appropriate financial solutions that are in the best interests in providing healthcare in Gloucestershire.

It is clear that the proposals involve a step-change in local service delivery, which is driven by the financial imperative to clear all deficits this year. A more staggered approach to the transition in service, or no doubt other alternatives would clearly be preferable. The HOSC did receive early on mixed messages from the Minister as to whether this deferment is at all possible. Although the Operating Framework currently still stands, the committee understands from a recent visit to the County by the Secretary of State that there is discretion in the system to explore other options and that the possibility of allowing a longer period to clear deficits could be looked at by the new SHA. The HOSC fully understands the Secretary of State's desire to get the finances of the Department of Health in balance but the committee hopes that an opportunity to deal with the budget deficit in Gloucestershire will be considered, and that the Secretary of State, the SHA and the Trust will seize on that opportunity and work with the HOSC in order to avoid significant negative impact of the proposals as they currently stand.

On 19<sup>th</sup> July the HOSC met with John Bewick, Director of Strategic Development at NHS South West. He explained that the new SHA was in the process of undertaking a stock-take of all NHS Local Delivery Plans. This is likely to be completed in September. The HOSC see this review of finances as a real opportunity to find appropriate solutions and welcome this approach. This does lead to questions about the timing of these changes, and suggests that the Trust should delay its final decision making until the SHA's position and direction is clear.

## **2.2 Funding Arrangements**

During the HOSC's examination of the proposals the committee has heard a number of positive comments about the progress that the Partnership Trust has made in recent years towards improving mental health services in Gloucestershire. The Trust can be proud of these achievements, particularly in the context that mental health remains a Cinderella service that is generally considered to be under-funded. The committee, and members of the public, are concerned that the Partnership Trust is being asked to make disproportionately large savings. The Trust has to reduce its planned spend by 12.8%, compared to an average reduction in spend of 5.3% across organisations in Avon, Gloucestershire and Wiltshire. Given that mental health services are considered to be under-funded this does question the sense of expecting the Trust to contribute £2.2 million to the county's NHS financial recovery programme, when the Trust was already facing a large reduction in spend before this additional burden was added. Again this questions the foundations that both this consultation, and the wider 'The Future of Healthcare in Gloucestershire' consultation, have been built upon.

## **2.3 Consultation Process**

The consultation process got off to a difficult start. The committee agreed to the Trust's proposals for a 5-week consultation period, but it soon became clear that 5 weeks would not be adequate, particularly as the Trust was asking people to put

forward alternative suggestions, which simply could not be developed in such a short period of time. The Trust also acknowledged an administrative error that had resulted in the failure to send copies of the consultation document to the local Parish Councils. These factors resulted in the committee's request that the consultation be extended to 12-weeks, which the Trust Board subsequently agreed to do. Although the approach was not ideal it does highlight the need for all parties to fully understand the issues contained within the proposals before decisions are made.

### 3. Issues raised with the OSC

The committee has received a total of 77 letters and emails during the course of this consultation setting out the views of members of the public and various local organisations. It also held a meeting on 12<sup>th</sup> June at which it heard comments from 15 local organisations and individuals. The key issues raised were:

- **Opposition to the proposals** – 21 of the written comments that were received simply expressed objection to the proposed changes. There was particular objection to the older people's mental health proposals, and the NHS day hospitals proposals.
- **Travel and Access** – Seventeen of the written comments that the committee received related to the negative impact that the proposals would have on access. Most of these comments were linked to the proposed changes to older people's mental health services. This issue was also raised by 4 of the individuals/organisations who attended the meeting on 12<sup>th</sup> June.
- **Support for existing services** – Nine of the written comments received expressed their support and admiration for the existing services. References to the importance of the services provided at Weaver's Croft were most common. Two of the individuals/organisations that spoke at the meeting on 12<sup>th</sup> June also expressed support for existing services.
- **Care in the community** – There were a total of 7 written comments relating to care in the community. Three of these related to concerns that the Trust would fail to provide any upgrade to care in the community to replace the services that would be lost. Two related to concerns that this type of care would end up being more expensive than existing services, and a further two comments expressed the view that care in the community was not effective. Four of the individuals/organisations that spoke on 12<sup>th</sup> June also commented on care in the community, with two focusing on the extra cost of this type of care, and two commenting that the extra £5 million spend on community services proposed in 'Everybody's Business' had been lost, yet the proposal to cut beds remained unchanged.
- **Impact on carers** – There were four comments about the additional pressure that the proposals would put on carers. Several of the comments in the travel and access section also related to the additional travel difficulties that carers would face if the proposals were implemented. Four

individuals/organisations who spoke at the meeting on 12<sup>th</sup> June raised concern that the proposals would put additional pressure on carers, leading to carer breakdown.

- **Risk of social isolation** – At the meeting on 12<sup>th</sup> June three people focused on the importance of the social interaction provided by day care services, and suggested that the proposed changes would increase social isolation. One written comment also focused on this issue.
- **Self Harm/Suicide** – At the meeting on 12<sup>th</sup> June three people, including one service user, also raised concern that the proposals could lead to increased incidents of self-harm or suicide, as people would stop taking their medication if they did not have regular contact with services.
- **The consultation** – The committee also heard a number of negative comments about the consultation itself, including comments about the lack of detail in the consultation document, the lack of alternative options, and that people were finding it difficult to get the additional information that they wanted from the Trust.

#### **4. Key Issues and Conclusions of HOSC**

**4.1 Financial Options** – The HOSC has not been convinced either through debate or through the data provided that the proposals put forward are the most appropriate in terms of the direction of the White Paper. The HOSC welcome the SHA stock-take and the opportunity this may open.

**4.2 The Pace of Change** – A major concern for the committee is the pace of change that is being proposed, and the lack of any clear plans for transition. The Chief Executive of the Trust has admitted that the pace of change is faster than the Trust Board would have wanted due to financial pressure, although the direction of travel was broadly in line with where the Trust would want to go regardless of the financial position. The success of the proposed reductions in existing services is dependant upon the provision of crisis home treatment teams and the development of community based services for older people. The lack of any clear plans for a staged transition to the new model of service is a concern. A period of double running would be ideal with beds being stepped down as the new services developed, so that a safety net was maintained as the new service model took shape.

**4.3 Travel and access** – The proposals will clearly have a negative impact on access and will lead to patients and carers having to travel further to reach services. This has been raised by many people as a major concern, and the committee would echo those views. It is concerning that vulnerable people who may find the prospect of using public transport frightening will have to travel greater distances to access services. It has been suggested to the committee that this might stop some people from accessing the services that they need.

- 4.4 Lack of detailed information on the impact of the proposals** – It is clear that the proposals will have an impact on both the voluntary sector and on the County Council. The committee has heard from the Group Director of Community and Adult Care that the day care proposal will have an impact on the County Council, and there will certainly be an impact on voluntary sector transport providers if services are centralised. However, there is still a lack of detailed information available on the extent of this impact.
- 4.5 Short-term impact** – The consultation document describes the impact of the proposed changes to adult mental health services as negative in the short-term. The proposal to end NHS funded day care is also described as having a negative short-term impact, as are the proposed changes to older people's mental health services. The committee is not clear how long this negative short-term impact is likely to last, nor about the exact nature of this short-term negative impact.
- 4.6 Clarity about roles** – The Trust's proposal for mental health day services is to stop providing NHS-funded day hospital care, which is not directly concerned with the provision of treatment to adults of working age and older people. This has led to considerable debate about the extent to which the social opportunities offered by day services should be considered an integral part of the treatment package. As is often the case the distinction between what is health and what is social care is blurred, and there is a lack of clarity about who should be ultimately responsible for providing this service.
- 4.7 Rationing of services** – Members of the committee are concerned at the Trust's plans to focus resources towards those with the greatest need. There is concern that this could lead to a more reactive service, with those with less need not receiving any support until their condition worsened. Members are also concerned that those who do not receive mental health service because they are not considered to have the greatest need will simply put additional pressure on other areas of the health service, particularly Primary Care, so the problem will simply have been shifted to other organisations.

## **Specific Questions within the Consultation**

### **5. Adults of working age**

The proposal is to reduce the number of adult mental health beds from 126 to 84, and to locate all of these inpatient beds at Wotton Lawn Hospital, instead of having services at both Wotton Lawn and the Charlton Lane Centre in Cheltenham. To achieve this reduction in beds the Trust needs to be confident that fewer admissions will take place, and that length of stay will be shorter. The consultation document states that the development of Crisis Home Treatment Teams, available around the clock will enable these changes to take place by providing additional support in patients' own homes.

There are two key issues to consider here. The first issue is about how long it will take to fully develop the Crisis home Treatment teams. These teams need to be in place before admissions can be reduced, and therefore they must be fully

operational before any current facilities are closed. Secondly, there must be confidence that the Crisis Home Treatment Teams will be effective enough to reduce admissions significantly enough to allow for the loss of a third of existing inpatient beds. The committee is aware that the provision of Crisis Home Treatment teams is a part of the National Service Framework, and has been told that where these teams exist they are effective in reducing admissions. However, the committee has also heard from the Chief Executive of the Trust that the impact of these teams varies, and that they may be able to reduce demand by up to one third. As the proposals stand it therefore appears that the Trust is hoping that the teams will deliver the maximum reduction in demand from the outset, and the committee is concerned that in practice this might not be achievable. The committee is aware that the Trust has received a submission from Dr Toby Moate, a Consultant Psychiatrist at the Trust, which also expressed this concern. It is important that the transition of these services is carefully managed, and that there is some overlap between the development of the Crisis Home Treatment Teams

The relocation of services from two sites in Cheltenham and Gloucester, to one site in Gloucester does have a negative impact in terms of travel and access.

## **6. Older People's Mental Health**

The proposal is to reduce the number of inpatient beds to 65, and to concentrate these beds on one site – the Charlton Lane Centre in Cheltenham. Services are currently provided from 4 sites across the county – Weavers Croft in Stroud, Charlton Lane in Cheltenham, Holly House in Gloucester, and Colliers Court in the Forest of Dean. This is in direct contradiction to the White Paper.

There are a number of issues to consider with this proposal. The number of beds proposed is in line with the conclusions of the 'Everybody's Business' Review. This review concluded that 65 beds was an adequate number for Gloucestershire, based on future population predictions. The committee has heard from the Group Director of Community and Adult Care that 65 beds is actually at the top end of the number of beds required. However, despite this there is still some outstanding concern that 65 beds will prove inadequate. The committee would question whether the conclusion of the 'Everybody's Business' review is still valid when the proposed increased spending that was planned as part of the reduction in inpatient services has been removed. The success of the proposal is again reliant on the ability to reduce the number of admissions and the average length of stay. There are proposals to develop community-based services for older people, and as with the proposals for adults of working age this does lead to questions about whether these teams will be able to reduce admissions as effectively as is required. As with the proposals for adults of working age the transition would need to be carefully managed, with some overlap between the development of the teams and the reduction in beds.

The proposal to locate services on just one site is difficult to accept. The 'Everybody's Business' review concluded that the 65 beds should be provided over two sites. This was the consensus of opinion after two years of careful review, but it now appears that this conclusion has been abandoned simply due to financial pressure. As the review recognised that the ideal configuration of service was to

have them on two sites it is difficult to accept that the further reduction to one site, solely on financial grounds, will have anything other than a negative impact. This proposal will have a significant negative impact in terms of access, for both patient and carers. Access can already be difficult for people with services provided from 4 sites, but a reduction to one site would make this a great deal worse. It should also be noted that patients benefit for regular short visits from their loved ones, but for many the increased travel will simply make this impossible.

## **7. Day Services**

The proposal is to stop providing NHS-funded day hospital care, which is not directly concerned with the provision of treatment to adults of working age and older people across the county. This will impact on the provision of services for older people at 12 sites across the county, and on services for adults of working age at 6 sites. Day hospital staff and community mental health teams will be brought together to provide community-based services for older people. The Trust acknowledges that the case for stopping this provision is driven by the financial situation. Again the HOSC wish to see other options being explored.

It is clear that the social opportunities provided by these day centres are highly valued by patients and carers. The committee has heard concerns from a number of people that the loss of these services would lead to a risk of social isolation, and that it would have a negative impact on carers who appreciate the respite that these services offer them. Clearly day care services are important and there is a need for the continued provision of these services in some form. This leads to the question of who should be ultimately responsible for the provision of the social opportunities that these services provide. This leads back to the issue that has already been raised about the need for clarity about the roles of different organisations. The Trust's position is clearly that it should be focusing its limited resources on treatment, and that therefore the responsibility for the social opportunities lies elsewhere. The Group Director of Community and Adult Care has indicated to the committee that the Trust's position is not inappropriate. The committee has also heard from a number of people, particularly carers, who have indicated that the social opportunities are actually an integral part of the whole treatment package, and that they should not be separated out, and that the Trust should therefore continue to provide these services.

A considerable difficulty with this proposal is the pace of change. If it is accepted that the responsibility for the provision of these services lies with a different organisation, there needs to be time to allow those organisations to develop alternatives, otherwise there will be a gap in service provision and it will be the most vulnerable people that suffer. If the responsibility is seen to lie with the NHS however, then it would seem that these services would simply be lost if the Trust ceased to provide them.

It seems likely that if this proposal went ahead it would put pressure on the County Council, as many people would look to the council to fill the gap in service provision. The Group Director of Community and Adult Care has acknowledged that this is the likely outcome.

The committee is concerned that it has heard anecdotal evidence, which suggests that services are being run-down ahead of the conclusion of the consultation.

## **Conclusions**

The Health OSC understands the need for the NHS as a whole to get its finances right, and that Gloucestershire must live within its means. However, the proposals as they stand and the pace of the change would have a significant negative impact on local communities. The requirement for the Trust to achieve in year balance and pay off historic deficits by April 2007 is unrealistic and the proposals do not appear to support the Government's direction of travel. The recent visit by the Secretary of State has given an indication that a more acceptable solution could still be found and that there is still a possibility of NHS organisations being allowed longer to repay their debts. The Strategic Health Authority and the Trust must seize on any opportunity that would allow a more staggered approach to change, and reduce the negative impact of the proposals. This issue questions the whole foundation of the consultation as the people of Gloucestershire are being asked to consider a fixed set of proposals that will deliver harsh cuts in services, when a more strategic, comprehensive, and inclusive solution is still possible. As previously stated this raises questions about the validity of the consultation process.

The Trust cannot cut its spending by 12.8% in one year without having a serious impact on service provision. The Trust's difficulties have been increased by the requirement for it to contribute £2.2 million to the county's NHS financial recovery programme. Given the level of savings that the Trust would already have needed to find this requirement seems unreasonable.

As the new SHA's stock-take is still in process the timing of these proposed changes does not seem appropriate. It does not appear to be appropriate for the Trust Board to make a decision on such major changes before the SHA has had a chance to fully examine the local plans.

The committee does not support the proposed cuts in service provision and believes that the Trust could still be given longer to clear its deficit. This would allow the Trust to reconsider its plans and give it time to develop and implement more acceptable plans for service redesign. The Trust Board also needs a full understanding of the outcome of the SHA's stock-take before any change is implemented.

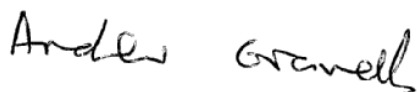
During the consultation process it has become clear that there is massive public objection to the proposals as they currently stand. This will be made clear to the Trust Board in the consultation outcome report. The Trust must take this into consideration when making its decisions. The HOSC understands that some options have been put forward suggesting the possible take over of some functions by Community Owned Models. Where a desire to do this is expressed the Trust should work with stakeholders to explore the possibilities before any change is implemented.

The committee believes that in the light of all of these issues the Health Community as a whole need to reconsider all of its plans, and see if an alternative approach can be found.

As the proposals currently stand the OSC wishes to make the following points:

- **Adults of working age** – The development of Crisis Home Treatment Teams is a potentially a positive step and could be supported, but the HOSC has severe doubts that they would rapidly be able to reduce admissions by one third. The proposed reduction in the number of inpatient facilities is a concern as it will have a negative impact. The proposal to reduce the number of inpatient beds to 84 is also a concern, as it would leave the number of beds in Gloucestershire at a low level, possibly increasing the number of out of county transfers.
- **Older people’s mental health** – The proposal to reduce the number of inpatient sites from 4 to 1 is unacceptable. There should be at least two sites in line with the Everybody’s Business conclusions, and ideally more. The proposal to reduce the number of beds to 65 may be acceptable as the Everybody’s Business review did conclude that this was the appropriate number. However, the committee does question whether the conclusions of that review are still valid when the extra community spend that was planned as part of the reduction in inpatient services has been removed.
- **Day services** – The committee does not support the closure of these important facilities. However, as highlighted previously there is an issue about who should be responsible for providing this type of service. If the responsibility rightly lies with the NHS then the Trust should continue to provide these services. However, if the responsibility rightly lies elsewhere then the proposals are understandable from the NHS perspective – but the Trust must allow time for a managed transition to other service providers.

As the proposals currently stand the committee is inclined to consider a referral to the Secretary of State. However, a referral to the Secretary of State is always the last resort, and the committee urges the Health Community as a whole to reconsider its plans and find an alternative route to make savings that avoids the significant negative impact that these proposals would bring.



**Councillor Andrew Gravells**  
**Chairman of the Health Overview and Scrutiny Committee**