



Buckinghamshire County Council

Minutes *OVERVIEW & SCRUTINY COMMITTEE FOR ADULT SERVICES*

AGENDA ITEM: 3

MINUTES OF THE MEETING OF THE OVERVIEW & SCRUTINY COMMITTEE FOR ADULT SERVICES HELD ON WEDNESDAY 14 SEPTEMBER 2005, COMMENCING AT 9.45 AM AND CONCLUDING AT 12.26 PM IN MEZZANINE ROOM 1, COUNTY HALL, AYLESBURY

MEMBERS PRESENT

Mr B G Allen (Chairman), Mr S Kennell, Mr B Lidgate, Mr A Oxley, Mrs F D Roberts MBE, Mr C F Robinson OBE, Mr D J Rowlands, Mr F Sweatman, Julia Wassell and Mr H G W Wilson

OFFICERS PRESENT

Mrs C Capjon	Policy Officer
Mrs K Sutherland	Democratic Services Officer

IN ATTENDANCE

Mr J Horbury	Director of Development, Buckinghamshire Mental Health Trust and Oxfordshire Mental Health Trust
Mr P Loose	Head of Adult Disability Services and Mental Health
Ms R Rothero	Assistant Director of Commissioning for Mental Health, Vale of Aylesbury Primary Care Trust

APOLOGIES FOR ABSENCE/CHANGES IN MEMBERSHIP

Apologies were received from Mr J Cartwright, Mrs E Lay, Mrs B H Jennings, Mr P Roberts and Mrs D Summers. Members noted that Mr A Oxley was substituting for Mrs D Summers for the duration of the meeting.

DECLARATIONS OF INTEREST

Mr B G Allen declared that his son was a resident of a Buckinghamshire County Council home and Mrs F D Roberts MBE declared that she was President of Mencap.

1 MINUTES

The minutes of the meeting of the Overview and Scrutiny Committee for Adult Services held on 13 July 2005, copies of which had been circulated previously, were confirmed.

2 DEVELOPING MENTAL HEALTH SERVICES IN BUCKINGHAMSHIRE

The Chairman welcomed Jonathan Horbury, Director of Development, Buckinghamshire Mental Health Trust (BMHT) and Oxfordshire Mental Health Trust and Rachel Rothero, Assistant Director of Commissioning for Mental Health, Vale of Aylesbury Primary Care Trust (VOAPCT) to the meeting. Jonathan Horbury and Rachel Rothero delivered a presentation on the key points of proposals to change mental health services for adults and older people in Buckinghamshire, as detailed in the consultation document 'Putting People First – Developing Mental Health Services in Buckinghamshire.' (Slides used for this presentation are attached as APPENDIX 1)

During the presentation and subsequent discussion the following points were made:

- The consultation exercise began in September and would run until the end of November. The consultation was being undertaken by the three PCTs and BMHT and the public were able to respond by email, in writing, via a dedicated website and through public meetings.
- Since 2001 there had been a fundamental shift in service delivery, with more services being delivered outside of hospital. In Buckinghamshire, services such as acute day hospitals had been developed but the aim of the current proposals was to further develop existing services and fill gaps in day services to reduce the need for inpatient hospital care.
- Inpatient units, such as Haleacre in Amersham and Tindal in Aylesbury were too small and no longer fit for purpose, therefore part of the proposal was to build new inpatient facilities.
- Another key strand of the proposals was to bring together mental health and social care services in South Bucks. Currently in this area, when a client needed specialist mental health care they would receive this from Berkshire, but social care services would be provided by BMHT. This made it difficult for GPs to refer clients into services and the system for moving clients out of hospital was not robust. Under the new proposals, BMHT would handle referrals for all clients and assess their needs. Community services could be provided locally by BMHT and anyone needing inpatient care would be referred to the new unit based in Aylesbury.
- Although BMHT might be dealing with 4,000 clients at any one time, there were only 200 inpatient beds. This illustrated the shift towards community services but it was recognised that there were some gaps which the proposals hoped to address.
- Day care services in Buckingham would be revamped under the new proposals, with staff being more mobile. This would lead to more opportunities for older people to access the services and would hopefully lead to earlier diagnosis of dementia.
- It was important to strike a balance between investment in community services and inpatient care. Buckinghamshire was currently paying above the national average for inpatient care because community services were underdeveloped and current inpatient units had high operating costs.
- The current inpatient facilities were not viable for the future. Problems included lack of single rooms, lack of treatment space and day space and no women only facilities. Some sites, for example, the

John Hampden Unit in Aylesbury had further complications such as asbestos in the buildings.

- Proposals for new inpatient facilities were as follows: New unit for 16-64 age group at Manor House site in Aylesbury, new unit for older people with mental illness at Stoke Mandeville Hospital, replacing the existing John Hampden unit and two units for older people with dementia, one to be based at Stoke Mandeville and the current facility at Amersham would be extended.
- It was recognised that delivering inpatient care across fewer sites would have implications for transport for both clients and family and friends who wished to visit them. However improved community services would mean that clients could be treated close to home, outside of hospital and it was hoped that this would lead to fewer admissions to hospital and if admitted, clients would only stay for a short period of time.
- BMHT were working with Bucks Community Action and BCC Transportation officers to identify ideas to help transport links to the proposed sites. It was recognised that clients with mental health issues might find it difficult to travel by public transport so alternative arrangements would need to be considered.
- Many long-term inpatients no longer required hospital care but there had been no alternative to offer them. BCC had now invested in 28 new Supported Living units, which would be used to move people out of hospital and support them in living in the community. This would enable one of the inpatient rehabilitation units in either Aylesbury or High Wycombe to be closed.
- It was also recommended that services should be available to clients on the basis of need, rather than their age. Currently some services had age restrictions – this was appropriate in some areas but not in all.
- Members expressed concerns about the Haleacre Unit, which had been heralded as a state of the art unit when it came into operation approximately 12 years earlier. Members asked how mental health professionals could be sure that the current proposals would be future proof if Haleacre was no longer fit for purpose after a relatively short period of time and a large programme of investment.
- In response Jonathan Horbury explained that the people currently running mental health services in Buckinghamshire would not have made the same choices with regard to the Haleacre unit as had been made 12 years earlier, based on the different services and different skills which were now available to support clients in the community. Haleacre was not purpose built and there had been consistent complaints and a number of incidents at the unit, despite recent investments to make the building safer. It was impossible to futureproof the building by making alterations. It was hoped that the new units would be flexibly designed, to allow easy alterations in the future if needs changed.
- Members welcomed additional services for people suffering from dementia. The decision to offer dementia care on two sites had been made following detailed work with clients and carers. Over time dementia sufferers needed increased levels of care. It was hoped that nursing homes might be able to offer more specialist care to dementia patients in future, which would lead to more local inpatient care. Also the Carer Support team trained and supported carers in looking after clients with dementia at home.

ACTION

- The Chairman commented that it would be useful to have a timeline to enable a clearer understanding of when the different units might be closed and when new units would be opened. Jonathan Horbury explained that an accurate timeline was difficult to establish at this stage. Subject to the consultation, a strategic outline case would be submitted to the Thames Valley Strategic Health Authority (TVSHA) in January 2006. If approved, then work could begin. It was envisaged that from early 2006 more community services would be put in place and Jonathan Horbury suggested that it could take two years to move mental health services away from the proposed redevelopment sites and then a further two to three years for new units to be built.
- It was noted that the new Supported Living flats were spread across the county and BCC had committed to a five-year investment programme. The Chairman asked if the Committee could receive a copy of a map of the county with the location of the Supported Living flats marked on it.
- With regard to changes to day care services in Buckingham, a member asked if the Red Cross Centre would have the capacity to take on additional clients and asked when these changes would be implemented. Jonathan Horbury explained that the current service at Buckingham was being under utilised. The Red Cross Centres currently had contact with more older people and therefore Health staff going out to these centres would mean more people would access the service and expertise that they offer. Rachel Rothero commented that social care commissioners had contracts with the Red Cross and were able to influence the capacity and service delivery. Although there was no firm date for the change it was something that could potentially happen very quickly, perhaps in early 2006.
- It was hoped that by operating over two sites, people who lived locally to Steeple Claydon who would not go to Buckingham to access the current service would be reached. If this model of 'inreach' worked effectively then it might be rolled out to other rural areas in the county.
- In connection with accessing services in rural areas, a member reported that Aylesbury Vale Dial a Ride had recently received a lottery grant, which had enabled them to buy two new buses that would operate out of Buckingham. It was hoped that the buses would serve clients living North of Winslow and they might be a useful mode of transport for clients looking to access the new day care services. Jonathan Horbury thanked the member for this suggestion.
- Members expressed concerns for clients who were used to receiving services free of charge through health and would now be charged for services accessed via social care. The Chairman asked if there would be an interim period to protect these clients from being hit financially by the proposed changes to service arrangements. Rachel Rothero reported that anyone moving from health to social care services faced this possibility. Individual assessment of needs would be carried out and charges would be applied under the BCC Fairer Charging policy.
- Transport was an important area of concern for members, who felt that visitors to people in hospital played a vital role in helping them to recover. A member asked if similar transport issues had been faced elsewhere and wondered if lessons could be learned from other areas. Jonathan Horbury commented that information on transport solutions in other areas was hard to find. In Oxfordshire, service

**Rachel
Rothero**

changes in Banbury had had transport implications and this is why Bucks Community Action had been approached to help with the consultation in Buckinghamshire. Service users in South Bucks were not overly concerned about travelling to Aylesbury for inpatient care, but it was important to consider how a mentally distressed person who was unable to manage on public transport might access these services. Members commented that whilst proposals for services were well mapped out in the consultation document, the only reference to transport was asking the public for suggestions, which could give the impression that the transport implications of centralising inpatient services had been an afterthought. It was noted that no funding had been allocated specifically for transport issues.

- A member asked for evidence of the effectiveness of the new community based mental health teams, particularly with reference to reduction in bed use as a result of their work. Jonathan Horbury referred to a combination of local and national evidence in his response. National evidence was compelling – a national study showed that early implementers of community based services had demonstrated a 30% reduction in bed use and colleagues in Bedfordshire and Hertfordshire had indicated that they were aware of an even greater reduction in Norfolk. The community teams in Buckinghamshire were not all fully staffed and there were recognised gaps in service provision. However, despite this, bed usage was already reducing, particularly in the 16-64 age group.
- Concerns were expressed about a continuing misplaced fear among the public about care in the community. Jonathan Horbury shared the view that the public were ill-informed about the risk surrounding mental health. He reported that an individual was as likely to be killed by a stranger with mental illness as they were to be struck by lightning. Deaths caused by people with mental health problems had consistently reduced since the 1950s and it was important to emphasise that people with mental health problems were not likely to pose a danger to society.
- A member suggested that South Bucks should have an inpatient facility, as it was unfair to expect them to travel to the Manor House site, both on the grounds of distance and the fact that it was seen as a hospital for those with learning disabilities. Rachel Rothero explained that it was important to have a range of options available and it was proposed that South Bucks would have a social care crisis house as well as the community team's services. Jonathan Horbury emphasised that under the proposals, the Manor House site would be flattened and completely redeveloped. It would not be recognisable as the current learning disability service, therefore he hoped that there would be no stigma attached to the new unit.

The Chairman thanked Jonathan Horbury and Rachel Rothero for attending the meeting. It was agreed that Rachel Rothero would supply the information regarding possible timelines and the location of supported living units across the county to the Policy Officer. Members were invited to submit any further questions to Jonathan Horbury and Rachel Rothero via the Policy Officer.

**Rachel
Rothero /
Policy
Officer**

3 IMPLICATIONS OF BMHT PROPOSALS FOR THE COUNTY COUNCIL

The Chairman welcomed Peter Loose, Head of Adult Disability and Mental Health Services to the meeting. Peter Loose explained that BCC mental health services had effectively been seconded to BMHT and his role was to ensure that BMHT delivered services that met the requirements of BCC clients.

Peter Loose commented that whilst the consultation paper was aimed specifically at mental health services there were links with learning disability as sometimes it was not clear which care group a client should fall into. Whilst in social care, care managers now tended to specialise in different client groups it was important for them to liaise closely across the service boundaries.

With regard to the South Bucks area, Peter Loose explained that it had been difficult for BMHT to work effectively in this area due to the problems of interfacing with Slough, who operated different eligibility criteria and used different IT systems. He was absolutely convinced that clients in South Bucks would be better served by the proposed changes.

A member asked Peter Loose if he welcomed the merger of BMHT and the Oxfordshire Mental Health Trust. Peter Loose reported that the Overview and Scrutiny Committee for Public Health Services was considering the merger in more detail. It was noted that BMHT had been formed by the merger of two mental health trusts, one for South Bucks and one for North Bucks, but essentially the merger had been in name only. Over the past 12 months, Oxfordshire had had a considerable influence on BMHT and now the organisation was more cohesive and offered a safer and more responsive service. Therefore although BMHT had received a zero star rating, this did not fully acknowledge how much the organisation had improved. The consultation highlighted some of the factors, which contributed to the zero star rating, for example, unfit buildings. It was recognised that environment was a key factor in the success of mental health treatment.

A member commented that whilst the presentation had stressed the desire to improve the range and quality of services, there had not been much information on the cost implications of the proposals. Was the proportion of money being invested in different services correct? Peter Loose explained that he was not in a position to comment on the split of funding. However it was noted that BMHT had experienced financial difficulties, mainly due to the high level of old-fashioned inpatient care. Therefore the new proposals would ease BMHT's financial situation.

Peter Loose was asked how many BCC staff were seconded to working for BMHT and asked if they had been consulted about the changes to service and the merger with Oxfordshire. It was reported that approximately 100 individuals were seconded to BMHT and they had been consulted on both the merger and the changes to service delivery.

A three year Section 31 agreement had been signed in June 2002, which had been extended until the end of the 2005/06 financial year. A new Section 31 agreement was now being negotiated, which could involve pooled budgets, therefore BCC had to be mindful of the BMHT financial deficit. There were also staffing issues to consider, such as the effective liaison

between health and social care and an identification of where roles and responsibility could overlap. In addition where staff had been seconded for 4 or 5 years, employment law could get complicated and individuals were particularly concerned that their pension rights would be protected.

A member wished to ask a question on behalf of service users, who wanted to know why they could no longer drop in to public service drop in centres without being referred by a care manager. Peter Loose explained that this was partly due to funding issues and also health and safety concerns, it was not always appropriate for people at different stages of illness to be together in the Centres

The issue of the merger between BMHT and Oxfordshire Mental Health Trust was raised – members asked if this would have any impact on the consultation. Peter Loose explained that this would not affect the consultation on services as it was predominantly about healthcare. In addition, it was very clear that local identities for Buckinghamshire and Oxfordshire would be retained following the merger, with joint management responsibility being restricted to a very high level. If pooled budgets were entered into, BCC would not want their funding being pooled with Oxfordshire and vice versa, so there had to be a certain amount of separation.

The Senior Management team for Adult Social Care would be meeting with their counterparts in Oxfordshire to share expertise and to attempt to harmonise certain policies, for example the Protection of Vulnerable Adults policy to ensure that the new Mental Health Trust had clear arrangements to operate under.

11.55pm Mr S Kennell left the meeting.

The Chairman raised the issue of charging for mental health services, which were currently being received free of charge through the NHS. The idea of an interim period was again suggested. Peter Loose explained that it would be very difficult to implement any sort of phased payment policy because clients already moved from NHS service to social care services on a daily basis.

Members also raised concerns about the transport issue and the lack of proposals within the consultation to address this. Peter Loose acknowledged that if any health or social care service was inaccessible it would clearly be under utilised. However it was difficult to know how to respond to the transport issue when it was not strictly part of the care. Some clients might be able to claim mobility allowance to help them with travel costs. Public transport might be able to be re-routed or re-timetabled to help people travel to the new sites. The Manor House site in particular was felt to be accessible as able-bodied people could walk to it from the bus or train station in Aylesbury. Members pointed out that getting to Aylesbury on public transport in the first place could be difficult, if not impossible, from certain parts of the county.

Peter Loose was asked about the proposed closure of the Embleton Unit in Buckingham, which would be replaced by Health staff offering peripatetic support at Red Cross and Age Concern day centres. Members questioned the viability of this suggestion and had real concerns about the capacity of the day centres to take on additional clients. In addition, a member suggested that if Health service staff would be going into the day centres

should this service still be free of charge. It was agreed that Peter Loose would report back on the ability of the voluntary/charitable sector day centres to absorb increased numbers of clients at the November meeting.

ACTION
Peter
Loose

The Chairman also requested a short paper on the funding arrangements for the new Supported Living units. Peter Loose advised that he would ask a colleague in Commissioning to undertake this piece of work.

Peter
Loose

In conclusion it was agreed that Peter Loose would attend the November meeting to present a draft response to the consultation on behalf of BCC, which would incorporate the views of the Overview and Scrutiny Committee and the Cabinet Member. This would allow two weeks for any further amendments before the response had to be submitted. The Chairman asked members to direct any further questions or comments for Peter Loose via the Policy Officer.

Policy
Officer

4 DATE OF NEXT MEETING

Wednesday 12 October 2005 at 9.45am in Mezzanine Room 1, County Hall

CHAIRMAN