

## Response by Buckinghamshire County Council to the Public Consultation document “Putting People First – Developing Mental Health Services in Buckinghamshire”.

### Foreword

The County Council welcomes the proposals contained in the document, recognises that the direction of travel makes sense, is consistent with current thinking and government guidance and the needs of the population of the County. The County Council has some concerns about the proposed pace of change and the capacity, especially the management capacity for delivering it and the potential for creating cost pressures for the local authority. As requested, we have grouped our comments under the fifteen questions posed in the consultation.

1. “Do you think the list on page 9 describes adequately the values and principles we should be using to design mental health services for Buckinghamshire?”

### Buckinghamshire County Council says:

**No – there are additional elements to include**

- 1.1 The value statement is valid and consistent with the National Service Framework, so we support it. In addition to the values stated we would observe that the statement of values is just a part of the picture and needs to be seen in the context of the joint health and social care commissioning strategy. That strategy becomes due for renewal in 2006 and it is important that following this consultation the commissioning strategy is renewed to include the changes that are agreed and include an investment and development strategy which both health and social care partners are able to fund and deliver.
- 1.2 The County Council supports the statement in paragraph 17a that “we want the best services we can afford for people with mental health needs”. We also observe that the proposals appear to represent significant cost pressures for both the local authority and National Health Service. We believe that a fully costed development plan is required which both parties can approve and commit to. The proposals appear to represent an attempt at completing a single coherent strategy and it would concern the County Council if this was undermined by being or becoming unaffordable in any key area.
- 1.3 The proposals represent a consistent strategy for the mental health care group but make no reference to overlaps and gaps in provision with other care groups. We recognise that some people will have learning or physical disabilities in addition to their mental health needs or be elderly / associated with children’s services. The consultation document makes very limited reference to the health and social care support for these related care groups. We want to see a robust and enduring arrangement for work across service boundaries and consider that this is particularly important for people who meet the social care eligibility criteria but whose needs do not neatly match with any of the recognised specialisms (or indeed those which fit into more than one specialist area.)
- 1.4 Similarly, there must be strong links between the specialist mental health services operated by the Mental Health Trust and associated support networks including the County Council’s social care Emergency Duty team.

2. *“Do you support our proposal to transfer the management of mental health services for South Bucks from Berkshire Healthcare NHS Trust to Buckinghamshire Mental Health NHS Trust”*

**Yes – providing good local arrangements for outpatient support are developed**

- 2.1 Consistency of boundaries between the County Council, District Councils, and the various NHS organisations makes eminent sense. We applaud this proposal which reduces confusion and inequity. However, we are conscious that the proposal represents significant difficulties for some people.
- 2.2 Social care has had no end of difficulties from the current arrangement. At the moment delivery of effective services is very difficult. The County Council has different eligibility criteria to that of the unitary area in Berkshire and staff have to deal with different and incompatible IT systems, procedures and local arrangements. The County Council has considered alternatives, for example to have social care services provided by another care group or from Slough Social Services but neither would be satisfactory solutions.
- 2.3 We believe that the proposals represent more than administrative convenience. The greatest benefits should be in coordination of the support of professionals from various disciplines working together for an individual and the exchange of information and advice from those professionals.
- 2.4 However, the people of the “overlap” area currently enjoy local inpatient services at Wexham Park hospital and the journey from that part of the county to the Manor House site in Aylesbury is both long and difficult without a private car. We seek assurances that a good range of community services will be provided locally to the South Bucks area.
- 2.5 We also recognise that in the future, Practice based commissioning and patient choice may result in some patients electing to receive services outside the Buckinghamshire system. It will be important that support systems can adequately respond to the needs of these people.
- 2.6 We note that potential changes in Berkshire would also remove this local provision from the Wexham park site to a location further into Berkshire and even further away from the rest of the Buckinghamshire support networks.

3. *“Do you support our plans to develop and strengthen community mental health services and reduce the need for inpatient care?”*

**Yes – subject to a costed, timed and deliverable development plan**

- 3.1 Strategic direction
- 3.1.1 We support the principle of developing community services in preference to inpatient services and note that this is consistent with the National Service Framework for Mental Health and responds positively to views expressed in the 2004 “Shaping Health Services” consultation that community services should be improved.
- 3.1.2 The proposals are predicated upon national evidence that the provision of good community health care will reduce the volume of inpatient care provided. This principle justifies the moves to a single site but depends upon the development of good local healthcare for the prevention of admission and community support. Buckinghamshire County Council is particularly concerned that this provision should be available in all parts of the County so

that rehabilitation can take place in familiar environments and without transport barriers.

- 3.1.3 The proposals will only work if health and social care services are carefully coordinated. From the County Council's perspective the development programme must be jointly owned and must take place at a pace consistent with the availability and priorities for funding. This must be reflected in an updated, costed, prioritised and jointly agreed commissioning strategy.
- 3.1.4 The development plans must allow for likely challenges in delivery. Particular attention should be paid to recruitment and retention requirements. The provision of crisis resolution teams are fundamental to the success of community services. We believe that it will be difficult to recruit and retain all the necessary staff for the required expansion of crisis resolution teams within the intended timeframe.
- 3.1.5 Partnerships need to be developed with housing providers to ensure appropriate housing opportunities are available to move people when needed. This should be part of the commissioning strategy and must take into consideration the social housing pressures in Buckinghamshire.
- 3.1.6 During the development phase, the Trusts must evaluate the validity in practice in Buckinghamshire of the research evidence on which these proposals are based and in particular test out whether enhanced community provision is succeeding in promoting recovery and rehabilitation.

### 3.2 Timetable

- 3.2.1 The County Council is concerned by the scale of changes and timescales. It expects a costed programme to be developed and checked against the expected availability of health and social care funding. We must not make commitments that cannot be delivered.
- 3.2.2 We therefore request a clear timeline with steps along the road which can be fully evaluated to enable changes to be made to the programme if required.
- 3.2.3 There must be sufficient time for the community services to bed down before the inpatient beds are removed and there must be contingency plans – if the services do not deliver the expected independence, this could lead to increased social care pressures.
- 3.2.4 We would like to suggest that one area is used as a pilot area to build a body of evidence to support wider roll-out.

### 3.3 Workforce

- 3.3.1 The changes represent a fundamental change from an inpatient model dominated by medical principles to a social model of care i.e. healthcare delivered in social and community settings. This means that staff will need to change the way they work and will require training, supervision and development before and during the changes.
- 3.3.2 This will require a workforce development strategy which must take into consideration the likely availability of appropriate personnel and management. This is required to ensure that services in Buckinghamshire are fully staffed, effective and efficient.

### 3.4 Financial considerations

- 3.4.1 Alongside the timetable for development, we need a clear financial map. This needs to take into consideration the ability of the County Council to fund social care provision, the limitations of eligibility for social care funding and the timing with which such funding will be available.

- 3.4.2 The County Council currently funds social care for people with critical or substantial needs. It will not be able to fund social care needs which fall outside these existing eligibility criteria.
- 3.4.3 The proposals represent a rebalancing of funding between inpatient and community services and the County Council would like to emphasise that this does not mean a transfer from healthcare funding to social care funding for people with healthcare needs. Such changes are a transition from inpatient health care to community health services. We would not support premature moves into the social care system.
- 3.4.4 Whilst the financial position of BMHT has been exacerbated by high numbers of inpatient care, we do not wish the financial position of social care to be disadvantaged by the rectification of the NHS problem.

4. *“Do you support our intention to build a new mental health inpatient unit in Buckinghamshire for adults of working age replacing two existing units?”*

**Yes**

- 4.1 The two existing units are no longer appropriate either from as modern models of provision or from the quality of environment perspective. We therefore welcome their replacement. The shift in emphasis from in-patient treatment to support within the community is also welcome and consistent with the National Service Framework. The resulting reduction in bed numbers is therefore understandable. The County Council can only support the rationalisation of inpatient facilities onto a single site subject to the development of a strong health and social care infrastructure to support out-of-hospital care. We are particularly concerned to emphasise the need for good community health care provision as the failure to provide this would represent a significant and inappropriate burden on social care.
- 4.2 Please see our response to question 9 for observations on the transport implications of this proposal. The best solution to transport issues in the county is to reduce the need to travel and we want to see a good infrastructure for community services in each part of the county making services accessible to service users rather than attempting to make service users accessible to the services.
- 4.3 Strong links must be established between the specialist adult mental health services and the acute hospitals. These include links between the proposed inpatient unit and the Crisis Resolution Team on the specialist service side. At present A&E services have an on-call psychiatrist. It would be better to have a mental health liaison service at both Wycombe Hospital and Stoke Mandeville Hospitals.
- 4.4 The design of the new unit should include provision for female only units to rectify a current deficit.
- 4.5 The County Council is concerned that there have been several changes to mental health services during the last 10 years. We welcome the production of an overall blueprint this time, but observe that other changes have been heralded as ideal at the time of their development including Haleacre and Mandalay.
- 4.6 We recognise that, particularly with mental health, patients improve with the support of visitors. The Trusts need to give further consideration to the arrangements for ensuring easy access to inpatient services for friends and family and to mitigating the effect of lengthening journey times.

5. *“Do you support this new unit being developed at the Manor House site, Aylesbury?”*

**Yes**

- 5.1 As previously stated, Buckinghamshire is a long County. An ideal location in the County for a single site does not exist and Aylesbury represent the most central accessible location.
- 5.2 The proposed site is within a short travelling distance of the bus and rail centres in Aylesbury, but the Trust should give consideration to the particular transport needs of its inpatients and consider whether additional NHS transport provision needs to be developed.
- 5.3 These proposals respond to views expressed in 2004 that options for the use of buildings should be assessed and the County Council notes that this site is the only suitable site identified by the NHS estates appraisal. We recognise that the need to acquire an alternative site would considerably delay these proposals..

6. *“Do you support the bringing together of inpatient services for older people with functional mental illness on the Stoke Mandeville Hospital site?”*

**Yes**

- 6.1 These proposals respond positively to views expressed in 2004 that inpatient mental health services for older people should be located alongside general hospital services. We welcome this.

7. *“Do you support their being inpatient services for people with dementia at Amersham Hospital and at Stoke Mandeville Hospital?”*

**Yes**

- 7.1 We repeat our previous comment that we welcome the provision of inpatient services for the mental health of older people should be provided on the same sites as the provision of other acute services for older people.
- 7.2 We also welcome the preservation of capacity for these services as described in paragraph 56 of the consultation document. We note that the document does not analyse the number of beds likely to be required in the future and will require further discussion as the capacity of provision is critical to its effectiveness. We make these comments particularly in the context of the future growth in the population, especially in the North of the County and seek assurances that the design of the new provision will include adequate scope for expanding to address future needs.

8. *“Do you support our intention to build a new inpatient unit for older adults to replace the John Hampden Unit at Stoke Mandeville Hospital, Aylesbury?”*

**Yes**

- 8.1 As stated in our two previous answers, we welcome the proposal to site these services alongside mainstream healthcare provision. It would be a retrograde step to move this provision away from the general hospital site where it is currently located.
- 8.2 Provision of a replacement building is welcomed, especially in view of the comments about the state of the current premises.

9. “Do you have ideas about how access to transport can be improved for service users and carers?”

**Yes**

- 9.1 We have already observed that Buckinghamshire is a long county and it can take considerable time to travel, especially from North to South. These problems are greater for those who need to travel by public transport.
- 9.2 The Trust must acknowledge that the nature of the patients and the reasons for their journeys may make travel by public transport more difficult than for the general population and the Trust must give consideration to strengthening its own provision, especially between the proposed new inpatient unit on the Manor House site and the other service points for community provision around the County.
- 9.3 The best solution to transport challenges is to reduce the need to travel and the location of community services will be an important measure for addressing this. We would like to see good use made of peripatetic provision and for specialist clinics to be available in all parts of the county.
- 9.4 The public will be concerned about the quality of care and will want to know how they can support friends/relatives through their illness.
- 9.5 We recognise that for inpatient services, the problem is really about transport for visitors and family and we expect the arrangements for supporting good contact with families during inpatient treatment to be given particular consideration. The Trust should look at a range of initiatives to encourage and enable families to maximise their contact. This will include the provision of transport support and the arrangement of ward routines to facilitate family engagement.

10. “Do you support our proposals to reshape rehabilitation services to enable more people to receive care at home rather than in hospital?”

**Yes – providing that a good community service infrastructure is developed including good specialist community health provision.**

- 10.1 These proposals respond positively to views expressed in 2004 that community services should be improved. The shift in emphasis from hospital provision to community services is welcome providing that a strong community infrastructure is developed prior to withdrawal of the inpatient facilities.
- 10.2 The large volume of inpatient provision and relative lack of success in moving patients from inpatient provision to community services is evidence that rehabilitation services have hitherto been less effective than they should. Radical change is needed to ensure people are rehabilitated effectively. Replacement of existing provision with a new service provides an opportunity to ensure from the outset that attention is paid to planning for recovering and rehabilitation. The promotion of good health is the ultimate aim.
- 10.3 We agree that Elvaston is not suitable, but rehabilitation needs to take place close to home and attention must be paid to the interaction between inpatient rehabilitation wards and the community services to which these patients should progress.
- 10.4 It is clearly inappropriate for a new generation of patients to become resident on Vale ward and the operational policies of new services should include targets for moving people through the system to greater independence.

11. *“Do you have a view on whether it would be best for us to retain our inpatient rehabilitation unit in Wycombe or Aylesbury?”*

**No – The Trusts have as yet been unable to provide the further evidence or a recommendation of their own so it would be premature to express our own view.**

11.1 The Mandalay Unit is a comparatively recent development which was heralded as ideal at the time it opened. It is disturbing that within a few years the service is regarded as outdated.

11.2 However, the perceived mistakes of the recent past should not constrain the development of the most appropriate provision as part of the new overall blueprint for mental health services in the County.

12. *“Do you support our proposal to ensure that inpatient care should be developed for older people with functional mental health difficulties living on a ward in Aylesbury?”*

**Yes**

12.1 In the eyes of the County Council, the provision on Drake ward is an incomplete resettlement from the long stay hospitals.

12.2 This form of re-provision is an essential element of developing new community care services and should not be on hospital sites.

12.3 We warmly welcome this proposal and assert that the new provision should ensure proper replacement of the former hospital services. We seek assurance and will monitor that funding of the new service will be sufficient to meet modern standards for community care. We are considered to ensure that there has been no erosion of the “dowry” these patients brought to their existing provision.

13. *“Do you support our proposal to redevelop inpatient services for younger people with Alzheimer’s disease on the Stoke Mandeville site in Aylesbury alongside older adult dementia services?”*

**Yes**

13.1 The emphasis on appropriateness of provision rather than age-related access is a welcome feature of this consultation. It is a sad fact of life that some people are affected by organic mental illness at a young age and we welcome the provision of inpatient services for these people alongside the acute hospital services.

14. *“Do you support our plans to deliver day care for older people in North Buckinghamshire without using the Embleton Day Unit?”*

**Yes – with reservations.**

14.1 In considering our response to this question, it should be recognised that there is concern that the closure of Embleton is the first step to closing the Buckingham Hospital. We value the provision of good health services in all parts of the County and will resist proposals which diminish the quality of provision in local communities. It should be recognised that Buckinghamshire is a rural county and for people living in our villages away from the main towns travel to services can be difficult, especially for non-car drivers.

- 14.2 We seek further assurance that the closure of Embleton Day unit will not involve a move of services away from the area.
- 14.3 It is a concern for the users of the Embleton Unit that they will need to pay for services which were previously free. It is a regrettable irony that whilst NHS health care is free at the point of delivery, Social Services in this country cannot be sustained without means-tested charging of service users. This represents a disincentive to progress through the barrier in the rehabilitation process from health care to social care.
- 14.4 The proposed closure of the Embleton Unit means a sudden pressure on the voluntary sector. The timing and phasing of this development is important and the capacity of the voluntary sector to absorb these pressures must be tested before services are entirely reliant upon it.
- 14.5 We agree that the Embleton Unit provides a medical model of provision which is not appropriate for many and that recovery from mental illness is more effective at this stage from a social care setting.

**15. “Any other views or comments”**

- 15.1 There are implications in the proposals for the voluntary sector and users/carers but little about engagement with these sectors or support to them. The proposals represent a radical overhaul of mental health care in the County and we consider that a robust user and carer engagement plan should be presented for further consideration by the Overview and Scrutiny committee for health. User and carer engagement is about involving both in the development of provision **and** the communication of decisions and the reasons for those decisions.
- 15.2 The County Council has a role to play in encouraging NHS colleagues to think about carers (supporting and working with them to develop services). Carers support has to be underpinned by respite and we seek assurances that the new community provision will not transfer responsibilities for care to family and friends without proper consideration of the needs and wishes of carers.
- 15.3 These proposals represent a significant development of mental health provision in the County since the three year commissioning strategy was written. Following this consultation, the strategy should be revised to include clear timescales and investment and development plans for both the NHS and social care. This strategy must link closely to those for both adult care and older people.
- 15.4 The proposals in this document are far-reaching and will take some considerable time to develop. We are mindful of the financial pressures faced by the NHS and the limited management capacity of mental health services within the County. We are concerned that the pace of change should be balanced with the capacity to bring about that change. Urgency must not be allowed to detract from the quality of the developments. A radical overhaul of provision provides an opportunity to lay sound foundations if carried out well but carries a risk of creating fundamental weaknesses if carried out badly.
- 15.5 Finally, the County Council observes that all the consulting organisations are about to undergo radical change and it is likely that none of the organisations will exist in a year's time. We are concerned that the successor organisations will be required to accept responsibility and ownership of all commitments entered into during this consultation.