ADULTS, WELLBEING AND HEALTH SCRUTINY COMMITTEE

Cambridgeshire County Council

21st October 2010

Action

32. DECLARATIONS OF INTEREST

Members declared the following personal interests under paragraph 8 of the Code of Conduct:

- Councillors Heathcock and J West as members of Cambridgeshire Older People's Enterprise (COPE)
- Councillor Brown as a member of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) and a member of Cambridgeshire LINk
- Councillor King as company secretary of the Bowthorpe Association, a charity providing mental health support for people in the Wisbech area
- Councillor V McGuire as working, for a caring agency, with people with dementia
- Councillor R West as a member of the Buckden Surgery Patients' Association
- Councillor Whelan as a board member of the Cambridge branch of the National Autistic Society, a member of CPFT, and an associate member of COPE
- Councillor Wilkins as an associate member of COPE.

33. 'IMPROVING OLDER PEOPLE'S MENTAL HEALTH SERVICES IN HUNTINGDONSHIRE AND FENLAND': CONSULTATION

The Committee received a presentation on and gave initial consideration to proposals by NHS Cambridgeshire (the Primary Care Trust, PCT) and CPFT for older people's mental health services in Huntingdonshire and Fenland. In attendance to present the proposals and respond to members' questions and comments were

- from NHS Cambridgeshire
  - John Ellis, Head of Mental Health, Learning Disability and Substance Misuse Commissioning
  - Aidan Fallon, Director of Communications and Patient Experience
  - Dr Emma Tiffin, HuntsComm GP lead for OPMH and a GP at Priory Fields Surgery, Huntingdon
  - Claire Warner, Commissioning and Service Improvement Manager, Mental Health, Learning Disability and Substance Misuse
- from Cambridgeshire and Peterborough NHS Foundation Trust
  - John Hawkins, General Manager, Older People's Mental Health (OPMH) Services
  - Dr Claire Lawton, Clinical Director, OPMH Services.

The presentation (attached to these minutes as Appendix 1) outlined current provision, introduced the proposals under consultation, and reported on the responses received; a total of 18 responses had been received to date.

Members noted that the pilot primary mental health care service in St Ives was being welcomed by both patients and GPs; copies of the seventh quarterly report of the Older People's Mental Health Project were tabled for information.

The Committee questioned the representatives from the PCT and CPFT on various aspects of what was being proposed.

Financial matters

Question: Given the history of financial difficulties experienced by both PCT and CPFT, and given that PCTs were likely to be phased out from April 2013, what assurance could be given that the funding to implement these proposals would be maintained?

> Answer: The Head of Mental Health Commissioning replied that the pilot in St Ives had given experience of what a reasonable service would look like. The cost of care home provision and of day sessions had been calculated; he undertook to supply the figures.
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> He added that, in accordance with the PCT's Strategic Plan, it was necessary to continue to find savings, but amongst PCTs, NHS Cambridgeshire spent comparatively little on mental health services, and the £600m investment proposed would be of great benefit to patients. While he could not give any guarantees, he believed these proposals to be cost-effective.
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> The HuntsComm GP Lead said that, although the consortium had been only recently formed, OPMH was a priority for the consortium, and she believed that GPs were very committed to this work.
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> Members were reassured that the duty to consult would apply to GP consortia once they became statutory bodies.

Question: Would moving day therapy from Hinchingbrooke to e.g. Hunter's Down result in a higher cost of provision, because Hunter's Down was outside the NHS?

> Answer: The General Manager, OPMH Services, said that payment was already being made to Hinchingbrooke for day therapy places on Hawthorn Ward, and that same money would be used to pay for the relocated places elsewhere; negotiations were in progress with future providers.

Question: What confidence could be placed in the figure of £96,000 investment allocation for local step-up / respite beds?

> Answer: £96,000 represented the cost of specialist input into beds in care homes, over and above the basic cost of these beds. The training provided in these care homes would have wider beneficial effects on the home as a whole, beyond the specialist beds.
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> The proposal was not to replace hospital beds with care home beds, but to provide beds within care homes for respite use. Some patients were currently in high-level mental health wards who did not need to be there; their needs could be better met elsewhere. Acute beds would continue to be available in Peterborough for patients in Huntingdonshire and Fenland who required them.

Question: What would happen if actual demand for services exceeded the estimated demand?

Answer: CPFT had a record of living within its financial means.

Question: To what extent did the investment allocation figures represent fixed costs or throughput costs?

Answer: The costs of clinics in local towns were fixed. Staff costs were based on forecasts of the numbers of older people in the area and the evidence of the St Ives pilot. It was possible that more people than expected would present, but numbers were likely to be fewer initially as people became accustomed to the new services.

Transport

Question: What would the £15,000 estimated transport funds for carers and family listed in the investment allocation provide?

Answer: The transport funds for carers and family were intended for families to visit hospital in-patients. A starting-point for calculating them had been the average rate per mile and average distance to Peterborough multiplied by two visits per bed per week.

Question: Bearing in mind the still-unresolved difficulties with transport to Doddington identified in the course of the South Fenland Review in 2009, what was being done to ensure that the transport needs of patients would be met?

Answer: Transport was currently provided for eligible patients attending day therapy services, and transport would continue to be provided for those patients to the relocated services. However, transport in general was a problem in the Huntingdonshire and Fenland area; meetings were taking place with other organisations and with the County Council transport team.

Identifying mental health needs

Question: The consultation document referred to older people in hospital with unidentified mental health needs, but if it were to emerge that a person attending accident and emergency had a mental health problem, was it likely that this would be identified?

Answer: The Clinical Director, OPMH Services, pointed out that it was already the case that the mental health needs of A&E patients were not always identified, with the result that they did not receive the support they required.

A project was being undertaken at Hinchingbrooke to raise staff awareness of possible mental health needs; it was currently estimated that about half of the 150 older patients in Hinchingbrooke had mental health needs. The National Dementia Strategy required acute trusts to take account of the needs of people with dementia, but the needs of those with depression were also of concern locally. The Alzheimer's Society had produced a report *Counting the Cost* on the quality of care for people with dementia in hospital.

The Committee was also advised that a separate frequent attenders' programme was looking at the needs of those who often had contacts with public services such as the Police and NHS. A pilot scheme under which GPs were present in A&E departments at busy periods had resulted in a significant number of admissions being avoided.

Current provision

Question: Was the low take-up of day therapy places on Hinchingbrooke's Hawthorn Ward a reflection of a problem in the referral process?

Answer: The way in which the day provision was structured might lead to some reluctance to refer people to Hawthorn Ward; it was far from ideal to have a hospital ward as the base for community therapy. If the ward were to be used at the same rate as day therapy elsewhere in the county, where day therapy facilities were located away from hospital wards, then there would be 3,500 – 4,000 attendances a year rather than the current 300 attendances.

Other contributing factors to low take-up of places at Hinchingbrooke for an individual patient might be distance from home, or the non-availability of the therapy needed.

Aspects and risks of proposed provision

Comment: There had been advantages to having in-patient beds closer to home; for example, Doddington had provided a valued service and relieved pressure on Peterborough.

Answer: Doddington beds had been community rehabilitation beds, over which CPFT had no control. Feedback from GPs and patients was that they welcomed services in more accessible primary care and community settings, but for patients who did require acute care, the Peterborough beds were able to provide a better standard of accommodation and care than was available in Huntingdon or Wisbech.

In-patient acute beds for men had for some time been at Peterborough rather than Hinchingbrooke. Feedback from these patients had been positive; although further from home then Hinchingbrooke, the Peterborough facilities were better. There had been only one complaint, from a relative about the distance to visit the patient.

Comment: The voluntary sector could have an important part to play in supporting the delivery of the proposed services.

Answer: Various mental health voluntary organisations were or would become involved in delivery of services; the Alzheimer's Society was already supplying support workers as part of the pilot service in St Ives. The HuntsComm GP lead for OPMH observed that part of the gateway worker's role was to signpost people to other services, included voluntary ones, and help them find their way round what might be available to them.

At the Chairman's invitation, Gill Lintott, the Alzheimer's Society's Locality Manager for Cambridgeshire and Peterborough, informed members that the involvement of the Alzheimer's Society had been of great benefit; through their workers, people had become more aware

of the services offered by the Society at an earlier stage. There had been an increase of 50 – 100% in the referral rate to services in Huntingdonshire in two months in 2010 compared with the same two months in 2009, partly because of the pilot service and partly because of a general increase in awareness of dementia. However, the Society needed sufficient resources to meet the increased demand.

The HuntsComm GP lead for OPMH said that it was a huge benefit to have the Alzheimer's Society involved in the St Ives pilot.

Question: Were there any plans to improve training for domiciliary care workers?

Answer: Work was in progress on ways of taking forward increased training in primary community care, given the huge number of organisations delivering this care, possibly using Commissioning for Quality and Innovation (CQUIN) money to do so. Ideally, the PCT would insist on specific training standards before employing an agency, but that point had not yet been reached.

Question: What risks had been identified in relation to the successful implementation of the preferred option? What was the transition plan? It would greatly assist the Committee's working group to draft the response to the consultation if it could have sight of any outline implementation plan and risk assessment. JE

Answer: The Head of Mental Health Commissioning advised the Committee that once the PCT had made its decision after the consultation period, there would be an implementation plan and risk register, and it would not be proper to pre-empt the PCT's decision. However, a draft plan already existed and its summary could be shared with the working group on a confidential basis.

Question: What measures were in place to mitigate the effects of the possible impact on carers of caring for people at home? Would enough respite care be made available to help them?

Question: How would the success of any changes following the consultation be determined? What outcome measures would be used?

Answer: Arrangements were in hand for external evaluation of changes resulting from the consultation proposals; this would include evaluation of the impact on the whole health economy. The St Ives primary care pilot was already being evaluated, with feedback published on a quarterly basis. Patients also provided ongoing informal feedback to medical staff, and would continue to do so.

Members asked that any evaluation take account of the impact on carers and also include evaluation of out of hours provision and the ease of accessing help out of hours. The Head of Mental Health Commissioning said that it was important that commissioners of care and contract monitors monitor delivery of services and make use of feedback from patients and carers.

At the Chairman's invitation, other representatives of organisations present contributed questions and comments.

Robert Boorman of COPE said that he had received the consultation information on 5th October and had decided to get the questionnaire out to COPE members at COPE's expense; he had contacted some members and found that they had been unaware of the consultation. He pointed out that many older people did not use the internet. He raised concerns about transport – taxis were expensive; dial-a-ride was well-established in Fenland but not everywhere in the county, and anyway was not available in the middle of the night; discharge from hospital did not necessarily happen at the promised time. It was necessary to look more at the patients' concerns.

Responding, the Head of Mental Health Commissioning said that a meeting was already planned with COPE when these issues could be raised. The Director of Communications offered to print material for COPE and said that the PCT needed to provide a concrete solution to transport to meet COPE's concerns.

David Jordan, Chair of the Mental Health Group of Cambridgeshire LINk, reported that he had exchanged letters with some of the officers present nad had every confidence that they would look after patients' interests. He was impressed by the sympathetic, practical and considerate way the consultation was being handled, and would personally recommend its proposals as the best way forward.

Establishment of working group

The Committee agreed that Councillors Heathcock, King, K Reynolds, Shepherd, Walker, J West and R West form the working group to draft a response for consideration at the Committee meeting on 30th November.

The Chairman thanked all participants for their contributions to the meeting.

34. CALLED IN DECISIONS

Members noted that no decisions had been called in since the despatch of the agenda.

35. DATE OF NEXT MEETING

It was noted that the next meeting of the Committee would be held on Tuesday 30th November 2010 at 2.30pm.

Members of the Committee in attendance: *County Councillors G Heathcock (Chairman), S King, V McGuire, J West, F Whelan (substituting for Cllr Shepherd) and K Wilkins; District Councillors S Brown (Cambridge City) and R West (Huntingdonshire)*

Apologies: *County Councillors S Austen, G Kenney and C Shepherd; District Councillors M Archer (Fenland), R Hall (South Cambridgeshire) and J Petts (East Cambridgeshire)*

Time: *10.30am – 12.40pm*
Place: *March Youth and Community Centre, Station Road, March*

Chairman