

Future Provision of Community Mental Health Care Services for Older People in Whitby

Monday 14 December 2009

The public meeting had 16 members attend which also included representatives from Spinnaker Lodge, The Anchorage, Tees, Esk and Wear Valley, North Yorkshire County Council and the Whitby Gazette.

The meeting was Chaired by Councillor Andrew Backhouse

Introduction and discussion by Melanie Bradbury, Assistant Director Vulnerable People and NHS Funded Continuing Healthcare, NHS North Yorkshire & York

David Brown, Director of Mental Health Services for Older People, Tees, Esk & Wear Valleys NHS Trust

Councillor Andrew Backhouse, welcomed attendees to the meeting and introduced Melanie Bradbury and David Brown.

Melanie Bradbury informed the attendees that this evenings meeting was not about the future of Whitby Community Hospital, it was regarding the future developments of the community mental health services for older people within the locality of Scarborough, Whitby and Ryedale.

It was explained prior to this meeting that service users and staff had been consulted with on the proposed developments and this evenings meeting was to explain the purpose of these changes to the general public.

The background to these proposals is the National Dementia strategy for England which was published in February 2009. This identifies 17 key objectives which when implemented should result in a significant improvement in the quality of services and promote a greater understanding of the causes and consequences of dementia. NHS North Yorkshire and York have been working closely with North Yorkshire County Council and mental health providers in our response to the national dementia strategy with our key partnership aims being:

1. Services are sensitive to each persons individual circumstances
2. Support people to live independent, productive, fulfilling and active lives for as long as possible
3. Encourages people and their carers to be actively involved in the decisions made about their care



4. Support people in negotiating along their pathway of care as and when they choose and appropriate to their needs
5. Provide information and if appropriate equipment (telehealth and/or telecare) in a way that is understood and helps to support the person and their carers in the options available from diagnosis to end of life.
6. Are in line with best practice and wherever possible good evidence based practice and are cost effective.

For the Scarborough, Whitby and Ryedale locality, NHS North Yorkshire and York has been working with Tees, Esk & Wear Valley NHS Foundation Trust (TEWV) to identify the key gaps and service priorities. These priorities have now been identified as:

- Good quality early diagnosis and intervention for all
- Improved quality of care for people with dementia in general hospitals
- Living well with dementia in care homes
- Informed and effective workforce

The Scarborough, Whitby and Ryedale locality covers a population of 160,000 in a predominantly rural area. The population of over 65 years in the locality is 34,000. Currently in-patient and community services are provided within each local area. Acute (Hospital) in-patient assessment and short-term treatment services, are currently provided at the Cross Lane Hospital site in Scarborough with day care and long-term care provided at the community units for the elderly wards in Malton and Whitby. Cross Lane Hospital is currently being re-developed and upgraded. Community services are available in each locality and during the last 6 months TEWV have introduced extended community mental health services for older people, increasing the service from 5 day per week to 7 day per week and enhancing the number of staff working within the community to support people in their own homes.

A positive impact of the initial development of extended community services has been a reduction in the number of people being admitted for in-patient care. Feedback from service users consulted in community mental health developments, is that they want care as close to home as possible and where possible within their own homes; with access to good quality in-patient care when required.

As at December 2009, the bed occupancy at the 2 community units for the elderly wards in Malton and Whitby has reduced significantly. Originally, the Malton unit was opened as a 20 bedded unit but over time has reduced to a 12 bedded unit in view of the reducing demand for this type of care. It currently has 5 patients on the unit. The Whitby facility was originally opened as an 8 bedded unit and currently has only 2 in-patients.

To take these changes forward, NHS North Yorkshire and York are proposing to:

- Close the mental health in-patient ward at the Whitby Community Unit due to the falling demand for this type of care, it being no longer viable to keep the unit open on current occupancy levels
- Keep the Day Unit at the Whitby Community Unit open until alternative services for those patients have been identified and provided.

- Re-invest the resources released from the closure of the in-patient unit to support increased community infrastructure in the Scarborough, Whitby and Ryedale localities
- The mental health in-patient ward at Malton Community Hospital to remain open in the medium term with current staffing levels to enable the provision of a 6 bedded challenging behaviour unit for older people with mental illness who cannot receive care in existing Care Homes in the area. This will enable patients to receive care within the locality rather than move to other units in York or Darlington as often happens now.
- Health care respite will continue to be available for people assessed as needing such care and will be provided from alternative providers in the Whitby area. Working with local nursing homes and voluntary sector.
- NHS North Yorkshire and York to work with Practice Based Commissioners (local GPs) on the longer term requirement for a specialist Challenging Behaviour Service for older people with mental health problems in the Scarborough, Whitby and Ryedale locality. The focus of this unit would be to provide specialist care as close to home as possible for patients currently receiving this care outside of Scarborough, Whitby and Ryedale. These proposals to be developed by the summer of 2010, with the Malton Unit an option for developing this as a local service.
- NHS North Yorkshire and York to use the revenue funding allocated to the Whitby Unit to increase staff and resources within the Scarborough, Whitby and Ryedale community to enable more patients to receive early intervention and treatment and be supported within their own homes, for as long as clinically appropriate.

During October and November 2009 we have begun preliminary discussions with the North Yorkshire Overview and Scrutiny Committee (NYOSC) on some of the thinking around these changes. A particular issue around these developments is the imminent closure of the in-patient unit at Whitby Hospital and the concerns that this may raise with the local community. We have also spoken about these changes with Practice Based Commissioning leads in Scarborough, Whitby and Ryedale. All Practice Based Commissioning representatives are supportive of the development of community based services, acknowledging that they reduce hospital admission and also recognising that the future viability of the Whitby unit should be kept under review.

David Brown explained that he was responsible for providing mental health services for older people in the Scarborough, Whitby and Ryedale locality.

It was highlighted that the service needs to be increased and available 7 days a week. As a result of the service only been available 5 days a week, patients are being admitted to hospital. We need to ensure assessment and treatment is of good high quality and fit for purpose. Rowan Lee, at Cross Lane, Scarborough did not meet the requirements and an assessment and treatment facility was required. The commissioners' would not want us to continue to provide services as previously ie: long term care, we need to change to enhance community services available to meet the health care needs. This has already been extended within Ryedale and

Scarborough, currently we have 6 community mental health staff in Whitby and this plan is to increase to 11 to meet the challenging demands of our community and develop earlier intervention, memory assessment and intensive frequent visits. We want to increase the team to improve our liaison with both the nursing homes and acute trusts.

The rebuild at Cross Lane site is at tender stage and will provide 20 beds with individual rooms with en suite facilities, which is consistent with all our other accommodation across the Trust.

We need to recognise the financial constraints with NHS North Yorkshire and York and ensure we manage and provide services effectively.

The bed occupancy within Spinnaker Lodge has decreased over the last year. Occupancy at both Malton and Whitby units was below 12 in total. We feel it is only sensible to have one unit open that meets the requirements of our local community. This is a large area, and we recognise people already go for assessment in Scarborough. 16 people from Whitby last year went for assessment and treatment at Rowan Lee with the average stay been 23 days. We will continue to provide care at Malton. The issue to have both units remain open is not viable. Therefore the decision is to close Spinnaker and leave Springwood open for the interim period. Springwood having excellent facilities for in-patients with lots of space.

Public Questions:

Q; You mention respite, where will this be available

A: We have limited people who presently attend respite care at Whitby. All patients are clinically assessed to ensure they are placed in the most appropriate setting to meet their healthcare needs.

Q: What if the nursing homes are full, is there a contingency plan available?

A: In this locality respite care for health is usually planned and booked in advance. If local placements are not available in Whitby, all individuals are assessed and discussions will take place with the family to offer the most suitable alternative placement. Local nursing homes are in the process of expanding.

Q: Concerned about the impact of going to different places for respite.

A: The comment was noted, however, patients are presently going further afield to ensure their care needs are met. It is recognised that we need to extend the community services and work with nursing homes and local voluntary services to ensure both the patient and carers health care needs are been met as close to home as possible.

Q: If people suffering from dementia are in their own homes, they need 24 hour care not just one hour in the morning. They need stimulation and their minds occupied; mixing with other people is more beneficial. You are closing Whitby, where are these poor soles going to go?

A: The service we are proposing to close does not provide long term care for dementia patients which you describe. We continue to work closely with social services and voluntary organisations to ensure the services required are available and put in place. I.e: social care would be responsible for the daily living aspects of patients, (getting someone up, providing lunch and putting to bed). Health care are

responsible for providing specialised mental health services to meet the clinical needs of the patient. If patients want to stay in their own home, to prevent isolation, health will work with voluntary groups to ensure these needs are met.

Q: When I asked for respite care, I was told it was not available in Whitby and my mother would have to go to Scarborough and there was a months paper work to complete.

A: Social care do arrange respite for patients in Whitby following an assessment and this is usually at Hawskgarth Lodge where patients have gone for several years. There is paper work to complete, but assurance was given that this was not a months work.

Q: It says in the Whitby Gazette two patients in Whitby, you have 8 beds so the ward is empty, where is the saving, where is the money been spent, no rationale.

A: Over the course of the year we have had less than 12 people who have needed to be admitted to Spinnaker. We want to play our part in the provision of health and social care in Whitby and we will provide help and support. No savings will go out of NEY or out of mental health.

To fill up Spinnaker with respite care patients would not be good use of NHS funds, and we would not have the available funds to increase the community staff. What we are proposing is different to the model of care provided in the rest of Tees, Esk and Wear Valleys. We don't have sufficient community staff to provide memory assessment for the expected numbers of people coming through. This is what we will be expected to do and therefore we need to play our part well.

Q: Concern about travelling out of Whitby and the impact this has on patients and family members.

A: We need to understand the level of needs, both from a social and health aspect. I am offering a conversation for us to have in private to see how we can help and assist you further.

NHS NYY are working with mental health trust to ensure there is respite as close to home as possible.

Q: How do you differentiate between social and health care as dementia is health related?

A: Social care covers daily living tasks, healthcare is based on clinical care needs. A community mental health assessment is undertaken which involves a multidisciplinary team of professionals. (eg: District Nurse, Social Worker, Community Psychiatric Nurse, Care Manager)

Q: Do you know the percentage of people assessed in relation to those who receive continuing healthcare? NHS NYY operate in a postcode lottery as the percentage is very low. In NYY 2.7% in Durham, 17%

A: Continuing Health Care is a mechanism for paying for care, it is not a speciality. We can not comment on the percentage given, this is not a known figure to NHS NYY. All applications received for Continuing Health Care are assessed by health and social care staff following the National Policy for NHS Funded Continuing Healthcare.

Dr Campbell advised that in some cases where there are levels of community infrastructure available NHS Continuing Healthcare funding is not accessed as services are in existence in the community which can respond to the patients needs, this could be why the percentage is lower in NYY and higher in Durham.

Dr Campbell, stated that commissioners have to work within the constraints given. Stating that patients with dementia need to be kept out of hospital for as long as possible and he would favour a community based service. Dr Campbell expressed the desire to have care closer to home for those living in Whitby. Patients with mental health and dementia can deteriorate rapidly in an acute hospital setting, but sometimes this is required to meet any physical problems. The development of increasing mental health services 24/7 is welcomed as well as the integration of health and social care.

Melanie Bradbury agreed that it was important to improve the level of care for mental health/dementia patients and to support people in the community when possible. NHSNYY is working with partners to ensure patients get the right level of support.

Comment: We don't invest enough monies in mental health and this has continued for 10 – 15 years. We therefore need to be more efficient in how services are delivered, but the outcomes are as good as any where in the Uk.

Chair: noted lack of investment in mental health services in the area and the ever changing demographics. It is recognised in the next three years their will be a real reduction in monies from the centre (Department of Health). If the NHS has reductions, where will the cuts be made and who makes the decision as the population increases.

A: The Operating Framework, issued by the DOH will not be issued until later this month. DoH are wanting innovation, productively and efficiencies of monies. PCT's are working with key stakeholders, voluntary sector to ensure quality and best outcome for all

Chair: ½ million is to be reinvested into mental health services, however, over the next three years the NHS will see a huge reduction in allocated funds. If the money is stripped from local services what facilities will be reduced?

We have to learn how to spend money more efficiently, shorten lengths of stay from 30 days to 10 days. Look at different ways of working.

Melanie has recently met with North Yorkshire Social Services and are discussing an integrated generic service where the workforce will provide both health and social care, which will result in a more streamline and cost effective service.

Q: What is the assessment process?

A: The assessment of memory is undertaken, some people may need to go into hospital for the assessment which could include MRI scans, assessments of patients' behaviour and make an assessment between depression and dementia. The referral can be made by your local GP or Social Services.

Q: As a family we were excluded from the NHS Continuing Healthcare assessment process.

A: Families should be invited to the assessment, which is recommended by the DoH Policy. We are aware that on occasion the acute hospitals do not always remember

to invite relatives, this is something we have raised with acute providers. We also have to respect patient wishes, some do not want relatives to attend the meeting.

Q: How much are you going to save by closing Spinnaker Lodge?

A: It is not savings, the money is been reinvested back into mental health services predominantly for the Whitby community.

No monies are going out of mental health services locally, the money will be used to increase community services and cover the costs associated with acute hospital liaison. Some of the money will be used to cover capital costs associated with the re-development of the Cross Lane Hospital, which Whitby residents access. No monies will be clawed back to TEWV or NHS NYY

Q: Why not leave Spinnaker open and increase funding into this service?

We need to move forward and develop and increase community services, we can not do without additional community staff and we can't do both with half number of bed occupancy.

Comment: Dr Campbell stated over the years services had changed and not been replaced like for like in Whitby. The people of Whitby require assurances the money is to be reinvested back into Whitby.

A: We need to increase the number of staff within the community on a phased recruitment basis. Staff from Spinnaker will be transferring into the community. We want to see if we can reduce the number of admissions by increasing the community services and make Whitby an attractive place to work.

Q: My concern is Spinnaker Lodge is a good facility, but when its gone its gone, you could disseminate your staff into the community what is the guarantee this will continue?

A: We are going to increase the community mental health team by 5 and confident that this will meet the requirements. Units can close and reopen, depending on the mental health needs of the local population. It was highlighted a similar unit in Ripon was closed two years ago and this service is no longer a requirement within that area due to the reinvestment of community mental health services. The question was asked to the members, if Spinnaker Lodge was the right environment to provide modern, innovative care in a basement of a hospital. Recognition was given to the staff on the unit who had done an amazing job in an inappropriate environment.

Q: What is the long term future of Springwood, Malton?

NHS NYY are meeting with clinicians to discuss how best to support complex mental health and dementia patients. The immediate plans are to include a 6 bed unit for complex patients, but we can not confirm what the longer term position will be, we may have a unit in SWR but not in Malton, we may develop services with a new provider. We also want to explore the option of Extra Care Housing Schemes with social services.

Q: At Cross lane will the elderly patients be separated from the other inpatients?

A: Yes, there would be separate facilities for the older patients.

Comment: Dr Campbell highlighted the commissioner has a responsibility to feedback to the general public and suggested a further public meeting when posts have been filled.

Summary Councillor Andrew Backhouse

This meeting was to discuss the future provision of community mental health services for older people in the Whitby locality. We have had assurances that Whitby Community Hospital is not closing and we are aware of the significant spend to upgrade the building.

There is significant investment been spent on the redevelopment at Cross Lane site. We need to look at better ways of providing mental health community services for older people, we can't have a 12 bedded unit open with only 2 patients. The government advise PCTs to look at efficiencies and focus on organisations looking at different options of how care can be best provided.

Can we seek assurances that NHS NYY has taken your questions and concerns on board from this evenings meeting. We need timescales when Spinnaker is going to close and assurance that the Whitby community will not be disadvantage by the closure of the unit.

I would therefore suggest a further public meeting to keep members of public abreast of developments.

Melanie Bradbury: Staff on the Unit will be transferring their skills into the community. All staff have already been consulted with and are happy with the proposals, so this will progress immediately.

A confirmed closure date of Spinnaker Lodge can not be given, however, discussions have taken place with the families of the two patients remaining on the unit and both are happy and in agreement with the move to Malton which will be arranged.

A further meeting to be arranged in three months to provide an update on

- Details of new staff in the community
- Update on respite and day care provision

The Chair thanked attendees for coming to the meeting and sharing their concerns, and praised NHS NYY for consulting appropriately with service users and in a timely manner.