

NORTH YORKSHIRE COUNTY COUNCIL

SCRUTINY OF HEALTH COMMITTEE

20 April 2012

Mental Health: Hospital Services for Adults and Older People in Airedale, Bradford and Craven

Purpose of Report

1. The purpose of this report is to provide an opportunity for the Scrutiny of Health Committee (SoHC) to respond to the formal consultation which is being led by NHS Airedale, Bradford and Leeds on proposals for the future provision of inpatient and community mental health services provided by the Bradford District Care Trust. The Committee will be particularly interested in how the proposals will impact on residents of the Craven area.

Introduction

2. The consultation document and the recently issued addendum are attached as APPENDICES 1 and 2 respectively. It should be noted that the closing date for responses has been extended from 26 April 2012 to 26 May 2012.
3. A letter from Craven District Councillor John Roberts setting out a response on behalf of that Council's Overview and Scrutiny Committee is attached as APPENDIX 3.
4. Representatives from NHS Airedale, Bradford and Leeds, NHS North Yorkshire and York and Bradford District Care Trust will be attending the meeting to guide Members through the consultation document, to summarise the issues being faced in providing inpatient and community mental health services locally and to respond to Members' questions/comments.

Recommendations

5. That Members offer comment on the issues raised in the consultation document and on the proposed options.
6. That the Chairman, County Councillor Jim Clark, be authorised to submit a response to the consultation on behalf of the Committee taking into account views expressed at this meeting by 26 May 2012.

Bryon Hunter
Scrutiny Team Leader

County Hall
Northallerton
12 April 2012.

Background Documents: None

NHS Airedale, Bradford and Leeds
NHS North Yorkshire and York
Bradford District Care Trust



Mental health:
Hospital services for adults
and older people in
Airedale, Bradford and Craven

In this leaflet we talk about some of the challenges facing Bradford District Care Trust in providing services for people with mental health problems when they need to go into hospital. These challenges provide us with an opportunity to review and improve the quality of the services that we provide for people. That is why we are asking you to tell us what you think about these issues and the options to improve them.

The Trust has told us it would like to improve the services provided at Lynfield Mount Hospital, the Airedale Centre for Mental Health and the services it provides from Ward 24 at Airedale General Hospital. These include hospital admissions for older people and for adults who need psychiatric intensive care services.

Having the best possible mental health services is important to everyone. This is why, from time to time, we review the services that are on offer and whether they are well placed to meet your needs. When we do this, as well as thinking about quality we also think about your safety, whether the treatments are effective and if the services are good value for money. The NHS needs to save money and the ideas set out in this document help us to do that without cutting the quality of the services. Your thoughts about the services are also very important in helping us make decisions.

Because of this, we asked Bradford District Care Trust to think carefully about the changes they would like to make to their services and, where it is possible, to give you some different options to think about. We talk about these options in more detail later on in this leaflet.

We know that this review of services is complicated and that you might worry about what will happen. We plan to make sure that you have plenty of information to help you make your views known to us and we promise to tell you as soon as possible when we have made a decision about what will happen next. If you are using mental health services, your care co-ordinator should be able to help you understand the changes. Please do talk to him or her about any worries you have, or contact the PALS service (tel: 01274 237555).

This consultation ends on 26 April 2012. On page 7 there are many different ways you can tell us your thoughts about the changes that we are suggesting.

When we get your views and ideas on how the services might be improved, we will consider them all and make a decision about the best way forward.

Your thoughts really matter to us, so please do take the time to send us your views.

Who uses the services we would like to improve?

Older people's mental health services are for people aged 65 years and over. Sometimes people under 65 are treated by the older people's services because of the kind of illness they have – for example, someone with the early onset of dementia.

There are two types of older people's inpatient services:

- **Functional** – this describes all kinds of mental illness that someone could have at anytime in their life, such as anxiety or depression.
- **Organic** – this describes mental illnesses that usually only happen in older age, such as dementia.

People who use the older people's service mainly live in and around Bradford, Airedale and Craven. Two primary care trusts – NHS Airedale, Bradford and Leeds and NHS North Yorkshire and York – hold the money to buy services for people living in the area. We buy services for you from Bradford District Care Trust who manage Lynfield Mount Hospital, the Airedale Centre for Mental Health and Ward 24 on the Airedale General Hospital site.

Most older people who require mental health services are seen at home and very few people are admitted to hospital.

Adult mental health services are for people aged between 18 and 65 years. Some people who are over 65 years might also use these services if their illness does not yet need the skills of the older people's services.

Adults and older people who have serious behavioural problems because of their mental illness may use the **psychiatric intensive care unit (PICU)**. These are mainly people who have become a risk to themselves or to other people because they are very unwell at the time. There are eight beds in PICU.

Four of the eight beds in PICU are for use by people who live in Bradford and Airedale. The other four can be bought by Primary care trusts from all over the country when they are unable to treat people in their own area.

You can see how many adult and older people's beds the Trust has, and where they are, by looking at the table on page 11.

Why does Bradford District Care Trust want to change services?

The Care Trust wants to make services better for the people who use them, and spend the money they have on the services that people need the most. All NHS services must be good value for money, but quality and clinical effectiveness are just as important. Nowadays people can have lots of healthcare services at home or near the places where they live. Hospital services are not used as much as they were in the past, so it is important to make sure that money is spent on good quality mental health services.

There are five things that the Trust has been thinking about when deciding what could change. They are:

- Older people from Airedale and Craven are admitted to adult wards (Fern and Heather wards) at the Airedale Centre for Mental Health. An organisation that monitors how well Trusts run their services (called the Care Quality Commission) says that this is not good quality care for older people and needs to be changed. Older people should be cared for on wards specially designed for their needs.
- Older people do not go into hospital as much as they used to, so currently about half of the beds are empty (52.2%). We know the population of older people is growing every year but even so, less and less people need to go into hospital. This is because there are now better ways of treating people at home or the place where they live. The Trust believes that it can improve quality as well as reduce the number of beds and that this will be enough to meet local need.
- Almost eight out of ten people (79.5%) who use the PICU live in Bradford, but the PICU ward is at the Airedale Centre for Mental Health just outside Keighley. This means that people who are very unwell are taken from one site to another by ambulance in the care of two or three staff, reducing the number of staff on the wards. This also means that there are risks to the patient and staff involved in the move. Moving the unit to Bradford would reduce these risks.
- The PICU building is too small which makes it difficult to have big enough treatment and visiting areas on the ward.
- Making sure that services are good quality and value for money and that, where they are not being used well (for example, by having empty beds for too much of the time), money can be used to improve the quality of services.

The Trust has already begun talking to people who use some of these services and their carers. Their comments have helped us to decide on the proposals in this leaflet.

What services might be improved?

The services that we are talking about in this leaflet are:

- **Clover Ward** at the Airedale Centre for Mental Health - this is the psychiatric intensive care unit (PICU) which has eight beds;
- **Heather and Fern Wards** at the Airedale Centre for Mental Health – these are the wards that are currently used by both older people and adults;
- **Ward 24** within Airedale General Hospital - this is an organic older people's ward;
- **Duchy Court and Chellow Lodge** – these are the functional and organic older people's wards at Lynfield Mount Hospital.

Part of these plans also includes swapping the use of a number of wards at Lynfield Mount Hospital. These are adult acute in-patient wards, one of which closed after a public consultation in 2009.

What have we done so far?

In the past twelve months, Bradford District Care Trust has worked with people who use mental health services, their carers and their family doctors to help them understand some of the challenges it faces. To help focus the discussion a number of options were explored.

During these sessions, the Care Trust shared the options and used what people said to refine them or to provide more information when it was needed.

As a result, and at the request of the two primary care trusts and local family doctors (GPs), the number of options was reduced. This was because one of the options needed more money to be invested and, because of the current economic climate, it was felt to be an unrealistic option to include in a public consultation. The other option was not considered good clinical practice and so was removed.

The options below have been discussed and developed in partnership with local people and agreed as reasonable options to be included in a public consultation. We recognise that some of the proposals may make it more difficult for some carers to visit their relatives whilst they are in hospital. We will work to ensure that we provide appropriate help and support to those affected. For example, we could use volunteer drivers or private hire vehicles to support people visiting the hospitals.

However, if you have a suggestion about something else that you think might be useful for us to consider, we will be happy to do so.

What are the options for change?

Appendix A (page 11 onwards) contains lots of information that has been used to develop the following options. We would like you to tell us what you think about the three options below. Details on how to do this are on page 7 of this leaflet.

We would also like to hear any other options that you think might work.

Option 1: No change in the number of beds provided but some minor changes in where they are located.

In this option:

- PICU would stay at the Airedale Centre for Mental Health;
- The 71 older people's beds across four units at Lynfield Mount and Airedale General Hospital would remain;
- The 22 organic beds currently provided from Chellow Lodge would be moved to Daisy Hill House on the same site at Lynfield Mount Hospital - near to the functional mental health ward already there (because Chellow Lodge cannot be made suitable for older people's organic beds – see page 12)
- Staff from Chellow Lodge would also move to provide care for people using the extra beds at Daisy Hill House.

What is good about this option?

- There would still be functional and organic older people's beds at both Lynfield Mount and Airedale General Hospital.

What isn't so good about this option?

- By not separating functional older people's beds from the adult acute wards at Airedale, this would mean that the Trust could not meet the best practice levels set by Care Quality Commission (CQC) - see page 13;
- No money would be released to reinvest back into older people's services;
- There would still be low bed occupancy levels.
- Because PICU would not move from Airedale, more people would still have to travel a long way to use or visit it.

Option 2: No change in the number of beds provided BUT the PICU unit would be moved to Bradford from the site near Keighley.

- PICU would move to Lynfield Mount Hospital;
- The 71 older people's beds across four units at Lynfield Mount and Airedale General Hospital would remain;
- The 22 organic beds currently provided from Chellow Lodge would be moved to Daisy Hill House on the same site at Lynfield Mount Hospital - close to the functional mental health ward already there (because Chellow Lodge cannot be made suitable for older people's organic beds – see page 12);
- Staff from Chellow Lodge would also move to provide care for people using the extra beds at Daisy Hill House.

What is good about this option?

- There would still be functional and organic older people's beds at both Lynfield Mount and Airedale General Hospital;
- Most people would not have to travel as far to use the PICU or to visit people using it.

What isn't so good about this option?

- By not separating functional older people's beds from the adult acute wards at Airedale, this would mean that the Trust could not meet the best practice levels set by CQC (see page 13);
- No money would be released to reinvest back into older people's services;
- There would still be low bed occupancy levels;
- Some people would still have to travel to access the PICU.

Option 3: Moving PICU to Lynfield Mount Hospital, reducing the number of beds and making separate wards for functional and organic illnesses.

In this option:

- PICU would move to Lynfield Mount Hospital;
- The number of older people's mental health beds would be reduced from 71 to 43;
- The number of older people's units are reduced from four to two and there would be dedicated wards for functional (21 beds) and organic (22 beds) illnesses;
- Higher staffing levels could be maintained on the wards.

What is good about this option:

- Best practice guidance for providing specialist care for older people would be met;
- There would be savings of about £1.15 million a year;
- Money could be invested in improving the staffing levels of the wards to give people a high quality service;
- Two highly specialist functional and organic wards designed to deliver high quality care and staffed by a team with specialist skills;
- Most people would not have to travel as far to use PICU, or visit people using it.

What isn't so good about this option:

- Some patients and carers would be inconvenienced by having to travel further to use the older people's wards;
- Some people will still have to travel to use the PICU.

What do you think about the options?

Let us know which of the options you think will work best. Or you might want to tell us about a different plan that you think might work. But remember - there is no more extra money available to fund mental health services. Any changes have to be funded by saving money from under-used services or those that are not very efficient.

How to tell us what you think

You can tell us what you think about the ideas in this leaflet like this:

in writing, or by using the tear off slip on this leaflet, to:

You do not need to use a stamp

or you can email:

or you can go on our website and fill in the reply form:

or you can telephone our Patient Advice and Liaison (PALS) service

or by putting a comment on our NHS Bradford and Airedale on Facebook

or Twitter pages:

or text us:
(only one text for each phone number will be accepted)

Mental health services review
FREEPOST RLZH-XTUZ-YAZK
Douglas Mill
Bowling Old Lane
Bradford BD5 7JR

consultation@bradford.nhs.uk

<http://www.bradford.nhs.uk/category/get-involved/current-consultations/>

01274 237555

www.facebook.com/NHSBradfordandAiredale

www.twitter.com/nhsbradford

Text mhealth plus the option you prefer to
07797 870001 for example: mhealth option 1

Don't forget that the closing date for your comments is 26 April 2012.

Over the next few months we will be meeting with service user and carer groups, and other interested groups. Watch out on our website (see below) and in the local press for details of drop in sessions and public meetings, or call us on 01274 237555 and we will send you details.

We think people will ask questions about the ideas in this leaflet so we have made a special part of our website that will keep up-to-date with these questions and our answers to them. You can look at the website here: www.bradford.nhs.uk/catagory/get-involved/current-consultations



Mental health services – feedback

Please use this form to tell us what you think about our ideas. If there isn't enough space for your answer you can use another sheet of paper to finish what you wanted to say.

Older people's mental health services

The option I support is: (tick one box)

Option 1

Option 2

Option 3

None of these

I have another suggestion

Tell us your suggestion, or any other information to support your answer:

Please use additional papers if this box is not big enough for you to make your views known.



Please tell us your postcode: _____

Do you want to help with other plans for health services?

Sometimes we do surveys about health services to help us make the services better for you. Would you like to take part in surveys that we do, or that another organisation does for us?

Yes

No

If you would like to do this, please write your name and address below.

Your name _____

Your address _____

Your telephone number _____

Your email address _____

Send this form back to

Mental health services review
FREEPOST FLZH-XTUZ-YAZK
Douglas Mill
Bowling Old Lane
Bradford BD5 7JR

You do not need to put a stamp on the envelope.

Appendix A: Some other questions answered ...

Where are the hospital beds for adults and older people currently?

Beds for adults (18-65 years old)

In Bradford (on the Lynfield Mount Hospital site), the numbers of beds are:

Name of ward	No of beds	Who uses it?
Maplebeck Ward	17	Acute ward for men
Oakburn Ward	21	Acute ward for men
Ashbrook Ward	25	Acute ward for women
Birchwell Ward	-	Currently empty, but used to have 21 beds

At Daisy Bank on Duckworth Lane in Bradford:

Ward 2	12	This is a rehabilitation unit for men and women. After a different consultation in 2009 it was agreed this unit would move to Lynfield Mount and reduce to 12 beds
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At the Airedale Centre for Mental Health (on the Airedale General Hospital site):

Fern Ward	16	Acute ward for men***
Heather Ward	19	Acute ward for women***
Clover Ward	8*	Psychiatric intensive care unit (PICU)

(*only four of these beds are used for people living in Bradford and Airedale)

Total numbers of adult beds: 98 acute beds; 12 rehabilitation beds; 4 PICU*

Beds for older people (65 years and over)

In Bradford, at Lynfield Mount Hospital

Daisy Hill House	18	Functional mental health conditions (men and women)
Chellow Lodge	(22)	Organic mental health conditions Men and women Temporarily closed for refurbishment

At the Airedale Centre for Mental Health (on the Airedale General Hospital site):

Heather Ward	6	Functional mental health conditions Men***
Fern Ward	6	Functional mental health conditions Women***
Ward 24, Airedale General Hospital	19	Organic mental health conditions (men and women)

*** these beds are part of a mixed adult and older people's ward

Total number of older people's beds: 30 functional beds; 41 organic beds

Why is Chellow Lodge closed?

This ward was closed temporarily in April 2010 so that it could be re-designed to make it a better place for older people to have their care. The people who worked on this ward are now on the other older people's wards to increase staffing levels there. As the Trust wants to make sure that its services meet best practice standards it is working with the matron for older people's services and using best practice guidelines from Stirling University to improve them.

Why is Birchwell Ward closed?

This ward was closed as part of the 2009 consultation on adult mental health and rehabilitation services. It was an acute female ward and had 21 beds.

Is this all about saving money?

The Care Trust wants to make services better for the people who use them, and spend the money they have on the services that people need the most. All NHS services must be good value for money, but quality and clinical effectiveness are just as important. Nowadays people can have lots of healthcare services at home or near the places where they live. Hospital services are not used as much as they were in the past, so it is important to make sure that money is spent on good quality mental health services.

Like all NHS Trusts, the Care Trust faces difficult decisions in the light of NHS reform and funding arrangements. It has to make efficiency savings of four per cent, meaning that the quality of services needs to improve while costs are being reduced overall.

How did we come up with the options?

Bradford District Care Trust has recently done a review of services for patients while they are in hospital. This review is described in three parts:

Part one: Chellow Lodge

People who are in hospital need specialist units and very skilled staff to care for them. So that they get the right kind of care, the Trust has visited Stirling University, who are leaders on the design of wards for older people with an organic mental illness, and used their guidance on best practice.

They recommend that the best kind of design for an older people's organic ward is circular, so that people can move about easily without becoming frustrated. Unfortunately, Chellow Lodge does not lend itself to this design and so is not an ideal place to have an older people's ward. Because the ward has small, narrow spaces there are corridors between them, which stop the natural free-flow of movement by the people who use it.

Realising that Chellow Lodge was not a suitable place to treat older people, the Trust started a complete review of its wards. From this, they decided that the buildings themselves were causing difficulties that needed to be sorted out, including:

- Older people being admitted to the adult wards at the Airedale Centre for Mental Health - which according to the CQC is no longer good practice;
- The need to put into action the decision to move the adult rehabilitation ward (Ward 2) at Daisy Bank onto the Lynfield Mount Hospital site (this was agreed as part of the 2009 consultation);
- Lack of space for service users and visitors on the PICU.

The Trust is now re-developing Chellow Lodge as the new base for the 12 beds that will move from Ward 2 at Daisy Bank (this was agreed in the last consultation about mental health services in 2009). They are improving services by including bedrooms with individual bathrooms.

Part two: PICU

The review also pointed to a number of issues getting in the way of delivering services from the PICU at the Airedale Centre for Mental Health.

Opened in 2007, the Centre has two acute admission wards that cater for both adults and older people. In May 2008, the eight bed PICU was opened on Clover Ward. But since it opened the standards expected in PICUs have changed, so the Trust also looked at whether it was possible to meet the new standards in the unit.

To meet best practice standards these things need to be changed:

- because the outside space – known as the courtyard – can be seen by people visiting Airedale General Hospital site it does not meet privacy and dignity standards;
- it is difficult to find a place where one-to-one discussions and treatments can take place because there is not enough space;
- there is no visiting area as part of the ward, so staff have to leave the ward to support service users when they have visitors. This reduces staffing levels on the ward;
- the layout of the ward gives space for five male and three female beds and cannot be changed to meet differing levels of demand.

The PICU is part of the Airedale Centre for Mental Health. For every 10 people from Bradford and Airedale who use the PICU, eight of them live in the Bradford area. This creates a number of problems for service users, including:

- most of the people admitted to PICU are transferred from Lynfield Mount Hospital. When very unwell people are taken from one site to another by ambulance, two or three staff accompany them, meaning fewer staff on the wards and higher costs of transfer;
- people who are getting ready to travel to the PICU from Bradford need to take their medicines before going and so their journey is delayed until the medicine has begun to work. This means that they stay longer on the acute ward and need more help from staff.
- people who use the service from Bradford are further away from their families, carers and support networks and their families find it difficult to visit them;

Because of these difficulties, Bradford District Care Trust would like to move the PICU to the Lynfield Mount Hospital site, using the ground floor Ashbrook Ward. The acute ward currently on Ashbrook could move upstairs to a vacant ward.

If this were to happen it would mean the new PICU would have:

- more space than Clover Ward, allowing it to include more treatment areas as part of the ward;
- a separate area for visitors to the ward;
- a separate outdoor area for men and women which is more private than the space at Clover Ward;
- two more beds on the ward (so 10 beds instead of eight). The two extra beds would be “swing beds” which will allow the ward to change the make-up of male to female beds to respond to changes in demand. But it would not mean that more than eight beds would be used at a time.

Bradford District Care Trust accepts that by moving the PICU to Bradford, people living in the Airedale area would be affected. But because most of the people who use PICU come from Bradford, the Trust feels that the change that will benefit most people would be to move the unit to Bradford.

Whilst they have been preparing for this consultation process, the Trust talked to people who use PICU and their carers to try to understand their views and address their concerns. So far, the response has been supportive of the plans.

The only other option for PICU would be to leave it where it is and do nothing, but this would mean that there are still lots of issues that have not been put right. It would also mean that some of the other changes in this leaflet could not take place.

Part three: hospital services for older people

The review highlighted that hospital services for older people are not being used enough.

An average of only 5 out of 10 functional beds (54.6%) and 4 out of 10 organic beds (37.1%) were being used at any one time in 2010/11 (this is called the “bed occupancy level”). Good practice occupancy levels are between 80 and 85% (or eight out of 10 beds). The beds are not being used enough because more older people are now using the new and improved community services instead of having to go into hospital.

If you would like to see how the beds were used over the course of the year, you can see this information on our website at: www.bradford.nhs.uk/catagory/get-involved/current-consultations

In recent years fewer older people have been admitted to hospital because of the work of the older people's mental health teams. These have been around since 2006 working in communities in Bradford, Airedale and Craven. Their aim is to reduce the number of older people admitted to hospital and to reduce their length of stay if they are admitted. The teams provide a range of services:

- they work from 9 am to 5 pm, Monday to Friday, and also do a seven day a week assessment service for Bradford Royal Infirmary, Airedale General Hospital and care homes in Bradford and Airedale;
- they train people who work in care homes and general hospitals to help them assess and treat patients who have a mental illness;

- the memory assessment and treatment service helps to identify and refer people who might have dementia and also help manage their illness at home;
- they help people develop ways of coping so that they can continue to lead a life as normal as possible – often helping them to stay in their own home while being supported by the team.
- all of the team's services are given to people at home or in places close to where they live (like doctors' surgeries and health centres) – not in hospital.

In 2009/10, the cost of local hospital services for older people was £4.6 million – that means £1.53 million for each ward, of which around £813,000 was to pay staff.

But despite bed occupancy levels being low, the wards must still have a high level of staff. Nearly as many staff are needed for a ward that has 10 or 22 beds so that, if there is an emergency or they need to care safely for one person with high needs, there are enough staff to care for everyone else on the ward. Because of this, having four partly empty wards is not a good way of providing care for patients. It makes more sense to have fewer wards and fewer empty beds.

The Trust's plans for 2011 and 2012 are to continue improving the older people's mental health team so that there is a seven-day service (instead of five days, as it is now). They would like the team to be available in the evenings and at weekends.

We know that there are too many unused older people's mental health beds in the hospitals. If we reduce the amount of money that would have been spent on keeping these beds open, it could be used to make improvements to the mental health services for older people.

Bearing in mind the current use of services, the Trust estimates that a bed base of 43 (21 functional beds, 22 organic beds) rather than the current 71 beds would be the best fit – that's a reduction of 28 beds.



Can I get this information in another language or format?

Yes. We can send you this information in another language or format (such as Braille or on a disk). It is also available as an "easy read" document. Please telephone our PALS team on 01274 237555 for more information.

ਜੇਕਰ ਤੁਹਾਨੂੰ ਇਹ ਜਾਣਕਾਰੀ ਆਪਣੀ ਬੋਲੀ ਵਿਚ ਚਾਹੀਦੀ ਹੈ, ਤਾਂ ਕ੍ਰਿਪਾ ਕਰਕੇ ਸੰਪਰਕ ਕਰੋ।

Ak potrebujete túto informáciu/tieto informácie v inom jazyku, kontaktujte

اگر شما به این اطلاعات در یکی از زبانهای رایج جامعه نیاز دارید، لطفاً تماس بگیرید با

কমিউনিটির কোনো ভাষায় বা বাংলায় এই তথ্যের অনুবাদ চাইলে অনুগ্রহ করে যোগাযোগ করুন .

જો તમારે આ માહિતી કોઈ કોમ્યુનિટી ભાષામાં જોઈતી હોય તો, મહેરબાની કરી સંપર્ક કરો:

اگر آپ کو یہ معلومات کسی کمیونٹی زبان میں درکار ہوں تو براہ مہربانی رابطہ کریں۔

NHS Airedale, Bradford and Leeds, Douglas Mill, Bowling Old Lane, Bradford BD5 7JR.
Tel: 01274 237555.



**NHS Airedale, Bradford and Leeds
NHS North Yorkshire and York
Bradford District Care Trust**

Mental health: hospital services for adults and older people in Airedale, Bradford and Craven

ADDENDUM

During the discussions we have been having with stakeholder groups as part of our public consultation about the future of mental health hospital services for adults and older people in Airedale, Bradford and Craven, a number of people have raised two important questions that we feel require clarification. In seeking to answer these questions we believe it is important to communicate the responses to as wide an audience as possible. As a result we are writing out to all the stakeholder groups we initially contacted as a means of ensuring these explanations reach as wide an audience as is possible, because we think it is important that everyone is helped to make an informed response to the consultation.

For those of you who have already provided feedback we would like to thank you for your comments and concerns. We will still include this feedback into the consultation process. We have also, as part of setting out these clarifications extended the consultation for a further month. It will now end on the 26th May 2012, and we welcome any additional feedback from those of you who may have already responded should they wish to further comment as a result of receiving this additional information.

The first issue we wish to address relates to the concerns about the description of the bed status for older people's mental health services. We have described these beds as 'empty', however, it has been pointed out that in the context of the 12 beds for older people on Fern and Heather wards at the Airedale Centre for Mental Health, the reference to the beds being 'empty' may be confusing.

One of the reasons that Bradford District Care Trust (BDCT) has been criticised by the Care Quality Commission is because the beds for working age adults and older people are provided as part of the same wards. These beds account for 12 of the 71 beds available for older people in total. The number of older people requiring admission has dropped and as a result of these beds not being used by older people, some of them are used to accommodate working age adults and are therefore not, in this respect, empty. However, of the 71 beds which the PCT commissions for older people

(as stated in the consultation document) only just over half (52.2%) are used for the admission of older people. If an older person requires a mental health inpatient admission, then a bed will be available locally for this purpose.

Bradford District Care Trust is currently developing its acute care pathway to ensure that the number of working age adults who require admission is reduced through the provision of effective home treatment so that people can be accommodated within the beds currently commissioned for this purpose.

The second issue that we wish to address is a concern that we have not adequately explained what would happen to the services in Option 3 of the document. It currently states that:-

- Psychiatric intensive care unit (PICU) moves to Lynfield Mount Hospital;
- The number of older people's mental health beds reduces from 71 to 43;
- The number of older people's units reduces from four to two and there are dedicated wards for functional (21 beds) and organic (22 beds) illnesses.
- Higher staffing levels could be maintained on the wards.

In respect of this concern, we would like to clarify that within this option the dedicated wards for functional illness (21 beds) would be at the Airedale Centre for Mental Health and the beds for organic (22 beds) illness would be at Lynfield Mount Hospital.

Again, we would like to thank you for your comments, and for the time you have taken to furnish us with your feedback. We would like to apologise for any inconvenience the misunderstanding may have caused and as previously stated would welcome further feedback from people who may have already responded should they wish to further comment as a result of receiving this additional information. The consultation will now remain open until 26th May 2012 and we look forward to hearing from you.

Councillor John Roberts
(Upper Wharfedale Ward)

Mick James
Mental Health and Learning Disabilities Commissioner
NHS Airedale, Bradford and Leeds



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26th March 2012

[BY EMAIL]

Dear Mr James,

Bradford District Care Trust – Adult and Older People’s Mental Health Services

1. Thank you for the opportunity to comment on the proposals led by NHS Airedale, Bradford and Leeds (NHS ABL) concerning mental health services delivered by the Bradford District Care Trust (BDCT) for adults (18-65) and older people (>65) and, along with other health sector colleagues, for attending meetings of the Council’s Overview and Scrutiny Committee (O&S). Further to the views given by O&S Members at the meetings, and subsequently forwarded as consultation responses, Members have given the issues further consideration and I am writing to provide a consolidated response.

2. Firstly I have summarised our understanding of current service provisions and the proposals:

- BDCT provide mental health services in Craven, Airedale and Bradford. The two bases are primarily at Airedale Hospital (fringe of Craven) and Lynfield Mount Hospital (Bradford). Both hospital sites allow for treatment of functional and organic illnesses (functional being acute illnesses that could occur at any age such as depression, organic generally as people get older such as dementia). Both sites provide psychiatric treatment.
- BDCT wants to provide good quality of clinical care, make savings and efficiently use modern ‘fit for purpose’ resources. They feel that some wards are out-dated, beds costly, under-used and that the majority of service users are from Bradford but have to travel to Airedale. The proposals consider reducing the number of beds to achieve cost savings (for reinvesting in community-based services) and relocating remaining beds to where they will be most used.
- Three options have been tabled for the consultation, two represent minor changes and one is significant (*note - focusing on older people*). This (third) option proposes reducing the numbers of wards from 4 to 2 (leaving one at each site) and number of beds for older people from 71 to 43 (21 at Airedale and 22 at Bradford). Both sites currently offer treatment for functional and organic illnesses. It is proposed that Airedale will be responsible for functional treatment and Bradford for organic. Furthermore, the psychiatric ward will be relocated to Bradford. Savings are forecast to be in the region of £1,150,000 for reinvesting and setting aside as efficiencies.



3. In summary, Members made the following recommendations which were previously forwarded:

Recommendation 1 - Members felt that the consultation wording referring to 'empty' beds needed to be clarified in the consultation document explaining how the beds were actually allocated amongst adults and older people. (*Note - the BDCT explained that allocations were based on how beds were commissioned*).

Recommendation 2 - Savings generated were reinvested in long-term 'fit for purpose' mental health services (ward and community-based) with appropriate staffing.

Recommendation 3 - Travel support was made available for patients and carers including provision of transport and assistance with costs.

Recommendation 4 - The potential for commissioning facilities, and working with the care home facility, Lower Greenfoot, Settle, and Anley Hall Nursing Home facility, Settle, was explored.

Note - for full details see attached 29th February minutes of O&S and also the pre-consultation meeting of 11th January when it was first requested that the consultation document be clarified. Minutes of an earlier meeting, 8th June 2011, attached for information.

4. Following the 29th February meeting, there were various email exchanges concerning the issue of empty beds at Airedale and associated costs originally raised by a service user at the 11th January meeting. These centred on concerns that older people's beds (stated as 'empty') in the consultation document were actually being used for adults.

5. The service user stated that there were subsequent cases when older people (and also adults) did not have local beds available and were displaced to other locations such as Harrogate or required to use private care beds, all at significantly increased cost. The picture given was one of inefficient use of beds and poor value for money

Additional concerns relating to Recommendation 1 and the Consultation Document

- It was requested that these issues of empty beds being inefficiently used and economic costs were incorporated into the consultation responses, and more importantly, analysis.
- Furthermore, the request from 11th January was for the empty beds issue to be clarified for the consultation document. The consultation was launched at the start of February although the document was issued without change so the need to add clarification to the consultation document was requested again on 29th February and in the later emails.
- The issue of whether the consultation document is robust may be one that you wish to discuss with your governance colleagues.

Responses from NHS Airedale, Bradford and Leeds

6. Thank you for your letter provided on 21st March directly responding to O&S' concerns and the Consultation Addendum issued to all stakeholders clarifying the empty beds issue and Option 3.

7. Your letter refers to the 12 functional treatment beds at Airedale (consultation document states 6 for each of the Fern and Heather Wards) for older people out of 71 in total. A further 19 organic treatment beds are currently allocated for older people at Ward 24 (Airedale). So there are 31 beds currently for older people at Airedale proposed to be reduced to 21 functional only beds with 22 organic only beds to be at Bradford.

8. The consultation document refers to the Psychiatric Intensive Care Unit (PICU) with 8 beds (4 available to any commissioner) which is also proposed to move to Bradford based on greater usage there, and to another 98 acute treatment beds currently for adults (16 at Fern and 19 at Heather).

9. You state that of the 71 current beds for older people, just over 52% are actually required for older people and that beds will be found locally for admitting an older person as necessary. You also state that this is an operational issue and discussions are taking place with the service user. It is appreciated that data exists for the number of beds used for the various wards broken down by adults and older people. It is also recognised that the Care Quality Commission has set standards requiring adults and older people to now be in separate wards.

Additional consultation response and request

10. However, service user evidence suggests that there is an issue of efficiency and cost-effectiveness. The approach to numbers, and use, of beds and wards, is also a strategic issue.

11. Furthermore, at its meeting on 20th March (draft minutes attached), Members raised the issue of a growing elderly population with increasing numbers of people with dementia. At the 29th February meeting, GP's confirmed this as an issue that they were concerned with although added that community-based provision was important. At the same meeting, NHS North Yorkshire and York referred to dementia mapping that had taken place and their work with the voluntary sector. Looking back at the 8th June 2011 minutes, reference is made to annual treatment figures of 177 in-patients and 2,300 community-based patients.

12. Reducing beds to 43 from 71 is 60% of the current total. If current usage by older people is 52% then this leaves very little spare capacity for any older in-patients.

- Members are concerned that the level of older people's bed provision does not provide for future increased demand due to dementia etc.
- Notwithstanding the clinical arguments given for community-based provision (less burden being treated at home and early intervention) and optimising costs, there will still be requirements for beds. If the numbers are reduced too far then this will be hard to reverse.

13. Nevertheless, Members recognised the arguments for community-based provision too and want assurances that savings will be reinvested (ring-fenced) in community-based care and not simply set aside as cashable savings to reduce budgets.

- They remain to be convinced on the economic savings and therefore request that details of business cases are provided. The 8th June meeting gave details of costs and potential savings indicating that a business case has been developed. It is appreciated that following the consultation, the preferred option/s will be developed (assuming option 3 then also means developing the community-based model).
- As well as the business case, details are requested on how much has been spent in the last full financial year (2010/11 and, if possible, end-year forecasts for 2011/12) on out of area placements (adults and older people) due to bed shortages.

From the 8th June meeting:

- Each unused bed had a cost of around £31,000 (staffing, pro-rata ward costs etc).
- Around £1,150,000 was being lost on 37 empty beds.
- There was potential to save up to £850,000 if in-patient facilities were condensed into 2 modern fully utilised Older People's MH wards.

Other points

14. I understand that a meeting took place with Airedale NHS Foundation Trust's Council of Governors and another meeting is planned to consider outstanding issues. They raised common issues such as reinvesting in community provision and travel issues but also those concerning the

consultation information. Namely missing details on option 3 as to where the reduced number of beds would be allocated. Working on information gained from earlier meetings, O&S have been correctly working on the proposal of 21 functional beds at Airedale and 22 organic beds at Bradford which you have clarified in your recent communication to all stakeholders.

15. Notwithstanding O&S' continuing concerns with the consultation information, the extended consultation deadline (from 26th April to 26th May) is welcomed and is a reasonable compromise.

16. Finally I hope to be attending North Yorkshire County Council's Scrutiny of Health meeting on 20th April at which the proposals will be considered. In the meantime, I look forward to your reply and, in due course, outcomes of the consultation which I'm sure all parties hope will benefit our communities. Thank you again for your time and I hope that we can continue to work constructively.

Councillor John Roberts

Yours sincerely,
Councillor John Roberts, Chairman, Overview and Scrutiny Committee

Copies:

Members of Overview and Scrutiny, Leader and Chief Executive, Craven DC
Scrutiny Officer and Chairman of North Yorkshire Scrutiny of Health
Chairman of Bradford's Health Overview and Scrutiny
John Pattinson and Judith Knapton, NHS North Yorkshire and York
Colin Renwick (Chair of Craven Practice-Based Commissioning Group and Member of Shadow Airedale, Wharfedale & Craven NHS Clinical Commissioning Group)
Brendan Kennedy (Mental Health Lead – Shadow AWC CCG)
Councillor Marcia Turner, CDC rep on Airedale Foundation Trust's Council of Governors
Jane Downes, Company Secretary, Airedale FT
Rob Armstrong, Neil Bryson (Bradford District Care Trust)
Ann Greene, Service User
Lesley Tate, Craven Herald