



Telford & Wrekin
C O U N C I L

Addenbrooke House Ironmasters Way Telford TF3 4NT

HEALTH & ADULT CARE SCRUTINY COMMITTEE

Date	Thursday 2 July 2015	Time	3.00pm
Venue	Training Rooms 5/6, AFC Telford Learning Centre, Haybridge Road, Wellington, Telford TF1 2TU		

Enquiries Regarding this Agenda:

Democratic Services	Phil Smith	(01952) 383211
Media Enquiries	Corporate Communications	(01952) 382406
Lead Officer	Fiona Bottrill – Scrutiny Group Specialist	(01952) 383113

Committee Membership: Councillors A J Burford (**Chair**), M Boylan, V A Fletcher, C P R Mollett, T J Nelson, J A Pinter, R J Sloan and C R Turley

AGENDA

- Election of Vice Chair for 2015/16**
- Minutes** Appendix A
To confirm the minutes of the meeting held on 17th September 2014
- Apologies for Absence**
- Declarations of Interest**
- Consultation on Future of Castle Lodge** Appendix B
To consider the report of the South Staffordshire and Shropshire Healthcare Foundation Trust on the outcome of the consultation on the future of Castle Lodge. The Committee will agree their response to the consultation, and these will be considered by Telford and Wrekin CCG Board on the 14th July 2015.
- Adult Care Budget and Savings** Appendix C
To receive an update on the Adult Care Budget and implementation of the Adult Care Savings Programme.
Members of the Finance & Enterprise Scrutiny Committee are invited to attend for this item.

7. **Review of the Terms of Reference of the Shropshire, Telford & Wrekin Joint Health Overview & Scrutiny Committee** Appendix D
To consider the report of the Scrutiny Group Specialist
8. **2015/16 – 2016/17 Work Programme**
To confirm the ongoing work of the Scrutiny Committee and consider other issues for the work programme.

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health and Adult Care Scrutiny Committee held
on 2nd July 2015 in Training Rooms 5 and 6, AFC Telford United Learning
Centre, Haybridge Road, Wellington, Telford

PRESENT:

Councillors: M. Boylan, A. Burford (Chair), V. Fletcher, T. Nelson, J. Pinter, R. Sloan, C. Turley

Also Present: Cllr. C. Smith, Member of Telford & Wrekin Council's Finance and Enterprise Scrutiny Committee, Cllr. A. England, Cabinet Member, Adult Care; P. Taylor, Director of Health, Care and Wellbeing; C. Jones, Assistant Director Family, Cohesion and Commissioning; R. Smith, Interim Assistant Director Adult Social Services; C. Hall-Salter, Service Delivery Manager, Improvement and Efficiency, D. Derham, Project Officer, L. Crawford; Director of Mental Health Services, South Staffordshire and Shropshire Healthcare NHS Foundation Trust; A. Hammond, Deputy Executive for Commissioning and Planning Telford and Wrekin CCG

HACSC-01 ELECTION OF VICE CHAIR

The Chair requested nominations for the position of Vice Chair of the Health and Adult Care Scrutiny Committee. Cllr. J. Pinter proposed Cllr. R. Sloan for the position of Vice Chair. Cllr. C. Turley seconded this proposal. No further proposals were made.

AGREED – Cllr. R. Sloan is appointed Vice Chair of the Health and Adult Care Scrutiny Committee.

HACSC- 02 MINUTES

RESOLVED - The minutes of the previous meetings of the Health and Adult Care Scrutiny Committee be agreed as an accurate record and signed by the Chairman.

HACSC – 03 APOLOGIES

Councillors: C. Mollett (Health and Adult Care Scrutiny Committee)

Councillors: S. Reynolds, D. Wright, Rae Evans (Finance and Enterprise Scrutiny Committee)

HACSC-04 DECLARATIONS OF INTEREST

Cllr. M. Boylan declared an interest in Item 5 as a Director of Telford and Wrekin Healthwatch. It was noted that he was not involved directly in the consultation on the Future of Castle Lodge in this capacity.

HACSC-05 CONSULTATION ON THE FUTURE OF CASTLE LODGE

The Chair welcomed everyone to the meeting and invited Lesley Crawford, Director of Mental Health at the South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT) and Anna Hammond, Deputy Executive for Commissioning and Planning at Telford and Wrekin CCG to present the report.

The Director of Mental Health Services reminded the Committee that it was important to recognise that the consultation focussed on the future of Castle Lodge – not the wider provision of mental health services. The report presented to the committee at this meeting sets out the consultation process, outcomes and the response agreed by the SSSFT Board. A report had previously been considered by the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee on the review of the modernisation of mental health services.

The Director of Mental Health Services provided some background to the consultation. Castle Lodge unit in Dawley comprised of the following services, a 12 bedded nurse led unit, the Crisis Resolution Team and Home Treatment Team and some criminal justice staff. The nurse led in-patient facility had been set up in 2004 before the crisis resolution team and assertive outreach teams had been established. Further developments in mental health services followed with a large scale consultation on the modernisation of mental health services and further investment into community services in mental health. The Director of Mental Health Services expressed the view that, in her opinion, the inpatient facility at Castle lodge should have been looked at as part of this consultation. Following the consultation and the closure of Shelton hospital and the development of the Redwood Centre most people with mental health problems are now treated at home and there has been much investment in community mental health services. It was explained that it is unusual for there to be acute mental

health beds provided in small units in isolated localities due to the risk that may pose to staff and patients. In 2013 a clinical review of Castle Lodge found that patients with high needs were being placed in the unit which was not appropriate. At that time it was agreed that the beds provision in Castle Lodge would close on a temporary basis and the report sets out the consultation process, responses and outcome on the future of this service. The Committee was informed that the consultation events had been well attended and that the public engagement benchmarked positively. The consultation feedback identified gaps in the pathway of provision of mental health services.

The Director of Mental Health Services said that the report recommended the closure of the beds at Castle Lodge and that the CCG and local authority to review the provision of mental health services and investment to further modernise mental health services.

The Deputy Executive, Planning and Commissioning at Telford and Wrekin CCG said that she was working with the local authority Assistant Director, Family, Commissioning and Cohesion to review current mental health provision, identify gaps and best use resources to meet needs. This is an opportunity to work with the SSSFT to put Telford on the map. She explained that it is important that mental health services have 'parity of esteem.' A couple examples of work that can be done now were the redesign of the IAPT (Improving Access to Psychological Services) service and to make the RAID (Rapid Assessment Interface Discharge) service even better. It will also be important to work with NHS England in specialist services.

The Chair thanked the officers for the report. He explained that the Scrutiny Committee's response will be reported to the CCG Board meeting on the 14th July. He identified 4 themes for the Committee's response: Effective Integration, Service Gaps, Engagement with local residents and the voluntary sector and finance e.g. how funding will be used if the service is closed permanently. He asked the Committee for comments.

Cllr. V. Fletcher thanked the officers for the presentation and report. She explained that the Joint HOSC had previously scrutinised the modernisation of mental health services in 2011 and in this review Castle Lodge was seen as an asset for Telford and Wrekin. It was recognised that it was important for people to have respite. The Joint HOSC has supported the reconfiguration of mental health services on the basis that Castle Lodge remained open. She understood that this was a resource for patients from Telford and Wrekin – but that many of the patients had been from outside the local authority area. She questioned the governance of this service if it had been used inappropriately, what evidence there was the patients were now supported more effectively in their own home and what was being done to reduce the number of patients who had high needs who were being sent out of county.

The Director of Mental Health Services responded that the number of acute beds at the Redwood Centre were agreed as part of the modernisation of the service and it was recognised that the number of people who could not be treated at home had reduced. Castle Lodge was not an appropriate facility to admit acutely unwell patients the environment was not conducive to this client group. However patients were being admitted to the unit if there were no beds in the Redwoods centre as opposed to placing patients in Stafford.

It was therefore crucial that SSSFT ensured that there were enough facilities at the Redwood Centre available to ensure that acutely unwell patients were not admitted to Castle Lodge .The consultation has shown that there is a need for a service 'in between' that may not be provided by a specialist mental health Trust but by a voluntary sector organisation or another organisation with input from the Crisis Mental Health Team.

It was confirmed that patients from outside the local authority area had used the inpatient facility at Castle Lodge, but the Director of Mental Health Services at the SSSFT was not able to explain why this had happened as it was before her time.

Cllr. V. Fletcher asked what crisis support was going to be available e.g. 'crash pads' and also respite care for families and carers. It is important that the needs of the carers are considered not just the patients.

The Director of Mental Health Services responded that there are gaps in the service – but it was important to determine what gaps there were in terms of provision. There have been recent discussions about the need for supported housing.

Cllr. C. Turley asked if the RAID service was based at both the Princess Royal and Royal Shrewsbury Hospitals.

The Director of Mental Health Services responded that the service was at both sites.

Cllr. C. Turley asked what would happen if the Princess Royal Hospital lost the A&E service?

The Chair said that this was an important question, but that the focus of the meeting was on the future of Castle Lodge.

Cllr. V. Fletcher asked where people from Telford and Wrekin will go when they need support and what respite will be available for families and carers?

The Director of Mental Health Services replied that the Crisis Resolution Team responds to immediate needs in the community.

Cllr. T. Nelson asked where the 3-5 people who had previously used the provision at Castle Lodge are currently being supported?

The Director of Mental Health Services responded that the Community Mental Health Services – the Crisis Resolution Team, Home Team support people in their home.

Cllr. V. Fletcher commented that many of the parents who care for people with mental health issues are older. She asked what support is available for these parents.

The Chair highlighted that the Committee had identified that there are gaps in service and the Committee was struggling to see how these gaps would be met as a result of this consultation. From the discussion there was recognition that there is a need for a 'step down' service.

The Director of Mental Health Services said that she would not disagree and that there are a lot of different respite models of care. Some patients with mental health issues do not live with their parents, some live independently and some are homeless. It is important that the services are based on the need in Telford and Wrekin. The consultation has identified some gaps, the issue about support for carers was not picked up but young people did highlight the need for a 'crash pad' and the importance of talking to other people. The way to meet these needs is a bigger piece of work than the closure of Castle Lodge. When looking at developing new services, Castle Lodge is not a good location it is difficult to get to e.g. one person reported in having to get 3 buses to get there.

The Chair asked how the voluntary sector organisations would be engaged in the Commissioning Review and what work has taken place to build capacity in this sector?

The Director of Mental Health Services responded that the Trust has made a commitment to work with the voluntary sector e.g. Healthwatch and will also work with individuals.

The Assistant Director Family, Cohesion and Commissioning said that there is an appetite in the voluntary sector to work on this, Maninplace, the KIP project, Bromford Housing and other housing providers have come forward with solutions. There has been a session earlier that morning where the Council, voluntary sector and SSSFT had worked together.

Cllr. M. Boylan asked what the model of service working with housing providers is in South Staffordshire and Shropshire?

The Director of Mental Health Services said that staff do work with housing providers

and voluntary sector but she was sure that further improvements could be made and mentioned a recent event where mental health staff and third sector organisations met to examine what could be undertaken within existing resources to improve services.

Cllr. V. Fletcher said that it is important that there is a follow up after a patient is discharged and that this should be automatic.

The Director of Mental Health Services said that this is crucial, the mental health services are commissioned to provide 7 day follow up for people who have been admitted to inpatient care and discharged, that target is 95% .The services in Telford and Wrekin achieved 95.4% as there will always be some people who are discharged from hospital that cannot be followed up or have not been followed up within seven days.

Cllr. V. Fletcher said it is important that the onus on making the follow up appointment should not be on the carer. She was aware of cases when a people had been discharged from the Redwood Centre on a Friday afternoon and had to find housing. This increases the risk of someone becoming homeless.

The Director of Mental Health Services said that there had been a useful discussion at a meeting that morning and there is a commitment to involve housing providers on the first day someone is admitted.

The Assistant Director Family, Cohesion and Commissioning added that many homeless presentations can be difficult and it is better to find accommodation with the right support package. He said he was confident that this can be put in place, but some of this is a longer term solution.

Cllr. V. Fletcher said that she was pleased that the Council and SSSFT were working with Maninplace. There is a high demand for the places at Maninplace and more beds are needed.

The Assistant Director Family, Cohesion and Commissioning said that he was working with Maninplace. They do need houses but it is important that there are the right number as they do not want an empty house.

Cllr. R. Sloan said that looking at the responses to the consultation, 2 were in favour of the closure of Castle Lodge with the funds being redeployed, 18 responses were strongly opposed. He summarised the view of the Committee as being somewhere in the middle. He said he was convinced that Castle Lodge in its current form cannot carry on, but he is not convinced that the Committee has been informed what will be put in its place. The report does not include information about bed use at the Redwood Centre. He understood that Shropshire commission a lot more at the Redwood

Centre. He asked if he went to the Redwood Centre how many patients from Telford and Wrekin and how many from Shropshire would be there? He said that Telford is not a small town and it is growing. The plans for services need to be future proofed to take this into account.

Cllr. T. Nelson said that Castle Lodge has been an asset for the community in Telford and Wrekin. He added that it is important to look at the services as a whole. He referred to the earlier comment about A&E. Telford and Wrekin has a huge opportunity to become a great city in the future. Telford and Wrekin is a centre of population but services are based in Shropshire. The Redwood Centre is in Shrewsbury – but he understood that this was because Shelton had been there. It is difficult to challenge arguments based on clinical need but it is important to know where the money will go. He asked for information on what savings had been made, what the money had been spent on and also how future savings would be used.

The Director of Mental Health Services responded that Castle Lodge is an old unit and whether future services are bed based or provided in the community, the building is not fit for purpose. One option would be to knock the building down and start again, but that would be very expensive.

The Deputy Executive, Planning and Commissioning said that NHS commissioners would not reduce funding for mental health. One of the discussions has been about the Telford pound, making sure Telford gets the most out of the money spent by organisations. Prevention is essential. It was explained that Telford and Wrekin does not commission a specific number of beds, if a patient needs to be admitted that that service is paid for.

Cllr. V. Fletcher said that during the consultation on the development of the Redwood Centre it was confirmed that 26 beds would be commissioned by Telford and Wrekin.

The Deputy Executive, Planning and Commissioning explained that the service is paid for on the basis of activity. This may have changed since the consultation.

The Chair said that it would help if it is clear what has been saved and how capital proceeds would be spent. He hoped that the funding would not decrease.

The Deputy Executive, Planning and Commissioning said that the first stage of the review will be to identify funding. At the moment the CCG commissions for clusters of care.

The Chair asked about the savings from Castle Lodge.

The Deputy Executive, Planning and Commissioning replied that some of the savings

may be redirected to funds for modernisation.

The Chair said that it would be useful for members to see this information to see that Telford and Wrekin is being compensated for the loss of the provision at Castle Lodge.

Cllr. V. Fletcher said her main concern is that the service is fit for purpose and right for the people of Telford and Wrekin. It has to be a modern service and people must know how to access it day or night.

The Chair drew the discussion to a close. He explained that the response made by the Committee would be considered at the CCG Board meeting. He asked members to confirm that the Committee supported the permanent closure of Castle Lodge on the basis that the Commissioning Review covers some specific issues: that there are clear timescales for the review and staging posts during the process, that the voluntary sector is included in the review and that this is not just tokenistic, the finance issues that have been previously mentioned and how the outcome of the review will be evaluated.

The Deputy Executive, Planning and Commissioning asked if she could come back to talk to the Committee about Child and Adolescent Mental Health Services (CAMHS). She had been talking to Shropshire about innovative services. There are links with the discussion at this meeting e.g. transition from CAMHS to Adult Services.

The Scrutiny Group Specialist confirmed that the Committee's response would be drafted following the discussion at this meeting. This will be circulated to Members for comment and sent to the CCG for consideration at the Board meeting on the 14th July with the report on the Future of Castle Lodge.

The Director of Mental Health Services and Deputy Executive, Planning and Commissioning left the meeting.

Cllr. T. Nelson said that he was not happy that there had been no public consultation prior to the closure of Castle Lodge.

Cllr. R. Sloan said that closure of Castle Lodge would enable the NHS to do things that they would otherwise not be able to do. He added that it is important the services developed recognise the socio-economic differences across Telford and Wrekin.

Cllr. V. Fletcher said that she wanted a response to the issues raised in the letter following the Joint HOSC meeting.

The Chair said that the Committee had not finished its work on the subject. This is the start of a process and the Committee will want to see the staging posts to see how this

work is panning out. There is a need to make inroads into mental health and there is a determination to get to grips with this.

The Director for Health, Care and Wellbeing said that Castle Lodge is an NHS funded service but the review will be carried out jointly led by The Deputy Executive, Planning and Commissioning and the Assistant Director Family, Cohesion and Commissioning.

The Assistant Director Family, Cohesion and Commissioning said that during the review there would be a degree of challenge and an impact assessment.

Cllr. R. Sloan said that the Commissioning Review will have to happen at some pace to report to the Health and Wellbeing Board in September.

The Scrutiny Group Specialist confirmed the process to draft and agree the Committee's response.

The Director for Health, Care and Wellbeing said that he is the local authority's representative on the CCG Board.

Cllr. A. England said that he is a Governor on the SSSFT Board.

RESOLVED: That the Committee's response be drafted, circulated for comment and sent to the CCG for consideration at the Board meeting on the 14th July.

HACSC-06 ADULT CARE BUDGET AND SAVINGS

The Chair said that the Committee would be looking at the Adult Care Budget. There has been a fundamental shift in this service – but the change has to happen at pace and this can be uncomfortable. The changes need to involve service users and the community and voluntary sector and build their capacity. He reminded members that if adult services do not make the savings needed this will have consequences for other council services. He highlighted that one quarter of the year had passed and there was a target for adult services to make £7 million savings.

The Director for Health, Care and Wellbeing said that the report reflects the budget that was agreed at Full Council for 2015/16 and the Committee also had some information that underpins the cost improvement plan to deliver £7 million. The Council has set aside a contingency of £2.5 million but adult services are looking to deliver the £7 million savings.

The Interim Assistant Director, Adult Social Services suggested that before taking

questions it would be helpful for members to receive the presentation on the new ways of working in Adult Social Care. This will provide significant savings - a better service at a reduced cost. He hoped that Members would find the presentation inspiring and asked the Service Delivery Manager, Improvement and Efficiency and Project Officer to make the presentation.

Service Delivery Manager, Improvement and Efficiency said that the Council is facing unprecedented times with increased demand for services and diminishing resources. Status quo is not an option. The presentation provided an insight into the way Adult Services are fundamentally changing services and working with communities. She explained that the Council's Adult Services are organisationally driven and need to put the customer at the centre. The presentation highlighted that there are 'pockets or promise, innovation and capacity'. The locality working prototype had been working for 6 months to improve outcome and experience and to promote independence, choice and control. It was explained that Adult Services need to save 10-20% of the purchasing budget. Health and social care services will be integrated where it makes sense and services will be compliant with the Care Act. Adult Services will change the way needs are assessed and support is planned. The social worker will assess eligibility for local authority services, the support planning will focus on individual strengths and community and neighbourhood support. Work will take place in geographical localities. The pilot Support Broker Model has to be aspirational to achieve savings within the time required. The prototype was in place after Christmas with a small team – Team around the GP Practice. The staff at Stirchley GP practice worked with Adult Services. Support planners access preventative cases direct from Adult Social Care services and Social Workers focus on their professional assessment role. The support planning model is creative and person centred to develop a customer support plan working within the personal budget identified by the social worker. The customer is encouraged to use direct payments so they are in control. My Support Broker has been commissioned to work with Adult Services and train staff using an asset based approach using a technology platform and robust quality assurance process. The plan is signed off by the Social worker. Links are being developed with assets within communities that can help support people at no or little cost. Telford has over 600 assets and this can be used to identify gaps and commissioning colleagues can develop micro markets.

The Project Officer said that she would give the Committee some background to this work, the progress but also challenges and case studies as an example of how this is working. The new way of working has involved building relationships with other professionals e.g. nurses and GPs. They have feedback very positively about the process and how the new way of working tries to avert a crisis. People are supported to build relationships within the community and with different community groups. Some people did not know that this support existed. The feedback from the service users has been very positive. There has been a learning curve for everyone and it has

challenged systems and processes. The case studies provided were based on people who had been referred by the medical practice or who were due a review in Adult Care.

The first case study was of a client who had lost his sight and was becoming increasingly isolated. He has been issued with a magnifying glass and would go shopping with a personal assistant. When he worked with a support planner, it was important to look at the person as part of the family unit. The Care Act says it is important to look at the person's aspirations and family life. The support planner worked with the client and decided to use the personal budget differently to get a tablet computer with a number of apps. This enabled the service user to go shopping by scanning bar codes and order a taxi. He was also able to write on the tablet and also read to his daughter. In this example the formal support was reduced, not removed completely. It is important to ensure that the support put in place is sustainable and evaluated.

The second case study given was of a man who was referred by the medical practice. He was in his twenties and had learning difficulties, he lived with his family who found his behaviour challenging. He had attended college courses on catering and enjoyed football. He felt isolated and spent a lot of time in his room and lacked confidence. He was put in touch with a local volunteer who supported him to join a local football team and volunteer at a local community café. The volunteer also worked with his father and he started to volunteer as well. The traditional service for this person would have been a day centre, but the outcome was much more positive and with potential cost diversion.

The third case study was of a client who was in his eighties. He was diagnosed with dementia and was aggressive towards his wife. Working with the Community Mental Health Team it was found that he was not suffering from dementia but he was depressed. The support planner worked with the client and his family and found he used to be a horticulture judge. He was introduced to Telford Town Park and teamed with a mentor. He enjoyed this activity and his wife was getting carer's relief. The husband and wife had started doing activities together in the local community. The client had not been brought into formal services. This resulted in a cost diversion.

Service Delivery Manager, Improvement and Efficiency said that all service users had been asked how they had found the service, and without exception they were satisfied or very satisfied. The staff are also happy. This work is good for the council's reputation and is developing community assets. Financial officers are working to validate savings, these will start to come through.

The Chair welcomed this approach and said that he had started work in the community sector when this was mainstream working, but this has been lost over the years. He

said that this is the right approach irrespective of financial benefits – but that finances cannot be ignored. He commented that the Interim Assistant Director, Adult Social Services had said that this approach would deliver the savings. However, it has got to be rolled out and the question had to be asked if other GPs and professionals would be as co-operative. He understood that this new way of working in this way is a time consuming process and it will take time to drive the savings out. It is also important the Committee keep an eye on the quality of the service.

The Cabinet Member, Adult Care said that the Adult Services staff are being re-organised. As Cabinet Member he will enable the change and monitor this monthly. He said he had asked for the best officers in the Council to work on this.

Cllr. T. Nelson said he was new to this field and he had many questions. He commented on the different socio-economic need across the Borough and that the need was higher in South Telford. He also asked about the reduction in the number of people who use the service, particularly the number of people who were referred to the service and of those the proportion that became clients.

The Director for Health, Care and Wellbeing said that this is an important point, particularly as Adult Care not only supports older people, but also younger adults who can be in a service for 50 years.

Cllr. T. Nelson asked, if more people are going to be using the service is it certain that this will not result in more people becoming clients? He referred to the Hawthorne effect, when people change their behaviour when they are being observed. He asked if, once the support planning had taken place, whether people would be able to maintain their independence?

The Interim Assistant Director, Adult Social Services replied that the numbers are important, but can be overwhelming. The service has to make savings and this has to be done in a different way. Previously each service had to make a set amount of savings e.g. 10% or 20%. He explained that the new approach is fundamentally different as the service is not waiting for people to come to the service in a crisis. The new way of working looks at how to help keep people independent and supported within the community. He recognised that in some areas there may be a different community asset base.

The Cabinet Member, Adult Care added that one of the GPs at Stirchley medical practice was the Chair of the CCG and will be able to influence others.

Cllr. V. Fletcher said that she had been inspired by the presentation and said she would be interested to find out about more case studies. She said in her view this way of working will change people's lives completely.

The Interim Assistant Director, Adult Social Services said that there are a lot of case studies, and the ones given to day were the harder cases. He said that it is important that the savings are validated. He said thought the savings will come through, but perhaps not quickly enough.

Cllr. C. Smith said it would be helpful to have a further report once the prototype has been rolled out. He suggested the report should come back half way through the financial year.

The Director for Health, Care and Wellbeing said that £1.4 million saving have been delivered in the first quarter. The savings need to be profiled across the year and accountants are doing some work on this. As well as doing things differently Adult Services are also reducing unit costs. This is important as 40% of the budget is purchasing costs. For clients with adult learning disabilities about 50-60% of these are high cost. He added that when looking at benchmarking data there is a significant amount that can be taken out. There has been recognition from the CCG of the demand on adult care and the CCG has made a contribution to joint funding. He said discussions will take place over the next few weeks on care packages that Adult Care services feel should be funded through NHS Continuing Healthcare (CHC).

The Assistant Director Family, Cohesion and Commissioning said that the Deputy Executive, Planning and commissioning at the CCG had a background in CHC and there is a recognition that the assessment process needs to be reviewed.

Cllr. V. Fletcher said she was pleased to hear that there was some progress with CHC.

The Director for Health, Care and Wellbeing said that the Council's budget specifically ear marked £2.5 million contingency for Adult Social Care. He confirmed that the service plans to deliver the £7 million savings, not £5 million, but in reality the service will probably not make all the savings and will require some of the contingency. However he recognised that the service cannot rely on one off money.

The Chair said that it is very important that the Committee gets a grip of this issue. He said the monthly monitoring by the Cabinet Member is important. He requested that the Committee see the outturn for Quarter 2.

The Chair thanked the Cabinet Member and officers for attending the meeting and providing the insight into the new ways of working and that he hoped the committee will see the benefits of this work at the next meeting.

The Meeting ended at 17.17pm

Chairman:

Date:

HEALTH AND ADULT CARE SCRUTINY COMMITTEE
Minutes of the meeting of the Health and Adult Care Scrutiny Committee held
on 17th September 2014 in Willow Meeting Room, Park Lane Centre,
Park Lane, Woodside, Telford TF7 5QZ

PRESENT:

Councillors D. White (Chair), V. Fletcher, J. Greenaway, K. Austin, C. Mollett, N. Dougmore, J. Minor, F. Bold, G. Reynolds, S. Reynolds, R. Evans

Co-optees: R. Perkins, F. Robinson

Also Present: Cllr. A. England, Cabinet Member Adult Social Care, P. Taylor (Director Adult Care, Health and Wellbeing), R. Smith (Interim Assistant Director Adult Social Services), T. Smart, (Finance Manager), J. Shinton, S. Heath (Autonomy Shropshire) and F. Bottrill (Scrutiny Group Specialist)

HACSC-57 MINUTES

RESOLVED - The minutes of the previous meetings of the Health and Adult Care Scrutiny Committee held on the 27th May 2014 be agreed as an accurate record of the meeting and signed by the Chairman.

HACSC-58 APOLOGIES FOR ABSENCE

Cllr. K. Guy, A. Astley Assistant Director, Customer Services, C. Jones Assistant Director Family, Cohesion & Commissioning

HACSC-59 DECLARATIONS OF INTEREST

Cllr. R. Evans declared her employment in a social care provider organisation that has contracts with the Local Authority.

HACSC-60 ADULT CARE BUDGET AND SAVINGS

The Chair welcomed everyone to the meeting and asked everyone to introduce themselves. He invited the Cabinet Member and officers to present the update report on the Adult Care Budget and Savings.

The Director of Health Wellbeing and Care said that the Committee had sent questions prior to the meeting and these have been responded to in the report. He has two roles to ensure that vulnerable people receive support and to manage the budget. He started working in Telford and Wrekin Council 41 years ago and has seen a growing demand against budget reductions. The Adult Social Care budget is about 40% of the Council's budget has to make its share of the savings. If the adult care savings are not made the savings the Council would be in a very difficult position. He said that the progress made against the £10 million savings that are required this year and next year the plan divides down into a number of areas. 80% of the Adult Care Budget is services that the Council buys in. The first priority is the price the Council pays for this care to ensure it is value for money. We believe there is significant scope to reduce costs. If we make these savings it will not impact on care. The care system is determined by the Community Care Act 1990 which is unsustainable. The level of care we are expected to deliver is not sustainable unless we as a society or Government increase the amount we put into adult care. The Director of Health Wellbeing and Care said that his professional body is lobbying Government. Historically Adult Services has over prescribed. Adult Care is expected to maximise independence and reablement services to enable individuals to self care and families and communities to support them selves. A report will go to Cabinet in the next couple of months to embed this approach which has become law through the Care Act. If someone requires support they will received an enablement service. If they still need support this will be against certain criteria and the Council must give them a personal budget.

The Director of Health Wellbeing and Care said that the savings plan for the service has been set out. There are very robust governance arrangements in place largely following in the footsteps of Children' service. Once a month the Cabinet Member, Director of Health Wellbeing and Care, the Chief Finance Officer, Cabinet Member for Business and Enterprise and Managing Director meet to share progress and we are challenged by them. The Chair of the Scrutiny Committee is invited to attend these.

The Cabinet Member for Adult Care said that it is important to get another view at these meetings and this invitation was willingly extended.

The Director of Health Wellbeing and Care suggested that T. Smart could report on the progress made in achieving the savings.

T. Smart reported that during 2014/15 the target to reduce the overspend and cut the budget is £8million. £2million of this has been achieved and other savings are in progress. Some work is just starting and £4million has been identified and this will be reflected in the monitoring. It was reported that it will be seen what savings can be brought forward.

Cllr. V. Fletcher asked if the £4million includes the £2.4 million reserve?

T. Smart confirmed that the budget is £3.4 million short. In the worst case scenario if the service cannot make the savings there is a 2.5 million draw down and money set aside within Adult Service to cover the £3.4 million.

The Director of Health Wellbeing and Care said that if one off money is used this will not help in the long term.

Cllr. V. Fletcher asked when the income from the solar farm will be available for adult care? Will the initial income be used to pay back the outlay first?

The Director of Health Wellbeing and Care said that he was not aware that Adult Social Care would directly benefit but that the income would off set savings.

Cllr. V. Fletcher said that it was in the newspaper that 40 places would go to social care.

The Cabinet Members said he thought that this was given as an example.

The Director of Health Wellbeing and Care added that this is part of the overall budget strategy to generate income. If the income does not come in we will have to make more savings.

The Cabinet Member for Adult Care explained that the Director had set out what we are doing but he wanted to explain what we have done. The Senior Management Team has been re-organised and this is why we have achieved what we have. There is a lead in time and we need to think about what we need to do now that will affect the cuts in the future.

The Chair said that he understood where the service has come from. He added that if the service cannot make the savings then a realistic budget should be set. He did not think that setting the budget and then cutting the service to meet it was the right thing to do. He explained that he has experience of the Resource Allocation Management (RAS) System and in particular that staff are not well trained. He gave an example of one case where a member of staff admitted that he was not well trained. The chair stressed that people who are assessing the needs of the most vulnerable and making reports should not change the report after the assessment has been made. The Council should look at needs first.

The Director of Health Wellbeing and Care responded that training is key and we have got a lot to do with staff. We have got to a point that we must deliver against a new model of care. However successfully he argued for more money it would not be

sustainable.

The Interim Assistant Director Adult Social Services said that if this is happening with assessments he needs to know but it would not be appropriate to talk about an individual case at the meeting. He added that year on year Adult Services has not met its savings target and this came to an apex at the Peer Review 12 months ago. The Peer Review set out that the Council is potentially opening ourselves up to legal challenge as we do not have a transparent way of allocating resources. Before the provider said “we can do that for you for this amount of money” . He said he will take the issue about training on board. We needed to get the RAS in and it did not lead to a comprehensive training programme. We need to fundamentally change the way we assess – people will have less resources and need more community and family support. In the savings proposals when we identified the resource that will be allocated we will provide a support planning service, This will not be a social worker but someone will sit down and explain this is the amount of money and find what support it will purchase. There is a national challenge – there is not enough money in the system. People can manipulate the RAS to get resources for the people they support – social workers and front line staff. He explained that this is taking us back to how we should be working with family and community support.

The Chair said that people know what buttons to push but this will reduce resources available for others. The difficulty is that the family and community support is not there. Two or three years ago we said this to previous commissioners.

The Interim Assistant Director Adult Social Services said it would not be appropriate to discuss individual cases – but that people should not be able to manipulate the system.

Cllr. J. Minor asked if an assessment was made 18 months ago is this less applicable now? He also asked if there is an appeals process as all councils services should?

The Director for Health Wellbeing and Care said that needs change and also that it can be seen that historically people with the same level of need have been allocated different levels of resource. This has only been seen since there is an electronic tool. Adult Care currently finds 2,500 people who have a range of needs. All of these should be above a certain threshold where the Council has a legal duty to fund care. For some individuals the care will be reduced they will be assessed to determine the level of need and this will be met with reduced resource. For new people coming into the system they will be allocated a resource. To make the change that the Chair has talked about – this will need additional money.

The Interim Assistant Director Adult Social Services added that people with significant health problems are coming out of hospital earlier, there are demographic changes

and reduced health services. there are dwindling resources and where are the priorities?

The Chair gave an example of an assessment he was aware of where the person did not have support in the community where the funding was cut. He compared the system of assessments to ATOS, the company which had previously had the contact to see if someone is fit for work.

The Director of Health Wellbeing and Care said his responsibilities are conflicting and he has to make difficult decisions. He said he would like more resources available and is open to that but he has to ensure value for money and to maximise an individuals potential and reduce on going care. He said we must look at how we support families and the community to support themselves. He said it was a pity the Assistant Director Family, Cohesion & Commissioning was not present. The Director of Health Wellbeing and Care said he had a personal view that how ever successful we are there will be people who will feel we are not doing enough.

Cllr. J. Greenaway asked about the staff who are doing the questioning– are these social workers?

The Interim Assistant Director Adult Social Services responded that the assessment is co-produced with the person or their family / legal advocate. It can sometimes feel like an interview.

Cllr. J. Greenaway asked about the reliability of the assessors which linked to the discussion about training and leadership and culture and additional resources.

The Interim Assistant Director Adult Social Services replied that he will launch a restructure on 25th September. To deliver what we need to deliver we need the right people in the right jobs – there are no more resources. There will be a greater emphasis on the front door – where people come to social care. There will be more resource more quickly . Our information and advice is not right. Another part of the restructure will be working with communities. Team Leaders will work with local communities and there will be much stronger performance management and budget management.

Cllr. J. Greenaway returned to the question of the people that carry out the assessments.

The Interim Assistant Director Adult Social Services said he would question whether the RAS is working or not. What is not working is how people are using that resource. If we carry on doing what we are doing we will be bankrupt by January. We have a good service but it is not always the most expensive service that is the best. A high

cost service might be £5,000 per week – what is the person getting for that?

Cllr. J. Greenaway said that she would want there to be a fair assessment that ensures consistency and fairness for everyone.

The Interim Assistant Director Adult Social Services said this is what we strive for.

The Director of Health Wellbeing and Care said that we spent a couple of years trying to get the perfect system. The RAS has shown there are discrepancies. The RAS is not about everyone getting the same but everyone getting what they need.

The Interim Assistant Director Adult Social Services added how people will use the money will be different – people with the same level of need should get the same resource.

S. Heath said she had sat in on a RAS assessment with a client and it is subjective. People with aspergers, autism, personality disorders and complex mental health issues do not have family because they have a social disability and live isolated lives sometimes with self neglect. They reject family and community and family and community reject them. If people who carry out the RAS assume that this support will be there from the family and community something will go wrong.

The Interim Assistant Director Adult Social Services responded that the RAS has several domains. One question asks “are family able to provide support?” If the answer is yes then the follow up question is – is the support sustainable? If it is not sustainable, the assessment continues as if the support is not there. If there are cases where this has not happened he said he will follow them up after the meeting.

The Chair said that if we get this wrong there will be trouble. The assessor should not change the assessment results after the meeting with the service user. A more fundamental issue is that there is no appeals process only a official complaints procedure.

The Director of Health Wellbeing and Care said that there is a statutory complaints process. This use to be 3 stages, we have to follow this. If a person is unhappy you have the right to appeal / complain this is the same thing.

The Chair responded that there is a huge different between an appeal and complaints process. In his view this was appalling.

The Director of Health Wellbeing and Care said that the Care Act asks Adult Care to do just that . The service has a duty to inform service users of the right to complain.

The Chair asked how much the complaints service costs?

The Director of Health Wellbeing and Care said that no one wants a reduction in care – everyone wants an increase. We will not be able to meet everyone's needs. There is a need for culture change and also to manage the expectations of the public. He said he would personally like to move away from a complaints process.

The Interim Assistant Director Adult Social Services added that when a complaint is received it can be about practice or experience. We have a lot of complaints about practice.

The Director of Health Wellbeing and Care said that the Council has to publish the number of complaints and complaints to the Ombudsman.

The Chair said that it is important that an appeals process is started. Many people feel that the system we have is wrong. He reported that during the appeal process he was supporting he felt intimidated and he has been a councillor for 34 years. He wondered how that made other people going through the appeals process feel. He said that this is something he thinks the Committee should make a recommendation on.

The Director of Health Wellbeing and Care said that the Local Account publishes the number of appeals. During the 2013 calendar year there were 13 people still concerned after the complaints process and the Ombudsman found in favour of 1 complainant. The Director said he would expect to see an increase in the number of complaints.

Cllr. J. Minor asked if the same people would look at an appeal and a complaint?

The Director of Health Wellbeing and Care said ideally it would need to be someone different. But it is important to manage the system – if everyone knew that all they had to do was appeal. We need to think about the involvement of advocates.

The Cabinet Member for Adult Care said that he needed to be clear that when a person makes a complaint Adult Care will work by the rules. It has to be a needs based system not based on wants and desires. There is a finite budget and the last thing he would want is an external person telling the service how to spend money.

Cllr. Minor said that vulnerable people do not want favours.

The Chair also said it is not about favours – people should be treated fairly. The complaint process is written and 99% of the time will find in favour of the officer. He said that this is something he thinks the Committee should make a recommendation

on.

Cllr. V. Fletcher said that if the Care Act says that there must be an appeals process then we must do it.

The Director of Health Wellbeing and Care said that the Care Act is huge and the Cabinet Member for Adult Care will take a report to Cabinet on the implications. It sweeps away every other piece of legislation except the Mental Health Act and the Mental Incapacity Act. We will have to re-train all of our staff. We will have to use the RAS after we have determined if they are eligible . In the Act there is a section about appeals.

Cllr. V. Fletcher said that some vulnerable people have no family support. There was the tragic case of a person who died after the care provider was closed down. What systems do we have in place to ensure that this would not happen here? Also the Enablement Team is being broken up because it is not working. What will be put in its place?

The Director of Health Wellbeing and Care said where an individual has capacity and family they can facilitate how they can look after them selves. In the case referred to by the Member, the provider was closed down by the Care Quality Commission and the Local Authority and the individual had no other support. While there is a focus on community care spend and budget there is also a statutory duty to safeguard. The Safeguarding Board has a duty to ensure people are safe and a duty to ensure we could take action against poor providers. The Director of Health, Wellbeing and Care said he wanted to assure the Committee that we take out responsibility for safeguarding vulnerable people, regardless of finance, as a priority. To address the question about the Enablement Service – this was not providing value for money and the unit price was too expensive.

The Chair asked the Members of the Budget and Finance Scrutiny Committee if there was anything they wanted to ask?

Cllr. S. Reynolds said that as Chair of the Budget and Finance Scrutiny Committee she would work with the Adult Care Scrutiny Committee in the same way they had previously worked with the Children and Young People Scrutiny Committee.

The Director of Health Wellbeing and Care said that the Chairs of both Committees are invited to the monitoring meetings.

The Chair said that they will come as observers but if it starts to affect the independence of their scrutiny role they will decline.

The Interim Assistant Director Adult Social Services said that they will be able to act more quickly with a package of enablement and more resources will be available for enablement. The care from the sector is better value than the in-house care. Everyone wants care at the same time.

Cllr. V. Fletcher asked if they can see a better service providing the right service, at the right time and in the right place?

The Interim Assistant Director Adult Social Services said that if he had been asked this a month ago he wouldn't be able to say. 92 people contact the service each week. 50% of these do not need on going care. We can do better working with assistive technology.

Cllr. F. Bould referred to the discussion about assessment based on desire. She said she had been a social worker and this was not the case. The council is going to be leaving more people at risk.

The Chair said that an appeal process should be led by someone who has not been involved in the assessment. The service users and their family need someone to sit down with them. The Committee is aware that the service has not made the savings required but it is essential that people carrying out the assessments are trained properly and there is a proper appeals process.

The Interim Assistant Director Adult Social Services responded that if a vulnerable person or their advocate does not agree with their assessment this should be documented and where possible he will see this. He said he would follow up this case outside the meeting.

The Director of Health Wellbeing and Care added that he had said he would look at this case and will ask the Interim Assistant Director Adult Social Services to talk to the individual outside the meeting.

Cllr. J. Greenaway asked about the number of reviews that had taken place.

The Interim Assistant Director Adult Social Services responded that the Annual Reviews are a national standard and that best practice sets out that there should be a review at 12 weeks for people who are new to adult social care. The Committee was informed that we are consistently not doing well with the annual review and are taking remedial action. The difficulties are that time is taken responding to crises and safeguarding. The review rate is being addressed– it is not acceptable. However the reviews need to be prioritised and if someone is in their 90s and has been in residential care for several years it is not likely that they will move.

Cllr. J. Greenaway asked if the unscheduled reviews are based on need or wider savings?

The Chair asked if there is a typical pathway?

The Cabinet Member responded that there is no typical pathway.

The Director of Health Wellbeing and Care said there are some young people with complex needs where there are very expensive pathways. We believe that we need to look at some of these situations where there is a lower cost resource else where.

Cllr. J. Greenaway asked what the timescales are when care is reduced?

The Interim Assistant Director Adult Social Services replied that if there are complex needs it could be up to a year. That is one extreme it may take a matter of days.

Cllr. J. Greenaway asked what would happen if an elderly person needed some help at home and this was reduced?

The Director of Health Wellbeing and Care said this is where enablement is important. Community Care Assessments were carried out when a person is most frail. At the annual review if their needs have changed it should be considered if there is a more cost effective way of meeting their needs.

Cllr. J. Greenaway asked what support a person would have to adjust?

The Director of Health Wellbeing and Care said it would be based on the individual but there should be a notice period.

The Interim Assistant Director Adult Social Services added that it is difficult – it is about the individual. If care is taken away some people may deteriorate. On average people come into adult care at 85 and this is why the staff carrying out the assessment are qualified.

Cllr. Fletcher asked how the service ensures that a person understands that their care is being reduced?

The Director of Health Wellbeing and Care said it is hard to think of a situation where it changes from providing some care to nothing. Adult Services in Telford and Wrekin currently pay above the average price and we are looking to make 50% of our saving by buying care at a responsible price. Some types of care Elderly Mentally Ill e.g. dementia there is a huge demand for these places and they can charge premium rate. The Assistant Director, Family, Co-hesion and Commissioning is looking at more

intelligent commissioning and provision of services.

The Cabinet Members for Adult Care added that he was given this role to challenge. There are other models of care e.g. shared lives which he compared to adult fostering. He explained that he had previous experience of working in a foyer system and looked at this as an option for young people with learning difficulties.

Cllr. V. Fletcher asked for an explanation of the foyer system.

The Cabinet Member explained that a person has their own accommodation but there are shared communal areas. It would need capital input to develop this and it would take about 3 to 4 years.

A case was given of a person who's physical and mental condition had seriously deteriorated who had subsequently died. There were questions asked about the role of the carers who were visiting and the safeguarding procedures.

The Director of Health Wellbeing and Care said that there can be complex issues around confidentiality in this case.

The Chair said he was aware of this case and had been referred to the complaints procedure by the member of staff he had spoken to.

S. Health said that the description of the assessment process is an ideal. But what she sees is that people do not have time to provide this supporting role and have very large case loads. This will impact on vulnerable people.

The Director of Health Wellbeing and Care responded that if there are cases that there are concerns about to refer them to him.

Cllr. J. Greenaway referred to the response to question 11 which says that savings have to be made quickly and appropriately. Who supplied this additional support?

The Director of Health Wellbeing and Care replied that the most complex situations have been inherited from Children and Young People's services and the NHS. These can cost £6,000 per week. We have recognised that a good social worker can make a significant difference overnight. There is a need for a team with these specialist skills. This is challenging the service and it has been agreed to buy this in. Doing the review is easy but implementing the change is difficult. There is a significant amount of money that can be saved.

Cllr. J. Greenaway asked about the cost of this team?

The Director of Health Wellbeing and Care replied that 10 reviews were being bought. There is a danger that there is always another priority and so the complex care packages are not reviewed. It has been agreed with procurement that 10 packages will be reviewed.

S. Heath said that before there is a crisis there is a build up and this is apparent. It is important to put in resources before the crisis.

The Director of Health Wellbeing and Care said he agreed totally and this is why the service has got to change.

Cllr. Fletcher asked if it is possible to do this?

The Director of Health Wellbeing and Care said that ideally there would be one off money to resource this and implement over time. This is what the Better Care Fund is set up to do and this will be running by April next year. This has to be agreed with the NHS and the hospital. The Association of Directors of Adult Care is arguing that one off money should be made available by the Government to free up money from the acute hospital services.

The Chair concluded that there had been a long discussion. He thanked the Cabinet Member and Officers for attending. He proposed that the meeting ended and a further meeting would be arranged for the Committee to agree its conclusions and recommendations.

RESOLVED: That the Committee would meet again to agree conclusions and recommendations.

The Meeting ended at 20.03pm

Chairman:

Date:

TELFORD & WREKIN COUNCIL

HEALTH AND ADULT CARE SCRUTINY COMMITTEE – 2 JULY 2015

CASTLE LODGE IN-PATIENT PROVISION

**REPORT OF: Lesley Crawford, Director of Mental Health Services,
South Staffordshire & Shropshire Healthcare NHS
Foundation Trust
Fran Beck, Executive Lead for Commissioning, NHS
Telford and Wrekin CCG**

1.0 PURPOSE OF THE REPORT

The paper provides details of the process, outcomes and response to the public consultation on the proposed future options for the inpatient provision based at Castle Lodge in Telford.

Castle Lodge is situated in a residential area of Dawley in Telford and was set up as a community based facility for people from Telford and Wrekin who suffer from mental health problems. The facility was established in January 2004 as a 12 nurse led unit with limited medical input; the building is also a base for the Telford and Wrekin Crisis Resolution and Home Treatment team as well as the Criminal Justice Liaison Service team.

The new facilities at The Redwoods Centre and the subsequent investment in Crisis Resolution, Home Treatment and Community Mental Health teams has resulted in the inpatient facility at Castle Lodge (for the purpose that it was established) becoming increasingly underused, as more people were supported in their own homes as opposed to a secondary care hospital based facility.

A clinical review of care in the latter half of 2013 found that, from its origin as a nurse run unit with carefully selected patients who could be safely and appropriately transferred or admitted there, the unit started to provide for patients with a markedly different range of clinical presentations, needs and behaviours. Through no fault of their own, but as a relatively isolated unit, staff were increasingly unable to adequately, consistently or safely address the needs of those admitted and clinical issues and concerns became evident. The unit was therefore temporarily closed to admissions in September 2013 and a formal public consultation regarding the future use of the inpatient bed provision was undertaken commencing on 1 December 2014 and closing on 6 February 2015.

The attached paper gives further details about the process of engagement and consultation and the comments received as a result of the consultation. The consultation process was well advertised and promoted, leading to a positive turnout at events meetings and a good level of response when compared to other similar NHS consultations.

Four main themes emerged from the consultation, these were as follows:

- More effective integration of care
- Local services for local people
- Service gap between acute inpatient and community support
- Local engagement with residents on future options for use of Castle Lodge site

2.0 RECOMMENDATIONS

- The Committee to note the process of consultation undertaken.
- To note the recommendation for the closure of the Inpatient beds at Castle Lodge.
- To support the Commissioning review by Telford & Wrekin CCG and Council.

3.0 PREVIOUS MINUTES

- Minutes of the Joint Health Overview and Scrutiny Committee Task and Finish Group meeting held on 23 September 2013
- Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 24 March 2014
- Minutes of the Joint Health Overview and Scrutiny Committee meeting held on 29 September 2014

4.0 EQUALITY & DIVERSITY

To be tabled at meeting.

5.0 ENVIRONMENTAL IMPACT

Castle Lodge, as an inpatient facility, is not fit for purpose. The bedrooms do not have en-suites, the fabric of the building is old and requires substantial investment to ensure it is fit for modern day use and recent ligature risk assessments highlighted that major work was required to ensure that safety standards were met.

6.0 LEGAL

None.

7.0 OPPORTUNITIES & RISKS

As a result of the closure of the nurse led beds, a further and detailed debate will need to take place about the pathway for crisis care for individuals who have relapsed, which can be part of the work being led by the CCG and Local Authority.

8.0 WARD IMPLICATIONS

Although Castle Lodge is in Dawley, all residents from Telford who require bed based services will be provided for in The Redwoods Centre. However, it is worthy to note that this has always been the case since the consultation leading to the modernisation of mental health services within Shropshire, Telford & Wrekin.

9.0 REPORT

Report attached.

Report prepared by:

Lesley Crawford
Director of Mental Health Services
South Staffordshire and Shropshire Healthcare NHS Foundation Trust

Fran Beck
Executive Lead for Commissioning
NHS Telford and Wrekin CCG

Castle Lodge – Formal Consultation Response Report

1. Introduction

This paper provides the formal response and outcome to the public consultation on the proposed future options for the provision of Inpatient Mental Health Services located at Castle Lodge in Telford. The format of the paper follows guidance provided by Monitor, the independent regulator of NHS Foundation Trusts on reporting on and responding to, the outcomes of public consultations.

The report includes an independent analysis by Edwards Healthcare Consultancy Ltd of the consultation process and responses received.

Background Information

Castle Lodge is situated in a residential area of Dawley in Telford and was set up as a community based facility for people from Telford and Wrekin who suffer from mental health problems. The facility was established in January 2004 as a 12 bed nurse led unit with limited medical input and also a base for Telford and Wrekin Crisis Resolution/Home Treatment Team and the Criminal Justice Liaison Service Team. The inpatient unit originally provided for adults from Telford & Wrekin requiring planned and respite care and as a “step down” for those who no longer needed to be in acute care but required 24 hour nursing support in an inpatient environment.

During 2008 the development of an outline business case for the modernisation of mental health services in Shropshire, Telford and Wrekin was undertaken. This included detailed modeling of inpatient and community activity and capacity, development of new models of care and ways of working and planned rationalisation of community based care locations. The final business case clearly stated that the Castle Lodge facility would be retained for inpatient use although there was no specific detail on the model of care presented.

Since the new facilities at The Redwoods Centre formally opened in September 2012, there has been subsequent investment in crisis resolution, home treatment and Community Mental Health teams. This has meant that the facility at Castle Lodge (for the purpose that it was established) became increasingly under used. Telford and Wrekin residents were being supported in their own homes more and the length of stay for Telford and Wrekin patients in the Redwoods Centre could be measured in days and weeks as opposed to months and years.

Castle Lodge evolved into a facility that looked after patients with a very different range of clinical needs and behaviours, varying significantly in nature and severity. The Unit also began to accommodate patients from outside of the Telford and Wrekin area, in particular from Shropshire and Powys. This presented a considerable challenge to meeting the needs of all the patients admitted to Castle Lodge and posed potential risks to quality and safety of care.

A clinical review of care in the latter half of 2013 found that from its origin as a nurse run unit with carefully selected patients who could be safely and appropriately transferred or admitted there, the unit now provided for patients with a markedly different range of clinical presentations, needs and behaviours. Through no fault of their own but as a relatively isolated unit, staff were increasingly unable to adequately,

consistently or safely address the needs of those admitted and clinical issues and concerns were becoming evident. In essence Castle Lodge was not resourced to function as either an acute inpatient unit, or a "step down from inpatient" unit and there were a number of serious incidents and near misses.

The nature of some the patients admitted there and the severity of behaviour displayed, required the governance and infrastructure of an acute inpatient unit. As a result, a number of patients were transferred to more appropriate care, in the Redwoods Centre. Castle Lodge was temporarily closed to admissions in September 2013 and a formal public consultation on the suggestions for its future use was undertaken, commencing on 1 December 2014 and closing on 6 February 2015.

This report sets out the details of the consultation process, the responses and feedback received particularly pinpointing the consistent themes raised and the Trust's and Clinical Commission Group's joint response to the feedback and recommendations.

2. Pre Consultation

Castle Lodge is part of the continued modernisation of mental health services in Shropshire, Telford and Wrekin, the ethos of which was that more people were to be cared for in their own home, with a reduction of beds and length of stay in acute hospital beds. This was very much a theme and a requirement as part of the modernisation of Mental Health Service Business Case already referred to earlier in the paper. As such it is also important to understand the formal consultation which led to the enhancement of community services and building of the Redwoods Centre. Also, as is good practice, there has been much ongoing engagement over the last few years and up to the public consultation about the future of Castle Lodge.

This includes extensive public consultation undertaken between the 6th September and 6th December 2010, which was about the replacement of Shelton hospital and the modernisation of mental health services across Shropshire, Telford and Wrekin.

The consultation was led jointly by Telford & Wrekin and Shropshire PCTs in conjunction with South Staffordshire and Shropshire Healthcare NHS FT, and ran for 13 weeks. Prior to consultation, the PCTs submitted evidence to NHS West Midlands to demonstrate that the pre-consultation activity (the "Lansley Tests") had been met sufficiently to enable the PCTs to initiate the consultation process. This consultation is of relevance as it was about the future provision of mental health services for Shropshire County as a whole, which included the population of Telford and Wrekin and the facility at Castle Lodge.

Pre-consultation activity included presentations to GP Commissioning Leads, the Mental Health Forum, Acute Care Forum, Voluntary Sector Forum, Cabinet members, Scrutiny and Cabinet leads. Meetings were held with all the relevant MPs, who were supportive. Presentations to the Joint Health Overview and Scrutiny Committee took place in Dec 2009 and March 2010, who were supportive and understood the rationale for the community services and in-patient bed numbers. The consultation process was also subject to scrutiny by the Health Overview and Scrutiny Committees (HOSCs) of Telford & Wrekin Council and Shropshire Council.

This consultation included a wide range of public meetings on the following dates and locations:

- 21st September 2010 at Meeting Point House, Telford
- 27th September 2010 at Shelton Hospital, Shrewsbury
- 6th October 2010 at the Civic Centre, Whitchurch
- 15th October 2010 at the Community Centre, Craven Arms

Events also took place across Shropshire, Telford and Wrekin health economies, beginning in May 2008 and continuing until the end of formal consultation in 2010. Some examples of these events, which shows

the wide spectrum of groups involved in the formal engagement and involvement activities, which took place, can be seen as follows:

- Work stream and Locality meetings held during the period from May 2008 onwards. Comprising Trust staff, service users, local authority representatives and commissioners.
- Shropshire Health Overview and Scrutiny Committee, July 2009.
- Presentation to Shrewsbury Town Council, July 2009.
- Presentation to SSSFT Membership Council, July 2009.
- Presentation to and engagement with local Residents Group in July and August 2009.
- Presentations to Telford & Wrekin Mental Health Forum in July, August, September 2009 and May 2010.
- Presentation to Shropshire Council, July 2009.
- Engagement with Joint Health Overview and Scrutiny Committees for Shropshire and Telford meetings, held quarterly throughout period.

The engagement process also included a series of presentations and discussions with Shropshire, Telford and Wrekin commissioners and councils.

Staff, the public, service users and carers were invited to consider the modernisation plans and the development of new, modern mental health inpatient facilities to replace the Victorian hospital at Shelton. Widespread support for these proposals was publicly reported, with plans including the retention of Castle Lodge inpatient facility for use by Telford & Wrekin service users. The consultation was named 'Next Steps' in recognition that it was the final 'check and balance' in a long process of engagement and ongoing discussions on developing services for mental health and dementia care.

The public were also asked what factors were most needed to take into account in strengthening community mental health services across Shropshire, Telford and Wrekin, and in replacing Shelton Hospital with brand-new facilities that reflected modern mental health care. There was a majority of positive responses to the consultation, and almost 70% of people broadly supported the proposals. This support was often provided with requirements for certain priorities to be met and some concerns to be addressed. The strongest concerns that were voiced related to the potential closure of Beech Ward in Whitchurch.

Following this extensive consultation, the full business case was formally approved by the Boards' of South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSHFT), Shropshire Primary Care Trust and Telford & Wrekin Primary Care Trust.

The modernisation programme commenced in January 2011 to ensure that, via a phased approach, the changes to practice and increased community capacity were seen to be reducing reliance on inpatient beds prior to the opening of new the facilities at Redwoods. The mental health modernisation plan was then closely monitored through the Mental Health Modernisation Sub Committee, which included wide stakeholder representation including Telford and Wrekin and Shropshire Councils.

Since 2012, the number of patients that were suitable for admission at Castle Lodge was gradually reducing, this follows a general pattern for mental health services across the country where new and expanded community services are enabling far more people to be cared for in their own environments within the community.

As a result, people who now require admission to inpatient services have more complex needs and require more intensive support, as provided by the Redwoods Centre where 24 hour / 7 day week medical support is available, together with other nursing staff who can respond in a crisis situation. Unfortunately, due to increased demand, bed pressures at the Redwoods Centre and staffing/training issues within the crisis resolution teams, Castle Lodge had become increasingly used for patients with more complex needs

Work was undertaken to improve the acute care pathway in the Redwoods, by introducing the, Purposeful Inpatient Process for Admission model (PIpA) and providing more home based support. PIpA is a nationally recognized new way of working in acute mental health Inpatients provision.

By autumn 2013, there were very few Telford and Wrekin patients being cared for at Castle Lodge and the continued concerns about the safety for both staff and patients at this isolated stand-alone unit, resulted in Castle Lodge being temporarily closed in September 2013.

There has been an ongoing process of engagement concerning services at Castle Lodge. This engagement can be summarised as follows;

Date	Details
16 th November 2012	Meetings with David Wright MP with service users from MIND and Castle Lodge. At this meeting wide ranging concerns were raised by a number of service users about the quality of care and suitability of staff at Castle Lodge and the Head of Mental Health Services agreed to undertake a review of the provision.
17 th December 2012	Castle Lodge was discussed at the Trust's Council of Governors meeting where Lesley Crawford gave an update of the position at that time.
20 th September and 8 th October 2013	Meetings took place between the Associate Director of Care and Support from Telford Council and the Head of Mental Health Services, to discuss the temporary closure and to enable Local Authority elected members to be appraised. The Council raised concerns about the way in which the closure had occurred and requested that wider consultation and engagement be undertaken.
23 rd September 2013	The plan and rationale for the service change was presented to Health Overview and Scrutiny Committee (HOSC). This was in the form of a full PowerPoint presentation by the Head of Mental Health Services, which included preliminary data and time for further discussion. This also led to wider discussion amongst the council and local community including GPs.
October 2013	The Deputy Clinical Director/ Consultant Psychiatrist attended a practice meeting in Dawley to discuss the rationale for the closure with GPs who had initially raised concerns on the 8 th October 2013. The Trust was able to discuss and explore the clinical concerns however were pressed hard on the reasons for closure which received some critique.
October 2013	Further to the September meeting of HOSC, a meeting was arranged which involved David Wright MP, SSSFT, TWCCG, members of HOSC and local councilors. In this meeting the rationale and process for the closure were again discussed and it was further agreed to produce a wider review of the whole modernisation programme.
24 th March 2014	Castle Lodge was discussed at the HOSC meeting and it was clarified that it remained open, with a temporary closure of the 12 beds and the crisis team continued to work from there.
29 th September 2014	A review of the modernisation of mental health services paper was presented to HOSC which included an update on Castle Lodge and proposed consultation. Discussion indicated that although there had been a long journey to this point and tremendous strides forward had been taken, the conclusions of the report could not be endorsed. The committee resolved that the Co-Chair would write to appropriate organisations to set out the Committee's concerns and identify areas

	which require further reporting, and that the Committee engage with service users and appropriate community groups to invite them to share their experiences of Mental Health Services.
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The Trust staffs involved have also been kept engaged and updated with the process of the temporary closure of Castle Lodge as follows:

- Following the temporary closure in September 2013, Castle Lodge has been a standing item for the monthly Joint Staff Partnership Meeting (JSP).
- Managers have kept staff side and trade union representatives updated about the position and staff side have been heavily involved in the support of staff directly involved. In addition, managers, staff side and HR representatives met with displaced staff on a regular basis to address any concerns.
- A regular weekly newsletter was provided to all Adult Mental Health Division staff briefing them on current issues and changes to services.
- An Impact Assessment can be found at Appendix I.

3. Formal Consultation on Castle Lodge

The following section is intended to outline the information provided during the formal public consultation on the proposed future options for the provision of mental health services located at Castle Lodge and to inform the Trust and its key stakeholders that:

- Robust public consultation has been undertaken.
- Staff and stakeholder involvement in the development of the preferred option has been actively sought and impacted.
- The organisation can demonstrate a continued commitment to the social responsibility required as an NHS Foundation Trust.

Background		
1.	Name of Organisation	South Staffordshire and Shropshire Healthcare NHS Foundation Trust (SSSFT)
2.	Area served by the Trust	The area of South Staffordshire, Shropshire and Telford & Wrekin is the core activity but some services are also provided on a wider regional or national basis.
3.	Area engaged in consultation	Telford & Wrekin was the focus but also the wider Shropshire community could contribute to the debate.

About the public consultation			
4.	Contact details of person responsible for the public consultation	Martin Evans Head of Communication Tel: 01785 783042 Email: Martin.evans@sssft.nhs.uk	
5.	Dates of consultation	Started: 1 st December 2014 Ended: 6 th February 2015	
6.	Which media were used for the public consultation document?	Full consultation document in hard copy	Yes
		Summary consultation document in hard copy	No
		Web-based consultation document	Yes

		Talking book/audio tape/CD-ROM/other (please specify)	No
		Large print versions	Yes, on request
		Versions in ethnic languages (please specify which)	Yes on request
		<p>Presentation at public meetings:</p> <p>The Trust facilitated 5 formal public consultation meetings:</p> <ul style="list-style-type: none"> • Meeting Point House, Telford – 17:00 – 09/12/14 • Meeting Point House, Telford – 17:00 – 16/12/14 • Meeting Point House, Telford – 17:00 – 05/01/15 • Castle Lodge, Telford – 17:30 – 12/01/15 • Castle Lodge, Telford – 17:30 – 26/01/15 <p>The Trust has also attended and presented at a number of other public and partner meetings:</p> <ul style="list-style-type: none"> • Presentation to the GP Forum – 18/11/14 – Attendance of 39 • Presentation to Voluntary Sector Mental Health Forum – 13:45 - 04/12/14 – Attendance of 15 • Presentation to Dawley County Council –19/01/15 • Presentation to Listen not Label – 14:00 – 04/02/15 – response from 45 people gained 	
		<p>Other Consultation and Engagement:</p> <p>The Trust undertook a variety of activities to ensure the widest possible distribution of information amongst its key stakeholders:</p> <p><u>Internal Communication</u></p> <p>Online – there were newsletters to staff and closure notices published on the intranet at the time of the temporary closure.</p> <p>Staff sessions – A significant number of staff engagement sessions were held, both in the form of team meetings and one to ones.</p> <p>All user emails</p> <ul style="list-style-type: none"> • Information on the consultation was promoted internally to Shropshire teams via EPOD (Trust internal E Magazine) and email’s from Team Leaders to staff. <p>Meetings</p> <ul style="list-style-type: none"> • Presentation and updates provided to the Trust Council of Governors. <p>Staff newsletter – briefings included in EPOD the Trust’s staff eNews facility.</p> <p><u>External Communication</u></p> <p>Online</p> <ul style="list-style-type: none"> • A web page on the Trust web site was set up which detailed the 	

proposals and allowed feedback. The public facing document and questionnaire were also made available online. There were 206 views of this of which 80% were unique visitors.

- Flyer promotion was used on social media sites of the Trust Facebook page and Twitter feed. There were some retweets of this link.
- Corporate social media promotion was ongoing throughout the whole process.
- A link to the Trusts consultation website was put on the CCG's website.

Hard copy

- The consultation public written engagement document was distributed at all public presentations and made available. This document allowed hard copy feedback.
- The public presentations were promoted with a flyer, which was distributed to local residents and service users.
- The flyer was also made available at the Redwoods reception and at Meeting Point House. In addition other voluntary organisations were sent an e-copy of the flyer to print and Healthwatch Telford and Wrekin took some hard copies.
- A letter was sent to the two local relevant MP's, David Wright MP and Mark Pritchard MP offering a meeting with Lesley Crawford to inform the said MP's of the consultation.
- Information was also included in the January 2015 Trust Stakeholder briefing.

Emails

- An email was sent to the Trust's 15,000 Foundation Trust members informing them of the public consultation, which included the documentation.
- Emails, which included links to the public consultation document, the flyer and website, were distributed via the CCG contact network. This went to GP surgeries in Telford and Wrekin and details of the consultation were sent in 2 newsletters December 2014 and January 2015.
- An email of all the promotional documents and link to the website was sent to Dawley Town Council.
- An email of all the promotional documents and link to the website was sent to the Chorus Service User Network, which they then promoted.
- An email with the link to the Trust's consultation website sent to local voluntary organisations on 03/12/14.
- An email of all the promotional documents was sent to the Trust Telford Community Development worker for use to bring awareness to groups which were hard to reach with the other forms of promotion.
- The CCG also sent an email to its partners advising of the consultation and providing the web link to the public consultation document.

Meetings

The Trust held five formal public consultation meetings to discuss its proposals for the future of Castle Lodge. These meetings aimed to cover the immediate area of Telford & Wrekin. The Trust consulted with approximately 85 people using this method of engagement and attendees of the meeting had the

		<p>opportunity to question the SSSFT responsible Divisional Director, senior clinician and CCG commissioning lead about their proposals and intentions for Castle Lodge.</p> <p>The Trust also consulted with people attending other public and partner meetings and these meetings had representation from GP's, councilors and volunteers. The Trust consulted with approximately 100 people using this method, bringing the overall total of those face to face interactions consulted to circa 180.</p> <p>Advertising/Media</p> <ul style="list-style-type: none"> • Media press release was sent to local news channels, informing of the public consultation on 28/11/14. • A further press release was sent to local news channels informing of the public consultation on 11/12/14. • One media inquiry was received from the Shropshire Star on 30th January 2015. 	
7.	Number of formal responses received		Number
		Hardcopy, using proforma provided as part of the consultation exercise	15
		Others in hardcopy – letters etc.	1
		On website	5
		By email	9
		Verbally at public meetings	55 questions answered
		Collated from other meetings	Comments collated from meeting notes 45
8.	<p>Was the pattern of responses to the consultation in line with the demography and geography of the area? Were there any groups that were not adequately represented in the responses received? Please provide explanations where necessary, and details of any plans to engage with under-represented areas.</p>		
	<p>Unsurprisingly, geographically, the main body of consultation responses was from the area of Telford and Wrekin. The Trust held five formal public consultation meetings located in two different areas of Telford, one of which was Castle Lodge, giving local residents the opportunity to attend. The meetings were held in the evening to maximise potential participation and were well publicised in the local media with press releases, via email distribution, circulation of flyers and with a specific area of the Trust's website dedicated to the consultation.</p> <p>Contact and information was given to the following;</p> <ul style="list-style-type: none"> • Dawley Town Council • Local GP's • Local MP's • Voluntary organisations • FT members 		

All the public meetings, apart from one, were well attended by local people from the Telford and Wrekin area with a total of 85 attendees from a population of around 166,000. Whilst seemingly a small percentage, this compares favourably with attendance at public meetings when benchmarked with other NHS public consultation exercises:

Location	Public event attendance	Population
Black Country	50	570,000
South Devon	70	300,000
South East England	130	2,694,000
Staffordshire	40	500,000

Information from Edwards Healthcare Consultancy Ltd

Senior members of the Trust's staff have also attended formal meetings during the consultation process to discuss the plans and gain feedback (as listed in section 6).

The Trust also ensured promotion of the consultation to 'hard to reach' groups via its Community Development Workers.

About the comments				
As part of the consultation, 2 options were given for people to support or oppose. These 2 options were:				
<ol style="list-style-type: none"> 1. Continue the use of Castle Lodge inpatient facility 2. Permanent closure of Castle Lodge and disposal of the facility. 				
9.	How many responses were received in total?			
	<p>A total of 30 formal responses were received.</p> <p>Additional comments were received from four out of the five consultation meetings in the form of questions and answers, which totaled 55. Also the group Listen not Label gained and collated comments from 45 of their clients.</p>			
9a.	Was there a HOSC review process?			
	<p>Yes. Once the consultation response is complete and discussed and approved by the SSSFT Trust Board in May 2015, the response will be presented to the Joint HOSC for discussion and comment, before presented to the Telford and Wrekin CCG Board.</p> <p>HOSC have regularly received reports, presentations and papers regarding the modernisation of mental health services during which there have been various discussions regarding the future of Castle Lodge, most recently this was discussed on the 29th September 2014.</p>			
10.	Total amount of formally submitted responses:	Broadly in favour	Broadly neutral	Broadly opposed
		<p>2</p> <p>Agreement in support of option 2 on the basis that are funds redeployed locally to benefit Service Users</p>	<p>10</p> <p>A significant number of people did not express a view on a preferred option but raised queries and concerns regarding the current and future provision of mental health services</p>	<p>18</p> <p>Strongly opposed the preferred option 2 and want Castle Lodge to remain open but not necessary with the same services. For example suggestions included a crisis house,</p>

				therapeutic interventions, respite care and a step up/down provision
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Trust Response

The section below sets out the general tone of responses received and whether or not these are in support of the preferred option of Option 2

11.	<p>Commentary regarding the general tone of comments received.</p> <p>By comparison to other similar NHS public consultations, the public engagement and response levels benchmark very positively.</p> <p>The general tone of responses to the Trust's consultation on the closure of Castle Lodge was very positive towards the quality of care provided by the Castle Lodge Team. A large proportion of responses overall did not express a view on the unit staying open in its original form. However, there was significant concern that the permanent closure of the unit left a gap in service for the people of Telford and Wrekin. The gap was defined by many as a level of care provision that sits between acute inpatient and community support services. People were also concerned that social and healthcare services were not effectively integrated.</p> <p>The most common suggestions from respondents were that Telford and Wrekin was in need of a step down/up service, a crash pad type service and more support with crisis care. There was a strong feeling that community care needed the option of a service that offered respite to carers and somewhere for service users to use when necessary.</p> <p>There was acknowledgement that there are issues regarding the suitability of the Castle Lodge building itself and maintaining this particular building may not represent efficient use of public monies, thus if a facility was to remain in Telford then other premises may need to be considered.</p>
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12. What were the topics that attracted critical comment? What is the Trust & CCG response?

Issue	No of responses to the issue	Trust & CCG response
Will the resources saved be reinvested into local services?	8	There has already been significant investment in community mental health services over recent years. Further work is in progress to consider future options and models of care.
What plans are there to provide short term housing and facilities for the homeless in T&W?	3	Patients with no fixed abode, once mental health needs have been supported, is a multi-agency function. Social services, homeless agencies and healthcare do need to work better together.
The Trust and CCG should explore future options for alternative uses of the facility and consult/engage on options and proposals.	1	The Trust and CCG will jointly explore the potential options for the future of Castle Lodge in conjunction with the overall model of care and needs of the population of &W as a whole. In doing so there will be further engagement with a range of stakeholders on the options identified.

Lack of consultation / communication prior to the decision to close beds at Castle Lodge.	6	We accept that the initial temporary closure could have been handled in a more inclusive way and the senior team has learned lessons from this. Through this current consultation we have sought views and want to listen. Also over the last 3 years there has been significant involvement and engagement on broad modernisation across T&W and Shropshire, as this paper highlights.
Requirement for crisis house type provision for the care of T&W residents.	5	The Trust is looking to co-locate Crisis/Home Treatment and CMHT in a more suitable, accessible site.
Services and Castle Lodge should be retained and possibly expanded	3	The site itself is too small to expand as there is only one access, which would cause a lot of traffic for residential street, and there is no guarantee of obtaining planning permission for this.
T&W has no other alternative to hospital admission and travel distance to Redwoods & Stafford is an issue for Service Users and their visitors	11	We have invested in developing our community services in order to provide care in the least restrictive environment and as close to peoples' homes as possible. Whilst we believe that acute mental health services are best provided in fewer specialist Units we do recognise that their location can cause transport issues. Nonetheless, more acute local Units would not be financially viable nor best use of scarce resource.
Service Users should be able to access multi-agency, integrated community care, which includes for example volunteers who could help within the community and telephone help lines.	2	We recognise that in the development of future services we need to work in a more integrated way across all health and social care sectors.
Discharge can be rushed and must ensure that a follow up after discharge is undertaken	1	If a follow up is not undertaken the service user or carer should always notify their care coordinator. The Trust is under contract to ensure 95% of all service users are followed-up within 7 days of the date of discharge.
Felt that crisis resolution was not always available, make poor decisions and home treatment not suitable in some cases, therefore a need for a step down/up facility	4	Our staff are well trained and senior clinical staff are always on call. Advice is always available from the Psychiatrist on call. Following on from this consultation there were individual issues raised, which the senior team is reviewing and is dealing directly with the carers and service users involved.
Evidence to show that Castle Lodge was under-utilised and outdated before its closure – bed occupancy figures	4	The figures state that there was never 100% bed occupancy. These figures were placed on the Trust's website under consultations. Also there were inappropriate admissions being made to

			Castle Lodge and residents from outside of Telford area being admitted.
	Need a partnership approach with, Service Users, Carers, Voluntary sector to develop mental health care pathway which includes low level preventative co-ordinated support	2	Within Telford there are integrated teams but we recognise that in the development of future services we need to work better together, across all sectors of health and social care.
	Consultation dates were not widely advertised	1	The events were advertised through full press releases to local media, through social media and details placed on the Trust's website. Also event details were leafleted around the local area and emails sent to a number of relevant organisations. The promotion process and detail is highlighted earlier in this paper. In benchmarking with similar NHS consultation processes the engagement and degree of feedback was of a high level.
	What analysis was done prior to closure/consultation to assess the needs of the Telford and Wrekin population regarding community, step down/up, and social care provision?	1	The unit was temporarily closed for reasons of clinical effectiveness and risk.
13. What were the main areas attracting support locally?			
	<p>The main areas of support were:</p> <ul style="list-style-type: none"> • That the quality of care offered at Castle Lodge was outstanding. • Local investment to develop alternative services for local people. • Better integration of health and social care. • Further engagement on both changes to service provision and potential disposal of Castle Lodge if that is the outcome. 		
14. What was the general tenor of responses? Specifically with regard to:			
	Quality & safety	The high quality of service and safety offered to service users was highlighted in many of the responses.	
	Transport	The general theme with regard to transport was that Shrewsbury and Stafford were a significant distance for Telford service users to travel. Also family members and visitors may not be able to easily travel further afield.	
	Finance	Should Castle Lodge be sold people expressed an interest in where any funds raised would be spent. They want reinvestment of funds in local services.	
	Impact on residents	Many of the local residents of Telford felt there was a need for a local service for mental health service users in Telford and Wrekin	
	Bed closures	There was some interest in how the Trust and CCG analysed the reduction of beds for the Telford and Wrekin community. Also interest in the Trusts statement that Castle Lodge was under-utilised.	
15. What were the main areas in which people said they would like to see improvements made?			
	The consultation asked in what areas people would like to see improvements in mental health services. There were 4 core themes that people were keen to see:		

- More effective Integration of care
- Local provision for local people
- Service gap between acute inpatient and community support
- Local engagement with residents on future options for use of Castle Lodge site

Some of the qualitative responses, grouped under the core themes are highlighted as follows:

Integrated Care

- Investment in 3rd sector services similar to those provided by MIND, Path House and Oak Paddock.
- Development of future models of care to include voluntary and third sector agencies that could provide things like a 'buddying' system of volunteers to help maintain people in the community.
- Improved communication between mental health and other healthcare providers, together with better integration of mental and physical healthcare and improved partnership working between commissioners and providers.
- Improved awareness of mental health.
- Multi-agency funded and staffed mental health services with increased use of personal budgets.

Local services for local people

- Local reinvestment of funds within Community Mental Health Teams and Crisis Resolution Home Treatment services to provide more support at an earlier stage and development of local alternatives to formal admission.
- Improved 'prevention' services and more support for low level anxiety in addition to the service provided by MIND (Sutton Hill).
- A single community team for Telford and Wrekin, centrally located closer to the town centre.
- Locally provided places of safety for mental health sufferers.
- Awareness raising and increased understanding/education for GPs about mental health conditions and their management.
- Comprehensive local assessment of need and unmet need to inform future community service provision.
- Increased service provision for young people.

Gap between inpatient and community support

- Locally available step up/step down care including sub-acute care for when home treatment is not effective.
- Improved specialist skills and training particularly in crisis resolution out of hours care.
- Provision of local crisis beds or crash pad facility that is available out of hours.
- Improvements in staff skills around listening and holistic person-centred care.
- Facilities/integrated care for homeless people following their discharge from acute inpatient care.
- Transparent 'buffer' arrangements for bed capacity should Redwoods beds become full and unable to accept admissions.
- Improved discharge planning that ensures NICE guidance is followed and provision of appropriate follow-up care with better continuity of familiar staff.
- Increased provision of cognitive Behavioural Therapy, therapeutic intervention and occupational therapy.
- Single unit that provides beds for older persons with mental and physical healthcare needs, enablement and intermediate care.

	<ul style="list-style-type: none"> • Provision of respite care for carers as well as service users. <p>Local engagement of residents regarding future options</p> <ul style="list-style-type: none"> • The local community could raise funds to support Castle Lodge financially. • The lessons learned regarding communication and consultation prior to the temporary closure should be used inform future engagement. • Local residents and the Town council need to be involved in understanding potential future options of Castle Lodge.
16.	How have the staff been given ample opportunity to play an active part in dialogue and deliberations around the proposals?
	Staff have been made aware and given the opportunity to give their opinions concerning the options for Castle Lodge. They were free to attend any of the public meetings and were able to respond to the consultation via the Trust website or email. Additionally the locality team leaders are always a conduit for opinion and concerns of staff.

4. Consultation summary

In summary:

The consultation process was well advertised and promoted, leading to positive turnout at events/meetings and a good level of response when compared to other similar NHS consultations.

People were keen to express a view about the high quality of care provided by Castle Lodge staff.

The majority of respondents did not specifically answer the question of which of the 2 options were favoured but there were strong views highlighting perceived gaps in current local service provision and there were many suggestions for improvement.

There were four main themes that emerged:

- More effective Integration of care.
- Local service provision for local people.
- Service gap between acute inpatient and community support.
- Local engagement with residents on future options for use of Castle Lodge site.

5. Recommendations

From the analysis of the consultation it is recommended:

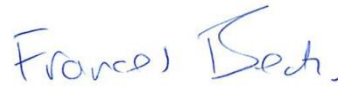
1. To close the bed base provision at Castle Lodge, for the purpose that they were originally intended.
2. In line with Health Scrutiny guidance , the CCG and the Trust have
 - Met with the Chairs of Telford and Wrekin and Shropshire joint HOSC on the 16th April 2015 to discuss the outcome of the consultation and the responses received, with the recommendation to close the Inpatient provision in Castle Lodge.

- South Staffordshire and Shropshire Foundation Trust Board will consider the paper and the recommendations on 28th May 2015.
 - Telford and Wrekin Health and Adult Care Scrutiny Committee will discuss and comment on the paper in June 2015 (date to be confirmed), prior to it being tabled at Telford and Wrekin CCG Board on 14th July 2015 for consideration and ratification of the recommendation regarding the future use of Castle Lodge.
3. To support a commissioning review to be completed jointly by Telford & Wrekin CCG and the Council:
- To clarify the current investment profile for mental health services.
 - To identify service redesigns to address the issues highlighted through this consultation, e.g. provision of crisis support. The review will inform the commissioning intentions for mental health provision for 2016/17 onwards for both organisations. Through this mechanism the partners will ensure that we optimise investment in the 'right' services to improve both outcomes and value for money.



Lesley Crawford
Director of Mental Health Services

South Staffordshire and Shropshire Healthcare
NHS Foundation Trust



Fran Beck
Executive Lead for Commissioning

NHS Telford and Wrekin CCG

20 May 2015

Update for Health & Social Care Scrutiny Committee – 2 July 2015

ADULT SOCIAL SERVICES BUDGET POSITION 2014/15-2015/16

The detailed budget position is set out in the tables below.

In summary the Adult Social Care Budget for 2014/15 of £37.5 was £5.2m less than 13/14 due to further reduction in central government funding. At year end Adult Social Care outturned at £671k over budget but this was after the use of one off monies .

A further budget reduction of £1.6m in 2015/16 means that our Cost Improvement Plan has been formulated on the basis of delivering close to £7m of savings in 2015/16. Initiatives include reducing the price we pay for care provision, but the scale of these savings require significant reductions in the number of people receiving support and the amount of high cost care received.

The presentation to follow will focus on our approach to “doing things differently” to achieve satisfactory outcomes for an increasing number of people at reduced cost.

Paul Taylor, Director

ADULT SOCIAL SERVICES BUDGET POSITION 2014/15-2015/16

Final outturn position for 2014/15	
Net Budget-£37.5m	The Council’s budget strategy for Adult Social Services in 2014/15 included savings taken from budget of £5.2m and an earmarked a drawdown budget of £2.240m. The service area overspent by around £671k. Added to this was around £380k of pressure in the Social Care service-Supporting People contracts which is delivered by Family, Cohesion and Commissioning. Therefore the total underlying variation before using the draw down budget and other one off funding , in total around £3.1m, was over £4m.

Budget for 2015/16	
Net Budget-£35.8m Gross expenditure -£51.4m Gross income-£15.6m	<p>The service area budget was arrived at after taking out £1.64m of savings including £505k from the services within Family, Cohesion and Commissioning. The actual budget of £35.8m has reduced by more than the savings because of the impact of reduced Support Service recharges and some other ancillary changes which do not impact the budget available to spend on Adult Care services.</p> <p><u>Pressures on the service area budget-2015/16</u></p> <p>The overspend in 2014/15 is a continuing pressure on the Adult Social Services budget The budget has also been reduced by 2015/16 savings to be made of £1.64m and there are also additional pressures being realised as the year progresses. In order to reduce the pressure on the budget a Cost Improvement Plan is in place and the cost savings included in the plan total</p>

	<p>around £7m in 2015/16, with further savings proposed in 2016/17. External challenge has been procured by the service and the results of this have helped shape the actions contained within the Cost Improvement Plan; these include managing down demand and reducing unit costs and also include reductions to spending on Supporting People services. In addition there are significant savings attributed to doing things differently, for example the Locality Working project which is underway. The savings attributable to these innovative ways of working are designed to reduce demand for Community Care services or reduce costs by finding different ways of meeting the needs of people eligible for care.</p> <p>Corporate Drawdown Budget (ASS) £2.5m in 2015/16</p> <p>There is a Corporately held drawdown budget of £2.5m in 2015/16 for Adult Social Services. The budget strategy for 2014/15 established a drawdown budget to meet overspends in both Adult Social Services and Children's Safeguarding services. In 2014/15 around £2.2m Corporate drawdown budget for Adult Social Services was used to meet the bottom line pressure, in 2015/16 the budget available is £2.5m, however the Service's strategy to address the identified pressures for 2015/16 is predicated on the full delivery of cost reductions of £7m within year as detailed within the Cost Improvement Plan without any planned call on the drawdown budget. Close monitoring of the delivery of the Plan and identification through the financial and performance management monitoring process of any new pressures arising will facilitate any need to revise the strategy or detailed supporting plans.</p>
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Integrated Working with Health-2015/16	
Budget-£12.5m	This financial year sees the commencement of the Department of Health's Better Care Fund initiative. This is a partnership to encourage Integrated Working between CCGs and Local Authorities. The organisations need to work together to deliver a reduction in emergency admissions and other locally agreed targets, and to facilitate this the funding will be combined in a Pooled Budget. The Pooled budget for Telford & Wrekin CCG and LA is around £12.5m, and within this around £9.5m funds existing Council activity (including £1.3m capital funding)

Budget and Strategic issues – arising 2015/16	
	<ol style="list-style-type: none">1. Better Care Fund – Integration of Health and Social Care;2. Implementation of Care Act part 1 and prep Part 2;3. Cost Improvement Plan;4. Transfer of Independent Living Fund;5. Continuing Health Care.

TELFORD & WREKIN COUNCIL

**HEALTH AND ADULT CARE SCRUTINY
COMMITTEE**

2ND JULY 2015

**REVIEW OF THE TERMS OF REFERENCE OF THE SHROPSHIRE AND
TELFORD & WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE**

REPORT OF SCRUTINY GROUP SPECIALIST

1.0 PURPOSE

- 1.1 To update the terms of reference of the Shropshire and Telford and Wrekin Joint Health Overview and Scrutiny Committee.

2.0 RECOMMENDATIONS

- 2.1 The Committee considers the draft terms of reference attached as Appendix 1 and recommends the proposed changes to Scrutiny Management Board for consideration by Council Constitution Committee.

3.0 PREVIOUS MINUTES

- 3.1 CCC – 4 13th July 2013

4.0 BACKGROUND INFORMATION

- 4.1 The Joint Health Overview and Scrutiny Committee with Shropshire Council has worked effectively for a number of years. However, following the publication of the Health Scrutiny guidance by the Department of Health the existing terms of reference need to be updated.

**5.0 TEERMS OF REFERENCE FOR THE SHROPSHIRE AND TELFORD
& WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY
COMMITTEE.**

- 5.1 The Health and Social Care Act 2012 made a number of changes to

health scrutiny arrangements. The Telford and Wrekin Council's constitution was amended in 2013 to reflect these changes and it was agreed that the health scrutiny powers conferred on the Local Authority would be delegated to the Health and Adult Care Scrutiny Committee.

- 5.2 The Health Scrutiny Guidance published in 2014 provided greater detail on the specific powers of delegation and it is therefore necessary to update the terms of reference for the Joint Health Overview and Scrutiny Committee. The draft terms of reference attached have been updated to clarify that both local authorities agreed to delegate scrutiny of pan-shropshire health issues to the Joint HOSC, but that the power of referral to the Secretary of State has not been delegated to the Joint HOSC. While the Joint HOSC will consider the proposed changes and respond to the consultation, the power to refer any contested proposals remains with the individual authorities.

6.0 EQUAL OPPORTUNITIES

- 6.1 The recommendations set out in the report aim to ensure all service users and their family are fully engaged in assessing and planning their care.

7.0 ENVIRONMENTAL IMPACT

- 7.1 There is no direct environmental impact resulting from this report.

8.0. LEGAL COMMENT

- 8.1 Rules and procedures covering the Council's public health scrutiny responsibilities are set out in the Local Government Act 1972 as amended (section 101), the National Health Act 2006 (as amended by the Health and Social Care Act 2012) and most recently The Local Authority (Public Health, Health and Wellbeing Boards and Health Scrutiny) Regulations 2013.

The legislative provisions allow for a local authority to choose how the public health scrutiny function is undertaken; a local authority can choose to discharge its functions through its own overview and scrutiny committee, that of another authority or through a joint overview and scrutiny committee with one or more other authorities.

The proposal in this report is compliant with the regulatory requirements.

9.1 LINKS WITH CORPORATE PRIORITIES

- 9.1 The role of the Joint HOSC contributes to the Council's priority to improve the health and wellbeing of our communities and address health inequalities

10.0 OPPORTUNITIES AND RISKS

- 10.1 The changes to the terms of reference for the Joint HOSC will need to be agreed through the correct processes by both local authorities. Any changes to the draft terms of reference will need to be agreed by both authorities.

11.0 FINANCIAL IMPLICATIONS

- 11.1 The adoption of the revised terms of reference in and of itself does not give rise to any financial implications. Reference in the report to the power to refer matters to the secretary of state, which if agreed would remain with the Council is an action which has the potential to give rise to future costs should these powers be used.

RP 23/6/15.

12.0 WARD IMPLICATIONS

- 12.1 There are no specific ward issues resulting from this report.

13.0 BACKGROUND PAPERS

- 13.1 None

Report prepared by Fiona Bottrill, Scrutiny Group Specialist 01952 383113

Background Report: Department of Health Guidance June 2014: Local Authority Health Scrutiny. Guidance to support local authorities and their partners to deliver effective health scrutiny.

APPENDIX 1

DRAFT SHROPSHIRE AND TELFORD & WREKIN JOINT HEALTH OVERVIEW AND SCRUTINY COMMITTEE

TERMS OF REFERENCE

Purpose

To act as a discretionary Joint Health Overview and Scrutiny Committee (Joint HOSC) to jointly consider and scrutinise where necessary, all Health and Healthcare related topics which affect the areas of Telford and Wrekin Council and Shropshire Council including matters referred by Telford and Wrekin and Shropshire Healthwatch.-

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To meet when proposed changes to services are identified to confirm if the Committee will undertake the role of the Committee as a mandatory Joint HOSC and statutory consultee in relation to NHS proposals for a substantial variation or development in service whether formal statutory consultation would be necessary.-

To actively research any statutory consultation and respond in line with Health Scrutiny Regulations and the Department of Health Guidance on Health Scrutiny (2014) actively research and respond to any formal consultation within the agreed consultation period, usually the statutory 12 weeks period.-

Powers of the Joint Health Overview and Scrutiny Committee

The Joint Health Overview and Scrutiny Committee exercises the powers of both a discretionary and a mandatory Joint HOSC, as set out in the Health and Social Care Act (2001) consolidated in the NHS Act (2006) and amended by the Localism Act 2011 and the Health and Social Care Act 2012, to review any matter relating to the planning, provision and operation of health services across the local authority areas. Both Telford and Wrekin Local Authority and Shropshire Council Local Authority have delegated the health scrutiny power to the Joint HOSC for pan Shropshire health matters. When the NHS make a proposals for a substantial variation or development of service the Joint HOSC will be the only Scrutiny Committee which will:

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- Respond to the consultation
- Exercise the power to require the provision of information by relevant NHS body or health service provider
- Require members or employees of relevant NHS bodies of health service provider to attend before it to answer questions in connection with the consultation.

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However, both local authorities have retained the power of referral as set out in the Councils' Constitutions. Any referral of proposed substantial change or variation in service to the Secretary of State will be made in line with Health Scrutiny Regulations and the Department of Health Guidance.

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The roles and responsibilities of the Joint HOSC, commissioners and providers of NHS and Local Authority public health services is set out in the Department of Health Guidance, Guidance to support Local Authorities and their partners to deliver effective health scrutiny (2014)

Membership of the Joint Health Overview and Scrutiny Committee

There will be six elected members from each local authority.

APPENDIX 1

There will be three co-opted members from each local authority area who are independent of the relevant Council.

The Co-opted Members of the Committee have voting rights as determined by full council at both authorities. Copies of the voting schedules are attached.

Executive Members for Health and Social Care and Health and Wellbeing Board Chairs issues may attend the meeting at the Chair's discretion in a non voting capacity.

Chairing Arrangements

Meetings alternate between the Council areas. The appropriate Chair will take the lead for meetings in their Local Authority Area.

Chairs' Casting Vote

The Chair will not use their casting vote due to the alternating venue.

Political Balance

Political balance applies to this Committee. The political balance applies to each participating authority.

Administration

In line with the Department of Health Guidance ~~Telford and Wrekin Council and Shropshire County council will share the cost and resource implications of supporting the Joint Health Overview and Scrutiny Committee~~ the support for the Joint HOSC will be made available by the local health and social care system to enable the powers and duties associated with the function to be exercised appropriately. Meetings will alternate between local authorities. Each council will take the lead in arranging venues and co-ordinating agendas with organisations and individuals invited to present reports or papers or give evidence, for the meetings taking place in their Local Authority Area.

The agenda will be agreed by both Health Scrutiny Chairs ~~at an agenda setting meeting about 10 working days before the Joint Committee meeting~~. Papers and presentations will be considered during this meeting to establish running order and specific instructions to those attending.

Pre-meetings will be at the Chair's discretion, to be attended either by the Chairs' alone or for members of the whole joint Health Overview and Scrutiny Committee.

Additional Support

Each local authority will identify an agreed resource which it can provide to support the work of the Joint Committee. This may be officer time and/or a financial contribution to cover the costs of any specialist advice.

Frequency of Meetings

To be detailed in the Joint Committee Work Programme.

Quorum

One third of the membership of the committee. At least 2 elected members must be present including 1 from each authority. There must be 2 representatives from each authority including co-optees.

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APPENDIX 1

Ways of Working

Under the Department of Health Guidance (201403) the Joint Health Scrutiny committee must:

~~Represent the interests of the population that receives services provided by or commissioned by the NHS body~~

Strengthen the voice of local people, ensuring that their needs and experienced are considered as an integral part of the commissioning and delivery of health services and that those services are safe and effective.

Operate in a way that will lead to rigorous and objective scrutiny of the issues under review and carried out in a transparent manner that will boost the confidence of local people in health scrutiny.

In considering substantial reconfiguration proposals health scrutiny needs to recognise the resource envelope within which the NHS operated and should therefore take into account the effect of the proposals on sustainability of services as well as their quality and safety.

The Joint Committee will hold formal meetings, and will undertake visits – which as far as possible will involve representatives from both authorities. Each authority will be able to lead and undertake individual pieces of work. The Joint Committee may also hold meetings with relevant representatives and officers outside of the main scrutiny forum such as focus groups, public meetings and consultation with relevant patient/service user groups.

Reports

Wherever possible all reports will present joint evidence based conclusions and recommendations. However, where differences exist reports will be able to ~~65~~ include sections setting out evidence based conclusions and recommendations reflecting the different views within the joint committee.

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Review of Terms of Reference

Annually or as required when issues arise for joint scrutiny.

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