

# **Save Stroud Hospitals Taskforce**



## **A Response to Gloucestershire Partnership NHS Trust's 'Consultation on Changes to Mental Health Services'**

**August 2006**

# Contents

|   |    |
|---|----|
| Introduction .....  | 1  |
| 1 Community Emotive and Practical Response .....                    | 2  |
| 2 Government Policy .....   | 2  |
| 3 Sustainability Policy.....  | 4  |
| 4 Financial Analysis.....   | 4  |
| 5 The Consultation Process .....                                    | 5  |
| 6 Demographic and Social Trends .....                               | 6  |
| 7 The Needs of the Patient with a Mental Illness.....               | 8  |
| 8 A Sensitive and Skilled Staff .....                               | 9  |
| 9 Mental Health Day Services .....                                  | 10 |
| 10 The Important Relationship with Carers.....                      | 11 |
| 11 Support of the Stroud Hospital Medical Staff Committee .....     | 12 |
| 12 Transition Management and Impact upon other Local Services ..... | 12 |
| 13 Community Support and the League of Friends .....                | 13 |
| 14 An Alternative Proposal.....                                     | 15 |
| Appendix One – Members of the Save Stroud Hospitals Taskforce.....  | 17 |
| Appendix Two – Consultants.....                                     | 18 |
| Appendix Three - References .....                                   | 18 |

## **Introduction**

Stroud is renowned for its strong sense of community spirit which has united to support the continuation of mental health services within our community.

Following an open meeting of Stroud Town Council, a community action group, "Save Stroud Hospitals Task Force" has been co-ordinating the community response to the Gloucestershire Partnership Trust's Consultation proposals on "Changes to Mental Health Services", dated May 2006.

The "Save Stroud Hospitals Task Force" has broad community representation (as detailed in Appendix One) and access to nationally respected experts.

This document is our learned and well referenced analysis of the consultation proposals and seeks further dialogue on proposals to enhance our mental health services locally, especially for the elderly.

We understand the severe financial pressure that the Gloucestershire Partnership Trust has faced, which is not of its own making; we also understand the time pressure forced upon the Trust to complete its financial balance by April 2007.

The workings behind the proposals to change mental health services in Gloucestershire are not shown in the consultation document, nor are any alternative ways of providing services presented.

We are grateful to the Trust for extending the consultation period to allow us time for detailed consideration.

Our analysis is considered under the following sections; though separately listed, these are interdependent.

## 1 Community Emotive and Practical Response

It is clear that, over the 19 years since Weavers Croft was established in Stroud, the people of our community have developed an understanding of its needs and the work that it does for older people with a mental illness. This has been superb because in our area of the country a positive attitude towards people with a mental illness and their needs has been growing. We feel that this must be fostered into the future and a very positive way of doing this is to continue to locate mental health units within identifiable communities.

In view of this we have not been surprised by the very strong and growing support for the retention of the inpatient and day hospital facilities at Weavers Croft. This support has manifested itself in many ways:-

- very good attendance at the public consultation events
- huge support at the Stroud Town March and Rally
- comprehensive coverage and support in local, regional and national newspapers and media
- excellent level of responses to the consultation document from the Stroud District

This level of support is based upon something deeper and closer to the lives of the people of our community; it is based upon the way the health care provided at Weavers Croft has touched our lives and healed or made more bearable the lives of people we know and love. This support therefore becomes a judgement from our past knowledge and experience of the quality health care that has been provided at Weavers Croft. This has provided a meaningful quality of life for some of the most vulnerable of our people.

## 2 Government Policy

In his introduction to the White Paper, "Our Health, Our Care, Our Say" published in January 2006, the Prime Minister states the vision "*... a new era where the service is designed around the patient, rather than the needs of the patient being*

*forced to fit around the service already provided” and that change should be driven “.....by the people who use the services and the professionals who provide them”. The Secretary of State for Health emphasises the desire to “promote independence and choice”.*

Lord Warner introduces the Government’s Document “Our Health, Our Care, Our Community” published during this consultation, by stating *“We have to find ways of planning patterns of services which are efficient but which retain where possible, identification with each local Community”*

The NHS in England: the operating framework for 2006/7 has a section entitled Reconfiguring services. Section 4.9 states:-

*“The process of change is important in any service reconfiguration. It is essential to engage patients and users at a very early stage in considering the challenges, opportunities and options for strengthening services through reconfiguration. This process needs to be made visible to the public, for example through a citizens jury or panel, so that they can be involved in developing the options for consultation.”*

We would suggest that whilst some consultation took place during the study for “Everybody’s Business” this was subsequently ignored when the study team ceased work and their major recommendation as to the number of older peoples units was ignored for financial reasons.

In a letter that both the League of Friends of the Stroud Hospitals and many other people in our community have received during the consultation period the Secretary of State for Health states that

*“We have made it clear in the White Paper that community facilities should not be lost in response to short term budgetary pressures that are not related to the community facility itself. To that end, P.C.T.s taking current decisions about the future of community hospitals will be required to demonstrate to their SHA that they have consulted locally and have considered a wide range of options.”*

Overwhelmingly the Government policies and guidance issued this year point to a clear vision of locating services within local communities and engaging with the people of those communities to ascertain their needs and wishes.

### 3 Sustainability Policy

As far as sustainability is concerned the proposal to centralise older peoples inpatient services at Cheltenham is contrary to our Government's sustainability policy and United Nations directives which call for services to be nearer where people and communities reside.

These policies are designed for ease of access to the services provided, the promotion of social cohesion, reducing road congestion but more importantly to cut CO<sup>2</sup> emissions.

24% of emission releases come from transportation movements in this country and that is why it is imperative to reduce the necessity for car travel.

Clearly lengthening car journeys for visiting will increase CO<sup>2</sup> emissions.

**An independent analysis of the proposals of the Partnership Trust would strongly conclude that the proposals were contrary to Government health and sustainability policy.**

### 4 Financial Analysis

We have been keen to undertake a financial analysis of the Partnership Trust proposals but feel that insufficient information was made available by the Trust when the consultation document was issued.

We were verbally promised details of the cost of running Weavers Croft on two occasions over a five week period and then asked to put that request in writing. By this time we had received limited costs as the result of a request by our local newspaper.

The Partnership Trust is required to make total savings of £9.6m in 2006/7 this being a reduction of 12.8% of the planned savings. This figure has a number of components centred upon the elimination of deficits but also the Trust is required to:-

- meet a savings target of £1.5m for 2006/7

- contribute £2.2m to the county's NHS financial recovery programme, as a proportionate share

We feel strongly that it is a totally inappropriate time to expect an organisation to make savings of this nature when it is already seeking substantial savings to eliminate its underlying and expected deficits. A requirement of this nature, compressed into an inadequately short time frame, forces decisions that are not in the best long term interests of a well run service, led by an efficient management team.

**We are concerned about the basis and adequacy of funding of the Partnership Trust by the Commissioners and in particular we are concerned about the current decision to cut 35% from the Older Peoples Mental Health Budget. We have asked questions of the Commissioners as to the nature and extent of their discussions with the Partnership Trust over this quite punitive cut in a particular service. We have not yet received a reply.**

## **5 The Consultation Process**

We have felt that the consultation process has contained a number of significant elements that detracted from its quality and openness:-

- the initial attempt to compress a mental health consultation into five weeks was flawed. The extension to eight weeks was forced by administrative error and the full twelve weeks only obtained by pressure from the G.C.C. Overview and Scrutiny Committee
- the people attending the Consultation events felt that decisions had already been made. This was in part due to the total lack of alternative options being presented for consideration.
- there was a dearth of financial information presented with the consultation document. It seemed that costs for quite a number of services had not been developed adequately, most notably the alteration and running costs of Charlton Lane. We would have expected a full business plan to accompany changes of the radical nature proposed.

- inadequate impact analysis which is explained in more detail below. It is impossible to conclude that the alternative proposals are workable.

**In a true consultation there are intrinsic qualities of openness, transparency, and confidence built into a genuine desire to engage all stakeholders fully in informed discussion, based upon adequate information. This consultation has fallen short of that ideal.**

## 6 Demographic and Social Trends

The proposals under consideration are for the future of mental health services in Gloucestershire, yet the consultation document contains no reference to future demographic trends.

The document "Everybody's Business a consultation paper – April 2005" does contain such information but it was more limited in its availability and is not circulated with the current consultation material. We would like to make reference to this important study.

This document suggests that based on population predictions there will be the following increases in the prevalence of certain important mental illnesses for people age 65+ :-

### **Dementia future prevalence estimates. Number of people 65+**

|                        | <b>2004</b> | <b>2006</b> | <b>% increase on 2004</b> | <b>2021</b>  | <b>% increase on 2004</b> |
|------------------------|-------------|-------------|---------------------------|--------------|---------------------------|
| <b>Stroud</b>          | <b>1580</b> | <b>1649</b> | <b>4%</b>                 | <b>1997</b>  | <b>26%</b>                |
| <b>Gloucestershire</b> | <b>8121</b> | <b>8590</b> | <b>6%</b>                 | <b>10546</b> | <b>30%</b>                |

**Mild / Moderate Depression. Future Estimates of people affected 65+**

|                        | 2004         | 2006         | % increase on 2004 | 2021         | % increase on 2004 |
|------------------------|--------------|--------------|--------------------|--------------|--------------------|
| <b>Stroud</b>          | <b>2457</b>  | <b>2508</b>  | <b>2%</b>          | <b>3273</b>  | <b>33%</b>         |
| <b>Gloucestershire</b> | <b>12738</b> | <b>13045</b> | <b>2%</b>          | <b>16778</b> | <b>32%</b>         |

**Severe Depression. Future estimates of people affected 65+**

|                        | 2004        | 2006        | %increase on 2004 | 2021        | % increase on 2004 |
|------------------------|-------------|-------------|-------------------|-------------|--------------------|
| <b>Stroud</b>          | <b>787</b>  | <b>803</b>  | <b>2%</b>         | <b>1047</b> | <b>33%</b>         |
| <b>Gloucestershire</b> | <b>4076</b> | <b>4174</b> | <b>2%</b>         | <b>5369</b> | <b>32%</b>         |

These trends lead us to say that we are concerned that the number of available beds for older people with a mental illness may be being reduced by too large a number, indeed the reduction from 80 to 65 is in addition to an earlier reduction from 122 to 80 - a total reduction of 57 beds or 47%

We realise that these are trends based on population predictions and one of the counter arguments is the advancement in the medication for many mental illnesses and the trend to care for people in their homes. We are wary of these counter arguments being used as a justification to reduce beds so drastically because:-

- there is an increasing trend of social isolation, where adults are living alone, unsupported by a family unit. This trend will place additional pressure on the mental health service and may lead to more mental illness.
- present day lifestyles, fluidity and uncertainty of employment, increased dependency on alcohol or other substances, lack of adequate financial provision for the retirement years, generally a perceived insecurity about the future, all contribute to the tendency to develop a mental illness.
- a very significant realignment of the age profile of the population, resulting in a growing percentage of the population being 80+ with a consequent

increase in numbers of people with a mental illness. It is the very old who have the highest prevalence of mental illness, not only of dementia but also severe depression, often complicated by multiple physical and medical problems.

**We therefore conclude that the Partnership Trust is proposing to reduce its bed stock to a lower level than is wise, when one thinks deeply about future demographic and social trends.**

## **7 The Needs of the Patient with a Mental Illness**

We believe very strongly that people with a mental illness are best served by facilities located close to where they live. This was recognised in 1986 when Coney Hill Hospital was closed and separate hospitals established in community settings.

Weavers Croft located within the large and identifiable population of the Stroud District is a far superior option than Charlton Lane in Cheltenham, for local people with a mental illness because:-

- a person with a mental illness, especially one with dementia, needs familiar people and places to be able to operate satisfactorily. Someone with anxiety or depression may well have their illness aggravated by being removed too far from where they live.
- a known environment is likely to create a calmer patient, reducing anxiety, increasing confidence and possibly reducing need for prescribing.
- it is better to assess a patient in an environment closest to one in which they normally live and patients are likely to take medication better in such a situation.
- a familiarity with staff and visitors creates a situation where shared experiences are an important and healing part of an inpatient stay. It seems that there is almost a healing, and certainly a healthy and uplifting quality to shared events and experiences.

These reasons are important to a person with a mental illness, for their personal wellbeing, their ability to move towards a more normal and satisfactory pattern of behaviour, and their ability to function with less support.

The benefits of a local hospital such as Weavers Croft far outweigh, for the patient, the clinical and specialist arguments used to justify the single unit at Charlton Lane, for we are assessing and treating people with unique and special needs.

We would also make the very strong point that the older person with a mental illness often has other medical and physical difficulties that are more appropriately treated within the community containing their own family, their general practitioner and in the case of Weavers Croft next to a general hospital with which they are familiar, with an extensive range of diagnostic and treatment facilities.

## **8 A Sensitive and Skilled Staff**

The closure of one of the two admission wards at Charlton Lane from August 9<sup>th</sup> 2006 due to staff shortages (Press release 20-7-06) has led us to consider the effect that the availability of staff might have on the future delivery of service.

We do not have figures to substantiate our claim but we do believe that the mental health inpatient service for older people relies upon a substantial input of expensive agency staff.

At first, the closure of the units at Weavers Croft, Colliers Court and Holly House will make available a pool of people for staffing Charlton Lane and reduce the reliance on agency staff.

However some of the skilled and sensitive staff at these hospitals will choose to leave the mental health service entirely. This will be a permanent loss of valuable skills.

Much better we feel, from a long term staffing perspective, is the retention of community hospital units with their potential reservoir of available staff. This has three distinct advantages:-

- it creates a wider and more diverse reservoir of available staff in Gloucestershire, rather than centring that reservoir of skill and care on Cheltenham and Gloucester.
- staff located within the communities of the units they serve not only facilitate the delivery of the beneficial patient outcomes we have already described, but they also make easier the dissemination of information and understanding of mental health issues throughout the communities in which they live. This has been, and will continue to be, an important aspect of the work of staff involved in the care of the mentally ill.
- staff morale is often higher in a smaller unit, this improves retention and reduces sickness rates

We believe that the centring of inpatient care on Cheltenham and Gloucester will make more likely episodes of staff shortages and closure of wards, such as is presently taking place at Charlton Lane.

Furthermore we believe that the relationships between consultants, local general practitioners, staff and local families are likely be better and more beneficial for the patient in a smaller community hospital. Often a relationship already exists with a family or is established during the early stages of a person's illness and this contributes meaningfully to a patient's treatment.

## **9 Mental Health Day Services**

The Partnership Trust is proposing to stop providing NHS funded day hospital care which is not directly concerned with the provision of treatment to adults of working age and older people affecting 12 sites across the county.

We view this withdrawal of funding with great concern, because it affects services at two very important places, namely Weavers Croft and the Tyndale Centre at Dursley.

We are aware that services at these two places have changed and have been reduced over the recent past, and this in itself has been regrettable. To withdraw services providing so called social opportunities entirely would not be in the best interests of patients and their carers.

We believe that for a mentally ill person it is quite difficult to say with confidence that social activities are not a form of treatment for them, because often it is the practical skills of interaction and coping with small social and human tasks that are a major part of the treatment necessary to lead them to whole or partial recovery.

We feel certain that the withdrawal of these day services will increase the probability that some patients will require inpatient treatment sooner and more often, thus negating some of the supposed savings.

**We believe that it is important that a viable and certain alternative pattern for the delivery of these so called social opportunities is established before the Trust is allowed to withdraw its funding from the 12 affected centres. Not only are these services extremely beneficial to patients but they also provide a valuable respite for carers. Only when you care for someone who has a mental illness do you really know and appreciate the value of respite services.**

## **10 The Important Relationship with Carers**

We would like to develop the brief reference we made to carers in the previous section.

We believe very strongly that the dynamics of the relationship between the mental health professional, the patient, the carer and the extended family of relatives and friends is crucial for the management and beneficial development of the care plan for each individual person with a mental illness.

The sensitive input and care that each of these partners can contribute to the well being of the person they are caring for can be life enhancing for that person.

However, we believe that there is another dynamic to this valuable relationship, and that is the mental health professional's responsibility for the carers, who are often in need of care themselves, primarily because the 24/7 job they undertake is demanding in the extreme.

The proposal, therefore, to locate older people with a mental illness at the one site in Cheltenham does not honour the responsibility that the mental health service has towards the carers and their families because:-

- it lengthens travelling times
- it reduces the number of occasions that it is practical to visit in a given week
- it increases the cost of travel
- it generally puts extra pressure on the carer because easy visiting is replaced by complicated visiting

One lady whose husband is now in Weavers Croft timed the journey from Paganhill, Stroud, where she lives, to Charlton Lane in Cheltenham by public transport. The journey took 1 and  $\frac{3}{4}$  hours for the single journey, 3 and  $\frac{1}{2}$  hours for the return. The ideal length of time the lady would stay with her husband, due to his lack of concentration, would be  $\frac{1}{2}$  hour. Short visits are the ideal for a patient with a mental illness.

## **11 Support of the Stroud Hospital Medical Staff Committee**

During the consultation period the Medical Staff Committee discussed the proposed changes at Weavers Croft and wrote to Mr Jeff James expressing their concern as to the damaging effect the proposed changes will have on a vulnerable section of the Stroud community. In our discussions with the Chairman of the Medical Staff Committee, Dr. Richard Waldon, it is clear that our local General Practitioners fully support the retention of the inpatient facilities at Weavers Croft.

## **12 Transition Management and Impact upon other Local Services**

We believe that one of the primary duties of the people charged with the management of our health services in Gloucestershire is to ensure that changes are managed in a controlled and acceptable way, with particular understanding and concern as to how that change impacts other statutory and voluntary

organisations, and in particular how that change affects the care given to the patients for whom we all have a primary duty.

It is our firm belief that little, if any, impact analysis was undertaken prior to the mental health proposals being announced, and we would further say that little impact analysis was done prior to the wider health proposals being announced. This is deeply regrettable.

During the consultation period impact analysis has been undertaken by:-

- Gloucestershire County Council
- Stroud District Council

Furthermore, the League of Friends has asked The Cotswold and Vale P.C.T. for the result of their impact analysis as to the effect the Partnership Trust proposals will have on:-

- the medical beds operated by the Cotswold and Vale P.C.T.
- the community services provided by the Cotswold and Vale P.C.T.

To date we have not had a response to this enquiry.

Impact analysis is important to ensure that patients receive adequate care but also to ensure that we are not transferring the demands, needs and costs from one service to another without a full understanding of what we are doing.

We believe strongly that a significant part of the proposed savings by the Partnership Trust are a transfer of cost to another partner provider and therefore the net savings to the commissioners and providers of health care in Gloucestershire is much lower than claimed.

### **13 Community Support and the League of Friends**

The local community, through its League of Hospital Friends, has shown considerable commitment to local hospital services contributing on average over £100,000 annually to local hospital and community services. Weavers Croft has regularly benefited from this support by the provision of beneficial equipment and refurbishment. The Friends have purchased:-

- blood pressure and temperature monitors
- high / low adjustable beds
- special hoists
- televisions
- treatment couches
- day room furniture
- occupational therapy and physiotherapy equipment

The League has also made a large donation towards making the wards more private for patients.

Only this year the Friends said they would commit a significant amount of money to develop Weavers Croft, in partnership with the Partnership Trust to provide accommodation offering the highest standards of privacy and dignity.

There is a quality and depth and consistency to the support given by the Stroud community, through its League of Hospital Friends, to the mental health services provided at Weavers Croft. We are not sure that this depth of support exists for any other of the Partnership Trust units in Gloucestershire.

We would therefore stress that this is another reason for the continued use of Weavers Croft for inpatient and day hospital services, because it benefits from proven and valuable community support. Indeed past support has helped the Trust with its cost base by providing valuable equipment and amenities.

**The residents of Stroud District require the reassurance that our mental health services will be local and capable of managing the present and future demand.**

**For the clear reasons we have stated in this paper we strongly request that the members of the Partnership Trust board decide that there should be a continuation of inpatient and day hospital mental health services for older people at Weavers Croft, run by the Partnership Trust.**

**It is important that the proposed mental health changes are seen as an integral part of all the proposed health changes in Gloucestershire and**

**the interconnection and impact of each change on other parts of the health service be fully understood. Changes should not be made in isolation.**

**We understand that the Department of Health and the S.H.A. are undertaking a financial review, the results of which will be reported in September. It is important that this review is taken into account in decision making and therefore a period of reflection and reconsideration is vital, whilst that review is awaited.**

## **14 An Alternative Proposal**

**We feel strongly that the Board of the Gloucestershire Partnership Trust will see the justification and benefits of allowing Weavers Croft to continue providing its present range of services. This is the correct and soundest way forward.**

If we are unable to convince the Partnership Trust of the merit in continuing with the current service, we request a very serious period of time to enable the organisations and people of the Stroud District to engage in discussions with the Partnership Trust and the Commissioners on the viability of creating a Social Enterprise model of local management of our services.

We are very serious in our intent to engage in an exploration of the Social Enterprise model as a means of moving forward and retaining our local services.

The White Paper "Our Health, our care, our say" devotes an entire section on Care Closer to Home and requires NHS Trusts to consider alternative proposals when considering consultation responses.

Stroud District Council has commissioned the Kings Fund to explore this option and advise the Task Force as to the viability of such an organisation. The Kings Fund have recently published, in April 2006, the document:-

"Social Enterprise and Community Based Care"

The Government is encouraging and endorsing Social Enterprise organisations with the recent creation of the Social Enterprise Unit and the forthcoming creation of a Social Enterprise Fund in 2007.

Stroud District Council and The League of Friends, together with the members of the Save Stroud Hospitals Task Force, endorse this investigation which would be in full co-operation with the Gloucestershire Partnership Trust and other interested partners.

We would expect that a financial contribution would be available to help offset the savings the Partnership Trust would not be able to make if they kept the inpatient and limited day hospital services running during our period of investigation.

David Miller MBE

Chairman, Save Stroud Hospitals Task Force

## **Appendix One – Members of the Save Stroud Hospitals Taskforce**

### **Stroud Hospital League of Friends**

Dr Roy Lamb, President, League of Friends

David Miller, Chairman, League of Friends

Robert Smith, Vice Chairman, League of Friends

Paul Hale

Jill Turk

Jenny Scott

### **Stroud Maternity Matters**

Annie Lester

Caroline Saturley

Claire Watkins      Co Chair Stroud Maternity Matters

Graham Harbord    Co Chair Stroud Maternity Matters

Chris Moore

### **Stroud District Council**

David Hagg, Chief Executive

Kelvin May, Strategic Director

Coun. Elisabeth Bird

Coun. Timothy Frankau

### **Stroud Town Council**

Coun. John Marjoram

Coun. Gwen Belcher

### **Glos. County Council**

Coun. Brian Oosthuysen

### **Stroud News and Journal**

Sue Smith Editor

### **Churches Together**

Rev. Michael Withey

### **General Practitioners**

Dr. Richard Waldon    Chair, Medical Staff Committee

Dr. Jonathan Steel

### **Berkeley Vale Community**

Diane Bainbridge Berkeley Hospital League of Friends

Coun. John Stanton

### **Press Liaison – Website Designer**

Michael Weaver

### **Business**

Richard Payne

David Hill, Chief Executive, Stroud and Swindon Building Society

### **Secretary**

Sandra French, assisted by Gillian Knight and Lynne Barkley

## **Appendix Two – Consultants**

Dr P M Jefferys, MB BChir FRCP FRCPsych

Consultant Psychiatrist at Northwick Park Hospital

(Central & North West London Mental Health Trust)

Dr B W Codling, MBChB MD FRCPsych

Honorary Consultant to the Gloucestershire Hospitals Trust

Senior Research Fellow with UWE (retired)

Mr. David Drew, M.P.

## **Appendix Three – References**

Government White Paper, Our Health, our care, our say. January 2006

Government Guidance Our Health, our care, our community July 2006

The N H S in England: the operating framework for 2006/7 January 2006

Everybody's Business A consultation paper on services for older people with mental health needs in Gloucestershire 2004

The Future of Mental Health: a Vision for 2015 – the Sainsbury Centre for Mental Health January 2006

Social Enterprise and Community Based Care – Kings Fund April 2006

**Save Stroud Hospitals Taskforce**

**[www.savestroudhospitals.org](http://www.savestroudhospitals.org)**