

<p><b>CUMBRIA HEALTH AND WELL-BEING SCRUTINY COMMITTEE</b></p>	<p>Paper No.</p> <p><b>9a</b></p>
<p><b>Meeting date: 3 January 2008</b></p>	
<p><b>From: HEALTH SCRUTINY MANAGER</b></p>	

## Various Mental Health Issues

### 1.0 Purpose of Report

- 1.1 This report is to bring back to this committee the outcome of the scrutiny of various mental health issues carried out by a Task and Finish Group set up by this Committee.

### 2.0 Issues for Scrutiny

- 2.1 To consider whether the issues raised by the Mental Health and Learning Disabilities PPIF with scrutiny have now been followed up sufficiently to allow any outstanding matters to be dealt with through normal dialogue between the Trust and the PPIF.
- 2.2 To confirm whether the Committee needs to take any further action over older people's mental health services in South Lakeland and the emergency closure of Kentmere Ward, Westmorland General Hospital.

### 3.0 Background

- 3.1 At its meeting on 25 July 2007, the Committee appointed a Task Group comprising Mr Leyton, Mr Garrity, Mrs Macur and Mr Vatcher to look into various mental health issues that had been brought to the Committee's attention. These were:
- Concerns referred to scrutiny by the Mental Health and Learning Disabilities PPIF about mental health services in West Cumbria, particularly that bed numbers in Yewdale Ward were smaller than originally planned, that vulnerable patients were being transported around the county because there were insufficient beds, that the

ambulance service was stretched in consequence, that admissions to Yewdale Ward was curtailed out of hours, and that staffing problems had affected the crisis response team weekend cover, and that staff transferred from ward work into the crisis team had not been sufficiently trained.

- Concerns raised by Age Concern and others that the community service for older people promised after the public consultation on the closure of Ward 2 in Westmorland General Hospital had not been fully implemented.
- The position following the temporary closure of Kentmere Ward (which provides for adults with mental health needs) at Westmorland General Hospital.
- Trust intentions for psychiatric intensive care services

- 3.2 At its meeting on 19 September 2007, the Committee received a further referral from the PPIF about reductions in day centre provision in West Cumbria.
- 3.3 The Task Group met Trust representatives on 2 October 2007 and also took evidence from the PPIF regarding the matters that it had referred to scrutiny. Unfortunately Mrs Macur was unable to attend as it had proved impossible to find a date for the meeting that suited all parties.
- 3.4 Because scrutiny councillors in Copeland had also raised concerns about mental health services in West Cumbria which they wished to look at, two members of Copeland Council also attended the meeting. They have also been invited to attend today's meeting for this agenda item.
- 3.5 The Notes of that meeting are attached as Appendix 1.
- 3.6 *Mental Health services in West Cumbria including day care:* Members put questions based on the concerns they had heard, and received answers to the questions raised (see Appendix 1), supplemented with written answers which have been sent to members of the Task Group and are available on request.
- 3.7 *Mental health services for older people in South Lakeland:* Members put the concerns to the Trust and received a response at the meeting, as seen in Appendix 1. Members welcomed the Trust's explanation of the position, asked the Trust and PCT to make available more widely a more coherent account of the position - and details of how the service is currently working, and asked the Trust and PCT to ensure it has in place an effective system for public communication
- 3.8 *Emergency closure of Kentmere Ward, Westmorland General Hospital:* Members noted the Trust's commitment to reopening some beds on the ward as soon as this could be done, and suggested to the Trust that they issue a clear outline of the position.

- 3.9 *Psychiatric Intensive Care Unit (PICU)*: Members heard about the Trust's proposal to expand the existing Unit in Carlisle, and noted that the proposed service change would be part of the PCT and Trust's forthcoming public consultation and highlighted their expectation that proposals would include acceptable arrangements for carers and other acquaintances to keep in contact with patients using the PICU - in the interest of helping with the process of returning home.
- 3.10 In the light of the outcome of discussions between the Task Group and the further written information in Appendix 2, members are asked to consider whether the issues raised by the PPIF with scrutiny have now been followed up sufficiently to allow any outstanding matters to be dealt with through normal dialogue between the Trust and the PPIF. Representative of the Partnership Trust and PCT will be present to give further information as required to help the Committee reach a decision on this.
- 3.11 The Committee is asked to confirm whether it needs to take any further action over older people's mental health services in South Lakeland and the emergency closure of Kentmere Ward.

**Doug Scott**  
**Health Scrutiny Manager**  
17 December 2007

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## **Appendices**

1. Notes of Task Group meeting, 2 October 2007..

## **Previous Relevant Council or Executive Decisions [including Local Committees]**

None

## **Background Papers**

Written answers to the Task Group questions which could not be dealt with at the Task Group meeting.

Contact:  
Doug Scott, Health Scrutiny Manger,  
01228-601015  
[Douglas.scott@cumbriacc.gov.uk](mailto:Douglas.scott@cumbriacc.gov.uk)

## **Appendix 1**

### **Cumbria Health and Well-being Scrutiny Committee Task Group on Mental Health Issues**

**Notes of a Meeting  
held at 10.00 a.m.  
on Tuesday 2nd October 2007  
at the Lakeland Learning Centre, Cockermouth**

#### **Those Present:**

Members of the Task Group:  
Councillors G Garrity, S Leyton (Chair), D Vatcher

Other Scrutiny Councillors from Copeland Borough Council:  
A Faichney, C Whiteside

Scrutiny Officers:  
D Scott (Cumbria County Council), N White (Copeland Borough Council)

#### **Apologies:**

Councillor T Macur

#### **PURPOSE OF THE MEETING:**

The Task Group was set up by the Health and Well-being Scrutiny Committee to examine:

- (i) Issues raised by the Mental Health and Learning Disabilities Patient and Public Involvement Forum about Mental Health Services in Yewdale Ward, West Cumberland Hospital - and about reductions in Day Care in West Cumbria.
- (ii) Issues raised by Age Concern and others about Mental Health Services for Older People in South Lakeland.
- (ii) The temporary closure of Kentmere Ward in Westmorland General Hospital.
- (iv) The proposal to extend the Psychiatric Intensive Care Unit in Carlisle - and report back to the Committee.

**Part A:  
Yewdale Ward and West Cumbria Day Care**

**A1. Discussion with the Mental Health and Learning Disabilities Patient  
and Public Involvement Forum (PIIF)**

Members met with:

Mrs E Bitcon - Mental Health and Learning Disabilities PPIF  
Mr F Holowell - Nurse on Yewdale Ward

(Mrs Faichney declared a non-prejudicial interest being related to a service user.)

In response to a query, Mrs Bitcon explained that the views she was representing, as set out in the PPIF's letter to the Committee, were of the PPIF as a whole.

Mr Holowell explained that he was attending with Mrs Bitcon, not to represent the views of all staff on Yewdale Ward, but to share his knowledge and experience of the issues.

In response to a query about the absence of any users or other staff, Mrs Bitcon also explained that staff were frightened about becoming more involved, and many users were very vulnerable. Mr Holowell had contacted the PPIF over the uncertainties about the future of the Ward as the consultation proposals for the new hospital for West Cumbria did not include Mental Health.

Referring to the PPIF's letter, Mrs Bitcon highlighted that the PPIF is concerned about bed capacity - which is 6 beds less than the original plan. It also has concerns about how the Ward is coping with the wider age range.

Members added their own concerns about the number of patients being transported to Carlisle - and about the mixing of ages on the Ward.

In response to a query about meeting demand within the bed complement, Mr Holowell estimated that around 2 - 4 people over a 9 month period had to stay longer in hospital, maybe an extra 2 - 4 days as "bed blockers"— generally people occupying beds in the Ward are there because they need care. People were transferred to Carlisle if they were "high risk". However Mr Holowell was concerned that people may be getting moved back to Yewdale Ward at an inappropriate time in the Care Plan because of bed shortages in Carlisle.

Mr Holowell commented that the Ward can be used as a place of last resort for people of 'no fixed abode'.

In response to a query about numbers of transfers, Mr Scott informed members that the Trust had told Scrutiny that transfers to Carlisle were averaging 2 per month. The high-risk patients were being transferred.

In answer to a query about the use of premises at 81 Lowther Street, Whitehaven, Mr Holowell confirmed that this was a 'step down' facility accommodating 6 - 9 people. Admissions were under strict criteria - and the Unit was for low-risk people still requiring some support. There were problems caused by the Unit not admitting patients of 'no fixed abode'.

In answer to a query about whether the Ward had a target occupancy rate, Mr Holowell commented that the Ward had an emergency bed which should be kept empty but was often in use. Usually 15 -16 beds were occupied.

In answer to a query about morale, Mr Holowell commented that morale was poor. Some staff had been made redundant. However the staff do want to make the Ward work effectively.

In answer to a query about whether patients were on section, Mr Holowell said that some patients were, although they were not high-risk. The proportion on section varied, and Mr Holowell was concerned that the Trust lacked the capacity to deal with peaks and troughs.

Mrs Bitcon raised concerns about the volume of staff sickness - being one and a half times the national level - and queried what is being done to address this.

A member queried the position in Yewdale Ward regarding dignity of patients, given the Government policy.

Mr Holowell queried the position on patient movements between hospitals. Mr Sheaffer, of the Partnership Trust, had said that ambulance transfers had reduced, but had not answered Mr Holowell's query on whether patients were being transferred by means other than ambulance.

Mr Holowell was also concerned about levels of Occupational Therapists (O.T.'s) in the service.

Members noted that they should question the Trust about the plans for a 24/7 helpline, which the Committee members who visited the Ward in January 2007 had been told about.

Mrs Bitcon reminded members that the PPIF was also concerned about reductions in Day Care Services. The response which the PPIF eventually received from the Trust had not answered the specific points raised by the PPIF.

In addition to the points discussed, members agreed to raise concerns with the Trust on staffing levels in the community, including the Crisis Response and Home Support Team (CRHT).

Members thanked Mrs Bitcon and Mr Holowell for meeting them.

## **A2. Yewdale Ward and Day Services in West Cumbria – Discussion with Partnership Trust Representatives**

Members met with:

Mr M Smillie, Director of Business & Development, Cumbria Partnership Trust  
Ms J O'Hare, Director of Mental Health, Cumbria Partnership Trust  
Dr C Hallewell, Clinical Director for Mental Health, Cumbria Partnership Trust  
Mr V Watson, Senior Commissioner, Cumbria Primary Care Trust

Members confirmed that the meeting was taking place in response to concerns raised with Scrutiny in letters from the PPIF and highlighted the points they wished to discuss as follows:

1. Is there a target occupancy rate for Yewdale Ward – and how does actual occupancy compare?
2. Are patients transferred to Carlisle being returned to West Cumbria at inappropriate points in their Care Plan because of bed supply considerations in Carlisle?
3. Why is staff sickness one and a half times the national average – and what is being done to address this?
4. How is the Government push towards patient dignity being addressed in Yewdale Ward – taking into consideration its wide age range and its male / female mix?
5. What is the current level of patient transfers to Carlisle, and are all transfers done by ambulance?
6. Is there sufficient O.T. cover?
7. What is the position on plans for a 24/7 patient helpline which might be based on Yewdale Ward?
8. What is the current staffing levels of community provision (including the CRHT) – and is it sufficient?
9. What is the Trust's response to the specific PPIF concerns over reductions in Day Care in West Cumbria?
10. Are sickness rates related to depression or low morale?

11. What is the future of Yewdale Ward - given the current consultation on a new acute hospital for West Cumbria which does not include new hospital development?

**Ward Occupancy Rates:**

Ms O'Hare commented that there was no local target for occupancy on any inpatient Unit although below 100% was obviously preferable. Previously rates had exceeded 100% with beds of patients on extended leave (i.e. at home for a period during their treatment both informally and under the Mental Health Act) being re-used for other patients.

Nowadays the rate is kept below 100% - and today there were 10 occupied beds plus 3 Service Users on extended leave (out of a bed complement of 16) with a normal occupancy of 14 -15 beds. Occupancy is in line with the national position and implementation of the CRHT has made a big reduction in the demand for beds.

Dr Hallewell added that that it is unusual for patients not to be offered their first choice of location for an inpatient admission.

Members noted that occupancy rates vary and requested information on trends.

Members asked if patients were kept in beds longer than necessary because of problems in after-care availability.

Ms O'Hare replied that in Cumbria, length of stay is favourable compared with other Trusts nationally. The Trust Board reviewed length of stay as a key performance indicator, and Dr Hallewell reviewed the position with Ms O'Hare monthly.

**Patient Transfers:**

Dr Hallewell explained that patient transfers to Carlisle were limited to patients with severe needs, as Carlisle had a Psychiatric Intensive Care Unit and 24 hour Consultant cover. Transfers were always in the patient's interest and in accordance with their assessed clinical needs. There was no evidence of transfers being due to bed shortages.

Ms O'Hare had checked today's bed occupancy:

Beckside (Barrow) had 2 patients from West Cumbria - possibly Millom, but no evidence

Hadrian (Carlisle) had 2 from 'out of county' (outside of Cumbria)

Oakwood (Carlisle) had one from West Cumbria (which would be for clinical reasons - as Yewdale Ward was not full)

Ruskin (Carlisle) had no patients from West Cumbria



Mr Watson informed members that prior to the implementation of the agreed North Cumbria Mental Health Strategy there had been frequent transfers of West Cumbrian patients, many to Penrith, but now there were very few.

Members felt that the current position needed to be explained further to the PPIF and the community - as misunderstandings were clearly still around.

Mr Smillie commented that, now it had Foundation Status, the Trust would have greater community involvement because of its membership and community 'Governors' from each Locality.

### **Staff Sickness:**

Ms O'Hare commented that staff sickness levels were 6.4%, a figure comparable with other Mental Health Trusts. The NHS target was 5%. Ms O'Hare disagreed with the assertion that the Trust's sickness rate was one and a half times the national rate and suggested clarification was sought regarding this comment. The Trust was taking steps to reduce its sickness rate, including appointing a new occupational health provider, a range of welfare measures – help with work / life balance, and training for managers aimed at reducing sickness rates. The Trust's sickness policy is available on its website.

Mr Smillie reported that from an analysis of 24 sick notes - the Trust had only 2 referring to work-related stress.

### **Dignity**

Dr Hallewell told members that the move from Windermere Ward to Yewdale Ward has been a major improvement in privacy and dignity because of fewer beds in dormitories and increase in single beds. Yewdale Ward has been much improved but its design is still not ideal and the planned new accommodation will have single en-suite rooms.

In response to a query about the care of people of 'no fixed abode' - including difficulties in getting such people admitted to 81 Lowther Street - Mr Watson replied that this apparent commissioning problem had been sorted out some time ago. It had been related to issues of housing benefit because, although rare in Cumbria, people with behavioural problems can end up losing their tenancies. Also, patients can choose not to go to 81 Lowther Street for 'step down' care.

Mr Whiteside asked if the Borough Councils could do more to help with such problems - Mr Smillie responded positively.

The Trust has good relationships with local Housing Associations and a recent 'Lean Thinking' event had resulted in improved partnership working.

The Trust met with District Councils together in the “Supporting People” group - but could possibly also raise issues with Borough Councils directly.

### **Patient Transfers:**

Ms O’Hare commented that following the change to Yewdale Ward, there had been fewer patient transfers than it appears expected.

Members again raised the need for more public information on the position, and felt that the PPIF should be encouraged to discuss its concerns further – directly with the Trust.

### **Staff Coverage of Community Services:**

Ms O’Hare stated that the Trust’s CRHT services had adequate staffing including West Cumbria. North Cumbria had 2 CRHT’s whose staffing levels reflected rural proofing in that it had more whole time equivalents than some other services nationally. In West Cumbria the CRHT ran 3 shifts, each with a qualified practitioner supported by a number of unqualified practitioners. Very occasionally, on a Saturday night, if a nurse is sick, the Trust has combined the 2 CRHT’s. The Trust does a major annual review of the workings of its CRHT’s.

Dr Hallewell stated that feedback from patients has generally been positive and he is not aware of any harm being caused on the few occasions when the two teams have had to be combined.

Ms O’Hare commented that there is still an issue about vacant social work posts which Adult Social Care is seriously addressing. There is a national shortage, but social workers have managed to maintain 24 hour cover across Cumbria.

Members asked for an update of the position on social work vacancies in due course.

### **Day Services:**

Ms O’Hare explained that Day Service had been fairly traditional (“old fashioned”) and it is now recognised that there are much better ways to give support on an individual basis rather than day hospital or group basis. The PPIF had not raised its concerns over Day Care at its last meeting with the Trust - although it subsequently wrote to the Trust.

The Trust is now aiming to support people to engage in more therapeutic activity in their local communities as this is more socially inclusive.

Ms O'Hare accepted that the Trust could have managed the change better, but noted that it had been taking place over the past 3 years.

Members asked if there was an issue because Day Care is now being charged for by Social Services. Mr Watson responded that there are problems with Day Care caused by a range of Government initiatives and problems over funding arrangements.

Members urged the Trust to address the concerns raised about Day Care.

In view of the time available at this meeting, members requested a written response to their queries about 24 hour home-care and the specific queries raised by the PPIF over Day Care.

**Part B:  
Mental Health Services for Older People in South Lakeland**

Members met with:

Mr Smillie, Ms O'Hare, Dr Hallewell, Mr Watson from the PCT and Mr C Pritchard from Adult Social Care.

The purpose of the discussion was to check out the provision of community services following the closure of Ward 2 (Buttermere Ward) at Westmorland General Hospital as compared with the plans agreed with Scrutiny, following concerns raised by Age Concern and others.

Ms O'Hare commented that the model of care "inherited" by the Trust when it took over services in South Cumbria on 1st October 2006 was different from that in North Cumbria. In addition the plan for Older People's Services in South Lakeland had been inaccurately 'costed' - and resources were not available under the PCT's "Closer to Home" financial plan. The Trust had advised the PCT of this and was doing a re-think.

Mr Pritchard commented that Adult Social Care is also reviewing what is best for the health and wellbeing of older people in Cumbria, including looking at residential and Day Care alongside opportunities with Health resources.

Mr Smillie reported that in consequence the Trust will be revisiting previous commitments in preparation for its forthcoming public consultation.

Ms O'Hare reported that since Buttermere Ward (Ward 2) closed the Trust had been providing a 7-day community service including rapid access assessment and care home support ("CHESS"). Since the Ward closed, there had been only 20 admissions to Gill Rise (Ulverston) or Manor Ward (Barrow) plus one admission into Lancaster from the whole of South Lakeland (i.e. east of Windermere).

The Trust has also funded / implemented the agreed enhanced Carer support from Alzheimer's Society and is expecting an evaluation of the services as part of the agreement.

The Trust has not implemented the social work post, the respite beds, or the advocacy proposals. There are a number of Advocacy Projects available across Cumbria which the Trust taps into including the recently implemented IMCA service. Even so, the Trust believes it is providing an excellent service - certainly not sub-standard.

Dr Hallewell added that there was no evidence of the need for a 24/7 community team for this care group. Also the size that had been proposed was very large. Additionally the concept of an NHS respite bed in a nursing home was problematic in terms of governance.

Concerning Manor Ward and Gill Rise, Dr Hallewell explained that Manor Ward has been providing for mixed depression and dementia and Gill Rise had been keeping people as in-patients too long. So the Trust has made Gill Rise its organic ward and Manor Ward its functional ward, in line with nationally recognised best practice.

The Trust felt that the use of Lancaster was not the right model for continuity of care. So the Trust had strengthened its clinical leadership in South Cumbria and Dr Hallewell was now based in Kendal. The Trust had made a remarkable transformation of the service, and users and carers were supportive of these developments.

Mr Smillie commented that the Trust recognised that recent moves had not been in line with previous agreements with Scrutiny and would make this good through the PCT's forthcoming consultation.

On behalf of the Task Group, Councillor Leyton stated that whilst not objecting to the Trust's general approach to the service, members had significant concerns over the Trust's lack of engagement with the scrutiny process. The Trust had made significant variations from its agreement with Scrutiny, and Scrutiny should have been advised.

**In conclusion the Task Group:**

- (a) Welcomed the Trust's explanation of the position
- (b) Asked the Trust and PCT to make available more widely a more coherent account of the position - and details of how the service is currently working
- (c) Asked the Trust and PCT to ensure it has in place an effective system for public communication

**Part C:**

## **Emergency Closure of Kentmere Ward, Westmorland General Hospital**

Members met with:

Ms O'Hare, Mr Smillie, Dr Hallewell and Mr Watson.

Dr Hallewell explained that Kentmere Ward, a 25-bed acute unit, had been closed as an emergency. It became unsafe because of a shortage of junior and middle-tier doctors.

Staffing had been transferred to Manor Ward and into the community. Manor Ward is now an all-age functional illness unit of 20 beds. It had previously been under-occupied. Occupancy as at today was 13 beds plus 2 on extended leave, which was a fairly typical level. Since the closure of Kentmere Ward, only 10 people had been admitted from the South Lakeland area.

The Trust confirmed that it was committed to re-opening some beds on Kentmere Ward and would do so. It was making some improvements to the physical surrounds on the Ward. However it still had problems about recruiting specialist medical staff. It could not give an exact date, but hopefully the Ward would re-open by Christmas.

Councillor Leyton, on behalf of the Task Group, suggested to the Trust that it would be helpful to issue a clear outline of the position – one that had the support of GP's.

### **Part D: Psychiatric Intensive Care Unit (PICU)**

Members met with:

Ms O'Hare, Mr Smillie & Mr Watson

The Trust currently has a 6 bed PICU based in Carlisle providing for North Cumbria residents requiring such an environment.

Mr Smillie confirmed that an extended PICU in Carlisle will be one of the proposals in the forthcoming consultation on Mental Health Services. There were 33 service users from South Cumbria in 2006, of whom a quarter could not use the Unit in Lancaster because of lack of capacity. For those using the PICU in Carlisle, there would be travel implications - but an improved environment. Some users might have reduced travel. In the long-term, the investment would prevent Cumbria from losing a PICU facility altogether as the current Unit is too small.

Councillor Vatcher disagreed that the Carlisle Unit would mean less travel, and estimated that the average travel distance would double in some cases.

In response to a query, the Trust clarified that the PICU did not cater for young people. The service for young people at tiers 2 and 3 was community-

based. Tier 4 (in-patient) services were in regional units, although there was a shortage of facilities which emergency teams could access.

Members noted that the proposed service change would be part of the PCT and Trust's forthcoming public consultation and highlighted their expectation that proposals would include acceptable arrangements for carers and other acquaintances to keep in contact with patients using the PICU - in the interest of helping with the process of returning home.

Members thanked Ms O'Hare, Dr Hallewell, Mr Smillie and Mr Watson for the time they had spent in discussion with the Task Group.