

Local Members Interest
N/A

Health and Care Overview and Scrutiny Committee Monday 30 January 2023

Inpatient Mental Health services previously provided by the George Bryan Centre

Recommendation(s)

I recommend that:

- a. The committee receives the update around the programme of work.
- b. The committee reviews the contents of the communications and involvement plan and advises on any additional information that is required by members to feel assured that due process is being followed and that the planned public consultation is sufficient to augment its extensive work to discharge its statutory duty (footnote: s14Z45 National Health Service Act 2006 as amended) to involve patients, carers and the public in developing and considering this change proposal.
- c. The committee decides/considers whether, in the context of all the NHS services provided in Staffordshire, members deem this proposal to be a substantial change to services in its area.

Report of NHS Staffordshire and Stoke-on-Trent Integrated Care Board

Report

Background

1. The previous updates to this committee in August 2021, October 2021, March 2022, August 2022 and October 2022 provided detail on the background of this programme, therefore this is outlined in summary here.
2. The pre-consultation business case (PCBC) outlines the proposal to align commissioning arrangements for the provision of acute mental health inpatient services in south east Staffordshire with national policy, system-wide strategic vision and the established operational position. The geographic area covered in this proposal includes Stafford, Tamworth, Lichfield and East Staffordshire including Burton upon Trent.

The proposal takes account of national best practice, clinical quality and safer staffing. It is set against the background of reduced admissions and shorter patient hospital stays achieved by transforming mental health community services in Staffordshire over the past few years. Those services provide enhanced support to adults with severe mental illness and older adults experiencing severe mental illness or dementia.

3. A fire in February 2019 led us to accelerate the work we had already started to transform mental health care. This necessitated trialling new ways of working, aligned to the national guidance of enhancing community based services.
4. The aim of an effective acute care pathway for people with a functional mental illness is that as service users become more ill, intensive community support both enables them to recover without requiring acute inpatient admission and if an inpatient admission is unavoidable, intensive community support facilitates early discharge. A short-term inpatient admission is an option for a small minority of service users.
5. The aim of an effective acute care pathway for people with dementia is to maintain their independence in their usual place of residence and that there are a range of community support services able to respond to individuals' needs.
6. The population of Staffordshire stands at 876,100. This population is projected to increase by around 4% by 2039. Nationally around 19% of adults aged 18-64 are estimated to have a mental health condition. In Staffordshire that equates to 166,459 adults. Over 13,600 residents of Staffordshire are estimated to be living with dementia. Dementia prevalence is also set to increase by 3,500 people across Staffordshire by 2030.
7. Prior to February 2019 analysis shows that 75% of south east Staffordshire patients admitted for an inpatient mental health stay were admitted directly to St George's Hospital, this was because their illness was too serious for them to be treated at the George Bryan Centre. Since February 2019 through to July 2022, 783 patients who live in south east Staffordshire have been admitted to a mental health inpatient stay which equates to 5 patients a month who would have been admitted to the George Bryan Centre, had it remained open.

Current position

8. We have now completed the assurance stage of the process, as outlined below (paragraphs 9 to 16)

9. The West Midlands Clinical Senate conducted an on-site review on 10 June 2022 and were supportive of the proposal to centralise inpatient mental health beds on one site, with recommendations to be considered to further enhance the offer to the community.
10. As part of the governance process, an update has been provided to the ICS Mental Health Programme Board (23 June 2022). In addition, MPFT Major Transactions Committee (28 June) recommended that the business case went to MPFT Trust Board.
11. At MPFT Trust Board on 30 June 2022, the Board agreed that the PCBC could go to the ICB Board as the next stage of the assurance process.
12. In August 2022, the ICB Board considered the draft pre-consultation business case and agreed it was assured by the process undertaken by MPFT to date in developing the proposal and business case and approved the business case to be passed to NHS England for its assurance process.
13. The formal NHSE Assurance panel took place on the 30th November where ICB and MPFT colleagues presented the PCBC and appendices alongside the communications and involvement plan. The presentation also outlined how the ICB had addressed the NHSE tests of change and best practice tests. These include:
 - a. Strong public and patient engagement
 - b. Consistency with current and prospective need for patient choice
 - c. Clear, clinical evidence base
 - d. Support for proposals from clinical commissioners
 - e. In addition, any plans to significantly reduce hospital bed numbers NHS England expect commissioners to be able to evidence that they can meet one of three conditions:
 - i. Demonstrate sufficient alternative provision, such as increased GP or community services in place ahead of bed closures
 - ii. Show that new treatments or therapies will reduce specific categories of admissions
 - iii. Where a hospital has been using beds less efficiently than the national average, that is has a credible plan to improving performance without affecting patient care
14. Following the regional assurance panel and through subsequent discussions, NHSE have confirmed they are assured that the proposals meet the five tests for service change as well as other good practice tests and are content for the ICB to proceed to consultation.

15. The ICB has sought advice from the Consultation Institute and from the ICB legal team as to whether it is legitimate to consult on one option only. It is lawful to consult on one option only. As with previous involvement activity, the ICB through further involvement activity/consultation, will ensure that members of the public have the opportunity to suggest alternative options and if they do so, those options will be given genuine consideration.
16. The Communication & Involvement Plan and consultation materials have been approved by the ICB Quality & Safety Committee at their meeting of 14th December 2022.
17. A further update has been provided to the ICB Finance & Performance Committee in January 2023.
18. The PCBC and consultation documentation was presented to the ICB Board on 19 January 2023 – The Board approved the recommendations:
 - a. To formally approve;
 - iv. Pre-Consultation Business Case and appendices
 - v. Communication and Involvement Plan
 - vi. Consultation Document (including consultation questionnaire)
 - b. To approve the recommendation to proceed to public consultation on the single viable proposal to make permanent the 18 beds at St George's Hospital, Stafford, supported by enhanced community provision.
 - c. To approve that the consultation period to be 6 weeks.
19. One of the main concerns raised from listening to patients, carers and the Health Overview and Scrutiny Committee on this journey towards a long-term solution, is around the impact of travel for those visiting loved ones at St George's Hospital in Stafford, compared with visiting the George Bryan Centre.
20. In mitigation, the enhanced community offer makes it more likely that a person will be cared for in their usual place of residence, rather than being admitted to an inpatient bed. People on low income who claim certain benefits can reclaim transport costs to hospital. MPFT staff will signpost people to any voluntary car schemes that are in place at the time. Digital solutions utilised where appropriate, following the successful use of technology throughout health and social care during the COVID-19 pandemic. Ward staff will do what they can to support visiting arrangements for friend and/or family, which includes flexibility around visiting times.

21. MPFT has drafted a travel standard operating procedure that will apply only to the programme to find a long-term solution for inpatient mental health services in south east Staffordshire and only to support the transition from one location to the other.
22. This has been shared with key stakeholders for comment, including the voluntary and community sector, and Staffordshire Health Overview and Scrutiny Committee. Questions within the consultation will enable the public to have an opportunity to shape the support provided for travel for visitors.

Next Steps

23. Following approval to proceed to consultation by the ICB Board, the consultation will launch on or before 9 February 2023.
24. The enclosed documents set out the detailed communications and involvement plan, with aims, objectives and range of activities summarised below:
25. The objectives of this work will be to gather any further information needed to inform the decision by decision-makers to meet our statutory duties.
26. We will seek to understand people's views on the proposal, and in particular:
 - a. if there are any ideas we have not considered
 - b. if there is any positive or negative impact we need to plan for if we decide to go ahead with this proposal
 - c. how we can support people if these changes are agreed, including how we can support people with flexible visiting, travel arrangements and digital support for communicating with family/carers.
27. The aims of the involvement activity would be to:
 - a. inform and involve staff, service users, carers, carer representatives and other stakeholders about the work to date and outcome of the involvement activity since 2019 to identify long-term solutions for inpatient mental health services previously provided by the George Bryan Centre
 - b. articulate the current position and the single viable proposal for the future of inpatient mental health services previously provided at the George Bryan Centre
 - c. communicate the future solutions for inpatient mental health services previously provided by the George Bryan Centre.

High level plan

28. The team have reflected on all previous engagement activity and are recommending a six-week public consultation period. We believe this will give sufficient time for people to participate and provide an informed response – but is balanced against the demand on our clinicians during winter and also the potential for ‘involvement fatigue’. This timeline is subject to discussion.
29. A midpoint review will guide whether there is a need to undertake more targeted activity with certain groups and whether there is a need to extend this timeline.
30. Face-to-face activity will be subject to COVID-19 Infection Prevention Control (IPC) requirements to ensure the public safety of staff and public who participate in events and discussions. We will also prepare for a digital first approach in the event national guidance or restrictions are in place. Should face-to-face events need to be replaced with online alternatives, this would be communicated at the earliest opportunity.
31. We would also be looking to launch a range of activities, including but not restricted to:
 - a. Surveys
 - b. Offer a meeting with campaigners/campaign groups
 - c. Online meetings
 - d. Drop-in roadshow events
 - e. Break-out rooms
 - f. Targeted focus groups/one-to-one interviews
32. A report of findings will be produced following the public consultation and this will be shared with this committee and will be subject to the ICB governance processes.
33. A full stakeholder analysis has been completed which includes the District and Borough councils.
34. The outcomes from the public consultation will be included in the development of the decision-making business case (DMBC).

Link to Strategic Plan

35. On 1 July 2022, Integrated Care Boards (ICBs) replaced clinical commissioning groups (CCGs), becoming the statutory organisations that bring the NHS together locally to improve population health and establish shared strategic priorities within the NHS, connecting to partnerships across the Integrated Care System (ICS).
36. Working with partners in Staffordshire and Stoke-on-Trent, the ICB have agreed on an ambitious vision which is 'working with you to make Staffordshire and Stoke-on-Trent the healthiest place to live and work.'
37. Their purpose is as follows:
 - a. If you live in Staffordshire or Stoke-on-Trent, your children will have the best possible start in life and will start school ready to learn
 - b. Through local services, we will help you to live independently and stay well for longer
 - c. When you need help, you will receive joined-up, timely and accessible care, which will be the best that we can provide.

Link to Other Overview and Scrutiny Activity

38. The most recent update on inpatient mental health services was in October 2022. In August 2022 the pre-consultation business case and appendices were shared with members.

Community Impact

39. An Equality Impact Assessment (EIA) was completed in March 2022 and refreshed in November 2022. It supported the 2021/22 options appraisal process on the proposed centralisation of inpatient beds to the St George's Hospital site supported by enhanced community services.
40. Quality Impact Assessments have been completed for this service change.
41. A detailed access analysis has been carried out to understand the impacts of reopening beds at the George Bryan Centre for people living in Stafford, Cannock Chase, East Staffordshire, Lichfield, South Staffordshire and Tamworth local authority district areas who are driving or using public transport.

List of Background Documents/Appendices:

- a. Communications and Involvement plan
- b. Draft Consultation document, including questionnaire

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