

NOTTINGHAM AND NOTTINGHAMSHIRE
JOINT HEALTH SCRUTINY COMMITTEE

RESPONSE TO CONSULTATION ON IMPROVING HEALTH SERVICES
FROM OLDER PEOPLE IN GREATER NOTTINGHAM

The Joint Health Scrutiny Committee considered the consultation documents and supporting information relating to:

- a) Improving inpatient and community rehabilitation for older people across Greater Nottingham, and;
- b) Improving mental health services for older people across Greater Nottingham

at its meetings on 18 October 2005, 23 April 2006, 13 June 2006 and 11 July 2006. It has also considered a number of responses from other partner organisations and/or other bodies consulted as part of this process. Responses were received directly by the Committee from: Nottinghamshire Healthcare Trust PPI Forum, Nottingham City PCT PPI Forum, the City and County Adult (Social) Services Departments, Nottinghamshire Healthcare Trust, Broxtowe Borough Council, Broxtowe and Hucknall PCT PPI Forum, Nottingham City PCT, Nottingham University Hospitals PPI Forum. The Committee also considered the formal responses to the consultation made by Nottingham University Hospitals Trust, Nottingham City PCT PPI Forum and Nottinghamshire County and Nottingham City Adult (Social) Services.

The Joint Committee considers the proposals contained within the above consultation documents to be substantial variations or developments under the terms of the Health and Social Care Act 2001 (see below).

The Joint Committee responds to the proposals as follows:

Whilst understanding and accepting the vision for older people's rehabilitation and mental health services, the Joint Committee regards the proposals as set out so far as being the starting point only, from which in depth impact analysis and planning will follow. This should be undertaken with the full involvement of all organisations which provide health and/or social care for older people and those likely to be involved in or affected by the proposals. The Joint Committee does not consider that sufficient evidence or assurance is available at this time to determine whether these proposals are in the interest of the local health service or patients.

The recommendations which the Joint Committee makes are:

1. Once the impact assessment is completed and implementation plans drawn up, the commissioning bodies (in the form of the County and City

PCTs and the Healthcare Trust) should submit these to this Joint Committee.

2. The Joint Committee would expect to see the concerns and comments of all partners and those involved in this area of service to have been fully addressed: these include those of the PPIFs, the NUH, the City and County Social Services and the commissioning PCTs.
3. The primary concerns of this Joint Committee should also be addressed and these are:
 - a That the proposals be drawn up with joint targets between the partner bodies and the implementation of the proposals phased as agreed by all the involved bodies;
 - b That there should be in place a detailed and achievable joint budgetary framework, including an investment plan based on actual financial information on the savings accruing from the reconfiguration of hospital services;
 - c That issues of access to the reconfigured hospital sites be given further consideration, to include provision for carers whose role this Committee sees as vital to the successful rehabilitation and after care of people once they leave hospital: this access consideration should include travel plans, outreach treatment facilities and be produced in partnership with the PPIF;
 - d That there should be provision for planned packages of care to be in place for each discharged patient which have been drawn up in conjunction with partners, including agreement on funding the package and the robust management and organisation of delivery.
4. The responses of all those responding to the consultation should be addressed by Rushcliffe PCT and published.
5. When reviews or developments are to be commissioned in future, key stakeholders and/or key service providers should be involved at the earliest opportunity to explore the whole environment of the service in its widest context in order that there is a holistic and strategic approach to achieving the best outcomes for patients.
6. Consultations should provide stakeholders and partner organisations with sufficient detail to enable a full understanding of the issues and implications of the proposals and include a proposed forward or delivery plan for implementation of the proposals which has been drawn up in collaboration with partner organisations.

STATUTORY ROLE OF THE JOINT HEALTH COMMITTEE

Section 11 of the Health and Social Care Act 2001 places a duty on strategic health authorities, PCTs and NHS trusts to make arrangements to involve and consult patients and the public in:

- a) Planning services;
- b) Developing and considering proposals for change in the way services are provided; and
- c) Decisions to be made that affect how those services operate.

Regulations under Section 7 require NHS bodies to consult relevant overview and scrutiny committees on any proposals for substantial variations or developments of health services. This duty is additional to the duty of involvement or consultation under Section 11 (Le. other stakeholders should be consulted and involved in addition to OSCs).

The aim of formally consulting the OSC(s) is to consider:

- (i) whether, as a statutory body the OSC has been properly consulted within the consultation process;
- (ii) whether, in developing the proposals for service changes, the health body concerned has taken into account the public interest through appropriate patient and public involvement and consultation;
- (iii) whether, a proposal for change is in the interests of the local health service.

IMPROVING HEALTH SERVICES FOR OLDER PEOPLE ACROSS GREATER NOTTINGHAM REPORT ON PUBLIC CONSULTATION

; ;Background

The former Health Partnership Board initiated two projects to improve services for older people:

- . elderly assessment and rehabilitation services at the Highbury and Lings Bar Hospitals sites (HH/LB)
- . mental health services for older people.

It was agreed that Rushcliffe PCT would lead the service redesign and the formal public consultation process. The 3-month consultation ran from 3 April to 2 July 2006. During that time, the Board considered the proposals outlined in the consultation documents and the implications for the Rushcliffe population at its meeting in May 2006. (Further copies of the consultation documents are available for the Board if required).

Following the period of public consultation, the PCT Board is now required to formulate final recommendations in respect of the proposals. These are drawn from the detailed analysis in the supporting papers which are bound separately for ease of reference.

The consultation process has been comprehensive and has reached all major stakeholders. The Boards of the Greater Nottingham PCTs, the Board of the Nottinghamshire Healthcare Trust (NHCT) and the Board of Nottingham University Hospitals Trust (NUH) have all considered the proposals and had opportunity to feedback.

The Joint Health Scrutiny Committee of the City and County Councils and both Departments of Social Services have also been consulted.

In addition, there has been a number of ways for the public, patients, carers and other partner organisations to have their say, including three public meetings.

At the same time, Rushcliffe PCT's Public Health Directorate has undertaken a Health Impact Assessment (HIA) of the proposals.

The supporting papers are integral to this report and are separately bound, as follows:

Appendix 1	a report of the consultation process, feedback and analysis
Annex 1 a	summary of individual responses
Annex 1 b	response from Joint Health Scrutiny Committee
Annex 1c	joint response from both City and County Social Services Departments
Annex 1	response from NUH
d Annex	response from the Older People Pathway and Redesign Group
1 e	City patient and public involvement forum response
Annex 1 f	communications/consultation plan - Phase 1 communications/consultation
Annex 2a	plan - Phase 2
Annex 2b	draft communications/consultation plan - Phase 3
Annex 2c	Health Impact Assessment report
Annex 3	

Sharon Creber
Project Director
Rushcliffe Primary Care Trust Board 26
July 2006

Need

The aim is to re-shape services so they better meet the aspirations and needs of older people, who want services which support them in their own homes for as long as possible, promote their independence and are accessible irrespective of age. There is also a need to ensure that services are effective and efficient and meet the requirements of local and national strategies.

Both services are characterised by specialist resources spread too thinly and an over-reliance on care being provided within inpatient hospital beds. For rehabilitation services, patients are staying longer in those beds than is warranted by their health needs.

Analysis of service activity and the potential for service redesign has shown that, for both services, it is possible to deliver better quality care to more older people, at lower cost to the public purse.

The development of well-resourced, comprehensive services to support older people in the community will contribute to ensuring the long-term financial sustainability of the health community and its ability to meet the challenges of an aging population structure. At the same time, these proposals will allow the remaining wards to focus on providing services that meet the needs of those patients who will most benefit from them.

The consultation documents set out the context and rationale for service changes in more detail.

Benefits

The benefits of the proposed changes are described in the consultation documents. In summary, the proposed service changes will:

- deliver more support to older people in their own homes
- improve and expand community mental health services for older people - to ensure earlier and timely support at time of diagnosis and in times of crisis
- widen access to specialist services eg through enhanced community mental health teams, and through 'step-up' access to 'intermediate tier' services . reduce delayed transfers of care . improve staffing levels on remaining wards - to increase the intensity and quality of care and support provided
- deliver cost improvements

The Health Impact Assessment has concluded that the proposals will have an overall beneficial effect on the population groups affected.

Initial planning assumptions on the potential benefits of implementing the proposals show the following:

- Inpatient Services restructured to .service appropriate acuity/patient requirements.
- between £500,000 to £800,000 invested in intermediate and community rehabilitation services - enabling an additional 300-500 patients to be supported by these services each year .
- over £2.5 million re-invested in community mental health services - enabling an additional 1,200 patients to be supported by these services each year

Pump-priming support will need to be made during the transitional phase to build capacity in community support services during the gradual reduction in inpatient beds. Subject to Board approval, this will be developed as part of the implementation plan.

In addition, cost improvements will be made by Nottinghamshire Healthcare Trust by reducing the number of inpatient beds and the number of sites. The exact cost improvement will be negotiated through the normal commissioning processes.

Risks

The risks that have been identified through the consultation process are discussed in more detail in Appendix 1 of the supporting papers. In addition, the HIA has identified a number of risks, which will need to be addressed if the proposals are approved.

In summary, the risks are:

- . patient safety, re: transfers - assurances and risk management processes will be put in place to ensure patient safety is not compromised. For example, no patient will be moved if it is the clinical opinion that it is not safe to do so
- . distress and anxiety caused to patients and carers
- . capacity across the whole system - particularly at NUH and in intermediate care services. Delayed transfers must be minimised in order to maintain sufficient capacity
- . financial pressures within both Social Services Departments - the proposal is to agree transitional funding to both Departments to minimise the impact on their budgets. Their financial pressures place risks on the ability to reduce inpatient delays and provide adequate support in the community
- . financial penalties should the PCT not be able to provide Nottinghamshire Healthcare Trust with a decision regarding its future requirements for the Highbury Hospital site by the end of July - the costs of delaying the building work under the Private Finance Initiative are estimated to be at least £90k per month for every month that completion of the overall works programme is delayed
- . costs of aborted re-design work should the PCT not confirm the revised requirements for the HH by September 2006.

Summary and Recommendations

Rushcliffe PCT has carried out the formal public consultation exercise, on behalf of the Greater Nottingham PCTs and Nottinghamshire Healthcare Trust. The Boards of all these local NHS organisations, along with NUH have supported the direction of travel and the preferred options outlined in the consultation documents. All NHS partners wish to receive and ratify detailed implementation plans.

Both Social Services Departments and the Joint Health Scrutiny Committee have given qualified support to the proposals. They too wish to see the detail of implementation and in addition receive assurances about the impact on social services budgets.

Nottingham City PCT and both Social Services Departments also wish to see a wider review of older people's care pathways, and this accords with the general concerns raised by individual responses to the consultation about the broader care system and levels of support for older people and their carers in the community.

The general public, patients and carers have had the opportunity to have their say in a number of ways and have expressed a range of opinions. This includes a petition about Granby Ward, over 900 individuals have commented on the proposals, the vast majority being Rushcliffe residents who wish to see the retention of Granby Ward and no change to existing services.

The option to make no changes is not sustainable for either service in the longer term, as outlined in the consultation documents.

The Board is asked to APPROVE the following, based on the outcome of the consultation and the detail set out in the separately bound supporting paper.

Rehabilitation services for older people

- 1 Give notice to Nottinghamshire Healthcare Trust to alter use of the Highbury Hospital site by the 31 July and make a commitment by the Greater Nottingham PCTs bear the risks of redesign work pending approval of implementation plans by September 2006.
- 2 that the Board recommends to the other Greater Nottingham PCTs, as commissioners, of these services the following:
 - 2.1 a reduction in inpatient beds from 128 to 96, over 4 wards, and to centre the services on the Lings Bar Hospital site
 - 2.2 that the reduction in beds is phased, over a period to be agreed with regular reviews, so that any risks to the whole care system can be evaluated and managed with partners
 - 2.3 that the Emergency Care Network is asked to consider (or propose an alternative) the initiation of a wider review of older people's care pathways
- 3 The development of a detailed implementation plan by September for approval by Greater Nottingham PCT and Nottingham University Hospital NHS Trust Board including:
 - 3.1 timetable and financial model is developed, with partners, to include contingencies plans, and which is cohesive with the emerging plans for services provided by NUH.
 - 3.2 that a costed business plan for the remodelled inpatient service and the enhanced community services be agreed, with partners, through the established commissioning processes.
- 4 that the Joint Health Scrutiny Committee be kept informed and involved in the development of the plans
- 5 commitment to develop a joint health and social care evaluation framework be developed to measure and monitor the quality, effectiveness and efficiency of the remodelled service
- 6 that opportunities for improved transport links between Highbury Hospital and Lings Bar Hospital sites be explored
- 7 that Gily and County Social Services Departments are asked to provide a detailed assessment of the likely impact on their budgets of the changes to inpatient and community

rehabilitation services, and that an agreement is reached with both Departments on the level and duration of transitional funding from the PCTs.

,. ;.Mental health services for older people

8 that the Board recommends to the other Greater Nottingham PCTs, as commissioners, of these services, the following:

8.1 a reduction in inpatient continuing care beds, provided by Nottinghamshire Healthcare Trust for older people with mental health problems, from 71 beds to 45 beds and to centre the services on the Highbury Hospital site. This will result in Nottinghamshire Healthcare Trust vacating Granby Ward at Lings Bar Hospital and the closure of the residential facilities at the Peasehill site

8.2 that the reduction in beds is phased, over a period to be agreed with regular reviews, so that any risks to the whole care system can be evaluated and managed with partners

9 The development of a detailed implementation plan by September for approval by Greater Nottingham PCTs and the Nottinghamshire I-Healthcare Trust Board.

9.1 timetable and financial model is developed, with partners, to include contingencies plans - to be presented in September 2006 for ratification by all PCT Boards and the Board of Nottinghamshire Healthcare Trust.

9.2 NHCT is asked to provide a costed Business Case for the reinvestment in community mental health services for older people, working with partners, and that this be agreed though the established commissioning processes - by September 2006

10 that the Joint Health Scrutiny Committee be kept informed and involved in the development of the plans

11 commitment to develop a joint health and social care evaluation framework be developed to measure and monitor the quality, effectiveness and efficiency of the remodelled service

12 that opportunities for improved transport links between Highbury Hospital and Lings Bar Hospital sites be explored

13 that Nottinghamshire Healthcare Trust is asked to complete the reassessment of all existing continuing care patients and lead the safe transfer of patients to alternative, appropriate care settings. And that NHCT be asked to submit its protocol for safe transfers and associated risk management framework to the Project Team at Rushcliffe PCT before transfers take place

14 that protected rights' are confirmed for all affected inpatients, admitted before 1 April 2005, at rates to be agreed by commissioners

15. that joint work between health and social services is undertaken with independent sector care homes to raise awareness about mental health in old age, improve specialist support and assess capacity for future demand

16. that NHCT is asked to review its wider estates strategy for providing mental health services
for older people, both in terms of service provision and for team accommodation
17. that City and County Social Services Departments are asked to provide a detailed assessment of the likely impact on their budgets of the changes to continuing care provision and funding responsibilities, and that an agreement is reached with both Departments on the level and duration of transitional funding from the PCTs

IMPROVING HEALTH SERVICES FOR OLDER PEOPLE ACROSS GREATER NOTTINGHAM
REPORT OF THE CONSULTATION PROCESS, FEEDBACK AND ANALYSIS

1. INTRODUCTION

This report outlines the proposals, summarises the consultation process, who we consulted and how, the findings and analyses the feedback.

2. THE PROPOSALS

There are two distinct, separate sets of proposals, one covering inpatient rehabilitation services for older people and the other, mental health services for older people. Although the estates issues, through the Private Finance Initiative (PFI), provide synergy between the two, it is important to consider each in its own right. That said, there are common themes that underpin the two sets of proposals in that the ambition is to centre services onto single sites in order to create focused, specialist services that will deliver improved patient care and a more efficient model of care. Both proposals seek to increase community-based services, balanced by a phased reduction in inpatient provision.

2.1 Rehabilitation services

At present there 128 beds across six wards, with three wards at Lings Bar Hospital (72 beds) and four at Highbury Hospital (56 beds). Another ward at HH, Byron Ward, has been closed since January 2005 due to staffing shortages. (Ongoing staffing shortages and a reduction in demand, mean that only about 113 beds are occupied at anyone time over recent months)

The options presented in the consultation document were as follows:

- | | |
|----------|--|
| Option 1 | retain seven wards and increase investment in staffing across both sites |
| Option 2 | increase investment in staffing across both sites whilst reducing beds base to two wards at each site |
| Option 3 | reduce bed base to 4 wards, relocate all services to one site (Lings Bar) and increase investment in intermediate care |

The document explained why the option to 'do nothing' was not sustainable. It set out the advantages and disadvantages of each option and emphasised that the PCTs strongly preferred Option 3, and why.

2.2 Mental health services

At present the inpatient services for older people with continuing health care needs are spread across 3 sites in Nottingham - Granby Ward, Peasehill and Silver Birch (formerly Hastings Ward) - with a total of 71 beds. Assessments of the patients currently occupying those beds is identifying that only about one third have the level of need that those services are intended for.

The options presented in the consultation document were as follows:

- Option 1 reduce the beds to 45 cross the three sites
- Option 2 reduce the beds to 45 and locate all on the Highbury hospital site

The document explained why the option to 'do nothing' was not sustainable. It set out the advantages and disadvantages of each option and emphasised that the PCTs strongly preferred Option 2, and why.

Those patients who do not meet the continuing care criteria will be transferred to alternative, more appropriate settings in care homes. Those admitted to the wards before 1 April 2005 will continue to have their care funded by the NHS (ie they will be accorded 'protected rights') irrespective of the care setting.

At the same time, the number of individual continuing health care places commissioned from the Independent Sector will diminish over time, gradually releasing over £2.5 million by 2009/10 to expand the range of community support services (eg community mental health teams, specialist support to care homes, crisis intervention and out of hours support).

3. THE CONSULTATION PROCESS

Rushcliffe Primary Care Trust has led the extensive consultation process, which has followed good practice guidelines, on behalf of the Greater Nottingham PCTs and Nottinghamshire Healthcare trust. There has been a number of ways for people to have their say. The process is detailed below:

3.1 Steering Groups

Multi-agency steering groups were established in 2005 to review the services and consider options. These groups continue to meet and include senior clinicians, provider managers and commissioners from both health and social services. Membership covers all key organisations ie Greater Nottingham PCTs, NHCT, NUH and both Social Services Departments. The groups formulated the proposals and have considered the consultation feedback.

3.2 Consultation Workstream

In autumn 2005, when the older people's project began to explore the need for service change, the Head of Public Involvement established a Consultation Workstream. This group was formed with the aim of guiding the Steering Group and the overall project in the matter of effective consultation techniques. The Consultation Group included representatives from:

- Patient and Public Involvement Forums across Greater Nottingham
- Nottingham Elders Forum
- Arnold Eagles (older people's group)
- Rushcliffe Older People's Forum

- . Help the Aged
- . Age Concern
- . Alzheimer's Society
- . Social Services Departments (SSD)
- . Friends of Granby Ward
- . Primary Care Trust staff
- . Carers' Federation

This Group has been meeting regularly and has been actively involved in the shaping of the proposals and the consultation process. Two members interviewed patients in the rehabilitation wards and some members proof-read the early versions of the consultation document and several changes were made as a result to the style and format.

3.3 90 day consultation period

The official consultation period ran from 3 April 2006 to 3 July 2006.

An early consultation meeting, before the official gO-day period, was held in November 2005 in the City Centre, hosted by the Patient and Public Involvement Forums.

3.4 Documentation

Separate consultation documents were produced for the mental health proposals and the rehabilitation proposals. The documents outlined the rationale for change and the options appraisals. In addition, a short information leaflet was produced for wider circulation, which summarised both sets of proposals. The fuller documents and the leaflet had a tear-off slip, which people could complete and return via a freepost address. All documentation gave details of the public meetings.

3.5 Scrutiny Panel

In April 2006, members of the Consultation Workstream was approached to join a 'Scrutiny Panel'. Three members volunteered joined by two more people from the 'Friends of Granby Ward'. The Panel was set up to provide an independent examination of all the feedback received, and to ensure that the report put forward to the Rushcliffe Primary Care Trust Board accurately reflects the feedback.

3.6 Who we consulted and how

A range of methods were used, including wide and comprehensive distribution of the consultation documents, distribution of posters, public meetings, meetings with carers' groups, presentations and attendance at stakeholder meetings and Boards, press releases and so on. Copies of the communication and consultation plans are included in Annex 2a, band c.

Table 1 below summarises the distribution of consultation documents.

Table 1 - Who we consulted and how

Who	Full documents	Leaflet	Poster	
All local NHS organisations (including staff side representatives)				
· Nottingham City PCT				
· Broxtowe & Hucknall PCT				
· Gedling PCT	./	./	./	
· Newark & Sherwood PCT			(to all PCT premises)	
· Rushcliffe PCT				
· NHCT				
· NUH				
Trent Strategic Health Authority	./			
Social Services - both City and County	./	./		
Local authorities (Ashfield, Broxtowe, City, County Gedling, Rushcliffe)	./	./		
Joint Health Scrutiny Committee	./	./		
Greater Nottingham MPs	./	./		
Local Medical Committee	./	./		
Partnership Development Team	./	./		
Help the Aged	./	./		
Aged Concern	./	./		
Alzheimer's Society	./	./		
Steering Group and workstream members and Consultation Group	./	./		
GP practices and health centres in City, Broxtowe & Hucknall, Gedling and Rushcliffe)		./	./	
Pharmacies - as above		./	./	
Ophthalmic practices - as above		./	./	
Dental practices - as above		./	./	
Community centres		./		
Patient and Public Involvement Forums in Greater Nottingham		./		
Older Peoples Forums		./		
Nottinghamshire Older Peoples Advisory Group		./		
Health and Action Group		./		
Councils for Voluntary Services		./		
Local Strategic Partnerships		./		
Carers Federation		./		
Self Help Nottingham		./		
Local voluntary organisations (distributed by NHCT)		./	..	
Staff on affected wards		./		
Patients and carers on affected wards		./		
Highbury and Linas Bar Hospitals			./	
Greater Nottingham libraries		./	./	

In addition, correspondence was sent towards the end of the consultation process as follows:

- at the request of the Joint Health Scrutiny Committee, the PCT wrote again to all Local Authority Chief Executives in June to bring to their attention that the Committee wanted reassurance that housing departments had been consulted
- at the same request as above, the PCT wrote along similar lines to Chief Executives of all local 'arms length' Housing Management Organisations ie Ashfield Homes, Nottingham City Homes, and Rushcliffe Homes .
- at the request of Friends of Granby Ward, the PCT wrote, towards the end of June, to all Rushcliffe Parish councils to inform them about the consultation and how to get further information.

A web page was created on the Rushcliffe PCT website for the consultation, which included the full consultation documents, with an invitation for people to feedback any comments using the documents or via an online feedback form. Other NHS organisations included a link on their organisations' websites to the page.

A press release publicising the consultation was issued to Nottingham media on 1 April 2006; the release was sent to:

Nottingham Evening Post	BBC Radio Nottingham	Central News
Age Concern newspaper	BBC Radio Nottingham Action Line	BBC East Midlands
Nottingham Topper	Trent FM and Trent FM Careline	
Metro newspaper	Heart FM	
Partnership Press	SaQa FM	

The consultation received the following media coverage:

- 'Nottingham Evening Post'
 - 1 April 2006 'Have say on health move' - summary of consultation including proposals
 - 6 April 2006 'Have say on bid to cut hospital beds for elderly' - summary of consultation including proposals
 - 18 April 2006 'Have a say on hospital bed cuts' - summary of consultation, including proposals
 - 26 May 2006 - 'Mental Health Shake-up revealed' - concerns of families of mental health patients
 - 23 June 2006 'Calls to delay cuts in care of elderly' details of calls to extend the consultation period
 - 28 June 2006 - 'Health chief gets petition' - details of presentation of petition against proposals

. BBC Radio Nottingham

4 July 2006 - a live interview on the Groundswell Programme concerning the proposals and questions from callers (interview undertaken by Sharon Creber)

. BBC Nottingham News Online

4 July 2006 - 'Carers' pledge to fight bed cuts' - details of the proposals and campaigners

All press cuttings are available for the Board, if required, as is a transcript of the Groundswell broadcast.

Three **public meetings** were held:

- . in the City Centre, hosted by the Patient and Public Involvement Forums
Wednesday 10 May 2006
- . at Gamston Community Centre, near Lings Bar Hospital - Thursday 18 May
2006
- . at Highbury Hospital - on Thursday 25 May

Brian Brewster, Chief Officer Sponsor attended all public meetings, where a short presentation was given on the background, on why the proposals were being made and an explanation of the option appraisals. Open discussion was then encouraged from the floor. The feedback from the public meetings was transcribed and is available on request. The number of points made at the meetings is not representative of how many people felt the same way as once someone from the floor had made a particular point, no-one else repeated that issue.

Open **meetings were held with carers** at Granby Ward, Hastings Ward and Pease hill Residential Unit during week commencing 10 April to inform them about the proposals and to encourage their feedback.

Dialogue with both **Social Services Departments** has been extensive at both the informal and formal consultation stages.

Brian Brewster and/or the Project Director (Sharon Creber) have attended the **Joint Health Scrutiny Committee** in April, June and July to present and discuss the proposals. A significant amount of additional management information has been submitted to the Committee at its request - this information is available to Board members if required.

The **Boards of all local NHS organisations** have considered the proposals ie: .
Nottingham City PCT, Broxtowe & Hucknall PCT, Gedling PCT, Rushcliffe
PCT, Newark & Sherwood PCT

- Nottingham University Hospitals Trust ▪
Nottinghamshire Healthcare Trust

Members of the project team attended a number of other meetings to inform them about the consultation - Nottinghamshire OPAG, Older People's Health Group (hosted by Rushcliffe PCT), Rushcliffe Older People's Patient and Public Involvement Forum.

Consultation meetings with staff have been undertaken by Rushcliffe PCT and NHCT.

4. FEEDBACK

Feedback to Rushcliffe PCT has been received from a wide range of respondents and through a variety of methods eg individual written responses and feedback online, letters from local organisations, comments at public meetings, a petition, and so on. All feedback has been recorded verbatim and is available on request, and has been shared with the Scrutiny Panel.

4.1 Responses

A summary of the individual responses is at Annex 1 a. In addition, the full reply from each organisation or committee that responded is presented in Annex 1 as follows:

- | | |
|------------|---|
| ▪ Annex 1 | |
| ▪ b | Joint Health Scrutiny Committee |
| ▪ Annex1c | joint response from both Social Services Departments |
| ▪ Annex | NUH |
| ▪ 1d | Older People Pathway & Redesign Group Nottingham City |
| ▪ Annex 1 | PPI Forum |
| ▪ e | |
| ▪ Annex 1f | |

The following replies were received after the consultation period had ended:

- Older People Pathway and Redesign Group
- ;Joint Health Scrutiny Committee
- Nottingham University Hospitals Trust
- BBC Radio Nottingham 'Groundswell' programme: callers comments, Radford Care Group, Cotgrave Parish Council, Chaplain at Nottingham University Hospitals NHS Trust and 4 members of the public
- (Nottingham PCT Board considered the proposals at its July meeting, which was after the consultation period had ended)

The Boards of all local PCTs, Nottinghamshire Healthcare Trust and Nottingham University Hospitals Trust have considered the proposals. All have supported the direction of travel and wish to ratify implementation plans

Almost 1,000 individuals have commented on the proposals as follows:

- . 78 written responses received via e-mails, letters and tear-off slips
- . 875 people signed a petition, which reads, "*We the undersigned deplore the proposal to close the only NHS 24 hour care for elderly people with enduring mental health needs in the Rushcliffe Area. It is proposed by the Rushcliffe Primary Care Trust to move Granby Ward from Lings Bar to Highbury Hospital, thus destroying a well run local service for one of the most vulnerable groups in our community.*"

The individual responses have come from people living throughout the Greater Nottingham area; e.g. West Bridgford, Stapleford, Bestwood, Bulwell, Radcliffe, Kimberley, Sherwood. However, including the petition, the vast majority have been from Rushcliffe residents. Very little feedback has been received from the areas surrounding Peasehill and Highbury Hospital.

The individual responses include two from two local GPs. In addition, two medical consultants from NUH sent individual responses.

Approximately 60 people attended the three public meetings.

The majority of carers from Granby Ward, Peasehill Residential Unit and Hastings Ward were able to attend the open carers' meetings. They raised a number of concerns:

- . grave worries about the impact of moving frail older people and want assurances about how that would be managed and how they would be kept involved
- . anxieties about the quality of care in care homes - many carers commented on poor previous experiences
- . real concern about the proposals, suggesting that existing patients should be able to remain where they are for the rest of their lives
- . concern about access and visiting, particularly as many carers are old themselves
- . a sense of 'community' amongst carers in each ward that will be lost if patients move and services are relocated
- . need for full involvement and information about the assessment process and continuing care
- . concern about future respite provision - especially raised by Rushcliffe carers.

5. HEALTH IMPACT ASSESSMENT (HIA)

The PCT's Public Health Directorate completed a HIA for both sets of proposals. The full report is at Annex 3. The Executive Summary and the recommendations outline the key points.

The assessment has concluded that the proposals for both rehabilitation and mental health services are anticipated to have an overall "beneficial" effect on the population groups affected. However, negative health impacts have also been identified and it is vital that these are taken into consideration when developing detailed implementation plans.

6. ANALYSIS

The summary and responses at Annex 1, along with the outcome from the Boards of PCTs, NHCT and NUH, show there is support for the direction of travel ie expansion in community support services balanced by phased reduction in inpatient beds. Many responses were detailed and considered, however, a very simple analysis of the level of support or opposition is shown below.

6.1 Simple analysis

REHABILITATION SERVICES			Concerns / comments		
Organisation / stakeholder	Support proposals	Oppose proposals	Wish to see detail of implementation	First step in a wider plan / review	Other
Greater Nottingham PCTs	v"		v"	v"	
NUH	v"		v"	v"	
City and County SSDs	v" qualified support		v"	v"	Impact on SSD budgets Develop joint targets and models of care
Joint Health Scrutiny Committee	v" qualified support		v"	v"	Impact on SSD budgets Develop joint targets and models of care Need more evidence of the benefits
Older People Pathway & redesign Group	v"		v"	v"	
Individual responses *	v" 13 replies	v" 10 replies			

MENTAL HEALTH SERVICES

Organisation / stakeholder	Support proposals	Oppose proposals	Concerns / comments		
			Wish to see detail of implementation	First step in a wider plan / review	Other
Greater Nottingham PCTs	./		./	./	
NHCT	./		./		
City and County SSDs	./ qualified support		./	./	Impact on SSD budgets Develop joint targets and models of care Impact on SSD budgets
Joint Health Scrutiny Committee	./ qualified support		./	./	Develop joint targets and models of care Need more evidence of the benefits
Individual responses*	./ 15 replies	./ 20 replies 875 petition			

* Many of the individual respondents did not tick whether they supported or opposed the proposals. - Although it was clear in many cases where their preferences lay, we have only counted here those who ticked the boxes. The more general comments are discussed later.

" In pure numerical terms, the petition about Granby Ward swings the balance-cl opinion fed back to the PCT as being in favour of the option to 'do nothing'. This is discussed in more detail later.

As indicated above, many of the responses have been detailed, eg from the Joint Overview and Scrutiny Committee, from both SSDs, from NUH and from some individual members of the public. Nottingham City PPI Forum. has given a considered response and raised many concerns, adding however, "*While our comments have perhaps been negative this is not because we support the status quo*".

The summaries at Annex 1 a outline the issues and comments made by individuals. (Callers' comments on the BBC Radio Nottingham 'Groundswell' programme are included in the summaries).

Taken with the other responses presented in Annex 1, it is clear that some key themes have emerged. These are discussed below in Section 6.2.

The Scrutiny Panel met on 18 July to consider the feedback and the draft recommendations. Their comments were as follows:

Scrutiny Panel findings. recorded at the meetina on 18 Julv 2006

- Disappointment that the recommendations did not fully explain why 'no change' was not an option. The public may feel that this is a cost-cutting exercise
- Need to spell out in lay language that currently services are good but they only reach a 'few' people; however, the changes will be at least as good and will reach 'more' people
- Need to be specific about the improvements which the changes will bring about, especially for those in the community
- Essential for the transfer of patients to be sensitively and comprehensively planned and implemented
- Investigation into the quality of care homes; through a time-limited project with staff, public and the independent sector ▪ Suggestion to have worked with Local Strategic Partnerships ▪ Recommendations do reflect general public concern e.g. need for a timetable, financial models, costed business plan
- . Need to emphasise patient / carer concerns, e.g. impact of moving patients, transport, fear of care homes
- Concern that people do not understand implications of Continuing Care criteria
- Concern that implementation will be delayed by the re-configuration of PCTs

6.2 Key themes

General themes (for both rehabilitation and mental health services)

- wish to see more detail and implementation plans
- access and transport issues

- . impact on and availability of Social Services
- . joint approach between health and social services
- . impact on and availability of staff
- . concerns about reducing beds when the population as a whole is ageing
- . whether the funding released will be used to improve services
- . lack of support for carers

Themes specific to mental health services

- . leave things as they are ie do nothing' option
- . risks of moving frail older people with mental health problems
- . quality of care and capacity in care homes
- . availability of respite care (especially for Rushcliffe)
- . confusion over continuing care criteria amongst patients and carers
- . availability and quality of care and support for older people and their carers in the community

Each of these themes is discussed below.

6.3 General themes

6.3.1 Wish to see more detail and implementation plans

A very strong theme, from individuals and partner organisations was the need for more detailed information about how the changes would be implemented and the financial business case. A significant amount of further management information was provided to the Joint Health Scrutiny Committee, at its request, and copied to all NHS organisations and both SSDs.

However, the Joint Health Scrutiny Committee still feel that insufficient evidence has been presented. They have also commented "*Consultations should provide stakeholders and partner organisations with sufficient detail to enable a full understanding of the issues and implications of the proposals and include a proposed forward or delivery plan for implementation of the proposals which has been drawn up in collaboration with partner organizations*".

In preparing the consultation documentation, the PCT took the view that detail about implementation was not appropriate as it might be seen to pre-empt the outcome of consultation. The key aim was to secure agreement on the direction of travel so that the more detailed work could then proceed.

General queries and concerns were also raised during the consultation period about the pace of any eventual service changes. Most of the partner organisations responded that the proposals needed to be seen as a first step in a broader programme.

In order to minimise risks to capacity across the whole care system it was recognised that the inpatient bed reductions would need to be phased and that pump-priming would be needed to build capacity in the community during the transition to the new model of care.

In response to the concerns raised, the PCT will work with partners to develop detailed implementation plans, with financial details, and business cases. The PCT will also recommend that the reduction in beds is phased, over a period to be agreed with regular reviews, so that any risks to the whole care system can be evaluated and managed with partners

6.3.2 Access and transport

Twenty seven of the individual responses raised this issue. Many expressed concern about the extra travelling and costs and the fact that many visitors are older people themselves. The response from the City PPI Forum highlights this as a major issue.

The HIA report includes details of a small survey of visitors to the HH/LB sites. Although interpretation of results has been limited due to low sample sizes, many of those surveyed felt their journey times would be longer if services were centered on to single sites and some felt they would visit less often as a result.

The issue of more difficult journeys for some carers/visitors was acknowledged in the consultation documents. However, it was the strong opinion of the PCTs that this was outweighed by the ability to provide higher quality, more effective care. The more specialised that services become, the more difficult it is to provide them locally.

A balance has to be struck between local access and the risks of providing services across several sites. It also has to be considered in the light of more care being delivered to people in their own homes, and in the case of rehabilitation services, of reducing average lengths of inpatient stays.

In response to the concerns raised, the PCT is exploring opportunities to improve transport links between the HH / LB sites.

6.3.3 Impact on and availability of Social Services

There were several individual comments about the impact on Social Services, and whether they can cope with demand. Nottingham City PPI Forum's chief concern is that *"vulnerable people will be exposed to risk if there are major changes in the health services that do not take full account of the provision in the community. A cut back in hospital services can only be done where other services can cope with the change. Otherwise the pressure in the community will increase. There is*

already a great deal of concern at the inability of Social Services to respond quickly and sensitively to demand".

Many people voiced their concern over support for people leaving hospital. This was felt to be a particular concern for carers and for people living on their own

The joint response from City and County Social Services Departments supports the direction of travel and asks for a number of issues to be addressed, including a detailed analysis on the impact for them. The impact on Social Services has been raised as a major concern for the Joint Health Scrutiny Committee.

It is recognised that implementing the proposals for both rehabilitation and mental health services will impact on the boundary between health and social services. The PCTs have been working closely with both Social Services Departments over many months and have made a commitment to provide transitional financial support. Rushcliffe PCT has completed some financial impact analysis, using data available to it, and has shared these with both Departments.

In terms of rehabilitation services, it is vital that County SSD is able to significantly reduce the number of delayed transfers of care within the remaining wards. The PCT recognises the difficulties this presents and is committed to finding joint solutions. The PCTs made a financial contribution to County SSD for 2005/6 to help reduce delays.

For mental health services, proper and systematic application of the continuing care criteria will impact on responsibilities for funding continuing care. This has to be seen within the wider context of continuing care - the PCTs' expenditure on individual continuing care cases across all care groups has grown exponentially from £3million in 2001 to £7.7 million in 2005/6.

In response to the concerns raised, the PCTs reaffirm their commitment to reaching joint agreements and will continue to work with Social Services to agree on the level and duration of transitional support.

6.3.4 Joint approach between health and social services

Many individuals commented on the lack of a joint approach and some commented on the fact that neither SSD shared the platform at the public or open meetings. (Both Departments were invited).

Both SSDs and the Joint Health Scrutiny Committee wish to see a joint approach to models of care and the 'development of joint performance' targets. The PCT has always confirmed agreement to that approach and has instigated work to develop a joint evaluation framework.

The PCTs and both SS Os have been working together over many months to assess the impacts and to discuss the consultation process. Both sets of proposals are underpinned by joint strategies, and all parties have reaffirmed commitment to the strategic direction.

In response to the concerns raised, the PCT reaffirms its commitment to a joint approach and will continue" to develop a joint health and social care evaluation framework to measure the quality, effectiveness and efficiency of the remodelled services.

6.3.5 Impact on and availability of staff

Several individual comments and queries were raised about whether staff would lose their jobs and whether there would be enough staff for the expansion in community services and for the remodelled inpatient wards.

Neither the PCTs nor NHCT expect to make staff redundant as result of the proposed service changes and will ensure that the established human resource policies and procedures are followed. It is anticipated that redesign in inpatient areas will increase opportunities for the development of special interests and career pathways. And, the investment in enhanced community services will create opportunities for some staff in inpatient areas to work within community settings.

6.3.6 Concerns about reducing beds when the population as whole is ageing

About 10 individual responses raised this issue, and the replies from NUH, Social Services and Nottingham City PPI Forum highlighted the need to model future demand in light of the ageing population.

Analysis of the demographic data undertaken by the PCT shows that the older population is increasing and that there will be large increases in the very elderly population (aged 85 and over), particularly in the Borough areas.

Both sets of proposals are based on analyses of current utilisation of services and planning assumptions about future demand in the medium term. They are also made in the context that the vast majority of older people live in the community and wish to do so for as long as it is safe and practicable to do so. It is therefore imperative that community health services are expanded to support the predicted sharp rise in the very elderly population.

With regard to the inpatient rehabilitation beds, the intention is that the inpatient service will continue to treat the same number of patients each year by reducing the average length of stay. Funding released from the inpatient wards will be used to enhance community support services

initial planning assumptions are that between 300 to 500 more older people could be supported each year in the new model of care.

For mental health services, initial planning assumptions are that about 1,000 more older people each year will benefit from the new model of care.

In response to the concerns raised, the PCTs will keep capacity under review and will continue to work closely with NUH, NHCT and SSDs in order to manage any risks

6.3.7 Whether the funding released will be used to improve services

There was a high degree of cynicism expressed at the public meetings and in individual comments, with respondents concerned that the proposals were merely 'a cost cutting exercise'. A number of individual responses wanted reassurance that 'savings' would be used for older people services.

The Joint Overview and Scrutiny Committee sought further information and assurances about the financial modelling, which the PCT provided.

It is the firm opinion of the PCTs, as commissioners of the services, that the remodelled services would provide better value for the 'public purse' and would provide more effective and better quality care to a higher number of older people each year.

In response to the concerns raised, the PCT reaffirms that the overwhelming driver for the proposals is to improve patient care and is not about 'saving money'. The PCT will develop implementation plans, with financial modelling and will make them publicly available.

6.3.8 lack of support for carers

General concerns were raised about the wider support systems for older people, and their carers in the community. Some respondents were anxious that the proposals should not make things worse for carers.

In response to the concerns raised, the PCT reaffirms commitment to improve support for older people and their carers in the community.

6.3.9 The consultation process

Six of the individual responses commented on the consultation process, with concerns that a decision had already been taken and that a higher authority should make the final decision. The Friends of Granby Ward felt that Parish Councils should have been directly consulted.

The Joint Health Scrutiny Committee wrote to a number of key stakeholder organisations to ask if they had been involved in the process. The Committee has made a number of comments about how service reviews/developments and consultations should be managed in the future.

In response to the concerns raised, the PCT will complete a reflective piece of work, with partners to 'review the consultation process, assess what worked well and what could be improved for any future exercises.

6.4 Themes specific to mental health services

6.4.1 Leave things as they are ie 'do nothing' option

Although some individual respondents did support the proposed service changes, the overwhelming response was from Ruscliffe residents who wish to see the retention of mental health services at Granby Ward.

The consultation document set out the options for change and explained that 'doing nothing' was not considered to be a viable option by the PCTs and NHCT because:

- NHS resources would continue to be used inefficiently and ineffectively
- the regular reassessment of inpatients will result in a gradual decline in the number of patients being cared for on the wards
- it is not justifiable to use NHS resources to fund inpatient beds that are not needed when at the same time community services are stretched.

The PCT acknowledges the strong support in Rushcliffe for Granby Ward and that the proposed changes will be seen as having no benefits for a small number of patients and their carers. However, as commissioners, the Greater Nottingham PCTs strongly believe that the redesigned model of care has the capacity to deliver specialist support to a much higher number of older people, across Greater Nottingham.

The Health Impact Assessment has concluded that the proposed changes will have an overall beneficial effect.

6.4.2 Risks of moving frail older people with mental health problems

Moving frail and elderly patients is not desirable and presents significant risks to their health and well-being, as highlighted in the HIA. It is, understandably, the most worrying aspect for the carers and was raised by many of them.

The research evidence collected for the HIA suggests that the effects of relocation are found to be ambiguous and contradictory. The critical success factor appears to be *how* the transfers are managed. At the open carers meetings, many carers made helpful suggestions about how

transfers should be handled eg staff familiar to the patient being allowed support the patient through a transitional period.

NHCT is committed to adopting a rigorous, evidence-based approach to safe transfers, applying the lessons from similar moves in North Nottinghamshire and from published research and best practice guidance. Senior clinicians will oversee the transfers and have indicated their desire to keep patient transfers to a minimum.

In response to the concerns raised, the PCT will ask NHCT to submit written details of its protocols and risk management framework to the Project Team, and to take account of the wishes and suggestions of carers.

6.4.3 Quality and of care and capacity in care homes

A number of current inpatients had previously been in care homes and some of their carers reported that they had had concerns about the quality of care and the ability to manage older people with mental health problems. In addition, carers were worried that there might not be sufficient suitable care home placements for patients to transfer to. They also wish to be reassured that the weekly rate funded by the PCTs under 'protected rights' would be sufficient to meet fees charged.

Nottingham City PPI Forum noted that *"It may well be the case that Care or Nursing Homes are a better alternative for some patients. However the number of places in these institutions is decreasing."*

The PCTs and NHCT recognise that more specialist support, training and advice is required for care homes and this was highlighted in the local joint Strategic Framework for Mental Health Services for Older People. However, community health resources are often too stretched to provide the support. As a result, pump-priming funding has already been made available to establish a specialist 'outreach' service in the City to pilot a new way of working. The intention is to roll out this service across all areas, with the funding released from continuing care beds.

In response to the concerns raised, the PCT is recommending that joint work between health and social services is undertaken with independent sector care homes to raise awareness about mental health in old age, improve specialist support and assess capacity for future demand.

6.4.4 Availability of respite care (especially for Rushcliffe patients)

Nine individual responses raised concerns about losing access to respite care, particularly at Granby Ward. The issue of respite care at Granby Ward was also raised at the public meetings and in the open meetings with carers.

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Information from NHCT shows that Granby Ward provides significantly more respite care than the other two continuing care wards, with six patients receiving periodic respite care at Granby Ward. All inpatients on those ward, and those who receive respite care there, are being reassessed to determine the lev~1 of care required by each patient.

In the remodelled service, all respite patients who meet the criteria will have their care provided at the Highbuty Hospital site. Those who do not meet the criteria will be offered care in a more appropriate setting.

6.4.5 Confusion over continuing care criteria amongst patients and carers

Four of the individual responses mentioned this. The criteria, policies and assessment processes were also discussed at the carers' open meetings

In recognition of the complexity of continuing care criteria and policies, the consultation document set out an explanation of the terms used and the historical pattern of provision across Greater Nottingham.

In response to the concerns raised at the open meetinas. NHCT undertook to develop a 'information pack', available on each ward. qivina details about the criteria. policies. procedures and assessment processes.

6.4.6 Availability and quality of care and support for older people and their carers in the community

A common theme to emerge was the need to improve community support services for older people with mental health problems and their carers. Many carers at the open meetings spoke of their pervious experiences before their relatives/loved ones were admitted to the inpatient wards.

The PCTs and NHCT recognise that community mental health services are stretched and that services are not equitably distributed. They also recognise that older people are generally not able to access the same level of support that younger adults can.

This was acknowledged in the consultation documents and is the rationale behind the proposed service changes.

7. CONCLUSION

Rushcliffe PCT has carried out the comprehensive formal public consultation exercise, on behalf of the Greater Nottingham PCTs and NHCT. The Boards of all these local NHS organisations, along with NUH have supported the direction of travel and the preferred options outlined in the consultation documents. All NHS partners wish to receive and ratify detailed implementation plans.

Both Social Services Departments and the Joint Health Scrutiny Committee have given qualified support to the proposals. They too wish to see the detail of implementation and in addition receive assurances about the impact on social services budgets.

The general public, patients and carers have had the opportunity to have their say in a number of ways and have expressed a range of opinions. Although many individual responses supported the proposed changes, the majority of comments have come from Rushcliffe residents who wish to see the retention of Granby Ward.

The HIA has concluded that the proposals for both rehabilitation and mental health services are anticipated to have an overall beneficial effect but there will be some negative impacts, which must be taken into account when developing the detailed implementation plans.

The key themes have been discussed above and recommendations have been formulated for Rushcliffe PCT Board accordingly. Although there are a number of risks to successful implementation, which will need to be managed carefully, the overall recommendation is to support the proposed service changes. They represent a unique opportunity to shift the balance of care away from inpatient facilities and towards enhanced support for patients in community settings. They also present an opportunity to redesign the inpatient services to ensure that they are of a universally high quality and fit for the future.

The many helpful comments and issues raised in the consultation process will be used to shape the next steps.

In response to the consultation and the above analysis, the recommendations set out on pages 21 to 23 below have been made to Rushcliffe PCT Board.

Finally, in acknowledgement of the comments from the Joint Health Scrutiny Committee and some individual responses, the PCT will complete a reflective piece of work, with partners to review the consultation process, assess what worked well and what could be improved for any future exercises.

8. RECOMMENDATIONS

The Board is asked to **APPROVE** the following

Rehabilitation services for older people

- 1 Give notice to Nottinghamshire Healthcare Trust to alter use of the Highbury Hospital site by the 31 July and make a commitment by the Greater Nottingham PCTs bear the risks of redesign work pending approval of implementation plans by September 2006.
- 2 that the Board recommends to the other Greater Nottingham PCTs, as commissioners, of these services the following:
 - 2.1 a reduction in inpatient beds from 128 to 96, over 4 wards, and to centre the services on the Lings Bar Hospital site
 - 2.2 that the reduction in beds is phased, over a period to be agreed with regular reviews, so that any risks to the whole care system can be evaluated and managed with partners
 - 2.3 that the Emergency Care Network is asked to consider (or propose an alternative) the initiation of a wider review of older people's care pathways
- 3 The development of a detailed implementation plan by September for approval by Greater Nottingham PCT and Nottingham University Hospital NHS Trust Board including:
 - 3.1 timetable and financial model is developed, with partners, to include contingencies plans, and which is cohesive with the emerging plans for services provided by NUH.
 - 3.2 that a costed business plan for the remodelled inpatient service and the enhanced community services be agreed, with partners, though the established commissioning processes.
- 4 that the Joint Health Scrutiny Committee be kept informed and involved in the development of the plans
- 5 commitment to develop a joint health and social care evaluation framework be developed to measure and monitor the quality, effectiveness and efficiency of the remodelled service
- 6 that opportunities for improved transport links between Highbury Hospital and Lings Bar Hospital sites be explored
- 7 that City and County Social Services Departments are asked to provide a detailed assessment of the likely impact on their budgets of the changes to inpatient and community rehabilitation services, and that an agreement is reached with both Departments on the level and duration of transitional funding from the PCTs.

Mental health services for older people

8 that the Board recommends to the other Greater Nottingham PCTs, as commissioners, of these services, the following:

8.1 a reduction in inpatient continuing care beds, provided by Nottinghamshire Healthcare Trust for older people with mental health problems, from 71 beds to 45 beds and to centre the services on the Highbury Hospital site. This will result in Nottinghamshire Healthcare Trust vacating Granby Ward at Lings Bar Hospital and the closure of the residential facilities at the Peasehill site

8.2 that the reduction in beds is phased, over a period to be agreed with regular reviews, so that any risks to the whole care system can be evaluated and managed with partners

9 The development of a detailed implementation plan by September for approval by Greater Nottingham PCTs and the Nottinghamshire Healthcare Trust Board.

9.1 timetable and financial model is developed, with partners, to include contingencies plans - to be presented in September 2006 for ratification by all PCT Boards and the Board of Nottinghamshire Healthcare Trust.

9.2 NHCT is asked to provide a costed Business Case for the reinvestment in community mental health services for older people, working with partners, and that this be agreed though the established commissioning processes - by September 2006

10 that the Joint Health Scrutiny Committee be kept informed and involved in the development of the plans

11 commitment to develop a joint health and social care evaluation framework be developed to measure and monitor the quality, effectiveness and efficiency of the remodelled service

12 that opportunities for improved transport links between Highbury Hospital and Lings Bar Hospital sites be explored

13 that Nottinghamshire Healthcare Trust is asked to complete the reassessment of all existing continuing care patients and lead the safe transfer of patients to alternative, appropriate care settings. And that NHCT be asked to submit its protocol for safe transfers and associated risk management framework to the Project Team at Rushcliffe PCT before transfers take place

14 that protected rights' are confirmed for all affected inpatients, admitted before 1 April 2005, at rates to be agreed by commissioners

15. that joint work between health and social services is undertaken with independent sector care homes to raise awareness about mental health in old age, improve specialist support and assess. capacity for future demand

16. that NHCT is asked to review its wider estates strategy for providing mental health services for older people, both in terms of service provision and for team accommodation

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- . . 17. that City and County Social Services Departments are asked to provide a detailed assessment of the likely impact on their budgets of the changes to continuing care provision and funding responsibilities, and that an agreement is reached with both Departments on the level and duration of transitional funding from the PCTs

Sharon Creber
Project Director
July 2006