

**Interim report re: consultation of the proposed closure of Inglemere Specialist Care Unit.**

**1. Introduction**

**1.1** This report has been prepared for Lewisham Healthier Communities Select Committee it provides a review of the consultation process to date April 8<sup>th</sup> 2015 the Consultation is due to end April 15<sup>th</sup> 2015. The South London & Maudsley NHS Foundation Trust (SLaM) brought a proposal to public consultation for the closure of specialist care mental health inpatient beds. The proposed service change was the closure of Inglemere Specialist Care Unit in Lewisham. This paper outlines the responses from the public consultation and makes recommendations following the consultation. The proposal to close the unit is supported by the Lewisham NHS Clinical Commissioning Group.

**1.2** Future provision for patient s' who meet the criteria for NHS Funded mental health continuing care will be provided in SLaM units in the neighbouring boroughs of Lambeth and Southwark.

**1.3** The Consultation process was undertaken over a period of 90 days. It allowed for consultation with all stakeholders.

**1.4** The feedback from the consultation was collated and themed and informed the recommendations.

**2. Inglemere Specialist care Unit**

**2.1** Inglemere Specialist Care Unit is a 16 Bed unit that provides mental health nursing care for patients' with a diagnosis of Dementia who are experiencing severe Behavioural and Psychological Symptoms of Dementia (BPSD). The focus of the nursing care is to devise care plans that will alleviate, reduce and manage the symptoms of BPSD.

**3. Proposed Reasons for closure**

- 3.1** The reasons for this proposed change in NHS service provision are:
- 3.2** The numbers of specialist care mental health places available in the borough are running at a surplus.
- 3.3** The demand for these beds in Lewisham and Nationally in specialist mental health units has consistently declined over the last five years.
- 3.4** The current service level in the borough is disproportionately focused on inpatient care. A recent evidence based needs assessment indicate there are many people in Lewisham with low to moderate mental health needs and a high number of people in care homes with unmet mental health needs.
- 3.5** There are more cost effective ways to deliver care needed. This can be delivered via community services providing early intervention to patients'. Front loading the service reduces the need for multiple interventions and multiple reviews of patients' living situation.

#### **4. Summary of the consultation process**

- 4.1** The consultation process ran from January the 14<sup>th</sup> 2015 to April 15<sup>th</sup> 2015. The consultation process was delivered over a period of 90 days following approval by Lewisham Healthier Communities Select Committee and the SLaM Trust board. The process was based on a model of engagement with the stakeholders this took the form of:

#### **4.2 Written information**

This consisted of a consultation paper, covering letter, and schedule of public meetings. This was sent via email, post and hand delivered to stakeholders. In addition the public consultation document was published on the Trust Internet site.

#### **4.3 Open public meetings**

At the launch of the consultation process the schedule of open public meetings was widely distributed via email, post and prominently displayed in the unit .The meetings were scheduled in such a way to maximise the opportunity for attendance and participation from the widest possible audience. The schedule was designed to cross a wide variety of time frames to enable access for patients', relatives, staff and stake holders to attend. Carers and relatives with individual needs to access the meeting were accommodated e.g. taxi, Skype provision.

The integrity of the flow of information from the meetings was maintained by the use of a number of key staff acting as chair.

The participants were as follows:

- Director of Service MHOA&D SLaM
- Associate Clinical Director MHOA&D SLaM
- Joint Commissioner Lewisham Clinical Commissioning Group.
- MHOA&D Involvement lead SLaM
- MHOA&D Clinical Service Manger SLaM
- Continuing Health Care Manager Lewisham CCG.
- Unit Manager Inglemere SCU.
- Lewisham Health Watch.

#### **4.4 Attendance at external stakeholder meetings**

Two members of the consultation team the Clinical Service Manager MHOA&D and the SLaM Public Involvement lead attended Meetings hosted by Health Watch to present the proposal to their members and receive feedback.

#### **4.5 Carers' and relatives**

The focus of the consultation team was to provide maximum input to carers and relatives. This was to enable as much feedback to be obtained from individuals who would have experience high impact from the closure. This was conducted face to face, by telephone and via email.

#### **4.6 Follow up to written information**

Telephone calls were made to stakeholders at appropriate intervals to ensure consultation paperwork have been received and also obtain comments.

#### **4.7 Feedback**

This was built into the process via a system of face to face contact, email or post to the Clinical Service Manager who was leading the process.

#### **4.8 Contact with staff**

Staff were involved in the process they were invited to meeting s and had access to the written information pertaining to the process. They also had the opportunity to meet with the Clinical Service Manager at regular intervals during the process.

## 4.9 Equality

Equalities impact assessments were completed as part of the consultation process.

## 5 Summary of the consultation responses and comments

During the consultation the following themes arose via feedback these themes have been grouped as some overlap occurs:

### 5.1 Patient Care

- There were a number of expressions of overriding concern for the continuance of good quality care received in Inglemere to be delivered to patients'. To achieve this relatives' expressed a preference for Inglemere to remain open.
- There was concerns about the availability of other suitable providers in the local and regional, National areas. Relatives had previous experience of needing to transfer patients' care to Inglemere to enable the patients' needs to be met.
- Feedback relating to unsatisfactory care previously received under private sector provision.
- There was concerns about timeline for moving their relatives if the consultation recommend closure.
- There we concerns regarding increased risk of mortality as a result of a move.
- It should be noted that some feedback reflected that they did always feel care was of a high standard at Inglemere.
- It was observed the condition of the building required significant investment to upgrade the building to improve the environment to provide excellent patient experience and to meet CQC standards.

### 5.6 Impact on relatives

- Relatives expressed concerns about financial implications for families. Patients' are currently fully funded by the NHS. Families were concerned they would now be required to fund the care needed.

- Relatives were concerned that the ongoing annual review of funding for NHS continuing care would be undertaken by less skilled staff leading to incorrect assessments of patients' needs.
- Concerns were raised regarding by relatives and carers' about how easy it would be to visit patients' once moved had moved to a new residence. This was related to the distance people would need to travel and how accessible new residences might be to public transport.
- Relatives raised the question of trust in relation to the consultation process. Expressing concerns decisions had already been made and it was an inevitable that Inglemere would close.

## 5.7 Future provision

- Removal of beds from the borough of Lewisham meaning patients' and relatives would need to travel.
- Expressed concerns about the long term plan for the National Health Service. A service they valued and want to see maintained. This was also related to the information received via the media and government regarding an explosion in Dementia diagnosis and indicating a higher level of provision needed to provide care to patients' diagnosed with Dementia.
- Concerns were raised about the provision in Lewisham for community mental health care provision being inadequate.

## 6.0 Response to consultees

We have reviewed the themes and have summarised our responses below.

### 6.1 Patient care

We recognised there is variation in the provision of private sector mental health patient care locally, regionally and nationally. In Lewisham borough we are currently delivering a specialist service dedicated to supporting private sector providers in the management of patient s' who have a diagnosis of Dementia and are experiencing BPSD as a symptom. This team demonstrates good outcomes. Staff have been supported to manage SlaM patients' symptoms enabling them

to be cared for in the same environment by the same home/ provider. This means fewer moves for people with a diagnosis of Dementia. This is beneficial as change can be distressing for patients' with a diagnosis of Dementia. The long terms vision is increasing work with the private sector to support Patients' and providers deliver evidence based care.

SLaM will continue to provide specialist residential mental health care for patients' who have severe BPSD and require a highly specialist intervention in Units in Lambeth and Southwark. We recognise that these are not located in Lewisham borough but they are accessible to Lewisham residents (distances/ transport links).We have offered travel support to families whose relatives will need to be placed in our out of borough Specialist care Units as a result of this closure.

We recognise that moving can be distressing for both patient and family and in some cases patient have died following a move. We have expertise in the movement of mental health patients to minimise the risks. We will work in conjunction with Lewisham Clinical Commissioning group brokerage team to identify suitable alternative placements for our current patients'. Discharges will be managed through rigorous discharge planning with the clinical team.

## **6.2 Impact on Relatives**

We acknowledge that the impact of a Dementia diagnosis on families is significant. We acknowledge that any additional pressure needs to be kept to a minimum. Communication is essential during any process of change to ensure concerns are promptly addressed.

The financial impact on families will be negligible because all current patients at Inglemere meet the criteria for either ongoing NHS Continuing Health Care or social services funding.

A number of relative live away from the Lewisham Borough we are committed to support them to identify placements that are near to them to reduce travelling time and support ease of visiting.

## **6.3 Future Provision**

A concern about the increasing numbers of patients' are being diagnosed with Dementia was raised. Patient s' have been living with an undiagnosed Dementia with our communities. The commitment to increase diagnosis rates will increase recorded numbers of Dementia sufferers in the UK. However this will enable patients' to access early intervention services and enable them to live well with Dementia for longer.

Lewisham Borough has no significant projections for increased Dementia rates due to the age demographic indicates a minimal increase in older adults additionally a low rise in Dementia. In the last two years Lewisham CCG has invested in memory services and specialist mental health team to support private sector providers. This model has now been adopted by neighbouring CCG's.

**7.0 Recommendation to be made to Trust Board**

Following a review of the consultation all concerns raised can be addressed. We recommend closure of Inglemere Specialist Care Unit.