

***DRAFT Response to Aneurin Bevan University Health Board Consultation – Redesigning Mental Health Services for Older People***

The consultation into the future of Older Adult Mental Health Services by Aneurin Bevan University Health Board presents some considerable challenges for Monmouthshire County Council.

The Council absolutely supports the commitment of the Health Board to patient safety and quality of care. This is especially important when caring for some of our most vulnerable citizens – older people with mental ill health. We also recognise the challenges facing the Health Board: of recruiting a suitably qualified registered workforce against a backdrop of what appears to be sub-optimal workforce planning over a number of years by the NHS nationally. We also support the vision of the Health Board for older adult mental health services – to enhance community mental health services, particularly to “provide more services closer to where people live”. We also would like to express our sincere thanks to officers of the Health Board who attended an all Member seminar on 16<sup>th</sup> November, presented detailed background to the proposals and responded to questions from Council Members.

We cannot, however, support as a Council the preferred option for the future of older adult mental health services as set out in the consultation document. The Council approved 2 motions (appendix 1) on 9<sup>th</sup> November 2017 expressing our concerns at the consultation in light of the demographic challenges facing our County. Our duty as a Council is to secure the best possible configuration of health services and outcomes to meet the needs of the people of Monmouthshire. We cannot see evidence in the preferred option within the consultation that this is the best outcome for our citizens. Indeed we are concerned if implemented that it will have a detrimental impact on older adults with mental ill health, their carers and wider services in Monmouthshire. Our concerns are around both the impact on current, and future generations.

Our concerns regarding the consultation proposals and the preferred option are as follows:

**1. The demographic challenges of a high proportion of older people in Monmouthshire are not considered.** The proportion of people aged over 65, 75 and 85 are higher in Monmouthshire than in other Gwent counties set out in **table 1**

County	% over 65s	% age 65-74	% age 75-84	% age over 85
Caerphilly	18.83	10.95	5.92	1.95
Blaenau Gwent	19.75	11.29	6.29	2.17
Torfaen	20.07	11.13	6.4	2.54
Monmouthshire	24.22	13.39	7.58	3.24
Newport	17.4	9.5	5.71	2.2

**Percentage of Population by Age – StatsWales – Mid-year 2016 Population Estimates**

In addition, the number of over 85s in Monmouthshire are projected to rise by 185% by 2039.

As the consultation states, the number of older people with dementia in Gwent will have increased by approximately 11,000 by 2013. It is clear that there will already be a higher proportion of people with dementia in Monmouthshire than other parts of Gwent, and the numbers in our County compared with the rest of the region will continue to be proportionately higher. This is not taking into account the expansion of the population in the south of the County.

Nowhere does the consultation document consider the proportion of older people, and prevalence of dementia, as a significant factor in option appraisal. Our view as a Council is that this means the option appraisal is significantly flawed in considering how best to meet current and future needs.

**2. The considerable challenges of access to services and transport within a rural county are not taken into account with the consultation.** There is no mitigation offered as to how the increased travel time for Monmouthshire carers will be addressed by the Health Board. It is unclear whether travel times have been analysed and informed the options appraisal, although an increase in travel time is highlighted as potentially negative impact. It is unclear from the consultation where people from Monmouth and central Monmouthshire will access services. Without evidence of proper consideration of accessibility issues, we again consider the option appraisal to be flawed and the conclusions can-not be supported. Carers will frequently be old and vulnerable and the consequences of the change will be further travel, over greater distances, compounded by poor public transport and challenges around car parking. The preferred option will mean visiting loved ones will be unrealistic for many Monmouthshire carers. We would hope the Health Board can make real terms commitment to enhanced carer support as a tangible enhancement to the whole older adult mental health service offer. The impact on carers of caring for someone with dementia is considerable and investing in carer wellbeing and support

**3. Whilst recognising this is a consultation into the future of older adult mental health inpatient services the viability of Chepstow Community Hospital as a vibrant community hospital is threatened, as the preferred option would represent withdrawal of another important services.** Chepstow hospital is a fantastic facility, but the potential for the hospital to reduce pressures on acute services is not being realised. The withdrawal of minor injury services was a blow to the south of the county. Further service reductions, unless there are balanced by firm commitments from the Health Board to expand other services, will severely undermine the confidence of the local population, in the Health Board's commitment to services in Chepstow. A really positively articulated purpose for the hospital, and community services, and expanded range of services that can safely be provided is imperative to restore confidence and meet the needs of people for services such as outpatients and diagnostics which should not require an appointment at the Royal Gwent Hospital.

**4. Investment of savings realised through Older Adult Mental service configuration should be ring-fenced for reinvestment in community mental health services and services for carers.** We ask for a firm commitment from the Health Board to this effect. We note that the

Board paper which was approved giving approval to consult, highlighted '*an opportunity to reinvestment in other service priorities within Older Adult Mental Health*'. If the proposed changes are genuinely focussed on improving quality of care and better outcomes for patients, then financially supporting improved integrated community services is an important commitment and the detail of where that investment will be directed, and for us, how it will impact on Monmouthshire is a critical issue which we will continue to ask for assurances on.

**5. There is no meaningful articulation of where older adult mental health inpatient services sit within the overall pathway for mental health.** We have an overarching concern with regard the proposals – they seem to be entirely driven by the workforce challenges, rather than service improvement. There is no substance by which we can understand what is meant by increasing and strengthening community services in Monmouthshire. Monmouthshire is a county which has responded positively to the increasing needs of our population for dementia care – the Council's care at home service which provides high quality dementia care has won accolades for the way it delivers person centred care, based on strong relationships. There is a business case under development for the provision of a leading edge specialist dementia care home at Crick Road. We need to understand that the Health Board is committed to developing, delivering and investing in integrated community pathways to have confidence in the substance behind the commitments. Without detail the proposed changes to older adult mental health services seem reactive and short term. Clear measures of what the changes will achieve should be fundamental in any proposal for significant change.

**6. Equality impact assessment** – We are concerned that there is no equality impact assessment available either as part of the Board paper or are the consultation document. We note that one is in development, and issues of travel and access are likely to be substantive. We also consider that the equality impact assessment should meaningfully address the differential demographic impact described earlier in this response. Given the potentially negative impacts on vulnerable older people this is a critical consideration we would have wished to scrutinise and comment on in formulating this response.

**7. Limited evidence of integrated working** – Underpinning many of our concerns as a Council is the lack of integrated planning evident for older adult mental health services and people with dementia particularly. As a Council, we were not involved in the initial option appraisal. Our overarching view is that the proposals appear a 'quick fix' to an immediate problem – there is no evidence of whole system planning to meet the needs – inside and outside the hospital - of our ageing population. This is our collective responsibility as a Local Authority with you as a Health Board. Genuine co-production and effective engagement with our communities is an essential part of effective planning. We ask that you commit senior officer resource to doing this work with us, and with our communities, in a meaningful way. The outcome we seek is a Monmouthshire Older Adult Mental Health Strategy and Implementation plan which includes: preventative and wellbeing approaches, carer support and respite, day opportunities and care at home, state of the art edge residential provision and high quality in-patient provision. We would also welcome working together to address our collective workforce challenges which clearly are a key driver in the urgency of service change proposals. Any permanent changes to service configuration should only progress

when this whole system strategy has been designed. In-patient provision would then clearly be designed in the context of the whole pathway.

To conclude, as stated at the outset, we understand the considerable challenges which the Health Board faces in providing services against a backdrop of scarcity of workforce. We have always worked closely and productively in partnership with the Health Board, and have been at the fore of developing innovative and creative integrated services to address the needs of our populations. It is a disappointing position for us to find ourselves in as a Council, to have to respond negatively to a formal consultation. We hope that we can learn from this position we find our organisations in and ensure we properly engage and plan together around our most significant services going forward. Our concerns are that the option appraisal itself appears significantly flawed and was not developed in partnership with us. Whilst it is heartening to hear about the commitment to improving out of hospital provision, we are struggling to understand what this enhancement will look like and to understand in granular terms what the detail of investment will look like and how it will benefit Monmouthshire. As a partner public body we understand the necessity for any significant change to model the impact on current and future generations and we can-not see that this has been meaningfully appraised in this set of proposals.

Our response, whilst negative to these particular proposals, also represents a continued commitment to integrated working, and effective partnership and we welcome the opportunity to develop and shape an alternative set of proposals with you. As a consequence of the substantial issues raised in this response we would proposed that:

- The Health Board continues to work to the current configuration of in-patient services described in option 1 in the consultation paper for the foreseeable future. This option provides the best geographical spread of services across the Gwent region;
- The Health Board commits to developing an integrated whole system over adult mental health strategy and implementation plan for Monmouthshire which is co-produced with our communities. We ask the Health Board to commit that no permanent service changes will be implemented until this work has been completed.

**Motion from County Councillor Easson:**

*The Aneurin Bevan University Health Board has started consultations regarding the future of Adult Services across Gwent. The suggestion is to centralise dementia care to hospitals in Blaenau Gwent, Caerphilly, Newport and a unit in Torfaen; after the Grange Hospital is commissioned in 2021.*

*This would suggest the closure of St Pierre Ward at Chepstow Hospital which is currently employed for dementia care. Support for dementia care in the north of Monmouthshire would be at Ysbyty Tri Cwm Hospital in Ebbw Vale and from the south at St Woolos in Newport. I move that this Council works in conjunction with ABUHB and the ABCHC to find positive and futuristic ways of removing this threat to Chepstow Hospital which has 10 years of the PFI initiative to complete the contract, and that the use of this facility should be enhanced not reduced.”*

**Motion from County Councillor Pavia:**

*Monmouthshire County Council understands the demographic challenges the county faces over the coming decades. It recognises that the increase in older people will inevitably place more demands on our health and social care system, as an ageing population is more likely to have at least one and often multiple chronic conditions like dementia. Therefore, it is concerned by Aneurin Bevan University Health Board’s proposals to redesign older adult mental health services, which could potentially mean the closure of the St. Pierre dementia ward in Chepstow Hospital and the transfer of patients to Ysbyty Tri Chwm in Ebbw Vale and to St. Woolas in Newport.*

*It calls upon Aneurin Bevan University Health Board to:*

- 1. Enter into ‘robust’ and ‘meaningful’ engagement with patients, stakeholders and local communities in Monmouthshire, regarding its redesign proposals and listen to appropriate concerns that any transfer of care outside of the county will naturally generate;*
- 2. Regularly meet with the Cabinet Member responsible for Social Care, Safeguarding and Health and senior officers, to explore new, coproduced and sustainable models of care for older adults with mental ill health, as part of the Council’s overarching strategic plan to deliver quality integrated social care right across the county.*