

Committee: Healthier Communities and Older People Overview and Scrutiny Committee

Date: 4th July 2012

Agenda item: **6**

Wards:

Subject: Proposal to close Jasmine Ward at Tolworth Hospital

Lead officer: Sarah Ives, Assistant Director, NHS South West London, Sutton and Merton Team. Sarah.ives@swlondon.nhs.uk

Lead member: Councillor Suzanne Evans, Chair of the Healthier Communities and Older People overview and scrutiny panel.

Forward Plan reference number:

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Recommendations:

A. Members to comment on the proposal to close Jasmine Ward at Tolworth Hospital

1 PURPOSE OF REPORT AND EXECUTIVE SUMMARY

1.1. This report provides an opportunity for members to comment on proposals by South West London and St Georges NHS Mental Health Trust to close the Jasmine Ward at Tolworth hospital

2 DETAILS

- 2.1. Jasmynes ward is a 14 bedded unit on the Tolworth Hospital site which is part of South West London and St Georges NHS Mental Health Trust (SWLStG). The ward is a specialist service and provides a service for people with mental health and learning disability co morbidity.
- 2.2. NHS Sutton and Merton has commissioned 5.5 beds on this ward for the populations of Sutton and Merton. Other SWL commissioners spot purchase beds on the ward. Approximately two/three years ago SWLStG increased the capacity of the ward in response to a perceived need from non SWL PCTs – local commissioners were not part of these plans.
- 2.3. As a result of changes to learning disability (LD) and mental health community services which are now better placed to support people in community settings, and a more integrated approach to provision and commissioning across health and social care, there has been a decrease in the demand for hospital inpatient units such as Jasmynes. This change led to NHS Sutton and Merton advising SWLStG that they will commission fewer beds (2.5) in 2012/13.
- 2.4. The decrease in demand for specialist services such as those provided on the Jasmynes Ward has been replicated across SW London and further afield. This led SWLStG to conclude that Jasmynes ward is no longer likely

to be a sustainable service model, as it is unlikely to be financially viable in the future and they plan to close the ward.

3 ALTERNATIVE OPTIONS

The Healthier Communities and Older People Overview and Scrutiny Panel can select topics for scrutiny review and for other scrutiny work as it sees fit, taking into account views and suggestions from officers, partner organisations and the public.

Cabinet is constitutionally required to receive, consider and respond to scrutiny recommendations within two months of receiving them at a meeting.

- 3.1. Cabinet is not, however, required to agree and implement recommendations from Overview and Scrutiny. Cabinet could agree to implement some, or none, of the recommendations made in the scrutiny review final report.

4 CONSULTATION UNDERTAKEN OR PROPOSED

- 4.1. The Panel will be consulted at the meeting

5 TIMETABLE

- 5.1. The Panel will consider important items as they arise as part of their work programme for 2012/13

6 FINANCIAL, RESOURCE AND PROPERTY IMPLICATIONS

- 6.1. None relating to this covering report

7 LEGAL AND STATUTORY IMPLICATIONS

- 7.1. None relating to this covering report. . Scrutiny work involves consideration of the legal and statutory implications of the topic being scrutinised.

8 HUMAN RIGHTS, EQUALITIES AND COMMUNITY COHESION IMPLICATIONS

- 8.1. It is a fundamental aim of the scrutiny process to ensure that there is full and equal access to the democratic process through public involvement and engaging with local partners in scrutiny reviews. Furthermore, the outcomes of reviews are intended to benefit all sections of the local community.

9 CRIME AND DISORDER IMPLICATIONS

- 9.1. None relating to this covering report. Scrutiny work involves consideration of the crime and disorder implications of the topic being scrutinised.

10 RISK MANAGEMENT AND HEALTH AND SAFETY IMPLICATIONS

- 10.1. None relating to this covering report

11 APPENDICES – THE FOLLOWING DOCUMENTS ARE TO BE PUBLISHED WITH THIS REPORT AND FORM PART OF THE REPORT

- Appendix 1 – Background paper on the proposal to close Jasmine Ward at Tolworth hospital

12 BACKGROUND PAPERS

- 12.1.

Jasmines Proposal

Recommendations

In response to South West London and St Georges proposal to close the specialist learning disability mental health ward at Tolworth Hospital (Jasmines ward), NHS Sutton and Merton borough commissioners recommend the following

1. That it is noted that the impact of this service closure on the populations of Sutton and Merton is small – there have been approximately 14 admissions in last two years.
2. That alternative specialist inpatient services can now be commissioned from South London and Maudsley NHS Foundation Trust and that this is supported as an alternative to Jasmines ward.
3. That existing learning disability and mental health community services will be reviewed in order that they are better placed to support more people in community settings. This should be supported as
 - a. The current performance of community teams has lead to a sustained reduction in the need for inpatient services.
 - b. People who use services have identified their preference to be treated in the community/avoid hospitalisation where possible.
4. That a period of clear communication and engagement will take place with stakeholders to make them aware of these changes. Feedback will be used to inform commissioning plans as appropriate.

Background

Jasmines ward is a 14 bedded unit on the Tolworth Hospital site which is part of South West London and St Georges NHS Mental Health Trust (SWLStG). The ward is a specialist service and provides a service for people with mental health and learning disability co morbidity.

NHS Sutton and Merton has commissioned 5.5 beds on this ward for the populations of Sutton and Merton. Other SWL commissioners spot purchase beds on the ward. Approximately two/three years ago SWLStG increased the capacity of the ward in response to a perceived need from non SWL PCTs – local commissioners were not part of these plans.

As a result of changes to learning disability (LD) and mental health community services which are now better placed to support people in community settings, and a more integrated approach to provision and commissioning across health and social care, there has been a decrease in the demand for hospital inpatient units such as Jasmines. This change led to NHS Sutton and Merton advising SWLStG that they will commission fewer beds (2.5) in 2012/13.

The decrease in demand for specialist services such as those provided on the Jasmines Ward has been replicated across SW London and further afield. This led SWLStG to conclude that Jasmines ward is no longer likely to be a sustainable service model, as it is unlikely to be financially viable in the future and they plan to close the ward.

Requirements for consultation

Obligations

The duty to consult as set out under [section 242](#) of the NHS Act 2006, is for the purpose of promoting public involvement over decision making. Section 244 of the NHS Act 2006 also lays out the duty to consult with Local Authority overview and scrutiny committees (OSCs).

The duty/obligation under 242 of the NHS Act 2006 applies to all NHS bodies, i.e. both providers and commissioners.

The extent of involvement under section 242 must be proportionate to the plans for service change.

In addition to Section 242, further guidance was published on 29 July 2010 in a letter from David Nicholson - four tests.

Section 244 requires health organisations (both providers and commissioners) to consult with OSCs in the event of substantial developments or substantial variation in services.

Recommendations in respect of our obligations

1. With respect to our duty to involve service users with the plans –
 - a. Sutton and Merton has ongoing engagement processes in place via our Learning Disability Partnership Boards which oversees local strategic plans. There is also a yearly self assessment and stakeholder event that engages fully with service users and carers regarding service planning. These processes have provided a clear steer from local service users that the reduction of inpatient services and the reprovion of health services within community settings is a local priority. The reduction of inpatient services such as those provided at Jasmynes are a consequence of implementing priorities that have been highlighted as part of ongoing service user engagement.
 - b. A separate engagement plan will also be put in place to ensure people are clear about how the plans may affect them and what alternative services will be provided.
 - c. Both Local Authority learning disability teams have been consulted on the plans and support the proposed changes.
 - d. Local CCG clinical leads have been informed directly of these plans and will continue to be involved as changes are implemented; no objections have been raised to date.
 - e. Inpatient services can be reprovided both on mainstream mental health wards (and we have a local evidence base of doing this successfully within general acute wards), and by commissioning specialist beds from South London and Maudsley (SLaM) if needed. In effect this will provide more choice for patients than is currently available.
2. With respect to our duty to consult with OSCs, we will write and outline our plans and will note that
 - a. The impact of the proposal to close Jasmynes ward is not a substantial change for the populations of either Sutton or Merton as each borough has previously used less than 3 beds each. Over the last two years there have been 7 Merton admissions and 4 Sutton admissions.
 - b. The plans to close Jasmynes ward have resulted from a reduced need for the service, if this need were to increase again commissioners would have the option to recommission a similar service in response to such need.
 - c. We have continuously engaged with our local population on service planning (as noted above) and will develop further engagement plans.
 - d. The alternative service provision that commissioners have put in place/identified ensures that the needs of our service users will be met fully and there are no gaps in provision resulting from any possible closure of Jasmynes ward.

Commissioner response to SWLStG plans to close Jasmines Unit

1. A contract is in place to commission specialist mental health learning disability inpatient beds on a cost and volume basis from South London and Maudsley, NHS Foundation Trust (SLaM). Local teams from LBS and LBM will be invited to view this new unit.
2. Additional community resources will be provided to support the creation of an enhanced mental health learning disability team in order to create a virtual ward in the community when needed. This team will also provide dedicated in reach on mental health inpatient wards if clients are admitted – this model is already working successfully on acute hospital wards and general mental health wards at Springfield hospital. This model is also nationally mandated as part of the mental health green light toolkit.
3. The newly refurbished mental health wards commissioned at Springfield also creates an improved physical environment on which people with mental health and learning disability co-morbidities can be supported with additional 1 to 1 support when needed.
4. The PCT will work with community teams to increase the support to independent providers that work with LD clients in residential settings.
5. A Mental Health Learning Disability community team (MHLDD) is already commissioned from SWLStG. It works with people in community settings and is reducing the need for inpatient services.
6. The PCT commission LBS and LBM learning disability community services including specialist psychology, challenging behaviour and nursing that support people in the community and when they are admitted to inpatient wards. These services are reducing the need for people to be admitted to an inpatient bed.
7. Specialist LD community teams at LBS, LBM and MHLDD currently provide specialist support to people on mainstream mental health wards providing us with a local evidence base as to the success of this model.

PROPOSAL FOR ENGAGEMENT and COMMUNICATION

Time lines for engagement

1. A specific focussed engagement period around these changes will take place from mid April to June (a Communications Plan has been developed to manage planned activities).
2. In the first two weeks of April borough commissioners liaised with clinical commissioning colleagues and existing providers in order to finalise plans.
3. Commissioners wrote to OSCs at Sutton and Merton in May to share plans and offered to attend if so requested.

CHANGE IMPLEMENTATION

Time lines

It is likely that SWLStG will close Jasmines ward as a result of the reduced need for the service and Sutton and Merton commissioners having served notice on 3 beds. Therefore Sutton and Merton commissioners are proposing the following changes

April - August

1. Jasmine ward is closed to all new referrals that are unlikely to complete treatment by August 2012. However people requiring inpatient stays will in the first instance be admitted to mainstream wards where mental health related problems can be treated, with appropriate 1:1 nursing support provided if/as required in respect of their learning disability. Support will also be provided by the mental health/learning disability community teams currently commissioned in Sutton and Merton who will provide in reach onto wards.

2. LBS and LBM community health teams are reviewed to consider what additional resources/service reconfigurations will be required to support an increased level of complex needs in the community. It should be noted that part of this review may lead commissioners to conclude there is a need to go out to tender for new services – NHS procurement processes will be followed.
3. The MHL community team commissioned from SWLStG is reviewed to consider what additional resources/service reconfigurations will be required to support an increased level of complex needs in the community. It should be noted that part of this review may lead commissioners to conclude there is a need to go out to tender for new services – NHS procurement processes will be followed.
4. Mental health/learning disability care pathways are reviewed in order to agree/approve new ways of working and to identify any gaps in provision. Including
 - a. Retrospective review of all admissions to the ward in previous 24 months
 - b. Review of current working between community teams
5. Approve and agree neurodevelopmental disorder services at SLaM as the new agreed specialist inpatient service and incorporate into new care pathway – agreeing maximum length of stay and quality outcomes.
6. Negotiate appropriate contractual changes with SWLStG should they conclude Jasmines ward will close.

August – February

1. Prepare procurement and advertise tender for community services as necessary following the review of community teams carried out in April – August (as noted above).
2. Review the changes noted above (including wider stakeholder feedback) and agree appropriate mitigation plan for issues that have been identified.
3. Agree monitoring requirements in respect of reviewing impact of change.

February –

1. Ongoing performance monitoring will be in line with standard contract monitoring.
2. Ongoing stakeholder engagement will be in line with existing engagement processes.

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16 May 2012