

SECTION 7 JOINT CONSULTATION COMMITTEE

SECTION 7 SCRUTINY REVIEW INTO THE TEES & NORTH EAST YORKSHIRE NHS TRUST'S ADVANCE PROPOSALS: FINAL REPORT

Membership of the Joint Scrutiny Committee

Stockton Borough Council

Councillors Mrs Cains (Chair), Coombs and Mrs Hawkins

Redcar & Cleveland Borough Council

Councillors Mrs Abbott (Vice Chair), Mrs Cooney and Mrs Wall

Darlington Borough Council

Councillors Mrs Copeland, Mrs Swift and Mrs Scott

Durham County Council

Councillors Priestley, Crosby and Raine

Hartlepool Borough Council

Councillors Clouth, Young and Mrs Griffin

Middlesbrough Council

Councillors Dryden, Mrs Pearson and Mrs Lancaster.

Hambleton District Council

In attendance - Councillor Mrs Skilbeck

April 2005.

Chairman's Foreword

As Chairman of the Section 7 Joint Consultation Committee it is my pleasure to present the final report following our scrutiny of the Tees and North East Yorkshire (TNEY) Trust's Advance proposals for changes in the delivery of Mental Health and Learning Disability services.

The Section 7 Joint Committee comprised the Members of the Tees Valley Joint Health Scrutiny Committee with additional membership from colleagues in County Durham and occasional input by Hambleton District Council.

As the very first Scrutiny Review under Section 7 regulations it has been a huge learning experience for Members and Scrutiny officers. During the scrutiny of the Advance proposals, Members also learned a great deal about the delivery of Mental Health and Learning Disability Services to the most vulnerable service users in our area. From the chair I was impressed by and grateful for the dedicated contributions of all those Members involved in the process.

I want to personally express my thanks to the various witnesses who gave evidence to the Joint committee during the review and especially to the Trust themselves who gave detailed responses to the many questions generated by Members from the evidence received.

The Joint Committee was assisted in its deliberations by a number of Officers from the various Councils, were guided by the Scrutiny teams and ably supported by the secretarial service. I wish to thank all those who contributed in any way to this report and especially to my fellow Members on the Joint Committee.

I commend this report to you with the request that the recommendations be given serious consideration.

Councillor Ann Cains

Chairman, Section 7 Joint Consultation Committee

April 2005.

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Contents

Background.....	4
Introduction.....	5
Methods of Investigation.....	6
Evidence from the TNEY Trust.....	8
Evidence from the Strategic Health Authority...	20
Evidence from the NSF LITs.....	21
Informal Feedback from PCTs.....	22
Evidence from the Patients Forum.....	23
Evidence from Redcar & Cleveland MIND.....	26
Evidence from Hartlepool MIND.....	29
Evidence from 'The Link' Carers Group.....	29
Issues particular to County Durham.....	30
Conclusions.....	35
Recommendations.....	36
Acknowledgements.....	37
Background Papers.....	38

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SECTION 7 JOINT CONSULTATION COMMITTEE

SCRUTINY OF THE TNEY TRUST'S ADVANCE PROPOSALS: FINAL REPORT

PURPOSE OF THE REPORT

1. To present the findings of the Section 7 Scrutiny Review into the TNEY Trust's Advance proposals.

BACKGROUND

2. Mental Health & Learning Disability services are changing. As one would expect, developments in national policy have been a key catalyst in these changes. The Government's Programme of a National Service Framework each year has had an impact on all sectors of the Health Economy, with a wide range of clinical topics being provided for to date. Mental Health & Learning Disability services have been no different in this respect, and have been materially affected by the National Service Framework for Older People and Mental Health¹, and the standards contained within. It is partly for these reasons that the Tees & North East Yorkshire (TNEY) Trust has brought forward its 'Advance' Proposals for change. The Trust feel that "much of the trust's existing hospitals based accommodation cannot be adapted to provide the modern specialist services people need"².
3. A second reason why Mental Health & Learning Disability Services are changing is one of attitude. Key documents such as *Valuing People*, the 2001 White Paper on Learning Disabilities reflect the aim of moving away from 'institutionalised' concepts of care. The White Paper sets out the government's proposals for 'improving the lives of people with learning disabilities and their families and carers, based on recognition of their rights as citizens, social inclusion in local communities, choice in their daily lives and real opportunities to be independent.'³
4. The document sets out four overarching principles in dealing with people with learning disabilities. These are; Rights, Independence, Choice and Inclusion.
5. Further to this, there is a palpable ambition that the stigma in relation to Mental Health is challenged and the relative ignorance surrounding such matters is tackled head on. On a national policy level, it is felt that key to this is moving away from the traditional mental health 'asylum' approach and ensuring that more and more mental health services are provided within the community. It is anticipated, therefore, that by keeping people in surroundings

¹ Copies of all of the National Service Frameworks can be found on the Department of Health's website at www.dh.gov.uk

² See Executive Summary, Page 3 of Advance consultation document, published by the TNEY Trust.

³ See White Papers Preface, to be found on www.dh.gov.uk

familiar to them, it will hopefully aid a quicker and more effective recovery, whilst keeping hospital based facilities for the most acutely ill patients.

6. This concept has its roots in national policy, namely the Department of Health publication *Keeping the NHS Local: A New Direction of Travel*.⁴ This document challenges the mindset that 'biggest is best' and advocates that where possible there should be 'closer to home' models of care, with the advantages local access to acute care can bring for the community. The guidance states that "the hospital will increasingly become part of a wider web of care". The guidance is quite clear that NHS is expected to apply the document's principles when developing service models.
7. It is against this backdrop that the TNEY Trust have drafted and presented the proposals.

INTRODUCTION

8. Under current legislative arrangements, it is the role of Overview & Scrutiny to consider the proposals in the light of the national policy framework outlined above and to take a view on the suitability of the proposals. In forming a view on the proposals' suitability for local health care needs, Overview & Scrutiny should talk to key stakeholders and consider evidence received carefully. There are a series of key questions that Overview & Scrutiny should be asking in conducting the scrutiny to aid it's understanding of the proposals under review. These are questions such as:
 - 8.1 What's changing?
 - 8.2 Why do things have to change?
 - 8.3 What do you want to get out of the changes?
 - 8.4 How do the measures proposed deliver on these aims?
9. To formally scrutinise the Advance proposals, it was necessary to form a Joint Committee constituted from the affected local authorities. The authorities that made up the Joint Committee were
 - 9.1 Stockton Borough Council (Chair)
 - 9.2 Redcar & Cleveland Borough Council (Vice Chair)
 - 9.3 Darlington Borough Council
 - 9.4 Durham County Council
 - 9.5 Hartlepool Council
 - 9.6 Middlesbrough Council.
10. To inform the scrutiny review, it operated within clear, defined terms of reference. These were:
 - 10.1 to examine the proposals of the Tees & North East Yorkshire Trust and their evidence base

⁴ Please see www.dh.gov.uk

Specifically:

- 10.2 to establish to what extent the proposals are consistent with recent national guidance:
- 10.3 to examine whether patient, carer and user consultation under section 11 of Health & Social Care Act 2001 has been adequate:
- 10.4 to examine the extent to which outcomes of the section 11 consultation have informed the proposals document:
- 10.5 to establish whether the proposals deliver the stated aims of the project:
- 10.6 to seek out and take evidence from as wide as possible range of stakeholders:
- 10.7 to prepare, agree and publish a report detailing the evidence considered and make any recommendations considered appropriate to put to TNEY and other parties.

METHODS OF INVESTIGATIONS

11. The Joint Committee met to consider the Advance proposals between December 2004 and March 2005. The evidence gathering meetings took the form of witnesses attending to present their views, followed by a question and answer/debate period. A detailed record of the meetings, including the supporting papers to every meeting are accessible through the Middlesbrough Council website. Further to that, copies are available by contacting the support staff for the Joint Committee, as an annex to this report.
12. During the work of the Joint Committee evidence was received from the following people.
 - 12.1 Representatives from the Tees & North East Yorkshire NHS Trust
 - 12.2 Ewen Weir, Policy Lead for Mental Health & Learning Disabilities, County Durham & Tees Valley Strategic Health Authority
 - 12.3 Graham Allison, Manager, National Service Framework Local Implementation Teams.
 - 12.4 Sharon Street, Director of Redcar & Cleveland Branch of MIND
 - 12.5 Catherine Wakeling, Manager of Hartlepool Branch of MIND
 - 12.6 The Tees & North East Yorkshire NHS Trust Patient & Public Involvement Forum
 - 12.7 Dee Clark, representative from the LINK carers group, based in Stockton
 - 12.8 Informal discussions with Middlesbrough, Hartlepool and Stockton Primary Care Trusts.
 - 12.9 Attendance at the Public consultation meetings around the area.
13. The Joint Committee also approached a number of independent sector organisations to seek their views in writing and consider as part of the evidence gathering process. Unfortunately, there was a very low take up of

such invitations and only one response was received, from the Greenlights service users organisation.

14. Membership of the Panel

14.1 Stockton Borough Council

Councillors Mrs Cains (Chair), Coombs and Mrs Hawkins

14.2 Redcar & Cleveland Borough Council

Councillors Mrs Abbott (Vice Chair), Mrs Cooney and Mrs Wall

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14.7 Hambleton District Council

In attendance – Councillor Mrs Skilbeck

FINDINGS

NHS INPUT FROM THE TNEY TRUST

15. The Joint Committee's first meeting was with the TNEY Trust to hear its views on the Advance Proposals. The Joint Committee was shown a video, which was to be used as a central element of the Advance consultation process. The Joint Committee was advised that staff, service users and carers had played a significant part in the making of the video, which gave them the opportunity of expressing their desires in relation to improvements to mental

health and learning disability services. The video's contributors conveyed what they would ask for if they had 'one wish'.

16. Themes that were mentioned as people's one wish were such as:
 - 16.1 the need to involve all stakeholders
 - 16.2 reducing stigma by having more home based services
 - 16.3 patient centred care
 - 16.4 the best facilities
 - 16.5 for the NHS to stop compartmentalising people
 - 16.6 early intervention to prevent mental illness before it reaches acute stages.
17. The Joint Committee felt that the use of media such as video to complement the consultation process was to be welcomed, as a positive move towards being able to reach out to the maximum number of people. The Joint Committee did however, note that the video did not actually cover the content of the proposals and concentrated on a 'wish list' of the people interviewed. The Joint Committee felt that it would have been far more useful as an stimulus for people at the commencement of section 11 consultation to contribute towards the drafting of proposals, although saw little practical use in the video at a section 7 stage consultation.
18. The Chief Executive of the Trust outlined the Policy requirements that the Trust were expected to meet. It was expressed that it was important to end discrimination in the treatment of service users and that the report into the death of David Bennett was of key importance in addressing this issue⁵. There are national policy requirements regarding the quality of accommodation and the ready availability of single sex wards. The Joint Committee heard that the quality of facilities has a direct correlation with people's willingness to attend facilities and receive the necessary care. In addition there are the *Keeping the NHS Local* values, National Service Frameworks and the White Paper regarding Learning Disabilities *Valuing People*. In addition to these, there are of course, the values of the Patient & Public Involvement Agenda for the Trust to meet, the NHS Human Resources Strategy and the requirement to move with the times within an information and communication technology sphere.
19. The Chief Executive outlined that the Trust had worked in partnership with the statutory and voluntary sector to develop the proposals. The approach adopted in drafting the proposals had been mindful of incorporating the values covered by the Patient Choice Agenda, the need to develop a significant amount of community based services and specialist services and the need for the project to be financially sound whilst delivering on those priorities.
20. The Joint Committee learned that in the Trust's view, the existing physical facilities of the Trust are 'exhausted' particularly St Luke's and is incapable of

⁵ In 1998 David Bennett, a 38-year-old African-Caribbean patient, died in a medium secure psychiatric unit after being restrained by staff. The report of the independent inquiry into his death was published in February 2004. *Delivering race equality in mental health care (DR)* is both an action plan for reform in mental health services and the government's response to the inquiry. *DR* addresses the needs of all Black and minority ethnic people with mental health problems including those of Irish, Mediterranean or eastern European origin

supporting mental health within the existing national policy framework. Further to this, the Trust expressed the view that it would be counter productive to spend public money on dilapidated buildings, merely delaying the inevitable.

21. The Joint Committee heard that there are essentially two elements of the Advance proposals. The Fast Track element of the proposals is to use £8.4m provided by the County Durham & Tees Valley Strategic Health Authority to:
 - 21.1 Move the Trust's adult and older people's mental health services for the people of South Easington and Hartlepool from the University Hospital of Hartlepool to a purpose built new unit near to Hartlepool Town Centre.
 - 21.2 Move the Trust's older people's mental health services for the people of Stockton from the University Hospital of North Tees to a purpose built new combined care centre in Durham Road.
22. It is anticipated that this element of Advance will be complete in 2006/7.
23. The Joint Committee heard that second part of Advance, would cost a great deal more, at £73m. It was noted that the Department of Health had suggested that the Private Finance Initiative (PFI) would be the most likely option to finance it.
24. It was confirmed that the proposals as under the £73m investment encompassed:
 - 24.1 Demolition of St. Luke's Hospital in Middlesbrough anticipated by 2009 once a number of specialist units had been built on an area north of the current site for the adults of Stockton, Middlesbrough and Redcar & Cleveland, and the older people of Middlesbrough and Redcar & Cleveland for which the Trust had gained approval in principle by the Department of Health for a £73m plan;
 - 24.2 Move eight intermediate care beds from Parkside in Middlesbrough to St Luke's Hospital and convert Parkside inpatient unit into a rehabilitation and recovery unit for the adults of South Easington, Hartlepool, Stockton, Middlesbrough and Redcar & Cleveland;
 - 24.3 Build a new assessment and treatment centre in Stockton for people with learning disabilities from Stockton and Hartlepool at the Durham Road site;
 - 24.4 Further develop the regional forensic mental health and learning disability services currently based at St. Luke's Hospital for people from northern England.
25. The Joint Committee was impressed with the scope of the developments, although was keen to enquire as to the nature of the funding. The Trust confirmed that the £73m previously quoted was capital expenditure and £9m per annum was required to cover revenue costs. The Joint Committee was assured that the local PCTs, as commissioners of the services, had committed to meeting these costs. Indeed it was the case that the Strategic Outline Case of Advance would not have been granted approval without the

express support of commissioners. The Joint Committee considered that this might be a strain on already stretched PCT resources. It was noted that it would be a useful exercise to ask PCT's directly about this revenue commitment.

26. The Joint Committee learnt that there would also be developments to forensic services, based at the St Luke's site on Marton Road, Middlesbrough. It was noted that although the number of people accessing these services was a relatively low figure, these services covered a large geographical area, which included Tyne & Wear and Cumbria and the proposals, to go ahead, required the support of around 22 PCTs. The Trust advised that the PCTs came together in a consortium to commission these services and confirmed the proposals for forensic services had the support of that consortium.
27. The Joint Committee heard that the TNEY Trust had learnt a lot from a similar type of development at West Park, in Darlington, led by the County Durham & Darlington Priority Services Trust. Discussions had taken place regarding the sharing on information/plans and maximising funding streams, without duplication.
28. It was noted that the final design of specialised accommodation had not been formalised as yet, as the Trust were keen to hear as many views as possible whilst the consultation was ongoing. This specialised accommodation would provide a base for such services as gender specific, mother and baby, eating disorders and dual diagnosis.
29. The Joint Committee was advised by the Trust of the overarching need to develop services which do not mix the medical needs of different people and to avoid at all costs the outdated concept of accommodating people together 'in one room'. In addition to this, the Trust advised the Joint Committee that the need to tackle stigma underpins everything they are trying to do in relation to Mental Health & Learning Disability Services. The Trust advised the Joint Committee it felt it had a better chance of doing this, in placing more emphasis on community facilities and less on the outdated asylum/hospital approach.
30. In respect of Learning Disability Services, the Joint Committee heard that the overarching ambition of the proposals was to de-institutionalise people and bring an end to unnecessary exclusion, with all 'institutions' being closed by 2006.
31. The Trust advised the Joint Committee that a key aim of the Advance proposals, was to bring such facilities back into the community and to give people as normal a life as possible. In respect of Learning Disabilities, the Joint Committee heard that the consultation already undertaken indicated clearly that people favoured a move away from institutional/hospital surroundings, into specifically designed, less intimidatory buildings.
32. The Joint Committee also heard that the feedback from the consultation exercises indicated a strong feeling amongst service users and carers that St

Luke's should be demolished, due to its institutional feel, the stigma of the current building and the general condition of the building.

33. The Joint Committee raised queries around whether contingency plans were in place, should the new buildings not be built on time. On this point, the Trust advised the Joint Committee that the new buildings were going to be built alongside the current facilities. The current facilities would only be vacated once the new facilities were ready to accommodate the services intended for them.
34. The Joint Committee's final evidence gathering session took place on 14 March 2005, with the TNEY Trust in attendance. The Joint Committee used this meeting to ask further questions of the Trust, on issues which had arisen through the rest of the evidence gathering and enquire as to the feedback the Trust had received during the consultation.
35. In advance of the meeting, the Chair, Vice Chair and supporting officers met to formulate a list of questions requiring answers from the Trust. The list of questions were included in the papers of the meeting and can be seen in the annex to this report.
36. The Trust, to their great credit, came to the meeting very well prepared and a very useful and positive discussion took place around the issues raised by the questions.
37. There were three main areas of questions for the Trust, with the first one being around consultation and involvement.
38. The Joint Committee learnt that the consultation document was written by an experienced journalist and went through a series of proof reading stages, involving communication, health and social care professionals. The Joint Committee feels that the TNEY Trust should be congratulated in its efforts to make the document accessible, although it feels that on the basis of evidence received, more efforts could have been made to test the document on such groups as service users and carers, as a distinct group from professionals with different levels of knowledge and expertise.
39. As regards the document's lay-out, the Joint Committee learnt that whilst some of the colouring of the document was acceptable in relation to the NHS colour palette, the Trust felt it could have been better and consequently these colours will not be used again. The Joint Committee felt the typeface used was too small. The Joint Committee also felt that the glossy nature and layout style of the document, may be difficult for visually impaired people or people with learning disabilities. That is not to be taken as an unqualified criticism, as the Joint Committee fully appreciated the Trust's predicament of needing to produce a readable yet attractive document and the Joint Committee feels that the Trust has been very successful in creating an attractive document.
40. Nonetheless, the Joint Committee feels that documents may be improved in the future if, for example, visually impaired groups and learning disability representatives are consulted on the document's style and content, before its

publication. The Joint Committee feels this approach is important to avoid future documents possibly sacrificing function for style.

41. The Joint Committee learnt that 270 people attended the public consultation events. This in turn generated 186 questions, 76 comments on the proposals and over 100 comments on the design ideas for the sites. The Joint Committee were encouraged to hear that the meetings had created a substantial dialogue, although were keen that the public meeting setting was not over-relied on to receive questions and comments. The Joint Committee had heard previously from witnesses that some potential contributors found the idea of speaking at a public meeting quite daunting.
42. In addition to the above, the Joint Committee heard that the Trust had attended briefing sessions with 33 interested external groups and individuals, which raised similar issues to those raised in the public meetings. In addition to this, the Trust held more than 25 meetings and briefing sessions for health and social care professionals to comment. These were attended by more than 260 staff.
43. The Joint Committee heard that the TNEY Trust had encountered difficulties in advertising the public meeting events around the area, due to the events' proximity to the Christmas period and the changes to newspaper schedules. It was felt that it would have been inappropriate to advertise before the Christmas period as many people would not remember and over the Christmas period as many people do not buy newspapers. This situation had led to the decision to advertise as soon as possible after the Christmas break, which, the Trust conceded, led to a less than ideal notice period for people to see the adverts and attend. The Joint Committee accepted this was unfortunate, although felt that the Trust's approach was the most sensible given the circumstances.
44. The TNEY Trust advised the Joint Committee that staff groups had also contributed to the consultation over the proposals, and had stressed the need for the equitable development of services across the area served by the TNEY Trust and not just in the Tees Valley.
45. The Joint Committee also heard there had been a number of smaller, informal meetings with carers' groups across the Tees Valley which had been advertised through correspondence. The TNEY Trust have also given presentations to LITs and LD Partnership Boards across the affected patch, as well as a range of service users' groups across the town.
46. The Joint Committee learnt that there were 12 members of staff and 8 service users, carers and advocates featured in One Wish video. As stated elsewhere in this report, the Joint Committee was not impressed with the video as a consultation tool, as it did not cover the Advance proposals in any detail. The Joint Committee felt it would be a useful tool at the start of a section 11 consultation process, acting as a catalyst for contributions. In its present form, however, a section 7 consultation where firm proposals exist, was not the place for the video to be used.

47. The worth of any consultation exercise can be judged by the impact it has on changes to proposals, so the Joint Committee was particularly keen to learn, what impact the comments received had had. The Joint Committee was advised that comments received have led to the TNEY Trust taking forward areas of work in the following fields: support for carers, public transport infrastructure, design of the proposed new units, the location of proposed sites and creating an ample supply of car parking. The Joint Committee was encouraged to hear this and has undertaken to monitor these issues amongst others as the proposals are taken forward.
48. The Joint Committee also heard that the TNEY Trust's website was meant to have the consultation plan on an Advance section, although due to a technical problem, it had not been listed for a substantial period during the consultation process. The Joint Committee felt this was unfortunate and that the Trust had lost an opportunity to broadcast the message to another section of the community. The Joint Committee considered that improvements to the website could be made for any future consultation exercise, to make the website a more central element to the process.
49. Members engaged in the scrutiny process were particularly keen to learn as to whether the Advance proposals placed realistic implications on the capacity of Social Care and the voluntary sector. In respect of Social Care, the Joint Committee heard that the proposals had been developed over recent years alongside key partners in Social Care, in such forums as NSF LITs and partnership boards as efforts are made to implement the government's vision for mental health and learning disability services. The Joint Committee was advised that during such discussions, there is a recognition of each agency's role in ensuring standards are met locally and the Trust is confident that through robust investment plans this can be achieved within the timescales outlined in the proposals.
50. The Joint Committee heard that as part of implementing the Advance proposals, the Trust would continue to work with social care agencies to support the development of the infrastructure required to meet the needs of service users and carers in South Easington and the Tees Valley.
51. In respect of the voluntary sector, the Trust accepts it does not have the capacity or in some instances the expertise to provide the range of services and care required by mental health and learning disability service users and carers across the area it serves. It is with this in mind that the Trust will continue to develop relationships with the voluntary sector to support their role within this area and in partnership with other agencies. Through LITs and Partnership Boards, the Trust will work to build capacity in this sector to support new models of care.
52. Throughout the process of evidence gathering, the Joint Committee heard that certain treatments were very popular with service users, especially one known as "talking therapy". It emerged that there have been delays in providing this service and the Joint Committee was interested to know whether these plans would speed up the provision of that service.

53. The Joint Committee learnt that in mental health services across the country, such therapies have traditionally been delivered by psychologists or counsellors. It is a fact that such expertise is in short supply locally and consequently access to such a service has been significantly restricted. As part of its workforce plans, the Trust is developing a comprehensive training programme to equip a number of professionals e.g. nurses with the necessary skills in a range of talking therapies, including cognitive behavioural therapy.
54. The Trust stated that if a person needs to be admitted to hospital, then the therapeutic value of the time they spend as an inpatient should be maximised. The Trust gave the example of rather than seeing a psychologist once a week for 'talking therapy', every professional the service user comes into contact with whilst an inpatient should be trained to use a range of talking therapies.
55. It is, therefore, hoped that the Advance proposals, which are underpinned by new service models and workforce development plans, will indeed speed up this service in the future.
56. A recurring theme throughout the evidence gathering was the importance of carers in making the difference as to whether someone makes a full recovery or not. Consequently, the Trust is committed to involving carers in the drafting of an individual's care plans, where appropriate.
57. In addition, the Trust is also required to offer a carer's assessment and where appropriate develop an individual 'carer's care plan' to ensure the service meets the needs of both the service user and carer in delivering care both in the community and inpatient setting.
58. The Joint Committee was also particularly interested in the topic of supported tenancies for service users with Learning Disabilities. The Joint Committee heard that, the development of supported tenancies for individuals with the most complex mental health or challenging behaviour problems will be provided as part of this development, allowing them to move out of treatment beds or long stay hospital accommodation by the target date of 2006. The Joint Committee heard that this overall service change has the support of Commissioners and Partnership Boards in Stockton and Hartlepool, and has been developed by a multi-disciplinary development group.
59. The Joint Committee was advised that, the details of where the supported tenancies will be provided are still to be determined. Discussions are currently taking place with a number of partner agencies to ensure there is adequate provision to support service users/carers individual needs, the location is accessible and as close to their homes/families as possible.
60. Up to this point, the observations made on the consultation practices of the TNEY Trust, have referred to consultation undertaken under section 7 of the Health & Social Care Act 2001. This is the stage of the process when there is a set of firm proposals to consult on. Before this, a NHS Trust is obliged to conduct a period of consultation known as section 11 consultation. This is a concept whereby patients and the public should be intrinsically involved in the

drafting and design of proposals and not merely presented with a 'fait accompli'.

61. One of the terms of reference for the Joint Committee's consideration of the Advance proposals was the consideration of how effective the TNEY Trust's section 11 consultation had been. To this end, the Joint Committee requested detailed information pertaining to the TNEY Trust's section 11 consultation work, at the commencement of the exercise.
62. On a communication front, the Joint Committee learnt that Advance newsletters have been sent out to 3000 internal and external stakeholders as early as September 2001 and they continued throughout 2002 and into early 2003. Regular features on the Advance programme were then featured in the Trust's "Headline" magazine, as a result of survey results indicating this would be preferable. The bi-monthly publication of this material will continue until the Advance project comes to fruition.
63. In terms of involvement, the Joint Committee heard that in 2002 the Adult and Older People's LITs across the affected patch were consulted with on at least two occasions about developments they would like to see take place. In addition to this, early ideas for developments were discussed with a user/carer involvement sub group formed by 'STAMP'⁶ and made up of user/carer representatives from LIT teams across the area. There were further meetings in June to August of 2002 to discuss proposals with service users/carers at Hartlepool LIT user/carer group, St Aiden's Redcar & Cleveland MIND, Lothian Road Day Centre, Parkside and Saltburn MIND.
64. The Joint Committee heard that from July to September of the same year a further four meetings were held with service users/carers at the Swallow Hotel in Stockton, St John of God Centre in Middlesbrough, Hartlepool Historic Quay and the Regency Hotel in Redcar. The Joint Committee were encouraged to learn that so much developmental work had been done at a grass roots level so early in the Advance programme's life.
65. The Joint Committee heard that on a corporate level, the TNEY Trust facilitates a user and carer forum which meets at least three times a year. Advance was discussed at meetings throughout 2003 and 2004. The Trust also arranged two design workshops in Seaton Carew during the summer of 2004. 60 service users, carers and staff attended each event.
66. The Joint Committee also heard that substantial activity has taken place in all of the local authority areas affected by the Advance proposals. An exhaustive list of activities can be found in the annex, although the Joint Committee were satisfied that an adequate amount of section 11 consultation with stakeholders had gone into the production of the Advance proposals which had gone forward into section 7 consultation. The Joint Committee felt that the TNEY Trust is to be commended on its commitment to meaningful consultation in the development of the proposals and was keen to encourage the Trust to develop this commitment further.

⁶ A Stockton based Service User Group

67. The Joint Committee also had a line of questioning around the buildings and locations connected with the services outlined in the Advance proposals.
68. The Joint Committee learned that a lot of comments by staff groups on the proposals had centred on issues such as car parking, transport, stigma and the future of services which do not form part of the Advance consultation process. They have asked questions around new ways of working required for staff and have stressed to the Trust the need to be fully engaged throughout the process. The Joint Committee learnt that the Trust has undertaken to do this.
69. The Joint Committee learnt that the new buildings will be needs based, to allow people to be cared for in the appropriate surroundings for their mental health problem, and as the service model develops, staff who work in the sites will develop expertise in dealing with the specific condition. In terms of service users who have a physical disability, the Joint Committee learnt that each unit will include at least 2 fully equipped disabled bedrooms with en suite facilities, as well as assisted bathrooms and WC facilities on each ward.
70. The Joint Committee had heard previously from witnesses that stakeholders feared that Advance concentrated too heavily on the improvements to buildings at the expense of the services those buildings would house. The TNEY Trust advised the Joint Committee that in planning for the reprovision of services it was necessary for the Trust to accord with the concept of facilities being fit for purpose, as per the NHS Plan. In addition, the TNEY Trust had identified the following as important elements in achieving high quality services; effectiveness of clinical services, sustainability and flexibility, operational and environmental sustainability, accessibility and staff recruitment, training and development.
71. The Joint Committee was advised by the Trust that these developments of buildings were crucial to delivering modern models of care successfully. The Joint Committee was satisfied that this was the case and whilst mindful of the dangers of concentrating too much on the buildings at the expense of services, considered it appropriate that buildings be intrinsically linked to the ability to deliver better services.
72. Concern had been expressed to the Joint Committee in relation to the reduction of bed numbers and whether or not this was feasible. The Joint Committee was advised that international research and local evidence indicated that the move towards the new models of care indicated that hospital admissions fell by 30%. The Joint Committee heard that the Trust was proposing to reduce beds by 25% over the next five years due to this. On this matter the Joint Committee was satisfied by the evidence presented by the Trust and noted that by reducing beds by 25%, the Trust was erring on the side of caution. At the outset of the delivery of new models of care, this was thought a considered and appropriate step.
73. The Joint Committee received evidence around the need for new locations and facilities moving onto their own sites. The Joint Committee, through the

course of its evidence gathering has encountered the view that people do not want services to move away from an acute setting, as service users and carers feel the stigma of been seen to access mental health services will increase. The Joint Committee heard that the TNEY Trust is sympathetic to this view, although considers the current facilities on University Hospital of North Tees site and University Hospital of Hartlepool site to have outlived their usefulness and to be not conducive to effective mental health services. The Joint Committee acknowledged that it is a difficult situation, although views the matter of primary importance as being the quality of care on offer, as opposed to its location. It is, therefore, the Joint Committee's view that whilst stigma is unfortunate and the Trust and its partners must continue to challenge it, the primary consideration of the Trust must be the quality of the care on offer.

74. The Joint Committee had previously expressed concerns as to whether the Trust would be able to attract the requisite staff, both in terms of quantity and quality, to maintain the proposed facilities. The Joint Committee heard that the TNEY Trust were confident the new facilities were key to attracting new staff , as they provided increased career opportunities. Senior clinicians as well as managers supported this view. Further to this, the TNEY Trust can demonstrate a good record in recruiting staff and is a very active participant in the local NHS Workforce Confederation. In addition it is liaising closely with the University of Teesside on courses for the area to 'grow its own', thereby increasing the chance of people staying with the Trust and in the area.
75. The Joint Committee learnt that the Trust has been engaged with local planning authorities in relation to the new facilities and is of the view that those discussions have gone well. The Planning authorities have advised the TNEY Trust that any planning applications will have to cover an extensive range of topics including size and dimensions of buildings, car park requirements, transport and traffic impact of the developments, views of local resident's associations and such like. To this end, the Joint Committee was advised that a number of detailed pieces of work have been commissioned to ensure all of these requirements are met. The Joint Committee was encouraged to hear such early discussions had taken place and was impressed with the level of attention to detail the TNEY Trust had paid in connection with working with the planning authorities.
76. The Joint Committee was also interested to hear the TNEY Trust's views on the affordability of the scheme and the increased costs it would incur for the commissioning PCTs, who already face financial challenges. The Joint Committee heard that the PCTs had endorsed the proposals and the proposals were affordable and achievable within the current resources available to PCTs. Further to this, the Trust has received letters of support including the commitment of financial resources from all the commissioning PCTs. The Joint Committee accepted that this was all the TNEY Trust realistically needed to pursue the proposals and if the PCTs had stated the proposals were affordable, the Joint Committee was not in a position to dispute this.

77. The Joint Committee was encouraged to learn that the TNEY Trust see the role of the carer and the voluntary sector as key in delivering the advance proposals and that both will continue to be actively engaged in the delivery of the proposals. Particularly the role of the carer and the concept of respite care were raised at every consultation event, the Joint Committee was advised. Again, the Joint Committee was pleased to hear this topic was receiving high level attention and considered it appropriate to maintain an active interest in developments within this field as the proposals advanced.
78. The Joint Committee was particularly interested to hear about the impact of the proposals on the BME community and as to whether its unique needs had been taken account of. Specifically, the Joint Committee were interested in hear if the lessons of the David Bennett inquiry had been heeded.
79. The Joint Committee heard that an audit has taken place to benchmark the Trust against the standards espoused in the inquiry's recommendations and has prepared an action plan in response to Government's recommendations.
80. The Trust has set up a race, ethnicity and diversity steering group, led by a Board member, which has had an active role in the preparation of new services in Advance.
81. The Joint Committee was pleased to learn that the Trust has prepared all of its inpatient areas to take part in the national BME survey on March 31, 2005 and sees this information to be invaluable in the taking forward of the Advance proposals.
82. In addition to this, each LIT has carried out a BME themed review and as a result, some have established BME subgroups to develop new work plans for services.
83. The Joint Committee was also keen to question the Trust around the concept of needs based care and accommodation for adults and a 'combined care centre' for older people. The Joint Committee was concerned that this represented a contradiction as it appeared all older people would be 'lumped' together. The Joint Committee was assured this was not the case, as under the combined centre doctrine, there would be facilities for each speciality. The Joint Committee viewed this as a satisfactory reply and it allayed any concerns that were present

NHS INPUT – FROM THE STRATEGIC HEALTH AUTHORITY

84. The Joint Committee held a second evidence gathering meeting on 17 January 2005, at Hartlepool Civic Centre, with the County Durham & Tees Valley Strategic Health Authority in attendance.
85. The Joint Committee heard that, as far as proposals for service development are concerned, the Strategic Health Authority (SHA) has two roles. Firstly, it has a responsibility to probe the proposal's economical viability and ensure

that the proposals are financially sound. The Joint Committee was advised that in this case, the SHA was satisfied the proposals are financially sound.

86. Secondly, the SHA has a responsibility to ensure that the proposals are consistent with the prevailing national policy guidance. On this second point, the Joint Committee was advised the proposals are consistent with national policy. This was particularly so in Learning Disabilities where the two key services of Local Assessment Treatment and an integration with community solutions should be the aspiration.
87. The SHA referred to four national documents which are key to the service areas under consideration. These are the National Service Framework for Mental Health, the National Service Framework for Older People, the NHS Plan and the White Paper on Learning Disabilities *Valuing People*.
88. In addition to the national policy framework, there are also local arrangements to which Advance is obliged to pay regard. The SHA stated that the Advance proposals are consistent with the principles in specialist Mental Health and specialist Learning Disabilities Review undertaken by the SHA and the regional commissioning framework for forensic services.
89. The Joint Committee heard that national policy is very much focused on the reduction of admissions into hospital and building the community infrastructure, to support more people in their own homes. The SHA advised that the Advance proposals are very much underpinned by the community facility and the theme of support for people in their own homes.
90. The Joint Committee was advised that a particularly positive aspect of the Advance proposals is the absence of potential age discrimination. Whilst national policy dictated that Adult services ran from the ages of 18 to 65 and Older People's services were from 65 onwards, it was not taken for granted that service users would get 'pushed' into older people's services as they hit their 65th birthday. The doctrine of the Advance proposals is that each case would be judged on its individual merits, with people continuing to access the services most appropriate for their needs. The SHA sees this as a positive development.
91. The Joint Committee also heard that whilst some specialist forensic services are commissioned nationally by the Home Office and Department of Health, they are also commissioned regionally, within nationally recognised guidelines. The expansion of such services would be housed on the St Luke's site, as service users come back into the region from out of area facilities.
92. The SHA advised the Joint Committee that it felt the Advance proposals' major strength were its community-based facilities, such as the CRISIS Teams. These are based on local, speedy and intensive intervention, which evidence suggests can reduce the strength of the mental health episode. The Joint Committee heard that these services are reducing the rate of hospital admissions by 30%.

93. It is this concept which Advance is predicated upon. That is, one of community treatment wherever possible, although if not, hospital facilities are available. Within hospital, people are accommodated on the basis of symptoms, with different strands of mental health need not being mixed. Such crisis beds are to be locally based, for two to three days' intervention.
94. The Joint Committee heard that the SHA is highly supportive of Advance. It is incredibly expensive, although it is worth it.
95. The Joint Committee enquired as to the rationale behind the services for adults and older people. Under the Advance proposals, adult services would be organised on the basis of medical need and service users would not be accommodated on generic wards. Further to that, the Advance proposals outlined that older people would be cared for on combined care centres. Whilst this appeared to be highly contradictory, which the SHA acknowledged, it was, like the rest of Advance based on the best international evidence. It was further explained that combined care centres would have specialist units within them for specific complaints. The SHA was, therefore, satisfied with that element of the proposals.

NHS PERSPECTIVE – NSF LIT

96. At its meeting of January 31st 2005, the Joint Committee heard from a representative of the NSF LIT.
97. The Joint Committee heard that the key NSFs in relation to the Advance proposals were the NSF for Older People, which was published in 2002, and the NSF for Mental Health, which was published in 1999.
98. The Joint Committee learned that the Advance proposals are thoroughly consistent with the standards set in the NSFs, and that the measures outlined in the proposals make it significantly easier for local service providers to satisfy those standards on a more sustainable basis.
99. On the subject of consultation, the Joint Committee heard that the Trust had consulted extensively on the subject of Advance, over a number of years. The Trust had, however, done itself a disservice by not advertising and publicising more the amount of consultation undertaken. The Joint Committee were encouraged to hear that this topic was probably under-represented in the Advance proposals document and it had not explained fully enough the amount of consultation which had led to the proposals as published. The time constraints imposed on the project were acknowledged as a possible reason as to why the Trust had not commissioned the 'not for profit' sector to assist in the consultation, although it was felt this may be an avenue to pursue in the future.
100. The Joint Committee heard that, in particular, much of the existing building stock can not be adapted any further to provide the modern specialised services to respond to the needs of individuals as envisaged in the NSFs. The proposals are not solely concerned with the modernisation of premises from which to provide improved services, but involve the further development of

community based services and provide more effective support. The Joint Committee heard that the expansion of new community services such as crisis resolution, assertive outreach and 24 hour services were in line with national policy, as were the Advance developments of new facilities for adults at the St Luke's site.

101. Concern was raised over the feasibility of staffing the new facilities and the Joint Committee learnt that the commissioning PCTs had committed their efforts and resources to recruitment programmes and staff development schemes. It was acknowledged that, particular areas of expertise were experiencing staff shortages on a nation-wide basis. The importance of working with the University of Teesside and other such institutions to develop syllabuses and for the area to 'grow its own' experts was stressed, as it is people from the area who are more likely to stay in the area.

NHS INPUT – INFORMAL FEEDBACK FROM HARTLEPOOL, STOCKTON & MIDDLESBROUGH PCTs

102. As part of the Joint Committee's consideration of the Advance proposals, the Joint Committee was very keen to gain the views of the commissioners of mental health & learning disability services, namely the PCTs. Information was sought from PCTs to provide a snapshot of how they viewed the Advance proposals as a concept and their views on the proposal's deliverability.
103. Representatives of the Joint Committee approached Middlesbrough, Stockton and Hartlepool PCTs. They were asked a prearranged set of questions that can be found in the annex to this report.
104. The evidence received would indicate that the local PCTs are very supportive of the Advance proposals. The PCTs indicated that they feel they have been well involved at all stages of the process and feel that they have had a positive impact on the proposal's design.
105. The evidence received would indicate that the PCTs are of the view that TNEY Trust is to be congratulated on the Advance proposal's content. Advance is wholly consistent with national policy and is, at its core, evidence based. Further to that, by preparing the proposals, the TNEY Trust has indicated it is not satisfied to merely 'put up' with the services currently on offer and have elected to design services as opposed to "papering over possible cracks".
106. The PCTs have advised that they are confident the necessary community infrastructure will be in place by the time Advance comes fully on stream, in 2008-9.
107. On the basis of the evidence received, the PCTs are confident that the Advance proposals are well placed to meet the health needs of the Tees Valley communities. They are indicative and consequently cater for development in capacity within certain areas of expertise. They also build

capacity in 'growing areas' of poor mental health, in line with national trends. For example within dual diagnosis.

108. On the topic of consultation, the PCTs feel there has been a significant amount of consultation and it has been adequate. The PCTs outlined the fact that there have been regular meetings with the commissioners and other stakeholders including patients and the public, which were open and public meetings. The PCTs felt it should also be noted that a significant amount of stakeholder consultation had gone into the drafting and preparation of the proposals and the accompanying consultation document.
109. The PCTs are more than satisfied that the proposals are consistent with their vision for healthcare in their locality. Quite simply, the PCTs would not support the proposals unless they were reflective of their overall aims for the local health economy and the PCTs could afford the extra revenue expenditure.

PATIENT AND PUBLIC INVOLVEMENT PERSPECTIVE

PATIENTS' FORUM

110. As a second part to the meeting on 17 January 2005, the Joint Committee discussed the proposals with the TNEY Trust's Patients' Forum.
111. The Patients' Forum expressed the view that Mental Health & Learning Disability services had been the 'Cinderella' service of the National Health Service and welcomed that the TNEY Trust were pressing ahead to design and deliver improved services. The Patients' Forum felt that a reason for this was the effect that the National Service Frameworks is having of focussing minds. On the topic of the consultation the Patients' Forum took the view that it should be a process as opposed to an event, and it was absolutely vital to involve carers fully in the consultation.
112. The Joint Committee learnt that the TNEY Trust has consulted with the Patients' Forum and other key stakeholders over the 'Fast-track' element of the proposals for Hartlepool, with the Patients' Forum feeling that the consultation was very impressive.
113. The Joint Committee heard from the Patients' Forum that whilst a move away from the asylum model of care was to be welcomed, dedicated community facilities brought their own set of problems. They could result in stigma for those seen to be attending, where service users visiting a Mental Health facility within a larger acute hospital would not necessarily be readily identifiable. The example of Stockton was cited, where people will move from a District General Hospital setting to a dedicated facility. Whilst the importance of stigma was heralded to underpin everything Advance was about, it would seem that this, although a move to superior facilities, would reinforce the stigma.
114. The Joint Committee learnt that in the Patients' Forum's view, the Advance proposals do not necessarily take sufficient notice of cultural sensitivities and the lessons to be learnt from the independent inquiry into the death of David

Bennett in a medium security psychiatric unit. The Patients' Forum also noted that the coercive nature of the incoming Mental Health Act would impinge on the TNEY Trust's capacity to deliver the Advance proposals.

115. The Joint Committee heard from the Patients' Forum that gender specific accommodation was important to service users, as this was integral in contributing to a feeling of safety. Equally important to service users was a seamless model of care, where following discharge from a hospital setting, they were cared for in a community setting by the same team.
116. The Joint Committee learnt that whilst the Patients' Forum welcome the development of more specialised services to be based in Middlesbrough, they were mindful that, given the size of the area served by the Trust, one should be careful about describing the services as 'local' per se. The Joint Committee heard that the Patients' Forum are concerned there may be a subtext of centralising services in a main borough.
117. The Joint Committee learnt that whilst the Patients' Forum is very supportive of the plans for new buildings, it is concerned at the number of bed reductions under the Advance proposals. The Patients' Forum is not against the bed reductions per se, although for the Advance proposals to be delivered successfully, there will need to be further developments in community infrastructure to sustain the shift in emphasis.
118. The Patients' Forum further advised the Joint Committee that it was hoped that the Advance proposals would improve services to people across the area of the Trust, as at times, services can be patchy. It is particularly concerned that deprived areas of the Trust do not suffer from poor access to services, as there is significant correlation between poor mental health and deprivation.
119. The Joint Committee heard from the Patients' Forum that in relation to the Advance consultation, the Trust could have improved its communication processes in some respects, particularly in relation to the Parkside Unit in Middlesbrough. It was felt that the Trust could have been more open and direct with service users about the plans to move the services based there to the St Luke's site. The Patients' Forum was confident that there were good clinical reasons for this move and the Trust could have been more honest with people.
120. The Joint Committee heard that ultimately, all service users want is consistent, fair access to flexible and responsive care. The Patients' Forum added that whilst the Advance proposals were comprehensive in their visions for services, it was important to recognise that services will have to continue to evolve to meet the requirements of Mental Health Care.
121. The Joint Committee learnt that the Trust should be particularly keen to talk to service users and carers from the BME community to seek their views. The Patients' Forum advised Members that many Mental Health approaches are somewhat Euro-centric and not necessarily recognised by other cultures. It was important to engage with BME communities to ensure Mental Health

services were meeting their needs and services did not lose their relevance for these sections of the community.

122. The Patients' Forum was unclear as to the purpose of the Advance consultation video. The Patients' Forum felt it did not discuss the proposed changes, or the reasons for change. The Patients' Forum felt that the video only really covered people's wishes and the importance of challenging stigma, which whilst a laudable and valuable aim, the video did not cover the proposals in significant detail to be justifiably called a 'consultation' video.
123. As regards the document's presentation, the Patients' Forum felt that the document was very impressive to look at although was concerned it sacrificed function for style. The Patients' Forum felt that the typeface was too small, too technical language was used and the colours employed were not conducive to the document being easily readable. The Patients' Forum expressed to the Joint Committee the need to suit the document to its intended audience, which it was not convinced it had done.
124. The Patients' Forum expressed the view that dialogue between the Trust, service users and carers needs to continue beyond the time when the proposals and service developments are crystallised, as people's and organisational needs can change.
125. In respect of service user consultation, the Patients' Forum sees its role as a catalyst, encouraging both parties to engage, with the ultimate aim of improving the services provided.
126. The Patients' Forum did, however, feel that certain elements of the consultation process could have been improved. The Joint Committee heard that the Advance section of the Trust's website was poor, it did not provide sufficient information on the Advance proposals and nothing was listed under the heading of 'consultation plan'.
127. The Patients' Forum stressed that whilst public meetings are a useful element of a consultation process, they were not the only method of consulting and were concerned that public meetings had been relied on too heavily to gain people's views. The Joint Committee heard that not everyone is comfortable attending and participating in public meetings, especially when being asked to talk about sensitive matters such as their mental health problems/needs.
128. In addition to this, the Patients' Forum suggested that whilst established groups such as MIND were being actively included, the individual voices were sometimes harder to hear. The Patients' Forum was very keen to see the Trust continue to endeavour to reach out to the smaller groups, to ensure their views were also heard. It was added that these views should be sought in an environment most suited to those contributing and the Trust should avoid the 'one size fits all' approach of consultation techniques. The Joint Committee learnt that service users and carers were very interested in receiving feedback on the contributions they had made and the impact of their contributions.

129. The Joint Committee learnt that the Patients' Forum felt that the consultation document could have been improved upon, in respect to its readability, lack of service specific detail and non reader-friendly type size and colour of ink.

REDCAR & CLEVELAND MIND – CONTRIBUTION

130. The Joint Committee held a further evidence-gathering meeting on 31 January 2005. The Director of the Redcar & Cleveland branch of MIND presented a written submission, which can be seen as in the annex. The meeting then opened into a wider debate.
131. The Joint Committee learnt that the overall position of Redcar & Cleveland MIND in relation to the Advance proposals was that they were to be welcomed as necessary, appropriate, very positive developments, so long as they deliver what they say they will deliver.
132. More specifically, the Joint Committee heard that the Redcar & Cleveland branch of MIND were particularly positive about the following points. The new facilities promise increased patient privacy, including the consultation of relevant people within the care plan, which is to be welcomed. The proposals promise person centred care, which again is a positive development. The Joint Committee heard that patients often know best how to manage their condition. Making care something that is planned with the patient, rather than done to them, is likely to produce significant health benefits for those concerned.
133. The Joint Committee heard that Redcar & Cleveland MIND welcomed the development of specialist buildings/facilities for specific complaints and single sex accommodation where appropriate. The Joint Committee heard that Redcar & Cleveland MIND was satisfied that the proposals seemed to be consistent with the NSFs, and drew particular attention to the attention given to the well being of the carer by the Advance proposals. This is a major theme of standards five and six of the NSF for Mental Health.
134. The Joint Committee heard that in relation to service provision, Redcar & Cleveland MIND has one overarching concern, which is that of the accessibility of rural facilities and the associated transport difficulty. It was agreed that it was not acceptable for people to be missing out on crucial medical help/intervention due to substandard transport infrastructure, nor was it acceptable that access to service provision might be dictated by where people lived. The Joint Committee shared these concerns and undertook to explore this point with the Trust at a later date.
135. The Joint Committee also heard Redcar & Cleveland MIND's views on the consultation of service users and carers that had gone on around the preparation of the Advance proposals. The Joint Committee heard that Redcar & Cleveland MIND felt it had been adequately consulted by the TNEY Trust and it felt it had been listened to, in relation to the services provided for in the Advance proposals.

136. The Joint Committee learnt, however, that some of the service users Redcar & Cleveland MIND works with, feel they have not had an impact on the service design in the Advance proposals, despite their contributions. This is especially so in relation to community services. The Joint Committee also heard that a significant amount of service users do not feel involved and have expressed the view that they did not know the Advance proposals were 'in the pipeline'. The point was made, however, that when some people say they have not been involved, it is sometimes due to the fact that they have not availed themselves of opportunities to be involved.
137. The Joint Committee also heard that some service users chose not to get involved with the consultation due to feeling they had been asked to contribute to such exercises in the past and didn't feel their views were listened to. It led them, therefore, to adopting a 'what's the point?' approach. The Joint Committee heard further that amongst a wide cross section of service users, there was a feeling that the proposal's contents are fixed and will not be changed whatever service users propose.
138. The Joint Committee heard from Redcar & Cleveland MIND that those service users who have engaged with the process, are supportive of the proposal's content, so long as the changes are delivered in line with what is promised. They are particularly supportive of the new buildings, demolition of St Luke's and the Advance proposal's underpinning ethos of challenging stigma. Further to that, service users are very keen to see the sustained development of community services, as they prevent hospital admissions and aid a more speedy recovery.
139. The Joint Committee learnt that Redcar & Cleveland MIND had reservations over the methodology employed during the consultation process. The Joint Committee heard that there were reservations that too much emphasis had been placed on gaining stakeholder's views in public meeting settings. Concern was expressed that people who have mental health problems are not at all likely to want to stand up in front of people and air their views. Further to this, stakeholders may not even want to attend such events and potentially 'admit' they have mental health problems.
140. The Joint Committee heard that in potentially over-using this medium at the expense of other media, the Trust was running the risk of only hearing from the 'usual suspects'. Further to this, the Joint Committee learnt a consultation would benefit much more by talking to people in environments where they felt safe, where a consultation went out to people as opposed to inviting them to attend events. It is not that public meetings are not valuable, far from it, only that they should be part of a wider process and not over utilised. The Joint Committee heard that if they are overused, the feedback obtained may well be somewhat one dimensional and over representative of some stakeholders' views at the expense of others.
141. The Joint Committee learnt that Redcar & Cleveland MIND would have been happy to conduct consultation on behalf of the TNEY Trust in respect of its

service users. The Joint Committee heard that it may have been problematic that the Trust undertook the consultation itself.

142. The Joint Committee heard that Redcar & Cleveland MIND felt the consultation document could have been improved through better consultation before it was published. Note was made of the small text size, ink colours and jargon employed as being hard to read. It was felt this would be especially so for people with learning disabilities.

HARTLEPOOL MIND – CONTRIBUTION

143. At its meeting on 14 February 2005, the Joint Committee also heard from representatives from Hartlepool MIND.
144. The Joint Committee heard that Hartlepool MIND takes on around 700-1000 new clients each year. The Joint Committee was advised that Hartlepool MIND were not involved by the Trust in the consideration of Advance until January 2005, when they were invited to a meeting with the Trust attended by around twenty people.
145. Regarding the proposals, the Joint Committee heard that Hartlepool MIND's clients were not concerned or impressed with new buildings but wanted to see the money invested in better services and better care. The Joint Committee was advised that, in the opinion of Hartlepool MIND, the proposals concentrate too much on buildings and physical infrastructure at the expense of clinical services.
146. The Joint Committee heard further that Hartlepool MIND's clients did not wish to see Mental Health services located on a different site to acute services, as such a move would, it was expressed, increase the stigma felt by service users and carers. To clarify, it was explained to the Joint Committee that Hartlepool MIND felt that all the proposals meant for Hartlepool was that people were being moved out into the community to receive the same model and standard of services.
147. On the subject of consultation, Hartlepool MIND felt that the TNEY Trust should have asked such organisations as MIND itself to assist in the consultation and were confident that they could have enhanced the outcome of the consultation.

CARER PERSPECTIVE – REPRESENTATIVE FROM 'THE LINK'

148. On the 14 February 2004, The Joint Committee took evidence from a Carers Group, called 'The Link' from the Stockton area. The Joint Committee heard from the 'The Link' that it had been involved for two years with the development of the Advance proposals.
149. The Joint Committee heard that the plans to base more services at home were to be welcomed as a positive step, as carers' experiences indicated that people's conditions can often worsen once they are placed in an acute setting. This point was made with a note of caution however. Fears were

expressed to the Joint Committee that if people were to be cared for at home, a valuable opportunity for carers' respite would be lost by service users not being admitted into acute care, as they are under other service models. It was felt that in the move to more community care, proper consideration had not been given in this instance to the needs of carers.

150. The Joint Committee learned that improvements could have been made to the consultation process, whilst overall, the Group was satisfied with its level of involvement.
151. In particular, the Joint Committee heard that contact with "eight people two years ago over services based in Hartlepool had been deemed as consultation", and would have liked to have seen wider involvement on this matter. It was expressed that some service users and carers felt that the Trust had only consulted with a few people in the service user and carer domain to satisfy the requirement and the service user and carer involvement had not been as full as it should have been. The Joint Committee also heard that in the future, 'The Link' would be happy to assist in co-ordinating consultations if the Trust felt that would benefit a consultation.
152. The Joint Committee heard that it was critical that the Trust continued to talk to service users and carers and in relation to Advance, there should not be a 'cut off point' as such for involvement in the development of services.
153. The point was also made that without private transport, it is difficult for service users and carers to get around the Trust's sites and the Trust should be encouraged to do all it can to influence an improvement to the public transport infrastructure.

ISSUES PARTICULAR TO COUNTY DURHAM

154. As stated elsewhere, This report has been produced as a result of the deliberations of a Joint Committee between the Tees Valley Local Authorities and Durham County Council. Due to its geographical location, County Durham residents affected by the proposals face specific issue relating to these services, located exclusively in the Tees Valley. Consequently, it was thought most appropriate to dedicate a section of this report to exploring particular issues of concern for the County Durham population.

POSITION IN COUNTY DURHAM

Background

155. The Advance Proposals mainly affect the southern part of Easington District although in terms of forensic services the whole of the County is involved.
156. Easington Primary Care Trust provided a presentation to the Durham Health Scrutiny Sub-Committee during the consultation period. The purpose was to concentrate specifically on the impact on County Durham residents. The main points which arose were:-

- 156.1 there has been considerable investment in mental health services in Easington over the last four years.
- 156.2 this has reduced the need for people to be admitted to hospital.
- 156.3 the current hospital facilities do not provide an environment that is appropriate in modern mental health care.
- 156.4 the Advance Proposals have the full support of Easington Primary Care Trust.
- 156.5 community Services in Easington still need to be developed and there are plans to do so.
- 156.6 the overall proposals should produce a significant improvement for patients.

The Patients Who Will be Affected in County Durham and the Impact on Services

157. Hospital based services for adults

- 157.1 During the period April 2002 to March 2003 there were 513 adult acute admissions to the Hartlepool Mental Health Unit and the following year 2003/04 this reduced to 385 admissions. Typically, Easington residents make up around 33% of total admissions to the unit. In 2003/04, this equates to approximately 130 admissions.

158. Services for older people

- 158.2 During the period April 2002 to March 2003 there were 35 admissions to Hartlepool Older Persons Mental Health Unit and this figure was similar in the year 2003/04 when it was 34 admissions
- 158.3 A priority for investment in 2004/05/06 local delivery plans will be the further development of the community infrastructure of services required to support the combined care centre model proposed for the new facilities in Hartlepool.

159. Rehabilitation and recovery services for adults

- 159.1 The assumption is that two beds will be required by Easington residents under the new arrangements.
- 159.2 As part of the Advance proposals a specialist rehabilitation and recovery unit will be developed on the Parkside site in Middlesbrough and will service the populations of South Easington and Teesside where specialist in-patient provision is required. However, as with the rest of the services, through investment by local primary care trusts, there has been significant development in community infrastructure to support this client group and, in particular, the local assertive outreach team based in Easington will provide the majority of support to the majority of service users as close to their own homes as possible. South Easington residents will also continue to have

access to both rehabilitation and continuing care facilities provided locally within Mulberry House in Easington.

160. Forensic services

160.1 There has only been one Easington resident admitted to the Hutton centre in the last 3 years. However, there are a number of County Durham residents currently being treated in the private sector or NHS out of the area.

161. Local improvements in Easington to avoid the need for travel out of county for services

161.1 Over the last 2-3 years there has been an increased investment in mental health in both primary and community services. For the period April 2002 to March 2003 Easington's community staff reported a total of 110 service users on their caseloads. The following year 2003/04 reported an increase to 494 patients. This upward trend when compared to the reductions in inpatient admissions supports the evidence that a community focussed model which is at the heart of the advance proposals, will reduce the need for hospital admissions.

161.2 The proposed Advance development of more specialist services on the St Luke's hospital site will also allow patients to be treated much closer to their own homes than previously allowed. Examples include eating disorder, mother and baby and forensic services where currently patients are being treated in Newcastle, York and further afield in order to meet such specialist needs.

162. Consultation with specific interest groups.

162.1 In the spirit of the Section 11 guidance, the consultation and involvement around the Advance Project began over 2 years ago when the Trust began to discuss its plans with local stakeholders, including a number of user/carer forums including focus groups in each locality, LIT groups, the Trust's own User/Carer reference group which all include representatives from the above.

162.2 As part of the formal 14 week Section 7 consultation process all the above groups have been sent the formal consultation document and have been offered the opportunity to discuss any of the issues further either directly within their own forums or as part of LIT discussions. In addition the Trust, in partnership with Easington PCT, held a locality-wide consultation event on January 14th at Shotton Hall which attracted over 70 people from across the area to take part in a wider debate on the future of services for the Easington locality and the future design of any new premises proposed.

163. Equity of Services – Comparison with Services in the Remainder of County Durham

163.1 Secondary Mental Health Services for the people of Easington are provided via 3 main NHS Trusts in the area who are all at various stages in terms of introducing changes in line with National Service Frameworks around Mental

Health, Older People, Children and the White Paper Valuing People & Learning Disabilities Services.

163.2 In terms of South Easington, the Tees & North East Yorkshire NHS Trust with its Advance proposals aims to improve the inpatient facilities based in Hartlepool, Stockton and Middlesbrough.

163.3 In terms of Sedgefield, the County Durham Priority Services NHS Trust have recently completed a new inpatient unit at its West Park Site in Darlington and are currently preparing an Outline Business Case to improve their inpatient facilities for the residents of North Durham.

163.4 In terms of North Easington, the South Tyneside Priority Services NHS Trust is currently preparing an outline business case to redevelop the Cherry Knowle Hospital Site in Sunderland and this will be the subject of a separate consultation exercise.

163.5 Once completed the various organisational plans to improve services for all Easington residents will compare favourably with services in other parts of County Durham leading to improved equity of services.

164. Local transport survey and audit of traffic specifically for County Durham residents

164.1 For County Durham residents, transport to health facilities in Tees Valley is a very important issue. As part of the Tees Acute Services Review, County Durham and Tees Valley Strategic Health Authority commissioned a comprehensive transport survey. The results of this survey specifically include recommendations for the people of County Durham and have already and will continue to influence the transport arrangements to the new facilities.

164.2 The Trust has already undertaken a more local survey to establish the requirements of Easington residents if the new facility as proposed is moved from its current location at the University Hospital of Hartlepool to a new purpose build facility in Lancaster Road in Hartlepool (approximately 0.8m from the existing service), close to the current Marina development. Following initial findings an independent traffic survey has been commissioned.

164.3 Finally, as the Trust currently runs a courier service between all of its 42 sites across South Easington, Teesside and North East Yorkshire it has commissioned an internal feasibility study to assess the demand to convert some of these routes to a minibus service to be accessed by users, carers and staff of the Trust.

165. What changes are needed to make sure that public transport and access is easier to the new facilities from County Durham

165.1 The key will be to ensure that the need to facilitate easy transport links particularly for those who use public transport is genuinely pursued and that

the practicalities rather than the theory of public transport journeys are recognised.

165.2 The Trust is discussing possible changes with local bus companies to ensure good access to the new facilities e.g. re-routing certain bus routes to pass directly by the new development. A commitment to try to ensure that improvements are delivered is important.

166. Car parking arrangements and future parking charges strategy

166.1 Bearing in mind County Durham residents will need to travel some distance to the new proposed facilities, car parking and car parking charges are important issues. In a recent survey undertaken by the Trust around 83% of the service users & carers visit the units by car. It is important, therefore, that there should be firm commitments to provide adequate car parking as part of these new developments. The Trust has indicated that it supports this approach.

166.2 In terms of a car parking charges strategy, the Trust currently runs a free car parking strategy at all of its sites and at this point has indicated that it has no intention to change this as part of the new developments. This is an assurance which needs to be preserved in the event of any private finance initiative to provide the new facilities.

167. Views About the Proposals as They Affect County Durham Residents

167.1 Contact has been made with the local Patient Forums and the Durham County Service User and Carer Forum. Seeking views from those who will be affected is not easy. One written representation was received from a member of the Easington Forum who expressed concern about the future in relation to the ageing population and whether the proposal adequately anticipated this major change in demographics. There was also concern about younger patients and whether there were sufficient staff resources to ensure a timely intervention relating to the emergency care unit at Hartlepool. Similarly, there is concern about staffing shortages to support clients in the community.

167.2 Very often, the traditional consultation methods are hardly appropriate where service users are experiencing mental health difficulties. The overall view as far as Durham is concerned appears to be positive in that more local services are being introduced to avoid travelling to units out of the County. For those patients who need specialist in-patient or out-patient care, new purpose-built facilities are seen as beneficial.

CONCLUSIONS

168. On the basis of the evidence received and considered, the Joint Committee is of the view that the proposals, should they be implemented as outlined to date, are timely, proportionate, fit for purpose and wholly consistent with the prevailing national policy framework.

169. The Joint Committee is of the view that the TNEY Trust and its partners has provided significant opportunities for stakeholders to contribute to the proposals, both during the formal consultation period and when proposals were being drafted.
170. The Joint Committee concludes that whilst public meetings play an important part in the consultation process, they should only be a part a wider complement of consultation techniques. Public meetings can be daunting for many people and this increases when the issues under discussion revolve around Mental Health. On the basis of the evidence received, the Joint Committee feels the TNEY Trust and its partners should guard against an over-reliance on consultation by public meetings.
171. The Joint Committee welcomes the use of a modern medium such as video in the consultation process. The Joint Committee, however, is of the view that the 'One Wish' video would be best not described as a consultation video. It did not outline any of the plans, or tell the viewer what was proposed for Mental Health & Learning Disability Services in the area. Its format of 'one wish' would be more appropriate to show at the commencement of a section 11 consultation process, to encourage stakeholders to think about developments they would like to see to services. Because of this, the Joint Committee does not feel the section 7 consultation period was the most appropriate place for the video's showing.
172. On the basis of the evidence received and considered, the Joint Committee considers that the commissioning PCTs are fully supportive of the Advance proposals and are able to take on the added expenditure incurred by the proposal's successful implementation.
173. The Joint Committee considers that the consultation document could have been more reader friendly, in terms of size of font and colour of type face used. The Joint Committee notes that the TNEY Trust has learnt lessons in relation to the presentation of information in the consultation document and would hope these lessons will be applied in the future.
174. The Joint Committee would like to place on record its view that the TNEY Trust and its partners should be highly commended for its efforts and commitment to the ethos of the Patient & Public Involvement Agenda in developing mental health & learning disability services. Throughout the consultation process the Joint Committee has found the Trust to be exceptionally helpful, accommodating and knowledgeable. In particular, the Joint Committee was impressed with the high level of officers who came to attend meetings. The Trust's commitment to the people it serves is impressive and is something for which it deserves a great deal of recognition.
175. The Joint Committee would like to place on record that any criticism made of the Trust's activities in connection with the Advance proposals is intended to be constructive. The Joint Committee is of the view that relative weaknesses in the process are largely down to Advance being the first project to be handled under the recent Patient & Public Involvement developments. The

Joint Committee would hope that the Trust and its partners learn those lessons for future exercises.

176. The Joint Committee considers it appropriate for the TNEY Trust to provide twice annually updates for the Joint Committee on the proposals' implementation.

RECOMMENDATIONS IN RELATION TO THE ADVANCE PROPOSALS

177. That in future large scale consultations, the TNEY Trust commissions the local independent sector to complete part of the consultations with their client groups to feed back into the overarching consultation of the Trust.
178. That the TNEY Trust continues to involve key stakeholders such as service users, carers and advocates in the carrying forward of the Advance proposals, as they and the facilities to which they relate evolve.
179. That in the development and completion of any new facilities, the TNEY Trust ensures that there is an adequate supply of car parking facilities for service users, carers and visitors.
180. That during the negotiations for the construction and maintenance of any new facilities to be provided the TNEY Trust ensures that its current policy of providing free car parking for service users, carers and visitors should be maintained
181. That the TNEY Trust continues to work closely with partner agencies to develop an effective public transport infrastructure to assist local people in accessing the sites of TNEY facilities.
182. That the Trust continues to integrate the values of "Strengthening Accountability – Section 11 guidance" into its operations when looking to develop services.
183. That in future consultation exercises, the TNEY Trust seeks to maximise input from all possible sources and new consultation techniques be investigated to facilitate this.
184. That in future consultation exercises, the TNEY Trust develops it's website to provide more detailed information about the proposals and consultation process. To this end, the website can be treated by stakeholders as a 'one stop shop' for information pertaining to as to how they may influence the consultation, and advertising other events such public meetings connected to the consultation process.
185. That in future consultation exercises, the TNEY Trust investigates the possibility of having a consultation form on its website, where people may submit comments online 'there and then'.
186. That future consultation documents continue to be designed and written with the intended audience in mind and are 'tested' on a section of the intended

audience for readability. If circumstances allow, the 'crystal mark' accreditation should be sought from the proper authority.

187. That the TNEY Trust continues to keep the Joint Committee up to date with the progress of the Advance proposals and their implementation. To this end, it is recommended that the Trust attends a meeting of the Joint Committee, upon invitation, every six months to provide this information.

ACKNOWLEDGEMENTS

188. The Joint Committee would like to place on record its appreciation and gratitude to the following people for their contributions to this Scrutiny Review.

188.1 Representatives from the Tees & North East Yorkshire NHS Trust. Particularly Eileen Grace - Chair of the Trust, Moira Britton OBE - Chief Executive, Jim Brydon - Director of Corporate Development & Planning, Caroline Parnell - Head of Communications and Lisa Moore - Advance Programme Manager.

188.2 Ewen Weir, Policy Lead for Mental Health & Learning Disabilities, County Durham & Tees Valley Strategic Health Authority

188.3 Graham Allison, Manager, National Service Framework Local Implementation Teams.

188.4 Sharon Street, Director of Redcar & Cleveland Branch of MIND

188.5 Catherine Wakeling, Manager of Hartlepool Branch of MIND

188.6 The Tees & North East Yorkshire NHS Trust Patient & Public Involvement Forum

188.7 Dee Clark, representative from the LINK carers group, based in Stockton

188.8 Middlesbrough, Hartlepool and Stockton Primary Care Trusts.

BACKGROUND PAPERS

189. The following background papers were used in preparing this final report.

189.1 National Service Framework for Older People, Published by the Department of Health. See www.dh.gov.uk

189.2 National Service Framework for Mental Health, Published by the Department of Health. See www.dh.gov.uk

189.3 'Valuing People' a White Paper on Learning Disabilities, published by the Department of Health. See www.dh.gov.uk

189.4 'Keeping the NHS Local: A New Direction of Travel' Published by the Department of Health. See www.dh.gov.uk

- 189.5 'Strengthening Accountability' Section 11 Consultation Guidance. Published by the Department of Health.
- 189.6 Overview & Scrutiny of Health Guidance. Published by the Department of Health. See www.dh.gov.uk
- 189.7 'Delivering race equality in mental health care'. Published by the Department of Health. See www.dh.gov.uk
- 189.8 Making Health Scrutiny Work: The Toolkit'. Published by the Democratic Health Network. See www.dhn.org.uk
- 189.9 Advance Consultation Document: Published by the TNEY Trust. See www.peoplelikeus.nhs.uk
- 189.10 Letter to Joint Committee from the Green Lights Service Users Group. Based in Eston.
- 189.11 Letter from North Yorkshire County Council to the Joint Committee secretariat stating that in their view, they did not need to be involved.

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