

IRP

Independent Reconfiguration Panel

*ADVICE ON PROPOSALS FOR CHANGES TO IN-PATIENT
MENTAL HEALTH SERVICES FOR OLDER PEOPLE IN
GLOUCESTERSHIRE*

Submitted to the Secretary of State for Health
27 July 2007

IRP

Independent Reconfiguration Panel

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RECOMMENDATIONS

- **To provide safe, sustainable and accessible services, Gloucestershire PCT, Gloucestershire County Council (CC) and the Gloucestershire Partnership Foundation Trust (GPFT), working with users and carers, must be explicit about how services across health and social care will be co-ordinated to meet the needs of older people with mental health problems. The issue of the number and location of specialist older people’s mental health inpatient beds needs to be addressed in this context.**
- **The redesign and strengthening of community services and community mental health teams is a necessary precondition of any change to the provision of specialist inpatient beds. GPFT, Gloucestershire PCT and Gloucestershire CC should publish details of services and Community Mental Health Team (CMHT) staffing in each locality, demonstrating how they are being strengthened.**
- **The Panel accepts that there should be one specialist inpatient unit in Gloucestershire supporting the CMHTs and local services. It should focus on the acute assessment and treatment of the most severely ill, with as short a length of stay as possible.**
- **The Panel accepts GPFT’s proposal to develop the inpatient unit at Charlton Lane, Cheltenham. GPFT must involve staff, users and carers fully in developing the plans for the unit and demonstrate how staffing will be enhanced and good liaison with community services established.**
- **Gloucestershire PCT should clarify with GPFT what services apart from the CMHTs for older people with mental health problems will be sited in Colliers Court, Weavers Croft and Holly House and demonstrate how they will enhance local services.**

RECOMMENDATIONS

- **Gloucestershire PCT, Gloucestershire CC and GPFT should set out what local intermediate and respite care services are available and how local access will be ensured in the future. The Panel supports the concept of the PCT developing bed based intermediate care at Holly House as part of its intermediate care strategy.**
- **The Panel agrees that the new unit at Charlton Lane should be planned on the basis of providing 65 beds. If it becomes appropriate to reduce that number further then the opportunity should be taken by the PCT to reinvest the released resources in other services for this client group.**
- **Gloucestershire PCT and GPFT, working with Gloucestershire CC and transport agencies, must ensure appropriate arrangements are in place to facilitate access and travel to Charlton Lane before the changes take place and accept continuing responsibility for maintaining the necessary arrangements.**
- **In order to provide fully integrated services the Panel recommends that consideration is given to extending the Section 31 agreement that already covers adult mental health services to include services for older people with mental health problems as well.**
- **It is important now for GPFT, the PCT and Gloucestershire CC to complete the planning and implementation of the changes, engaging staff, users, carers and other agencies. The PCT and Gloucestershire CC, working together as commissioners, should take the lead in redesigning services for the future, with the full involvement of users and carers and other agencies as well as GPFT and its staff.**

OUR REMIT

What was asked of us

- 1.1 The Independent Reconfiguration Panel's (IRP) general terms of reference are included in Appendix One.
- 1.2 On 20 November 2006, Councillor (Cllr) Andrew Gravells, wrote to the former Secretary of State for Health, Patricia Hewitt, on behalf of Gloucestershire County Council's Health Overview and Scrutiny Committee (HOSC), exercising powers of referral under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002. The referral concerned the proposed changes to inpatient mental health services for older people in Gloucestershire currently provided at Colliers Court, Forest of Dean; Charlton Lane, Cheltenham; Weavers Croft, Stroud and Holly House, Gloucester set out in the *Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust* published in May 2006.
- 1.3 The Secretary of State replied on 8 February 2007 asking Cllr Gravells if, following local negotiations, the HOSC still wanted her to make a final decision on the proposals. Cllr Gravells replied on 9 February 2007 informing the Secretary of State that the Gloucestershire HOSC would meet by 28 February 2007 and reach a decision on the matter. In a letter to the Secretary of State on 26 February, Cllr Gravells confirmed that the HOSC had not changed its view.
- 1.4 Following further local negotiations, the Secretary of State wrote to Cllr Gravells on 8 March 2007 to ascertain whether, after the revised proposals from Gloucestershire Partnership NHS Trust, the HOSC still required the Secretary of State to make a decision on the proposals. Cllr Gravells, in a letter of 13 March, confirmed that the HOSC had met and unanimously agreed that the latest submission by Gloucestershire Partnership NHS Trust did nothing to change its view that the proposal would have a detrimental impact.
- 1.5 The Secretary of State responded to Cllr Gravells on 20 April 2007 advising that she had asked the IRP to undertake a review of the proposals. Terms of reference were set out in the former Secretary of State's letter of 1 May 2007 to the IRP Chair, Dr Peter Barrett and were

accepted in his reply of 14 May 2007. Copies of all correspondence are included in Appendices Two to Eleven.

1.6 The Panel was asked to advise by 27 July 2007:

a) whether it is of the opinion that the proposals for older people's mental health services in Gloucestershire set out in the decision of the Gloucestershire Partnership NHS Trust on 20 September 2006 will ensure safe, sustainable and accessible services for the people of Gloucestershire, and if not, why not;

b) on any other observations the Panel may wish to make in relation to the proposals for changes to older peoples mental health services or implications for any other clinical services; and

c) in the light of a) and b) above on the Panel's advice on how to proceed in the best interests of local people.

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel's general terms of reference.

OUR PROCESS

How we approached the task

- 2.1 NHS South West, the Strategic Health Authority (SHA), was asked to provide the Panel with relevant documentation and to arrange site visits, meetings and interviews with interested parties. The SHA, together with the PCT and NHS Trust, completed the Panel's standard information template. This can be accessed through the IRP website, www.irpanel.org.uk
- 2.2 The Gloucestershire HOSC was also invited to submit documentation and suggest other parties to be included in meetings and interviews.
- 2.3 The Panel Chair, Dr Peter Barrett, wrote an open letter to editors of local newspapers on 18 May 2007 informing them of our involvement (see Appendix Seven). The letter invited people who felt that they had new evidence to offer, or who felt that their views had not been heard adequately during the formal consultation process, to contact the Panel.
- 2.4 The Panel issued a press release on 26 April 2007. This can be accessed from the IRP website at www.irpanel.org.uk
- 2.5 In all, Panel members made six visits to Gloucestershire and were accompanied by the Panel Secretariat. Details of visits, meetings and conversations held are included in Appendix Eight.
- 2.6 A list of all the written evidence received – from the SHA, PCT, NHS Foundation Trust, the Gloucestershire HOSC, MPs and all other interested parties is contained in Appendix Nine. The Panel considers that the documentation received, together with the information obtained in meetings, provides a fair representation of the views from all perspectives.
- 2.7 Throughout the Panel's consideration of these proposals the aim has been to consider the needs of patients, public and staff taking into account the issues of safety, sustainability and accessibility, as set out in our terms of reference.

- 2.8 The Panel wishes to record its thanks to all those who contributed to this process. We also wish to thank all those who gave up their valuable time to present evidence to the Panel and to everyone who contacted us offering views.
- 2.9 The advice contained in this report represents the unanimous views of the Chair and members of the IRP.

THE CONTEXT

A brief overview

- 3.1 Gloucestershire Partnership Foundation Trust (GPFT)¹ began this latest consultation of mental health services entitled *Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust* in May 2006. The consultation was scheduled to take place over a five week period, starting 22 May 2006 and finishing 23 June 2006. This was subsequently extended by a further seven weeks to enable any alternative proposals to be developed.
- 3.2 Prior to this, Gloucestershire NHS and Gloucestershire County Council (CC) had consulted on services for older people with mental health needs in Gloucestershire in 2004, publishing *Everybody's Business: A consultation paper*. The paper described the key issues and the general direction that any potential changes were likely to take, referring directly to the recommendations set out in the Department of Health's *National Service Frameworks for Mental Health (1999)* and *Older People (2001)* and the Audit Commission's *Forget Me Not Report (2000)*.
- 3.3 The review itself started in July 2003 as a response to the need to improve the way the Trust and the rest of the health and social care community worked to deliver its services. The *Everybody's Business* document was produced as a result of a number of listening events with service users and carers who had been given the opportunity to talk about services and how they could be improved. Questionnaires were widely distributed and published on a website.
- 3.4 As a result of the consultation, Gloucestershire NHS and Gloucestershire CC published *Everybody's Business: The Next Steps* in late 2005. This document described the detailed work to refine the proposals and gave feedback from the *Everybody's Business* consultation. It described specific proposals as to how the NHS in Gloucestershire should develop and improve its services in the future.
- 3.5 The proposals were wide ranging and included changes to day care provision and the function of day hospitals; recommended a review of intermediate care beds and the criteria for

¹ Known as Gloucestershire Partnership Trust prior to 1 July 2007

admission and proposed an increase in the number of community mental health teams. The document also described the work of the health and social care led Inpatient Services Group which reported that the future inpatient bed requirements for older people with mental health needs should be 65. The document also proposed that patients with challenging behaviour should receive care from care homes and that specialist inpatient services would be on two sites, in Gloucester and Cheltenham.

- 3.6 People were invited to express their views on the documents proposals by using feedback forms, a telephone 'consultation' line and a public information surgery. The consultation ended in April 2006.
- 3.7 During the time when decisions should have been made following the *Everybody's Business* consultation, the NHS in Gloucestershire came under significant financial pressures and substantial deficits were predicted. They were required to make savings and achieve financial stability in 2006/7. The local issues identified were:
- difficulties by the PCTs in managing demand for DGH services
 - the PCTs' reduced purchasing power
 - a significant overspend by the PCTs
 - Gloucestershire CC's stand-still budget for social care spending
- 3.8 GPFT needed to make total savings of £9.6 million in 2006/7 in order to clear an underlying deficit of £4.6 million, clear an expected deficit of £1.3 million for 2005/6, meet a savings target of £1.5 for 2006/07 and contribute £2.2m to the county's NHS financial recovery programme. In all a reduction of 12.8% to the Trusts planned spending.
- 3.9 GPFT indicated that changes were required to balance the books and maintain service quality and that these should be made by the end of September 2006 as any further delays would exacerbate the position.
- 3.10 Following negotiations with Gloucestershire HOSC, the Trust developed a series of proposals for service change to address the financial situation. These included changes to the community teams, day hospital provision and the temporary reduction (until a final decision was to be made) in the total number of inpatient beds from 80 to 65 (January 2007). The

proposals requiring formal consultation, agreed by the HOSC, were described in the *Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust* published in May 2006, which also included proposed changes to services for working age adults.

3.11 Proposals consulted on by GPFT May-August 2006

- 3.11.1 GPFT proposed bringing together four inpatient mental health units for older people in Gloucestershire onto one site, reducing the number of beds from 80 to 65. The four current sites are Charlton Lane, Cheltenham; Holly House, Gloucester; Weaver's Croft, Stroud; and Colliers Court, Forest of Dean.
- 3.11.2 The proposal creates 65 beds over four wards in refurbished accommodation at Charlton Lane. The new facility would have separate wards for people with functional and organic illnesses and specific facilities for people with higher and lower levels of disability. Single bedrooms would be provided, most of which will have ensuite facilities. Male and female bedroom areas would be provided in separate areas of each ward.
- 3.11.3 The remaining three sites and Baunton Ward, Cirencester, where inpatient services were discontinued in 2003, would be bases for Community Mental Health Teams (CMHTs) and provide assessment and treatment services for outpatients.
- 3.11.4 The consultation also proposed stopping the provision of NHS funded day care to adults (both working age adults and older people) with mental health problems, affecting services across 17 sites in Gloucestershire.
- 3.11.5 A total of 9020 responses were received by the Trust, of which 7889 were expressions of opposition via petition. The Trust also received a number of alternative suggestions. These included the suggestion that a social enterprise trust be established, as a provider organisation, to continue services at Weavers Croft as a combined inpatient and day care centre for older people with mental health problems (these were considered by the Trust Board on the 31 August 2006).
- 3.11.6 The 3 PCTs at the time supported the criteria used by the Trust and the proposals overall. However, they would have preferred a two site model rather than a one site model, although it

was recognised that this was more expensive and would mean further reductions in community based older people's services.

- 3.11.7 Gloucestershire CC agreed that the Trust had used the right criteria to create its proposals but expressed a number of concerns. They required assurances that sufficient NHS resources would be in place to match their responsibilities and that travel advice and specialist advice regarding domiciliary, residential and nursing care was available. They were also concerned about the loss of employment in Stroud and Cinderford and considered it important to clarify that the loss of inpatient beds did not equate to the loss of all local services.
- 3.11.8 The HOSC had concerns regarding some aspects of the proposals, particularly the centralisation of inpatient services for older people with mental health needs on one site in Cheltenham, the standard of the facilities, the timetable for refurbishment and the issue of accessibility. They were also concerned that community teams had been reduced from 101.2 whole time equivalents (wte) to 81.46 wte (approximately 20 per cent) and that this had not been explained in the consultation document.
- 3.11.9 Both during and after the consultation period GPFT and the HOSC met to try and resolve the outstanding issues. Whilst they were able to make some progress they were not able to resolve all of their concerns before the decision of the GPFT Trust Board on 20 September 2006 to accept the proposals.
- 3.11.10 On 6 November 2007 the HOSC met to consider whether or not to refer the issue to the Secretary of State for Health. Whilst HOSC members agreed that their concerns over the standard of facilities and refurbishment work at Charlton Lane and the revised arrangements for day hospital services for older people (whilst Gloucestershire CC built up its replacement services) had largely been met, they felt there had been little progress on the reduction in community staffing levels and the access issue. On balance the HOSC felt that it could not support the proposal and voted by a majority to refer the decision to centralise older peoples mental health inpatient services to the Secretary of State for Health on the grounds that it would have a detrimental impact on the health and experience of local people.

- 3.11.11 On 20 November 2006, Cllr Andrew Gravells wrote to the former Secretary of State for Health, Patricia Hewitt, on behalf of the Council's HOSC concerning the proposed changes to inpatient mental health services for older people in Gloucestershire.
- 3.11.12 Following referral to the Secretary of State, GPFT and the HOSC continued their negotiations and worked constructively to come to an agreement on the outstanding issues. Also during this time, the Trust's financial position improved, showing a small surplus for 2006/07 and forecasting a surplus of £1.325 million for 2007/08.
- 3.11.13 The Trust agreed to, and is currently implementing (following the Local Delivery Plans), reinvestment in community teams for older people with mental health problems, which includes an increase in staffing to its previous levels. Gloucestershire PCT is investing an additional £1.1 million over the next two years to help achieve this which includes investment from the Partnership for Older People Project. The increase in staffing aims to strengthen rapid response, intermediate care and support to people with mental health needs in nursing homes, community hospitals and District General Hospitals (DGHs).
- 3.11.14 The Trust amended its plans for the refurbishment of the Charlton Lane site so that patients would only be admitted once all the work was completed. During the refurbishment, patients would be cared for on two sites, the existing wards for older people's mental health at Charlton Lane and Holly House. The Trust has involved external agencies in the design of the inpatient unit at Charlton Lane to ensure that the refurbished facility provides a suitable environment for modern inpatient mental health care for older people.
- 3.11.15 The Trust has continued to work with the Council's Integrated Transport Unit, and a voluntary organisation, Gloucestershire Wheels, to ensure that transport facilities are available for visitors to patients who have no other means of transport to visit relatives at the new single site.
- 3.11.16 The HOSC met on 23 February and 12 March to consider the revised proposals. Whilst they recognised the good work undertaken by the PCT and the Trust since the referral to the Secretary of State, they did not feel that their concerns had been fully met, in particular regarding access and the proposed single inpatient site.

3.11.17 The former Secretary of State for Health wrote to the IRP Chair, Dr Peter Barrett on 20 April 2007 asking the IRP to undertake a review of the proposals.

INFORMATION

What we found

4.1 A vast amount of written and oral evidence was submitted to the Panel. We are grateful to all those who took the time to offer their views and information. The evidence put to us is summarised below – firstly general background information followed by an outline of the proposals, the reasons for referral by Gloucestershire HOSC, issues raised by others and finally other evidence gathered.

4.2 Services provided, activity and staffing

4.2.1 GPFT is a mental health, learning disabilities and substance misuse Trust providing the normal range of inpatient and community services. The Trust provides inpatient mental health services for older people on four sites Charlton Lane, Cheltenham; Holly House, Gloucester; Weavers Croft, Stroud and Colliers Court, Forest of Dean. CMHTs for older people are also based on these sites along with Baunton Ward which covers Cirencester and the North Cotswolds.

4.2.2 Services are commissioned by Gloucestershire PCT which was formed on 1 October 2006 replacing the Cheltenham and Tewkesbury PCT, Cotswold and Vale PCT and West Gloucestershire PCT. The PCT comprises 83 GP Practices and 9 community hospitals and provides the full range of community services. Gloucestershire CC also commission and provide services for older people with mental health needs in Gloucestershire.

4.2.3 Activity for older people’s mental health inpatient services is outlined in the table below, showing permanent bed establishment, admissions by site for 2006/7 and the current reduced bed capacity.

Site	Permanent Bed Establishment	Current Bed Establishment	Number of Admissions 2006/7
Charlton Lane	32	25	193
Colliers Court	12	10	61
Holly House	18	14	93
Weavers Croft	18	18	57
Totals	80	67	404

4.2.4 There are a total of 24,204 occupied bed days, which includes patients sent on leave and delayed transfers of care, representing an 82% bed occupancy. With the agreement of Gloucestershire HOSC bed numbers have been reduced to 65 whilst awaiting the Secretary of State’s decision.

4.2.5 The table below shows the total number of staff (excluding medical staff) providing inpatient services currently based on each site (5 wards).

Staff Numbers by Site	
Site	Number (WTE)
Charlton Lane, Cheltenham	29.65
Weavers Croft, Stroud	27.59
Colliers Court, Forest of Dean	23.59
Holly House, Gloucester	35.79
Nurse Education	8.0
Total	124.62

4.2.6 Staff numbers in the proposed new inpatient model based in Charlton Lane, Cheltenham (4 wards) would total 102.25 wte staff. Whilst there would be an overall saving from centralisation, the staffing compliment in Charlton Lane would be strengthened by a full time Matron/Manager post and a new Discharge Coordinator post. Therapy staff wte would remain unchanged but staff would be consolidated on one site.

4.2.7 The table below shows the NHS staff numbers for the community teams pre and post proposed service redesign and includes the recent revisions made by GPFT post referral to the Secretary of State (excluding five additional Social Worker posts). Prior to this agreement, community staffing levels had been reduced to 81.46 wte and team numbers changed to fit need and demography as part of the Trust’s new service model. The revised proposals, (representing secured PCT and Local Authority investment from the 2007/8 Local Delivery Plan) represents an increase of 21 community staff (fourteen registered nurses, seven therapy staff). Five new social worker posts are additional to this. Returning staffing to just above its previous level but with an improved ratio of qualified staff.

	WTE Clinical and Support Staff in post – August 2006 (pre-redesign)			WTE Clinical and Support Staff budgeted – post-redesign		
	Consultants	Other grades	Consultants %	Consultants	Other grades	Consultants %
Medical	7.0	9.06	44	7.9	6.8	54
	Registered	Unregistered	Registered staff %	Registered	Unregistered	Registered staff %
Nursing	54.83	24.35	69	58.75	10.02	85
OT	8.9	5.19	63	9.8	3.7	73
Physiotherapy	1.81	0.38	83	1.5	2	43
Psychology	3	1	75	3	3	50
A&C	-	2.44	-	-	11	-
Sub-total	68.54	33.36	67	73.05	29.72	70
Total	101.9		-	102.77		-

4.2.8 There are currently 7.0 WTE budgeted Consultant Psychiatrist posts working across both inpatient and community services plus 9.06 WTE other grades. In the proposed model there would be 7.9 Consultant Psychiatrists working across both inpatient and community services and 6.8 WTE other grades. These are not included in the overall totals for the community team numbers in the table above.

4.3 Geography, demography, access and transport

4.3.1 Around 560,000 people live in Gloucestershire². The main population centres are in Gloucester and Cheltenham – both 110,000 – with some 108,000 people in Stroud District, 80,000 each in Cotswold District and the Forest of Dean District, and 76,000 in Tewkesbury District.

4.3.2 Approximately 3.7% of the population is from an ethnic minority.

4.3.3 As elsewhere in the country, the proportion of older people in the population is growing but there are no marked trends in the size of the overall population. The table below shows the estimated number of people over 65 years served by GPFT community teams for 2006/7.

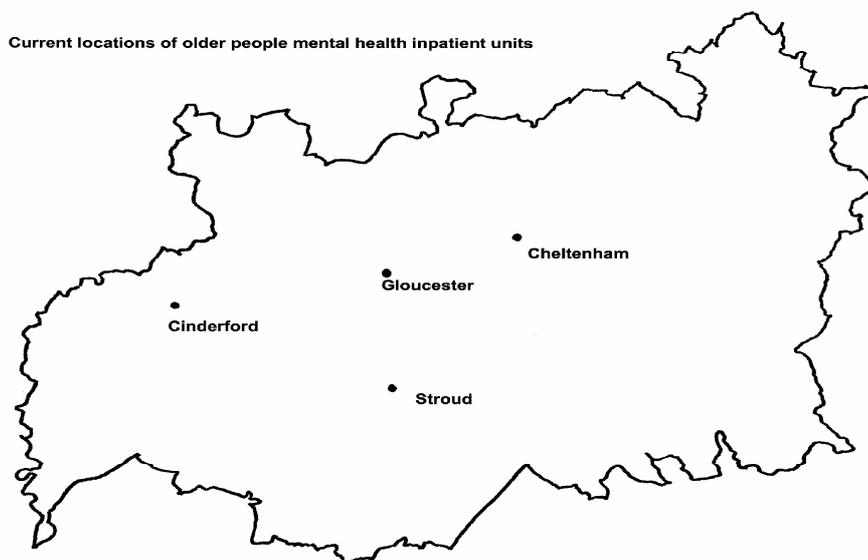
Populations over the age of 65 served by GPFT	
Area/Community Team	Estimated population
Cheltenham and Tewkesbury	28,667
Gloucester	22,543

² Source: 2001 Census

Stroud	21,039
Cotswolds	16,118
Forest	15,391
Total	103,758

4.3.4 The consultation document *Everybody's Business-The Next Steps* estimated that in Gloucestershire there were likely to be 134,220 people over the age of 65 by 2021 (of which 21,000 will be over 85) compared from 98,252 in 2001, an increase of nearly 36,000 (including 8000 more people over 85 years old). The number of people with depression and dementia is likely to increase accordingly. Using national figures GPFT estimate that one in five people (one in four women) over 85 will suffer from dementia. Again, using national figures, GPFT estimate that 4 per cent of people over 65 will suffer from severe depression and 12.5 percent from mild or moderate depression.

4.3.5 The map below shows the current locations of mental health inpatient units for older people in Gloucestershire.



4.3.6 Public transport from the centre of Gloucester to the centre of Cheltenham is good (a bus every 10 minutes). Transport from Cheltenham to the Charlton Lane Centre is fair, about 20-30 minutes between buses. The Charlton Lane Centre is about 35 minutes walk from the town centre.

4.3.7 GPFT suggest that access to Charlton Lane would be most difficult by public transport for people in the Cotswolds, Forest of Dean, Stroud and Tewksbury. Those who needed to use public transport from Stroud, for example (14 miles away), would be required to use up to three separate bus journeys with a journey time of around two hours one way, The Trust estimates that the percentage of households with no car from these areas is 11% which would equate to 45 admissions per year to Charlton Lane where transport would be an issue but of these 50% would be able to access private transport from elsewhere for visiting purposes. This would leave approximately 20-25 admissions per year where access for visiting could be challenging

4.3.8 The table below shows the distances between inpatient mental health units for older people in Gloucestershire

Distances Between Inpatient Units (miles)				
	Colliers Court	Weavers Croft	Holly House	Charlton Lane
Colliers Court	-	24	16	22
Weavers Croft	24	-	10	14
Holly House	16	10	-	9
Charlton Lane	22	14	9	-

4.3.9 GPFT and Gloucestershire CC’s Integrated Transport Unit have worked together to review the transport issues and consider solutions and GPFT has offered £25,000 to pump prime developments. GPFT proposes that the system to address the transport issues is as follows:

- transport difficulties would be identified with patients and carers as part of the care planning process
- where visitors are experiencing difficulties they will be given the telephone number of a help-line which will advise the individual about how they might be able to use public transport to travel to the new inpatient unit. If public transport is not a viable option, the helpline will be able to advise about a volunteer transport scheme in their area
- the volunteer transport scheme would take visitors to the inpatient unit and return them to their home, in line with agreed protocols, between 8am and 10pm.

4.4. **Estate**

- 4.4.1 Charlton Lane is located on the edge of Cheltenham, approximately two miles from Cheltenham town centre and rail station, one mile from Cheltenham General Hospital and close to the major road network. Built in 1994, the building complex is designed for acute working age adults and outpatient mental health services and includes gardens and parking.
- 4.4.2 Colliers' Court is in Cinderford in the Forest of Dean at the West of Gloucestershire, around two miles from the Dilke Community Hospital. The site includes gardens, parking and a single storey building designed for inpatient older peoples' mental health services, constructed in 1988.
- 4.4.3 Holly House, Gloucester, is approximately 2.5 miles from the city centre and rail station, and two miles from Wotton Lawn Acute Mental Health Services Hospital for working age adults and Gloucester Royal Hospital. The building is designed for inpatient older peoples' mental health services and was constructed in 1994. It includes gardens and parking.
- 4.4.4 Weavers Croft is approximately half a mile from Stroud town centre and rail station, and near Stroud Community Hospital. The site, constructed in 1987, includes gardens, parking and a single storey building designed for long stay mental health services for older people.
- 4.4.5 All buildings have been designated as Condition B³ the minimum acceptable condition that must be achieved to avoid backlog costs.

4.5 **Healthcare Commission annual assessment, NHS and CC star ratings.**

- 4.5.1 Gloucestershire Partnership Trust achieved three star ratings in 2003/04 and 2004/05. In the new 2005/6 Annual Health Check, the Trust scored "Fair" for quality of services, and "Weak" for use of resources. The weak rating for use of resources resulted from the Trust's financial deficit, which has now been rectified. The Trust has an action plan to improve the rating for the quality of services. In the 2005/06 Healthcare Commission Service Improvement Reviews, Substance Misuse services were rated "Excellent" and Community Mental Health Services were rated as "Good".

4.5.2 Gloucestershire CC has a one star rated⁴ adult social care service (2005/6) described as serving some adults well with a promising capacity to improve. The service has most recently made substantial improvements in its weaker areas whilst maintaining its areas of strength.

4.6 The proposals for reconfiguring inpatient mental health services for older people

4.6.1 The proposed reconfiguration of mental health services in Gloucestershire centralises inpatient care on one site at Charlton Lane, Cheltenham where 65 beds will be provided over four wards, supported by a therapy suite and day assessment centre. It will also be used as a base for the local CMHTs.

4.6.2 Holly House, Colliers Court and Weavers Croft will also be bases for the community teams who would see patients for assessment and treatment on site and in their own homes but these facilities would no longer provide inpatient services. Baunton Ward in Cirencester will continue as at present, to provide a base for community services.

4.6.3 In making the proposal GPFT accepted the recommendation of the *Everybody's Business-Next Steps Inpatient Services Group* that there should be 65 inpatient beds to meet the need for specialist inpatient assessment and treatment services in Gloucestershire.

4.6.4 The proposed solution reorganises specialist inpatient mental health care provision for older people by separating out the management of organic and functional mental illnesses, and of people with highly specialised needs in separate wards and in improved facilities. Specialist staff would be concentrated on one site enabling enhanced provision of services, particularly overnight. GPFT state that service costs would more closely reflect the reference costs and services would be clinically and financially sustainable.

4.6.5 Following a review of the staffing levels earlier this year, community teams will work in a new way designed to support people to live independently at home, with less reliance on admission to hospital and the day hospital. The revised proposals will increase community staffing from the original proposals by twenty one whole time equivalent health care staff (reinstating these to their original levels in a redesigned service) and five social work staff. This has been agreed with Gloucestershire PCT, the SHA and Gloucestershire CC.

³ As per Estates Return Information Collection (ERIC) data which all NHS Trusts, PCTs and Foundation Trusts provide as an analysis and the status of estates and facilities services which support healthcare delivery.

4.6.6 The proposals for change provide for multi-professional teams in each of the five locations and re-allocate community staff according to local need. Skill mix will be increased, giving a higher ratio of qualified staff to unqualified staff. Each locality will have an integrated community/day assessment and treatment service.

4.7 Issues raised by the Gloucestershire HOSC

4.7.1 In referring the proposals to the Secretary of State for Health, Gloucestershire HOSC considered that *the proposal will have a detrimental effect on the health and experience of local residents due to:*

- *the significant negative impact that the proposal will have in terms of access*
- *the reductions in community staffing levels in the same localities that are losing locally based inpatient services*
- *the negative medium term impact associated with undertaking major refurbishment work at Charlton Lane whilst the centre is occupied*

4.7.2 Further details of the HOSC's views are provided in the Committee's referral letter to the Secretary of State of 20 November 2006 and subsequent correspondence.

4.7.3 The HOSC in its evidence to the Panel stated that it has supported GPFT over the majority of its proposals but had not been able to agree all of them. The HOSC expressed disappointment at having to refer the matter but considered that some of its questions had not been answered satisfactorily.

4.7.4 The HOSC supported the original *Everybody's Business* consultation but considered that a single inpatient site based at Charlton Lane, as proposed in the latest consultation, would make access for visitors difficult and they were not confident of the transport plans to support the proposals. In particular the HOSC were concerned that the number of admissions whose relatives would find difficulty in visiting the unit in Cheltenham is significantly higher than those suggested by GPFT. The HOSC estimates that 160 admissions (or 75 if admissions from Cheltenham and Gloucester were discounted because of easier access via public transport) would be affected compared to the Trust figure of 20-25.

⁴ Commission for Social Care Inspection rating

- 4.7.5 The HOSC also considered that the views of local people had not been taken into account during the Trust consultation and that the proposals for community based teams appeared somewhat vague.
- 4.7.6 The HOSC acknowledged that, following consideration of its concerns by GPFT, the interim arrangements for inpatients at Charlton Lane - enabling them to avoid being cared for on a site undergoing major building work - were much improved on the original proposals. However, concerns remained over the suitability of the Charlton Lane building for this patient group.
- 4.7.7 The HOSC was satisfied that the revised staffing proposals for community teams had brought community staffing back to their previous level but remained concerned that additional resources were required to enable an improved community focused service.
- 4.7.8 The HOSC was concerned that the proposals were financially driven rather than clinically. They did not know how much the Trust would need to staff more than one unit, but were aware that the financial position of the Trust had improved.
- 4.7.9 The HOSC favoured at least two inpatient sites and questioned whether the proposals adequately reflected the growing elderly population and the increased need to care for people with dementia and depression.

4.8 Issues raised by others

4.8.1 In the course of the Panel's consideration of this referral, a number of views and issues from many sources were presented. These are summarised below and discussed in the context of the Panel's recommendations in Section Five.

4.8.2 Public, patient and carer views

- The Public were supportive of the high standard of inpatient care available locally and felt that the close liaison with GPs and other services would be lost if the proposed changes went ahead. They particularly valued local access to respite and intermediate care and, with the proposals, were unclear as to how this would be provided in the future

- There was concern that ease of access for assessment, treatment and advice would be more difficult if the inpatient service was centralised on one site - especially so for residents of the Forest of Dean and Stroud who emphasised that ease of access for care could prevent the condition becoming worse
- Concern was expressed that the work required at Charlton Lane had not been fully explained or consulted on by the Trust and that there was a lack of transparency about the cost of moving services
- It was felt that the proposals were financially rather than clinically driven and that other potentially viable options had not been considered. In Stroud a task force had been set up to deliver care locally through a social enterprise model. They did not feel they had Trust support, but are still keen to explore what could be done. In the Forest of Dean, pathfinder status has successfully been gained for a Social Enterprise Trust, which could become effective from April 2008. The PCT was working positively with the initiative. It was suggested older people's mental health services could be provided by the Social Enterprise Trust
- There was a need for patients to remain within their locality and know where they are to avoid increased confusion
- Concern was expressed that the proposals would increase lengths of stay if access to services was delayed and could potentially cost more in the long term
- The use of nursing homes was questioned as their staff may not be trained to care for this patient group and that patients would be managed rather than treated
- The public were not convinced of the clinical arguments for centralisation – while recognising that there could be benefits in separating organic from functional illness and that this could be done in existing, improved, facilities
- The importance of staff having local knowledge and being sensitive to the local culture should not be underestimated in treating a patient's illness
- There were major concerns about transport, in particular the lack of public and community transport and the travelling time involved
- While people will travel for specialist acute care, people with mental health problems may wish to stay locally and refuse inpatient treatment, thus exacerbating their condition
- The gradual, incremental closure of beds was deliberate and designed to force the proposals through

- The ageing population and the numbers of retired people, particularly in the Forest of Dean, justified the area retaining its own inpatient facility
- There was concern amongst carers that treatments would all become home based
- The importance of integrated teams to any solution was expressed

4.8.3 Inpatient and CMHT's staff views

- A lack of confidence about investment in community based services due to previous reductions in community staff and discontinuation of other services was expressed
- Delays in decision making had affected morale and 'freezing' posts had resulted in an over reliance on bank and agency staff
- There was concern that the proposals did not support government policies such as the *Mental Health National Service Framework, Recipe for Care, the 10 High Impact Changes for Mental Health* and the drive by Government to provide care closer to home
- There was a feeling that centralising services would limit rather than improve access. The service, therefore, would be less responsive, resulting in longer lengths of stay
- Enhanced support from community based teams is required to ensure a single inpatient site solution is effective - the development of integrated care is essential
- Early and effective interventions are key to preventing the condition becoming worse and care locally can make this possible
- Whilst many staff supported the clinical requirement to separate the functional and organic illness, others thought that the clinical arguments versus the access issues were not equally balanced and the clinical arguments overemphasised
- There was acknowledgement that some upgrading of the facilities on all sites is required to bring them into line with national standards - the suitability of the Charlton Lane site was questioned by some as other sites were purpose built and relatively new
- There was concern that separating inpatient and community based care would be detrimental to peer support and effective liaison
- There was concern that centralisation may affect graded discharge as patients are slowly reintroduced into their home community - this may be difficult if inpatient services are 20 miles away
- There was some support for a two site option as put forward in the original consultation paper *Everybody's Business* and for providing step down care rather than specialist care on some of the sites

- Whilst accepting the changes to day services, staff also recognised that these services are valuable for both patients and carers
- Uncertainty about the proposed staffing levels in the central specialist unit and the design for wards was expressed
- There was support from staff side representatives for the original consultation *Everybody's Business* but some scepticism about the current proposals
- Staff felt that current services provide good care and offer good opportunities for networking and supportive environments for care
- Staff felt that the Trust needs to show how the mental health of the population will benefit overall
- There was support for the development of Holly House as an intermediate care facility and that this should be investigated further
- A number of GPs from Stroud and the Forest of Dean came to the meetings with staff. They supported their local services and were not convinced by the clinical arguments for centralisation. They also stressed the cohesiveness of GPs in their localities and the potential for practice based commissioning to contribute to improved local solutions. They did not consider that this potential was yet being fully taken on board by the PCT

4.8.4 Provider views

- GPFT wants to sustain a strategy of supporting people in their own homes and keeping acute admissions to a minimum
- GPFT accepted that the HOSC had valid concerns regarding the changes to the community teams, sequencing of change and the access and transport issues - the Trust, however, considers that it has answered the majority of these concerns
- Community team numbers have now been expanded including five additional Social Worker posts
- An alternative proposal regarding the building sequencing at Charlton Lane was developed and will ensure a step change to services from four sites to two rather than centralising services whilst the building work takes place
- GPFT emphasized that whilst it is not its responsibility to provide visitor transport it recognises the importance of visitors in facilitating the recovery process. GPFT provided £25,000 to improve transport arrangements in response to the concerns raised about poor transport infrastructure especially in Stroud and the Forest of Dean. The consolidation of

voluntary sector organisations to form Gloucestershire Wheels and a one year transport contract which would supply a set amount of passenger transport is considered sufficient to ensure that carers without transport are able to visit. Should there be an ongoing need after this GPFT would expect the Local Authority to evaluate what is required to improve the infrastructure but would be prepared to consider a second tranche of funding. The PCT have also confirmed commitment to contribute on a recurring basis

- GPFT said that if they were unable to discontinue inpatient services at Holly House and sell the building, the five year estate strategy would be severely compromised, preventing the Trust from upgrading locality based community facilities to accommodate the growth in community teams for all ages
- GPFT emphasised that the smaller inpatient units are no longer viable and whilst the chosen solution may not be ideal (the urban and rural mix within Gloucestershire is a particular challenge in getting an acceptable solution), the units as they stand cannot continue. A four site option would cost an additional £750,000 per annum whilst a two site option would cost between £300,000 and £500,000 per annum more with a consequential reduced capacity for community services. Capital funding would also be required to substantially upgrade all existing community inpatient facilities
- The Panel were told that bed numbers are likely to reduce further from the planned 65 over the next few years as a result of an increased emphasis on community based interventions. Data from December 2006 to July 2007 indicates that current bed use is 45-48. This is in part to delayed discharges being reduced from 27 to 7 and further reductions are expected
- GPFT told the Panel that reducing the average length of stay (from 75 to 40 days) would increase capacity and enable a long term plan to provide 50 beds, enabling further enhancements to inpatient staffing levels and further investment in community services
- The Medical Director and the Director of Nursing gave an overview of the main clinical arguments for centralising services. These are based on the separation of organic and functional illness within modern, single room facilities and the enhanced ability to enable specialist mental healthcare provision. Teams will be more flexible and responsive and there will be better quality of on-site therapy facilities. Electro-Convulsive Therapy (ECT) can be practised safely on one site without the need to transfer patients from one hospital to another and the single site solution would enable 24/7 management of medical and psychiatric emergencies and admissions. Teams would be less isolated, reducing risk.

- Centralisation of services would enable the Trust to increase the staffing levels and skill mix in nursing and therapies and improve consultant cover for inpatients and assist in reducing the average length of stay for patients (currently higher than the national average). The proposal would enable experienced staff to be concentrated together, enhance community services, where the majority of people are cared for, and ensure safe provision of care with closer access to DGH assessment services. The Trust believes there is no clinically effective plan for a two inpatient site solution
- Since the *Everybody's Business* consultation, both nationally and locally, thinking has moved on – for example, shorter lengths of stay, increased community based care, developing multi-agency strategies with integrated teams and packages of support. There are also greater expectations on the service, particularly the availability of specialist care and the facilities in which they are provided such as single rooms and separation of genders
- The importance of respite care was acknowledged by GPFT. However, they told the Panel that this is a Local Authority responsibility and they had no contract for the provision of respite care for older people

4.8.5 *Commissioner Views*

- The PCT and Executive Director, Social Services, Gloucestershire CC agree with the decision to centralise mental health inpatient services for older people on a single central site. They supported the clinical arguments for doing this and did not consider that retaining two sites relatively close to each other would significantly ease access for visitors
- It was felt that the proposals strike the right balance between good quality community services and access to clinically sustainable inpatient services, whilst taking into account the financial challenges, with any delays in implementation increasing the financial risks
- Gloucestershire PCT confirmed that locally the NHS financial issues have largely been resolved
- There was a feeling that the consultation document was not as clear as it should have been regarding what is being provided and the key messages delivered - ideally it was thought it should have been PCT led
- With the development of the single organisation PCT there was a feeling that there is a renewed commitment to mental health services with an emphasis on an early intervention model of care and crisis resolution, in partnership with Gloucestershire CC and GPFT.

- The Panel was given an overview of the Partnership for Older People Project, which is an example of the increased focus on dementia care. The programme supports not for profit and private nursing homes that provide the majority of nursing home care in Gloucestershire. It aims to improve links with care homes and support frail elderly and dementia care in the community, increasing the skills of staff and building relationships
- It was confirmed that the current buildings are expected to remain as work bases for community staff and part of the community
- Bed number totals are based on commissioner-led work indicating that around 65 beds are required. Bed reductions so far have not resulted in any problems with capacity and it is likely that as community initiatives become successful 65 beds may be too many even taking into account the increasing elderly population

4.9 **Other evidence**

4.9.1 The Panel have read a number of national policy documents relating to services for older people with mental health problems. These include:

- *Raising the Standard (September 2006). Report of the Faculty of Old Age Psychiatry. Royal College of Psychiatrists*
- *Everybody's Business. Integrated mental health services for older adults: a service development guide (November 2005). Care Services Improvement Partnership*
- *National Service Frameworks for Older People (2001) and Mental Health (1999). Department of Health.*

4.9.2 Panel members also read the national Audit Office publication *Improving Services and Support for People with Dementia (July 2007)* and the *Sainsbury Centre for Mental Health report Future Development of Mental health Services (April 2005)*.

4.9.3 User involvement, sensitivity to ethnic diversity, support for carers and mental health promotion are underpinning themes in these documents.

4.9.4 Components of a comprehensive older people's mental health service include:

- mental health promotion
- early detection and diagnosis
- assessment and treatment

- support for carers
- specialist old age psychiatry which will include acute admission and rehabilitation beds, day hospitals and memory clinics, domiciliary and outreach care and outpatient/community clinics

4.9.5 There is recognition that services will be provided in different ways to respond to local needs.

4.9.6 The Panel also held discussions with the Faculty of Old Age Psychiatry, Royal College of Psychiatrists.

OUR ADVICE

Adding value

5.1 Introduction

- 5.1.1 The Secretary of State for Health asked the Panel to undertake a review relating to the provision of inpatient mental health services for older people in Gloucestershire as set out in GPFT's consultation document *Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust* published in May 2006.
- 5.1.2 The decision taken by GPFT on 20 September 2006 was to centralise inpatient services on one site at Charlton Lane, Cheltenham, reducing the sites for inpatient services from four to one. The sites at Colliers Court, Cinderford; Holly House, Gloucester; Weavers Croft, Stroud; along with Baunton Ward in Cirencester, would continue as bases for the Community Mental Health Teams.
- 5.1.3 Following the initial referral from the Gloucestershire HOSC on 20 November 2006 the HOSC, GPFT and the new Gloucestershire PCT, with support from the SHA continued to try to find a local solution to the HOSC's concerns. Progress was made on community staffing levels and decanting arrangements but the HOSC remained concerned about the reduction to one inpatient site and the lack of acceptable proposals on transport and access. The HOSC confirmed, in letters to the Secretary of State on 26 February and 13 March 2007, its request for a review of GPFT's proposal.
- 5.1.4 The Panel has reviewed the written evidence presented to it and the relevant national policy documents. It has made six visits to Gloucestershire, visiting all the sites and meeting staff, users, carers and local people and organisations that have wanted to meet the Panel. It has held meetings with the HOSC, PCT, GPFT, NHS South West and local MPs.
- 5.1.5 The Panel heard strong views about each of the four inpatient sites and considerable debate about whether inpatient services should continue on one, two or four sites. It was clear, however that the issue of the location of in patient services could not be considered in isolation from the overall redesign of older people's mental health services.

5.1.6 The original *Everybody's Business and Everybody's Business – The Next Steps* consultations in Gloucestershire had started discussions about how services needed to be redesigned and enhanced to provide safe, sustainable and accessible services fit for the 21st century. These discussions became overlaid in the subsequent GPFT consultation (2006) by the overriding requirement to make significant financial savings. In consequence there was a widespread perception that the drivers for the proposed changes were financial rather than clinical and this left people unclear about what their future local services would look like.

5.1.7 It is clear from what the Panel heard that the new PCT and new senior management in the Partnership Trust have given fresh impetus to this work and this is very welcome.

5.1.8

Recommendation One

To provide safe, sustainable and accessible services, Gloucestershire PCT, Gloucestershire County Council (CC) and the Gloucestershire Partnership Foundation Trust (GPFT), working with users and carers, must be explicit about how services across health and social care will be co-ordinated to meet the needs of older people with mental health problems. The issue of the number and location of specialist older people's mental health inpatient beds needs to be addressed in this context.

5.2 Community Mental Health Teams (CMHTs)

5.2.1 The national service development guide for integrated mental health services for older adults *Everybody's Business (2005)*, produced by the Care Services Improvement Partnership (CSIP) describes the CMHT as “*the backbone of the modern specialist older peoples mental health service.*” The overall aim must be to provide local, flexible and accessible support to older people, their families and carers. Properly resourced community services and CMHTs are fundamental to this model of care.

5.2.2 The Panel understands the concerns of the HOSC and others about the initial decision of GPFT to reduce the CMHT establishment by 20wte at the same time as reducing the numbers of inpatient beds and sites. The subsequent decision by the PCT to reinvest in CMHTs is welcome but the revised establishment is only marginally above the numbers of staff at the time of the GPFT consultation. In addition Gloucestershire CC has made available five additional social worker posts.

- 5.2.3 At the same time as changing the overall numbers of community staff GPFT has been rebalancing team numbers to give better equity of provision across Gloucestershire. This has a particular impact in the Forest of Dean which loses eight posts (32% of establishment). Gloucester and Stroud and Vale also lose, while Cheltenham and Tewkesbury and Cirencester and the North Cotswolds gain significantly. Whilst understanding the drive to get a more balanced caseload and team strength across the county, the Panel considers that GPFT needs to monitor the impact carefully.
- 5.2.4 The Panel notes that GPFT has done some benchmarking of its services in conjunction with NHS South West. The revised plans give GPFT a ratio of 12.85 wte community and day hospital staff per 10,000 population over 65. This compares to an average across NHS South West of 12.47 wte per 10,000 population over 65, ranging from 10.18wte to 14wte⁵. GPFT have also reviewed their team numbers and skill mix against the published service models in the Sainsbury Centre for Mental Health Services Model (2005) and the report from the Faculty of Old Age Psychiatry *Raising the Standard* (2006).
- 5.2.5 People the Panel spoke to, including staff, were not clear what local services would continue to be provided and how the CMHTs would work. They were also concerned that the centralisation of inpatient services would add to the work of the community teams. They would no longer be co-located, except at Cheltenham, and liaison and discharge planning would be more difficult and time consuming.

5.2.6

Recommendation Two

The redesign and strengthening of community services and community mental health teams is a necessary precondition of any change to the provision of specialist inpatient beds. GPFT, Gloucestershire PCT and Gloucestershire CC should publish details of services and Community Mental Health Team (CMHT) staffing in each locality, demonstrating how they are being strengthened.

⁵ Excludes Avon and Wiltshire

5.3 **Specialist beds**

5.3.1 GPFT holds the view that the specialist inpatient beds should be centralised from the existing four units to one unit at Charlton Lane, Cheltenham. They are supported in this view by the PCT.

5.3.2 GPFT put forward both financial and clinical arguments for moving to a single inpatient unit. On the financial case they indicated that maintaining the four sites would be £750,000 per annum more expensive than a single site. A two site option would cost £300,000 - £500,000 more per annum. They considered it more important to invest in community services than to spend more on inpatient services.

5.3.3 On the clinical case GPFT set out a number of benefits:

- The ability to separate wards for people with dementia and depression and with higher and lower levels of need
- The ability to provide single accommodation throughout and for most rooms to have en-suite facilities
- The ability to enhance the skill mix and provide more consultant cover
- The establishment of 24/7 emergency teams for medical emergencies or behavioural problems
- Access to on site treatment facilities and closer access to assessment facilities at the District General Hospital
- Clinical managers based on site, facilitating communication with inpatient staff.

5.3.4 On its visits to the sites due to lose inpatient beds under these plans the Panel was impressed by the strength of feeling from users, carers and staff who put forward a number of arguments for their retention, including:

- The benefits of providing all services to older people locally
- The importance of familiarity of surroundings and people
- The clinical as well as social benefits of regular short visits from carers, family and friends
- The benefits of co-located inpatient and community health teams and the difficulties for staff in having to spend considerable time travelling and increased problems in liaison and discharge planning

- The great difficulty people would have visiting friends and relatives in Cheltenham, especially those reliant on public transport
- The fact that all the sites were purpose built and relatively new

5.3.5 At the same time there was an acknowledgement of some of the safety and sustainability issues that would arise from maintaining the four sites, including staffing at night, and of potential benefits from centralisation. Many people accepted that maintaining four sites would be difficult but remained concerned about the access and transport issues if there was only one site. It was suggested two sites, Charlton Lane in Cheltenham and Holly House in Gloucester would be an acceptable compromise. While this arrangement would ease access issues it would not resolve them as Cheltenham and Gloucester are both in the middle of the county and close to each other. GPFT pointed out that it would be more difficult to deliver the clinical benefits in a two site solution and that it would also be a more expensive option.

5.3.6 After careful consideration of the clinical and value for money arguments, the IRP considers that it would be difficult to sustain safe services in four inpatient units. The Panel considered whether two units would significantly ease the access issues and at the same time deliver the clinical benefits. On balance the Panel considered that it would be preferable to gain the maximum benefits from centralisation and leave as much resource as possible to strengthen CMHTs and community services.

5.3.7 In agreeing with the proposal to develop a single inpatient unit the Panel acknowledges the strength of public support for the units at Colliers Court, Weavers Croft and Holly House. It is a credit to the staff that we received so many testimonials and messages of support which praised them for their support and dedication.

5.3.8

Recommendation Three

The Panel accepts that there should be one specialist inpatient unit in Gloucestershire supporting the CMHTs and local services. It should focus on the acute assessment and treatment of the most severely ill, with as short a length of stay as possible.

5.4 Developing a specialist inpatient unit at Charlton Lane

5.4.1 A centralised unit needs to be located in the Cheltenham or Gloucester area and the Panel accepts GPFT's proposal to develop on the Charlton Lane site in Cheltenham. The Panel was pleased to learn that the concerns raised by the HOSC about moving patients on to the site while building work is going on have been resolved. Patients will be cared for in Holly House and the existing Charlton Lane older people's mental health accommodation while the new unit is converted.

5.4.2 Both the HOSC and voluntary groups had expressed some concerns about the suitability of new facilities at Charlton Lane for this client group. The Panel visited the site and were reassured that all inpatient accommodation would be at ground floor level but the plans were not developed enough to show whether all the concerns had been answered.

5.4.3 There is still considerable work to do on the plans and many people, including staff, did not know what the plans were. It is essential that staff, users, carers and voluntary groups are all involved in the planning of the new inpatient accommodation to ensure a good outcome. The facilities must provide appropriate single room accommodation (most of which should have ensuite facilities), separation of organic and functional illness and retain a welcoming and therapeutic environment. There is some concern that a single, larger unit may become too clinical and impersonal. Through good planning and design this must be avoided.

5.4.4 By centralising the inpatient services it should be possible to enhance staffing levels and skill mix in the unit.

5.4.5 Only one CMHT will, in future, be co-located alongside inpatient provision it is particularly important that close liaison is maintained. Clear lines of communication need to be developed and established to ensure integrated care between the new inpatient unit and the CMHTs.

5.4.6

Recommendation Four

The Panel accepts GPFT's proposal to develop the inpatient unit at Charlton Lane, Cheltenham. GPFT must involve staff, users and carers fully in developing the plans for the unit and demonstrate how staffing will be enhanced and good liaison with community services established.

5.5 The future use of Colliers Court, Weavers Croft and Holly House

5.5.1 The Panel welcomes the retention of these facilities as the bases for CMHTs together with Baunton Ward, Cirencester. The strong public support for these facilities and the staff working in them should ensure the future successful working of the CMHTs.

5.5.2 There is a lack of clarity about how the space vacated by the removal of inpatient beds will be used and this needs to be addressed.

5.5.3

Recommendation Five

Gloucestershire PCT should clarify with GPFT what services apart from the CMHTs for older people with mental health problems will be sited in Colliers Court, Weavers Croft and Holly House and demonstrate how they will enhance local services.

5.6 Developing a strategy to support respite and intermediate care and the possible development of Holly House for bed based intermediate care facilities

5.6.1 Many service users told the Panel that they value local bed based services and consider the familiar surroundings to be an essential part of recovery. Patients and relatives also described how they had benefited from short term and respite care in the four units when they had needed it. This raises a potential gap in provision for those people who do not need the specialist acute care that Charlton Lane will provide but cannot be managed at home. The Panel acknowledges that respite care might not have been formally part of GPFT's responsibility, but for users and carers and many other people the Panel spoke to, knowing that good respite and intermediate care are available is critical to their confidence in the services.

5.6.2 Gloucestershire PCT, Gloucestershire CC and GPFT need to set out how these services and NHS continuing care bed provision are being provided and will be available for the future. The Panel is aware that much of this provision is through independent providers.

5.6.3 The Panel was told about the Partnership for Older People Project bringing in funding to support providers in independent nursing homes. This is encouraging.

5.6.4 The Panel also heard from the PCT and GPFT about the possibility of developing bed based intermediate care facilities in Holly House, including some services for older people with mental health problems. This again is a welcome initiative and is supported by the Panel. It should be developed as part of a strategy for intermediate care provision, including intermediate care at home. Public confidence in the proposed reconfiguration depends on the clarity of robust arrangements for respite and intermediate care. If the proposal to develop intermediate care facilities at Holly House proceeds we understand it will require all the space on site and the PCT and GPFT will need to consider the best location for the Gloucester older peoples and adult CMHTs.

5.6.5

Recommendation Six

Gloucestershire PCT, Gloucestershire CC and GPFT should set out what local intermediate and respite care services are available and how local access will be ensured in the future. The Panel supports the concept of the PCT developing bed based intermediate care at Holly House as part of its intermediate care strategy.

5.7 **The number of specialist beds required**

5.7.1 The Panel notes that there is general support for reducing the number of specialist acute beds to the 65 that are planned for the new inpatient unit at Charlton Lane.

5.7.2 The Panel has also heard from both GPFT and the PCT that a further reduction to 50 beds might be feasible. Given the predicted 20 per cent rise in the number of people over 85 in Gloucestershire in the next five years the Panel would advise some caution. From talking to representatives of the Faculty of Old Age Psychiatry we understand that whilst there may be less use of acute beds for people with dementia there is likely to be more use of them for people suffering from depression and schizophrenia.

5.7.3 GPFT appears to have a longer than average length of stay in its older people's beds, an average of over 70 days compared to nearer 40 days in some units. The Trust sees potential for working differently to reduce the length of stay considerably.

5.7.4 Should it prove possible to further reduce the number of specialist beds, then it should be possible to further strengthen other services for older people with mental health problems.

5.7.4

Recommendation Seven

The Panel agrees that the new unit at Charlton Lane should be planned on the basis of providing 65 beds. If it becomes appropriate to reduce that number further then the opportunity should be taken by the PCT to reinvest the released resources in other services for this client group.

5.8 **Access and Transport**

- 5.8.1 Access to the proposed inpatient unit at Charlton Lane has been a major issue for the Gloucestershire HOSC and local people. Even in a car it is a long journey from areas such as the Forest of Dean and many elderly car drivers would not wish to undertake the length of journey needed to get to Charlton Lane. The Panel was given details of public transport and the difficulties involved, which could mean spending all day travelling just for a short visit.
- 5.8.2 The Panel is very clear how important it is for carers, families and friends to visit regularly. Regular visits are important clinically as well as for personal and social reasons.
- 5.8.3 There is no doubt that access will be a much greater issue with a single inpatient unit than with the four current units. GPFT estimated that there might be transport problems in relation to 64 admissions a year however, in practice, they thought that this may be as low as 20-25 admissions a year. The HOSC disputed this assessment and suggested there could be problems with 160 admissions (or 75 if admissions from Cheltenham and Gloucester were discounted because of easier access to public transport). The HOSC was also unhappy with the initial response from GPFT in addressing the access and transport issues.
- 5.8.4 The Panel was reassured to hear that considerable progress has been made in discussions between GPFT, the PCT and the HOSC and an agreement has been signed with Gloucestershire Wheels to provide 50,000 miles of transport a year; the cost to be picked up initially by GPFT and then by the PCT.
- 5.8.5 The Panel has not seen the details of the agreement and is unable to say if it will be sufficient. The Panel is clear that solutions have to be found to enable easy access to the new unit at Charlton Lane and that the NHS, having made the changes in provision must take

responsibility together with the CC and transport organisations and community transport providers to ensure that solutions are found.

5.8.6

Recommendation Eight

Gloucestershire PCT and GPFT, working with Gloucestershire CC and transport agencies, must ensure appropriate arrangements are in place to facilitate access and travel to Charlton Lane before the changes take place and accept continuing responsibility for maintaining the necessary arrangements.

5.9 Integrated provision of older people's mental health services

5.9.1 GPFT and Gloucestershire CC already underpin the integrated provision of services for adults of working age through a Section 31 agreement. A Section 31 agreement enables health and social services resources to be pooled under single management arrangements and facilitates flexible use of resources. In this agreement the relevant social services staff have transferred to the employment of GPFT under TUPE arrangements.

5.9.2 Older people with mental health problems and their carers rightly expect the services provided to them across health and social care to be well integrated. A similar Section 31 agreement for the provision of older people's mental health services may help strengthen this integration. Gloucestershire CC, GPFT and Gloucestershire PCT should consider whether there would be added value in underpinning the provision of older peoples mental health services in this way.

5.9.3

Recommendation Nine

In order to provide fully integrated services the Panel recommends that consideration is given to extending the Section 31 agreement that already covers adult mental health services to include services for older people with mental health problems as well.

5.10 Strengthening joint commissioning and working with users, carers and staff

5.10.1 Given the difficulties during and after the GPFT consultation there has been understandable confusion over what is happening and a loss of confidence in services for the future. The long period of uncertainty has been difficult for all concerned.

5.10.2 The PCT and Gloucestershire CC as commissioners should continue to develop the future strategy for older people with mental health problems with the full involvement of users, carers, staff and other agencies. The emphasis should be on developing options for change with people, focusing on redesign, not reconfiguration and taking a whole system view.

5.10.3 Strong user and carer involvement is a key principle of all current national guidance on services for older people's mental health services. Given the Trust's new Foundation Trust status and the new PCT now would be an excellent time to develop a more robust and visible user involvement strategy

5.10.4 The new PCT and new senior management in GPFT have already made a considerable difference. It is important now to build on this improvement and to involve people fully in finalising the implementation plans for the proposed changes.

5.10.5

Recommendation Ten

It is important now for GPFT, the PCT and Gloucestershire CC to complete the planning and implementation of the changes, engaging staff, users, carers and other agencies. The PCT and Gloucestershire CC, working together as commissioners, should take the lead in redesigning services for the future, with the full involvement of users and carers and other agencies as well as GPFT and its staff.

SOME PERSONAL OBSERVATIONS

Dr Peter Barrett

In accepting our Terms of Reference for this referral it seemed to me particularly important that we concentrated on a redesign of services that would help the NHS Trusts in Gloucestershire deliver safe, sustainable and accessible older people's mental health services fit for the twenty-first century. We were soon made aware of the strength of feeling in each of the four locations currently providing inpatient services and there was a great deal of debate about whether they should continue on one, two or four sites. The discussion about how many inpatient sites seemed in part to have obscured the real question about the quality and sustainability of care in 2007.

However, I can quite understand the Overview and Scrutiny Committee's wish to refer this substantial variation in service to the Secretary of State and I commend them for their diligence and application to this task. I would also like to thank all those who provided information to the Panel and who gave their valuable time to meet us.

There was a general feeling of malaise about the time taken to reach any decision and as we have found in other areas, exhaustion about the reconfiguration debate. It is noteworthy that the new Primary Care Trust and new senior management in the Partnership Trust has given fresh impetus to discussions about the implementation of the proposed changes since the referral was made and this is to be warmly welcomed.

It was of course perfectly understandable that staff, users and carers were anxious about any proposed changes to their local service and their fears were not allayed by an apparent lack of detail and explanation about what future arrangements would be. The staff, users and carers did not appear to have been engaged in the process and whilst I accept that the Partnership Trust felt that they had given such explanations clearly these had not been understood by those on the front line.

There was great uncertainty about access to the proposed new services in Cheltenham. The public transport services in Gloucestershire are patchy and this particular user group benefit from regular short visits from those they love who are often elderly and infirm themselves. Clearly if inpatient services are to be delivered from one site then many of the relatives of

those admitted face a longer journey. The disadvantage of greater distances to travel had to be balanced against the improvement in investigation, diagnosis and treatment that could be offered from modern facilities properly equipped and staffed for twenty-four hour cover. In addition it would only affect a relatively small number of people and it was hoped that there would be a much shorter length of stay in keeping with best practice around the country.

The proposed service redesign would allow real and sustained investment in community care close to home. I did not feel that those affected by the change had faith in promises made about community care and this strengthened their opposition to change. Care at home should involve appropriate therapeutic interventions and should not be a mere hand holding exercise as some carers had reported occurring in the past. I understand that there are good relations with Social Services locally. These should be maintained and developed to ensure the necessary provision of adequate periods of respite care to avoid sudden breakdown at home.

Our recommendations call for a meaningful, sustained investment in care closer to home with appropriate use of existing facilities in partnership with the Primary Care Trust, Social Services and the private nursing home sector. What is going to be provided, where and when should be explicit to restore the community's trust in local services.

There were indications initially that the NHS saw no role for itself in transport issues. Indeed it is true to say that the NHS has no legal duty in this regard but it seemed to me that if substantial changes were proposed in the provision of services then the NHS did have a duty to liaise with other agencies about possible innovative solutions to improving access. I was pleased to hear during the course of our review that steps had been taken to develop better solutions but the results will have to be monitored and adapted as required to ensure that adequate access is maintained.

I hope that those who read this report will realise that we did not come to our unanimous advice lightly. We listened very attentively to those from all sides of the debate as evidenced by the large number of people listed in the report's annex and we took their views carefully into account. Gloucestershire is fortunate in having such dedicated staff prepared to devote their lives to the care of a highly needy and demanding client group. I was extremely impressed by the existing levels of care delivered from a traditional setting and by the devotion of those carers whose loved ones were affected by such debilitating illnesses. I

would want elderly relatives to have access to the most advanced treatment in the most appropriate setting with appropriate separation of patients with organic and functional illness. Once discharged from inpatient care I would want them to be cared for close to, or at home with properly resourced community teams. I would want those teams to recognise the pressure on carers and to have access to respite care via good relations with Social Services and appropriately trained staff in Nursing Homes. The problems associated with elderly people with mental illness are growing. I hope our advice, if accepted, will enable the people in Gloucestershire to have the service that they deserve fit for the twenty-first century.

List of abbreviations used.

CC	County Council
Councillor	Cllr
CMHTs	Community Mental Health Teams
DGH	District General Hospital
GPFT	Gloucestershire Partnership NHS Foundation Trust
HOSC	Health Overview and Scrutiny Committee
IRP	Independent Reconfiguration Panel
NHS	National Health Service
PCT	Primary Care Trust
SHA	Strategic Health Authority
TUPE	Transfer of Undertakings (Protection of Employment)

Appendix One

Independent Reconfiguration Panel general terms of reference.

The Independent Reconfiguration Panel is an advisory non-departmental public body. Its terms of reference are:

A1. To provide expert advice on:

- Proposed NHS reconfigurations or significant service change;
 - Options for NHS reconfigurations or significant service change;
- referred to the Panel by Ministers.

A2. In providing advice, the Panel will take account of:

- i. whether the proposals will ensure safe, sustainable and accessible services for the local population
- ii. clinical service quality, capacity and waiting times
- iii. other national policies, for example, national service frameworks
- iv. the rigour of consultation processes
- v. the wider configuration of the NHS and other services locally, including likely future plans
- vi. any other issues Ministers direct in relation to service reconfigurations generally or specific reconfigurations in particular.

A3. The advice will normally be developed by groups of experts not personally involved in the proposed reconfiguration or service change, the membership of which will be agreed formally with the Panel beforehand.

A4. The advice will be delivered within timescales agreed with the Panel by Ministers with a view to minimising delay and preventing disruption to services at local level.

B1. To offer *pre-formal consultation* generic advice and support to NHS and other interested bodies on the development of local proposals for reconfiguration or significant service change – including advice and support on methods for public engagement and formal public consultation.

C1. The effectiveness and operation of the Panel will be reviewed annually.

Appendix Two

Letter to Rt Hon Patricia Hewitt MP, the former Secretary of State for Health, from Mr Andrew Gravells, Chairman, Gloucestershire HOSC. 20 November 2006

Rt Hon Patricia Hewitt MP
Secretary of state for Health
Department of Health
79 Whitehall
London
SW1A 2NS

County Councillor Andrew Gravells
Chairman of the Health Overview and Scrutiny Committee
Shire Hall
Westgate Street
Gloucester
GL1 2TG

Please Ask for: Richard Thom

Fax: 01452 425850

Phone: 01452 425204

Our Ref:

Your Ref:

Date: 20th November 2006

E-mail address: andrew.gravells@gloucestershire.gov.uk or richard.thom@gloucestershire.gov.uk

Dear Secretary of State

Referral of the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham

At its meeting on 6th November 2006 the Gloucestershire Health Overview and Scrutiny Committee resolved to refer the decision of Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient services to the Secretary of State for Health.

The referral comes to you under Section 7 of the Health and Social Care Act 2001, on the grounds that:

1. The proposal is not in the interests on the local health services as it will have a detrimental effect on the health and experience of local patients

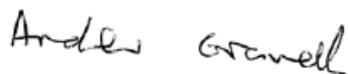
The committee's view is that Gloucestershire Partnership NHS Trusts proposal to centralise older people's mental health inpatient services will have a detrimental effect on the health and experience of the local residents due to:

- The significant negative impact that the proposal will have in terms of access.
- The reductions in community staffing levels in the same localities that are losing locally based inpatient services
- The negative medium term impact associated with undertaking major refurbishment work at Charlton Lane whilst the centre is occupied

Enclosed are a number of attachments to support the Committee's referral. Annex 1 sets out further details on the reasons for the referral and a chronology of events leading to the referral. Annex 2 contains the supporting documents referred to in the text of annex 1.

If there is anything unclear in this referral please do not hesitate to contact me.

Yours sincerely



Andrew Gravells
Chairman of the Health Overview and Scrutiny Committee

c.c. Andrew Casey, Interim Chief Executive, Gloucestershire Partnership NHS Trust
Jan Stubbings, Chief Executive, Gloucestershire Primary Care Trust
Sir Ian Carruthers, Chief Executive, NHS South West
John Bewick, Director of Strategic Development , NHS South West

ANNEX 1

1. The proposal

1.1 The Gloucestershire Partnership NHS Trust's consultation document *Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust* set out proposals for change to inpatient mental health services for adults of working age, inpatient mental health services for older people, and mental health day services. This referral only relates to the proposals for change to inpatient mental health services for older people.

1.2 The proposal is set out on page 7 of the consultation document and reads:

"Inpatient Mental Health Services for Older People

These are provided from four sites across the county:

- *Weavers Croft, Stroud*
- *Charlton Lane, Cheltenham*
- *Holly House, Gloucester*
- *Colliers Court, Cinderford*

A further site, Baunton Ward at Cirencester, has been temporarily closed since 2003.

The Trust's preferred option is to accept the conclusion of the recent Older People's Review and provide 65 beds. Our financial circumstances lead us to propose we concentrate these inpatient services onto the Charlton Lane Centre site in Cheltenham. This will require a reduction in the number of admissions and the average length of stay."

2. Background

2.1 The NHS in Gloucestershire has been under significant financial pressures, at one stage facing projected deficits of over £40 million by the end of the 2006/7 financial year.

2.2 In order to address the financial situation the local Health Community brought forward a series of proposals for substantial service change. These proposals were presented in two separate consultations, one on mental health changes– *Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust*, and one covering acute and primary care changes – *The Future of Healthcare in Gloucestershire*. Together these consultations contained 12 separate proposals for change. A large number of additional proposals were also put forward, which the Health Overview and Scrutiny Committee (HOSC) agreed were not substantial, and therefore did not require formal consultation.

2.3 Due to the gravity of the proposals the HOSC adopted a Select Committee style approach to examining the consultation proposals. The HOSC undertook a considerable amount of extra work during the consultation period

to try to fully understand the impact of the various proposals and worked closely with the local PCTs, Trusts, and NHS South West to try to ensure that workable solutions were found that were in the best interests of Gloucestershire. This process has been very successful for all stakeholders, and for 11 out of the 12 proposals across the two consultations, local workable solutions have been found that are acceptable for all parties. Considering this background of successful joint working the HOSC is very disappointed that it feels compelled to refer this one proposal to the Secretary of State. However despite considerable effort as amplified in the chronology of events below, it has proved impossible to reach agreement on the proposal to centralise inpatient mental health services for older people.

3. Chronology of events

- 3.1 The following table sets out the sequence of events that led to this referral. The table only includes details of meetings and events that relate either wholly or partially to the mental health proposals. A separate, but similar, sequence of events was followed when considering the acute and primary care proposals in the second consultation, but details of these are not included here.

Date	Event
18 th January 2006	<p><u>Health Overview and Scrutiny Committee meeting</u></p> <p>Gloucestershire Health Community presents an overview paper on the financial position of NHS organisations in Gloucestershire to the full Health Overview and Scrutiny Committee (HOSC).</p> <p>Report informed the HOSC that the NHS in Gloucestershire was projecting deficits for 2006/7 and that savings of £20-£30 million would be required over the coming year.</p> <p>The report outlined some key areas where the NHS might look to make savings over the coming year. One element would be focusing on providing care closer to home, which could impact on the roles of community hospitals and some aspects of mental health services.</p> <p>HOSC set up an NHS Finances Task-Group to work with the NHS over the coming months to help identify service change areas that would require HOSC input.</p>
19 th February 2006	<p><u>NHS Finances Task-Group meeting</u></p> <p>First meeting of the NHS Finances Task-Group. The Health Community provided more background information and an update on the financial position. By this stage NHS organisations were predicting a deficit of over £30 million.</p>
3 rd March 2006	<p><u>Health Overview and Scrutiny Committee Meeting</u></p>

	<p>The NHS finances Task-Group updated the full Health OSC on the latest financial position.</p> <p>The Health Community highlighted the need for rapid action to address the financial position.</p>
29 th March 2006	<p><u>Extraordinary Health Overview and Scrutiny Committee Meeting</u></p> <p>Health Community provided the latest update on the financial position. Deficits were now projected as being approximately £40 million. NHS stressed the need for urgent change and the need to avoid lengthy consultation where possible.</p> <p>Health community put forward its initial community change proposals that were designed to help it break even (See Annex 2, attachment 1). Twenty nine proposals were put forward including one proposal to <i>rationalise mental health inpatient services for adults and older people onto two sites</i>.</p> <p>No information on the impact of any of these proposals was provided. Therefore the committee requested that a basic impact analysis be completed to assist it in determining where consultation was required. It was agreed that the impact analysis would be presented to the NHS Finances Task-Group for detailed discussion.</p> <p>NHS stressed the need for urgent action and the hope that for some proposals the HOSC might agree to a limited form of consultation rather than the usual 12-week period.</p>
6 th April 2006	<p><u>NHS Finances Task-Group meeting</u></p> <p>The Health Community presented its high-level impact analysis on the 29 proposals for change (see Annex 2, attachment 2). Discussion focused on the first 10 proposals where it was agreed consultation was not required.</p>
13 th April 2006	<p><u>NHS Finances Task-Group meeting</u></p> <p>Discussion on proposals 11 to 29 in the impact analysis.</p>
11 th May 2006	<p><u>Health Overview and Scrutiny Committee meeting</u></p> <p>The NHS Finances Task-Group presented its recommendations on where consultation was and was not required for the committee's approval.</p> <p>Gloucestershire Partnership Trust brought forward proposals for a shortened 5-week period of public consultation on proposals to:</p> <ul style="list-style-type: none"> • Centralise older people's mental health inpatient services at Charlton Lane, Cheltenham • Centralise adults of working age inpatient services at

	<p>Wotton Lawn, Gloucester</p> <ul style="list-style-type: none"> • Cease providing NHS funded day care services <p>The Trust Chief Executive argued if a longer period of consultation was required, the Trust would be forced to make further cuts to services to find additional savings. The Trust stated that for each additional week of consultation it would need to find an additional £125,000 of savings. The committee therefore accepted the shortened 5-week consultation period.</p> <p>The Health Community explained that proposals 27 to 29 that had originally been planned for post 2006/7 would now have to be brought forward due to the size of the financial problem. Full details were not yet available, therefore the committee agreed to hold an additional meeting on 31st May to consider these proposals further.</p>
22 nd May 2006	<p><u>Gloucestershire Partnership NHS Trust publishes its consultation document <i>Consultation on Changes to Mental Health Services Proposed by the Gloucestershire Partnership NHS Trust</i></u></p> <p>See Annex 2, attachment 3</p>
31 st May 2006	<p><u>Extraordinary Health Overview and Scrutiny Committee meeting</u></p> <p>The Health Community presented proposals for a shortened 7-week consultation on proposals 27 to 29, however due to the broad spectrum of issues contained within these proposals, that would impact on a large number of local people, the HOSC felt that a 7-week consultation would be insufficient and therefore insisted on a full 12-week consultation on these proposals.</p>
5 th June 2006	<p><u>Letter to stakeholders</u></p> <p>The Chairman of the HOSC wrote to various stakeholders including County/District/Parish Councillors, MPs, voluntary organisations, PPI Forums, and Carers groups asking for feedback on the Gloucestershire Partnership Trust proposals. Feedback indicated that the Trust has failed to consult Parish Councils despite making a commitment to do so, and that many stakeholders felt that the 5-week period was insufficient to allow them to respond properly.</p>
12 th June 2006	<p><u>Health Overview and Scrutiny Committee information gathering meeting</u></p> <p>The Health Overview and Scrutiny Committee holds a public meeting to give stakeholders and interested parties an opportunity to share their views on the proposals with the committee to help inform its response to the consultation. The following individuals/organisations contributed:</p> <ul style="list-style-type: none"> • Gloucestershire County Council's Community and Adult Care Directorate • Gloucestershire County Council's Children and Young

	<p>People Directorate</p> <ul style="list-style-type: none"> • Unison • Cheltenham and Tewkesbury Patient and Public Involvement Forum • David Drew MP • The League of Friends of Stroud Hospital • Members of the public
14 th June 2006	<p><u>Health Overview and Scrutiny Committee Select Committee meeting</u></p> <p>Members of the committee questioned the Chief Executive of Gloucestershire Partnership Trust in detail about the proposals for change. Concern was expressed about all of the proposals, with the most significant concern relating to the Older People's Mental Health Inpatient Services proposal.</p> <p>Due to the major concerns from public and stakeholders about the 5-week consultation period, and the Trust's failure to consult the Parish Councils the committee requested that the Trust board consider extending the consultation period to the full 12-weeks.</p>
27 th June 2006	<p><u>Gloucestershire Partnership Trust Board Meeting</u></p> <p>Gloucestershire Partnership Trust Board agrees to extend the consultation period from 5-weeks to 12-weeks.</p>
19 th July 2006	<p><u>Health Overview and Scrutiny Committee Select Committee meeting</u></p> <p>Members of the committee questioned John Bewick, Director of Strategic Development at NHS South West about the financial constraints that the NHS in Gloucestershire had to operate within. This meeting covered Mental Health and non-mental health proposals.</p>
3 rd August 2006	<p><u>Meeting between Thelma Holland, Sir Ian Carruthers and the Chairman of the Health Overview and Scrutiny Committee</u></p> <p>Meeting between the Chairman of the HOSC and the acting Chief Executive of NHS South West, and the designate Chief Executive of NHS South West. Agreement reached to work together closely in order to find the best solutions for Gloucestershire.</p>
7 th August 2006	<p><u>Draft response to the Consultation on Changes to Mental Health Services proposed by Gloucestershire Partnership Trust shared with Thelma Holland for her views</u></p> <p>The draft version of the HOSC's response to the consultation shared with Thelma Holland, Acting Chief Executive of NHS South West for her comments ahead of final publication as per agreement reached on 3rd August.</p>

9 th August 2006	<p><u>Response from Thelma Holland on the draft consultation response.</u></p> <p>Thelma Holland confirmed that the HOSC response was a fair and reasonable expression of the issues.</p>
10 th August 2006	<p><u>Health Overview and Scrutiny Committee publishes its response to the Consultation on Changes to Mental Health Services proposed by the Gloucestershire Partnership Trust</u></p> <p>The committee sets out its views on all three mental health proposals (see Annex 2, attachment 4). On the Older People's Mental Health proposal it concluded:</p> <p><i>The proposal to reduce the number of inpatient sites from 4 to 1 is unacceptable. There should be at least two sites in line with the Everybody's Business conclusions, and ideally more. The proposal to reduce the number of beds to 65 may be acceptable as the Everybody's Business review did conclude that this was the appropriate number. However, the committee does question whether the conclusions of that review are still valid when the extra community spend that was planned as part of the reduction in inpatient services has been removed.</i></p>
22 nd August 2006	<p><u>Extraordinary Health Overview and Scrutiny Committee meeting</u></p> <p>Gloucestershire Partnership Trust presented its consultation outcome report to the committee, and gave the committee an opportunity to make any final comments ahead of the Trust board decision (see Annex 2, attachment 5).</p> <p>It was noted that the consultation outcome report demonstrated that there were only 5 responses to the consultation in favour of the Older People's Mental Health proposals, whilst there were over 700 against it.</p>
31 st August 2006	<p><u>Gloucestershire Partnership Trust Board Meeting</u></p> <p>The Gloucestershire Partnership Trust Board met to reach its decisions on the three proposals. Decisions were as follows:</p> <ul style="list-style-type: none"> • The Board approved the proposed rationalisation of inpatient services for adults at Wotton Lawn Hospital, Gloucester. • The Board approved a revised version of the proposal to cease day hospital provision for adults. The revised arrangements incorporate two responses to concerns expressed by the HOSC and others. The Board agreed a proposal to enable the continuation of Gloucester Clubhouse with a greater role for members in managing Clubhouse with a continuing level of support from the Trust. The Board agreed also that in winding up the day hospital arrangements at Coleford House and Denmark

	<p>Road plans would be made to secure alternative day provision for individuals either through the Section 31 funded service also provided by the Trust, or through services provided by partner agencies through Service Level Agreements with the Trust.</p> <ul style="list-style-type: none"> • The Board approved a revised version of the proposal to cease day hospital provision for Older People. The revised arrangements respond to concerns expressed by the HOSC and others in relation to the benefit provided by these services and the need for the County Council to build up services to fulfil its statutory responsibilities to these clients. Plans are being made for the revised community and day assessment and treatment service to continue to support those people currently receiving day care as long as their needs continue and until alternative provision is made. • The Board approved the proposal to rationalise inpatient services for older people at Charlton Lane, Cheltenham. <p>These decisions were made in principle but implementation was delayed to allow further review at the next Board meeting on 20th September.</p>
<p>31st August 2006</p>	<p><u>'Traffic Light' assessment on all proposals shared with John Bewick</u></p> <p>A simple assessment of the HOSC position on each of the proposals in both the mental health and the non-mental health consultations was shared with John Bewick, Director of Operations for NHS South West (See Annex 2, attachment 6). Assessment clearly indicated that the older people's mental health proposal represented a 'red light' for the HOSC that was likely to be opposed if it went ahead.</p>
<p>8th September 2006</p>	<p><u>Letter from the Chief Executive of Gloucestershire Partnership NHS Trust to the Chairman of the Health Overview and Scrutiny Committee</u></p> <p>The Chief Executive of the Trust wrote to the Chairman of the HOSC setting out the Board's decision. The letter invited the HOSC to indicate whether it was considering the option of a referral to the Secretary of State at its next meeting so that this could be taken into account when the Board reviewed its decisions on 20th September.</p>
<p>13th September 2006</p>	<p><u>Health Overview and Scrutiny Committee meeting</u></p> <p>The HOSC considered the decisions made by the Trust at its meeting on 31st August and accepted the decision regarding inpatient services for adults of working age, and the decisions regarding day services. However the committee resolved to inform the Trust of its continued opposition to the Older</p>

	<p>People's Mental Health inpatient proposals, and asked the Board to reconsider its original decision.</p> <p>The committee resolved to inform the Trust Board that it would be prepared to consider the option of a referral to the Secretary of State if the Board decided to endorse its original decision.</p>
20 th September 2006	<p><u>Gloucestershire Partnership Trust Board Meeting</u></p> <p>The Trust Board endorsed the decisions it took in principle at its meeting on 31st August, including the decision to centralise older people's mental health inpatient services.</p>
10 th October 2006	<p><u>Extraordinary meeting of the Health Overview and Scrutiny Committee</u></p> <p>The HOSC met to consider whether to refer the decision to centralise older people's mental health inpatient services at Charlton Lane to the Secretary of State.</p> <p>Major concerns were raised about access to the centralised service, the proposed reductions in community staffing levels, and the standard of facilities at Charlton Lane.</p> <p>The committee requested further information on what the Trust was planning to do to alleviate the access issue, the impact of the community staffing reductions, and the proposed facilities at Charlton Lane, in the hope that this additional information would help satisfy members concerns and avoid a referral.</p>
19 th October 2006	<p><u>Meeting between Health Overview and Scrutiny Officers and the Gloucestershire Partnership Trust Chief Executive</u></p> <p>Informal meeting between HOSC officers and the Trust Chief Executive to discuss exactly what information the members of the HOSC needed to see in order to be satisfied about the proposal. A simple impact assessment proforma is produced for the Trust to complete (see Annex 2, attachment 7)</p>
30 th October 2006	<p><u>Meeting between Sir Ian Carruthers, John Bewick, Jan Stubbings and the Chairman of the Health Overview and Scrutiny Committee</u></p> <p>Informal meeting between the Chairman of the HOSC, the Chief Executive of NHS South West, the Director of Operations at NHS South West, and the Chief Executive of Gloucestershire PCT to consider the HOSC position on the mental health proposals and if there were any options to avoid a referral to the Secretary of State.</p>
30 th October 2006	<p><u>Additional information requested by the Health Overview and Scrutiny Committee provided by the Chief Executive of Gloucestershire Partnership NHS Trust</u></p> <p>The additional information requested at the meeting on 10th</p>

	October was provided (See Annex 2, attachment 8).
2 nd November 2006	<p><u>Health Overview and Scrutiny Committee briefing</u></p> <p>Informal briefing session to consider the additional information provided by the Trust and the extent to which it addressed the HOSC's concerns.</p>
6 th November 2006	<p><u>Health Overview and Scrutiny Committee meeting</u></p> <p>The committee met to consider whether or not to refer the issue to the Secretary of State. Members felt that their concerns over the standard of facilities at Charlton Lane had largely been addressed. However, there had been little progress with the access issue, and the reductions in community staffing levels remained a major concern.</p> <p>On the balance of evidence the committee did not feel that it could support the proposal, and it was clear that there was no time for further negotiation. Therefore the committee resolved by 11 votes to 0, with one abstention, to refer the decision to centralise older people's mental health inpatient services to the Secretary of State for Health on the grounds that it would have a detrimental impact on the health and experience of local patients.</p>

4. Grounds for the referral

- 4.1 This referral is made under Section 7 of the Health and Social Care Act on the grounds that:
- The proposal is not in the interests of the local health services as it will have a detrimental impact on the health and experience of local patients.

5. Reasons for the referral

- 5.1 This section sets out the reasons why the HOSC believes the proposal will have a detrimental impact on the health and experience of local patients.
- 5.2 **Travel and access** – Inpatient mental health services for older people are currently provided from 4 sites within the county, one in Cheltenham, one in Gloucester, one in the Forest of Dean, and one in Stroud. This means that there are inpatient services available in 4 of the 6 district areas of the county. The proposal involves removing inpatient facilities from 3 of these sites and centralising them all at Charlton Lane in Cheltenham.
- 5.2.1 The travel and access issue was identified as a problem with the proposal from the beginning of the consultation, indeed the Trust's consultation document identifies that the proposal would have a negative impact on access (page 14).

- 5.2.2 Four of the speakers at the HOSC information gathering meeting on 12th June expressed major concerns about the impact that the proposal would have on access to services. Seventeen of the 77 letters that the HOSC received on this issue also highlighted significant concerns about access.
- 5.2.3 The HOSC clearly expressed its concern about the negative impact that the proposal would have on access at its meeting on 14th June, and again at its meeting on 22nd August. The committee's formal response to the consultation stated: *"The proposals will clearly have a negative impact on access and will lead to patients and carers having to travel further to reach services. This has been raised by many people as a major concern, and the committee would echo those views. It is concerning that vulnerable people who may find the prospect of using public transport frightening will have to travel greater distances to access services. It has been suggested to the committee that this might stop some people from accessing the services that they need."*
- 5.2.4 It should be noted that the immediate family of elderly people needing to access these services will often be elderly themselves, and would therefore be more likely to find travelling long distances to visit loved ones difficult.
- 5.2.5 In response to the HOSC's concerns about access the Trust produced a summary of the access implications as part of a report for discussion at the HOSC meeting on 10th October (see Annex 2, attachment 9). This summary estimated that under the proposal 16,166 out of 27435 journeys to the service would be longer than they were under the existing service configuration. However, it was not possible to forecast how much longer these journeys would be with any accuracy.
- 5.2.6 *Conclusion – The Trust's proposal will have a detrimental impact on the experience of carers due to increased travel distances and travel times to visit loved ones.*
- 5.2.7 The negative impact of the proposals on access is potentially more significant than simply the inconvenience and potential distress caused to carers as a result of the increased difficulty that they will face in travelling to services. The proposal will make regular visiting more difficult and the committee has heard from professionals that regular visits from friends and family have important clinical benefits. The Trust's Medical Director has confirmed that regular visits are clinically important. Therefore the reduced access to services not only impacts on carers, it also impacts upon patients.
- 5.2.8 *Conclusion – The Trust's proposal will have a detrimental impact on the health and experience of patients as the number of regular visits that they receive are likely to be reduced.*
- 5.2.9 During the consultation process the Trust stated that it was committed to working with other parties through the County Council's Integrated Transport Unit to explore how to strengthen voluntary sector and statutory sector transport connections with the proposed single site solution. The Trust also agreed that it would reserve £25,000 to create a pump priming fund to

stimulate increased capacity or new responses to the transport needs of visitors to Charlton Lane. The HOSC hoped that these commitments would lead to positive actions to address some of the committee's concerns regarding access. However, by the meeting on 10th October when the HOSC was due to consider the option of referring the issue to the Secretary of State there was no obvious indication that any action had been taken to address the access problem.

5.2.10 The committee delayed making a decision on referral at its meeting on 10th October to give the Trust an opportunity to provide further information about what work was being done with the Integrated Transport Unit, and details of how the pump-priming fund would be used, in the hope that this would address its concerns. When the Trust's additional report was provided on 30th October it simply stated: *"The Trust has offered to divert savings of £25,000 to create a pump priming fund to strengthen capacity in the voluntary sector transport and to engage with planners and providers of public transport to seek opportunities to improve transport route access to Charlton Lane Centre. The Trust has written to the head of the County Council's Integrated Transport Unit to initiate discussions on taking forward the pump priming proposal."*

5.2.11 Despite being fully aware about the concerns regarding access the Trust failed to take any firm action to address the issue despite making the commitment to do so. When the Trust was given a last opportunity to demonstrate some positive action and convince the committee that it was taking the access issue seriously, it failed to provide any new information or concrete action. This has led the HOSC to the conclusion that the Trust is not committed to trying to find a solution to the very real problems that their proposal will cause in terms of access to services.

5.2.12 *Conclusion – That the Trust has shown little commitment to addressing the access issue despite being aware that it was a significant concern of both the HOSC and the public since the beginning of the consultation.*

5.3 **Community Staffing Levels** – On page 7 of the consultation document it states *"We propose to bring day hospital staff and community mental health teams together to provide community-based services for older people. This will include offering day assessment and treatment. Community teams will continue to be locally-based"*. This was the extent of discussion on changes to older people's community teams in the consultation document, and this simple statement did not cause the HOSC any major concerns during the consultation period.

5.3.1 During the build up to the HOSC meeting on 10th October where the committee was due to consider whether or not to refer the proposal to the Secretary of State the HOSC became aware of concerns that the staffing levels in older people's community teams were being drastically reduced. The Chairman requested that the Trust provide further information on this issue at the meeting on 10th October. The following information was provided:

	Current WTE Clinical and support staff (excluding medical)	Proposed WTE Clinical and support staff (excluding medical)
Forest of Dean	25.82	13.24
Gloucester	25.07	17.6
Stroud and Vale	21.88	15.44
Cheltenham and Tewkesbury	19.21	22.73
Cirencester and the North Cotswolds	10.12	12.45
Total	102.1	81.46

- 5.3.2 The Trust is proposing a reduction of 21 WTE community staff across the whole of Gloucestershire, which was not made clear during the consultation. Given that one of the Trust's guiding principles was to "protect spending on staff ahead of spending on premises and overheads" the HOSC had not expected to see any major reduction in staffing levels. Indeed the committee thought that the Trust was planning to redistribute existing day hospital staff to enhance community provision, as the Trust's statement in paragraph 5.3 above seemed to imply. A letter from the Chief Executive of the Forest of Dean District Council dated 1st November 2006 makes it clear that the HOSC was not alone in this belief when it states "The Council therefore believed that this restructuring of the community team would not impact detrimentally on current services. Indeed at the meeting with district councillors, Jeff James implied that the existing staff from the centres would be distributed to enhance community teams" (See Annex 2, attachment 10).
- 5.3.3 At best it appears that there was some miscommunication about the nature of this proposal, but at worst it appears that the HOSC and other stakeholders were deliberately misinformed.
- 5.3.4 The proposed reductions in older people's community staffing levels have added to the HOSC's concerns about the inpatient proposals. It is clear from the figures above that major reductions in community staffing levels are proposed in the Forest of Dean, Gloucester, and Stroud localities. These are the same localities where the Trust is closing inpatient facilities. This adds to the HOSC's concern that patients in these localities will not get the support that they require, and in turn this will put additional pressure on families and carers.
- 5.3.5 The Trust has argued that changes to community staffing levels will create greater equity across the county as all areas would have a similar population served per WTE. The HOSC accepts that the proposal will have this effect, but it will do so by vastly increasing the population served per WTE in the Forest of Dean, Gloucester, and Stroud, whilst only slightly reducing the population served per WTE in Cheltenham and Tewkesbury, and Cirencester and the North Cotswolds. The total number of community staff is being reduced by one fifth, and therefore equity is being achieved through a levelling down of service provision, rather than a levelling up of provision.

5.3.6 The committee does not believe that any detailed assessment has been carried out on the impact of these reductions in community staffing levels. Therefore it is impossible for the HOSC or other stakeholders to have confidence that the proposal has been properly thought through, or that such reductions can be made without having a detrimental impact on patients. As the Trust is unable to present evidence to the contrary the HOSC reasonably assumes that a reduction in staffing levels will equate to a reduction in service provision, and that this combined with the loss of locally based inpatient facilities is sure to have a detrimental impact on patients.

5.3.7 *Conclusion – the reduction in community staffing levels combined with the loss of locally based inpatient services will have a detrimental impact on the health and experience of patients.*

5.4 **Clinical benefits of a single site and ‘Everybody’s Business’** – The Trust argues that providing services on a single site in Gloucestershire will have a number of clinical benefits including:

- Management of organic and functional mental illnesses, and of people with highly specialised needs, in separate wards
- Specialist nursing skills associated with each ward function
- 24/7 management of medical and psychiatric emergencies
- 24/7 admissions
- Medical Emergency Response Teams
- On site specialist medical treatment, such as ECT

5.4.1 Whilst it does appear that there would be clinical benefits from a single site the HOSC has received mixed messages about the extent of those benefits. This has led the HOSC to question whether the benefits of a single site are significant enough to outweigh the significant negative impact that moving to a single site would have in terms of access.

5.4.2 The HOSC’s concerns about the extent of the clinical benefits of a single site is exacerbated by the fact that the Everybody’s Business review of older people’s mental health services, conducted by West Gloucestershire Primary Care Trust, concluded that 65 beds should be provided over two sites. This was the conclusion reached after 2 years of detailed review, and the HOSC was informed that 2 sites represented the best way forward. If two sites was the best clinical option following this review it is difficult to see why less than a year later it is now being argued that one site is the best clinical option. This has led to concerns that the one site option is being put forward purely on financial grounds, and that the clinical arguments are being made to fit in with the financial circumstances.

5.4.3 *Conclusion – The HOSC has not been fully convinced by the clinical arguments in favour of a single site solution, and therefore is unable to accept that the clinical gains outweigh the negative impact on access.*

5.4 **Facilities at Charlton Lane** – The HOSC is aware that the Trust will be able to provide some enhanced facilities at a single site, for example more single rooms with ensuite facilities. This is a positive element of the proposal.

However, at this stage Charlton Lane Centre is needs significant refurbishment before it is able to deliver these improved facilities, and the Trust's own estimates suggest that these refurbishments will not be complete until September 2008.

- 5.4.1 The Trust plans an initial refurbishment of 2 wards to "*allow them to be safely occupied by older people*". The Trust's plans were to complete this refurbishment by 17th November, at which point patients would be moved into the wards. At this stage the facilities would not provide the enhanced facilities that the Trust has described, they would simply meet minimum standards. The first set of major refurbishments would not be completed until March 2007, and therefore for the first 5 months patients would be using facilities of a lower standard than those that currently exist. At the very least it would seem sensible for the Trust to delay implementation of the proposal until 1st March when at least two of the wards would have been brought up to the new improved standards.
- 5.4.2 Major refurbishment of the Charlton Lane Centre would continue until September 2008 in order to bring the whole centre up to the required standard. Therefore major renovation work will be taking place whilst patients are occupying the centre. The Trust does have plans in place to mitigate the impact of the renovation work on patients, however this is still far from ideal. The Trust plans to screen off the area being refurbished to "*limit nuisances such as dust and noise and to limit unintended access*", however this will not completely prevent these problems. Therefore patients will be living in less than ideal conditions for nearly two years before the planned benefits of the single site are felt. It would appear to be more sensible for the renovations to take place before services are moved to Charlton Lane, so that patients do not have to suffer during the transitional period.
- 5.4.3 The HOSC understands that the Trust feels that it must implement these changes quickly in order to balance its finances, however the HOSC's prime concern is for the welfare of the patients concerned and cannot accept that it is appropriate to subject them to a lower standard of facilities in the medium term for purely financial reasons.
- 5.4.4 *Conclusion – In its present condition Charlton Lane Centre does not offer any of the promised improved facilities that would be offered by a single centre. Therefore it is not appropriate for the proposals to be implemented at the present time.*

6. Conclusion

- 6.1 Regulations under Section 7 of the Health and Social Care Act 2001 give Health Overview and Scrutiny Committee's the power to refer contested proposals to the Secretary of State if the HOSC considers that the proposal is not in the interests of the local health services in its area. The Centre for Public Scrutiny, in its 2005 guide to *Substantial variations and developments of health services* (page 35), has defined this as meaning proposals that

would have a detrimental impact on the health and experience of local patients.

- 6.2 It is this committee's contention that the decision of Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient services at Charlton Lane, Cheltenham will have a detrimental impact on the health and experience of local patients due to:
- The significant negative impact that the proposal will have in terms of access.
 - The reductions in community staffing levels in the same localities that are losing locally based inpatient services
 - The Trust's failure to convince the HOSC that the clinical gains of a single site outweigh the negative impact on access
 - The negative medium term impact associated with undertaking major refurbishment work at Charlton Lane whilst the centre is occupied
- 6.3 The HOSC has not taken the decision to refer this proposal lightly has made every effort to try to find a local resolution to the dispute, as the chronology of events demonstrates. However, ultimately the HOSC has not been convinced by the arguments in favour of centralisation and therefore cannot support the proposal.
- 6.4 The committee therefore asks the Secretary of State to review the Trust's decision and make the appropriate recommendations to the Trust

Appendix Three

Letter to Mr Andrew Gravells, Chairman, Gloucestershire HOSC from the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health

*From the Rt Hon Patricia Hewitt MP
Secretary of State for Health*



SofS44342

Councillor Andrew Gravells
Chair of Gloucestershire Health Overview and Scrutiny Committee
Shire Hall
Westgate Street
Gloucester
GL1 2TG

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

08 FEB 2007

Dear Councillor Gravells,

Referral from Gloucestershire Overview and Scrutiny Committee relating to the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham.

You wrote on 20 November 2006 formally referring the proposal of Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham.

I understand that the Trust's proposal has been revised since your letter and that the local NHS has now shared with the Committee an updated proposal which includes revised community staffing levels in Gloucestershire.

In view of the amendments that have been made to the proposal, I would be grateful if you could advise by Friday 16 February 2007 whether you still want me to make a final decision on the proposal and, if so, whether there are any comments or additional information that you wish me to take into account when coming to my decision.

Thank you for your continued interest in this matter. Please copy any reply to this letter to the copyees listed below for their information.

Yours sincerely,

PATRICIA HEWITT

Cc: Sir Ian Carruthers, Chief Executive, NHS South West
Shaun Clee, Chief Executive, Gloucestershire Partnership NHS Trust
Jan Stubbings, Chief Executive, Gloucestershire PCT

Appendix Four

Letter to the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health from Mr Andrew Gravells, Chairman, Gloucestershire HOSC 9 February 2007

Rt Hon Patricia Hewitt MP
Secretary of State for Health
Department of Health
79 Whitehall
London
SW1A2NS

County Councillor Andrew Gravells
Chairman of the Health Overview and Scrutiny
Committee
Shire Hall
Westgate Street
Gloucester
GL1 2TG

Please Ask for: Richard Thorn Fax: 01452 425850 Phone: 01452 425204

Our Ref: Your Ref: Date: 9th February
2007

E-mail address: richard.thorn@gloucestershire.gov.uk

Dear Secretary of State

Referral of the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient services at Charlton Lane, Cheltenham

Thank you for your letter of 8th February 2007 regarding recent changes to Gloucestershire Partnership Trust's proposals for change to older people's mental health services, and for giving the Gloucestershire HOSC a chance to comment on them.

I am arranging an extraordinary meeting of the Gloucestershire Health Scrutiny Committee to discuss the changes so that we can take a decision on whether or not the HOSC referral to you still stands. However, it is already clear that it will not be possible to get enough Members of the committee together next week for the meeting to be quorate. We also have Access to Information rules to consider which require us to give 7 days between the publication of the agenda and the meeting. Therefore, it will not be possible for the Committee to take a view on the amendments by your tight deadline of Friday 16th February. I apologise for this, but I am sure you that you will understand our position.

I can assure you that we will meet as soon as possible to discuss this issue, and that I will try to get a response to you by Friday 23 February, and if not certainly by no later than Wednesday 28 February.

Yours sincerely

Andrew Gravells

c.c. Sir Ian Carruthers, Chief Executive, NHS South West
Shaun Clee, Chief Executive, Gloucestershire Partnership NHS Trust
Jan Stubbings, Chief Executive, Gloucestershire PCT

Appendix Five

Letter to the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health, from Mr Andrew Gravells, Chairman, Gloucestershire HOSC 26 February 2007

Rt Hon Patricia Hewitt MP
Secretary of state for Health
Department of Health
79 Whitehall
London
SW1A 2NS

County Councillor Andrew Gravells
Chairman of the Health Overview and Scrutiny
Committee
Shire Hall
Westgate Street
Gloucester
GL1 2TG

Please Ask for: Richard Thorn

Fax: 01452 425850

Phone: 01452 425204

Our Ref:

Your Ref:

Date: 26th February 2007

E-mail address: andrew.gravells@gloucestershire.gov.uk or
richard.thorn@gloucestershire.gov.uk

Dear Secretary of State

Referral of the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham

Thank you for your letter of 8th February regarding Gloucestershire Partnership NHS Trust's revised proposal, and for allowing the Health Overview and Scrutiny Committee time to consider the revised proposal before responding.

The HOSC met on 23rd February to consider the revised proposals, and after careful examination and debate resolved that *the HOSC recognises and welcomes the good work undertaken by Gloucestershire Primary Care Trust and Gloucestershire Partnership Trust since the referral to the Secretary of State, particularly on community staffing levels. However, the HOSC does not feel that the concerns in the referral have been fully addressed, particularly concerns regarding access, and therefore requests that the Secretary of State review the issue and make the final decision on the Trust's proposal.*

Attached to this letter is an additional report from the HOSC setting out our views on the revised proposal that should be taken into account in the final decision making process.

If there is anything unclear in the attached report please do not hesitate to contact me.

Yours sincerely

Andrew Gravells
Chairman of the Health Overview and Scrutiny Committee

c.c. Shaun Clee, Chief Executive, Gloucestershire Partnership Trust
Jan Stubbings, Chief Executive, Gloucestershire Primary Care Trust
Sir Ian Carruthers, Chief Executive, NHS South West

Appendix Six

Letter to Mr Andrew Gravells, Chairman, Gloucestershire HOSC from the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health

*From the Rt Hon Patricia Hewitt MP
Secretary of State for Health*



SofS 44342

County Councillor Andrew Gravells
Chairman of the Health Overview and Scrutiny Committee
Shire Hall
Westgate Street
Gloucester GL1 2TG

Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000

Dear Councillor Gravells,

08 MAR 2007

Referral of the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham

Thank you for your letter of 26 February 2007 confirming that you still wish me to make a final decision on the Trust's proposal.

Attached to your letter was an additional report setting out the Committee's views on the revised proposal. Following your response, the local NHS has provided my officials with additional information, a copy of which is enclosed.

I know that all parties will be keen for this issue to be brought to a conclusion. However, I feel it important that the Overview and Scrutiny Committee has the opportunity to review the additional information provided by the local NHS before I make my decision. I would therefore be grateful if you could provide by Friday 23 March 2007 or earlier if possible, your comments on the additional information or confirmation that the Committee has no further comments to make.

Yours sincerely,

PATRICIA HEWITT



Gloucestershire Partnership **NHS**
NHS Trust

Rikenel
Montpellier
Gloucester
Glos
GL1 1LY
Tel: 01452 891003
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e-mail: shaun.clee@glos.nhs.uk

6th March 2007

Geoff Upton
NHS South West

Dear Geoff

Further to the E mail from Katie Cusick and our telephone conversation earlier yesterday I write to provide our response.

Community Staffing

Gloucestershire Partnership Trust reviewed the benchmarking information that is available on community staffing levels for Older Adults contained within the Durham mapping exercise. We also reviewed the recommendations on community staffing levels made by the Sainsbury Centre for Mental Health in "Future Development of Mental Health Services for Older People" – Final Report April 2005. This information was then applied to the local population for Gloucestershire on a locality by locality basis, giving a notional additional weighting for rurality. Finally information on actual uptake of services for older adults was considered.

The revised proposals submitted to the HOSC and considered at their board on the 23rd February 2007, provide staffing levels that are a) above the SHA average b) exceed the Sainsbury Centre recommendations and c) provide higher staff to population ratios in the more rural areas. Gloucestershire Partnership Trust is confident that the community staffing levels will be able to respond appropriately to identified need. Should actual future need vary from historical and predicted need then the Partnership Trust will adjust its deployment of staff accordingly to ensure appropriate responses are maintained.

Access

The HOSC's report that is attached to their letter of 26th February to the Secretary of State makes comments about the Trust's calculations about the likely level of need for assistance with transport.

Gloucestershire Health & Social Services working together
Trust Headquarters: Rikenel, Montpellier, Gloucester, GL1 1LY

Chair: Robert Maxwell
Chief Executive: Shaun Clee
Tel: 01452 891000 Fax: 01452 891001

The alternative figures provided by the HOSC are based on calculations using percentages of pensioner households without a vehicle. These figures are provided for only three of the six geographical areas, for reasons that are not clear, and the Trust has not been able to verify these figures. There is some merit in using pensioner households to make the calculations but the Trust used data relating to all households because of the impact of people using their social networks when visiting and accessing hospital appointments. In the alternative figures provided by the HOSC, the percentage of households without a vehicle has been applied to parts of the county where there are good transport opportunities to get to the new single site. For example, 48 admissions from Gloucester residents contribute to the total of 104 admissions identified by the HOSC as admissions from households without a vehicle, yet there are good transport links between Gloucester and Cheltenham, where the new single site would be.

The Trust believes that it has supplied a reasonable estimate of the number of people who have to rely on public transport and for whom reasonable public transport is not available. The reality is that very few of the current visitors to our units use public transport to get there and people do find alternative means of transport. If the re-design of services were to make travel by public transport more difficult, it is very unlikely in this situation that people who previously were travelling by car or other means would start to use public transport. This is a further reason to expect there to be a small number of visitors who would need to use the proposed volunteer transport service as the only means of travelling to the new single site.

The HOSC raises the further concern that there are unlikely to be enough volunteers to transport visitors. The Trust has discussed these issues with Gloucestershire Wheels, a consortium of volunteer transport schemes, and Gloucestershire Wheels is confident it can secure sufficient volunteers and improve the efficiency of current services. Whilst the Social Enterprise Trust does not yet exist, there are existing volunteer transport schemes with which the Trust and Integrated Transport Unit could negotiate, if the Social Enterprise Trust is not concluded. Gloucestershire Wheels is producing a business plan for volunteer transport arrangements by 15th March. The arrangements that the Trust and Integrated Transport Unit will agree with Gloucestershire Wheels will allow for some flexibility in the numbers transported in the first year, to make sure that the need is covered adequately. Whilst the Trust's contribution of £25,000 is non-recurrent, it will provide additional funding to an existing volunteer transport scheme, and it is anticipated that this sum will support the transport of visitors for at least two years.

The Trust is leading the resolution of this issue, but is conscious that there are limits to its powers in this matter as the NHS is normally responsible for transport of people with health needs rather than the provision of transport for social needs.

Charlton Lane

Gloucestershire Partnership Trust stated in its submission of the 30th October 2006, Impact Assessment – Appendix D, that the initial upgrade of work at Charlton Lane would be completed by 17th November 2006. This work has been completed. The document went on to identify a second phase in two steps. Step one of Phase two was to undertake major refurbishment of one ward and for this to be completed by March 2007 – this being contingent upon approval to proposals being granted in October 2006. Further work was proposed as step two of phase two which entailed the creation of a fourth ward and major

refurbishment of another two wards – this being due to be completed by September 2008 – again on an assumption of agreement being reached in October 2006.

The initial upgrade work completed achieves

- Enhanced privacy and dignity as a result of a higher proportion of single rooms
- Improved clinical environment as a result of separate wards for functional & organic illness
- Conversion of environment to one safe for physically frail elderly inpatients by mitigation against slips, trips & falls through provision of handrails, removal of step up showers etc
- Redecoration to improve suitability of the physical environment
- Enhancing assisted bathing facilities by the supply and fitting of an Arjo bath.

In the intervening time additional Health Building Notes have been issued which are designed to further enhance inpatient facilities for older people with mental health needs. Plans for the second phase of work at Charlton Lane have been updated to ensure compliance with the latest requirements. Once agreement to proceed is received then the second phase will be progressed. It is anticipated that work would be completed by September 2008.

Yours sincerely



SHAUN CLEE
Chief Executive

Appendix Seven

Letter to the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health, from Mr Andrew Gravells, Chairman, Gloucestershire HOSC 13 March 2007

Rt Hon Patricia Hewitt MP
Secretary of state for Health
Department of Health
79 Whitehall
London
SW1A 2NS

County Councillor Andrew Gravells
Chairman of the Health Overview and Scrutiny Committee
Shire Hall
Westgate Street
Gloucester
GL1 2TG

Please Ask for: Richard Thorn

Fax: 01452 425850

Phone: 01452 425204

Our Ref:

Your Ref:

Date: 13th March 2007

E-mail address: andrew.gravells@gloucestershire.gov.uk or richard.thorn@gloucestershire.gov.uk

Dear Secretary of State

Referral of the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham

Thank you for your letter of 8th March regarding Gloucestershire Partnership NHS Trust's revised proposal, and for allowing the Health Overview and Scrutiny Committee an opportunity to respond.

The HOSC met on 12th March and discussed your letter and the additional information provided by Gloucestershire Partnership Trust. The committee unanimously agreed that the latest submission from Gloucestershire Partnership Trust did nothing to change its view that the proposal would have a detrimental impact, and that you, the Secretary of State, should make the final decision on the proposal.

I note from page two of the Trust's latest submission that the Trust is not clear about where our transport need figures came from, or why only three of the geographic areas were covered. The HOSC submission was attempting to demonstrate the reasons why both the Committee and the Integrated Transport Unit had misgivings about the Trust's calculations of need, and why we believe that they require validation. All figures were taken from 2001 census data (attached). The calculations presented in the last submission were based on the work of one member of the committee, who had very little time to undertake a detailed analysis and therefore concentrated on three areas to give an example of why the Trust's calculations are considered highly questionable. Given that transport has constantly been raised as a major concern over the last 10 months the HOSC does not believe that it is unreasonable to suggest that the Trust should have a more robust analysis of need in place than the questionable one that it has put forward in its submission.

The following adds to the information provided in the last submission to include data for the three remaining districts. Again I should stress that this is not meant to be a detailed analysis, but it does clearly demonstrate why there are concerns about the Trust's original calculations.

Area	Predicted admissions	% of all households with no vehicle	Admissions where household has no vehicle	% of pensioner households with no vehicle	Revised admissions where household has no vehicle
Forest of Dean	83	12	10	41	34
Gloucester	97	23	23	50	48
Stroud	64	12	7	34	22
Cheltenham	83	22	18	44	37
Tewkesbury	7	11	1	37	3
Cotswolds	49	9	5	32	16

As in the previous submission this table shows that the level of admissions where the household has no access to a car could be significantly higher than the Trust has estimated (160 rather than the 64 suggested by the Trust).

The Trust suggests that transport problems only apply to admissions from the Forest of Dean, Stroud, Tewkesbury and the Cotswolds. Using the figures above this suggests that 75 admissions per year would have serious transport difficulties, which is significantly higher than the 45 suggested by the Trust. This would mean that there would be 3,975 journeys per year where visitors would have serious difficulty with transport (or 1,987 journeys if you accept the Trust's optimistic assessment that 50% of visitors could get a lift with friends).

Please take this letter, along with our previous two submissions, into account in your final decision making process.

I look forward to a swift resolution to this issue.

Yours sincerely



Andrew Gravells
Chairman of the Health Overview and Scrutiny Committee

Appendix Eight

Letter to Mr Andrew Gravells, Chairman, Gloucestershire HOSC from the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health 20 April 2007

*From the Rt Hon Patricia Hewitt MP
Secretary of State for Health*

DH Department
of Health

SofS 46167

County Councillor Andrew Gravells
Chairman
Gloucestershire Overview and Scrutiny Committee
Shire Hall
Westgate Street
Gloucester GL1 2TG

*Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3600*

20 APR 2007

Dear Councillor Gravells,

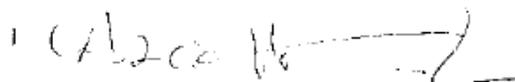
Referral of the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham

Thank you for your letter of 20 November 2006 formally referring under the Local Authority (Overview and Scrutiny Committees Health Scrutiny Functions) Regulations 2002 the above proposals to me for decision. I have reviewed your letter and the grounds for referral.

I have asked the Independent Reconfiguration Panel (IRP) to undertake a review of the issues raised in relation to the proposed changes to older people's mental health services in Gloucestershire and to report back to me with their advice. I have asked my officials to liaise with the IRP to take this forward with the local NHS.

I will meet with the IRP shortly to agree their Terms of Reference and will share these once they are available.

Yours sincerely,



PATRICIA HEWITT

Cc: Dr Peter Barrett, Chair, Independent Reconfiguration Panel
Sir Ian Carruthers, Chief Executive, NHS South West
Jan Stubbings, Chief Executive, Gloucestershire Primary Care Trust
Shaun Clee, Chief Executive, Gloucestershire Partnership NHS Trust

Appendix Nine

Letter to Dr Peter Barrett, Chair of the Independent Reconfiguration Panel from the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health 20 April 2007

*From the Rt Hon Patricia Hewitt MP
Secretary of State for Health*

DH Department
of Health

SofS 46167

Dr Peter Barrett
Chair
Independent Reconfiguration Panel
Keirran Cross
11 The Strand
London WC2N 5HR

*Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000*

20 APR 2007

Dear Peter,

Referral from Gloucestershire Overview and Scrutiny Committee relating to the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham.

I am writing to request the advice of the IRP in relation to the referral from Gloucestershire Overview and Scrutiny Committee concerning the decision of Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham. I attach a copy of the correspondence from Gloucestershire OSC.

The advice should be provided in line with the DH/IRP's agreed protocol and we are due to meet on Wednesday 25 April to discuss the detailed Terms of Reference.

I look forward to receiving your advice and thank you for your assistance in this matter.

Patricia Hewitt

PATRICIA HEWITT

Appendix Ten

Terms of reference letter to Dr Peter Barrett, Chair of the Independent Reconfiguration Panel from the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health 1 May 2007

*From the Rt Hon Patricia Hewitt MP
Secretary of State for Health*



SofS46262

Dr Peter Barrett
Chair
Independent Reconfiguration Panel
Kierran Cross
11 The Strand
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WC2N 5HR

*Richmond House
79 Whitehall
London
SW1A 2NS
Tel: 020 7210 3000*

Dear Peter

Referral of the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham

Following my letter of 20 April and our meeting on Wednesday 25 April, I am writing to confirm the Panel's Terms of Reference concerning the referral from Gloucestershire Overview and Scrutiny Committee relating to the proposed changes to older people's mental health services in Gloucestershire.

Terms of reference

The Panel is asked to advise the Secretary of State by Friday 27 July 2007:

- a) whether it is of the opinion that the proposals for older people's mental health services in Gloucestershire set out in the decision of Gloucestershire Primary Care Trust on 20 September 2006 will ensure safe, sustainable and accessible services for the people of Gloucestershire, and if not, why not;*
- b) on any other observations the Panel may wish to make in relation to the proposals for changes to older people's mental health services or implications for any other clinical services; and*
- c) in the light of a) and b) above on the Panel's advice on how to proceed in the best interests of local people.*

It is understood that in formulating its advice the Panel will pay due regard to the principles set out in the Independent Reconfiguration Panel general terms of reference.

The IRP's advice to me on this case should be provided in accordance with these Terms of Reference.

I am copying this letter to Sir Ian Carruthers, Chief Executive, NHS South West, Jan Stubbings, Chief Executive, Gloucestershire Primary Care Trust and Shaun Clee, Chief Executive, Gloucestershire Partnership NHS Trust.

Ben Wiles,

A handwritten signature in black ink, appearing to read 'Patricia Hewitt', with a long horizontal line extending to the right.

PATRICIA HEWITT

Appendix Eleven

Letter to the Rt Hon Patricia Hewitt MP, the former Secretary of State for Health from Dr Peter Barrett, Chair of the Independent Reconfiguration Panel 14 May 2007

IRP

*Kierran Cross
First Floor
11 Strand
London
WC2N 5HR*

The Rt Hon Patricia Hewitt MP
Secretary of State for Health
Department of Health
Richmond House
79 Whitehall
London SW1A 2NS

14 May 2007

Dear Secretary of State

Referral to the Secretary of State for Health of the decision by Gloucestershire Partnership NHS Trust to centralise older people's mental health inpatient facilities at Charlton Lane, Cheltenham

Thank you for your letter of 1 May about the above.

I am happy to confirm that the Independent Reconfiguration Panel will provide advice on the referral in accordance with the terms of reference set out in your letter and, as requested, by 27 July 2007.

The process of calling for and reviewing evidence is already well advanced. Panel Members will shortly begin undertaking visits to Gloucestershire. As usual, we will be meeting people and hearing views from all sides of the debate.

As you know, in keeping with our commitment to open and transparent working, we will be publishing our advice on the IRP website. We would expect this to happen in the summer.

Yours sincerely



Dr Peter Barrett CBE
Chair, Independent Reconfiguration Panel

Appendix Twelve

Letter to editors of local papers from Dr Peter Barrett, Chair of the Independent Reconfiguration Panel 18 May 2007

IRP

*Kierran Cross
First Floor
11 Strand
London
WC2N 5HR*

18 May 2007

For publication

IRP: Have your say on health review

Dear Editor

The IRP (Independent Reconfiguration Panel), the independent expert on health service change, has been asked by the Secretary of State for Health to carry out a review relating to a proposal to centralise Gloucestershire's older people's mental health inpatient services.

As part of our review, we would like to hear from local people who feel that they have new information that was not submitted during the formal consultation process or believe that their voice has not been heard. Please contact us via the team at NHS South West at irp@southwest.nhs.uk or by calling **01823 344 430**.

The referral to the IRP relates to the decision by Gloucestershire Partnership NHS Trust to centralise facilities at Charlton Lane, Cheltenham. At present inpatient mental health services for older people in Gloucestershire are provided from four sites across the county: Charlton Lane, Cheltenham; Colliers Court, Cinderford; Holly House, Gloucester and Weavers Croft, Stroud.

Our review will look at whether the existing proposals will ensure the provision of safe, sustainable and accessible services for local people. We will also look at how the proposals for changes to older people's mental health services may impact on other clinical services.

Over the coming weeks, we will be undertaking a number of visits to the area to talk to patients, carers, clinicians and other staff. We will also meet with people who believe they have new evidence that the IRP should take into account.

It is important that our reviews are open and accountable to the local communities. We will therefore publish our conclusions on our website - www.irpanel.org.uk - once they have been considered by the Secretary of State for Health.

Yours sincerely



Dr Peter Barrett CBE
Chair, IRP

Appendix Thirteen

Site visits, meetings and conversations held

Colliers Court, Cinderford	
Friday 15 June 2007	
Site visit	
Carers at Colliers Court, Cinderford	
Friday 15 June 2007	
Mr Andrew Kibble	Carer
Mrs Dorothy Mann	Carer
Mrs Gladys Cook	Carer
Mrs Jenny Harding	Carer
Mental Health Staff at Colliers Court, Cinderford	
Friday 15 June 2007	
Mr Andy Godden	Staff Nurse
Ms Fran Bazeley	Medical Secretary
Ms Judith Gardner	Health Care Assistant
Ms Sue Bailey	Community Mental Health Nurse
Ms Sue Reid	Recovery Support Worker
Holly House, Gloucester	
Friday 15 June 2007	
Site visit	
Gloucestershire Partnership NHS Trust	
Friday 15 June 2007	
Ms Lizzie Abderrahim	Non-executive Director
Ms Sue Coombes	Matron; Manager/Programme Manager
'Save Holly House' Campaigners	
Friday 15 June 2007	
Ms Carol Barton	'Save Holly House' Campaigner
Ms Dawn Hazelwood	'Save Holly House' Campaigner
Mr Richard Graham	'Save Holly House' Campaigner
Holly House, Gloucester	
Tuesday 19 June 2007	
Site visit (second time)	
Staff at Holly House, Gloucester	
Tuesday 19 June 2007	
Ms Ann O'Riley	Deputy Ward Manager
Ms Carol Whiting	Staff Nurse
Ms Deborah Evans	Healthcare Assistant
Ms Lyndsey Williams	Community Mental Health Nurse
Mr Mark Lee	Staff Nurse
Users at Holly House, Gloucester	
Tuesday 19 June 2007	
Ms Gwendoline Lipscombe	User
Mr Ken Cape	User

Health Overview & Scrutiny Committee at Shire Hall, Gloucester	
Tuesday 19 June 2007	
Cllr Janet Lugg	Sheriff and Deputy Mayor of Gloucester 2007/2008
Cllr Kathy Williams	Longlevens
Cllr Marilyn Smart	Forest of Dean
Cllr Mike Skinner	St Mark's, St Paul's and St Peter's
Cllr Ray Apperley	Stroud
Cllr Stephen McMillan	Mid Dean
Chief Executive of Gloucestershire Association of Mental Health	
Tuesday 19 June 2007	
Mr Michael Heap	Chief Executive
Alzheimer's Society	
Tuesday 19 June 2007	
Mrs Ann Carter	Gloucester Branch Coordinator
Mrs Debra Ireland	Service Manager for Gloucestershire
Ms Jean Humby	Chair of Gloucester and District Branch Committee
Mrs Jo Smith	Chair of Stroud and District Branch Committee
Gloucestershire PCT	
Tuesday 19 June 2007	
Ms Helen Brown	Joint Commissioning Manager, Older People & Physical Disability
Member of Parliament	
Monday 25 June 2007	
Mr Mark Harper	Forest of Dean
Cinderford Town Council	
Monday 02 July 2007	
Cllr Clive Brain	Cinderford West Ward
Cllr Dave Wildin	Cinderford Town Councillor
Cllr Diana Martin	Cinderford East Ward
Ms Linda Thomas	Cinderford Town Clerk
Forest of Dean Campaigners	
Monday 02 July 2007	
Ms Carole Allaway-Martin	Forest of Dean District Council
Ms Diana Martin	Forest Health Future
Dr Ian Standing	Retired dentist
Ms Julie Sharma	Forest Health Future
Ms Marilyn Smart OBE	Chair, the Forest of Dean District Council
Mr Maurice Bent	Forest Health Future
Rev. Nicholas Bromfield	Forest of Dean Rector
Ms Sophie Bennett	Save our Services
Ms Sue Reid	Health Care Worker, Colliers Court
Ms Trish Morgan	Alzheimers Group
Ms Vivian Hargreaves	The Forester Newspaper
Director of Social Services, Gloucestershire County Council	
Monday 02 July 2007	
Ms Margaret Sheather	Director of Social Services

Joint Negotiation and Consultation Committee	
Monday 02 July 2007	
Mr Mervyn Dawe	Branch Secretary of Unison's Severn health branch
Mr Tim Coupland	Royal College of Nursing
The Patient and Public Involvement (PPI) Forum	
Monday 02 July 2007	
Mr Anthony Burton MBE	PPI Forum Member
Mr Graham Crawshaw	PPI Forum Member
Ms Rosaleen Taylor	PPI Forum Member
Ms Susan Hill	PPI Forum Member
Members of Parliament	
Tuesday 03 July 2007	
Mr David Drew	Stroud
Mr Parmjit Dhanda	Gloucester
Member of Parliament	
Tuesday 03 July 2007	
Martin Horwood	Cheltenham
Mental Health, Department of Health	
Tuesday 03 July 2007	
Dr Sube Banerjee	Senior Professional Adviser, OPMH DH
Health Overview & Scrutiny Committee	
Wednesday 04 July 2007	
Cllr Andrew Gravells	Chair
Cllr Diane Hibbert	People against Bureaucracy Action Group
Cllr Klara Sudbury	Community & Adult Care
Cllr Margaret Edney	Cotswold
Cllr Margaret Ogden	Tewkesbury
Cllr Penny Hall	Cheltenham
Richard Thorne	Gloucestershire County Officer
Gloucestershire Partnership NHS Trust	
Wednesday 04 July 2007	
Ms Hazel Watson	Director of Nursing, Social Care and Therapies
Dr Paul Winterbottom	Medical Director
Mr Robert Maxwell	Chair of the Trust
Ms Sandra Betney	Director of Finance
Mr Shaun Clee	Chief Executive
Mr Ted Quinn	Service Director, Older People, LD and CAMHS
GPs from Stroud	
Wednesday 04 July 2007	
Dr Richard Waldon	GP with interest in Weavers Croft
Dr Anne Hampton	GP with interest in Weavers Croft
Weavers Croft	
Wednesday 04 July 2007	
Site tour only	

Independent Reconfiguration Panel Mental health services for older people in Gloucestershire

Member of Parliament	
Monday 09 July 2007	
Mr Geoffrey Clifton-Brown	Cotswolds
Phone Interviews	
Thursday 12 July 2007	
Mr Terry Standing	Lead Officer for Health Scrutiny
Mahmoud Patel	Barton & Tredworth Community Trust
The Royal College of Psychiatry	
Monday 16 July 2007	
Dr David Anderson	Chair of the Faculty of Old Age Psychiatry

Independent Reconfiguration Panel Mental health services for older people in Gloucestershire

Staff at Weavers Croft, Stroud	
Wednesday 04 July 2007	
Ms Heidi Benson	Physiotherapist
Ms Kirsty Sherratt	Clinical Psychologist
Ms Rose McDowall	Community Mental Health Nurse
Ms Sarah Bolger	Staff Nurse
Ms Sharon Smith	Ward Sister
Mental Health Services, Gloucestershire	
Wednesday 04 July 2007	
Dr Nick Ardagh-Walter	Chair Drugs and Therapeutics Committee
Dr Dennis Martin	Gloucester GP
Charlton Lane, Cheltenham	
Monday 09 July 2007	
Site visit only	
Users and Carers, Charlton Lane, Cheltenham	
Monday 09 July 2007	
Ms Gaby Somerville	Carer/Relative
Mrs Marjorie Hook	User
Ms Rose Somerville	User
Staff at Charlton Lane, Cheltenham	
Monday 09 July 2007	
Ms Claire Tassel	Health Care Assistant
Ms Linda Honeysett	Staff Nurse
Mr Peter Fitzpatrick	Staff Nurse
Ms Tracey Bourne	Staff
Ms Valerie Carpenter	Staff
Gloucestershire Primary Care Trust	
Monday 09 July 2007	
Mr Eddie O'Neill	Mental Health Commissioning
Ms Jackie Huck	Director of Commissioning and Primary Care
Ms Jan Stubbings	Chief Executive
Ms Ruth FitzJohn	Chair
Ms Sarah Truelove	Director of Finance
NHS South West	
Monday 09 July 2007	
Sir Ian Carruthers	Chief Executive, NHS South West
Mr John Bewick	Director of Strategic Development, NHS South West
Member of Parliament	
Monday 09 July 2007	
Mr Geoffrey Clifton-Brown	Cotswolds
The Royal College of Psychiatry	
Monday 16 July 2007	
Dr David Anderson	Chair of the Faculty of Old Age Psychiatry

Appendix Fourteen

Information made available to the Panel

Supporting papers and correspondence submitted to the IRP

Paper	Title
1.	Everybody's Business – Consultation Document
2.	<u>Everybody's Business – The Next Steps Consultation Document</u>
3.	Gloucestershire OSC Referral - Further Info
4.	Raising the Standard - Consultation Document, Faculty of Old Age Psychiatry August 2006
5.	Future Development of Mental Health Services for Older People –Consultation Report, The Sainsbury Centre for Mental Health, April 2005
6.	Referral Letter with supporting documents to Secretary of State for Health from Health Overview and Scrutiny Committee
7.	Letter from Parmjit Dhanda MP for Gloucester
8.	Revised Plans to develop Community MH Team Services for OP - Information from Gloucestershire Partnership Trust
9.	National Policy Drivers for the Proposed Improvements in Older People's Services – Information from Gloucestershire Partnership NHS Trust
10.	Responses to questions from the Department of Health by the Gloucestershire Partnership NHS Trust
11.	Letter and commentary with supporting documents to the Recovery and Support Unit, Department of Health from South West Strategic Health Authority
12.	Letter to Secretary of State for Health from Gloucester City Council
13.	Update on Transport Issues - Report from Gloucestershire County Council Integrated Transport Unit
14.	Letter with supporting documents to Secretary of State for Health from Cllr Andrew Gravells, Health Overview and Scrutiny Committee
15.	Letter to Secretary of State for Health from Cllr Barry S Dare, Gloucestershire County Council
16.	Letter <u>from Mark Harper, MP for Forest of Dean</u>
17.	Commentary on Referral by the South West Strategic Health Authority
18.	Letter <u>from Dr Richard Waldon Gloucestershire NHS Primary Care Trust</u>
19.	Letter from Secretary of State for Health to IRP requesting advice in relation to the referral with terms of reference
20.	<u>Email from Pauline & Tony Matthews, Forest of Dean</u>
21.	Email from Stephen Haile, no address given
22.	Letter from Mr E & Mrs EA Chapman, Lydney
23.	Letter from Mr S Thorne, Lydney
24.	Email from Margaret Cudlip, Berkshire
25.	Letter from Mrs Patricia Morgan, Forest of Dean
26.	Email from Millie Barnes, Woodstock Nursing Home, Gloucester
27.	Letter from Mrs D Smith, Gloucester
28.	Letter from Dr Richard Waldon, Chair of Medical Staff Committee, Stroud General Hospital
29.	Letter from Mrs Pat Jones, Cheltenham
30.	Letter from Philip Horsley, Newnham-on-Severn
31.	Letter from Mrs Joan Frantor, Drybrook
32.	Letter from Mrs J Meredith, Littledean
33.	Letter from Carol Barton, Gloucester
34.	<u>Information on the proposal from Gloucestershire Partnership NHS Trust</u>
35.	<u>Email from Lorraine Williams, no address given</u>
36.	Email from Elaine Hampson, no address given
37.	<u>Email from Grindle Family, no address given</u>
38.	<u>Email from Peter Hayward, Cinderford</u>
39.	<u>Email from Gillian Browning, Gloucester</u>
40.	<u>Email from Ian Standing Forest of Dean</u>
41.	<u>Email from Susan C Warren, Lydney</u>
42.	Email from Jenny Seager, Blakeney
43.	Letter from Dr Michelle Hayes, Lydney

Independent Reconfiguration Panel Mental health services for older people in Gloucestershire

44.	Email from Alison Claybourne, Blakeney
45.	Email from <u>Christine Williams</u> , no address given
46.	Email from <u>Patricia Clark</u> , no address given
47.	Letter from Jacky Smith, Joyford
48.	<u>Email from Gordon & Brenda Flight</u> , no address given
49.	Email from Joy Simpson, no address given
50.	Letter from David, Ann & Sarah Cooke, no address given
51.	Letter from P Horsley Snr, no address given
52.	Letter from Clive and Julie Brain, Cinderford
53.	Letter from Women's Institute, Coleford
54.	Letter from M G Rhodes, Lydney
55.	Letter from Sally McGoon, Parkend, Gloucester
56.	Letter from Forest of Dean District Council
57.	Letter from Mrs G Powell, Lydney
58.	Letter from ME & GA Stacey, Coleford
59.	Letter from Beryl Amos, Gloucester
60.	Letter from Lynn Cook, no address given
61.	Letter from Sylvia Mills, Gloucester
62.	Letter from group parishioners, Cinderford
63.	Letter from Mr Gary Smith, Forest of Dean Crematorium
64.	Note from anonymous, no address given
65.	Elizabeth Walker, Gloucester
66.	Mrs E Dyer, Newnham
67.	Email from Mrs Iris Beard, Eldwick
68.	Email from Alison Jones, Bournemouth
69.	Letter from Mrs M A Partridge, Lydney
70.	Letter from Dr Alasdair Jacks, Chepstow
71.	Letter from Mr K J Matthews, Cinderford
72.	Email from Mrs Jane Bunn, no address given
73.	Letter from Jean Crees, Pope's Hill
74.	Letter from Mr & Mrs Ken Gower, no address given
75.	Letter from Rev G & Mrs J Crees, Newnham-on-Severn
76.	Letter from Mrs M E Duberley, Hope Mansell
77.	Letter from Catherine Harris, Littledean
78.	Letter from Mrs K Beard, Cinderford
79.	Letter from Ms R James, Cinderford
80.	Email from Linda Blagg, no address given
81.	Email from Pat Drinkall, no address given
82.	<u>Email from June Phillips</u> , no address given
83.	Note from Mrs M Roberts, Lydney
84.	Note from B Speechley, Drybrook
85.	Letter from Daphne Lane, Cinderford
86.	Email from Jenny Humphries, no address given
87.	Email from N P Jackson, no address given
88.	Email from Kay Sandells, no address given
89.	Letter from members of the Bilson Mission Church, Cinderford
90.	Letter from SRN M Knight, Cinderford
91.	Letter from Mrs Betty Bower, Huntley
92.	Letter from Mrs Sylvia Mills, Gloucester
93.	Letter from Adele Garner, The Methodist Church, Forest of Dean
94.	Email from John Muir , no address given
95.	Email from Mary Allen, Gloucester
96.	Living an Ordinary Life – a review and strategy for 2005-2008 by Gloucestershire County Council
97.	<u>Challenging Behaviour Unit Draft - Service Model</u> dated 18 May 2005
98.	<u>Mental Health Liaison in Acute Care</u> - January 2005
99.	<u>Report on Work of Inpatient Services</u> - September 2005 by Gloucestershire Health Services and Gloucestershire County Council
100.	Letter from Mrs Hazel Butter, Lydney

Independent Reconfiguration Panel Mental health services for older people in Gloucestershire

101.	Letter from Daphne Jones, Cinderford
102.	Letter from Mrs Helen J Nash, Drybrook
103.	Letter from W T Chappell, Cinderford
104.	Letter from Dr Andrew J M Coates, Gloucester
105.	Email from Dr Ian Smith, no address given
106.	Email from <u>Manon Jeanes JP</u> , no address given
107.	Letter from Mrs Chris Evans, no address given
108.	Letter from BE Wilce, Drybrook
109.	Letter from Arthur J Hooper MB, Drybrook
110.	Email from Cllr Martin Whiteside, Stroud
111.	Email from <u>Mike & Avril Wonnacott</u> , Ruardean
112.	<u>Email from Cllr Terry Glastonbury</u> , Bream
113.	Email from Mrs Cherry Wray, no address given
114.	Email from <u>Rev Nick Bromfield</u> , Gloucester
115.	Email from Bill Parker, Lydney
116.	Email from <u>Vicky Bagley</u> , no address given
117.	Email from <u>Sheila Priest</u> , no address given
118.	Email from <u>Siamak Alimi</u> , no address given
119.	Email from <u>Anthony Midgley</u> , no address given
120.	Email from <u>Jonathon Mills</u> , Cinderford
121.	Email from <u>Carl Gore</u> , no address given
122.	Email from Cllr Philip Booth, Stroud District Green Party
123.	Letter from E E Baker, Cinderford
124.	Letter from Mrs E M Conder, Lydney
125.	Letter from R E Buberley, Ruardean
126.	Email from Jean Martell, no address given
127.	Email from John Court, no address given
128.	Email from Jan Whettam, Lydney
129.	Email from Rev Anthony & Mrs Marian Matthews, no address given
130.	Email from Jacqui Wynds, Coleford
131.	Email from <u>Wendy Wilding</u> , Lydney
132.	Email from <u>Elizabeth & Frank Lander</u> , Lydney
133.	Email from Peter Wadsworth, no address given
134.	Email from <u>Sue Bailey</u> , MHN, no address given
135.	Email from Maureen Day, no address given
136.	Email from <u>Anan Bowkett</u> , no address given
137.	Email from <u>Jaqui Fabian</u> , Lydbrook
138.	Email from <u>Ann Gillespie</u> , no address given
139.	Email from <u>Karen Davies</u> , Coleford
140.	Email from <u>R Barnes & Mrs EE Barnes</u> , no address given
141.	Email from <u>Marie Fraser</u> , no address given
142.	Email from <u>Richard Smith</u> , no address given
143.	Email from <u>Revd Philippa Brunt</u> , no address given
144.	Email from <u>David & Jon Storrar</u> , Lydney
145.	Email from <u>Keith Share</u> , no address given
146.	Email from <u>Lilla E Barnes</u> , no address given
147.	Email from <u>John Rocyn-Jones</u> , no address given
148.	Email from <u>Ronald Beard</u> , no address given
149.	Email from <u>Bridget Spencer</u> , no address given
150.	Email from <u>Pauline Mulford</u> , Coalway
151.	Email from <u>Eric Nicholls</u> , Drybrook
152.	Note from D A Thorne, Lydney
153.	Letter from Mrs D Barnard, Littledean
154.	Letter from Mr & Mrs G E Waygood, Lydney
155.	Letter from Mrs E Baker, no address given
156.	Letter from 'Concerned Grandparents', Coleford
157.	Letter from Mr E Caspari, Newnham
158.	Letter from Marion Winship, Forest of Dean District Council

Independent Reconfiguration Panel Mental health services for older people in Gloucestershire

159.	Letter from David and Jill Fitt, Cinderford
160.	Letter from L Carter, no address given
161.	Letter from Josie Powell, Cinderford
162.	Letter from Cllr Ray Apperley, Stroud District Council
163.	Email from <u>Juins Stevens, no address given</u>
164.	Email from <u>Anne Price, no address given</u>
165.	Email from <u>Cllr Maria Edey, no address given</u>
166.	Email from Frank Baynham Forest of Dean Health Forum
167.	Email from <u>Desiree M Rawle, Coleford</u>
168.	Email from Wendy & Stephen Warner, Huntley
169.	Email from Jill Corin, no address given
170.	Email from <u>Allen & Sheila Stagg, Ross on Wye</u>
171.	Email from <u>Lin Phelps, Ellwood</u>
172.	Email from <u>Pat Elbourn, Newnham</u>
173.	Email from Laurence Robertson MP for Tewkesbury
174.	Email from <u>Christine Beazer, Newnham-on-Severn</u>
175.	Email from <u>Mrs S Henchley, Gloucester</u>
176.	Email from <u>Mrs Ann Wilson, no address given</u>
177.	Email from <u>Angela Cotton, Coleford</u>
178.	Email from <u>Gillian K Baker, no address given</u>
179.	Email from <u>Basil Williams, no address given</u>
180.	Letter from Maureen Cotta, Ruardean
181.	Email from Rosaleen Taylor, Gloucestershire Partnership NHS Trust
182.	Letter from Tim Perrin, Forest of Dean District Council
183.	Letter from Letter F Bennett, Lydney
184.	Letter from Penny Rea, Drybrook
185.	Letter from Steven, Joyce and Clifford Yemm, Cinderford
186.	Letter from M Endy, Cinderford
187.	Letter from Philip Smith, Fetterhill
188.	Letter from Barbara Smith, Fetterhill
189.	Letter from P Davis, Cinderford
190.	Letter from P J Lewis, Newnham-on-Severn
191.	Letter from Ann Fletcher-Ward, Gloucester
192.	Letter from Mrs Barbara Burt, Cinderford
193.	Letter from Elaine Bradley, Cinderford
194.	Letter from Nick Dawkins, Cheltenham
195.	Letter from D E Phillips, Newham
196.	Letter from Judith Falconer, Tibberton
197.	Letter from Alan Williams, Ruardean
198.	Letter from Pamela Webb, Cinderford
199.	Letter from Mrs MA Wynn, Cinderford
200.	Letter from M Densley, Lydney
201.	Letter from Mrs Betty Hyett, Cinderford
202.	Letter from Mr J Taylor, Lydney
203.	A Response to 'Consultation on Changes to Mental Health Services' August 2006 by Save Stroud Hospitals Taskforce
204.	Letter from Doreen Davies, Newham-on-Severn
205.	Email from <u>Frank Williams, Coleford</u>
206.	Recovery Information from Denise Evans, Ward Manager, Gloucestershire Partnership NHS Trust
207.	Email from <u>Heather Harris, Westbury-on-Severn</u>
208.	Email from <u>Desmond Allen, no address given</u>
209.	Email from <u>Julie Farrier, no address given</u>
210.	Letter from Eileen & Alwyn Wilber, Coleford
211.	Letter from Barbara & John Thomas, Penhow, South Wales
212.	Letter from Marion Winship, Leader of Forest of Dean District Council
213.	Weavers Cross Hospital, Stroud <u>Staff Views on the proposal</u> – 4 th July 2007
214.	Report by Graham Sharpley, Weavers Croft on the <u>Elderly Inpatient Services for Mental Health</u> – July 2007
215.	Report by Sarah L Bolger, Staff Nurse Weavers Croft on psychosocial recovery

216.	Letter from Maurice Gardner, Stroud
217.	Letter from Mike Davis and Family, no address given
218.	Letter from Judith Gribble, Lydney
219.	Letter from Susan Creswick, Town Clerk Stroud Town Council
220.	Letter from Mr RTC Mason, Cinderford
221.	Email from Jonathan Wright, no address given
222.	Letter from Mrs M Harris, Newham
223.	Letter from Mrs D F James, Coleford
224.	Letter from Philip Sargeant, Coleford
225.	Letter from Mrs B R Butcher, Lydney
226.	Letter from Mr J G Winship, Lydney
227.	Letter from Mr & Mrs J O Furmedge, Gloucester
228.	Letter from Julia Price, Coleford
229.	Letter from Sandra Newman, Coleford
230.	Letter from 'Coleford Resident'

Responses to the IRP Enquiry Line (emails, letters and telephone calls)

No	Name
1.	Mrs Jan Miles, Cinderford
2.	M & A Caldwell, Cinderford
3.	Mary Cullis, no address given
4.	Greta Oliver, no address given
5.	Pamela Harper, Stroud
6.	Denis Ireland, Drybrook
7.	Jacqueline Orman, no address given
8.	Mr & Mrs A Selwyn, Lydbrook
9.	Mr David Miller, no address given
10.	June Phillips (Mrs), no address given
11.	S.T.Anderson, Newnham, no address given
12.	Caroline Davies, Cardiff
13.	Constance Williams, no address given
14.	Pat Drinkall, no address given
15.	Mr Lionel Lane, Lydney
16.	Kay Sandells, no address given
17.	N P Jackson, no address given
18.	Jenny Humphries, no address given
19.	Elizabeth Graham, Nr Lydney
20.	John Muir, no address given
21.	Mary Allen, no address given
22.	Manon Jeanes, no address given
23.	Robert Parsons, Cinderford
24.	Martin Whiteside, no address given
25.	Mike & Avril Wonnacott, Ruardean
26.	Mrs Barbara Jenkins, Coalway
27.	Mrs Cherry Wray, no address given
28.	Siamak Alimi, no address given
29.	Sheila Priest, no address given
30.	Vicky Bagley, no address given
31.	Bill Parker, Lydney
32.	Rev Nick Bromfield, Drybrook
33.	Jonathon Mills, Cinderford
34.	Carl Gore, no address given
35.	Anthony Midgley, Lydney
36.	Cllr Philip Booth, Stroud
37.	John Court, no address given
38.	Rev. Tony and Marian Matthews

Independent Reconfiguration Panel Mental health services for older people in Gloucestershire

39.	Jan Whettam, Lydney
40.	Jean Martell, no address given
41.	Wendy Wilding, Lydney
42.	Elizabeth and Frank Lander, no address given
43.	Peter Wadsworth, no address given
44.	Sue Bailey, no address given
45.	Maureen Day, no address given
46.	Alan Bowkett, no address given
47.	Jaqui Fabian, Lydbrook
48.	Ann Gillespie, no address given
49.	Jacqui Wynds, Coleford
50.	Rev Philippa Brunt, no address given
51.	Richard Smith, no address given
52.	Marie Fraser, no address given
53.	Mr R & Mrs E Barnes, no address given
54.	Karen Davies, Coleford
55.	Keith Share, no address given
56.	Lilla Barnes, no address given
57.	Dr J Rocyn-Jones, no address given
58.	Mr R & Mrs P Beard, no address given
59.	Bridget Spencer, no address given
60.	Pauline Mulford, Nr Coleford
61.	David & Joan Storrar, Lydney
62.	Mrs E J Cooper, Cinderford
63.	Pat Elbourn, Newnham
64.	Lin Phelps, no address given
65.	Allen & Sheila Stagg, Bishopswood
66.	Jill Corin, no address given
67.	Desiree Rawle, Coleford
68.	Wendy and Stephen Warner Huntley, Gloucestershire
69.	Councillor Maria Edey, no address given
70.	Anne Price, no address given
71.	David and Jill Fitt, Cinderford
72.	Frank Baynham, no address given
73.	Juins Stevens, no address given
74.	David & Ann Wilson, no address given
75.	Mrs S Henchley, Mitcheldean
76.	Christine Beazer, no address given
77.	Mrs M Densley, Lydney
78.	Gillian Baker, no address given
79.	Basil Williams, no address given
80.	Mrs A Cotton, Coleford
81.	Frank Williams, Coleford
82.	Mr R Mason, no address given
83.	Susan Creswick, Stroud Town Council
84.	Julie Ferrer, no address given
85.	Desmond Allen, no address given
86.	Heather Harris, Westbury-on-Severn
87.	Jonathan Wright, no address given
88.	Mrs J Meredith, Littledean
89.	Julie Sharma, no address given
90.	Phillip Price, no address given

Appendix Fifteen

Panel membership

Chair

Peter Barrett Chair, Nottingham University Hospitals NHS Trust
Former General Practitioner, Nottingham

Members

Cath Broderick Independent consultant in patient and public consultation.

Sanjay Chadha Trustee, Multiple Sclerosis (MS) Society
Justice of the Peace

Nicky Hayes Consultant Nurse for Older People at King's College Hospital
NHS Trust

Nick Naftalin Emeritus Consultant in Obstetrics and Gynaecology at University
Hospitals of Leicester NHS Trust

John Parkes Chief Executive of Northamptonshire Teaching PCT

Ray Powles Emeritus Professor of Haematological Oncology
Institute of Cancer Research
Former Head of Haemato-oncology, the Royal Marsden Hospital

Paul Roberts Chief Executive
Plymouth Hospitals NHS Trust

Mark Santer Former Bishop of Birmingham
Non-executive member of University Hospital Birmingham NHS
Trust Board

Gina Tiller Tutor for the University of Northumbria and for the TUC
Chair of Newcastle PCT

Dr Paul Watson Director of Commissioning, East of England Strategic Health
Authority

Administration

Tony Shaw Chief Executive

Martin Houghton Secretary

Chris Howgrave-Graham Consultant

Nick Savage Consultant

Appendix Sixteen

About the Independent Reconfiguration Panel

The Independent Reconfiguration Panel (IRP) offers advice to the Secretary of State for Health on contested proposals for NHS reconfigurations and service changes in England. It also offers informal support and generic advice to the NHS, local authorities and other interested bodies in the consideration of issues around NHS service reconfiguration.

The Panel consists of a Chair, Dr Peter Barrett, and members providing an equal balance of clinical, managerial and patient and citizen representation.

Further information about the Panel and its work can be found on the IRP Website:

www.irpanel.org.uk