

Mental health care under the axe



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A response by UNISON to the consultation document ‘Mental Health Services in North Essex’, produced by the three Primary Care Trusts covering north Essex, and tabled for consultation on June 7.

Introduction

UNISON at national and local level remains committed to the improvement of mental health services, greater emphasis on mental health promotion and community-based methods of treatment and care which as far as possible keep service users out of hospital, and better engagement with service users and carers. Our union has lent its official support to the recent NHS policy document *New Ways of Working for Everyone* (April 2007), and we continue to seek constructive ways in which staff can work in teams and cooperate with fellow clinicians and professionals to enhance the quality of patient care, improve morale and develop a more skilled and adaptable workforce.

However this process of partnership and cooperation is difficult to sustain without a system giving transparency and an honest account of the plans and proposals which management put forward and their implications for staff and for patients. The current consultation document appears to be neither clear nor honest on its intentions or its impact.

The way the document is written and constructed makes it extremely hard to derive any precise picture of the whole set of proposals. No figures are provided on staff numbers or skill mix or the proposed loss of jobs consequent on the closures and relocation of beds and services, and no costings are presented to allow UNISON or any other interested party to explore the likely costs or savings of the proposals.

This is very unhelpful. There is no escaping the fact that the document succeeds or fails on the basis of the financial impact it will have. We note that the document itself makes clear from page 1 that a key driving force behind the consultation proposals is the pressure for financial cutbacks on mental health services imposed by Primary Care Trusts – described in the Summary (page 1) as the “challenging financial context in which the PCTs and the Mental Health Trust have to operate”.

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In view of this requirement, it makes sense for the consultation document to demonstrate exactly how and why the proposals are the right ones, and a viable way to cut the required amount from mental health budgets. But there are virtually no financial figures at all on the cutbacks themselves, although we are told that the gap to be covered is quite substantial.

Balancing the books – at a price

The document explains that [despite – or perhaps because of? – the fact that according to the most recent Department of Health figures (August 30 2007) all three relevant PCTs are projecting an end-of year surplus or break-even], all three are “looking for savings in 2007/8”.

Worse, of £6.2 million in savings which the PCTs are seeking by the end of next year, £4m (65%) is to be slashed from mental health budgets which account for just over 8% of the PCTs’ total spending ... while the other £2.2m is to come from the remaining 92% of the budget. Since the total allocation from the three PCTs to the service level agreement with the Mental Health Trust (by which we assume the document means the North Essex Mental Health Partnership Trust, NEMHPT) is just £76m (page 7), a cutback of £4m is a very considerable reduction, well above 5 percent: by contrast the £2.2m additional cuts being required by the PCTs is equivalent to less than 0.2% of the PCTs’ combine £1 billion-plus turnover.

UNISON strongly objects to mental health services being singled out in this way as a supposedly soft target for disproportionately large cutbacks. We are convinced that such methods serve to perpetuate problems that have arisen from decades of under-funding of mental health services, and to hold back on the implementation of improved services for potentially vulnerable patients.

In addition to this, NEMHPT faces a further cutback of £3.5m over two years and a permanent loss of revenue from Hertfordshire PCTs which have implemented their own cutbacks by axing services provided by NEMHPT in Bishop’s Stortford. Here too UNISON is concerned at the lack of priority given to mental health services.

The loss of Hertfordshire funding is already a fait accompli and had already forced the closure of the Kitwood Unit at Bishop’s Stortford before this consultation began: it has also had an impact on units in Harlow. UNISON accepts that this is a circumstance beyond the control of NEMHPT and the Essex PCTs, but clearly we are concerned to ensure that Essex services are not reduced and that wherever necessary the staff who have been working in these services are found appropriate alternative work within the local NHS.

In an evasive section of the document we are told, but with no details to make the claim convincing, that about half of the proposed £4 million cut in mental health spending is to come from “non-patient services”. However we are given no idea what these services might be, or how they could be cut by £2m without impacting upon patient services. In a labour-intensive service such as mental health, sums this large can only normally be “saved” either by cutting jobs (maybe in administration) or by closing down and selling something. The PCTs don’t tell us which option they are

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pursuing: if the proposal is in fact a loss of jobs, UNISON demands an honest and open account of which jobs are under threat and what the impact would be. If NHS assets are to be closed and sold, we want to know which ones, and why. If some other option has been found, why is it not included in the consultation document?

Changing profile of services

UNISON welcomes the success of new models of mental health services in Essex that have enabled NEMHPT to achieve some remarkable reductions in the use of in-patient beds (page 6) and improve the experiences of mental health service users, their carers and families. We also welcome the increased use of Community Mental Health Teams which have succeeded in working with primary care to reduce the numbers referred for specialist mental health services, and in delivering more intensive support to prevent patients suffering a relapse that would require acute services.

However the development of such teams and their ability to work effectively in the community requires close attention to staffing levels, an appropriate mix of professionals and skill levels, and ensuring that caseloads remain manageable. Excessive caseloads will undermine the quality and therefore the effectiveness of the care that can be delivered: short-term savings in under-staffed teams can therefore carry very heavy later costs in terms of avoidable admissions of service users to hospital beds, and the additional distress and exclusion suffered.

Despite the importance of ensuring that staff:client ratios are maintained at a manageable level, UNISON notes with concern that the latest NHS guidance on this type of service, *New Ways of Working for Everyone*, makes no reference at all to caseload for non-consultant staff. This same omission is also apparent in the North Essex consultation document, which consistently evades any discussion of staffing levels, while stressing the need for CMHTs to play a crucial “gatekeeping” role “by assessing all potential admissions” and to be “proactive in offering alternatives to admission through home treatment” (page 6).

We note the claim (page 7) that “some of these changes would have been proposed in order to bring about service improvements whatever the financial position”: once again we are left to speculate on which of the proposals are motivated in this way, and which of them are based first and foremost on the requirement to cut the budget.

This is made even more difficult by the lack of any information on how much – if anything – each proposal is supposed to save, and whether this is based on making less use of higher-cost private sector providers (Barchester Health Care or Care UK) or on reducing the numbers or skill-mix of NHS staff.

The proposals: older people in West Essex

In the aftermath of the withdrawal of Hertfordshire funds which paid for 21 older adult beds in Bishop’s Stortford and Harlow, some reorganisation can be seen as inevitable. However the complicated and incomplete explanation of the consultation proposals on pages 8-11 leave plenty of room for doubt on exactly what is proposed. The consultation document (page 8) gives us a table itemising existing services, but

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the future plans are not included in any comparable table, but discussed in a confusing narrative which leaves out some important details.

At first sight it appears that the closure of beds and the day hospital at Bishop's Stortford, which were previously shared with Hertfordshire, are compensated by the expansion of services in Epping – 15 miles away – and Harlow, 7 miles away, although the promised 15 additional beds have not yet been identified: the document suggest that they will be subject to a “separate tendering exercise” (page 10) giving rise to questions over how soon they are expected to be required, and which organisations will be invited to “tender”.

The continuing care beds are currently provided at the Brian Roycroft Unit in Harlow, as well as Barchester. There could be an implication in the document that the 15 extra beds they intend providing could be provided at the Brian Roycroft Unit, on top of the existing 11 beds, but again that is not clear. Obviously if the additional 15 beds were to be provided “in-house” by an NHS facility, in place of beds currently provided privately, this would be a change that UNISON would welcome. However the lack of details and the delay in even commencing the tendering process give us real doubts that the 15 beds will open as promised next year.

The document also makes quite clear that the 25-place day hospital on that site is to close down, with services brought back in-house to be provided by the NHS.

However on closer inspection the document is also proposing the closure from next March of all 30 nursing home beds currently purchased from Barchester Healthcare at Ashlar House in Epping (page 10, paragraph 3). It then goes on to summarise the new-look service (page 10) again without any reference to the beds at Ashlar House. UNISON has attempted to fill in the gaps with the following table, based on the discussion in the consultation document:

Current (pre consultation)				Essex	Herts
				Beds	Beds
Kitwood Unit Bishops Stortford - 20 beds	(Now closed)			11	9
Avon Ward, PAH, Harlow				9	7
Roding Ward Epping				14	0
Brian Roycroft, Harlow				11	5
Ashlar House, Epping				30	0
			Total	75	21
				Essex	
Proposals				Beds	
Roding Ward, Epping SMH				14	
Chelmer Ward, Epping SMH				16	
Brian Roycroft, Harlow				11	
To be provided ...				15	
			Total	56	
	Net loss of Essex beds:			19	

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The beds under greatest threat appear to be those allocated to Functional services (which means services for people with depression, schizophrenia etc.). UNISON understands that the current allocation of 25 functional beds is to be cut to 14-16 – a loss of 9-11 (36%-44% of the total). We do not see any clinical justification for this cut, or any commitment to replace the lost beds with alternative services.

Overall there is a reduction in available continuing care beds from 41 now to 26 after the consultation proposals are implemented (although the document claims that only 17 of the 30 of Barchester beds are being used). However from the figures pieced together in our table, and drawn directly from the consultation document it would appear that – unless the PCTs can assure and convince us otherwise – we are looking at a *minimum* loss of 17-19 beds currently available for older adults in Essex – around a quarter of the total. With no financial figures discussing the costs of either NHS or private sector provision, and no discussion of what services are to replace the closed beds, it is hard to establish the extent to which this cutback might be the central element in the £4m savings target.

It would be much more helpful to the discussion if the PCTs and the Trust were to set out clearly their proposals for bed closures, instead of requiring anyone reading the document to make their own calculations and spot the difference in complex lists of facilities and services.

Given that the 15 promised additional beds in Harlow do not as yet exist, there is a real possibility that by this time next year these too will have been cut: if this took place older people's services in West Essex could have as many as 34 fewer beds than the previous profile of services.

UNISON has seen nothing in the document to convince us that sufficient additional resources are available to boost community-based services to the level necessary to compensate for the loss of what could be close to half of the specialist beds for some of the county's most vulnerable older patients. We need to see far more detail, including costings, staffing plans and service proposals before we can agree that this represents anything other than a massive cutback in services in what is already one of the less well-resourced areas of mental health.

It may be that the consultation document feels able to ignore the staffing implications of these potential cuts in bed numbers because many of that staff at risk are not NHS employees, but working for Barchester Healthcare. However the reduction on services would have an impact on Essex service users and their families, and UNISON, while not supporting private sector providers, is not willing to endorse such a cutback in specialist care for this group of patients.

Adult services in West Essex

Here, at least, the document claims that there are no planned reductions in bed numbers, but the adult services would be concentrated in a newly expanded unit at the Derwent Centre in Harlow's Princess Alexandra Hospital, with the exception of the mothers and babies service, which would be moved to Chelmsford.

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This will mean transferring these services permanently out of Chelmer Ward at St Margaret's Hospital in Epping: the document pays relatively little attention to the issues of travel and accessibility for service users and for those seeking to visit in-patients if these changes go ahead.

While the possibility of shorter stays in hospital would represent an improvement for many people facing inpatient treatment, UNISON is not convinced that the document has given adequate consideration to the problems that will be faced by those – probably a majority of service users with the greatest need for treatment – who do not have easy access to a car. The document does not even discuss public transport links to and from the Derwent Centre.

UNISON members have also raised concerns over the comparative clinical and social environment in Epping and in Harlow. Chelmer Ward in Epping gives every patient their own room, including toilet and shower – while in Harlow they will be obliged to share just 2 toilets and one bathroom in the male and female units. UNISON wants assurances that the Derwent Centre will be upgraded to ensure that patients receive services and a living environment at least as good as the one they have been moved from.

Changes in mid-Essex

We note that the proposals would switch from a rehabilitation and recovery service coupled with two beds available to the crisis resolution and home treatment team to a non-clinical service, with fewer beds.

Once again the document evades any account of how staff will be affected, how many jobs might be downgraded or lost altogether, and exactly how the change is calculated to save £300,000 a year.

UNISON calls on the PCTs and the NEMHPT to clarify whether this change is primarily driven by cost savings, and if not, to explain why only half of the projected cash savings would be reinvested in the new model service.

At first sight these changes are simply a further cutback in successful and popular services: if this is not the case the consultation document needs to be expanded and clarified to show why, and in what way service users would benefit from such a substantial reduction in clinical support.

UNISON also notes with concern the “gap” in services which the document admits would open up between the current services ending and a new service starting (top paragraph, page 14). As with so much of the document, the length of time in which there would be no service available to those who need it is not defined: but we are concerned that no such gaps should be created, and seek a commitment from the PCTs and NEMHPT that the transition to the promised new service should be swift, or interim services provided.

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Changes in NE Essex

Here, too, the proposals involve a reduction in service, with the closure of 17 beds – almost a third of those available – either by closing the whole of the provision in Clacton, or closing half of the existing service at The Lakes in Colchester General (page 14).

UNISON notes that there is far less of a case for bed closures having been facilitated by service changes in NE Essex than there appears to be in West Essex: assertive outreach and early intervention services have only reduced hospital in-patient services by 20%. Although it is possible that a further extension of community services would further reduce requirements for beds, it is also possible that other social or community factors have acted to undermine the effectiveness of these services.

UNISON is therefore not convinced on the information so far available that switching more resources from beds to community services would generate the desired results, especially given that the document proposes to reinvest only “part of the savings” from bed closures in alternative services: and we are alarmed that beds could be run down in advance of the reduction in clinical need for in-patient treatment.

We are also concerned at the logic of removing the whole of the provision of beds at Clacton, creating considerable problems of access for patients from the outlying areas – and without any discussion, even in the most general terms, of public transport services.

Other changes across North Essex

Once again the core of the proposals is a drastic (29%) proposed reduction in beds, this time those available for continuing care of older people with mental health needs. 69 of these beds are currently being purchased from private providers Care UK, in Clacton, Colchester and Maldon, along with another 20 NHS beds at Lucas Ward in Colchester.

The document proposes to close 20 of the 69 Care UK beds over two years: once again the document gives no figures on how much this would save, and once again it offers no suggestions on what alternative services might be provided to support the older people who might otherwise have required NHS continuing care.

In other words this, too, is a straightforward and drastic cut in services with no compensating advantages for service users, their families or carers. And once again UNISON, even if the jobs and services are being axed within the private sector provision, is opposed to this run-down of services for such a vulnerable client group.

Community mental health teams for adults

This final section of the document includes some especially obscure phraseology, and again leaves open the question of exactly what its impact might be on existing staff and CMHTs.

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What seems to be a crucial sentence turns out to be completely meaningless:

“The PCTs want to ensure that these potentially competing demands are the most effective way to provide community mental health teams in the future”.
[sic] (page 16)

In fact it seems clear that the proposal is for a downgrading of CMHTs. In principle UNISON has nothing against the incorporation within multi-disciplinary teams of “vocational support workers”: but it appears that the consultation document is proposing to replace clinical staff with these non-clinical employees.

At a point where the entire strategy hinges on the effective working of CMHTs to reduce further the dependence upon hospital beds, this dilution of the skill mix and proposal not to fill any of the 15 frozen posts in the teams represents a further step back from the methods of cooperation and partnership outlined in *New Ways of Working*.

UNISON believes that community services that work have to be properly resourced to do their jobs properly: that requires adequate numbers of staff, the correct skill mix, and for the CMHTs and other teams to be treated with respect by PCTs and the Trust. This document indicates that in North Essex there is still a long way to go in achieving such a situation, and we urge the PCTs and the Trust to think again and contemplate the possible consequences of their proposals on morale and the high quality work the teams have been doing so far.

Summary

This is a very unsatisfactory and unconvincing document, which reveals more and more clearly as it progresses that the primary driver in many of these changes is not improvements in patient care but cash-saving cuts.

It is a document that does not come clean and spell out how many staff face a threat to their jobs or a possible downgrading, and that does not pull together an honest overview of the changes it is proposing. Nor, remarkably, in a package of proposals aimed at balancing the financial books, does the document offer any financial breakdown of the costs of the current services or of the replacements, or the projected savings from the cuts they propose.

As we have seen, the plans stack up to considerable cutbacks, all of them affecting some of the most vulnerable client groups in the NHS: and in most cases it is clear that at best only a proportion of the expected cash savings would be reinvested in new and alternative services to compensate for the cutbacks.

If the detail has been lacking on some of the planned cuts, it is even more brazenly obvious that none of the improvements in community services that are hinted at in the document are elaborated with any detail at all.

Yet without concrete plans for staff numbers, skill mix, recruitment and management structures there will be no expansion of services. This leaves the unmistakable

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impression that the promise of service improvements is an illusory smokescreen to conceal the grim reality, in which:

- In West Essex, older patients face a reduction in beds of at least a quarter – and possibly as much as a half, if the promised new beds are not delivered next year.
- Adult patients in West Essex face a centralisation of services in less pleasant accommodation in Harlow, and travel and transport issues have not been addressed.
- In mid-Essex clinical support for rehabilitation and recovery would be withdrawn, with no more than half of the projected savings to be reinvested in new services
- In NE Essex around a third of the adult mental health beds face the axe, with one scenario including the loss of all 17 beds (Peter Bruff ward) in Clacton, despite the fact that crisis resolution and home treatment services have proved less effective in this area. The document makes no commitment to reinvest any of the savings in new community services.
- Older adult continuing mental health care services in North Essex also face a drastic 29% cutback, with no commitment to spend any of the cash released on alternative community services.

UNISON is most concerned that PCTs and the NEMHPT, none of which reports themselves to be in a financial crisis in the latest returns to the Department of Health, are seeking cash-saving cutbacks which jeopardise care and will also threaten the jobs and working conditions of UNISON members and other mental health professionals in Essex.

We do not accept the premise that mental health services should be singled out for an especially large share of the spending cuts that are being imposed by the PCTs. Nor do we accept that it will be possible for staff who have achieved such clearly excellent results up to now with much higher levels of staffing will be able to maintain these standards for patients if staffing levels and resources are cut back on this level.

If these cuts are the answer, the PCTs must have been asking the wrong questions. UNISON calls on them to reconsider the negative impact these changes will have on mental health care in Essex, and to seek other ways of balancing their books.

**Drafted for UNISON North Essex Mental Health Branch
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September 2007**