



Improving Dementia services in East Sussex

**Consultation on the provision of NHS beds for the admission and
assessment of people with dementia**

**Eastbourne, Hailsham and Seaford Clinical Commissioning Group
Hastings and Rother Clinical Commissioning Group
High Weald Lewes Havens Clinical Commissioning Group**

Consultation Period: 12 August – 25 October 2013

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1. Executive summary

This document concerns options for changing the number and location of NHS beds provided in East Sussex for the admission and assessment of people with dementia.

There has been significant investment and improvements made over the last five years in community-based services for people with dementia, with more planned for the future. Clinicians and people who use our services tell us that as far as possible, it is better to care for people with dementia outside of hospital beds, in their own homes or usual residence.

The opportunity to consider changes is part of a longer term strategic plan to improve dementia services for people in East Sussex, so that they can Live Well with Dementia¹ and maintain their independence for as long as possible.

The proposed options arise from an internal review which looked at community-based services for people with dementia and parallel reductions in the use of NHS beds for their admission and assessment.

The findings of this review were considered by the Governing Bodies of the three East Sussex Clinical Commissioning Groups in July, when it was decided to consult on a range of options to determine how dementia assessment would be carried out in the future and the subsequent changes in the number and/ or location of NHS assessment beds.

The options for changes relate to:

- Beechwood ward at the Uckfield Community Hospital
- St Gabriel's ward in the St Anne's Centre at the Conquest Hospital

The options are:

- No change
- Reduce bed numbers on both sites
- Consolidate existing beds on a single site
- Close both wards and create a wholly new model of bed-based services

¹ [Living Well with Dementia](#) – a national dementia strategy developed by the Department for Health (2009).

We want your opinions about:

- Which of the options you would support
- What we need to consider in relation to each option

There are a number of ways you can get involved and these are outlined at the end of this document.

2. Why change?

As we live longer and our expectations for the future change, health and social care services need to change as well.

Dementia is a condition which is closely associated with increasing age. It involves changes in the health of the brain which can affect memory, mood and behaviour, and have an increasing impact on an individual's ability to safely take care of themselves.

There is an increasing recognition across our communities that many people now and in the future will be affected by dementia. The stigma that has in the past been associated with this condition, is also beginning to decline.

There is good evidence that with earlier diagnosis, drug treatments can slow rates of deterioration, and plans can be made for support from health and social services to be provided in a timely and personalised way, preventing manageable situations turning in to a crisis.

2.1 What people tell us they want

For many years people have told us that they would prefer to receive appropriate care and treatment at home rather than being admitted to hospital or to a care home.

This can be particularly important to somebody with dementia who is disoriented, and for whom new and unfamiliar environments can contribute to their confusion.

They want more personalised services tailored to them as individuals and focused on their needs. They want help to 'live well' with whatever condition is affecting them.

Where hospital care is necessary, people don't want to stay there longer than necessary.

While people don't want to travel further than they need to, they would also like to be sure that the quality of their care and the environment is of the highest available quality.

2.2 Dementia and Services in East Sussex

There are estimated to be about 10,200 people with dementia in East Sussex, a number which is projected to increase to around 10,800 by 2015, and to just under 14,000 by 2020.

At the moment, only about one third of people estimated to have dementia have been formally diagnosed, so it is a 'hidden' problem not being addressed until late on, by which time things have often reached crisis point.

Since October 2012, new Memory Assessment Services have been put in place across East Sussex with the capacity to increase diagnostic rates for dementia to 70% over three years. These clinics are community based, rather than based in specialist mental health services, and in a number of places operate from local GP practices to minimise the risk of stigma and anxiety, which may affect patients and their carers coming forward to raise their concerns.

Everybody who is diagnosed with dementia is considered for licensed drug treatments which can be effective in slowing decline, and if necessary are referred for more specialist care and treatment such as that available from Social Services or their local NHS Trust.

Everybody who is diagnosed is also able to access Dementia Advisors who are employed by the Alzheimer's Society and provide on-going information, advice and support thereafter. People often have several visits from their Dementia Advisor early on after diagnosis, and they know they can then contact them again perhaps a year or two later, if circumstances start to change and they need to know what help is available and how to get it.

Community services available specifically to help people with dementia and their carers live well with the condition, now also include within NHS Trust teams, healthcare professionals who can provide intensive home treatment, involving several visits a day to help manage a crisis situation.

'Respite' breaks are also available so that those who care for somebody with dementia can have a break from their caring responsibilities, helping maintain their own health and well-being, and ability to continue to fulfil this role as many want to do for their loved ones.

Other services that people with dementia can benefit from include a new range of therapies that help people keep their minds active and memory management courses which can be found in day centres, community halls and other facilities where older people obtain social care and support.

Finally, because older people who have dementia will also be admitted quite often to general acute hospitals with physical symptoms and illnesses, we have provided a 'liaison service' at both the Eastbourne District General and Conquest Hospital sites. These teams help ensure admitted patients with dementia are identified and arrangements are made for their diagnosis and specialist care on discharge.

All of these new community-based services and developments for people with dementia have been introduced in East Sussex over the last five years, and represent an investment of approximately £2.8 million.

2.3 Dementia Assessment Beds in East Sussex

In addition to these community-based services, and the teams of NHS Trust nurses, occupational therapists and other additional NHS staff working with older people in their own homes, there are also NHS bed-based services to assess people who may have dementia in East Sussex.

There are 34 of these in-patient assessment beds for people with dementia, provided for both men and women in two wards on different sites:

- 16 beds on Beechwood ward at the Uckfield Community Hospital
- 18 beds on St Gabriel's ward in the St Anne's Centre at the Conquest Hospital

This has been the number of assessment beds for dementia patients in East Sussex for the last five years.

Reasons for admission to these beds most often relate to when patients are 'in crisis', for example:

- Where behaviours become out of character and possibly risk harm to the person meaning they require somewhere safe to stay and manage their condition, including with medication; or
- Where behaviours mean the arrangements for care being provided at home, by relatives, carers and/ or professionals is not safe and requires review and possibly more or different support to be put in place; or often,

- Both of the above.

However, alongside the investments in community-based services for older people with dementia described above, we have more recently seen a marked reduction in the number of people having to be admitted to beds:

- During the second half of 2012/13, both wards have been under-occupied, operating at an overall average of just 54% occupancy;
- East Sussex residents have occupied just 18 beds of the 34 available beds during this period
- At the same time mean average lengths of stay have been high at around 68 days, with a median average of around 50 days.

Clearly under-use of these beds does not represent value for money, as approximately £1 million is currently being spent on 'empty' beds.

It should be noted that these NHS provided beds are different to those provided in care homes including those funded by adult social care services such as Mount Denys, which is subject to a separate consultation process.

2.4 Conclusions

The reasons why services need to change therefore is so they fit better with the aspirations of our increasingly elderly population and recognise the benefits of caring for people with dementia for as long as possible in their own homes, as they and their carers desire to do.

Although the number of people with dementia is expected to rise as the population of East Sussex ages, the aim of the CCGs is to develop more community based support rather than bed based services.

Recent investment in services for people with dementia has included increasing capacity for earlier diagnosis, providing on-going care and support, respite breaks for carers, and therapeutic courses in social care settings. At the same time there has been a parallel reduction in the number of people with dementia having to be admitted to specialist assessment beds provided by the NHS.

It is therefore proposed that a number of options be considered for reducing the current number of assessment beds provided by the NHS in East Sussex for patients with dementia, to reflect the number actually being used.

3. The options we are consulting on

We have developed a number of options that respond to the fewer number of beds being used by East Sussex residents.

3.1 How these options were developed

These options have been developed by GP clinical commissioners with lead responsibility for dementia and with reference to information on how local services are currently being used as well as national policy guidance and best practice.

As the bodies responsible for deciding how NHS funds should be spent to meet the needs of their local populations, Clinical Commissioning Groups (CCGs) in East Sussex agreed at their Governing Body meetings in July that the options listed below should be subject to consultation.

3.2 Criteria for the evaluation of Options

A full and definitive list of criteria for the evaluation of options will be finalised during the course of the consultation period, to reflect and if necessary accommodate considerations which those consulted feel are important. The relative weightings of criteria will be similarly attributed during the course of the consultation period.

However, the following list will form the basis of core evaluation criteria to be used:

- Accessibility – how close are beds located to the population who may need to access them?
- Achievability – is the space available to deliver an appropriate environment for beds?
- Achievability – are any capital investment /development needs deliverable within a reasonable timescale?
- Quality – do clinicians endorse the proposals?
- Quality – do the proposals comply with relevant national standards and guidance?
- Quality – are the proposals viable in terms for example of staffing and the proximity of other related services?
- Value for money – what is the net revenue (on-going funding) to be released for other priority investments?
- Value for money – how much capital investment (one off funding)/ development is required?

3.3 The Options

The options we are consulting on are listed below. Each has an accompanying set of preliminary strengths and weaknesses which the three Clinical Commissioning Groups considered when deciding on what options to include in consultations, and should not be considered to be in any way definitive. Views from interested stakeholders are sought on all options and any additional strengths and weaknesses which people consider relevant to this consultation.

- **Option One – No change**

This option would involve no change, and if selected would result in the existing number and location of dementia assessment beds continuing to be provided:

- 16 beds on Beechwood ward at the Uckfield Community Hospital, **AND**
- 18 beds on St Gabriel’s ward in the St Anne’s Centre at the Conquest Hospital

Strengths	Weaknesses
Maintain existing levels of in-patient beds for dementia assessment, allowing for risks of increases in demand and /or fluctuations in demand	Prevailing under-use would mean continuing with existing bed numbers and poor value for money for local populations

Net revenue released for other priority investments by the CCGs to meet health needs of local populations: £0

Option Two – Reduce bed numbers at both sites

This option would involve minimal change, and result in the existing locations of dementia assessment beds continuing to be provided, albeit with reduced numbers at each site:

- Eight beds on Beechwood ward at the Uckfield Community Hospital, **AND**
- Nine beds on St Gabriel’s ward in the St Anne’s Centre at the Conquest Hospital

Strengths	Weaknesses
Maintain in-patient beds at levels sufficient to meet prevailing demand, and maintain their existing geographical distribution	Given the necessity for minimum ward staffing levels and skills-mix over a 24 hour period, as well as fixed costs associated with maintaining both facilities, it is unlikely that costs could be reduced in proportion to the reduction in the capacity of in-patient beds

Net revenue released for other priority investments by the CCGs to meet health needs of local populations is difficult to assess. For example, if beds reduced by 50% on each site this would not release 50% of full current costs, but estimated at between 20% and 30% of full costs: approximately £590,000 (mid-point).

Option Three – Consolidate beds on one site

This option could involve relatively little change, if beds were able to be accommodated on one of the two existing sites from which they are currently being provided:

- 16 beds on Beechwood ward at the Uckfield Community Hospital, **OR**
- 18 beds on St Gabriel’s ward in the St Anne’s Centre at the Conquest Hospital

This option does also include the possibility however, of other facilities being used for consolidating beds on a single site – details are to be developed during the consultation period, but views² are invited upon the relative importance of their being:

- Geographically located near to, or in particular populations/ areas of East Sussex
- New build or recently developed facilities with high environmental standards
- Proximate to other facilities such as NHS facilities including acute/ general hospital(s) and or care home(s)

Strengths	Weaknesses
This option would yield fuller savings as associated with the closure of one or other ward, in line with their respective costs, hence realise greater value for money, reflective of utilisation rates/ prevailing levels of demand for these services	All admissions would be to one facility, reducing population wide accessibility
Depending on the frequency with which patients make use of acute hospital services (tests and referrals) consolidating beds onto the Conquest Hospital site could ease access to these	Some capital works would be required at either Beechwood or St Gabriels ward if they were to accommodate beds being fully occupied with patients with anticipated levels of dementia severity

Net revenue released for other priority investments by the CCGs to meet health needs of local populations: consolidation at Beechwood ward – c. £1 million; consolidation at St Gabriel’s ward – c. £1.35 million.

² These views can be expressed when completing the consultation feedback form (See Section 4 – Having your say).

Option Four – Close both sites and create a wholly new model of bed-based dementia services

This option involves the most significant level of change, and as a result is the most complex to describe in simple terms.

It makes a reasonable assumption - that the trends seen over recent years; that investment in community-based services for people with dementia is accompanied by a parallel reduction in the need for NHS beds, (See Section 2: Why change?), can be pursued and continued in to the future.

It assumes therefore, that the existing number of NHS beds in use could be further reduced, for example by reducing lengths of stay and/ or admissions, *if* further investments were made in community-based services.

The anticipated smaller number of NHS beds still needed by East Sussex residents, might then be located on a single site, possibly also serving a wider geographical area, but be supplemented by a network of locally-based non-NHS beds. When required, these could provide a place from which patients could ‘step-up’ from home and ‘step-down’ from NHS facilities, for temporary periods in suitable facilities such as care homes and/ or community hospitals.

These assumptions would need to be checked using evidence to be gathered during the consultation period, and views from stakeholders, clinicians and others would be sought about how the anticipated and wholly new model of bed-based services would be stand up in comparison to other options under consideration.

Evaluating this option will depend in part upon findings from an audit of admissions to beds and further work on alternatives to in-patient admission / lengths of stay, for example:

- How many admissions involve compelling people to come into hospital for their own safety, perhaps due to their behaviour becoming difficult to manage and requiring a large number of nursing staff to look after them.
- Whether enough funding was released from the closure of beds to invest in a network of locally based non-NHS beds providing a place from which patients could ‘step-up’ from home and ‘step-down’ from NHS facilities, for temporary periods, in suitable facilities such as care homes and/ or community hospitals.
- Whether enough funding was released from the closure of beds to invest in a potentially small number of highly specialist NHS beds for those who still

require such facilities due to high levels of need. This could be provided in a ward serving more than East Sussex residents.

Strengths	Weaknesses
This would release greater funds than other options and enable re-investment in wholly new models of services potentially more closely aligned to need and that better meets the needs of current and future populations.	The envisaged range of wholly new services may be expected to take some time to establish, and implementation in full of this option might not be accomplished in 2013/14.
This new model of care has the potential to most closely meet the needs of our current and future populations.	As the option that involves the most substantive change to services, this option would involve more uncertainty about the future model of care and how it could work to benefit patients.

Revenue released for other priority investments: £2.35 million *minus* necessary re-investments in new models of services.

Option Five – Combination of Options Three and Four

This options combines Option Three - consolidate beds on a single site, *and* Option Four – close both sites and create a wholly new model of bed-based dementia services, by proposing that *both* Options be pursued but in a *phased way*:

- *first* consolidate on a single site;
- *then* create a wholly new model of bed based services;
- *before* completing the process whereby both (current) sites would close.

The reason for including this ‘combination’ Option Five is because Option Four involves a quite complex and inter-related range of new services and developments, which would be unlikely to be deliverable during 2013/14, resulting in a protracted period when un-occupied beds continued to be funded.

Since any preference for Option Four may therefore be for a longer term aspiration in practice, but is not incompatible with Option Three to consolidate on a single site *for a temporary period*, this further option is to be considered one which would have the following *additional* pros and cons.

Strengths	Weaknesses
This would realise the same benefits as Option Three and release funds earlier than under a full implementation of Option Four	Risk of temporary period becoming protracted
Any access issues arising from consolidation on a single site would be for a temporary period only	
The new approach to reconfigured services could be piloted in the area in which beds closed to mitigate access issues and test the new model	
The new model of care to be developed could better meet the needs of our current and future populations	

Revenue released for other priority investments by the CCGs to meet health needs of local populations: £2.35 million *minus* necessary re-investments in new models of services.

4. Having your say

Your views are extremely important and we are keen to hear views from a wide range of stakeholders, organisations and interested parties during the consultation period.

This consultation period ends on **Friday 25 October 2013**. Please ensure you have shared your views, through the range of methods outlined below before this date to ensure the CCGs can take this information into consideration when making their decisions about how to proceed.

4.1 Feedback Form

Please use the feedback form at the end of this document to tell us your views, state your preferences and give comments. This form is also available online on the three East Sussex Clinical Commissioning Groups Websites:

- [Eastbourne, Hailsham and Seaford CCG](#)
- [Hastings and Rother CCG](#)
- [High Weald Lewes Havens CCG](#)

You can write to the CCGs at the following address:

Dementia Consultation
East Sussex CCGs
Freepost SEA2474
BN8 2ZZ

If you need any help completing the feedback form or if you require this consultation document and feedback form in an alternative format you can call the East Sussex CCG Engagement Team on 01273 403 687 or email EHSCCG.yoursay@nhs.net

4.2 Alternative Contacts

As well as completing the feedback form, you can also share your views with Healthwatch East Sussex, the new independent consumer champion for issues relating to health and social care.

If you do not wish to contact us directly but still would like to share your views, you can do so via the team at Healthwatch who can be reached on:

- Telephone: 0333 101 4007
- Website: www.healthwatcheastsussex.co.uk
- Email: info@healthwatcheastsussex.co.uk

5. What happens next?

It is important that this consultation process is clear and transparent, and that the NHS is accountable for the decisions it makes.

5.1 What happens to the responses?

During the consultation, the feedback received and responses made, along with correspondence and notes from meetings, will be collated and analysed. At the end of the consultation a report will be produced identifying the themes and issues raised and help inform Clinical Commissioning Groups in making their decisions about how to proceed.

5.2 Decision making process

Final decisions on how to proceed will be taken by the Governing Bodies of each East Sussex Clinical Commissioning Group, once they have had time to consider the consultation feedback and responses.

5.3 The role of the Health Overview and Scrutiny Committee (HOSC)

The options outlined in this consultation, the decision making process and the consultation process are all being reviewed by the East Sussex Health Overview and Scrutiny Committee (HOSC). This committee is made up of local, district and county councillors who have formed a specific Task Group to work with the CCGs. This Task Group will make recommendations to the full HOSC.

If the HOSC's review concludes that the decision made is not in the best interest of the health services in East Sussex it has the power to refer the outcome of the consultation and the decision making process to the Secretary of State for independent review.

5.4 The role of Healthwatch

Healthwatch East Sussex is a body with statutory responsibility for ensuring the voice of services users and the public is heard. Healthwatch is able to make recommendations to the people who plan and run local services and refer issues to HOSC where they feel this is necessary.

Consultation on the provision of NHS Beds for the Admission and Assessment of People with Dementia – Feedback form

1. Are you completing this survey as:

Someone with dementia	<input type="checkbox"/>
On behalf of someone with dementia	<input type="checkbox"/>
A carer or family member of someone with dementia	<input type="checkbox"/>
Someone who works on Beechwood or St Gabriel's Ward	<input type="checkbox"/>
A statutory partner	<input type="checkbox"/>
A provider of health or social care services	<input type="checkbox"/>
A voluntary or charitable organisation	<input type="checkbox"/>
A member of the public	<input type="checkbox"/>
Other, please state:	<input type="checkbox"/>

2. Based on the information you have read, do you understand the reasons for reviewing provision of NHS beds for admission and assessment of people with dementia?

Fully Understand	<input type="checkbox"/>	Understand a little	<input type="checkbox"/>
Mostly Understand	<input type="checkbox"/>	Don't understand at all	<input type="checkbox"/>

3. Which of the options do you most support?

Option 1: No change	<input type="checkbox"/>
Option 2: Reduce the number of beds at both sites	<input type="checkbox"/>
Option 3: Consolidate beds on both sites	<input type="checkbox"/>
Option 4: Close both sites and create a new model of bed-based dementia services	<input type="checkbox"/>
Option 5: Combination of options 3 and 4	<input type="checkbox"/>

4. If we were to proceed with that option, what else would we need to think about to make it work?

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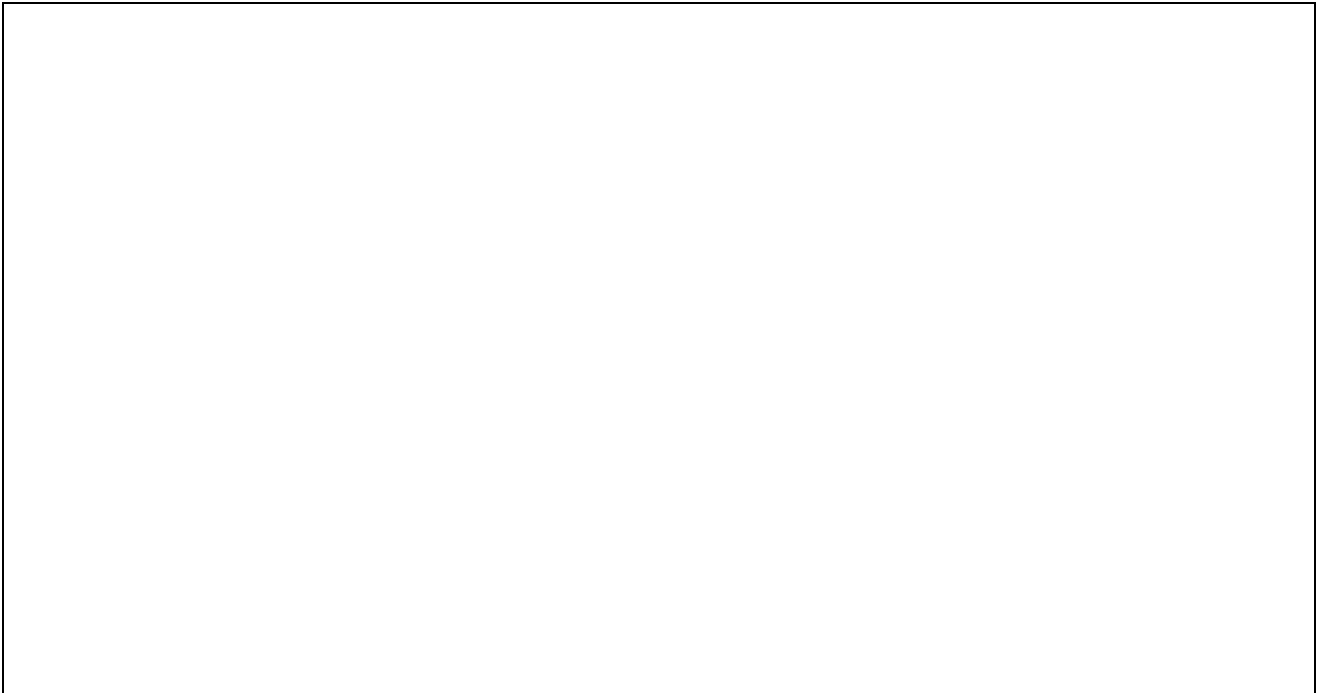
5. If we were to proceed with option 3, which site would you like to see services consolidated on?

Beechwood ward at Uckfield hospital	<input type="checkbox"/>
St Gabriel's ward at St Anne's Centre, Conquest hospital, Hastings	<input type="checkbox"/>

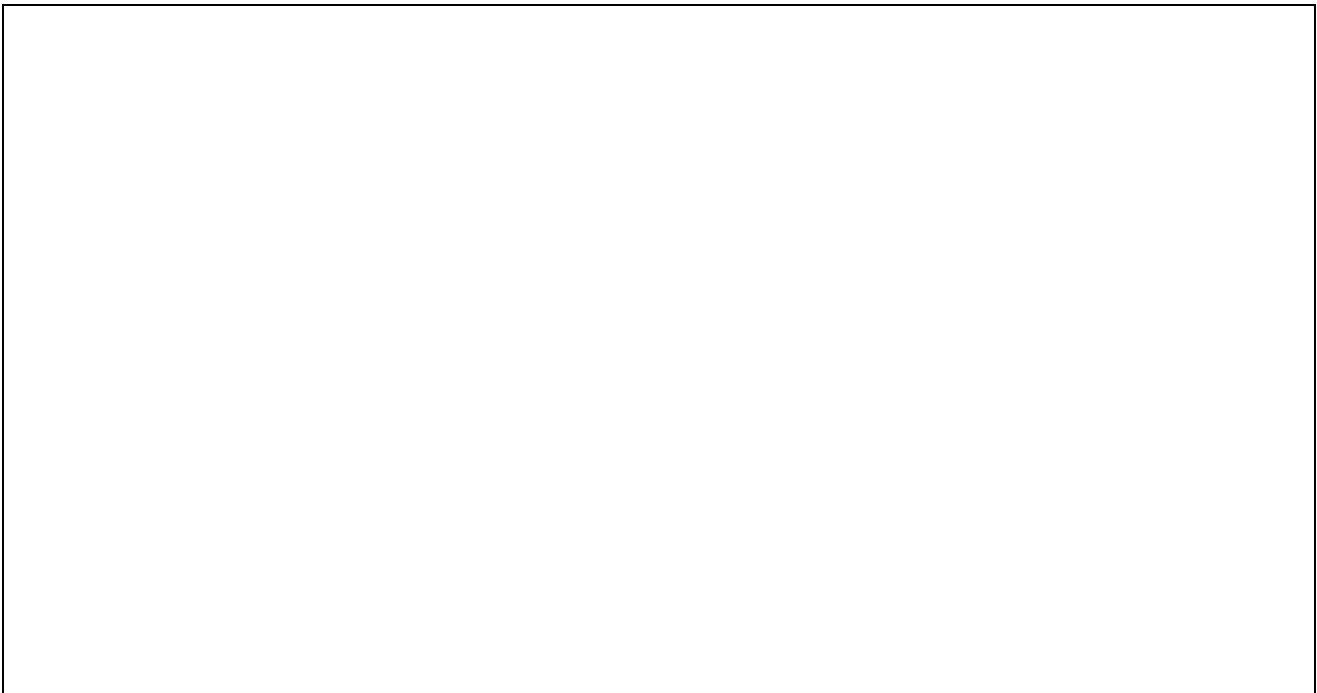
6. There is also a possibility within option 3 to accommodate beds at an alternative facility. If we were to consider alternative facilities, which of the following criteria would you consider most important?

Geographically located near to you, or in particular populations or areas of East Sussex	<input type="checkbox"/>
New build or recently developed facilities with high environmental standards	<input type="checkbox"/>
Located close to other facilities such as NHS facilities including acute / general hospital(s) and/or care home(s)	<input type="checkbox"/>

7. Is there anything else about any of the options that we need to take into account?



8. Is there an alternative option that you would like us to consider? Please explain how this option will meet the needs of people with dementia now and into the future.



About you ...

We want to make sure that everyone is treated fairly and equally and that no one gets left out. That's why we ask you these questions. We won't share the information you give us with anyone else. We will only use it to help us make decisions and make our services better. If you would rather not answer any of these questions, you don't have to.

Q1 Which council area do you live in?

Hastings Eastbourne Wealden Lewes Rother None of these

Q2 Are you.....? Please select one box

Male

Female

Prefer not to say

Q3 To which of these ethnic groups do you feel you belong? (source: 2011 census)

Please select one box

White British

Asian or Asian British Indian

White Irish

Asian or Asian British Pakistani

White Gypsy/Roma

Asian or Asian British Bangladeshi

White Irish Traveller

Asian or Asian British other*

White other*

Black or Black British Caribbean

Mixed White and Black Caribbean

Black or Black British African

Mixed White and Black African

Black or Black British other*

Mixed White and Asian

Arab

Mixed other*

Chinese

Other ethnic group*

Prefer not to say

*If your ethnic group was not specified in the list please describe your ethnic group.

Q4 Do you identify as a transgender or trans person? Please select one box

Yes

No

Prefer not to say

Q5 Which of these age groups do you belong to? Please select one box

under 18

25-34

45-54

60-64

75+

18-24

35-44

55-59

65-74

Prefer not to say

The Equality Act 2010 describes a person as disabled if they have a longstanding physical or mental condition that has lasted or is likely to last at least 12 months; and this condition has a substantial adverse effect on their ability to carry out normal day to day activities. People with some conditions (cancer, multiple sclerosis and HIV/AIDS, for example) are considered to be disabled from the point that they are diagnosed

Q6 Do you consider yourself to be disabled as set out in the Equality Act 2010?

Please select one box

Yes

No

Prefer not to say

Q7 If you answered yes to Q6, please tell us the type of impairment that applies to you.

You may have more than one type of impairment, so please select all that apply. If none of these apply to you please select other and give brief details of the impairment you have.

Physical impairment

Sensory impairment (hearing and sight)

Long standing illness or health condition cancer, HIV, heart disease, diabetes

Mental health condition

- Learning disability
- Prefer not to say
- Other*

Q8 Do you regard yourself as belonging to any particular religion or belief?

Please select one box

- Yes No Prefer not to say

Q9 If you answered yes to Q8 which one? Please select one box

- Christian Hindu Muslim Any other religion, please specify
- Buddhist Jewish Sikh

Q10 Are you... Please select one box

- Bi/Bisexual Gay woman/Lesbian Other
- Heterosexual/Straight Gay Man Prefer not to say

Please send your completed survey to:

Dementia consultation

East Sussex CCGs

Freepost

SEA2474

BN8 2ZZ