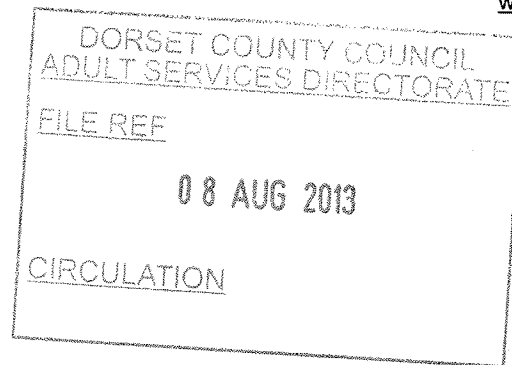


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Lucy Johns  
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7 August 2013

Dear Lucy

### Concerns of Dorset Health Scrutiny Committee

Thank you for your letter of 15 July 2013 in relation to Dorset Health Scrutiny Committee's concerns and Resolution 33 of the meeting minutes dated 30 May 2013.

- (i) noted with alarm the situation regarding the provision of critical mental health care in Bridport and Sherborne;
- (ii) censured Dorset Healthcare University NHS Foundation Trust for its failure to keep the promises made to Committee; and
- (iii) seek a full explanation from the responsible officer of the Trust as to the problems and most suitable solution

I have now had an opportunity to discuss these matters with colleagues and hope that the information below will provide reassurance to the Committee going forward.

### Changes to Urgent Care Services in West Dorset

Dorset HealthCare and Dorset Clinical Commissioning Group (previously NHS Dorset) have been working together for the past two years to redesign the service offered to people in West Dorset who become acutely mentally unwell. In line with national policy (No Health without Mental Health, DH, 2011), we have been developing services which are more recovery focussed, support people in the least restrictive environment and provide more choice regarding care and treatment.

As part of this redesign, we have identified a requirement for more intensive support in the community for patients with acute mental illness. This is better placed to improve the long term mental health and well-being of our patients, enabling them to remain and recover within their local community.

Improved community support to people who become acutely unwell, required a greater investment in community teams and nursing staff, which would be balanced by a decreased demand for inpatient accommodation: In order to provide the additional community staff, Dorset HealthCare and NHS Dorset proposed to close the inpatient services provided at Stewart Lodge and the Hughes Unit. These proposals for change were publically consulted. The proposal and consultation process was challenged by the Hughes Unit User Group and this was taken to Judicial Review in March 2013. The appeal was subject to two court hearings. Dorset HealthCare met with the Claimant and their representatives to discuss concerns and responded accordingly. The claimant had further concerns, one of which being that Dorset HealthCare did not respond to initial concerns in a timely manner (although, Dorset HealthCare did respond within the agreed timeframe), and which were the subject of the second court appearance. The case was dismissed by the court on 28 March 2013.

HUGS complained that the minutes of the Urgent Care Steering Group were not available to them for the judicial review but I note the meeting was on 22 March, rather than 11 March as stated by HUGS; leaving only 3 working days between the meeting and the judicial review.

### Urgent Care Services

The Crisis Response and Home Treatment team is now fully functional and provides support and treatment to people in their own home or place of residence 24 hours a day, 7 days a week.

This team supports people who are acutely unwell and who require intensive support, but who, with this support, can remain in their own home or place of residence instead of having to be admitted to hospital.

Urgent care is delivered from Waterston and Melstock at Forston Clinic, Dorchester; Linden Unit at Weymouth; the Crisis team support people who live in the West of Dorset.

We believe that the geographical locations of our units, provides comprehensive support to service users in the West of Dorset, however we accept the challenges faced by carers in visiting Forston Clinic by public transport. We would be pleased to work with service users and carers in helping to redress these challenges.

We will be making a presentation on Urgent Care Services to the Health Scrutiny Committee on Friday 13 September.

### Day Care Services

Dorset Healthcare want to provide recovery focussed day support for people receiving care from the Urgent Care Services. This work is based on services provided by our very popular and successful Recovery Education College, and has been adapted to better suit the needs of patients requiring acute support, encouraging them to turn crisis into a learning experience and teaching them skills to improve their self management; It is imperative that patients are supported to live within their own communities and use facilities provided within them, rather than becoming overly reliant on day centres, which are isolated from the community and can allow patients to become institutionalised. We would all be failing in our duty of care if the only support available to patients was by people paid to be there.

I am disappointed that the launch of remaining day care services has been delayed. The service changes were planned carefully and teams identified to take this forward; however during the transition process, some staff successfully applied for alternative roles and the ensuing vacancies have proved difficult to recruit to. We now have a full complement of staff in place to move this service forward and plans are in place to begin Day Care Services in North Dorset and Bridport later this month.

We will be making a presentation which will include a video interview with a service user or peer, to the Health Scrutiny Committee on Friday 13 September.

### Unit Closures

I note the comments of The Chairman in 32.11 regarding closure of the Stewart Lodge and Hughes Unit. I would like to stress that these units have not been closed and remain as operational bases for mental health services and will be utilised for the educational workshops we will provide along with being a base for the Crisis team to support people from should that be appropriate.

Hughes Unit: When the Hughes Unit closed, it became apparent that the unit had also been used as a social base by a number of patients discharged from care. These users were not actively receiving in-patient care; they had chosen to return to the Hughes Unit to socialise with other service users. The needs of these users would normally be met within the local community and do not form part of the service provision which Dorset Healthcare University NHS Foundation Trust is commissioned to provide. Nonetheless, we recognise the dependence these users have on facilities withdrawn from the Hughes Centre and James Barton, Director of Mental Health Services, is working with Ros Kayes to identify possible options for support within the local community, which may include provision of a coffee shop or similar provision.

The Trust has never sought to mislead the Committee in management of the change of services and I can only apologise if you feel we have done so.

In reference to points 32.5 and 32.6: I understand that Tim Archer, Executive Director wrote to the Committee on 4 June 2013 expressing concern that Simon Williams, Chairman of the Hughes Unit Support Group (HUGS) and Sarah, Secretary of HUGS had been allowed to submit papers to the Committee after the deadline for submission and which were only provided to Dorset Healthcare University NHS Trust the evening before the meeting. Then within the context of the committee meeting this minority lobby group for the retention of the Hughes Unit were given extensive time on the floor to voice their concerns with very little opportunity for Dorset HealthCare to respond in a proactive way. Overview gave licence to the Hugs Group to dominate the meeting while not giving sufficient weight to the views expressed by the Dorset Mental Health Forum who were unable to attend. I understand that difficulties of promoting challenge balanced with the requirement to allow sufficient opportunity for response, but in this case it appears to have failed. I would be pleased to learn how the committee will manage this balance in future.

Dorset Healthcare University NHS Foundation Trust is committed to delivering a service all of us would wish our friends and relatives to receive. We have faced various challenges over the past 24 months and are moving forward positively; taking on recommendations of the Care Quality Commission, Monitor and external consultants, Deloitte in order to improve our standards and deliver a high quality care to our patients.

I am pleased to have been given an opportunity to respond in writing to your concerns and to provide reassurance to members of the committee on concerns raised. I look forward to an opportunity to discuss these matters further at the Health Overview Scrutiny Committee on 13 September.

Yours sincerely



Paul Sly  
**Chief Executive**

cc: James Barton, Director of Mental Health Services

