

LDS/24/43
Health & Adult Care Scrutiny Committee
21 November 2024

Langdon Hospital / Franklyn Hospital Devon Partnership Trust Member Visits Health & Adult Care Scrutiny Committee

Report of the Director of Legal and Democratic Services

Please note that the following recommendations are subject to consideration and determination by the Committee before taking effect.

Recommendations

- (i) That the Committee be asked to share the learning from the visits to Langdon and Franklyn Hospitals to inform its ongoing role reviewing the planning, provision and operation of the health services in Devon, as well as informing the future Scrutiny work programme.

Aim of the Visits

It was agreed that Members would undertake a series of visits to health and care settings across the County as they had prior to the Covid-19 pandemic. The visits were about Members getting a better understanding of the way in which the model of care in Devon is working operationally and the key issues affecting services from a frontline perspective.

The following Members attended:

Langdon Hospital, Dawlish (26 September 2023)

- Cllr Sara Randall Johnson (Chair)
- Cllr Yvonne Atkinson
- Cllr Richard Scott

Franklyn Hospital, Exeter (27 September 2024)

- Cllr Ian Hall
- Cllr Richard Scott
- Cllr Carol Whitton

Devon Partnership Trust

Devon Partnership Trust (DPT) are the major provider of mental health and learning disability services in Devon and Torbay, which includes:

- Community Mental Health services for adults and older people across Devon (excluding Plymouth)
- Delivery of the daytime Approved Mental Health Professional function on behalf of DCC (out of hours covered by the Emergency Duty Team)
- Services for older people with Dementia in Bristol
- Acute inpatient services in Exeter, Torbay and Barnstaple
- Integrated Social Care for under 65 mental health
- Community Child and Adolescent Mental Health Services as part of the Devon Children and Families Alliance
- Services for people with learning disabilities and autism including 5 beds at an Additional Support Unit
- Inpatient Secure services based at Langdon in Dawlish, a community forensic service, and criminal justice and liaison and diversion service
- County-wide community services including TALKWORKS
- Key specialist services include liaison psychiatry, eating disorders inpatient unit, community eating disorders service, gender and perinatal services, including a Mother and Baby Unit 'Jasmine Lodge'
- Regional Secure Services Commissioning, CAMHS Tier 4 and Eating Disorder Services Commissioning as Lead Provider of the South West Provider Collaborative
- Lead Provider for the evolving Devon Mental Health, Learning Disability and Neurodiversity Provider Collaborative

Devon Partnership NHS Trust (DPT) Annual Quality Account Improvement Priorities 2023/24

1. Safe, high-quality information
2. Restorative just and learning culture
3. Safe from suicide
4. Safe from unnecessary restriction
5. Safe and effective use of medication
6. Sexual safety
7. Safe physical healthcare

Healthcare trusts are required under the Health Act 2009 and subsequent Health and Social Care Act 2012 to produce and publish an annual Quality Account. Quality Accounts detail quality and safety improvements from the previous year as well as planned improvements for the year to come.

Summary of the Trust's most recent Quality Account - [Quality Account 2023/24](#)

Langdon Hospital, Dawlish

Members were led on the site visit by:

- Sonja Manton, Director of Strategy and Partnerships, DPT
- Alice Vanston, Service Manager for Community Forensic Service, DPT
- Jacky Francis, Directorate Manager Secure Services, DPT

[Langdon Hospital](#) is a secure unit for men from the South West who, as a consequence of their mental health needs, have had contact with the legal system and require a safe and secure environment that enables them to receive a wide range of treatments, therapies and care to assist in their recovery.

- Average stay for those at Langdon 3 - 4 years.
- Average age is 30-45.
- 4 medium secure 15 bedded units at Langdon. Ashcombe is the most restrictive ward.
- All patients are risk assessed and may require a ratio of up to 3 staff to 1 patient.

Issues Identified by Members

During discussion with Members the following issues were identified:

- The 2024 national partnership agreement (Right Care, Right Person) with the Police, the wider interface between Police and mental health services and the importance of the Police not walking away and leaving people vulnerable.
- DPT have less than 100 beds in Devon – one of lowest bed bases in the Country.
- The average stay in DPT services is 45 days.
- A challenge to support people to move on and out of DPT services is a lack of suitable housing. This is a contributory factor in the length of patient stays.
- Adult acute admissions are lower in Devon than in most other areas.
- The Community Forensic Team supports people transition back into the community. There is an expanded service since 2021 - can escalate and de-escalate support.
- DPT review 40 service users a year following their discharge – of these 40 people, some required contact from the Mental Health Team and some needed more extensive support. DPT help to manage risk within the community; common issues arise where people stop taking their medication and then need short, sharp intervention.
- A proactive, preventative approach helps to support people in the least restrictive way.
- Recognising everyone has mental health, if people do not stay mentally well, they can get mentally ill.
- There are very few people born with mental illness – often it relates to adverse childhood experiences.
- Demand has risen significantly for children and young people with mental health issues in recent years and has increased further since the start of the Covid-19 pandemic.
- The importance of individuals developing resilience, with the support of family, friends and the community.
- There is a gap between population prevalence of mental health issues and funding.
- There is a workforce challenge, particularly recruiting to consultant psychiatrist posts.
- The First Response Service is an urgent mental health service for people with mental health and learning disability needs. The service has been successful, but DPT initially underestimated the level of demand.
- While there is a much higher percentage of men accessing DPT services, typically women presenting have suffered significant trauma. Members highlighted concern about women's health and a potential gap in provision where women are not quite reaching the thresholds for DPT.

Franklyn Hospital, Exeter

Members were led on the site visit by:

- Padraig Doherty, Senior Inpatient Nurse Manager, DPT
- Nick Gould, Ward Manager and Deputy Senior Nurse Manager, DPT
- Vicky Shorters, Ward Manager, DPT

[Franklyn Hospital](#) has two wards for older people with mental health needs – Rougemont and Belvedere:

Belvedere Ward

Belvedere Ward has 14 beds, providing assessment and treatment for older people with organic mental health needs, such as dementia. The average length of stay on Belvedere is currently 136 days, compared to a target of 70 days. The multi-disciplinary team consists of a consultant psychiatrist, nurses, an occupational therapist, social service professionals, physiotherapists, and psychologists. They are available to give treatment, care and advice, and encourage carers and relatives to be involved in this process. The team also has close links with older people's mental health teams and other health and social care providers in communities across Devon.

Rougemont Ward

Rougemont Ward has 16 beds, providing assessment and treatment for older people with severe mental health needs, such as depression, anxiety and psychosis. Patients are aged from their mid-50s to their 90s. The multi-disciplinary team consists of a consultant psychiatrist, nurses, an occupational therapist, social service professionals and psychologists.

Issues Identified by Members

During discussion with Members the following issues were identified:

- Belvedere is DPT's only dementia ward and the only one of its type in the County. It supports people experiencing difficulties, agitation, and needing a more restrictive ward. The majority of patients have been detained under the Mental Health Act though they may be subject to Deprivation of Liberty Safeguards prior to discharge.
- Occasionally people remain living and being supported in Belvedere because there is nowhere else suitable in the market that can meet their needs. There is an assumed complexity and level of behaviours from anyone discharged from Belvedere and this reduces the pool of providers able and willing to support them. DPT work with the County Council to manage this and they have allocated a social worker to the wards in Franklyn.
- There tend to be a number of delayed transfers of care on Belvedere at any one time. These are individuals who are medically fit to move on but there is nowhere else for them to go and sometimes they might be waiting for months.
- It may often be the same people that both the Police and DPT are supporting.
- With resourcing issues, agencies may have a lack of time and can be perceived to be working at odds. DPT's ethos remain person centred and working with other agencies, a consensus is usually reached, but it is recognised that conversations can start from a difficult and challenging position.
- There are issues as to what needs can be managed in the community and what needs meet the threshold for admission to an inpatient unit. There can be a gap in terms of community mental health support services.
- People are more likely to develop a mental illness if they experience/ have experienced poverty.
- Key workers were being allocated in 10 days pre-Covid, now it is 6 weeks.

- Overall, the Older People's Mental Health budget has not risen significantly since 2011 (see below) but in this time there has been a 35% growth in the population of older people.

	<u>2011/12</u>	<u>2023/24</u>
Community	£5,159k	£ 4,677k
Inpatient	£4,519k	£7,003k

- Devon has a comparatively high numbers of people who move to the County away from their families and their support networks, becoming isolated particularly when a partner dies.
- Community voluntary groups like Men in Sheds are important, but there can be issues with capacity and appropriateness for some people who may be too unwell to properly access them.
- Members noted that more could be done to value the role of older people in what benefits they can bring to society such as through volunteering rather than their being viewed as a burden.
- Members noted the importance of DPT staff looking after their own wellbeing. DPT managers advised that staff had difficult jobs but were well supported through regular supervision and team meetings.
- DPT have a protocol for reaching out to staff and providing compassionate support if there has been a staff assault or serious restraint.
- Considerable work has been undertaken responding to the staff survey, and looking at how improvements can be made to make a difference.
- There is better recruitment and retention of staff at Franklyn Hospital than in other areas of the Trust. North Devon has issues around recruitment with a small staffing pool.
- Managers balance flexible working with providing a 24-hour service. They work with staff on rostering wherever possible trying to engender goodwill. There is a holistic approach to understanding staff commitments outside of work, be it caring responsibilities or voluntary roles.
- Try to use less agency staff as it costs more and there may not always be the same level of commitment as permanent staff.
- In the past 12 months DPT working with Hospiscare have supported 5 patients in Belvedere Ward with end of life care.
- Concern from Members for the cohort of people who do not meet the threshold for admission to DPT services and how they are supported within the community.
- Over the last 30 years there is a more person-centred approach to dementia care with earlier diagnosis, alongside greater social awareness of the condition.
- Resources have reduced; historically DPT had 100 dementia beds.
- There are mental health services in Bristol allocated from diagnosis to end of life. Bristol has a more joined up offer than Devon currently has.
- There are many care homes that can provide lower-level care and a much smaller pool of complex care provision, but there is a lack of intermediate care options in Devon.
- The Mental Health Learning Disability Provider Collaborative are leading a piece of work developing a Devon Wide Dementia Strategy through the Devon Dementia and Memory Care Group. The ambition is for an initial version of the strategy to be ready in December 2024. The Group is made up of people with lived experience, carers, the voluntary sector, private enterprise, colleges, Local Authorities (DCC, Plymouth and Torbay) as well as DPT and Livewell.
- There are developments with smart technology in terms of prevention e.g. helping manage patient hydration which may reduce the risk of UTIs.

Conclusion

The Committee thanked officers for organising the visits to Langdon and Franklyn Hospitals. Members also wished to express enormous thanks to staff from DPT for their work.

The Committee should continue to consider further visits in line with the work programme to broaden members understanding on complex topics.

Options / Alternatives

The report is the summary of site visits undertaken by Members of the Health & Adult Care Scrutiny Committee. Scrutiny does not make decisions, and this report does not propose any alternatives.

Consultations / Representations / Technical Data

As above, there are no specific considerations in regard to consultations, representations and technical data in this report.

Strategic Plan

The alignment of all Scrutiny activity with the Strategic Plan is detailed on the Scrutiny work programme.

The issues raised in the report and the benefit of developing Member knowledge and the 'critical friend' challenge of Scrutiny contribute to the Council achieving its strategic plan. Improving Member knowledge on key issues contributes to the Council's commitment to being a trusted, inclusive and innovative Council. It ensures good decision making and that the Council listens and learns.

Financial Considerations

There are no specific financial considerations in this report.

Legal Considerations

There are no specific legal considerations in this report.

Environmental Impact Considerations (Including Climate Change, Sustainability and Socio-economic)

There are no specific environmental impact considerations in this report.

Equality Considerations

There are no specific equality considerations in this report.

Risk Management Considerations

The activity of Scrutiny Members contributes to the mitigations for:

Ineffective Member Scrutiny defined as: 'Due to ineffective scrutiny, the level and quality of service management may drop, leading to financial mismanagement or harm to staff and/or citizens and reputational damage e.g. Grenfell.

Member effectiveness defined as: 'Inadequate member effectiveness due to a lack of training, support and knowledge leads to a lack of challenge to corporate officers and/or poor decision making, resulting in a negative effect on the County's citizens (poor value for money, poor service delivery, harm, etc).

Electoral Divisions: All

Local Government Act 1972: List of background papers - Nil