



Norfolk Health Overview and Scrutiny Committee

Ms H Stratton
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Letter sent by email

15 June 2018

Dear Ms Stratton

Placements in out-of-area beds – families' travel costs

On 5 April 2018 Norfolk Health Overview and Scrutiny Committee (NHOSC) made a recommendation to Norfolk and Suffolk NHS Foundation Trust (NSFT) and South Norfolk CCG (lead CCG for mental health in Norfolk and Waveney), that:-

'The local NHS should reimburse travel costs for families of service users who are placed in out-of-area beds due to unavailability of local beds (i.e. placed out-of-area for non-clinical reasons).'

South Norfolk CCG responded on 17 May 2018 that it could not accept the recommendation because it would be out of line with NHS protocol. I attach a copy of the CCG's response, for ease of reference. NSFT confirmed by email that same guidance would apply to the trust.

NHOSC discussed the response at its meeting on 24 May 2018 and asked me to write to you on the following matters:-

(a) Equality and Parity of Esteem

The response says 'out-of-area mental health episodes are considered the same as tertiary inpatient episodes for physical health and treated in the same way'. Can you please explain why this is the case when the two are clearly not equivalent.

Mental health patients placed out-of-area for non-clinical reasons are in acute secondary care, not tertiary care. The fact is that physical health patients rarely have to travel out-of-area for acute secondary care and on such occasions as they do (e.g when local maternity units are full) length of stay tends to be short, not the weeks or months that are typical for mental health patients.

Has there been an Equality Impact Assessment in respect of the NHS protocol for treating out-of-area mental health episodes the same as tertiary inpatient episodes for physical health in relation to families / carers travel costs? If so, can you please let us see it?

Locally and nationally the NHS has always acknowledged that placement of mental health patients in out-of-area secondary care should not be happening and until such times as it stops we think that families in this situation should not be subject to a general protocol that does not properly recognise the circumstances.

(b) The interests of the patients, their families and the NHS

On 5 April 2018 NSFT provided NHOSC with information on recent out-of-area placements as far afield as West Sussex, Cheshire and West Yorkshire. There has clearly been potential for families from Norfolk to be financially disadvantaged by travelling large distances to visit loved-ones. There are also likely to be cases where patients have been cut off from their social and emotional support networks at a time of acute distress because family and friends have not had the financial means to visit them. In these circumstances, families are not able to bring in essentials for patients (i.e. clothes, toiletries, etc.) and it is much harder for them to be involved in discharge planning, which is essential for safe care.

In December 2017 NHOSC recommended that the CCGs should provide funding to open 15 adult acute beds at Hellesdon. In April 2018 we were told that any discussion on the commissioning of such beds could only be taken forward in the planning round for 2019-20 but that other initiatives to reduce out-of-area placements were in place and numbers were reducing. Nevertheless, there were still 22 patients placed out-of-area for non-clinical reasons and 11 placed in independent facilities within Norfolk and Suffolk.

NSFT told us that a bed in an out-of-Trust facility costs on average £44 more per day than an NSFT bed. Patient transport costs are on top of that. Aside from the human costs, it has certainly not been in the NHS's economic interests to allow placement of acute mental health patients in out-of-area secondary care to carry on for the years that it has. If it can afford to let this situation continue the NHS can, in our view, also afford to reimburse families' travelling costs.

In any event, we see it as a false economy to deny financial support for visits by the families, friends or carers of patients in out-of-area acute mental health beds. It is likely to lead to slower recovery and less effective discharge planning for some, which is in neither the patient's interest nor the NHS's economic interest.

(c) Local discretion

The CCG response said that they 'must adhere to NHS protocol' but can you please tell us whether or not any scope exists for either the CCG or NSFT to exercise local discretion in this matter. We know that in 2014, following re-structuring of NSFT's inpatient services, financial support was available for travelling costs of carers of West Norfolk patients who were admitted to dementia and complexity in later life wards at the Julian Hospital, Norwich. As a planned out-of-area service, we recognise that these arrangements for West Norfolk patients were not the equivalent of un-planned placements out-of-area due to lack of local beds, but they show that a level of local discretion in relation to carers' travel costs was possible at that time.

NHOSC would like the CCGs and NSFT to reconsider their responses to the recommendation the committee made on 5 April 2018. We recognise that the CCGs

would need to set parameters for the financial support, e.g. regarding the distance travelled / cost / number of visits proportionate to the patient's length of stay out-of-area.

If there is no scope for local variance to NHS policy then NHOSC intends to raise the matter with NHS England and I would be pleased if you could send me the relevant contact details.

Yours sincerely

Michael Chenery of Horsbrugh
Chairman of Norfolk Health Overview and Scrutiny Committee

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Sent via email

Main switch board Tel: 01603 257000

Monday, 16th July 2018

Dear Michael,

Re: Placements in Out of Area Beds – Families' Travel Costs

Thank you for your letter dated 15th June 2018.

In considering HOSCs request for CCGs to provide financial support to families/carers travelling to visit service users in and out of area placement, the CCGs sought out the most appropriate national guidance.

The guidance NHSE in England: Help with Travel Costs:

<https://www.nhs.uk/NHSEngland/Healthcosts/Pages/Travelcosts.aspx>

Furthermore, the CCG maintains its position as outlined in previous correspondence with yourselves.

You have requested contact details for NHSE. They are as follows:

Simon Evans-Evans
Locality Director for Cambridgeshire & Peterborough and Norfolk
NHS England - Midlands & East (East)
West Wing | Victoria House | Capital Park | Fulbourn | Cambridge | CB21 5XB

Yours Sincerely,

Helen Stratton
Acting Chief Officer
NHS North Norfolk and South Norfolk Clinical Commissioning Groups

Cc: Norfolk and Suffolk NHS Foundation Trust

Chairs:
Dr Anoop Dhesi
Dr Hilary Byrne

Acting Chief Officer:
Helen Stratton



Norfolk Health Overview and Scrutiny Committee

Mr S Evans-Evans
Locality Director for Cambridgeshire,
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8 August 2018

Dear Mr Evans-Evans

Placements in out-of-area beds – families' travel costs

On 5 April 2018 Norfolk Health Overview and Scrutiny Committee (NHOSC) met with Norfolk and Suffolk NHS Foundation Trust (NSFT) and South Norfolk CCG (lead CCG for mental health in Norfolk and Waveney). The Committee was informed about placements of patients as far afield as West Sussex, Cheshire and West Yorkshire for acute secondary mental health care. We made a recommendation to Norfolk and Suffolk NHS Foundation Trust (NSFT) and South Norfolk CCG that:-

'The local NHS should reimburse travel costs for families of service users who are placed in out-of-area beds due to unavailability of local beds (i.e. placed out-of-area for non-clinical reasons).'

South Norfolk CCG responded on 17 May 2018 that it could not accept the recommendation because it would be out of line with NHS protocol. NSFT confirmed that the same protocol applied to it. NHOSC wrote to the CCG and NSFT again on 15 June 2018:-

- asking the CCG and NSFT whether they had scope for local discretion in the matter and asking them to reconsider their response;
- pointing out that these mental health patients are not being treated equally to physical health patients for whom acute secondary care is nearly always provided locally and that families are disadvantaged by it;
- asking if there has been an Equality Impact Assessment in respect of the NHS protocol for treating out-of-area mental health episodes the same as tertiary episodes for physical health in relation to families / carers travel costs;
- asserting that if the NSFT and the CCGs could afford to continue placing patients in out-of-Trust beds, which they told NHOSC cost on average £44 more per day than an NSFT bed, they could in our view afford to reimburse families' travelling costs;
- asserting our view that it is a false economy for the NHS to deny financial support for visits in these circumstances because it's likely to lead to slower recovery and less effective discharge planning for some;
- recognising that parameters for financial support would need to be set; e.g. regarding distance travelled, cost, number of visits proportionate to the patient's length of stay.

Finally, we asked that if there was no scope for local variance to this NHS policy that they send us contact details to raise the matter with NHS England.

South Norfolk CCG replied on 16 July 2018 maintaining its previous position, addressing none of the points in our letter of 15 June and giving us your contact details. NSFT again confirmed that it concurred with the CCG's answer. I attach copies of all our correspondence with the CCG.

I should be pleased if you would address the points made in my previous letters to the CCG. We are aware that NSFT has been working hard to reduce the numbers of out-of-area placements and with some recent success. However, numbers have fluctuated before and placements out-of-area for non-clinical reasons have been going on for many years. NHOSC feels strongly that until this unfortunate and uneconomic situation is completely rectified the NHS should recognise the financial strain it places on families of mental health patients and introduce a policy to reimburse people in these circumstances.

Yours sincerely

Michael Chenery of Horsbrugh
Chairman of Norfolk Health Overview and Scrutiny Committee

By e-mail

Michael Chenery of Horsbrugh
Chairman of Norfolk Health
Overview and Scrutiny Committee.

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8th October 2018

Dear Michael

Response to your letter ‘Placements in out-of-area beds – families’ travel costs’

Thank you for your letter dated 8th August 2018 in which you outlined your concerns with regard to the local position concerning reimbursement of travel costs for families of service users placed out of area beds and the response from South Norfolk CCG who have directed you to the NHS England Guidance page ‘Help with Travel Costs’.

I have read your letter and the reply from South Norfolk CCG, and have tried to respond to each point you raise below.

Is there scope for local discretion in the matter?

The guidance that South Norfolk CCG directed to you is correct; the availability of support to reimburse families travel expenses is not currently a mandated responsibility for health or social care. However the [MHA Code of Practice](#) (Chapter 14, **para 14.85**) whilst not mandatory sets out the expectations of the commissioner in such circumstances:

14.85 When a patient’s carer informs the commissioner of difficulties in visiting the patient because of the distance that they need to travel, the commissioner should consider whether they can provide any assistance to support the patient’s carer to visit and maintain contact with the patient. The commissioner should inform the carer that they can request a carer’s assessment from the local authority.

Whilst there is scope for local discretion there is not a mandate for South Norfolk CCG to fund travel expenses and unfortunately I cannot find any local authority support either: <https://www.norfolk.gov.uk/care-support-and-health/support-to-stay-at-home/local-assistance-scheme>

Patients with mental health conditions are not being treated equally to physical health patients for whom secondary care is nearly always provided locally and that families of patients with mental health conditions are disadvantaged

There are some circumstances where an out of area placement is appropriate if it is driven by patient choice, for instance sometimes mental health professionals may choose to be treated out of area. There are also some circumstances where very specialist services such as specialist eating disorders services, cannot be reasonably commissioned locally and therefore an out of area placement is necessary. This situation also occurs in physical health services, for example specialist paediatric services at great Ormond Street Hospital or Specialist Burns Services in Essex require patients to be placed out of area.

It is widely accepted that sending patients out of area should be minimised whenever possible, recognising that distance from local networks in terms of family, social and known health networks can sometimes have a negative impact on length of stay, continuity of care and recovery outcomes.

The Five Year Forward View for Mental Health sets out the case for transforming mental health care and one of the ambitions is to eliminate inappropriate non-specialist adult acute out of area placements by March 2021. Page 8 of the 2018/19 Delivery Plan includes the following 'asks' which all Sustainability and Transformation Partnership's including the Norfolk and Waveney STP are required to meet in order to demonstrate they are working towards the ambition:

- To adequately invest in core community, crisis, acute and local authority mental health services, including housing, to maintain system capacity
- Review all patients places out of area to ensure appropriate packages of care and provide assurance of a confirm and challenge approach within each STP for reviewing individual inappropriate out of area placement cases
- Focus on reducing length of stay and reduction of prevalence of mental health delayed transfers of care (DTOCs)
- Ensure appropriate governance for inappropriate out of area placement reduction programmes to include senior executive and clinical leadership across CCGs, LAs, and providers
- Reduce average length of stay as a region

As a result of this very specific guidance there is increased scrutiny on CCG's to achieve their trajectories set in March 2018 which will reduce inappropriate out of area placement to zero by March 2021. NHS England Midlands and East is supporting commissioners in Norfolk and the provider Norfolk and Suffolk NHS Foundation Trust (NSFT) to work together to develop a robust plan which my team are monitoring closely to ensure it achieves its aim.

If South Norfolk CCG can afford to continue placing patients in out of area beds which tend to be more expensive then could they, in your view, afford to reimburse families travelling costs?

The CCG as a clinically lead local organisation is formed to make local decisions on priorities within the framework of National guidance and policies. Work is underway locally to ensure that local care pathways change so that investment and capacity increases within services such as Crisis Home Resolution teams meaning people can be supported and treated at home and avoid an inpatient stay where possible. The practice of sending patients out of area for reasons of lack of capacity in commissioned services will stop by March 2021.

Is this likely to lead to slower recovery and less effective discharge planning for some?

It is accepted that length of stay, recovery and discharge planning can be adversely affected by placement out of area. We (NHS England) require the local commissioner and provider to demonstrate an extremely proactive approach in terms of monitoring, communicating with and planning discharge with the out of area provider.

I hope this provides helpful reference as to the position in terms of guidance, and the work underway to ensure that people are placed within area going forward. NHS England and the Norfolk and Waveney STP are working hard to ensure that this practice is eliminated where appropriate. Whilst work is underway to reduce inappropriate out of area placements, in light of the MHA Code of Practice and guided by the national support programme I would encourage the CCG and Local Authority to review applications for support with travelling costs on a case by case basis as outlined above.

Yours sincerely

Simon Evans-Evans
Locality Director for Cambridgeshire & Peterborough and Norfolk

C.C: Frank Sims, Chief Officer, NHS South Norfolk & North Norfolk CCG