



HOME: home-based mental health care

A Consultation Document on Strengthening Community Mental Health Services and Acute Care Pathway Redesign

January 2014



Bolton Clinical Commissioning Group



Salford Clinical Commissioning Group



Trafford
Clinical Commissioning Group



Greater Manchester West
Mental Health NHS Foundation Trust

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Why we need your views

Your views count. We want your views on our proposals for a different way of delivering adult mental health and older people's services across Bolton, Salford and Trafford.

The modern NHS needs to meet the needs of the community it serves and it is recognised that these needs change over time and organisations which deliver care must respond flexibly to these.

NHS Trusts do not work in isolation – when change is considered, it is a joint process with staff, Clinical Commissioning Groups (who are now responsible for investing money into services), local GPs, Social Services, Local Authorities or other organisations we work with including the third sector and voluntary organisations and crucially – our service users and carers.

“The modern NHS needs to meet the needs of the community it serves and it is recognised that these needs change over time and organisations which deliver care must respond flexibly to these.”

In November 2013 we started conversations with service users, carers, partner organisations and our staff about the future vision for adult and older people's mental health services. We spoke to as many people as we could at meetings and workshops and we consider there is broad support for the Clinical Commissioning Groups and Greater Manchester West Mental Health NHS Foundation Trust decision to reconfigure adult and older people's mental health services across Bolton, Salford and Trafford.

We look forward to working with you to achieve the following plans

- Instead of working Mon-Fri, 9-5, our existing Community Mental Health Teams will work Mon-Fri, 9-8 and Sat + Sun 9-5.
- We will provide intensive multi-disciplinary treatment to people in their own homes or usual place of residence, available seven days a week and 24 hours a day, as a very real alternative to having to go into hospital
- We will continue to provide acute inpatient beds and intensive care beds at Royal Bolton Hospital, Salford Royal Hospital and Trafford General Hospital. When someone is acutely mentally ill they will be cared for in modern environments by specialist and dedicated staff and their discharge will be well planned and fully supported by our new home based treatment services.
- We will consolidate our inpatient services for older people with complex mental health problems and dementias at Woodlands Hospital in Little Hulton and move off the District General Hospital sites. Woodlands Hospital is on the borders of Salford and Bolton and has already been substantially modernised for this purpose. It is in its own grounds and will be extended with a £6 million development. This means our older patients with very complex needs will have better access to a range of specialists and dedicated therapists in the most calming and "dementia friendly" environments.
- Free transport will be provided from Bolton and Trafford Hospitals to Woodlands Hospital for visitors and staff to alleviate any public transport concerns.

This Consultation document will:-

- Explain in full the proposed changes and how they will affect you or someone you care for
- Highlight the benefits of investing in community services and avoiding unnecessary hospital admissions
- Seek your views
- Outline the proposed timescale for change

Consultation commences on the 6th January 2014 and closes at 5.00 pm on 30th March 2014.

Formal public consultation on these NHS changes is being led by the Clinical Commissioning Groups. Bolton, Salford and Trafford CCGs have decided to consult together on these proposals and all three are working in close partnership with the provider of these current services, Greater Manchester West Mental health NHS Foundation Trust.

Comments should be returned by:-

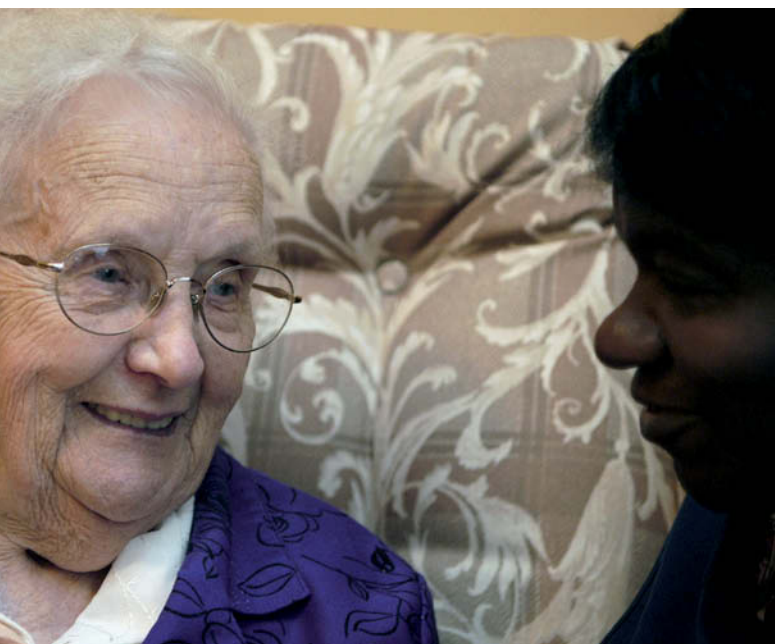
5.00pm Sunday 30th March 2014

To: Bev Humphrey, Chief Executive

Postal: Greater Manchester West Mental Health NHS FT, Trust Headquarters, Bury
New Road, Prestwich M25 3BL

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If you require the information in a different format or language please contact:
communications@gmw.nhs.uk or call 0161 772 4313



An introduction from the Clinical Commissioning Groups (CCGs) and Greater Manchester West Mental Health NHS Foundation Trust

Mental health matters across Bolton, Salford and Trafford. Throughout our lives 1 in 4 of us will experience mental health problems.

Our priority is to ensure that those who require mental health and older peoples support as an adult get access to the services they need and the outcomes which have a positive impact on their health and wellbeing.

This document sets out the proposed future model of adult mental health services and your views can help us to shape it. During consultation, we are keen to hear your views about our proposals for changes in the way that acute and community mental health services will start to be delivered from October 2014.

We are proposing these changes because we want to commission and provide better mental health services and support for patients across Bolton, Salford and Trafford. You can find specific details about our proposals within this document.

Although these changes to services would not be complete until 2015, Bolton, Salford and Trafford Clinical Commissioning Groups and Greater Manchester West Mental Health NHS Foundation Trust are committed to continually providing high quality mental health care and that service users and their carers receive the treatment they expect and deserve.

This formal consultation will run from Monday 6th January 2014 to Sunday 30th March 2014.

Your views are important to us.

Dr Wirin Bhatiani
Bolton CCG
Chair

Dr Hamish Stedman
Salford CCG
Chair

Dr Nigel Guest
Trafford CCG
Chief Clinical Officer

Bev Humphrey
Chief Executive
Greater Manchester West Mental Health NHS Foundation Trust

A message from the Lead Clinicians

Many of us will experience mental ill health at some point in our lives. Some people may have depression triggered by a traumatic event, whilst others will have other conditions which present with severe symptoms or have long-term needs. It is therefore important that we can provide a flexible range of services that can respond to anyone who requires support at various points of their life.

Adult and older people's mental health services have been continually evolving over the last century, and indeed further back. In the 20th century, Prestwich Hospital was one of the largest asylums in Europe, housing over 2000 patients with many long term residents. The hospital had its own farm and shops, and patients were cared for comprehensively, but in isolation from their communities and families. This caused many additional problems including dependency and institutionalisation.

“The climate of austerity following the recent recession requires us all to ensure that we are providing the best value for money, offering the best services we are able to the greatest number.”

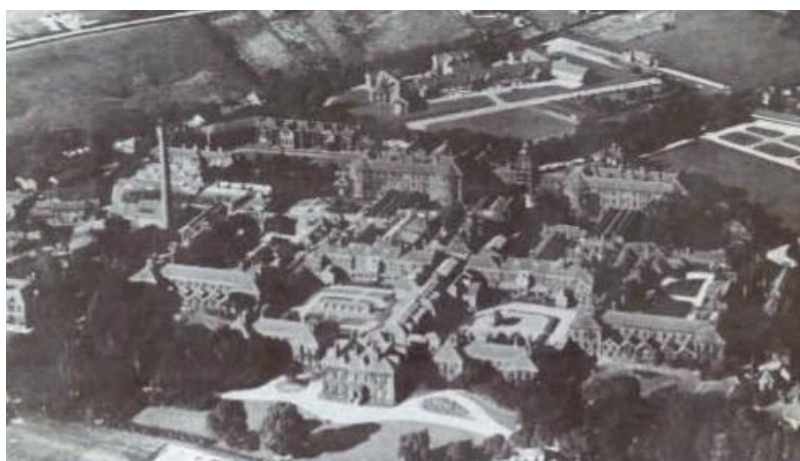
By the mid-20th century the movement to treat patients closer to their homes gathered momentum and asylums around the country started to close. Mental health services began to be provided out of new units that were, usually aligned to the district general hospitals. Unfortunately there had been little investment in community services to provide the necessary supports to aid truly independent

living and facilitate the recovery that we rightly value today. Often patients still had to resort to hospital care to get the treatment they needed and relapse was all too common once discharged. This was the era when the term 'revolving door' of care was coined and reflected the continuing over-reliance on inpatient services.

Over the last 15 years there have been significant developments in community services. We have seen the creation of the Assertive Outreach Teams, Early Intervention Teams, Crisis Teams and Home Treatment Teams which have occurred alongside investments in primary care mental health services. There have also been a range of policy initiatives, including the Care Programme Approach and NICE clinical standards which have significantly (and rightly) raised the expectations that patients and their carers have of us.

Whilst all of the investment and focus on mental health services has been welcome, the services can appear overly complex. Access is sometimes difficult, especially at times of crisis, and there is still an over emphasis on inpatient care. The climate of austerity following the recent recession requires us all to ensure that we are providing the best value for money and offering the

best services to the greatest number of people. Therefore, we are now faced with both the challenge and opportunity to take the next leap forward in modern mental health care. We can use the evidence base to redevelop the clinical care pathway so as to provide the most effective care, at the right time, and in the right place which most people agree is most often the patient's own home.



📍 Prestwich Asylum

Today things have changed even more. We are now able to provide services in a way that we wouldn't have dreamed of 25 years ago, such as the delivery of a range of psychological therapies and the option of being able to treat people at home instead of in hospitals.

We are aiming to provide services which will be available 24 hours a day, seven days a week. True comprehensive multidisciplinary care, around the clock, in your own home. Services will be skilled in offering expert assessment and treatment plans in community settings which provide genuine alternatives to inpatient care. Community mental health teams will work seven days a week, providing continuity of care when patients need extra support. Inpatient care will be needed increasingly sparingly, with more rapid and effective assessments, supporting early discharge with the correct level of support from the community teams. We believe that this will achieve a more effective service providing a level of care that we can all be proud of.

The three CCGs in Bolton, Salford and Trafford have also worked closely with GMW and our acute trust colleagues to develop Rapid Assessment Interface and Discharge Service. (RAID) These services will develop psychiatric liaison services between Mental Health and Accident & Emergency (A&E) departments/acute hospital wards to a new level. Our CCGs have invested significantly in this model and it will ensure that people receive joined-up care; delayed discharges are reduced and that people with complex needs or difficult circumstances do not fall between gaps in NHS provision.

Across the communities of Bolton, Salford and Trafford, we have made good progress in service provision for older people including those with dementia and delivering the National Dementia Strategy. During 2012 GMW launched the Memory Assessment Service in Bolton to deliver early diagnosis and intervention for people living with mild to moderate dementia. We worked very closely with the

Already more than 80% of our mental health care is provided in community settings. We want to take community and home-based care onto the next platform and provide truly excellent and innovative alternatives to hospital."

Alzheimer's Society to develop a 'Dementia Advisor' post. This role supports the service in ensuring that every service user and carer has the opportunity to receive support, information and advice at critical points in the care pathway. Only 12 months later, in November 2013, Bolton was identified as being in the top 10 diagnosis rates for dementia in the country. The Alzheimer's Society is now calling on health and social care bodies in all areas to set dementia as a local priority and for best practice happening in places such as Bolton to be shared.



📄 An asylum patient record

For carers, Bolton's Carer Demonstrator site aimed to increase recognition of carers as expert partners in care and reinforce a change in culture and practice by engaging and involving carers in services, as well as improving their access to helpful information. The Bolton Carer Demonstrator Site has provided carer awareness training to over 400 staff within Bolton and produced a DVD to complement the training, which gives carers a voice and a platform to share their stories. This learning has now been shared across the entire Trust.

In Salford, we were proud to be the first NHS Trust in the UK to employ someone with dementia. Dr Michael Howorth joined the Reach Beyond project within Later Life Services in Salford in 2010 as an Open Doors Support Network Facilitator. Mike was diagnosed with Alzheimer's disease three years prior and now works with patients with dementia. Mike's role has been to engage with patients to create a dedicated forum to give them

a voice and somewhere to put forward their opinions.

This is part of the GMW's 'Open Doors' project which was nominated for a Nursing Times Award in the category of 'Care of Older People'. This was an opportunity for the project to be praised for their creativity and commitment for their innovation.

The team behind the Open Doors network, part of GMW's Reach Beyond Service based in the Salford Directorate's Later Life department, has been recognised internationally for making a difference to the lives of people with dementia.



Another success included The Dementia Services Development Centre (DSDC) shortlisted the Open Door team for 'Team of the Year' as part of the International Dementia Excellence Awards. The International Dementia Excellence Awards are designed to recognise organisations and individuals who have worked to improve the quality of life of people with dementia.

In Trafford, we have also reached levels of success we should be proud of. Recovery rates, thanks to early intervention input, show improvement and number of occupied bed nights have reduced from 2337 to 1374 over 2012 and 2013. Staff are committed to training and development and have been trained in Acceptance and Commitment Therapy (ACT) for service users living with psychosis. Evidence has shown that after just four sessions, service users showed marked increases in functioning and reduction in distress. Trafford services were also highly commended for good practice in the National Care Programme Approach Awards two years running. They also work closely with Greater Manchester Probation Trust to improve their knowledge of working with people with mental health issues.

We are proud of the improvements that have been made to mental health services in Bolton, Salford and Trafford. Already more than 80% of our mental health care is provided in community settings. We want to take community and home-based care onto the next platform and provide truly excellent and innovative alternatives to hospital.

Above all we want to make sure that residents of Bolton, Salford & Trafford have access to a range of services within the community as and when they need them, with admission to hospital being more the exception rather than the rule. However, when service users do require a place of safety we need to make sure that they have a smooth transition to and from acute hospital based care, and that we can provide a high level of specialism and modern pleasant environments to support treatment and recovery.

Dr Steve Colgan

Medical Director

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Dr Jon Van Niekerk

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Dr Bill Williams

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Lead Clinicians

Trafford Directorate

Our vision is to:-

- Commission and provide the best care at the right time, in the right place
- Promote independent living for as long as possible
- Prevent unnecessary hospital admissions and delays to discharge



Where are we now?

GMW is one of the top performing mental health trusts in the country and provides integrated mental health and social care services to the 700,000 people living in the Bolton, Salford and Trafford local authority boundaries.

The Trust also provides a range of specialist and secure mental health services across Greater Manchester, the wider North West and beyond. District services are provided in partnership with the relevant local authorities through

Section 75 partnership agreements. The Trust directly employs over 3,600 staff from different professions and disciplines with 400 staff seconded from partner organisations. As a teaching Trust, there is a vibrant programme of research and development, teaching and training.

The Trust intends to maintain and improve its existing services in line with national policy developments and local commissioner requirements. Particularly the implementation of the National Frameworks relevant to mental health and substance misuse services, that focus on developing accessible and responsive community based services as alternatives to inpatient care. Where a person does need inpatient treatment then it will be of the shortest possible duration and Inpatient stays will be to offer therapeutic interventions that cannot be provided elsewhere.

We recognise that service users want to have choices and options about where and when interventions are provided. We want to develop community services to meet this challenge and will be working with other statutory and independent sector providers to enable a wide range of opportunities for social integration and improved lives.

GMW is organised into six directorates: Bolton, Salford, Trafford, Adult Forensic Mental Health Services, Adult and Youth Specialist Services and Alcohol and Drugs Directorate. The Trust has a comprehensive range of inpatient and community based services across 50 sites and manages 692 inpatient beds; providing a wide range of mental health services including adult and older peoples community and inpatient services; inpatient and community drug and alcohol services; child and adolescent inpatient services; adult and adolescent forensic services and mental health and deafness services.

GMW is in a strong position financially; it is compliant with all Monitor and CQC regulatory requirements and targets, has performed in the 'top quartile' for service user and staff surveys and is recognised as a "high performing Trust". The proposals outlined are innovative and at the leading edge of developing first class community and home care services.

Why change?

Our services outside hospital are continuing to develop so that they offer consistent and high quality care and treatment close to people's homes. Our aim is to continue to improve our community services to offer enhanced and improved Home-Based Treatment.

As our community services develop to support people with more severe symptoms which previously may have led to a hospital admission, we aim to reduce the overall number of mental health hospital beds for adults and older people. This will allow us to use some of these resources to provide care in the most appropriate setting, which for many people will be at home or in the community rather than in hospital.

Greater Manchester West Mental Health NHS Foundation Trust and the three CCGs have carried out an exercise to benchmark the number of beds within our Trust against the average in England. This exercise has demonstrated that the Trust has a proportionately higher number of adult acute, Psychiatric Intensive Care Unit, and older adult beds when compared to the England average. This is most pronounced in Salford and Bolton than in Trafford. GMW also has a high admission rate when compared to others, although there is a lower rate of admissions under the Mental Health Act. We need to ask ourselves the question "could we deliver an enhanced service offer with additional investment in the community which can prevent a hospital admission?"

In looking at our existing services now and comparing them to other parts of the UK we know that our services compare very well but there are a number of key changes we believe would make services much more receptive to people's needs. The following are the areas which we believe need to change:

- Community services only run Monday to Friday from 9am to 5pm
- When a stay in hospital is needed, we often do not discharge at weekends
- A percentage of people in hospital could have had the treatment they are receiving at home
- Care needs to be more 'joined-up' so service users can plan ahead and stay in control in emergencies
- When comparing ourselves to other areas we have more acute (hospital) beds than other Trusts





GMW also has a high admission rate when compared to others, although there is a lower rate of admissions under the Mental Health Act. We need to ask ourselves the question “could we deliver an enhanced service offer with additional investment in the community which can prevent a hospital admission?”

We are actively engaged with a wide range of stakeholders on the future of adult and older people’s mental health services. In particular our service users tell us:-

- I need services to fit my crisis points rather than my crisis fit in with services.
- When I am unwell or feeling vulnerable, what I really want is someone to talk to straight away who understands what I am feeling and can give me help and advice to deal with my issues and keep well.
- I might want to talk to someone out of hours even though I may not necessarily be in crisis.
- When I am feeling like this, waiting weeks for an appointment with a counsellor is no use to me whatsoever. By the time I get to see someone I might be so unwell I end up in hospital.
- Even if I have got a really good GP who can see me quickly, a short consultation isn’t enough to meet my needs – I need more support from mental health services
- I don’t want to go into hospital if I can help it – I want people to help me feel safe and well at home.

What will services look like?

We want to build upon our current achievements and provide a pathway of care which provides early support to people.

Over the next few years we will be focussing our attention on redesigning our models of care for mental health which will include developing:

- Community Mental Health Teams working 9-8pm Monday– Friday and 9-5 pm Saturday – Sunday
- Home based care available from specialists seven days a week, 24 hours a day, allowing for up to three intensive visits in any 24 hour period.
- Revised models of care for inpatient admissions, with better planned and integrated discharge arrangements supported by home care.
- Centralisation of expertise for very specialist care of older people with complex needs and co-morbidities at Woodlands Hospital in Little Hulton.

The Financial Context

The NHS and Local Authorities in Bolton, Salford and Trafford are facing very difficult financial situations and choices. Across Mental Health Services in the 3 boroughs the CCG's and GMW need to find £2.3 million per year savings. We believe that in planning this restructuring we will be able to release savings as required, but also to invest considerably "upfront" to develop the new community services required. In essence, there will be less money spent on providing beds and buildings and more spent on staff going into peoples own homes.

Despite the need for the savings outlined, there is investment being provided to support these changes properly and safely. This has been fundamental to our clinicians (GPs and consultants) developing and agreeing to these proposals.

Investment includes:

- £1.15 million on additional staffing in community and home based care (from GMW)
- £6 million capital investment to develop the Woodlands Hospital site (from GMW)
- £2.3 million RAID services across Bolton, Salford and Trafford (from 3 CCGs) which are being implemented

Given the timing of the changes and the ability to redeploy and retrain staff for new roles and opportunities we are not anticipating the need for any compulsory redundancies in order to implement these changes.





What difference would these service changes make for service users and carers?

// They will talk to her about Ian's current behaviour and offer her advice and reassurance. //

Case Study 1

Ian is 39 years old and has schizophrenia. He lives with his mum.

NOW: Sometimes Ian believes he is 'better' and stops taking his medication. This worries his mum and even though he has never done anything drastic during these periods, he says he can hear voices and see things which are not there. His mum would really like someone to come and see Ian when he acts like this, or at least talk to someone about her concerns. However these episodes tend to happen at night or over the weekend when Ian's services are closed. She doesn't feel the situation is necessary to call 999 and needs to wait until he does something before getting emergency help.

FUTURE: Ian's mum can ring Ian's care providers until 8pm in the evening during the week and from 9am until 5pm at the weekend. They will talk to her about Ian's current behaviour and offer her advice and reassurance. If needed, she can get up to three intensive visits per day from a mental health professional who will assess Ian to see if he needs to be in hospital until he starts taking his medication again.



// They will also perform a carer assessment on Jack to make sure his needs are being met and if there is any further support he can have, even when he is recovered...//

Case Study 2

May is 76 and lives with dementia. Her husband Jack, currently cares for her, however, he recently had a fall and is unable to meet May's basic needs of dressing her, cooking for her and helping her take her medicine.

NOW: May will have to go to hospital and be cared for there until Jack is mobile and able to resume caring for her. This distresses May as she is in an unfamiliar environment and misses the routine and familiarity of her own home.

FUTURE: The community-based mental health teams will increase their visits and work in close liaison with social care to support to Jack and May so that May does not need to go into hospital. They will also perform a carer assessment on Jack to make sure his needs are being met and if there is any further support he can have, even when he is recovered, so that he is able to have a life of his own too.



Case Study 3

Andrew lives next to Ahmed, who he knows has mental health issues. During the night Andrew hears lots of crashing about and worries about Ahmed. He knows he needs to call someone who can check on Ahmed.

NOW: Andrew calls 999 and the police arrive and take Ahmed straight to A&E. He is sectioned under 136 of the Mental Health Act and is admitted to a mental health bed. As this is a Friday night, Ahmed remains in hospital all weekend until he is seen by a consultant on Monday morning. Ahmed remains in hospital for two weeks.

FUTURE: Andrew calls Ahmed's crisis number which Ahmed gave him some weeks ago as part of his crisis management plan. A home treatment plan is put into place that same night and Paul is treated until he is stable and safe. The next day, a Saturday, Ahmed is visited again and reviewed. There are concerns that Ahmed is deteriorating and at potential risk of hurting himself. He is admitted to hospital and seen that same day by a consultant. He is kept in for five days and then discharged back home. The first day Ahmed is home, he is visited twice a day to make sure he is managing. The next day he is visited again. Ahmed is much better and managing his condition, so his usual support is reinstated.



Self Help



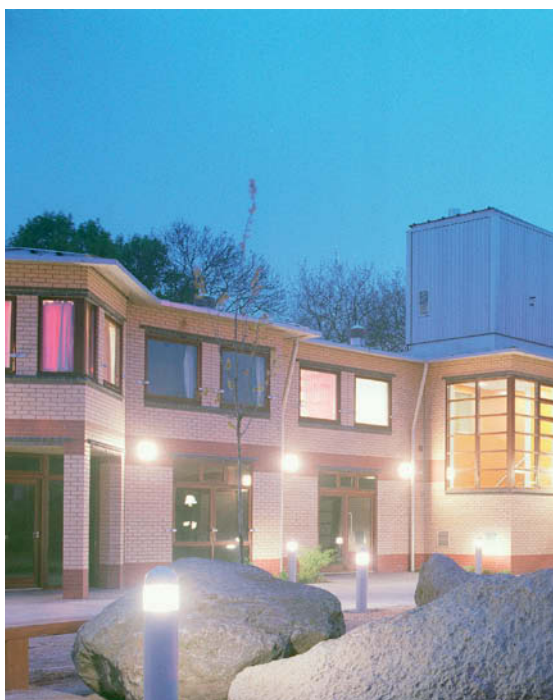
Community Mental Health Teams



Primary Care



Home-based treatment



Hospital Care and Rehabilitation



Step-down community and home-based treatments

In summary, we will invest in a range of local community services to ensure that people are better supported to live independently and free from crisis. If more services are provided locally this will impact upon the number and type of acute mental health beds needed in future.

Service changes by district

The service changes build on national policy, local commissioning intentions and best practice. However, how they will impact on each of the district services will vary depending on current patterns of service delivery.

What follows are the detailed proposals identified by district, set against the context of each Clinical Commissioning Group.

In Bolton

Context

- National policy, local commissioning intentions and best practice highlight the need to provide care at home for as long as possible through enhanced community provision.
- National benchmarking indicates potential for reduced bed base.
- LA/PCT commissioned review of Mental Health services in 2011/12 endorsed by Health and Wellbeing Board (The Ryan/Rooney Review)
- NHS Bolton Clinical Commissioning Group's vision is to commission more care at home.
- RAID services designed and investment secured. **(Implemented December 2013)**
- Supporting this is the Single Point of Access (SPOA) streamlining access to primary and secondary care mental health services. Single Point of Access is based at the mental health unit within Bolton NHS Foundation Trust hospital grounds. This provides an easily accessible single referral point for GPs, primary care, social services and the police with onward appropriate professional assessment arranged **(Implemented January 2014)**
- Strengthening of the consultant role within CMHTs **(Implement April 2014)**
- Re-focusing of intensive home treatment (24/7)
- Enhancing availability of access to community services (seven days a week and extended long hour days) to reduce need for inpatient admission due to lack of alternatives and allow for discharges every day. (This is to be pump-primed and then recurrently funded by GMW from savings in bed closures.)
- Philosophy, principles and anticipated outcomes entirely consistent with Integration Project aspirations. In Bolton, the enhanced community offer would be designed to "plug into" and fit the GP clustering groups.



Impact on beds

- One adult acute ward in Bolton will close October 2014. (Reduction of 15 beds)
- One Older Peoples ward (Organic) will close October 2014. (Reduction of 20 beds). Bolton patients to be admitted to Woodlands Hospital.
- One older peoples ward (functional) will close in 2014/15 (reduction 15 beds)
- A capital development of £5.86 million at Woodlands Hospital site will increase the beds on that site from 35 to 65 and will allow appropriate environments and consolidation of expertise to offer a Centre of Excellence for Older People. This would serve Bolton, Salford and Trafford. It is situated in Salford boundaries, but less than two miles from the Bolton boundary.

High Level Costs

- Capital - £5.86 million at Woodlands site
- Home Treatment and Community Teams Reinvestment – around £560,000 every year for Bolton
- 5% savings on bed closures and management savings – around £2.1 million over two years 2014/15 – 2015/16

In Salford

Context

- National policy, local commissioning intentions and best practice highlight the need to provide care at home for as long as possible through enhanced community provision.
- Benchmarking data indicates that when applying national averages we can reduce the number of Adult and Older Peoples beds in Salford.
- Re-focusing of intensive home treatment (24/7)
- Enhancing availability of access to community services (seven days a week and extended long hour days) to reduce need for inpatient admission due to lack of alternatives and allow for discharges every day. (This is to be pump-primed and then recurrently funded by GMW from savings in bed closures.)
- Supporting the revised Acute Care Pathway is the continuation of clear points of access to the mental health services.



- Philosophy, principles and anticipated outcomes entirely consistent with Integration Project aspirations. In Salford, the enhanced community offer would be designed to “plug into” and fit the GP cluster groups

Impact on beds

- It is proposed that one ward consisting of 14 beds is closed at the Meadowbrook Unit in Salford. Whilst Eagleton Ward currently consists of 14 beds, this ward provides ensuite facilities, therefore it is suggested that Eagleton Ward remains open and Riley Ward is moved to extend Eagleton Ward to 23 beds.
- Reduction in Salford specific Older Peoples beds by ten (organic) at Woodlands Hospital November 2014. Salford organic patients may be admitted at Woodlands or Moorside depending on geographical proximity to either hospital.
- A capital development of £5.86 million at Woodlands Hospital site will increase the beds on that site from 35 to 65 and will allow appropriate environments and consolidation of expertise to offer a Centre of Excellence for Older People. This would then serve Bolton, Salford and Trafford.

High Level Costs

- Capital – around £5.86 million investment at Woodlands site.
- Around £480,000 every year reinvested in Home Treatment and Community Services in Salford.
- 5% saving on bed closures and management costs – around £2.3 million for Salford over two years 2014/15 – 2015/16

In Trafford

Context

- National policy, local commissioning intentions and best practice highlight the need to provide care at home for as long as possible through enhanced community provision.
- National benchmarking indicates potential for reduced bed base.
- RAID services designed and investment secured (implementation January 2014)
- Step down services already well-established in Trafford and working well.



- Redesign and investment secured and Dementia Outreach Team model working well and effectively, allowing a reduced bed base compared to Bolton and Salford.
- Clear points of access established but will be realigned with the proposed Trafford Primary Care Co-ordination Centre
- Re-focusing of intensive home based treatment (24/7)
- Enhancing availability of access to community services (seven days a week and extended long hour days) will reduce the need for inpatient admission due to lack of alternatives and allow for discharges every day. (This is to be pump-primed and then recurrently funded by GMW from the savings in bed closures).
- Philosophy, principles and anticipated outcomes entirely consistent with Integration Project aspirations.

Impact on Beds - Trafford

- There is no closure of adult acute beds in Trafford, the 43 Adult beds at Moorside and the Psychiatric Intensive Care Unit will remain.
- In November 2015 the 21 older peoples beds at Trafford General will close and Trafford residents will have access to the new beds at Woodlands Hospital in Little Hulton.

Higher Level Costs

- Capital - £5.86 million investment at Woodlands site
- Around £80,000 reinvested in Trafford CRHT to support home based treatment.
- 5% saving on bed closures and management costs - around £1.2 million over two years 2014/15 and 2015/16.

Summary

In summary, the current and proposed profile of acute adult mental health inpatient beds would be:-

	Current Provision		Proposed Provision (Year 1) 2014/15		Proposed Provision (Year 2) 2015/16	
	Adult	Older People	Adult	Older People	Adult	Older People
Bolton (B)	57	35	42	71 beds shared between B, S & T	42	65 beds shared between B, S & T at Woodlands
Salford (S)	59	35	45		45	
Trafford (T)	43	21	43		43	
Total	159	91	130	71	130	65

What can service users and carers expect?

Greater Manchester West Mental Health NHS Foundation Trust is a high performing Trust which currently provides 80% of its care to service users in a community setting.

These proposals allow us to invest even more in improving the quality of care provided to service users prior to making any reductions in beds. With these proposals in place service users and carers can expect:



- Straightforward, timely access to services for patients, carers and referring GP's.
- Intensive home based treatment seven days a week, 24 hours a day.
- Enhancing availability of access to community services (seven days a week and extended long hour days) will reduce the need for inpatient admission due to lack of alternatives.
- Acute adult psychiatric beds and intensive care beds will remain at Salford Royal, Trafford General and Royal Bolton Hospitals.
- Shorter, recovery focussed inpatient stays in an environment that promotes privacy and dignity with well planned and supported discharges
- A better focus on the specific needs of older people
- Support, advice and information for carers
- A more efficient and effective use of inpatient facilities
- Centre of excellence for older people with complex needs and dementias at Woodlands Hospital
- Support with transport arrangements for visitors and carers to Woodlands Hospital from Royal Bolton Hospital and Trafford General Hospital.

Considerations

Whilst some people will be supportive and comfortable with these proposals, others will have concerns about what this might mean to them.

We will therefore need to consider the implications of a range of factors including:-

Transport

Our intention is that by investing in an improved range of community services, service users will have less need to travel. It is also the intention that if a hospital admission cannot be avoided that the length of time someone spends in hospital will be less because we will be better able to facilitate a safe and timely discharge back to the community. However, if admission is required transport to Woodlands Hospital for service users and carers from Bolton and Trafford may be a very practical concern.

Clinicians agree that being in the right place at the right time has the best outcome for the patient. By putting our considerable experience and expertise under one roof, the patients who need to stay there are getting the best care possible. We fully understand that this may mean further distances for carers to travel to visit, but we will do all we

can to minimise this inconvenience. A free bus will operate from the current inpatient settings at Royal Bolton, Salford Royal and Trafford General sites to Woodlands Hospital and back again specifically for service users and carers and staff.



“Clinicians agree that being in the right place at the right time has the best outcome for the patient. By putting our considerable experience and expertise under one roof, the patients who need to stay there are getting the best care possible.”

Service Users

We appreciate change can cause anxiety to people living with long-term mental health conditions which is why our proposals will take effect over two years. We promise to keep all service users informed of any planned change well in advance of it taking place and that you know what will happen, when, who you can talk to and you have a plan to help you manage the change.

Carers

We never underestimate the huge impact carers have on the wellbeing of loved ones and we see you as vital partners in care planning. In no way are these proposals intended to create extra burdens on an already demanding role. GMW has a Carers Charter which is our promise to you that we will treat you



Dementia cafe at Woodlands Hospital

with respect and dignity and keep you fully informed of all aspects of your loved ones care. Our staff are trained to ensure you are aware that you can have an assessment at any time to see how your health and wellbeing is. Your views and opinions will be taken into account at all times and we will provide you with access to help such as support groups, counselling and other services as well as how to get help in a crisis.

Staff

Alongside this public consultation, a huge amount of work has gone into briefing our staff who would be directly affected by these changes if they were to go ahead. We meet with them regularly to explain the potential scenarios and listen carefully to their views and feedback. We know we have some of the best mental health professionals in the country working here and we see time and again how committed and compassionate they are to their service users and their carers. It is of vital importance that these skills and experience are not lost, but rather re-located where they provide the best outcomes for our service users.

GMW has a Carers Charter which is our promise to you that we will treat you with respect and dignity and keep you fully informed of all aspects of your loved ones care.



Conclusion

The next two years will lay the foundation for future success and provide a solid basis for significant and sustained improvement in our mental health service. We are confident we can deliver this across Bolton, Salford and Trafford.

Whilst we need to be mindful that the NHS is undergoing significant change and faces major financial challenges, some of these changes can be positive and progress can be made. As you will hopefully have seen, mental health has come such a long way from caring for people in isolation, to helping them manage at home, living their life and enjoying the opportunities that so many of us take for granted.

Whilst we need to be mindful that the NHS is undergoing significant change and faces major financial challenges, some of these changes can be positive and progress can be made.



Appendix 1 – Frequently asked questions

This seeks to provide responses to some questions that are often asked during previous reviews of mental health services.

1. I am worried there will not be enough beds left to cope with demand? Especially for older people as I keep reading about this so-called 'Dementia Time-Bomb'?

We know that we currently have more beds than other Trusts of similar size and we have done a lot of research which suggests that people who are in our hospitals could have been treated at home. Especially with regard to dementia – our services in this area are second to none. We have dedicated staff and resources to help people with dementia living as independently as long as possible. In Bolton, for example our diagnosis rates are in the top ten highest in the country. It is widely recognised the sooner the diagnosis, the more which can be done to prevent the progress of this illness and delay the more intensive care which is required.

The £5.86million investment at Woodlands will provide accommodation for people with long-term and challenging mental health conditions and we are confident we can meet the demand.

2. Will this not just put extra pressure on carers who may see hospital stays as much-needed respite?

In no way do we foresee these changes putting extra pressure on carers. We will offer them more support than ever by providing more home visits, extending the hours of the services which their loved-one accesses and provide free transport for them if they need to travel to Woodlands in the future. We will reiterate to all carers through this process that we have a Carers Charter in place which is our promise to them to make sure their needs are met just as much as their loved-one's are.

3. Have staff been considered in these plans and will there be any job losses?

We expect there will be no compulsory job losses as a consequence of these changes

We have, are and will continue to discuss these plans with our staff to ensure that their views are considered and any concerns addressed at an early stage.

4. Are these proposals just a way of cutting costs and saving money?

We want to improve services available to people in the community as and when they need them with admission to hospital being the exception rather than the rule. National figures show us that we have more beds than we need so if we reduce our beds we will be able to reinvest savings into community services locally.

“ Our aim is that by continuing to improve access to local community services, the need for admission to an acute inpatient bed will be reduced. However, where admission is required this should be for a shorter period of time as the focus will be upon recovery and supporting people in to return home.”

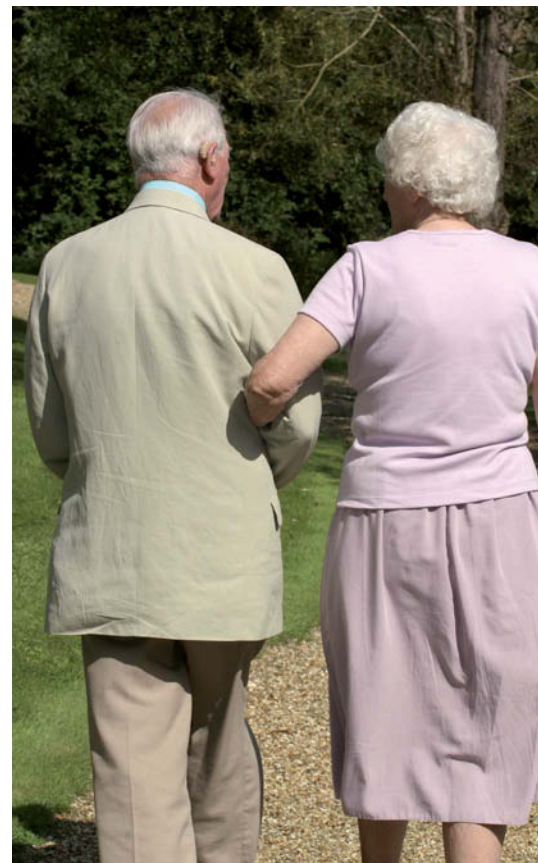
5. What will happen to service users and/or their carers who do not have their own transport?

Our aim is that by continuing to improve access to local community services, the need for admission to an acute inpatient bed will be reduced. However, where admission is required this should be for a shorter period of time as the focus will be upon recovery and supporting people in to return home.

We do however recognise that there may be some difficulties in relation to transport and access. We intend therefore to improve access for service users and carers through providing a free shuttle bus.

Appendix 2 - Glossary of Terms

Carer	An individual who provides or intends to provide support to someone with a mental health problem. A carer may be a relative, partner, friend or neighbour, and may or may not live with the person cared for.
CCGs	Clinical Commissioning Groups - groups of GPs that are responsible for designing and commissioning local health services
CMHT	Community Mental Health Team
CQC	The Care Quality Commission (CQC) is the independent regulator of all health and social care services in England and has responsibility for protecting the rights of individuals detained under the Mental Health Act. The CQC makes sure that services provide people with safe, effective, compassionate and high quality care, and encourages services to make improvements.
District Services	Bolton, Salford and Trafford
GMW	Greater Manchester West Mental Health NHS Foundation Trust
Healthwatch	In place from April 2013. Healthwatch take forward the knowledge and experience of LINKs and aim to make sure that the views of the public and people who use services are taken into account
HSCA	Health and Social Care Act 2012
HWB	Health and Wellbeing Board. Forums where key leaders from the health and care system work together to improve the health and wellbeing of their local population and reduce inequalities.
Monitor	The sector regulator for health services in England. Monitor's job is to protect and promote the interests of patients by ensuring that the whole sector works for their benefit.
NICE	National Institute of Clinical Excellence
Organic illness	A form of decreased mental function rather than a psychiatric illness
OSC	Overview and Scrutiny Committee
PHE	Public Health England. An executive agency of the Department of Health with a mission to protect and improve the nation's health and address inequalities.
RAID	Rapid Assessment Interface Discharge
Section 75	Agreements between Local Authorities and GMW in relation to social workers seconded to GMW to work in an integrated way in Mental Health Services.





Response Form

Title	
First Name	
Surname	
Address	
Post Code	
Telephone	
<div>Your question, enquiry or comments: (Attach separate sheets if necessary)</div>	<div>Do you support providing more care at home?</div> <div>What impact will these proposed changes have on you and your family?</div> <div>If you would like to tell us more about your views, or any ideas you have, please do so here:</div>
Do you require a personal response?	Please circle where appropriate: Yes No





If you need further copies of the document or a in a different format please telephone
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Bolton Clinical Commissioning Group



Salford Clinical Commissioning Group



Trafford
Clinical Commissioning Group

Greater Manchester West 
Mental Health NHS Foundation Trust