Strengthening Community Mental Health Services –
Acute Care Pathway Redesign

Consultation Briefing for Salford Health and Wellbeing Strategic Scrutiny Select Committee

5th February 2014
Why Change?

• Improve access to care and treatment close to peoples homes in line with Salford’s Integrated Care Strategy
• Realign home base treatment services to offer a true alternative to hospital admission
• Benchmarking data shows
  ▪ Higher number of beds for both adult and older adult services compared to England average
  ▪ High number of admissions
  ▪ Lower than average use of Mental Health Act admissions to hospital
  ▪ Slightly higher Average Length of Stay (ALOS) in adults than national average
• Required to meet financial savings of £2.2 million each year across district services
What are the proposals?

• All three district community services in Bolton, Salford and Trafford to be redesigned, streamlined and where required supported by additional investment.

• All three district CRHT services to be redesigned and refocused to achieve an Intensive HBT model. No longer offering crisis assessment to the Acute Hospital as RAID services develop. Supported by reinvestment.

• All three district service refocus current model of inpatient services with reduced Adult bed numbers in Salford and Bolton.

• Develop Woodlands Hospital as the centre for Older People’s Inpatient services for Bolton, Salford and Trafford with a reduced bed base of 65 beds for all three districts.

• Refining and clarifying access points to primary and secondary care mental health provision (GMW) across all three districts.
What Does this mean for Salford Service Provision over the next two years

Access
- Current access point to remain as agreed with Salford CCG
- Full RAID service operational in SRFT – May 2014

Community
- Additional investment in community services of £52k
- Care Coordinator to play key role as navigator through care pathway to ensure continuity of care.
- Provision of extended working hours (9am-8pm) Monday – Friday and weekend working (9am-5pm).
- Continue to extend the step down model with rapid re-access to service if required.
- Proactive advice and support to GPs.
- Re-establish specialist older people community teams for those with functional and organic mental health need. For functional older people services will be primarily but not exclusively age 70 depending on presenting need.
- Continued strong integrated working with the local authority and other service providers.

Treatment at Home
- Investment in HBT of £445k to ensure home treatment as a real alternative to admission and facilitation of early discharge.
- Capacity of the team to visit up to three times daily if clinically indicated.
- High intensity pathway to be implemented for Older People to provide treatment at home (including to those older adults in residential/nursing home facilities).
What Does this mean for Salford Service Provision over the next two years

**Inpatients**

- Daily MDT review to promote early discharge, with support of HBT & Community Services.
- Consistent use/implementation of revised pathways.
- Robust bed management/discharge co-ordination within the local district but also across the wider GMW district service network.
- Reduction of in-patient beds as follows:
  - Reduction of 14 Adult beds – reducing from 59 to 45 via the closure of Riley Ward and the extension of Eagleton Ward by July 2014.
  - Moss Ward at Woodlands (20 Organic beds) and Greenway at Trafford (21 beds) to become a shared facility across Bolton, Salford and Trafford (November 2014).
- Commence planning in 2014/15 to centralise all inpatient provision for older people at Woodlands Hospital by November 2015. The total number of beds will be 65 and will offer a service to older people living in Bolton, Salford and Trafford.
- Commence planning in 2014/15 to explore the feasibility of a centralised adult inpatient base to serve all three districts in the future. If this initiative was to progress it is unlikely that this would be commissioned until 2018.
Service Offer

What can Service Users expect?

• Straightforward, timely access to service
• Strengthened community services with extended hours of access
  ▪ (M-F 9-8, weekends 9-5)
• Intensive Home Based Treatment to avoid admissions and facilitate early discharge (24/7)
• Shorter focused inpatient stays in environments that promote privacy and dignity
• Care Coordinator vital navigator of care / continuity of care role
• Focus on specific needs of older people
• Support, advice and information for their carers
# Impact of the Proposal

### Bed availability

<table>
<thead>
<tr>
<th></th>
<th>Current Provision</th>
<th>Proposed Provision (Year 1)</th>
<th>Proposed Provision (Year 2)</th>
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</thead>
<tbody>
<tr>
<td></td>
<td>Adult</td>
<td>Older People</td>
<td>Adult</td>
</tr>
<tr>
<td><strong>Bolton</strong></td>
<td>57</td>
<td>35</td>
<td>42</td>
</tr>
<tr>
<td><strong>Salford</strong></td>
<td>59</td>
<td>35</td>
<td>45</td>
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<tr>
<td><strong>Trafford</strong></td>
<td>43</td>
<td>21</td>
<td>43</td>
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<tr>
<td><strong>Total</strong></td>
<td>159</td>
<td>91</td>
<td>130</td>
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Impact of Proposal

Anticipated public concerns

• Travel distance for service users and carers from Bolton and Trafford to Woodlands, however no change for Salford residents.

• Overall bed availability.

• Length of contact with patients by community services.
Impact of the Proposal

Finance

GMW Investment is :-

1. £1.15 million to strengthen community and intensive home based treatment services (Salford = £497k reinvestment)
2. Investing capital monies of £5.87 million for Woodlands development.
3. The proposal enables the savings target of £4.4 million across district services during the financial years 2014/15 and 2015/16 to be achieved.
Consultation Framework

• Consultation document distributed to all statutory bodies, and key stakeholders including MPs.
• Consultation document displayed on CCG and GMW website with interactive email response.
• Consultation document distributed to all local patient and carer groups with presentations arranged with identified forums. Further presentations will be available to voluntary forums on request.
• Planned public meetings.
• Consultation document and briefings cascaded to all affected staff.
• Bi-weekly staff briefings and regular question and answer logs already established.
## Consultation Timescale

<table>
<thead>
<tr>
<th>Action</th>
<th>Timeframe</th>
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<tbody>
<tr>
<td>Joint Executive CCG/GMW Engagement</td>
<td>September – November 2013</td>
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<tr>
<td>GMW Board sign off</td>
<td>25 November 2013</td>
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<tr>
<td>Pre-consultation Period</td>
<td>December 2013</td>
</tr>
<tr>
<td>Formal consultation period</td>
<td>6&lt;sup&gt;th&lt;/sup&gt; January 2014 – 30&lt;sup&gt;th&lt;/sup&gt; March 2014</td>
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<tr>
<td>Response to consultation to be presented to GMW Board</td>
<td>31 March 2014</td>
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<tr>
<td>Response to consultation presented to CCG Boards and OSCs</td>
<td>April 2014</td>
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Recommendations

The Health and Wellbeing Strategic Scrutiny Select Committee is asked to:-
1. Support the consultation framework approach and advise of any additional forums.
2. Comment on the proposal as part of the consultation exercise (home@gmw.nhs.uk)
ANY QUESTIONS?