



Greater Manchester West
Mental Health NHS Foundation Trust



Proposals for Changing and Improving Mental Health Services in Salford

Consultation commences Monday 24th October 2011

Comments should be returned by

5:00 pm

Sunday 15th January 2012

To:

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Glossary of Terms and Abbreviations

Older People's Mental Health Services <i>(Current service model)</i>	<p>This refers to all health and social care services provided to people aged over 65 years who may have functional or organic mental health problems</p>
Needs-led services <i>(Future service model)</i>	<p>This refers to services that are designed and planned to meet the needs of any adult (i.e. anyone over 18 years old) using the service.</p>
Organic mental illness	<p>Organic mental illness in the context of this document refers primarily to Dementia. Dementia is a global term used to describe a range of illnesses, the commonest of which are Alzheimer's disease, Vascular dementia, Lewy Body disease and Frontotemporal dementia, which all result in a progressive and irreversible decline in memory, problem solving ability, the use of learned skills, social skills and emotional control. A decline in physical health and physical ability is also evident.</p>
Functional mental illness	<p>Functional mental illness refers to illnesses such as mood disorders (anxiety and depression) and psychosis.</p>

Introduction...

Greater Manchester West Mental Health Foundation Trust (GMW) is seeking views from our partner organisations, service users, families and carers and staff on proposed changes to inpatient services for older people across Salford.

A review of our inpatient services for people with mental health problems was initiated because we have a significantly higher number of beds per 100,000 head of population for older people with mental health problems than most other Health Trusts nationally and this is coupled with a low bed-occupancy rate. This suggests that the number of beds can be reduced yet still meet the needs and demands of our local population.

We also want to improve and modernise care as we move from services based on age to needs-led services, which are designed to meet the needs of all service users, irrespective of age.

Our plan is in line with national guidelines and best practice which aim to minimise unnecessary admissions to hospital. We also want to improve the discharge process for people so they can return to their homes or a more appropriate care setting in a timely and appropriate manner.



What this document covers...

This document sets out the proposals to:

- a) *Support a move towards services that are based on need and not age*
- b) *Change the way our inpatient bed availability for patients with dementia or functional illness and complex physical health care needs is currently organised within Salford. To include:*
 - *A reduction in the overall number of beds*
 - *The relocation of the ward for functional illness from the Meadowbrook Unit to the Woodlands Hospital site in Little Hulton.*
- c) *Significantly invest to improve the facilities and environments offered to people with dementia or functional illness and physical frailty who require inpatient care.*
- d) *Extend the current Crisis Resolution and Home Treatment Service to ensure that the service is accessible 24 hours per day to adults of any age and any diagnosis, including Dementia.*
- e) *To increase the resources within Community based Mental Health Services to improve the quality of care provided. This will enable us to work closely with other providers of services, thus sharing the skills and knowledge of a specialist service to improve and enhance the quality of care provision in a whole range of care settings.*

The aim of our plan is to make better use of Health service resources to ensure that our services can continue to meet the challenges of a changing health care service. The primary impact of this will be improved service delivery for patients, their carers, people who refer to our services (i.e. GPs) and our partner organisations.

Like all public sector organisations, the Trust has to deliver efficiencies. However, it must be emphasised that we are not reducing beds just to make savings. It must be recognised that, as is the case with all public sector service provision, we are facing significant financial challenges and what we are proposing is readjusting our assets so that we can more effectively use some of the resources from an area which is underused and redistribute it into the community services. This will help us to provide more appropriate care and support to people, closer to their homes.

We now want to get a better understanding of the impact of these changes from the point of view of those who have, or may, use our services.

What are we asking for...?

We are asking for your comments, suggestions or ideas on the proposals presented in this paper. We are keen to know whether our proposals affect you in any way and if they do, we need to know how they may improve services you have received and whether you have any concerns about the planned changes. This will enable us to ensure that we consider all potential issues and how best we can address them.

You can let us know what you think in the following ways:

By post:

Please send any written comments to:

**Penny Evans
Head of Operations
c/o Kirsty Joyce (P.A.)
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Stott Lane
Salford
Manchester
M6 8HD**

By Email:

If you would like to submit your comments anonymously you can send an email to the following address:

salfordproposal@gmw.nhs.uk

In Person:

Further information, including attendance at appropriate meetings, can be provided by contacting Penny Evans on 0161 772 3750 or Michelle Mosey, Project Manager, on 0161 773 9121 ext 3361 or via email Michelle.Mosey@gmw.nhs.uk.

**Please ensure that any comments are submitted
by Sunday 15th January 2012**

What follows is a brief overview of our proposals outlining how and why we need to make changes to our services...

What is the current situation...?

There are currently three inpatient wards for older people in Salford, with 66 beds in total. 46 of these beds are for people with an organic illness, such as dementia, and 20 beds are for people with a functional illness, such as depression or anxiety.

Whilst the contracted bed number for Armitage Ward is 28; to ensure safety, dignity and privacy it is standard practice for the ward to not exceed the use of 20 beds.

Claremont, Meadowbrook	Armitage, Woodlands	Kenyon, Woodlands
20	28	18
For male and female patients with functional illness.	For male and female patients with organic illness	For male patients with organic illness

Functional beds	20
Organic beds	46
Total beds	66

Why do we need to change...?

National Context

We want to make sure people in Salford continue to get the same (or better) quality of care as anyone else living in other areas of the country. Therefore to ensure that our care and treatment is based on best practice, we follow directives from national policies such as 'High Quality Care for All'¹, 'New Horizons'² and the 'National Dementia Strategy'³.

The National Dementia Strategy (2009) sets out a clear requirement for commissioners to ensure a wide range of services are available to every person with dementia and their carers and that "people with dementia and those who care for them would have the best possible healthcare and support".

¹ Department of Health (2008b). *High Quality Care For All: NHS Next Stage Review final report*. London: The Stationery Office. Cm 7432. Available at: www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_085825

² Department of Health (2009). *New Horizons: a shared vision for mental health*. London: Department of Health. http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyandGuidance/DH_109705

³ Department of Health (2009). *Living well with dementia: A National Dementia Strategy*. London: Department of Health. http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/@dh/@en/documents/digitalasset/dh_094051.pdf

The strategy recognises that people with dementia need access to a wide range of support, care and treatment from the point of diagnosis to the end of life and we know that for some people with dementia there will be times when only residential or hospital provision will be appropriate to manage and treat presenting symptoms. Equally the strategy strongly supports good quality, flexible and responsive services within community based settings which are delivered or supported by the specialist resources available within Mental Health Trusts.

Activity levels

Data from the Mental Health Benchmarking Club⁴, which enables us to compare ourselves to other Trusts throughout the country, indicates that we have a significantly higher number of beds per 100,000 head of population for older people with mental health problems than most other Trusts nationally. **Based on the average bed number within the North West we would require a total of 31 beds to meet the needs of older people with functional or organic illness in Salford.**

The Trust also has the second lowest bed occupancy rate in the country at 63.7%; that is equivalent to only 37 occupied beds. This suggests that the number of beds for older people can be reduced from the current total of 66 beds, yet still meet the needs and demands of our local population.

Physical environment

The Trust is determined to provide services that are of the highest quality and fully compliant with environmental standards required in modern mental health practice in respect of privacy, dignity and individual patient security. Our ward environments will be designed in such a way that respect for privacy, dignity and individual patient security is paramount.

Value for money

Our services need to be delivered in such a way that enables the most efficient and clinically effective model of care within the available funding. Data shows that our occupancy rate is low and there are always a number of vacant beds. Removing these beds will release resources which will enable us to improve our overall staff to patient ratio within inpatient services, strengthen our Crisis Resolution and Home Treatment Team to support service users to stay at home and allow us to meet the efficiency savings required of us.

We will also ensure that services offer value for money by achieving an average length of stay and occupancy rate comparable with other Trusts in the North West.

⁴ National Audit Office (2010) *Trust Practice Mental Health Benchmarking Club*. National Audit Office

Our proposal for change...

The recent review of how services should be provided in the future indicates that these can be provided from two inpatient wards, both based at the Woodlands Hospital site in Little Hulton. Our long term service plans are helping us to move towards services which are based on need and not age and it needs to be noted that whilst both these wards will provide care and treatment primarily to Older Adults there will be no age barriers to admission with patient's mental and physical health care needs informing the need to admit to each of these wards.

This proposal is based on the understanding that further investment will be made in community services and that the implementation of new models of care continues, which have seen effective reductions in admissions and length of stay.

Revised care pathways are being developed based on an analysis of each part of the service to identify when patients could have been treated in less restrictive community services and when patients could have been discharged in a more timely manner, if appropriate support services were available.

This work has identified that an enhanced Crisis Resolution and Home Treatment Service, accessible to adults of any age and any diagnosis, would help to support older people in the community as an alternative to inpatient admission. The review also identified that if we improve our in-reach and outreach service to community based resources (i.e. nursing and residential care facilities) we could reduce admissions and length of stay, whilst also improving links with other providers and sharing our knowledge and expertise.

The proposal

In line with analysis of occupancy rates and mapping of local need, it is proposed to provide 35 beds for the patient group identified in the detail above. Based on the average number of beds for Trusts within the North West, which includes inner city and deprived populations, 31 beds would be required. The additional 4 beds we are proposing provides additional capacity for the needs of the Salford population. Of the 35 beds 20 beds will be for older people with organic illness and 15 for older people with functional illness.

This reduction in inpatient beds will generate savings from our estates/buildings related costs and enable us to increase nursing staff levels on the remaining wards, provide an enhanced Crisis Resolution and Home Treatment Team in Salford and strengthen community-based services.

The Trust has also identified significant capital resources of £1,318,000 to improve the ward environment for the two wards that will be used.



Our proposal is to provide the following inpatient services on the Woodlands Hospital site:

Armitage Ward, Woodlands	Kenyon Ward, Woodlands
20	15
This ward will provide 20 beds for both male and female patients with organic mental health needs.	This ward will provide 15 beds for both male and female patients with functional mental health needs.

Impact on Patients and Carers...

What this means for patients and carers is that Claremont Ward at Meadowbrook will relocate and the beds will be provided on the Woodlands Hospital site in Little Hulton, Salford. This will only affect patients and their carers who need inpatient services for older people with functional illness as inpatient services for patients with Dementia are currently located on the Woodlands site.

To give an indication of how many people will be affected – between July 2010 and June 2011, 63 patients were admitted to the Claremont inpatient beds on the Meadowbrook site.

Whilst this may result in additional travel for some patients and carers as Woodlands is approximately 7 miles away from Meadowbrook, for others there will be a reduction, particularly those in the north and west areas of Salford who will benefit from shorter travelling times.

It is important to remember that the impact of travelling a little further is outweighed by the high level of care which can be offered by having skilled and experienced staff all in one place. It makes far more sense to have all wards in one place so that Woodlands can become a centre of excellent care, with the shared expertise and staffing resource this can bring.

By reducing the number of beds and putting more resource into community-based care, we can ensure that people are cared for in the least restrictive setting, including their own home, for as long as possible.

When admission to hospital is necessary, Woodlands is based on a quiet site with lots of secure outdoor space.



As a consequence of this proposal the following benefits for patients and their carers are achieved:

- Improved ward environments
- The introduction of a Special Care Suite for patients with Dementia who present with very complex and challenging needs
- Improved staffing levels to improve direct patient care
- Enhanced community provision, in particular improving links and support in Nursing Homes to help avoid hospital admission when appropriate and facilitate timely discharge.
- Improved community provision through the enhancement of the Crisis Resolution and Home Treatment Team (CRHT); ensuring that the CRHT service is accessible 24 hours per day to adults of any age and any diagnosis, including Dementia.
- Increased range of service provision in Salford in line with best practice which will help services to become more flexible and responsive as demanded within the National Strategy for the development of services for people with dementia.
- Reduced length of stay for patients





Impact on Our Staff....

We recognise there will be an impact on staff currently working within inpatient services and staff and their representatives will have the opportunity to feedback their comments and suggestions. Staff side representatives are aware of the proposals and we will work closely with them to develop a HR strategy to support any organisational change.

Next Steps...

Our commitment

We are committed to ensure that we listen to the views of service users, carers, our staff, partners and other people who may wish to contribute. This will be a very important aspect of the process and will help to inform the development of the proposal.

Appendix 1

