

**IMPACT ASSESSMENT DISCUSSIONS – OLDER PEOPLE’S PLANNING PARTNERSHIP**

**PROPOSALS TO RECONFIGURE THE DELIVERY OF MENTAL HEALTH SERVICES WITHIN SOUTH WILTSHIRE**

Sally Banister presented further information on the consultation for Mental Health modernisation.

The group commented on the various sections and Sally will feed these back to the consultation process. In particular the concerns raised were:

- Reduction of the number of beds and the reduction in the Secondary Care Psychologist
- Sally explained there are too many bed-based services and not enough in the Community compared to bench-marking of other areas and we need to increase therefore this reduction in beds would actually improve the services available for people with Mental Health. The reduction in Secondary Care type Psychology should not affect the current services we have within the hospital. There would not be an effect on the Secondary Care Psychology service currently provided as the reduction in Secondary Care Psychology is for the dedicated Fountain Way Psychological service not those at Salisbury Health Care.
- The group expressed they would like to have seen more joint work happening between Mental Health and Acute Health to minimise disruption on the Acute wards for people with Mental illness.
- Sally reinforced that they will be looking at developing an A&E protocol with the additional capacity to support people with Mental illness at A&E
- HAT already works across boundaries to assist in movement of people with Mental Health.
- Concerns was raised of where we would anticipate getting the staff for support in the Community. Sally explained we will be looking at re-deploying and looking at the skill mix available within the teams.

- It was felt that the PCT would need to have more control in monitoring the service and needs to put an emphasis on training of staff to manage Mental Health.
- It was generally agreed the Community needs more people who deal to support Mental Health. People are in the wrong place and that if this work progresses, provided the money is focused on the right areas it should be successful
- It was identified that Acute hospital staff need training in dealing with dementia
- Concern was expressed as to who would fund the people who are moved from hospital to the community.
- Increasing the size of the Community Mental Health team - OPPP liked the principal, we need to define the service remit and will it cover Out of Hours?
- What do we expect from the Community Mental Health Team?
- Can we predict the need for extra capacity?
- There was concern regarding managing crisis situations. We need to identify the needs of service users.
- Increasing memory clinic – group agreed we require specific dedicated Psychology support
- Increased capacity of the Day Hospital – group felt it depends on what people are attending this day hospital for. The need to recognise that day services meet physical and mental health needs and provide carers with a break. Again we need to identify the needs of users and provide a suitable resource and skills to meet those needs. If the focus is on Intermediate Care it may be detrimental to those needing long-term support. Out-reach day care would be more preferable
- Making savings on the drug prescribing was not a contentious issue to OPPP
- Decreasing in Secondary Care Psychology – we need to know more about
- Cognitive behavioural therapy is measurable

- We need to ensure timeliness of intervention, the reasons for referral, the expected outcomes etc. There was concern regarding the delay for Psychology and we would like to maintain 2 sessions for Older Adults.
- Decrease in overhead costs at Fountain Way – the group asked how?!