

**AVON AND WILTSHIRE MENTAL HEALTH PARTNERSHIP NHS TRUST
BOARD MEETING
25 AUGUST 2006**

MAINSTREAMING MENTAL HEALTH

1. PURPOSE OF THE REPORT

- To present to the AWP Board the reports from the consultation process for Mainstreaming Mental Health Services in Kennet, North and West Wiltshire.
- To gain the agreement of the Board for proposals for decision on service changes in Kennet, North and West Wiltshire following the feedback from the Public Consultation on Mainstreaming Mental Health. This feedback is presented to the AWP Board prior to the meeting of the Overview and Scrutiny Committee and prior to the meeting of the Primary Care Trust Boards. As these meetings take place subsequent to the AWP Board meeting, the AWP Board need to have arrangements in place to amend the final decisions in relation to the Proposals for Decision to incorporate any discussions at these meetings as necessary. There is therefore recommendations to enable this to happen.

This report comprises the following documentation:

- **Summary and Proposals for Decisions** as described in the front pages of this report
- **Proposals for Service Change from Mainstreaming Mental Health, Stage 1** – describing the proposals in greater detail in order to support the review process and the understanding of the nature of the proposals. This report is supported by the following appendices:
 - **Appendix 1: Results of the Public Consultation April to July 2006** - in order to inform the Board of the feedback received
 - **Appendix 2: High Level Service Change Plan** – in order to demonstrate to the Board how implementation of the proposed service changes will be integrated with all other key parallel service change work. This appendix is available upon request from the Board Administrator.

The decision processes are described in full on page 7 of this report. Stage 2 Proposals for Decision will be presented to the Board in September 2006.

2. FINANCIAL IMPLICATIONS

The Kennet, North and West Wiltshire Locality is currently projecting a financial break-even for 2006-7. However this is only through maintaining numerous vacancies throughout the service, which if not filled in the future will result in high clinical risks and an unsustainable service position. The proposals in this paper seek to deliver sustainable service change to maintain the financial break even on a recurring basis, and enable all services to be able to operate at full establishment.

The overall impact of the Stage 1 Proposals for Service Change equates to an improved revenue position of £767k, recurrently based on a full-year effect. The revenue impact on the 2006/07 financial position equates to an improved position of £154k, as per the current LDP projections and as previously reported to the Board within the 2006/07 financial recovery plans, all on the basis that the proposals are supported and delivered to the currently anticipated timescales. The proposals comprise a systemic approach to delivering the sustainable and fully integrated service.

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The proposed service changes are inter-dependent. The potential benefits of moving forward with elements of the Stage 1 proposals are summarised below:

- **Supporting the proposals for an increased emphasis on community provision:**
The investment and timing for community services development is to be consistent with any reconfiguration of inpatient services. This investment is critical to delivering the whole-system change and the corner stone in delivering the projected financial savings plan. The resultant impact of not proceeding with the proposed service changes for community services would be that none of the proposals would progress, with the associated risk to increasing the sustainability of quality mental health services and the failure to deliver to the proposed financial benefits.
- **Supporting the proposals for a decreased emphasis on bed based provision for older adult services** will deliver recurring savings of £612k. Not proceeding with the proposed service changes would prevent investment in the community services.
- **Supporting the proposals for a decreased emphasis on bed based provision for services for adults of working age** will deliver recurring savings of £155k. Not proceeding with the proposed service changes would prevent investment in the community services.

3. DECISIONS REQUESTED

**STAGE 1 SPECIFIC PROPOSALS FOR DECISION –
MAINSTREAMING MENTAL HEALTH**

The AWP Board is requested to approve the Proposals for Decision on service changes in Kennet, North and West Wiltshire following the feedback from the Public Consultation on Mainstreaming Mental Health. This feedback is presented to the AWP Board prior to the meeting of the Overview and Scrutiny Committee (OSC) on 13th September and prior to the meeting of the Primary Care Trust Boards on 14th September. These proposals are summarised below with a view to requesting AWP Board support and agreement of proposals to the subsequent meetings of the OSC and the PCT Board.

As these meetings take place subsequent to the AWP Board meeting, the AWP Board need to have arrangements in place to amend the final decisions in relation to the Proposals for Decision to incorporate any discussions at these meetings as necessary.

The Trust Board is asked to approve Chair and Chief Executive action to review the proposals in the light of the outcomes of the subsequent meetings. The Chair and Chief Executive in considering this matter will review the need for an extraordinary board meeting to agree final decisions in the period immediately after the PCT Board Meeting on 14th September.

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**STAGE 1 SPECIFIC PROPOSALS FOR DECISION –
MAINSTREAMING MENTAL HEALTH**

**Proposals for Decision: Proposals to OSC and PCT Boards - Community Services
(Primary Care, Older Adult Services and Adult Mental Health Services)**

- 1 It is recommended that the Board supports the general direction of service strategy in Mainstreaming Mental Health, namely an increased emphasis on community provision, through the following specific proposals for decision:

1.1 Primary Care Services

That approval should be given to supporting new investment in Primary Care services, ensuring optimum consistency of practice whilst recognising different local needs and models as promoted by collaborative GP approaches. This proposal includes new investment in Primary Care Services of £200,000 recurringly per annum. The investment is subject to the subsequent discussions at the OSC and PCT Board meetings and the Trust Board meeting in September.

1.2 Older Adult Community Services

That approval should be given to ensuring a sustainable balance of specialist mental health and integrated team working, with priority to specialist mental health delivery to support wide changes in the service and bed models for older adult community services. This proposal includes increasing investment into these older adult community services of £225,000 recurringly per annum. The investment and the timing of the expansion is to be consistent with any reconfiguration of older adult inpatient services and is subject to the subsequent discussions at the OSC and PCT Board meetings and the Trust Board meeting in September.

1.3 Adult Mental Health Services

That approval should be given to further reviewing the links between crisis services and inpatient wards, whilst strengthening links with other community services, to better support the potential of the service to provide more care at home and less in hospital beds. This includes progressing the consultation proposals regarding further Early Intervention development and moving from Day Hospital care to therapeutic group work in community settings. This proposal also includes increasing investment into crisis related services for service users with functional needs, both for adults of working age and older adults, at a level of £200,000 recurringly per annum. The investment and the timing of the expansion is to be consistent with any reconfiguration of inpatient services and is subject to the subsequent discussions at the OSC and PCT Board meetings and the Trust Board meeting in September.

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**Proposals for Decision: Proposals to OSC and PCT Boards –
Older Adult In-Patient Services**

- 2 It is recommended that the Board agrees the general direction of service strategy in Mainstreaming Mental Health, namely a decreased emphasis on bed based provision, through the following specific proposals for decision:
 - 2.1 That approval should be given to supporting the permanent closure of Cameron Ward in Chippenham, subject to the subsequent discussions at the OSC and PCT Board meetings and the Trust Board meeting in September.
 - 2.2 That approval should be given to supporting the permanent closure of 15 older adult beds in Green Lane Hospital, subject to the subsequent discussions at the OSC and PCT Board meetings and the Trust Board meeting in September.

The Trust Board is asked to note the following in support of the above proposals:

- 2.3 The Board should note that as part of Pathways for Change the PCT may wish to consider utilising Cameron Ward in the future. This would be subject to appraisal by the PCT.
- 2.4 The MMH team will prepare a detailed implementation plan for the closure of 15 older adult beds in Green Lane Hospital, including the move of older adult beds to Salisbury and other options for more accessible beds for the north and west of the county. This plan is to be brought to the Board for review and approval in September, following the outcomes of the OSC Meeting and the PCT Board Meeting.
- 2.5 The MMH team will further review older adult inpatient services at Charter House in both the short term and the longer term, in line with the objective of achieving the best use of resources applied to best effect and will report on the outcomes of the review to the AWP Board in September following the discussions at the OSC Meeting and the PCT Board Meeting.

**Proposals for Decision: Proposals to OSC and PCT Boards –
Adult Mental Health In-Patient Services**

- 3 It is recommended that the Board agrees the general direction of service strategy in Mainstreaming Mental Health, namely an decreased emphasis on bed based provision, through the following specific proposals for decision:
 - 3.1 That approval should be given to supporting the reduction in bed numbers for Adults of Working Age from 50 to 42 with the loss of two beds at Sandalwood Court and six at Green Lane (with the closure of Silbury Ward), subject to the subsequent discussions at the OSC and PCT Board meetings and the Trust Board meeting in September.

The Trust Board is asked to note the following in support of the above proposals:

- 3.2 The MMH team will further develop the review of Adult Mental Health Services described in 1.3 above to enable the detailed implementation plan for delivering the bed reductions and a more community based model. This plan is to be brought to the Board for review and approval in September, following the outcomes of the OSC Meeting and the PCT Board Meeting.

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Proposals for Decision: Proposals to OSC and PCT Boards - Other Areas

- 4 The Trust Board is asked to note the following in support of other areas following the feedback from the Public Consultation:**
- 4.1 The MMH team will develop a plan of work to prioritise assessment of Carer's needs in conjunction with work to improve ICPA Delivery. Work plans will be brought to the Board for review and approval in October, following the outcomes of the OSC Meeting and the PCT Board Meeting
 - 4.2 The MMH team will develop plans to optimise access for service users where service changes may compromise such access, such as older adult in-patient bed access, and maintaining community team presences in significant towns even when estate rationalisation has to occur. Work plans will be brought to the Board for review and approval in October, following the outcomes of the OSC Meeting and the PCT Board Meeting
 - 4.3 The MMH team will work closely with Staff Side to ensure the best possible communication and support of staff during the proposed changes. Work plans will be brought to the Board for review and approval in September, following the outcomes of the OSC Meeting and the PCT Board Meeting
 - 4.4 The MMH team will develop plans in partnership with the proposed practice change and new ways of working in the emerging plans for implementation of these proposals and linked service change in Wiltshire. Work plans will be brought to the Board for review and approval in September, following the outcomes of the OSC Meeting and the PCT Board Meeting

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