

Mainstreaming Mental Health Task Group – Response to Consultation

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Foreword by the Chairman of the Task Group

Membership of the Task Group

This report provides a summary of the work of the Mainstreaming Mental Health Task Group between March and July 2006.

The Task Group comprised the following members (drawn from the County Council's Health Overview and Scrutiny Committee):

Councillor Mrs Paula Winchcombe (Chairman)

Conservative Member of Kennet District Council

Councillor Jeff Osborn

Liberal Democrat Member for Wiltshire County Council

Councillor Mike Hewitt

Conservative Member for Salisbury District Council

Terry White

Chair, South Wiltshire PCT Patient & Public Involvement Forum

Background to the Review

1. Avon & Wiltshire Mental Health Partnership Trust (AWP) is responsible for providing specialist mental health services across a large geographical area. The Trust provides services to Swindon, Bath and Bristol as well as Wiltshire.
2. AWP is funded by the Primary Care Trusts (PCTs) and the Social Services departments of the local authorities whose area it covers and who commission its services; it does not receive any of its revenue directly from the Department of Health. Therefore, the Trust has to deliver services that cater to the needs of the population and fall within the planning framework of services that the commissioners want to purchase.
3. The financial pressures faced by the PCTs in Wiltshire, and now the Department of Adult and Community Services (DACs) at the County Council, which provides social care, have been widely documented. AWP has been experiencing financial problems of its own, partly due to the situation faced by the organisations that commission its services and partly due to its current pattern of spend. A large portion of AWP's revenue is committed to maintaining its current inpatient based facilities with comparatively little investment available for primary or community care.
4. During 2005, in tandem with the Kennet & North Wilts and West Wilts PCTs Pathways for Change programme, AWP launched its own engagement process, called Mainstreaming Mental Health, with the aim of being able to formally consult on proposals developed during the engagement period.
5. AWP's engagement process mirrored that of the PCTs for Pathways for Change, using large assembly meetings which was designed to enable stakeholders, patients, partners and carers to fully understand the issues facing the Trust before working together to identify possible solutions. It was hoped that this inclusive approach would encourage all involved to the commit to, and support the forthcoming proposals.
6. AWP stated that it needed to make changes to its services for two reasons:
7. Firstly, evidence has shown that many people would prefer to be treated at home where possible, and that this would enable them to recover more quickly. Development of community based services to facilitate this is in line with guidance outlined in the National Service Framework for mental health services and for older people.
8. Secondly, AWP, like a number of local NHS Trusts and PCTs, has struggled to provide existing services within its budget and is currently spending £2,750,000 more than it receives in funding each year. The Department of Health has made it clear that this is not acceptable and AWP has recognised that *"services therefore have to be delivered differently to achieve a balanced financial position as well as to meet local and national needs"*, P. 6, *Mainstreaming Mental Health consultation document*.

9. The Wiltshire Health Overview & Scrutiny Committee has been carrying out scrutiny of health service reconfiguration since it was formed in 2003 and has used a Task Group mechanism to allow a small group of members to monitor the consultation and put together a response on behalf of the Committee. The Committee uses the Task Group system to allow closer working with the local Patient and Public Involvement Forums.
10. On 14 December 2005, the Health Overview & Scrutiny Committee formed a Task Group for Mainstreaming Mental Health. The Task Group was set up with terms of reference to:

The committee would form a task group to monitor the consultation, provide a response on behalf of the committee and provide a reference point for AWP while it is putting the details of the consultation in place.

Process of the Review

11. The Task Group met on 8 separate occasions. The full list of meetings can be found at Appendix 1.
12. In addition, the Task Group carried out familiarisation visits to Charterhouse in Trowbridge, the Farmer Unit at Savernake, Green Lane in Devizes, Shearwater Lodge in Warminster and Fountain's Way in Salisbury, in order to gain an overview into the environment and facilities at each of these sites.
13. Task Group members have also attended a range of public meetings (including the Mainstreaming Mental Health engagement and consultation meetings) at which the proposals contained within the consultation document have been discussed.
14. The Task Group has decided to divide its response into two distinct parts. The first part will look at the engagement and consultation processes and the second part will focus on the proposals for future services.
15. This report represents a comprehensive summary of the information received within the scrutiny review. Jo Howes, Wiltshire County Council Health Scrutiny Officer, prepared the report.

The Engagement Process

16. As previously mentioned, AWP carried out a full engagement process in 2005 with the aim of bringing together service users, carers, relatives, stakeholders, commissioners and clinicians in order to facilitate and promote meaningful discussion about how to provide effective services within budget.
17. The engagement meetings aimed at a wide variety of stakeholders, service users and commissioners, and provided AWP with a solid platform on which to base its proposals. Details of the Mainstreaming Mental Health engagement meetings can be found at Appendix 2 and the key issues from the engagement period can be found at Appendix 3.
18. The engagement process introduced a number of issues that would prove to be contentious, for instance the overall reduction of inpatient beds. However, it did give ample opportunity for people to air their views and concerns prior to the proposals being developed.
19. Officers for the Trust then used the feedback from the engagement meetings, along with the clinical expertise within the Trust and the principles outlined in the National Service Framework for Mental Health and Older People, to formulate the proposals that are outlined in the Mainstreaming Mental Health consultation document.
20. Mental Health engagement meetings were well attended and, despite the difficult scenarios that were being presented, the delegates were united in trying to find viable solutions to the problems facing the Trust.

The Consultation Process

The Joint Consultation Process

21. Although the services which are being consulted upon are delivered by AWP, the PCTs, as the main commissioners, have a duty to carry out the formal consultation process on behalf of AWP, under Section 11 of the Health & Social Care Act, 2001.
22. Kennet & North Wilts and West Wilts PCTs arranged to formally launch the Mainstreaming Mental Health consultation on 7 April 2006 alongside Pathways for Change. The presentations at the public meetings on Mainstreaming Mental Health have, however, been delivered by officers of AWP as they have been responsible for developing the proposals and have the clinical expertise necessary to answer any questions relating to the consultation.
23. AWP has been able to take advantage of the scheduled programme of public meetings organised by the PCT as part of the Pathways for Change consultation process, and so there has been a Mainstreaming Mental Health element to each of these meetings.

24. However, the joint responsibility for this consultation has caused confusion in some areas, particularly with regard to the distribution of the Mainstreaming Mental Health document, which did not seem to be circulated as widely or as promptly as the Pathways for Change document.
25. Task Group members have also received anecdotal evidence that user groups and individuals have found it difficult to get hold of copies of the document and have not known which organisation to approach. Some members of the Patient and Public Involvement Forums could not initially find copies in their local libraries. When the Task Group made AWP aware of these issues they were quickly rectified.
26. Task Group concluded that this was due to each organisation thinking the other was responsible. With hindsight the Task Group would have liked to see both documents distributed together.
27. As well as presenting the consultation at the Pathways for Change public meetings, AWP has also carried out a series of meetings with its own users and carers to ensure that people who may find it difficult to attend or speak at public meetings had an opportunity to discuss the proposals with the Trust and give their views on the consultation. AWP has also briefed the Health Overview & Scrutiny Committee on a number of occasions.

The Consultation Document

28. The consultation document describes current services clearly and outlines which services would change or close if the proposals were implemented at the end of the consultation. The Task Group felt this clarity was of utmost importance, as it enables people to make informed decisions.
29. Members of the Task Group were able to see the consultation document at various stages of its development and were invited to comment on the layout, readability and accessibility of the text. Members found this opportunity extremely useful as it gave them an insight into how the Trust was developing proposals. Members have complimented AWP's openness and willingness to engage at this early stage.
30. The document is readable and the inclusion of the glossary is helpful, given that many of the terms used may not be familiar to people.
31. Task Group members did not make any comment on the content of the proposals during the development of the consultation document.

Background to the Proposals

32. The document states that the long term aims of the consultation are:

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To have a single county-wide approach to the future planning and delivery of all mental health services” P.6, Mainstreaming Mental Health Consultation Document.

And

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To ensure that all service provision reflects the national policy direction as set out in the National Service Frameworks” P.6, Mainstreaming Mental Health Consultation Document.

33. The Task Group supports these aims and notes AWP’s attempt to balance the need for financial stability with the need for greater investment in primary care and community services.
34. Appendix 3 gives greater insight into how the information gathered during the engagement period was used to inform the proposals.

General Points about the Vision for Future Services

35. The Task Group has identified a number of area which are worthy of particular comment prior to discussion about the key areas presented for consultation in the document.

Broad Aims of the Consultation

36. The Task Group supports the aim to offer a greater range of services for all levels of need and for those services to be accessible to all people in Kennet, North and West Wiltshire where currently the patient experience differs across the area.
37. The Task Group also accepts that many people would prefer to receive treatment and care at home, to minimise disruption to their lives and to mitigate against the stigma associated with mental health services which can lead to social isolation. The Task Group strongly supports the development of community and primary care services provided there is real commitment from the commissioners for these new services to be adequately funded and staffed.
38. Part of the vision is also to pursue close working practices with other NHS services so that people with physical and mental health needs can receive a seamless package of care. The Task Group would also expect to see close working with social care providers, although it does accept that relationships between health and social care have recently been strained due to the extreme financial pressures on both sides.

Primary Care Mental Health Services

40. The Task Group supports the aim to develop and expand primary care mental health services, which is understands vary greatly from practice to practice. This currently means that waiting times for counselling and other therapies varies between communities and GP practices is therefore not equitable.
41. Equity at this level of the service is crucial not only to the success of the aim to reduce admission to inpatient facilities, but also to improve outcomes for a great many people with mild to moderate mental health needs who would expect to be treated in primary care, but who may currently experience long waits for talking therapies.
42. Members have received anecdotal evidence that people with mild to moderate needs are experiencing waits of up to nine months for counselling and other talking therapies accessed through their GP surgery, and feel strongly that this is not acceptable when prompt access to these services could prevent mild or moderate problems from becoming much worse.

43. The Task Group is concerned that these long waits leave sufferers with little option in the short term other than anti-depressant drugs, and that this does not contribute to the choice agenda which is being heavily promoted by the Department of Health. The Task Group would like to see the full range of treatments for mild to moderate mental health problems offered at the initial point of contact.

Specialist Mental Health Services

44. The consultation document presents the reshaping of specialist mental health services for adults of working age and older adults as being necessary both in terms of clinical safety and good practice, but also as a way of freeing up resources to reinvest in expanded primary care mental health services discussed above.
45. Given that the aims of the consultation are to provide better services at a lower cost, it seems reasonable that AWP should be able to demonstrate that some of the cost savings from having fewer inpatient beds would go towards the overall deficit, but that some should also go to development of alternative services, and this it has done on page 12 of the consultation document.
46. Therefore, it seems reasonable to the Task Group that part of this reinvestment money should go into early intervention, crisis and intensive home treatment, assessment and planned care from the community mental health teams and assertive outreach teams that would be working in each district area, given that this range of services is intended to reduce the number of people needing inpatient treatment.
47. The Task Group has queried how, where a patient has both physical and mental needs, and is placed in an integrated beds either in a community hospital or nursing home, overall responsibility for that person would be apportioned, to either nursing or mental health care professionals.
48. The theme of integration runs through the vision for future specialist mental health services. The integration referred to is mainly between mental health and other NHS services, i.e. AWP will buy a number of beds on the community hospital sites as they are developed by the PCTs.
49. However, the Task Group would also encourage greater integration with social care at point of delivery, but also at planning stages, to ensure that, as far as possible, a seamless service is delivered to the users. The Task Group accepts that this does not have to mean that budgets are pooled, but rather that managers from all organisations are committed to working together for the benefit of staff and patients.
50. Members of the Task Group have visited all the inpatient units run by AWP in Wiltshire and have noted the difference in the facilities and the fabric of the building. Members also felt that the staff working in the older units were more concerned about their futures as these are the units threatened with closure.

51. The Task Group does support the proposed decrease in inpatient beds across the service provided the investment in community services is realised. However, a great many fears about the loss of inpatient facilities have been raised by service users and carers, and the Task Group is concerned that the loss of beds may put greater pressure on carers and families.

The Consultation Proposals

Key Area 1 – Primary Care

52. The Task Group is supportive of the development of more primary care mental health services to treat adults and older adults with mild to moderate mental health needs. In particular, members feel that counselling services based in GP practices would offer huge benefits to people experiencing mild problems, especially the more mild forms of depression.
53. The Task Group would also welcome the employment of graduate mental health workers to boost capacity, encourage younger workers into the service and to develop a stable workforce with a rolling programme which brings new workers on stream as others leave or retire. It is also hoped that this would enable greater opportunities for training and development, which would in turn improve recruitment and retention within the Trust.
54. The development of integration between primary care practitioners and the community mental health teams would also provide another point at which intervention may be accomplished early enough to reduce the need for admission to inpatient services at a later date and this is also to be supported.
55. For reductions in inpatient admissions to be successful there must be enough staff recruited to the full range of disciplines to ensure there is enough capacity within the teams to offer effective treatment at home, or in community settings.
56. Therefore, the Task Group would see the development of counselling and in-reach to primary care by community mental health teams as being the priorities for this key area, although presumably access to computerized therapies is something that could be introduced quickly and relatively cheaply and may be effective for a number of people, thus freeing up more staff time.
57. Psycho-educational groups and psychotherapies are also important and the Task Group would like to support the development of all these services, in a phased approach if necessary.

Key Area 2 – Community Services for Adults of Working Age

58. Given that there is general agreement that many people often feel there is a stigma attached to mental health issues, which, in the worst case scenario may even prevent them from seeking help, the Task Group strongly supports any moves to offer outpatient treatment in community settings in order to minimise the distress and embarrassment that may be felt by those who need more specialist treatment beyond the scope of primary care.

59. The Task Group agrees that it is of utmost importance for people to be able to maintain as normal a life as possible, even in times of crisis, and that to be able to remain in familiar surroundings with family and friends should, in most cases, facilitate this. Therefore home treatment, where possible, is to be supported and expanded.
60. Basing the community mental health teams in each district area, while mainly a management issue, should make it easier for the teams to travel within their district, therefore seeing more patients and to develop useful local knowledge.
61. The Task Group is pleased that the document has attempted to address the issue of the transition from Child and Adolescent Mental Health Services (CAMHS) to adult mental health services as members have anecdotal evidence that this is an area where people often fall into a “gap”. There are a number of mental health problems which first manifest themselves at adolescence or in late teenage years, and so Members felt it was crucial that these services overlap as much as possible to ensure those who have been supported during their teenage years don't enter their twenties feeling suddenly isolated and unsure of how to access help.
62. In terms of prioritising the elements of key area 2, the Task Group felt they were of equal importance, although the linking of all the component services could presumably be done at the same time and should be carried out as quickly as possible.

Key Area 3 – Inpatient Services for Adults of Working Age

63. The Task Group accepts that by locating all beds for adults of working age at Green Lane it will mean that a few users, carers and families will have to travel further for treatment and to visit loved ones. However, the Green Lane facility is of a good quality in a pleasant environment and Members accept that there will be benefits in having all the staff for this user group located together, for the patients themselves.
64. The Task Group would support this proposal to reduce the numbers of beds for adults of working age, provided the community services outlined in key area 2 are developed promptly, and that admissions to the unit are monitored and the numbers reported to the Health Overview & Scrutiny Committee as part of a wider review of the changes over the period of development.

Key Area 4 – Community Services for Older Adults

65. The Task Group supports the integration of community mental health services for older people in the three district areas. And would like to see links with social care and physical health services developed simultaneously to strengthen the relationships between professionals and ensure that people with complex and varied needs are not dealing with a number of organisations working in isolation.

66. The Task Group would also like to see the prompt development of links between the teams and residential/nursing homes and with GPs and other primary care professionals, again to promote the delivery of seamless services to older adults.
67. The Task Group recognises the need for integration at all levels if effective community services to be delivered. Members are therefore charging managers in all health and social care organisations with building on these aims and ensuring there are commitment to joint planning, development and delivery of services at all levels, while ensuring that each organisation maintains its own financial control.

Key Area 5 – Inpatient Services for Older Adults

68. This proposal has caused the most disquiet among service users and carers, and for the Task Group.
69. The Task Group agrees with the aim to reduce inpatient admission for older adults where possible and would support the delivery of home treatments where possible. However, Members felt that, with an increasingly aging population and the likelihood that people will have physical as well as mental health needs, this aim represents a huge challenge for both physical and mental health service providers.
70. Task Group members do not wish to see people being treated as inpatients for long periods of time inappropriately, but neither would they wish people with a complex array of needs being treated at home because there is no alternative of care available.
71. The Task Group is also concerned about the proposal to locate specialist inpatient beds at Fountain's Way in Salisbury, due to the distance that families and friends will have to travel to visit patients. The spouses and families of older adults are often likely to be older themselves, and may experience difficulties with transport that have not been addressed in this consultation document.
72. There are also a number of risks associated with the integrated beds for older adults with organic mental illness. While there are clear benefits from integrating with physical health services on the community hospital sites, the Trust will be reliant on a). there being enough space in the community hospitals for the integrated older adult beds and b). community hospitals being developed in areas that can be accessed easily by patients and their families.

Recommendations:

- i. As a result of the review, the Task Group has come up with a series of recommendations for AWP, the PCTs and the County Council.
- ii. That the PCTs, AWP and the County Council commit to the provision of services that are integrated at the point of delivery, despite the financial pressures felt by all these organisations. The Task Group does not recommend that budgets should be pooled in order to achieve this, but would encourage that responsibilities for each discipline are clearly defined to the satisfaction of all statutory organisations.
- iii. That AWP and the PCTs improve equity in primary mental health services by applying consistency in the services accessed through primary care across Kennet, North and West Wiltshire.
- iv. That AWP and the PCTs ensure that, through greater investment in primary and community mental health services, the full range of talking therapies are offered to patients with mild to moderate mental health needs at the point of initial contact, as well as drug based therapies.
- v. That AWP continues to develop stronger links between Child and Adolescent Mental Health Services (CAMHS) and adult services to prevent vulnerable young people losing vital links with mental health services as they are moving into adulthood.
- vi. That AWP and the PCTs work with the County Council in the development of Childrens Centres across Wiltshire to ensure that the full range of services for children can be accessed by parents, guardians and children at a single point in the community.
- vii. That inpatient services for adults of working age are consolidated at Green Lane Hospital provided it can be demonstrated that the full range of supporting community services are in place to support those who are being treated at home and to reduce the necessity for admission to inpatient services.
- viii. That for older adults strong working practices are maintained where they exist or developed where they do not, between physical and mental health practitioners and social care practitioners to manage the care of people with multiple needs.
- ix. That AWP provides further assurance and information about how community services for older adults will be provided in order to reduce the need for admission to inpatient services at Fountain's Way in Salisbury for people in Kennet, North and West Wiltshire.
- x. That AWP gives consideration to how older people in Kennet, North and West Wiltshire may be able to access inpatient services in Bath or Swindon as alternatives to Fountain's Way in Salisbury.
- xi. That the PCTs confirm their commitment to integrated community beds at their future community hospital sites.

- xii. AWP gives further evidence about how the numbers of beds outlined in the consultation document have been reached.
- xiii. That AWP and the PCTs carry out an assessment of the transport implications for these proposals prior to the Boards of the PCTs meeting to make their decisions about future services at the end of the consultation.

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