

## **MODERNISING MENTAL HEALTH SERVICES IN SOUTH WILTSHIRE**

### **REPORT ON SOUTH WILTSHIRE PRIMARY CARE TRUST PROPSALS FOLLOWING FORMAL PUBLIC CONSULTATION**

#### **Introduction**

1. Proposals to modernise mental health services in South Wiltshire were brought to the Wiltshire Overview and Scrutiny Committee (OSC) in October.
2. Sixteen weeks of formal public consultation have been undertaken and some changes have been made to the original proposals in light of the views heard during the consultation period and in light of the work of the Steering Group and its cluster groups (as described in a previous paper).
3. The report below will restate each original proposal, summarise the key themes from consultation, the view of the steering group and then state what the PCT now proposes to do.

#### **Revised Proposals**

4. Proposal 5.3.1 Developing primary Care Psychology
  - a. The original proposal was to develop a consistent and equitable service run by the specialist mental health provider to provide arrange of brief interventions for people with minor or moderate mental health problems. This would replace the current practice based counsellors who are inequitably distributed across practices. Currently the PCT spends £120,000 on counsellors. The proposed investment was £216,000.
  - b. Eighty two percent of those who expressed a view were in favour of this proposal.
  - c. The view of the steering group was that this was a positive development which should proceed with some changes as agreed by the cluster group (better integration between primary and secondary care, maintaining the practice base for appointments with therapists). Some concerns were noted about the effect of shifting

resource from secondary care to primary care in terms of the resulting effect on secondary care waiting times (see 5 below). The steering group also expressed some concerns about the ability of a generic service to meet the counselling needs of those with an early diagnosis of dementia and their carers (see 16.c. below).

- d. The revised proposal is to employ primary care graduate workers to begin developing the service from 1/1/06 and to have the full service in place by 1/4/06 from when the full originally planned investment would be effective. During the intervening year, contracts with practice based counsellors would be renewed to maintain the current service as far as possible. A detailed report on the model of the new service is attached as Appendix 1 and includes references to the effectiveness of Cognitive Behavioural Therapy. Further information on the effectiveness of CBT can be found at the National Institute for Clinical Effectiveness website.

#### **5. Proposal 5.3.2 Changing Secondary Care Psychology and Psychotherapy**

- a. The original proposal was to reduce investment overall but move to a greater emphasis on Cognitive Behavioural therapy (although allowing for other forms of therapy where this was identified as appropriate).
- b. Of those who expressed a view fifty eight percent were in favour of this development.
- c. The steering group supported this proposal but with some concerns about the effect disinvestments would have on waiting times.
- d. The PCT proposes to go ahead with this proposal from 1/04/06 but to monitor the effect on waiting times and to ask Avon and Wilshire Partnership NHT Trust to work with the Primary Care Trust (AWP) to ensure any negative effects on waiting times are as small as possible

#### **6. Proposal 5.3.3 Developing PCT based Mental Health Promotion**

- a. The original proposal was to allocate £10,667 from mental health funds to increase the capacity of the PCT's health promotion team so as to allow for more work on mental health promotion.
- b. Eighty five percent of people expressing a view were in favour of this proposal.
- c. The steering group supported this proposal.
- d. The PCT proposes to go ahead with this development as originally planned from 1/4/05.

**7. Proposal 5.4.1 Reducing the Number of Inpatient beds for Adults of Working Age**

- a. The original proposal was to reduce from 24 to 18 inpatient beds for adults of working age. This together with a reduction in average (not maximum) lengths of stay from 31 to 25 days.
- b. Consultation revealed that 75 percent of those who expressed a view opposed this. Avon and Wilshire Partnership NHT Trust supported in principle that the NHS need was for 18 beds but expressed concerns about the availability of funding and alternative accommodation for those (both current and future service users) needing a social care service.
- c. Work by the steering group showed that the proposed reduction would only realise approximately £60,000 of savings.
- d. The PCT proposes that the beds are reduced from 24 to 19 with accompanying £60,000 reduction in investment. The nineteenth bed will be used to support crisis needs and to give greater flexibility for older people with a functional mental illness to use the adult ward if this is appropriate.

**8. Proposal 5.4.2 Reducing the Use of Psychiatric Intensive Care Beds**

- a. The original proposal was to maintain a six bedded unit but reduce South Wiltshire's usage from 6 to 4 beds. The remaining beds would bring income generation from other areas.

- b. A majority of those who expressed a view did not support this proposal. However Avon and Wilshire Partnership NHT Trust acknowledged that four beds would support the needs of South Wiltshire. They expressed some concerns about whether sufficient income generation would be achieved to cover the additional two beds.
- c. The steering group supported the proposal as originally made.
- d. The PCT therefore proposes to go head with the reduction in bed usage.

**9. Proposal 5.4.3 Cessation of NHS Inpatient Rehabilitation**

- a. The original proposal was to close inpatient rehabilitation and continue the move towards community rehabilitation using a range of community facilities already existing in the locality. This is already how most people needing a period of rehabilitation are supported.
- b. The consultation process revealed that this was opposed by the majority of people. Much of the opposition focused on the role Grovely had in supporting individuals experiencing crises, rather than its provision of planned rehabilitation. Other objections were to the perceived wasting of public capital.
- c. The steering group supported the closure of Grovely but acknowledged the difficulties in meeting some of the crisis need made apparent through consultation. In part this is why the Primary Care Trust proposes that the acute inpatient beds are maintained at nine teen rather than the originally proposed eighteen.
- d. The Primary Care Trust proposes to maintain the closure of inpatient rehabilitation.

**10. Proposal 5.4.4 Expanding the Crisis Resolution Service**

- a. The original proposal was to increase the capacity if the team to allow for greater opening hours, but falling short of the National Service Framework recommendation of 24-hour cover. It was also

proposed to provide £10,000 for this team to use to buy any crisis support they felt necessary (e.g. temporary accommodation or domiciliary care).

- b. Most people supported developing this team but many felt that 24-hour cover was required.
- c. The cluster group looking at Care for Adults looked at several options:
  - Expanding capacity within current hours to provide greater diversion from hospital
  - Expanding team hours
  - Developing the role of the Advanced Nurse practitioners (ANPs) to allow them to provide cover at night.
  - Buying” in to county wide crisis cover for “Out of Hours”
- d. The recommendation by the cluster group (accepted by the steering group was to put some of the funds into an expansion of team capacity (i) above, and some funds towards expanding team hours to allow greater “handover” to the ANPs at night. The ANPs will develop their role so that they can provide crisis cover at night.

#### **11. Proposal 5.4.5 Expanding the Assertive Outreach Team**

- a. The original proposal was to invest additional funds to expand the capacity of this team.
- b. The proposal was supported by most people who responded to the consultation.
- c. Reflecting work done by the cluster group the steering group recommended that the additional investment be increased by £10,000 to allow for slightly more staff time.
- d. The PCT proposes to accept this recommendation and invest an additional £44,000 in this team.

#### **12. Proposals 5.4.6, 5.4.7, 5.5.5 and 5.5.6 related to Physiotherapy and occupational therapy for both adults of working age and older adults.**

- a. The original proposal was to redistribute the service so that older adults had a dedicated service and to provide additional investment to work with leisure centre staff to enable mental health service users to access mainstream leisure facilities. It was also proposed that wherever possible, mental health service users should access the mainstream physiotherapy service provided by the PCT.
- b. Most respondents were in favour of these proposals.
- c. Work by the cluster group revealed that the proposals were based on out of date information. In reality although the service appeared to concentrate on adults of working age, a great deal of work was being done with older adults and further developments were already underway to make sure the service was distributed equitably across client groups. Further the service was already targeting its resources at those who were unable to use mainstream services and encouraging social inclusion wherever possible. The cluster group did not think it needed the additional investment originally proposed. The steering group therefore recommended no change to these services.
- d. The PCT proposes to make no change to these services.

**13. Proposal 5.4.8 Changing the Model of Day Services for Adults of Working Age**

- a. The original proposal was to move away from a centre and towards a “one to one” service to encourage social inclusion and the use of mainstream services wherever possible.
- b. A large number of service user’s submitted views to the PCT and a number of meetings were held with service user groups. It is clear that people highly valued both centres (Greencroft New Alliance and Salisbury Industrial Therapy Unit) and were very resistant to any reduction in current service levels. Respondents stated the value their day service had in their life and felt that whilst the current small “one to one” service is highly valued it would not be able to offer the kind of time per person per week which could make up for the loss of a centre based service. People said they would be more socially isolated without the services.

- c. The cluster group recommended to the steering group that a fuller review of day services was needed to identify local needs, appropriate models of care and future commissioning intentions. However the cluster group has identified that current services do not meet the need of a large number of people with chronic and more serious mental health problems (either in terms of service style or capacity). This will need to be addressed to ensure that this group are not further disadvantaged.
- d. The PCT proposes a fuller review of day services to take place between April and June. This should identify local needs and appropriate service models and future funding arrangements. The period of July to December should be used to tender for appropriate services in the voluntary sector with new service models being in place by 1<sup>st</sup> April 2006. In the case of Salisbury Industrial Therapy Unit, the PCT proposes that the current technical instructors be seconded to any new service from AWP to support the higher needs of the current service user group.

**14. Proposals 5.4.9 and 5.4.10 related Liaison between Mental and Health Services and the District General Hospital and Early Intervention respectively.**

- a. The original proposal was to invest some resources in each of these.
- b. 97% of respondents who expressed a preference supported these proposals. AWP however did make the point that these proposals were relatively modest and would not deliver the full National Service Framework models but would represent qualitative improvements in the care of people in South Wiltshire.
- c. The steering group supported the proposals
- d. The PCT proposes to proceed with both of these developments from 1<sup>st</sup> January 2006.

**15. Proposal 5.5.1 Reducing the Number of Inpatient Beds for Older Adults**

- a. The PCT proposed to reduce the number of older adult beds from 38 to 20.
- b. Most people did not support this proposal.
- c. The cluster group identified that the current use of beds broke down as follows

<b>Older People with dementia needing an NHS Service</b>	<b>14</b>
<b>Older People with functional mental illness needing an NHS service</b>	<b>6</b>
<b>Older People needing a social care service</b>	<b>12</b>
<b>Older People with challenging behaviour likely to meet the Continuing Health Care criteria</b>	<b>6</b>

The Steering Group view was that this shows that the NHS need is for 26 beds.

- d. The PCT proposes to reduce the inpatient beds from 38 to 20. This would (together with the extra flexibility around the adult inpatient beds) provide for fourteen people with dementia, six people with functional illness and approximately half a bed of respite care. In the long term therefore there is a need for additional capacity within the independent sector for both those with social care needs and those who meet the continuing health care criteria (for whom the NHS will pay whether the care is delivered by the NHS or by the independent sector). As an interim measure the Primary Care Trust proposes to seek registration of Amblescroft South as a care home to be run by an independent sector provider. Tenders would be sought to deliver both long and short term solutions. The PCT anticipate the new arrangements beginning in April 2006.

## **16. Proposals 5.5.2 to 5.5.4**

- a. These proposals concerned additional investment in to current services for older people (primarily the Community Mental Health Team where the additional investment would support 1-2 qualified



staff and 3-5 Health Care Support Workers. Given the average caseload of 60 clients, 2 qualified staff should be able to support an additional 120 clients.

- b. These proposals were overwhelmingly supported.
- c. The steering group recommended that off these proposals be implemented. It also noted the lack of counselling mentioned in 4.c. and suggested specific dementia counselling service be developed.
- d. The PCT proposes implementing all of these proposals from 1/4/06. However the PCT has revised downwards the additional funding for the Memory Clinic from £35,000 to £30,000. Instead the PCT proposes developing a small dementia specific counselling scheme with funding of £7,000. Should the National Institute of Clinical Excellence recommend against further investment in Memory Drugs, the PCT would expect the psychology support to Memory clinic to become self funding through reduced pharmacy costs.

#### **17. Proposal 5.6.2 More Efficient Use of Drug Budgets**

- a. The PCT proposed that £20,000 savings could be made on drug budgets (primarily to be achieved through more use of generic rather than branded drugs).
- b. Consultation revealed that a small number of people were concerned that they may be forced to change drugs.
- c. The steering group agreed that this development should go ahead.
- d. The PCT proposes to go ahead with this change.

#### **18. Proposal 5.6.3 Making Savings on Overheads**

- a. The PCT proposed that savings on both local and corporate overhead should be made
- b. A small number of consultees were concerned that this could have a negative impact in patient care. AWP felt that no savings could be made on local overheads.

- c. The steering group did not reach a clear view on whether such savings were achievable.
- d. An analysis of overheads across AWP showed that SWPCT was paying £248,000 too much in overheads. Further the PCT believes that with reductions in beds a reduction in indirect costs (such as cleaning and catering) could be achieved. The PCT therefore proposes to reduce its investment around overheads by both the original sum and the additional £248,000 mentioned above.

**19. Proposal 5.6.4 Making Savings on Grants Paid to Independent Sector Providers**

- a. The PCT proposed withdrawing grants currently paid to “Rethink” and Glenside Manor. The PCT committed that should the proposal around “Rethink” mean that the service based at 44 Wilton would close, it would consult separately and specifically on this.
- b. The proprietor of Glenside Manor was concerned at the potential negative effect that one interpretation of the consultation document could have had on Glenside Manors reputation (see earlier report).
- c. The steering group did not reach a clear view on the viability of these proposals.
- d. The PCT does not propose to go ahead with withdrawing the grant paid to “Rethink” but would like to look with the County Council at how better value for money can be achieved in the delivery of long term care accommodation for adults of working age. The PCT does propose to go ahead with reducing its contribution to the Glenside Manor reserved beds scheme (in line with current bed usage) from 1<sup>st</sup> April 2006.

**Conclusions**

- 20. The PCT proposed a range of measures to modernise mental health services in South Wiltshire and to reduce costs.

21. The proposals were the subject of open consultation and some proposals have been amended in light of the views communicated to the PCT during the consultation period.
22. Originally the PCT proposed to reduce its investment in mental health services by £1.556million. The revised savings proposals are £1.12million in 2005/2006 and £1.42million thereafter.

### **Recommendations**

23. That the Wiltshire Overview and Scrutiny Committee approve the revised proposals made by the Primary Care Trust.