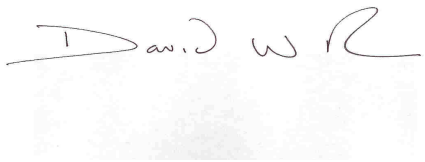
Public Document Pack

Healthy Halton Policy and Performance Board

Monday, 10 July 2006 6.30 p.m.
Council Chamber, Runcorn Town Hall



Chief Executive

BOARD MEMBERSHIP

Councillor Ellen Cargill (Chairman)	**Labour**
Councillor Kath Loftus (Vice-Chairman)	**Labour**
Councillor Sue Blackmore	**Liberal Democrat**
Councillor Frank Fraser	**Labour**
Councillor Mike Hodgkinson	**Liberal Democrat**
Councillor Margaret Horabin	**Labour**
Councillor Diane Inch	**Liberal Democrat**
Councillor Eddie Jones	**Labour**
Councillor Martha Lloyd Jones	**Labour**
Councillor Pamela Wallace	**Labour**
Councillor Geoffrey Swift	**Conservative**
Mr Bob Byrant	**Co-optee**

Please contact Caroline Halpin on 0151 471 7394 or e-mail caroline.halpin@halton.gov.uk for further information.

The next meeting of the Board is on Tuesday, 12 September 2006

ITEMS TO BE DEALT WITH
IN THE PRESENCE OF THE PRESS AND PUBLIC

Part I

Item	Page No
1. MINUTES	
2. DECLARATION OF INTERESTS (INCLUDING PARTY WHIP DECLARATIONS) Members are reminded of their responsibility to declare any personal or personal and prejudicial interest which they have in any item of business on the agenda, no later than when that item is reached and (subject to certain exceptions in the Code of Conduct for Members) to leave the meeting prior to discussion and voting on the item.	
3. PUBLIC QUESTION TIME	
4. DEVELOPMENT OF POLICY ISSUES	
(a) "Change for the Better" - Consultation on Improving Services for Adults with Mental Health needs	**1 - 20**

In accordance with the Health and Safety at Work Act the Council is required to notify those attending meetings of the fire evacuation procedures. A copy has previously been circulated to Members and instructions are located in all rooms within the Civic block.

Agenda Item 4a

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10 July 2006

REPORTING OFFICER: Strategic Director, Corporate and Policy

SUBJECT: "Change for the Better" – Consultation on Improving Services for Adults with Mental Health needs

WARD(s): Borough-wide

1.0 PURPOSE OF REPORT

1.1 To provide an overview of the consultation on Modernisation and Re-design of Mental Health Services for Adults (including services for older people with functional mental health problems) for people in Halton, Knowsley, St Helens and Warrington.

2.0 RECOMMENDED: That the Policy and Performance Board receive and comment on the presentation of the proposed changes.

3.0 SUPPORTING INFORMATION

3.1 The attached consultation document has been prepared as the basis of a formal consultation process, being carried out in accordance with sections 7 and 11 of the Health and Social Care Act 2001, with all those who have an interest in the provision of services for people with mental health problems to the populations of the four boroughs.

3.2 The proposals contained in this document have been developed based upon a number of principles and sources of information regarding future service delivery and development. These are:

- The expressed views of service users and carers as to what they want mental health services to be like.
- A Strategic Commissioning (purchasing of care) Plan produced in partnership working by Primary Care Trusts and Local Authorities in conjunction with the 5 Boroughs Partnership NHS Trust.
- The intention of the Trust to provide quality services based on best practice evidence, both nationally and internationally, within the resources allocated to it by its commissioning bodies, the Primary Care Trusts.

3.3 In addition, these proposals are supported by the recently published Department of Health Guidance, (January 2006), '*Our Health, our care, our say: a new direction for community services'.*

3.4 Ashton, Wigan and Leigh PCT are currently preparing a new commissioning strategy that will be subject to further discussions

regarding what services are needed and how they are to be provided for people in that borough.

3.5 The formal twelve-week consultation process commences on Thursday 1st June 2006 and finishes on Thursday 24th August 2006. Comments and responses on the proposals and options described in the consultation document will be collated and analysed by Mental Health Strategies, an independent agency who will provide a report to the 5 Boroughs Partnership NHS Trust Board after the completion of the consultation period.

3.6 Opportunities to attend presentations and ask direct questions of members of the Trust were to be arranged in each of the four boroughs, and the details of these are noted in the consultation document on page 31.

4.0 POLICY IMPLICATIONS

4.1 None.

5.0 OTHER IMPLICATIONS

5.1 None.

6.0 RISK ANALYSIS

6.1 Not applicable.

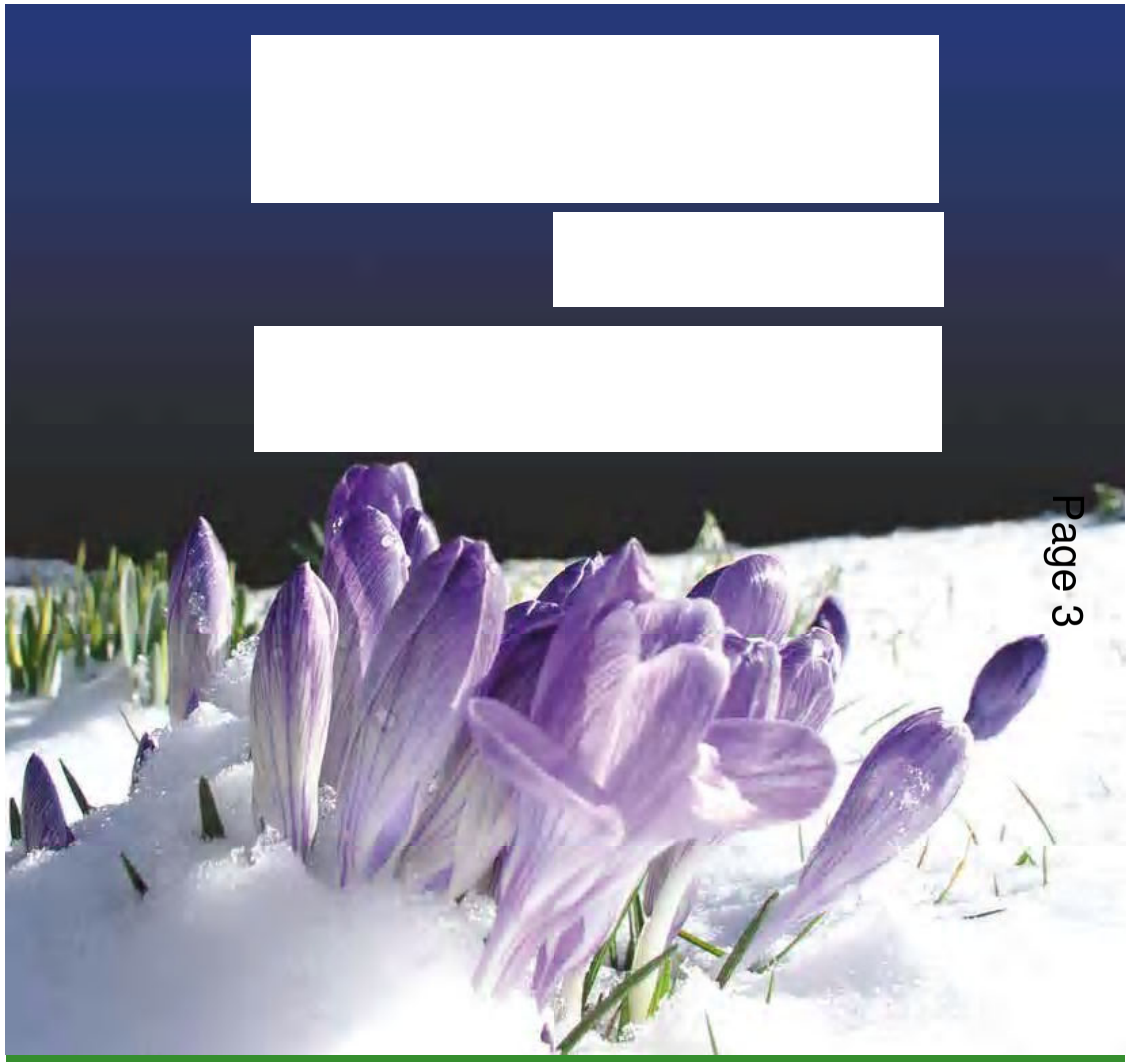
7.0 EQUALITY AND DIVERSITY ISSUES

7.1 None.

8.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

8.1 There are no background papers under the meaning of the Act.

5 Boroughs Partnership NHS
NHS Trust



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Public consultation document prepared in association with
Mental Health strategies

Mental Health strategies

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Contents

It was Franklin who said that “without continual growth and progress, such words as improvement, achievement, and success have no meaning.” The proposals set out in this document contain all these elements.

5 Boroughs Partnership NHS Trust currently provides mental health and allied services to the people of Halton, Knowsley, St Helens, Warrington and Wigan. We do this in an ever changing political and social environment, and we work together with users, carers, staff and other partners. It is part of our responsibility to provide what is needed today, but also to consider what will be needed tomorrow, and that is why this consultation is being undertaken.

There are many good things about the way we conduct ourselves. Feedback from users and carers and partners that comes in to our organisation regularly testifies to our ability to make positive changes. However feedback via complaints, user forums, or individual contacts leaves us in no doubt that there are things we could do better.

Thus we have worked on these proposals to change the way we work; to make our services more accessible, sustainable and effective. We are now at the stage where we want to share these ideas, and to hear what comments you have to make. We can then take account of your views as we develop our plans in more detail.

The image on the front cover is of croci pushing through the snow, and later images are of flowers in full bloom. That image of growth and development is one that inspires us to move forward.

We look forward to receiving your comments on our proposals.

Judith Holbrey
Chief Executive
May 2006

1 Introduction

We live in an ever-changing world. The NHS, like all services, needs to keep up with these changes to be able to provide what is needed, to the people who need it, when and where they need it. We at the 5 Boroughs Partnership NHS Trust plan to stay ahead of these challenges by improving the services we provide, to better meet the needs of the people of Halton, Knowsley, St Helens, Warrington and Wigan.

For the past two years we have been working with our Primary Care Trust (PCT) colleagues to identify the best way to commission (pay for) and provide the best mental health services that we can with the resources that we have been given. This document presents the combined vision that we, the 5 Boroughs NHS Partnership Trust and the affected PCTs, believe is the best way of improving how we provide high quality adult mental health services. We have already undertaken some discussions with our service users, their carers, staff groups and their representatives.

1.1 Listening to you

Since we were created in 2002 we have listened to both the people who receive services from the Trust and those who work for the Trust. As a result service users and their carers have told us they want to receive high quality services, local to their homes, that are easy to understand and access. They want to have more control over what happens to them and be fully involved in all decisions regarding their care. Staff members have told us they want to work in environments that are modern and help them do their jobs, they want access to training that supports their roles, and time and resources to be freed up to enable them to do the tasks they were employed to do. We have listened to these comments and agree with them.

1.2 About this document

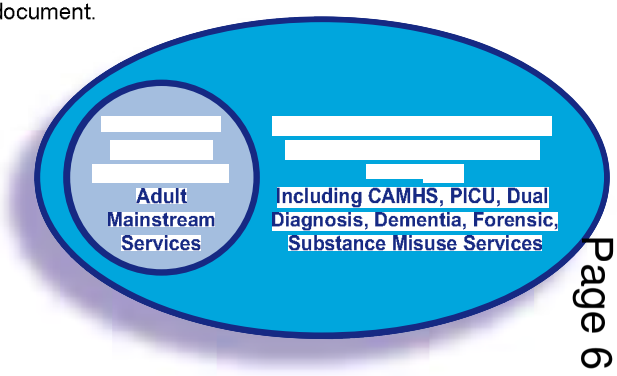
This document will outline what we want to do as a result of listening to service users, carers and staff. It will explain to you,

- *what* we want to do
- *where* we want to do it
- *when* we want to do it
- *how* we want to do it, and above all
- *why* we want to do it.

Once we have explained our proposals, ***we again want to find out your views regarding our plans.***

1.3 What this document covers

The services that we are talking about in this document are a very important part of what we do, but it should be remembered that they amount to about one quarter of our total budget – there is a lot more that we do! The graph below illustrates this and identifies other services not affected by the proposals outlined in this document.



The focus of this document will ***only*** be on adults (aged over eighteen) who have mental health needs that are usually met by mainstream mental health services. For example, these include people who have common mental health conditions such as depression and anxiety, and serious and enduring mental illnesses such as schizophrenia and manic depression.

This document does not talk about other specialist services such as those for:

- adults with learning disabilities
- adults with alcohol and substance misuse needs
- older people with organic illnesses such as dementia
- children
- adult services that are prison based, and
- secure services.

We plan to treat every person accessing our services with respect for their individuality and needs. Therefore, we do not believe that just because people have a birthday and are 60 or 65 they become different people and should move to another - 'older persons' - service. Unless an individual has other specialist needs, such as dementia or some other organic condition, we will ensure they remain part of mainstream services.

1.4 What changes you might see

The biggest change you will notice will be fewer people being admitted to hospital as more and more people will receive the help they need either at home or within local resource centres. Many people who are currently admitted to hospital don't require a 'bed' but they do need important treatment. Skilled staff in the service users' own homes, or in local recovery centres, could better provide this treatment.

Similarly, many people who do need to be admitted to hospital have needlessly long stays there. Often after the early most distressing part of their admission has passed they could, and should, continue their recovery back to health in familiar home surroundings. For those who do need to be admitted to hospital to meet their needs we will continue to provide increasingly high levels of quality care for as long as they need it. We will also try to make their stay as short as possible so they can return to their normal lives because we know this is one of the most important and beneficial parts of their recovery.

The changes we plan to make will be implemented across the whole Trust. However this document does not include the Wigan Borough. This is because Ashton, Leigh and Wigan Primary Care Trust are working on a new commissioning strategy. For the remaining four Boroughs our preferred option would be for all sites to make these changes in the autumn of 2006 and completed by summer 2007. Across the Trust there will be a mix of substantial refurbishments to the existing properties, and if required, new buildings constructed.

1.5 Benefits of the new model

We believe the new way of working will have benefits for everybody concerned which include:

- **Service users and carers** will benefit as they will receive more effective, evidenced based services, from skilled staff who are working *with* them to enable their conditions to be better managed and treated in a way that fits into - rather than takes over - their lives. Services will be provided in more accessible and appropriate environments all of which promote the model of recovery for everyone in a shorter timescale as possible.
- **Staff members** will be enabled to work in positive environments that promote the view that people 'get better' rather than a view of merely 'maintaining' the current abilities of those people they work with. They will work in buildings that are fit for purpose and they will receive the training and support they need throughout the transition process.
- **Partner agencies**, such as PCTs, social services, housing departments, voluntary agencies and others will benefit from our proposals as we want to refocus our services to work even closer with them in the localities in which they also serve. Our view of recovery is not limited to treating any specific condition: it is about recovering and enhancing people's whole lives which will have to include employment, housing, education, benefits and financial planning. These proposals will only increase the work we do with our partners, not decrease it.
- **Funders**, be they our commissioning PCTs or the general public, who fund us via taxation, will benefit as the value of that investment will be greatly increased through improved quality services - fit for the needs of the 21st century.

2 Purpose of the document

This document provides you, the general public, with the opportunity to find out what we are planning to do regarding changes to how adults with mental health needs will have those needs met.

It will also outline the national and local issues that currently influence mental health services. Following this it will then outline our plans for reorganising adult services and ask for your views regarding the proposed changes.

We want to know what you think of our plans. We believe they are the best way forward to meet the needs of the people who access our services whilst providing value for money for the public funds that pay for them. If this is not the case we would like to know how they can be improved upon.

Even if you do not live, or receive services, in one of the first areas to experience these changes we would still like to hear your views on our plans.

Our plans have the full backing of our local commissioners, the people who are responsible for funding what we plan to deliver.

3 The national situation

3.1 The Government's view

Both the current and the previous Governments have sought to improve mental health services. Amongst the many initiatives the main pillars of these improvements have been through:

- **The National Service Framework for Mental Health (NSF) 1999**. The NSF established a ten year programme for reform, establishing quality standards that must be achieved by all mental health services.
- **The NHS Plan, 2000**. This document, and its many supporting documents and guidance, details how the significant increase in funding of the NHS is to be used.
- **Choice, and 'Choose and Book'**. Choice has become a big issue for all services. We all live in a world where we have almost unlimited choices of what to buy, when we buy it and where we buy it. The 'Choose and Book' initiative coupled with the new NHS technology provides the opportunity for service users to book, in advance, appointments with professionals at a time and a place that is convenient for them. In mental health services this choice is being extended beyond appointment times to include, where clinically appropriate, the types of treatments on offer, the environment where the service is provided and the gender of the person delivering the service. Our proposed model aims to increase service user's choices at every point of their treatment pathway.
- **Social Exclusion.** All services should be available to all of those people who need them regardless of issues such as their age, gender, economic status, religion or diagnosis. We know that people from Black and Minority Ethnic Groups (BME) have often been disadvantaged when coming into contact with mental health services. The "Mental Health and Social Exclusion[1]" report makes it clear that this can no longer be tolerated and every service must provide culturally appropriate services for all of the population. This report also highlights the need for all services beyond mental health services to recognise that there remains a stigma attached to a mental health diagnosis. Therefore all services have an added responsibility to provide services in an inclusive manner that does not exclude or disadvantage anyone.

[1] *Mental Health and Social Inclusion Report. June 2004. Published by the Department of the Deputy Prime Minister.*

- **Mental Health Law**, we now know that there will not be a new Mental Health Act in the near future. However the existing 1983 Act will be amended. It is anticipated that these amendments will seek to modernise mental health services by reducing the ambiguities within the 1983 Act, comply with the Human Rights Act, promote choice and to fit in with new ways of working included our proposed model.

3.2 Research findings

In 2004 a report[2] on the state of acute psychiatric care found that there were high levels of staff vacancies and use of bank or agency staff on inpatient wards. This amounted to more than 4 full-time staff per week per ward. This coupled with the findings that there were limited therapeutic treatments available on the ward and there was poor communication between ward and community based staff, clearly demonstrates that the current system isn't working properly.

Also, in 2004 the Department of Health published an evaluation of the NSF's first five years' effectiveness in improving mental health services[3]. This evaluation had a lot of positive things to say regarding the progress made in many areas of mental health provision. Nevertheless it also stated that there were areas where more work was required. For example the report stated there is a need for:

- new models of services, including in-patient services, to better meet the demands of those who use those services. These new models should include better systems for acute care, rehabilitation, crisis admission and specialist treatment
- improved integration with community mental health and social care services
- improved safety of patients, staff and others
- improved therapeutic skills among staff, and
- Improved recruitment, retention and morale of staff.

In respect of in-patient wards, the "Five Years On" paper said: *"In many mental health trusts, new in-patient units have been built and older ones refurbished, and the popular image of squalid mental health wards is outdated and unrepresentative. Nevertheless, there are in-patient wards in use that are not suited to the care of distressed people."*

[2] *"Acute Care 2004: A national survey of adult psychiatric wards In England." National Institute for Mental Health in England (NIMHE) and the Acute Inpatient Care Programme from the Sainsbury Centre for Mental Health (SCMH).*

[3] *"The National Service Framework for Mental Health – Five Years On" 2004. Department of Health*

Regrettably, we accept that some of our current inpatient facilities are no longer in suitable condition and need to be modernised (this is especially true of the Sherdley Unit, in Knowsley). Our proposals agree with the Government's view that new models of working are needed and new facilities need to be created to improve both what we do but also how we do it.

Our proposed new model of care is fully in line with the Department of Health's aims in improving the mental health for the whole community.

3.3 What we currently provide

Our current inpatient facilities for adults are situated at:

- **The Sherdley Unit**, based at Whiston Hospital (serving Knowsley and St Helens) has 67 beds and four wards as follows:

  T1 with 17 male beds (Knowsley)
  T2 with 16 female beds (Knowsley)
  T4 with 16 female beds (St Helens)
  T5 with 18 male beds (St Helens)

- **The Brooker Unit**, based at Halton General Hospital (serving Halton) has 40 beds split over two wards as follows:

  Weaver with 20 beds
  Bridge with 20 beds

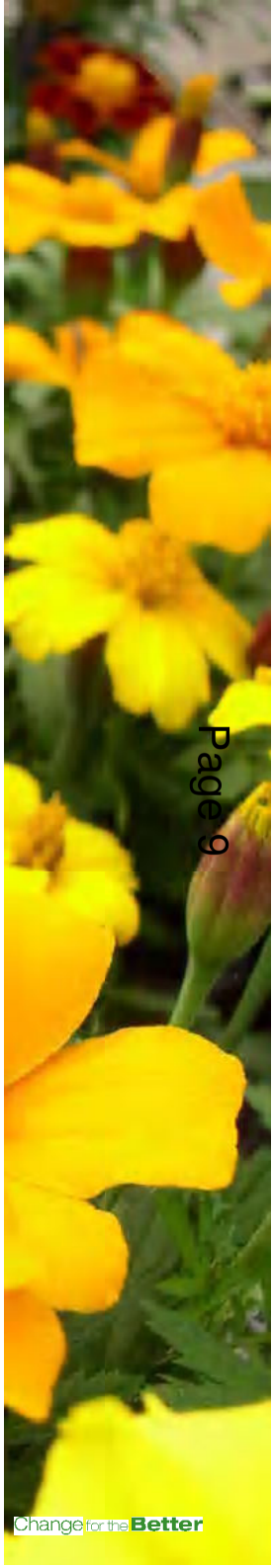
- **Hollins Park**, Warrington (serving Warrington) has 46 beds split between two wards as follows:

  Austen with 22 male beds
  Sheridan with 24 female beds

3.4 Service User views

From our Trust's creation we prioritised listening to the views of those who use our services. There continues to be a number of Trust forums that also ensure the consultation is ongoing with users and carers.

Recent reviews undertaken by service users and their advocates have identified concerns about the quality and consistency of acute psychiatric services offered in some



parts of the Trust. For example an independent consultation exercise by *The Associates* - "Findings of User and Carer Consultation (St Helens) May 2004" - found consistent concerns regarding the way services were delivered within the Sherdley Unit and questioned the building's fitness for purpose.

Also, an analysis of service user complaints and recommendations from clinical governance reports into serious untoward incidents identify the following themes:

- poor environment and buildings
- little or no therapeutic interventions due to shortage or inconsistency of staff leading to excessive use of agency and locum staff
- high levels of actual or threats of violence
- lack of suitable admission and discharge arrangements with poor links with community services

Service users and carers generally appreciated the community services being provided to them on a long-term basis. However they expressed a real need to move away from the clinical model to a recovery model that places community resources at the heart, instead of the edge of the care provided.

The *Associates* local consultation exercise offered suggestions for improvement as follows:

- support in dealing with the stigma of mental illness
- help to live independently
- getting out and about
- better information about mental health services
- improving access to mental health services
- improving buildings
- improving access to employment and education opportunities
- improving support for carers, and
- simpler and friendlier paperwork.

We believe this document demonstrates that we take these concerns very seriously and that our proposed model of care will significantly help in addressing the issues.

3.5 Trust performance

By working with our partners, we have consistently improved our services to the point that the Department of Health have awarded us the status of a 2-Star Trust. We want to continue to improve so that we will become an NHS Foundation Trust in 2008 subject to the appropriate authorisation.

We have also met the key Local Delivery Plan (LDP) targets in most of our boroughs by investing new money into services and redesigning others. We have met all of the Government's targets relating to waiting times, Agenda for Change and Choose and Book. In November 2004 we received a positive Heath Care Commission (HCC) review. In response to the Health Care Commission's review we simplified our management structure, which is now in place and working well.

4 The new model

4.1 What is the 'Recovery Model'?

When someone has an accident or an illness usually we expect him or her to recover. It may take time and they may need a lot of treatment but most people, most of the time, 'recover' and return to their previous life with little or no further problems. For other people their physical health conditions may be life long, such as diabetes, but with a few precautions and proper management of their condition they can continue with their normal lives as previously. Why should we consider mental health any different?

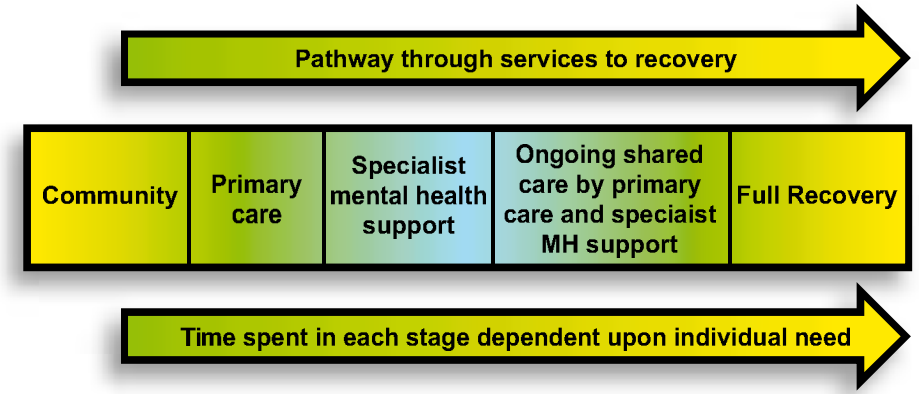
Most people who experience some kind of mental health breakdown return to their normal lives at a later date. However in the past some services have not helped in this process with some individuals feeling *"a mental health diagnosis is a sentence - not a word!"* We believe that this should no longer should this be the case.

Even those people who may have what is called a serious and enduring mental illness can continue on to have fulfilled and meaningful lives. We now know a lot more about people's conditions and as a result can provide better care that can enable them to better manage their illness and get on with their lives. This is the recovery model and we want all our services and staff to promote this view.

We see treatment as a journey that individuals take moving from health, through primary care and if required more specialist care before returning to primary care support and full recovery. This journey is represented in the diagrams below. An individual in full health living within the community is represented by yellow. This person then accesses primary care and if required specialist mental health services before returning to full recovery via joint specialist and primary care shared care support.

You will note that although there are points where one service ends and another begins the crossover points are deliberately blurred to show a seamless joint working service.

The journey through treatment



The length of time of each stage of the journey and which specific services they access is dependent upon the needs of that person at that time. In the same way, a typical journey may include something like the stages below.

4.2 What are Recovery and Resource Centres?

In life generally, over recent decades our expectations of services have changed dramatically. We expect more, better and faster. For example, if we are car drivers we do not want our cars to break down; if they do we want them fixed as soon as possible – preferably at the roadside. Sometimes our cars have to be off the road for a short time, this can be very frustrating. We therefore want this time to be as short as possible. We do not want the car to have to go to the factory to be fixed, we want a local service station to fix it at a time that suits us - i.e., now.

People's expectations and needs of mental health services are similar. People rightfully want to be 'off the road' for as short a time as possible to enable them to get on with their lives as this aids their recovery. Recovery and Resource Centres are the 'local service centres' that will give you advice and will meet most of your needs. For most people their needs will be met either at the centre or within their own homes. Usually this will be during the daytime. However

some people may require around the clock support, again this could be provided either in their own homes or within the Recovery and Resource Centre where there will be a small number of beds for those who require them.

The staff will be NHS employees with at least the same levels of skills and qualifications as those who currently work for us now. In most instances they will be exactly the same staff, the only differences will be where they work and how they work. For those who require it, staff will also be given additional training to enable them to fulfil their new duties.

The Recovery and Resource Centres, like the garage example, are backed up by a whole range of more specialist staff away from the site that are better able to meet the needs of those individuals who require more specialist support.

In short, Recovery and Resource Centres are the bases from where most people will receive their services. They are not hospitals, but NHS and other professional staff, including doctors, nurses, psychologists, social workers, occupational therapists and various other related professionals, staff them.

For those who require it the Centres will provide support twenty-four hours a day every day of the year. However, most people will receive support during the core hours of 9am- 5pm Monday to Friday. We would like these core hours to be extended to include evenings and weekends but before we can do this we will require further discussions with our commissioners (the people who pay for our services).

Unless you are in the midst of a crisis and need immediate attention, you will able to book a day and time within the core hours to see someone that suits you and your circumstances best.

If you are experiencing a crisis and require more immediate attention the Recovery and Resource Centre's Crisis Resolution and Home Treatment Teams will be available to respond to your needs as required.

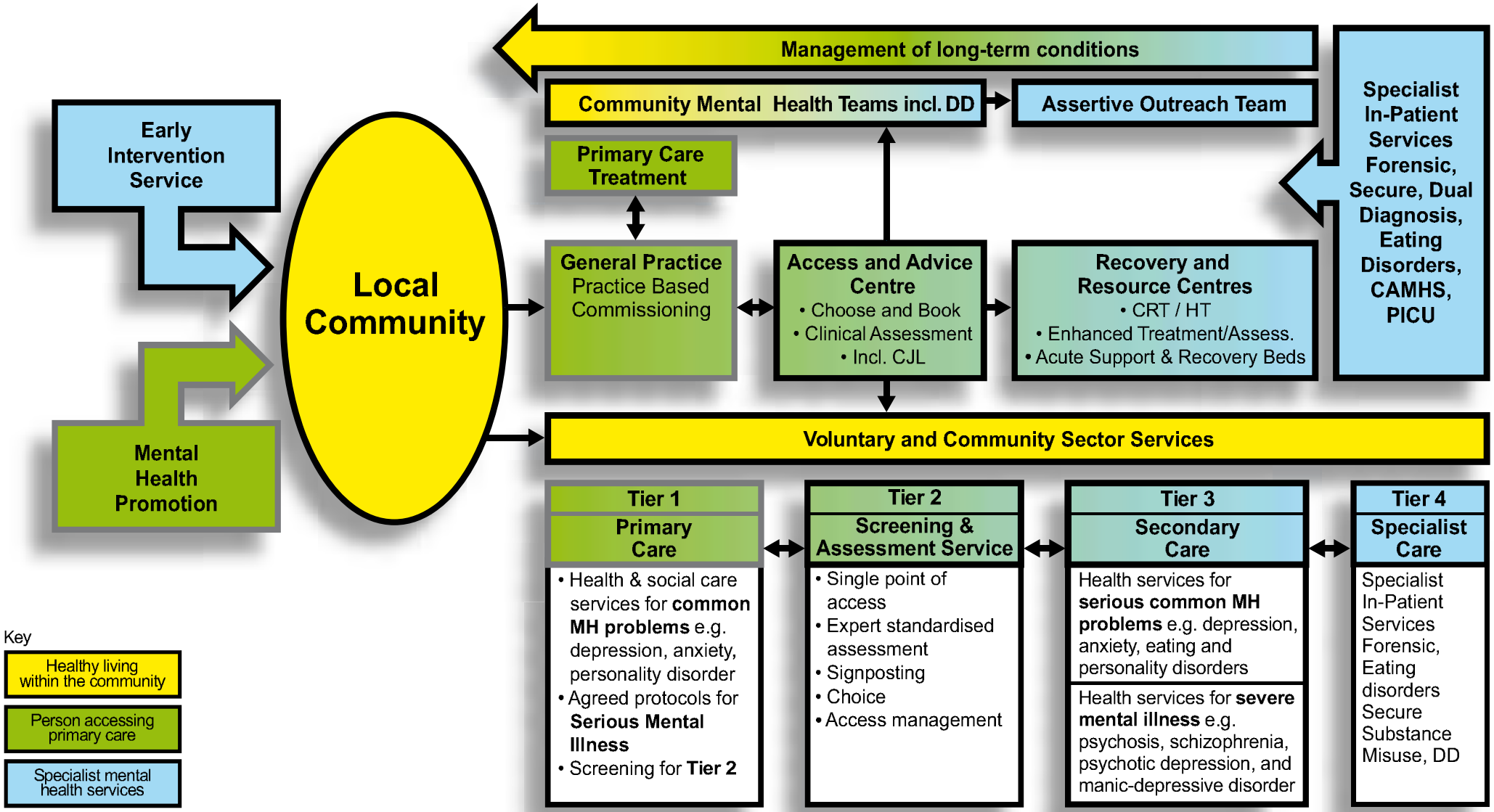
4.3 Tiers of support

Increasingly you may have heard people talk about tiers of support. These refer to the 'whole system' of care – not just what we as a Trust provide. The new model that we are proposing to introduce builds on the tiered approach and fits into the local healthcare system as follows.

- **Tier One - Primary Care.** This is where most of your health and social care needs are met, often in your GP's surgery or community clinic.
- **Tier Two – Screening and Assessment Service.** This is the interface between primary care and specialist secondary care. This service will assess your needs and recommend which is the best service to meet your needs.
- **Tier Three – Secondary Care.** Traditionally this tier has been hospital-based services led by hospital based medical consultants. In the new models secondary care will be provided from locally based Recovery and Resource Centres that will support people in their homes, in community settings, or for a smaller number within the centre itself as an inpatient. These services are for those people whose needs are serious but we know enough about them to be able to treat them from within mainstream local services, typically these services would be for people with conditions such as depression, anxiety, eating disorders, personality disorders and mental illnesses like schizophrenia and manic depression.
- **Tier Four – Specialist Care.** These services are for those individual's whose needs are such that they required more specialist inpatient facilities, including forensic services, detoxification services, severe eating disorder services and specialist dementia services.

The diagram on the next page shows how these tiers fit into the new model and existing services. It also shows the two main areas for improvement that we want to improve, i.e., the interface between primary and secondary care at tier two and the increased provision of more locally based services (rather than within hospital settings) at Tier three. It should also be noted that not all services at Tier Three and Four will be provided by The 5 Borough's Partnership NHS Trust; increasingly commissioners are encouraging other providers to take on some of these roles if they can demonstrate they better able to provide these services, such as eating disorder services.

Our new service pathways



4.4 Recovery and Resource Centre structure

4.4.1 Leadership

Ensuring effective leadership is the key to the models success and it is proposed to establish a leadership team fit for purpose to ensure the centre's success. The team will consist of:

- Crisis Resolution Team Manager
  This role will ensure the appropriate patient flows though the service, working closely with medical staff to ensure appropriate admissions and discharge.
- Consultant Psychiatrist
  Together with a Staff grade psychiatrist, this role will offer medical leadership to treatment and care planning.
- Consultant Psychologist
  This role will offer leadership to ensure effective assessment and treatment is delivered by the Enhanced Treatment / Assessment service.
- Modern Matron
  This role will deliver the management functions of the centre.

4.4.2 The Functions

The Recovery and Resource Centre would deliver three core clinical functions:

1) **Crisis Resolution/Home Treatment Teams**. These teams will be based within the centre and will provide support to service users and carers in their own homes and within other community settings.

2) **Acute Support and Recovery Beds**. Just as it is now, nursing staff will support these beds but the unit will be much smaller and staff will be encouraged to work with service users before and after their admission to the unit.

3) **Enhanced Assessment/Treatment Teams**. These teams will provide a range of treatments including 'talking therapies', psychology services, medical staff and occupational therapy. Access to this service will be via pre-scheduled appointments set at times to best suit the most convenient time of the service users and their carers.

We also intend that the Recovery and Resource Centres will be an advice and information centre for its users. Examples of these other agencies include housing, employment, training and welfare rights agencies as well as targeted physical health checks for higher risk groups (i.e., diabetes, weight loss, smoking cessation groups, and so on).

Wherever possible most people will receive their specialist mental health care needs met either within their own homes or from within Recovery and Resource Centres. This will eliminate the need for all hospital based outpatient appointments, as this support will also be provided from within the Centre.

4.4.3 Access and Advice Teams

The 'gateway' for all of our services will be via the Access and Advice Teams. These teams will take all referrals and enquires and will manage the referral process – be that either to the Recovery and Resource Centres, specialist care, social care or signposting to other appropriate agencies and groups. The Access and Advice Teams will be located within the Recovery and Resource Centres. Whenever an assessment is undertaken it would be in line with the Government's standards of a "Clinical Assessment Service" as described in the "Choose and Book" initiative.

A range of health care professionals will conduct assessments and it is proposed that each Access and Advice Centre will have a Criminal Justice Liaison practitioner working within the team.

4.5 Early Intervention Service

We know that the sooner people who experience mental distress receive support, the better their chances of a full recovery. This is especially true in relation to people who may be starting with a mental illness. Therefore our Early Intervention Service will increasingly target younger people and people who appear to be experiencing a 'first episode' of illness to treat their needs sooner.

Although this is a service staffed by specialist secondary care professionals we strongly believe its 'location' should be in the community as much as possible. Staff will use two Recovery and Resource Centres as their bases but the vast majority of their work will be in home or community based environments.

We aim for the Early Intervention Service to support approximately 150 new people per year and have an ongoing total caseload of approximately 450 people.

4.6 Community Mental Health Teams (CMHT)

The current function of Community Mental Health Teams (CMHTs) will be further developed.

The CMHTs will provide a service that enables people with longer-term needs to return to mainstream services and society as soon as they are able. CMHT staff will co-ordinate the care they provide through a robust case management framework that ensures all aspects of the service user's life and needs are addressed, enabling the opportunity for recovery, social inclusion and greater independence.

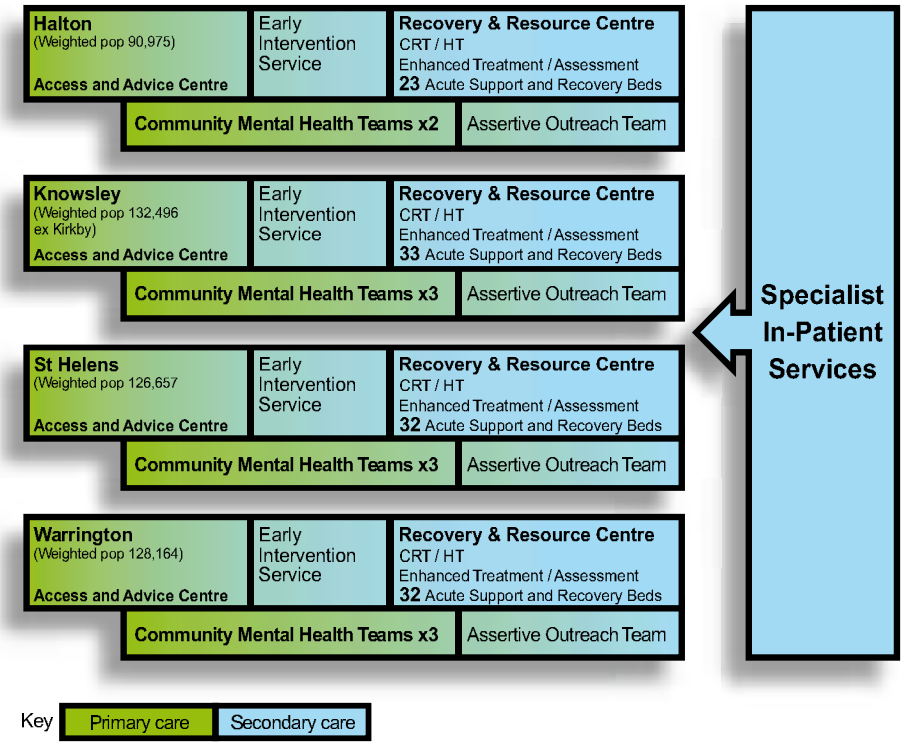
4.7 Assertive Outreach Teams (AOT)

The Assertive Outreach Teams will work closely with the Community Recovery and Support Teams and they will be based within community settings. They will work with the small number of people who for whatever reason are reluctant to work with services but clearly have mental health needs. Again the very nature of this service is one where the emphasis is on community-based provision that best meets the needs and choices of those who receive the service.

4.8 What we plan to do in your area

The chart below builds on the model detailed in section 4 and gives you more information about what we plan to do in your area. Again on the left hand side the green shade represents primary care and its interface with, the blue, secondary care services. You will note that this shading is deliberately blurred, as we want our services to be 'seamless', to the point that people who use them cannot see any partition – merely quality services.

How services will look in your local area



4.9 Halton

Halton's Recovery and Resource Centre will be based in the refurbished Brooker Centre. It will have 23 beds for individuals who require short-term inpatient support. However the emphasis of our new Recovery and Resource Centre will be placed upon supporting people either in their own home or within the centre on an appointment basis.

4.10 Knowsley

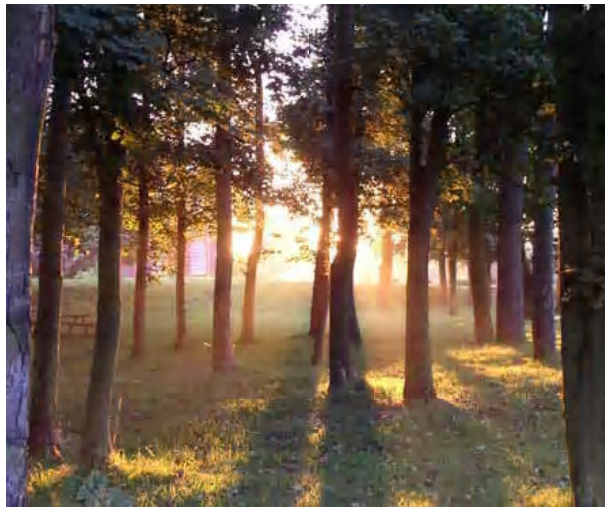
Knowsley's Recovery and Resource Centre is planned to be based in a new building to be constructed in the Knowsley district. In the meantime until the new premises are ready the services will continue to be provided from the Sherdley Unit. It will have 33 beds for individuals who require short-term inpatient support. However the emphasis of our new Recovery and Resource Centre will be placed upon supporting people either in their own home or within the centre on an appointment basis.

4.11 St Helens

St Helen's Recovery and Resource Centre will be based in the refurbished and extended Peasley Cross Court site. It will have 32 beds for individuals who require short term inpatient support. However the emphasis of our new Recovery and Resource Centre will be placed upon supporting people either in their own home or within the centre on an appointment basis.

4.12 Warrington

Warrington's Recovery and Resource Centre will be based in refurbished buildings on the Hollins Park site. It will have 32 beds for individuals who require short-term inpatient support. However the emphasis of our new Recovery and Resource Centre will be placed upon supporting people either in their own home or within the centre on an appointment basis.



5 Other options we considered

Over the past two years we, along with our health and social care partners, have looked at a number of different options of how best to provide our services in the future. The criteria we used to assess these options were that any new service model must:

1) Meet the identified needs of local people

2) Be in line with the best practice both in the UK and the rest of the world, and,

3) Be financially sustainable in the long term, ie, to live within our budget

In the end we were left with only three workable options. The first was to do nothing and continue as we are now. This option was rejected because we know our services are good but they could be a lot better. Also if we carried on as we are doing, over time we would have to close a lot of services as we would go more and more into debt.

The second option was to close some of our current inpatient units and centralise them in fewer locations. By doing this we would be able to save the money that we need to and this would stop us going into debt in the future. We rejected this option because we know this is not what local people want and there is a lot of research that tells us that for most people, most of the time, the best services are local and based in their community.

The third option is the new model of care that we are proposing. This option is in line both with what we know local people want, it is backed by best practice research and is affordable in the long term.

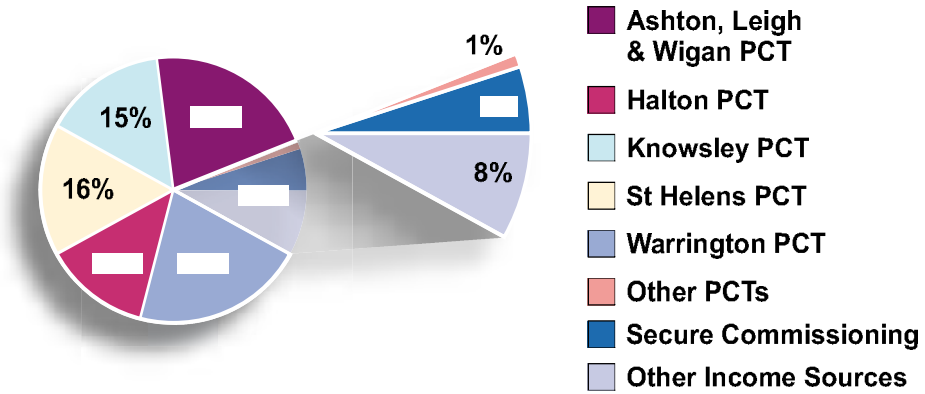
A summary of the options along with the reasons for selection is shown in the chart below.

1) Do nothing	Only partially	No	No
2) Centralise and close other units	No	No	Yes
3) The new model	Yes	Yes	Yes

6 Who will pay for the new model?

Like all mental health provider Trusts, the money that we receive comes from PCTs who commission (pay for) our services. For the 5 Boroughs Partnership NHS Trust, 86% of the funding we receive comes from the five local PCTs: Ashton, Leigh & Wigan, Halton, Knowsley, St Helens and Warrington.

The chart below shows where all our funding comes from proportionate to each PCT. The total income for 2006-7 is £95 Million.



In addition to gaining your approval for our proposals we will also seek the approval of our commissioning partners within each of the PCTs above. Indeed we cannot make these changes unless the PCTs are satisfied that our proposals are appropriate to the needs of the area and they provide value for the money the PCTs invest.

The current level of spending on the Trust's adult mental health services is higher than the money it receives. If we carry on like this we will go into great debt. The new model will bring the funding into the correct balance and will also be sustainable in the long term – as well as improving the quality of the services we provide.

6.1 How much will it cost?

The new model of working will cost £21 million per year, which with the on costs will amount to around 30% of the Trust's total budget.

The future running costs are forecast to be:

Halton	3,348,611
St Helens	5,469,974
Knowsley	5,060,223
Warrington	5,437,044
Total	**19,405,851**
Estimated Drugs and Other Non-Pay Costs	1,400,000
Total	**20,805,851**

7 What do you think?

This document contains lots of information. For some people it may have too much to take in, for others it may not have enough information and you want to ask more questions. Whichever position you are in we want to hear what you think.

For a range of reasons some people may also be nervous about expressing a view or asking a question that may identify them. To ensure that you are able to speak freely about this document we have invited Mental Health Strategies an independent healthcare consultancy to receive your comments. You can speak to them and be assured that, if you so choose, your comments can be forwarded to us without your name being passed on.

You can send comments and questions to Mental Health Strategies via:

- **Writing**

  The 5 Borough's Public Consultation
  Mental Health Strategies
  9th Floor, Emerson House
  Albert Street
  Eccles
  Manchester
  M30 0BG

- **E-mailing**

  consultation@5boroughspublicconsultation.co.uk

  Please put the words '5 Boroughs' in the subject box.

- **Telephoning**

  0161 785 1001 and ask for Andrew Keefe or Lynne Stafford (if you are asking a question rather than leaving a comment you may have to leave contact details so the answer may be given later).

- **Faxing:**

  0161 785 1009

  Additional copies of this document can be supplied from the Mental Health Strategies office (details above), or a downloadable version can be accessed at

  www.5boroughspublicconsultation.co.uk

8 What happens next?

The formal public consultation will run from 1st June 2006 until the 24th August 2006.

All comments received will be published on the ***www.5boroughspublicconsultation.co.uk*** website and hard copies will be available from Mental Health Strategies.

Comments will be considered by the Trust's Executive Team and Trust Board at a meeting in September.

To discuss the changes in your area, public meetings will be held on*:

Date	Start Time	Venue
09.06.06	11am	Gateway Centre ***Warrington***
16.06.06	10am	Castlefields Community Centre ***Halton***
21.06.06	6pm	Town Hall Room 8 ***St Helens***
30.06.06	11am	Gallery at Huyton Suite Civic Way ***Knowsley***
06.07.06	10am	CVS ***St Helens***
11.07.06	6pm	Town Hall Council Chambers ***Warrington***
18.07.06	6pm	Stadium Widnes ***Halton***
25.07.06	2pm	Osprey Room Kirby Suite ***Knowsley***
03.08.06	2pm	CVS ***St Helens***
08.08.06	1pm	Gateway Centre ***Warrington***
17.08.06	6pm	Osprey Room Kirby Suite ***Knowsley***
22.08.06	1pm	Stadium ***Halton***

All meetings will be facilitated by Mental Health Strategies. Senior Managers from the Trust who are responsible for Adult Mental Health Services will also be present to answer your questions. Meetings will be as informal as possible.

** Further public meetings may be added to this list.*

For up to date information, please see our web site at www.5boroughspublicconsultation.co.uk

Please detach here

Feedback sheet

(Please use additional sheets as required)

I have read the 'Change For The Better' document regarding the proposed changes to the provision of adult mental health services and would like to say . . .

Please return comments to Mental Health Strategies (contact details on page 30) by 5pm on 24th August 2006. Alternatively you can submit your comments at any of the Public Consultation events detailed on page 31.

If you have any questions or comments about this document, or you wish to have it translated into your language, call 01925 664074. State the name of your language three times, together with your telephone number. We will arrange for a telephone interpreter to call you back.

English

اس دستاویز کے متعلق اگر آپ کوئی رائے دینا، سوالات پوچھنا یا اپنی زبان میں اس کا ترجمہ چاہتے ہیں تو براہ کرم 01925 664074 پر فون کیجئے۔ اپنے ٹیلیفون نمبر کے ساتھ اپنی زبان کا نام تین مرتبہ بیان کیجئے۔ ہم ٹیلیفون مترجم کا بندوبست کریں گے اور وہ آپ کو واپس فون کریں گے۔

Urdu

اذا كانت لديك أي أسئلة أو تعاليق بخصوص هذه الوثيقة أو تود أن تترجم بلغتك، اتصل برقم الهاتف 01925 664074. اعطي اسم لغتك ثلاث مرات مع رقم هاتفك. سنتخذ تدابير كي يتصل بك مترجما.

Arabic

আপনার যদি এই দলিলটি সম্পর্কে কোনো প্রশ্ন বা মন্তব্য থাকে, অথবা আপনি যদি এটি আপনার ভাষায় অনুবাদ হিসেবে চান, 01925 664074 এই নম্বরে টেলিফোন করুন। আপনার ভাষার নামটি তিনবার বলবেন, সাথে আপনার টেলিফোন নম্বরটি দেবেন। আমরা টেলিফোনে একজন দোভাষীর ব্যবস্থা করবো যিনি আপনাকে আবার টেলিফোন করবেন।

Bangla

આપ આ દસ્તાવેજનો અનુવાદ કરાવવા માંગતા હોય તો કૃપા કરી. 01619584074 નંબર પર અમારો સંપર્ક સાધો. આપનું નામ અને ટેલિફોન નંબર તેમજ આપ કઈ ભાષા બોલો છો તે અમને જણાવો. અમે વિના વિલંબે આપનો સંપર્ક સાધીશું.

Gujarati

यदि आप इस दस्तावेज पर अपनी कोई राय देना और कोई प्रश्न पूछना चाहते हैं या आप इस दस्तावेज का अनुवाद हिन्दी भाषा में चाहते हैं तो कृपया 01925 664074 नम्बर पर फोन कीजिए। कृपया अपनी मातृभाषा का नाम तीन बार बोलिए और अपना टेलिफोन नम्बर भी दीजिए। हम एक अनुवादक का प्रबन्ध करेंगे जो टेलिफोन करके आपको इस दस्तावेज के बारे में हिन्दी भाषा में जानकारी देगा।

Hindi

ਜੇ ਤੁਸੀਂ ਇਸ ਦਸਤਾਵੇਜ਼ ਬਾਰੇ ਸਵਾਲ ਪੁੱਛਣੇ ਚਾਹੁੰਦੇ ਜਾਂ ਵਿਚਾਰ ਦੇਣੇ ਚਾਹੁੰਦੇ ਹੋ, ਜਾਂ ਤੁਸੀਂ ਇਸ ਦਾ ਪੰਜਾਬੀ ਵਿਚ ਤਰਜਮਾ ਚਾਹੁੰਦੇ ਹੋ, ਤਾਂ ਟੈਲ 01925664074 ਤੇ ਫੋਨ ਕਰੋ। ਆਪਣੀ ਭਾਸ਼ਾ ਦਾ ਨਾਮ ਤਿੰਨ ਵਾਰ ਦੱਸੋ, ਇਸ ਦੇ ਨਾਲ ਆਪਣਾ ਟੈਲੀਫੋਨ ਨੰਬਰ। ਅਸੀਂ ਤੁਹਾਡੇ ਨਾਲ ਟੈਲੀਫੋਨ ਤੇ ਗੱਲ ਕਰਨ ਲਈ ਤਰਜਮਾਕਾਰ ਦਾ ਇੰਤਜ਼ਾਮ ਕਰਾਂਗੇ।

Punjabi

Haddii aad leedahay wax su'aalooyin ama faalo oo ku saabsan dokumentigan, ama aad jeclaan lahayd inaad hesho iyadoo luqad kale loo tarjumay, wac 01925 664074. Sheeg magaca luqadaada iyo telefoonkaaga saddex jeer. Waxaynu kuu hagaajin doonaa tarjumaan intuu ku soo waco mar dambe.

Somali

閣下如對這文件有任何問題或評語，或希望將之翻譯成你的語言，可致電 01925 664074。請清楚地說出三次閣下語言的名稱，連同你的電話號碼。我們便會安排一名電話傳譯員回電話給你。

Chinese

ئەگەر هەر پرسیارێك یان تێبینیەكت هەیە لەبارەی ئەم دۆكیومێنتەوە (پێوكراوەیە)، یان حاز دەكەیت وەربگێردرێت بە زمانەكەی خۆت، ئەوا تەلەفۆن بكە بۆ ئەم ژمارەیە 01925 664074 . سێ جار ناووی زمانەكەت بڵێ لەگەڵ ژمارەی تەلەفۆنەكەت. نیمە رێكی دەخەین بە تەلەفۆن كە زمان وەرگێرێك تەلەفۆنت بۆ بكاتەوە.

Kurdish