

AGENDA ITEM NO. 4(a)

REPORT TO: Healthy Halton Policy and Performance Board

DATE: 10 July 2006

REPORTING OFFICER: Strategic Director, Health and Community

SUBJECT: "Change for the Better": 5 Boroughs Partnership proposals for service redesign

WARDS: All

1.0 PURPOSE OF THE REPORT

1.1 This Report introduces proposals from the 5 Boroughs Partnership NHS Trust for the redesign and reprovision of its services for Adults of Working Age, and for some Older People ("Change for the Better"). The Report is intended to be read alongside the presentation to the Board by the 5BoroughsPartnership of their proposals.

2.0 It is RECOMMENDED that members:

- 1) Note the Report and the contents of the presentation from the 5BoroughsPartnership**
- 2) Clarify any matters of uncertainty**
- 3) Consider their recommendations in the light of the impact of the proposals on local residents and on Council services**

3.0 SUPPORTING INFORMATION

3.1 "Change for the Better" has two clear drivers: the need to modernise services and make them more responsive to individual need, and the requirement on the 5BoroughsPartnerships to achieve financial equilibrium if it is to achieve Foundation status, by significantly reducing its level of expenditure. It should be noted that "Change for the Better" only applies to the four Boroughs of Halton, Warrington, St Helens and Knowsley - services in Wigan are currently being reviewed to establish their own model of service delivery.

3.2 The 5BoroughsPartnership are proposing a new model of service delivery, based on the fundamental principle of recovery from, rather than maintenance in, a serious mental illness. This is a significant shift in approach but is based in an increasing evidence base from around the world. As a general approach to the delivery of mental health services, it is one which the Council is likely to support.

3.3 There are a number of examples of this approach in this country, including one in Great Yarmouth, Norfolk, on which this model was

based. This has only relatively recently been introduced and a detailed analysis has yet to be done, but early indications are that proportionally less people are admitted to hospital, that they stay in hospital for less time, that compulsory admissions have reduced and that service users and staff like the new approach. It should also be noted that it took around eighteen months, from start to finish, for the service redesign to be completed.

- 3.4 To deliver the two objectives of service redesign and financial stability, the 5BoroughsPartnership proposes to set up a Resource and Recovery Centre in each of the four Boroughs, staffed entirely by health service employees. This will have a small number of inpatient beds and will have the ability to respond positively to crises. In addition it will provide intensive day support for a small number of people and will also be the means of accessing advice and support. A gate keeping service will ensure that only suitable referrals will be directed to this Centre.
- 3.5 The Resource and Recovery Centre will be supported by a range of other services provided by the 5BoroughsPartnership, including Assertive Outreach Teams (which aim to engage with those people who might otherwise become lost to the service), Early Intervention Services (shared across more than one area and designed to intervene at an earlier stage whenever younger people develop signs of a severe mental illness) and Community Mental Health Teams, which will provide longer term support for patients in the community.
- 3.6 The model is intended to apply to all people who have a severe mental illness. This would therefore include older people with mental illness, who would have to use and share the same services as younger people, although the 5BoroughsPartnership says that it intends to keep these groups separate.
- 3.7 For Halton, it is clear that this proposal will lead to significant reductions in services, with a reduction in beds from 69 to 38 (by closing two of the wards in the Brooker Unit, Runcorn), closure of the two existing day hospitals and reductions in the overall staff establishment. Overall, this will achieve savings of around £2 million for the 5BoroughsPartnership. This is within the context of a high level of deprivation and significantly higher than the national average levels of mental illness in Halton, and current bed occupancy in the 18 – 64 age group of 110%. It should also be noted that Halton PCT have recently committed an additional sum of £450,000 to the 5BoroughsPartnership– funded through the return of a number of patients from out-of-area placements – but it is unclear how this has been included in the development of the new Model.
- 3.8 Within the other four affected Boroughs, this is by far the greatest loss of resource. In terms of bed use, the changes are as follows:

Acute 18 – 65 beds:

Halton:	lose 17 beds
Knowsley:	lose 3 beds
St Helens:	lose 11 beds
Warrington:	lose 14 beds

Older People: Halton loses 14 beds out of a total of 28 lost across the 4 Boroughs.

- 3.9 In terms of changes to the financial allocations the position is as follows:

Halton:	lose £1,915,875
Knowsley:	lose £1,788,767
St Helens:	gain £..404,862
Warrington:	lose £1,330,001

- 3.10 Further information has been received in a recent meeting with the 5BPT which suggests that the financial implications may improve if services provided to Frodsham and Helsby resident are fully financed by the appropriate PCT. Further clarification is needed on this.

Locally, service users and carers are not being separately consulted on the new Model, although they are encouraged to submit their views and can request a meeting. A presentation will be made by the 5BoroughsPartnership to the Halton Mental Health Local Implementation Team, at which service users and their carers are represented, and it is understood that a number of people intend to attend the formal consultation events that have been set up in Halton.

4.0 POLICY IMPLICATIONS

- 4.1 The proposed model supports the general direction of national policy in mental health services, which aims for less use of inpatient services and greater inclusion of people with mental illnesses in their local communities.
- 4.2 In order to establish a consistent approach to delivery of mental health services across the country, Central Government in 2003 issued a Policy Implementation Guide (PIG), which sets out in detail the structures and operating policies of Community Mental Health Teams, Crisis Resolution/Home Treatment Teams, Early Intervention in Psychosis Services and Assertive Outreach Teams. Although the 5BrooughsPartnership say that the proposed model meets these national requirements, it is not clear from their analysis that this is actually the case.
- 4.3 In addition, it is clear from the National Service Framework for Older People that older and younger people with severe mental illnesses should not be treated together in the same environments, as this heightens the risks for Older People. The 5BoroughsPartnership says it

can redesign one of the wards to take this into account and is prepared to commit some capital expenditure to this; it has however not revealed how this will be done. In particular it is not clear how these groups of people will be kept separate in any day settings.

5.0 OTHER IMPLICATIONS

5.1 The successful delivery of this approach depends for its success on the smooth transition of each patient from inpatient services back into their local community, with a greater emphasis on delivery of care through primary care and community settings.

5.2 This of necessity requires a range of robust local mental services, which include community crisis responses, adequate levels of supported accommodation, respite services and wider social inclusion services. It has long been recognised that Halton does not have this full range of services and therefore is not in a position to deliver the types of local services to support the proposed model.

6.0 RISK ANALYSIS

6.1 There are significant risks to the Local Authority and local residents arising from the proposals contained within "Change for the Better". These principally relate to

- The potential for "cost shunting" from current Trust services on to the social services budget
- The ability of local services to deliver the flexibility required to effectively operate the Model of Care
- The apparent absence of social care services at key places within the proposed model of service delivery
- The sharing of facilities by younger and older people with severe mental illnesses
- Housing infrastructure does not exist to provide increased services in the community
- The closure of a bed for alcohol detoxification will mean a significant gap in services.

7.0 EQUALITY AND DIVERSITY ISSUES

7.1 "Change for the Better" intends that services should be delivered equally to all groups. However there will for a time at least be a different response to groups of older people, depending on their diagnosis. This goes against the national guidance from the National Service Framework for Older People.

8.0 FINANCIAL ISSUES

8.1 There are significant financial implications arising from the proposals contained in the model of care. The underlying assumptions of this

approach – which are based on reported per capita spending – need further analysis and cannot be assumed to be accurate.