

deciding together

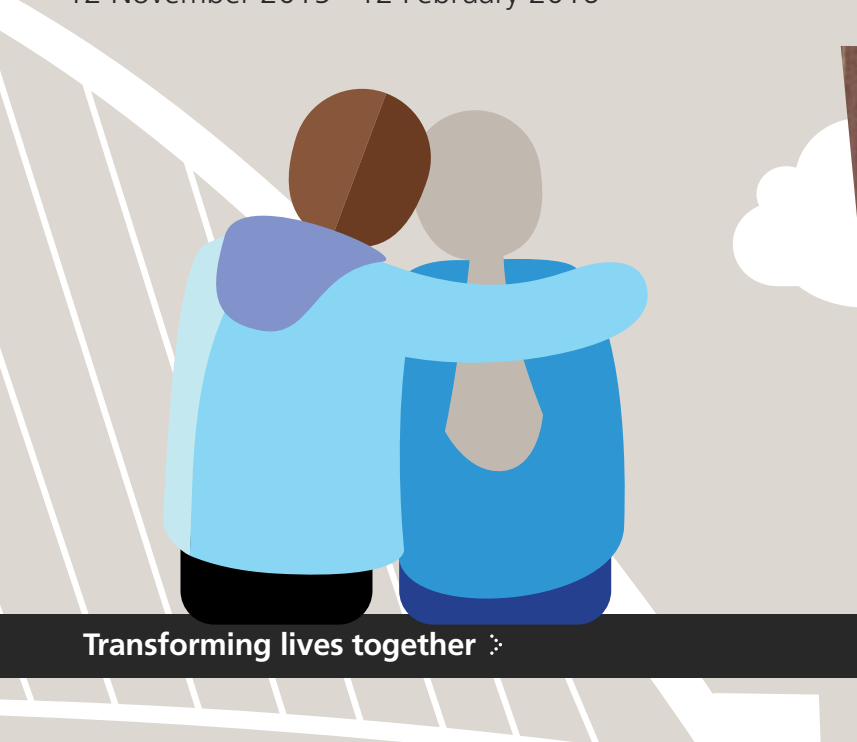
# DECIDING TOGETHER




A NEW FUTURE FOR SPECIALIST MENTAL HEALTH SERVICES IN NEWCASTLE AND GATESHEAD

## CONSULTATION SUMMARY

A public consultation by the NHS to ask for public views on different potential changes to the way specialist mental health services in Newcastle and Gateshead are arranged.  
12 November 2015 - 12 February 2016





**This document is a summary of public consultation document which is based upon our full Case for Change.**

**You will find the consultation document, the full Case for Change, along with other relevant documents, along a range of new and previously published information on Deciding Together on our website [www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)**

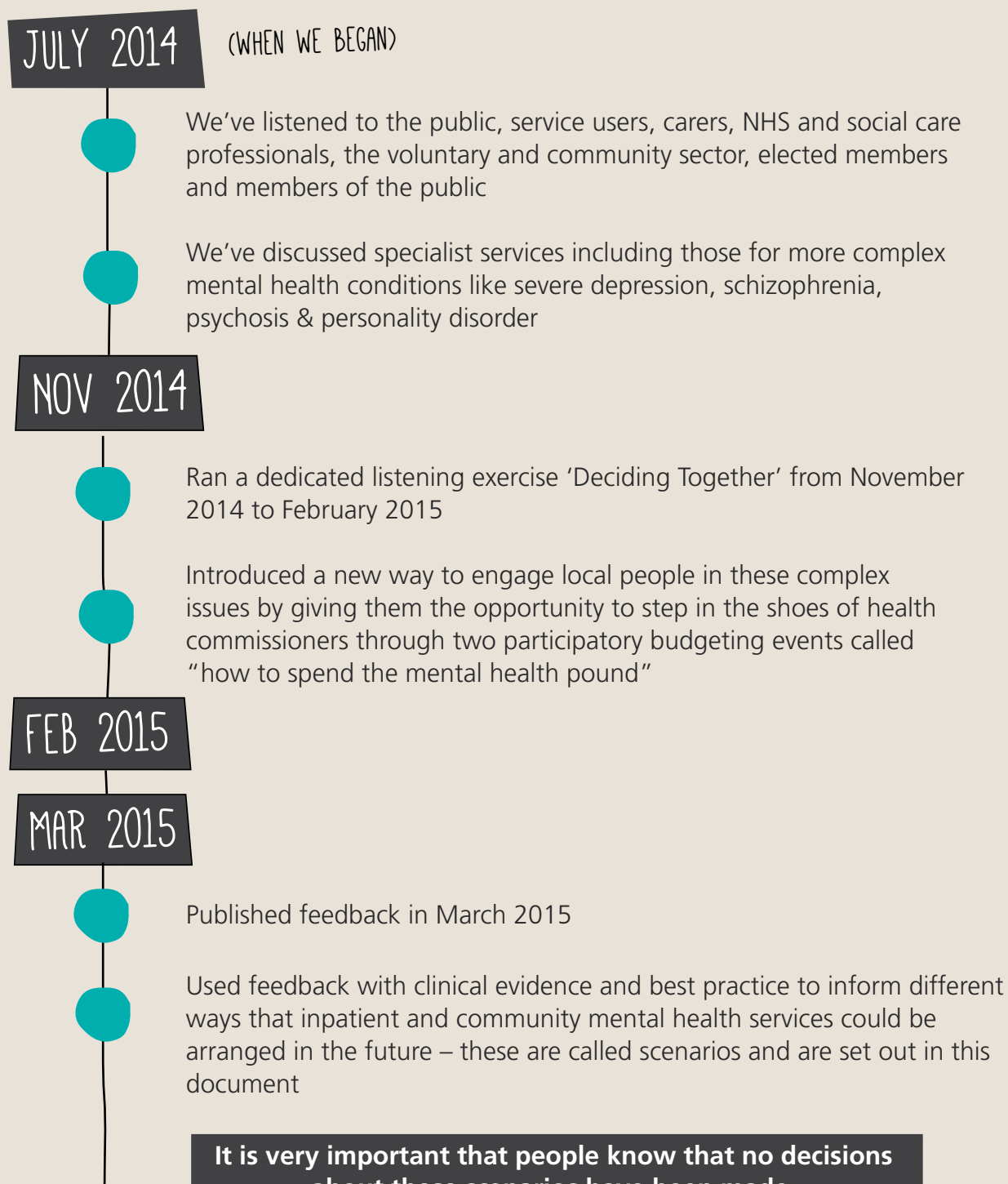
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# The background to our Deciding Together process



# What you said was important to you

During our listening activity, the main themes of feedback were:

- **Make sure that specialist community services support people very well and early on in their care, so that people don't get worse and don't need to be admitted to hospital**
- **Make sure that all our services are focused on helping people to recover sooner and get back to having the best opportunities and life they can**
- **Make sure that hospital based services are able to support people with very complex needs in a safe and person centred way**
- **To ensure that the services are financially sustainable**



## Which services are involved in this consultation?

The CCG has been leading this work with a range of different partners including Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and other providers of mental health services from the community and voluntary sector to develop new specialist mental health pathways for people living in Newcastle and Gateshead. The main services involved are those provided by NTW and include:

- **Community mental health services for adults of working age living in Newcastle and Gateshead provided by NTW**
- **Community mental health services for older people living in Newcastle provided by NTW**
- **Inpatient mental health services for adults of working age living in Newcastle and Gateshead provided by NTW – this covers acute care and rehabilitation inpatient services**
- **Inpatient mental health services for older people living in Newcastle provided by NTW**
- **Opportunities to invest in new and enhanced mental health services provided by the voluntary and community sector**

The services which are **not** included in this consultation are:

- **Mental health services provided by GPs, primary care counsellors and therapists, including IAPT services (Improving Access to Psychological Services)**
- **Community and inpatient mental health services for older people in Gateshead provided by Gateshead Health NHS Foundation Trust**
- **Other specialist inpatient mental health services (such as psychiatric intensive care, forensic psychiatry etc.)**
- **Children and young people’s mental health services**
- **Mental health services provided or commissioned by Newcastle and Gateshead local authorities**
- **Existing mental health services provided by the voluntary sector**

# Why things need to change

People with serious mental health problems are more likely to die earlier than the general population. Life expectancy can be 10-25 years lower than the national average.

Different national and local mental health policy and strategy says we must:

- **Have 'parity of esteem' to ensure mental health is valued equally to physical by 2020**
- **Improve the quality and efficiency of current services**
- **Change the way that current services are delivered so as to improve quality and reduce costs**
- **Focus services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises**
- **Broaden the approach taken to tackle the wider social determinants and consequences of mental health problems**
- **Move to avoid hospital admissions through better joined-up community care, more effective hospital inpatient care and stop unnecessarily long stays**

No health without mental health (H.M. Government 2011) says local commissioners and providers should join together with non-clinical agencies such as community and voluntary sector, employment or housing support services to deliver services.

Nationally, the NHS is facing growing demands and increased costs. Funding is unlikely to increase.

Therefore NHS must change the way that services are delivered to both improve quality and reduce costs.



# What does this mean for specialist mental health services locally?

Our mental health commissioning agenda is focused on:

- **Health outcomes ensuring patients move to recovery quickly and are supported to manage their condition,**
- **Quality of life, enabling more people to live their lives to their full potential**
- **Early intervention, improving health and wellbeing through prevention and early intervention**
- **A fully integrated model of mental healthcare**
- **Robust whole population emotional health and wellbeing strategies**
- **Comprehensive primary care services**
- **Redesigned specialist services**
- **Re-provision of inpatient services**
- **Implementation of the national dementia strategy**

There is a national requirement for Northumberland, Tyne and Wear NHS Foundation Trust have to deliver services for the population of Newcastle and Gateshead within a reduction in funding of around 20% over five years (4% each year).

This represents a reduction of £9m in real terms. There will be some opportunity to offset this because the CCG will ensure parity of esteem so mental health will have a share of NHS growth funding.

The Clinical Commissioning Group, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and the Mental Health Voluntary and Community Sector all agree on the need improve and extend community mental health services, providing alternatives to inpatient admission and reducing the reliance on inpatient beds.

The CCG's Mental Health Programme Board, representing a wide range of stakeholders, supports this direction also.

We have a relatively high number of beds compared with other areas of the country and an analysis by NTW indicated that 30-40% of inpatients were experiencing a hospital stay because of a lack of community health and social support.

Existing inpatient accommodation in Newcastle and Gateshead does not meet the standards which the CCG and NTW wish to provide.



The Care Quality Commission and Mental Health Act inspections have consistently reported shortcomings in these facilities.

- **In aiming to reduce the number of beds required and make sure that hospital based services are able to support people with very complex needs in safe and therapeutic environments, we need to consider where these inpatient services should be provided**
- **We have been listening to your views about current services and improvements that you would like to see – so we want to take action to respond to these**
- **If we do not implement changes in the way these services are provided, in view of the national requirement for providers of NHS services to make savings, there would still have to be a significant reduction in the current funding of existing services, both community and inpatient services. We think it is important that community services are not reduced to make savings, for the reasons set out in our strategic objectives**
- **Therefore there is a very strong case to improve community services and reduce the reliance on hospital admissions**



PATIENT CARE IS ALWAYS  
AT THE HEART OF OUR  
DECISION-MAKING, AND  
ENSURING WE CONTINUE TO  
PROVIDE BEST PRACTICE AND  
EVIDENCE-BASED MEDICINE.

# Agreed improvements for Northumberland Tyne and Wear NHS Foundation Trust's community services

The following improvements have been supported and agreed by the CCG and the Mental Health Programme Board. These improvements do not need a formal consultation process, but we would like to hear any views on these improvements as part of this consultation.

## The patient pathway

A new patient pathway will increase the time staff spend providing direct patient care. It includes:

- **New technologies such as digital dictation, different job roles, team structures and clinical skills**
- **Two new pathways for people with psychosis and non-psychosis**

## Single point of access for NTW services

Accessible 24/7

## Better assessment of need

- **Will be quick, efficient and will involve the right health professionals**
- **Service users will never be 'bounced' around the system. Any transition will be smooth and seamless**

## Treatment

- **A treatment plan will include family and carers wherever possible and will be and recovery focused**
- **Service users will be supported to self-manage with clear plans for staying well.**

## Discharge from NTW services

Discharge planning will be better integrated into assessment and treatment and aim for improved quality of life and independence.

A discharge plan will include:

- **The triggers for relapse - how to recognise the early warning signs for relapse**
- **A 'staying well' plan – the help and support is available in the community**
- **Where to go for help and how to re-access trust services**

## Community pathway for older people

The pathway will consist of the following key elements:

- **A new model Memory Service to provide early diagnosis of dementia expands its current role to incorporate on-going management of some patients with low intensity needs**
- **Community teams will manage those people who require treatment and ongoing support**
- **Day hospital and step up in the new model will provide a responsive and intensive support function**
- **The Challenging Behaviour Team will provide enhanced support to people with especially challenging needs**

WE KNOW THAT THERE  
NEEDS TO BE A VERY  
STRONG FRAMEWORK  
OF SUPPORT IN THE  
COMMUNITY AND GIVEN  
WHAT WE HAVE HEARD  
THROUGH THE DECIDING  
TOGETHER PROCESS

# How services could be arranged differently in the future – scenarios for change that we are consulting you about

## **The development of new, re-designed or extended community services**

These are extra, re-designed or extended services.

These present ideal opportunities for the community and voluntary sector, as well as peer and service user led models of service delivery.

## **A multi-agency initial response system**

The system would:

- Cover the whole system of care and support
- Have excellent communication between services and with service users and carers
- Be able to provide practical support quickly when needed
- Ensure that urgent needs are assessed in the context of a service users' culture and community
- Aim to prevent future crises by care planning and fast track access to services

## **Community based residential rehabilitation, step up and step down facilities and supported housing**

- Range of housing provided by the voluntary and community sector and councils supporting vulnerable people already
- Extend and develop the range of accommodation to include options which could reduce the need for hospital admission

## **Urgent response and care - residential crisis support**

- Develop new crisis services in the community. Similar models have been successful elsewhere in the country
- This could feature 24 hour clinical staff and work with NHS services to support people who might otherwise need to be admitted to hospital to remain safe
- Option to provide this as a shared resource across Newcastle and Gateshead

## Urgent response and care - crisis support without beds

- Develop a new service to provide a short term safe place or sanctuary in a crisis
- It would not offer overnight accommodation, but could be a 9.00am to 9.00pm or a 2.00pm to 2.00am service
- Offer access to immediate emotional and psychological support and practical assistance, listening, advice and signposting to other services
- Could be peer-led, but professionally supervised, and would work in partnership with clinical and NHS services

## Community based Recovery College

- Ivy Centre for Recovery Knowledge uses NTW's own peer support workers to deliver:
  - educational mental health courses
  - self-management sessions
  - personal and skills development
- NTW and collective are looking to develop a community base, in Newcastle city centre
- An outreach service into Gateshead or an annex in Gateshead is also being actively being pursued

## Community resilience and wellbeing hub, including increased access to vocational and social inclusion

- Develop a multi-agency hub that links and signposts to existing services and support in Newcastle and Gateshead
- Offer information about debt, benefits, housing, relationships, work, volunteering and education and training
- The Recovery College could form a natural focus for this development



# Improving our Community Mental Health Support Framework

## ACCESS POINTS

Access to mental health services, advice and support will be clear and consistent. A multi-agency initial response system will provide a listening ear and rapid help to those in crisis. Potential access points include:

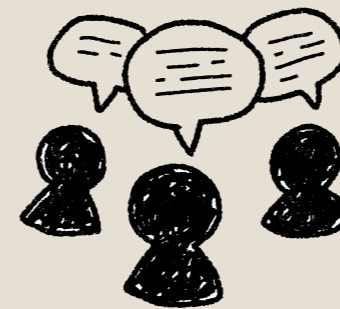


## MANAGING THE CHANGE

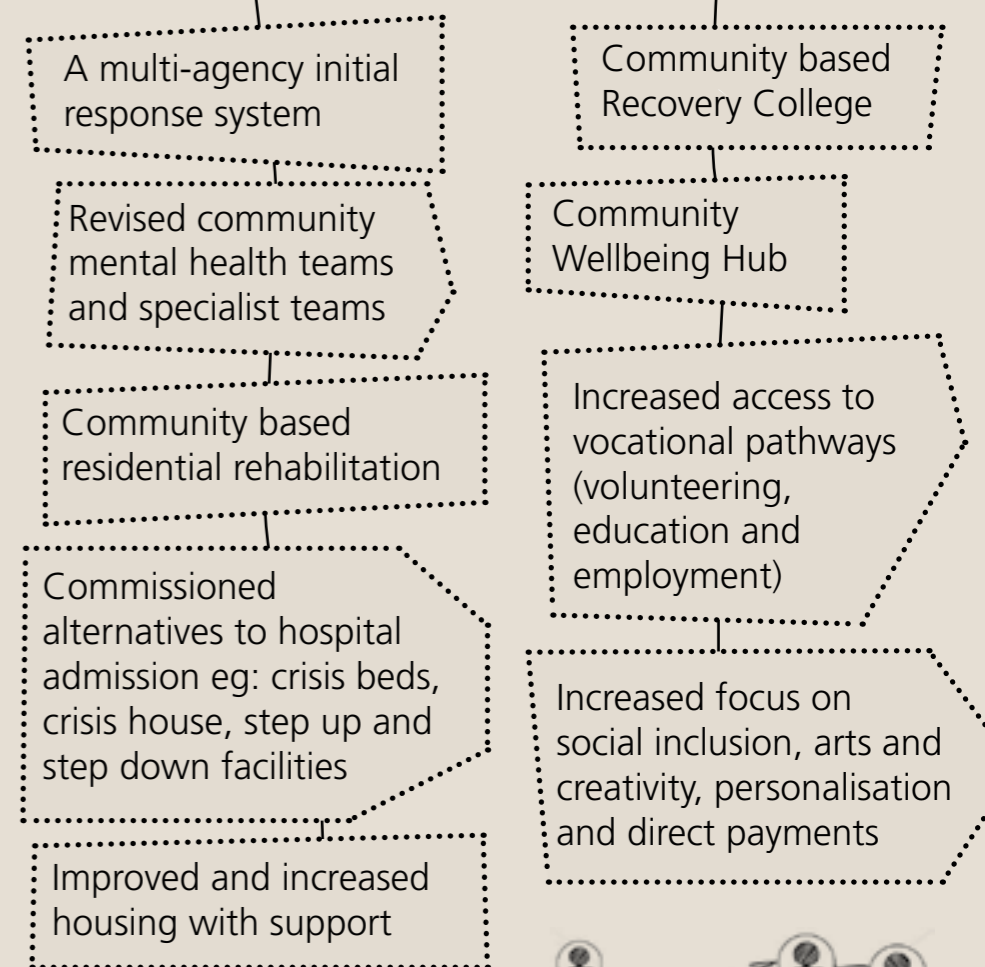
We will continue to re-design community support at the same time as re-modelling inpatient services.

The precise nature and range of new, re-designed or extended community support for mental health and wellbeing will be shaped by the **Deciding Together** consultation process.

Funding will be used as innovatively as possible to meet the financial challenges in health and social care and still provide excellent and improved services.



## NEW, RE-DESIGNED OR EXTENDED SERVICES



EACH PART OF OUR FRAMEWORK WILL BE BASED ON IMPORTANT PRINCIPLES YOU TOLD US YOU WANTED TO SEE. WE WILL SET OUT HOW WE WILL DO THIS IN A SERVICE CHARTER. THIS INCLUDES:

SERVICE CHARTER.

NAVIGATORS/ LINK WORKERS

CARERS SUPPORT AT EACH STEP

GOOD PHYSICAL HEALTH

SAFEGUARDING AND RISK

CITIZENSHIP, SOCIAL NETWORKS AND COMMUNITIES

CULTURALLY SENSITIVE CO-ORDINATION OF CARE AND BROKERAGE

PEER SUPPORT

ACCESS AT ALL STAGES: QUICK IN, QUICK OUT





## The different ways we could arrange inpatient services

We need to reduce avoidable stays in hospital so that we can protect the investment in community services.

We have worked with NTW to look in detail at future bed needs, and taken into account the improved community services we have agreed that we need to make significant changes

New community pathways have already been introduced in Sunderland and South Tyneside, so it is useful and appropriate to use these indicators to inform and model the number of hospital beds needed for Newcastle and Gateshead.

In Sunderland and South Tyneside:

- **New community and inpatient pathways have reduced beds by 34%**
- **The new model of care is meeting local demand and there is no increase in the number of Sunderland and South Tyneside residents being admitted to hospitals outside of that area**
- **There has been a decrease in the number of Sunderland and South Tyneside patients being admitted back into hospital in an emergency which is a positive indicator that the model of care is working effectively**

WE'VE ALSO CONSIDERED WHAT WE HAVE LEARNED FROM CHANGING COMMUNITY SERVICES AND THE MODEL OF CARE IN SUNDERLAND AND SOUTH TYNESIDE

Using this information we have thought about a range of future possible changes to rates of admission and lengths of stay to help identify the number of wards needed for Newcastle and Gateshead residents in the future.

We think that although admissions should decrease, they may not decrease at the same level that was experienced in Sunderland and South Tyneside, as Newcastle and Gateshead already has a lower admission rate.

However, there appears to be significant opportunity to achieve a reduction in average lengths of stay for Newcastle and Gateshead residents.

## How we developed and shortlisted scenarios



In April and May 2015 the Mental Health Programme Board developed and agreed an initial set of six different scenarios, including a no-change scenario.

All the scenarios were based on the provision of:

- **Three acute assessment and treatment wards, in-line with the aim of reducing reliance on inpatient beds**
- **One complex care rehabilitation ward, to be co-located on the same site as acute wards. In later development of the scenarios we agreed that the existing “moving on” rehabilitation ward would also be required**
- **Around two older people’s wards for Newcastle residents (The older people’s service for Gateshead is not included in this consultation)**

These high level scenarios required further development by the CCG, NTW and community and voluntary sector officers and included:

- **More consideration of possible locations for the older people’s mental health wards (Newcastle residents only)**
- **Different levels of capital investment for each scenario being identified**
- **Six were further developed into 12 more detailed scenarios showing variations of where services could be located**
- **Sub-options were identified relating to lower and higher levels of capital investment, making 23 sub options in total**

The CCG then went through a shortlisting process in three stages which has resulted in the scenarios we are now consulting upon

WE HAVE LOOKED CAREFULLY AT FUTURE INPATIENT NEEDS FOR PEOPLE IN NEWCASTLE AND GATESHEAD AND CONSIDERED NATIONAL BEST PRACTICE RECOMMENDATIONS.





**The shortlisted scenarios for consultation are shown on these two pages and in order to simplify them they are presented in two parts:**

- Three possible locations for adult acute assessment and treatment and rehabilitation services
- Two possible locations for older people services

## Acute assessment and treatment and rehabilitation scenarios



### **NTW trust wide based scenario T:**

- The adult acute assessment and treatment service for Newcastle and Gateshead residents being provided from NTW's hospital at St George's Park, Morpeth (two additional wards to be provided there) and from NTW's hospital at Hopewood Park, Sunderland (one additional ward to be provided there)
- The rehabilitation service currently at St Nicholas Hospital, Newcastle being provided from St George's Park; Elm House in Gateshead would be retained as a moving on rehabilitation unit

### **Newcastle based scenario N:**

- The adult acute assessment and treatment service (three wards) for Newcastle and Gateshead residents being provided from St Nicholas Hospital, Newcastle
- The rehabilitation ward at St Nicholas Hospital, Newcastle would provide complex care and Elm House in Gateshead would be retained as a moving on rehabilitation unit

### **Gateshead based scenario G:**

- The adult acute assessment and treatment service (three wards) for Newcastle and Gateshead residents being provided from a location to be identified in Gateshead
- A complex care rehabilitation ward would also be provided at the same location as above. Elm House in Gateshead would be retained as a moving on rehabilitation unit.

# INPATIENT CONSULTATION SCENARIOS

## Older people's mental health services, for Newcastle residents, scenarios:

### Newcastle scenario 1:

- The older people's service being provided from St Nicholas Hospital, Newcastle

### Morpeth scenario 2:

- The older people's service being provided from St George's Park, Morpeth

In both of these scenarios, we would look to provide services for people from a wider area than Newcastle, due to the very small number of people needing this service.

WHAT YOU NEED TO  
CONSIDER ABOUT THE  
DIFFERENT SCENARIOS



# What do we need you to consider about the different scenarios?

There are different advantages and disadvantages to think about in the different scenarios. For example:

- **The quality of clinical care**
- **The quality of the accommodation and environment**
- **Travel considerations**
- **The opportunity to develop new community services**
- **The balance of funding between community and inpatient care**

We need you to consider and balance all these along with your own thoughts and opinions on what you think may be advantages and disadvantages of each scenario.

## Quality of clinical care

Best practice advice is to provide a range of adult mental health services on the same site.

The benefits of this are:

- **Staff work together flexibly, reduce ward transfers, reducing risk to safety and disruption to patients**
- **More staff to respond quickly to psychiatric emergencies reducing patient and staff safety risks**

- **It enables seven day a week working for consultant psychiatrists which delivers better outcomes for patients**
- **Provides a more cost-effective way for important clinical support services such as physiotherapy, exercise therapy, occupational therapy, carers' support and other social and recreational activities.**

## Quality of accommodation

All the scenarios would see significant overall improvements in patient accommodation, including new buildings or major conversions of existing wards.

## Location and travel

There was a very strong message in the listening exercise that people worry about travelling long distances to visit relatives and friends in hospital including:

- **Cost of travel**
- **The time travels takes if using public transport**
- **How people will keep in touch with their local communities**

All the scenarios would impact on people's travel arrangements in different ways.

We have commissioned an independent travel impact survey to consider the impact of all the scenarios.

This will be available in January 2016 and we will publish it as soon as we have it.

We do not want service users and visitors to struggle to get to hospital and we make a very clear and absolute commitment to support travel in any scenarios where inpatient services are further away from local communities.

Our promise:

- **The impact of travel on service users, families and carers will be considered and addressed as part of every individual's care plan**
- **This will include access to taxis and mini bus transport**

Scope to develop community services  
Each different inpatient scenario has a different cost and this has a direct impact on amount of funding which can be released to further improve community services.



<b>Scenario description</b>	<b>NTW trust wide based scenario With older people in Newcastle</b>	<b>NTW trust wide based scenario With older people in Morpeth</b>	<b>Newcastle based scenario with older people in Newcastle</b>
<b>Where would the services be located?</b>	Acute in patient services at St George's Park and Hopewood Park Older People at St Nicholas' Hospital Rehab at St George's Park	Acute in patient services St George's Park and Hopewood Park Rehab at St George's Park Elm House Older People St George's Park	Acute in patient services St Nicholas' Hospital Rehab at St Nicholas' Hospital & Elm House Older People at St Nicholas' Hospital
<b>Quality of Clinical Care</b>	Most consistent with best clinical practice	Most consistent with best clinical practice	Less consistent with best clinical practice
<b>Quality of Accommodation</b>	Major conversions and improvements to existing accommodation. Acceptable, depending on ability to fund provision of en-suite facilities for older people	Acceptable – new build of three wards and improvements to other existing accommodation.	Major conversions and improvements to existing accommodation. Acceptable, depending on ability to fund provision of en-suite facilities for older people
<b>Location and Travel A travel impact study is being commissioned and support will be provided</b>	Acute and complex care rehabilitation services located outside of Newcastle and Gateshead.	Acute, complex care rehabilitation and older people's services located outside of Newcastle and Gateshead.	All services located within Newcastle and Gateshead.
<b>Potential for release of funding for investment in to community services</b>	£1.4 million	£1.1 million	- £0.2 million

Scenario description	Newcastle based scenario with older people in Morpeth	Gateshead based scenario with older people in Newcastle	Gateshead based scenario with older people in Morpeth
<b>Where would the services be located?</b>	Acute in patient services St Nicholas' Hospital Rehab at St Nicholas' Hospital & Elm House Older People at St George's Park	Acute in patient services Gateshead Rehab in Gateshead & Elm House Older People at St Nicholas' Hospital	Acute in patient services Gateshead Rehab in Gateshead & Elm House Older People at St George's Park
<b>Quality of Clinical Care</b>	Less consistent with best clinical practice	Less consistent with best clinical practice	Less consistent with best clinical practice
<b>Quality of Accommodation</b>	Acceptable – major conversions and improvements to existing accommodation	New build of four wards and major conversion of existing accommodation. Acceptable, depending on ability to fund provision of en-suite facilities for older people	Acceptable – new build of four wards and improvements to existing accommodation
<b>Location and Travel A travel impact study is being commissioned and support will be provided</b>	All services, with the exception of the Older People's service located within Newcastle and Gateshead.	All services located within Newcastle and Gateshead.	All services, with the exception of the Older People's service located within Newcastle and Gateshead.
<b>Potential for release of funding for investment in to community services</b>	£0 million	- £2.1million	- £2.0 million

# Get involved and have your say

**There are lots of ways to get involved. To make sure your voice is heard, you can share your views in the following ways.**

## Events

We have arranged a number of public events – please register your attendance so we can provide any additional support needs you may have, plan for catering and also so we can make sure we have enough staff to facilitate the table discussions.

### Launch event:

#### **Thursday 12 November**

**11am-1pm**

Centre for Life

Times Square,

Newcastle upon Tyne,

Tyne and Wear NE1 4EP

Registration from 10.30.

Presentation plus Question Time style event

A light lunch will be provided at the end of the event

Please register via our website

Or call 0191 217 2670

### Consultation events:

These events will involve a short presentation and table discussions around each of the potential scenarios.

#### **Wednesday 18th November 2015**

**1.30pm-4pm**

Brunswick Methodist Church

Brunswick Place,

Newcastle upon Tyne NE1 7BJ

Registration from 1pm

Please register via our website

Or call 0191 217 2670

#### **Thursday 3rd December 2015**

**6pm-8pm**

Newcastle City Library

Charles Avison Building, 33 New Bridge St

West

Registration from 5.30pm.

Please register via our website

Or call 0191 217 2670

#### **Wednesday 13th January 2016**

**10am-12pm**

Gateshead Civic Centre

Bewick Meeting Room

Registration from 9.30am

Please register via our website

Or call 0191 217 2670

#### **Saturday 6th February 2016**

Community Art space

St Edmund's Chapel, High St, Gateshead,

Tyne and Wear NE8 1EP

1pm to 3.30pm (registration from 12.30pm)

Please register via our website

Or call 0191 217 2670

## Online survey

You can access this via our website:

[www.newcastlegatesheadccg.nhs.uk](http://www.newcastlegatesheadccg.nhs.uk)

from Thursday 12th November.

A paper version is also available by calling  
0191 217 2670

## Other ways to give your views:

Community and voluntary sector organisations will be running events for service providers and holding focus groups for service users and carers. If you would like to get involved in these activities then please contact us.

### Write to us

Deciding Together public consultation  
NHS Newcastle Gateshead Clinical  
Commissioning Group  
Goldcrest Way  
Newburn Riverside (Business Park)  
Newcastle upon Tyne  
NE15 8NY

### Call us

0191 217 2670

### Email us

[ngccg.enquiries@nhs.net](mailto:ngccg.enquiries@nhs.net)



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# What will happen next?





THERE ARE LOTS  
OF WAYS TO GET  
INVOLVED,  
MAKE SURE YOUR  
VOICE IS HEARD.



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