

deciding together

DECIDING TOGETHER



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

PUBLIC CONSULTATION

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



Transforming lives together >





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

About us

NHS Newcastle Gateshead Clinical Commissioning Group

is made up of doctors, nurses and other health professionals, supported by experienced health service managers.

Our job is to make sure there are health services in place for the people of Newcastle and Gateshead. We are responsible for the majority of local NHS spending including most hospital based care, community health services, mental health services and urgent and emergency care such as ambulance services.

All GP practices are members of the CCG and work alongside specialist healthcare professionals and managers, combining expertise and experience to improve healthcare services and benefit the people of Newcastle and Gateshead.

What does this mean for patients?

Because the CCG is made up of GP practices and family doctors we believe we are well placed to fully understand our patients' needs, and are able to develop responsive health services, making sure that patient care is always at the heart of our decision-making, and ensure we continue to provide best practice and evidence-based medicine.

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1

The need to transform specialist mental health services in Newcastle and Gateshead

by Dr Guy Pilkington

My name is Dr Guy Pilkington, I am a GP in Newcastle and I am also the chair of NHS Newcastle and Gateshead Clinical Commissioning Group (CCG).

A few years ago we created a Mental Health Programme Board (MHPB) to help us transform the way people in Newcastle and Gateshead are supported when they, or people close to them, experience mental health issues.

I am passionate about this work and would like to explain why our specialist mental health services need to change.

For far too long mental healthcare has been described as the Cinderella service compared to healthcare for physical complaints. There is no health without mental health.

I have heard fantastic stories about the exceptional care that local people have received from skilled and committed care professionals. I want to make sure that everyone receives that level of care.

Despite the best efforts of skilled and committed care professionals we know that we fail to prevent ill health as much as we should and we rely too much on medicine, when there can be better results from talking therapy, social connections and the human touch.

I believe we need to invest more in mental

health services in community settings. Locally we need to tap into the strengths of individuals and communities themselves, of voluntary organisations who can support people and help them live fulfilling, independent lives. When people's mental health gets worse we need to have options for them to access more intense help quickly and near where they live. When people have become seriously unwell we need to help them recover in ways that are more effective than now, helping people to get back to where they want to be.

But to do this we need to change where we invest our money. We must spend less on looking after people in hospital and more on supporting them in community settings and continue the drive to reduce admissions to hospital. We have lots of hospital units across across Newcastle and Gateshead, they are not up to the standard we expect nowadays and they are too dispersed across the area for us to ensure the highest quality of specialist care possible. We cannot carry on with what we do now.

I recognise that some of you might see these statements as a cause for concern, but the purpose of this document is to set out in detail the options for changes we need to make and how they will be managed safely. Once agreed, the CCG will make sure that any changes improve the support available for local people. We will continue to have the range of options to care for people that we have now. But we will also make sure we create new, different and better ways of offering support.

In order to do this we need your help. We know that health professionals, social care staff and their organisations can only

provide one side of the story. We need to hear from and listen to the thoughts of people who have a different point of view – people who have experience of living with mental health concerns, people who have cared for friends and relatives and members of the public who do not have experience of mental health problems, but are interested.

With your help we can do better.

We can build a better way to offer mental healthcare in Newcastle and Gateshead.

Together, we can think differently about mental health.

Dr Guy Pilkington

GP chair of Newcastle Gateshead CCG
Chair of the Newcastle and Gateshead
Mental Health Programme Board and a
Newcastle GP

I BELIEVE WE NEED TO INVEST MORE IN MENTAL HEALTH SERVICES IN COMMUNITY SETTINGS. LOCALLY WE NEED TO TAP INTO THE STRENGTHS OF INDIVIDUALS AND COMMUNITIES THEMSELVES, OF VOLUNTARY ORGANISATIONS WHO CAN SUPPORT PEOPLE AND HELP THEM LIVE FULFILLING, INDEPENDENT LIVES.

OUR ENGAGEMENT WORK AND PARTICIPATORY BUDGETING HAS BEEN SHORTLISTED BY THE CHARTERED INSTITUTE OF PUBLIC RELATIONS (CIPR) NORTH EAST PRIDE AWARDS AS EXAMPLES OF EXCELLENT PRACTICE.



2

The background to our Deciding Together process

If you live in Newcastle or Gateshead and have experience of, or an interest in, specialist mental health services we hope you will already be aware of the 'Deciding Together' work.



You will find this consultation document, the full Case For Change, along with other documents mentioned in this consultation, along a range of new and previously published information about Deciding Together on our website www.newcastlegatesheadccg.nhs.uk

This consultation document is a summary of our full Case for Change document. The Case for Change is a substantial document and contains lots more detail about the issues contained here – so if you want to know more about these issues you can look at it. We've tried to provide references to make it easier.

If you've taken the time to get involved in the listening process over the past year, thank you very much for your contributions. Your views have had a very important role in helping us think about the different ways we could arrange local mental health services in a better, more effective way to help more people recover sooner.

This consultation is about sharing these different scenarios with you, and listening to what you think about them.

We are using the term 'scenarios' to describe some different suggestions for how services could be provided. All of the scenarios include improvements to the way service users and carers are able to access services and get the support they need. We feel that it is important we give as much information as possible and there are a number of documents we refer to during this consultation document. To make it easier, we have listed them in section 14 and are all available on our website.



SUMMARY OF WORK DONE SO FAR

JULY 2014

(WHEN WE BEGAN)



We've listened to the public, service users, carers, NHS and social care professionals, the voluntary and community sector, elected members and members of the public



We've discussed specialist services including those for more complex mental health conditions like severe depression, schizophrenia, psychosis & personality disorder

NOV 2014



Ran a dedicated listening exercise 'Deciding Together' from November 2014 to February 2015



Introduced a new way to engage local people in these complex issues by giving them the opportunity to step in the shoes of health commissioners through two participatory budgeting events called "how to spend the mental health pound"

FEB 2015

MAR 2015



Published feedback in March 2015

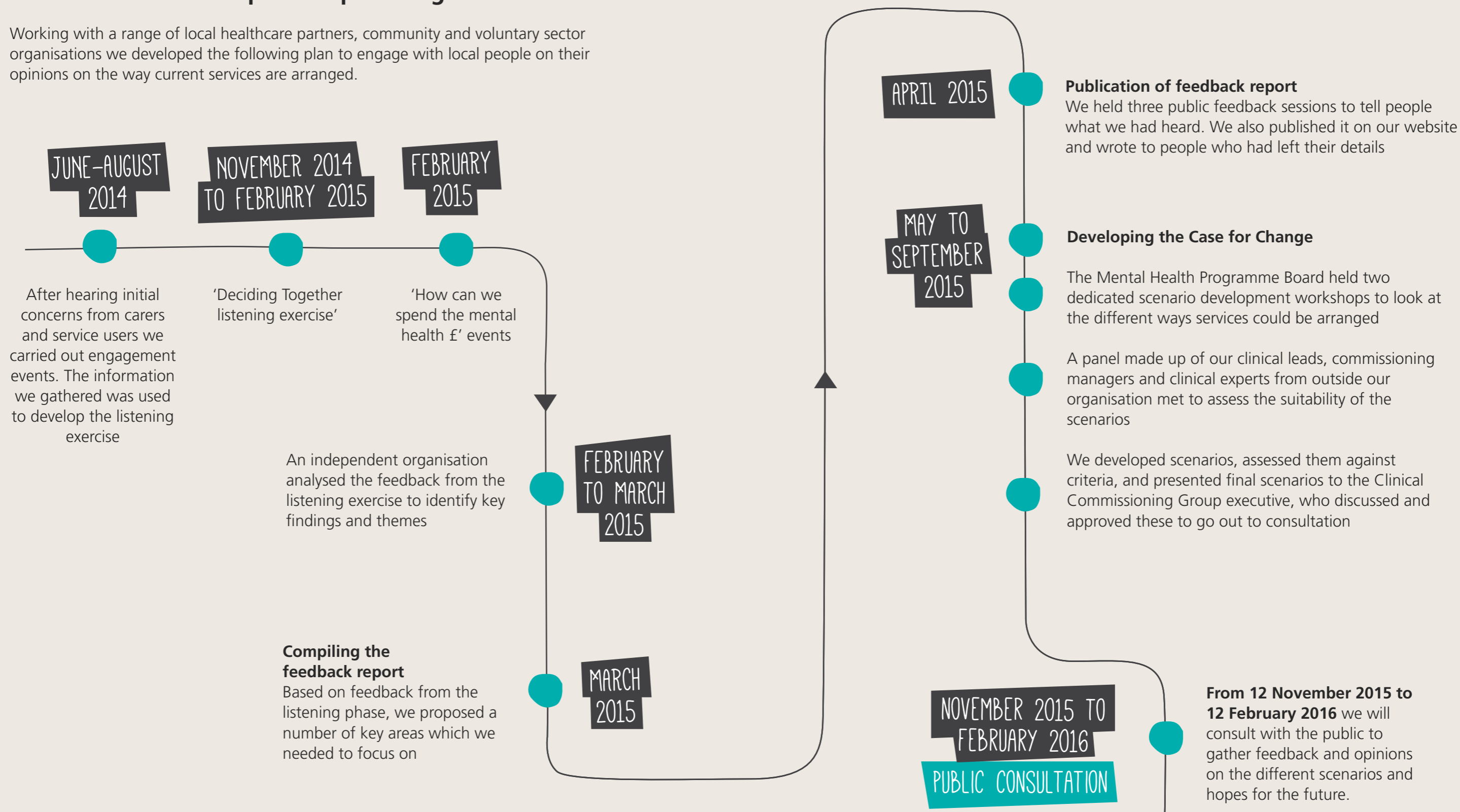


Used feedback with clinical evidence and best practice to inform different ways that inpatient and community mental health services could be arranged in the future – these are called scenarios and are set out in this document.

It is very important that people know that no decisions about these scenarios have been made.

How we have developed the plans together

Working with a range of local healthcare partners, community and voluntary sector organisations we developed the following plan to engage with local people on their opinions on the way current services are arranged.





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.



3

What is happening to mental health policy nationally and in different local organisations?

In our listening document 'Deciding Together' we explained the reasons why we need to look at making changes to mental health services locally. Our Case for Change document builds upon this and provides more details about other relevant, key mental health strategies and reports. Some of the reasons we need to change are nationally driven, and some are local. In this section we summarise some of those reasons.



You will find documents mentioned in this section alongside a range of new and previously published information relating to Deciding Together on our website www.newcastlegatesheadccg.nhs.uk

We have also listed key documents we mention and where you can find them in section 14.

National context

The most recent and key strategic document for the NHS published in October 2014 is the 'NHS Five Year Forward View'. It describes how the NHS needs to:

- **Become a social movement**
- **Be a better partner to local communities**
- **Develop new partnerships with communities, local authorities and employers**
- **Find new solutions through new models of care as the NHS is too diverse for one size fits all**
- **Break down barriers in how care is provided**

It also emphasises the focus on 'parity of esteem' to ensure mental health is valued equally to physical health and to achieve this by 2020.

The key over-arching strategic direction for mental health is described in 'No health without mental health' (H.M. Government 2011).



SOME OF THE REASONS WE NEED TO CHANGE ARE NATIONALLY DRIVEN, AND SOME ARE LOCAL.

It identified four main ways of increasing value for money in mental health services:

- **Improving the quality and efficiency of current services**
- **Radically changing the way that current services are delivered so as to improve quality and reduce costs**
- **Shifting the focus of services towards promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental illness arises**
- **Broadening the approach taken to tackle the wider social determinants and consequences of mental health problems**

It states that we must work 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 also 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.

THE 'NHS FIVE YEAR FORWARD VIEW' ALSO EMPHASISES THE FOCUS ON 'PARITY OF ESTEEM' TO ENSURE MENTAL HEALTH IS VALUED EQUALLY TO PHYSICAL HEALTH AND TO ACHIEVE THIS BY 2020.





OUR HEALTH COMMISSIONING AGENDA IS FOCUSED ON HEALTH OUTCOMES, QUALITY OF LIFE AND EARLY INTERVENTION

What does this mean for how we commission specialist mental health services locally?

We have a strategic plan for how we wish to develop and deliver healthcare services across Newcastle and Gateshead for the next five years. It takes account of significant local and national challenges particularly about the future financial climate.

The CCG's strategic plan includes objectives, which apply equally to mental health and physical health, to:

- **Increase the number of people with mental and physical health conditions having a positive experience of care outside of hospital, in general practice and in the community**
- **Reduce the amount of time people spend avoidably in hospital through better and more integrated care in the community, outside of hospital**

Our vision for the model of health service provision in 2018/19 is that it will be as equally focussed on improving mental health as it is on physical health and that patients, young or old with mental health problems, do not suffer inequalities.

In order to ensure parity of esteem for mental health we will address the 25 areas identified in 'Closing the Gap: priorities for essential change in mental health', DoH, January 2014.

Our mental health commissioning agenda is focussed 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**

We expect these overarching work programmes to support the reduction in the 20 year gap in life expectancy for people with serious mental illness. We will consider how we can adopt the following models and strategies to help achieve the reduction:

- **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**

Financially, in-line with national requirements we are expecting Northumberland, Tyne and Wear NHS Foundation Trust 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.



OUR STRATEGIC PLAN
TAKES ACCOUNT OF
SIGNIFICANT LOCAL AND
NATIONAL CHALLENGES
PARTICULARLY ABOUT
THE FUTURE FINANCIAL
CLIMATE.



What does this mean for providers of specialist mental health services locally?

Northumberland, Tyne and Wear NHS Foundation Trust

Northumberland, Tyne and Wear NHS Foundation Trust (NTW) are the main provider of specialist mental health community and inpatient services in Newcastle and Gateshead.

NTW has seven strategic objectives, with the two below being the most relevant to this consultation.

- **Modernising and reforming services in-line with local and national strategies and the needs of individuals and communities - providing first class care in first class environments**
- **Being a sustainable and consistently high performing organisation**

The trust has been delivering its strategic objectives through a programme of service transformation which includes:

- **Developing new care pathways to improve the quality of care for everyone using their community services**
- **Working with their staff who support people in the community, to help them to free up more of their clinical time through the use of mobile technology and new ways of working**
- **Reviewing the use and the reliance on inpatient services for adults who require mental health and learning disability services in the light of the provision of improved community, access and initial response services**

Phase one of their transformation programme has seen the successful implementation of new models of care in Sunderland and South Tyneside and this is now being rolled out across other areas in Northumberland, Tyne and Wear. Already the CCG has agreed to improvements in community services which you can read about in section 8.



The role and contribution of the local voluntary and community sector (VCS)

In Newcastle and Gateshead VCS organisations provide a wide range of advice, care and support to people with mental health problems.

This includes nursing care and other specialist services (for example rehabilitation and homelessness support) as well as a wide range of creative, educational, vocational and therapeutic activities, and the provision of advocacy, advice or signposting to relevant community resources eg for help with work, housing, debt and benefits issues.

Some (for example Citizen's Advice) work with high levels of people with mental health needs despite the fact that they are not seen as mental health organisations as such.

VCS service providers vary in size from those with a few volunteers, to regional and national charities employing many staff. They are usually funded in three main ways:

- **Commissioned by the local authority**
- **Commissioned by the CCG**
- **Receive grant funding from charitable trusts like the Big Lottery, Comic Relief or other sources**


The changes to specialist mental health services that are being brought about by national policy, local commissioning priorities, and the outcomes of the Deciding Together process mean that there could

be opportunities for the VCS to increase their role and contribution, for example by providing:

- **Input to a multi-agency initial response system**
- **Alternatives to hospital admission e.g. crisis beds and crisis houses**
- **Flexible community based rehabilitation services**
- **Improved and increased housing and support (including adult fostering)**
- **Increased access to vocational pathways including volunteering, training, education and employment**
- **Greater range of arts, creativity and cultural activities**
- **Increased access to link workers and service navigators who can quickly guide and connect people to the help and resources they need**

VCS organisations have a track record in knowing and understanding local communities, being accessible to groups that struggle to engage with statutory services like the NHS and social services, and in reducing the cost of services by focusing on prevention and local solutions.

In common with the public sector as a whole VCS service providers are experiencing a significant increase in demand whilst at the same time funding and contracting opportunities are reducing. This means that more efficient and effective ways of working are constantly being developed.



1 IN 5 OF THE LOCAL
POPULATION ARE ESTIMATED
TO EXPERIENCE A COMMON
MENTAL HEALTH PROBLEM
(INCLUDING ANXIETY,
DEPRESSION, PHOBIAS ETC).

4

What do we know about who uses services and their outcomes of care?

A public health needs assessment shows that there is a higher level of mental health need in Newcastle and Gateshead, compared with many other areas of the country.



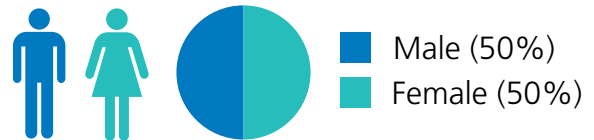
There is detailed public health information as well as the impact this has on equalities in the full Case for Change document appendix three which you can find at www.newcastlegatesheadccg.nhs.uk

POPULATION

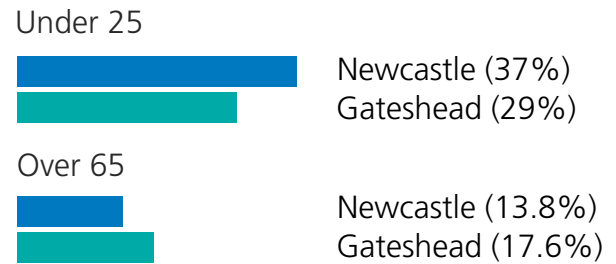
484,000

residents across Newcastle and Gateshead

Population by gender



Population spread by age

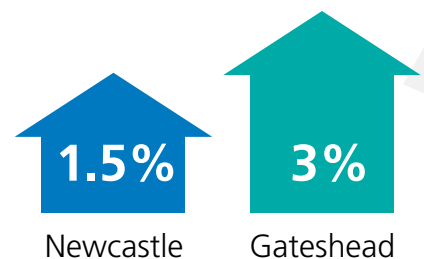


BME population



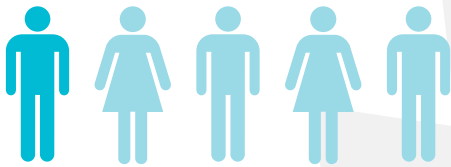
Projected population increase

Largest increases:
Males;
over 65's;
0-19's



MENTAL HEALTH

Common mental health conditions



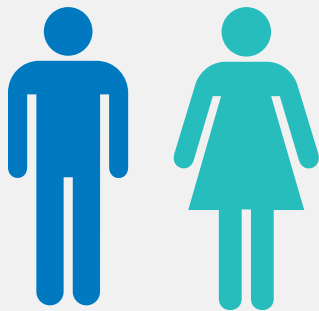
1 in 5 of the population are estimated to experience a common mental health problem (including anxiety, depression, phobias etc.).

In terms of numbers of people living in the region, this would equate to:

70,000 in Newcastle
48,678 in Gateshead

26,627

adults presented to their GP with depression across Newcastle and Gateshead in 2013/14. 3,937 were newly diagnosed cases.



1 in 4 women are likely to be treated for depression, compared to 1 in 10 men.



Rates of mental health problems are thought to be higher in minority ethnic groups compared to the white population in the UK.



75%

75% of those who die from suicide are men, and there are links between mental ill-health and social deprivation.

Serious mental illness

4,814

OR	UK
0.96%	0.86%

People across Newcastle and Gateshead are on The Serious Mental Illness Register (Public Health England profiling tool).

1,897

OR
0.48%

Adults across Newcastle and Gateshead estimated as having a psychotic disorder.

MORBIDITY AND MORTALITY

Life expectancy



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.

Excess mortality (premature deaths)



The rate of premature deaths for users with serious mental illness is 3.2 times higher than the general population across Newcastle and Gateshead.

5

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**

Community mental health services that are run by the VCS are not formally part of this consultation but depending on the outcome of this consultation VCS services for adults and older people with mental health problems could be extended or enhanced.

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**
- **Mental health services provided by the voluntary sector**



6

What you said was
important to you



During our listening activity, there were a number of very strong themes that emerged. We have used your feedback to inform our thinking as we have developed the scenarios for change described in section 9.

We've summarised the feedback into four main themes below.

- **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**



You can read in detail what people said during our listening period on our website www.newcastlegatesheadccg.nhs.uk

7

How current services
are arranged

Community mental health services are provided by Northumberland, Tyne and Wear NHS Foundation Trust (NTW), Newcastle City Council and Gateshead Council, and a range of community and voluntary sector organisations. Inpatient services are provided by NTW. You can see the location of these services in the map on page 35.



You can read in detail about how current services are arranged, types of services and their locations in our Case for Change document in appendix 4 available on our website www.newcastlegatesheadccg.nhs.uk

In the case of NHS community mental health services, NTW has previously identified the need to improve the ways in which these services are delivered and the CCG has agreed plans for doing so. You can read more about this in section 8.

There are patient environment and quality of accommodation issues which NTW and the CCG both agree need to be addressed.

These issues have also been highlighted during CQC Mental Health Act visits.

Over the last 30 years, service users and their advocates have worked with the NHS and other partners to make sure that people with mental health problems are no longer expected to live in hospitals or other institutions.

In the early 1990s services were encouraged to place mental health wards on general hospital sites alongside physical health services and away from institutions, as was the case in Newcastle and Gateshead. Now, there are much smaller numbers of people who need to be admitted to hospital. Those who do need to be admitted have very high levels of need, require much more intensive support, are likely to be detained under the Mental Health Act and are likely to be in hospital for a shorter time.

ALL INPATIENT SERVICES ARE FULLY COMPLIANT WITH CARE QUALITY COMMISSION (CQC) STANDARDS AND ACCREDITED BY THE ROYAL COLLEGE OF PSYCHIATRISTS, MOST WITH AN EXCELLENT RATING :-)

Morpeth ● ←..... St George's Park

NORTH SEA

NORTHUMBERLAND

NORTH TYNESIDE

St Nicholas Hospital

Centre for Ageing and Vitality

Ravenswood

Silverdale

NEWCASTLE

Molineux St

SOUTH TYNESIDE

Lobley Hill Clinic

Dryden Rd Clinic

Tranwell Unit, QE

Elm House

GATESHEAD

Hopewood Park

CO. DURHAM

SUNDERLAND

Community services provided by Northumberland, Tyne and Wear NHS Foundation Trust

Northumberland, Tyne and Wear NHS Foundation Trust (NTW) provide a number of different mental health services which work across Newcastle and Gateshead.

These include community treatment services include:

- **Non-psychosis and psychosis pathways**
- **Older peoples services**
- **Assertive outreach service**
- **Early intervention in psychosis service**
- **Community rehabilitation service**
- **Crisis and home treatment services (24 hour)**
- **Initial response team (Gateshead – 24 hour)**

Traditionally most community teams work from 9am-5pm, Monday to Friday and close at the weekends and in the evenings. Some teams work across more than one local area (for example some Gateshead teams are linked to Sunderland services) which can lead to more complex pathways of care.

In 2012 NTW began a review of community services. A key finding was that 30-40% of inpatients experienced a hospital stay because of a lack of the community and social provision that would keep them out of hospital.

Other findings were:

- **Patients were unable to always quickly and simply access the right service and pathway for their needs**
- **Pathways of care were not always clear and coherent for the patient journey**
- **Detailed formulation following assessment was not always evident which could result in ineffective care being delivered and a potential risk to patient safety**
- **Current pathways did not provide the effective, evidence-based interventions capable of delivering the best outcome for patients. Service users often stayed in the service for a long time with relatively little contact with staff**
- **Pathways were not designed around the patient, nor were they particularly efficient**
- **Pathways often generated considerable waits for patients**
- **Patients were often unable to achieve timely discharge from the community service**
- **Clinical staff were only able to spend approximately 25% of their time in direct contact with patients**

Many of these themes were also identified in the feedback received during our Deciding Together listening exercise.

As a result of these issues, NTW started a transforming community services programme to develop new community

pathways and new ways of working and the Mental Health Programme Board have agreed to roll out these developments in Newcastle and Gateshead.

You can read more about community services developments that have been agreed in section 8.

Community services provided by voluntary and community sector organisations (VCS)

VCS organisations in Newcastle and Gateshead are commissioned to provide a wide range of care and support to people with mental health problems, as well as advice and creative, educational and therapeutic activities. This includes:

- **Specialist community services**
- **Accommodation with nursing and other support**
- **Floating support packages**
- **Vocational opportunities in work, education and volunteering**
- **Provision of supported housing and services to homeless people**
- **Signposting and linking to mainstream community resources**
- **Advice, advocacy and support to particular groups such as young people, women, men, black and other ethnic minorities, older people, mental health service users and carers**



You can read a list of services commissioned by the CCG from the mental health voluntary and community sector in our Case for Change document in appendix five available on our website www.newcastlegatesheadccg.nhs.uk



A KEY FINDING WAS THAT 30-40% OF INPATIENTS EXPERIENCED A HOSPITAL STAY BECAUSE OF A LACK OF COMMUNITY AND SOCIAL PROVISION

Inpatient services provided by Northumberland, Tyne and Wear NHS Foundation Trust

The table below shows the number of admissions of Newcastle and Gateshead residents to the inpatient services in 2014/15.

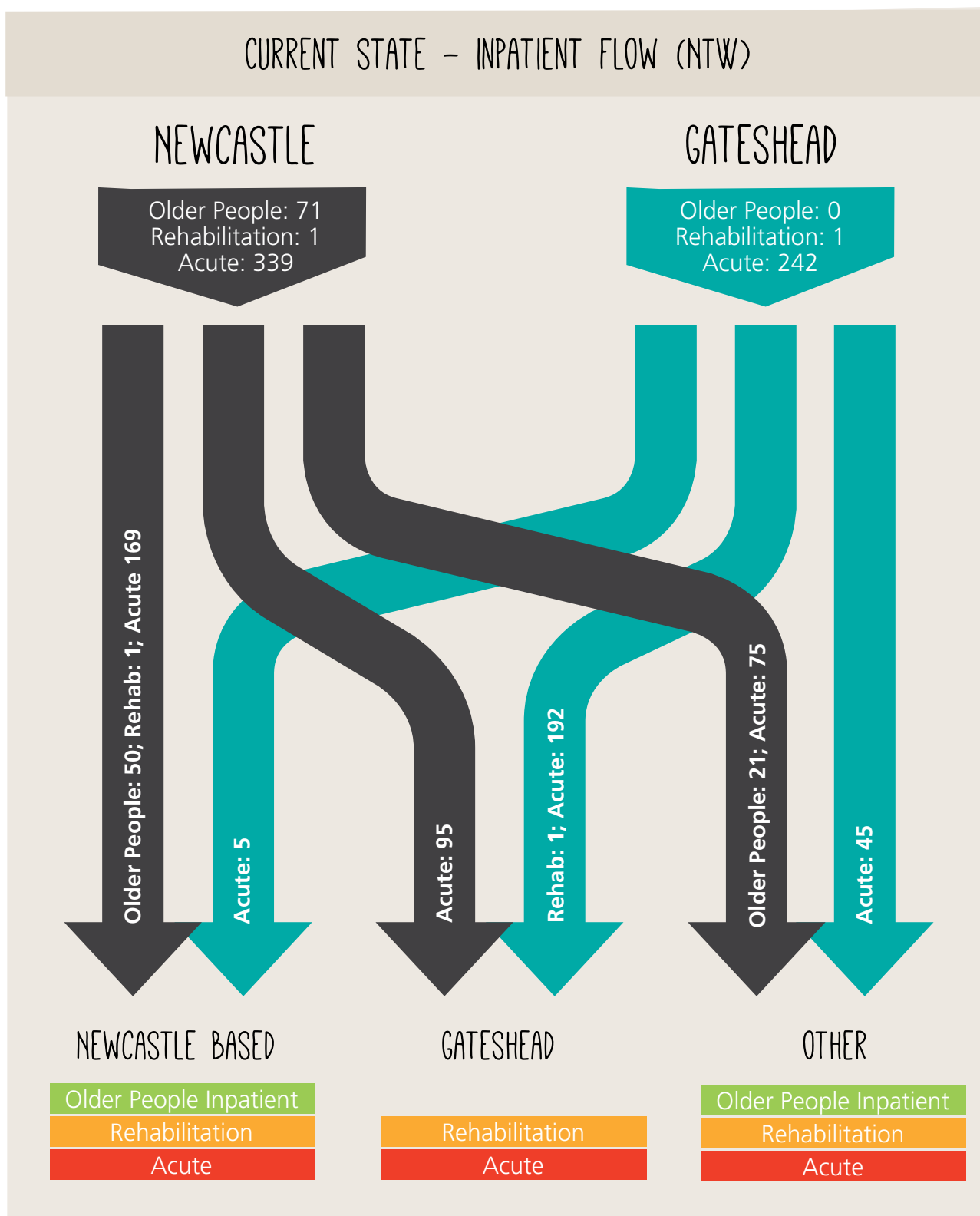
	NEWCASTLE	GATESHEAD
Acute Assessment and Treatment	339	242
Rehabilitation*	1	1
Older People's services**	71	0

*Rehabilitation – direct admission only (other admissions are transfers from other wards)

**Older People's services – service in Gateshead is not provided by NTW.



The diagram below shows how people were admitted as inpatients i.e. into wards based in Newcastle, in Gateshead, or into other NTW wards outside of Newcastle and Gateshead.



People only need to be in hospital when home or community treatment is not possible or appropriate due to the risk to either themselves or to other people around them.

The CCG recognises and agrees that we need investment to significantly improve the facilities and we must consider how this might be done to deliver the quality of care improvements as well as the best value for the funding we have available.

Acute assessment and treatment service

These services provide intensive 24 hour support for adults with very serious acute mental health problems such as severe depression, schizophrenia, and psychosis.

The Tranwell Unit

The Tranwell Unit on the Queen Elizabeth Hospital site in Gateshead includes two wards in a two storey building. These are:

- **Fellside is a 20 bed acute admission ward for men**
- **Lamesley is an 18 bed acute admission ward for women**

The general hospital site is managed by the Gateshead Health NHS Foundation Trust. Both wards have the Royal College of Psychiatrists AIMS accreditation with Lamesley ward being awarded with excellence.

AIMS accreditation identifies and acknowledges wards which have high standards of organisation and patient care.

The environment for this service makes it more difficult for staff to deliver and improve upon the quality of care provided. These issues have been raised by CQC Mental Health Act inspections

Environmental issues include:

- **No en-suite facilities on the wards and no possibility to provide these**
- **Low number of communal bathroom facilities**
- **No direct access to outside space**
- **Shared male and female central courtyard requires high levels staff escort**
- **Poor heating and air conditioning control**
- **Problems with window safety**

The Hadrian Clinic

This is located on the Campus for Ageing and Vitality site in Newcastle (formerly Newcastle General Hospital) has three wards in a three storey building.

- **Gainsborough and Collingwood are 16 bed acute admission wards for men**
- **Lowry is a 16 bed acute admission ward for women**

The site is managed by the Newcastle Hospitals NHS Foundation Trust. All three wards are AIMS accredited, Lowry and Gainsborough with excellence.

The environment for this service makes it more difficult for staff to deliver and improve upon the quality of care provided.

THE CCG RECOGNISES AND AGREES THAT WE NEED INVESTMENT TO SIGNIFICANTLY IMPROVE THE FACILITIES AND WE MUST CONSIDER HOW THIS MIGHT BE DONE TO DELIVER THE QUALITY OF CARE IMPROVEMENTS AS WELL AS THE BEST VALUE FOR THE FUNDING WE HAVE AVAILABLE.

These issues have been raised by CQC Mental Health Act inspections.

Environmental issues include:

- **No en-suite facilities on the wards and no opportunity to provide these**
- **Low number of communal bathroom facilities**
- **Poor staff facilities**
- **Poor general patient facilities**
- **No direct access to outside space**

Other issues for both the Tranwell Unit and The Hadrian Clinic include:

The units are relatively isolated, with no surrounding mental health wards. There are no additional clinical or support staff who

can support patients and staff to stay safe in situations when a patient might become more challenging.

Ward design means clinical observation of patients can be difficult. Patients are more restricted in their activities than they would be in a more modern ward. Some rooms have 'blind spots' which are addressed by mirrors – it's not ideal and increases risk. It's become more difficult to recruit and retain clinical staff to work in these poorer environments. These issues mean that some patients who are assessed as being more challenging are unable to be safely cared for in these locations, so are admitted to NTW beds elsewhere – at St George's Park in Morpeth or Hopewood Park in Sunderland. Facilities for visitors, families and carers are poor, particularly for those visiting with children.

Both the CCG and NTW share the view that these two buildings are not up to the standards required for modern care.

Rehabilitation services

These services provide intensive rehabilitation over the short to medium term.

Willow View is a 16 bed ward at St Nicholas Hospital, Newcastle for men and women.

The main patient environment issue is the lack of en-suite facilities in bedrooms.

Elm House in Gateshead is a community based rehabilitation service with 14 beds for men and women with complex mental health needs requiring longer term rehabilitation and is known as a “moving on” rehabilitation ward.

Older people’s mental health services – in Newcastle only

These are two wards, within the Centre for the Health of the Elderly on the Campus for Ageing and Vitality site in Newcastle (formerly Newcastle General Hospital).

Castleside is a mixed male and female 20 bed ward providing assessment treatment and rehabilitation for older people with mental health problems arising from organic disorders such as dementia.

Akenside is mixed male and female 18 bed ward providing assessment, treatment and rehabilitation for older people with mental health problems arising from functional disorders such as depression.

Both have AIMS accreditation with excellence.

There are accommodation issues which compromise the ability of the staff to provide good quality care. These include:

- **No en-suite facilities**
- **Design of the wards problematic for single sex accommodation standards for access to bathroom and shower facilities for both men and women**
- **Poor heating and air conditioning control**
- **Wards over two floors mean patients need to be escorted**
- **No direct access to outside space**

Gateshead older people’s mental service is provided by the Gateshead Health NHS Foundation Trust and is not included in this consultation.



8

Agreed improvements for NTW Trust community services

NHS providers constantly seek to make improvements in the quality of the care they deliver. The following changes 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.



All these agreed community services improvements are described in more detail in the Case for Change document.

The patient pathway

A new patient pathway will increase the time staff spend providing direct patient care. This will introduce new technologies such as digital dictation, different job roles, team structures and clinical skills.

There will be two new pathways introduced to support people with psychosis and non-psychosis.

Staff working within these pathways will have specialist knowledge, experience and skills in working with service users with the different needs associated with psychosis and non-psychosis.

A Step Up function will form an essential part of the pathway, This will respond to urgent requests for help, perhaps when people are starting to become more unwell and need to be seen quickly This is particularly crucial in psychosis where relapses are difficult to manage in the later stages.

Step Up will also manage the care of people who require intensive care packages, who have previously been supported by Assertive Outreach Teams. It will have a 'ward facing' remit to ensure people are proactively supported to leave hospital and will also monitor and review any out of area placements and facilitating early returns to the local area.

The non-psychosis pathway will have a Personality Disorder sub-specialism within it. Staff working within this function will have specialist knowledge, experience and skills in working with service users with a personality disorder. However, personality disorder is a key issue in the non-psychosis pathway it is important that the wider team members also develop skills in working with personality disorders.

Single point of access for NTW services

There will be a single point of contact for enquiries, which will be accessible 24/7. This single point will manage all requests for help, including:

- **Urgent and non-urgent referrals to NTW services**
- **Booking and re-booking appointments, including sending patients 'Introduction to Me' document to help them prepare for their assessment appointment – meaning they tell their story only once**
- **Providing advice and information, including signposting to other services**
- **Supporting service users who do not attend for appointments**

This single point of contact will:

- **Make it much easier for service users, carers and partners to access the help and support they need**
- **Reach people who need our help earlier and quicker**
- **Free up time spent by community teams – meaning more time for clinical support for patients**

A NEW PATIENT PATHWAY WILL INCREASE THE TIME STAFF SPEND PROVIDING DIRECT PATIENT CARE. THIS WILL INTRODUCE NEW TECHNOLOGIES SUCH AS DIGITAL DICTATION, DIFFERENT JOB ROLES, TEAM STRUCTURES AND CLINICAL SKILLS.



Assessment of need

Assessments 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 be agreed with the service user. It 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.

Appointments can be booked in range of ways – phone, in person or on-line. All review meetings will be co-ordinated so the number of meetings needed is minimised.

Discharge from NTW services

Discharge planning will be thought about throughout assessment and treatment. Appropriate goals are set so people can aim for improved quality of life and independence.

Services users will have a co-ordinated discharge plan that includes information on:

- **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

A new memory pathway is being considered by the CCG and will consist of the following key elements:

- **A Memory Service to provide early diagnosis of dementia. In the new model this function will expand its current role to incorporate on-going management of some patients with low intensity needs particularly around medication management and mood**
- **Community teams will manage those people who require treatment and on-going support. The staff will co-ordinate people's care across the Trust's pathway and in conjunction with other partners. The Younger People with Dementia specialists and Nursing Home Liaison posts will be based within these teams**
- **Day hospital and step up in the new model will provide a responsive and intensive support function. Extended hours of delivery will support the development of a crisis response**
- **The Challenging Behaviour Team will provide enhanced support to people with especially challenging needs**

9

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

We've already described the improvements we want to make to community services in the previous section (8). These improvements will mean that even more people will be effectively supported in the community and less will need to be admitted to hospital.



In our *Case for Change* there is more detailed information about how we looked at a number of different scenarios – and the process we went through to shortlist them as being clinically safe, affordable and achievable. You can find this at www.newcastlegatesheadccg.nhs.uk



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

The CCG, the voluntary and community sector and NTW have been working together to develop an innovative model of community services for the future.

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 we think this should include:

- **Improved access to help, advice and support when in a crisis**
- **Alternatives to admission to hospital**
- **Greater access to vocational opportunities, such as supported volunteering, education, training and employment support**
- **Increased availability of peer support**
- **Increased involvement of and support for carers**
- **Increased access to navigation and link workers**
- **Greater use of social prescribing, direct payments and personalisation**
- **Development of alternative models like adult fostering**

Taking all this into account we have developed a new community support framework shown on page 50.

Some of these extra, or in some cases redesigned or extended, services present

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

These could include:

A multi-agency initial response system

Developing a multi-agency initial response system is an essential development for the Mental Health Programme Board.

This will respond to all urgent requests for help and will aim to support people quickly. Importantly, if a person defines their need as urgent then they will receive an urgent response, although this response may not need a high level service.

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**

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

DEVELOPING A MULTI-AGENCY INITIAL RESPONSE SYSTEM IS AN ESSENTIAL DEVELOPMENT FOR THE MENTAL HEALTH PROGRAMME BOARD



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

PROPERLY PERSON AND FAMILY CENTRED



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

There is already a range of housing provided by the voluntary and community sector and councils supporting vulnerable people, those with housing problems, and those with mental health needs.

These vary from offering a few hours face to face support a week to units that have staff available on site 24 hours.

We could extend and develop the range of accommodation to include further options which could reduce the need for hospital admission.

Urgent response and care - residential crisis support

We could develop a new crisis service in the community. Similar models have been successful elsewhere in the country. This could include 24 hour clinical staff presence and also employ peer workers. It would work closely with statutory community and inpatient teams to support people who might otherwise need to be admitted to hospital to remain safe. There could be options to provide this as a shared resource across Newcastle and Gateshead.

Urgent response and care - crisis support without beds

We could develop a new service to provide a short term safe place or sanctuary in a crisis.

It would not offer overnight accommodation, but could for example be a 9.00am to 9.00pm or a 2.00pm to 2.00am service. It would offer access to immediate emotional and psychological support and practical assistance, listening, advice and signposting to other services.

It could be peer-led, but professionally supervised, and would work in partnership with clinical services

Community based recovery college

The existing Ivy Centre for Recovery Knowledge is based at St Nicholas Hospital.

It uses NTW's own peer support workers to deliver educational mental health courses, self-management sessions, personal and skills development.

Together, we 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, offering increased vocational and social inclusion

We could develop a multi-agency hub that links and signposts to existing services and support in Newcastle and Gateshead.

It would also offer information about debt, benefits, housing, relationships, work, volunteering and education and training.

The different ways we could arrange inpatient services

We said earlier in section 9 that 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 which is described in section 8. We have already agreed with NTW that we need to make significant changes.

As described in section 9 we will be implementing new community pathways and ways of working locally which 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 HAVE LOOKED CAREFULLY AT FUTURE INPATIENT NEEDS FOR PEOPLE IN NEWCASTLE AND GATESHEAD AND CONSIDERED NATIONAL BEST PRACTICE RECOMMENDATIONS. WE'VE ALSO CONSIDERED WHAT WE HAVE LEARNED FROM CHANGING COMMUNITY SERVICES AND THE MODEL OF CARE IN SUNDERLAND AND SOUTH TYNESIDE.



You can find detailed information about admission rates, average length of stay, emergency admission rates and how we modelled these in our full Case for Change document on our website www.newcastlegatesheadccg.nhs.uk

We have looked carefully at future inpatient needs for people in Newcastle and Gateshead and considered national best practice recommendations. 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.

Our planning assumption is 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, after the Deciding Together listening exercise, 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 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**

As a result these six were further developed into 12 more detailed scenarios which included the current situation and 11 other scenarios showing variations of where services could be located.

For each of the 11 new scenarios, 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.



You can find detailed information about all the scenarios and shortlisting process in our full Case for Change document appendix 9 www.newcastlegatesheadccg.nhs.uk





10

The inpatient scenarios
for change

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:

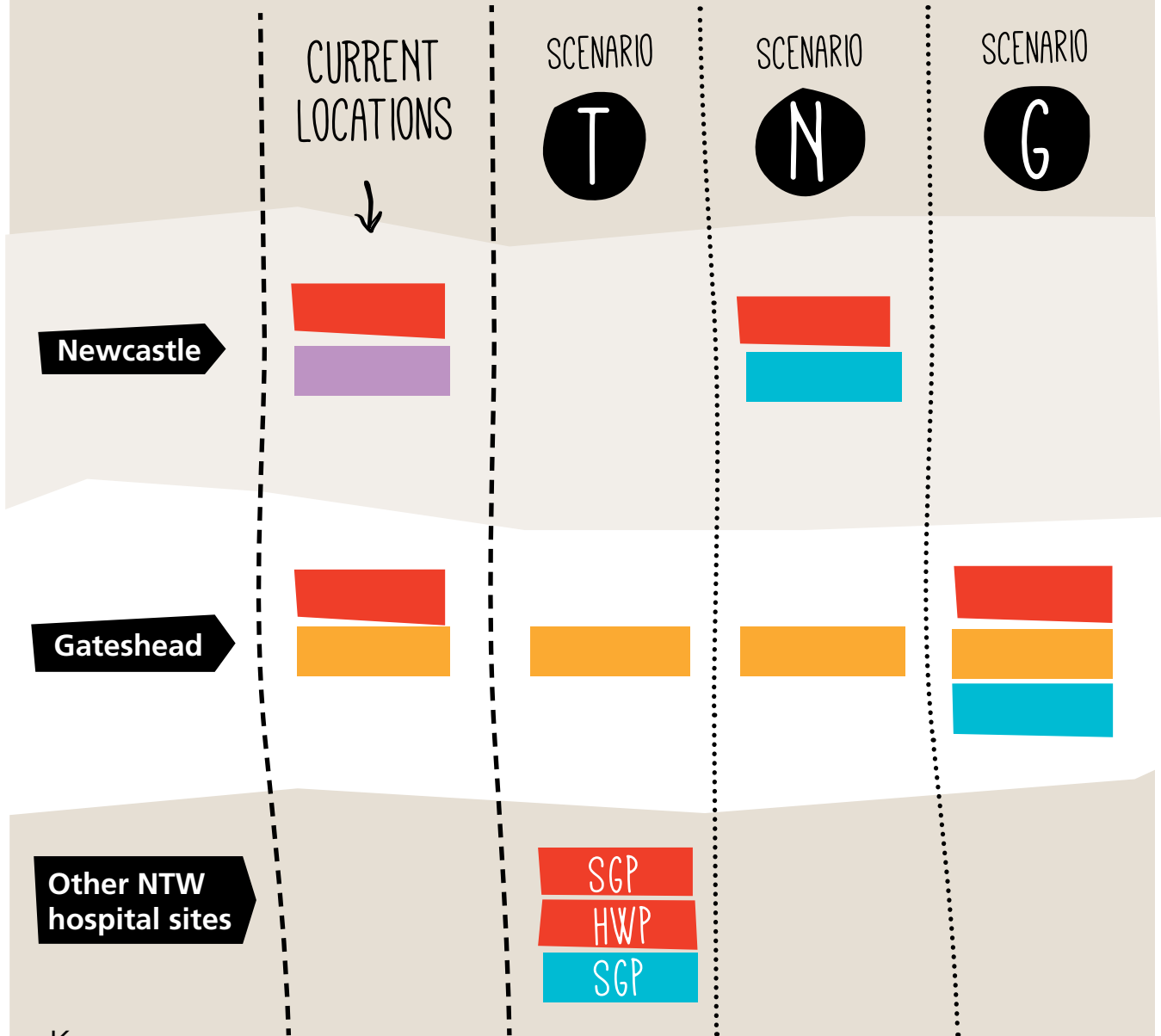
- The older people's service being provided from St George's Park, Morpeth

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
- SEE PAGE 63

Proposed inpatient locations

(Adult Acute and Rehabilitation Services)



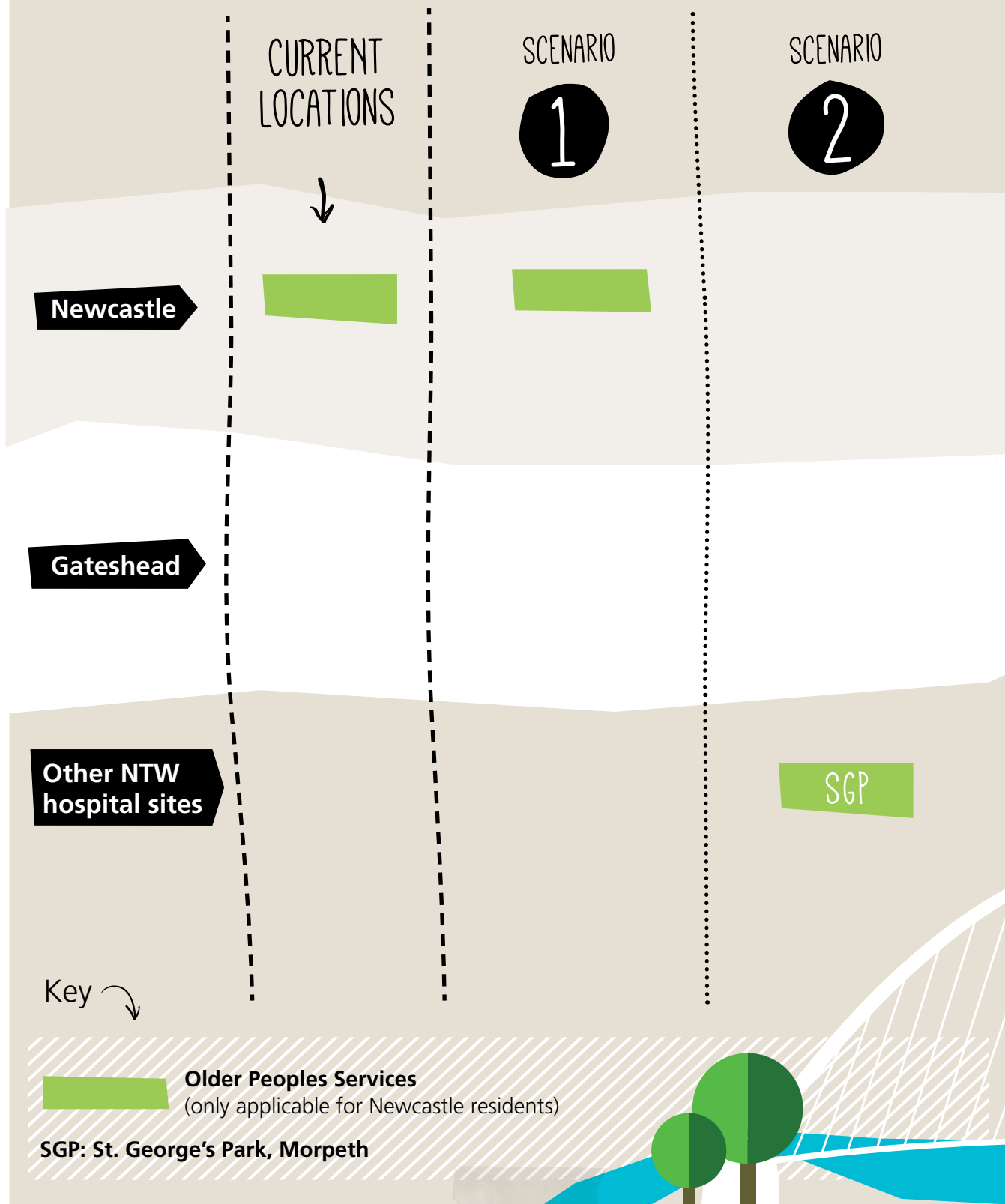
Key ↘

- Rehabilitation
- Rehabilitation - Complex Care
- Rehabilitation - Moving On
- Adult Acute Assessment and Treatment

SGP: St. George's Park, Morpeth
HWP: Hopewood Park, Sunderland

Proposed inpatient locations

(Older Peoples Services)





11

What do we need you 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.

This includes adult acute assessment and treatment wards, psychiatric intensive care and complex care and high dependency rehabilitation wards. The benefits of this are:

- **Staff are able to work together flexibly and reduce ward transfers, reducing risk to safety and disruption to patients**
- **More staff on site to respond quickly to psychiatric emergencies reducing patient and staff safety risks**
- **It enables 7 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. These are significant for physical health as many patients in hospital are detained under the Mental Health Act which restricts their ability to access social and recreational activities outside of hospital.**

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

We heard a very strong message in the listening exercise that people worry about travelling long distances to visit relatives and friends in hospital.

In particular they are concerned about the cost of travel, the time this would take if using public transport, and how people will keep in touch with their local communities.

All the scenarios would impact on people's travel arrangements in different ways – with those where the services are located outside of Newcastle and Gateshead likely to involve longer travel times overall.

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 also promise that 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.

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.

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.

We have mapped these out and are shown in the table below. It is very important that we are clear that if more money is spent on inpatient services, the fewer of the new, re-designed or extended forms of community services we describe in section 9 would be able to be provided, or they would have to be provided at a lower level.



This would also impact on the ability of the community services framework to reduce hospital admissions and facilitate earlier discharge from inpatient care to the levels desired.

We've summarised these considerations in the table overleaf and these will be the factors which we will take into account, along with the public feedback from the formal consultation, when making a decision about the future location of these inpatient services.

The table is a summary of the different considerations of each scenario as described in this consultation document and in the full Case for Change.



Scenario description	NTW trust wide based scenario With older people in Newcastle	NTW trust wide based scenario With older people in Morpeth	Newcastle based scenario with older people in Newcastle
Where would the services be located?	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
Quality of Clinical Care	Most consistent with best clinical practice	Most consistent with best clinical practice	Less consistent with best clinical practice
Quality of Accommodation	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
Location and Travel A travel impact study is being commissioned and support will be provided	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.
Potential for release of funding for investment in to community services	£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
Where would the services be located?	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
Quality of Clinical Care	Less consistent with best clinical practice	Less consistent with best clinical practice	Less consistent with best clinical practice
Quality of Accommodation	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
Location and Travel A travel impact study is being commissioned and support will be provided	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.
Potential for release of funding for investment in to community services	£0 million	- £2.1million	- £2.0 million



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

12

How to get involved

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

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



@NHSngccg



Deciding Together





13

What happens next?

WHAT HAPPENS NEXT?

12TH FEBRUARY 2016

Consultation period ends (13 weeks)

15TH FEBRUARY 2016

Analysis of feedback starts by an independent organisation - not the NHS

21ST MARCH 2016
TO
11TH APRIL 2016

Publication of the feedback report from the consultation to public on the website www.newcastlegatesheadccg.nhs.uk
Two public feedback sessions to be arranged and promoted to the public

9TH MAY 2016

Complete full Case for Change document

24TH MAY 2016

CCG Governing Body Meeting held in public – decision made

24TH MAY 2016

Decision communicated to stakeholders and the public

14

Further reading
and resources



There are several documents referred to in this document. To make it easier for you to find out more, we have listed them here.



We have also placed them on our website where you can download them or find links to them at: www.newcastlegatesheadccg.nhs.uk

Full Case for Change

(published October 2015)

This consultation document is a summary of the main issues from the full NHS case for change. This is a complex and technical document and it is available for download on our website.

NHS Five Year Forward View (NHS England)

NHS Newcastle and Gateshead Clinical Commissioning Group's five year strategic plan

No health without mental health

(H.M. Government 2011)

Closing the Gap: priorities for essential change in mental health

DoH, January 2014.

Deciding Together – developing a new vision for mental health

Listening document

Feedback report

(published March 2015)

Deciding Together – listening phase feedback report

Early listening

(published September 2014)

Your notes

Your notes

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



@NHSngccg



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