

deciding together

DECIDING TOGETHER



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

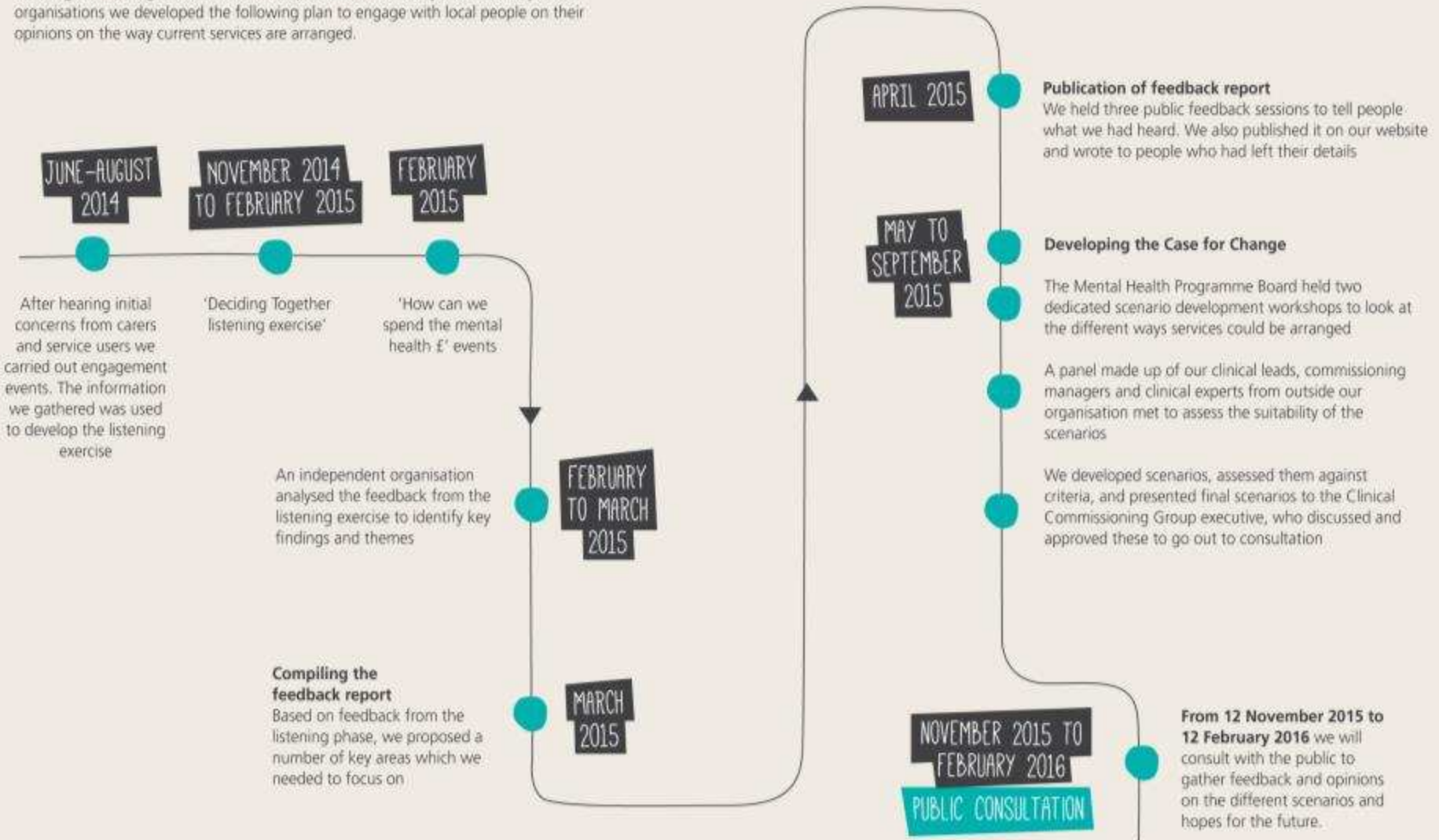
NHS
Newcastle Gateshead
Clinical Commissioning Group

12 November 2015
to 12 February 2015



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.



What people said was important

- Make sure that specialist community services support people very well and early, 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 stay well and 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



What services are involved in this consultation

Services included

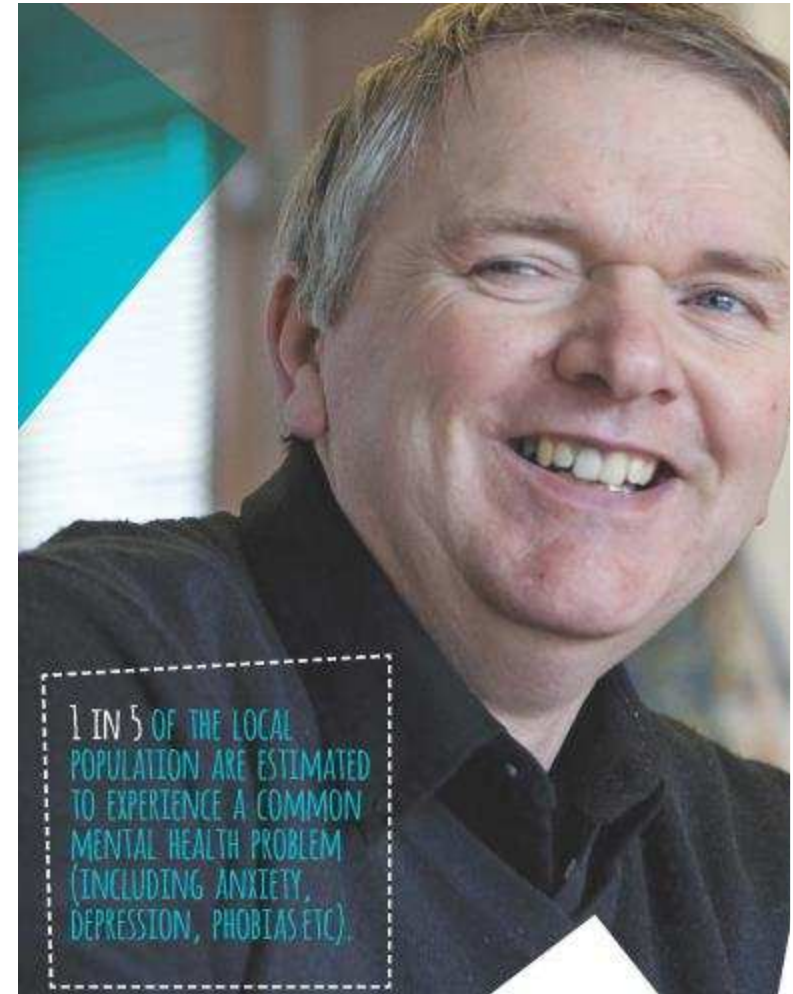
- **Community and inpatient** mental health services for **adults of working age** living in Newcastle and Gateshead provided by NTW
- **Community and inpatient** mental health services for **older people** living in Newcastle provided by NTW
- Opportunities to invest in new and enhanced mental health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

Services NOT included

- Mental health services provided by GPs, primary care counsellors and therapists, including IAPT 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 (ie psychiatric intensive care, forensic psychiatry etc.)
- Children and young people's mental health services
- Services provided or commissioned by Newcastle and Gateshead local authorities
- Existing mental health services provided by the voluntary sector

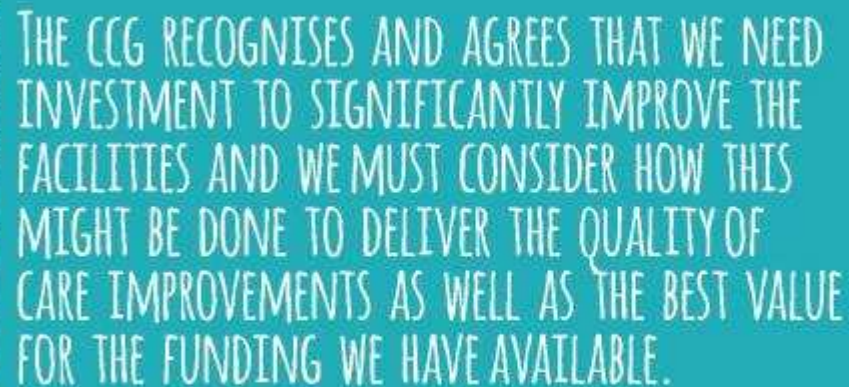
Why things need to change

- People with serious mental health problems are more likely to die earlier than the general population
- We want 'parity of esteem' to ensure mental health is valued equally to physical health by 2020
- Change the way that current services are delivered so as to improve quality and reduce costs



We must

- Focus on promotion of mental health, prevention of mental illness and early identification and intervention as soon as mental ill health arises
- Tackle the wider social determinants and consequences of mental health problems
- Avoid hospital admissions through better joined-up community care, more effective hospital inpatient care and stop unnecessary admissions



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.

What does this mean for specialist mental health services locally?

We must focus on:

- Health outcomes ensuring patients stay well, 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
- A fully integrated model of mental healthcare
- Robust whole population emotional health and wellbeing strategies
- Comprehensive primary care services
- Redesigned specialist services with re -provided inpatient services
- Implementation of the national dementia strategy

National requirement for NTW

National requirement for NTW 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

The CCG will ensure parity of esteem so mental health will have a share of NHS growth funding to offset

Mental Health Programme Board

The CCG, the Mental Health Programme Board, Northumberland, Tyne and Wear NHS Foundation Trust (NTW) and the mental health Voluntary and Community Sector agree we need to improve and extend community mental health services, providing alternatives to inpatient admission and reducing the reliance on inpatient beds

Current situation

- We have a relatively high number of beds compared with other areas of the country. Analysis by NTW indicated that 30 - 40% of inpatients were in hospital 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

Current situation

- 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 listened to your views about current services and improvements that you would like to see – we want to take action to respond to these



Current situation

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

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

- These are extra, redesigned 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



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:



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 significant changes for future improved community services

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

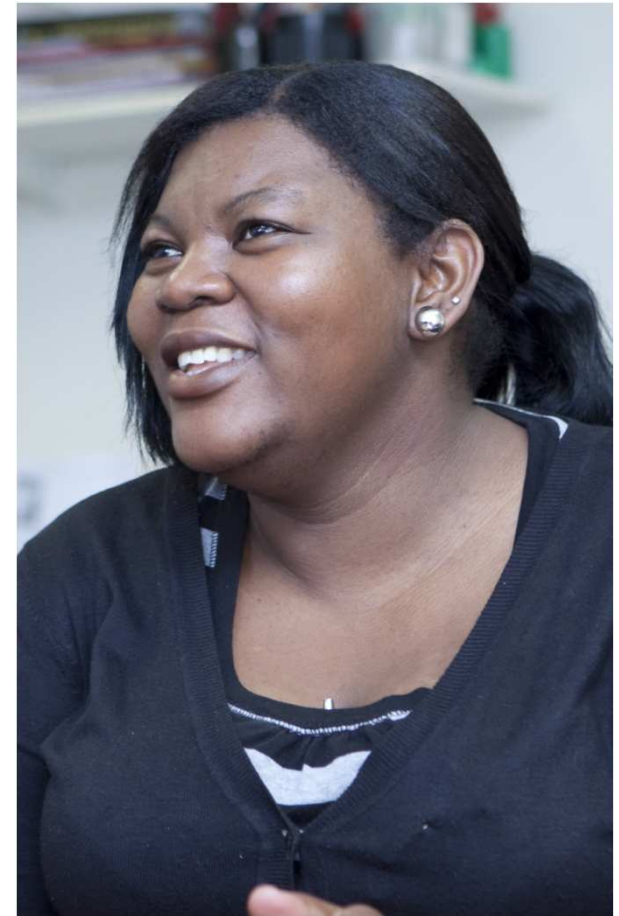
What we have learnt

- 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
- There appears to be significant opportunity to achieve a reduction in average lengths of stay for Newcastle and Gateshead residents

The inpatient scenarios for change

The shortlisted scenarios for consultation are presented in two parts:

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



The Inpatient scenarios for change

The shortlisted scenarios for consultation are presented in two parts:

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

For acute assessment and treatment and rehabilitation services they are:

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.

For older people's mental health services, for Newcastle residents, the two scenarios are:-

Older people services in Newcastle scenario 1:

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

Older people services in Morpeth scenario 2:

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

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 are asking the public to consider and balance all these along with their own thoughts and opinions of the advantages and disadvantages of each scenario

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

Our promise

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.

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
- This has a direct impact on amount of funding which can be released to further improve community services



What happens next?

- Events taking place
- VCS events for service users, carers and voluntary sector
- Focus groups
- On-line and paper survey
- See consultation document or website for details



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