Report to Halton Borough Council on the implications of proposed changes to services provided by the 5Boroughs Partnership NHS Trust

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1. Executive Summary

Halton Borough has commissioned this report to examine 5Boroughs Partnership Trust's Model of Care proposal and assess the impact on Council priorities for health improvement on its services, and budgets. The report has been produced following a process of document analysis, attendance at meetings of Officers and Elected Members and interviews with key officers in the relevant agencies.

The main findings were that the Model of Care proposal was widely supported in principle and has the potential to provide an important element in a much improved array of services for adults with mental health problems.

However the way in which the service was developed – without the appropriate involvement of partners has resulted in a proposal which has some serious shortcomings and which would bring risks for the Council and could negatively impact on its budgets and increase pressures on current services.

A number of options for responding to the proposal are considered and support is recommended for the option of conditional approval. This would require the Trust to agree to confront the major issues of concern that have emerged in this analysis and to work with the commissioners to establish effective partnership arrangements to take the proposal forward safely with respect both to individual service users and to the health and social care system as a whole.

Continuing dialogue between Health and Community, Halton PCT and the Trust has enabled clear reassurances to be provided that the Trust has listened carefully to concerns raised during the consultation process and would welcome taking forward developments within the framework that is set out within the conditions for approval.

2. Introduction

The 5Boroughs Partnership Trust (5BPT) has produced a consultation paper "Change for the Better, Improving Services for Adults with Mental Health Needs". The proposal would lead to a large reduction in the beds currently provided by the 5BPT at the Brooker Unit, Halton Hospital which would in future be supported by services provided by a Resource and Recovery team.

This report has been commissioned to:

- Examine the proposed changes and assess the impact upon the Council's priorities for health improvement
- To examine in detail the proposals related to the closure of mental health beds.
- To analyse the impact on Council's services including financial and human resources.

3. Background

5BPT provides mental health services to the residents of the 5 Boroughs of Halton, St Helens, Knowsley, Warrington and Wigan. The commissioners of the services are the 5 boroughs and the PCTs present in each of the areas. It is relevant to note that The PCTs in St Helens and Halton are combining from October 2006 and that the PCT and Social Care services in Knowsley are integrated. Wigan has developed a distinct and separate arrangement with the Trust in the recent past and services for Wigan residents are not included in the 5BPT proposal.

5BPT circulated the first document outlining a draft proposal for major changes to their service –'Models of Care' – in early autumn 2005. The draft proposal was formally presented to the Strategic Commissioning Programme Board comprised of PCT Chief Executives and Directors of Social Care in February 2006. A number of subsequent versions of the model have been produced and more recently the proposal now titled 'Change for the Better' has become the subject of a public consultation process which is currently in progress and is scheduled to end on 15 September 2006.

The proposal has been summarised as 'essentially to reduce reliance on in-patient beds and to develop services based on recovery and social inclusion.'

Officers of Halton Council, the Trust, and Halton and St Helens PCTs met on 18 August to look at areas of concern under the headings of Strategic Planning, Service Planning, Finance and Primary Care. Certain clarifications were provided by the 5BPT representatives, and further information was promised. The group agreed to meet again on 25 August.

A report on the Trust's proposal by the Strategic Director, Health and Community went to Halton Council's Executive Board on 20 July. This recognised that the model was inherently sound but raised concerns about

the Trusts ability to deliver the model within its existing budget without major impact on the Council's services and resources. The report included an Appendix - 'Financial and Service Impact Assessment' which had been compiled following meetings of senior staff from the Council, Halton PCT and the Trust. This raised a number of serious concerns about the impact of the proposals on the services and budgets of the Council and the PCT, and concerns about the lack of adequate levels of information within the proposal document.

The report to the Executive Board recommended that the 5 Boroughs Trust be invited to respond to the concerns detailed in the Impact Assessment and that if these matters were not addressed to the Council's satisfaction the Council reserved the right to refer the matter to the Secretary of State for Health.

At about the same time Councillors from 3 of the Boroughs agreed to set up a Statutory Joint Scrutiny Committee to consider the Trust's proposal. The Joint Scrutiny Committee met on 10 August and heard a presentation from the Chief Executive of the Trust following which they identified questions which they felt had not been covered in the presentation. The Chief Executive of the Trust briefly answered the questions and undertook to give a full response to the questions in writing. The Joint Scrutiny Committee met again on 24 August to hear the relevant PCTs views on the proposal. The Committee intends to meet again early in September to look at financial information that the Trust has indicated it will provide and to formulate a formal response to the proposal.

Concerns about the impact of the Trust's proposals on older people were separately detailed meanwhile in a report from the chair of the Older Persons Local Implementation Team, to which the Trust has yet to respond.

4. Research and Analysis

The work of examining the proposals and analysing the impact on the Council's services, priorities, finances and human resources has been focused on a process of document analysis, meetings and interviews.

Meetings:

- Executive Board 21 August 2006
- Joint Scrutiny Committee 24 August 2006
- 5 Boroughs Model of Care Meeting 25 August 2006

Interviews:

Structured interviews were conducted with a number of key officers and Elected Members in Halton Health and Community Services, Halton and St Helens PCTs, Warrington Borough Council Community Services, and 5Boroughs Partnership Trust.

Documents:

Key documents that have been analysed include:

- 'Change for the Better' and earlier versions of the proposal titled 'Business Case for a New Model of Care' versions 10 and 12B
- 'A comprehensive mental health and social care strategy for adults of working age for Halton, Warrington, St Helens & Knowsley.'
- Notes of the 5 Boroughs Model of Care Meeting of 18 July
- Report to Halton Executive Board of the Strategic Director, Health and Community of 20 July including the appendix: 'Financial and Service Impact Assessment'
- Minutes of the meeting of the Statutory Joint Scrutiny Committee held on 10 August
- 'Responses to Queries for the Joint Overview and Scrutiny Committee' from the 5BPT
- 'Response to the 5 Boroughs Partnership Mental Health Trust document 'Change for the Better' from the Chair of the Older Persons Local Implementation Team.
- Briefing Note: 5 Boroughs Model of Care and Impact Assessment Finance
- Report on the visit of Service Users to the Norfolk and Waveney NHS Trust on 26 July 2006
- Key Issues joint report of Halton, St Helens and Warrington PCTs for the Joint Scrutiny Committee meeting of 24 August.

5. The 5Boroughs Partnership NHS Trust Proposal

The core of the Model of Care proposal is to reduce in-patient provision in Halton (provided in the Booker Unit) through the closure of an adult ward (with a reduction of 17 beds) and the closure of an older person ward (with a reduction of 14 beds) reducing overall capacity by 31. Adult and older people with a functional mental illness would in future share a single ward with 23 beds. At the same time day hospital provision will cease. The Model of Care arrangements do not include any provision for substance misuse detoxification which currently requires about 100 bed-days, provided within the Booker Unit

This will release resources which will enable a new model of service which will be provided as a Resource and Recovery Centre (RRC) in each borough. This is based on a model piloted by Norfolk and Waveney NHS Trust. The RRC would also offer a day and occupational therapies service, house an Access and Advice Team, and be the base for the Crisis Resolution and Home Treatment service (CRHT). One group of staff would provide an integrated staffing resource for the in-patient unit and for the community work of the CRHT.

Secondary care services provided through the RRC and by the Assertive Outreach Team would in future be available equally to adults and older people with a functional mental illness. The RRC would also be intended to provide a base for voluntary sector services. The Access and Advice Team would act as the gateway for referrals to the service and offer signposting to other services as appropriate.

The rationale offered for the reduction of in-patient beds is that external audit has shown that a significant percentage of patients are inappropriately placed on the wards and that in comparison with other similar Trusts there are significantly greater numbers of patients with lower levels of need. The number of beds available in each borough relative to population levels (adjusted for levels of need) vary greatly and in Halton there is a greater number of beds in relation to the adjusted population than in the other 4 boroughs in the model. The Trust also points out that it is government policy to reduce in-patient level and there are bed reduction targets that have to be met. Furthermore, they point out that it is the policy of commissioners as set out in the Comprehensive Health and Social Care Adult Mental Health Commissioning Strategy to move to a ‘recovery’ model and reduce the focus on in-patient care and this is consistent with service users expressed preference for treatment and support in the community.

The Model of Care document is quite open about there also being a financial rationale for the changes in that the Trust has a £7m deficit and is required (as is the case for all health bodies currently in deficit) to produce a recovery plan to achieve a balanced budget by March 2007. The Trust has put together a recovery plan and Model of Care and in particular the reduction in in-patient beds will provide the Trust with about half of the savings required. During the course of the development of the Plan it has become evident that there is a

financial issue in relation to the provision of services by the Trust – including in-patient provision – for the residents of Frodsham and Helsby. West Cheshire NHS Trust apparently has been receiving services that the Trust (in the consultation meetings) puts at approximately £1.3M but for which it has only been providing about £130,000 in funding. The Trust is proposing that the service will not continue to be provided unless West Cheshire fully commissions the relevant levels of service.

The figure for the number of in-patient beds to be provided in each area has been arrived at by applying a population based formula developed by the Royal College of Psychiatrists (RCP) to the adjusted populations of the boroughs. This provides an upper and a lower level of beds and the Trust has opted for the lower – or minimum level - of in-patient bed provision, i.e. 23 beds for Halton. The report goes on to note in section 12.2 that 'in relation to older people it is important to note that *the Royal College has not recommended a norm for the provision of acute psychiatric in-patient beds for older people with a functional mental illness.* This is due to the historically very low level of bed usage for this service user group. *In this respect the number of beds recommended...implicitly includes an element for older people* with a mental illness.' (Italics added.) The in-patient unit would however have higher levels of staffing than are available in the current service and the Trust also gives a commitment to improve the quality of the in-patient facilities.

Concerns about the safe care of older patients in adult wards are acknowledged in section 12.3 where reference is made to the fact that 'each site will provide protected areas for older people.'

The proposal document makes reference to the place of the proposed model in the context of the broader range of secondary and primary health care and social care services in a section entitled 'Challenges faced by existing services' in which it states that:

'Local Authorities and other key stakeholders also play a key role in providing a range of services to people in psychiatric and psychological distress. This business case builds on the increased capacity that new investment in Crisis Resolution/Home Treatment, Assertive Outreach, and Early Intervention in Psychosis teams has brought in accordance with government policy. However, it recognises that *the transition to the new service may increase some pressure on social care agencies in the short term. It is anticipated that this impact will be reduced by the combined operation of crisis resolution/home treatment, assertive outreach, and community teams.'* (Italics added) The document does not say how these pressures would be expected to manifest themselves or what level of pressure or what length of time is meant by 'short term.' The report also concedes later that 'Early intervention services are not in place in Halton' P26 para 11.2.2)

The proposal then goes on to say that 'Through service redesign this business case will support the Trust to maintain locally based services and achieve financial sustainability in the medium to long term. *This also needs to be done in co-operation with Local Authorities who will need to be reassured*

that the model proposed in the business case ensures that service users receive care in the most appropriate settings. Moreover an impact assessment of the proposal will be necessary to ensure changes to the service do not qualitatively disadvantage service users.' (Italics added)

There is very little other reference to social care (or primary care) mental health services in the proposal document. In 15.12.1 it says that 'Partnership arrangements exist between the Trust and Local Authority partners and CMHT members can access community care services for service users that are provided and or funded (sic) by Local Authorities. The enhancement of this partnership working will be crucial to the qualitative development of the proposed model.' In the section on Assertive Outreach Teams (AOT) it states that 'Appropriate social care and housing services are vital in providing support to people with complex needs. The Commissioning Strategy will ensure that a full range of options is available in the future.'

The only other substantial reference to Social Care services appears in a paragraph headed Social Work in the section on the 'Workforce Implications' of the model. This provides a description of some of the functions that social workers carry out and goes on to say that 'Local Authorities also provide a wide range of housing, leisure, employment, and education services that support and promote citizenship and social inclusion.'

6. The Response of Halton Borough Council's Health and Community Service

In response to the Trust's proposal Halton Health and Community Services took part in an Impact Assessment with Halton PCT. The Trust attended all of the meetings to clarify issues as they arose. The report on the Impact Assessment, including a number of recommendations, was then attached as an appendix to a report to Halton's Executive Board which set out Community and Health's concerns about the Model. Concerns about the implications of the model of care for older people with a functional mental illness were addressed separately in a report from the Operational Director: Older People / Physical & Sensory Disability in his capacity as chair of the Older Persons Local Implementation Team.

7. Analysis of Health and Community's concerns and the Trusts views on the issues

The report to the Executive Board including the Impact Analysis and the report of the LIT bring together the key concerns that Community and Health wish to see addressed in relation to the Trust's Model of Care proposal. The key concerns detailed in these reports have been set out in Table 1 along with the responses of the Trust - as set out in the various Models of Care documents, 'Change for the Better' and the record of their replies to questions put to them by the Joint Scrutiny Committee. The final column of the table sets out the further actions that may be required to deal with aspects of the issues that appear to remain unanswered or that are not yet resolved.

8. Meetings and structured interviews

Having completed an initial analysis of the proposal, considered the key concerns of Community and Health and the PCT (as set out in Table 1), and having heard the views of Executive Board Members, a series of interviews were held with relevant key officers. One to one meetings were conducted with the officers (listed in Appendix 2) in Community and Health, Halton and St Helens PCT, and the 5BPT and a telephone interview was conducted with the local authority lead in Warrington Borough Council. The interviews enabled in-depth exploration of the relevant areas of concern and provided an opportunity to establish 'up-to-date' positions and additional information that might have been made available since the start of the consultation process. Attendance at the Joint Scrutiny Committee on 24 August provided a great deal of useful information on elected members concerns and on the response of the 3 relevant PCTs to the proposal and to the issues raised by members.

9. Findings

The Model is generally welcomed:-

The model is welcomed, in principle, by all of the partners and is seen as likely to contribute to the move toward a 'recovery' model of care in secondary health services in line with the 4 boroughs mental health strategy. It has been shown to work in practice in other areas, where it has significantly reduced the level of need for in-patient treatment. It could contribute to a substantial improvement in mental health services for the people of Halton - if and when all of the services required to support the model in primary and secondary care are in place, properly resourced and effectively integrated with a comprehensive range of social care and other relevant local authority services.

However the welcome for the model is accompanied by significant concerns:-

- There has been a marked lack of a whole systems approach and genuine partnership working in the development of the proposal which has in turn undermined partners trust and lessened confidence in the Trust's competence to deliver the new service appropriately.
- As a result of the failure to adopt a whole system approach and the lack of partner involvement there is little evidence in the Model of Care that social care is sufficiently valued or that its contribution to mental health services is fully understood. There is a similar lack of consideration of primary care interventions.
- As a consequence the impact on primary care and social care has not been properly considered. The potential for increasing pressures and costs is alluded to in the proposal but without any work having been done with partners to determine the nature, and extent of the potential impact or costing of the possible financial consequences
- Areas where there may be pressures include the day hospital reprovision as day therapies. Significant numbers of people currently use the Trust's day hospital service but it is not possible to ascertain from the information in the proposal document what needs the current users of this service may look to local authority services to meet as a result of the cessation of the current service.
- Pressures may also arise in relation to accommodation and the supporting people responsibilities of the borough. Model of Care makes reference to the importance role of accommodation services in supporting recovery and of the local authority's role in commissioning these services. The Council recognises this and also recognises that current levels of supported accommodation are below ODPM national norms. Halton's Supporting People Strategy gives priority to the further development of accommodation to support people with mental health needs. As the Model of Care is intended to maintain increasing numbers of people in the community this may add to the pressure on the limited appropriate accommodation available before the authority has been able to effect the necessary investment. The level of investment that would be required to achieve the required level of

accommodation is estimated by Community and Health to be approximately £250K

- Of fundamental concern is the fact that the bed number calculation appears to be unsound and overoptimistic. The minimum Royal College of Psychiatrists (RCP) level has been adopted but this is inappropriate as the 'formula' is based on meeting the needs of the adult population only whereas the model intends to use the beds for adults and older people. The RCP recommended in-patient provision levels are based on there being a complementary comprehensive array of health and social care community services which is not yet the case in Halton. For instance at present neither an Access/Gateway Service or Early Intervention Service is in place, and the CHRT has only just reached the staffing level at which it can begin to provide the Home Treatment element of its service.
- The speed of change is very unhelpful to partners and increases risks for all parties. Implementation of a model which has significant implications for partners but for which they have had no time to prepare will create difficulties which could be avoided if a more sensitive timetable were being adopted. The option of doing more detailed work in relation to the assessment of the impact on local authority services or on the further development of community infrastructures that would help to underpin the model is undermined by the timetable attached to the current proposal.
- A phased programme for the reduction of in-patient beds following demonstration of the positive impact of new service arrangements would appear to offer a responsible approach to reducing risk and managing change but there is no indication within the proposal that this has been considered.
- The reduction in in-patient beds depends critically on having adequately resourced Primary Care Mental Health services in Halton and a fully resourced Access/Gateway service. The presence of these services can significantly reduce the level of referral to secondary services and they are essential components of the full array of services needed if the model is to succeed (See the report on 'Community Mental Health Team Re-focusing in Knowsley' Manchester University Research June 2006). Investment in these services in Halton is not yet at a sufficient level to enable the planned level of in-patient reduction in the model to proceed.
- The planned service for over 65s with a functional mental illness is dealt with in insufficient detail within the proposal. The 'ageless' service principle is sound and is generally supported but there has not been any consultation with the Older Persons Local Implementation Team on the implications of the model for other older persons mental health services. The issue of protecting vulnerable, frail elderly patients is not addressed sufficiently seriously in the document which only makes passing reference to safe areas being included in the redesign of the wards.
- It is government policy to provide single-sex wards in mental health in-patient services. Appropriate gender separation cannot be achieved on a single ward – this is not acknowledged anywhere in the proposal and

it seriously undermines the model as outlined in the consultation document.

- The use of a bed in the in-patient unit of a mental health service for detoxification may not be the most appropriate place for this service to be located but the plan fails to say where this service will be located in the future.
- Use of Knowsley's service arrangements during the consultation to demonstrate the effectiveness of aspects of the proposed model is considered unhelpful and misleading in the light of the markedly different levels of investment in community mental health services in the two boroughs. Halton Local Authority currently invests approximately £2.4M in community mental health services compared to £4.3M in Knowsley Local Authority.
- The decision to end the current arrangement under which services to Frodsham and Helsby residents are effectively subsidised by Halton PCT is welcomed however there is a lack of clarity and certainty in the information that the Trust has provided during the consultation process in relation to the financial arrangements and any agreement that has been reached with West Cheshire.
- The model will require significant numbers of staff in the Trust to change their roles and adopt new ways of working. This will involve a substantial process of recruitment, training and culture change. Concerns have been expressed about the Trusts ability to successfully meet the challenges that this will present.

10. Discussion

The Model of Care proposed by the Trust prior to public consultation has been developed without the involvement of partners and this has resulted in a model that proposes to make major changes to one part of a complex set of interrelated services without having 'worked through' the implications for the other elements in the system or for the plans or budgets of partners responsible for them. The model is generally agreed to provide a sound model of secondary services in line with the commissioner's strategic plan for mental health services and is consistent with a recovery model increasingly focused on care in community settings.

The model will only succeed if it is supported by an appropriate community infrastructure and it does not at present make allowance for the planning and implementation time required to fill some of the clear gaps – or to do the research to establish the impact in areas where impact is uncertain but there are seen to be risks. There will be clear risks if the current timetable is adhered to and there is no plan to phase in the bed reduction in a manageable way.

There is general support for the development of services that do not discriminate on the basis of age – but the lack of consultation with the Older Persons Local Implementation Team is regrettable and is liable to undermine the effectiveness of a service which will need to work together with other services for older people. The assurances about the protection of frail vulnerable patients are as yet insufficiently clearly defined.

The plan does not provide the required safe service for women and this would have to be addressed to conform with accepted good practice and government guidance.

The ending of the provision of a subsidised service to residents of Frodsham and Helsby is to be welcomed but the new arrangement needs to be clearly evidenced in a way that provides the reassurances that the Council and PCT wish to see.

11. Recommendations

Four options appear to be available which are:

1) Unconditional approval
2) Outright rejection
3) Conditional rejection - until satisfactory information and assurances are forthcoming
4) Conditional approval – subject to implementation conditions being agreed before any changes to services proceed

1. Unconditional approval

   Unconditional approval is not recommended as there are significant concerns and risks involved in the implementation of the model and this option would appear to ignore these concerns, and would fail to provide any mechanism for influencing further redesign of the proposal and the development of a whole system approach.

2. Outright rejection

   Outright rejection of the proposal is not recommended. All of the partner organisations have stated their support for the model in principle. The model is consistent with the partners recent Commissioning Strategy (published at the same time as the model by commissioners including Halton Borough Council).

   The model is consistent with government guidance on mental health service provision (with the important exception of guidance in relation to single sex wards) and has an evidence base that appears to have government support.

   Some of the concerns noted in the report are about partnership working and implementation issues that may be resolvable between the end of the consultation and the start of the implementation process. Representatives of the Trust have indicated during the interviews that were undertaken and in the meetings with officers, that these are areas where they would welcome dialogue. Outright rejection would provide a poor basis for the enhancement of partnership working.

   The implementation of the model will highlight the need for fully resourced primary mental health and gateway services and for sufficient appropriate accommodation to be available, as it involves a shift to ‘front end’ and community support. The PCT and the Council recognise the need for these developments, their concern being that the services are not yet in place and that the resources to achieve them are not immediately available. There is a danger that rejection of the model in these circumstances might appear to be seen as Halton commissioners holding back progress which would expose service gaps in areas of Council and PCT responsibility.

The only other option put forward by the Trust would leave Halton without a local in-patient facility and appears very unlikely to receive much local support. No other options have been developed by the PCTs or the Local Authorities despite the fact that this model appeared in draft form 12 months ago. To develop a further alternative option would require a lot of cooperative work by partners and would probably have to be a medium term rather than an immediate solution

3. Conditional rejection

Conditional rejection is not recommended. In contrast to Option A, It acknowledges the concerns of the Council and partners about a number of aspects of the proposal that have been identified to the Trust. It also acknowledges the attempts that the Council has made to obtain information, clarification and reassurances required to enable a full and objective appraisal of the proposal to be undertaken.

However this option is not supported because the Trust has responded to the Council. Representatives of the Trust have attended meetings of Councillors (Joint Scrutiny Board) and of officers and have responded to questions. They have put in place a full consultation process with public meetings, circulation of pamphlets, web-site consultation etc. While the answers received may not have allayed all concerns or provided all of the detail that was hoped for, it would be difficult to maintain the position that the Trust has not responded satisfactorily. It also fails to properly acknowledge that there is a genuine financial imperative to which the Trust has to respond to within the financial year. The financial imperative will remain if the proposal is rejected and require increasingly urgent action as time goes on.

11. The Way Forward

We would recommend approval of the conditional acceptance recommendation Option D with conditions as set out below:

Conditional Approval

This would be directed at achieving the objective of achieving the most effective joint management of the project, ensuring Council and Social Care priorities are given appropriate attention, providing appropriate single sex arrangements, working to a reasonable timescale, putting in place a responsible phasing process, and monitoring pressures throughout the system, with Board level oversight in each partner organisation. Conditions for approval could include agreement to measures such as:-

- A project implementation management structure that is commissioner led and independently chaired and in which the all of the key partners are appropriately represented, using existing structures where this would be beneficial.
- An overarching implementation group at strategic level with a mechanism for reporting back to Boards on progress and pressures plus local implementation groups to manage local operational developments.
- Establishing a 'whole system review' to provide quality research on the anticipated impact of the introduction of the model on all areas of concern.
- Receiving assurances from the Trust that the finally agreed in-patient provision funded by Halton PCT is for the use of Halton residents and is not available for residents of West Cheshire.
- Provision of the required single sex provision by increasing the planned provision to two wards at a maximum of two single sex wards to a maximum of 16 beds and continuing with the Grange Ward for Older People.
- Revisiting the implementation timetable and setting a reasonable timetable that enables proper planning processes to be put in place.
- Agreeing to manage the bed reduction more flexibly and in a phased manner that allows the impact of home treatment and other service developments to demonstrate the reducing need for inpatient capacity.
- Negotiating a satisfactory arrangement for the detoxification service with Halton PCT.
- Halton Borough Council and the PCT working up plans for the development of the required community infrastructure services – such as supported accommodation, a comprehensive primary mental health care service and ad Access/Gateway service to present to the project planning group.
- Agreeing to a report setting out the risk assessment and risk management arrangements for dealing with in-patients risks to all vulnerable groups and individuals, Alongside which plans to be produced which are approved by commissioners concerning safe areas within appropriately designed wards.
- Agreeing to consultation with the Older Persons LIT to ensure that the LIT's concerns are understood and responded to. (See list of areas where

a Trust response is required in Appendix 1 Table 1 Column 3 – under ‘Further actions required to resolve outstanding concerns.)

Appendix 1

Table 1: Analysis of Halton Health and Community Service's response to the 5 Boroughs Partnership NHS Trust Models of Care - as set out in a) The report of the Strategic Director to Halton Executive Board dated 12 July and b) A report by the Older People / Physical & Sensory Disability Service titled 'Response to the 5 Boroughs Partnership Mental Health Trust document 'Change for the Better'' **plus suggested further action required to resolve outstanding concerns.**

Report of the Strategic Director, Health and Community to Halton Executive Board 12 July 2006		
Key Concerns	**5BPT views on the issues as set out in the various proposal documents and in the 'Response to queries for the Joint Overview and Scrutiny Committee'**	**Further action to resolve outstanding concerns**
1. Norfolk model on which the proposal is based has been in place for less than a year and has not yet been formally evaluated	The Norfolk and Waveney experience has been so successful that it has been endorsed by Sir Louis Appleby (Mental Health Tsar) who opened a new Resource centre in Waveney in 2005. Visits were made to Norwich and Waveney in December 2005 by senior clinicians. The full benefits of the model were confirmed.	Commissioners and service users to visit Norfolk speak to stakeholders and assess
2. Initially developed in isolation from partners only later followed by local discussion of detail. One result is there are only 2 options either this model or closure of Halton Psychiatric wards.	Model of Care document and responses to Councillors questions imply a higher level of partner involvement e.g. 'based on' partners Commissioning Strategy and an appropriate process of consultation involving formally sharing proposal with commissioners in February and following Cabinet Office	Genuine partnership working and a whole systems approach needs to be clearly embedded in any arrangements to take forward the proposals if accepted (see 7 below)

	Guidance on consultation.	
3. Trust has not 'revealed' how appropriate separation of vulnerable older people will be achieved particularly in day settings	a) Trust states that there is no policy requirement in relation to age and separation of which they are aware but will look at any further guidance that is produced, there is age mix currently in 2 of 4 Boroughs units, Model will bring enhanced staffing levels, and committed to risk assessing vulnerable people to provide separate areas for vulnerable people,	a) Further guidance given to Trust (Audit Commission 2002 'Forget me Not') - Trust response required. b) If Model to be implemented there needs to be an agreement in advance with regard to the development of risk assessment and for separate area provision acceptable to commissioners including those for older persons services.
4. Significant financial impact on the council from reduced in-patient beds and reduction in day hospital provision leading to increasing demand on community and mainstream services ○ Infrastructure costs for housing ○ floating support services to support the model ○ increased pressure on the Community Care Budget ○ increased pressure on contracted services e.g. residential and day care ○ Additional front line staff to support the model	○ Most MH service users live at home the model further supports this, new services will provide a positive impact for users and carers ○ Treating people in their homes and maintaining informal and formal support networks means less breakdown and lower levels of complex care packages ○ They should be able to access mainstream services (though may need help to do so) ○ Commissioning Strategy states that a range of supported accommodation is required in the community with modernised day provision rather than institutional settings. ○ Numbers needing 'a degree of special accommodation will not increase as a	It is not possible to predict with the information currently available, with any high level of certainty, what the effects of the implementation will be on social care and other community services. There are too many, -and too many uncertain variables for effective modelling of future positions to be undertaken and they are likely to have an impact that will vary over the short, medium and long term. The phasing arrangements will be critical. Also it is often the case when undergoing radical change in one part of a complex system that there are unintended consequences that are difficult to anticipate. The Trust should acknowledge the genuine concerns of Halton Council and – see 7 below – agree to a whole system impact research project and joint project

	result of the model and, they will require planned care packages - as now ○ The Trust has offered to commission work to look at day service provision if considered useful by agencies	management arrangements with the Council and the PCT involving regular consideration by partners of monitoring reports on activity in relation to key areas of anticipated pressures along with a joint commitment to the resolution of problems as they arise.
5. Eligibility Criteria changes will negatively impact on Council ○ The eligibility criteria for community mental health services of the Trust are likely to be tightened, existing community services will be expected to absorb the shortfall ○ Significant local community service changes will be required requiring time and robust partnership working between the Council and the PCT	○ Service eligibility criteria within the model are to be subject to joint work with health commissioners and local authorities in relation to in-patient admission and Effective Care Coordination – post consultation on the model. Admission to a bed will be will be based on assessed need, not as a substitute for something more appropriate. 40% of in patients were shown in an audit 'not to need to be there' ○ In some localities service users would be best served by specialist mental health community services. Currently not all service users are able to access these services, for example service not funded or provided for working age adults only	○ Work on the development of jointly agreed eligibility criteria should be timetabled into the project implementation plan if the model is supported. ○ Where new eligibility criteria are jointly agreed for in patient services predicated on increased availability of specialist mental health community services, the implementation of the criteria will need to be coordinated with the implementation of the additional - or more accessible community health services
6. Time required to implement the model underestimated, transition planning and project management insufficiently defined.	○ After consultation agree the detail behind asset enhancement, transitional processes and project management protocols	○ Project planning structures should be developed jointly with the Council and the PCT ○ The PCT and the Council should

○ The full implementation of the proposed model is likely to take longer than the predicted '2-3 years' ○ It is not how clear how the project management will be affected by such time extension ○ It is not clear what transition arrangements are to be put in place	○ Detailed project planning will be undertaken for the phased transition ○ Tightly project plan the process as facilitated by agreed PCT & SHA funds ○ Will 'utilise agreed funds from the PCTs to protect existing NHS services through the process of transition' ○ Intend to develop joint protocols with partner organisations (pending the outcome of the consultation)	enjoy equal representation with the Trust in the project implementation group/s ○ There should be management team/board level representation ○ The terms of reference should be jointly drawn up and agreed ○ The group should provide regular reports to the management teams/boards of the partners ○ The business of the groups should include receipt of regular reports on activity and financial impact in relation to key areas of concern within the mental health system as a whole ○ The partners should consider at the outset how they intend to manage contingencies arising from the introduction of the model with a view to enhancing a 'whole systems approach' and ensuring that they achieve an increasingly robust and meaningful partnership. ○ Phasing arrangements should take account of the potential impact of planned changes on all partners.
7 Further detailed work will be required on the impact on post-16 children who require mental health services	The proposal is about services for adults and older persons and neither enhances not negatively impacts on CAMHS services, it does not affect the current arrangements for	The project group's monitoring reports should include information that will enable any impact on children who require mental health services to be ascertained.

	transition between adult and children's services.	
8. The reduction in investment is greater in Halton than in the other 3 boroughs.	The Trust has based its proposal on population figures weighted in accordance with the nationally accepted MINI index (which measures mental health need) and then used a Royal College of Psychiatrists formula for deriving numbers of beds required.	Although the adjusted population data should provide a sound basis for comparison of levels of need and the RCP formula is an accepted basis for determining bed level requirements, the risks to partners is likely to be greatest wherever the reduction in beds and the change of practice required is greatest.
9. Model will require PCTs and Councils to develop 'shared policies and protocols in a number of areas such as joint funding arrangements'	(Council and PCT issue)	Should be included in the Council's and PCT's action plans for dealing with the implementation of the Model, - if it is agreed.
Additional issues raised in Appendix 1 to the report - 'Financial and Services Impact Assessment'		
10. The In-patient beds in Halton are to be used for both adults and older people. The reduction in the current level of in-patient beds for the two groups combined will be 31 a reduction of 17 adult beds and 14 older people's beds, leaving 38 in-patient beds. The figure for the number of beds required has been obtained from weighted population figures applied to the RCP bed formula. The weighted population does not take older people into account.	'It is important to note that the Royal College has not recommended a norm for the provision of acute psychiatric inpatient beds for Older People with a functional mental illness. This is due to the historically very low level of bed usage for this service user group.' In this respect the numbers of beds recommended...implicitly includes an element for Older People.'	The consultation document and the earlier versions of the proposal shared with partners provide little information about older persons with functional mental illness and how their needs are met now or more importantly how they will be met in the future. The mental health care arrangement for older people with a mental illness should be addressed in appropriate depth by the Trust and a report explaining how their needs will be effectively met produced for consideration by commissioners and the Standard 7 sub-

		group of the Older Person's LIT
11. There is concern about the lack of social care input into the proposal and the fact that the Resource and Recovery Centre will not include any social care professionals.	Version 12 of the proposal 'Improving Value through Transformation' business case for a new model of care' states that 'Social work and social care services will be available from RRCs.'	A whole systems approach and genuine partnership will be fundamental to the success of the model if it is to be adopted. The role of the project planning group/s would be critical in this regard both in relation to determining the location of social care resources within the new service structures and in ensuring that a holistic model of care is adopted.
12. Frodsham and Helsby receive about £1.3M of services from the Halton based services of the Trust each year but the Wirral and West Cheshire PCT only contributes £130,000 towards this service. This effectively represents a loss of service of over £1M for Halton residents	The Trust will only in the future provide services for which the Trust is funded, discussions are going on to this effect and the Trust expects this issue to be resolve as part of the refining of financial allocations through the FT Diagnostic Process.	
Issues set out by the Operational Director Older People / Physical & Sensory Disability in a report titled 'Response to the 5 Boroughs Partnership Mental Health Trust document 'Change for the Better'		
13. There are significant gaps in key management positions in the Trust's current Older People's service structure and management responsibility for Older People's services is not indicated in the Model of Care Leadership Team. Permanent funding for the post of		See 10 above - the report should set out the future management arrangements for Older People's service and respond to this reports suggestion of the 'need to develop clear managerial leadership with specific roles for older people and development of older people's champions.'

CMHT Manager has not been identified.		
14. The calculation for the number of in-patient beds required is based on adult population data, and fails to take account of the fact that the population of over 65s will increase from 16,300 to 26,000 by 2028		See 10 – the report should address the level of need for service for people over 65 with a functional mental illness taking into account the substantial predicted increase in population.
15. A completely separate unit should be provided for those Older People with functional illness who are considered frail and vulnerable.		See 3 above
16. The adult protection focus will need to be strengthened.		The project implementation group will need to give particular attention to staff training and development. The inclusion of over 65s will require particular adult protection competences that should be included in the overall training needs analysis
17. The model does not deal with some groups of people who 'do not fit into discrete categories such as over 65s with a functional mental illness but also exhibiting signs of dementia, or with a dual diagnosis including physical illness, requiring specialist diagnosis and care.		See 10 – specific reference should be made to groups of people who do not fit into discrete categories.
18. There is concern that with the reduction in beds full capacity will be reached and service users that are over 65 will be placed either out of the locality or in Grange Ward. The former		See 10 – specific reference should be made to the arrangements for the care of over 65s when beds are unavailable in the Resource and Recovery unit.

option would involve travelling difficulties for elderly carers and family members, the latter is considered an inappropriate resource as it is for people suffering from dementia providing a service to some people exhibiting very disturbing behaviour.		
19. There is no indication in the proposal that the Psychology personnel will require experience concerning Older People which is necessary if they are to be offered an appropriate service		See 10 – specific reference should be made to the issue of appropriate Psychology input availability for older people in the service.
20. Consideration should be given to having a dedicated CPN to assist with a model of rehabilitation and step-out services (previously provided on a temporary basis)		See 10 - the report should consider whether this and other learning from older persons intermediate care service development could usefully be applied to older people in the proposed new service.
21. It is not clear that the level of additional demand for CRHT and Assertive Outreach services arising from the inclusion of over 65s has been factored into the calculation of staff numbers required. Assurance is needed that the finally agreed numbers will meet the additional needs and that over 65s will have equal access to these services.	Older people will benefit from access to crisis resolution/ home treatment, enhanced day therapy, and the more flexible highly skilled workforce	See 10 the report should revisit the issue of the staff numbers required and ensure that the over 65s have been appropriately factored into the calculations, and confirm that over 65s will have equal access to services.
22. The model would be highly likely to lead to a major increase in demand for	See 5 above	See 10 the report should consider the changing care pathways for older people with

local primary care and social care services for older people. However none of the reinvestment is being redirected in this direction.		a functional mental illness and the investment implications of the model so that the impact on primary care and social care services can be properly established. The report should be considered by the Older Person's LIT and the Standard 7 Sub-Group and the Trust respond to any further concerns or proposals that they communicate.

Appendix 2: List of officers interviewed during the project

Interviews were conducted with:-

Chief Executive, Halton Borough Council
Halton Borough Council Health and Community:
Strategic Director
Operational Director Adults of Working Age
Operational Director Older People / Physical & Sensory Disability
Divisional Manager Mental Health
Divisional Manager Older Peoples Services

Halton PCT
Joint Commissioning Manager, Mental Health

St Helens PCT
Director of Finance
Acting Assistant Director, Vulnerable Adults

Warrington Council
Strategic Director, Community Services (by telephone)

5 Boroughs Partnership Trust
Director of Nursing Standards and Operations