

Future of Herefordshire Mental Health Services –Final consultation

CONDUCTED AS PART OF WORKPLAN
'FUTURE OF HEREFORDSHIRE MENTAL HEALTH SERVICES-
CONSULTATION PAPER'

BRIEFING PAPER

MENTAL HEALTH
MANAGEMENT TEAM

July 2007

INTRODUCTION

In November 2006 the Mental Health Operational Managerial Team produced a Consultation Paper 'The Future of Mental Health Services'. This followed the production of a Discussion Paper and a series of discussion forums attended by staff.

A number of changes were proposed, and this paper seeks to provide an update and final consultation on the redesign of Mental Health Services and how all services will be delivered. The proposed changes were supported by the PCT Provider Board.

The proposals have been discussed with the Chair and Vice Chair of the Overview and Scrutiny Committee and their comments have been taken into account in this final paper. It was not felt that a formal consultation period was required as there is minimal effect to service users. This consultation, will include stakeholders in Mental Health Services together with General Practitioners.

The proposed changes which this paper addresses are:

1 ACUTE SERVICES:

These include inpatient wards at Stonebow Unit, Day Care and the Crisis Assessment and Home Treatment Team. Mental Health Services should always seek to provide treatment in the least restrictive environment.

- The Crisis Assessment and Home Treatment provides treatment at home as an alternative to admission and early planned discharge.
- A single inpatient consultant will be appointed to manage all admissions and discharges, which will lead to improved continuity of inpatient care.

2 COMMUNITY MENTAL HEALTH TEAMS:

There are currently five Community Mental Health Team's. Two are based in the city, with a team in Ledbury, Ross and Leominster. It is proposed that:

- Rural teams will merge to form two new teams.
- The north team will cover Leominster and Bromyard.
- The south team will cover Ledbury and Ross.
- The existing Ledbury base will be used as a satellite clinic.
- There will be no decrease in services, but an increase in skill mix available.
- Approximately 50% of all service users are seen at home, others use CMHT facilities, GP practice and community hospitals. These clinic will continue to avoid service users having to increase their travel.
- It is anticipated that there will be a reduction in caseloads within Community Mental Health Teams, with responsibilities for defined client groups being referred to Crisis Assessment and Home Treatment

Team, Assertive Outreach, Early Intervention and Rehabilitation and Recovery.

- This will further be achieved with shared eligibility criteria and operational policy for the four Community Mental Health Teams.
- With the appointment of a third DMHOP consultant the age limit will reduce to 65 years for newly referred service users. This will mean that Community Mental Health Team's role will change, again with a reducing caseload.
- It is proposed to seek funds to recruit two 0.5 wte staff grade psychiatrists to support new North and South Herefordshire Community Mental Health Teams

3. DEVELOPMENT OF A REHABILITATION AND RECOVERY SERVICE

The original paper discussed the need to develop a comprehensive Rehabilitation and Recovery Service for Herefordshire. Since the original paper a Mental Housing Plan has been commissioned and published. An external review of the services is being conducted by Professor Geoff Shepherd to develop a specification for a new service. Some early recommendations will require acting upon.

To advance the implementation of this proposal:

- An Operational Manager for Rehabilitation and Recovery Services will be advertised.
- A Mental Health Housing post will be recruited to.

The Rehabilitation and Recovery Service will consist of Assertive Outreach, Oak House, FACT, Reviewing Officer. Managers will work towards appointing posts for a housing support team.

4. DEVELOPMENT OF A SUBSTANCE MISUSE SERVICE

The original proposal sought opinions on DASH and CAS coming under the same Operational Management.

This will take place in the near future following further discussions with managers from both services. The two services will remain in separate buildings, with separate budgets and staff groups. An Operational management group will be formed to assist in planning for future developments.

CONSULTATION

The plan is to move from three rural teams to two teams, covering rural Herefordshire, with no loss in service.

Please comment on the following:

- 1. How any potential barriers to integration of the teams could be overcome.**
- 2. How this process might be staged.**
- 3. Any disadvantages for service users in the proposed skill mix.**

PROCESS OF CONSULTATION:

As changes are about the re-arrangement of existing services this will primarily be an internal consultation, within Mental Health Services, but will include GP's.

Managers will work closely with staff, and staff representatives to assist with moving into newly formed teams, to ensure that service users needs are maintained.

The Manager and Operational Manager will meet with GP's in Rural localities to discuss these proposals as well as staff at Rose Cottage.

Two open meetings will be held for all staff to provide briefings and to hear comments on this paper. They will be held at the Stonebow Unit Conference Room on:

4pm -26th July 2007

4pm-31st July 2007

Written feedback should be provided on the attached form, no later than Friday 24th August 2007.

Consultation Feedback Form

Please provide written feedback, no later than Friday 24th August 2007,
addressed to:

Mark Hemming, Directorate Manager, Herefordshire Mental Health Services
31-34 Commercial Road, Hereford, HR1 1QW

| Consultation | Comments |
|---|-----------------|
| How any potential barriers to integration of the teams could be overcome. | |
| How this process might be staged. | |
| Any disadvantages for service users in the proposed skill mix. | |
| Any further comments | |