

**Public consultation  
document on proposals to  
redesign inpatient  
mental health services  
across South Staffordshire**



**Consultation Period:  
24th October 2011 – 16th January 2012**

**This document is also available in other languages, large print and audio format upon request.**

ይህ ጽሁፍ በሌሎች ቋንቋዎችም ይገኛል፡ እንዲሁም በታላቅ ቀለሞችና እንዲሁም በሬድዮ ካሴት ቅርጽ ለመስማት ይቻላል።

هذه الوثيقة متاحة أيضا بلغات أخرى والأحرف الطباعية الكبيرة وبطريقة سمعية عند الطلب.

এই ডকুমেন্ট অন্য ভাষায়, বড় প্রিন্ট আকারে এবং অডিও টেপ আকারেও অনুরোধে পাওয়া যায়।

Tento dokument je na vyžádání k dispozici také v jiných jazycích, ve velkém tištěném formátu a zvukovém formátu.

این مدرک همچنین بنا به درخواست به زبانهای دیگر، در چاپ درشت و در فرمت صوتی موجود است.

Ce document est également disponible dans d'autres langues, en gros caractères et en cassette audio sur simple demande.

આ દસ્તાવેજ વિનંતી કરવાથી બીજી ભાષાઓ, મોટા છાપેલા અક્ષરો અથવા ઓડિઓ રચનામાં પણ મળી રહેશે.

ئەم بەلگەییە ھەرۆھە بە زمانەکانی ھەر، بە چاپی درشت و بە شریتی تەسجیل دەس دەکەوێت

本文件也可应要求，制作成其它语文或特大字体版本，也可制作成录音带。

Dokument ten jest na życzenie udostępniany także w innych wersjach językowych, w dużym druku lub w formie audio.

ਇਹ ਦਸਤਾਵੇਜ਼ ਹੋਰ ਭਾਸ਼ਾਵਾਂ ਵਿਚ, ਵੱਡੇ ਅੱਖਰਾਂ ਵਿਚ ਅਤੇ ਆਡੀਓ ਟੇਪ 'ਤੇ ਰਿਕਾਰਡ ਹੋਇਆ ਵੀ ਮੰਗ ਕੇ ਲਿਆ ਜਾ ਸਕਦਾ ਹੈ।

Waxaa kale oo lagu heli karaa dokumentigaan luqado kale, daabacaad ballaaran, iyo cajal duuban haddii la soo waydiisto.

Hati hii vile vile inapatikana katika lugha nyingine, kwa maandishi makubwa na katika sauti kwa maombi.

நீங்கள் கேட்டுக்கொண்டால், இந்த ஆவணம் வேறு மொழிகளிலும், பெரிய எழுத்து அச்சிலும் அல்லது ஒலிநாடா வடிவிலும் அளிக்கப்படும்.

እዚ ጽሁፍ'ዚ ብኻልእ ቋንቋታት እውን ይርከብ ኢዩ፡ ወይ ኣዕቢዩ ዝተጻሕፈ ማሕተም ወይ ድማ ብዝሰማዕ (ድምጺ) እንተተሓተኩም።

درخواست پرید دستاویز دیگر زبانوں میں، بڑے حروف کی چھپائی اور سننے والے ذرائع پر بھی میسر ہے۔

# Contents

## **Section 1:**

What this consultation is about

## **Section 2:**

Why our mental health services need to change

## **Section 3:**

How we have strengthened community mental health

## **Section 4:**

How we propose to redesign inpatient mental health services

## **Section 5:**

Having your say



## Section 1:

### What this consultation is about

This consultation document is about the future direction of mental health inpatient services in South Staffordshire. It seeks views on how people would like to see inpatient services delivered following the strengthening of community mental health services and the reduced need for inpatient beds in South Staffordshire.

The proposal outlined in this document is the result of and builds on, the extensive discussions which have taken place regarding mental health services over recent years. This included the 'No Delays Project' led by South Staffordshire and Shropshire Healthcare NHS Foundation Trust, which was launched in 2008 and set out plans for mental health service redesign in South Staffordshire.

This consultation document, published on 24th October 2011, seeks to bring all this work together. It reflects the feedback received and conclusions drawn from all the discussions and sets out proposals for what we now need to do to ensure that the right high quality, efficient services are delivered.

#### Location of Mental Health Inpatient Facilities in South Staffordshire



## **Leading the Consultation**

This consultation is being undertaken by Staffordshire Cluster of Primary Care Trusts (PCT) on behalf of South Staffordshire PCT who are responsible for assessing people's health needs in their respective areas and for entering into contracts with service providers to meet those needs.

Local views on the proposals will be sought in partnership with South Staffordshire and Shropshire Healthcare NHS Foundation Trust, which runs the majority of the hospital and community-based mental health services currently available in South Staffordshire, and with the Joint Commissioning Unit (a partnership between Staffordshire County Council, South Staffordshire PCT and NHS North Staffordshire which is tasked to deliver the health and social care agenda in Staffordshire), who commission a wide range of mental health services for the people of South Staffordshire.

## **Your views matter**

We want to hear the views of service users, carers, residents, staff, and the different organisations we work with in the NHS, local government and the voluntary and independent sectors. Essentially, we want you to tell us how you think our proposals will best meet local mental health needs within the resources available to us.

We would like you to tell us what factors you think we most need to take into account in strengthening community mental health services across South Staffordshire and therefore reducing the need for so many in-patient beds. It is important that the way in which we implement these changes contributes to improved mental health and well-being for people from all areas of South Staffordshire.

## **Period of public consultation**

This consultation will run from 24th October 2011 – 16th January 2012. Full details of how and where you can respond are given on page 19.

Thank you for reading this document and for telling us your views.

## **Section 2:**

### Why our mental health services need to change

#### **How good mental health care is vital to all of us**

Mental health impacts on everything we do as individuals. It affects our ability to think, to work, to maintain personal relationships, to take part in social activities and generally to enjoy what life has to offer.

One in four of us will experience a mental health problem of some kind during our lives. Around half of all women and a quarter of men will be affected by depression at some point. People with a physical illness have twice the rate of mental health problems compared to the general population. People who have been abused, or have been victims of domestic violence, are also especially vulnerable.

Good mental health services are therefore vital to ensuring that those of us who are affected receive the care and support we need.

#### **A broad review of mental healthcare strategy in our area**

National mental health strategy continues to promote the provision of intervention, support and care within a community setting. The vast majority of people can receive treatment while carrying on with their normal day to day activities.

A number of documents published over recent years have contained strategies for the NHS and its partner organisations to move towards this new way of working. They include, for example the National Service Framework for Mental Health published in 1999. In 2009, the Department of Health issued its New Horizons strategy designed to improve the mental health and well-being of the whole population and the services provided to those with poor mental health. More recently in 2011, a cross-government mental health outcome strategy, No Health Without Mental Health set out its shared objectives to deliver better mental health and improved mental health care.

Locally, for at least the last 10 years there has been a move from delivering mental health care in inpatient wards to delivering care in community settings. "No Delays" was the name given to the system wide service improvement project for mental health services across South Staffordshire. Commencing in April 2008, "No Delays" was born of a commitment to work together with providers to bring about measurable improvements in key areas of services, with the detail of these proposed changes being shaped through engagement with different stakeholders. Its vision included offering alternatives to hospital admission and reducing the length of hospital stays, with a resulting reduction in the number of inpatient mental health beds. A significant part of the community proposals from the 'No Delays Project' have already been delivered.

In 2008 South Staffordshire PCT announced its 5 year strategic plan to prevent ill health and promote long life and wellbeing. This plan included ensuring that people with severe mental health problems have access to safe, supported services and to deliver more appropriate, less socially excluding care.

In addition, the Joint Commissioning Mental Health Strategy 2008-12 aims to provide services that are focused on recovery and independence, supporting people within the communities that they live.

### **Guiding principles for service delivery**

A number of key principles for building stronger mental health services for our communities have been established, through the extensive engagement with service users, carers and other stakeholders which was part of the No Delays process. These are:

- Service provision for adults is based on need and not age.
- Care is provided in the least restrictive environment that allows an individual's needs to be met.
- Access to mental health services is easy and equal for people throughout South Staffordshire, with consistency in the way services are provided to local communities and a wide range of options for patients that meet their specific needs.
- Care provision is evidence based and provided in the most efficient way possible that allows individual's needs to be met.
- The focus is on the 'recovery model' of mental health care, which emphasises the importance of getting people back into education, training and work so that they maintain their sense of self-esteem and live their lives to the full.
- Positive mental health is an important part of people's overall health and well-being.
- All referrals to specialist mental health services are dealt with efficiently and consistently so that, no matter how individual patients come into the system, they receive the most appropriate care for their needs.
- Services are well coordinated and there is good liaison between GPs, primary care teams and specialist mental health services.
- The majority of mental health services are provided in primary care (eg in local GP practices) and community settings.

## Section 3:

# How we have strengthened community mental health services

**The vast** majority of people with mental health problems across all age groups in our local population can and should be treated in the community, not in hospital. The need for fewer inpatient beds has always been part of the proposals for the South Staffordshire service redesign programme. Many of the community proposals put forward are already being delivered through significant redesign and new investments across South Staffordshire.

Over the last 10 years the proportion of service users with complex conditions on inpatient wards has increased. This has increased the need for support from adjacent wards and enhanced staffing to ensure safety when an incident occurs. National experience from having larger inpatient sites or sites where the estate can be added to is that there have been many advantages, including enhanced support staff and greater flexibility in the deployment of clinical staff in times of high need.

Reducing the number of sites and the consolidation of inpatient beds of the same type together improves quality and safety and support for services and is also more efficient.

“The development of community based services and the widespread integration of health and social care has meant that fewer people need inpatient care”  
No Health Without Mental Health – HM Government 2011

### Primary Care and Psychological Therapies in South Staffordshire

There has been new investment in local primary care and the availability of psychological therapies across South Staffordshire to ensure that where ever possible mental ill health is prevented and services are available at an early stage. Adult Primary Care Mental Health Services have been commissioned to promote, maintain and improve the mental health and emotional well being of adults in the following way:

- Primary Care Mental Health Services provide a high quality, client led service, for people experiencing mild to moderate, common mental health difficulties, such as anxiety and depression, and thus improve the mental health of our population
- Workers in primary care provide therapies to deliver interventions recommended in National Institute for Clinical Excellence (NICE) guidance on anxiety and depression and utilise the Stepped Care model which moves away from specialist activity to a more prevention/early intervention/ partnership working approach. Primary Care Mental Health Workers (PCMHW) can deliver a range of interventions including health promotion, guided self help and psychological therapies both on a one to one and group basis.

## **Voluntary and Community Sector Social Inclusion and Recovery Services**

Staffordshire County Council, in partnership with South Staffordshire PCT, has commissioned a number of services focused on improving the support available to people with mental health needs. Recently the third sector mental health day opportunity contracts in Staffordshire were redesigned to develop fair, efficient, high quality and outcome focused services that concentrate on:

- Recovery.
- Responding to individual needs.
- Delivery in partnership with the people that use the services.
- Engaging with people in their communities.
- Reducing social isolation.
- Promoting independence.
- Offering opportunities for people with mental health problems to provide support to each other and to run their own services.
- Maximising choice and people making decisions.

New and innovative services have been and continue to be developed. These include:

- Wellbeing recovery workshops.
- Age specific peer support groups.
- Accredited volunteering and training.
- Black Minority Ethnic wellness sessions.
- Service user commissioned activities budgets.
- Mentoring.
- One to one support in the home or community.
- Individual placement support for paid employment.

In 2011 Brendan House was opened. This delivers a short term intervention service for the population of South Staffordshire, where individuals can stay up to 3 nights per week to receive therapeutic recovery focused support. Brendan House is open 6 days a week.

Specifically for the populations of Cannock Chase and East Staffordshire, Rethink provides the focused additional intensive rehabilitation recovery service (FAIRRS). This service provides focused, flexible support to those with a high level of need or who are at risk of relapse, providing a reducing level of support over a 12 week period, with the aim of resettling people in their homes and communities.

The Staffordshire Mental Health Helpline, continues to support people in emotional distress during the weekends and evenings.

## **The Crisis Resolution and Home Treatment Service**

In 2010, South Staffordshire Primary Care Trust invested £792,000 to strengthen development of the Crisis Resolution and Home Treatment Team (CRHTT). The CRHTT now provides a 24 hour 7 day a week community based service responding to people already known to mental health services and those experiencing mental health problems for the first time. The team acts as 'gatekeeper' for inpatient beds and is involved in any decision to admit someone to hospital. This ensures that only those people who really need to be in hospital are admitted.

The CRHTT is also actively involved with some inpatients to facilitate discharge from hospital as soon as someone can be treated at home rather than remain away from family and friends

“CRHT Teams have led to fewer patients needing hospital care. Patients, or service users, prefer treatment at home and clinical and social outcomes are just as good”.

(Maximising resources in adult mental health – The Audit Commission, June 2010)

I can't believe how good they are – we were so worried about xxx and felt unable to cope. They came in several times a day and gradually withdrew as he got better. Thank you so much.

Carer, carer's questionnaire re CR/HTT

It is 24 hours, so it is needed, I know I can contact someone, which is very comforting.

Service user, feedback on CR/HTT

Instead of hospital admission I chose this one, and for me it was the right choice.

Service user, feedback on CR/HTT

Sue\* is 23 and lives with her parents. She has been diagnosed as having Asperger's Syndrome.

Sue was referred to the Crisis Resolution/Home Treatment Team (CRHTT) by the A&E department of her local hospital after she went in making threats to her own life. Because it was out of normal office hours, a member of the CRHTT went into A&E to assess her.

The team visited Sue at home and also offered support to her mother who is her main carer. An urgent appointment was made for Sue to see the Community Mental Health Team and receive CBT (Cognitive Behaviour Therapy) which proved very helpful. After four weeks Sue no longer needed the support of CRHTT and had not needed to be admitted to hospital.

\*not real name

Bob\* is 37 and lives in his own home with his wife and four children. He has no history of using mental health services, but financial difficulties and a pending court case led to a crisis in Bob's mental health. His GP referred him to the Crisis Resolution and Home Treatment Team (CRHTT). Two members of the team visited Bob at home and agreed a plan of care which included daily visits by the team, and also a visit by a psychiatrist who prescribed medication to alleviate his symptoms. Bob didn't want to go into hospital and the team worked hard to support him at home with visits and telephone calls both in and out of hours, and input from the team's social worker. This went on for nine weeks until Bob's mental health became more stable and he could transfer to his local Community Mental Health Team for longer term care.

\*not real name

Bob and his wife have expressed their delight at the input they have received from the CRHTT.

## **Other Specialised Community Services**

South Staffordshire PCT, through Staffordshire's Joint Commissioning Unit, also fund provision for night time home based respite for carers which provides a personal and flexible approach to support the needs of the cared for person and their carer. This gives the carer a break from their caring role and enables the cared for person to remain independent in their own home.

In 2011, South Staffordshire PCT invested £500,000 into provision of specialist memory services to ensure prompt diagnosis and intervention, for all people with dementia, close to their home. This service works in partnership with dementia advisors who provide ongoing support for people with dementia and their carers. Training for carers, staff and volunteers working for, or supporting people with dementia, has also been commissioned to give people the tools and strategies to manage the psychological and behavioural impact of this illness.

A specialist team for people with dementia has been developed within South Staffordshire and Shropshire Healthcare NHS Foundation Trust. This will work with people with severe challenging behaviour which is causing difficulties for their families and carers and making it hard for them to maintain the individual in their home environment or in a nursing home.

This has extended the choice of alternatives to inpatient care, so that the irreversible loss of independence which frequently occurs on hospital admission can be avoided. This investment in community services gives service users and carers a better experience and will delay or prevent the need for expensive nursing home placements.

## **A Focus on Need not Age**

Adult mental health services have traditionally been configured around age boundaries rather than being needs based. South Staffordshire and Shropshire Healthcare NHS Foundation Trust are in the process of changing services to have a specialist focus on either functional or organic mental health problems. Service pathways are being redesigned to cater for individuals based on need rather than age, removing the artificial boundary presented when someone reached the age of 65.

## **Changes to Inpatient Care**

Reliance on the use of inpatient facilities has diminished in recent times as community services have been developed. In particular the development of the Crisis Resolution and Home Treatment Teams (CRHTT) which has significantly impacted on the number of people requiring hospital admission.

In addition to the developments in crisis resolution and home treatment, in December 2010 a model of inpatient care was implemented called 'Functionalisation'. This new way of working brought together specialist inpatient teams focussed on each of the 5 acute inpatient wards in South Staffordshire with a dedicated Consultant Psychiatrist working with the inpatients on each ward. Changes have included stopping old fashioned ward rounds, which were often found difficult by service users, and health professionals working more closely as a specialist inpatient team. The occupational therapy service has been developed to allow more access to therapeutic activities and more activities on the ward which patients can get involved in if they wish. There is also a psychologist with dedicated time for the inpatient service and more access to a pharmacist. The emphasis of this new way of working is to make sure that inpatients benefit from more timely decision making, removing unnecessary delays and ensuring that they can return to their home and social support systems as soon as possible. Functionalisation is subject to regular audit and development work to ensure benefits continue to be realised and built on.

## **Strengthening Community Services**

In addition to the significant developments already described, a continued programme of development and improvement to community services is planned.

The Crisis Resolution and Home Treatment Team have worked with service users and carers to define a model of 'acute day care'. This will not be a traditional day hospital type of facility but will look to provide a safe environment for people who are acutely ill but can continue to receive a plan of home treatment.

Future developments are also planned and it is the intention of South Staffordshire and Shropshire Healthcare NHS Foundation Trust to deliver a new six month programme to further develop and strengthen the function of the Crisis Resolution and Home Treatment Team. This programme is subject to audit and review during its delivery and will constantly seek the views of service users, carers and General Practitioners to ensure that it responds to people's needs.

South Staffordshire and Shropshire Healthcare NHS Foundation Trust already operate single points of access within all localities that enable GP's and the local population to access local community based services. The Trust will continue to further develop the 'single point of access' to community based services. This will mean that there will be one local number for General Practitioners to call during office hours to contact the mental health services provided by the Trust. As these community teams comprise both NHS and local authority staff, they are well placed to 'navigate' the available services and to ensure that patients are referred to the service that is right for them.

It is important that once a GP's patient has been referred, their needs are assessed and the most appropriate form of treatment is provided. GPs have told us clearly that they want to avoid the risk of patients being 'bounced back' to them by one part of the mental health system and, as a consequence, having to start again by referring their patient to another part of the same system. GPs want a system that works smoothly and efficiently in the best interests of their patients, without delays.

Other planned developments include:

- A psychological therapies strategy is being produced to improve access to 'talking therapies'.
- Nurse prescribing is already in place in all localities but is being further enhanced to support local clinics. National evidence shows nurse prescribing to be as safe as that carried out by doctors and service users often prefer the convenience of having a prescribing relationship with someone they see frequently.
- A greater emphasis on programmes to help services users back into employment, education and meaningful activity.

When my illness was at its worse my Consultant Psychiatrist suggested that I should go into hospital. This was the most awful idea, the thought of feeling so ill, being away from my home and family was too scary to think about. Fortunately I had brilliant care at home and didn't need to go into hospital. I am certain that I got better much quicker at home.

**Service User**

Traditionally whilst we have tried to offer someone an inpatient bed near to where they live it's not always been possible, either because the particular needs of that person would best be met in another hospital, or just because all the beds in their local unit were full. Now there are many more options for care and support to keep someone in their own home and out of hospital, and if they do need to be admitted, they will probably be in hospital for a much shorter time.

**Dr Abid Khan, Consultant Psychiatrist**

## **Section 4:**

### How we propose to redesign inpatient mental health services

**In the** previous section of this consultation document, we explained how we have strengthened community mental health services and reduced the need for admission to hospital. This is in line with clinical evidence, modern day practice and feedback from our service users, carers, GPs, National Clinical Advisory Team and others.

We have also described how we have improved the acute care pathway for patients while they are in hospital both to improve the patient experience and to reduce the length of stay. Given that improvements to community services and other developments have reduced the need for inpatient beds, this section now looks at how inpatient services can best be provided to meet the needs of those people with mental health problems who still need this type of care.

We recognise the fact all people with mental health problems who require the more intensive treatment which can only be provided in an inpatient setting will always have this available to them.

The 'No Delays Project' completed an option appraisal which examined a number of options for service redesign. This involved an option to redesign community services, day services and inpatient beds, including how to reduce the number of inpatient beds in South Staffordshire. This option appraisal was presented to South Staffordshire Primary Care Trust, GP's and Joint Commissioning Unit and supported, in June 2010. Since then, further consideration has been given to these options and further discussions held with all interested groups and individuals.

#### **Secretary of State's Four Tests**

In May 2010 the Secretary of State for Health introduced a set of four tests that must be applied to proposals to change healthcare services. The four tests are;

- Support from GP commissioners
- Strengthened public and patient engagement
- Clarity on the clinical evidence base
- Consistency with current and prospective patient choice.

We have outlined the evidence that we have met these four tests and further detail is available on request from;

#### **The Corporate Affairs Team**

Tracey Shewan Assistant Director of Corporate Affairs

Email: [tracey.shewan@northstaffs.nhs.uk](mailto:tracey.shewan@northstaffs.nhs.uk)

Andy Rushton Corporate Affairs Manager

Email: [andy.rushton@northstaffs.nhs.uk](mailto:andy.rushton@northstaffs.nhs.uk)

Tel: 0300 7900 233 ext:4049

## **The Options for Inpatient Care**

The number of sites for inpatient mental health care in South Staffordshire is largely historical and the quality of the environments on these sites varies considerably. In addition, every inpatient site requires a significant infrastructure in order to operate, for example access to support services and on site medical presence. The greater number of inpatient sites the more is spent on administrative and other support services and the less efficient the service is overall. Over the last 10 years the proportion of service users with complex conditions on inpatient wards has increased. This has increased the need for support from adjacent wards and enhanced staffing to ensure safety when an incident occurs. National experience from having larger inpatient sites or sites where the estate can be added to has been that there have been many advantages, including enhanced support staff and greater flexibility in the deployment of clinical staff in times of high need.

Reducing the number of sites and the consolidation of inpatient beds of the same type together improves quality and safety and support for services and is also more efficient.

The case for moving onto fewer inpatient sites appears to be consistent with national and local strategic drivers in that:

- It will be easier to standardise services on fewer sites providing a greater equality of care.
- Fewer sites will mean a greater pool of staff support for wards to draw on.
- Fewer inpatient sites will provide a greater concentration of staffing expertise, supporting innovation and specialisation and involvement in research and teaching.
- Concentrating services on fewer sites will make it possible to provide more specialist and individualised care.
- Making savings from inpatient services will ensure that the necessary levels of spending for community services are not impaired, allowing the continued development of a comprehensive range of community services, which will bring care closer to people's homes.
- In line with the NHS Operating Framework, the business case shows restraint in terms of the levels of investment and will deliver efficiency savings.
- We believe that running services from two sites will allow the best balance between geographic accessibility and safety, quality and efficiency. At present, it would not be viable to run from only one site – such as St Georges Hospital – because the site is not large enough.
- An options appraisal has been carried out which considered each option against a set of criteria. The criteria covered;
  - Quality and safety of services
  - Effective use of resources and whether the option was sustainable and offered opportunities for future development of services
  - Knowledge, training, development and engagement of staff
  - How the option might impact on other aspects of mental health services provided

We have looked at the various locations across South Staffordshire where inpatient mental health beds are provided and the preferred option is the removal of all beds at the Margaret Stanhope Centre in Burton.

The various options which have been considered are described below;

### **Option One**

Do nothing, inpatient services would stay as they are currently.

This option scored the lowest as it does not enable services to be modernised to ensure best practice.

## **Option Two**

Reduce acute inpatient beds by 18 and older adult beds by 7 through closures on all mental health wards across South Staffordshire.

This option does create a safe number of inpatient beds but does not allow for the best use of resources. Every inpatient site requires significant service costs in order to run, for example access to support services and on site medical presence. The greater number of inpatient sites the more is spent on administrative and other support services and the less efficient the service is overall.

Service users and staff are also less able to benefit from the expertise and specialist skills found in larger units.

## **Option Three**

Removal of all beds at the Margaret Stanhope Centre, Burton on Trent, resulting in a loss of 18 acute inpatient beds and 7 older adult beds and re-provide one older adult bed at George Bryan Centre, Tamworth.

This option addresses all the principles raised through the engagement and involvement of all those interested in local mental health services as part of the No Delays project. It will ensure all inpatients will have single bedrooms and increased safety and privacy and access to specialist skills and expertise. This option offers an efficient use of available resources.

## **Option Four**

Removal of all beds at the George Bryan Centre, Tamworth, resulting in a loss of 20 acute beds and 11 older adult beds.

This option would mean closing a higher number of beds which would result in the total number of inpatient beds across South Staffordshire being too low to provide safe services in line with national guidance and therefore would require some investment to increase the beds on other sites to ensure there are enough beds for South Staffordshire.

## **Option Five**

Close an acute ward and older adult ward at St George's Hospital, Stafford, resulting in a loss of 20 acute beds and 14 older adult beds.

St George's Hospital is a large, mostly purpose built site and offers high quality, ensuite, single bedded accommodation. As a large unit it also has good support structures offering good access to specialist skills and expertise and allowing the delivery of services in the most efficient way. This option would also require investment to increase the bed numbers on another site or the reconfiguration of wards on this site to ensure a safe number of beds available for South Staffordshire residents.

## Option Information

### Existing inpatient facilities

Currently, the principal facilities into which South Staffordshire patients are admitted for mental health treatment are:

<b>St George's Hospital, Stafford</b>
Chebsey Ward – Acute functional mental health
Brocton Ward – Acute functional mental health
Norbury Ward – Intensive Care functional mental health
Bromley Ward – Older people with mental health problems
Baswich Ward – Older people with organic mental health conditions

  

<b>George Bryan Centre, Tamworth</b>
West Wing - – Acute functional mental health
East Wing - Older people with mental health problems

  

<b>Margaret Stanhope Unit, Burton-on-Trent</b>
Acute Ward – Acute functional mental health
Older Adults Ward – Older people with mental health problems

### Bed numbers of facilities

#### Acute Inpatient Beds

	<b>Chebsey</b>	<b>Brocton</b>	<b>Norbury</b>	<b>George Bryan Unit</b>	<b>Margaret Stanhope Unit</b>	<b>TOTAL</b>
Current Bed Number	20	20	10	20	18	88
Proposed Bed Number	20	20	10	20	0	70

#### Older People Inpatient Beds

	<b>Baswich</b>	<b>Bromley</b>	<b>George Bryan Unit</b>	<b>Margaret Stanhope Unit</b>	<b>TOTAL</b>
Current Bed Number	12	14	11	8	45
Proposed Bed Number	12	14	12	0	38

## Financial impact of options

	Number of Beds Removed			Re-provide Beds			
	Saving (£)	Adult	Old People	Total	Number	Cost (£)	Net Saving (£)
<b>Option One</b>	0	0	0	0	0	0	0
<b>Option Two</b>	342,836	18	7	25	0	0	342,836
<b>Option Three</b>	1,490,000	18	7	25	0	0	1,490,000
<b>Option Four</b>	1,311,740	20	11	31	6	254,000	1,057,740
<b>Option Five</b>	1,449,174	20	14	34	3	384,000	1,065,174

### The Preferred Option

In conclusion, the preferred option will deliver the following inpatient based quality improvements;

- Single bedrooms on all wards
- Safest number of beds needed based on current community services
- Improved safety and privacy
- Better access to external space
- Better staff back up, support and shared expertise
- Less inequality in terms of service provision and service standards
- Most efficient and effective use of resources

## Section 5:

### Having your say

**We want** to hear from as many people as possible about our proposals to redesign in-patient mental health services in South Staffordshire. The consultation feedback will be considered by the Board of South Staffordshire PCT in deciding on the options.

#### **How you can respond to this consultation**

You can have your say in a number of different ways:

We would prefer you to complete the feedback form enclosed at the back of this document, as this helps us analyse the consultation results more consistently.

If it is not enclosed please call 0845 602 6772 ext 1529 or visit the following website where you can also complete the questionnaire online:

**[www.southstaffordshirepct.nhs.uk/HaveYourSay/activeConsultations.asp](http://www.southstaffordshirepct.nhs.uk/HaveYourSay/activeConsultations.asp)**

Please return the feedback form to:

**FREEPOST RSCL-CGYL-TURK  
South Staffordshire Primary Care Trust,  
107 – 111 Anglesey Court, Towers Plaza,  
Wheelhouse Road,  
Rugeley, Staffordshire, WS15 1UL**

#### **Feedback Received**

Whilst we would especially welcome your views on the specific points in the feedback form, you are welcome to comment on or ask questions about any part of this consultation document.

- You can also write a letter setting out your views to the same address above.
- You can also email your views to: **[consultation@southstaffspct.nhs.uk](mailto:consultation@southstaffspct.nhs.uk)**

#### **Consultation Events**

Public events are planned to take place during the consultation period, details of which are below and these will be promoted through local and regional media.

**Monday 21st Nov** – Arthur Findlay Centre, 96a Stone Road, Stafford, ST16 2RS – 5.30pm start

**Thursday 24th Nov** – Burton Albion FC, Pirelli Stadium, Princess Way, Burton, DE13 0AR – 5.30pm start

**Monday 5th Dec** – Main Hall, Wiggin Centre, Sir Robert Peel Hospital, Tamworth – 6pm start

If you would like to attend any of the events above please confirm your attendance. You can do this by either;

- visiting the PCT Website: **[www.southstaffordshirepct.nhs.uk/HaveYourSay/activeConsultations.asp](http://www.southstaffordshirepct.nhs.uk/HaveYourSay/activeConsultations.asp)**
- contacting us by email: **[consultation@southstaffordshirepct.nhs.uk](mailto:consultation@southstaffordshirepct.nhs.uk)**
- or by calling 0845 602 6772 ext 1529

**Date by which all responses must be made**

We ask that your comments are received by 5pm on Monday 16th January 2012.  
Any responses received after this time will not be included in the analysis.

It is the intention of the project team to publish a summary document of the responses received and as such we will not accept anonymous responses.

**Contact point for more information or any general questions**

Please call: 0845 602 6772 ext 1529

Email: [consultation@southstaffspct.nhs.uk](mailto:consultation@southstaffspct.nhs.uk)

**Obtaining further copies of this document:**

Further copies of this consultation document are available on request.  
Please use the contact details above.

**Different formats of this document:**

We can provide different formats of this document for example large print, Braille or in a different language, a summary document is also available in Easy Read, again please call 0845 602 6772 ext 1529 or email [consultation@southstaffspct.nhs.uk](mailto:consultation@southstaffspct.nhs.uk)

**Arranging to talk to someone from South Staffordshire Primary Care Trust or South Staffordshire and Shropshire NHS Foundation Trust:**

If you want to talk to someone from South Staffordshire PCT or South Staffordshire and Shropshire Healthcare Foundation NHS Trust about these proposals, please contact us using the details above.

**What happens after the consultation?**

At the end of the consultation period the feedback will be used to influence the final proposal for the redesign of inpatient mental health services.

All the feedback and responses, along with notes of any events will be collated and analysed.

A report will be produced which identifies the themes that have emerged and issues and comments raised.

The report will be presented to the South Staffordshire PCT Trust Board and South Staffordshire and Shropshire Healthcare NHS Foundation Trust.

Once they have had time to consider the feedback they will produce the final proposal for the provision of inpatient mental health services in the South Staffordshire PCT area.

## Glossary

Commissioners	Organisations which, on behalf of the Department of Health, assess the health needs of the local population and make sure there are health services to meet those needs
CR/HTT	Crisis Resolution and Home Treatment Team
Functional mental health problems	Experienced by people living with conditions such as depression, bipolar disorder or schizophrenia
JCU	Joint Commissioning Unit
Inpatient	A person who stays overnight in a hospital bed
NICE	National Institute for Clinical Excellence
No Delays	Project begun in 2008 to look at improving mental health services in South Staffordshire
Organic mental health problems	Experienced by people with conditions such as types of dementia, including Alzheimer's Disease
PCT	Primary Care Trust
Primary Care	Services offered in General Practice
Psychological therapies	Psychological therapy refers to a broad range of treatments, which aim to reduce distress, symptoms, risk of harm to self and others, improve quality of life and social or occupational functioning by assisting the patient to develop a psychological understanding and learn new skills to manage their mental health
SSSHFT	South Staffordshire and Shropshire Healthcare NHS Foundation Trust



## Feedback Form

### Our Proposals – Consultation Questions

1. Please tell us what you think about the proposed move of services away from hospital care to a more home/community based service. *(Please pick one of the answers below and add your comments)*

- Strongly agree                       Agree                       Neither agree or disagree  
 Disagree                       Strongly disagree
- .....

2. Please tell us what you think about our preferred option as outlined below.

Our preferred option is the removal of all beds at the Margaret Stanhope Centre in Burton and concentrate mental health inpatient services for the people of South Staffordshire in Stafford and Tamworth *(Please pick one of the answers below and add your comments)*

- Strongly agree                       Agree                       Neither agree or disagree  
 Disagree                       Strongly disagree
- .....

3. Please tell us what you think are the most important factors to deliver high quality inpatient services for the future, with one being the most important factor and five being your least important factor.. *(Please mark the corresponding circle - only one per line)*

	1	2	3	4	5
A welcoming environment for service users	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
A welcoming environment for carers and relatives	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
An environment which makes service users feel safe and cared for	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being admitted quickly when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Being able to go home quickly when needed	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

.....

4. Please rank the available options in order of preference, with one being your most favoured option and five being your least favoured. *(Please mark the corresponding circle - only one per line)*

	1	2	3	4	5
Do nothing	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Reduce beds on all mental health wards in South Staffordshire	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remove all beds from the Margaret Stanhope Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Remove all beds from the George Bryan Centre	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>
Close wards at St Georges Hospital	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>	<input type="radio"/>

.....





**13.** Where did you hear about this consultation ? *(Please pick one of the answers below)*

- Sent consultation by post
- Word of mouth
- Local newspaper
- Local organisation
- Leaflet
- GP surgery/healthcare location
- Website
- E-mail
- Local media

**14.** To which of these ethnic groups would you say you belong ? *(Please pick one of the answers below)*

- White British
- White Irish
- Any other white background
- Mixed – White Caribbean
- Mixed – White Black African
- Mixed – White and Asian
- Any other mixed background
- Asian or Asian British Indian
- Asian or Asian British Pakistani
- Any other Asian background
- Black or Black British Caribbean
- Black or British Black African
- Any other Black background
- Chinese
- Other ethnic group

**Thank you for completing the Consultation Questions.**

**Please post the completed feedback form to the following freepost address (no stamp needed!):**

**FREEPOST RSCL-CGYL-TURK  
South Staffordshire Primary Care Trust,  
107 – 111 Anglesey Court, Towers Plaza,  
Wheelhouse Road, Rugeley, Staffordshire, WS15 1UL**

**We ask that your answers and feedback are received by 5pm on Monday 16th January 2012. Any responses received after this time will not be included in the analysis.**

**It is the intention of the project team to publish a summary document of the responses received and as such we will not accept anonymous responses.**







