

Next steps for mental health care in Shropshire, Telford and Wrekin

Public consultation document on proposals to strengthen
community care and redesign inpatient services

"Mental health is a state of well-being in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully and is able to make a contribution to his or her community." **World Health Organisation**

Public Consultation: 6 September – 6 December 2010

Contents

Section 1: What this consultation is about	3
Section 2: Why our mental health services need to change	5
Section 3: How we propose to strengthen community mental health services	9
Section 4: How we propose to modernise inpatient mental health services	16
Section 5: Having your say	22

Picture on front cover: A fibre optic light in the sensory room for older people with mental health problems at St. Georges Hospital.

Section 1: What this consultation is about

This consultation document is about the future direction of mental health services in Shropshire, Telford and Wrekin. It seeks views on how people would like to see local services developed over the next three to five years, given that the NHS bodies responsible are committed to strengthening mental health care delivered in the community and to replacing the 157-year old Shelton Hospital in Shrewsbury with modern, purpose-designed facilities on an adjacent site.

The document does not cover all the individual specialist areas of mental health services, but we will be happy to discuss those over the forthcoming months. It is important that we see people as a whole, with a range of needs and views. We know that people with learning disabilities or those who need help with substance misuse will also use mental health services, so when this document refers to “mental health” it includes everyone and takes this into account.

Building on Previous Discussions

The proposals outlined here are the result of extensive discussions about mental health service priorities that have already taken place over the past 10 years, including a major consultation exercise in 2004.

Between 2007 and 2009, as part of a national review of care pathways across all NHS services, a possible mental health strategy for Shropshire, Telford and Wrekin was widely debated and consulted on. During 2009, there was also consultation on an outline planning application for new inpatient facilities to be built next to the Shelton hospital site in Shrewsbury.

This document, published on 6 September 2010, seeks to bring all this work together. It reflects the feedback received and conclusions drawn from all the previous views and ideas.

Leading the Consultation

This consultation is being undertaken by Shropshire County Primary Care Trust and NHS Telford and Wrekin, the two statutory bodies responsible for assessing people’s health needs in their respective areas and for entering into contracts with service providers to meet those needs.

To find out local views on these proposals, both organisations are working 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 Shropshire, Telford and Wrekin.

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 Shropshire, Telford and Wrekin, and in replacing Shelton Hospital with brand-new facilities that reflect modern mental health care. It is important that the way in which we implement these changes contributes to improved mental health and well-being for people from all sections of our population.

Period of public consultation

This consultation will run from 6 September to 6 December 2010. Full details of how and where you can respond are given on page 22. 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.

Good services and partnerships are also essential to support people with employment, housing, leisure and other aspects of life. This consultation will be an opportunity to ask for views on how we can best work in partnership to promote well-being and mental health as well as support people with difficulties.

A broad review of healthcare strategy in our areas

Over the past years, mental health services across Shropshire, Telford and Wrekin have been part of the general review of NHS care pathways initiated by Lord Darzi and as part of our local Joint Strategic Needs Assessment, which is a report identifying the specific health needs of our population. Key questions asked include:

- * How well are local needs being met by the existing pattern of care?
- * Where, when and how should services be enhanced and improved to better meet those needs in the future?

Extensive previous discussions on these issues have involved a wide range of organisations and individuals: NHS, voluntary and independent providers of existing services; local authorities and other providers of social care; service users; carers, GPs and other clinicians with an interest in mental health, and the two local primary care trusts. The proposals contained in this consultation document reflect their views and aims.

Guiding principles that have emerged from our review

We know from the feedback we received that there is a consensus in favour of rebalancing the way services are provided, so that fewer people with mental health problems need to be admitted to hospital and more of them are treated in the community.

A number of key principles for building a stronger mental health service for our communities have emerged, including:

- * greater emphasis on promoting positive mental health as an important part of people's overall health and well-being;
- * a shift towards providing more mental health services in primary care (e.g. in local GP practices) and community settings;
- * early identification of signs that individuals are suffering from mental distress, so that the necessary support can be put in place to help prevent the need for them to be admitted to hospital;
- * easier and more equal access to mental health services for people throughout Shropshire, Telford and Wrekin, with greater consistency in the way services are provided to local communities and a wider range of options for patients that will better meet their specific needs;
- * a greater focus on the 'recovery model' of mental health care, which emphasises the importance of getting people back into education, training and work, where appropriate, so that they maintain their sense of self-esteem and live their lives to the full;
- * a step by step pathway for ensuring easier access to psychological and 'talking' therapies;
- * all referrals to specialist mental health services to be 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;
- * improved services for older people experiencing mental health problems, especially dementia;
- * better co-ordination of services and better liaison between GPs, primary care teams and specialist mental health services;
- * increased involvement and support for family and carers, particularly where they are providing significant levels of support.



Working towards a more community-focused model of care

By today's standards, the balance of mental health services in Shropshire, Telford and Wrekin is tilted too far towards hospital care. Over the past 50 years in Britain there has been a significant shift from the idea of treating large numbers of people in 'institutions' towards treating the vast majority of people in the community. The emphasis has moved very much away from keeping people with mental health problems isolated from the rest of society towards trying to ensure that, as far as possible, they remain fully functioning members of that society.

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. More recently, 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.

Why services in Shropshire, Telford and Wrekin have not moved as far and as fast as elsewhere

Mental health services in Shropshire, Telford and Wrekin have been moving in this direction of travel, but not as far and as fast, and perhaps not as consistently, as in many other parts of the country. This does not mean that mental health care in our area is poor. But it does mean that community services are not as highly developed as we would like them to be.

One local GP practice manager summed this up well during the reviews of services that have been taking place:

“We need flexible mental health care that can respond to local demand and a shorter length of hospital stay with improved access to community support at a local level.”

A mental health service user, who is clearly able to speak from personal experience of how services have been provided in the past, also pinpointed the need for change:

“You get used to the service that you have got and think that this is how it has to be – you feel that there is no option for change. But, through crisis support and home treatment at a local level you can re-integrate with your community, which helps to reduce long stays in hospital.”

Commenting on some of our earlier ideas for moving the focus more from hospital into the community, a carer told us:

“This proposed way of working helps to fulfil a dream on the parts of carers and service users. There is a stigma attached to hospital admission. It creates fear for people who use services, as they think that they will be judged as a result of being in hospital. But if services worked more as one and services were delivered at more of a local level, the ‘carousel of care’ across 24 hours would feel more co-ordinated and would respond better to individual circumstances with more personalised care.”

We believe that the proposals presented here are designed to address the points made by the GP practice manager, service user and carer quoted above.

Releasing resources tied up in one of the last Victorian-built mental health hospitals in England

Too many resources devoted to NHS mental health services in our area are locked up in the running of Shelton Hospital in Shrewsbury, one of the last – if not the last – of the old Victorian mental health asylums still being used in England to deliver inpatient services to people with mental health problems. As a result, compared with many other parts of the country there has been under-investment in the full range of community services that are widely considered to be the bedrock of modern mental health care.

Nor are our Shelton patients receiving their hospital care in a purpose-built facility that reflects modern thinking about the most appropriate and effective therapeutic environments. Although changes to the fabric of the hospital have been made over the years, it is virtually impossible to turn a building opened only six years after Queen Victoria came to the throne into the kind of psychiatric unit expected in the 21st century.

How well-developed community care networks help to reduce hospital admissions and lengths of stay in hospital

In practical terms, the current imbalance in mental health services means that there may not be enough services in some parts of our area to help ensure early identification of mental health problems, and not enough community-based solutions to help support patients in their own homes as well as we would like.

We know that the right support delivered at the right time in the right way can help prevent a problem from getting worse, thus making hospital treatment unnecessary.

It can also reduce the length of time that individuals have to spend in hospital, as stronger community services make it possible for them to be discharged earlier than they would otherwise have been. It also helps people to stay in or return to work, take up housing and other services and make the most of opportunities such as leisure and community life.

There are particular issues in the more isolated, rural parts of Shropshire, where it is often more difficult for people to access services, especially if they are reliant on public transport. Tackling the problems of rural isolation is something that must be addressed as part of our strategy.

We are also aware that support for each person identified as a carer needs strengthening, not least because the ability of families and friends of people with mental health problems to support them in the community is critically important to long-term recovery (please see page 15 for how we propose to improve support for carers.)

How we compare for hospital admissions with the rest of the country

Statistics published in June 2010 by the Audit Commission show that the rate of admission to inpatient mental health units varies significantly between the country's PCTs, with even more variation for the average length of stay per patient in different areas.

An analysis by the Association of Public Health Observatories of mental health hospital admissions of adults of working age between 2001 and 2006 shows an admission rate of 0.40 per 100,000 residents for Shropshire and 0.16 for Telford and Wrekin. These compare, for example, with 0.04 for Northamptonshire, 0.06 for Buckinghamshire, 0.07 for Surrey and 0.08 for Warwickshire. Only 13 local authority areas in England had higher hospital admissions rates than Shropshire. It is likely that because our area has fewer community services for mental health than elsewhere, more people have to be admitted to hospital.

Proposals for improving local services

In the next section we explain in greater detail how we propose to tackle these challenges, and how you can comment on our proposals.

Section 3: How we propose to strengthen 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.

In some respects, this is no different from addressing physical illness. Only those with the most severe problems need to spend time receiving treatment in hospital. There is therefore a spectrum of care ranging from information on improving and maintaining mental health and well-being, counselling and psychological therapies through to contact with specialist community mental health teams and, in some cases, admission to hospital for the most intensive level of care.

How, then, do we propose to improve the model of mental health care currently provided? A key step would be to expand the range and extent of support available through primary care, whether in GP surgeries, health centres or community clinics.

Making information on mental health more readily available

We will improve information for people with mental health problems, including information on managing long term conditions and information for carers. This is crucial for those who, whilst not needing face to face counselling, nevertheless need pointing in the right direction, through advice over the telephone or information that enables them to find support group in their local community.

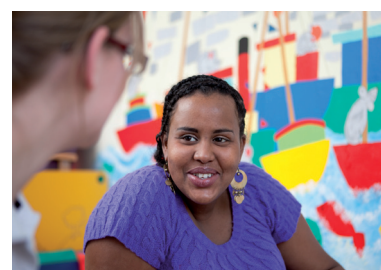
The crucial role of GPs and primary care in mental health services

Around 91% of people with mental health problems are treated by GPs and their teams in primary care, with less than 10% of all cases being referred to specialist services. GPs, therefore, play a key role.

Previous feedback has told us the ability of GPs and primary care teams to refer appropriate patients to counselling and psychological therapies is important, but that access to such therapies across the area is variable.

We believe it is important to ensure earlier and more consistent access to these 'talking therapies' which, can help people suffering from anxiety, phobias and depression by preventing their condition from getting worse and often by enabling them to stay at work and carry on with their normal lives. The intensity of therapy required depends, of course, on the type and severity of an individual's condition.

Over recent years some local GP practices have introduced practice-based counsellors. Other counsellors linked to the Improving Access to Psychological Therapies (IAPT) scheme have also started working with GPs and their teams. Experience suggests that some surgeries lack space to accommodate these services and waiting times for access to them are too long. There may also be confusion about the different types of counselling



available and who they are most appropriate for.

We propose to make it easier and simpler for Shropshire, Telford and Wrekin residents to access NHS-funded counselling and psychological therapies, whether they are referred to those therapies through their own GPs or by other means. What matters is that people who need such help should not have to wait a long time for it. An early and appropriate response is important to good clinical outcomes.

We intend to achieve improvements by reducing duplication, improving co-ordination of counselling and psychological services in the community, reducing waiting times and introducing measures to monitor their clinical effectiveness over time. Better communication between the different organisations involved will be essential.

Strengthening community mental health teams

We plan to strengthen the whole range of mental health services provided outside hospital. It starts with our multi-disciplinary community mental health teams who form the hub around which so much of the support provided to patients revolves.

The teams include specially trained mental health nurses, psychologists, occupational therapists, social workers and others whose individual and collective expertise enables personalised solutions to be provided to people with mental health problems, whether in their own homes or at centres as close as possible to where they live.

Currently, there are six community mental health teams working in Shropshire County based in Market Drayton, Oswestry, Bridgnorth, Ludlow and two teams in Shrewsbury; and three teams in Telford and Wrekin based in Wellington, Oakengates and Madeley.



The teams strive to help and support people with mental health problems, to prevent the need for admission, or re-admission to hospital. Importantly, the teams are able to intervene early during an episode of mental ill health which, if not addressed, could result in the individual needing to go into hospital.

The Early Intervention Team also provides intensive support to those who have a first episode of severe mental illness. This is intended to reduce the need for very long term community support or hospital care.

This 'crisis resolution' approach is a key part of the service offered in the community. 'Crisis resolution' means identifying when someone's health is deteriorating, and putting support in place to stop problems getting worse, and prevent hospital admission. In some cases it could involve a change in medication, in others, the team may implement more frequent visits to support the service user at home, or introduce additional therapies to complement and reinforce those already in place.

Under the proposals now being consulted on, by 2012 we would expect there to be 90 additional staff working differently across the nine geographical areas covered by the teams (35 in Telford and Wrekin and 55 in Shropshire County.) Most would be in the nine community teams, but with some more specialist community staff working across more than one team. They would include some of the existing hospital staff from Shelton and other mental health wards in our area who, after training, would be able to transfer

into community-based roles. Others would be existing community staff whose roles are changed or extended in order to provide a more flexible service to patients. The teams would provide services to both adults and older people, including people with dementia. Overall, the changes are intended to improve access to mental health care, and ensure that services are provided for individuals in the most appropriate setting.

A single point of contact 24 hours a day

A key element of the plan is that GPs would have a single point of contact with specialist mental health services through the community mental health team that covers their practice area. As these 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. We also want the 'single point of contact' system to work 24 hours a day, seven days a week. This means that someone contacting any part of the service at any time would receive a single assessment and plan to meet their needs. This may involve one or more teams.

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.

Many patients tell us that they value their contact with community mental health teams in their own areas. They also value the continuity of care that can be provided in this way, as one service user explains:

"It is nice to know that the 'team' is there. The familiarity is important to me. I do not like to travel here, there and everywhere and to see lots of different people. Care should not be all split up."

Integrating home treatment within the local community mental health teams

We also propose to strengthen our home treatment teams. These are vitally important elements of a comprehensive modern mental health service because they exist to deliver the right level of care and support at the right time to the right person.

Home treatment may be especially important for some service users who have previously come through a phase of mental illness – possibly including a period in hospital – and who, with the necessary support, are now recovering at home. Carers and families have a crucial role in the success of home treatment for many and we will support and work with carers as part of the recovery process.

Currently, there is a home treatment team based at Shelton Hospital in Shrewsbury and another based at Castle Lodge in Telford. We want to strengthen the existing arrangements so that more service users have access to home treatment and that more intensive home treatment is available more consistently.

To achieve this, we envisage some home treatment staff being placed within the geographically based community mental health teams rather than, as now, being centralised at two locations. This would enable the staff providing the service to have greater contact with service users, to be more accessible to them, and to work in a more

integrated way with community mental health teams. It would also address the point made to us by service users themselves that 'care should not be all split up'.

As part of the enhanced home treatment service, the Foundation Trust plans to introduce 'nurse prescribers'. The aim is to reduce the current reliance on consultant psychiatrists for prescribing medication to patients living at home and, in this way, to enable specialist medical staff to spend more time supporting and advising GPs.

Integrating 'assertive outreach' within the local community mental health teams

Similarly, we plan to strengthen 'assertive outreach' teams. 'Assertive outreach' means working to stay in touch with and support people with severe mental illness who might otherwise lose contact with health services. The teams comprise community-based staff assigned to deliver ongoing help and support to individuals with a history of severe and enduring mental illness who, despite their level of need, might not otherwise stay in contact with specialist mental health services. Currently, our assertive outreach teams are based in Oswestry, Bridgnorth, Shrewsbury and Wellington.

Under the proposals, it is intended to integrate assertive outreach teams within the community mental health teams. This will achieve a more co-ordinated approach and greater flexibility in delivering care. As a result, it will help service users by ensuring that they have faster and more consistent access to specialist community mental health staff and are less likely to need admission to hospital.

Being flexible enough to respond to the specific needs of all the people we serve

We recognise that no single approach to providing care will meet the needs of all the people and all the areas we serve. We know that emotional and social support are also important and that this is often provided by voluntary and community groups, carers and families. To the greatest possible extent, we need to be adaptable and flexible. To enable us to do this, we welcome views of how specialist mental health services can best work for you.

The importance of effective partnership between health, social care and other key services

We recognise that an effective mental health service depends on well developed NHS community mental health services and good liaison between the NHS, social services and other organisations.

What is especially important is the ability of these organisations to work together in providing the full range of help and support that people with mental health problems need if they are to be able to continue, as far as possible, with their normal lives.

Such support includes, for example, housing, training and education and access to local leisure facilities. All these key services are vital. If people with mental health problems are to be able to live in the community, they need to be part of that community.

Over the next five years we will aim to improve sharing of information between different organisations, this includes with the independent and voluntary sectors which provide excellent support for users of services and others who choose not to use specialist services. We will explore ways of increasing the availability of affordable, better-supported residential accommodation for people with mental health problems in the community.

There will be improved communication with acute hospital services to ensure that people receiving acute hospital care, but who also have mental health needs, are supported. This will include Mental Health Liaison services or Crisis Resolution/ Home Treatment working together more closely or improving access to psychological therapies to help with anxiety or depression.

We will also continue to work with our Local Involvement Networks (LINKs) which aim to give citizens a stronger voice in how their health and social care services are delivered. Run by local individuals and groups and independently supported - the role of LINKs is to find out what people want, monitor local services and to use their powers to hold them to account.

The key role that the voluntary and community sectors can play in mental health care

We know that some people prefer not to go to the NHS about their mental health problems, possibly fearing the stigma which, they believe, is associated with the 'mental health system'. Instead, they may turn for help, advice and support to a wide range of voluntary and community organisations that are not part of that formal system.

A wide variety of support is provided by the voluntary and community sector including helping to prevent mental illness, supporting carers and offering specialist help and advice about particular conditions, such as Alzheimers.

We welcome feedback from these voluntary and community organisations and the people who use their services, about the role they can best play in improving mental health.

We will continue to build strong partnerships across health and care, and with community and voluntary groups, to make the services work best for people and fit around people's lives, jobs and leisure, rather than the other way round.

Reviewing our approach to dementia care

Our review of services over the past few years has identified a particular need to strengthen services for older people with mental health problems, including dementia.

Current estimates suggest that the number of people aged 65 and over with dementia-related illness will have risen by over 20% between 2008 and 2013. With an ageing population we can expect the numbers to rise even higher by 2020 and beyond. Providing good dementia care is therefore a necessity for our mental health services, not an optional extra.

Significantly, we calculate that the number of people on GP registers with a diagnosis of dementia is lower than we would have expected for our population. We believe, therefore, that efforts to improve diagnosis of dementia must be stepped up, both among older people with the condition and among those under 65 years of age who are displaying early symptoms.

Both as part of our review of services, and as part of a specific dementia exercise, we have identified a number of key improvements we intend to make over the next five years to ensure that we are in line with best practice recommendations in the National Dementia Strategy and the new NICE Quality Standards for Dementia.

Improvements we have identified for local dementia care services

The specific improvements we have identified include:

- * making health professionals and the public more aware of the symptoms of dementia so that the condition is diagnosed as early as possible, the stigma associated with dementia is reduced, and appropriate action is taken to slow down the progress of the disease and reduce its effects on the individual;
- * developing a single point of referral and strengthening local 'memory services' to ensure accurate assessment and diagnosis of dementia and the start of appropriate treatment and support that will help patients to remain independent for as long as possible;
- * enhanced support for carers to help them do everything they can to ensure that their loved ones enjoy a good quality of life for as long as possible, and to reduce their sense of isolation;
- * improved information and on-going support for carers of dementia patients;
- * improved advice for dementia patients and their families immediately following diagnosis and on an ongoing basis;
- * enhanced support for local care homes that look after people with dementia;
- * enhanced support for general staff working in acute and community hospitals and other community settings to help them deliver good care to people with dementia;
- * reduction in the inappropriate use of anti-psychotic medication for the management of dementia;
- * improved end of life care, including symptom control and nursing support, for dementia patients.

Incrementally there will be new members of the team who specialise in supporting older people with mental health problems and dementia, including increased access to Memory Services resources and staff who respond to avoid admissions where there is a crisis. There will also be additional resources to support primary care in identifying those with dementia and supporting the independent and voluntary sectors in their role.

The importance of caring for people in familiar surroundings wherever possible

One of our nurse specialists who supports younger people with dementia in their own homes stresses the importance of this service. She said:

"People need more care in their community and to be in familiar surroundings. They need to be looked after by familiar workers who provide consistent levels of support."

Ensuring that older people have access to the full range of support and services currently provided to younger people

As part of our proposed changes to the way in which community mental health teams work, it is intended to merge the currently separate teams responsible for adults of working age and those aged 65 and over. There will continue to be members of the team who specialise in supporting older people with mental health problems. However, a single team will help to ensure that older people have access to the full range of

services and support that is provided to younger people.

Support for carers

People's carers have a vital part to play in their recovery from mental ill health. Carers may be family members, close friends, neighbours, or members of a local support group. In some instances, they may be paid carers. In our consultations and discussions with carers and carers' groups over the past three years, they have identified the same overall priorities as service users themselves and we will also take the priorities of the Carers' Strategies for Shropshire, Telford and Wrekin into account.



Those priorities include:

- * overcoming the stigma associated with mental ill health;
- * personalising services so they are based on individuals' needs;
- * easy access to information and advice about mental health, available services and support, welfare benefits and housing;
- * preventing suicide;
- * involving service users and carers in decisions that will affect them;
- * showing that service users' and carers' involvement in consultations leads to tangible changes that reflect their input;
- * supporting carers to stay mentally and physically well and treating them with dignity;
- * enabling carers to have lives of their own alongside caring;
- * assisting carers not to be forced into financial hardship due to their caring responsibilities;
- * respecting carers as expert care partners;
- * protecting young carers from inappropriate caring or harmful caring roles.

Staff will provide increased support to carers and enhance their involvement during planning care and recovery. This will include considerations of how to give carers a break from caring while their loved one is having care and support from services, and improving carers' assessments so that suitable plans are in place to meet their needs while carrying out their caring role.

The difference our proposed changes to community mental health services would make

If all of our goals for improved community services are achieved over the next five years, it will mean more of the people affected by mental health problems being able to continue to live in their own homes and lead their own lives. However, a minority of the people affected by mental illness – though fewer than now – will need hospital treatment at some point. The next section explains the plans for modernising inpatient mental health care.

Section 4: How we propose to modernise inpatient mental health services

In the previous section of this consultation document, we explained how we propose to strengthen community mental health services and reduce the need for admission to hospital. This 'tilting of the balance' would bring Shropshire, Telford and Wrekin more into line with modern mental health practice and address many of the concerns that have been expressed to us by service users, carers, GPs and others.

This section addresses the fact that the majority of people with mental health problems who require the more intensive treatment which can only be provided in an inpatient setting, are currently looked after in buildings constructed in the mid 1800s. It explains the options considered for improving the current facilities.

Existing inpatient facilities

Currently, the principal facilities into which Shropshire, Telford and Wrekin patients are admitted for mental health treatment are:

- * Shelton Hospital in Shrewsbury, which currently has 56 beds used for Shropshire patients and 29 beds used for Telford and Wrekin patients
- * Castle Lodge in Telford, which currently has 9 funded beds that provide a short-term 'step down' facility for patients with acute mental health problems who may previously have been in Shelton Hospital and who now need less intensive care than that provided by our teams at Shelton. There are no plans to replace Castle Lodge and the number of beds would increase to 12. It serves a useful purpose for patients from the Telford and Wrekin area and will continue to do so for the foreseeable future.
- * Beech Ward at Whitchurch Community Hospital which currently has 16 places for older people in Shropshire with mental health problems, usually admitted currently because insufficient community support means that care packages at home have broken down. Plans to provide this care in a better way are described on page 19.

The major change envisaged is to replace Shelton Hospital with brand-new facilities. This follows detailed consideration of a number of scenarios. These scenarios are explained below and highlight why Shelton's replacement by a different model of inpatient care is vital for the improvement of mental health services in the area.

Scenario 1 for Shelton Hospital: leave it as it is

One option would be to leave the facilities at Shelton exactly as they are. On the plus side, there would be minimal disruption. However, the disadvantages of such an approach massively outweigh any small advantages which may be perceived.

Shelton Hospital was originally constructed and opened in the 1800's. As with all very old

structures, it is difficult and expensive to maintain. The current backlog of work needed to bring it up to standard is estimated at over £10 million, and spending this would prevent us from investing in better community care and in improved hospital facilities.

Besides cost, Shelton is a huge building that despite attempts to improve it, simply does not provide the type of environment which we know most helps people recover from mental illness.

Whilst we have considered the option of retaining the building and trying to do our best with it, we have rejected it. We would prefer to invest the resources in services for people rather than maintaining old buildings that are no longer fit for purpose.

Scenario 2 for Shelton Hospital – update the existing facilities

A second option that we have considered was to update inpatient facilities within the existing Shelton building. This option was rejected as being too expensive in relation to the gains achieved. Furthermore, it would not release staff and resources for redeployment in the community.

Scenario 3 for Shelton Hospital – rebuild facilities on the same site with the same number of beds as now

A further option we considered was to rebuild brand new facilities on the Shelton site with approximately the same number of beds as the existing hospital. This, in principle, would have allowed the same number of people to be treated in hospital as are treated now. Whilst that would have maintained our inpatient capacity at current levels, we believe it would be a mistake. To provide a genuinely modern service to meet today's needs and standards, we need to strengthen our community services and to rely less on hospital-based care.

Scenario 4 for Shelton Hospital – replace the existing facilities with a new mental health 'village'

The fourth and preferred option is to stop using the existing Shelton buildings and to build new, but smaller facilities on an adjacent site. By 'smaller', we mean that the current very large Victorian building would be replaced with facilities based on an entirely different and much more appropriate philosophy. Instead of constructing a single new building to replace the old one, we believe that we should deliver facilities on a more 'human' scale. We have therefore embraced a new vision for the site with a collection of much smaller, more residential-style facilities which, together, make up what might best be described as a 'village'.

What the proposed new 'village' would comprise

Five separate units of accommodation would be built in the new village adjacent to the current site. They include:

- * two 16-bedded acute units;
- * one 16-bedded unit to deliver complex care for vulnerable adults;
- * one 16-bedded unit for older people with dementia-related mental health problems;
- * one 16-bedded unit for younger people with dementia-related illnesses.

That means a total of 58 beds would be available for local residents from our area, made up of 36 beds for Shropshire patients and 22 for Telford and Wrekin patients. Other beds are for patients from Powys and other areas. Apart from the existing New House at the Shelton site, which would be retained as a facility for substance misuse patients, the rest of the hospital complex would be sold commercially. Enough land would be kept in NHS control to enable the new 'village' to be landscaped.

The balance of need between community and inpatient beds will be kept under review.

Creating a better environment for those who need inpatient care

In the design of new facilities in our proposed 'village', considerable emphasis would be placed on the creation of a therapeutic environment where interaction between staff and patients contributes to the quickest possible recovery. We envisage that the new buildings would be much better suited to providing modern mental health care and rehabilitation. This, coupled with the simultaneous strengthening of community mental health services, would mean shorter lengths of stay in hospital and enable patients to return sooner to their homes and communities.



All inpatient accommodation in the new buildings would be provided at ground floor level to allow immediate access to outside space and maximise patient safety. Opportunities would be taken to ensure that the buildings are as energy efficient as possible, with a significantly reduced carbon footprint than the existing Shelton facilities.

The significance of this new approach to delivering inpatient care was highlighted in an article written for a Shelton Redevelopment Project newsletter by service user Jenny Brazier. She wrote:

"Shelton's redevelopment is going to be more than just new buildings. The focus is on modernising services."

Stressing that the latest plans have been heavily influenced by service users themselves, Jenny also emphasised just how long discussions about Shelton's redevelopment have been going on. As she explained, planning for a new hospital to replace Shelton has been in place since 1956.

A plan based on earlier consultations on the kind of facilities that would best meet inpatient needs

We believe the opportunity is here to make that possibility a reality, and to give Shropshire, Telford and Wrekin the kind of inpatient facilities that reflect best practice in mental health care today.

South Staffordshire and Shropshire Healthcare Foundation NHS Trust has already undertaken extensive consultations on the proposals for new facilities to replace the existing Shelton Hospital. These formed part of its submissions with an outline planning application for the scheme in 2009, when the Trust held 16 events to consult on the proposals. A total of 543 people attended the events to express their views, including service users, mental health staff, members of the public, elected representatives and representatives of organisations including Mind and the Campaign to Protect Rural England.

Anticipated reductions in hospital admissions and average length of stay

We estimate that, if we go down the route we have described in this document, there will be a reduction in hospital admissions for mental health problems in the order of 15% on current levels. That means about 160 fewer admissions a year. We also estimate a potential reduction in average length of stay from 44 days to around 27 days.

In practice, it means fewer people in hospital at any one time, fewer people admitted during the course of a year, and less time being spent in hospital by those who are admitted. A result is that more patients will remain at home and more of them will be supported by one or more of our community-based services, avoiding the need for unnecessary residential care.

Beech Ward at Whitchurch Hospital

Beech Ward at Whitchurch Hospital currently provides 16 places for older people with mental health problems including dementia. It is not a long-stay facility. People are often admitted because with limited community support available currently, care at home has broken down and there are delays in arranging long term solutions such as more care at home or, depending on an individual's needs, transfer to a residential or nursing home of their choice. Hospital admission is therefore needed as an emergency 'stop gap'.

However, in our view, the environment of Beech Ward is not well-suited to the delivery of modern therapeutic care, even in the short-term. It is isolated from community-based services for people with dementia and, as a result, staff are not able to call upon a broad enough range of resources. In line with the staff arrangements described later in this document, the strengthening of community services will provide opportunities for inpatient staff to retrain for community settings.

Improving community-based services for dementia patients in this part of Shropshire

We believe it is possible to deliver a better service for these patients by strengthening and improving co-ordination of dementia care services in this part of Shropshire and, in appropriate cases, providing more intensive help from the community mental health team. The improved community services in these proposals will support this approach.

The aim should be to enable individuals, with the right support, to live independently for as long as they possibly can and to support their carers and families. If, however, their condition reaches a point where staying at home is no longer possible for them and their carers, their transfer to residential or nursing home care should be facilitated as smoothly and efficiently as possible, with an emphasis on helping them and their family to choose an environment that best meets their needs and preferences.

Our proposal is to close Beech Ward by the summer of 2011. In making these changes, we shall ensure that individuals receive early assessment of their needs and the type and level of support that will best enable them to remain in their local community.

This will help them benefit from continuing contact with the people they know and from being in familiar surroundings. We recognise that the home support and treatment provided to them needs to be accessible seven days a week, 24 hours a day in order to address possible changes in their condition and well-being and, where necessary, to respond to their carer's concerns.

We do not expect these new arrangements to result in increased demand for residential care places funded by the local authority. Rather, we expect to see a shift within NHS-funded services from care provided in hospital to care provided in the community. This will include enhanced community mental health teams and, where necessary, access to residential and nursing home care, including a new facility that has recently opened in the Whitchurch area. Flexibility and choice for individuals will be a priority.

Elms House in Shrewsbury

We have also been looking at future alternatives for Elms House in Shrewsbury, which currently has 14 places for people recovering from mental illness. As in the case of Beech Ward, we believe this service could be provided better elsewhere. We are proposing, therefore, to progressively reduce the number of places in Elms House until, by February 2012, it is closed and patients who would previously have been admitted to the unit are supported instead by intensive home treatment.

West Bank in Telford

We have also been looking at future alternatives for West Bank in Telford, which currently has 12 places for people recovering from mental illness. As it is now considered best to provide rehabilitation where someone is living, by giving intensive home support in their home we need to understand the future need for rehabilitation in a more hospital type-setting. There are a small number who are very disabled by their condition who need this type of care and support before they are able to live more independently. However, we want to develop more community or home-based rehabilitation where users have settled accommodation and where they can have support to live independently. The review will consider this and develop a future plan.

Implications for staff arising from all the proposed changes

The changes we have described will have staffing implications. More staff would be needed to strengthen community services. Many will be existing staff employed in inpatient services who undergo training for new roles in a range of community settings. Some will be new staff appointed through the normal recruitment process. Where existing hospital-based staff express an interest in making the transition into a community-based role within our new model, South Staffordshire and Shropshire Healthcare Foundation NHS Trust will provide the necessary training.

Estimated costs of replacing Shelton Hospital

Current estimates indicate that to build new inpatient facilities on the Shelton site would work out at approximately £50 million when all building work, professional fees and associated costs are taken into account. There are sources of funding that South Staffordshire and Shropshire Healthcare Foundation NHS Trust can access to cover this, both from its own capital reserves and through the NHS Bank.

The changes in the investment profile in the new facilities would form part of the contracts entered into by the Foundation Trust with Shropshire County PCT, NHS Telford and Wrekin and GP consortia when they take over from the PCTs.

How some resources would be switched from inpatient services to community care

It should be stressed that changes to mental health services in Shropshire, Telford and

Wrekin are not intended to deliver net savings for the NHS.

In other words, no resources will be removed from mental health under these proposals. However, the way the resources are used would change in order to reflect a greater focus on community-based care delivered to the majority of patients and, at the same, to create a different environment for the minority of patients who need the more intensive treatment that only an inpatient facility can provide to them.

Moving towards greater equality of access to mental health services

An important factor to consider is how these proposals could achieve greater equality of access to mental health services across the area. Earlier consultations have suggested that older people with mental health problems are less well served than adults of working age. The steps planned will help to improve the availability and quality of care for older people, including those affected by dementia.

We recognise that the rurality of much of Shropshire poses particular problems for the delivery of services, not least because of the distances involved and the difficulties faced by people who have no transport of their own. Furthermore, for those who live a long way from Shelton, admission for inpatient care means a degree of isolation from their home community.

By strengthening community services in the ways described, we believe that access to specialist mental health support should be enhanced, even in the more rural parts of the county.

Better community services should also reduce the need for admission to an inpatient unit many miles from people's homes.

Finally, we believe that the emphasis within our new model on 'personalised' solutions to mental health needs would ensure that people from all social backgrounds and ethnic groups receive packages of care that are specifically tailored to their individual needs. Our aim is to ensure, wherever possible, that service users themselves have a major contribution to make to the design of their own care packages.

A phased approach to ensure a smooth transition

Subject to the outcome of this consultation and to approval of a final business case for the new inpatient facilities on the Shelton site, we envisage that the strengthening of community services would start immediately. Indeed some increased staffing is already being taken forward. Additional staff will also be in place at the time of starting the building work. Construction work at the Shelton site might start early in 2011 with completion scheduled for the autumn of 2012.

The existing wards will continue to function as usual throughout the construction. During that period, there would be a phased increase in community staff followed by a gradual reduction in the number of available beds in the existing Shelton Hospital as they stop being used. This will also enable inpatient staff to be progressively redeployed for the strengthening of community services.

We believe that a phased approach is the best way of ensuring a smooth transition of mental health services in Shropshire, Telford and Wrekin towards a more community-focused model, with a reduced dependence on inpatient beds to deliver the care people need.

Section 5: Having your say

We want to hear from as many people as possible about our proposals for developing community mental health services in Shropshire, Telford and Wrekin and replacing Shelton Hospital with a new mental health village constructed at a different location within the Shelton site. The consultation feedback will be considered by the Boards of both NHS Telford and Wrekin and Shropshire County PCT in deciding how to take forward the strategy, and by the Foundation Trust in its work on the full business case for the Shelton development.

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 with this document (if it is not enclosed please call **01952 580473** or **0800 032 1107**) or visit one of the following websites where you can also complete the questionnaire online:

www.telford.nhs.uk/consultations

www.shropshire.nhs.uk/consultations

www.southstaffshealthcare.nhs.uk

This helps us analyse the consultation results more consistently. Return the feedback form to:

FREEPOST RRZR-SZAA-BUBZ, Next Steps for Mental Health in Shropshire, Telford and Wrekin, Oak Lodge, William Farr House, Mytton Oak Road, Shrewsbury, SY3 8XL

- * You can also write a letter setting out your views to the same address above
- * You can email your views to: consultation@telfordpct.nhs.uk or consultation@shropshirepct.nhs.uk

Aspects of the document on which we would especially welcome your comments

(please use the separate feedback form covering these questions if possible)

1. What factors do you think are most important in delivering good **community** mental health services in future?
2. Is there anything that you think we should look at again or have not got quite right in the proposed new arrangements for **community** mental health services?
3. What future role do you think the voluntary and independent sectors can play in delivering mental health services to the people of Shropshire, Telford and Wrekin?
4. What factors do you think are most important in delivering good **inpatient** (hospital) mental health services in future?

5. Is there anything that you think we should look at again or have not got quite right in the proposed new arrangements for **inpatient** (hospital) mental health services?
6. How far do you agree with the proposals in the consultation document?

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

Obtaining further copies of this document

Further copies of this consultation document are available on request. Please call **01952 580473** or **0800 032 1107**. Alternatively, you can download a copy by going on to the following websites:

www.telford.nhs.uk/consultations

www.shropshire.nhs.uk/consultations

www.southstaffshealthcare.nhs.uk

Different formats of this document

We can provide different formats of this document for example large print, Braille or a different language. A summary document is also available in Easy Read, again please call **01952 580473** or **0800 032 1107**, or go online.

Arranging to talk to someone from the Primary Care Trusts or Foundation Trust

If you want to talk to someone from Shropshire County PCT, NHS Telford and Wrekin, or South Staffordshire and Shropshire Healthcare Foundation NHS Trust about these proposals, please phone **01952 580473** or **0800 032 1107** or email consultation@telfordpct.nhs.uk or consultation@shropshirepct.nhs.uk.

The public events below are planned to take place during the consultation period. These are drop-in sessions and anyone can come along, chat to staff and find out more or get answers to any questions they may have.

- * 21 September, 3.30pm – 6.30pm, Meeting Point House, Telford
- * 27 September, 10am – 1pm, The Cedars, Shelton Hospital, Shrewsbury
- * 6 October, 12noon – 3pm, Civic Centre, Whitchurch
- * 15 October, 1pm – 4pm, Community Centre, Craven Arms

Date by which all responses need to be made

All responses to this consultation need to be made by **6 December 2010**.

01952 580473 or 0800 032 1107

consultation@telfordpct.nhs.uk or consultation@shropshirepct.nhs.uk

www.telford.nhs.uk/consultations www.shropshire.nhs.uk/consultations

www.southstaffshealthcare.nhs.uk

