Transforming Mental Health Services
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1. Foreword by the Mental Health Redesign Project Group

There’s an often heard saying in the NHS about making sure the patient gets the right care from the right person in the right place and at the right time. It’s a catchy description of what we want to happen all of the time but it’s most often used when we’re talking about changing services. The real truth of the matter is that not all people are currently receiving the right care when they need it or, indeed, when they and their families come to us for help. That’s not to say that people don’t receive good care because, on the whole they do – and standards are continuing to improve, but in some cases it can take some time to see the right clinician, or people can go through a number of assessments by different services before the right response is achieved.

There have been massive advances in medical and psychological care over the last few decades, which mean we’re now able to successfully treat illnesses which would previously have impacted on quality of life. We also now know that the earlier a person can have access to the right support and treatment for their mental health problems, the better the outcomes, and the less likely they are to need specialist psychiatric care or inpatient treatment. It is also important to develop greater awareness and resilience within our local communities to help to prevent the development of mental health problems, and create more openness in recognising and supporting people with mental health problems in our communities.

This issues paper sets out the challenges faced by the mental health services in Hywel Dda University Health Board. A project group made up of professionals, service users, carers, voluntary sector, local government, and the Community Health Council, has been set up to consider these challenges alongside the mental health needs of our local population across services, age groups and specialities, considering historical barriers and boundaries to providing services. We want people to have the same high quality care wherever they are and we want to create safe and sustainable services that meet the needs of our changing population.

We want to support people to recover from mental health difficulties and be supported to live full and meaningful lives. We want services to inspire hope, confidence and understanding. Services will:

- have a focus on self management, recovery and peer mentoring
- offer opportunities for people with mental health difficulties to use their experiences to help others
- help people make sense of their mental health difficulties, connect with others and their communities and support them to take action to recover
- help people to explore, understand and accept the mental health difficulties they have faced

We know that things need to change. We expect to deliver more of our care and support in the community and less in hospitals, and we will have a bigger focus on ensuring that services are joined up, making it easier for people to access help and support when they need it.
2. Purpose of the issues paper

This issues paper is not a formal consultation document, but supports a learning exercise to ensure that we have a way to listen to views and experiences across a range of organisations, community groups, staff groups, service users and carers. This will help to inform the range of potential solutions for us to consider and develop into a new model for mental health services in Hywel Dda University Health Board.

Service change to any degree can feel challenging for us all. This paper is the starting point in our engagement with you, to help to design a new and innovative approach to mental health care in our communities.

3. Why things need to change

The mental health needs of our society have changed over the last decade. Treatment advances have seen many people who previously required hospital care being able to remain in their communities, supported by their families and friends and, when required, by services delivered by health, social care and third sector providers.

The development of mental health services has moved to more community focused care and treatment wherever it is appropriate and safe to do so. Recent Welsh Government guidance clearly promotes the need for a change in the way we provide mental health services in our communities in Wales. The range of community mental health services has extended significantly in recent years, but we now need to make sure that we are providing our services alongside other services in our communities to help build resilience in a joined up way, helping people to access the services that best meet their needs.

Our future services need to have a greater focus on the promotion of mental wellbeing, preventing the development of mental illness, reducing the stigma and discrimination associated with mental ill health, offering appropriate and easy access to care and treatment, early intervention and timely treatment when needed.

Mental health is equally as important as physical health, but this has not always been reflected in the way that services are provided and improved. We do not always help people with mental health difficulties at an early enough stage, meaning that they become more unwell and can end up being admitted into hospital, when earlier support in their community may have helped them to get better more quickly.

Services do not always feel joined up for people with mental ill health, with communication between different parts of the service not always being as good as it should be and many people having to endure many repeat assessments before they get the right care. Service users should be able to expect better access to higher quality mental health services in their communities, helping people to stay well and out of hospital where possible.

Service users should have effective access to crisis care in an emergency. People heading towards a mental health crisis need access to appropriate and timely support, with a plan in place ahead of any crisis developing. Currently many of our services do not operate outside normal working hours, therefore a response can be different dependent on what time of day it is needed.
Issues being faced

Our mental health inpatient services are currently provided across two counties and three hospital sites. The available staff resource has to be used in a flexible way in order to meet the demands of these busy acute admission wards. This is very challenging given the geographical spread of the units. We have spent a significant amount of our available budget on bank and agency nursing and medical staff. This has become the norm in some areas, caused in the main by long-standing recruitment difficulties to the outlying units. Some of our units are relatively isolated and staff are managing patients with the greatest level of mental health needs without a large concentration of services around them to help support during busy times, or when managing people who have very complex and challenging needs. These are often not attractive environments for staff to want to work in and therefore recruitment continues to be a significant challenge in these areas. The reality is that with the development of new and exciting community services in some areas and alternative career pathways on offer, staff choose to work in the community.

Quality of care

Improvements in care and treatment mean the NHS is able to provide more responsive and individualised care in the community, outside of our inpatient services: for example, psychologists and nurses are now able to deliver psychological interventions in primary care and our crisis staff are able to manage an acute mental health crisis in a person’s own home when previously these people would have needed to be admitted to hospital.

The overwhelming majority of people – some 90% or more – are treated in the community without ever needing to be admitted to hospital. The real revolution in healthcare is happening in our communities as more services are released from hospitals and provided in or near people’s homes.

However, while some community services have developed, the way our inpatient services are provided has largely remained unchanged and they use the largest proportion of our available resources to run. It is not viable to continue to deliver inpatient services in the same way if we want to develop more comprehensive and responsive community mental health services.

Financial and workforce challenges

Our current community mental health services struggle to meet the growing demand, meaning that the response people receive is not always timely. The funding allocated to our three acute inpatient units far outweighs our current investment into our community services. In order to grow our community services to meet the demand, we will need to consider evidence based effective alternatives to inpatient care and treatment.

Over recent years we have seen the development of new models of care in our community mental health services in the University Health Board, which have further reduced our reliance on inpatient care. However, we still need our inpatient services for people who are acutely mentally unwell and cannot be cared for at home within their community. Unfortunately the small inpatient units on our outlying hospital sites have become increasingly difficult to sustain in the current service model due to difficulty with staff recruitment and retention in these areas. As new exciting community models have emerged, staff from our inpatient services have moved into these roles as part of their career development, although this means that our inpatient units in these outlying areas are reliant on more junior nursing staff and junior and locum medical staff.
A significant challenge in delivering traditional inpatient services is the availability of doctors. There have been major changes to the way doctors work and are trained. The European Working Time Directive has put very reasonable limits on the hours doctors are able to work. The result of this is that we have junior doctors who are less fatigued but we need twice as many as we once did to provide inpatient care.

Changes to the way doctors are trained after they qualify from medical school also have an impact on the way we provide services. As training has become more complex and intense, doctors in training need to see larger volumes of patients to ensure they have the necessary skills to specialise. Doctors in training want to come to busy inpatient services where they see these large numbers of patients but where they also work in larger teams of medical staff and feel supported. This is very difficult in areas where there is an isolated mental health inpatient unit, with a reliance on locum and agency staff due to difficulties recruiting to our outlying areas. While using locums may ensure a service stays open, this model doesn’t give patients the best quality of care and means we spend a lot of money which could be better invested elsewhere in developing better community mental health services.

It is very clear that we cannot continue as we are. The UK-wide shortage of medical and nursing staff means there aren’t the doctors and nurses we need waiting at the Severn Bridge to come into Wales. We’ve been trying to recruit to our inpatient and specialist services for several years now but, despite our best efforts, it remains a challenge to fill all our vacancies. We are continuing to work within the University Health Board and with the Welsh Government, through its Work for Wales initiative, to encourage more doctors and nurses to train and work in Wales, but we recognise that this is part of a longer term strategy.

**The need to join up services**

It is important that we act now to address the challenges outlined above and avoid the risk of being forced into taking emergency measures in the future. We want to move forward together in a calm and planned way that is better for patients and staff. We will work with our staff, service users, carers and partners over the next 8 weeks to identify a solution for a new model for mental health services in the Hywel Dda area – one which will make sure that people are getting the right care, from the right person in the right place and at the right time.

It’s for these reasons that we have been working with our staff, partners, service users and carers to consider solutions to identified problems and propose ideas for the future of services which give patients better access to care around the clock.

**4. A recovery focus**

Our drive is to support people to recover from mental health difficulties and be supported to live full and meaningful lives.

“Recovery is nothing to do with a quick fix and is certainly not about getting back to some former state of perfect health and balance. Recovery is about living as fully and wisely as possible, given our unique set of circumstances and experiences. We come to learn from, and live with our scars, our fears and our hopes. As more and more of us acknowledge that we are all in this together, it gets easier to do. Then the prison of our loneliness starts to crumble. Then life can be recovery and recovery can be life.”

West Wales Recovery Booklet produced by WWAMH and Mind Your Heart
Transforming Mental Health Services

The project group have a shared vision for a modern mental health service that should:

- **be accessible 24 hours a day** so that the person who needs help or their supporters can walk into a mental health centre at any time and establish a safe relationship to discuss their needs and agree immediate support
- **have no waiting lists** so that the first appointment can take place within 24 hours, with planned meetings to follow that agree the support and treatment needed
- **move away from hospital admission and treatment to hospitality and ‘time out’** so that the mental health centres can provide night hospitality from one night to several weeks in order to address crisis periods when there is a higher need for protection and/or to support the needs of the family, when hospital admission is not the best option
- **day time out and opportunities** to provide therapeutic day service options for the individual to access the care and support that is needed, for a few hours or a whole day

5. **Potential solutions being explored**

In order to achieve the vision to provide accessible and responsive community mental health services, we need to think differently about the way that we provide inpatient hospital care and crisis care in an emergency. This may mean that the types of beds that we provide within our outlying areas may change from hospital to a different type of bed provision within community mental health centres. In some areas these are called crisis beds, hospitality beds or sanctuary beds. The idea is that both the beds and the service provide a better alternative to hospital admission for people in an acute mental health crisis. Our service users tell us that at times of their life they need ‘time out’ and support but not necessarily hospital care; this would involve:

- providing support in a homely community based environment
- a non-judgemental, non-directive service that is able to flexibly meet the needs of a range of people
- supporting people to recognise and develop their own strategies for crisis prevention and management
- working in partnership with all services and sector to agree a support plan for people

We will need to consider some key areas in our thinking around any potential changes, such as:

- transport and rurality
- supporting and developing our staff
- ensuring there is equal access to services for all our population
- maintaining our current services while we make any changes

An equality impact assessment has been completed for the project to ensure that the needs of all groups of people with protected characteristics and minority groups are considered with any proposed solutions. This process is ongoing and will be updated as the engagement process progresses.

6. **How you can help shape our thinking**

We are particularly interested to hear your views on alternatives to mental health hospital care, and what would help to support people and their supporters during periods of crisis or increased need:

- What should out of hospital care look like? What do we need in our local communities in the way of mental health care and treatment?
- How do our current services work? What works well? What do we need to improve?
• What sort of beds would you like to see as an alternative to hospital?
• What should be available outside of normal working hours?
• What sort of day time opportunities would you like to see?

People’s stories and experiences are a really important way for us to understand what works well and what is less effective. We would welcome people sharing their experience of our services with us to help us shape our thinking.

Please share your views with us by:

• writing a letter to us using this freepost address: FREEPOST HYWEL DDA HEALTH BOARD
• sending us an email: hyweldda.engagement@wales.nhs.uk
• leaving your comments on the telephone answer machine: 01554 899 056

Please make sure you have shared your views, comments and experiences with us by the end of November 2015.

7. Next steps and timescales

Between now and the end of November 2015 we will be proactively engaging with a wide range of organisations, groups and individuals to shape a shared vision and model of mental health service that is fit for the future. We are doing this in a planned way to ensure that there is meaningful engagement and review of the services, and that the right decisions are made.

It’s important to remember that we’re not taking services away – the majority of people who need care will continue to receive it in their local communities. In the situation where a person is so acutely unwell that they need treatment in hospital this will be provided where we have sufficient nurses and doctors with the right skills to ensure the hospital stay is as short as possible. The most important thing is to help and support people who have been acutely mentally unwell to return to their communities and families as soon as possible.

We welcome your involvement as individuals, groups and/or organisations. To find out more, or if you would like a member of the project group to come to your group/organisation or to talk to you individually about the engagement process and the solutions being explored, please contact Angie Darlington at West Wales Action for Mental Health (WWAMH), Libby Ryan-Davies at Hywel Dda University Health Board (HDUHB) or Sam Dentten at Hywel Dda Community Health Council:

Angie Darlington – 01267 238367 – director@wwamh.org.uk
Libby Ryan-Davies – 01267 244985 – elizabeth.ryan-davies@wales.nhs.uk
Sam Dentten – 01970 623000 – sam.dentten@wales.chc.org.uk

Further information and updates will also be available on the following websites:
www.wwamh.org.uk
www.hyweldda santé.wales.nhs.uk/mentalhealth
www.communityhealthcouncils.org.uk/hyweldda
8. Frequently asked questions

What is the background to these changes?

The mental health needs of society have changed significantly over the last decade. Treatment advances have seen many people who previously required hospital care being supported to remain in their communities, supported by their families, friends and, when required, by services delivered by health, social care and the third sector.

An opportunity has arisen with the existing acute and inpatient mental health services to consider the introduction of a more innovative model of enhanced community based services to take the place of the existing traditional inpatient provision. The proposed future vision is to give one point of referral on a locality basis with access to a range of services that span age and specialities (specialist child and adolescent services, learning disabilities, substance misuse services, adult and old age mental health) delivered in partnership across health, social care and the third sector.

The way the service is currently organised poses a number of challenges in relation to both sustainability and equity of services provided across the Hywel Dda footprint.

In relation to sustainability, the current service has particular recruitment challenges in relation to both medical and nurse recruitment. At times, in order to provide services, there is an over-reliance on bank and agency staff in order to maintain services at their current level.

From an equity perspective it is recognised that there is an imbalance in relation to service provision across the three counties, which a revised service model would seek to address.

In recognition of the difficulties with service sustainability in its present format, the Mental Health and Learning Disabilities Directorate prepared a paper for the University Health Board’s Strategy and Planning Committee outlining the current challenges. The committee has tasked the Mental Health and Learning Disabilities Directorate to review the current service model and develop solutions for the future service through dialogue and consultation with staff and stakeholders.

A project group has been developed and a stakeholder reference group established. Discussions have been held and are ongoing with Hywel Dda Community Health Council (CHC) and West Wales Action for Mental Health (WWAMH) to ensure the right representation and engagement is achieved to consider the solutions for delivering an alternative service model.

Why do things have to change?

Increasingly, services can be provided in enhanced community settings. It is necessary to modernise the current service model in order for us to be able to provide care closer to home.

In its present format, the service is difficult to sustain due to recruitment difficulties for medical and nursing staff, particularly in adult inpatient areas. We think that providing an enhanced community service model will be an attractive option for staff and should improve some of the current recruitment and retention issues that we experience.

There is also an imbalance in relation to service provision across the University Health Board, which a revised model would seek to address.

Our population, as well as our service users, inform us that they would prefer to receive services within their communities and it is our ambition, with collaboration with key partners to deliver on this.
We also believe that we can provide services more efficiently with a different service model. Specialities would be co-located, cutting down on duplication. People who have used and who currently use our services often experience difficulty in accessing services and undergoing multiple assessments.

**How will you know that the changes are safe?**

The provision of a service that is responsive and safe is of paramount importance. In its current configuration, there are times when there is a dependence on bank and agency staff to sustain the service. This poses a potential safety risk, hence the requirement to revise our service model.

Hywel Dda University Health Board will monitor any service changes continuously in order to manage any potential increased risk as well as measuring improvement in service delivery and service user and carer experience.

**When will the changes happen?**

The project group, which is overseeing the transformation of services, will need to agree all the details, protocols, operational procedures and staffing requirements to deliver this new model. As soon as timelines are available the University Health Board will ensure they are communicated widely to staff, stakeholders and the wider community.

**Can I choose where I receive services?**

The revised service model aspires to enhance services that are currently available on a locality level. However, if for any particular reason an individual preferred to receive that service elsewhere within the University Health Board, this would be considered and every effort made to accommodate this.

**Will I have to travel further to receive services?**

It is recognised that some residents within the University Health Board area already have to travel a considerable distance to receive certain services as they are currently provided. In line with the concept of care closer to home, the revised service model will increase the range of community based services in localities.

Certain specialist services, (such as the Psychiatric Intensive Care Unit and the Low Secure Unit) are already provided centrally. Some other specialist inpatient services may be provided from alternative locations in the University Health Board. However, enhanced community services will be provided in any areas affected by any change to inpatient services.

**How will you ensure that transport will be adequate?**

Good and accessible transport is a key element in the introduction of new services. The project group will work to ensure that arrangements are put in place to facilitate access to services and to mitigate any identified potential difficulties in specific localities as far as is practicable.

**Will the NHS cover additional costs of people having to travel to receive services?**

Information about eligibility and assistance with healthcare costs and travel is available from [www.healthcosts.wales.nhs.uk](http://www.healthcosts.wales.nhs.uk) or by calling the NHS business service authority on 08458 501166.
Will it be more difficult to access inpatient services?

The review of the service model is not about reducing inpatient beds. The purpose of the new service model will be to move away from hospital admission and treatment to help people during periods of mental distress and crisis. This would require a range of solutions in relation to the provision of beds, including beds being provided in localities to address short term crises and providing intermediate bed provision for individuals discharged from more formal inpatient services.

Will beds be available in each of the three counties?

It is intended that beds will be provided within the three counties. These beds will be available for those individuals who require enhanced levels of community support, or for those coming out of more formal inpatient admission units.

Will there be facilities for out-of-hours assessment in each of the three counties?

Part of any new plan will include assessment services accessible to all 24 hours a day. Individuals and carers who require support should be able to receive an assessment within their localities on a 24 hour basis.

Will all key stakeholders and partners have an opportunity to influence proposed future service models, including service users and their carers?

We are reviewing the current service model by talking and listening to staff and stakeholders about solutions for the future.

A project group has been established comprising a broad range of stakeholders from statutory and third sector services as well as service users and carer representation. A stakeholder reference group has also been established.

What will happen to staff working in these services?

The new models present opportunities for staff to develop additional skills, work in new and extended roles and receive additional training. Training needs will be assessed as part of this process to ensure that all staff have the skills required to deliver these services.

There will be no job losses and all staff changes will be handled through the organisational change policy. Those staff affected by the change will be offered 1:1 discussions as part of the process and in line with the organisational change policy.

Open staff meetings will be held on a regular basis with video conferencing available to update staff on progress with the proposed model and developments.

What do we tell patients who are asking about the changes to our services?

If it will assist your conversations with patients, this FAQ document can be printed off to give to patients – please always ask the patient what their language of choice and preferred format is. This FAQ is available in Welsh and English. Alternative formats such as large print, audio Braille and languages additional to Welsh or English can be made available on request via email to the mediaoffice.hyweldda@wales.nhs.uk. The University Health Board will also deliver communication and engagement to ensure members of the public fully understand the changes.
Are the changes about saving money?

The focus of the change is on improving and modernising the mental health services we provide. There is no intention to reduce the resources allocated to mental health services, but instead to reinvest in improved models of care.

What about the needs of people with Autism, Aspergers disorder and/or Attention Deficit Hyperactivity Disorder?

The needs of these groups of individuals will be considered and included within any future models.

Where can I get more information?

Regular updates will be provided to staff and stakeholders and further information, such as Frequently Asked Questions, details of engagement events or workshops will be available at:

www.wwamh.org.uk

www.hywelddahb.wales.nhs.uk/mentalhealth

www.communityhealthcouncils.org.uk/hyweldda