“Right Service, Right Place, Right Time…. Every Time”

A CONSULTATION DOCUMENT ON ADULT MENTAL HEALTH SERVICES

CWM TAF HEALTH BOARD
JULY 2011
WHY WE NEED YOUR VIEWS

When Cwm Taf Local Health Board (LHB) was formed in 2009 we identified mental health services as a key area for improvement.

In November 2010 we started conversations with service users, carers, partner organisations and our staff about the future vision for adult mental health services. We developed an engagement document and spoke to as many people as we could at meetings and workshops. What we heard was that the majority of people supported the vision for mental health services, but what they really wanted to know was where acute, hospital based services would be and when any changes would take place.

This consultation document will:

- Remind you of the vision for local adult mental health services;
- Set out the options for where hospital based services could be located;
- Seek your views on the preferred option identified by the LHB; and
- Outline the proposed timetable for change

Please note that this consultation document only covers services for adults who experience mental health problems. Services for older people and children & adolescents with mental health problems are not included within the scope of this consultation, but will be subject to review in the future.
AN INTRODUCTION FROM THE CHIEF EXECUTIVE

Adult mental health services have been on a huge journey over the last few decades:

- 25 years ago, a person accessing mental health services could have expected admission to a mental health hospital, such as Parc Hospital, as the norm. Such hospitals were large institutions where lengths of stay were long.

- 10 years ago this would have started to look different with the development of group homes, small teams of Community Psychiatric Nurses (CPNs) and the development of some specialist posts.

- Today things have changed even more. We are now able to provide services in a way that we wouldn’t have dreamed of doing 25 years ago, such as the delivery of a range of psychological therapies and the option of being able to treat people at home instead of in hospitals.

The last 10 years alone have seen major developments in mental health services in Cwm Taf. Just a handful of examples of these include:

- Changes in mental health day services such as the provision of volunteering and training opportunities for service users. Mentro Allan, Merthyr & the Valleys MIND, New Horizons and Hafal are just a few organisations who offer such opportunities, and there are many more I could name

- Primary Care Liaison Services in Merthyr Tydfil and the Cynon Valley

- Crisis Resolution and Home Treatment Services across Cwm Taf

- Assertive Outreach Services

- The development of Supported Recovery at the Royal Glamorgan Hospital

- The development of a vibrant network of community-run peer support groups, such as the Maerdy Association for Self-Help (MASH)

- And the most recent development occurred when the Local Health Board (LHB) took over the running of Pinewood House in Treorchy as a rehabilitation facility

I haven’t covered everything here but this short list should give you just a flavour of how far we’ve come already (and some more examples are included on page 6).

As the needs of our population in Cwm Taf change and as treatments and therapies develop over time the LHB needs to constantly review the services it provides to make sure they are meeting the needs and expectations of our most important stakeholders – our service users and their carers.
This consultation document sets out the case for the proposed changes that will take us along the next stage of that journey. This phase of the journey involves looking at the options for the future of acute in-patient mental health services (i.e. hospital beds). As this is a significant issue it requires formal consultation, so the document sets out the options and poses a series of questions we would like to ask you to see whether you agree with the proposals we have put forward.

This formal consultation will run for 10 weeks from Monday 4th July to Friday 9th September 2011.

During this time the LHB will hold a series of public consultation meetings (which are open for anyone to attend). Details of all public meetings will be published in the local newspapers.

Copies of this consultation document, details of public meetings and consultation response forms can all be found on our website at www.cwmtaflhb.wales.nhs.uk

Further details on the consultation process and how you can get involved are contained on pages 19 and 20 of this document.

Your views are very important to us and we want to hear from as many people as possible.

Allison Williams
Chief Executive
A MESSAGE FROM THE LEAD CLINICIANS

Many of us will experience mental ill-health at some point in our lives. Some people may have depression triggered by a traumatic event such as the loss of a loved one, the breakdown of a relationship or the loss of employment, whilst other people will have more severe or long-term needs. It is therefore important that we can provide a flexible range of services that can respond to anyone who requires support at various points in their life.

We are proud of the improvements that have been made to mental health services within the Cwm Taf area (Merthyr Tydfil and Rhondda Cynon Taff) over recent years. However we recognise that as a Local Health Board, and in partnership with other agencies such as Social Services and the Voluntary Sector, we can do even more to improve the quality of our mental health services and outcomes for our patients.

Above all we want to make sure that service users have access to a range of services within the community as and when they need them, with admission to hospital being the exception rather than the rule. However, when service users do require a place of safety we need to make sure that they make a smooth transition to and from acute hospital-based care which is provided in a fit for purpose and dignified environment.

As Clinicians we care passionately about the services we provide and the communities we serve. We want to provide the best outcomes for all and look forward to having the discussion with you about how we can provide even better mental health services.

Dr CDV Jones
Chairman

Mr Kamal Asaad
Medical Director

Ms Angela Hopkins
Nurse Director

Dr Paul Davies
Assistant Director, Integrated Services

Ms Daphne James
Head of Mental Health Nursing

Dr Huw Griffiths
Clinical Director Mental Health
OUR VISION FOR ADULT MENTAL HEALTH SERVICES

The proposals put forward in this document align with the key strategic priorities agreed by the LHB with our Local Authority and voluntary sector partners, service users and carers, as set out in the recently developed Mental Health Strategic Framework. We want to work with partners to provide the best services we can.

<table>
<thead>
<tr>
<th>OUR SHARED VISION is to:</th>
</tr>
</thead>
<tbody>
<tr>
<td>• promote and improve the mental health and emotional wellbeing of the local population;</td>
</tr>
<tr>
<td>• provide prompt and effective assessment and access to services within primary care and the wider community, that help people to manage their mental health needs, with an emphasis on early intervention, self care, peer and carer support;</td>
</tr>
<tr>
<td>• provide a timely, integrated service response for people needing to access specialist mental health support, and to prevent and respond to crises; to ensure appropriate support in places of safety.</td>
</tr>
<tr>
<td>• provide local services that promote rehabilitation, recovery, independence and social inclusion, and that challenge stigma.</td>
</tr>
</tbody>
</table>

We have already taken some major steps towards delivering this vision over recent years. This journey commenced with a review of services across Merthyr Tydfil and the Cynon Valley undertaken by the Sainsbury’s Centre for Mental Health (SCMH) in 2004, which was followed by a review of services in Taff Ely and the Rhondda undertaken by Research and Development in Mental Health (formerly SCMH) in 2006/07.

WHERE ARE WE NOW?

In line with National strategy, we have already seen significant improvements in the adult mental health services provided in the Cwm Taf region, including;

• New mental health in-patient facilities at the Royal Glamorgan Hospital
• New mental health resource centres at Trealaw and Pontypridd
• Enhanced community mental health services in Merthyr Tydfil and the Cynon Valley coupled with primary care support
• Development of Advanced Nurse Practitioner and Nurse Therapist posts
• Introduction of Eating Disorders Services
• Localised monitoring for Clozapine treatment (Clozapine is a type of medication)
We recognise though that there are still further improvements to be made. There remain a number of challenges which require new ways of working to ensure the health needs of people living in the Cwm Taf region continue to receive effective, timely and responsive services.

In looking at our existing services now and comparing them to other parts of Wales and the UK we know that some of our services compare very well. However, a number of key differences where improvements are required have been apparent. For example,

- More resources in Cwm Taf Health Board are currently dedicated to in-hospital facilities rather than community services with the greater proportion of staff (around 70%) working in hospital settings
- Primary care services in other regions have a greater range of access to therapies which aim to prevent the development of serious mental health problems
- We have a large number of patients placed in high-cost private sector placements outside the Cwm Taf area, away from their families and social networks
- We have very high levels of prescribing for anti-depressant medications
- When comparing ourselves to other areas we have more acute (hospital) beds and more Psychiatric Intensive Care (PICU) Beds than other Local Health Boards; and
- Conversely, when comparing ourselves to other areas we have fewer NHS rehabilitation beds

In October 2010, the LHB engaged with a wide range of stakeholders on the future vision for adult mental health services, in order to take stock of where we are in the journey of developing local mental health services and to share the above findings. As a result meetings, workshops and discussions were had with service users, carers, our staff and partner agencies (including the Voluntary Sector, Local Authorities, Community Health Council and Police) over a five month period.

<table>
<thead>
<tr>
<th>During this time we spoke to service users who told us:</th>
</tr>
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<tbody>
<tr>
<td>- When I am feeling vulnerable or unwell, what I really want is someone to talk to straight away who understands what I am feeling and can give me help and advice to deal with my issues and keep well</td>
</tr>
<tr>
<td>- When I am feeling like this, waiting weeks for an appointment with a Counsellor is no use to me whatsoever. By the time I get to see someone I might be so unwell I end up in hospital</td>
</tr>
<tr>
<td>- Even if I have got a really good GP who can see me quite quickly, a 5 minute consultation isn't enough to meet my needs</td>
</tr>
<tr>
<td>- I don't want to go into hospital if I can help it - I want people to help me feel safe and well at home</td>
</tr>
</tbody>
</table>
WHERE DO WE WANT TO BE?

Building upon developments to date we wish to continue shape our services underpinned upon five key principles;

- **Engagement;** involving those experiencing mental health problems in planning and evaluating services to ensure we are responsive and effective

- **Empowerment;** ensuring involvement in treatment and care, including self-managing problems with appropriate support

- **Effectiveness;** delivering treatment and care focused on successful reduction in symptoms, potential harm and improving peoples mental well-being

- **Efficiency;** getting the best value for money from the resources allocated to the NHS to deliver the best services for people experiencing mental health problems

- **Equity;** ensuring we provide safe and effective services as locally as we can, with equitable access for all

Our aim is to build upon our current achievements and take adult mental health services in Cwm Taf to a level where we have a full range of services comparable with the best in the United Kingdom.

WHAT WILL SERVICES LOOK LIKE?

We want to provide a pathway of care which provides early support to people.

Over the next 12 months we will be focusing our attention on redesigning our models of care for mental health and creating opportunities for our workforce. This will include developing the following areas of the service:

- Enhancing the range of primary care and day services within communities to promote early intervention and to support recovery

- Improving access to counselling and talking therapies at a locality level

- Further developing community services across Cwm Taf

- Developing new rehabilitation services

- Re-focusing our acute in-patient services (hospital beds)
In summary, we would like to invest in a range of early intervention and rehabilitation services within communities, ensuring that people are better supported to live independently and free from crisis. In doing so, services will be enhanced within primary care and community settings. There will also be new developments in rehabilitation facilities between hospital and home. If more services are provided within localities, this will impact upon the number and type of acute mental health hospital beds required in the future.

**HOW WILL WE GET THERE?**

The next year will be the foundation for future change, re-shaping our services towards providing the best for the local population. Financial challenges however mean that it is clear we will need to work within our existing health care resources.

We wish to strengthen our recovery model. We recognise that for many people with long-term mental health problems there is a journey. Along that journey, and with the right support, admission to an acute bed should be a rare event and if it does happen, that episode of care should be focused and short-stay. We want to move our thinking away from the concept that acute care always means a bed, to a concept where the “first aid” for a new mental health problem or relapse is delivered at the person’s own home or in the community preventing the need for admission to hospital.
Our pledges to you

Over the next 12 months we will be focusing our attention on the following areas, with a view to redesigning the workforce and improving our models of care. In doing so we pledge to you that we will deliver the following:

- Investment in improved access to early support at primary care level through monies we will receive to support implementation of the Mental Health Measure (a new law for Wales will provide new rights for patients in regard to assessment, treatment and advocacy). This will include enhancing access to Primary Mental Health Services and interventions such as counselling

- Commissioning a co-ordinated range of voluntary sector day services within each locality, which focus on meaningful activity and access to training or employment

- Cynon Valley Community Mental Health Team (CMHT) to be re-housed in the new Cynon Valley Hospital later this year. (The intention is also for the Merthyr Tydfil CMHT and Assertive Outreach Team to transfer to the new Merthyr Tydfil Health Park when it opens in 2012/13).

- Strengthening 24-hour Crisis Resolution and Home Treatment and Assertive Outreach Services across Cwm Taf

- The repatriation of patients from private hospitals across Wales back to local NHS services in Cwm Taf. Not only will this be better for the service users and their families/carers, but it will unlock funding which can then be re-invested in local NHS services

- The development of a 15-bedded rehabilitation facility within Ysbyty George Thomas Hospital which will open in October 2011 as part of a general increase in services as part of the recovery model

- The further development of rehabilitation at Pinewood House in Treorchy, supported by the refurbishment of the building which is already underway

- The development of new locality-based step-up/step-down accommodation so that acute admissions to hospital can be avoided or early discharge back to local communities achieved. We are currently working with Merthyr Tydfil County Borough Council to explore options for joint health & social care supported accommodation in the County Borough.

- Enhancing services for younger adults with dementia through new funding we have received from the Welsh Assembly Government

We will also continue to develop services where investment has already commenced. These include:

- Eating Disorders services
- Veterans’ service
- Intensive Family Support Services
WHAT DOES THIS MEAN FOR ACUTE IN-PATIENT SERVICES?

Our analysis tells us that we have a higher number of acute in-patient and Psychiatric Intensive Care (PICU) beds than other parts of Wales and the UK. This is not because our needs are higher. It is because they have better access to a wider range of primary care and community based services which prevents unnecessary admission to an acute ward.

Developments in mental health services across Cwm Taf to date have already shown us that investment in community-based services keep people better for longer and results in less demand on acute in-patient beds. We would like to further expand the range of rehabilitation and community services available in Merthyr Tydfil, the Rhondda Valleys, the Cynon Valley and Taff Ely.

As we continue to improve access to community services and local rehabilitation we aim to reduce our overall bed numbers in the acute service from 53 to 43 acute beds and from 12 to 7 PICU beds, with a parallel increase in rehabilitation beds from 20 to 31. If a reduction in acute in-patient beds is to be achieved we therefore need to consider whether the sustainability of two separate acute mental health inpatient units within Cwm Taf continues to be viable.

This proposed refocusing of acute, in-patient (hospital) beds forms the focus of this formal consultation. (Services for older people and children & adolescents with mental health problems are not included within the scope of this consultation).
WHAT ARE THE OPTIONS FOR ACUTE MENTAL HEALTH IN-PATIENT SERVICES?

Cwm Taf currently provides a total of 70 acute in-patient beds from the Royal Glamorgan Hospital in Llantrisant and St Tydfil’s Hospital in Merthyr:

<table>
<thead>
<tr>
<th>Royal Glamorgan Hospital</th>
<th>Number of Beds</th>
<th>St Tydfil's Hospital</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Beds</td>
<td>28</td>
<td>Acute Beds</td>
<td>25</td>
</tr>
<tr>
<td>PICU</td>
<td>9</td>
<td>PICU</td>
<td>3</td>
</tr>
<tr>
<td>Supported Recovery</td>
<td>5</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>42</td>
<td>Total</td>
<td>28</td>
</tr>
</tbody>
</table>

These beds are further supported by 15 continuing health care (formerly nursing home) beds at Pinewood House in Treorchy:

<table>
<thead>
<tr>
<th>Pinewood House</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Continuing Health Care</td>
<td>15</td>
</tr>
<tr>
<td>Beds</td>
<td></td>
</tr>
<tr>
<td>Total</td>
<td>15</td>
</tr>
</tbody>
</table>

The total number of all adult mental health beds currently available across Cwm Taf is 85.

If we know we need to reduce our acute in-patients beds by 10 and our PICU beds by 5, we have to question whether it is still safe or sustainable to continue to provide mental health acute services from two separate sites. We therefore need to examine the options for change. In doing so the Local Health Board has identified and fully explored the following 5 options:

**Option 1 – Do nothing: Retain 2 separate acute adult mental health in-patient units (one at St Tydfil's Hospital and one at the Royal Glamorgan Hospital)**

This option is the status quo option whereby the existing beds (28 acute beds at the Royal Glamorgan Hospital and 25 acute beds at St Tydfil’s), together with the PICU beds (9 at the Royal Glamorgan Hospital and 3 at St Tydfil's) would remain unchanged.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local access to acute beds retained for all patients</td>
<td>The acute in-patient mental health wards at St Tydfil’s Hospital are not fit for purpose</td>
</tr>
<tr>
<td>No major changes to the service plan</td>
<td>St Tydfil’s Hospital has a limited life span</td>
</tr>
<tr>
<td></td>
<td>Not efficient to retain two separate mental health units</td>
</tr>
<tr>
<td></td>
<td>Would not release resources for reinvestment in local rehabilitation services</td>
</tr>
</tbody>
</table>
This option has been discounted as St Tydfil's Hospital is known to have a limited life-span due to the age and condition of the building. The closure of St Tydfil’s Hospital has been subject to previous formal public consultations in 1999 and 2009.

**Option 2 – Retain 2 separate acute adult mental health in-patient at the Royal Glamorgan Hospital and St Tydfil’s Hospital and reduce the number of acute in-patient beds and PICU beds to the required number across the 2 sites.**

This would involve the retention of the two existing adult mental health units, but with a reduction of 10 acute in-patient beds (to 43) and a reduction of 5 PICU beds (to 7) across the 2 sites.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local access to acute beds retained for all patients</td>
<td>The acute in-patient mental health wards at St Tydfil’s Hospital are not fit for purpose</td>
</tr>
<tr>
<td>No major changes to the service plan</td>
<td>St Tydfil’s Hospital has a limited life span</td>
</tr>
<tr>
<td>Would release some of the resources required for reinvestment into local rehabilitation services</td>
<td>Not efficient to retain two separate mental health units. Also difficult to maintain quality standards across two smaller sites</td>
</tr>
<tr>
<td>Would only release limited resources for reinvestment in local rehabilitation services. The release of resources is an absolute prerequisite for the Recovery Model</td>
<td>Reduces critical bed mass on both sites leading to a reduction in clinical safety and quality</td>
</tr>
</tbody>
</table>

As above, this option has been discounted because:

- If in-patient bed numbers were reduced across the two sites they would both be difficult to sustain in critical mass, quality and governance terms;
- St Tydfil’s Hospital is known to have a limited life-span due to the age and condition of the building. The closure of St Tydfil’s Hospital has been subject to previous formal public consultations in 1999 and 2009.

**Option 3 – Retain the acute mental health in-patient unit at the Royal Glamorgan Hospital (28 acute beds plus 9 PICU beds) and re-provide 15 acute beds from St Tydfil’s by developing a new, purpose built unit on the Prince Charles Hospital site**

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>Local access to acute beds retained for all patients</td>
<td>Not efficient to retain two separate mental health units. Also difficult to maintain quality standards across two smaller sites</td>
</tr>
</tbody>
</table>

13
All mental health in-patient services would be on District General Hospital sites. Would not release resources for reinvestment in local rehabilitation services. The release of resources is an absolute prerequisite for the Recovery Model.

Reduced critical bed mass on Prince Charles Hospital site leading to a potential reduction in clinical safety.

Acute services at Prince Charles Hospital unsupported by PICU beds.

Would not be possible to develop a new unit at Prince Charles Hospital within the remaining lifespan of St Tydfil’s Hospital.

No capital funding identified for a new, purpose built unit.

The option to re-provide mental health services from St Tydfil’s Hospital on the Prince Charles Hospital site was previously consulted upon by the former North Glamorgan NHS Trust and agreed in 1999. However, since that time we have seen the Sainsbury’s Centre for Mental Health review of services across Merthyr Tydfil and the Cynon Valley in 2004-05. This resulted in significant investment in community services which has in turn reduced demands upon hospital beds. Our requirements for acute in-patient hospital beds are therefore very different now compared to 12 year ago (at the time of the last formal consultation on mental health services in 1999).

We provide a commitment to you that we will continue to invest in rehabilitation and community services over the coming year, which will further reduce demands on hospital beds.

An isolated 15-bed acute mental health inpatient unit without on-site support from PICU would be difficult to sustain in critical mass, quality and governance terms.

If we estimate that for the future we will only require 43 acute in-patient beds and 7 PICU beds, it becomes unsustainable to provide those services from 2 separate sites. Our resources, our staff and our expertise would be much better utilised in one centralised site, which can provide modern, fit for purpose, dignified and therapeutic environments of care.

The question then becomes whether centralised acute in-patient services should be located on either the Prince Charles or Royal Glamorgan Hospital site.

<table>
<thead>
<tr>
<th>Option 4 – Centralise all acute mental health in-patient beds (43) and PICU beds (7) in a new, purpose built unit on the Prince Charles Hospital site.</th>
</tr>
</thead>
</table>

This option would involve the reduction of acute in-patient beds by 10 and PICU beds by 5, the closure of the unit at the Royal Glamorgan Hospital and the centralisation of 43 acute in-patient beds and 7 PICU beds on the Prince Charles Hospital site.
<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>All mental health in-patient services would be on District General Hospital sites</td>
<td>Access may be more difficult for some Rhondda and Taff Ely residents</td>
</tr>
<tr>
<td>Clinically viable - Critical mass and clinical safety of acute beds would be achieved</td>
<td>Would not be possible to develop a new unit at Prince Charles Hospital within the remaining lifespan of St Tydfil’s Hospital</td>
</tr>
<tr>
<td>Would release sufficient resources for reinvestment into local rehabilitation services</td>
<td>No capital funding identified for a new, purpose built unit</td>
</tr>
<tr>
<td></td>
<td>Would require the closure of a new, purpose built unit at the Royal Glamorgan Hospital which is only 6 years old</td>
</tr>
</tbody>
</table>

To centralise all acute in-patient services on the Prince Charles Hospital site would require significant capital investment which is not available to the Local Health Board. Nor would it be possible to develop a new unit within the remaining lifespan of St Tydfil’s Hospital (less than 2 years). It would also be an inappropriate use of a sizeable amount of public funding to close the existing purpose built unit at the Royal Glamorgan Hospital which is only 6 years old.

**Option 5 – Centralise all acute mental health in-patient beds (43) and PICU beds (7) within the existing unit at the Royal Glamorgan Hospital.**

This option would involve the reduction of acute in-patient beds by 10 and PICU beds by 5, the closure of the existing adult mental health in-patients wards at St Tydfil’s Hospital and the centralisation of 43 acute in-patient beds and 7 PICU beds within the existing unit at the Royal Glamorgan Hospital.

<table>
<thead>
<tr>
<th>Advantages</th>
<th>Disadvantages</th>
</tr>
</thead>
<tbody>
<tr>
<td>All mental health in-patient services would be on District General Hospital sites</td>
<td>Access may be more difficult for some Merthyr Tydfil and Cynon Valley residents</td>
</tr>
<tr>
<td>Clinically viable - Critical mass and clinical safety of acute beds would be achieved</td>
<td></td>
</tr>
<tr>
<td>Would release sufficient resources for reinvestment into local rehabilitation services</td>
<td></td>
</tr>
<tr>
<td>No capital funding required for the development of the unit</td>
<td></td>
</tr>
<tr>
<td>The additional space which would be required is already available</td>
<td></td>
</tr>
<tr>
<td>Could be achieved within the required timescale</td>
<td></td>
</tr>
<tr>
<td>Financially viable</td>
<td></td>
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</tbody>
</table>
Within this option we recognise that access to the Mental Health Unit at the Royal Glamorgan Hospital may be more difficult for some residents from Merthyr Tydfil and the Cynon Valley. The sizeable investment made into community services in these areas has already resulted in far fewer people requiring admission to hospital and shorter lengths of hospital stay. Through these proposals we will continue to develop access to local support within the community to reduce the likelihood of hospital admission. There will however always be occasions where a hospital admission can not be avoided, in which case we will support service users to return to their home community as soon as it is safe and appropriate to do so.

The benefit of this option is that the Royal Glamorgan Hospital provides modern accommodation for acute mental health services. With no further investment the mental health unit there could accommodate a centralised acute mental health service for the whole of Cwm Taf in a modern, purpose built environment.

For these reasons option 5 is the LHB’s preferred option.

**SUMMARY OF THE PREFERRED OPTION – OPTION 5**

The future profile of acute adult mental health in-patient beds across the population of Cwm Taf would therefore be:

<table>
<thead>
<tr>
<th>Royal Glamorgan Hospital</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Acute Beds</td>
<td>43</td>
</tr>
<tr>
<td>PICU</td>
<td>7</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>50</strong></td>
</tr>
</tbody>
</table>

These acute beds would also be supported by the following community developments which have already been confirmed and will be in place by the end of the year:

<table>
<thead>
<tr>
<th>Refurbishment of Pinewood House</th>
<th>Number of Beds</th>
<th>Ysbyty George Thomas</th>
<th>Number of Beds</th>
</tr>
</thead>
<tbody>
<tr>
<td>Rehabilitation beds</td>
<td>16</td>
<td>Rehabilitation beds</td>
<td>15</td>
</tr>
<tr>
<td><strong>Total</strong></td>
<td><strong>16</strong></td>
<td></td>
<td><strong>15</strong></td>
</tr>
</tbody>
</table>

The total number of all types of beds available across Cwm Taf would be 81, which represents an overall reduction of 4.

Whilst the number of acute in-patient beds will have reduced, investment will be made in community-based rehabilitation beds.

If option 5 is accepted as an outcome of this public consultation, we envisage that we could begin implementation of a centralised mental health acute-inpatient services from November/ December 2011. This would provide sufficient time to ensure that the appropriate consultation and training of staff could be completed and the community support infrastructure would be in place to support the new model of care.
CONSIDERATIONS

Whilst some people will be entirely comfortable and supportive of these proposals, others will have concerns about what this might mean to them. We will therefore need to consider the implications of a range of factors including:

Transport

Transport and access across Cwm Taf is a major issue for our service users and our carers. This is something we often hear when we ask for feedback about our services.

Our intention is that by investing in an improved range of community services, service users will have less need to travel. It is also the intention that if a hospital admission cannot be avoided that the length of time someone spends in hospital will be less because we will be better able to facilitate a safe and timely discharge back to the community. We do however recognise that if an admission to the Royal Glamorgan Hospital is required, transport will be a major consideration for service users and carers from Merthyr Tydfil and the Cynon Valley.

We therefore promise that we will continue to explore the options around transport. This will include talking to local public transport providers to ask them to provide more routes to the Royal Glamorgan Hospital; by looking to see if the LHB could provide a patient transport service; or by exploring whether it would be possible to commission voluntary transport.

Service Users

We recognise that change will be unsettling for service users who are used to and familiar with St Tydfil’s Hospital and that they may be worried or anxious about accessing new services. Support will continue to be provided in line with needs identified as part of a jointly agreed Care Programme Approach assessment and care plan. We will work with service users and their representatives to offer reassurances and to minimise the impact upon them.

We promise that we will commission additional independent advocacy from a voluntary organisation during the period of change, and for as long as they are required, to ensure that service users have someone to talk to about their concerns and to assist them with accessing services on a site which may be new to them.

Carers

We are aware that carers and relatives will be equally concerned about the proposed changes. We are working to ensure that more community support is provided locally and in a timely manner. We will also address access to hospital services (as highlighted above).

Staff

Our staff want to provide the best possible care that they can. However, we recognise that change will be equally unsettling for them as new ways of working will
be required across the whole pathway of care, not just within the acute services. We promise we will also maintain open communication with our staff during any period of change.

We guarantee that there will be no redundancies or job losses as a result of these changes. We envisage that these changes will result in incremental growth in the number of mental health posts within rehabilitation and community services, as well as new types of training and career opportunities for staff.

Environment

We want to make sure that mental health services at the Royal Glamorgan Hospital are as welcoming and friendly as possible. We would like to talk to service users about turning the main corridor in the mental health unit into a ‘street’. We will be talking to service users, volunteers and voluntary organisations about ideas such as running a café, shop or library so the ‘street’ becomes an area where service users can socialise and relax either together or with their visitors. This change to the facilities will again be part of the model for supported recovery, recognising and facilitating social integration as an integral part of the care programme approach.

Stigma

We remain concerned that where we have talked to the general public about developing mental health services there remains significant stigma and misunderstanding about mental ill-health. We will continue to have dialogue with communities to overcome this. If we are to truly deliver a recovery model for mental health, tolerance and understanding amongst local communities is really important, but to make this a reality we recognise that we must work with people to provide reassurance about the resilience of community services and the safety of our response to acute need.

CONCLUSION

We are confident that by working with partners Cwm Taf Health Board can re-shape mental health services to ensure it delivers effective services when compared with the best in the United Kingdom. The next 12 months will lay the foundation for future success.
CONSULTATION QUESTIONS & PROCESS

We are committed to making sure that the people of Cwm Taf are informed of our intentions and make their views known on what they expect from our services. Over the next 10 weeks we plan to hold a number of public meetings where we can listen to your views and ensure we answer your questions.

As part of the formal public consultation we would like to hear your views on the following questions in particular:

**Question 1:**

Do you agree that there should be greater access to community-based mental adult health services to:
- Help people to stay well?
- Enable people to easily access support and advice when they feel vulnerable or unwell?
- Enable rapid assessment and intervention when their circumstances change?

**Question 2:**

For the reasons identified in this paper, do you agree that acute mental health in-patient services should be centralised on one site?

**Question 3:**

For the reasons identified in this paper, do you agree that acute mental health in-patient services should be centralised on the Royal Glamorgan Hospital site?

Six public meetings will be held over the next 10 weeks to make sure that we can speak to and hear the views of as many people as possible:

- Monday 11th July at 6:00p.m. at Merthyr Tydfil Rugby Club
- Wednesday 13th July at 10:00a.m. at Ystrad Rhondda Sports Centre
- Wednesday 27th July at 2:00p.m. at the Michael Sobell Sports Centre, Aberdare
- Thursday 28th July at 1:00p.m. at Llantrisant Sports Centre
- Monday 5th September at 12:00p.m. at Merthyr Tydfil Rugby Club
- Tuesday 6th September at 6:00p.m. at Aberdare Girls School
Details of public meetings will also be published in local newspapers and on our website (www.cwmtaflhb.wales.nhs.uk).

Copies of this document and a consultation response form can also be found on our website. The consultation document is available in alternative formats upon request.

The closing date for responses is 5p.m. on Friday 9th September 2011.

Following the closure of formal consultation we will consider the views received from individuals, groups and organisations. Our findings will then be presented to the Cwm Taf Community Health Council and the Minister for Health & Social Services.

CONTACT DETAILS

Cwm Taf Health Board

This document and information on forthcoming meetings can be found on our website at www.cwmtaflhb.wales.nhs.uk

We welcome views from service users, carers, staff, partner organisations and anyone with an interest in mental health services in the Cwm Taf region. Please send your views to:

Mental Health – Your Views  
Cwm Taf Local Health Board  
Ynysmeurig House  
Navigation Park  
Abercynon CF45 4SN

Comments and responses can also be emailed to:  
cthb_mentalhealthyourviews@wales.nhs.uk

Cwm Taf Community Health Council

If you would prefer, responses can also be sent to the Cwm Taf Community Health Council at:

Cwm Taf Community Health Council  
10 Maritime Offices  
Woodland Terrace  
Maesycoed  
Pontypridd  
CF37 1DZ

All responses will be registered by the LHB and shared with the Community Health Council for their consideration. The Community Health Council has a statutory right to either support or object to the proposals.
APPENDIX 1 - FREQUENTLY ASKED QUESTIONS

This chapter seeks to provide responses to some questions that people have often asked during previous reviews of mental health services.

1. What will happen to St Tydfil’s Hospital?

This formal consultation focuses only on adult mental health services. It does not cover the other services and facilities that are provided from the St Tydfil’s hospital site, such as older people’s services. If adult mental health services are centralised on the Royal Glamorgan Hospital site, the remaining services at St Tydfil’s Hospital will be unaffected. As consulted upon in 1999 and 2009, the remaining services will transfer to their agreed destinations at either the New Merthyr Tydfil Health Park or Prince Charles Hospital when St Tydfil’s Hospital eventually closes.

2. Why can’t we just upgrade St Tydfil’s Hospital?

St Tydfil’s Hospital has a limited lifespan. The building can no longer provide an environment for adult mental health that offers the quality of accommodation expected from a modern mental health service in the 21st Century.

3. What happened to the plans to develop a new mental health unit on the Prince Charles Hospital site?

Mental health services have changed significantly since the last formal consultation in 1999. Since that time considerable investment has been made into community-based mental health services across Merthyr Tydfil and the Cynon Valley, which has reduced demand for hospital beds. We have therefore reached the point where we have to question whether it is appropriate, safe and efficient to provide smaller inpatient services from two separate sites within Cwm Taf.

4. Have staff been considered in these plans and will there be any job losses?

We guarantee there will be no job losses as a consequence of these changes. Over a period of time, we estimate that we will need more, rather than fewer, staff to support the wide range of rehabilitation and community services proposed within this plan. We have, are and will be discussing these plans with our staff to ensure that their views are considered and any concerns are addressed at an early stage.

5. Are these proposals just a way of cutting costs and saving money?

This is not a cost cutting exercise. Reinvestment of savings in rehabilitation and community services will be required to deliver our improvement and modernisation programme. We hope that through the development of community services we will be able to reduce the number of beds we need and reinvest resources in new services.

We are also working to provide more services locally to reduce our reliance on care being provided by private sector organisations. This will help reduce costs and provide us with opportunities to reinvest monies locally.
6. What will happen to service users and/or their carers from the Cynon Valley or Merthyr Tydfil who do not have their own transport?

Our aim is that by continuing to improve access to local community services the need for admission to an acute in-patient bed will be reduced. However, where admission is required this should be for a shorter period of time as the focus will be upon recovery and supporting people to return to community living.

We do however recognise that the geography of the Cwm Taf area, whilst beautiful, poses some difficulties in relation to transport and access. This is an issue which is consistently raised at public meetings, no matter which part of Cwm Taf people live in. We will therefore look at how we can improve access to the mental health unit for service users and carers either through public transport, through expanded use of the LHB’s own patient transport service or through voluntary sector transport.

7. How long would it take to move to a centralised unit at the Royal Glamorgan Hospital?

The space required at the Royal Glamorgan Hospital is already available. We envisage that if these proposals are accepted we could move to a centralised unit from November/December 2011.

8. Who can I talk to if I am worried about the changes?

We will commission additional independent advocacy services during any period of change to ensure service users and their carers have someone they can talk to about their concerns.

9. Isn’t there a risk of sending people with a serious mental health problem, who may be a danger to themselves or others, out into the community?

We believe that the risk management arrangements that are currently in place will make sure that service users are placed in the most appropriate environment to meet their individual needs, ensuring they are safe when they are at their most vulnerable.

10. How will you ensure access to shops, café, banking facilities and open green space at the Royal Glamorgan Hospital?

Access to these facilities is seen as an important part of the rehabilitation and recovery process. We are currently exploring the possibility of turning the main corridor at the entrance to the mental health unit into a ‘street’. Particular attention will be given to the establishment of user-led services, such as a café, shop or library.
APPENDIX 2 – CASE STUDIES

The following case studies aim to illustrate how services are currently accessed and how we anticipate the new model of service will benefit service users as an alternative:

Case Study 1 - Jane

Jane is 30 and has experienced a series of unfortunate life-events. Within the last year her father passed away and more recently she has lost her job and is having difficulties regaining employment. Although Jane is normally resilient, independent and socially out-going she is experiencing symptoms of depression which she recognizes herself. Jane has almost ceased to go out and meet her friends, is finding sleeping difficult and feels very low at certain points in the day. Jane visits her GP who makes an initial diagnosis of reactive depression and refers Jane to the Community Mental Health Team. The response to this referral can take up to 6 weeks and in the meantime, due to no immediate support such as talking therapies in primary health care, Jane’s GP offers 2 weekly appointments and a prescription of anti-depressants. Whilst Jane is certainly having her condition managed, the response to her need could be a lot quicker and approached differently.

In our proposed new model of care Jane’s GP does not make an immediate referral to the Community Mental Health Team but makes an appointment within 2 working days for Jane to be assessed by a qualified mental health professional working as part of the local primary mental health support service. On assessment, it is clear that Jane is becoming depressed and a care plan is developed so she can access a counselling service near her GP surgery. The GP is provided with a copy of the care plan and does not prescribe an anti-depressant. The care plan also identifies how Jane and the GP can access further support if they are worried about her progress. A referral to the Community Mental Health Team is not necessary and once Jane has completed a course of counseling, her care is reviewed by the primary care mental health support service and she is provided with information on a range of local services that can provide help with her ongoing recovery as well as access to volunteering, training and support to enable her to regain employment.

Case Study 2 - David

David is 45 and has long-standing and serious mental health problems. For many years David has been admitted frequently to acute admissions wards and the usual reason is a breakdown in his agreed care plan and lack of on-going support for independent living. Recently, David’s deteriorating behaviour can no longer be managed in either the acute ward or supported recovery unit (currently 5 beds). David now receives on-going care under the Mental Health Act in a specialist rehabilitation placement in a private hospital some distance away from his home as there are no local NHS beds to accommodate his needs for rehabilitation. The cost of this care is twice the amount a NHS bed would cost. David’s elderly father, who has always tried his best to care for him, now finds visiting his son very difficult and re-accommodating David back in the Cwm Taf area is highly dependent on a limited number of NHS and local authority placements.
In our proposed model the likelihood of David’s community care plan not delivering the outcomes it should have will be minimized through enhanced community services, in particular assertive outreach treatment and care. In the event that David requires a longer-term admission to a specialist rehabilitation unit, Cwm Taf LHB is highly likely to admit David to one of the two NHS rehabilitation units in the area. David’s problems are managed by a professional team of experts and a robust recovery plan is put in place for moving him on to independent living with both local authority and voluntary sector support. David’s length of stay in a hospital setting is significantly reduced and there is no doubt that the inclusion of his father in the recovery plan through more frequent visits has helped the healing process.
APPENDIX 3 - GLOSSARY OF TERMS

**Acute In-patient:** A patient who is admitted to hospital for treatment or overnight care. An acute illness is one that occurs quickly, is intense or severe and lasts a relatively short period of time.

**Adult mental health services:** Services for adults of working age (generally 18-65 years) who experience mental health problems. This does not include services for older people and children & adolescents with mental health problems.

**Advocacy:** An advocate is an independent person (i.e. they are not employed by the NHS) who helps to support a service user or carer through their contact with health services.

**Assertive Outreach Services:** Assertive outreach is a way of working with an identified client group of severely mentally ill adults who have experienced difficulty of effectively engaging with mental health services. The approach is characterised by work with clients in their own environment, wherever that may be. This flexibility of approach allows services to be provided to people who may not otherwise receive them, where they feel most comfortable.

**Assessment:** Assessment happens when a person first comes into contact with health services. Information is collected in order to identify the person's needs and plan treatment.

**Care Programme Approach (CPA):** CPA makes sure people with mental health difficulties receive the help and support that they need. A care co-ordinator will assess an individual's needs and draw up, with them, a care plan that addresses issues relating to health, medication, housing, cultural needs, income and employment. CPA also ensures that care is reviewed on a regular basis and that discharge from the service is well planned.

**Carer:** A friend or relative who looks after someone on an informal, voluntary and long-term basis.

**Community Health Council (CHC):** The Community Health Council is an independent health service watchdog for local services. They help and advise people who wish to make complaints about NHS services and offer information about health and related services in their area. They are also involved in making decisions when NHS organisations want to make major changes to health services that affect the local population.

**Community Mental Health Teams:** A team of workers from different health and social care professions who work together to help people recover from mental health problems. Mental health difficulties can be caused by physical, mental or social conditions, and a person may need help with different areas of their life, requiring lots of different skills. This is why different professionals work together in a CMHT.

**Community Services:** Health, social care or voluntary sector services provided outside hospitals, in community settings (which may include in a person's home).
**Complex Needs:** This is a combination of medical needs (e.g. diagnosis, treatment and rehabilitation) and social needs (e.g. housing, social care and independent living).

**Crisis Resolution & Home Treatment Service:** Services to manage or limit the crises suffered by mental health service users and support people to remain at home.

**Critical Mass:** The numbers of patients that a service needs to deliver high quality, cost effective treatment.

**Cwm Taf Local Health Board:** Every part of Wales is covered by a Local Health Board responsible for commissioning all NHS services in the area on behalf of local people – including local GP and other primary care services. LHBs are also responsible for directly providing a wide range of local community health and hospital services.

**District General Hospital:** A hospital providing a range of secondary and acute services to a local population.

**Early Intervention Services:** Early intervention means detection, diagnosis and treatment of psychosis during the critical early phase of illness. Delays cause unnecessary distress, increase the risk of relapse and are potentially harmful for the person, their family and friends. Early treatment has been shown to improve the long-term outcomes for individuals.

**Governance:** A system of steps and procedures through which NHS organisations are accountable for improving quality and safeguarding high standards to ensure that patients receive the highest possible quality of care

**Mental Health Measure:** This new law for Wales will provide new rights for patients in regard to assessment, treatment and advocacy. The measure aims to provide treatment for those with mental illness through primary care services, by placing a duty on LHBs and Local Authorities to deliver local support services to operate alongside GP practices. It will also require care and treatment plans to be drawn up for mental health service users being treated in hospitals and those receiving care from CMHTs.

**Model of Care:** The description of how healthcare services are designed, who they are delivered by and where they should be delivered.

**Pathway:** A way of describing a ‘plan’ or ‘route map’ for providing a particular health service. It describes the various of components of care which are required to meet a person’s needs.

**Primary Care:** Generally the first point of contact for a member of the public, for example, GPs (Family Doctors), Optometrists, Dentist etc.

**Primary Care Liaison:** A service working closely with GPs for clients with low-level mental health needs. The team takes a key role in the organisation and delivery of service working closely with health, social services and the voluntary sector and
transferring patients between services as required. The team offers risk assessment of clients, advice and short to medium term psychological therapies.

**Psychiatric Intensive Care Unit (PICU):** A locked ward in a hospital where patients who are acutely unwell may be nursed for short period. Patients are nursed in PICU because they are assessed at that particular time as being a risk to themselves or others and require increased levels of support and supervision.

**Psychological Therapies:** These are generally known as ‘talking therapies’. Such therapies encourage people to explore their thoughts and feelings. It involves a therapist listening to experiences, exploring connections between present feelings and actions and past events. It aims to help people to better understand more about themselves and their relationships.

**Recovery Model:** In mental health recovery does not always refer to the process of complete recovery from a mental health problem in the way that we may recover from a physical health problem. For many people, the concept of recovery is about staying in control of their life despite experiencing a mental health problem. There is no single definition of the concept of recovery for people with mental health problems, but the guiding principle is hope – the belief that it is possible for someone to regain a meaningful life, despite serious mental illness.

**Rehabilitation:** Improving a person’s skills through treatment and/or training to enable them to live a more fulfilling, independent life in the community.

**Service User/ Patient:** Someone who uses the services of the NHS.

**Social Inclusion:** Ensuring that vulnerable or disadvantaged groups are able to access all of the activities and benefits available to anyone living in the community.

**Stakeholder:** Anyone who is involved, interested or affected by a particular issue – this can be an employee, member of the public, or professional body etc.

**Stigma:** Society’s negative attitude to people, often caused by lack of understanding. Stigma is a major problem for people who experience mental ill health.

**Supported Accommodation or Step-up/Step-down Accommodation:** Accommodation, or housing, which comes attached with support from outside agencies, such as health, social services, voluntary sector or independent/ private sector, to assist people in preparing for independent living within the community.

**Sustainability:** Capable of carrying on within/ using available resources (financial and human).

**Talking Treatments:** These are psychological treatments in which improvement in a person’s symptoms or wellbeing is achieved by talking with a therapist or counsellor rather than, or as well as, taking medication.

**Veterans’ Service:** This is a specialist service for personnel from Her Majesty’s Armed Forces who may require support following active service.