



PUTTING PEOPLE **FIRST**

Developing **Mental Health Services** in Buckinghamshire **Public Consultation Document**

September - November 2005



Buckinghamshire
Mental Health NHS Trust

Chiltern and South Bucks
Primary Care Trust

Vale of Aylesbury
Primary Care Trust

Wycombe
Primary Care Trust

Foreword

Mental health is everyone's business.

One in four of us will have a mental health problem at some point in our lives. After the age of 65, one in nine people have some degree of dementia. GPs spend more than a third of their time responding to mental health problems and the annual cost of mental illness to the UK is estimated to be £23bn.

This consultation sets out our proposals to support the delivery of:

- Intensive treatment and care for people who are acutely unwell.
- A range of services to support people who have longer-term mental health needs.
- Arrangements for the delivery of integrated specialist mental health services for the population of South Bucks District.

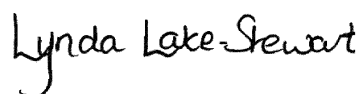
We are committed to meeting the needs of the people we serve, and supporting our staff and partner organisations to provide the best quality care. This is all about 'Putting People First'.

We hope to hear your views on our plans by November 2005.

Thank you for taking part in this consultation.



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Chief Executive
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1. Introducing the consultation process

What we are seeking your views on

- 1 We are asking for your views about changes in specialist mental health services in Buckinghamshire. These involve:
 - **Changing the management of specialist mental health services for the South Bucks District**
 - **Developing high quality community and inpatient services for adults of working age, older adults and people with a learning disability across Buckinghamshire**
 - **Developing and changing services for people who have long-term mental health needs across Buckinghamshire**

Who is seeking your views?

- 2 This document is published by Buckinghamshire's three Primary Care Trusts (PCTs) in partnership with Buckinghamshire Mental Health Trust (BMHT). We are seeking your views on proposals set out in this document to inform the future delivery of mental health services.
- 3 Geographically, it covers the county of Buckinghamshire, excluding Milton Keynes.
- 4 This consultation refers to two areas of specialist care on which there will be a separate opportunity to comment on more detailed plans:
 - a. Inpatient services for people with a mental illness who also have a learning disability. A separate consultation will take place in due course on the future delivery of health services for people with a learning disability.
 - b. Forensic Services, of which a recent review has taken place across the Thames Valley¹. This is expected to lead to the development of full community Forensic Services in Buckinghamshire and Oxfordshire and changes in the use of Marlborough House, Milton Keynes, from providing medium secure to low secure care. This would mean an average of six Buckinghamshire residents at any one time receiving care at a medium secure unit in Oxford rather than in Milton Keynes. There will be an opportunity to comment on these changes once planning has developed further.
- 5 The Thames Valley Health Authority (TVHA) welcomes this consultation. Its proposals seek to ensure that local services continue to be developed in a way that enables them to meet the needs of service users as effectively as possible. TVHA supports the proposals and will continue to work with the PCTs and BMHT through the consultation period and beyond to achieve the delivery of the highest quality of mental health care for the people of Buckinghamshire.

¹ Berkshire, Buckinghamshire and Oxfordshire

How to give your views

- **In writing**
A form with questions and space for your views can be found at the end of this document.
- **By email**
Please send comments to puttingpeoplefirst@voa-pct.nhs.uk
Please indicate which postcode area you live in (e.g. HP20).
- **Via our website**
You can comment via www.mentalhealthinbucks.nhs.uk
- **At a meeting**
Public meetings will take place in five towns across Buckinghamshire during the consultation period. These will offer a chance to discuss the consultation, ask questions and give your views.

Amersham	Community Centre, Chiltern Avenue, Amersham, HP6 5AM	Monday 24th October	3pm
Aylesbury	Multicultural Centre, Friarscroft Way, Aylesbury, HP20 2TE	Tuesday 25th October	3pm
Buckingham	Buckingham Community Centre Cornwalls Meadow, Buckingham, MK18 1RP	Thursday 27th October	7pm
Burnham	Parish Hall, Windsor Lane, Burnham, SL1 7HR	Monday 31st October	7pm
High Wycombe	Bassetsbury Manor, Bassetsbury Lane, High Wycombe, HP11 1QX	Wednesday 2nd November	3pm

This consultation will also be discussed at other meetings. If you would like it to be presented and discussed at a meeting we have not already organised, then please contact :

Putting People First
 Freepost RLXH-BGHC-KLJB
 Vale of Aylesbury PCT
 Verney House
 Gatehouse Road
 AYLESBURY
 HP19 8ET

Telephone : **01296 508701**

puttingpeoplefirst@voa-pct.nhs.uk

If you need help to make your comments, or would prefer to give your views on the phone or by meeting a member of our team, please telephone us on **01296 508701**. If you would like the document made available in another language or another format please telephone us on the number above.

- 6 More detailed background information is also available in a technical reference document. If you would like a copy of this, please use the contact details on page 6.
- 7 Responses can be received from 1st September to 30th November 2005. To be taken into account, your response must be received by 30th November 2005.
- 8 After the consultation period, responses will be evaluated and presented to the Chief Executives and Chairs of the PCTs and BMHT at a meeting to be held in public in December 2005. That meeting will take decisions on follow-up action. Details of its time and venue will be published on our website.
- 9 There is an independent organisation, the Patient and Public Involvement Forum for Mental Health (Bucks) who will also take comments and respond to this consultation. You can also give your comments to the Patient and Public Involvement Forums for your local Primary Care Trust. To contact your local Forum, write to:

The Patient and Public Involvement Forums
145 Meadowcroft
Aylesbury
Bucks, HP19 9HH

Telephone: 01296 398898

Why we are seeking your views now

- 10 The proposals and options we are now seeking your views on are built on the results of earlier consultations.
- 11 In 2001, we sought your views on bringing together specialist mental health services provided by the NHS with those provided by the Local Authority. This resulted in the creation of BMHT and a Partnership Agreement between the Trust and the Buckinghamshire County Council (BCC). This has allowed more 'joined-up' care to be provided in Buckinghamshire (except in the South Bucks District) and has brought a stronger focus on community services.
- 12 In 2004, a consultation took place on future patterns of NHS services in Buckinghamshire. Shaping Health Services made proposals for the future locations of inpatient mental health services without describing developments in community services. It was agreed that a further consultation should take place. A different range of proposals are now being made. These respond positively to views expressed in 2004 that community services should be improved, options for the use of buildings should be assessed, details should be made available about investment in modernising mental health services, and that inpatient mental health services for older people should be located alongside general hospital services.

- 13 BCC works closely with the NHS to commission and provide mental health services in the county. The Adult Social Care portfolio of BCC supports the direction of travel set out in this document in relation to the social care commissioning priorities for mental health services.
- 14 Integrated Commissioning strategies are in place for adults of working age with a mental health difficulty, and for people with a learning disability. Developed in partnership with people who use services, their carers and service providers, these documents set out those services that we need to develop and change during 2003-2006. The proposals in this consultation are consistent with these commissioning strategies.
- 15 Since early 2004, BMHT has been working in partnership with Oxfordshire Mental Healthcare NHS Trust. During this period, the Trust and its staff have worked closely with PCTs and others to deliver services which meet quality standards set by the Healthcare Commission and which are affordable within the resources available to it. In May 2005, both Trust Boards agreed to work to create a single Trust in April 2006 to deliver mental health services in both counties. The service changes we are now consulting on will be supported by this change in management arrangements.
- 16 For all these reasons, we believe that this is the right time to make some important changes in how specialist mental health services are provided for the people of Buckinghamshire.

2. Our values and principles for health and social care services

- 17 We have developed a set of values and principles to inform our decisions as we work together to improve mental health services. Many are based on national expectations for mental health care.
- a. We want the best services we can afford for people with mental health needs and for their carers and their families
 - b. We want to see comprehensive services meet people's needs by:
 - Promoting the well-being of the whole community as well as making sure that there is the right help and treatment for people when they need it
 - Providing co-ordinated care for everyone who needs it. This will include mental health services provided from GP practices, community-based services, inpatient services and, for a small number of people who need more specialist care, treatment outside Buckinghamshire
 - Having mental health services delivered by a range of agencies beyond the NHS and social care, including voluntary organisations, employment services and housing and support providers
 - c. We want to provide everyone who uses or needs services with:
 - Good communication between professionals and agencies
 - Rapid access to help when a problem develops
 - More choice, such as between different treatments
 - Services which are as local and easy to reach as possible
 - Support to help people who have a home of their own, employment, training and help to improve social relationships
 - d. To achieve these aims, we believe health and social care organisations should provide services:
 - Which support recovery, helping people to realise their potential and be full members of the community
 - Which respond effectively to the needs of specific population groups, such as women, black and minority ethnic communities, and areas of high deprivation
 - In settings which are modern and as open and accessible as possible
 - On the basis of need rather than diagnosis or age
 - e. We also believe that all who provide mental health services should:
 - Promote understanding and challenge the stigma and discrimination associated with mental health problems
 - Promote community-based services as the norm for meeting the needs of people who require specialist mental health care

Question 1

Do you think this list adequately describes the values and principles we should be using to design mental health services for Buckinghamshire?

3. The case for change

- 18 This part of the document looks at each of the proposals and options for service change in specialist mental health services. It will set out proposals relating to:
- Specialist mental health services for the South Bucks District²
 - Future delivery of high quality community and inpatient services for adults of working age, older adults and people with a learning disability
 - Services for people who have long-term mental health needs
- 19 The case for change will be made for these areas considering current facts, important issues, developments in services in the last three years, and services that we intend to develop in the next three years.

Joining up specialist mental health services for South Bucks District

- 20 People needing specialist mental health care often need a combination of treatment and social support to help them lead a fulfilling life as active members of the community. To provide comprehensive support and treatment, specialist mental health services must bring together health and social care functions.
- 21 A report by the Social Exclusion Unit in 2004³ showed that social exclusion, stigma and discrimination continue to be serious issues for people with mental health problems. It made far-reaching recommendations for the role of work, leisure and housing and the positive role that these can play in addressing the social impact of mental ill health. It also made clear that strong local partnerships need to exist to be able to use public resources to tackle these issues.

Current facts

- 22 The adult population of South Bucks District are the only people in Buckinghamshire not to receive specialist mental health services which integrate health and social care professionals within one organisation. For this area, health services are provided by Berkshire Healthcare NHS Trust (BHcT), and social care services are provided by BMHT on behalf of BCC.
- 23 BHcT provides specialist mental health services for all ages for the population of South Bucks District. These services include:
- Inpatient care
 - Community Mental Health Teams (one for adults of working age, one for older people) based in Slough, which covers Slough and South Bucks.
 - Consultant Psychiatry for adults, older adults and children and adolescents
 - Psychology
 - Day Hospital (for working age adults and older people)
 - Memory clinic
 - Crisis Resolution and Home Treatment services and Assertive Outreach service

² The District Council area of South Bucks

³ Mental Health and Social Exclusion, Social Exclusion Unit, Office of the Deputy Prime Minister, London, 2004

- 24 BMHT has a partnership agreement with the BCC to provide integrated mental health care across the County. In the South Bucks District, BMHT provides the following services with and on behalf of the BCC:
- Care Management from within the Community Mental Health Teams, assessing people's needs and arranging services to meet them
 - Approved Social Workers (as part of a County-wide service)
 - Directly provided day services managed across Chiltern and South Bucks
 - Community Support Workers including a dedicated Housing Worker, working across Chiltern and South Bucks District Council areas
 - Early Intervention in Psychosis service
- 25 BCC also commissions a range of social care services for the population of South Bucks which can be accessed by Care Managers. These include:
- Residential and Nursing Care
 - Supported Living
 - Help in people's own homes
 - Day Services and Employment services
 - Carer Support Workers
- 26 PCT spend approximately £2m per year on specialist mental health services provided by the BHcT for South Bucks. This would represent an addition of just under 4.2% to the budget of BMHT, which is £48m in 2005/06. The transfer of funds on this scale would not cause financial instability to either BHcT or to BMHT.

Important issues

- 27 Current arrangements for providing integrated specialist mental health and social care services do not work well for the District of South Bucks. This is shown by:
- Social Services Care Managers (provided by BMHT) not being located with NHS staff working within the Community Mental Health Team in Slough. This results in difficulties in arranging social care services for people living in the community and in planning discharge from inpatient services.
 - BHcT organises its services in partnership with the six local authorities of Berkshire around the Local Authority boundaries, working to their policies, procedures and eligibility criteria. The population of South Bucks District receive services managed by the Trust's Slough Locality with staff having to work to two different sets of Local Authority policies and procedures.
 - The South Bucks area has a very different demographic and social profile from Slough, needing different service responses to meet local needs. With lower levels of mental ill-health compared to Slough, it is important that resources for mental health remain focused and targeted to meet the needs of the population of South Bucks.

- d. As part of the continuing integration of health and social care services, BCC are working with BMHT to create a single information system and single budgets and staff teams. This cannot presently include the South Bucks District, so South Bucks residents would not receive the benefits of this integration.
- e. The boundary between the Berkshire and Buckinghamshire trusts is not the same for all elements of mental health services. For some services the boundary is that of the District Council; for other services the boundary is the M40 motorway. This leads to considerable confusion for GPs and patients, and on occasions results in delays in specialist assessment and treatment.

28 This proposed change is in the context of options being examined by the NHS in Berkshire for the future location of inpatient mental health services provided by BHcT. It is expected that there will be a consultation to consider these options in due course. Services in Berkshire face similar opportunities and pressures as in Buckinghamshire in relation to maintaining a number of small inpatient units. There remains a possibility, therefore, that inpatient mental health services will in future also be delivered from different sites in Berkshire.

Services that have been developed in the last three years

- 29 The services identified below are those that have been commissioned specifically for the population of South Bucks District over the last three years. There are other County-wide social care services, not provided by BHcT, which have been commissioned to meet the needs of people living in this area. Where this is the case they have been marked *
- a. £45,000 per year on a Crisis Resolution and Home Treatment service for the population of South Bucks District. This provides intensive support for people in a mental health crisis in their own homes and is available every hour of the year. This service is for people who are acutely unwell who would historically have been admitted to hospital.
 - b. £45,000 per year on Assertive Outreach services for the population of South Bucks District. This service provides intensive support for people with a severe mental illness who are difficult to engage in mental health care. It supports people in their own homes or in other community settings at times that suit them.

Services that we will develop in the next three years

30 One of the challenges of meeting the future mental health needs of the population of South Bucks District is maintaining the commissioning focus on this comparatively small geographic area. This position is complicated further by not having a single provider of integrated mental health and social care. We believe that the transfer of management responsibility to BMHT for mental health services in this area will address this and produce better outcomes for service users.

- 31 Over the next three years, PCTs in Buckinghamshire will use the money currently funding services provided by BHcT for the South Bucks District population. This will be used to fund integrated health and social care services to be provided by BMHT to meet the specific social and demographic needs of the population. These will include:-
- Inpatient care
 - Community Mental Health Teams (one for working age adults, one for older people)
 - Consultant Psychiatry for adults, older adults, children and adolescents
 - Psychological services
 - Day Hospital (working age adults and older people)
 - Memory clinic
 - Crisis Resolution and Home Treatment services and Assertive Outreach service
 - Early Intervention in Psychosis service
- 32 Each of the service development priorities identified later in this document will also take account of the needs of the people of the South Bucks District.

What are we proposing?

- 33 We propose that all patients living in the South Bucks District would be served by the integrated mental health and social care provider in Buckinghamshire. The County boundary would determine which organisation provides the specialist mental health care, regardless of age.
- 34 In 2006, resources would be transferred by Chiltern and South Bucks PCT from BHcT to BMHT to allow the development and delivery of an integrated service. This would also happen for patients of other PCTs who live in the South Bucks District.

Question 2

Do you support our proposal to transfer the management of mental health services for South Bucks from BHcT to BMHT?

Community and inpatient services for adults of working age, older adults and people with a learning disability across Buckinghamshire

- 35 Inpatient care is an integral part of specialist mental health services and exists to provide intensive treatment and care for people who are acutely unwell and cannot have their needs met at home or by services such as day hospitals. The National Service Framework for Mental Health promotes the provision of intensive, round-the-clock home treatment as the first line of response instead of admission to hospital. This principle applies for services for adults of working age, older adults or people with a mental health problem who also have a learning disability.
- 36 Significant developments have taken place in mental health community services in Buckinghamshire in recent years, and it is now the right time to look at how inpatient mental health care is provided in Buckinghamshire. We know that changing the role of inpatient care depends upon the development of home treatment options as an alternative to admission and on a comprehensive range of community-based mental health services.

Current facts

- 37 A Crisis Resolution and Home Treatment Service is in place to deliver round-the-clock care alongside acute day hospitals as an alternative to hospital admission. The number of people receiving this service will increase as it grows and develops. By December 2005 we expect over 600 people to have received home treatment services from BMHT.
- 38 BMHT also provides a 7-day-a-week Day Hospital service in High Wycombe, offering daytime treatment for people who may otherwise have needed to be admitted to an inpatient ward. We intend to see similar services delivered on a 7-day basis in Aylesbury. This service is presently available for 5 days a week in Aylesbury.
- 39 An Assertive Outreach service has been developed to provide intensive support 7 days a week for people who find it difficult to engage with other services. This service minimises breakdown which might otherwise require admission to hospital.
- 40 Research suggests that with a comprehensive range of community services in place, including services available 24 hours a day (such as Crisis Resolution and Home Treatment) and 7 days a week (such as day hospitals, assertive outreach and community teams), inpatient admissions can be reduced by 30-50%.⁴
- 41 A small proportion of people receiving services from BMHT are admitted to hospital. The majority of people receive treatment and support through specialist community mental health services. This is illustrated in Figure 1.

⁴ Open All Hours: 24 hour response for people with mental health emergencies;

E Minghella, R Ford, T Freeman, J Hoult, P McGlynn, P O'Halloran; Sainsbury Centre for Mental Health, 1998

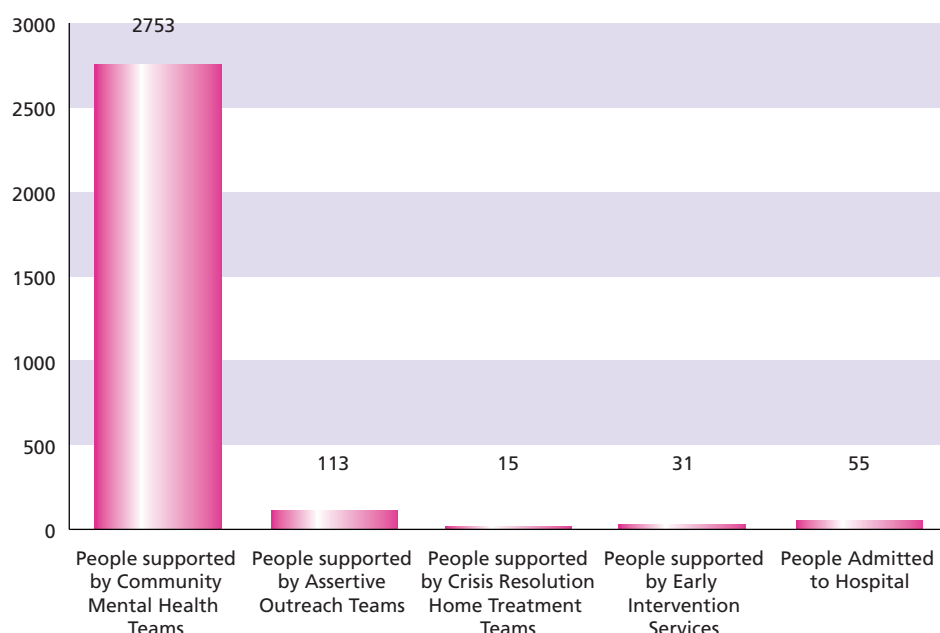


Figure 1: People supported by BMHT services for adults of working age in January 2005

42 Inpatient care accounts for 69% of BMHT’s costs for adults of working age and 76% for older adults. For both age groups, inpatient care in Buckinghamshire represents a higher proportion of spending than the national average⁵.

43 In 2004/05 (the latest year for which National Reference Costs are available), a week’s stay in a BMHT inpatient unit cost the NHS £1,209 for adult acute, £1,483 for adult rehabilitation, £1,726 for older adult care and £3,602 for intensive care⁶.

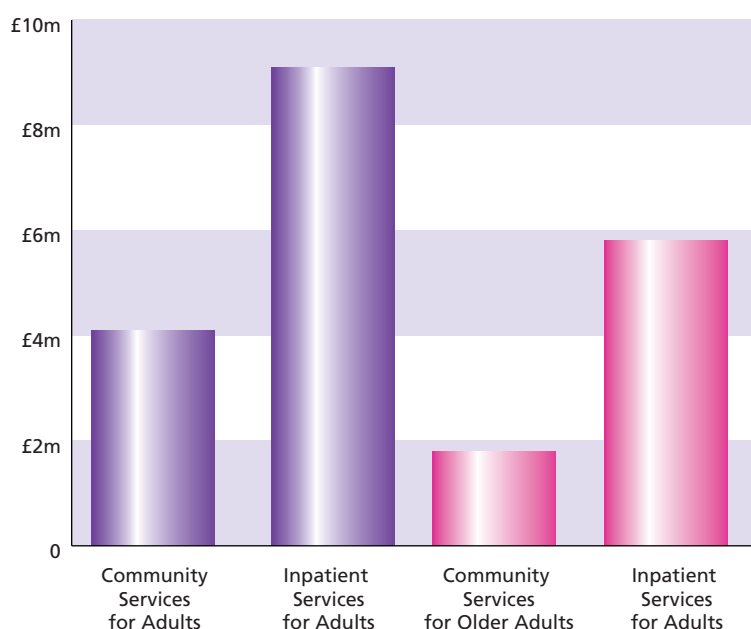


Figure 2: BMHT spending on community and inpatient mental health services for adults of working age and older adults, 2004/05. Source: NHS National Reference Costs 2004/05

⁵ NHS National Reference Costs 2004/05. For mental health services in England, inpatient care represented 63% of reference cost spending for adults of working age and 73% for older adults

⁶ Data from NHS National Reference Costs, 2004/05



Figure 3: Proportion spent on community mental health services - BMHT services for adults of working age and older adults, compared to data for England. Source: NHS National Reference Costs 2004/05

- 44 BMHT currently has 82 acute beds for adults of working age (aged 16-64) including 10 in an intensive care unit. 40 beds are in the Haleacre Unit at Amersham Hospital and in Aylesbury at the Tindal Centre. In 2004/05, BMHT's adult inpatient services cost some 20% less per day than the national average⁷. Since then, work has taken place to improve the therapeutic environment on these wards by increasing staffing levels and making improvements to the ward facilities. These measures to improve care and the care environment are expected to increase the cost towards the average. BMHT's plans for adults of working age focus on reducing need for inpatient care rather than on reducing the cost per day of the inpatient care delivered.
- 45 BHcT provides 6 beds for the adult population of the South Bucks District.
- 46 BMHT has 84 beds for older adults (aged 65 and over): 34 at the John Hampden Unit, Stoke Mandeville Hospital near Aylesbury, 26 at Manor House, Aylesbury and 24 at Amersham Hospital. The Trust's inpatient services for older adults cost significantly more than the national average in 2004/05⁸. As well as providing alternatives to hospital care, BMHT's plans for older adults must reduce the number of wards to ease staffing pressures and reduce unit costs.
- 47 BHcT provides 9 beds for the older adult population of South Bucks District .
- 48 For people with mental health problems who also have a learning disability, there are 11 inpatient beds in High Wycombe and 9 beds at Manor House, Aylesbury.

⁷ 24 hours in an adult acute mental health bed in BMHT cost 77% of the national reference cost

⁸ 24 hours in an older adult acute mental health bed in BMHT cost 119% of the national reference cost

Important issues

49 BMHT's configuration of inpatient services is not sustainable, for several reasons:

Staffing and safety considerations

- a. Working across dispersed and small units makes it difficult to attract and retain staff. This is particularly difficult in the south of Buckinghamshire where the Trust is competing against employers in London able to offer higher salaries. High levels of temporary staff to cover vacancies and short-term absence increases cost and can reduce the quality of care. Improved consistency of clinical staff will provide a higher standard and greater continuity of care for patients as well as their carers.
- b. BMHT is unable to use staff flexibly. This makes it difficult to manage shortages of trained nursing staff (a national and local problem) and to reduce junior doctors' hours.
- c. Inpatient care is a challenging area to work in and requires highly motivated, skilled and dedicated staff. Smaller and isolated units limit the potential for sharing experience and skills and make it more difficult to deal quickly with emergencies that arise. They will also pose future problems in achieving safe overnight cover, especially from medical staff⁹.

Financial and estate considerations

- d. The design of the physical environment and condition of the buildings makes an important statement to patients and staff about the quality of care provided.
- e. Several of Buckinghamshire's mental health inpatient units do not comply with recognised current environmental standards. BMHT has assessed 31% of its property as being less than satisfactory, compared to a national average for mental health trusts of 11%¹⁰.
- f. BMHT's adult acute wards at the Haleacre Unit, Amersham, do not comply with standards for single-sex accommodation, the use of dormitory accommodation, privacy and dignity requirements, access to en-suite rooms, and adequate recreational and activity/visiting space. This is reflected in feedback and complaints received from service users. Recognising the urgent need to improve the quality and safety of these facilities, BMHT will invest during 2005/06 in environmental improvements at Haleacre. These improvements will not address the long-term unsuitability of this small unit for the future delivery of acute mental health care and nor will they provide dedicated facilities for women-only care.

⁹ Beyond Bricks and Mortar, Royal College of Psychiatrists, 1998

¹⁰ BMHT Board performance report, July 2005

- g. The John Hampden Unit for older adults at Stoke Mandeville Hospital, Aylesbury, was built in 1970. It is a single-storey, flat-roofed building with, to quote BMHT's draft Estates Strategy, "extraordinary expenditure... likely almost every year." As well as being expensive to maintain, the building's ceilings contain asbestos and there are insufficient single rooms to offer privacy and dignity for all inpatients. Buckinghamshire Hospitals NHS Trust, which operates at Stoke Mandeville Hospital, plans to use land which the John Hampden Unit stands on at the front of the hospital for other purposes. An alternative area of land has been allocated for use by BMHT. Our view is that this offers an important opportunity to build modern and appropriate facilities - and to relieve some of the site difficulties caused by the unit's current location.
 - h. The functional inpatient ward in Amersham is situated in the Haleacre Unit. It does not comply with modern environmental standards for inpatient care. The organic ward is situated in the newest part of Amersham Hospital and offers better facilities for inpatient care.
 - i. Manor House on Bierton Road, Aylesbury, was also constructed as a single-storey, flat-roofed building and opened in the early 1970s as a learning disability hospital. Its facilities are functionally unsuitable and expensive to maintain. The network of single-storey buildings makes inefficient use of the site and contributes to the separation of teams and services based there.
 - j. The Tindal Centre on Bierton Road, Aylesbury, is not classed as 'unsatisfactory' but does not meet current environmental standards and has very limited scope for further development.
 - k. An examination of the benefits of refurbishing BMHT's existing buildings has concluded that new buildings will meet future standards for healthcare delivery more effectively and economically¹¹.
 - l. Manor House has been identified as the only feasible site for future inpatient facilities for adults of working age. Please see the technical reference document for fuller information on the option appraisal.
 - m. Small wards result in higher than necessary overall costs for some inpatient services. We believe we are not spending a high enough proportion of our resources on services outside hospital and want to change this. Sustaining small inpatient units at the staffing levels required for the future would limit our ability to provide high-quality community mental health services.
- 50 Inpatient services for older adults care for people with an organic illness and for people with a functional mental illness. The needs of these groups are different and may require different skills. Care is currently provided at both the Amersham and Stoke Mandeville sites for these two groups.
- 51 As we expect to see community alternatives to admission reduce the need for inpatient services for adults, we also want to work to provide alternatives to hospital care for older people with a mental illness. Some older people currently receiving care in hospital require support with their long-term condition outside hospital through nursing home care, residential care or treatment and support in their own homes. We need to ensure that the right range of services are in place so that people have their needs met in the most appropriate setting outside hospital.

¹¹ See our technical reference document for further information

52 Resources which could be invested in the development of community services are currently locked into providing inpatient care. We recognise that inpatient care remains an important part of acute care for people where a home treatment service response is not appropriate. Difficulties with current inpatient facilities for mental health care in Buckinghamshire require us to look at different options for inpatient services across the County.

Services that we have developed in the last three years

- 53 Over the last three years, BMHT has developed new services which support the delivery of intensive, round-the-clock home treatment as a first line of response instead of admission to hospital.
- Since 2004, £484,000 per year has been spent on a new Crisis Resolution and Home Treatment service. This provides intensive support to people in their own home during a period of acute mental illness, and is available 24 hours a day and 365 days a year across Buckinghamshire.
 - Since 2003, £635,000 per year has been spent on delivering an Assertive Outreach Service. This supports people who are severely mentally ill, have other needs and find it difficult to engage with mental health services. Care and support is offered in their own homes or in other community settings at times that suit them.
 - An acute day hospital has been developed for people living in the areas served by Wycombe PCT and Chiltern and South Bucks PCT. This provides daytime treatment and support 7 days a week for people who would otherwise be admitted to hospital.

Services that we will develop in the next three years

- 54 We intend to further strengthen the range of community services during the next three years by:
- Strengthening the staffing of Crisis Resolution and Home Treatment Service to allow these to operate from two bases and provide easier county-wide coverage.
 - Operating an acute day hospital in Aylesbury 7 days a week.
 - Providing clearer information for GPs about access to specialist mental health services for their area, including services available 24 hours a day and 7 days a week¹².
 - Putting in place a social care community-based residential crisis service to complement acute care services and to provide emergency respite care. This would be located in the southern part of Buckinghamshire and funded by the County Council to provide a county-wide service.
 - Making available a Crisis Resolution and Home Treatment Service to people aged over 65 by Spring 2006.
 - Commissioning a Mental Health Liaison Service in Accident & Emergency departments at Stoke Mandeville and Wycombe General Hospital.

¹² Including Crisis Resolution and Home Treatment

What are we proposing?

- 55 A stronger range of community services will lead to reduced need for inpatient services and make possible a reduction in the number of beds needed for adults of working age.
- 56 For older adults, we do not currently expect to be able to significantly reduce the number of acute beds we provide, but if developments in community alternatives to hospital admission appear to make this possible when set against population change, we shall consult in future on further changes to inpatient facilities.
- 57 To address the issues we have with the current range and location of mental health inpatient services, we propose:
- a. Bringing together inpatient facilities for adults of working age in a new unit on the Manor House site, Aylesbury. This would replace the facilities at Haleacre (Amersham) and Tindal (Aylesbury) and include acute admission and intensive care beds and an acute day hospital.
 - b. Extending inpatient facilities for older adults with organic illness (dementia) at Amersham Hospital, to offer one larger ward and associated day services.
 - c. Bringing together services for older adults with functional illness at the John Hampden Unit, Stoke Mandeville Hospital, Aylesbury and cease to provide this service at Amersham Hospital. This would allow the delivery of mental health inpatient care alongside general hospital services.
 - d. Building a new inpatient unit for older adults to replace the John Hampden Unit. This unit would provide inpatient services for people with organic illness (dementia) and a county-wide service for older people with functional illness.

Question 3

Do you support our plans to develop and strengthen community mental health services and reduce the need for inpatient care?

Question 4

Do you support our intention to build a new mental health inpatient unit in Buckinghamshire for adults of working age, replacing two existing units?

Question 5

Do you support this new unit being developed at the Manor House site, Aylesbury?

Question 6

Do you support the bringing together of inpatient services for older people with functional mental illness on the Stoke Mandeville Hospital site?

Question 7

Do you support there being inpatient services for people with dementia at Amersham Hospital and at Stoke Mandeville Hospital?

Question 8

Do you support our intention to build a new inpatient unit for older adults to replace the John Hampden Unit at Stoke Mandeville Hospital, Aylesbury?

Access and transport

- 58 We aim to deliver the vast majority of care for people with mental illness at home or in local facilities such as GP surgeries and health centres.
- 59 It is recognised that bringing inpatient services together on to single sites will mean longer travel times for some people.
- 60 We will be working with Buckinghamshire Community Action to gather further information about community transport options during the consultation period, and we would like to hear of any creative and affordable transport ideas.
- 61 For example, we are keen to hear about how transport for individual service users to day services can be made affordable, easy to use and non-stigmatising, and how carers who need help with transport to and from inpatient sites can be offered it.

Question 9

Do you have ideas about how access to transport can be improved for service users and carers?

Specialist mental health care for people with a learning disability

- 62 Having a learning disability does not mean that you have a mental health problem, but a small number of people have both a learning disability and a mental illness and require specialist care.
- 63 As part of our plans to develop new inpatient facilities at the Manor House site in Aylesbury, we expect to develop a small specialist inpatient unit to provide care for people with a mental health problem who also have a learning disability. This would provide a county-wide service and work alongside a developing range of community, supported living and residential services for people with a learning disability.

Services for people with long-term mental health needs

- 64 We have focused so far on the needs of people who need acute care. We now need to consider the needs of service users and carers who have been in touch with services for a longer period of time and whose needs have stabilised.
- 65 We aim to provide a range of services which support people with long-term mental health needs to become active citizens in their local communities. People should have help to access high-quality accommodation and support; meaningful daytime activities including employment; financial advice including benefits and budgeting; advocacy support to help obtain and retain what they are entitled to; the most effective medication with the least debilitating side effects and physical health care from their local primary care practice. Effective assessment and care will be essential to meet the range of people's needs through a range of services.

Current facts

- 66 BMHT provides support through multi-disciplinary community teams for people living with long-term mental health needs. These teams provide direct health and social care interventions, as well as assessing, arranging and reviewing packages of care. Community teams which support people with long-term mental health needs are:
- a. Six community mental health teams (CMHTs) for adults of working age
 - b. Three CMHTs for older adults
 - c. Two Assertive Outreach teams
 - d. One Early Intervention in Psychosis team
 - e. A complex needs service working as part of a Thames Valley-wide service for people with personality disorder
- 67 BMHT provides inpatient rehabilitation services in three units:
- a. 14 beds in High Wycombe, serving the population of Chiltern and South Bucks and Wycombe PCTs
 - b. 17 beds in Aylesbury, providing county-wide coverage
 - c. 15 beds in Aylesbury, providing rehabilitation and low secure provision as part of a network of forensic mental health services
- 68 BMHT provide inpatient services in Aylesbury to people with long-term mental health conditions and inpatient respite care services.
- a. 13 continuing care beds for older people with functional mental illness
 - b. 10 beds for younger people with Alzheimer's disease

69 BCC commissions a range of social care services for this population which can be accessed by Care Managers working in the teams above. Only people who have been receiving services from BMHT or in some cases BHcT are able to access these services provided by the non-statutory sector that have been commissioned by BCC. These services provide support for people with long-term conditions and include:

- a. Residential and Nursing Care
- b. Supported Living
- c. Help in people's own homes
- d. Day Services and Employment services
- e. Carer Support Workers

Important issues

- 70 There are currently adults and older people receiving inpatient services who have a long-term mental health condition. We believe that people with long-term conditions should have access to a range of flexible and comprehensive health and social care services to meet their continuing and changing needs in their own homes¹³.
- 71 More than one in four people in BMHT's rehabilitation beds are ready to move into community-based accommodation and support. Historically there have been a number of factors which have made this more difficult to achieve.
- a. Insufficient continuing health care and social care alternatives outside hospital. This results in delays in people moving into community settings.
 - b. Poor information to inform the development of new, community-based alternatives to meet the future needs of people currently living in inpatient settings.
 - c. No processes in place to give priority to people in hospital when community placements become available.
 - d. Inpatient rehabilitation services, which have historically lacked a clear role as part of a spectrum of services for people with long-term mental health needs.
- 72 The design of BMHT's inpatient rehabilitation units are institutional in feel. The unit in High Wycombe does not meet environmental standards.
- 73 There are also people who are receiving inpatient services whose needs have stabilised and could be met through community-based alternatives.

¹³ 'Home' in this context means the place where an individual lives, which may be their own accommodation or may be a supported living or residential care home,

- 74 In Aylesbury there are 13 beds for older people with functional mental health difficulties. A ward was established to accommodate people who lived in St Johns, the old long stay psychiatric hospital in Buckinghamshire. When the hospital closed in the 1980s the majority of long stay patients had been discharged into the community, with the exception of the people accommodated in these beds. Over half the people on this ward have been receiving inpatient services for over twenty years. For these patients the hospital ward has become their home, which is an inappropriate environment for the provision of continuing care¹⁴.
- 75 BMHT provide 10 inpatient beds for younger people with Alzheimer's disease in Aylesbury. The purpose of inpatient care for this patient group is to provide time limited diagnostic and assessment, underpinned by a comprehensive range of counselling, respite, community support and many of the ingredients of good care planning to maintain people in the community¹⁵. Current issues include:
- a. An ill defined model of service delivery providing a combination of different models of care including respite, assessment and treatment and continuing care within the same inpatient environment.
 - b. The physical environment of the unit based on the Manor House site is poor and does not meet the basic environmental minimum standards for inpatient care.
 - c. Half of the patients receiving inpatient services from this unit have been assessed as needing long-term community based health care with an average length of stay of over a year.
 - d. Isolated location of the ward on the Manor House site makes effective diagnostic and assessment more difficult to achieve. It is desirable that the lead for the provision of services should sit within old age psychiatry, however it is essential that input from neurology into the diagnosis and management of the illness is easily accessible.

¹⁴ Good practice guidance on planning and supporting discharge from hospital is developing nationally and can be found at <http://changeagentteam.org.uk/index.cfm?pid=18§orID=15>

¹⁵ Services for younger people with Alzheimer's disease with the Alzheimer's Society - Royal College of Psychiatrists Faculty of Old Age Psychiatry, in conjunction with the Alzheimer's Society

Services that we have developed in the last three years

- 76 A lot has been happening in the last three years to develop new mental health services for people with long-term needs:
- a. The three PCTs and BCC have commissioned the development of three Primary Care Mental Health Teams, one for each PCT area. By 2006/07 there will be an additional 26 specialist workers across the County with £750,000 new recurrent investment to deliver mental health capacity within a primary care setting. This development will provide health and social care time-limited interventions for people with mild and moderate mental health difficulties.
 - b. A range of flexible accommodation and support options has been developed for people receiving services from BMHT and the BHCT. These include:
 - £2 million capital investment for a specialist housing provider to purchase and develop 22 self-contained flats distributed across the county, to be available during 2005.
 - £210,000 recurrent new investment for 6 new flats in High Wycombe with access to on-site 24-hour support, to be available during 2005.
 - A framework to purchase individual packages of care for people from voluntary sector providers. People will have access to intensive and flexible community support in their own homes 24 hours a day and 365 days a year, if this is needed.
 - c. From 2005, BCC has commissioned a county-wide employment service for adults of working age. An additional £210,000 has been made available recurrently to support people with long-term mental health needs to find meaningful, paid employment. The service aims to support people into regular work that matches their skills and preferences.
 - d. The PCTs have commissioned several new services from BMHT to complement the Assertive Outreach Service:
 - £250,000 of recurrent new investment for an Early Intervention in Psychosis service to support early detection and improve the longer-term prognosis of people aged 14-35 with a first episode of psychosis.
 - £210,000 of recurrent new investment for community services in Buckinghamshire for people with a personality disorder, working as part of a service across Berkshire, Buckinghamshire and Oxfordshire.
 - Five new Carer Support Workers to support informal family carers of people with long-term conditions.

Services that we will develop in the next three years

- 77 We plan to add to the range of community support and services available for people with long-term mental health needs, this will include:
- A comprehensive range of Supported Accommodation through the re-provision of 75% of our current residential care services as well as an increase in local available capacity for adults of working age.
 - A range of accommodation and support options for adults and older people who have long-term continuing care needs which relate to their health.
 - Improved access for people with long-term mental health needs to physical health care within Primary Care services.
 - Development of a comprehensive range of community-based services for younger people with Alzheimer's disease to include a day hospital, respite care and long stay provision.

What are we proposing?

- 78 A high proportion of adults receiving rehabilitation services experience a prolonged stay in hospital. During 2004/05, a range of new accommodation and support options have been developed in the community. 28 new units which have the ability to provide 24 hour intensive social support and the major re-provision of 75% of existing residential care services give us a real opportunity to review our current inpatient rehabilitation arrangements and resettle people currently in receipt of services back into the community. We propose to:
- Reduce the inpatient beds needed by this group and close one of BMHT's existing rehabilitation units. A detailed option appraisal is under way to establish which unit is the preferred option for closure and will be made available by the 1st October as supplementary information to this consultation document.
- 79 One ward on the Manor House site in Aylesbury provides inpatient services to people who have no assessment and treatment needs. Over half of the people occupying these beds have been there for over twenty years. We believe that people should not live on a hospital ward and that it is a priority to re-provide for the needs of the people into suitable community based alternatives over the next two years.
- 80 In the future we want to provide care for younger people with Alzheimer's disease with inpatient services for older people with an organic mental health difficulty. This will be delivered from the Stoke Mandeville site in Aylesbury. The benefits of this to patient care are considerable:
- To ensure that the physical environment meets the necessary standards and is fit for modern mental health acute delivery.
 - Support closer working with mainstream acute neurological services and other existing services on the Stoke Mandeville site.
 - To redefine a model of hospital inpatient services based around diagnostic and assessment, giving us the opportunity to develop a range of comprehensive community services for this patient group.

What would stay the same?

81 Community teams and services will continue, including Assertive Outreach, Early Intervention in Psychosis and Complex Needs. The supported housing which has recently developed will continue and become an increasingly important service. A range of community support services will be developed to add to what already exists. The 15 bed unit currently used for low secure care will continue working as part of the network of forensic services. One inpatient rehabilitation unit (in either Wycombe or Aylesbury) would continue to operate.

Question 10

Do you support our proposals to reshape rehabilitation services to enable more people to receive care at home rather than in hospital?

Question 11

Do you have a view on whether it would be best for us to retain our inpatient rehabilitation unit in Wycombe or Aylesbury? (Please note that supplementary information to support your answer to this question will be available on the 1st October 2005)

Question 12

Do you support our proposal to ensure that community based alternatives to inpatient care should be developed for older people with functional mental health difficulties living on a ward in Aylesbury?

Question 13

Do you support our proposal to redevelop inpatient services for younger people with Alzheimer's disease on the Stoke Mandeville site in Aylesbury alongside older adult dementia services?

Day care for older people in the Buckingham area

- 82 As part of our aim to provide a wider range of support for people with long-term mental health needs, BMHT is working to change how it provides day care in the Buckingham area for older people with dementia.
- 83 The Embleton Day Unit in Buckingham provides day services for older people with dementia. It has 30 places per week and 17 people use it¹⁶. People who need day hospital care attend the day hospital at the John Hampden Unit, Aylesbury.
- 84 An alternative range of services have been developed with social services and voluntary organisations to allow more people in north Buckinghamshire to benefit from the skills and expertise currently offered by staff at the Embleton Day Unit.
- 85 It is proposed that older people with dementia who need day services but not day hospital care will go to day services provided by the Red Cross in Buckingham and by Age Concern in Steeple Claydon and that BMHT staff will provide input to these to allow more people to benefit from their skills.

¹⁶ Information from 2005 review of mental health day care in North Buckinghamshire

- 86 A Memory Clinic is also being developed in the outpatient department at Buckingham Hospital (to provide an alternative for people in the Buckingham area to the Memory Clinic at the John Hampden Unit near Aylesbury).
- 87 Providing expert input and services to places where other organisations provide day care for older people is a model of service which could be useful in other parts of rural Buckinghamshire.

Question 14

Do you support our plans to deliver day care for older people in north Buckinghamshire without using the Embleton Day Unit?

4. Options for the future

- 88 The section **Why are we seeking your views now?** sets out why we believe change in mental health services delivery across Buckinghamshire is both necessary and desirable. This section describes the options for change. We need to take several factors into account in considering these options, including the scope of proposed changes to:
- a. Improve services in line with national requirements and deliver:
 - improved outcomes for service users and carers
 - integrated, 'seamless' health and social care
 - national policy and performance requirements for health and social care
 - b. Make specialist skills and resources go further
 - improve access for GPs to advice and support and reduce barriers between primary and secondary care
 - offer clinical expertise to meet highly specialist mental health needs
 - c. Recruit, retain and develop skilled and motivated staff by:
 - improving working environments for staff
 - increasing use of permanent staff and reducing use of bank and agency staff to improve continuity of care
 - promoting opportunities for flexible working and for multi-disciplinary working between health and social care staff
 - d. Support safe and effective services by offering:
 - safe and therapeutic environments for acute inpatient care
 - staffing arrangements which can respond quickly to emergencies
 - continuity of care through skilled and dedicated staff
 - e. Financial viability
 - support the achievement of sustained financial breakeven
 - provide services at costs in line with national requirements
 - address inefficiencies in current service delivery
 - make best use of available resources
 - reduce premium spent on agency and locum costs
 - minimise spending on capital
 - f. Respond flexibly to meet individual needs by having services which are:
 - culturally sensitive and responsive to the demographic and social profile of local communities
 - accessible for people with sensory or physical impairments
 - accessible and provided as locally as possible
- 89 The options for change, based on the proposals in this consultation, are set out in Table 1 with a summary of their main benefits and risks. Further details are also available in a technical reference document about other site options which have been examined for the future location of inpatient services.

Table 1

Summary of Options for the Future

(Most logical option shaded-based on information within this document)

Service Area	Why change?	Options	Pros	Cons
1. Joining up health and social care for people in the South Bucks District	<ul style="list-style-type: none"> • South Bucks residents do not receive an integrated health and social care service 	a) No change	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Current service drawbacks continue • Changes to Berkshire services may not benefit South Bucks population
		b) Transfer management of service from Berkshire to BMHT	<ul style="list-style-type: none"> • Integrated service delivery • Development of local services 	<ul style="list-style-type: none"> • Longer travel times to future inpatient services
2. Inpatient Services for adults of working age	<ul style="list-style-type: none"> • Current and future staffing problems • Difficult to achieve quick response to emergencies • Poor ward environment 	a) No change	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Staffing and environment problems continue • Major investment to improve future safety threatens investment in community services
		b) Maintain current bed numbers and relocate to Manor House, Aylesbury	<ul style="list-style-type: none"> • Addresses site and staffing issues 	<ul style="list-style-type: none"> • Ties resources up in buildings • Does not allow investment in community staff and services
		c) Relocate to Manor House, Aylesbury with reduced number of beds	<ul style="list-style-type: none"> • Addresses site and staffing issues • Allows stronger community services 	<ul style="list-style-type: none"> • Relies on community services reducing need for inpatient care
3. Inpatient Services for older people	<ul style="list-style-type: none"> • Difficulty of staffing and providing medical cover for small inpatients units • Cost of current facilities 	a) Maintain the current position	<ul style="list-style-type: none"> • Preserves beds for functional and organic illness in two locations - easier access 	<ul style="list-style-type: none"> • Unaffordable; cost of sustaining inpatient services will threaten community services
		b) Locate all older adult beds on same site as beds for adults of working age	<ul style="list-style-type: none"> • Financial savings from single site • Larger site eases medical cover and staffing 	<ul style="list-style-type: none"> • Carer risks, especially for older people • Insufficient space at Stoke Mandeville means co-location with general hospital services for older people would be lost
		c) Bring all older adult beds together at Stoke Mandeville	<ul style="list-style-type: none"> • Reduced costs • Staffing and medical cover easier 	<ul style="list-style-type: none"> • Reduced access for visitors and carers through loss of inpatient service at Amersham

Service Area	Why change?	Options	Pros	Cons
		d) Bring beds for organic illness together at Stoke Mandeville; retain functional illness beds at both sites	<ul style="list-style-type: none"> • Staffing and medical cover easier • Limited savings due to ward configuration 	<ul style="list-style-type: none"> • Longer travel times for greater number of patients and visitors (than option e) • BMHT respite care provision would end • Fewer beds needed for functional illnesses, so small wards persist
		e) Bring functional illness beds together at Stoke Mandeville; retain beds for organic illness at Amersham and Stoke	<ul style="list-style-type: none"> • Staffing and medical cover improved • Costs reduced • More local access for more patients and visitors (than option d) 	<ul style="list-style-type: none"> • Longer travel times for some patients and visitors
4. Inpatient rehabilitation services <small>Note Further supplementary information provided from the 1st October setting out the options around the future location of rehabilitation services</small>	<ul style="list-style-type: none"> • Inadequate community alternatives to admission • People admitted who could be cared for outside hospital • Investment in hospital rather than community services 	a) Maintain current position	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • People continue too long in hospital with lack of suitable alternatives • Resources tied up in hospital services prevent development of community services
		b) Develop community alternatives and reduce inpatient rehabilitation bed numbers, closing one unit	<ul style="list-style-type: none"> • Places emphasis on community rehabilitation • Enhances community services • Reduces costs associated with inpatient care 	<ul style="list-style-type: none"> • Skills need to be maintained in smaller inpatient service operated as part of a rehabilitation network
5. Older People continuing care	<ul style="list-style-type: none"> • Poor ward environment • People receiving inpatient services who could be cared for outside hospital • Enable people to access greater range of community services to meet their holistic needs 	a) Maintain the current position	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Current service drawback continue • Not able to address environmental issues • Ties resources up which could be used to develop community alternatives
		b) Develop community alternatives and resettle patients	<ul style="list-style-type: none"> • Better living environment in a less institutional setting with appropriate care/support • People no longer have inpatient status • Greater access to comprehensive community services 	<ul style="list-style-type: none"> • Temporary disruption caused by resettlement

Service Area	Why change?	Options	Pros	Cons
6. Inpatient care for younger people with Alzheimer's disease	<ul style="list-style-type: none"> • Poor ward environment • Patients staying in hospital longer than they need to • Ill defined model of service 	a) Maintain the current position	<ul style="list-style-type: none"> • None 	<ul style="list-style-type: none"> • Not able to address environmental issues • Location of unit does not support integration with acute neurological services • Ties resources up which could be used to develop community alternatives
		b) Redevelop inpatient services together with older adult dementia services at Stoke Mandeville, Aylesbury	<ul style="list-style-type: none"> • Enable the development of comprehensive community services • Ensure that people are not in hospital longer than they need to be • Improve quality of physical environment to meet standards • Develop a clear services model • Proximity to acute neurological service to improve diagnosis and management 	<ul style="list-style-type: none"> • None
7. Day services for people living in North Buckinghamshire	<ul style="list-style-type: none"> • Low take up of service Embleton Day Unit • Majority of people have social care day service needs as opposed to health • Building not suitable to deliver day care • Health and social care alternatives have been developed to meet the need of people 	b) Maintain the current position	<ul style="list-style-type: none"> • Maintain a valued resource for the population of North Buckinghamshire 	<ul style="list-style-type: none"> • Physical environment is unsuitable for day provision • Low demand for the service • Majority of people have social care needs and not health needs
		b) Close unit and provide alternative health and social care provision	<ul style="list-style-type: none"> • Health dementia day care provided in Aylesbury and Memory Clinic to be developed in Buckingham • Alternative day care placements identified to meet needs of current service users • In reach health care to be provided by BMHT, a model which could be replicated to meet the challenges of providing service in rural parts of the country 	Maintain a valued resource for the population of North Buckinghamshire

5. What are we proposing?

We are therefore proposing to:

- 90 Transfer funds and responsibility for providing specialist mental health care for the South Bucks population from BHcT to BMHT. Both Trusts support this option. We believe that this would support us to deliver integrated health and social care to meet people's holistic needs; simplify referral routes for local GPs; and help us to use local resources to develop appropriate local services for this population. *[Option 1b in the table]*
- 91 Bring together inpatient facilities for adults of working age in a new unit on the Manor House site, Aylesbury:
- a. This would replace the facilities at Haleacre (Amersham) and Tindal (Aylesbury) and include acute admission and intensive care beds, an acute day hospital and a base for related teams.
 - b. It would be a purpose-built, modern facility, supporting us to deliver our vision for high quality inpatient care for future years. We could address the limitations of current buildings, the difficulties of split-site working; improve recruitment and retention and develop specialist clinical expertise.
 - c. A reduced number of beds would also allow us to invest a higher proportion of our resources in home and community treatment as the first line response to acute mental health difficulties. *[Option 2c in the table]*
 - d. A small unit would be developed on the same site for people with a mental health problem and a learning disability who need specialist inpatient care.
- 92 Develop and concentrate inpatient facilities for older people with mental illness:
- a. Extend inpatient facilities for older adults with organic illness at Amersham Hospital, to offer one, larger ward and associated day services.
 - b. Bring together services for older adults with functional illness at the John Hampden Unit, Stoke Mandeville Hospital, Aylesbury, and cease to provide this service at Amersham Hospital. *[Option 3e in the table]*
 - c. Build a new inpatient unit for older adults to replace the John Hampden Unit at Stoke Mandeville Hospital, Aylesbury. This unit would provide inpatient services for people with organic illness and a county-wide service for older people with functional illness.
- 93 Reduce inpatient rehabilitation beds from two units to one after the recent increase in community-based services for people with long-term needs. *[Option 4b in the table]*
- 94 Develop community-based alternatives over the next two years for older people with stable long-term needs who are receiving inpatient care in Aylesbury. Over half of the occupants have been receiving inpatient care for over twenty years. *[Option 5b in the table]*

- 95 Develop inpatient services for younger people with Alzheimer’s disease on the Stoke Mandeville site in Aylesbury alongside older adult dementia services.
[Option 6b in the table]
- 96 To deliver meaningful daytime activities to the people living in North Buckinghamshire through alternatives to the Embleton Day Unit. [Option 7b in the table]

6. What happens next

- 97 In this document, we have set out a case for change in mental health services in Buckinghamshire which we believe will support the delivery of high-quality and effective care for the future.
- 98 We want to hear your views on what we are proposing, and your ideas to help us achieve the best mental health care for the people of Buckinghamshire.
- 99 **Please give us your comments before 30th November 2005.**
- 100 Buckinghamshire's independent Overview and Scrutiny Committee for Health will also respond to this consultation following its meeting in public on 25 November, taking into account responses received in time for that meeting.
- 101 The views expressed in response to this consultation will help to inform our decisions and future planning. We will feed back on all the views we receive.
- 102 It is vitally important that the changes we are proposing can be afforded in future years. With this in mind, BMHT is working with Buckinghamshire's Primary Care Trusts, the County Council and other partners to develop a 'Strategic Outline Case' to proceed with the building projects described in this consultation.
- 103 The Strategic Outline Case will be informed by this consultation and submitted to TVHA after this consultation is complete. It is difficult at this stage to predict when the new buildings could be available, but we estimate that it could take five years to create them. In the meantime, the community service developments we have proposed will take shape.
- 104 The affordability of the new buildings and associated services is expected to depend on PCTs paying a national 'tariff' for various elements of mental health services. This is expected to include an element for the buildings where care takes place. It therefore remains important for BMHT to operate services which do not cost more than absolutely necessary.
- 105 BMHT and PCTs will work to agree a business case demonstrating how PCTs' revenue can meet the annual repayments for the capital invested. The Strategic Health Authority will need to approve this.

7. Glossary

Acute

Medical treatments given to individuals whose illnesses are short-term or episodic.

Acute Day Hospital

A 7 day a week, needs led service providing an alternative to inpatient care and facilitating early discharge from hospital. They provide a range of interventions from assessment to short-term programmes.

Adult Social Care

The Adult Social Care Portfolio of BCC caters for the needs of people over the age of 18 with disabilities or chronic disease due to age or illness. Its aim is to “work with the most vulnerable people, to help them to achieve independence and inclusion in the community”. The portfolio is divided into four areas, which comprise; Older People, Physical and Sensory Disability, Learning Disability, and Mental Health.

Adults of working age - people aged 16-64.

Approved Social Workers (ASW)

A local social services authority must appoint a sufficient number of social workers who have “appropriate competence in dealing with persons who are suffering from mental disorder” in accordance with the Mental Health Act.

Assertive Outreach (AOT)

Health and social care teams, which target adults aged 18 to 65 years with severe and enduring mental health problems and additional complex needs such as homelessness, self-harm or neglect, or high levels of disability.

Berkshire Health Care NHS Trust (BHcT)

Provides treatment and care for patients who are mentally ill in Berkshire. The services may be provided from a hospital or in the community.

Buckinghamshire Community Action

Aims to enhance rural transport services, to reduce social exclusion and secure long-term improvement in the accessibility of jobs, services and leisure activities to people living in rural areas without increasing the use of the private car.

Buckinghamshire County Council (BCC)

The County Council carries out the local government for the county of Buckinghamshire. The council is the final decision-making body within a local authority. It has responsibility for strategic planning, social services, education, libraries, managing highways, traffic, libraries, fire brigades and refuse disposal.

Buckinghamshire Mental Health Trust (BMHT)

Provides treatment and care for patients who are mentally ill in Buckinghamshire. The services may be provided from a hospital or in the community.

Care Management

Delivers assessment, care planning and reviewing functions in accordance with the NHS Community Care Act 1990. Care Managers are able to deliver the Care Co-ordinator responsibilities under the Care Programme Approach.

Care Programme Approach (CPA)

Introduced in 1991 to provide a framework for effective mental health care. This includes assessing for health and social care needs, formation of a care plan, identifying the support required from various providers, appointment of a Care Co-ordinator and regular review and where necessary agree changes to the care plan.

Carer Support Worker

New workers target the specific needs of carers. They offer assessment and care planning functions, advice and information services, education and training programmes and developing networks to support carers to be involved in service planning and evaluation.

Chronic

Describes a disease, condition or health problem that persists over a long period of time. The illness may recur frequently and in some cases may lead to partial or permanent disabilities. Examples include, arthritis, diabetes and hypertension.

Commissioning

Process in which health service and local authority agencies identify local needs for services and assess them against the available public and private sector provision. Priorities are decided and services are purchased from the most appropriate providers through contracts and service agreements. As part of the commissioning process services are subject to regular evaluation.

Community Support Workers (CSW)

New workers appointed to enhance the capacity within black and minority ethnic groups for dealing with the burden of mental ill health and tackling the inequalities inherent in the services provided.

Continuing Care

Is a general term that describes the care that people need over an extended period of time, as a result of disability, accident or illness to address both physical and mental health needs. It may require services from the NHS and/or Social Services. It can be provided in a range of settings such as care homes, hospices or in a person's own home.

Crisis Resolution and Home Treatment

A Crisis Resolution and Home Treatment Team provides intensive 24 hour, 365 days a year support for people in a mental health crisis in their own home. They stay involved until the problem is resolved. It is designed to provide prompt and effective home treatment, including medication, in order to prevent hospital admission and give support to informal carers.

Early Intervention in Psychosis Teams

Provide assessment and care for individuals experiencing a first onset of psychosis, usually under the age of 35. Characteristically they focus on optimising medical control of psychotic symptoms, providing a range of psychological and family interventions and assisting in the personal adjustments necessarily arising from an individual's illness.

Forensic services

Include a spectrum of specialised mental health services provided for adults and older people who are mentally disordered. Including those with a personality disorder or learning disability, who require secure care. Some will have committed criminal offences and others will pose a significant risk to themselves or to other people.

Functional mental illness

Not due to structural abnormalities of the brain (examples include Severe Depression, Schizophrenia), but influences behaviour and day to day functioning.

Healthcare Commission

The Healthcare Commission is the independent inspection body for both the NHS and private and voluntary healthcare. It was set up in 2004 and replaced the Commission for Health Improvement.

Inpatient

A person who has been admitted at least overnight to a hospital or other health facility for the purpose of receiving diagnostic treatment or other health services.

Integrated care

The integration of health and social care services to provide accessible, seamless and co-ordinated services for people with mental health difficulties. It also implies working with other sectors, voluntary, housing, etc.

Low secure care

The person admitted to this setting usually presents with behaviour at a level of risk greater than general mental health services could safely address.

Medium secure care

This refers to care delivered in a hospital or healthcare NHS Trust aimed at providing a level of security suitable for public protection. It includes services within that hospital specifically designed to meet the needs of people with a mental illness, a learning disability or a personality disorder.

Memory Clinic

Aims to provide a service for people with complaints of memory problems who have an assessment of their difficulties.

National Reference Costs

NHS Trusts are required to publish their costs on a regular basis, and the data is published in a national schedule of 'reference costs', an index showing the range of costs between different providers. The schedule itemises the costs of individual treatments such as hip operations, so trusts can compare their costs with other organisations and become more efficient.

National Service Framework for Mental Health (NSF)

Addresses the mental health needs of working age adults up to 65. It sets out national standards; national service models; local action and national underpinning programmes for implementation; and a series of national milestones to assure progress, with performance indicators to support effective performance management.

Nursing Care Home

Required by law to meet minimum standards and they are inspected regularly to ensure that these standards are maintained. The standards relate to both the level of care provided, the physical conditions of the home as well as the type of care each home is equipped to provide for. Care homes with nursing are registered to provide nursing care.

Older adults

People aged 65+.

Organic mental illness

Identifiable physical brain function deficit (eg. Alzheimer's disease).

Outpatient

Assessment, treatment and review in an appointment provided in a clinic setting by doctors. These will include consultant psychiatrists, together with other doctors acting under their supervision.

Overview and Scrutiny Committee for Health (OSC)

Democratically elected, community representatives have the statutory powers to scrutinise the NHS to secure health improvements for local communities.

Patient and Public Involvement Forum (PPIF)

Work in every NHS trust and PCT area to get the views of local people about local health services and feed these into trusts.

Primary Care Trusts (PCTs)

Primary Care Trusts (PCTs) are responsible for the planning and commissioning of health services for their local population. In addition, they are responsible for integrating health and social care so the two systems work together for patients.

Residential Care Homes

Provide personal care and other services for those requiring long-term care on a live-in basis. In order to receive registration they have to comply with the Care Standards Act 2000.

Supported living

A model of service that supports people to live in their own homes and is characterised by a separation between the provision of accommodation and support; greater security of tenure; focus on the needs of an individual; and greater user choice and control over their environment.

Thames Valley Strategic Health Authority (TVHA)

Strategic health authorities manage the NHS locally and are a key link between the Department of Health and the NHS. They also ensure that national priorities are integrated into plans for the local health service. They are responsible for: developing strategies; ensuring high-quality performance; and, building capacity in the local health service.



Response sheet

Your views **do** count. We really want to hear what is important to you so that we can provide the best possible care within the money available.

Please take a few minutes to reply to our questions and add any comments you feel will be useful. Please send this sheet to:

Putting People First

Freepost RLXH-BGHC-KLJB

Vale of Aylesbury PCT, Verney House, Gatehouse Road, AYLESBURY, HP19 8ET

- to arrive by no later than 30th November, 2005.

Alternatively you can reply through our website at www.mentalhealthinbucks.nhs.uk or e-mail us at puttingpeoplefirst@voa-pct.nhs.uk

Postcode area or town you live in:

Name (if you want to give it):

Please tick your preferred option

Question		Comment
1 Do you think the list on page 10 describes adequately the values and principles we should be using to design mental health services for Buckinghamshire?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
2 Do you support our proposal to transfer the management of mental health services for South Bucks from Berkshire Healthcare NHS Trust to Buckinghamshire Mental Health NHS Trust?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
3 Do you support our plans to develop and strengthen community mental health services and reduce the need for inpatient care?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
4 Do you support our intention to build a new mental health inpatient unit in Buckinghamshire for adults of working age, replacing two existing units?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
5 Do you support this new unit being developed at the Manor House site, Aylesbury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
6 Do you support the bringing together of inpatient services for older people with functional mental illness on the Stoke Mandeville Hospital site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	



Question		Comment
6 Do you support the bringing together of inpatient services for older people with functional mental illness on the Stoke Mandeville Hospital site?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
7 Do you support there being inpatient services for people with dementia at Amersham Hospital and at Stoke Mandeville Hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
8 Do you support our intention to build a new inpatient unit for older adults to replace the John Hampden Unit at Stoke Mandeville Hospital, Aylesbury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
9 Do you have ideas about how access to transport can be improved for service users and carers?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
10 Do you support our proposals to reshape rehabilitation services to enable more people to receive care at home rather than in hospital?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
11 Do you have a view on whether it would be best for us to retain our inpatient rehabilitation unit in Wycombe or Aylesbury? NOTE: Supplementary information provided to support you to answer this question is available from 1st October	Yes <input type="checkbox"/> No <input type="checkbox"/>	
12 Do you support our proposal to ensure that inpatient care should be developed for older people with functional mental health difficulties living on a ward in Aylesbury?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
13 Do you support our proposal to redevelop inpatient services for younger people with Alzheimer's disease on the Stoke Mandeville site in Aylesbury alongside older adult dementia services?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
14 Do you support our plans to deliver day care for older people in North Buckinghamshire without using the Embleton Day Unit?	Yes <input type="checkbox"/> No <input type="checkbox"/>	
15 Any other views or comments (please continue on a separate sheet if necessary)		

