



Belfast Health and
Social Care Trust

Excellence and Choice

A consultation on the future delivery of Adult Mental Health Services
in Belfast
January 2009

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Foreword

William McKee, Chief Executive

We want health and social care in Belfast to be the best. We want safe, good quality, modern services that meet the needs of service users – and that's what this document is about.

We're aiming to offer higher standards of care and more choice through the reshaping of our services. Any changes we make will only happen after we have listened to everyone's views.

Look at it this way. If you can get treatment and care closer to home – and even in your own home – without having to go to hospital, if you can get treated faster by one of the mental health teams that specialises in your mental health needs, wouldn't you expect us to offer this to you?

It's not just about money. Money comes into all discussions of course, but this isn't what is driving our proposals for change. The elected representatives in the Assembly have asked all public sector bodies to save 3% of their budgets every year for three years so that they can re-invest it in other services in Northern Ireland – including some parts of health and social care. But we are driven by the need to do the right thing.

As a new Trust formed in 2007 from six previous Trusts in Belfast, we were always going to look at areas where we were duplicating effort or had an opportunity to work more effectively on behalf of service users. In 2008 in our New Directions consultation document, we opened a conversation on the best way to deliver services in Belfast over the next decade.

The attached document is part of the next steps. It represents a formal consultation on specific proposals for service change in mental health. Under the banner of Excellence and Choice these proposals give more detail on how we might change services for the better.

As a Trust we've already made real progress in working more effectively. If, for example, you are a person with mental health needs you no longer have to deal with different teams from different Trusts in relation to hospital and community based care. One team in Belfast Trust now manages everything involved in your care.

As public servants we must make the efficiency savings asked of us – and there are always savings to be made in a large organisation. The important thing is that in achieving efficiencies, Belfast will also emerge with better services.

We remain committed to making improvements and delivering the type of service you expect – that's why I hope you will give this document fair consideration. I also hope you will take time to give us your views on the proposals. Help us get it right.



1. Introduction

Belfast Health and Social Care Trust was formed in April 2007 from the merging of six Trusts, four of which were acute – the Royal Hospitals, Belfast City Hospital, the Mater Hospital and Green Park - and two Community Health and Social Services Trusts, serving north and west Belfast and south and east Belfast.

The new Belfast Trust aims to build on the fine legacy established by the six Trusts to deliver integrated and seamless citizen-centred health and social care.

Along with the full range of hospital and community services, the new Trust provides integrated hospital and community mental health services for the citizens of Belfast, as well as some specialist mental health services for the population of Northern Ireland.

The creation of the new Belfast Trust has provided the opportunity to review how we can modernise adult mental health services for the future. In doing this the Trust wants to better organise and deliver care and treatment so that services are easier to access, more flexible and are delivered by the right person in the right place. Our aim is to provide the highest quality of care and treatment for people with mental illness.

The Trust is also undertaking an organisational reform programme which focuses on how best we use our resources to ensure effective service delivery. The programme is called MORE – Maximising Outcomes, Resources and Efficiencies and mental health services are part of the process. The MORE programme will be taken forward in tandem with the mental health modernisation process to ensure that proposed changes in service delivery result in efficient and effective care for all our patients and clients.

1.2 Resources

The Department of Health has recognised that additional resources are required for mental health to deliver the modernisation of services set out in the Bamford Review . Initially an extra £44m has been secured by the Minister to begin this process within N Ireland over the next 3 years.

The Belfast Trust currently has around £57.7m available annually from commissioners to support the delivery of mental health services. The Trust however has to achieve efficiency savings of 3% a year from 2008 - 2011. This equates to £4.3m efficiency to be achieved over the 3 year period for mental health services.

The EHSSB is making available almost £5m of new investment over the next 3 years to enhance the range of community services available within Belfast which will support the delivery of the proposed new mental health service model.

The challenge for the Trust over the next few years is to ensure that services are modernised in an effective way that delivers the efficiency targets and enables resources to be invested to support the delivery of the new recovery focused model described in this paper.

1.3 About the document

It is against this background that the Trust has developed this document, which describes how the Trust proposes to deliver high quality adult mental health services in the future.

The document outlines:

- how we currently provide services
- the principles which have guided the proposed service models.
- factors which influence how we propose to deliver services
- the new service model, ie the way the Trust would propose to deliver adult mental health services into the future.

The Trust has produced this document to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views before any final decisions are taken. The Trust is committed to consulting widely on these proposals and will also be arranging a series of meetings to provide an opportunity for discussion with Trust managers, staff, users and carers.

2. Guiding Principles for delivery of Adult Mental Health services

The approach to modernising adult mental health services within the Trust must be guided by some general principles. A draft of the principles was outlined in the Trust first consultation document - New Directions (which set out the strategic direction for a range of Trust services). These principles have been further developed for this adult mental health specific document (following the above consultation within New Directions) and are set out below:

- *Services will be person-centred (i.e. service users will have their rights respected and be supported to keep control of their lives)*
- *Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs.*
- *Everyone has a right to experience community living.*
- *Everyone has the right to experience the same level of service provided by the Trust, regardless of location.*
- *Services will be planned, implemented and evaluated in partnership with users and carers.*
- *All adult Mental Health services will be provided on a Belfast wide basis.*
- *Service improvement and modernisation will be based on best practice.*
- *Staff will be supported in their professional and personal development.*
- *Services will be delivered in an efficient and effective manner within available resources.*
- *Psychological therapies and treatments should be more available to those who need them*

3. Where would I go at present if I, or someone I know, has a mental health problem and needed help?

Since coming into existence in April 2007, the Belfast Trust has worked to develop structures within its mental health services, which are understood by all our stakeholders.

A wide range of community and hospital based mental health services are provided and these are organised under the following areas.

- **Primary Mental Health Treatment services**
- **Recovery Mental Health services**
- **Acute Mental Health Care services**
- **Specialist mental health services**

A summary of what is included in the above service areas and how they are accessed is outlined below.

3.1 Primary Mental Health Treatment Services

Primary Mental Health Treatment Teams

Most mental health problems are dealt with by a person's GP. Some people may need to be referred to the Belfast Trust's Adult Mental Health Services through the Single Point of Referral (SPR). When a referral is received an experienced professional in the team will decide who should deal with the problem most effectively. They can refer to the Trust's Primary Mental Health Treatment Teams for assessment and treatment, which include community mental health nursing and social work staff, who work together to provide support and / or treatment to people who need care and treatment for mild to moderate mental health problems. The Teams have been enhanced recently with the appointment of consultant psychiatrists who will provide medical input to these teams.

The Primary Mental Health Treatment Teams offer time limited, evidence based and focused interventions within a framework of stepped care. In stepped care, patients are offered the least restrictive treatment, which will be effective, and best supports their recovery. The Primary Mental Health Treatment Teams are most effective with mild to moderate mental health problems, for example: Depression, Anxiety, Post Traumatic Stress or Phobias.

The Trust currently has 2 Primary Mental Health Treatment Teams, one covering North and West Belfast (based in Twin Spires, moving to Everton shortly), and the other covering the South and East Belfast and Castlereagh areas (current dispersed over 4 sites (Woodstock Mental Health Resource Centre, Windsor House, Dunluce Health Centre and Finaghy Health Centre).

In appropriate cases clients referred to the Primary Mental Health Treatment Teams will be linked into or referred to services provided by the Voluntary and Community sector for the following range of services.

- Counselling services
- Family support
- Self help
- Befriending services
- Day support services

Psychological Therapies

The single point of access can also refer individuals for more intensive psychological therapy services, which includes psychotherapy, psycho-sexual therapy, cognitive behavioural therapy (CBT) and interpersonal therapy (IPT).

Self Harm

At the Mater Hospital there is an established Self-Harm Team who provide support treatment and signposting for people who present at A&E and have self-harmed.

The Trust proposes to invest additional resources to allow the Team to provide a service across Belfast.

Addictions

People who have alcohol or drug related problems can be referred to a Community Addictions Team. There is one located in Woodstock Lodge that covers South and East Belfast and Castlereagh and another based in Everton, which covers North and West Belfast. There is also a day treatment service available at Shaftesbury Square Hospital, which offers a range of therapeutic and supportive therapies and services for drug and alcohol misuse. For people who are intravenous drug users, harm reduction services such as substitute prescribing and needle exchange are available from the Substitute Prescribing Team based at Shaftesbury Square Hospital. There is also a Drug Arrest Referral Scheme available in the two main custody suites in Belfast at Musgrave Street and North Queen Street PSNI Stations. A Drug Outreach Team operates from Lower Crescent and staff within the team encourage drug users to consider treatment or harm reduction.

Trauma Support

If individuals are having difficulties because of the effects of the “Troubles”, for example, anxiety or post traumatic stress syndrome, they may be referred to the Trauma Resource Centre. Based in Everton Complex, the service consists of a multi-disciplinary team of professional staff who provide a person centred, holistic range of services for victims of the troubles who are aged 18 and over.

Referrals

Referrals to the Trust Primary Mental Health Care services can be made by GPs or individual patients / clients or relatives and carers. The Trust 's single point of access for all referrals to adult mental health service ensure clients are seen more quickly by the most appropriate service.

3.2 Recovery Mental Health Services

Community Mental Health Recovery Teams

Some people may be so ill that they require more support than that provided by Primary Mental Health Care. This may be due to the presence of severe mental health problems such as schizophrenia and bi-polar affective disorder. The Trust Community Mental Health Recovery Teams will provide more intensive support for such individuals. The Trust currently has four Community Mental Health Recovery Teams covering South, East, North and West Belfast.

A Psychiatrist works as part of the multi-disciplinary team along with Social Workers, Community Mental Health Nurses, Occupational Therapists and Support Workers. The Recovery Team will assess an individual's needs and provide help and support with things like medication management, education, training, employment issues, housing or other issues identified by individuals or their key worker. They will work with clients to address the issues which are important to help individuals towards their recovery. This may include assessment of a carer's need for support and assistance.

Day Centres

The Trust currently manages four day centres – Victoria, Ravenhill, Whiterock and Everton. The Trust also funds places in 4 voluntary sector day centres (Beacon House (East Belfast), Aspen (South Belfast), Club 37 (Central Belfast) and New Horizons (Duncrue). Clients are referred to the day centres for social support and rehabilitation activities to support their recovery.

Early intervention / recovery support

If it is their first experience of mental illness, individuals, aged 16-30 years, may be supported by the Early Intervention Service. The service can help individuals access a range of services and support such as day time activities (for example at Trust day or voluntary day support centres), financial advice and help with benefits, housing advice such as access to supported or residential accommodation and advocacy services for the person or their carer.

Hospital Recovery Services

Sometimes patients need to stay in hospital for a period of rehabilitation to support their recovery from mental illness, before being discharged to the community. At present patients in Belfast access beds in 5 wards on the Knockbracken Healthcare Park site for this purpose, ie

- Clare Ward (20 beds) – for patients who require intensive support and rehabilitation and recovery services
- Bush Ward (30 beds) - for patients requiring rehabilitation and recovery services
- Moy Ward (23 beds) - for patients requiring rehabilitation and recovery services
- Knockbracken Male (28 beds) – for older frailer patients
- Innisfree (28 beds) – for older frailer patients

When the person is ready for discharge from hospital, the Community Mental Health Recovery Teams are able to assist the person with their recovery plan and support them in the process of recovery. All of the community services described above can be provided to assist the person towards recovery. They may also continue to see the Consultant Psychiatrist as an outpatient and receive a day treatment service.

3.3 Acute Mental Health Care Services

Home Treatment Services

Some people may experience very severe mental health difficulties and require very intensive support and treatment. In the first instance this can be provided by the Trust Home Treatment Team (which includes consultant psychiatrist, nursing, social work and occupational therapy staff). A peer advocate is an integral member of this team.

The Team provides community based treatment at a level which was previously only available in hospital. The treatment can be provided in a person's own home, or for a short-term basis, in community treatment beds. Referrals to the service are made by GP's and by community mental health staff. This is a relatively new service, which has proved successful in enabling many patients to receive intensive care and treatment without admission to hospital.

Acute Hospital Mental Health Hospital Services

In exceptional circumstances some people will require an admission to a hospital psychiatric inpatient unit for a period of assessment and / or treatment. The Trust currently has 3 acute mental health units, Windsor House (35 beds) at the Belfast City Hospital, Knockbracken (Dorothy Gardiner male and Rathlin female, 48 beds) and the Mater (55 beds).

Very occasionally people may be very ill and need to be moved to a more secure environment within hospital ie the Psychiatric Intensive Care Unit (PICU). The PICU within the Belfast Trust is called Avoca and is situated at Knockbracken Healthcare Park. There are currently 16 beds available in the Unit.

Day Treatment

The Trust currently provides day treatment through three Day Hospitals (Windsor, Woodstock and Old See House). These facilities provide treatment for patients to facilitate their discharge from hospital and prevent admission to hospital.

3.4 Specialist Hospital and Community Services

The Trust also provides specialist adult mental health services dealing with specific problems or groups. Some of these services are delivered for the EHSSB area or for the NI region. A summary is provided below.

Eating Disorders Service – Belfast Trust provides an Eastern Board area Eating Disorder outpatient based service for over 18 Year olds, based in Woodstock Mental Health Resource Centre. This multidisciplinary eating disorder team also provides support for patients who may be admitted to hospital. Referrals to the service are from consultant psychiatrists or community mental health teams.

Mental Health and Deafness Team – The Trust provides a specialist regional service across Northern Ireland for people with Hearing Difficulties and Mental Health problems. This service is also based in Woodstock Mental Health Resource Centre. This service can be accessed through referrals from GPs or other Health and Social Services Teams.

The Neurobehavioural Unit (Maine): The Trust provides, at Knockbracken Healthcare Park, the specialist inpatient unit for patients with mental illness associated with acquired brain injury and neurological problems. This is a regional service and currently has 15 beds. There is also a Day Support Unit (for EHSSB patients) and a small-dedicated community brain injury team.

Community Forensic Team – The Trust Provides an Eastern Board wide community service for people with Mental Health Problems and a forensic history i.e. they have been involved with the Criminal Justice System. The Team is currently based in Shannon Clinic at Knockbracken Healthcare Park.

Shannon Medium Secure Unit (Shannon Clinic) – The Belfast Trust manages the Regional Medium Secure Forensic Inpatient Unit, which provides secure accommodation for people with mental health problems who also have been involved with the criminal justice system. Shannon has 34 beds and is located at Knockbracken Healthcare Park.

4 What influences the changes required in our current services

There are a number of documents, which are significant in influencing the way mental health services are delivered into the future. A summary is provided below.

4.1 The Bamford Review

In 2002, the DHSSPS initiated an independent review of mental health and learning disability law, policy and service provision, now referred to as the Bamford Review. The report, published in June 2005 contained a number of recommendations aimed at improving mental health services across N Ireland.

Key recommendations from Bamford, which have informed the proposals for service modernisation within the Belfast Trust, are outlined below.

- Mental health services should be person-centered, seamless community-based services, informed by the views of service users and their carers, making early intervention a key priority and protecting and promoting people's mental health.
- Services should support people with mental illness to live as full a life as possible and to promote recovery.
- Care and support should be provided in such a way as to allow people to remain in their own home or in a community setting.
- Partnership working with the independent sector and with other public agencies is vital in providing the support required.
- Some people will need admission to hospital from time to time for specialist assessment or treatment, however such admissions must be short, therapeutic and focused on a speedy return to life in the community.

The focus will be on supporting people with mental health problems to achieve and maintain their maximum level of functioning, in keeping with the recovery model, by providing an early and appropriate service response, as far as possible within the primary and community care sector. Home-based treatment and care will be the norm, enabling people to remain in their homes, jobs and communities. Wider issues that affect the lives of people with a mental health problem, such as employment, housing and social security benefits will also be addressed.

The Framework envisages a major shift from Hospital focused services to Community focused services being achieved over the next 10-15 years. With appropriate development of the full range of community based services it is anticipated that the need for admission to hospital will be much reduced and the duration of admissions much shorter.

The Minister for Health, Social Services and Public Safety has confirmed that the NI Executive is fully committed to delivering the Bamford Vision which it is recognised will take time and effort and additional resources to achieve (over some 10-15 years).

4.2 Eastern Health and Social Services Board

The Trust's main commissioner, the EHSSB has published 2 relevant documents in relation to the future of mental health services in the Boards area.

The **EHSSB Strategy for Adult Mental Health Services (2004)** reflects much of what is in the Bamford Vision above. Some of the main outcomes that the Board have been seeking to achieve through the strategy are:

- Reducing stigma surrounding mental illness
- Developing greater involvement in decision making for Users and Carers
- Improving local Mental Health services provided through primary care
- Increasing the number of people assessed and successfully treated without admission to hospital
- Targeting of services towards those most in need
- Encouraging wider involvement of society in Mental Health promotion.
- Seeking to ensure that the views of all stakeholders are sought and addressed.

In 2007 the EHSSB published a Commissioning Statement on the Future Provision of Acute Psychiatric In-patient Services (2007) in the Board's area.

Key aspects of the commissioning intent included:

- A reduction in the number of in-patient beds should only be considered when a range of community services have been developed.
- A reduction in the number of in-patient units within the EHSSB area from 6 to 4; (with a reduction from 3 to 2 units for Belfast).

The Eastern Health and Social Services Board, conscious of the need to test the recommendations made within its Strategy for Adult Mental Health Services (which was published prior to the Trust mergers and the Comprehensive Spending Review) decided to seek external quality assurance. ATM Consultancy was appointed for this task following a tendering process. ATM completed their report in September 2008 and made a number of recommendations in relation to the EHSSB's proposed model of service delivery. These recommendations are listed below.

- Mental Health Services should be grouped around GP practices.
- There should be more clarity on the purpose of and policies for Crisis Response and Home Treatment.
- There should be an integrated Board wide strategy for mental health services.
- Alternative ways of working should be explored and appropriate training provided.
- There should be a reduction of adult acute admission beds to approximately 110 in the Eastern Health and Social Services Board area.
- There should be a reduction of the number of in-patient units to 2, (one in the South Eastern Trust area and one in the Belfast Trust area), with an eventual reduction to 1 for the Board area.

- A service delivery reference group should be established to guide the process of change.

The Eastern Board have accepted the report and a service development reference group (which will involve all stakeholder interests, including users and carers) is being set up to action the revised recommendations from the report.

4.3 Belfast Trust Consultation on the future of Acute Psychiatric Inpatient Provision

In May 2008 the Belfast Health and Social Care Trust (BHSCT) commissioned an independent consultant to carry out a consultation exercise on the future of the current 3 acute inpatient psychiatry units with key stakeholders including service users, carers, GP's and staff. The issues that have emerged from the consultation exercise are summarised below:

In relation to a vision of an effective mental health service:

- All participants indicated they would like to see 'a modern fit for purpose building(s)' which supported the delivery of high quality care. There was universal acceptance that the current buildings are unfit for purpose and of the need to improve, enhance or replace the current buildings on all three sites.
- For many of the stakeholders the quality of the patient experience was much more important than location and structure of any future inpatient provision.

In relation to the location of services:

- There was no clear consensus as responses tended to be very dependent on where an individual worked or had received treatment.
- For the majority of carers the link between any changes to acute inpatient provision and community based service provision was uppermost in their thinking.

4.4 Priorities for Action 2008/09 – 2010/11

The Priorities for Action document sets out the key priorities for Health and Social Care services as identified by the Minister. The targets contained within the most recent PFA document set out a number of targets in relation to mental health services targets. These include:

- By 2011, ensure a 10% reduction in admission to mental health hospitals
- By 2011 ensure a 10% reduction in the number of long-stay patients in mental health hospitals
- By 2009, ensure a 13-week maximum waiting time for defined psychotherapy services.

For the Belfast Trust Mental Health Services, the objective is to provide person-centred, seamless community-based services, informed by the views of service users and their carers and making prevention and early intervention key priorities. This must be achieved through a coherent approach that enhances people's ability to live full lives within their own community. Inappropriate admission to hospital must be prevented and, where admission is necessary, early discharge must be facilitated. The expansion of psychological therapies through a stepped care model will enable common, mild-to-moderate, mental health problems to be addressed in a timely and accessible manner.

This is consistent with the vision set out by the Bamford Review for the reform and modernisation of mental health services.

5 What are the demands on Mental Health Services

The Bamford report acknowledges that information on incidence and prevalence of mental illness in N Ireland is limited. The report does highlight the following:

- Using the General Health Questionnaire, the Northern Ireland Health and Social Well Being Survey (2001) found a prevalence of mental health problems of 24% among women and 17% among men. Such rates are over 20% higher than the rates in England or Scotland.
- The Mental Health Action plan indicates that in any one year in Northern Ireland, over 400,000 people will experience distressing psychological symptoms. It is also indicated that 300,000 people will consult a GP and 160,000 will develop a mental illness.

The University of Ulster in a report published in 2000 found that:

- there were much higher levels of mental health difficulties among patients of GPs in North and West Belfast than elsewhere in Northern Ireland. This study found that 29% of male and 25% of female respondents were identified as suffering from borderline or severe psychiatric disorder. These figures are higher than the NI average of 17% for men and 27% of women. The report concludes that *“the major area of concern emerging from the assessment in mental health service is that mental health status was low and patients clearly expressed their need for improved and more widely available services.”*

A particular problem is also the substantial increase in suicide over the past 20 years among younger people. It is now the number one cause of death among 18-24 year olds in Ireland.

In relation to Belfast:

- there are an estimated 18000 – 20000 referrals to mental health services per annum. The new Trust single point of access for referrals (fully established from September 2008) is currently receiving up to 1600 referrals per month.

6 The new model for adult mental health services

The Trust is fully committed to modernising its mental health services, which will improve access and develop services in the community reducing reliance on hospital services. The Trust is committed to taking this forward in partnership with users and carers.

The new mental health service model that the Trust proposes to develop will be underpinned by a recovery ethos with users and carers being at the centre of planning, implementing and monitoring services.

Services will be managed under 3 main areas, Primary Mental Health Treatment, Recovery (including specialist services) and Acute Services.

The service models for each area are described below and the Trust has followed each description with questions, which we would like you to consider.

6.1 PRIMARY MENTAL HEALTH TREATMENT

This area includes local Primary Mental Health Care Treatment Teams, Psychological Therapies, Addiction Services and services for those affected by the Troubles.

Primary Mental Health Treatment Teams

As stated before, most mental health problems are dealt with by a person's GP who can refer individuals to the Trust's mental health services through a Single Point of Referral (SPR), if more help is required. Referrals will come from GP's, clients, carers, community and voluntary sector organisations and other health and social services.

The Trust proposes that every referral to mental health services will be through this Single Point of Referral Triage Service (currently based at Woodstock Lodge) to ensure the most appropriate care and treatment is provided.

Referrals received will be dealt with by an experienced professional in the primary mental health treatment team who will decide who can deal with the problem most effectively. Services will be based on a stepped care model of treatment.

The Trust's Primary Mental Health Treatment services will be more accessible (through the single point of referral) and will offer:

- Time – limited short interventions and access to intensive treatment if appropriate
- Signposting to community and voluntary sector services which will be developed to ensure services are consistent with the service model, which promotes a recovery ethos.

The Trust will work with GPs to ensure they are appropriately supported in managing individuals who present with less severe mental ill health.

Psychological therapies

The single point of referral can also refer individuals for more intensive psychological therapy services for appropriate clients, which includes psychotherapy, psycho-sexual therapy, cognitive behavioural therapy (CBT), and interpersonal therapy (IPT).

In future psychological therapies will become more widely available, with improved response times. The Trust's current target is to achieve a 13 week waiting time for access to services by March 2009.

Recurrent funding has now been identified to support the Trauma Resource Centre. This will enable this service (based in the Everton Complex) to be sustained as part of the range of mental health service provision (specifically for people having difficulties because of the effects of the "Troubles")

Addictions services

The Trust proposes that Addiction services will be delivered under a 4 tier model as recommended by Bamford.

The Trust will provide:

- **Tier 1:** support for self help (via Community addictions team)
- **Tier 2:** Drug Outreach (i.e. supporting drug users into treatment) / Harm reduction services (e.g. needle exchange) / advice and support. Subject to ongoing funding from the NI Office, the Drug Arrest Referral Scheme will be available in the two main custody suites in Belfast at Musgrave Street and North Queen Street PSNI Stations.
- **Tier 3:** Community Addictions Team service (including home detox/substitute prescribing) and support to patients with addictions in hospital and support to acute hospital staff.
- **Tier 4:** Day Hospital services / access to residential beds (6) in Carlilse House, which will provide treatment and therapeutic support for clients recovering from addiction.

Referrals to the Community Addictions service will be through the Single Point of Referral. It is likely for the foreseeable future that the teams will continue to be dually based in Woodstock Lodge covering (South and East Belfast and Castlereagh) and in Everton (covering North and West Belfast).

Day hospital services, substitute prescribing and drug outreach services are currently provided at Shaftesbury Square Hospital. The accommodation in Shaftesbury Square Hospital has not been fit for purpose for a number of years. The Trust will therefore be reviewing future accommodation options for the re-location of these services.

Voluntary and community sectors organisations make an important contribution to addictions services and the Trust will continue to work in partnership with such organisations, particularly to support clients at Tier 1 and Tier 2.

The EHSSB are currently undertaking a review of Addiction services within the Board's area. As part of the review process, the Trust has been in discussion with the Board about the proposals for addiction services set out in this document. The Trust will take into account recommendations from the review when it is completed.

Access to services for adults with Learning Disability

It was an aspiration in Equal Lives (Learning Disability Report contained in the Bamford Review) that, where appropriate, people with learning disabilities should have equal access to services.

The Trust recognises that some people with a learning disability can have all of their mental health needs met in mainstream mental health services. Others can have their needs met in mainstream mental health services with support from learning disability services and some will require specialist learning disability services to appropriately meet their needs. Staff in mental health services and learning disability services will be working together to develop appropriate pathways to make this happen.

QUESTION 1:

Do you agree that the Trust mental health service model should be underpinned by a recovery ethos with users and carers being at the centre of planning, implementing and monitoring services?

If not, what would you propose?

QUESTION 2:

Do you support the Trust service model of referrals being directed through a single point of referral?

If not, what would you propose?

QUESTION 3:

Do you support the 4-tier model for addiction services?

If not, what would you propose?

6.2 RECOVERY SERVICES

Community Mental Health Recovery Teams

Some people may have needs that require more support than that provided by Primary Mental Health Care. Within the Trust, Community Mental Health Recovery Teams (comprising psychiatrists, nurses and social workers) will continue to provide more intensive support for such individuals.

The Trust proposes that community mental health recovery teams are given the necessary training and skills to ensure that care and treatment planning focuses on recovery. Teams will take on an assertive outreach function (i.e. actively engaging with people who are not involved with mental health services and may require them) along with patient education, particularly in relation to medication for individuals with long term mental health problems.

Day Support

The Trust currently manages four day centres (Victoria, Ravenhill, Whiterock and Everton) and funds a further four voluntary day centres (Beacon Centre and Aspen run by the NIAMH, Club 37 run by Rethink, and the New Horizons Training Centre).

The Trust believes that the current services provided through the day care centres do not adequately promote a recovery ethos. Services need to deliver activities which promote social inclusion and recovery i.e. education, training, employment and inclusive leisure activities. This approach needs to involve other agencies alongside health and social care.

To achieve the above services need to move away from a solely centred based approach to delivering support to clients in their own communities.

The Department of Employment and Learning has recently expanded a Conditions Management Programme, which is delivered by the Trust. The programme assists clients with mental health problems to return to education and employment.

The Trust wants to build on this approach to provide a day support model that reaches out to individuals to support their recovery through social inclusion, education, training and employment opportunities within their own communities. This will be achieved by staff and clients together, developing and implementing individual recovery plans, which identify a range of activities which will best support recovery, linking with other agencies and resources where necessary.

By implementing this new model, fewer clients will need to attend the existing Trust day centres to receive the support they require.

The Trust is therefore proposing that in terms of day support services:

- The number of Trust Day centres will be reduced from four to three with a proposed closure of Victoria. Clients currently accessing services at Victoria will be assessed and appropriate plans will be agreed and implemented to support their ongoing recovery). A more detailed paper setting out this proposal is available along with this document.
- The remaining Trust Day Centres (Everton, Ravenhill and Whiterock) will refocus their activities to support education, training, employment and inclusive leisure activities through stronger links to other agencies and providing enhanced outreach services, working with clients within their own communities.
- The Trust will work in partnership with the voluntary sector to continue to enhance services delivered at the voluntary centres (Beacon House, Aspen, Club 37 and New Horizons) in line with the focus on education, training, employment and socially inclusive leisure activities.

Accommodation

The Trust is committed to further developing its range of supported accommodation for mental health clients to support recovery in a community setting and facilitate hospital discharge. The accommodation will include.

- Two Trust Community Rehabilitation Units (342 Ormeau Road and a new 10-bedded development, to be identified for the re-provision of Old See House, in North Belfast.
- Voluntary sector supported housing (including the opening of a new 20-bedded development at Millburn Court, adjacent to Knockbracken. This new Unit will replace Minnowburn Terrace and provide 9 additional housing units)
- Floating support – the continued provision of housing support services to clients in their own homes
- Residential/ Nursing Home places: provided by the private and voluntary sector

The Trust will be ensuring the above services will facilitate clients to reintegrate into the community with the right level of support at the right time. Below is a summary of the accommodation for people with mental health difficulties in Belfast.

Summary of Supported Accommodation Places in Belfast for Adults with Mental Illness

Area of Belfast Trust	Supported Housing places	Floating Support places	Residential Places	Total
North Belfast	56	35	36	127
West Belfast	46	45	0	91
South Belfast	74	47	32	153
East Belfast & Castlereagh	8	67	30 (Resid.) 51 (Nursing)	156
Total	184	194	149	527

Hospital Recovery Services

Hospital Recovery Services are currently provided at Knockbracken site. To date the hospital experience has not been as therapeutic as it should or could be. Historically the focus has not been as recovery focused as we would aim for.

Given the level of treatment and support that will be available in the community there will however be fewer people admitted to hospital for recovery services in the future. It is also anticipated that individuals will spend a shorter time in hospital, as there will be a greater range of options in the community to support people on discharge. The Belfast Trust has already begun to reduce admissions to hospital and with further investment in community services the Trust expects to see further significant reductions as people are supported in the community and are enabled to have greater control over their own lives.

The Trust believes that in the longer term, rehabilitation and recovery can be best managed in a community setting. The Trust proposes therefore to develop community rehabilitation facilities as a replacement for current hospital provision.

Moving towards this desired model will however take some time and the Trust therefore proposes that, as an interim measure, a hospital recovery service will continue to be offered at Knockbracken, providing a time limited treatment programme developed around each patient's needs. The current beds in Knockbracken will however be reduced over time (initially with the amalgamation of Bush and Moy Wards, then Knockbracken Male Ward and Innsifree Wards).

The Trust is proposing that as an interim measure the remaining beds will be provided within 3 specialist units as follows:

- Specialist Low Secure Unit: To ensure the safety of patients and support recovery and rehabilitation of patients. Admissions will include patients ready to move on from the Psychiatric Intensive Care Unit, the forensic unit and the neurobehavioral unit.
- Specialist Rehabilitation Unit: Providing support for patients who are ready to move on from the acute admission wards in rehabilitation and recovery.
- Specialist Challenging Behaviour Rehabilitation Unit: For patients presenting with more challenging behaviour and supporting their rehabilitation and recovery.

All patients will have a plan in place to ensure that the focus is on rehabilitation and recovery with discharge as a key goal, so that the hospital is not viewed as a permanent residence.

To support the delivery of a community based model, modern high quality accommodation is required. The Trust is proposing that, following the completion of the consultation on the proposals, a business case will be developed to support the development of new community accommodation for rehabilitation services.

The EHSSB have indicated the potential for rationalisation of services between the Knockbracken and Downshire Sites. In this context, proposals are being brought forward for some services currently delivered at the Downshire site (for a small number of patients, who can not at present be cared for in the community) to be transferred to the Knockbracken site. The Trust is proposing to work with the South Eastern Trust and the EHSSB to facilitate these proposed changes if accepted, within the service model described above.

Question 4:

a) Do you support the proposed model for day support services?

b) If not, what would you propose?

c) Can we have your comments on the specific proposal to close Victoria Day Centre (more details are in the document accompanying this paper)

Question 5:

Do you support the future community based model for recovery and rehabilitation services?

If not, what would you propose?

6.3 ACUTE SERVICES

Home Treatment Services

The development of the Trust home treatment service and community treatment beds will continue. This will mean fewer people being admitted to hospital for acute treatment as more and more people receive the help they need either at home or through day treatment services. The Trust will be expanding the number of places on the Home Treatment service and the 6 Community treatment beds in the community will also be re-located from their current location on the Antrim Road to the new Mental Health Treatment and Resource Centre on the site of Old See House, which will be completed over the next 2-3 years. This development will provide excellent facilities to support the delivery of the new mental health service model.

Acute Hospital Mental Health Hospital Services

As a result of the above, the Belfast Trust will need fewer acute hospital beds. With fewer beds needed, the Trust believes that the most effective way of providing the acute psychiatric service that is required in future is on a single site.

The Trust is therefore proposing that in moving to the above, the current three units are initially reduced to 2 during 2009/10. Because of the current poor condition of Windsor House and number of beds, the Trust is proposing that the most appropriate unit to close initially is Windsor House. A separate paper detailing this proposal is available along with this document.

The Trust proposes that a business case will be developed for a new purpose built acute psychiatry unit. Options for the location of this new unit will be considered as part of the Business Case process. The two remaining units will close when the new purpose built unit is available.

Patients who become very ill may need to be moved to the Psychiatric Intensive Care Unit (PICU) (Avoca). There is a close link between the acute units and PICU and best practice suggests that patients recover better when these services are co-located. The Trust is therefore proposing that a PICU unit will continue to be provided and it will eventually be co-located with the new single acute psychiatric unit. The Eastern Health and Social Services Board has proposed that PICU services currently delivered at Downshire site are transferred to the Belfast Trust. The Trust is proposing to work with the South Eastern Trust to facilitate these proposed changes.

Day Treatment

There are currently three Mental Health Day Hospitals in the Belfast Trust (Windsor, Old See House and Woodstock) which patients travel to, to receive treatments and therapy. The Trust believes the current model of day treatment, where patients travel to a day hospital facility is outdated and not recovery focused. Services need to move away from a solely facility based approach to delivering treatment and support to clients nearer to their own communities.

The Trust is therefore proposing that the current day hospital services are re-provided on an outreach basis. Staff will continue to offer a range of acute interventions and relapse prevention in a variety of more convenient, locally accessible locations (i.e. using Trust Wellbeing and Treatment Centres, day centres, community mental health resource centres etc.).

The planned new Mental Health Treatment and Resource Centre on the site of Old See House will provide a future central operational base for staff as well as day treatment facilities for the local area.

Woodstock Lodge will provide a temporary base for staff until the new Resource Centre above is completed.

The implementation of this new model will mean that the day hospital facility at Windsor House will close. The specific consultation document on the modernisation of acute psychiatric services is available and contains more details in relation to this.

Question 6:

a) Do you agree with the proposed model of care for acute services?

b) If not, what would you propose?

c) Can we have your views on the specific comments on the proposal to close Windsor Acute Psychiatry Unit ((more details are in the document accompanying this paper)

Question 7:

a) Do you agree with the proposed outreach model for day treatment services?

b) If not, what would you propose?

6.4 SPECIALIST SERVICES

The Trust will be taking forward a number of developments in relation to the specialist services. These are described below.

Eating Disorders Service – There will be a further development of Tier 3 services, which will allow day treatment to be provided for the first time in Northern Ireland. (funding has been identified to support this). The requirement for inpatient or refeeding beds will be considered when this service is established and the need can be assessed.

Mental Health and Deafness Team – This highly specialised service will continue to be provided on a regional basis. The Trust will be exploring the accommodation requirements for this specialist service for the future.

The Neurobehavioural Unit (Maine) – The Trust wishes to develop the unit, in the context of a four tier model, as a Northern Ireland centre of excellence for people with mental health difficulties associated with acquired brain injury and neurological problems. This would be the only one of its kind in Ireland and would provide inpatient rehabilitation beds (Tier 4) and provide outreach support (Tier 3) for other Board areas. The current facility is not fit for purpose and a review of the accommodation required to support the service into the future will be undertaken.

The Trust also needs to enhance its community teams, day support service and available accommodation options (Tiers 2 and 3) to be effective. There is currently a regional review being undertaken in relation to brain injury and the Trust will develop services in the context of the outcome of the review.

Community Forensic Team – The Community Forensic Team has had recent investment facilitating the expansion of services it provides. This work will be taken forward in the context of a Departmental steering group for forensic services.

Shannon Medium Secure Unit (Shannon Clinic) – The Shannon Unit will continue to provide a regional forensic unit and the Trust will support the Regional Forensic Network in developing low secure forensic accommodation.

Question 8:

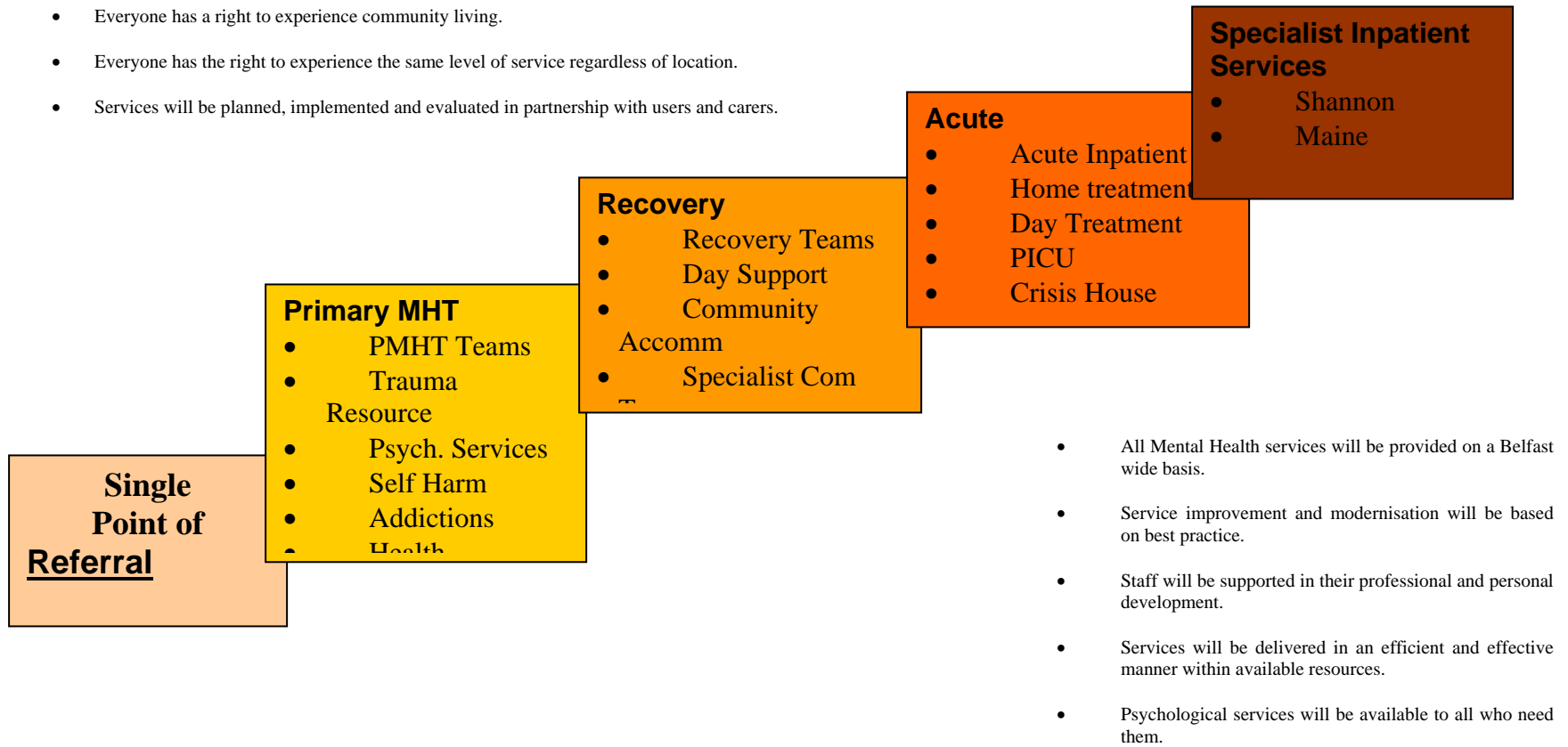
Do you agree with the proposals for the future development of specialist services?

If not, what would you propose?

The proposed adult mental health services model is summarised below:

Proposed Adult Mental Health Services in the Belfast Trust

- Services will be person-centred
- Services will be delivered at the right time, in the right place, by the right person, for the right length of time based on assessed needs.
- Everyone has a right to experience community living.
- Everyone has the right to experience the same level of service regardless of location.
- Services will be planned, implemented and evaluated in partnership with users and carers.



Voluntary and Community Sector

Counselling, support, family services, befriending, self help etc

Day support, Supported accommodation, specialist counselling

Alcohol/Drug rehabilitation beds

7 User and Carer Involvement in the Planning and Delivery of services

Users and carers should be at the centre of planning, delivery and monitoring of the existing and proposed service models. The Trust believes this has not been fully achieved with the formation of the new Belfast Trust and needs to be addressed.

The Trust currently has in place a range of user and carer advocacy services provided through the following organisations:

- LAMP (User advocacy)
- NI Association of Mental Health (User advocacy)
- Rethink (User advocacy)
- Praxis (User advocacy)
- CAUSE (Carer advocacy)

A User consultant is also to be employed by the Trust who will part of the senior management team. This new post will enhance the current advocacy arrangements and help in ensuring that the views of users and carers are at the centre of the planning and delivery of mental health services.

The Trusts wants to build on existing user and carer involvement in how we plan, deliver and monitor services, and wants to enter into a dialogue with users and carers in relation to how this can be best achieved in the future.

Question 8:

How should users and carers be involved in the planning, delivery and monitoring of adult mental health services in future in the Belfast Trust?

Appendix 1

Programme of consultation

This document should be read in conjunction with the two specific consultation documents on the modernisation of acute psychiatry services and adult mental health day services.

These documents represent a formal consultation between Belfast Trust and the citizens we serve on how we should deliver adult mental health services in a more effective way.

The consultation period will open on 22 January 2009 and close on 26 March 2009.

We are sending this paper to staff, services users, carers and key stakeholders to ensure we consult as widely as possible. We will also respond to requests for further clarification and discussion as best we can.

Based on the responses we receive, a report will be presented to the Trust Public Board on 23 April 2008. This Trust Board meeting is open to the public.

Further consultation may be required on specific service issues as a result of the responses we receive. We are committed to ensuring that we consult broadly on these issues.

Appendix 2

Equality and Human Rights

This paper Excellence and Choice for Adult Mental Health Services in Belfast represents proposals for the way services will be provided in the future.

The Trust is committed to the principles of Equality and Human Rights underpinning the delivery and policy formulation of Adult Mental Health Services.

In accordance with the statutory requirements and the Trust's 'Equality Scheme' any new or proposed policy that emerges on the delivery of Adult Mental Health Services will be subject to Equality Screening and as required Equality Impact Assessment.

The Trust is fully committed to the safeguarding and promotion of Equality, Human Rights and will ensure the Equality and Human Rights implications are fully considered, assessed and incorporated as an integral part of the Trusts actions and decision making process.

The Trust welcomes any comments on Equality and Human Rights that you consider relevant on the views detailed in this paper.

Please include your comments in the response.

As part of the consultation process separate papers on proposals for the Re provision of Acute Psychiatric Services in Belfast – Windsor House and the Re provision of Mental Health Day Support Services – Victoria Day Centre have been produced.

In accordance with Section 75 of the Northern Ireland Act 1998 and associated statutory duties, the Trust is conducting two equality impact assessments on above specific proposals. The Trust is conducting these equality impact assessments to ensure that our staff, service users, carers and the public at large have an opportunity to provide their views before any final decisions are taken.

A copy of these EQIA reports are available on the Trust's website at <http://www.belfasttrust.hscni.net>

Appendix 3 Availability in other formats

In the interest of accessibility this document can be made available in a range of alternative formats.

For further information please contact:

Communications Services
Belfast Health and Social Care Trust
Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast
BT8 8BH

Tel: 028 9056 3770 or 028 9096 0077

Email: stakeholdercomms@belfasttrust.hscni.net or

or

Colin Jackson, Health and Social Inequalities Manager
Graham House
Knockbracken Healthcare Park,
Saintfield Road
Belfast BT8 8BH

Tel: 028 9056 6700 Fax : 028 9056 6701 Textphone : 028 9056 5330

Email : colin.jackson@belfasttrust.hscni.net

Appendix 4

Your invitation to comment

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an organisation, please tell us its name and what it does. If you have consulted other people or organisations in preparing your response please let us know.

The consultation period will open on 22 January 2009 and close on 26 March 2009.

Responses in writing should be sent to:

William McKee, Chief Executive
Belfast Health and Social Care Trust
c/o Public Liaison Services (Stakeholder Communications)
1st Floor, Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH

Alternatively, comments may also be emailed to:

stakeholdercomms@belfasttrust.hscni.net

It would be helpful if you could entitle your email 'Consultation'.

Appendix 5

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.