



Belfast Health and
Social Care Trust

Excellence & Choice

A consultation on the Re-Provision of Mental Health Services at
Victoria Day Centre
January 2009

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1.0 Executive Summary

1.1 Introduction

This document details the strategic context and option appraisal for the reform and modernisation of the mental health day support services within the Belfast HSC Trust. It outlines the profile of current day support services, the factors that are influencing change within day support services and reflects on future demand for day support services in Belfast.

This consultation paper proposes a new model of mental health day support services characterised by a move away from historic centre based activities to a service based on the development of personal development plans that develop life skills in a socially inclusive way.

The consultation paper should be read in tandem with the Adult Mental Health Excellence and Choice document and the associated Equality Impact Assessment.

1.2 Current Service Profile

The Trust currently operates four Mental Health day centres (Victoria, Ravenhill, Whiterock and Everton) and funds a further four voluntary day centres (Beacon Centre and Aspen run by the Northern Ireland Association for Mental Health, Club 37 run by Rethink, and the New Horizons Training Centre).

The Trust believes that the current services provided through the Trust's day care centres do not adequately promote a recovery ethos. Services need to deliver activities, which promote social inclusion and recovery. This approach needs to involve other agencies alongside health and social care organisations.

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

1.3 Strategic context

The future provision of day support services in Belfast has been considered within the wider strategic context of the modernisation of Mental Health day support services and the further development of the Recovery model.

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 Northern 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-centred, 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.
- 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.

Based on the Bamford Review recommendations, the new proposed model of care is characterised by enhanced home treatment services, revitalised and more socially inclusive day support services, enhanced therapeutic input to inpatients with a reduced reliance on acute inpatient beds.

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).

1.4 Future Service Model

The Trust wants 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, tapping into resources available through a range of agencies.

By implementing this new model, fewer clients will need to attend the existing Trust day centres to receive the support they require. As a consequence the Trust proposes to reduce its day centres from the current 4 to 3. The current voluntary sector day support services are more aligned with the recovery model and therefore the Trust proposes to build on the work of the current 4 voluntary centres to facilitate the further development of the recovery model.

The section below outlines the decision making process in relation to the proposed closure of a Trust day centre.

1.5 The decision making process (Benefit Criteria and Weighting)

Option analysis

This section sets out the list of options considered by the Trust to meet the needs of the service. The list of options was developed by the Project Team based on an analysis of the strategic context and vision outlined in the Adult Mental Health Excellence and Choice document.

The list of options considered by the Trust is set out below:

Option 1 – do nothing

This option (the “Do nothing” option) involves the continued provision of day support services at the existing four centres, namely Whiterock, Everton, Ravenhill and Victoria. In addition under option 1 the Trust will continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Option 2 – *implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Whiterock, Everton and Ravenhill, resulting in the closure of Victoria Day Centre*

This option involves the reconfiguration of mental health day support services in accordance with strategic direction for mental health services and results in the provision of 3 day centres through the closure of the Victoria centre. This option provides for the implementation of the new model of day support services focused on social inclusion and recovery. In addition, under this option the Trust would continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Option 3 – *implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Everton, Victoria and Ravenhill, resulting in the closure of Whiterock Day Centre*

This option involves the reconfiguration of mental health day support services in accordance with strategic direction for mental health services and results in the provision of three day centres through the closure of the Whiterock centre. This option provides for the implementation of the new model of day support services focused on social inclusion and recovery. In addition, under this option the Trust would continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Option 4 – implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Victoria, Whiterock and Ravenhill, resulting in the closure of Everton Day Centre)

This option involves the reconfiguration of mental health day support services in accordance with strategic direction for mental health services and results in the provision of three day centres through the closure of the Everton centre. This option provides for the implementation of the new model of day support services focused on social inclusion and recovery. In addition, under this option the Trust would continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Option 5 – implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Everton, Victoria and Whiterock, resulting in the closure of Ravenhill Day Centre)

This option involves the reconfiguration of mental health day support services in accordance with strategic direction for mental health services and results in the provision of three day centres through the closure of the Ravenhill centre. This option provides for the implementation of the new model of day support services focused on social inclusion and recovery. In addition, under this option the Trust would continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Benefit Analysis

The options were subject to an appraisal against a number of agreed benefit criteria (a weight was also assigned to each criteria and options were scored against each weighted criteria). The evaluation of each of the short listed options is summarised in the table below:

Benefit criteria	Wt	Option 1		Option 2		Option 3		Option 4		Option 5	
		Sc	WS	Sc	WS	Sc	WS	Sc	WS	Sc	WS
Improvement in quality & effectiveness of service	30	-	-	9	270	7	210	7	210	5	150
Compatibility with strategic direction	20	-	-	8	160	6	120	6	120	6	120
Quality/functionality of accommodation	20	6	120	8	160	6	120	7	140	4	80
Accessibility	20	9	180	8	160	6	120	6	120	5	100
Minimise disruption	5	10	50	8	40	5	25	5	25	5	25
Ease of implementation	5	10	50	8	40	5	25	5	25	5	25
Total	100	35	400	49	830	35	620	36	640	30	500

Rank		5	1	3	2	4
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Preferred option

Based on the benefits analysis set out above, Option 2 emerges as the preferred option with the highest weighted score, i.e. ***implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Whiterock, Everton and Ravenhill, resulting in the closure of Victoria Day Centre*** .

1.6 Proposed Model

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

- All day provision within the city will ensure a broad range of provision, avoiding duplication of activities and introducing a central co-ordination function to ensure that as services are further developed maximum efficiency and effectiveness of provision is achieved.
- The number of Trust Day centres will be reduced from four to three with a proposed closure and reprovision of services provided in Victoria. Clients currently accessing services at Victoria will be individually assessed and appropriate plans will be agreed and implemented to support their ongoing recovery before any action is taken.
- The remaining Trust Day Centres (Everton, Whiterock and Ravenhill) will refocus their activities to support the recovery ethos through developing links to other agencies and providing enhanced outreach services, working with clients within their own communities. The Trust will also work with the 4 voluntary sector day centres to ensure the activities provided support the recovery model.
- In the longer term the Trust envisages a strategic shift in the current shape of day centres to one based on the Recovery model based on more outreach and community based support.

1.7 Conclusion

This consultation paper is recommended for approval by the Belfast Health and Social Care Trust at its meeting on the 22nd January 2009. The Trust will now seek service user, staff and public views on the proposed implementation of the preferred option.

2.0 Introduction

2.1 About the Belfast Trust

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 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 services delivery result in efficient and effective care for all our patients and clients.

2.2 About this document

It is against this background that the Trust has developed a paper “Excellence and Choice”, which describes how the Trust proposes to deliver high quality adult mental health services in the future. Within the “Excellence and Choice” document the Trust outlines its proposed new model of day support services, in the context of change in mental health services in general.

This paper specifically details the Trust’s proposals in more detail in relation to this new model of care and the re-provision of services at the Victoria Centre.

2.3 What this document covers

The document describes the existing mental health day support services in the Belfast Trust, issues which are influencing future service planning, and outlines the Trust's new model for the delivery of high quality person centred mental health services. The document also sets out the options and recommendations on what needs to take place in order to deliver the proposed new service model.

2.4 What changes you might see

The Trust proposals for day support services are underpinned by the development of a recovery focused model of care with more care in a community setting. There will be less emphasis on centre based services and more emphasis on socially inclusive community support.

The Trust believes that services need to deliver activities which promote social inclusion and recovery including education, training, employment and inclusive leisure activities. This approach needs to involve other agencies alongside health and social care and discussions with these agencies have commenced.

Historically Trust mental health day centres have typically provided a service to people with mental health difficulties that assist them to maintain their current level of mental health. These services have provided a range of task - orientated activities including contract work, shopping trips, arts and crafts that are designed to engage and occupy and provide an element of socialisation. Whilst many people enjoy these activities and the opportunity to meet with others with mental health difficulties, the current services have promoted maintenance as opposed to recovery and to a degree reinforced dependency on the system.

The Trust is proposing to modernise the way day support services are provided by moving away from a centre based approach to delivering day support more locally to people.

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. (see also the Recovery Model on page 21)

The Trust wants to build on this approach to provide a day support model that reaches out to individuals to support their recovery, achieved by staff and clients together, developing and implementing individual recovery plans, which identify a range of activities which will best support recovery, tapping into resources available through a range of agencies.

As a consequence of this new model fewer clients will need to attend the existing Trust day centres to receive the support they require.

2.5 Benefit of the new model

The benefits of the new model are many. Day Support services will become more person centred and socially inclusive, that is more integrated with mainstream services, including council services and those services provided by the Department for Employment and Learning and the Disability Advisory Service. Interventions will become more effective in re-engaging people with their community, work and family life.

People requiring day support will set their own objectives and will be supported by staff to help them achieve their goals and aspirations.

The new model will better promote the ethos of recovery. People will spend less time in day centres and more time out and about in their community supported by Trust day support staff.

The new model will have a renewed focus on assisting individuals with mental health difficulties to re-engage with further education, training and employment.

3.0 Profile of Day support services.

The Trust provides a range of day support services, some of which are provided directly by the Trust, others provided by the voluntary sector under contract to the Trust and some provided by the voluntary sector under contract to the Department of Employment and learning or the Disablement Advisory service.

These services range from activity task focused services through to vocational training and employment services.

The Trust provides a significant proportion of its day support services through a range of eight centres. Four centres are directly managed by the Trust and another four are funded by the Trust and provided by the voluntary sector.

3.1 Current Trust directly managed Day Centre provision

Directly Managed Centres

Ravenhill Day Centre – is situated on the Ravenhill Road on the border of East and South Belfast, this large modern purpose built day centre caters for people with mental illness and physical disability with 50 mental health places and 65 attendees per day, with a number of attendees attending half day sessions. It has an extensive programme of outreach activities and evening support groups.

Victoria Day Centre – is situated off Dee Street in an industrial estate in the East of the city. It is a 75-place day centre but would only have approximately 30 people attending per day. It caters for mostly older clients 30 percent of attendees also attend the nearby Beacon Centre run by the Northern Ireland Mental Health Association. The reason for this dual attendance is both historical and because the Beacon Centre offers variety of social experience, which supplements the Victoria Centre. The service at the Victoria centre has remained over the years as a mental health maintenance service as opposed to a recovery service, which differs considerably from the other centres. This is in a large part due to the fact that it was established to provide day activity for a number of people with chronic illness who were being resettled from long stay wards in Knockbracken some 20 to 25 years ago.

Whiterock Day Centre is a 50-place day centre with approximately 30 attendances per day. It provides assessment and rehabilitation services to people with mental health problems and is located in the centre of a large local catchment of the population of West Belfast.

The centre shares the same building as the medical centre, so has added value of easy access to General Practitioners, and is in close proximity to both the library and leisure centre.

Everton Day Centre is in the Everton Centre in North Belfast. It has 50 places with approximately 30 people attending per day. It is based in an old school and is in poor condition. The Trust is developing a business case for the re-provision of the Everton complex including the day centre.

3.2 Current Voluntary Sector Day Centre Provision.

The Trust currently funds four day centres run by the voluntary sector. The functions of these centres are largely designed on a recovery model. Increasingly service users are expecting a recovery based service and are choosing the voluntary sector provision as opposed to the directly managed provision. In addition community mental health professionals are directing service users towards services with a recovery ethos and the demand for the type of services provided in the Voluntary sector is on the increase.

The services provided by the Voluntary sector are as follows:

Action Mental Health, New Horizons, Duncrue Street.

Action Mental Health provides 45 places at its Belfast New horizons facility in Duncrue Street. Services provided include social and recreational programmes, vocational training, numeracy and literacy, essential skills for living, personal development programmes, employment preparation and employment support programmes.

NIAMH Aspen Beacon Centre, Finaghy Road South.

Aspen is a community based resource which offers a dynamic service to clients with mental health needs. It aims to help individuals work on their areas of need through a wide range of therapeutic activities and groups. These are facilitated in Aspen and also at various community locations. By taking the service into the community the NIAMH are promoting a holistic approach to both physical and emotional health. The services provides 32 places.

The programme at Aspen is user led and offers a wide range of activities and a chance for all members to maximise their potential. Activities such as: tai chi, keep fit, walking, out and about and complementary therapies offer an holistic approach towards good mental health. Educational and personal development skills are enhanced through creative writing, Essential Skills and various personal development groups.

Tailored outreach services are provided to community groups in various areas of personal development. Other activities include Stress/ anxiety/ anger management,

NIAMH Bracken House Beacon Centre, Hollywood Road.

The Bracken House Beacon Centre is a 40 place centre that provides a range of social, recreational and daily living skills activities. The centre is user led and managed by a members committee with support from staff.

Rethink Club 37, Belfast City Centre.

Club 37 is a drop in day centre for people with mental illness. It provides a safe place for all members to drop in as they please to combat the stress of everyday life. The service is managed by the Rethink organisation and provides a total a total of 200 contacts per week with individuals in contact with the Mental Health Service. The service is provided 52 weeks of the year. Groups are run that include art, music, video days, crafts, relaxation, pool competitions, etc. The service also supports people to access and utilise local community-based activities.

3.3 Trust Day Centre Profile of Activity.

Table 1 below illustrates the attendance activity at Trust day centres for the period 2006/07 to 2007/08 and over the last eight month period.

Table 1. Daily Attendance totals at Trust Day centres 2006/07 to November 2009.

Day Centre	2006/07 Attendances	2007/08 Attendances	1/4/08-30/11/08 Attendances
Everton	8,263	7,816	4,729
Whiterock	6,560	7,306	4,591
Ravenhill	5,867	5,780	3,251
Victoria	6,669	6,037	2,963
Total	27,359	26,939	15,534

The table below illustrates the number of places available and the number of people attending each of the Trust's day centres.

Table 2. Number of daily places and average weekly attendees by Day centre location.

Centre	Number of Places daily	Number of sessions available Am/Pm	Average Number of attendees per week
Victoria	75	150	59
Whiterock	50	100	66
Everton	50	100	88
Ravenhill	50	100	65
Total	225	450	278

The table below illustrates the percentage break down of attendees by gender and age across the four directly managed day centres.

Table 3. Break down of age of current attendees by Trust Day Centre Location. December 2008.

Group	Victoria	Whiterock	Everton	Ravenhill
Gender	M = 64% F = 36%	M = 45% F = 55%	M = 51% F = 49%	M = 53% F = 47%
Age				
18 – 34	0	15%	5%	16%
35 – 54	1%	34%	43%	53%
55 – 64	47%	45%	34%	27%
65+	52%	6%	18%	4%

3.4 Voluntary Sector Day Centre Profile of Activity.

The table below illustrates the number of attendances at voluntary sector day services from 1st April 2007 to 31st March 2008.

Table 1: Attendances at Voluntary Sector Day centres 2007/08.

Day Centre	2007/08
Aspen	9912
Bracken	9600
Annsgate	8118
New Horizon	11135
Total	39930

The table below illustrates the number of places available and the number of people attending each of the day support centres.

Table 2: Number of weekly attendees and capacity per session by Day centre location

Centre	Number of Places	Average Number of Attendees per week
Aspen	32	138
Bracken	40	130
Annsgate	20	110
New Horizons	57	120
Total	149	498

The table below illustrates the current age profile of attendees at voluntary sector day services in the month of December 2008.

Table 3: Break down of age of current attendees by Day Centre Location.

Group	Aspen	Bracken	Club 37	New Horizons
Gender	M = 42.75% F = 57.25%	M = 78.2%% F = 21.8%	M = 87.62% F = 12.38%	M = 69.4% F = 30.5%
Age				
18 – 34	28%	16%	16.2%	20.8%
35 – 54	41%	44%	68.2%	59.7%
55 – 64	22%	21%	12.5%	19.4%
65+	9%	19%	3%	0%

Commentary

Attendances at Trust directly managed mental health day centres in Belfast are well below their capacity and there is a significant level of people who do not attend (DNA's), with the exception of the Ravenhill Day Centre in South East Belfast . This is reflective of changing expectations of people with mental health difficulties and changing working practices in the community mental health teams where there is a shift towards assisting people to develop their life skills in a recovery ethos within the community at large.

The majority of attendees at Trust day centres are in the age range 35 to 64 years of age, with the majority of those falling into the 55 to 64 age group. The majority of attendees at the Victoria centre are aged over 65 years of age with almost all attendees over the age of 55.

Within the Victoria centre the majority of services users are older people who have had chronic mental health difficulties and who have been maintained at a level of social functioning through attendance at Victoria and some at both Victoria and the Northern Ireland Mental Health Association Bracken House Beacon Centre. Whilst some individuals attending Victoria centre will benefit from and avail of a Recovery approach, many are likely to require a continuation of their Mental Health maintenance, which could be provided in other centres where there is capacity to do so. Regardless of this the Trust is reviewing everyone to ascertain if there are elements of a recovery service which even those with the most chronic conditions can benefit from.

Attendance at Voluntary day support services/ centres is high.

3.5 Condition Of Mental Health Day centres.

A condition and functionality survey of the Trust's day centres has been completed. The overall aim was to carry out an analysis of current estate performance and utilisation using the land and property appraisal as described in 'Estatecode' (See appendix 6 for a detailed appraisal criteria).

The five key sections in the survey are:

Functional Suitability

The functional suitability analysis describes how effectively a site, building or part of a building supports the delivery of a specified service. The criteria used in such assessments include space relationships, services, amenity, location, environmental conditions and overall effectiveness. The grading of functional suitability ranges from:

- A. A high degree of satisfaction with the building from users, indicating that it has been planned and designed for its correct use.

To,

- D. The building is very unsuitable for its current use, and this means that it will not be possible to provide a top quality service to patients and clients.

Space Utilisation

The space utilisation analysis indicates under or over utilised capital assets. The grading of space utilisation ranges from 1. Empty, to 3. Overcrowded.

Compliance With Fire, Statutory And Non-Statutory Standards

There are a wide range of statutory standards relating to health and social care facilities, the most important of which are Health and Safety at Work and Fire, and a number of non-statutory standards required by the DHSSPS such as Health Technical Memoranda and Health Building Notes. The categories range from A. Complies with all standards to D. Dangerous non-compliances rendering the building, part of building or engineering system unacceptable for its current use. Major capital expenditure required to bring to condition B

Energy Efficiency

The energy efficiency survey examines the structure and fabric of buildings together with mechanical and electrical engineering service installations. The target for HPSS estate is 45-60 GJ/100m³. The grading of energy efficiency ranges from A. 45 GJ/100 m³ to D. 80 + GJ/100 m³.

Physical Condition

The physical condition survey examines the building structure and fabric together with mechanical and electrical engineering installations. The grading ranges from A. New buildings that fully comply with national standards and have a full life expectancy (60 years). No immediate expenditure required except for routine operational maintenance, to D. a building that is not in an acceptable condition for its existing use and requires capital expenditure to achieve condition B of between 50% and 100% of replacement costs.

Dx and Cx Buildings

Dx and Cx categorisation describes buildings which, are not only below standard or unsuitable, they are not capable of being economically brought up to acceptable standards for current use.

The condition of the estate in each of the categories and an overall classification is set out in the table below:

Table 4. Summary of the condition of Trust day centres.

	Functional Suitability	Space Utilisation	Physical Condition	Statutory Standards	Energy
Everton	C	2	D	D	C
Ravenhill	B	2	B	B	B
Victoria	B	2	B	B	B
Whiterock	B	3	C	D	D

Summary of Estate Condition.

Ravenhill Day Centre – is situated on the Ravenhill Road on the border of East and South Belfast, and is a large modern purpose built day centre caters for for people with mental health and physical disability. The Centre was constructed circa 1981 and has an overall rating of B, which is a building that is in an acceptable condition for its use.

Victoria Day Centre – is situated off Dee Street in an industrial estate. The building is of typical industrial construction and the unit has been extensively adapted to provide comprehensive and spacious accommodation for the Day Centre users and the standard of the adaptation, fittings, fixtures and finishes is very satisfactory.

The building has an overall rating of B, which is a building that is in an acceptable condition for its use.

Everton Day Centre is in the Everton Centre in North Belfast. It has 50 places with approximately 30 people attending per day. It is an old school and is in poor condition.

The existing 50 place unit provides an assessment and rehabilitative service to individuals with mental health problems. The unit is based in an old school, on the Everton site, that creates restrictions in terms of use.

A business case is being prepared for the full redevelopment of the Everton site including the reprovision of a new build mental health day centre on the Everton site, with provision for outreach services in the community, together with the development of three new build specialist units (total of 5,495 sq mt) to provide services to three discrete service areas and a fourth core unit (2,525 sq mt) for learning disability day services.

The existing building has an overall rating of D, which is a building that is not in an acceptable condition for its existing use and requires capital expenditure to achieve condition B of between 50% and 100% of replacement costs.

Whiterock Day Centre is a 50-place day centre with approximately 30 attendances per day, located in a local health centre and is the only mental health day centre provision in West Belfast.

The building has an overall rating of C, a building that is not in an acceptable condition for its use and requires capital expenditure to bring it to condition B. This expenditure will not exceed 50% of the replacement cost and would provide the building with an expected remaining life comparable with that of a new building

Summary

The Trust is developing plans to reprovide the existing Everton centre in North Belfast with a new modern facility on the existing site. This development will be dependant on the availability of future capital funding. Ravenhill day centre is in very good condition with a catchment area covering South and East Belfast. Whiterock day centre is well positioned in the West of Belfast but would need some work to bring it up to an acceptable standard. Victoria Day Centre, whilst in good condition, is situated in an industrial estate.

4.0 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 Northern 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-centred, 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 by the implementation of the Bamford review.

The Bamford Framework envisages a major shift in the centre of gravity of hospital (secondary) mental health 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 report. 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.

4.3 The Recovery Model

“ Recovery is a process not a place. It is about recovering what was lost: rights, roles, responsibilities, decisions, potential and support. It is not about symptom elimination, but about what an individual wants, how s/he can get there and how others can help/support them to get there. It is about rekindling hope for a productive present and a rewarding future – And believing that one deserves it. Recovery involves people having a personal vision of the life they want to live, seeing and changing patterns, discovering symptoms can be managed and doing it, finding new ways and reasons, doing more of what works and less of what doesn't. Recovery is about reclaiming the roles of a “healthy” rather than a “sick” person. Recovery is about getting there ”
– Laurie Curtis (1998).

The Mental Health Recovery Model of care focuses on the person, not the symptoms or the illness. Instead of the narrow medical model, there is presented a model for psychosocial rehabilitation.

For many clients, an important part of mental health recovery is sharing experiences and coping-strategies and **Recovery Groups** can provide a forum for this.

The role of employment in mental health recovery is now becoming widely recognised and, providing the basic **learning skills** and confidence to go on to employment or further education should be regarded as a high priority. Basic Maths, English and IT skills have become a modern day necessity. During an individual's **Recovery journey** s/he will need to implement their own personal recovery tools. Use of such recovery tools will enhance wellness, enable empowerment and provide competency for recovery and for maintaining their ongoing wellness.

4.4 Department of Health and CSIP (Care Service Improvement Partnership) in England.

In 2006, the Department of Health and CSIP (Care Service Improvement Partnership) published a number of documents focussing on day service provision. These included:-

- Redesigning Mental Health Day Services: A modernisation toolkit.
- From segregation to inclusion: Commissioning guidance on day services for people with mental health problems.
- Supporting women into the mainstream: Commissioning women – only community day services.
- Modernising day services – a checklist for change.

The above CSIP documents advocated the following as good practice in modernising mental health day support services:

Government and good practice guidance Key principals for refocusing day services include the:

1. Promotion of recovery
2. Focus on community participation
3. Reduction in social isolation
4. Provision of opportunities for peer support and user run services
5. Maximisation of choice and self-determination
6. More appropriately meet the needs of diverse groups
7. Improve accessibility to people needing higher levels of support on an ongoing basis
8. Involvement of users and carers in designing and developing services (including those who don't use them!)
9. Increase the diversity of providers (voluntary and independent sector)
10. Improve cross sector working (e.g. faith communities, ethnic minority groups, libraries, employers, colleges, sport and leisure).

Key functions of day services should include:

1. Provision of opportunities for social contact and support
2. Support for people to retain existing roles - retaining roles is much easier than regaining a role.
3. Support people to access new roles, relationships and mainstream social /leisure opportunities of their choosing
4. Provision opportunities for people with mental health problems to run their own services.

Transforming services requires fundamental changes in:

Transforming services requires a change in the structure and location of services, the introduction of a range of providers and skill mix that offers the individual a range of service options.

Anticipated outcomes for services:

Introducing these changes will increase the range of services and the numbers of user led services. They will enable the wider use of additional service and funding opportunities through the councils and Departments such as the department of Employment and Learning and change the balance from predominately social and leisure activity to vocational activity.

Disinvestment in potentially costly buildings will facilitate more outreach support and support in mainstream settings, with a move away from group based to individualised support.

4.5 Summary of the key influences on change.

It is clear from the key drivers for change, that the Belfast Trust should be developing community services and relying less on hospital inpatient provision. Community services should be underpinned by a recovery ethos and day support services in particular need to promote social inclusion by taking day support service out of day centres and into the community. The Bamford Review, Eastern Board commissioning intentions, and the Trust's own vision all support this development.

5.0 Future Demand

5.1 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 *“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.

Day Support Services

In terms of demand for mental health day support services as described in section 2.6, the Trust expects to have less reliance on centre based activities, associated with the increase in personal development plans which will be delivered in more inclusive environments. The Trust expects this strategic shift across all its Day support services and day centres.

6.0 The Proposed Day Support Service Model

The Trust wishes to develop and promote services that improve social functioning, encourage recovery, reduce stigma, promote integration and social inclusion through a mixed programme of care. Programmes that deliver this will also include anxiety management, communication skills, life skills and social integration using local facilities.

Personal development programmes will be developed for every one referred to its day support services. These individualised programmes will help people develop their life skills. These programmes will be delivered on a one to one basis and through group work.

The Trust's day support services will be a tertiary service that will deliver on the support needs of individuals that have been identified by them in secondary care. This is already happening to a limited degree in Everton, Whiterock and Ravenhill day centres and to a significant degree in the Voluntary sector services. Day support services will be about the delivery of intensive support to individuals with mental health difficulties and will be determined by their individual need. Interventions will be time limited and subject to continuous review with the individual. The Trust therefore expects to see increased integration between the role and work of the community mental health teams and the Day support services.

To achieve the above services need to move away from a solely centred based approach to delivering support to clients in 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, tapping into resources available through a range of agencies.

By implementing this new model, fewer clients will need to attend the existing Trust day centres to receive the support they require, leading to a reduction in the requirement for these Day care centres. The Voluntary sector is already well advanced in the remodelling of its services to provide services based on a Recovery Model.

In summary the model will:

- Encompass the needs of all people with mental health problems in the community in Belfast. The main criteria for access will be a primary mental health need.
- Include all day provision within the city and will ensure a broad range of provision, avoiding duplication of activities and introducing a central co-ordination function to ensure that as services are further developed maximum efficiency and effectiveness of provision is achieved.

- Provide information about day provision to ensure that the service user can choose from a menu of activities which service will best meet their needs.
- Encourage and enable Service users to complete self assessment information to ensure the most appropriate day service is provided. The duty of care of professionals will remain and often professionals will be involved in the process.
- An initial screening assessment has been undertaken and concludes there will be no differential impact from these proposals.
- All day provision within the city will ensure a broad range of provision, avoiding duplication of activities and introducing a central co-ordination function to ensure that as services are further developed maximum efficiency and effectiveness of provision is achieved.
- The number of Trust Day centres will be reduced from four to three with a proposed closure.
- The remaining Trust Day Centres along with the 4 voluntary day centres will focus their activities to support the recovery ethos through developing links to other agencies and providing enhanced outreach services, working with clients within their own communities.
- In the longer term the Trust envisages a strategic shift in the current shape of day centres to one based on the Recovery model based on more outreach and community based support.

6.1. Underpinning values and principles of the model

The following 5 key principles underpin the development and delivery of this model of day provision:-

Promoting Recovery

This ensures that the service user is at the centre of the care and allows them to be empowered to make choices. The Model encourages service users to lead the process for themselves (self-directed care) and not depend on others to initiate referrals. However, health or social care workers are still able to make referrals.

Community Participation and Reduced Isolation

This encourages service users to meet with other service users as well as people outside of Mental Health Services, to increase their social support network. This meeting should be in community based settings and include Mental Health Service locations as well as mainstream locations.

Offering Choice

People accessing day provision must have a choice about what activities they wish to undertake and where they can access them. To ensure this can happen there must be as broad a range (covering times of day/days of week) as possible (minimising duplication) which will need to be centrally co-ordinated with clear information regarding all choices.

This must be communicated to all service users, potential service users, their carers and families.

Meeting a range of diverse needs

All services must be sensitive to age, gender, ethnicity, religion, sexuality, disability and the varying impact that Mental Health has on people's lives.

Specific services must meet the needs of groups who otherwise find engaging in services difficult and consider the needs of carers.

Users leading and providing services

All services must have a clear and effective system to ensure that service users accessing their service have a strong influence over what service they provide. All services must have ways in which they facilitate and support service users to provide these services through volunteers and paidstaff as appropriate.

7.0 The decision making process Benefit Criteria and Weighting.

7.1 Option analysis

This section sets out the list of options considered by the Trust to meet the needs of the service. The list of options was developed by the Project Team based on an analysis of the strategic context and vision as set out in the adult mental health excellence and Choice document.

The list of options considered by the Trust is set out below.

Option 1 – do nothing

This option (the “Do nothing” option) involves the continued provision of day support services at the existing four centres, namely Whiterock, Everton, Ravenhill and Victoria. In addition under option 1 the Trust will continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Option 2 – implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Whiterock, Everton and Ravenhill, resulting in the closure of Victoria Day Centre

This option involves the reconfiguration of mental health day support services in accordance with strategic direction for mental health services and the recovery model and results in the provision of three day centres through the closure of the Victoria centre. This option provides for the implementation of the new model of day support services focused on social inclusion and recovery. In addition, under this option the Trust would continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Option 3 – implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Everton, Victoria and Ravenhill, resulting in the closure of Whiterock Day Centre.

This option involves the reconfiguration of mental health day support services in accordance with strategic direction for mental health services and results in the provision of three day centres through the closure of the Whiterock centre. This option provides for the implementation of the new model of day support services focused on social inclusion and recovery. In addition, under this option the Trust would continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Option 4 – implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Victoria, Whiterock and Ravenhill, resulting in the closure of Everton Day Centre.

This option involves the reconfiguration of mental health day support services in accordance with strategic direction for mental health services and results in the provision of three day centres through the closure of the Everton centre. This option provides for the implementation of the new model of day support services focused on social inclusion and recovery. In addition, under this option the Trust would continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Option 5 – implementation of the new model of day support focused on social inclusion and recovery incorporating provision of services from three day centres at Everton, Victoria and Whiterock, resulting in the closure of Ravenhill Day Centre.

This option involves the reconfiguration of mental health day support services in accordance with strategic direction for mental health services and results in the provision of three day centres through the closure of the Ravenhill centre. This option provides for the implementation of the new model of day support services focused on social inclusion and recovery. In addition, under this option the Trust would continue to fund the four voluntary day centres (Beacon Centre, Aspen, Club 37 and New Horizons Training Centre).

Summary of options

- ◆ Option 1 - do nothing;
- ◆ Option 2 – implementation of new model of day support and provision of day centres at Whiterock, Everton and Ravenhill;
- ◆ Option 3 - implementation of new model of day support and provision of day centres at Everton, Victoria and Ravenhill; and
- ◆ Option 4 – implementation of new model of day support and provision of day centres at Victoria, Whiterock and Ravenhill; and
- ◆ Option 5 – implementation of new model of day support and provision of day centres at Everton, Victoria and Whiterock.

Each of these options has been examined in terms of benefit performance and the results of this analysis are set out below.

7.2 Benefit criteria

The key benefits of the service can be analysed under the following criteria:

- a) **improvement in quality and effectiveness of service** – the delivery of a high quality, effective service to service users is the key priority of the Trust. The Trust aims to provide a solution which meets the expectations of service users, staff and user's support networks and enhances the current service provision. These aspects are determined by the further development of services based on a recovery model which necessitates collaboration with other agencies in a community setting ;
- b) **compatibility with strategic direction** - the delivery of services should be compatible with and comply with the strategic direction for the particular service area. In this case, the key strategic direction for mental health services arises from the Bamford review which reinforces the need for community based services and provision of services which support people with mental illness in a recovery model to enable them to live as full a life as possible and remain in their own home or in a community setting;
- c) **quality/functionality of accommodation** - this refers to the quality and functionality of the accommodation provided and takes into account standards of space, location, presentation and suitability for function which all have a direct impact on the quality of environment for users and staff and ultimately the delivery of services to users;
- d) **accessibility** - ease and equity of access are key determinants in providing a service that must be accessible to all clients throughout the Trust and comply with the Disability Discrimination Act. In addition, the location of the facilities across the Trust area and their proximity to other services which support the proposed model of care is extremely important in terms of the provision of a high quality service;
- e) **minimum disruption** – relates to the requirement to minimise disruption in terms of continuity of service to users and minimal disruption in respect of staff redeployment; and
- f) **ease of implementation** - this reflects the ease with which the various options can be implemented through minimising disruption to service provision.

7.3 Benefit assessment

This section sets out the results of the benefits assessment of each of the short listed options. In order to do this the Project Team has applied a weighting and scoring system (the approved methodology for option appraisal in the Health Service) based on the following approach:

- (a) identification and description of the major benefits to be achieved (the relevant qualitative performance indicators (“QPI’s”));
- (b) allocation of weighting factors to each QPI resulting in a total score of 100;
- (c) scoring each option (out of 10) against the selected QPI’s;
- (d) calculation of a weighted score (score x weighting factor) for each option;
and
- (e) ranking and evaluation of results.

Benefit Criteria Weighting

The key benefit criteria, identified above, have been weighted as follows:

Criteria	Weighting
Improvement in quality & effectiveness of service	30
Compatibility with strategic direction	20
Quality/functionality of accommodation	20
Accessibility	20
Minimise disruption	5
Ease of implementation	5
Total	100

The weighting for each of the benefit criteria was allocated on the following basis:

- ◆ *improvement in quality and effectiveness of service* – the provision of high quality, person centred care is considered to be the most important benefit criterion and one of the key objectives of the Trust in the reconfiguration of mental health care services. As a result this criterion has been awarded the highest weight of 30;
- ◆ *compatibility with strategic direction* – clearly the delivery of services needs to comply with the key strategic vision for mental health services as developed at a national and local level. Given the importance of this criterion, it was awarded the second highest weight of 20;
- ◆ *quality/functionality of accommodation* – this criterion was considered to be of significant importance given the direct impact of the quality and functionality of accommodation on the delivery of services to patients. As a result, this criterion was also awarded a weight of 20;
- ◆ *accessibility* – accessibility in terms of equitable distribution of services to all service users across the Trust area and compliance with the Disability Discrimination Act legislation is of significant importance in the delivery of services. The location of services is extremely important in terms of the service being easily accessible and the proximity to other complementary services which will support the new model of day support services. As a result this criterion has been awarded a weight of 20;
- ◆ *minimum disruption* – as with any reconfiguration of services, there

will be an element of disruption, however the Trust recognises the need to minimise disruption to staff and service users. Although important, this criterion is not considered to be as critical as the above mentioned criteria and has therefore been awarded a weighting of 5; and

- ◆ *ease of implementation* – options which are easier to implement will be preferable for service users, staff and the Trust, however this is not a critical consideration in the determination of the preferred option and therefore this criterion has been awarded a weighting of 5.

7.4 Option benefit scoring

The performance of each option against the benefit criteria has been scored using a scale of 0 to 10. In each case a score of 0 signifies that the option delivers no discernible benefit for that criterion and a score of 10 signifies that the option results in full realisation of the benefit criterion.

The results of the evaluation of each of the short listed options is summarised in the tables below:

Benefit criteria	Wt	Option 1		Option 2		Option 3		Option 4		Option 5	
		Sc	WS	Sc	WS	Sc	WS	Sc	WS	Sc	WS
Improvement in quality & effectiveness of service	30	-	-	9	270	7	210	7	210	5	150
Compatibility with strategic direction	20	-	-	8	160	6	120	6	120	6	120
Quality/functionality of accommodation	20	6	120	8	160	6	120	7	140	4	80
Accessibility	20	9	180	8	160	6	120	6	120	5	100
Minimise disruption	5	10	50	8	40	5	25	5	25	5	25
Ease of implementation	5	10	50	8	40	5	25	5	25	5	25
Total	100	35	400	49	830	35	620	36	640	30	500

Rank	Option 1	Option 2	Option 3	Option 4	Option 5
	5	1	3	2	4

Option 1 Do nothing/ **Option 2** Close Victoria/ **Option 3** Close Whiterock/ **Option 4** Close Everton/ **Option 5** Close Ravenhill.

The key features of this analysis are:

- ◆ *improvement in quality and effectiveness of service* - Option 1 fails to score against this criterion as this option would not result in any improvement or change to the current service provision in accordance with the new model of care. Option 2 scores highest against this criterion as this option involves the continued use of facilities at Ravenhill, Whiterock and Everton, all of which are located in community areas and have access to a range of complementary outreach services within a close proximity including leisure centres, local health centres, libraries, employment opportunities etc which will assist the Trust in implementing the recovery and social inclusion model. In addition Ravenhill is a large purpose built centre which offers an extensive programme of outreach activities and evening support groups and will therefore facilitate the delivery of the new model of care.

Options 3, 4 and 5 score lower than option 2 on the basis that each of these options involve the continued use of the Victoria centre which is located within a small commercial centre located in Ballymacarrett in an area that has recently seen extensive redevelopment over the last few years. The immediate environment does not provide an adequate environment for patients visiting the centre. In addition, there is relatively limited opportunity for the promotion of Social Inclusion under this option in comparison to the other options given the limited outreach services within a close proximity. Victoria centre is located 0.5 miles from the Bracken House, Beacon Centre on the Holywood Road.

compatibility with strategic direction – again Option 1 fails to score against this criterion as this option does not meet the requirements of strategic policy which is focused on the provision of a model of care focused on recovery and social inclusion. Options 3, 4 and 5 score well against this criterion as each option will result in the implementation of models of care which are complementary to the vision identified in government policy.

- ◆ *quality/functionality of accommodation* – quality of accommodation is best under option 4 given the closure of Everton under this option, which is in a poor state of repair (condition scores of D as set out in the condition report) however when considering functionality in terms of the ability to implement the proposed model of care, the Everton facility is preferable to the Victoria centre given Victoria is in an industrial estate and the wider range of outreach support services available within a close proximity. On this basis the scores for options excluding either Victoria or Everton (ie: Options 2 and 4) are higher than those including these facilities. As noted above the Ravenhill facility is in excellent condition and has access to a range of services which will support social inclusion and recovery and therefore option 5 which excludes this facility has been marked lower than options 2, 3 and 4.
- ◆ *accessibility* – option 2 scores highest against this criterion as under this option there would be equitable distribution of services in terms of geographical spread across the Trust area. In particular the Ravenhill Centre and the Beacon Centre on the Holywood Road Options 3 and 4 score significantly lower than option 2 as each of these options would result in the absence of provision in West Belfast and North Belfast respectively. Option 5 also scores lower on the basis that the Ravenhill facility is accessible by the population of both East and South Belfast therefore the closure of this facility would cause issues in terms of accessibility for the population of South Belfast, unlike Whiterock which only serves the West Belfast population. As discussed above, accessibility in terms of proximity to other support services is best under options 3, 4, and 5 which is also a contributing factor. Furthermore the transport links to the Victoria facility are not as good

as those to the other facilities, therefore options 3, 4 and 5 which include Victoria have scored lower than option 2;

- ◆ *minimum disruption* – option 1 scored highest against this criterion as no facilities would be closed under this option. Option 2 scored second highest on the basis that implementation of this option provides facilities in all areas of Belfast whilst the remaining options (3, 4 and 5) would each result in the absence of provision in one geographical area of the Trust, noting the existence of voluntary sector provision in east Belfast. The Trust also has well developed plans to replace the existing Everton Day centre with a new modern facility. As a result of the above, the Trust considers that it would cause minimal disruption to close the Victoria centre given the existing provision of the Ravenhill Centre and the voluntary Beacon Centre in East Belfast. It should be noted that approximately 30% of attendees at Victoria also attend the Beacon centre.

In addition, attendance levels at Victoria are lower than the other three facilities, with average levels of approximately 40%. The Trust is confident that it can manage the implementation of alternative plans to support the ongoing recovery of patients currently attending Victoria; and

- ◆ *ease of implementation* – as set out above, Option 2 results in the continued provision of facilities in all geographic areas of Belfast whilst the other options would cause issues in terms of access in certain parts of the Trust area. As a result, option 2 will clearly be easier to implement than options 3, 4 and 5.

Conclusion

Based on the benefits analysis set out above, Option 2, the closure of Victoria day centre, emerges as the preferred option with the highest weighted score, followed by Option 4, Option 3, Option 5 and finally by option 1. Option 1 scores poorly in comparison to the other options due to its failure to result in any improvement, reconfiguration or change in the current service delivery.

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.
- The remaining Trust Day Centres (Everton, Whiterock and Ravenhill) and voluntary centres will focus their activities to support education, training, employment and inclusive leisure activities through stronger developing links to other agencies and providing enhanced outreach services, working with clients within their own communities.

8.0 Implications of proposal for users of Victoria Centre.

All of the fifty nine service users attending the Victoria Day Centre have had their needs individually reassessed in respect of the nature and frequency of their day support needs. Those who have been assessed as requiring attendance at a Day centre will have their needs met through placement in Ravenhill or facilities provided through the voluntary sector. Those individuals whose assessed need is for placement in a centre more appropriate to their age requirements will be facilitated in elderly services. Those whose assessed need is to access more socially inclusive options will be facilitated to do so in line with the Recovery ethos.

9.0 Implications of Proposal on the Workforce.

The proposals contained within Mental Health Excellence and Choice Paper to reduce traditional day service places by closing the Victoria Day Centre and to modernise the Mental Health Day Support Services will provide an opportunity to redeploy staff within Belfast Mental Health Services.

The mental health Day services efficiency proposals will provide an opportunity to redeploy 11 staff to posts within the current vacant posts throughout Belfast.

In addition Belfast Trust expects additional resources to be made available through the Health and Wellbeing Improvement Plan (HWIP) for the continuing modernisation of mental health services. The Trust's ability to put in place new services is often restricted by our inability to employ experienced staff. With the reduction of traditional day care places and the modernisation of Day support services a number of experienced staff will be available to work within the new service developments.

It is our intention to provide staff requiring redeployment with a number of options for their continuing employment.

10.0 Resources

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

The Belfast Trust currently has around £57 million available from commissioners to support the delivery of mental health services. The resources available to the Trust include the impact of efficiency savings of 3% a year from 2008-2011, which health and social care services are required to achieve.

The EHSSB is making available through the HWIP almost £5 million 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.

An additional financial pressure on mental health services may be the Governments decision to shift resources on a capitation basis, out of the Eastern Board to other Board areas.

11.0 Conclusions and recommendations

In the context of the development of the proposed new model of mental health day support services in Belfast, and the appraisal of the available options, it is recommended that the Trust Board approve this consultation paper and that consultation should proceed with the proposal that the Victoria day centre should close and its services reprovided as part of the ongoing Day support Services strategy and the shift to a recovery model of provision.

Appendices

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.

Appendix 6 Criteria for the Appraisal of the suitability of Trust Buildings.

Functional Suitability

The functional suitability analysis describes how effectively a site, building or part of a building supports the delivery of a specified service. The criteria used in such assessments include space relationships, services, amenity, location, environmental conditions and overall effectiveness. The grading of functional suitability is as follows:

- A. A high degree of satisfaction with the building from users, indicating that it has been planned and designed for its correct use
- B. Although not necessarily purpose-designed and planned for its current use, the building is functionally satisfactory. No major changes in planning, design or layout are considered necessary to enable the users to effectively and efficiently perform their tasks and to provide good-quality services.
- C. The building is below an acceptable standard in terms of functional suitability. Capital expenditure is required to change the building to enable users to effectively and efficiently perform the required tasks and to provide high-quality services to patients and clients
- D. The building is very unsuitable for its current use, and this means that it will not be possible to provide a top quality service to patients and clients.

Space Utilisation

The space utilisation analysis indicates under or over utilised capital assets. The grading of space utilisation is as follows:

- 1. Empty
- 2. Underused
- 3. Adequate
- 4. Overcrowded

Compliance With Fire, Statutory And Non-Statutory Standards

There are a wide range of statutory standards relating to health and social care facilities, the most important of which are Health and Safety at Work and Fire, and a number of non-statutory standards required by the DHSSPS such as Health Technical Memoranda and Health Building Notes. The categories are as follows:

- A. Complies with all standards

- B. Acceptable but with minor non-compliances resulting from recent changes in standards
- C. Serious non-compliances requiring capital expenditure to bring to category
- D. Dangerous non-compliances rendering the building, part of building or engineering system unacceptable for its current use. Major capital expenditure required to bring to condition B

Energy Efficiency

The energy efficiency survey examines the structure and fabric of buildings together with mechanical and electrical engineering service installations. The target for HPSS estate is 45-60 GJ/100m³

- A. 45 GJ/100 m³
- B. 45-60 GJ/100 m³
- C. 60-80 GJ/100 m³
- D. 80 + GJ/100 m³

Physical Condition

The physical condition survey examines the building structure and fabric together with mechanical and electrical engineering installations.

- A. New buildings that fully comply with national standards and have a full life expectancy (60 years). No immediate expenditure required except for routine operational maintenance
- B. A building that is in an acceptable condition for its use. No immediate major expenditure required except that for minor repairs and upgrading and routine operational maintenance. The building will have a life expectancy of at least ten years for its existing use without major repairs and upgrading.
- C. A building that is not in an acceptable condition for its use and requires capital expenditure to bring it to condition B. This expenditure will not exceed 50% of the replacement cost and would provide the building with an expected remaining life comparable with that of a new building
- D. A building that is not in an acceptable condition for its existing use and requires capital expenditure to achieve condition B of between 50% and 100% of replacement costs.

Dx and Cx Buildings

Dx and Cx categorisation describes buildings which, are not only below standard or unsuitable, they are not capable of being economically brought up to acceptable standards for current use.