

HUMBER MENTAL HEALTH TEACHING NHS TRUST
CONSULTATION ON THE EAST RIDING DIVISION
PROPOSED RESTRUCTURE AND SERVICE RE-DESIGN

23rd FEBRUARY 2007

Rationale for Change

The three divisions in the Trust were established to develop independent business units which deliver high quality clinical and cost effective care that places us in a competitive position in the provider market

With the recent unsuccessful application for Foundation Trust status, the Trust needs to change the way it delivers services to be responsive, effective and efficient in order to be able to secure a sustainable future and reduce our vulnerability in the light of nearby provider organisations setting up social enterprise models of service provision.

In East Riding we currently have separate community services and separate modern matrons for working age adults, older people and people with learning difficulties, as well as a modern matron for working age adult acute and rehabilitation services. We have inequity of provision Assertive Outreach and Crisis Resolution Home Treatment, which our commissioners feel is unacceptable.

Having separate teams leads to separate priorities, different approaches to different objectives and encourages sub-cultures to thrive. This is not the right environment to take forward a division with a shared vision for service developments that will be able to compete in a provider-rich market.

The other aspect of the existing service configuration is that we have not responded to our external environment. The previous 2 local 2 PCT's who are the main commissioners of the services, merged in 2006 to form one larger PCT (East Riding of Yorkshire PCT) and yet our services are aligned to the old model.

Supporting Policies

The NSF for older people (2006) states older people should receive equal access and quality of care to working age adults, and the NSF for mental health (2002) describes continuous care pathways for all patients on a needs-led basis. The current service configuration is based on age not need. The Governments Green Light for Mental Health (2004) advocates integration of LD services into mainstream MH services.

The East Riding LIT has produced their annual planning and priorities document for mental health services for 2008/9. the following statement is taken from the document on their general direction of commissioning.

"The overall objective is to ensure that services are accessible and that individuals receive the care and treatment as locally possible and at the lowest appropriate tier, and to support community services with an overall reduction in reliance on in-patient care. For those who do require in-patient care, this should be of high quality but may be provided in fewer sites."

The purpose of this proposal is to make the division fit for purpose by streamlining the management structure which supports the above direction and re-aligns our services to the same localities as the PCT. (Appendix 1)

The proposal includes:

- 1 Integrating the management of working age adult CMHTs and older people CMHTs into organic teams.
- 2 Establishing functional CMHTs / HITTs
- 3 Integrating LD into mainstream services
- 4 Streamlining all acute and rehab services
- 5 Establishing a single point of access for all services through an access and triage 'Team'

Operational managers in ER have been fully engaged and involved in this proposal through a 'time out' session on Feb 2nd and a follow up meeting on Feb 8th and early discussions have taken place with both the PCT and Social Services who are supportive of the proposal. TMT approved the proposal for consultation on Feb 19th.

Aim

To develop a single point of access for all provided services within the East Riding through a locality structure. Access and Triage Teams could be 'virtual' (locality team representatives could meet weekly to assess and triage all new referrals)

This model moves away from the traditional 'service-led' management model to a generic needs-led management model.

Localities (Appendix 2)

- The division would be divided into East and West teams that provide services in 4 localities aligned to PCT localities, ie. Goole and West Wolds, Haltemprice, Beverley and Holderness and Bridlington & Driffield.
- Each of the 4 localities would be managed by a Locality Manager with a division-wide professional lead for specific health areas.
- Each of the 4 localities would have CMHTs for organic mental illness, both working age adult and older age adult.
- There would be East and West teams for each of the following (but covering the 4 localities).
 - AOT
 - CMHT / HIT functional
 - CRHT

Acute Care Services (Appendix 3)

This service would include acute in-patient services two CRHT teams (East and West) and medium and long term rehabilitation services.

Benefits of this proposal include:

- Consolidation of partnership integration.
- Strengthening our relationship with ERYPCT.
- Establishing a needs-led services.
- Adherence to the LIT objective of 'fewer in-patient sites'.
- Enabling the establishment of single sex accommodation.
- Developing of equitable CRHT and AOT across the whole of East Riding.
- All acute services will be under one management structure.
- Integration of Learning Disability Services into mainstream community services.
- It makes cost efficiencies across the Division.
- It provides senior operational support to the Divisional Manager.

Service Delivery

As the preferred option for a Trust-wide single site for older people in-patient unit is a new build on the Townend Court site and this will take approximately 2 – 3 years, an interim in-patient model could exist as follows:

- Close Barts House in Goole (Summer 2007).
- Millview Court and Millview Lodge become 20 bedded adult in-patient unit for East Riding (2 beds for Mother & Baby – sell one bed to south bank ?)
- Consolidate Hawthorne Court as long-term rehab.
- 13 beds at Walkergate become 'interim' east Riding older people in-patient unit (September 2007).
- Close Waters Ward (implications – lease 2010).
- Feasibility review of Buckrose Ward, potential for income generation for OAT OBDs (lease expires 2010).

Phasing

- February 2007 – proposal to TMT.
- March 2007 – start formal staff and stakeholder consultation and develop project plan.
- June 2007 – new management structure – staff training.
- Spring / Summer 2007 – increase outreach / support discharge.
- September 2007 – consolidate adult in-patient at Millview.
- Close Waters Ward.
- ? Close Buckrose Ward.
- Open 13 beds at Walkergate.
- 2010 – open new unit at Townend site (older people).

Medical Staffing

The proposal would be to align older people and working age adult sector consultants to the 4 new localities and to have one consultant in CRHT (it is possible that all in-patient care could be under the CRHT consultant, or this could remain with individual sector consultants).

Allied Professionals

It is proposed that all allied professionals, namely psychologists, physiotherapists, occupational therapists and creative therapists are fully integrated into community teams under the management of Team Leader / Locality Manager.

Section 31 Agreements

The management re-structure has implications for the section 31 agreements as currently it is only working age adult community teams that are covered by the agreement. The proposal to move to a locality structure would mean the agreement would potentially have to be expanded to all locality management posts as they would be managing integrated teams. Similarly, the existing Operational Services Managers role would change to incorporate managing older peoples community teams and community learning disability teams.

Consultation Process

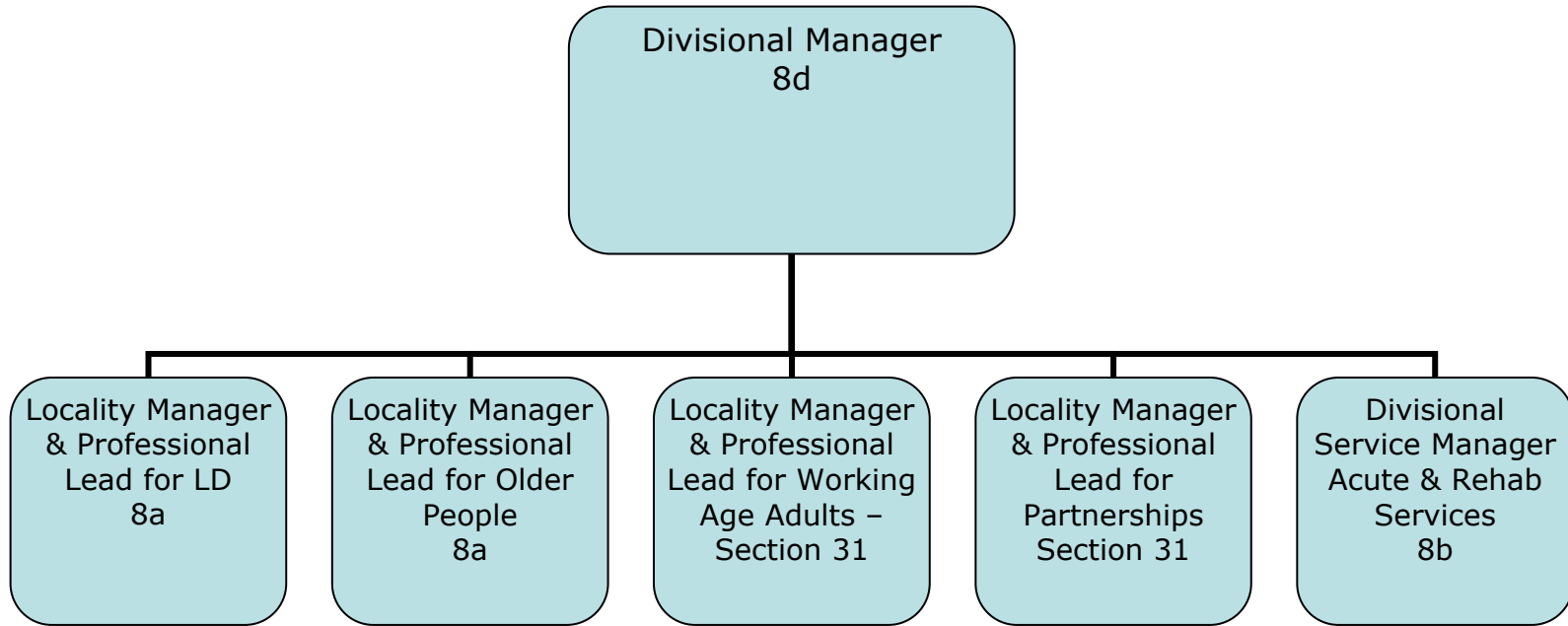
Please note this paper begins the formal part of consultation. The intention is to share these proposals as widely as possible to create appropriate forums for views and comments to be fed back. The following table outlines the forums / individuals to be consulted. All comments should be directed towards the author and should be received no later than May 15th 2007.

FORUM	DATE	COMMENTS
East Riding Operational Managers	02/02/07 08/02/07	Consultation on-going. Fortnightly meetings arranged
TMT	19/02/07	Proposed approval
Older Age Consultants Groups		Chair of Group to disseminate report
General Psychiatrist Meeting		Report sent to Chair
LD Consultant		Report sent to Dr Michael
LNC		To be raised at next meeting and presented at following meeting
Director of Nursing Management Meeting	28/02/07	
DMT	15/02/07	Time Out
ER Partnership Board		Presentation
TCNC & Staff		
PCT		
Local Authority		
Users / Public		

Lisa Smith
Divisional Manager – East Riding
February 2007

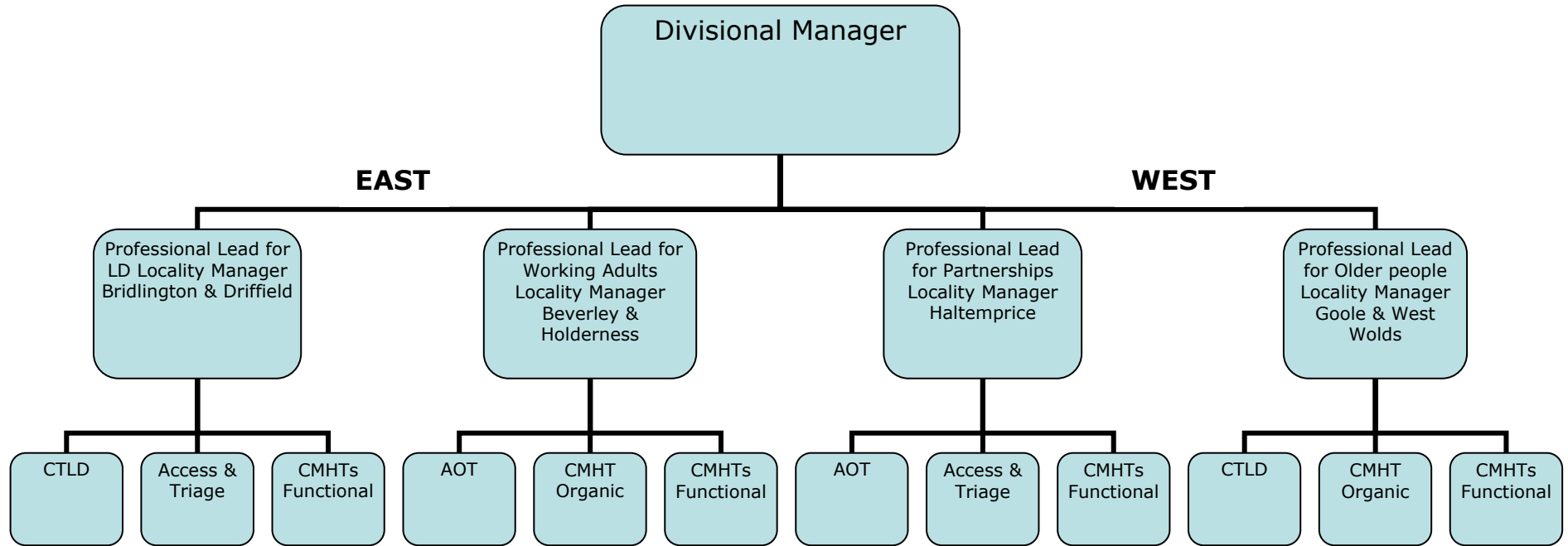
Appendix 1

Proposed Management Structure



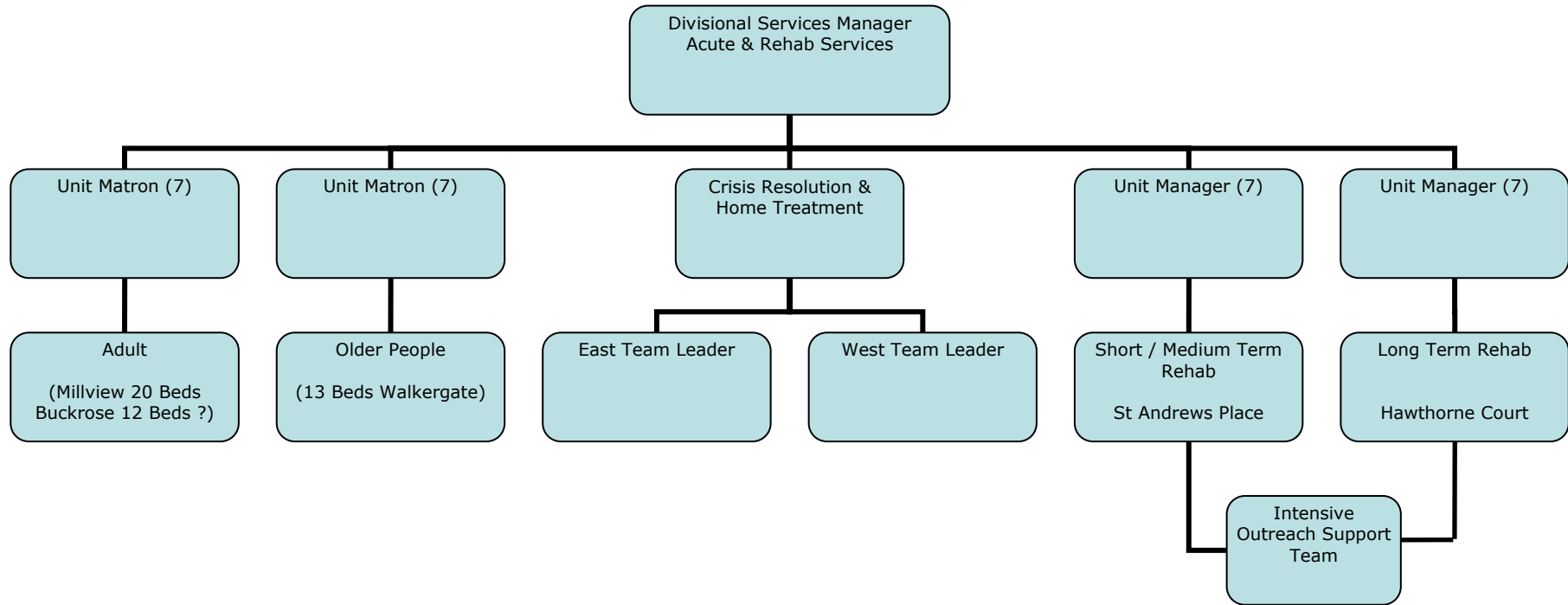
Appendix 2

PROPOSED COMMUNITY SERVICE STRUCTURE



Appendix 3

PROPOSED INPATIENT SERVICE STRUCTURE



Appendix 4

SERVICE DELIVERY

