

# North Staffordshire Combined Healthcare



NHS Trust



## Update on changes

### Model of Care PHA

Improving mental health services in  
North Staffordshire and Stoke on Trent



**Issue 2**

**Friday October 19, 2012**

**A fortnightly-update on the implementation of plans  
to improve mental health services across  
Stoke on Trent and North Staffordshire**

*Issued on behalf of*

**North Staffordshire Combined Healthcare NHS Trust**

For further information, please speak to the

Communications and Membership Team on 0800 032 8728

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# Timeline

The following is a high-level timeline which shows the periods when changes will take place.

## Key Messages:

- Changes will take place between the first day and last day of the month, dependant on the needs of service users. The changes will only take place **if clinically safe and appropriate to do so.**
- All changes to appointment locations will be advised to service users and patients by the Care Coordinator, involving carers wherever possible and appropriate
- Changes are planned and coordinated in advance. However, there are circumstances when plans may be brought forward or slip as a result of unforeseen circumstances (staff sickness, high-level care requirements, etc). We plan to manage this wherever possible and have in place contingency plans and risk logs as a matter of course.



## Progress Report

Action	When	Affecting
Bennett Centre inpatient bedded area closed	September 1, 2012	NSCHT staff Service users Partners
Lyme Brook Centre inpatient bedded area closed	October 1, 2012	NSCHT staff Service users Partners
Ashcombe Centre inpatient bedded area closed to new referrals with aim to close bedded area by the beginning of November once clinically safe to do so.	Beginning of November 2012	NSCHT staff Service users Partners

## UPDATE

### *Weaver House*

Below are progress updates from both North Staffordshire Combined Healthcare NHS Trust (NSCHT) and Staffordshire and Stoke on Trent Partnership NHS Trust (SSOTP) relating to the planned closure of Weaver House.

#### **NSCHT**

Of the original 63 people attending Weaver House, 48 have been appropriately discharged or have moved to alternative more suitable care locations. 15 patients will continue to attend Abbots Day Hospital in the absence of an alternative provider. Difficulties with alternate providers have been due to lack of assurance they can support people with dementia, lack of capacity and the cost implication from carers to accept need to pay for a service.

Other options for day care elsewhere in the area are also being explored.

The Trust is on schedule for closure of Weaver House by early December 2012. However, this work is due to be discussed by commissioners and the Trust in terms of the Phase 2 implementation process. Service Leads will be working closely with Commissioners to provide assurance that all service users have been assessed appropriately and had their service re-provided in a safe and suitable manner.

## **SSOTP**

Moorlands District Social Care Team has a system in place in order to monitor the progress of assessments. An action plan has also been developed which maps out next steps and current activity against a timeline. Activity includes:

- Team Managers to attend meetings at Weaver House to collate service user information and compile a spreadsheet
- Liaison with Weaver house staff to ensure that everyone is aware of the assessment process, timescales and alternative provision
- Weaver house and social care to provide clear information to service users about the timeframe for closure and the process to be undertaken, including financial assessment, Continuing Health Care (CHC) eligibility or alternatives.
- All cases to be allocated to named workers
- Social care team to meet with assessors in order to clarify the assessment process and timescales and generate action plan for staff.
- To inform workers on other teams who have service users attending Weaver House of the need to find an alternative provision and to provide guidance where necessary.
- To commence assessments
- To prioritise assessments to complete those with higher needs first and identify where service users have no alternative resource.
- To inform relevant commissioning bodies of any challenges to reprovision
- Weekly meetings to be held and progressed to be tracked progress in order to ensure completion by the end of November

## ***Community Mental Health Resource Centres***

The inpatient bedded areas at the Bennett Centre and Lyme Brook Centre are now closed and the Ashcombe Centre bedded area is closed to new referrals, with the aim of closing the bedded unit by the beginning of November.

As with previous inpatient unit closures, staff will be redeployed from the Ashcombe Centre to support other clinical areas within the Trust. All staff will receive an induction to unfamiliar clinical areas.

All CMHRCs remain open. Staff from the Adult Mental Health Services Division have met with some key groups, including North Staffs Users Group and Active Carers Group, to ensure service users and carers are able to influence the way in which changes are progressing.

As a result of these discussions, services hours have been extended to provide additional access to each of the areas' community teams.

Community Team support will be available 8am to 8pm Monday to Friday and 9am – 5pm over the weekend and Bank Holidays.

During core hours (9am-5pm) service users will have access to their usual CMHRC staff and during the extended hours support will be provided on a team area basis from:

- Newcastle Team – Lyme Brook Centre
- Moorlands Team – Ashcombe Centre or Brandon Centre
- City Team – Greenfields Centre or Sutherland

Service users will continue to call their preferred Centre and support will be provided by a clinical member of staff where needed from the area's team.

Other than the closure of the bedded areas, there have been no changes made to the delivery of adult mental health services from the CMHRCs. Until the Management of Change (MoC) process is complete, staff will continue in their existing roles. Care plans will not be affected.

Following the MoC process, care coordinators will inform their clients of changes (if any) in the best way for individual service users. Many service users will not be affected at all by these changes.