



**Model of Care PHASE 2**

Improving mental health services in  
North Staffordshire and Stoke on Trent



## Update on changes

**Issue 4**

**Thursday November 29, 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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# Progress Report

Action	When
Bennett Centre inpatient bedded area closed	September 1, 2012
Lyme Brook Centre inpatient bedded area closed	October 1, 2012
Ashcombe Centre inpatient bedded area closed	November 9, 2012
Bennett Centre closure scheduled for this month	December 21, 2012
Closure of Weaver House scheduled	December 14, 2012

## ADULT MENTAL HEALTH SERVICES

The changes in Adult mental health services continue in line with the project plan.

A project group is meeting on Monday 3 December to ensure the final actions are carried out in relating to the closure of the Bennett Centre. A key element of this meeting will focus on the communications which have taken place with stakeholders, including service users and GPs, to ensure all are aware of how changes affect them.

Over the past two weeks, updates on implementation progress have been presented at the public boards of both Clinical Commissioning Groups (CCGs) and the Staffordshire Cluster and at Cheadle Town Council.

Trust staff, including Steve Gregory, Director of Quality and Operations, have also attended a meeting with the NSUG to hear feedback on the changes with an aim to addressing any concerns raised by service users. There have been two specific concerns raised, which are as follows:

- Out of hours cover for people who formerly phoned the Resource Centre bedded units overnight for advice and support.
- The availability of resource centre-based activity groups

We have welcomed scrutiny of the implementation of changes. Feedback provided from users of the services (and groups) and their carers, has been and will be key to ensure we can resolve such matters quickly and in the best interests of our service users and staff, in line with commissioners' expectations. The actions we are taking are as follows:

**What support is in place out of hours for people who do not require admission to a bed, but are used to calling the Resource Centre bedded units overnight to get reassurance and support?**

Seven Band 5 posts have been assigned to the Acute Home Treatment Team to cover out of hours calls (previously supported by the staff working overnight in the inpatient bedded areas). This means that calls outside of the opening hours of the Community Mental Health Resource Centres will be triaged by clinical staff between 4.30pm and 8am, Monday to Friday and over weekends and Bank Holidays. All Resource Centre telephones will be transferred at the end of the day to the Access number – 0300 123 0907.

**What groups take place in the resource centres?**

We recognise that the availability of a small number of groups has changed over the past six months. We have given a commitment to review the groups which have changed and provide a full response in a future UPDATE. A meeting is planned for 11 December between the Trust and NSUG representatives to take this forward.

The Trust will also be providing assurance to commissioners that there is a continued provision of day services from Lyme Brook, Ashcombe, Sutherland and Greenfields Resource Centres between 8.30am and 4.30pm Monday to Friday.

This will include

- A breakdown of the specific groups available in each centre
- Details of any groups that were previously provided in a resource centre and have now moved to a community location,
- An understanding of what has happened to people who were attending the groups in the resource centres that have now moved to community locations including how many people have ceased to attend
- Details of any groups that are no longer provided
- Number of people attending day services in each of the resource centres.

We are also reviewing the possibility of supporting Service User-led groups to take place in the Resource Centres, to avoid room hire cost for hire of community venues. We are working with Service Users who would already have pre-knowledge of each other to promote informal support networks. Where needed, NSCHT staff would facilitate the groups' formation and supply of information on successful group working tips for SU to take forward themselves. We have also given a commitment to reviewing what space is available in Lyme Brook for Group sessions versus space used for office.

## **OLDER PEOPLE'S MENTAL HEALTH SERVICES**

Day Hospital services ceased to be provided from Hazlehurst Unit in early 2012. The Trust is on schedule for closure of Weaver House by the second week in December 2012. Service Leads are 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.

All existing service users of Weaver House have been reviewed.

From December 14, 2012, Day Hospital services will be delivered from Maple house and Abbotts House only. Clients who do not meet the criteria for Day Hospital attendance will be supported in accessing other service provision.

Clients requiring transportation to these new centres will be supported.

## 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.

