

PCT Chief Executive's Office
Unit 43, Central Way, Arle Road, Cheltenham. GL51 8LX

Phone: 01242 548804

Fax: 01242 548802

e-mail: caroline.fowles@glos.nhs.uk

Website Address: www.chelttewkpct.org.uk

11th August 2006

Jeff James
Chief Executive
Gloucestershire Partnership Trust
Rikenel
Gloucester

Dear Jeff

Consultation on Changes to Mental Health Services

I am writing on behalf of the three Primary Care Trusts in response to the Trust's consultation on Changes to Mental Health Services. The PCTs have welcomed the opportunity to discuss the proposals with you and colleagues through the informal Boards seminar and joint PECs meeting. PCT members have also had the opportunity to listen to the debate in the public events run by the Trust.

The PCTs recognise the proactive approach which the Trust has taken in response to its own financial position. The PCTs also recognise the further contribution that they have asked the Trust to make as a proportionate share to the County's NHS financial recovery programme. Taken together this clearly represents a very significant challenge which can only be addressed through significant service change and redesign. As you know, whilst we are making progress in securing savings in those areas not subject to consultation, the financial challenge remains and this inevitably sets the context for our response.

In responding we have followed the structure provided in the consultation document.

Question 1 – Criteria

The PCTs support the criteria used by the Board. These are consistent with the principles used in the wider consultation on the Future of Healthcare in Gloucestershire. We do wish to see the continuance of services to all client groups and support the need for the Trust to focus on those with greatest need. We recognise that this requires active partnership to ensure effective community wide action on improving mental health and well being and reducing social isolation and development of primary and community responses to need.

The PCTs recognise the work done by the Trust to review its management arrangements and reduce costs as a key contribution to the financial position and supports the focus on staff over premises and overheads. This is a priority for all our NHS organisations and we look forward to continuing to work together to maximise resources for patient services

Question 2 – Inpatient Services

The PCTs acknowledge that the Trust has worked actively to set its proposals in the context of National Models of Care whilst recognising that the step change in pace of implementation is a consequence of the overall financial position for the Trust and the health community.

Adult Services

The proposed change for Adult Services is consistent with the emerging Commissioning Strategy for Adults of Working Age and with the recent review undertaken across Avon, Gloucestershire and Wiltshire. We recognise that this change will enable the Trust to reinvest, strengthening crisis team development across the county ensuring more extended coverage than at present and that it will also enable strengthened ward staffing levels providing improved responses to those admitted as inpatients. We have been encouraged by the results of the initial crisis team development which has taken place during 2005/06. We acknowledge the need to see fully functioning teams across the county for their full potential to be realised.

The PCTs do recognise that the changing model of service sets a challenge for the development of an enhanced primary care response in support of the patients will mental health needs. This will need to be part of the ongoing development and implementation plan for service. We need to ensure that our investment in primary mental health teams over the last few years is used effectively to support this programme. It is encouraging that the Primary Care Assessment and Treatment model has been agreed by clinicians and Practice Based Commissioners as this will be an important route by which we augment capability and capacity in primary care in response to patient need.

Overall, we appreciate that the pace of change is rapid but recognise that in the current financial context we see no alternative but to proceed. Effective joint work will be needed to plan through implementation. We recognise that the changes proposed will not secure a consistent Early Intervention service within the county and that this remains an area for onward development.

Older People Services

The proposed changes to Older Peoples services are consistent with the direction of travel set out in Everybody's Business.

We support the assessment of need for beds as this was part of the joint work done across the Health and Social Care Community following on from the consultation on Everybody's Business in 2004. Through the work done, we have been clear about the clinical advice that concentrating services on fewer sites would enable better outcomes for patients given the ability to offer more specialised services and to secure consistent staffing levels. We appreciate that there is a difficult balance to strike between clinical benefits and access issues but have been clear overall that the quality of service provided would be enhanced.

We accept that the move to concentrate services will require a reduction in numbers of admissions and average length of stay. We appreciate that this will also require a step change in the response to help patients move who no longer need the specialist service. We will need to work actively with our Social Care Partners to encourage development in the Care Home Sector to respond to older people's mental health needs. We recognise that as more frail older people are cared for at home there is more scope within the Care Home Sector for this response, but it is one that will need to be actively encouraged and supported. Equally we recognise the need to continue to develop the primary and community response to supporting more people closer to home and that this will need to be

an ongoing commitment over future years as the proportion of the older age population continues to grow. We believe that the Portal project in Cheltenham has provided a good base from which to develop as this has provided good experience in offering support on discharge and support in the home to individuals and their families. Together with our social care partners, we need to continue work with the Trust to promote, where appropriate, integrated community services for older people.

We appreciate that this proposal for concentrating inpatient services has been the subject of particular debate over the period of the consultation given concerns about access. We also recognise that a number of alternative proposals have been put to the Trust. The PCTs have also received questions about joint partnership approaches with the independent sector. In the work done following Everybody's Business, we concluded that we needed to move to 1 or 2 units if we were to develop a new style of service based on 65 beds. We would have preferred to see the service delivered through 2 sites. However, given the very difficult financial context we face, we believe this is not affordable as the alternative would mean further reductions in other aspects of the older people's service.

Question 3 – NHS Funded Day Hospital Care

We accept that given the financial situation faced by the community, it is difficult to justify the provision of day hospital care where this is not directly concerned with provision of diagnosis and treatment. The proposal to bring together day hospital staff and community mental health teams to provide community based services for older people is a welcome approach which will help to offset the impact of change. We understand that discussion have been taking place around the scope for membership led services and welcome this as a positive response to a difficult situation

We recognise that Local Strategic Partnerships will need to continue to focus on joint action, working alongside the voluntary and independent sector to promote social inclusion taking further action across the areas of employment, housing, education and training and benefits and advice. We recognise that Primary Care Trusts and the County Council; through the Directorate of Adult Care and Communities will have particular responsibilities for leading this approach in partnerships with support from the Trust. We recognise that these changes will be difficult for current users through the short-term but believe that in the longer term we can create a more socially inclusive approach to supporting those with mental health needs.

Question 4 – Alternative Proposals

The PCTs do not have any alternative proposals to suggest to the Trust.

Other Comments

- The PCTs are clear that they will need to work actively with the Trust to ensure clarity about the interface between roles and responsibilities of primary care teams and those of specialist teams in the Trust. This will be an important part of ensuring capacity and capability to respond to the changes in a planned and positive way.
- PCTs recognise that there will be differential approaches to reflect urban and rural requirements
- The PCTs recognise issues for carers as set out and will need to work in partnership, alongside our social care partners with the Trust, to ensure a continuing effective voice for carers so that particular issues and concerns can be worked through

We look forward to seeing the consultation outcome report and considering any further issues this raises.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Caroline Fowles', written in a cursive style.

Caroline Fowles
On behalf of Gloucestershire PCTs