



Northern Health
and Social Care Trust

Reform & Modernisation

Consultation Findings and Recommendations

March 2009

Introduction

The Northern Health & Social Care Trust has completed a wide spread consultation on its 20 Reform and Modernisation proposals, under the Comprehensive Spending Review (CSR), covering all service areas from acute hospitals, services for children, mental health and disability services, services for older people and a number of general efficiency proposals.

All of the proposals have been put forward bearing in mind safe, modern practice and standards, and the need to ensure efficient use of public resources.

In addition to the proposed service delivery changes, the Trust will secure efficiency savings of over £20m from reduced administration and management costs and effective management of overtime, locums and absence. The proposals consulted on, and associated recommendations set out in this document, refer to the service delivery issues only. A full list of all 20 proposals is contained in appendix 1.

Modernising the way we deliver services will achieve savings. However, the new modern replacement services will be able to call on some of these savings to provide the investment necessary to provide the new services. These investments are referred to in this document against each service development.

The Consultation period was undertaken in two periods lasting a total of 16 weeks (from 23 October 2008 to 6 March 2009). During this time there has been significant effort to engage widely, directly and intensely with as many people and organisations as possible. The debate has been powerful, and rightly so, as we discuss the future nature of services that often affect our most vulnerable.

Much good has come from it, not least a high profile and awareness of residential care services for our older people. This has challenged us all to consider how we best provide for our older people into the future. This is a debate that we must have, however difficult. We cannot shy away from issues that challenge us, and by engaging in these difficult debates we can find solutions. This is true of all our services and for all the people whom they serve..

The Trust has listened carefully to the many views expressed and heard throughout this consultation. (A full review of those responses will be published later). We have reflected on those views and taken account of them in making our recommendations.

We have also continued to be focussed on providing safe, sustainable, modern services and understand that, in moving ahead with modernising services, we must acknowledge the concerns, and indeed the ambitions, of all those who have a stake in the future of service delivery.

The recommendations of the Trust Board now follow.

1. Children's Services Proposals

1.1 Providing alternatives to residential care, looking to replacing Princes Gardens Children's Home (8 places, Larne) with salaried foster carers with appropriate support and respite options

Consultation Summary:

Professionals are committed to supporting young people in family settings. The young people who use these services want to be reassured that their individual needs will be met, and that the friendships they have made can be maintained and their education continue. Ability to recruit salaried foster carers will be a key requirement.

Recommendation:

The Trust will maintain Princes Gardens Children's Home while we move ahead to put in place appropriate salaried foster carers or other alternative appropriate care to enable children and young people to be supported as appropriate in family settings, and within their own local community, where appropriate. This will allow the closure of Princes Gardens Children's Home.

Annual Investment: Salaried Foster Carers and Support Team, £335,000

1.2 Provide respite alternatives, replacing Cherry Lodge (3-bedded unit, Randalstown) with 12 specialist salaried foster carers extending the family based respite scheme

Consultation Summary:

Tremendous support for the care and support provided at Cherry Lodge by families and carers. Anxiety and concern about being able to provide appropriate alternatives, particularly within a short time frame.

Recommendation:

The Trust remains committed to developing a family based service model. However, in light of concerns raised by families and carers, the Trust will not take this proposal forward within the CSR timeframe.

We will continue to work with children, young people and their families and carers, to develop appropriate and flexible respite services including home based respite, beyond the CSR period.

1.3 Renegotiation of Linden Services Contract

Consultation Summary:

In seeking efficiencies we will ensure no detrimental impact on service delivery. Response sought reassurance re any potential adverse impact for community/voluntary sector.

Recommendation:

The Trust will move ahead to renegotiate and review the services commissioned from the Extern organisation through the services provided at Linden.

2. Disability Services Proposals

2.1 Implement the *'Widening Choice and Opportunities'* programme for adults with learning disability, developing alternative day opportunities (Broadway Adult Workshops, Newtownabbey)

Consultation Summary:

Significant concerns raised by families, carers and some community representatives about proposed closure of Broadway, and concern about appropriate alternatives given the needs of current Broadway service users. People recognised the deficits of the Broadway building but value its location. Concerns were expressed regarding potential 'loss of pay'. Many users value current contract work and are also keen to engage with new opportunities. Majority of users said they enjoy social aspects of Broadway. A local planning group has been established to consider future options including the possible reuse of Broadway as part of the Day Opportunities for the area.

Recommendation:

The Bamford Review of Services for People with a learning disability, "Equal Lives" (2005), indicates the need for the wider use of a range of community based opportunities and options for people with a learning disability and a reduced reliance on traditional adult centre services. During the past year the Northern Board and Northern Trust have invested over £300k in Day Opportunity and Day Care Services and it is anticipated that this investment and extension of day opportunity services will continue during the CSR period in line with Bamford.

The Trust acknowledges the concerns raised during consultation and has established positive engagement arrangements with users and their families through a local planning group. We will continue to work closely with users; their families and carers to ensure appropriate day opportunities are developed to meet individual needs.

2.2 Extend the provision of respite services expanding on community/family respite provision with less dependence on bed based respite

Consultation Summary:

The Host Carer scheme already in place in the Trust has been successful. Some concerns were raised in responses re potential difficulty recruiting host carers and also proposed that there should be additional funding allocated to learning disability services for further development of respite services.

Recommendation:

The Bamford Equal Lives Report (2005) and the Northern Health and Social Services Board Strategy 'New Directions; New Opportunities' indicate that respite services need to be developed in a manner that provides a range of flexible person centred services which would include bed based services but extend the range of host carer services, home based support and community based activity. Over the 3 year CSR period it is envisaged, on the basis of current investments plans, that a total of £1.2m will be invested in a range of respite services.

The Trust intends to reduce the dependence on bed-based respite as it increases its provision of alternatives in the community through extending our host carer service (Share the Care Scheme), which has been successfully developed in the Causeway locality for several years.

The Trust will work closely with service users and families in identifying suitable and appropriate family based respite carers to meet the particular needs of the individual and their family.

3. Mental Health Services Proposals

3.1 Provide a local service for people with personality disorder, avoiding reliance on people travelling to Great Britain for services

Consultation Summary:

Positive responses to developing a local service.

Recommendation:

In December 2008 the DHSSPS launched for public consultation a Personality Disorder Strategy for N Ireland. This strategy drew upon the Bamford Review's recommendations and further envisaged a 6 tier model for service delivery to people with a personality disorder. This aims through providing improved local services to better meet client and carer needs and reduce the number and durations of out of N Ireland placements for people with a personality disorder. The Department also indicated that up to £3million will be invested over the next two years to establish personality disorder services across Northern Ireland and the Trust will wish in line with the draft strategy to bid against this funding.

The Trust will move ahead to plan, prepare and put in place, a local community based personality disorder service so that people can have the option for care, treatment and support within Northern Ireland, where it is an appropriate option to meet their needs.

3.2 Develop home treatment services people with mental health problems, reducing need for hospital admission (Ward 8, Whiteabbey Hospital)

Consultation Summary:

Acknowledged impact of hospitalisation on patients and families. Support for care and treatment outside of hospital and beds should only be reduced once the new Home Treatment Service is up and running. Some responses related to higher rates of psychiatric morbidity in Northern Ireland and expressed concern regarding psychiatric bed closures. Patients admitted to the current Whiteabbey service expressed concern regarding having to travel to Antrim for inpatient care.

Recommendation:

Home Treatment Services are an element of a modern mental health service with the Bamford Review (2005) recommending that home treatment services be made available on a 24-hour basis across N Ireland. The Trust has agreed in principle a bid with the Northern Board for an investment of £1.0m in the phased development of a Home Treatment Service building upon the current Crisis Response Service.

The Trust will proceed to develop a home treatment service, which will offer care, treatment and support outside of a hospital setting, avoiding the need for hospital admission for some people. This will reduce the need for psychiatric in-patient beds. The home treatment service would commence from spring 2009 and beds would be reduced in a phased and managed way at Ward 8 Whiteabbey as the home treatment service is established.

Psychiatric in-patient provision would continue to be provided for appropriate patients as necessary in Holywell and Causeway Hospitals. The Trust will work to influence improved transport links from Whiteabbey to Holywell Hospital to improve access for patients and families from that area.

3.3 Provide community based rehabilitation services reducing the need for the in-patient rehabilitation ward at Holywell hospital, developing a new community based rehabilitation unit

Consultation Summary:

Proposal in keeping with strategic service direction. Support for care outside hospital where appropriate for individuals. Some responses indicated that developments should not involve private sector.

Recommendation:

The Bamford review (2005) indicates that people who are returning to independent living as part of their rehabilitation require specialist community accommodation with support. The Trust's current inpatient rehabilitation service based in Holywell Hospital does not lend itself to the need for a focus on social inclusion, use of community resources and family support.

The Trust will move ahead to secure and put in place community based rehabilitation accommodation and services so that over time more people can have access to rehabilitation outside a hospital setting This will require an investment of £550K in community based rehabilitation services.

3.4 Replace Inver ward at Holywell Hospital (for people with dementia) with community alternatives, working with independent sector providers

Consultation Summary:

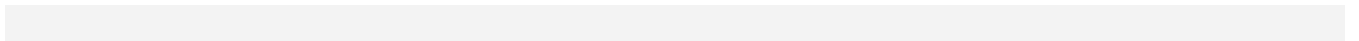
Unison response concerned with involving independent sector providers. Some responses indicated community/voluntary sector has a proven track record in providing community alternatives to inpatient care. Staff sought reassurance about the level of training and skills of staff at proposed new unit and job security. Some carers anxious about ability of independent sector to develop a high quality alternative to hospital care. Local services would be welcomed.

Great sensitivity and care needed when considering potential move for long stay patients from hospital to new community settings.

Recommendation:

The Bamford review of Mental Health Services for Older People (2007) indicates that there should be no long-term care provided within a hospital setting. The Trust will move ahead to secure and put in place community based accommodation and services to support people with dementia outside of a hospital setting, where appropriate to their needs.

This will be developed in partnership with Independent Sector providers and we would plan to secure accommodation in a number of locations to improve local service availability and access (existing clients come from across the Trust area). We will work closely with clients and their families in planning and preparing for the new services, sensitive to the needs of each individual.



4. Older People Services Proposals

4.1 Replace 5 of the Trust statutory residential homes with supported living accommodation and services

Consultation Summary:

The Consultation Response identified that the Trust's initial communication poorly represented the proposal and caused concern and anxiety resulting in strong opposition to the proposal because it was understood to mean 'closure'. As clarification was provided that the proposal was about the replacement of statutory residential homes, a number of positive inputs were received about the types of issues older people would want addressed in new schemes.

These included:

- Residential care cannot be replaced with supported living only.
- There will always be a need for some residential care with 24/7 care and support.
- Residential homes provide secure and safe accommodation and the care provided by home staff was recognised as being excellent and should not be lost.
- Overall support for planning future services for older people.
- Growing number of older people acknowledged. Services in local communities should be provided.
- Services should be flexible to meet changing needs.
- Commitment should be given that no home will close until the alternative is in place.

Recommendation:

The Trust acknowledges the challenging debate that has highlighted the future service needs of older people. The Trust will actively engage in delivering a new generation of care for older people.

On this basis, the Trust would wish to move forward to plan for the replacement of 2 of the statutory residential homes identified in its proposals within CSR period. The Trust will ensure that replacement schemes are designed, to include residential care where necessary and supported living options, to suit the particular needs of the locality and individuals they will serve. There will be no change to the other 3 homes.

The Trust recommends that it moves forward to plan new accommodation and services in Ballycastle and Greenisland within the CSR period, developing new schemes in both localities that take account of the unique needs of current and future residents. There is a commitment that no home would be affected until the new alternative replacements would be in place and existing homes would continue to be supported and maintained during the planning period. The Trust has given a commitment that there will be no compulsory redundancies as a result of this proposal.

The Trust commits to fully involving residents, families, staff and other community representatives in the planning and design of the new schemes, paying particular attention to the needs and well being of existing residents throughout the process.

In addition, the Trust will set up local Planning Forums that will take forward the planning of replacement accommodation and services across the other identified localities beyond the CSR period, to ensure that in the future, older people from across the Trust area have options and choices that can meet their changing needs within their local community.

This proposal will result in investment estimated in the region of £1.1million revenue with estimated savings of £221K. In addition the 2 schemes will involve significant capital investment.

4.2 Provide a greater proportion of our domiciliary care services through independent sector providers whom we contract with (eg Age Concern)

Consultation Summary:

Some responses had concerns regarding standards, reliability and quality of future services. Concerns were raised about any impact on current Trust homecare workers. Trust indicated that staff will not transfer to independent sector providers, staff turnover opportunities will be taken to move towards more input from independent providers (voluntary, community and private sector providers). Both Trust and Independent Sector providers have to meet same quality standards set out by Regulation and Quality Improvement Authority (RQIA).

Recommendation:

The Trust moves ahead to work with Independent Providers (community, voluntary and private sector providers) to provide a greater portion of domiciliary care services to people in their own homes, whilst ensuring that Trust-based services (provided through directly employed staff) continue to provide a vital part of the wider provision of modern, responsive homecare services.

Existing domiciliary care hours will continue to be provided, no reduction in hours

5. Acute Hospital Proposals

5.1 Reconfiguration of Acute Hospital Services

Consultation Summary:

Some responses felt proposal will put pressure on already stretched hospitals. Some indicated it was seen as service and job cuts and will take longer than 'golden hour' to travel from some remote parts. Trust staff indicated the risk and safety issues in providing acute services from 4 hospitals. Many services provided at Whiteabbey and Mid Ulster Hospital will remain and in time new Health and Care Centres will be built on the hospital sites. Inadequate public transport network to Antrim Hospital was raised. Concerns about lack of provision of acute hospital services in Mid Ulster area was particularly raised and issues about NI Ambulance Services response capacity.

Recommendation:

The proposed reconfiguration of acute hospital services is necessary to provide safe, sustainable hospital services, locally where it is safe to do so and centralising only where necessary.

On this basis, the Trust plans to move ahead to reconfigure acute hospital services in order to provide safe, sustainable services, ultimately from 2 hospitals in the Trust area; Antrim Area Hospital and Causeway Hospital.

Within the CSR period, the Trust will take forward the changes to acute inpatient and Accident & Emergency services at Whiteabbey Hospital. The Trust will work closely with Commissioners, the Belfast Trust, NI Ambulance Service, Primary Care colleagues, as well as staff and service users and representatives, to plan and take forward the service changes. The changes during the current CSR period will require significant investment in staffing and accommodation in Antrim Area Hospital & Belfast Trust in advance of the more major planned investment for the additional capacity at Antrim Area Hospital.

The full anticipated changes to acute inpatient and Accident and Emergency services at Mid Ulster Hospital cannot be completed in advance of building the new Ward Block at Antrim Area Hospital. In the interim, significant effort will be made to retain and support acute inpatient and Accident & Emergency services at Mid Ulster Hospital subject to Clinical Risk and Patient Safety issues, which may emerge.

The Trust will also begin the planning for the new Health and Care Centres on the Whiteabbey Hospital and Mid Ulster Hospital sites to ensure local hospital, community and primary care services are enhanced and developed to meet local needs. Planning for the new Health and Care Centres at Ballymena, Larne and Carrickfergus will also be progressed.

6. General Efficiency Proposals

6.1 Introduce a Trust managed car parking policy, including car park charges at acute hospitals (with exemptions)

Consultation Summary:

Responses advised that there is insufficient car parking space at Antrim Area Hospital. Some indicated that car-parking charges have been abolished in Scotland and Wales so why introduce them here. Further concessions should be considered particularly for people attending the hospital very regularly. Poor public transport to Antrim Hospital was raised. Some indicated that charges will have impact on people from rural areas. Overall supportive of improved traffic management at hospitals and support for it being a Trust run service.

Recommendation:

The Trust plan to move ahead on the introduction of a managed car parking system at Antrim Area and Causeway Hospitals. The Trust will manage and implement the scheme. Additional car parking spaces will be created at Antrim Area Hospital and Causeway Hospital, both for visitors and staff (237 extra spaces in total at Antrim Area Hospital and 100 extra spaces at Causeway Hospital – in each case 100 of the spaces are staff parking spaces, freeing up most convenient spaces for patients and visitors parking). Concessions will be put in place for specific service user groups. The Trust will pursue discussions with Translink seeking to improve public transport links and services to Antrim Area Hospital for patients and visitors.

Annual Investment: Car park management staff/ services (from income generated) – £338,000 and in addition one off capital investment.

6.2 Renegotiate existing contracts with independent providers to seek better value

Consultation Summary:

Some responses raised concerns about potential impact on community/voluntary sector and about potential for service cuts. Opportunities for efficiency diminish if the value of the contract is very small. Smaller organisations will find this more difficult. A blanket 3% requirement would not be equitable given the size of the different organisations involved.

Recommendation:

Opportunities to gain efficiencies will be negotiated with individual contracted organisations seeking to secure efficiencies commensurate with the value and nature of the contract. Impact from any such changes would be assessed by the appropriate professional staff within the Trust. This process will be taken forward across all programmes of care where services are commissioned from Independent Providers as part of our annual and regular contract review procedures and processes.

Appendix 1

Proposal	Description	Proceed / Not proceeding within CSR period
1. Promotion of staff health and managing sickness	We propose to achieve a 10% reduction in sickness absence within the Trust, while promoting staff health & wellbeing.	Proceed
2. Overtime and agency costs	We propose to generate savings by analysing the use of locums and agency staff, the reliance on overtime and by replacing a number of hours to normal pay rates.	Proceed
3. Improving skill mix	We propose to review our workforce with a view to improving skill mix to maximise efficiency.	Proceed
4. Traffic Management	We propose to implement a car parking policy, inclusive of charges, on Causeway and Antrim hospital sites. Concessions will be included for specific groups.	Proceed
5. PACS	We propose to implement PACS across the Trust area, which will lead to efficiencies associated with using filmless radiology.	Proceed
6. Pharmaceutical efficiencies	We propose to deliver efficiency by developing a strategic approach to better pharmaceutical procurement.	Proceed
7. Personality Disorders - Mental Health	We propose to reduce referrals to specialist services outside Northern Ireland by developing more local services for people with personality disorders.	Proceed
8. Home Treatment - Mental Health	We propose to invest in a Trust-wide Home Treatment Service, which will offer patients an alternative to inpatient admission and also allow for earlier discharge. Inpatient bed provision will be reduced as this service develops.	Proceed
9. Community Rehab - Mental Health	We propose to redesign our rehabilitation services, providing services in a community-based facility.	Proceed
10. Community Dementia - Mental Health	We propose to redesign dementia services, by providing more local, non- institutional facilities, and this will lead to the closure of Inver 4 Ward.	Proceed
11. Community Respite – Learning Disability	We propose to redesign respite services for people with a learning disability, by implementing a number of flexible alternatives to bed-based respite, such as a host care service.	Proceed
12. Reconfiguration of Day Care/ Broadways – Learning Disability	We propose to modernise day-care provision within the field of learning disability by improving access to education, vocational training, supported employment, befriending and leisure schemes, thus reducing reliance on traditional adult centre services. This will lead to the provision of alternative day opportunity services for clients at Broadway Centre.	Proceed
13. Linden Service – Children’s	We propose to renegotiate our contract with Extern for the provision of Linden Services, with a view to reprioritising the resources currently committed.	Proceed
14. Princes Gardens – Children’s	The Trust will maintain Princes Gardens Children’s home while we put in place appropriate salaried foster carers or other alternative appropriate care to enable children and young people to be supported in family settings and within their own local community.	Proceed
15. Cherry Lodge – Children’s	We propose to replace this children’s respite facility with a team of specialist salaried foster carers, for the provision of residential and respite care. A Trust support team will also be established to provide ongoing support to these foster carers.	Not proceeding within CSR period
16. Independent sector providers – Women’s & Childrens	We propose to review all contracts held with the independent sector, with a view to reducing costs over the 3-year CSR period.	Proceed
17. Reconfiguration of services within Directorate - Women & Childrens	We propose to reconfigure a number of services within this directorate, including community dental services, health improvement & community development services	Proceed
18. Statutory Residential Homes – Older People	The Trust wishes to move forward to plan new accommodation and services for Rathmoyle in Ballycastle and Greenisland House within the CSR period, developing new schemes in both localities that take account of the unique needs of current and future residents. The Trust will set up local planning forums that will take forward the planning of replacement accommodation and services across the other identified localities beyond the CSR period.	Proceed with 2 replacement schemes
19. Domiciliary Care services – Older People	We propose to re-balance the proportion of home care carried out by the Independent Sector.	Proceed
20. Acute Reform	Within the CSR period the Trust will take forward the changes to acute inpatient and A&E services at Whiteabbey Hospital. The full anticipated changes to acute inpatient and A&E services at Mid Ulster Hospital cannot be completed in advance of the new ward block at Antrim Area Hospital. In the interim period significant effort will be made to retain and support acute inpatient and A&E services at Mid Ulster Hospital to ensure services can be sustained until the additional capacity at Antrim is in place subject to clinical risk and patient safety issues which may emerge.	Proceed as noted