

# **Better Mental Health for Bassetlaw**

## **Transforming mental health services: including a focus on adult and older people's inpatient services**

### **Frequently asked questions**

#### **General questions**

##### **1. How will moving services further away make services better for people in Bassetlaw?**

We believe that moving the inpatient services to Millbrook Mental Health Unit and Sherwood Oaks is the best possible solution for our local people and NHS resources. There will be improvements in the quality of the care environment, the close links to other specialist mental health services and staff and the overall experience of patients and their families.

##### **2. Is this about saving money?**

Not at all. It's about improving the quality of services and offering a better care experience to our patients and their families. We do have a duty to ensure that we make the best use we can of NHS resources, and we will do so within the future design of inpatient mental health services for adults and older people, but these changes are not financially driven.

##### **3. How did you come up with these proposals?**

We know that the current services do not meet all the current national quality standards that they should. We looked at data that showed us how the inpatient beds in Bassetlaw are used, the needs of the population in Bassetlaw and the finances and resources that would be needed to make the changes. All of this allowed us to develop a case for change. This was then checked by NHS England/Improvement to make sure that we had carried out the background work we needed to before sharing our proposals as part of this engagement.

##### **4. Will there ultimately be fewer beds available for Bassetlaw patients?**

No, the number of beds available for Bassetlaw patients will be the same. Overall, for Mid-Nottinghamshire and Bassetlaw, there would actually be an increase of 8 beds available for adult mental health.

**5. How will you ensure that Bassetlaw patients have access to some of the beds at Sherwood Oaks and Millbrook? What would happen if beds were not available for them?**

Our analysis suggests that we would always have enough capacity at the Mansfield sites to meet the needs of Bassetlaw patients. If demand was higher, then arrangements would continue as we currently have in place, which is we would find another bed in Nottinghamshire. It has been rare for any patient to need mental health services out of our area and only really necessary for those needing highly specialist services not available more locally. We believe these proposals offer a greater chance that local people will be able to be treated in Mansfield, closer to Bassetlaw, and lower the likelihood of needing to be admitted into inpatient facilities in, for example, Nottingham.

**6. Why don't you improve the existing wards to meet the necessary quality standards?**

In the early stages we did look at the option of refurbishing the wards on the Bassetlaw site, especially as this would mean that services were still provided in Bassetlaw. However, we felt that this would be outweighed by significant negative implications, including:

- It was felt that the Trust would not have enough control on the environment and the quality standards required for mental health provision
- It would result in a very small, isolated unit without outside space
- We would still not be able to fully meet all requirements for quality and environment

**7. Why don't you build a new unit in Bassetlaw?**

The project group did initially consider the option of acquiring a site for new purpose-built accommodation. The benefit of this option would be that services were provided locally. However, the delays associated with acquiring a new site and the length of the construction programme, alongside the isolated nature of such a unit and the ongoing costs meant that it was not thought to be a strong option – either from a clinical, sustainability or value for money perspective.

**8. How many patients currently use the wards at Bassetlaw Hospital?**

Around 100 patients from Bassetlaw each year use the wards at Bassetlaw Hospital.

Since 2018, Bassetlaw residents have used between five and nine of the 24 adult mental health beds at any one time, with the significant majority of beds usually being used by patients from outside of Bassetlaw.

Of the 15 beds for older people, since 2018, between three and 12 beds have been used by Bassetlaw residents, with around 50% of beds used by patients from outside of Bassetlaw on average.

**9. What will happen to the wards at Bassetlaw Hospital if these wards close?**

Nottinghamshire Healthcare NHS Trust rent the wards from Doncaster & Bassetlaw Teaching Hospitals NHS Foundation Trust so they would be returned to them for their use. This gives us an opportunity to use this space to improve local services at the Bassetlaw hospital site in the future.

**10. When would any changes take place?**

If the changes go ahead, we would expect that they will be in effect by Autumn 2021. Sherwood Oaks will be ready to open to patients from September 2021 onwards.

## **Travel and transport**

**11. These changes would mean extra travelling for patients, carers and families and staff and people are worried about this.**

We are very aware of concerns about travelling to Millbrook and Sherwood Oaks. This issue has been raised in the feedback we've had so far. We will consider this carefully when we make a decision, taking into account information around journey times and access, people's views and the support that the Trust is able to put in place to help with this.

**12. What parking facilities will be available for carers and visitors at Millbrook Hospital and Sherwood Oaks?**

There are parking facilities available. We are working on a travel plan, which will consider if this needs to be increased. The Trust will not be charging visitors for parking.

## **Links with community care and other mental health services**

**13. What will happen when people are discharged and need community care?**

This arrangements for this will be unchanged. All admissions and discharges will involve relevant community services and comprehensive discharge care plans will be

developed with the full involvement of service users and carers, ensuring identified needs are met and focus on recovery is maintained. Ongoing support post-discharge should be improved with the development of the community hub model.

The development of Sherwood Oaks will also allow increased use of technology to support the engagement of patients whilst inpatients as well as discharge processes. This includes the use of remote video conferencing and apps to allow the involvement and maintenance of contact with families and carers as well as community support services and structures, for example care coordinators, and other key statutory and non-statutory support services. This development will sit alongside enhanced community provision in accordance with the Long Term Plan and funding associated with this allowing the timely provision of short, medium or long term community mental health care dependent on individual service user need. We know from our experiences during the COVID pandemic that many people are increasingly comfortable to use technology to support their care needs and we will continue to encourage this to improve access to both physical and mental health services where appropriate.

#### **14. When will the changes you mention in community care happen in Bassetlaw?**

Some of the changes in community care are already underway as pilot schemes in Bassetlaw. For example, the crisis sanctuary scheme offering a safe and welcoming space for periods of near crisis providing practical and emotional support for a range of issues. The sanctuary hubs – with trained mental health practitioners, peer support workers and volunteers - will roam across Nottinghamshire, including Worksop.

We are developing other improvements and these changes will happen over the next three years. Patients in Bassetlaw will benefit from:

- Specialist mental health services to support new and expectant parents
- Children and adolescent services, including in schools and community based teams
- Supporting local people suffering with an eating disorder
- Helping people in crisis access support more quickly and better suited to their needs
- Improved support for people with severe mental illness
- Improving ambulance service mental health responses
- Supporting people with to access local services meeting the needs of those with lower to moderate mental health (IAPT services)
- Improved inpatient care with access to relevant specialist skills
- Improved access to long term community rehabilitation services
- Improved access to suicide prevention services
- Better integration of a wider support offer to people including access to voluntary sector support, social care, employment and housing support as well as drug and alcohol services

The investment we're making in Bassetlaw will mean a more comprehensive local service based within our local communities across Bassetlaw. In essence it will

mean improved access for those that need it with 'no wrong door'. This new model will be based on the following core principles:

- Improved integrated working across community-based health and care teams with 'no wrong door'
- Person centred services, enabling people to self-manage and remain resilient
- Support will be personalised to each individual with co-produced Care Plans informed by evidence-based interventions

These are all part of the transformation taking place as part of the national Long Term Plan for Mental Health., This will mean the delivery of the fastest expansion in mental health services in the NHS's history and in Bassetlaw, with many more adults, children and young people being able to access mental health services that meet their needs. It will improve how the NHS treats people with severe mental illnesses in Bassetlaw, including during crisis, and will ensure more mothers experiencing severe mental health issues get the treatment they need – with their partners being offered mental health support for the first time too. There are widespread changes planned across all age groups and you can find out more about these changes at <https://www.longtermplan.nhs.uk/areas-of-work/mental-health/>.

Further details about the changes in Bassetlaw and on this engagement can be found at: <https://www.bassetlawccg.nhs.uk/get-involved/how-to-get-involved/bassetlaw-mental-health-engagement>

## **15. So, what mental health support will be available for patients at Bassetlaw Hospital?**

For urgent and emergency care, patients at Bassetlaw Hospital will continue to have 24/7 access to specialist MH support.

Mental health Crisis and Liaison teams will remain based at the Bassetlaw site and will continue to provide robust hospital admission gatekeeping assessments, intensive home treatment support as well as mental health liaison to the Bassetlaw Emergency Department and hospital wards.

The Liaison offer within the Bassetlaw hospital site will be further strengthened to provide 24/7 access to a multi-disciplinary mental health team that can respond to patients in the Emergency Department within 1 hour and to patients on the wards within 24 hours. Peer support workers will be a key part of the team to support patients to access ongoing support services such as substance misuse, IAPT and social prescribing.

The Crisis and Liaison teams will include peer support roles to support both patients and their carers. Working closely with key agencies the services will support patients to access other support services, such as substance misuse services and debt advice.

For people living with dementia who require an urgent response, the Mental Health Services for Older People (MHSOP) Intensive Home Treatment teams will offer a

specialist 7-day service to support patients to receive assessment and treatment at home and reduce avoidable admissions.

## The engagement process

### 16. Have you already made up your minds about these proposed changes?

No, but we are being open about having a preferred solution. The aim of this engagement is to gather all the information to ensure our decision on the next steps is properly informed. We want to hear your views on what we are proposing and there are a number of ways to give your feedback.

### 17. How open are you to different options?

Whilst we have looked at different options and think that the preferred solution delivers what we need for local people, we will take any suggestions into consideration. We want to ensure that our plans are shaped by the views of staff, patients, carers and their families and other key stakeholders.

By giving us your feedback you can help us understand what you would want future services to look like, the environment you would want them to be in and help us understand the impact on people who may be most affected.

### 18. How can I give my views?

There are a number of ways to share your views. You can visit the webpage where there is more information and a link to the survey -

<https://www.bassetlawccg.nhs.uk/get-involved/how-to-get-involved/bassetlaw-mental-health-engagement>

You can also reach us by:

- Email: [nhsbassetlaw@thecampaigncompany.co.uk](mailto:nhsbassetlaw@thecampaigncompany.co.uk)
- Call us on 01777 590035 (Monday – Friday, 9am-5pm, or leave a message). Calls are at a local rate but we can also call you back.
- Write to us at: **Freepost RTEK-SATU-YXEC, NHS Bassetlaw CCG, Retford Hospital, North Road, Retford, Notts. DN22 7XF**

We are working with an engagement partner, The Campaign Company, who will provide a report of all feedback when the engagement closes.

We also want to speak to as many interested groups and organisations as possible. If you would like us to come and speak with your group or organisation, please get in touch using the details above so this can be arranged.

**19. How long will this engagement last?**

The engagement will run until 18<sup>th</sup> April 2020.

**20. Who will make a final decision and when will it be made?**

NHS Bassetlaw CCG will make a decision on the next steps for the adult and older people's mental health inpatient services in May 2021, after considering the outcome of the engagement alongside clinical and financial information. Following this, we will continue to engage with local people and stakeholders to ensure that the future service and support available is fully informed and shaped by people who use these services and their families.