



**BESTFORHEALTH**  
IMPROVING MENTAL HEALTH  
AND SOCIAL WELLBEING

**NHS**



# **Manchester Mental Health Community**

## **Inpatient Mental Health Services Discussion Document**

**30 August 2005**

## Inpatient Mental Health Services

### Why have we written this document?

Manchester Mental Health and Social Care Trust and its commissioners (North, Central and South Manchester Primary Care Trusts and Manchester City Council) value the role of inpatient care for people with mental health problems. In this document we will describe some of our plans to improve access to inpatient beds.

Our plan is to improve access to in-patient beds by:

- Strengthening community and emergency mental health services
- Improving the quality of inpatient services
- Reducing delayed discharges (this is when people get 'stuck' in hospital because they need accommodation or further support to be provided before they leave the ward)

Like previous discussion documents which have been issued by the Manchester mental health consultation project, we are looking for views and comments from service users, carers, staff, voluntary organisations and other stakeholders on the contents of this document. In particular we would like to know:

- Do you think our plan to improve access to beds is the right one?
- Have we identified all the priority areas for improvements to services?
- Can these plans be improved?

Your views and feedback will help us prepare our final proposals for public consultation (the public consultation will start in the autumn). We would like to hear your views on these questions by **7 October 2005**. You can write, email or telephone:

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**You can also fill in the response sheet at the back of this document to tell us what you think.**

## Why do we need inpatient mental health services?

We have community mental health services which offer people care and support with their mental health problems but also let them stay in their own home, as part of the local community, living everyday lives with family and friends, perhaps at work, in education or training. Even if a person becomes very distressed or unwell, community support may be right for them and help them remain safe, and recover or help them become less poorly.

However, for some service users community support will not be enough. For these service users, the pattern of their mental health problems may mean that they need to receive care and treatment in hospital from time to time. Some people may become so distressed or unwell that they present a risk to themselves or people around them, and in some situations they may not be willing, or able, to accept help. For all these service users, their families and friends, inpatient care is very important.

Going into hospital - for any reason - can be difficult, inconvenient and sometimes traumatic for the service user and their family and friends. It is no different for people using inpatient mental health services. Sometimes though, it can be even more difficult because some users will be detained under the Mental Health Act 1983. We want to ensure that admission to a mental health hospital bed is as least traumatic and difficult as we can by making the process of getting a bed easier, and by improving the quality of the services people are offered. People who use any hospital bed – be it for heart disease or mental health problems – should be able to expect the same standard of care.

## Hospital beds in Manchester: the facts

The majority of hospital beds for Manchester residents are provided by Manchester Mental Health and Social Care Trust (the Care Trust).

Number of Beds	Type of Bed	Location
159	Adults of working age (16-64)	Based on 3 sites: <ul style="list-style-type: none"><li>▪ North Manchester General Hospital (Park House)</li><li>▪ Manchester Royal Infirmary (the Edale Unit and York House)</li><li>▪ Wythenshawe Hospital (Laureate House)</li></ul>
101	Older people (65+)	
8	Intensive care (PICU)	Laureate House
8	Intensive care (PICU)	Edale Unit
6	Emergency Care (SAFIRE)	North Manchester General Hospital
10	Mother and baby	Laureate House

People from all parts of the city use all of the inpatient services. People resident in Central Manchester in particular use Park House as well as the Edale Unit but the majority of admissions take place in the unit in the area in which the service user lives.

There is a table in appendix 2 at the end of this discussion document which shows how many Manchester 'admissions' took place at the three Manchester hospital sites during 2004.

'Admissions' does not mean the number of different people who were admitted. The same person could be admitted to hospital on two separate occasions and this could count as two 'admissions' even though it is the same person both times.

People from other parts of Greater Manchester use the inpatient services of Manchester Mental Health and Social Care Trust. A list of primary care trusts which have agreements with the Care Trust for their users to access inpatient services can be found at appendix 3.

The approximate cost of one bed in the Care Trust is £210 per day for adults of working age, and £174 per day for older adults. For adults of working age, this cost is the same as the national average; for older adults it is a bit less expensive than the national average (see appendix 5).

### **Investment in mental health services**

National policy, such as the National Service Frameworks for Mental Health and Older People have led to high levels of new investment in mental health services across the country. In particular, new community mental health services have been developed, such as crisis resolution and home treatment services, which have been aimed to help as many people as possible to manage their mental illness and continue to live everyday lives in their own communities.

In Manchester, we think that by investing in community and emergency mental health services, we will be able to help improve inpatient services as well. For example, we expect that by building up community mental health services we will help reduce occupancy levels on our adults of working age wards from an average of 120% to the levels of national good practice (85%). This will mean that staff time and resources will be freed up and will be able to be used in new and improved ways. This will be discussed in further detail later on in this document.

### **Three hospital sites**

The Care Trust and its commissioners have carefully considered whether reducing the number of inpatient hospital sites should be put forward as an option for consultation. The advantages of reducing the number of sites (but not the number of beds) include:

- Reinvesting the money saved in to community and emergency mental health services (estimated to be over £2m)

- Having the opportunity to develop specialist services (such as services for women only, for 16 and 17 year olds and for people from black and minority ethnic communities).

The disadvantages raised by stakeholders include:

- Increased travel (particularly for users and carers who would have to travel to a different site. This could be difficult if you lived, say, in south Manchester but needed to get to North Manchester General Hospital by public transport)
- Moving a hospital service from one place to another is very time-consuming and might distract attention from improving and changing community and emergency mental health services.

In early August 2005 commissioners and the Care Trust decided not to put forward any plans for changing the number of sites. The press release announcing this decision is included as appendix 1 to this document.

### **Service improvement priorities**

Manchester's inpatient mental health services provide examples of good practice and high quality care across the city. However, there are areas where improvements need to be made. Service users, carers and their representatives, and staff and their representatives have over time provided good evidence of many of the priority areas for improvement in Manchester's inpatient services. They are (in alphabetical order):

<b>SERVICE IMPROVEMENT PRIORITIES</b>	
1.	Access to activities on wards
2.	Access to therapies on wards
3.	Advocacy services
4.	Choice
5.	Culturally sensitive services
6.	Gender-sensitive services
7.	Health and safety
8.	Information and advice services
9.	Intensive care
10.	Services for young people aged 16 and 17
11.	Specialist services
12.	Staying in hospital for the right length of time
13.	Waiting lists for inpatient beds

## **1. Access to activities on inpatient wards**

Activities available to service users on inpatient wards are very important ways to reduce boredom, keep interested in things, and possibly learn new skills. For older adults with dementia, activities on wards can provide stimulation and interest. Since 1999, the Care Trust has been developing a programme on the wards for adults of working age called the inpatient activity scheme (IPAS). IPAS offers activities to users including the following: access to magazine subscriptions/newspapers, library access: books, videos, computer games, cooking, beauty sessions, board games, computer and Internet access

Users have reported a high level of satisfaction with IPAS though we know that there is more to do to provide every user with access to activities they are interested in.

### **Good practice example - mapping activities and care**

Working with the National Institute for Mental Health in England (NIMHE), inpatient staff teams in older people's mental health services mapped out, hour by hour, what care was delivered to inpatient service users over a 24 hour period. The map of care that resulted has been used to assist staff improve care by increasing the effectiveness of time spent with users and carers.

## **2. Access to therapies on inpatient wards**

We want, and service users and carers expect, inpatient wards to be places where people receive the care and treatment they need to improve and recover as far as possible. An important contribution is made to care by therapists such as occupational therapists and psychologists.

There are psychologists who work on some of the inpatient wards, and other psychologists provide training and advice to inpatient staff. The Care Trust would like to offer more training to inpatient staff on psycho-social interventions and cognitive-behaviour therapy. Staff who are trained in these areas are of particular benefit to service users who have a psychosis.

## **3. Advocacy services**

What is advocacy? We have defined advocacy as 'the process of pleading the cause and/or acting of behalf of another person, to secure services they need and/or rights to which they are entitled'. (*A Clear Voice, A Clear Vision, The Advocacy Reader*, UKAN Publication)

Currently, some formal advocacy services which fit this definition are provided to inpatients in Central Manchester by *Together* (formerly the Mental After

Care Association). Inpatients in Laureate House and Park House do not have access to a formal advocacy service in the same way, and this has prompted criticism from the Mental Health Act Commission. There are some advocacy services in the community, and there is some informal advocacy available to some inpatients.

Advocacy services are generally recognised as essential in inpatient settings, especially for people who are detained under the Mental Health Act 1983. When advocacy services function well, they can provide vital support to vulnerable people to ensure that their needs are recognised and their voice heard.

The Manchester mental health joint commissioning team has developed an advocacy strategy for the city, working closely with existing advocacy service providers and service users. The strategy recognises that the first priority for advocacy services are people who are in an inpatient setting.

The strategy also recognises that, for older adults, community advocacy may be an equal priority with inpatient advocacy: key decisions for older people with mental health problems include assisting people to make decisions about what they want to do and where they would prefer to live and these decisions are made in the community as well as in inpatient care.

Alongside the development of the advocacy strategy, the joint commissioning team has conducted a review of all existing advocacy services in the city. The review has included a comparison between the current work of the service provider, and the priorities set out in the advocacy strategy.

*Shortages of advocacy services will be improved by implementing the Manchester mental health advocacy strategy and by commissioning a new advocacy service in 2006*

The results of the reviews are currently being considered and it is anticipated that a new inpatient advocacy service will be developed during 2006.

#### **4. Choice**

There is a strong emphasis on choice in health and social care policy across the country. In many areas of health care, people using services are increasingly being offered the choice of where they wish to go to receive a service. Choice of this kind is linked to the NHS programme called 'Choose and Book' which offers people the chance to book appointments at clinics and other services of their choice. At the moment, mental health services have not been included in the national choose and book programme. However, this does not mean that choice is unimportant in mental health.

Choice is important in mental health inpatient services in many ways. In Manchester, between 40% and 60% of people using inpatient mental health services have been formally detained under the Mental Health Act 1983 but even though they are detained, there are still many choices which they may

be able to exercise. In this document the theme of choice is explored in several places:

- Accessing activities – having a choice of things to do on the ward
- Advocacy – having support to make choices
- Culturally sensitive services – choosing services that meet culturally specific needs
- Gender-specific services: choosing a consultant of your own gender
- Information and advice – having information about choices available in treatment and discharge arrangements

During autumn 2005, the Local Implementation Team (a group of service users, carers and professionals who oversee the implementation of the National Service Framework for Mental Health) will be conducting a study of choice in Manchester's mental health services. This study will help organisations make plans to improve choice in the future.

#### Good practice example - choice in dementia care

Users of service on Cavendish ward took part in a pilot in which they were offered non-medical interventions such as exercise, relaxation and aromatherapy. Talking therapies were also offered to older people with dementia.

## 5. Culturally sensitive services

A national survey, called *Count Me In*, was carried out on 31 March 2005 to find out how many people from different ethnic groups were using inpatient mental health services. Manchester's services showed similar results to the rest of the country, including the following:

- Young, black men were over-represented in inpatient services; they were more likely to receive a physical treatment (medication, electro-convulsive therapy) than other users; they experienced a higher rate of control and restraint and seclusion than others

The Care Trust and its commissioners are very keen to ensure that all mental health services meet the needs of the whole of Manchester's population, and are sensitive to the particular cultural needs of black and minority ethnic groups. The Care Trust has established a post with a special responsibility for providing training to staff on meeting cultural needs. Access to interpretation is provided through the link workers scheme based in Central Manchester PCT.

The Care Trust has recently developed a Race Equality Scheme and an action plan that is being implemented. The Race Equality Scheme and the five-year action plan follow national guidance on achieving equality and

tackling discrimination for all people from black and minority ethnic backgrounds.

In terms of employment, the Care Trust employs a representative number of people from a black and minority ethnic background when compared with the population of Manchester. The majority of these staff work directly with service users, rather than being in supervisory or management roles. Whilst this means that service users have access to the cultural knowledge and language skills of care staff from their own communities, it also means that we need to improve the opportunities for black and minority ethnic staff to progress their careers into management and beyond.

## 6. Gender-sensitive services

Gender-sensitive services mean services should recognise the sometimes different needs of men and women. In inpatient care three of the issues which are important to service users, carers and staff are:

- The design of the ward environment to offer everyone safety, privacy and dignity, including the provision of women-only areas
- The ability to choose a consultant psychiatrist of your own gender if you wish
- The provision of specialist services for women and men only.

With the opening of the new inpatient service at the Manchester Royal Infirmary site all of Manchester's services will meet the minimum standards in the national guidance on safety, privacy and dignity for women and men. The services at Manchester Royal Infirmary and at Wythenshawe Hospital will additionally meet the higher standards set out in the national guidance, for example, by ensuring that all bedrooms have *en suite* facilities. Park House at North Manchester does not meet this standard as it does not have *en suite* facilities but will be part of a capital strategy to develop all the sites to the highest possible standard for inpatients.

### Good practice example - essence of care

The Care Trust actively promotes 'Essence of Care' for older people. This is a national initiative which focuses on the following issues: communication, continence, bladder and bowel care, personal and oral hygiene, food and nutrition, pressure ulcers, privacy and dignity, record keeping, safety of patients with mental health needs and principles of self care. In each locality in the Care Trust, a monthly meeting of different professionals, users and carers is held to develop and improve practice in these nine areas.

## 7. Health and safety – violence on the wards

During 2004/05 there were 360 reported incidents of violence on the wards of Manchester Mental Health and Social Care Trust. The Care Trust took part in a national survey about violence on wards which found that - across the country - the reasons for violent incidents included:

• **Unsafe environments:** the design of many of our wards/units fails to meet many basic safety standards. It is vital that systems ensure staff and service users are fully involved in the design process for every new mental health or learning disability residential unit. Great efforts should be made to upgrade and improve existing wards in ways that optimise safety.

• **Inadequate staffing:** nationally, many services are operating with vacancy factors. This was commonly linked to the on-going drain of experienced staff into higher paid, and often more highly-regarded, community posts. Many in-patient services are being left reliant upon inexperienced leaders. Additionally, many services are experiencing problems recruiting staff and are overly-reliant upon bank and agency staff. Under either or both of these circumstances, it can be hard to build a coherent team than can work proactively to prevent and manage violence. It is vital that the status of in-patient nursing is raised to at least that of community nursing.

• **Client mix and over-crowding:** many acute mental health services are 'fire fighting' as they struggle to work with an increasingly unwell population, some of whom will have a dual diagnosis. For many, faced with high bed occupancy figures and inadequate staffing, the delivery of a therapeutic service can become impossible. There are great inequities in staffing levels and skills mix across the country. Action is required for both commissioners and managers to address this.

• **Substance misuse** was identified as the most common trigger for violence. The quantitative data revealed that problems associated with the use of alcohol and illegal drugs were more common in mental health services – particularly Acute, PICU and Forensic services (alcohol was rated as especially problematic in Acute services). More must be done to support staff teams to address the problems caused by the use of alcohol and illegal drugs in in-patient services.

• **High levels of boredom:** many wards/units are unable to offer service users a structured and therapeutic system of care. This is linked to low staffing levels and high volumes of paperwork. As well as the obvious link between 'boredom' and 'violence', this is seen to have an impact on recovery rates for service users, and on job satisfaction for staff. Ways have to be found of supporting staff to spend more time in face-to-face contact with service users – doing the job that they were trained to do.

• **Staff training** in the prevention and management of violence: significant numbers of staff reported dissatisfaction with the timing, content, or quality of the training they received. Additionally, and perhaps more concerning, many felt unable to apply the training in real life situations. Training must be tailored to individual needs and more emphasis placed on the prevention rather than the management of incidents. The audit findings indicate, however, that training will only be effective if the other issues described above."

Healthcare Commission, The National Audit of Violence, 2003-05

The Care Trust has launched a zero-tolerance campaign to reduce violence and disturbance in its services. The campaign has emphasised the importance of reporting all incidents appropriately. When incidents do occur, the campaign has helped ensure that the right agencies are involved in managing the incident and its aftermath, including the police. Line managers and the relevant health and safety officer stay in touch with staff who are off work following an incident to help ensure they receive the support they need.

Additionally, all staff joining the Care Trust are provided with induction training in managing and de-escalating potentially violent incidents. Staff who work on wards are trained in additional techniques, including control and restraint.

The intention of the zero-tolerance campaign and the linked training programmes is that service users, visitors and staff will be able to experience an inpatient environment that is free from violence and disturbance.

Some specific projects have also been started to help make this aim a reality. For example, Grafton Ward on the Edale Unit has recently been accepted for membership of the Association of Acute Psychiatric Wards and can take part in an independent accreditation system. Reducing levels of disturbance is a key element of the accreditation process.

#### Good practice example - Redwood Ward (North Manchester)

The model of *Refocusing* developed by Nick Bowles in Bradford has been adapted for use on the Redwood Ward since summer 2004. The purpose of *Refocusing* is to empower patients to have a greater say in their care and treatment and to identify elements that can be improved to enhance the inpatient experience (for example, the environment). Members of the Care Trust's staff team visited Bradford to see what had been achieved there and two "Away Days" for staff and patients facilitated by NIMHE (the National Institute for Mental Health in England) were held to explore and identify different ways of providing care. The process of refocusing is one that develops over time and the impact of the work so far will be reviewed in the autumn.

## 8. Information and advice services

Getting information and advice when you are an inpatient is very important – there may be a wide range of issues which you need information about, or help with. These include housing, benefits, and the treatment you are receiving.

Advice and information is provided to inpatients from a number of sources, including of course, ward staff. Other sources include a welfare rights service and the Care Trust's patient advice and liaison service (PALS). A PALS co-ordinator has been in post since the beginning of 2005 and she arranges the provision of advice and information across the Care Trust. Up to August

2005, the PALS service has received and dealt with 279 requests for support from service users, carers, staff, groups and organisations.

The Care Trust is in the process of recruiting PALS 'link' workers from amongst its staff; staff would have customer care training and be able to provide some PALS services in their area. One PALS link worker arrangement that is already working is on Brontë ward at Laureate House, where the link workers provide a PALS drop in.

## **9. Intensive care**

At times, some people need more intensive support than can be offered in an ordinary inpatient ward. The Care Trust has a city-wide intensive care service, operating from two Psychiatric Intensive Care Units (PICUs), which are based on the central and south sites. A linked 'in-reach' service also provides support to users in the north of the city. On average people stay in PICUs in Manchester for about 5 weeks. The national average is 6-8 weeks.

## **10. Services for young people aged 16 and 17**

From time to time a young person aged 16 or 17 is admitted to one of the wards in the Care Trust. The wards for adults of working age are not ideal environments for young people and dedicated provision would be a better option for the majority of sixteen to seventeen year olds.

The needs of this age group have been recognised nationally in the Children and Young People's National Service Framework and there is a requirement that child and adolescent mental health services (CAMHS) work with adult mental health services to develop appropriate services for this age group. The government has made money available to develop CAMHS across all of the age range ( up to 18<sup>th</sup> birthday) and a dedicated community mental health team is being established for 16 and 17 year olds. Consideration is being given to developing a small number of inpatient beds for this team to use when necessary.

It isn't practical to develop a small number of dedicated inpatient beds for 16-17 year olds at any of the Care Trust's existing hospital sites. This service therefore will initially be provided elsewhere. Once the community team is established the number of inpatient beds for this age range will be re-visited

Specialist inpatient provision will be developed for this age range during 2005 and will be revisited in 2006 once the community mental health team is established.
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but there remains the commitment from CAMHS and adult services to deliver appropriate services for this age range which offer young people choices.

Aside from the potential development of specialist inpatient services, we also recognise that more needs to be done to smooth the transition from CAMHS to services for adults of working age. This transition is an important one when

everyone – service users, carers and staff – should be able to understand clearly what is happening, and be able to take part in planning.

## 11. **Specialist services**

There are some people who use inpatient services who have particular needs and often require specialised care. These people including service users with eating disorders, mental health needs together with a learning disability, people who have personality problems, and people with a dual diagnosis of mental health and drug or alcohol misuse.

For most of these people, the strategy of the Care Trust is to provide specialist care on general inpatient wards, as opposed to developing specific, specialist services. The main exception to this strategy is for users with an eating disorder. For people with an eating disorder who are so unwell that they can no longer be supported in the community, specialist eating disorder inpatient services are arranged.

### ***Learning disability***

The Care Trust does not provide specialist learning disability services. However, it does offer an advice and assessment service for people who have a learning disability and also have mental health problems. Depending on their circumstances users may need to have their mental health problems assessed, or treated, as in-patients in either an acute ward for adults of working age, or a ward for people over the age of 65.

### ***Personality problems***

Effective treatment of personality problems requires a careful balance between encouraging service users to take responsibility for change and offering support when needed. From time to time, and when experiencing a crisis, people with a personality disorder may require a short-term admission to an in-patient ward. The role of the acute psychiatric wards in treating people with personality disorder is largely confined to managing the crisis as a prolonged length of stay often becomes counter-productive.

Following the publication of the national document *Personality Disorder: No Longer a Diagnosis of Exclusion* (NIMHE 2003), a number of mental health services are developing specialist services to train staff to treat and support people with personality problems. The Care Trust has developed a programme for working with people with personality problems in a mental health inpatient setting.

### ***Dual diagnosis***

'Dual diagnosis' means 'a mental health problem and a substance misuse problem, both of which require some form of intervention, and may or may not have been medically diagnosed' (Alcohol Concern). Estimates of the proportion of users of inpatient services across England found that between

27% and 80% of users had a dual diagnosis. A recent piece of research on Oxford Ward in the Manchester Royal Infirmary found that all patients admitted over one month had a dual diagnosis.

The Care Trust's approach to supporting people with a dual diagnosis is to provide training and supervision to inpatient staff (and others), and to develop guidelines for providing care. The Care Trust has employed a nurse consultant in dual diagnosis who has helped to establish a dual diagnosis network of interested professionals, users and carers across Manchester. In the future, consideration could be given to developing a specific dual diagnosis ward but there are no firm plans for this at present. Consideration is being given to developing specialist dual diagnosis clinics.

## **12. Staying in hospital for the right length of time**

Adults of working who are admitted into beds in the Care Trust stay, on average, for 69 days. This is much longer than the national average of 26. Older adults stay for an average of 72 days against the national average of 80.3 days.

There may not be a simple reason inpatients in Manchester stay in hospital longer than in other parts of the country. Among the reasons that have been suggested are:

- Lack of certain kinds of hospital beds (e.g., high dependency units) for people who need them who are using ordinary inpatient beds in the Care Trust
- Access to appropriate accommodation after discharge is limited
- Limited access to intermediate care services especially for older people with mental health problems
- Limited availability of home care support round the clock especially for older people.
- The need to improve joint assessment and care planning for older people.

But it is also likely that we will need to look carefully at the practice on individual wards to see whether changes need to be made to reduce the amount of time people stay in hospital.

The lengths of stay in the Care Trust have an effect on the waiting list: fewer beds become available because people stay in them for longer. So tackling lengths of stay will mean that the waiting list is reduced.

Tackling long stays in hospital beds is partly the responsibility of the Care Trust's 'Strategic Bed Management Group' which is chaired by the chief

executive, Laura Roberts. The group is looking at ways in which clinical practice – the ways in which staff provide care – might need to change to make sure people do not stay in hospital for longer than they need. The group is also trying to improve the way the Care Trust collects information about who is ready for discharge and when, so that planning for discharge can start on admission or even before.

Lengths of stay and delayed discharges will be reduced by improving community services and accommodation, and by changes in care practice.

For older people especially, increasing the level to which different health and social care services work together to help people prepare for discharge is very important. The Care Trust and the City Council want to improve the joint working between community teams for older people and this is a major priority in older people's services.

Delayed discharge also affects older people who have been admitted to hospital for a medical need but who also have mental health problems. Sometimes, older people in this situation have to wait for some time before they can be properly assessed by the right mental health professional. The Care Trust is working with other organisations including acute hospitals to address this problem.

In the longer term, it is expected that the changes planned for community mental health services will mean that some service users can be discharged more quickly from hospital because the support will be there for them in the community. The Care Trust, the City Council and joint commissioners are always looking for ways to improve the accommodation available in the city for people with mental health problems.

#### Good practice example - Gateway Project

The Gateway Project brings together a community mental health team and an inpatient ward and aims to ensure that access to inpatient beds for people who need them is improved and that people stay in hospital no longer than they need to. The project emphasises pre-planning for admission, and ongoing contact between community team staff and the user whilst they are an inpatient. The project also aims to offer improved choice to service users and carers about treatment options.

### 13. Waiting Lists for in-patient beds

There is a high demand for inpatient beds for adults of working age (16-64) in Manchester. There is a high demand because the city has a higher level of mental health need than most other parts of the country. Unfortunately, the demand for inpatient care is greater than the supply of beds. This means that there is a waiting list for inpatient care of between 25 and 35 people at any one time, many of whom are very unwell.

Occupancy levels (the number of people using beds) on adults of working age inpatient wards are, as we have already seen, very high. For example, taking into account 'leave beds', the average occupancy level is 120%.

We aim to reduce bed occupancy levels to 85%, which is the recommended national level. If we achieved this, users on leave would normally be able to return to the bed they left, and the pressure on ward staff and on users would be significantly reduced.

#### Leave Beds

This means that if a user is absent without leave, or if they are on agreed leave (for example visiting their family) their bed is immediately used for someone else. If and when they return, their bed may be being used by someone else, and they may have to be sent to another inpatient unit in the city.

Our strategy to achieve this has been described already: by enhancing community and emergency services (as set out in the respective discussion documents), by improving inpatient services (as set out in this document), tackling the length of time people stay in hospital and by improving delayed discharge.

But we need to consult Manchester's residents on proposals to enhance community mental health services, and it will take time to recruit the staff and find the premises needed to provide the new services. And it will take time to tackle lengths of stay, and delayed discharge. In the meantime, therefore, action needs to be taken to reduce the strain on service users and their carers who are waiting for a hospital bed, and to reduce the pressure on staff who are responsible for supporting people both on the waiting list, and in the busy inpatient wards.

*Access to beds will  
be improved*

In July 2005, the joint commissioners of mental health services set some money aside to help tackle the waiting list. The money is expected to be used to buy extra beds for people who have been waiting to be discharged from the Care Trust into more specialist hospital beds. The beds that they leave in the Care Trust will be then made available to people on the waiting list.

#### What Do You Think?

Inpatient mental health services, although they are used by only a minority of people with mental health problems, are vital to Manchester's overall mental health service.

The ideas and proposals contained in this discussion document are for comment and discussion during the period up to **7 October 2005**. We would like your views on these questions:

- This document restates that community mental health services should be at the centre of mental health services. Do you agree?

- This document lists 13 priority areas for improvements to services. Are they the right ones and are there any that we have missed?
- This document outlines the plans to address the 13 priorities. Do you support the plans and is there anything missing?

You are of course welcome to comment on other issues raised in this document, or on other aspects of inpatient mental health services in Manchester. We will use the feedback you provide to help us prepare the public consultation document. We will also use your feedback to help create an improvement plan for inpatient services which will be implemented over a longer timescale than the public consultation. In both of these ways, your opinions and ideas will help improve Manchester's mental health services for everyone who uses them, and who works in them.

Send your comments to Sarah Cantwell or Sue Barry. Their contact details are listed on page 2. You can also use the feedback sheet at appendix 5 to tell us what you think.

**Thank you for you time**  
**We look forward to hearing your views**

## Appendix 1 – press release on inpatient care – 4 August 2005



### **Inpatient mental health care to remain at three hospital sites**

The Chief Executives of the three Manchester Primary Care Trusts and Manchester Mental Health and Social Care Trust and the Director for Adult Social Care at Manchester City Council have today announced that inpatient mental health services will stay on their present locations at North Manchester General Hospital, Manchester Royal Infirmary and Wythenshawe Hospital.

The Primary Care Trusts, Care Trust and City Council have looked at a range of options for the future of inpatient services as part of wider plans for the future of Manchester's mental health services. Some of the options would have involved moving inpatient beds from one part of the city to another, reducing the number of inpatient hospital sites down from three to two.

David King, Chief Executive of North Manchester Primary Care Trust said; "We've had to balance the importance of accessing local services with the need to get the best value for the money that goes into those services. We've listened carefully to what patients and their carers have told us about the options we were considering. As a result we have decided not to put forward anything other than the current arrangements for consultation later in the year. We'll now be focusing all our attention on the changes we want to make to improve community and emergency mental health services."

Councillor Basil Curley, executive member for health and social care at Manchester City Council welcomed the move and added, "The Council takes access to health and social care services for its residents very seriously – we want to work with partners to enhance and develop all mental health services in the city."

Margaret Worsley, Director of Operations at Manchester Mental Health and Social Care Trust agreed: "We can now put our energy into further improving the community and emergency services we offer as well as improving the inpatient experience of our patients, without being distracted by a hospital move. Our award of two stars from zero stars last year shows that we are serious about delivering change and improving services."

The proposals released earlier in the summer for community and emergency services will now go forward to consultation in the autumn of 2005 as part of the Best for Health programme of consultations co-ordinated by the Greater Manchester Strategic Health Authority.

The Best for Health website is [www.bestforhealth.nhs.uk](http://www.bestforhealth.nhs.uk).

### **Editors' notes**

For further information and interviews please contact Ian Rhodes, Head of Communications, Greater Manchester Strategic Health Authority on 0161 237 2141 or [ian.rhodes@gmsa.nhs.uk](mailto:ian.rhodes@gmsa.nhs.uk)

Discussion documents on the future of community mental health services and emergency mental health services were issued in April and June respectively. They were widely distributed and feedback was obtained from service users, carers, staff, voluntary organisations and others. This feedback will be used to inform the final proposals which will be put forward to consultation in the autumn.

The closure of an inpatient site and the transfer of beds elsewhere in the city was being considered because it would have released about £2m to help address the financial problems in mental health in Manchester. The Primary Care Trusts, City Council and Manchester Mental Health and Social Care Trust are working together on a plan to resolve the financial difficulties in other ways.

The Best for Health programme consists of all the declared public consultation programmes in Greater Manchester and beyond. Currently there are three consultations – ‘Making it Better’ is the consultation programme for the Children, Young People, Families and Babies Network and concerns health services for babies and children, including maternity services in Greater Manchester, East Cheshire and High Peak. ‘Healthy Futures’ is the consultation programme for the North East sector of Greater Manchester and covers all health services except mental health provided in Bury, Oldham, Rochdale, Heywood and Middleton and North Manchester Primary Care Trust areas.

The Best for Health website is [www.bestforhealth.nhs.uk](http://www.bestforhealth.nhs.uk).

## Appendix 2 – admissions to Care Trust inpatient services in 2004

	Total number of admissions – all sites		Total number of admissions – North site		Total number of admissions – Central site		Total number of admissions – South site	
	1421		742		369		310	
	AWA*	Older people	AWA*	Older people	AWA*	Older people	AWA*	Older people
North Manchester Primary Care Trust	275	83	243	71	19	10	13	2
Central Manchester Primary Care Trust	380	98	169	2	174	93	37	3
South Manchester Primary Care Trust	262	79	107	1	17	20	138	58
Other PCTs	178	66	102	47	21	15	55	4

\*Adults of working age (16-64). 'Older people' means people of 65 and above.

Some other inpatient beds are provided by Bolton, Salford and Trafford Mental Health NHS Trust and by Pennine Care NHS Trust but these are normally available only to people who are registered with a Manchester GP but who do not live in the city.

**Appendix 3 – List of Primary Care Trusts with an agreement for their users to access inpatient services at Manchester Mental Health and Social Care Trust**

**GREATER MANCHESTER PCTs**

Heywood & Middleton PCT  
Bury PCT  
Oldham PCT  
Tameside & Glossop PCT  
Trafford North PCT  
Trafford South PCT  
Salford PCT  
Bolton PCT  
Ashton, Wigan & Leigh PCT  
Stockport PCT

**PCTs OUTSIDE GREATER MANCHESTER**

Burnley, Pendle & Rossendale PCT  
Hyndburn & Ribble Valley PCT  
Blackburn with Darwen PCT  
Cheshire West PCT  
Central Cheshire PCT  
Eastern Cheshire PCT  
Blackpool PCT  
Fylde PCT  
Wyre PCT  
Preston PCT  
Halton PCT  
Warrington PCT  
North Liverpool PCT  
South Liverpool PCT  
Central Liverpool PCT  
Chorley & South Ribble PCT  
West Lancashire PCT  
St Helens PCT  
Knowlsey PCT

## Appendix 4 - Jargon-buster

Jargon	Plain English
Advocacy	<p>“Advocacy refers to the process of leading the cause and/or acting of behalf of another person, to secure services they need and/or rights to which they are entitled”.</p> <p><i>A Clear Voice, A Clear Vision, The Advocacy Reader, UKAN Publication</i></p>
CAMHS	Child and Adolescent Mental Health Services
Care Trust	Manchester Mental Health and Social Care Trust
CBT	Cognitive Behaviour Therapy. This combines two very effective kinds of psychotherapy — cognitive therapy and behaviour therapy. Behaviour therapy helps you weaken the connections between troublesome situations and your habitual reactions to them (such as fear, depression or rage, and self-defeating or self-damaging behaviour). It also teaches you how to calm your mind and body, so you can feel better, think more clearly, and make better decisions. Cognitive therapy teaches you how certain patterns of thinking are causing your symptoms — by giving you a distorted picture of what's going on in your life, and making you feel anxious, depressed or angry for no good reason, or provoking you into ill-chosen actions.
Commissioners	People who work in commissioning. The commissioners of mental health in Manchester are: North Manchester PCT, South Manchester PCT, Central Manchester PCT and Manchester City Council.
Commissioning	Requesting someone to do a special piece of work. In this context it could mean asking a voluntary organisation to carry out a support project for people with mental health problems.
Delayed Discharge	This is when people get ‘stuck’ in hospital because they need accommodation or further support to be provided before they leave the ward. They are ‘stuck’ if the support and accommodation is not in place when they are ready to leave hospital.
Dual Diagnosis	In this context dual diagnosis means someone who has either drug addiction or alcoholism as well as a mental illness.
ECT	Electroconvulsive Therapy
Engagement	An informal process (through public meetings, etc) to test out ideas and listen to views and concerns from users, carers, staff and other stakeholders. This takes place before public consultation.

Inpatient	Someone who is staying in hospital to have treatment.
IPAS	Inpatient Activity Scheme
JCT	Joint Commissioning Team. This team works on behalf of Manchester's commissioners (see 'Commissioners')
Leave Beds	This means that if a user is absent without leave, or if they are on agreed leave (for example visiting their family) their bed is immediately used for someone else. If and when they return, their bed may be being used by someone else, and they may have to be sent to another inpatient unit in the city.
Mental Health Act 1983	The Mental Health Act 1983 enables the compulsory detention and treatment in hospital of someone with a mental disorder. The Act applies in England and Wales. The Mental Health Act 1983 is, like any other Act of Parliament, divided into Sections according to why the act is being used e.g. Section 4 (Emergency Admission). This has resulted in the term 'sectioned' being used to describe someone compulsorily admitted to hospital.
Multi-Disciplinary Teams	A team which is made up of staff with different skills e.g. a team made up of Occupational Therapists, Psychologists and Nurses.
NSF	National Service Framework.
Occupancy Levels	The number of people in an inpatient ward. For example, a 100% occupancy level would mean that all the beds were being used.
OT	Occupational Therapy
OSC	Overview and Scrutiny Committee.
PICU	Psychiatric Intensive Care Unit
Protocol	Rules
Psycho-Social Intervention	This is a non-medication form of help. It involves psychological help (e.g. talk therapies such as CBT) as well as social help (e.g. help with employment, housing, basic living skills, occupational therapy). A wide range of organisations would be involved in this from Manchester city council staff, to Jobcentre Plus, to day care staff to medical staff.
Public Consultation	Formal consultation which must be a minimum of 12 weeks long, in line with Cabinet Office guidance.
SHA	Strategic Health Authority
Strategy	A detailed plan for achieving success in situations. So, there could be a strategy or plan for combating delayed discharges.

## **Appendix 5 – A Note on some Numbers**

This report uses information supplied by the Health and Social Care Advisory Service (HASCAS) to give figures for

- Approximate costs of inpatient services
- Average lengths of stay

The figures relate to the year 2004/05. They have been provided as part of the research work which is being undertaken to prepare a ten year joint commissioning strategy for Manchester's mental health services. The figures are currently being validated by stakeholders in Manchester and may be subject to change. Any changes will be reported as part of the feedback on this discussion document.

The report also uses information supplied by Manchester Mental Health and Social Care Trust to give figures for

- Inpatient occupancy levels during 2004/05

This figure is also being checked and may be subject to amendment as a result of further study of the data.

## Appendix 6 - RESPONSE FORM

Your views are important. We want to know what you think. Fill in this response form and send it to us at the following address: FAO Joint Commissioning Team (Mauldeth House), North Manchester Primary Care NHS Trust, FREEPOST, NAT4337, Manchester, M40 1BR.

Thank you.

**1. Do you agree that community mental health services should be at the centre of mental health services?** Please explain.

**2. Have we identified all the priority areas for improvements to services?** Is there anything that we have missed out? The priority areas for improvements are listed on page 5.

**3. Do you support the plans and is there anything missing?** Do you think that these plans can be better? If so, how?

Please continue on a separate sheet if necessary