



Belfast Health and
Social Care Trust

New Directions

A conversation on the future delivery of
health and social care services in Belfast

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Foreword

Belfast Health and Social Care Trust was formed in April 2007 from the merging of six Trusts, four of which were acute – the Royal Hospitals, Belfast City Hospital, the Mater Hospital and Green Park - and two Community Health and Social Services Trusts, serving north and west Belfast and south and east Belfast.

The new Belfast Trust aims to build on the fine legacy established by the six Trusts to deliver integrated and seamless citizen-centred health and social care.

The Trust has set out in a draft document entitled “The Belfast Way” - its values and objectives for the future delivery of its service to achieve excellence for the citizens of Belfast.

The challenge for Belfast Trust is to create an overarching and unified health and social care system for the population we serve. We believe the delivery of services should be simplified. Unnecessary duplication and fragmentation of services should be reduced and services should be more clearly signposted for our patients, clients and their carers. The integration of hospital and community services under new management structures was the first step towards delivering services that are centred round people and not institutions.

Belfast Trust believes it is timely to modernise the way we deliver our health and social care. We want to reform and renew our services so we can deliver care in a faster, more flexible, less bureaucratic and more effective way to our citizens. The Trust aims to have the right care, delivered by the right person in the right place. The Trust is also undertaking an organisational reform programme which focuses on how best we use our resources, performance improvement and effective service delivery. The programme is called MORE – Maximising Outcomes Resources and Efficiencies. It will complement this modernisation process to examine how Belfast Trust will deliver its services in the future, as well as addressing the challenging efficiency agenda.

It is against this background that the Belfast Trust has started a process to examine how it will deliver its services in the future. The exercise has been given added impetus by the Minister of Health, Personal Social Services and Public Safety who intends to look at what building projects will go ahead in the next 10 years.

The first overview of the strategic direction for services is detailed in this consultation paper. The ideas in this paper represent an initial direction of travel for the way services will be provided in the future. Each key proposal for change will be consulted upon further - to whatever extent is necessary, in keeping with the Trust's commitment to consult with staff, service users and the public at large.

Guiding Principles

The approach to reviewing and reorganising the services of the Trust must be guided by some general principles. The principles proposed by the Trust are:

Improve health and wellbeing and reduce health inequalities – This is the core purpose of the Trust.

Focus on prevention of illness, early assessment and intervention. This is a key objective of the Trust.

Focus on individual needs and choices – This concept is embedded in all service aspirations. Our Trust will deliver citizen – centred health and social care.

Provide safe, high quality, effective care – This is a core objective of the Belfast Trust.

Improve accessibility to services – promote equity and welcome diversity – Our aim is to improve the universal accessibility of services through ensuring that services are delivered equitably to all sections, including cultural minorities. The Trust will simplify and improve arrangements for accessing its services.

Localise where possible, centralise where necessary – Services are more easily accessed by people when they are delivered locally, while specialist services benefit from the concentration of expertise and experience required to deliver the highest possible levels of clinical care. The Trust therefore aims to provide its services locally where the standard of service can be assured and centralise its services where it will raise the quality of provision.

Integrate services (through partnerships working) – We aim to meet the challenge of delivering maximum benefit from the integration of acute, community and social care services for our population. Working in partnership with individuals, community organisations, voluntary and statutory agencies results in more appropriate care and treatment, improved outcomes, better experience for our service users, improved health and wellbeing for communities and greater social inclusion.

Provide clear directions to services, reducing fragmented and frustrating services – Service flow, in a complex health care system, is recognised as a pivotal challenge to service delivery. Our Trust will reform and renew its services to deliver care in a faster, more flexible, less bureaucratic and more effective way to its citizens.

Maximise utilisation of assets – There is a clear need to make best use of all existing health and social care infrastructure across the Trust and keep the need for new buildings to a minimum while also addressing risk issues, such as those attached to ageing buildings.

QUESTION 1:

The Trust is seeking your views on the principles outlined to guide the modernisation and reform of services across Belfast.

Do you have any comments or suggested additions to the general principles outlined?

Proposals for the modernisation and reform of services

The Trust has started the process of reviewing how services could be delivered in the future. We have outlined proposed models of care which are based on discussions within the Trust. The models are set in the context of policy decisions set out by the Department of Health and Social Services and developed in the Assembly's Programme for Government. The intention is now to consult on the direction of travel for future service provision with the users of our services, the public and the key stakeholders, including General Practitioners.

In writing this consultation document the Trust thought it would be useful to guide you through the complex range of Trust services by asking questions that follow the stages of life when you may need to access Health and Social Care Services from the Belfast Trust. For example the Trust has posed the question "Where do I go if I need support because I am an older person?" We have described the principle guiding how we provide services and described the model of care favoured by the Trust. The Trust then asks the following questions which we would like you to consider:

QUESTION 2:

Do you agree with the principles outlined?

Do you have any suggested additions to these principles?

Do you agree with the Trust's favoured model of care?

In Appendices 1 and 4 of this document we have outlined how you can respond to the consultation document.

How do I get access to Community Health and Social Care Services and be informed about services that are available to me?

The Trust's strategy is to **localise services where possible and centralise where necessary**.

We have established a network of seven Wellbeing and Treatment Centres, strategically located within the main community sectors across Belfast. These are intended to be single access points for information, advice and services. They are intended to increasingly offer out of hospital services, complementing the work of general practice and acute care.

The Grove Centre in north Belfast, has recently opened. The Knockbreda Centre will open in early 2009. Carlisle Centre in north Belfast, Bradbury Centre in south Belfast and the Arches Centre in east Belfast have been open for some time now. The Shankill Centre and West Belfast Centre are set to open in 2010.

Community services will be provided in the seven major Wellbeing and Treatment Centres. These are "one-stop shops", which are easy to access as they are based on main roads in the heart of the community. **Services that will be available in these Centres** vary slightly between each Centre but all have dentistry, occupational therapy, physiotherapy, speech and language therapy. Social workers for children, older people and people with physical or learning disabilities are based in these centres as well as health visitors and midwives. These staff often work in multi-disciplinary teams. One of the Trust's plans is to relocate a number of outpatient clinics from the hospital settings to these Centres.

QUESTION 3:

- (a) Do you agree with the Trust's strategy to "localise where possible and centralise where necessary"?
- (b) Do you believe the range of services offered at Wellbeing and Treatment Centres is appropriate?
- (c) Do you think other services could be offered in the Wellbeing and Treatment Centres?

Any further comments:

Where do I go if I am having a baby?

The Belfast Trust's underpinning principle is that pregnancy and childbirth are normal life events. Its top priority is to provide safe, high quality care for all parents and their babies in the local community and across the Region.

Principles

Central to the delivery of the Belfast Trust's Maternity Services are **Choice, Continuity and Control**:

- Women have the right to choose how and where to give birth. This choice should be supported by high quality information and evidence based clinical advice that ensures maximum participation in decision making.
- One to one midwifery care should be given to women during labour and childbirth in order to make sure that they have individualised attention and support, with continuity of carer.
- Maternity services should be locally accessible and comprehensive with clear evidence of joint working across multidisciplinary teams and sectors.
- There should be specific services for women with poor obstetric or medical history or complications in early pregnancy.
- A comprehensive antenatal diagnostic and screening service should be available and offered to women in order to detect, where possible, any maternal problems or fetal abnormalities at an early stage.
- Holistic care should be provided. The women and her family's circumstances should be assessed holistically. Psychological and social need should be identified early and managed appropriately.
- Postnatal care should be provided to facilitate the transition to motherhood by making sure ill health is prevented or detected and managed appropriately including a multi professional, multi agency service for women who have, or are at risk of, postnatal depression and other mental illness.

The Belfast Trust's **model of care** favours a holistic, community based model of maternity care which incorporates a wide range of services in a variety of settings including the women's own home, Wellbeing and Treatment Centres, a midwife led unit and a single inpatient obstetrics unit.

At present, inpatient obstetric services are provided at the Mater Hospital and the Royal Jubilee Maternity Service on the Royal Hospitals site. The Belfast Trust favours the provision of inpatient obstetric services including neonatal services on a single site (on the Royal Hospitals site), complemented by the provision of a midwifery led unit (at the Mater Hospital). Post natal care will be provided in the home following early discharge focussing on the promotion of normality. Community midwifery teams will provide ongoing assessment, monitoring and support of mothers and infants.

QUESTION 4:

- (a) Do you agree with the principles outlined?
- (b) Should additional principles be established?
- (c) Do you agree with the Trust's favoured model of care?

Any further comments:

Where do I go if I need to access services for children?

The Belfast Trust has responsibility to provide a range of both health and social services not only to its local resident childhood population but it has also been commissioned to provide many regional and sub regional services such as, specialist acute services, Child and Adolescent Mental Health Services and Adoption Services.

While the Trust is responsible for services to children presenting with health related conditions or social life experiences which require assessment and intervention, we also provide universal services to all Belfast children such as immunising programmes, child health surveillance, dental services and school nursing.

Belfast Trust has also a particular responsibility to provide services to vulnerable children. This group includes children with disabilities, children at risk of harm, children in need, looked after children and children from minority communities. The Trust however holds the view that services to vulnerable children should be provided within the context of services for all children to avoid the stigma of labelling and exclusions.

Principles

Central to the delivery of the Belfast Trust's children's services are the following principles:

- Paramouncy of a child's best interests, which should be determined in consultation with parents, the child and appropriately trained and experienced professionals.
- Participation of children and their families in the design, delivery and evaluation of services. The voice of the child needs to be heard.
- Partnerships between the Belfast Trust and the local community, the voluntary sector, other statutory bodies such as the Belfast City Council, Belfast Education Board and the Police Services of Northern Ireland. In many instances these partnerships involve sharing resources such as staff and buildings.
- Promotion of positive child health is key to the Belfast approach which we believe will impact on childhood illness, child abuse and neglect and infant mortality. This involves assisting parents at an early stage to give their children a good start and support into adulthood. It involves an emphasis on prevention and family support as well as assisting young people to make healthy lifestyle choices.
- A child focussed service, with experienced, safe and skilled children practitioners.

- The child remaining at home with their parents or where this is not possible within an environment where parents can remain in close proximity to the child providing the necessary reassurance and support. Only in circumstances where there are no other appropriate options should a child receive care or treatment overnight away from their natural family environment.
- A place of safety and security. When a child is required to come into hospital or care facility such facilities should not be co-located with adult services and should deliver high quality, specialist, evidence based care / treatment. These units should have access to such interventions and specialist expertise to minimise the requirement for the child to remain away from the family home for extended periods of time.

The Trust favours a model of care which incorporates a wide range of services to children in a variety of child focused settings including the child's own home, day care / family facilities, health centres, children's homes and acute inpatient centres. The Trust is committed to providing high quality assessment and treatment and intervention across the continuum of care including prevention, health promotion, family support, highly specialised treatment and proportionate statutory intervention.

QUESTION 5:

- (a) Do you agree with the principles outlined above?
- (b) Do you have any suggested additions to these principles?
- (c) Do you agree with the proposed model of care?

Any further comments:

Where do I go if I need support or care because of my physical or sensory disability?

The Trust's **principles** for the care of people with physical or sensory disabilities are to:

- Respect the individuality of service users and carers
- Ensure that services are person centred and offer maximum choice of service
- Enable disabled people to have the fullest possible control over their lives and to maximise their independence and inclusion in their chosen communities
- Promote a community development approach to services to maintain people in their own environment and to promote partnership working across organisations and groups
- Provide accessible information, services and facilities
- Involve service users and their carers fully in service development and evaluation
- Co-ordinate services to maximise continuity and a holistic approach
- Ensure that services are provided within agreed timeframes
- Promote efficient and effective high quality services that offer positive outcomes and value for money.

The Trust favours a **model of care** that continues to provide a range of specialist rehabilitation services on a single site, Musgrave Park Hospital. This will include acquired brain injury rehabilitation, spinal cord injury rehabilitation, amputee rehabilitation and post fracture rehabilitation for older persons.

Patients requiring non urgent but essential admission for expert multi-disciplinary assessment of neurological disorders, deterioration in neurological status and subsequent decline in functional ability will be co located with the specialist rehabilitation services.

The Trust's services plan is that people with physical or sensory disability should be supported to live as independently as possible in the community. Following medical diagnosis and treatment the Trust's physical and sensory disability teams will offer advice on the range of services available. These teams will continue to work in partnership with other statutory bodies (eg the Housing Executive and the voluntary sector (eg Royal National Institute for the Blind) to maximise independence. Physical and Sensory Disability teams will be based in Wellbeing and Treatment Centres.

QUESTION 6:

- (a) Do you agree with the principles outlined above?
- (b) Should additional principles be established?
- (c) Do you agree with the Trust's favoured model of care?

Any further comments:

Where do I go if I need support because I have a learning disability?

The Trust's **principles** for services for people with learning disabilities are:

- Service users should be in control of their lives
- Service users should have their rights respected
- Clients with a learning disability should have equity of access to all services provided by the Trust
- The availability and range of appropriate therapies and treatments should increase in community settings.

The Trust favours a **model of care** that supports people with a learning disability to enjoy and live full lives in their local communities through provision of a range of family, voluntary and statutory support services.

Muckamore Abbey Hospital will continue to provide inpatient assessment and treatment services but after 2016 it should not be a home for life for people with a learning disability. Providing there is betterment in their care, people should experience community living.

The Trust plans to develop, in partnership with other agencies, homes for life in the community that will provide high quality accommodation and support for people with learning disabilities including those with complex and challenging needs.

Also, in partnership with others, the Trust plans to expand the availability of small respite units and develop a small number of community treatment beds for people in Belfast. We will also work with other partners to increase employment and access to local leisure activities for people with learning disabilities.

Additionally the Trust plans to develop new day service accommodation across the city for people with complex needs and challenging behaviour who require high levels of support.

QUESTION 7:

- (a) Do you agree with the principles outlined above?
- (b) Do you have any suggested additions to these principles?
- (c) Do you agree with the Trust's favoured model of care?

Any further comments:

Where do I go if I am an adult and need mental health services or I have an acute mental illness?

The Trust's strategy is to provide a modern, responsive mental health service in a range of settings. The aim is to move away from hospital-based models of services to early intervention and community support. Hospital services should be focussed on acute episodes requiring short stay assessment and treatment services. The resettlement of long-stay mental health clients into the community should be speeded up.

The **principles** guiding the strategic service plan for mental health services are:

- Service users should be supported to keep in control of their lives
- Service users should have their rights respected
- Service users with a mental illness should have equity of access to all services provided by the Trust
- Clear pathways of care must be developed, with a particular emphasis on the need for early intervention services
- Psychological therapies and treatments should be more available in both hospital and community settings
- Services should be developed for those at greatest risk in the community, for example, Travellers and members of minority groups.

The Trust favours a **model of care** that provides more community based services such as day treatment services and crisis beds in the community. Services will be provided locally within the community. Admissions to acute inpatient mental health beds will be reduced because of early intervention and continuity of treatment and care in the community.

At present, acute inpatient mental health services are provided at Belfast City Hospital, the Mater Hospital and Knockbracken Healthcare Park. The Trust favours the development of a single acute inpatient mental health facility to accommodate patients whose acute mental health crisis cannot be managed and treated within the home setting. The emphasis is to provide short term assessment and treatment.

The single acute inpatient mental health facility will be part of a network of residential, day care and treatment centres provided locally throughout Belfast.

QUESTION 8:

- (a) Do you agree with the principles outlined above?
- (b) Do you have any suggested additions to these principles?
- (c) Do you agree with the proposed model of care?

Any further questions:

Where do I go if I need acute hospital services (that is emergency services, planned care and long term chronic condition management)?

The key service delivery principles developed by the Trust are as follows:

- To localise services where possible and centralise services only where necessary
- To centralise and develop networks for major trauma, heart conditions and stroke
- To develop clear pathways to access appropriate emergency care (including urgent care for chronic admissions) and primary care in GP out-of-hours services
- To provide a single point of contact for emergency chronic condition admissions
- To re-profile services to make best use of each emergency department and to improve patient flows, to provide a range of services to patients to access and meet targets
- To develop protected elective services and thereby improve patient flows and effectively and efficiently meet access targets
- To reduce unnecessary duplication and fragmentation of services.

Based on these principles the **Trust proposes** that:

Emergency Services would be retained at the Mater Hospital, Belfast City Hospital and Royal Hospitals. However, there would be differentiation of services to improve patient care, based on the type of patient's condition and needs.

Cardiology services would be provided at the Mater Hospital, Belfast City Hospital and Royal Hospitals. Services should be localised where possible and centralised where necessary, and delivered in the location most appropriate to the patient pathway and condition.

The provision of a major acute hospital; encompassing trauma services, emergency services and a heart centre on the Royal Hospitals site.

The provision of a range of acute hospital services and a Regional Ophthalmic Centre (including a unit for planned eye surgery and treatment) on the Mater Hospital site, as part of a larger ambulatory care centre.

The provision of a range of acute hospital services, encompassing cancer and renal services, the chronic admissions centre as well as the major elective centre for Belfast (including an elective orthopaedics unit) on the Belfast City Hospital site.

The provision of specialist rehabilitation services on Musgrave Park Hospital site.

QUESTION 9:

- (a) Do you agree with the principles outlined above?
- (b) Do you have any suggested additions to these principles?
- (c) Do you agree with the Trust's favoured model of care?

Any further comments:

Where do I go if I need support because I am an older person?

The Trust's Strategy for Older Peoples Services aligns with the Eastern Health and Social Services Board's Strategy and the following **service principles** have been identified:

- The promotion of health and wellbeing
- Maximising independence
- The promotion of appropriate long term living options
- Better dementia services and improved mental health among older people

The Trust will achieve this through:

- The promotion of improved health and wellbeing through supporting older people to live independently
- Maximising the independence of older people through access to specialist rehabilitation and integrated care teams
- Targeting and improving support for carers
- Enhancing the quality and care offered by nursing and residential homes
- The development of new models of care for older people with dementia and mental health problems including crisis intervention and increased community based approaches

The **model of care** favoured by the Trust is that older people should be maintained in their own homes, supported by a network of care services that enable them to maintain their quality of life.

Acute hospital care should only be accessed for assessed need and no long term decisions regarding an older persons future care should be made in that setting.

By developing a fuller range of long term living options, in partnership with housing providers and the independent sector, we will be able to re-provide our own residential services in more appropriate settings.

QUESTION 10:

- (a) Do you agree with the principles outlined above?
- (b) Do you have any suggested additions to these principles?
- (c) Do you agree with the Trust's favoured model of care?

Any further comments:

Appendix 1

Programme of consultation

New Directions is the beginning of a conversation between Belfast Trust and the citizens we serve on how we should deliver services in a faster, more flexible, less bureaucratic, and more effective way.

The consultation period for *New Directions* will open on 29 August 2008 and close on 7 November 2008.

We are sending this paper to services users and key stakeholders to ensure we consult as widely as possible. We will also hold a series of public meetings where any further comments can be raised and discussed. These meetings will be widely publicised. We will also meet with specific stakeholders.

Based on the responses we receive, a report will be presented to Trust Board on 20 November 2008. This Trust Board meeting is open to the public.

Further consultation may be required on specific service issues as a result of the responses we receive. We are committed to ensuring that we consult broadly on these issues.

Appendix 2

Equality

This paper, New Directions – A Conversation on the Future Delivery of Health and Social Care Services in Belfast represents an initial direction of travel for the way services will be provided in the future. Each key proposal for change will have the Equality and Human Rights implications fully considered and assessed at the appropriate time in accordance with the Trusts statutory requirements.

The Trust is keen to seek your initial views and comments on any Equality or Human Rights issues you consider relevant.

Please let us know if you consider there are any potential impacts on the Equality of Opportunity or Good Relations duties contained in Section 75 of the Northern Ireland Act 1998.

Please let us know if you consider there are any potential Human Rights implications based on the Articles contained in the Human Rights Act 1998.

Please include your comments in the response.

Appendix 3

Availability in other formats

New Directions is available in a range of alternative formats on request including:

- Large font
- Audiocassette
- Braille
- Computer disc
- Minority ethnic languages
- DAISY
- Easy-read
- Electronic version

Please request an alternative format from the address supplied in Appendix 4.

Appendix 4

Your invitation to comment

Please tell us your name and address at the beginning of your reply. If you are commenting on behalf of an organisation, please tell us its name and what it does. If you have consulted other people or organisations, please let us know.

Responses in writing should be sent to:

William McKee, Chief Executive
Belfast Health and Social Care Trust
c/o Public Liaison Services
Communication Department
1st Floor, Nore Villa
Knockbracken Healthcare Park
Saintfield Road
Belfast BT8 8BH

Alternatively, comments may also be emailed to:
Publicliaison@belfasttrust.hscni.net

It would be helpful if you could entitle your email 'Consultation'.

Appendix 5

Freedom of Information Act (2000) – Confidentiality of Consultations

Belfast Trust will publish an anonymised summary of responses following completion of the consultation process; however your response, and all other responses to the consultation, may be disclosed on request. We can only refuse to disclose information in limited circumstances. Before you submit your response, please read the paragraphs below on the confidentiality of consultations and they will give you guidance on the legal position about any information given by you in response to this consultation.

The Freedom of Information Act gives the public a general right of access to any information held by a public authority, namely, Belfast Trust in this case. This right of access to information includes information provided in response to a consultation. We cannot automatically consider information supplied to us in response to a consultation as information that can be withheld from disclosure. However, we do have the responsibility to decide whether any information provided by you in response to this consultation, including information about your identity, should be made public or withheld.

Any information provided by you in response to this consultation is, if requested, likely to be released. Only in certain circumstances would information of this type be withheld.