



## PRO-FORMA: CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES Level 3

### 1 Title of Proposal

Consultation On Delivering Efficiencies And Modern Mental Health Services.

### 2 One Page Summary of Proposal

CWP is proposing to continue in the direction of reconfiguring clinical and non-clinical services to drive efficiencies that enable us to further develop community based services. The aim of efficiencies is not to reduce services to patients but to provide them in the most cost effective way. Efficiencies are sought from back room services and non-clinical services as well as across clinical services. In providing the best possible services within resources CWP must make sure that we have the minimum number of wards to provide safe, clinically effective services. The detail of the proposals have not been finalised at this stage. All options are being considered. The consultation is likely to include a reconfiguration of beds in Central And Eastern Cheshire and Wirral because these proposals are the furthest developed. Any changes, however, need to be considered in terms of the whole footprint of the trust and it is proposed that the consultation is carried out in all areas whether or not there are specific changes proposed for an area.

Croft Ward at Macclesfield Hospital currently has 24 beds, 6 for adults with an eating disorder and 18 for older people with a functional mental illness. It goes against best practice that care is provided in one ward environment for two sets of clients with differing and complex needs.

The Trust has agreed to develop a separate ward on Wirral for service users with eating disorders. However, as a result, the older people's inpatient beds on Croft Ward become financially non-viable (because some of the resource will be transferred with the eating disorder clients).

There are also two other small bedded wards for older patients with organic illness, which are very costly to run. The three older people's wards are across two sites so there is little joint learning and development across older peoples' wards. However, this scenario provides an opportunity to reconfigure beds available for older people needing admission in Central/East, to create a more efficient and effective approach to their care.

The proposal is to manage all of our older people's services in Central/East Cheshire in Crewe, using two ground floor wards. This will provide better accommodation and ensure that staff with the skills to manage this specific client group are co-located, so that skills can be shared more effectively. This will improve the available skill-set to concentrate on all aspects of care ie. emotional, psychiatric, physical, social and spiritual well-being. This will help develop quality standards, strong clinical leadership and enhanced clinical care.

The reconfiguration of the older people's wards will also enable a more efficient and streamlined use of senior clinical time and expertise.

A more consistent model of care for both adults and older people called the Acute Care Model is also being introduced. This model allocates one consultant to manage all inpatients, leaving the other consultants to concentrate their expertise on the majority of service users who live in the community. Service users, whilst in hospital, will have the opportunity to see the consultant daily, benefit from increased access to senior clinical staff, enhanced decision making and care planning - with better outcomes around reducing length of stay, reduction in loss of function and early integration back to a familiar environment.

There is also evidence that there has been a slight reduction of admissions of older people. And significantly, bed occupancy has reduced mainly due to the attention given to reducing the number of service users who were designated as "delayed transfer of care".

The Acute Care Model should also reduce the need to admit service users from Central/East and Central Cheshire to other parts of the Trust, which is routinely required at present. It should provide greater continuity of care and reduce anxiety for service user and their carers.

In respect of adult wards, we are proposing three acute adult wards: one in Crewe and two in Macclesfield, based on current and anticipated need in light of the Acute Care Model's adoption and the evidence on the impact on admission elsewhere in the Trust.

Proposals at Wirral include developing a ten bedded eating disorder service and reviewing the number of adult beds.

## **2a Outline of Proposal**

### **Background**

The current configuration of older people's beds in Central/East is shown in the box below. The beds are accommodated in either the Millbrook Unit at Macclesfield, or in Leighton Hospital at Crewe. Significantly, and inappropriately, there is a mix of patients who are over 65 with a functional mental illness who are nursed and clinically managed with a cohort of patients with an eating disorder. This has occurred due to 20% less than average mental health funding by CECPCT. Changes to the way care is delivered elsewhere in the Trust means that overall the Trust has managed the total demand for beds.

<b>Current Beds</b>	<b>Older Peoples</b>	<b>Eating Disorder</b>	<b>Total</b>
Weaver – Leighton	12 - Organic		12
Bollin - Macclesfield	12 - Organic		12
Croft – Macclesfield	18 - Functional	6	24
<b>Total</b>	<b>42</b>	<b>6</b>	<b>48</b>

It is inappropriate to care for older people/adults with complex needs on wards for younger adults (Audit Commission, 2002): this could place them at risk and deprive them of the specialist nursing, medical and other care that they require. This view has also been supported by the Mental Health Act Commission

This factor, together with the Trust's strategic direction of enhancing the eating disorder service with plans to develop a 10-bedded eating disorder unit on the Wirral, has led to a re-

evaluation of bed stock in Central/East. The older people's inpatient beds on Croft Ward become financially non-viable as a result of the move of eating disorder patients, because some of the resource will be transferred with those clients.

As part of this re-evaluation, CWP has considered both the cost of small bedded units and the need for the ward environment, whilst a clinical area, to be conducive to being a patient's home for a variable period of time. So attention needs to be given to all aspects of emotional, psychiatric, physical, social, spiritual, and cultural wellbeing.

### **Acute care model**

To support the reconfiguration of beds, the Clinical Service Unit (CSU) in the East will be implementing the Acute Care Model for adults and older people from the 5<sup>th</sup> October 2009. The current model means that often there has been the need to admit patients to other parts of the Trust, in contrast to the desire to treat people as near to home as possible. The introduction of the model will help to facilitate care closer to home and enhance the quality of care. CWP has appointed an inpatient acute care consultant specifically for older people, which enables the remaining consultants to work in community mental health teams.

This model ensures that those patients with the most complex needs are receive timely expert senior medical advice and support. It is also anticipated that the Acute Care Model will reduce demand for inpatient services as has been demonstrated in other parts of CWP by supporting the whole acute care pathway. The appointment of an Older person's consultant to the Liaison service will also assist in managing the emergency pathway into the inpatient service.

### **Proposed Bed Configuration – Central/East**

The following proposed bed configuration will increase bed capacity on the smaller bedded wards thereby giving value for money, close a ward which is not economically viable and balance the number of adult and older people's beds to meet the needs of the ageing population, whilst taking account of the proposed impact of the introduction of the acute care model and the expansion of liaison services.

<b>Proposed beds</b>	
Weaver – Leighton	15 - Organic
Bollin - Macclesfield	15 – Adult Functional
Croft – Macclesfield	closed
Valley Brook	16 – Adults
Greenfields	18 – Old Age Functional
Adelphi	20 - Adults
<b>Total</b>	<b>84</b>

## **2b Rationale for Proposal**

There are a number of drivers for the proposals. The main driver is to ensure that CWP continues its direction of travel in ensuring efficient use of inpatient beds that allow for the continued development of community services. There has been a long standing issue regarding the care of older adults with complex needs on wards for younger adults. This view has also been supported by the Mental Health Act Commission. However in order to meet this requirement Croft Ward becomes financially unviable. At the same time, the introduction of a different model of service delivery (Acute Care Model) which should reduce demand for inpatient services, ensuring that admissions are reserved for the most ill and care closer to home can be provided more effectively, together with the expansion of the liaison service - means there is an opportunity to re-configure beds in Central/East to ensure that they are used as effectively and efficiently as possible. This will also ensure that, where possible, patients are admitted to a local bed, facilitating timely discharge and promoting independence. CWP now has the opportunity to ensure that younger patients with eating disorders and older people with functional disorders are no longer cared for on the same ward. Having all older peoples' wards on one site with dedicated staffing will assist in deriving up standards by sharing learning and promote quality.

## **2c Measuring the Impact**

A full evaluation of the benefits and impacts of the Acute Care Model in Wirral was conducted 6 months after its introduction. The evaluation showed statistical information regarding bed usage, Mental Health Act admissions, numbers of complaints and incidents, as well as views from service users and staff. Most notably service users and carers were pleased with the increased availability of a consultant psychiatrist. A similar evaluation is currently being undertaken in the West where the model is in place and this evaluation will also be conducted in Central/East.

The number of incidents and complaints are higher in Central/East then elsewhere in the Trust. Moving older people's beds to ground floor wards will provide better accommodation for older people, as well as ensuring that staff with the skills to manage this specific client group are co-located so that the skills can be shared more effectively. A service user and carer questionnaire will be used to ascertain views to explore this, as well as comparative monitoring of complaints and incident trends to monitor improvements.

Service users needing inpatient services will continue to receive this service. Our impact assessment will monitor overall bed usage across the trust to identify if patients from any particular locality are disadvantaged in any way by the changes. Continued monitoring of community services will also measure identify any trends or issues. If the evidence indicate that there are too few beds to provide a safe service then CWP will take steps to rectify this.

## **3 All Options**

Other options on the configuration of beds were considered and continue to be considered. Alternative, viable options will be included in the consultation paper.

## 4 Consultation Process

### 4a Consultation Already Undertaken

Consultation internally amongst clinical and managerial staff to develop proposal. It is proposed that the consultation is carried out in conjunction with the consultation on re-provision of services in Central and Eastern Cheshire.

### 4b Proposed Consultation

Stakeholder	Timescales
<b>Public and all stakeholder groups</b>  4 public meetings to incorporate consultation on the Central and Eastern Cheshire Inpatient reconfiguration – Vale Royal, Macclesfield, Crewe and Congleton 3 public meetings in West Cheshire and Wirral	December 2009 to March 2010
<b>Service Users and Carers</b>  CWP PPI Sub-Committee  LINKS – briefing & offer to attend mtg  Mental Health Forums across Cheshire and Wirral – to fit with existing meetings  Support groups/ voluntary organisations across Cheshire & Wirral eg Vale Royal Support Group, Oxtown Area Forum – briefings & meeting attendance  Local Implementation Teams	27 <sup>th</sup> October 2009  Dec 2009/March 2010  Dec 2009/March 2010  NHS Wirral – 22 <sup>nd</sup> October 2009  Central and Eastern Cheshire PCT – 8 <sup>th</sup> October 2009  NHS West Cheshire and Chester PCT-12 <sup>th</sup> November 2009
<b>Governors</b>	

Council of Governors' meeting	6 <sup>th</sup> November 2009
<b>PCT &amp; local authority colleagues</b>  Local meetings with commissioners     Joint partnership meeting with colleagues from Department of Adult Services from 3 Local Authorities.  One-off meeting with senior councils officers  GP leads/clinical engagement meetings	NHS Wirral – 6 <sup>th</sup> November 2009  Central and Eastern Cheshire Pct – 15 <sup>th</sup> October 2009  NHS Western Cheshire and Chester – 10 <sup>th</sup> November 2009  6 <sup>th</sup> October 2009  East Cheshire Council – 7 <sup>th</sup> October 2009  October/November 2009
<b>Staff</b>  Staffside representatives within CWP   Trustwide briefing	Regular meetings scheduled during October and November 2009   Via newsletter/ team briefings

## 5 Timescales

### 5a Fixed

This will form part of a 3 month public consultation commencing December 2009 to March 2010

### 5b Proposed

As above.

**Completed Pro-forma to be forwarded to Director of Nursing, Therapies and Patient Partnership office for sign off by Chief Executive and circulation to:**

Joint Overview And Scrutiny Committee  
Patient And Public Involvement Sub Committee  
LINKs  
Executive Team

Service Innovation And Development Team  
Primary Care Trust  
Local Implementation Team  
Operational Board  
Social Services  
Consultation & Negotiation Partnership Committee / Local Medical Negotiating Committee  
Governors

Ends.