



**Delivering high quality services
through efficient design**

**Consultation and gathering views:
1st December 2009 - 9th March 2010**



Introduction

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) has a proven track record of delivering high quality mental health services. The purpose of this consultation is to seek the views of the public on how best we can continue to do this in coming years.

Our mission statement is to 'improve health and well-being by creating innovative and excellent services'. In order to do this we must review and change how we provide services to make sure they are still effective, relevant and appropriate over time.

These changes are regularly carried out in consultation with our stakeholders e.g. service users, carers, staff and partner organisations, but sometimes require wider public consultation. Public consultations cost money and take considerable time and effort and we are conscious that members of the public have many priorities and competing demands for their time so we do not undertake them lightly.

This is the third time that a full public consultation has taken place about the Trust. The first, in 2001, was about the creation of the Trust from five predecessor organisations. The second, in 2006, covered two sets of proposals - with one being the move to becoming a foundation trust and the other about significantly altering the nature of inpatient services. Key benefits were identified by the public through both consultations, which we have achieved.

Following discussions with the Joint Overview and Scrutiny Committee¹ it has been agreed that it is important to seek the views of the public again, in deciding on actions to be taken over the next 18 months and beyond to further improve quality and efficiency of services.

We believe that your views are important in helping us to identify what will be the benefits of change and how best we can deliver those benefits to local communities, in all of the areas where we provide services. We will then be able to judge and demonstrate our progress against delivering them, as we have successfully done before.

This consultation is about how we deliver quality and value for the contracts which are placed with us by commissioners (primary care trusts), not about the decisions that commissioners make on the type of services they want us to provide². As the type and scale of services provided by us is determined by the contracts that commissioners place with us, there will be differences in which services are available in different locations. Our aim, however, is to deliver the best care and treatment that we can in any contract that we receive, by making best use of the contract income. As a public body we have a duty to make best use of public monies by being efficient and effective. We are a not-for-profit public benefit corporation, so any monies from efficiencies we make are invested back into service delivery and development.

This consultation document sets out our proposals for how we aim to deliver high quality mental health and learning disability services.

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We have developed these proposals to ensure that they are consistent with the five Darzi³ pledges for service change, which are that change should be:

- for the benefit of patients in terms of clinical outcomes, experience or safety
- led by clinicians based on best available evidence
- locally led with local solutions
- involving patients, carers, public and partners
- not leading to withdrawal of services without appropriate alternatives in place

They have also been developed to take account of major national and regional guidance including, but not limited to, "High Quality Care for All" and "Healthier Horizons".

We encourage you to take this opportunity to share your views with us and will welcome and consider any responses sent to us.



Dr Ian Davidson
Interim chief executive

Purpose of this document

This document has been prepared to support a 12-week public consultation on our plans for delivering high quality services, while making best use of available resources. The document should be read together with additional information available on our website, www.cwp.nhs.uk, including frequently asked questions and more information about our track record in successfully re-designing services. We would also encourage you to attend one of our public events in early 2010, details of which are contained at the back of this document.

We have been undertaking pre-consultation involvement on these proposals as part of our annual planning processes and service users, carers, staff and partners have contributed to the ideas. In addition, service user and carer representatives are involved in developing new services across the Trust and we have an ongoing commitment to engaging with governors and members. To view a list of organisations we have sent this consultation document to, please visit our website.

During the 12-week consultation period we are also consulting separately on our plans for redesigning acute mental health services for adults and older people across Central and Eastern Cheshire in the longer term. Proposals contained within this document are not dependant on the outcome of that consultation exercise.

About us

Cheshire and Wirral Partnership NHS Trust was established in 2002. We provide specialist mental health services for children, adults and older people, learning disability services, and drug and alcohol services. Our largest contracts are with the three Primary Care Trusts (PCTs) operating across Cheshire and Wirral and we also have a range of other contracts including regional and sub-regional with other commissioners and PCTs.

The Trust provides its services from 75 premises across the localities where we have contracts, and employs approximately 2,700 staff. Our budget is just over £120 million and we serve a population of approximately one million.

We provide extensive teaching, research and developmental work, and our services have been acknowledged and praised at local, regional, national and international levels. We have delivered on the benefits identified in previous consultations. Some of our recent improvements have been delivered partly by new investment from commissioners and partly through service redesign. Service redesign is a process in which the NHS uses existing money in a different way to deliver more effective and efficient services. Many of the quality developments that receive external acknowledgment reflect our ability to make good use of the resources (money) allocated to us.

³ Lord Darzi was Under Secretary of State at the Department of Health and produced the "NHS Next Stage Review"



Some notable achievements relevant to this consultation are that we have:

- modernised services for people with mental health and learning disability needs, such as Bowmere Hospital in Chester and the Greenways learning disabilities service in Macclesfield;
- achieved financial balance each year since the Trust was formed and generated a financial surplus⁴ through efficient use of resources since becoming a foundation trust;
- as a foundation trust we have been able to use our surplus to invest in improving the quality of patient environments for example:- in Springview at Clatterbridge providing all single room en-suite accommodation for older people, the redevelopment of Rosewood ward in Chester to improve rehabilitation services, the investment in LimeWalk House in Macclesfield providing intensive rehabilitation and recovery services, and new services for 16-19 year olds in Maple Ward in Chester - more details can be found on our website www.cwp.nhs.uk
- improved the quality and the community focus of our services, and received positive feedback in national service user and staff surveys - including being well-regarded by external organisations like the Care Quality Commission;
- received national praise for the quality of our drug and alcohol services;
- worked closely with social care partners to develop fully integrated community mental health teams;
- been regularly quoted by national bodies as examples of good practice;
- actively engaged with regional, national and international research and policy development so that the views of our service users, carers, staff and members contribute to helping to shape this work, as well as ensuring we adapt our services successfully to reflect best evidence and policy;
- increased public accountability through our partnership working with local organisations and through our extensive membership, council of governors and patient and public involvement.

Why we are consulting

The Trust is an organisation that seeks to 'improve health and well-being by creating innovative and excellent services'⁵. As such we constantly review the way we provide services to take account of a number of factors including -:

1) Changing demographics and health need

Our population changes over time in terms of number, age profile and health need, which has an impact on the types of illnesses within the population. In certain areas there has been a significant increase in the population aged over 65, and over 85 in particular. At the same time there has been an increase in the number of people suffering from certain conditions such as eating disorders and alcohol problems, which we need to reflect in our plans.

2) Best evidence on successful interventions

Evidence is collected and shared at both a national and local level about the effectiveness of new interventions in mental health care. The Trust considers this evidence in its planning for service change. Examples of this are community based treatments such as crisis resolution and home treatment, which are now nationally recognised as an effective alternative to hospital admission in many cases. Our expanded liaison services ensure early detection and treatment of mental health problems in a general hospital setting, which reduces the need for people to be admitted to specialist services at CWP.

3) Models of care

Over the past two years the Trust has developed the 'acute care approach' as the way to deliver modern mental health services. This has been piloted then adapted to ensure it meets local needs, and we continue to evaluate it and refine it as our experience develops. This is one example of a new model of care which has seen a number of positive benefits for service users and staff. These include increasing dedicated medical support, access to nursing staff and allied professionals, and access to a range of talking therapies.

In addition, the success of developments in community services, including access to new and better treatments, has meant that by 2009 many more people are recovering in this way and not needing admission to inpatient care. The result is that we regularly have many empty beds in acute admission wards.

4) The need to provide services in an effective and efficient manner

As a result of the impact of new models of care, as referenced above, running services with high levels of empty beds is not cost effective and admitting people into acute beds just to keep wards full is not in their best interests for effective care and treatment.

Increasingly the Trust is developing expertise in a number of specialist areas which need staff with correct skills and experience. These include eating disorders, intensive rehabilitation and adolescent services. These services are low volume in terms of the number of service users and there may only be a need for one or two of these wards across the Trust. Where capacity becomes free in general admission wards this could be adapted for these specialist services.

5) Commissioner (local and national) intentions and available resources

Commissioners of healthcare review how they allocate funding to service providers like CWP, taking into account changing healthcare needs, national guidance and available resources. We must be flexible in our approach to service delivery to ensure we are responsive to changes in commissioning plans whether this is to develop new services or changing the way we deliver existing ones.

The result of these considerations is that the way in which we deliver services will change and look different in the future as we strive to deliver the best outcomes for people within available resources. We are therefore consulting to seek your views on our proposals, and also to invite you to put forward ideas to improve services through the more efficient use of resources.

⁵Trust purpose statement



The way forward

As a result our proposals for the future provision of mental health, learning disability, and drug/alcohol services are to:

1) Changing demographics and health need

- Address age discrimination legislation by moving away from the historic services based on age to ones based on function and needs where appropriate. For example our dementia service would be accessible by, and designed to be flexible enough to meet the needs of, people of all ages.

2) Best evidence on successful interventions

- Continue to use the Trust's Evidence Based Practice Department to identify 'new ways of working' through research, as well as interventions that are being successfully introduced elsewhere in the healthcare system. Also to evaluate new initiatives being piloted within the Trust and, where these initiatives have demonstrated service improvement, make recommendations about their wider application.

3) New models of care

- Continue the drive to improve access to services by strengthening our full range of effective locally provided community services including community mental health, crisis resolution and alcohol support teams. This may mean changes to the way services are provided, for example we may have more nurse-led clinics to improve access for people to appropriately qualified staff.
- Respond to 'new ways of working' by adopting care pathways that improve the patient experience in the least restrictive setting. For example our adoption of home based treatment services and the acute care approach.
- Further develop partnerships with other agencies in order that service users can have better and more rapid access to mainstream services such as education, pre-employment training, and physical health and well-being activities.

4) The need to provide services in an effective and efficient manner

- Reduce inefficiencies associated with under-occupied wards by having a smaller number of general acute admissions wards.
- Initiatives such as this will allow the development of specialist wards such as rehabilitation and eating disorder services. The nature of these services is such that demand is regional or trustwide and they may not be required in each locality.
- Making best use of highly specialist staff by bringing dispersed inpatient services, such as intensive assessment and treatment wards for people with severe dementia, to a reduced number of sites. Running in parallel with this consultation is another one consulting on moving acute mental health inpatient services for central and eastern Cheshire to a single site. We believe that three major inpatient sites across Cheshire and Wirral will allow the further development of centres of excellence, so that people needing inpatient care get the best treatment possible. This will ensure that they are away from home for the shortest length of time necessary for them to successfully return to community treatment.

5) Commissioner (local and national) intentions and available resources

- Using our facilities flexibly to enable us to respond to national guidance that means we may need to adapt current services. There may also be opportunities to further develop and/or establish a wider range of specialist services due to emerging demand. This could include services for people with conditions such as acquired brain injury, autism, aspergers, and young people with eating disorders - or those who need periods of treatment in more secure wards.

Conclusion and next steps

The successful development of quality services and better treatments has been a partnership process with input from stakeholders including service users, carers and staff at all levels. This has been achieved through development and working with commissioners including the benefits of additional investment and reuse by the Trust of monies released through quality and efficiency improvements. A vital part of this is welcoming and learning from feedback including local, regional, national and international best evidence.

As we have set out in the introduction, this consultation is about delivering best quality more efficiently, and making better use of resources. By delivering services in a way which may look different in future we will ensure that people have access to the right service, at the right time, from staff with the right skills.

The consultation period runs from the start of December 2009 to the 9th March 2010. At the end of this period an independent report on the views expressed during the consultation will be produced and published on our website. Copies will also be available via the freephone number. Following the outcome of that report we will then communicate what will happen next in terms of any changes to services.



Making your views known

The deadline for responses is the 9th March 2010. You can make your views known in a wide variety of ways. The Trust has engaged Chester University to be the independent reviewer of responses. Personal data you provide will be treated in accordance with the data protection act and will not be used for any other purpose.

- By completing the consultation response form on the back page of this document
- By completing the e-version on our website www.cwp.nhs.uk and e-mailing it to t.mason@chester.ac.uk
- By attending one of our public meetings in January and February at the venues opposite.
- We will also be holding two dedicated events for people with learning disabilities. Information about these events will be widely publicised and available from the freephone number.

If you would like to contact a member of CWP staff to discuss any of these issues please call the freephone helpline: 0800 195 4462

22 January, 2.30pm – 4pm
Congleton Town Hall, CW12 1BN

27 January, 6.30pm – 8pm
Winsford Lifestyle Centre, CW7 1AD

28 January, 10am – 11.30am
The Lauries Centre, Wirral, CH41 6EY

1 February, 10am – 11.30am
Ellesmere Port Civic Hall, CH65 0AZ

2 February, 2.30pm – 4pm
Macclesfield Masonic Hall, SK10 1BW

3 February, 11.30am – 1pm
Crewe Alexandra Football Club, CW2 6EB

5 February, 1pm – 2.30pm
Chester County Sport Club, CH2 1PR

If you would like to become a foundation trust member of CWP and get more involved in Trust activities please contact the membership team on 01244 364404, membership@cwp.nhs.uk or visit the website at www.cwp.nhs.uk – where a simple application form can be completed online.

Delivering high quality services through efficient design

Making your views known – consultation response form

Before you answer the questions below we would be grateful if you could tell us a bit about yourself (you can tick more than one box):

About you

- a) I am a CWP service user ☐
I am a carer for a person who receives CWP services ☐
I am from a mental health forum/voluntary organisation ☐
I am a foundation trust member of CWP ☐
I am a governor ☐
I am a member of staff ☐
I am a staffside representative ☐
Other (please specify)

Questions b and c are for staff only

b) Please select which of the following areas you work in:

- Inpatient ☐
Community ☐
Other (please specify)

c) Please select which of the following areas you work in:

- Adult mental health (incorporating older people's) ☐
Child and adolescent mental health ☐
Learning disabilities ☐
Drug and alcohol ☐
Other (please specify)

d) Please select where you are based:

- Wirral ☐
West Cheshire ☐
Central/Eastern Cheshire ☐
Other (please specify) ☐

e) Please indicate which consultation material you have been able to consider:

- This consultation document ☐
Website ☐
Frequently asked questions ☐
Public meetings ☐
Freephone helpline ☐

f) Please provide your name and address for validation purposes only (this information will not be provided to CWP by the independent reviewer of responses, Chester University. Chester University will treat your personal data in accordance with the data protection act and will not use the information for any other purpose).

Title: Name:

Address:

Postcode:

Your views

Question 1 (see section 1, page 6) We think it’s important to remove age discrimination by providing services based on assessment of a person’s needs, problems and strengths - not simply their particular age in years. This will mean changes to community as well as inpatient services. Do you support this?

☐ Yes

If yes, do you have any suggestions for which services we should prioritise and how we can make best use of resources to address differing needs?

☐ No

If no, please can you explain what your concerns are and how we might address them.

Question 2 (see sections 2 and 3, page 6)

We believe we need to continue to develop effective and efficient community services which may mean changes to the way care pathways are delivered within the community. Do you support this?

☐ Yes

If yes, do you have any specific suggestions for how we should do this?

☐ No

If no, please provide an alternative suggestion for how we should do this.

Question 3 (see section 4, page 7)

Do you support the need to take action to reduce inefficiencies where we have large numbers of empty beds across our in-patient wards, which will mean fewer acute admission wards, to make better use of resources?

☐ Yes

If yes, what safeguards would you wish to see, to ensure that people requiring admission get prompt admission, to the ward most suited to their needs - and how best to support their carers and families?

☐ No

If no, please provide an alternative suggestion for how we do this.

Question 4 (see section 4, page 7)

Do you agree that we should develop specialist inpatient services to improve access by people from Cheshire and Wirral to these types of services eg. Intensive Rehabilitation, Eating Disorders and Adolescent services?

☐ Yes

If yes, do you have any suggestions for which services we should prioritise?

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☐ No

If no, please can you explain what your concerns are and how we might address them.

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Question 5 (see section 4, page 7)

Do you agree that we should be making best use of highly specialist staff to improve quality by bringing dispersed inpatient services such as intensive assessment and treatment wards for people with severe dementia to a reduced number of sites?

☐ Yes

If yes do you have any suggestions where we can improve quality of inpatient services?

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☐ No

If no, please explain what your concerns are and how we might address them.

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Question 6 (see section 5, page 7)

Do you support the need to use our buildings flexibly to enable us to respond to emerging demand to further develop, or to establish, a wider range of specialist services.

☐ Yes

If yes, do you have any specific suggestions for how we should do this?

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☐ No

If no, please can you explain what your concerns are and how we might address them.

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Question 7

We will be reporting to our members and their representative governors on progress in developing quality, efficiency and effectiveness – do you have any views as to how this is best done?

- ☐ At events
- ☐ At existing meetings
- ☐ In newsletters
- ☐ Other suggestions

Question 8

Do you have any other suggestions on how we can further improve our mental health, learning disability and drug/alcohol services, or ideas for services that you think we should or shouldn't be providing?

Once you have completed the above fields, please:

1. Save this document to your computer
2. [Click here](#) to create an email addressed to t.mason@chester.ac.uk with the subject line 'Delivering high quality services through efficient design'
3. Attach your completed consultation document to the email and send.

Thank you for taking the time to share your views.