

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting: Thursday 12th September 2013
Report of: Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
Subject/Title: Community Mental Health Service Redesign – update on implementation.

1.0 Report Summary

1.1 The purpose of this report is to provide an update on the implementation of the Health and Social Care integrated community service redesign for mental health project to Cheshire East Health and Wellbeing Scrutiny Committee.

2.0 Recommendation

2.1 To note the contents of this report
2.2 To note the progress achieved in implementation via good practise.

3.0 Reasons for Recommendations

3.1 To progress the programme as outlined in the report.

4.0 Wards Affected

4.1 All.

5.0 Local Ward Members

5.1 Not applicable.

6.0 Policy Implications

6.1 Not applicable at this stage.

7.0 Financial Implications (Authorised by the Director of Finance and Business Services)

7.1 None for the local authority.

8.0 Legal Implications (Authorised by the Borough Solicitor)

8.1 None for the local authority.

9.0 Risk Management

There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. These assessments have been used to inform the evaluation process which continues to monitor the service change by:

- ensuring the benefits outlined in the re-design are achieved, and
- minimising potential adverse impacts

10.0 Background

10.1 In September 2012, CWP began a 3 month public consultation on proposed changes to community mental health teams. This concluded in December 2012. These proposed changes were presented to the health and well-being scrutiny committee in August 2012.

10.2 Between September and December, CWP held six public meetings and three additional drop-in sessions across Cheshire and Wirral with over 200 people in attendance. These meetings were also supported by senior managers from Cheshire East Council (CEC). 3,000 hard copies of the consultation document were distributed with information on the consultation sent to local GP Patient Participation Groups, voluntary and community sector organisations, over 15,000 Foundation Trust members and a personal letter and factsheet sent or given to all service users potentially affected by the change.

10.3 As well as giving people the chance to express their opinions on the proposals via a wide variety of events and meetings, a questionnaire was also produced with the 239 responses independently analysed by Liverpool University. The results are available within a consultation outcome report available on the CWP website www.cwp.nhs.uk. This was shared with Cheshire East Council and CWP Trust Board in December; the feedback was informative, in parts challenging, but broadly supportive of:

- the proposed model;
- recovery focused services;
- improved access to services;
- the development of the assessment part of the service (in some areas of the Trust).

10.4 Further assurances, including the detailed information below, were provided to the CWP Board at their January 23rd meeting. Following due consideration the Board agreed progression to implementation of the StAR (Stepped Approach to Recovery) model of care and redesign of community mental health services

10.5 A number of concerns were raised during the public consultation. These are summarised as key themes below. The project team was asked by the Board, at their December meeting, to provide further assurance that robust implementation plans were in place to address these.

Themes identified following independent analysis – contained within a consultation outcome report available on our website www.cwp.nhs.uk	CWP considerations (presented to Board in January)
<p>Quality of care. Comments were received that illustrated a level of concern regarding a move to nurse led care, (rather than consultant led care) and the <i>perceived</i> potential impact that this would have on a person’s ability to stay well.</p>	<p>The new StAR model ensures that service users are seen by the most appropriate professional in the most appropriate setting for their assessed needs. This is being monitored locally in staff supervision settings and is also be assured within the overall evaluation process.</p> <p>NICE guidance will be used to ensure compliance and NICE champions will be producing Trust approved guidelines. Part of the transitional plans will also include the identification of additional training needs of staff where applicable.</p>
<p>Continuity of care and potential impact of change. Concern regarding any changes to the staff that care for service users, or the loss of a care coordinator.</p>	<p>CWP and Cheshire East Council have worked hard to minimise the impact on service users by carefully analysing case loads and trying to maintain service users with their current co-ordinator where possible, thereby minimising disruption to care. In cases where this is not possible, service users have been supported during the transfer to a different care co-ordinator. This is being monitored locally in staff supervision settings and will also be assured within the overall evaluation process.</p>
<p>Understanding the recovery concept. What was evident throughout the analysis of the feedback was that whilst there was broad support for the idea of recovery there was not a universal understanding of the concept of recovery, as promoted as part of this consultation. Some respondents felt this meant “get better” (which was particularly evident with regards to those service users or carers who were engaged with older people’s services or living with dementia or those with relapsing chronic illness).</p>	<p>Work has continued with the recovery leads on raising awareness and promoting the understanding of the recovery concept - which means working with service users to support them to reach their goals and aspirations “helping people to be the best they can and want to be”.</p>
<p>Finances/commissioning. Comments were received regarding the prospect of</p>	<p>In order to improve outcomes and promote recovery whilst making the</p>

<p>delivering a 'better service with fewer people and less money'. Respondents also asked whether commissioners felt that mental health was enough of a priority and whether sufficient resources were made available.</p>	<p>savings required it was imperative to develop a new service model rather than continue the current model of care with fewer staff. Cheshire East Council and CWP in partnership strive to deliver safe and effective services for service users by utilising the resources in the most efficient way. Part of this requires close working with Clinical Commissioning Groups (CCGs) to continue to ensure that mental health is a priority.</p>
<p>Discharge/GPs. Comments were received regarding the discharge process from the care of CWP.</p>	<p>One of the improvements to the model is that in keeping with the recovery focus, once service users are discharged back to primary care, there is the opportunity to be referred back to the integrated Cheshire East Council and CWP for further assessment and treatment if necessary. Ongoing discussions are being held with GPs to revise care pathways and link with the management of other long term conditions through integrated neighbourhood teams.</p>
<p>Benefits claims. Comments were received highlighting concern that a change in the model of care available would also impact on a person's ability to claim associated benefits.</p>	<p>Support to service users requiring benefits is still being provided as appropriate within the new model.</p>
<p>Consultation process. Comments were received expressing some dissatisfaction with the consultation process itself – with some respondents stating that they felt it did not reach as many service users as possible or was limited in the options that were presented for consideration.</p>	<p>Whilst the consultation met the requirements of Section 242 of the NHS Act (2006) (which means the Trust has a duty to engage and consult when undertaking service change) CWP is keen to learn from feedback and will ensure we draw on this learning for any future consultations. CWP is currently engaged in the redesign of local, specialist health services for people with a learning disability and drew upon the lessons learned as part of the implementation of the AMH consultation, for example providing additional opportunities in each locality for people to inform the service redesign and also provided materials in more appropriate formats e.g. easy-read consultation documentation.</p>
<p>Evaluation</p>	<p>CWP is evaluating and monitoring the</p>

	<p>impact of the changes on patient safety during the initial implementation phase. The evaluation of the success of the project will be based on the key quality indicators as identified in the quality impact assessment and a review of the changes will be led by the Deputy Director for Operations 12 months post implementation (April 2014). The evaluation will be presented at CWP Board meetings.</p>
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- 10.6 The decision to progress to implementation of the service redesign was supported by detailed transition, implementation and evaluation plans and assurance that feedback from the public, staff consultation and public partner exercises were incorporated into these plans. The CWP project team (including representation from Cheshire East Council) has since progressed to implementation and commenced a formal evaluation of the new model of care and will communicate with and ensure the continued involvement of service users, carers, staff and partners over the coming months.
- 10.7 Ongoing progress continues to take place in Cheshire East. All staff and the vast majority of patients were transferred to the new team structure for Adult Services before 30th April 2013. The total caseload for adult mental health remained unaltered at 2194. For those patients who were allocated a different care coordinator in the new model, all handover visits were planned and completed by the end of May. For the Older People's teams, all staff in Macclesfield and Crewe were in roles in the new structure by 7th May, 2013. At the same time, the Memory Response Team (a dedicated assessment and diagnostic service) was launched. In order effectively to manage capacity and demand it was agreed that the Psychiatrists in the Older People's teams will continue to work in geographical patches. A pilot programme for the provision of Cognitive Behavioural Therapy (CBT) in the Memory Response team has commenced, and will be reviewed in six months time. All staff and caseload transfers (to new care coordinators) for Older Adults were completed by 31st May, and at this time, the total caseload remained unchanged at 2417.

The Single Point of Access (SPA) has been in place since 11th March 2013, and a Child and Adolescent Mental Health Service (CAMHS) transition pathway has been agreed, with CAMHS workers invited to attend the multi-disciplinary team meeting for SPA. The Recovery element of the model has been in place since the end of March, pre-discharge clinics have commenced in Crewe and Macclesfield, and Health and Wellbeing clinics are offering physical health checks from the Physical Health facilitator. It is envisaged that this approach will also be rolled out across the Review function in the coming months.

Users and carers have continued to be involved via input and engagement with the local Project Team.

One formal written compliment and no complaints have been received.

The full and detailed printed prospectus for the Recovery College is now available, with the service available in both Crewe and Macclesfield. It was the intention for this service to commence in February. However, there were some delays with printing of publications, and in renovating the accommodation, both sites were completed by 31st May, and courses have already commenced.

Finally, the locality is still in the process of developing plans for this year in terms of identification of future efficiencies, as an integral partner in the provision of the Integrated Community Mental Health Services CEC continues to be consulted and involved in decision making.

10.8 Further information on the consultation and implementation can be found on the CWP website at www.cwp.nhs.uk

11.0 Access to Information

The background papers relating to this report can be inspected by contacting the presenting officer:

Name: Julia Cottier
Designation: Service Director
Tel No: 01625 508542
Email: Julia.cottier@cwp.nhs.uk