

## Appendix 1

Option	Benefits	Risks
1. Retain the current SPA team as is and have a referral pathway from the SPA to the Gateway service for people requiring primary mental health services.	This would support the SPA by providing access to increased capacity in primary mental health but would retain the multidisciplinary approach to screening/ triage.	Health colleagues have rejected this option as they feel that people with low level needs are 'over-assessed' and given the numbers of referrals to the SPA anticipated, this would become unmanageable, resulting in delays to people accessing primary care. The model would therefore not address the current concerns about people accessing primary care.
2. Merge the current SPA team and the Gateway resources and this revised service to deal with all mental health referrals.	This removes the additional step in the process introduced by the Gateway and adds significant capacity to primary mental health at the first point of contact. This option retains the multidisciplinary approach to screening/ triage.	Health colleagues have rejected this option as they feel that people with low level needs are 'over-assessed' and given the numbers of referrals to the SPA anticipated, this would become unmanageable, resulting in delays to people accessing primary care. The model would therefore not address the current concerns about people accessing primary care. There is no SPA in Cheshire west and this model is therefore not one that would work across the whole of the Connecting care programme.
3. Given the anticipated reduction in demand on the existing SPA by the introduction of the Gateway, move some of the current social worker resource from the SPA to the Gateway.	Would retain the multidisciplinary approach to first point of contact. Might be a step towards the disaggregation of resources into the integrated community teams. Could be used to strengthen referral pathways to the mental health reablement service.	Would need to be linked to an agreement about the screening processes to ensure social care needs identified and responded to appropriately. Social worker resource in SPA very small and may make social care capacity in both Gateway and SPA unviable. Would not fit easily with model developed across two local authorities. Would mean operating two different systems across Cheshire East.
4. Allow trial of Gateway model	Concerns could be tested in trial period.	Individuals may be delayed in accessing the (social

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		care) services they need and consequently be at risk. Would require staffing resource for careful monitoring.
5. Separate referral pathway for 'social care' referrals	Clear route for referrers identifying social care issues.	Confusion for referrers resulting in delays for people to access services. Damage to working relationships with health colleagues. Loss of credibility with key stakeholders which may affect other 'integration' discussions. Likely that GPs will use Gateway service anyway with no 'controls' or monitoring in place.
6. Withdraw from integrated arrangements for mental health services with CWP; separate line management arrangements for Adult Social Care staff; separate referral pathway for social care referrals (see above)	Clear route for referrers identifying social care issues. ASC priorities addressed more effectively. ASC staff feel better supported.	See above. At time of greater integration, feels counter-intuitive. Management capacity within ASC?