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DATE: 29 September 2016

OUR REF:

YOUR REF:

Dear Councillor

**HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE -
THURSDAY, 6TH OCTOBER, 2016**

I am now able to enclose, for consideration at next Thursday, 6th October, 2016 meeting of the Health and Adult Social Care Overview and Scrutiny Committee, the following replacement report issued by the Cheshire and Wirral partnership. Please disregard the earlier version attached to the agenda.

Agenda No Item 8

**Redesigning Adult and Older Peoples Mental Health Services (Pages
3 - 18)**

To consider a report from the Cheshire and Wirral Partnership.

Yours sincerely

Democratic Services Officer

Encs



CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES

Title of Proposal

“Redesigning Adult and Older People’s Mental Health Services in Central and Eastern Cheshire”

Summary of Proposal

Cheshire and Wirral Partnership NHS Foundation Trust (CWP) intends to conduct a consultation exercise, on the reconfiguration of Adult and Older People’s Mental Health Services in Central and Eastern Cheshire.

The purpose of the consultation is to address five key pressures being experienced by CWP;

1. Suitability of existing buildings
2. Increased demand on services
3. Shortfall in funding
4. Shortage of health professionals in the area
5. Geographical challenges for care close to home

CWP is proposing to consult on two potential delivery options:

- 1) Sustain inpatient care at all 3 current locations through a reduction in community mental health to Central and Eastern Cheshire residents.
- 2) Provide inpatient care from Bowmere Hospital, Chester and Springview Hospital, Wirral and increase community mental health services to Central and Eastern Cheshire residents.

A review of how these services could be provided in future indicates that these can be provided in this way if further targeted investment is made in community services, and through the implementation of new ways of working which have seen effective reductions in admissions and length of stay elsewhere in the Trust.

The proposal refers to both community and inpatient adult and older people’s services covering the Eastern and South Cheshire CCG footprint. Patients in the Vale Royal CCG footprint already receive inpatient and home treatment care from Bowmere Hospital in Chester.

The Overview and Scrutiny Committee are asked to consider CWP’s proposals for public consultation.

It is anticipated that CWP will conduct public consultation between late October 2016 and February 2017.

Case for change

Suitability of existing buildings

The Millbrook Unit is located on the Macclesfield District General Hospital site and is owned by East Cheshire NHS Trust. CWP has invested over £1.35m into the Millbrook Unit over the last five years to ensure the Trust provides a safe and effective environment for service users, carers and staff.

Despite this investment, the Millbrook Unit is not as good as it could be when compared to the excellent environmental standards required for modern mental health practice ([Health Building Note 03-01: Adult acute mental health units](#)).

For example:

- An integral part of the Acute Care Pathway for those who are most unwell is easy access to Psychiatric Intensive Care (PICU). PICU is specifically designed and staffed to provide a low stimulus, highly supportive environment for patients when they are most unwell. It allows for patients who may be behaviourally disturbed, as a consequence of acute mental illness, to be managed in the least restrictive environment possible. The enhanced levels of nursing and low stimulus environment can make it possible to minimize the use of sedative medication and may facilitate more rapid recovery. There is no PICU facility at Millbrook. Patients from Millbrook unit do have access to PICU facilities at Bowmere hospital in Chester and Springview on Wirral. However it can be difficult to provide rapid access to these facilities as patients may be too ill to safely move.
- The layout of the ward areas results in limited separation of bedroom areas on a gender basis. These issues are further compounded by a lack of en-suite bathroom provisions.
- There are limited therapeutic facilities away from the wards to support people's recovery.
- There is a lack of formal and informal communal space on the ward areas e.g. lounges, quiet rooms etc.
- The layout of the building results in increased physical observations being necessary to effectively manage risk.
- There is limited natural daylight in ward areas and access to outside space.

How the Millbrook Unit compares to CWP's other hospitals:

	Bowmere Hospital (Chester)	Millbrook Unit (Macclesfield)	Springview Hospital (Wirral)
Statutory Requirements	Safe	Safe	Safe
En-suite	Yes	No	Yes
m ² per bed (<i>average</i>)	50m ²	38m ²	52m ²
CWP owned	Yes	No	Yes
Maintenance liability	Low	High	Low

Further to the above, PLACE (Patient Led Assessments of the Care Environment) is the method the NHS adopts for assessing the quality of the patient environment. The assessments see local people go into hospitals as part of teams to assess how the environment supports patient privacy and dignity, food, cleanliness and general building maintenance. It focuses entirely on the care environment and does not cover clinical care provision or how well staff is doing their job.

The 2016 PLACE data for CWP's inpatient facilities can be seen below:

	Cleanliness	Food	Ward food	Privacy, dignity and wellbeing	Condition, appearance & maintenance	Dementia	Disability
Bowmere Hospital, Chester	100%	94%	97%	95%	98%	97%	94%
Millbrook							

Unit, Macclesfield	98%	85%	80%	85%	94%	92%	79%
Springview Hospital, Wirral	99%	93%	100%	97%	99%	96%	95%

The Millbrook Unit scores below Bowmere and Springview Hospital in all categories with significant differences identified in the disability, food and privacy, dignity and wellbeing categories.

The summary statement for 2016 completed by patient representatives included the following comments:

- “Overall the building is not fit for purpose”
- “The staff teams are doing their best for the patients under the circumstances”
- “This site lets the Trust down; it is not equal to the standards in other sites in terms of environment”.

Increased demand on services

The level of demand for inpatient and community services cannot be met within the current resources allocated to mental health services.

Evidence suggests that there is significant and increasing demand for inpatient beds. The greater the demand for inpatient admission the less resource is available to CWP to provide community mental health services. Consequently, additional pressure is also placed on inpatient services by the absence of a full range of community services.

The range of community mental health services that CWP provides in Central and Eastern Cheshire is limited in comparison to other areas locally. Failure to provide care early on means that the acute area of mental health care is under immense pressure. By increasing the resource in community services the demand on inpatient beds can be managed more effectively.

There are also a number of other key statistics which are contributing to an increased demand on services:

1 in 4 people will experience a common mental health problem (including anxiety, depression, phobias etc). In terms of numbers of people living in the region this would equate to 93,500 people.

Eastern Cheshire has the fastest growing number of people aged over 65 and 85 in the north west of England. This group represents approximately 30% of the local population who use 70% of the local health and social care. When planning mental health care services this has a significant impact, as research now suggests that one in three people over 65 will develop dementia.

One in six people aged 18-64 living in Eastern Cheshire has a common mental disorder such as anxiety or depression, whilst more than 1,500 people in Eastern Cheshire live with serious mental health conditions.

People in Eastern Cheshire aged under 75 living with a serious mental illness are four times more likely to die at an earlier age than the general population.

Shortfall in funding

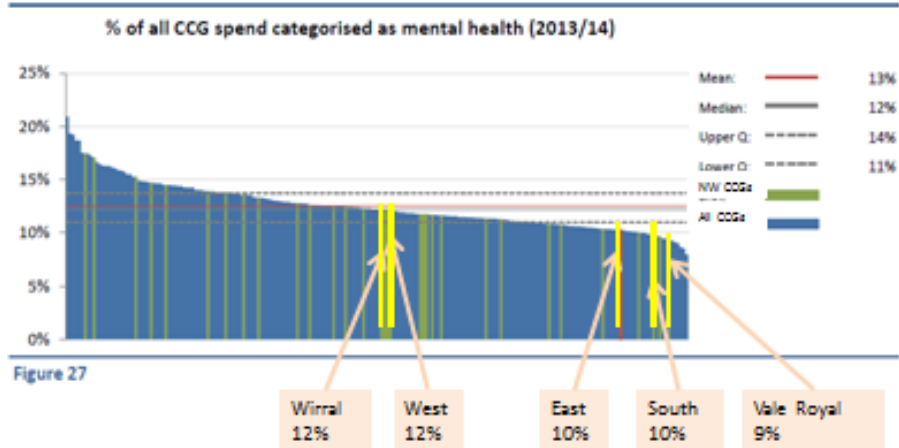
Like most NHS organisations CWP has had a challenging financial year resulting in a bottom line deficit. These pressures remained in March 2016 resulting in CWP submitting an annual finance plan for 2016/17 showing a £1.9m deficit.

This picture is mirrored across the local health and social care economy in Central and Eastern Cheshire with all organisations reporting increasing financial pressures for a number of years.

Our CCGs all spend less than average on mental health services (overall) than other CCGs

All CCGs (blue), North West CCGs (green), 5 local CCGs (yellow)

Figures from the Health and Social Care Information Centre suggest that over a five year period from 2008/09 to 2013/14 social care expenditure on adults with mental health needs aged between 18 and 64 reduced in cash terms from £1.2 billion to £1.1 billion.



Source: NHS Benchmarking CCG reports published May 2016 (data are from 2013/14)

CWP is committed to providing the best care possible within allocated resources. The current situation cannot be sustained as growing pressures increasingly mean that people who access our services are not always receiving the best care possible.

The current access figures for adult and older people's mental health services in Central and Eastern Cheshire are shown below:

2.2% of the current adult and older people's mental health services case access inpatient care*

97.8% of the current adult and older people's mental health services receive their care in the community*

*Based on July 2016 data

There are approximately 5,100 people accessing community adult and older people's mental health services in Central and Eastern Cheshire (excluding Vale Royal) at any given time*

- 2,632 from Eastern Cheshire CCG
- 2,446 from South Cheshire CCG

There are approximately 48 people accessing acute inpatient adult and older people's mental health services in Central and Eastern Cheshire (excluding Vale Royal) at any given time*

- 25 from Eastern Cheshire CCG
- 23 from South Cheshire CCG

*Based on July 2016 data

Other contributing factors

There are also a number of other driving factors for service redesign including workforce challenges. Nationally, the number of qualified nurses working in the psychiatry area has dropped by almost 11% between 2010 and 2015. There is also a national shortage of junior doctors.

In Central and Eastern Cheshire, there are typically 6.5% of the inpatient mental health workforce posts vacant at any one time through inability to recruit or sickness. This adds pressure to staff who will often work extra time to maintain safe staffing levels or resort to temporary staffing. It is also more difficult to retain clinical staff to work in the poorer building environments mentioned earlier.

The rural nature of Central and Eastern Cheshire can also provide challenges to delivering community services as the distance between visits are often significant, meaning health professionals can spend a lot of time travelling rather than providing care. In an average week a community mental health nurse in Eastern Cheshire will visit 14 patients. In comparison, on an average week a nurse on the Wirral will visit 18 patients and 17 in West Cheshire.

Options considered

A range of options have been considered to meet the challenges outlined above and evaluated as to their feasibility. An options appraisal has been undertaken and each option has been scored. The scores against each of the criteria were calculated which resulted in the two options which form the basis of the public consultation.

Below is the list of options generated together with comment and conclusion.

OPTION:

1. **Do nothing** – This was considered not to be feasible as it fails to address the challenges previously outlined. If this option was progressed, CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. The Trust would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

This option also fails to address the environmental issues associated with the building.

2. **Reduce specialist services to ensure adequate funding for other inpatient services -** Specialist services are services CWP delivers directly for NHS England. They are services like eating disorders and low secure services. CWP is not contractually allowed to reduce spending in this area to divert to another service such as inpatient or community mental health services. If CWP didn't deliver these services, NHS England would not provide the funding to do so.

If this option was progressed CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. CWP would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

This option also fails to address the environmental issues associated with the building.

- 3. Specialise in one hospital and have acute services only in two other hospitals** – Whilst services would be reconfigured, no savings would be generated to invest in community services.

CWP would remain in financial deficit as there is no prospect of additional funding being found to make up the shortfall of funds received. CWP would continue to pay to rent the Millbrook Unit, a large amount of money that could be spent directly on patient care.

Demand on services would not change with gaps in community service provision putting increasing pressure of inpatient services. The workforce challenges would remain with the use of temporary staff to cover sickness/vacancies becoming costly and not supporting continuity of care. This continued demand cycle would result in a negative impact on the quality of the services delivered and for patient experience and outcomes.

This option also fails to address the environmental issues associated with the building.

- 4. Reduce inpatient beds in all three of CWP's hospitals (Bowmere Hospital in Chester, Millbrook Unit in Macclesfield and Springview Hospital, Wirral)** - Whilst services would be reconfigured, economies of scale savings would only be achieved in a meaningful sense if a whole ward were to close. The closure of a ward in each locality would see a higher reduction in bed numbers than would be acceptable and therefore not favourably affecting demand. Each inpatient unit would be left with a vacant ward with significant fixed costs. Therefore this would not release the necessary savings to be invested into Community Care.

Demand on services would not change with not enough care in the Community or beds for patients in hospital. This continued demand cycle would result in longer waiting lists, a negative impact on the quality of the services delivered and for patient experience and outcomes.

Workforce challenges would remain however, closure of a ward in each locality may free a number of staff to cover vacancies at the Millbrook Unit.

This option also fails to address the environmental issues associated with the building.

- 5. Reduce community services to ensure adequate funding for inpatient services** – This option releases sufficient funding to support inpatient services in their current model at the expense of community services. Inpatient and community services are very closely linked and it is essential to provide a balance between the two. In the absence of community services, more demand will be placed on inpatient services which will subsequently require even more investment. It is likely that many people who can be cared for in the community could be admitted to hospital creating more demand for beds. This increased demand would result in a negative impact on the quality of the services delivered and for patient experience, safety and outcomes. Overall it would have the impact of increasing demand for beds beyond current capacity and cost more money.

Workforce challenges would remain and the use of bank staff to cover vacancies would continue. This option also fails to address the environmental issues associated with the building.

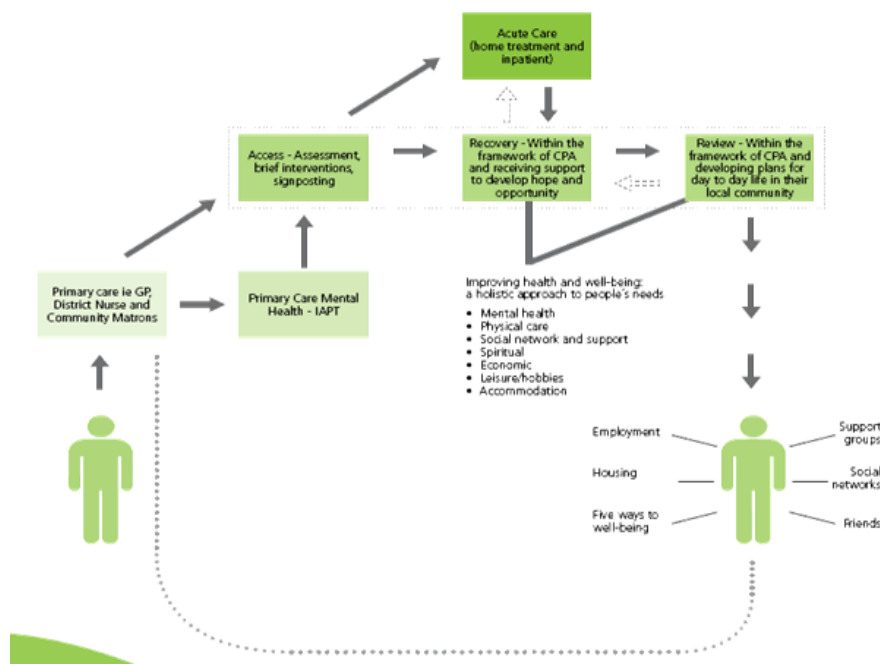
Although this option does not address all of the challenges outlined, it is being progressed to public consultation for consideration.

6. **Close one main inpatient site** – The closure of one site would generate significant savings to be reinvested in community services. The increased investment in community services would also help alleviate the demand pressures on inpatient services resulting in a positive impact on the quality of the services delivered, patient experience and safety.

The feasibility study undertaken and the case for change (above) has indicated that the most suitable site for closure is the Millbrook Unit in Macclesfield.

Current model

The current service model pathway is pictured below:

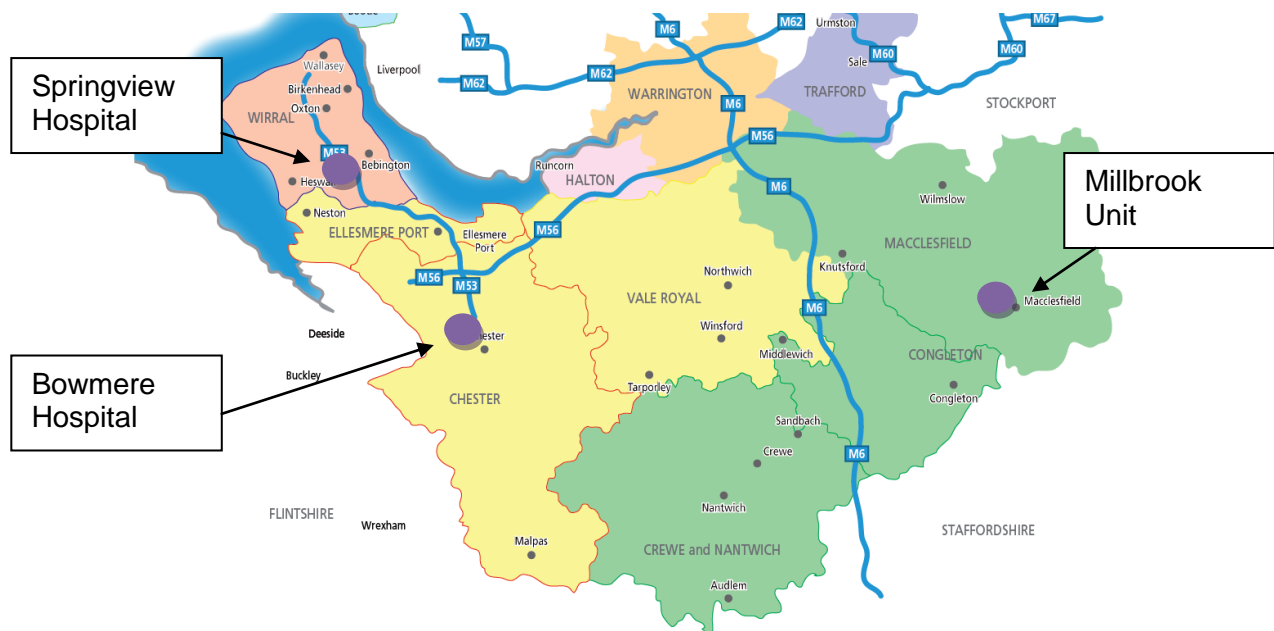


Community mental health provision is currently delivered from two main community resource centres which are detailed below:

- Jocelyn Solly Resource Centre, Macclesfield (Eastern Cheshire CCG footprint)
- Delamere Resource Centre, Crewe (South Cheshire CCG)

The inpatient acute care provision within CWP is currently provided from three main locations across Cheshire and Wirral:

- Millbrook Unit, Macclesfield District General Hospital
- Bowmere Hospital, Countess of Chester Health Park
- Springview, Clatterbridge Hospital



CWP manages its total number of beds on a Trustwide basis although the majority of service users who require inpatient care from the Eastern Cheshire and South Cheshire footprint receive this at the Millbrook Unit. The unit currently consists of the following inpatient services:

- Adelphi Ward - 23 beds for adults and older adults with a functional mental health condition
- Bollin Ward - 21 beds for adults with a functional mental health condition
- Croft Ward - 14 beds for older adults with an organic mental health condition
- CARS Ward - 15 bed all male rehabilitation unit

The current average length of stay for inpatient care at the Millbrook Unit is shown below:

Average length of stay (July 2016)	Days
Adelphi Ward	16.36
NHS EASTERN CHESHIRE CCG	16.33
NHS SOUTH CHESHIRE CCG	16.40
Bollin Ward	13.13
NHS EASTERN CHESHIRE CCG	18.12
NHS SOUTH CHESHIRE CCG	8.14
Croft Ward	70.42
NHS EASTERN CHESHIRE CCG	99.83
NHS SOUTH CHESHIRE CCG	41.00

There has been a drive in mental health services for many years to meet the needs of service users in the community rather than requiring an admission to an inpatient facility. In the vast majority of cases service users care needs are fully met by community mental health services or in some cases by input from the Home Treatment Team (HTT) who deliver acute care at home, thereby avoiding the need for inpatient admission.

It is important to recognise that the number of people requiring input from community mental health services is steadily increasing month on month across both adult and older adult services. This is resulting in considerable pressures within existing community services. It should also be recognised that within the current community model there is a gap in service provision, particularly in relation to service users with a diagnosis of Personality Disorder which leads to an over reliance on inpatient services along with other services within the whole health economy e.g. Emergency Departments.

Future inpatient provision

It is proposed that acute adult inpatient services going forward are delivered from two main sites within the CWP footprint, these being Bowmere Hospital, Chester and Springview Hospital, Clatterbridge. Both of these units are owned by CWP and are better able to meet current healthcare standards. Both inpatient facilities also benefit from having a Psychiatric Intensive Care Unit (PICU) on site and additionally have dedicated Occupational Therapy (OT) activity facilities.

The total number of adult acute beds available currently within the Millbrook Unit is 44, therefore the proposed new model has been developed to maintain as close to this total number as possible. It is proposed that an additional 22 adult acute beds are provided within Bowmere Hospital in Chester with an additional 20 beds being provided within Springview Hospital, Clatterbridge. This will result in 42 beds being reprovided within the remaining two inpatient facilities.

In respect of the model of care which will be delivered for service users with an organic illness this has been designed to meet the two distinct needs of this group, these being service users who display challenging behaviour and secondly those who experience a deterioration in their condition and require a period of stabilisation. It is proposed that the first group of service users' needs can be met within the existing older adult organic bed provision within CWP which is detailed below:

- Cherry Ward - 11 beds provided within Bowmere Hospital, Chester
- Meadowbank Ward - 13 beds provided within Springview Hospital, Clatterbridge, Wirral

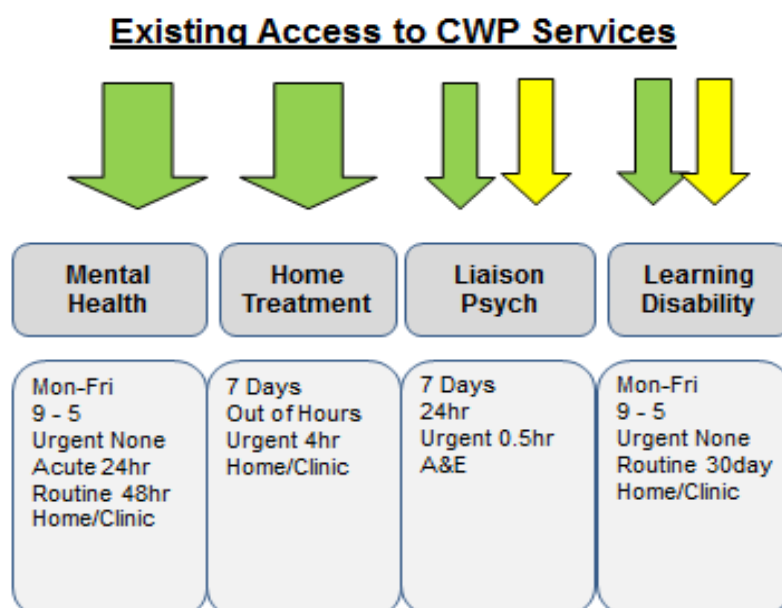
It is proposed that the needs of the second group identified above could be met by CWP entering into a contract arrangement with a local provider of specialist Elderly Mental Illness (EMI) nursing home beds (approximately 6 beds). Both registered nursing and medical input would be provided by CWP.

These proposals provide CWP with an opportunity to develop new models of working which will include exploring inter provider arrangements. The pathways for dementia will look at how CWP can work closely with care home providers, providing support and interventions to avoid hospital admission.

The models of care and the way the Trust manages clinical risk will remain unchanged.

Community Services

The current model in operation is detailed below:



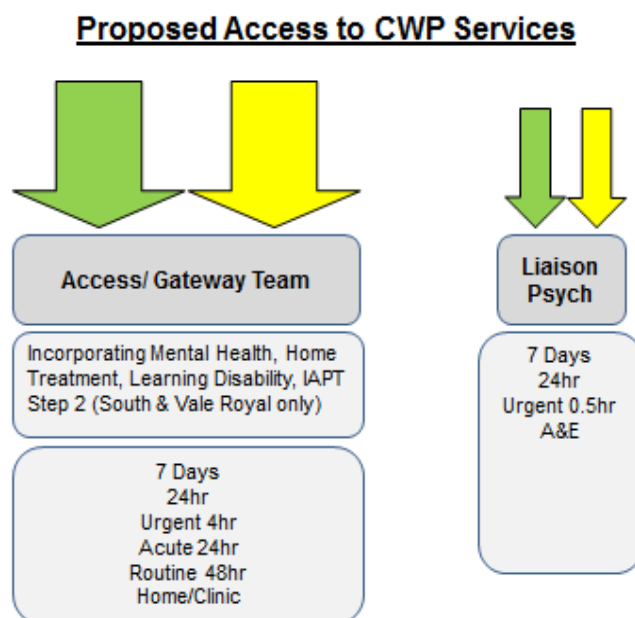
The caseloads within both adult and older adult community mental health services are steadily increasing month on month across the Eastern Cheshire and South Cheshire CCG footprints.

- In July 2016 Eastern Cheshire CCG had 2632 people on the adult and older adult community mental health caseload, of which only 0.9% used inpatient services.
- During July 2016 South Cheshire CCG had 2446 people on the adult and older adult community mental health caseload, of which only 1.3% used inpatient services.

Future Community provision

In response to the challenges outlined, CWP is proposing to work with people who access services, carers, staff and partners to co-produce a new model of community mental health care.

Based on initial feedback and intelligence from other areas of the Trust, it is proposed that community provision would be redesigned as follows:



The closure of the Millbrook Unit would generate an estimated £1.1 million that would be reinvested into community services. The indicative breakdown of spend is shown below:

Indicative investment breakdown	£ 000s
Community Mental Health Teams	411
Home Treatment Teams	451
Older Persons Service	248
TOTAL	1,109

Practically, it is estimated that this may equate to:

Adult community mental health teams*

- 1 additional Medic – this equates to a 16% increase
- 7 more Nurses – this equates to a 22%

Older community mental health teams*

- 1 additional Medic – this equates to a 16% increase
- 5 more Nurses – this equates to a 33% increase

Home Treatment Team*

- 10 additional Nurses – this equates to a 48% increase

*Final numbers will be determined following the outcome of the consultation and further stakeholder engagement.

As stated above CWP intends to engage with people who access services, carers, staff and partners to co-produce any new community model however, the following guiding principles are central to this:

- Easier access to CWP Services via the introduction of a single point of access
- Improved response to urgent and acute referrals across mental health and learning disability services
- Earlier intervention to prevent a crisis situation
- Ensuring that everyone accessing services receives a quality mental health assessment by an appropriately skilled practitioner at the first contact
- People are placed on the most appropriate care pathway at the earliest opportunity
- More effective aligning of secondary care services to integrated teams within the Caring Together/ Connecting Care agenda
- Provide evidence based interventions that are person centred
- The focus is on recovery, linking into the existing community resources to ensure that people received the right care at the right time in the right place.

It is proposed that the new model will provide an easier entry point to services via a single point of access. This will include easier access for people who have previously been in contact with services and discharged but who now need further support. It is hoped that this will also aide easier discharge as one of the main hesitations for service users regarding discharge is how long they would need to wait to be re-referred.

The existing team structures would be redesigned to ensure that senior clinicians are the first point of contact ensuring that everyone receives a quality mental health assessment by an appropriately skilled practitioner at the first contact. Referrals would be triaged on entry to services, ensuring that service users' needs are correctly risk assessed and prioritised.

Under the proposed new model senior clinicians would have increased capacity to see more complex service users who will be care co-ordinated by Nurse Practitioners. The service would be further enhanced by additional clinical and occupational therapy support. The introduction of additional Nurse resource would also facilitate an increase in the remit of the Health & Wellbeing Clinics to form a 'One Stop Shop' for service users who are prescribed anti-psychotic medications to monitor their physical health needs such as weight management.

The new model would include the introduction of psychology provision to the Older People's Community Mental Health Team for the first time. This would include access to cognitive behavioural therapies and other support which would equip people and their families with coping strategies and resilience in the early stages after diagnosis.

A major part of the re-investment would be to extend the existing Home Treatment Team (HTT) to offer a 24 hour service. The HHT are able to rapidly respond to referrals by visiting people in their own homes to offer acute care, thereby avoiding the need for inpatient admission. The new teams are able to visit people up to 4 times daily in their own familiar environment, often surrounded by family or loved ones. HTT are also able to help with early discharge from hospital by working closely with service users and carers whilst they are in hospital and can facilitate outpatient electro convulsive therapy (ECT).

Patient stories

Example patient stories are attached as appendix 1.

Considerations

Travel

CWP acknowledge the travel impact of the proposals contained within this report and recognises the importance of friends and families being able to visit their loved ones whilst receiving treatment as an inpatient.

There are approximately 48 people accessing acute inpatient adult and older people's mental health services in Central and Eastern Cheshire at any given time

- 25 from Eastern Cheshire CCG
- 23 from South Cheshire CCG

*Based on July 2016 data

It is proposed that as part of the consultation service users, carers and families' views from all locality areas will be sought on how we can best support them should any changes take place including providing transport assistance where required.

It is anticipated that under the new model approximately 6 organic illness beds would be reprovided locally in a care home setting which would limit the travel impact for this group.

Should the modified service be approved, service users and carers travelling from the Eastern Cheshire CCG footprint would notice the most significant travel impact. If traveling from Macclesfield by car the average distance to Bowmere Hospital in Chester is 41 miles with an average journey time of 54 minutes. If travelling from Macclesfield by car to Springview Hospital in Wirral the average distance is 47 miles with an average journey time of 55 minutes.

People accessing services from South Cheshire already travel on average 21 miles (if travelling from Crewe by car) to access inpatient care at the Millbrook Unit in Macclesfield with an average journey time 37 minutes. If inpatient provision was relocated to Bowmere Hospital, Chester this would constitute a limited travel impact on this group with an average distance (if travelling from Crewe by car) of 24 miles and an average journey time of 41 minutes. There are also improved public transport links if traveling from Crewe to Chester via bus or train. The average journey time if travelling from Crewe to Springview Hospital, Wirral by car is 48 minutes with an average distance of 36 miles.

Patients from Vale Royal CCG already access inpatient mental health provision at Bowmere Hospital, Chester and therefore for this group the service offer would not change.

As part of the pre-consultation planning process a full travel impact assessment has also been undertaken.

Implications for other NHS organisations

CWP works closely with other NHS providers across Cheshire and Wirral and has undertaken a stakeholder analysis for the proposed service reconfiguration.

Should option 2 be progressed further to public consultation, community services will continue to operate within Central and Eastern Cheshire and on-call Doctors will continue to cover Central and Eastern Cheshire and undertake Mental Health Act assessments.

Other providers will benefit from the enhancement of community services through increased access and capacity. CWP have access to their own transport for service users which is routinely utilised for service users from Central and Eastern Cheshire who require a Psychiatric Intensive Care bed which is based in Bowmere, Chester.

As part of the consultation, blue light services and partner organisations views will be sought on how we can continue to deliver a safe and effective service, provide enhanced levels of service and minimise disruption for all.

Equality impact assessment

CWP has undertaken a full and thorough equality impact assessment regarding the proposals to redesign adult and older people's mental health services.

Consultation

Pre-consultation

A Project Team and Project Board have been established with membership from clinicians and managers of services. A series of focus groups have been held with staff and service users to look at ideas and capture considerations.

Proposed consultation

CWP is proposing to undertake a full public consultation over 12 weeks with the option to extend for a further two weeks to ensure a strong volume of responses, on the options discussed above in line with NHS England guidance on planning, assuring and delivery of service change for patients.

It is proposed that the consultation will be supported by a programme of six public events spread across Central and Eastern Cheshire and engagement events with relevant stakeholder groups such as the Mental Health Forum, MIND etc. An independent evaluator will also be appointed to analyse the results of the consultation and produce a report which will be published on the Trust's website.

Timescales

CWP is proposing to launch a full public consultation from late-October 2016 to February 2017.

Following the outcome of the public consultation, a report on the redesign of adult and older people's mental health services will be presented to CWP Trust Board, Eastern Cheshire CCG, Vale Royal CCG and South Cheshire CCG's Governing Bodies, CWP's Council of Governors and the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee – prior to any changes taking place.

If the proposals are supported by the local health and social care economy, CWP will begin implementation of operational plans with the intention of completing the proposals by Quarter 2 of 2017/2018 financial year.

Appendix 1 – Example patient stories

When reviewing adult and older people's mental health services a number of redesign options have been considered to deliver the best care possible to patients within the allocated resources. To demonstrate the challenges explained on pages 1-5 in practice, example patient stories are shown below.

Andrew's story...

Andrew is a 24 year old man who has been met by the Street Triage Team following a call to the Police from a member of the public reporting that a man was behaving unusually in Macclesfield town centre in the early hours of the morning.

In the weeks leading up this incident Andrew had become very afraid as he started to hear voices telling him that someone was going to kill him. At first he was able to ignore these voices but they became increasingly insistent until they were there almost all the time. The voices were angry and told him that he had done bad things and must die. They whispered into his ears but also talked amongst themselves discussing how they would harm him.

Following assessment by the Street Triage Team, Andrew was diagnosed as having his first episode of psychotic illness and taken to A&E to be seen by the Liaison Psychiatry Team and sectioned under the Mental Health Act.

Andrew would benefit from a psychiatric intensive care environment. This is a more secure ward with less patients and more nursing staff to offer support. Here there are areas he can go to be calm when his voices are at their worst and a greater ratio of staff to patients so that there is more support when things are difficult. He would also benefit from a safe and contained outside area so that he can get fresh air even when he is not well enough to be away from the ward.

Under option 1:

As there is no PICU at the Millbrook Unit, Andrew will need to be transferred to one of CWP's other sites, either in Chester or Wirral. Whilst awaiting transfer, Andrew would be admitted to an acute ward at the Millbrook Unit.

The ward is a busy place and other patients are coming and going all the time. Andrew started to believe that some of these patients were not what they seemed and had been sent to the ward to hurt him. Andrew was scared and became angry – shouting at other patients and staff and barricading himself into his room. Unfortunately as he is very frightened and angry now, it would be unsafe to transfer him to PICU until he is calmer. As the ward environment at the Millbrook Unit is small, it is difficult to give Andrew the space he needs away from other patients. He needs quite a lot of medication to help him feel less afraid and this leaves him feeling groggy and confused.

After 24 hours, Andrew is now able to be transferred to the PICU in Chester or Wirral. The secure nature of PICU will help Andrew feel safer and there are fewer patients to distract him. After a period of treatment, Andrew is well enough to be transferred back to the Millbrook Unit. Although he receives the same standard of care here, he has to share toilet facilities with other patients. He also has limited access to therapeutic activities away from the ward and feels he doesn't get the space he needs.

After receiving treatment Andrew is well enough to be discharged. Under this option, Andrew will receive less frequent visits from the Community Mental Health Team.

Under option 2:

Andrew would be directly transferred and admitted to Bowmere Hospital, Chester or Springview Hospital, Wirral. As both hospitals have PICU on site, Andrew would be transferred within minutes of arriving at hospital.

The calmer environment means that Andrew's voices become less insistent and he required less medication to help resolve his symptoms and did not become groggy. Whilst in hospital Andrew is able to regularly access a gymnasium and therapeutic activities away from ward which contributed to his

overall physical and mental wellbeing. The ward environment at both Bowmere and Springview Hospital is larger with en-suite rooms giving Andrew the space he needs.

After receiving treatment Andrew is well enough to be discharged. Under this option, Andrew will initially receive more frequent visits from the Community Mental Health Team.

Carol's story

Carol is a 56 year old lady who has suffered from bipolar affective disorder since she had her first child in her twenties. When she was younger she had episodes where she felt elated and hyperactive but lately her illness means that she feels depressed most of the time. She struggles to motivate herself to get out of the house and often feels lonely. She is on a lot of medication and worries about the effect this is having on her body.

Sometimes her moods become so bad that she feels like killing herself and she has had to be admitted to hospital. However this is infrequent and she has only had two admissions in the last 10 years. Carol is very reliant on the support she gets from the Community Mental Health Team. She has noticed that her Community Nurse and her Consultant Psychiatrist both seem much busier these days and she is not able to see them as often as she would like.

In the past few weeks Carol has been feeling very low and has started to think it might be better if she wasn't here and has spoken to her Community Nurse about how she is feeling.

Under option 1:

Carol's Community Nurse would ask the Home Treatment Team who offer more intensive support and more frequent visits to be involved. Although Carol feels supported throughout the day, things are much worse at night. She can't sleep and feels she has no one to turn to when she wakes in the night.

Carol calls the emergency out-of-hours contact number and talks to a Nurse on the ward. The Nurse listens and is supportive, however Carol feels she has to tell her story all over again. The ward is busy and unfortunately the nurse has to keep interrupting Carol. The nurse explains to her that if she is feeling suicidal she should go to A&E.

Things are so bad that Carol goes to a busy A&E and has to wait for a number of hours. A&E is loud and Carol begins to feel more distressed and alone. After receiving an assessment with the Liaison Psychiatry Team, Carol is admitted as an inpatient to the Millbrook Unit for further treatment.

Upon discharge, Carol would receive less frequent visits from the Community Mental Health Team.

Under option 2:

Carol's Community Nurse would ask the Home treatment Team who offer more intensive support and more frequent visits to be involved. Carol feels supported throughout the day, but things are much worse at night. She can't sleep and feels she has no one to turn to when she wakes in the night.

Carol would be able to call the 24 hour Home Treatment Team and they would be able to visit her at home during the night. The Practitioner knows about Carol's case and what has been happening recently. This puts Carol at ease and she does not need to explain herself all over again.

The team help Carol feel understood and she is able to go back to sleep without harming herself. This is followed up with another visit first thing in the morning to see how Carol is feeling and whether she needs any additional support.

When Carol is well enough to be discharged from the Home Treatment Team, Carol would initially receive more visits from the Community Mental Health Team. She would also be able to access her local Recovery College where she can learn new skills, meet new friends and plan for her future away from services.

Kamil's story

Kamil is a 75 years old gentleman with a diagnosis of Alzheimer's disease of mild to moderate severity. He has been found to be wandering the streets at night and has got lost on two separate occasions which the Police were brought in to help find him.

Kamil's wife, Agata is finding it increasingly difficult to meet his needs and keep him safe. As time goes on, Kamil is becoming more dependent on his wife to meet his physical care needs. He is now incontinent and can sometimes resist personal care interventions; this has left Agata feeling that she is struggling to cope. Meal times can also be troublesome as Kamil now needs support to feed himself properly.

Kamil believes that he is very young and should be going to work and can become verbally abusive towards Agata if she tries to stop him going out. He is also failing to recognise his children and visits have started to become quite distressing for everybody.

Agata is also dealing with arthritis and is physically feeling the effects of caring for Kamil both night and day. The full care package provided by the local authority and NHS community mental health services is now not enough and Kamil has refused to accept respite or permanent care. His care team has advised that he would benefit from a place of safety.

Under option 1

Kamil would be admitted to the Millbrook Unit to receive an assessment of his mental state. In hospital he receives a comprehensive assessment including occupational therapy, physiotherapy, speech and language therapy and a medication review in order to stabilise his mental state.

The ward Kamil is on is busy and the nursing staff are having to focus their time and resources into caring for patients who are experiencing confusion, hallucinations and aggression. Kamil and Agata both find their time on the ward stressful and upsetting as they are worried about how Kamil's illness may develop in the near future.

Following assessment, Kamil is more stable and his family are invited to attend a Best Interest Meeting to discuss whether he would benefit from returning home or to an alternative setting such as a care home. Under this option, Kamil and Agata would receive less support from the Community Mental Health Team if he was to return home.

Under option 2

Kamil would be admitted to an available elderly mental illness (EMI) placement at a local care home. Here Kamil would receive the same assessment of his mental health which he would have received at the Millbrook Unit.

Kamil and Agata both find the environment more homely and Kamil settles in well, showing limited signs of agitation. In the care home there are more staff available to care for Kamil and offer reassurance to Agata.

The care home offers the same level of safety as the Millbrook Unit with locked doors at in the evening so he cannot leave unattended and also offers a programme of activities adding structure to Kamil's day. The staff at the care home are also able to meet Kamil's physical care needs which enables Agata to feel less stressed and more confident in the decisions she has to make about Kamil's care in the future.

Following assessment, Kamil is more stable and his family are invited to attend a Best Interest Meeting to discuss whether he would benefit from returning home or through a longer term placement in a care home. Under this option, Kamil and Agata would receive more support from the Community Mental Health Team if he was to return home.