

CHESHIRE EAST COUNCIL

Health and Well-being Scrutiny Committee

Date of Meeting: Thursday 7th February 2013
Report of: Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
Subject/Title: Community Mental Health Service Redesign – consultation outcomes

1.0 Report Summary

- 1.1 This report is to brief committee members on the outcomes of the Cheshire and Wirral Partnership NHS Foundation Trust (CWP) consultation on the proposed Community Mental Health Service Redesign.

2.0 Recommendation

- 2.1 That committee members note the consultation outcomes of the Community Mental Health Service Redesign public consultation that was undertaken between September and December 2012.

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

9.1 There have been comprehensive impact assessments undertaken including an Equality Impact Assessment. We have used these assessments to inform the evaluation process we plan to put in place to monitor the service change to:

- ensure the benefits outlined in the re-design are achieved, and
- to minimise potential adverse impacts

10.0 Background

10.1 In September 2012, CWP began a consultation on proposed changes to our community mental health teams for 3 months, until 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. 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, available within a consultation outcome report available on our website www.cwp.nhs.uk and shared with the Trust Board in December, were informative, sometimes 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 Of those who commented, a number of concerns were also raised (summarised in a list of key themes below). As such the project team were asked by the Board, at their December meeting, to provide further assurance that robust implementation plans are in place to address these comments.

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)
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.	The new StAR model will ensure that service users will be seen by the most appropriate professional in the most appropriate setting for their assessed needs. This will be monitored locally in staff supervision settings and also be assured within the overall evaluation process. 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 additional training needs of staff where applicable.
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.	CWP will endeavour to minimise the impact on service users by carefully analysing case loads and trying to keep service users with their current co-ordinator where possible, thereby minimising disruption to care. In cases where this is not possible, service users will be supported during the transfer to a different care co-ordinator. This will be monitored locally in staff supervision settings and also be assured within the overall evaluation process.
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).	Work will continue with the recovery leads on raising awareness and promoting the understanding of the recovery concept - which means working with our service users to support them to reach their goals and aspirations “helping people to be the best they can and want to be”.
Finances/commissioning. Comments were received regarding the prospect of delivering a ‘better service with less 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>In order to improve outcomes and promote recovery whilst making the savings it was imperative to develop a new service model and not to continue to provide the current model with less staff. CWP strives to deliver safe and effective services for our service users by utilising the resources in the most efficient way. Part of these duties is to work with CCGs to continue to ensure that mental health is a priority.</p> <p>Impacts of the proposed model on Payment by Results (PbR) Clustering will be agreed and discussed in the PbR commissioning group, which is led by Wirral CCG.</p>
Discharge/GPs. Comments were received regarding the discharge process from the care of CWP.	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 CWP for assessment if necessary. The services will develop a rapid access card which will give service users information on how to access secondary mental health services quickly if their mental health deteriorates. Ongoing discussions are being held with GPs and will form part of the

	transition plans which include revised care pathways and linking with the management of other long term conditions.
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.	Support to service users requiring benefits will still be provided as appropriate within the new model.
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.	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) we are keen to learn from feedback and will ensure we draw on this learning for any future consultations. CWP is currently engaged in a formal public consultation regarding the redesign of local, specialist health services for people with a learning disability. Drawing upon the lessons learned as part of the implementation of the AMH consultation, CWP is providing additional opportunities in each locality for people to have their say and is also providing materials in more appropriate format e.g. easy-read consultation documentation.
Evaluation	CWP will evaluate and monitor the impact of the changes and on patient safety during the 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 to Board meetings.

- 10.5 Further assurances, including the detailed information above, were provided to the 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.
- 10.6 This decision was supported by detailed transition, implementation and evaluation plans and assurance that feedback from the public and staff consultation exercises were incorporated into these plans. The CWP project team will now progress to implementation and 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 If you have any further questions or would like more information about the consultation process then please contact us on the number above. Further information on the consultation and the work of CWP can also be found on our 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:

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