



CONSULTATION ON SUBSTANTIAL VARIATIONS OR DEVELOPMENTS TO SERVICES

Title: “Improving mental health outcomes – an NHS public consultation on potential changes to the way specialist mental health services are provided to Cheshire East.”

Summary: In partnership with Clinical Commissioning Groups (CCGs), Cheshire and Wirral Partnership NHS Foundation Trust (CWP) intends to conduct a public consultation exercise, on the reconfiguration of Adult and Older People’s Mental Health Services in Cheshire East, commissioned by NHS Eastern Cheshire CCG, NHS Vale Royal CCG and NHS South Cheshire CCG.

Mental health services delivered in Vale Royal are not affected by this proposal.

In order to best meet the needs of people with mental ill-health in Cheshire East, the health delivery system needs to overcome two main challenges:

- Improve outcomes in the face of increasing demand for mental health services; and
- Achieve this within financial resources

CWP is experiencing five key pressures in achieving the above:

1. Increased demand on services
2. Improving outcomes within available financial resources
3. Staff recruitment and retention
4. Rural area travel times
5. Type of accommodation.

Our aim to improve outcomes relies upon redesigning mental health services in Cheshire East. We need to produce a new model of care that meets needs but is also the most effective way of using the funds available.

The three proposals identified for future service delivery are:

1. Keep inpatient care at the Millbrook Unit by reducing community mental health services in Cheshire East
2. Provide specialist inpatient care from Bowmere Hospital in Chester and Springview Hospital in Wirral, alongside increased community mental health and crisis services based nearer to people’s homes in Cheshire East
3. Provide specialist inpatient care for older people (aged 65+) at Limewalk House in Macclesfield and specialist inpatient care for working age adults at Bowmere Hospital in Chester, alongside increased crisis and community mental health services based nearer to people’s homes in Cheshire East.

The Overview and Scrutiny Committee is asked to consider plans for public consultation.

It is anticipated that the public consultation will be conducted between April and June 2017.

Background

CWP is commissioned (funded) by NHS Eastern Cheshire CCG, NHS Vale Royal CCG and NHS South Cheshire CCG to provide mental health services to people living in Cheshire East.

In the most recent inspection by the Care Quality Commission (CQC), CWP was rated 'good' overall and 'outstanding' for caring (December 2015 and February 2017).

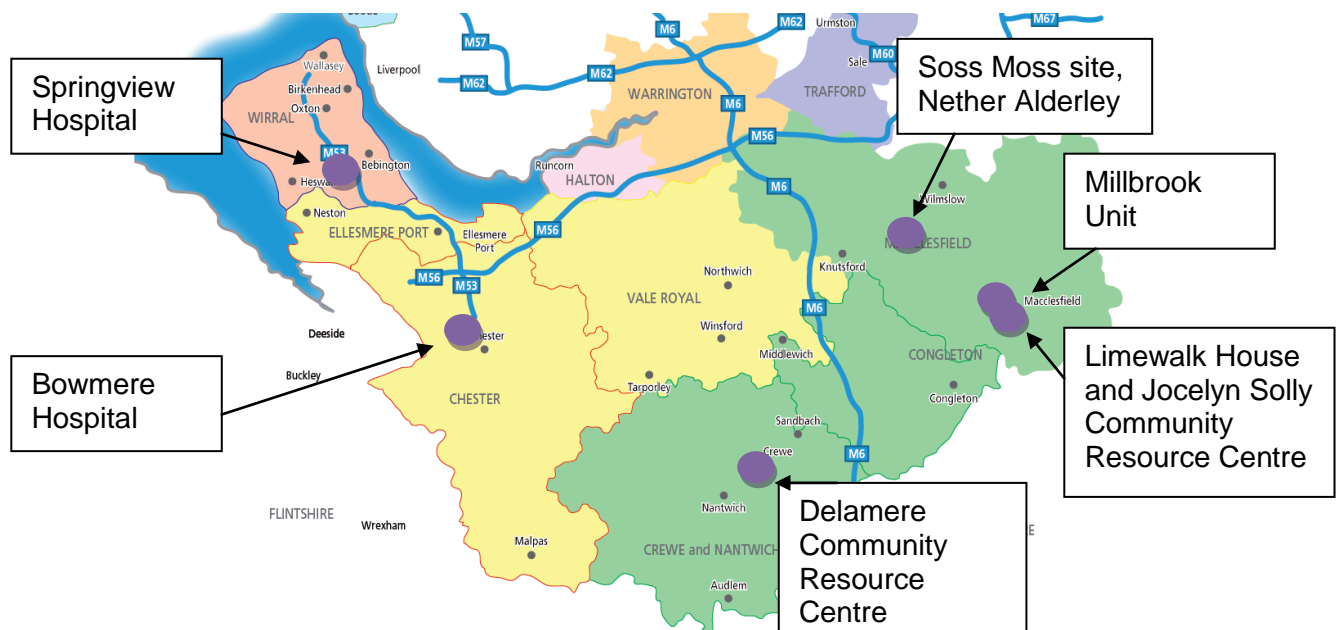
How are services currently delivered?

Most people access CWP services in the community.

Community mental health services include:

- Adult Community Mental Health Services
- Older Adult Community Services
- Early Intervention Team
- A Home Treatment Team which operates daily between 8am and 9pm
- Street Triage
- Recovery Colleges
- Liaison Psychiatry with local hospital trusts
- Mental health rehabilitation services

CWP provides inpatient mental health services for adults and older people in three locations for the total population of Cheshire and Wirral at Bowmere Hospital, Chester; Springview Hospital, Wirral; and the Millbrook Unit, Macclesfield.



Inpatient services for residents in Cheshire East are currently delivered at the Millbrook Unit, which provides 44 inpatient beds for people with a mental illness and 14 for people with dementia. Longer term rehabilitation and recovery services are delivered from nearby Limewalk House, also within Macclesfield. CWP also provides low-secure rehabilitation services at its Soss Moss site near Nether Alderley. Residents living in the Vale Royal area currently access Bowmere Hospital.

About 5,100 people access community adult and older people's mental health services in Cheshire East at any given time. *CWP 2017*

About 50 people access acute inpatient adult and older people's mental health services in Cheshire East at any given time. *CWP 2017*

The Millbrook 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

Organic mental illness is usually caused by disease affecting the brain such as dementia. Functional mental illness is predominantly psychological and may include conditions such as depression, schizophrenia, mood disorders or anxiety.

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

Average length of stay in days (July 2016)

Adelphi Ward	16.365
NHS EASTERN CHESHIRE CCG	16.33
NHS SOUTH CHESHIRE CCG	16.4
Bollin Ward	13.13
NHS EASTERN CHESHIRE CCG	18.12
NHS SOUTH CHESHIRE CCG	8.14
Croft Ward	70.41
NHS EASTERN CHESHIRE CCG	99.83
NHS SOUTH CHESHIRE CCG	41

Community mental health provision is currently delivered from two main community resource centres (as illustrated on the map):

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

Our challenge

In order to best meet the needs of people with mental ill-health in Cheshire East, we need to overcome two main challenges:

We need to:

- ❖ Improve patient outcomes in the face of increasing demand for mental health services;

And

- ❖ Achieve this within available financial resources.

More information on these challenges is provided below:

Increasing demand

By 2030 it is estimated that there will be approximately two million more adults in the UK with mental health conditions than there were in 2013 (NHS Confederation, 2016).

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 such as psychosis. *Caring Together, Eastern Cheshire CCG (2015)*

We are already seeing an increased demand for mental health services in Cheshire East.

Referral rates from GPs in the area increased by almost 27% in 2012-13 last year. *CWP (2017)*

Improving outcomes within available financial resources

There is no additional funding available locally to meet this rising demand for services. Services are already costing more to run than the funding that is provided.

In 2016-17 the gap between the cost of providing services in Cheshire East and the funding available was £1.3 million. *CWP (2017)*

During the last year, CWP provided care for 2,000 more adults than the Trust receives funds to support people in Cheshire East. *CWP (2017)*

The challenge is to improve outcomes, meet demand, continue to deliver high quality and safe services without extra money and to bring the cost of providing those services within the funding available.

We also face a range of other challenges when considering how to provide the very best mental health services in this part of Cheshire, which include:

Rural area travel times

Cheshire East is mainly rural, with many small towns and villages. This can provide challenges to delivering community services because the distance between visits is often significant, meaning health professionals spend a lot of time travelling rather than providing care.

Staff recruitment and retention

In Cheshire East, about 6% of mental health specialist posts across inpatient and community services are vacant (unfilled) at any one time because of a combination of factors, including the challenge to recruit staff in this part of Cheshire. This can make it difficult to maintain safe staffing levels, with extra pressure on those staff caring for people when there are staff shortages, and temporary staff having to be relied upon too often.

Recruitment challenges in this part of Cheshire are caused by a lack of universities/colleges located in these areas training nursing staff, higher house prices and a poor working environment (due to the quality of the environment at Millbrook).

Type of accommodation

The Millbrook Unit does not meet the environmental standards required for modern mental health new builds ([Health Building Note 03-01: Adult acute mental health units](#)). Despite the fact that significant investment has been made over the last five years to ensure that it provides a safe environment for service users, carers and staff.

The building is owned by East Cheshire NHS Trust and is rented to CWP. The rent costs £380,000 per year and, together with the high maintenance costs required to keep services operationally safe at Millbrook, this means a significant proportion of the mental health budget is not spent directly on patient care. There is a potential saving of approximately £1.1 million per year available to invest into community services if mental health services came out of the Millbrook Unit.

How the Millbrook Unit compares to other inpatient sites:

	Bowmere Hospital, Chester	Millbrook Unit, Macclesfield	Springview Hospital, Wirral	Lime Walk House, Macclesfield <i>(currently rehabilitation unit only)</i>
Environmental status	Safe	Safe	Safe	Safe
En-suite	Yes	No	Yes	Yes
m ² per bed (<i>average</i>)	50m ²	38m ²	52m ²	96.75 m ²
Psychiatric Intensive Care Unit	Yes	No	Yes	N/A
CWP owned	Yes	No	Yes	Yes
Significant maintenance required	No	Yes *	No	No

* The immediate backlog maintenance requirements are estimated as £140,000. This is for:

- Heating controls and hot water upgrades
- Ventilation ductwork maintenance
- Replacement lighting

Our aims

Due to the challenges described above, our aim to improve patient outcomes relies upon redesigning mental health services in Cheshire East. We need to produce a new model of care that meets needs but is also the most effective way of using the funds available.

Below we set out the aspirations for improving mental health care **nationally, locally** and **at CWP**:

In terms of **national** current guidance, the Five Year Forward View for Mental Health (FYFV) was published in 2016. The guidance contained within this is supported by evidence of the service effectiveness both in terms of improving health outcomes and delivering services more efficiently. This document gives the shape of where CWP should be in its service developments, and the evidence it contains is used within this document. Specific recommendations relate to;

- The need to expand proven community based services for people of all ages with severe mental health problems who need support as close to home, and in the least restrictive setting possible.
- Evidence of the effectiveness of 24 hour crisis services to reduce the reliance on acute hospital beds.
- Evidence that delay in providing care can lead to poor health and social outcomes and the need to reduce variations in access to services and waiting times.
- The benefits of 24 hour liaison on A&E departments.
- The evidence that people with long term mental health problems often have difficulty in accessing physical health services leading to chronic health problems, and the need to provide care as part of an integrated approach to address this.

1 in 4 people will experience a common mental health problem (including anxiety and depression) In Cheshire East this would equate to 93,500 people. *Time to Change (2016)*

Locally our plans have been produced as part of wider plans for NHS Eastern Cheshire CCG, NHS Vale Royal CCG and NHS South Cheshire CCG areas.

The CCGs have system wide programmes that are working to develop integrated care over the next 5 years. The programmes, Connecting Care (South Cheshire and Vale Royal) and Caring Together (Eastern Cheshire), are made up and managed by a partnership of local health and social care commissioners and providers.

The aim of the programmes is to empower people to take responsibility for their own health and wellbeing and provide joined up, person centred care across the health and social care system, so that people have experience a consistent standard of care at the right time and are able to manage their health and live fulfilling lives in their local community. The approach is built on moving from a reactive care system, that mainly responds to crises, to one based on a proactive approach which identifies and supports people with a personalised care and crisis plans and, where appropriate, a named care co-ordinator. Mental health is central to this as good mental health and resilience are fundamental to physical health, relationships, education, training, employment and helping people to achieve their full potential.

These proposed changes will create a care system where people can access the support and services they need regardless of the time of day, or day of the week. These are based on principles which include a focus on individuals' empowerment, resilience to maintain good health and wellbeing, as much care and treatment as possible being in a community setting, the right specialist care being available when required with shorter hospital stays with all parts of the care system working together to join up care for people, especially those with complex needs. These new ways of working will improve the responsiveness of services and increased community support tailored to people's needs to maintain the stability of their mental health, avoiding escalation and improved management of crises, when required.

At CWP, in order to improve overall outcomes for people in Cheshire East, the aim is to improve four key areas in line with national and local best practice:

- 1. Community mental health services**
- 2. The inpatient environment**
- 3. Access to psychiatric intensive care**
- 4. Physical health outcomes**

Find out more below:

1. We *aim* to improve community mental health services

We would like to improve community mental health, crisis resolution and home treatment, community dementia and community complex needs services. This would mean many more people could benefit from treatment and care in a community setting and would only be admitted into hospital if they needed specialist inpatient services. At present, many people with a personality disorder or dementia are admitted because there are no alternatives for them in the community.

In a recent CWP audit, all seven patients with dementia on Croft Ward at the Millbrook Unit were waiting for a placement in an alternative setting such as a care home. 23% of patients in acute wards were waiting for an alternative placement, including rehabilitation. The Independent Commission on Acute Adult Psychiatric Care showed 16% of patients per ward could have been treated in an alternative setting – crisis services, rehabilitation and personality disorder services.

It costs about £392 per day to provide services to a person receiving care as an inpatient; and £9.30 per day to provide services to a person who receives care in the community.

Evidence (Cochrane Systematic Review - Crisis intervention for people with severe mental illnesses 2012) shows that the longer a person is in hospital the greater the impact that that has on a persons'

level of functioning. Therefore interventions that reduce the length of an admission have better clinical outcomes, and may mean the difference from somebody being discharged home or being discharged into care.

The nationally recognised outcomes are:

- Reduced length of stay through purposeful admission pathways and interventions
- Reduced length of stay by facilitating early discharge
- Avoidance of repeat admissions
- Increased patient satisfaction and experience as service users preference are to be treated at home
- Better use of resources as cost of home treatment team is more cost effective than an inpatient stay

More information on each community service improvement aim is below in the following sections.

1a. Community mental health teams and crisis resolution and home treatment teams

People with mental health problems such as psychosis, bipolar disorder and complex psychological needs (personality disorders) require psychological (talking) therapies. These treatments are evidence-based and help improve the lives of those with these illnesses.

To ensure people with such complex conditions receive the right care, we need to enhance the numbers of staff in our Community Mental Health Teams (CMHTs) and make sure sufficient numbers of them are trained to deliver these treatments.

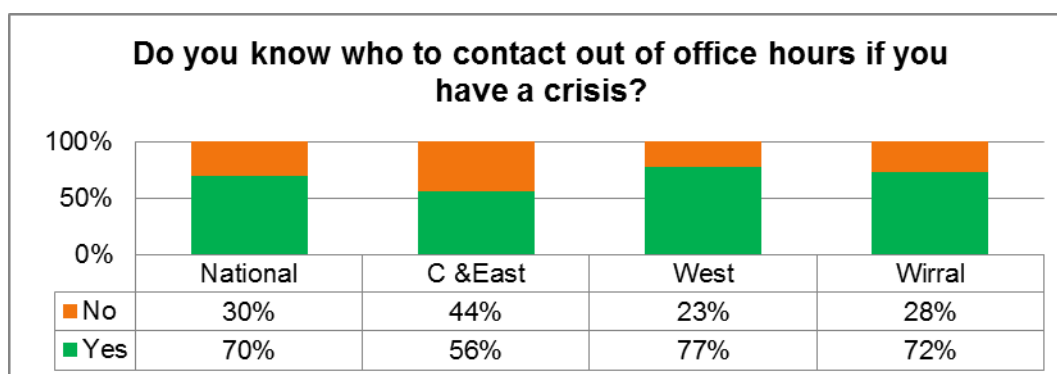
In addition we need to improve availability of crisis support. Our crisis resolution and home treatment team (CRHT) in Cheshire East does not meet the **core** standards identified nationally.

Teams are only able to provide care during the hours of 8.30am to 9pm rather than 24/7; and care coordinators are generally only able to visit people once a day, due to the numbers of people under their care. We would like to extend the hours that this service is available in Cheshire East.

An expansion of crisis and resolution home treatment teams also has the potential to alleviate pressure on other parts of the NHS, for example:

In the NHS Eastern Cheshire CCG area the rate of people attending A&E for a mental health condition is 428 per 100,000 of population and in South Cheshire CCG it is 372 per 100,000. This is compared to a national average of 256 per 100,000 of population.

Every year, CWP takes part in a national survey of community mental health services. The Trust is regularly the top performing mental health trust in this survey; however further analysis shows that services in Cheshire East lag behind other CWP localities. We believe this would improve if we could enhance teams as described earlier:



1b. Community dementia outreach

According to Cheshire East Council's latest Joint Strategic Needs Assessment, there are 2,151 people living in the borough with dementia.

Within Cheshire East 19% (nearly 74,000 people) of the population is over 65 compared to national average of 16%. The 2011 census showed that the number of older people living in the area had increased by 11% more than the North West average. This means that the number of people with dementia in Cheshire East will also increase.

CWP would like to introduce a community dementia outreach service in Cheshire East. More comprehensive dementia services would also benefit acute hospitals (Leighton and Macclesfield). Two thirds of older people who are admitted to acute hospitals have some form of mental health condition, mainly dementia or sudden confusion, known as delirium.

Frequently older people with dementia living in care homes have physical health problems that cause them to become more confused, agitated and disorientated and are consequently admitted to hospital. Investment into community dementia care services could help avoid this.

1c. Complex needs service

People develop complex psychological needs and personality disorders following childhood abuse or trauma. Often they present with symptoms of self-harm and attend accident and emergency departments.

At any one time 20% of inpatient psychiatric beds at the Millbrook Unit are occupied by people who self-harm and have complex psychological needs, as there is currently **no alternative** community based-service locally. *CWP (2017)*

In Wirral, CWP is commissioned to provide a complex needs service, which provides evidence-based interventions for people with complex needs in a community setting. An audit of this service in the last year showed:

- A decrease in visits to the GP from 479 to 181
- A decrease in visits to the A&E Department from 143 to 21
- A reduction in the use of inpatient psychiatric beds from 264 to 113.

CWP would like to introduce a complex needs community service in Cheshire East, this will require discussion with commissioners about how this will be introduced.

2. We *aim* to improve the environment for people who need inpatient care.

The Millbrook Unit is expensive to run, does not offer the best facilities and as mentioned above, does not meet environmental standards required for modern mental health new builds (Health Building Note 03-01: Adult acute mental health units). These factors have an adverse impact on the patient experience and outcomes, as follows:

- From a privacy and dignity perspective, there are no en-suite bathrooms so these facilities are shared
- 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 and quiet rooms
- Physical activity is restricted because there is a limited gymnasium and a small outdoor space

- The layout of the building means there are also more security risks as observation can be more difficult
- There is limited natural daylight in ward areas.

We aim to address all of these issues by providing access to improved inpatient facilities.

3. We aim to provide access to a Psychiatric Intensive Care Unit (PICU).

There is no PICU available at the Millbrook Unit and no additional space to accommodate one. PICU is an integral part of the acute care pathway for those who are most unwell. It is specifically designed and staffed to provide a highly supportive environment for patients and allows for them to be cared for in the least restrictive environment possible. The enhanced levels of nursing and the environment can make it possible to minimise the use of sedative medication and may facilitate more rapid recovery.

Both Bowmere Hospital in Chester and Springview Hospital in Wirral have a PICU facility on-site. Having a co-located PICU can be beneficial for both patients in need of treatment and other patients on the ward.

We would aim to provide access to an on-site PICU facility for people requiring inpatient care.

4. We aim to improve the physical health of those with a severe mental illness.

A recent Quality Watch report showed that, in 2013/14, people with severe mental illness had almost seven times more emergency in-patient admissions and three times the rate of A&E attendances than people with a physical health problem alone. Half of this activity was driven by urgent physical health care needs.

People in Eastern Cheshire aged 75 and under living with a serious mental illness are four times more likely to die at an earlier age than the general population. *Caring Together, Eastern Cheshire CCG (2015)*

People with mental health conditions are also statistically less likely to receive the routine checks (like blood pressure, weight and cholesterol) that might detect symptoms of physical health conditions earlier.

We aim to improve physical health needs by taking a key role in local integrated care programmes Caring Together and Connecting Care. These system wide programmes aim to empower people to take responsibility for their own health and wellbeing and provide joined up, person centred care across the health and social care system, so that people have experience a consistent standard of care at the right time and are able to manage their health and live fulfilling lives in their local community. Mental health is central to this as good mental health and resilience are fundamental to physical health, relationships, education, training, employment and helping people to achieve their full potential.

Proposals 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 resulted in two options which will form the basis of the public consultation.

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

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. **Build a new inpatient facility** - This was discounted for a number of reasons. It would see expenditure on non-clinical costs rise as a proportion of total expenditure, due to the higher cost of serving a new building, leaving less than at present for investment in community services.

This option would also take too long to achieve; a site would have to be identified and purchased, planning permission obtained, and design and construction undertaken. Notwithstanding land acquisition costs, the construction cost would be in excess of £35m.

It would not be possible to demolish Millbrook and rebuild on that site as there is no additional funding available, the site is too small and the costs remain too high.

3. **Upgrading the Millbrook Unit** - This has been examined in detail. As the building is land-locked it cannot be expanded to provide the additional space required. Many of the environmental problems cannot be addressed because of the basic building design, e.g. it would not be possible to introduce more natural light or provide en-suite facilities. The cost of the limited upgrade that can be achieved is approximately 75% of the cost of a new built bespoke unit and large parts of the building would be out of commission whilst this was achieved.
4. **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 permitted 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 any funding.

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 on 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 on patient experience and outcomes.

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

5. **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 Millbrook building.

6. **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 Millbrook building.

7. **CCGs to allocate more resources to mental health** – Both of the CCGs in Cheshire East are in financial deficit and are unable to allocate additional funding to CWP.
8. **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 reach crisis point and 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 Millbrook building.

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

9. **Transfer adult inpatient services to Bowmere Hospital and/or Springview Hospital, but use nursing homes for the residential care of older people with in-reach from CWP staff**

- This was dismissed as presenting too high a risk in terms of being able to guarantee high quality care, and the acute shortage of nursing home places in Cheshire East.

10. **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 would be the Millbrook Unit in Macclesfield.

Two variations of this option are discussed below.

Options for the future

Clinicians (mental health doctors and nurses) and commissioners, patients, staff and other external bodies have looked at all the options for the future and have shortlisted three for consultation with the public.

The three options are listed below; with information explaining to what extent each option meets the objectives we have set out in this document.

A reminder of our objectives for redesigning services:

To best meet the needs of people with mental ill-health in Cheshire East, by:

- ❖ Improving outcomes in the face of increasing demand for mental health services - including better community services, improving the inpatient environment, access to psychiatric intensive care and improving physical health outcomes;

And to

- ❖ Achieve this within available financial resources.

Option 1

Keep inpatient care at the Millbrook Unit by reducing community mental health services in Cheshire East.

Key features:

All inpatient services would remain in Cheshire East at the Millbrook Unit. However, to afford this, community based mental health services would have to be reduced and no expansion would be possible.

Significant running costs would still have to be met on the rent and upkeep of the Unit, money that could otherwise be spent on direct patient care. No on-site PICU service would be available.

No changes are proposed for Vale Royal residents who will continue to access inpatient services from Bowmere in Western Cheshire.

This option does not address the local staff recruitment and retention issues or the poor patient environment at Millbrook. The Trust has explored rebuilding or extensively remodifying the unit however this is not financially viable within the funds available.

We have listened to local people who have requested that keeping the Millbrook Unit is included as one of the options; however it fails to meet the objectives of improving outcomes and addressing rising demand.

Mental health doctors, nurses and commissioners do not think this is a viable option for the future.

Option 2

Provide specialist inpatient care from Bowmere Hospital in Chester and Springview Hospital in Wirral, alongside increased community mental health services based nearer to people's homes in Cheshire East.

Key features:

This option would see inpatient services from the Millbrook Unit transfer to other CWP premises in Chester and Wirral. The same number of inpatient beds would be available. Services for Vale Royal would continue to be provided from Western Cheshire as at present.

The reduction in non-clinical costs (rent, maintenance etc.) would enable the investment in and expansion of community mental health services. Improved community teams would provide more responsive services for the vast majority of service users. These services would include:

- Enhanced community mental health teams;
- 24/7 crisis resolution home treatment team;
- A community dementia outreach service.

These services would help address rising demand and enable earlier intervention. More people would benefit from treatment and care in a community setting, and would only be admitted into hospital if they needed specialist inpatient services.

Inpatient care would be provided in improved accommodation at Bowmere Hospital in Chester or Springview Hospital in Wirral. Both facilities provide access to a greater range of supportive services and, all with single bedrooms with en-suite facilities, and with an on-site PICU service.

It is recognised that for those people who require inpatient care this option has increased travel implications, particularly to the Wirral.

Two initiatives would be put in place to address this:

- We will work with individuals and families in maintaining contact with their loved ones while they receive inpatient care.
- In line with the Department of Health's [Choice Framework](#), service users will be made aware of the choices available to them, which may be another NHS Trust that is closest to their home.

Wirral and West Cheshire do not experience the same staff recruitment difficulties as Cheshire East.

This option meets the objectives of improving outcomes and addressing rising demand, whilst also contributing to a need to work within our financial resources. However, no inpatient services would be located in Cheshire East.

Option 3

Provide specialist inpatient care for older people at Limewalk House in Macclesfield and specialist inpatient care for adults at Bowmere Hospital in Chester, alongside increased crisis and community mental health services based nearer to people's homes in Cheshire East.

Key features:

This option keeps services for older people in Macclesfield. Adult inpatient services would transfer to other CWP premises in Chester. The same number of inpatient beds would be available. Services for Vale Royal would continue to be provided from Western Cheshire as at present.

The reduction in non-clinical costs (rent, maintenance etc.) would enable the expansion of community mental health services. Improved community teams would provide more responsive services for the vast majority of service users. These services would include:

- Enhanced community mental health teams;
- 24/7 crisis resolution home treatment team;
- A community dementia outreach service.

These services would help address rising demand and enable earlier intervention. More people would benefit from treatment and care in a community setting, and would only be admitted into hospital if they needed specialist inpatient services.

Inpatient care for older people would be provided at Limewalk House in Macclesfield, which is owned by CWP and in close proximity to Macclesfield General Hospital. The Unit would include 10 beds for people with dementia and 12 beds for older people who have a mental illness.

Rehabilitation services are currently provided at Limewalk House and so this option would see these services relocated to a vacant building on the Soss Moss site in Nether Alderley, Macclesfield, which CWP owns and is also home to CWP's other longer-term rehabilitation services. The site has access to a range of therapeutic activities, including allotments and a patient-run café, which further supports the rehabilitation process.

Inpatient care for working age adults would be provided in improved accommodation at Bowmere Hospital in Chester, with single bedrooms with en-suite facilities and an on-site PICU service.

It is recognised that for adults who require inpatient care this option has increased travel implications. However, as this option does not include travel to Wirral this is significantly less than option 2.

Two initiatives would be put in place to address this:

- We will work with individuals and families in maintaining contact with their loved ones while they receive inpatient care.
- In line with the Department of Health's [Choice Framework](#), service users will be made aware of the choices available to them, which may be another NHS Trust that is closest to their home.

West Cheshire does not experience the same staff recruitment difficulties as Cheshire East.

Assurance was sought from a doctor's perspective to ensure that this option is viable subject to enhanced and flexible staffing within the unit and within community services.

Considerations

Travel impact

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.

While the overall objective of the proposed service changes is to enhance community services in order that there is a more widespread local provision, it is recognised that changes in inpatient services will result in increased travel for the minority of patients who require inpatient care. This section provides

an analysis of the travel impact from the eight major towns in Cheshire East and the initiatives that will be put in place to alleviate this.

The four major towns in South Cheshire are Nantwich, Crewe, Sandbach and Middlewich. Patient travel distance to current inpatient services in Millbrook ranges from 11.7 miles from Sandbach to 24.6 miles from Nantwich. The impact of the transfer of services to Bowmere in Chester ranges from a reduction in travel distance of 3 miles from Nantwich to an increase of 11.4 miles from Sandbach. Travel to Springview in Wirral is further; up to an additional 29.7 miles from Sandbach. This was a key reason for developing options which require no service transfer to Wirral.

The four major towns in Eastern Cheshire are Congleton, Knutsford, Macclesfield and Wilmslow. As these towns are closer to current inpatient provision in Millbrook the travel impact here is greater ranging from an additional 19.8 miles travel from Knutsford to 42 miles from Macclesfield. Travel to Springview in Wirral is an additional 6 miles. CWP will therefore put two initiatives in place to alleviate this. Firstly we will work with individuals and families in maintaining contact with their loved ones while they receive inpatient care. Secondly, in line with the Department of Health's [Choice Framework](#), service users will be made aware of the choices available to them, which may be another NHS Trust that is closest to their home.

As part of the pre-consultation planning process a full travel assessment has also been undertaken using Ordnance Survey Data, 2015 (appendix a).

Other NHS organisations

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

As part of the pre-consultation work, CWP has explored accessibility and capacity with other NHS providers. In line with the patient choice agenda, where healthcare needs could be met and bed availability allowed, service users whose closest inpatient service was not within Cheshire and Wirral, residents may be offered a choice of where to receive their treatment between CWP and another NHS Trust.

In addition, 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.

Impact Assessments

A quality impact assessment and equality impact assessment has been undertaken.

Consultation

Pre-consultation

The following groups took part in pre-consultation activity to refine the proposals included in this document:

- Service users and their carers
- Mental health services staff in Cheshire East
- Healthwatch Cheshire East
- Cheshire East Council's Adult Health and Social Care Overview and Scrutiny Committee.

In our early conversations with service users and carers we became aware of very strong feelings about having an option that retained some inpatient services in Macclesfield.

We are keen to show that we have listened and care about the concerns expressed and so we have included an option for future service delivery that shows the advantages and disadvantages of retaining all inpatient services in Macclesfield. We have also done further work to identify an option that retains older people's services in the local area.

The main themes from our pre-consultation engagement were:

- Ensuring that community services were sufficiently resourced to support people earlier on to enable early intervention, prevention and thereby preventing unnecessary inpatient admissions
- Concerns about the travel implications of any potential relocation of inpatient services for people who access services and their carers - particularly the older population
- An awareness of the challenging financial conditions
- Queries regarding why a new inpatient facility could not be built
- Acknowledgement among people accessing services that the Millbrook Unit does not meet the environmental standards required for modern mental health practice
- Recognition for the care provided by the mental health teams at the Millbrook Unit despite the building limitations
- More support is needed with rehabilitation, housing and finding a job.

Consultation

CWP is planning 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 twelve public events spread across the borough of Cheshire East including evening and weekend sessions.

The consultation will be supported with a proactive communications and engagement plan ensuring that the opportunity to take part in the consultation is promoted widely. Engagement with stakeholder groups will be informed by the Equality Impact Assessment and include underrepresented groups. The consultation will also seek to actively include the views from local groups including East Cheshire Mental Health Forum, MIND etc.

An independent evaluator has also been appointed to analyse the results of the consultation and produce a report which will be published on the Trust's website.

Timescales

CWP and the CCGs are planning to launch a full public consultation for a period of 12 weeks from April 17.

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, NHS Eastern Cheshire CCG, NHS Vale Royal CCG and South Cheshire CCG's Governing Bodies, CWP's Council of Governors, NHS England and the Cheshire East Health and Adult Social Care Overview and Scrutiny Committee – prior to any changes taking place.

If the recommendations are supported by the local health and social care economy, CWP will begin implementation of operational plans with the intention of completing the changes by Quarter 3 of 2017/2018 financial year.

Appendix A – Travel assessment

Journey Times			Peak	Off-Peak
Start Point	End Point	Distance (miles)	Time (mins)	Time (mins)
Congleton	Bowmere Hospital	44.9	64	49
Knutsford	Bowmere Hospital	31.0	43	34
Macclesfield	Bowmere Hospital	42.8	68	52
Wilmslow	Bowmere Hospital	36.9	53	42
Crewe	Bowmere Hospital	24.8	50	37
Middlewich	Bowmere Hospital	21.8	44	33
Nantwich	Bowmere Hospital	21.6	45	33
Sandbach	Bowmere Hospital	27.1	55	41
Congleton	Milbrook Unit	8.2	18	13
Knutsford	Milbrook Unit	11.2	23	16
Macclesfield	Milbrook Unit	0.6	2	1
Wilmslow	Milbrook Unit	9.0	18	13
Crewe	Milbrook Unit	20.8	45	33
Middlewich	Milbrook Unit	16.1	33	25
Nantwich	Milbrook Unit	24.6	54	40
Sandbach	Milbrook Unit	15.4	35	25
Congleton	North Staffordshire Combined	14.1	28	21
Knutsford	North Staffordshire Combined	29.1	41	32
Macclesfield	North Staffordshire Combined	21.7	44	33
Wilmslow	North Staffordshire Combined	25.9	54	39
Crewe	North Staffordshire Combined	14.6	28	21
Middlewich	North Staffordshire Combined	20.9	31	25
Nantwich	North Staffordshire Combined	17.2	35	26
Sandbach	North Staffordshire Combined	13.2	27	20
Congleton	Springview	49.7	72	56
Knutsford	Springview	35.7	51	40
Macclesfield	Springview	47.3	74	57
Wilmslow	Springview	41.9	61	47
Crewe	Springview	36.4	66	50
Middlewich	Springview	33.5	59	45
Nantwich	Springview	33.1	60	45
Sandbach	Springview	47.1	66	52
Congleton	Stepping Hill Hospital	17.9	37	27
Knutsford	Stepping Hill Hospital	19.1	27	22
Macclesfield	Stepping Hill Hospital	9.4	20	14
Wilmslow	Stepping Hill Hospital	7.8	18	14
Crewe	Stepping Hill Hospital	37.8	56	44
Middlewich	Stepping Hill Hospital	28.5	38	31
Nantwich	Stepping Hill Hospital	39.3	61	47
Sandbach	Stepping Hill Hospital	32.1	45	36

Comparison of Peak Time journey differences between Milbrook and other sites

	Bowmere	North Staffordshire	Springview	Stepping Hill Hospital
Congleton	46	10	54	19
Knutsford	20	18	28	4
Macclesfield	66	42	72	18
Wilmslow	35	36	43	0
Crewe	5	-17	21	11
Middlewich	11	-2	26	5
Nantwich	-9	-19	6	7
Sandbach	20	-8	31	10

The table above uses Milbrook Unit as the current travel time from each major town
Each other site travel in minutes is compared to travel to Milbrook, using Peak times
Times shown in red are reduced journey time compared to Milbrook

Routefinder v4 Speed Settings

	Off-Peak	Peak
Motorway	65	55
Trunk	50	40
A-Road	40	30
B-Road	30	20
Minor	25	15

Default system speed settings used
Fastest route option used
Analysis: MapInfo Pro 15, Routeware Routefinder 4
Source dataset: OS Meridian 2 Transport Network. Ordnance Survey (2016)

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Towns where citizens can reach the site within 90 minutes by public transport

Bowmere	North Staffordshire Combined	Stepping Hill	Springview
Crewe	Congleton	Congleton	Crewe
Nantwich	Crewe	Crewe	Northwich
Winsford	Macclesfield	Knutsford	
	Nantwich	Macclesfield	
	Wilmslow	Wilmslow	

Source: Mapumental Public Transport Isochrones 16/12/2016
Data based on national public transport datasets (2016)