Health and Adult Social Care Overview and Scrutiny Committee

Date of Meeting: 06 February 2020

Report Title: Report on the redesign of Adults and Older People’s Specialist Mental Health Services

Senior Officer: Suzanne Edwards, Acting Director of Operations, Cheshire and Wirral Partnership NHS Foundation Trust
Jamaila Tausif, Deputy Director of Strategy and Partnerships, NHS Eastern Cheshire CCG, NHS South Cheshire CCG, NHS Vale Royal CCG, NHS West Cheshire CCG

1. Report Summary

Introduction and background: the case for change

1.1. This report provides assurance on the implementation of the new model of care for Adults and Older People’s Specialist Mental Health Services for the c. 480,000 combined populations of Eastern Cheshire, South Cheshire and Vale Royal Clinical Commissioning Groups (CCGs).

1.2. From this 480,000 population total, 7000 adults and older people access specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal, with 95% accessing support in the community and approximately 350 service users per year requiring inpatient (hospital) support.

1.3. Cheshire and Wirral Partnership NHS Foundation Trust (CWP) and the CCGs presented the following case for change to this Committee in December 2017¹, as part of a Pre-Consultation Business Case and support from the Committee was received to proceed to public consultation:
  - rising demand for care with increased activity of 35% for people with moderate to severe mental health needs and 60% for dementia since 2010;
  - the existing model of care was not able to respond to new developments with national policy, best practice and emerging local transformation plans;


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• engagement with service users showed limited choice and access to care in crisis, with only A&E departments offering 24/7 support and an overreliance on inpatient beds;
• the deteriorating financial position required action with local funding for mental health in the lower quartile nationally and the cost of services exceeding the funding available.

1.4. The public consultation ran from 6th March to 29th May 2018 and included 10,000 hard copies of the consultation document and questionnaire being distributed, seven public meetings, 26 additional meetings and events, and a wide variety of media channels utilised to publicise the consultation and encourage people to provide feedback.

This included focused engagement with mental health user interest groups and a range of other community groups where consultation partners explained the proposed new model of care and encouraged people to attend public meetings and complete the formal questionnaire. Copies of the consultation document and questionnaire were sent to all of the 7,000 people already receiving support from specialist mental health services, with easy read versions available, distributed to case workers and placed in clinical areas.

Aims and objectives

1.5. The stated aim of the redesign was to improve services for adults and older people severely affected by mental health problems, including to:
• provide timely access to a range of high quality services with a focus on early intervention and prevention;
• develop services which are clinically safe and effective;
• take account of service user expectations;
• adhere to clinical guidelines and standards for health care facilities;
• make the best use of the resources we have, including our estate;
• ensure safe and timely implementation of plans and improvements.

1.6. Based on service user and carer feedback, the ambition of the project was to:
• focus on early intervention and prevention;
• improve outcomes for people with serious and complex mental health needs;
• meet people’s health and well-being needs;
• ensure people live longer, healthier lives;
• support people at home or as close to home as possible in the most appropriate environment;
• empower people who access services and their carers through choice and involvement.

Methodology and engagement

1.7. Within the pre-consultation business case a range of areas are detailed in respect of the process followed to establish the new model of care:
• desk top review of national policy and best practice guidance;
• site visits with service users to explore alternative models and services;
• detailed needs analysis using public health, business intelligence data and NICE guidance;
extensive user engagement to co-produce both the clinical and service delivery model including mental health forum engagement.

1.8 Stakeholders have been involved throughout the redesign, including the pre-consultation, consultation and implementation phases, including:

- a communications and engagement plan included a range of listening events, engagement with mental health forums, healthwatch, local health scrutiny, local authority colleagues, wider NHS and emergency service colleagues, service users and carers within services and recovery colleges, formal consultation meetings and a wide range of print and online media;
- a project team including people with lived experience worked together throughout the pre-consultation and consultation period to co-produce solutions;
- the options appraisal was clinically led, with a strong focus on staff engagement throughout - including workshops, online hubs and links to the wider Trust People plan;
- the options appraisal incorporated the feedback from pre-consultation listening events with service users and carers;
- NHS England provided assurance for the process of redesign and an independent clinical senate reviewed the proposals and endorsed the new model of care;
- a full Equality Impact Assessment was conducted as part of the Pre-Consultation Business Case;
- a Building User Group comprised of service users, carers and staff collaborated on the design of the new inpatient facilities – with state of the art features such as communal hubs and ‘touch down’ staff bases, including ensuite accommodation for all patients.

Consultation and approval process

1.8. Following the end of the three month consultation and a period of conscientious consideration, in line with the ‘Gunning Principles’ for effective consultation practice, feedback influenced a revised preferred option being proposed called Option 2 Plus.

Option 2 Plus was presented to this Committee in November 2018 as part of the Decision Making Business Case. A further one month period of consultation was advised to take place in December 2018, covering those areas of the revised preferred option that had not been consulted upon as part of the original consultation process.

The CCGs Governing Bodies Meeting in Common met on the 22 November 2018 and supported the implementation of Option 2 Plus, subject to the outcome of the additional period of consultation advised by this Committee. Upon conclusion of the additional period of consultation, a representative panel of Governing Body members of the CCGs met on 28 December 2018 to consider the findings of the additional consultation and confirmed the decision to progress with the implementation of Option 2 Plus.

This Committee received a report on the additional period of consultation at its January 2019 meeting and endorsed the revised preferred option (Option 2 Plus).

https://www.easterncheshireccg.nhs.uk/Your-Views/ccg-consultations.htm
New model of care

1.12 The redesign has delivered the following, with funding released from dated inpatient services and redirected into community services and modern inpatient settings:

- enhanced community mental health teams;
- enhanced 24/7 crisis home treatment teams;
- new dementia outreach staff to support people in their homes and care homes;
- specialist inpatient beds for adults and older people with serious mental ill health;
- specialist inpatient beds for people with dementia;
- community-based crisis beds;
- centralised centres of excellence for rehabilitation and ECT (electro-convulsive therapy).

1.13 Members of this Committee and members of both the Macclesfield and the Crewe and Nantwich mental health forums have recently visited the two new inpatient wards (Silk Ward and Mulberry Ward) based in Macclesfield prior to opening and feedback has been very positive:

Mike Heale, chair of the Macclesfield Mental Health Forum: “The Forum has been campaigning for improved facilities for the last three years in East Cheshire and is delighted to see the opening of Silk and Mulberry Wards. The new wards offer improved amenities including en-suite bathrooms alongside an excellent environment for care and rehabilitation. I congratulate CWP for this investment and hope it will launch a new era for people experiencing mental health problems in the local area.”

John Colclough, Chair of the Crewe and Nantwich Open Minds Forum: “Crewe and Nantwich Open Minds is the independent watchdog/pressure group for mental health in south Cheshire. We have been fully involved in discussions/planning for the two new wards and five of our members visited just before they were due to open. The facilities are excellent - a huge improvement on what was available before. We now have in-patient services fit for the modern age.

“Wherever possible, people prefer to receive timely support at home, to prevent a hospital admission in the first place. Welcome developments in community services are already taking place, and we will continue to scrutinise the whole process to ensure that the plans come to fruition.”

1.14 Silk Ward opened on Wednesday 22nd January and Mulberry Ward is due to open by the end of January 2020.

Resources

1.15 The re-configuration of inpatient services generated a saving of £2.5m - of which £1.3m has been reinvested to enhance community services. As the cost of running the services prior to the redesign was £2 million more than the budget, this has reduced the overall deficit to £0.8 million - with the assistance of £0.73m additional recurrent funding from the CCGs.
Good financial stewardship at CWP enabled the release of £4.5m capital funding to support the new inpatient units to be refurbished and extended without any external funding being available. This represented the majority of the trustwide capital estates budget for 2019-20 financial year.

Joint working across the system, between providers and commissioners, has supported the achievement of improving the financial position whilst ensuring a clear focus on optimising patient care and outcomes.

Post-implementation, from February 2020 onwards, the CCGs will continue to work closely with CWP and partners to support further development of mental health and wellbeing support across Cheshire in line with the Long Term Plan and the Council Plan.

Workforce

1.15 The redesign has resulted in 39 newly funded community posts that cover Crisis Resolution and Home Treatment (CRHT), Community Mental Health Teams (CMHT) and Dementia Outreach.

All inpatient staff posts are filled.

There are 12 additional posts in the CRHTs. Staff formerly working in the inpatient wards have been supported to move into this team, with individual transition plans including training and clinical supervision sessions. The CRHTs have been delivering a 24/7 service since 9th December 2019, which has allowed them to gate-keep acute and community beds 24/7 along with increasing the CRHT operational hours to 24/7.

The redesign has created 27 newly funded posts in the CMHTs in Central and East Cheshire. To fill these posts staff have been supported to move into these teams with individual transition plans. There are currently 9 vacancies, which will be recruited to in early 2020. The additional investment in the community teams will also include the funding of up to 10 peer support staff who will work in collaboration with the clinical teams, and is in addition to the 27 newly funded posts. A dementia outreach service has also been established (2 posts) which will support people in their own homes and prevent admissions into hospital.

Outcomes

1.16 The increased capacity enabled by the redesign includes:

- local crisis beds to enable us to support people to remain out of hospital;
- a better staffed home treatment team to care for more people in their own home and oversee crisis beds/centres on a 24/7 basis;
- better staffed specialist community mental health teams with peer support and more joined-up working for our 7,000 people currently on caseload with a clear focus on prevention, early help and providing further intensive support;
- a new service to help up to 12 people at any one time with dementia who have complex needs to remain in their own homes rather than being admitted to hospital;
- modern inpatient services meeting Care Quality Commission standards:
Lime Walk House in Macclesfield has received a £2million capital investment to extend and modernise the on-site facilities and has been renamed Mulberry Ward - following service user and carer engagement in the naming exercise to reflect the local silk industry. The renovation to create a 26 bed unit has included a communal hub with shared recreation, dining and therapy facilities, gender specific lounges, increased access to larger, open gardens, all en-suite bedrooms and gymnasium.

CARS Ward at Macclesfield General Hospital has transferred to CWP and become the new Dementia ward; called Silk Ward – again named with the silk industry theme. The 15-bed ward has received a £2.5million capital investment and renovation programme following University of Stirling guidance. Evidence-based and internationally recognised best practice has been followed to best support people and their families with dementia.

To support the bed reconfiguration in East Cheshire, an additional 7 beds for adult/older adults with complex needs have opened within the CWP footprint (4 beds at Bowmere in Chester and 3 beds at Springview in Wirral).

With the 6 community crisis beds provided in addition, a total of 54 beds are available.

1.17 The reduced variation enabled by the redesign includes:

- creating a consistent model for home treatment teams in terms of availability and a consistent service offer/range of interventions;
- meeting privacy and dignity standards throughout the inpatient environments and a general improvement in building optimisation to support the delivery of high quality and safe care;
- reduced variation in the clinical pathway within mental health rehabilitation services by centralising them in a centre of excellence:
  - rehabilitation services previously provided at Lime Walk House in Macclesfield relocated to Bowmere Hospital in Chester in April 2019. The facilities at Bowmere are complementary to the rehabilitation process, including being within walking distance of the city centre and adjacent to train/bus routes with nearby shops and supermarket. There is an on-site gym, specialist occupational therapy suite - the ‘Clarion Centre’ and café;
  - standardised the pathway for ECT (electro-convulsive therapy) within a centre of excellence in Chester achieving ECTAS accreditation (ECT accreditation service);
- within the funding available we have used resources differently to achieve more efficient services by driving greatest value for the commissioned spend and reducing reliance on inpatient services;
- the increased staffing has not only delivered a preferred model of care, but also supported increased access to mental health services and brought the services in line with national policy;
- increased staffing in home treatment teams has enabled them to operate 24/7;
- the provision of six community crisis beds which provide less-restricted and more suitable support for those who don’t need an inpatient stay – enabling a reduction in more costly inpatient beds:
  - 2 beds in Macclesfield, 2 in Congleton and 2 in Crewe for adults who are acutely unwell, but for whom a hospital environment would not be
beneficial to their condition and recovery. These beds are supported and gate-kept by the Crisis Resolution Home Treatment Team. The beds are available 24/7 with 24/7 support from the home treatment team;

- the redesign has also reduced excess staffing spend due to poor design of buildings and environment.

1.18 Metrics to measure the success of the new model of care in delivering against the aims/objectives identified in 1.5/1.6 have been identified, including analysis of service user and carer feedback.

1.19 Feedback has been collated from service users accessing the new centralised rehabilitation service in Chester since April 2019, with regular visits from the CWP Patient Advice and Liaison Service to ensure any service user and carer needs have been quickly identified and addressed. Comments have included: “it is much larger than Lime Walk House”, “I like being able to go for coffee at Oasis Café” (café in Bowmere Hospital) and “I like the country walk close to the ward, especially now the weather is improving”.

1.20 Feedback has been collated from the small number of service users accessing the new centralised ECT service in Chester since August 2019, with regular visits from the CWP Patient Advice and Liaison Service to ensure any service user and carer needs have been quickly identified and addressed. Comments have included: “nurses are welcoming and supportive; they do everything for me”, “I am very happy at the quality of treatment I receive”, “the environment is great”. The small number of service users travelling to Chester for ECT treatment are supported by CWP’s own patient transport service.

Travel and transport

1.21 A theme identified by this Committee and during the public consultation was travel needs, for those highly specialised services that have been centralised on one site as part of the redesign (rehabilitation and electro-convulsive therapy - ECT) and for those service users requiring highly specialist support in a Psychiatric Intensive Care Unit.

Information was provided during the consultation on the small numbers of service users/carers affected by longer journeys and the support in place for them where required, including:

- CWP has its own patient transport vehicles to support service users travelling to centralised services;
- this transport is also available to support carers who require support with journeys;
- CWP is supporting rehabilitation service users to remain connected with their local communities for sport and recreational activities, as part of their rehabilitation pathway;
- no complaints have been raised since the centralisation of rehabilitation and ECT services.

Next steps

1.22.1 Although the redesign of specialist mental health services has enhanced the current service provision there is still significant investment and transformation needed if we are to deliver the ambitions set out for mental health in the NHS Long Term Plan.
Next steps to improve local mental health services include:

- the joint procurement, by NHS and local authority commissioners, of an integrated service that includes crisis cafés and third sector in-reach provision later in 2020;
- development of peer support within community services, across both primary and secondary care;
- further development of a single Mental Health Delivery pathway across CWP, CCGs and other third sector providers to support positive outcomes;
- ongoing work with the Local Authorities to ensure joined-up models of care;
- further develop a centre of excellence for Rehabilitation and ECT;
- crisis funding implementation from Cheshire and Merseyside Health and Care Partnership towards NHS 111 as the single point of contact for crisis help;
- trailblazer funding to support mental health in schools;
- joined-up working via East Cheshire Mental Health Partnership Board.

The CCGs, alongside CWP, have been successful in a number of recent bids and securing additional monies from NHS England/Cheshire and Merseyside Health and Care Partnership to support the further development of crisis support in Cheshire, as well as additional funding to support children and young people in school around early intervention and prevention - to help mental health and wellbeing.

Further local enhancements to the two new inpatient facilities will also be planned locally by CWP, utilising its capital estates budget for 2020-21.

2. Recommendations

2.1 The Committee is asked to:
- note the completed implementation of the redesign of specialist mental health services;
- note that the NHS workforce has been identified to staff the new inpatient services and enhanced community teams;
- note that metrics have been identified to measure the impact of the new model of care on service user and carer outcomes and experience of services;
- note the next steps identified to further enhance the local offer in line with the NHS Long Term Plan;
- agree whether the Committee wishes to receive a further update on the implementation and, if so, when.

3. Reasons for Recommendations

- to provide assurance that the new model of care approved following public consultation has been implemented and that measures are in place to monitor effectiveness post-implementation.

4. Contact Information

The background papers relating to this report can be inspected by following the links contained above or by contacting the report writer.
Name: Suzanne Edwards
Designation: Acting Director of Operations, CWP
Tel No: 01244 397267
Email: suzanne.edwards4@nhs.net

5. Appendices

None.

Ends.