

REDESIGNING:

Adult and Older People's Specialist Mental Health Services

Consultation from 6th March - 29th May 2018



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Section 1: A message from our clinical leaders



Thank you for showing your support for local NHS services by giving your time to read this document and lending your voice to this public consultation.

Every year, one in six adults will suffer from a mental illness. Many people will recover with help from family, friends, work colleagues and primary mental health services such as our GPs or counselling services. However, some people will require more specialist help and support.

As clinical leaders representing the local NHS, we have worked together with you to help develop a set of proposals for adult and older people's specialist mental health services. We represent both commissioners of health - whose responsibility it is to plan, buy and monitor services for our population - and providers of services who are responsible for the day-to-day provision of care.

We are very clear on our commitment to ensuring that any change to mental health services must improve outcomes for people suffering from mental illness, and meet the highest standards possible within the resources available. This is what we are passionate about achieving, for you, your family and the NHS.

Severe or long-term mental ill-health can have a devastating impact on people and their families and friends. Yet we know we can make a big and positive difference by working with people to agree support plans and arrangements to help in times of crisis.

More than ever before, people are talking about mental health alongside physical health and our social environment. We all understand that our overall well-being is dependent on our mental well-being. To provide the very best support, within the funds we have available, and to achieve the best outcomes for each and every person we care for is something we believe can only be achieved through a new approach to care that is presented in this public consultation. These new models put early intervention and support at the heart of local NHS mental health services.

The proposed new approach will provide a much wider range of choices to meet people's changing needs. It looks at better support in people's homes and communities, rather than relying too much on hospital care, as long stays in hospital can make it difficult for people to reconnect with their lives.

At the heart of our proposal is an absolute commitment to improve the health and well-being of people, and a recognition that people want to live well. In the striking words of a service user who attended one of our listening events: **“I deserve to thrive, not just to survive.”**

Across Cheshire and Wirral, health and social care organisations are working together to deliver safer and more effective services. We believe we can do things better by doing them differently. As such, this consultation should be seen as the start of a wider conversation and as a key part of our local transformation initiatives; Caring Together and Connecting Care.

We really value the time people have already taken to share their ideas about what good looks like and this has helped shape the proposals in this document. Please continue to help us understand what is important to you by completing the survey attached to this document and by attending our public meetings.

Our commitment is that there will be no decision about these services, without your input.

Yours faithfully,

Dr Paul Bowen
[Clinical Chair](#)
 NHS Eastern Cheshire CCG

Dr Andrew Wilson
[Clinical Chair](#)
 NHS South Cheshire CCG

Dr Jonathan Griffiths
[Clinical Chair](#)
 NHS Vale Royal CCG

Dr Anushta Sivananthan
[Medical Director](#)
 Compliance, Quality and Assurance,
 Cheshire and Wirral Partnership NHS Foundation Trust





What would good care look like?

“ Carer support

Section 2: Introduction and purpose of the document



This consultation document relates to the proposed redesign of specialist mental health services for adults and older people experiencing severe or mental ill-health across community and hospital care settings.

WE HAVE A
POPULATION OF
480,000

ACROSS EASTERN CHESHIRE,
SOUTH CHESHIRE AND VALE ROYAL

WE CURRENTLY PROVIDE SPECIALIST
COMMUNITY SUPPORT FOR
APPROXIMATELY

7,000

ADULTS AND OLDER PEOPLE
EXPERIENCING THESE PROBLEMS PER YEAR

SOME PEOPLE REQUIRE AN
INPATIENT STAY ACCOUNTING FOR
APPROXIMATELY

350

PEOPLE PER YEAR

AT THE MILLBROOK UNIT IN MACCLESFIELD

THIS MEANS

95%

OF CARE ALREADY TAKES
PLACE IN THE COMMUNITY

The local NHS is committed to making improvements to the way mental health services are provided. We have held listening and engagement workshops with users and clinical staff including nurses, consultants, therapists and GPs, plus we have spoken to patient representatives, to our local authority health overview and scrutiny committees, and have held monthly meetings between commissioners and service providers to develop proposals.

We need to redesign these services for a number of reasons. User and carer feedback, along with recent audit recommendations and inspections, told us that some things in these services work well but that other things need to change for the better.

Through the proposed redesign we want to:

- **provide new services** so that there is better access for people to help keep them well and active in the community
- provide much **greater choice of services** for those in, or at risk of, crisis
- **support people with dementia and those who care for them** to stay in their own surroundings.

We have an opportunity to learn from what others have done and bring the very best of ideas and plans to the people we serve. We know in order to do this we need to look again at how and where resources are being used.

We want to make changes as soon as we can to get the best outcomes possible, meet clinical and facilities standards and design a service which is fit for the 21st Century. To help us with this task we are working with people who use our services, their carers and other stakeholders - many of whom have already influenced our proposals.

Through this work we have identified options for a proposed new approach to the provision of specialist mental health services. We have looked at many different ways to deliver this approach and considered, in depth, their various strengths and weaknesses. We have visited other areas where innovative services are leading to real benefits and improvements to service user well-being and their experience, and we have learned from them.

We have sense-checked our ideas with national evidence of best practice and information. We have continuously reflected on feedback from patients and clinicians, to make sure our proposals meet required criteria in terms of safe, effective care and above all to make sure they stay true to what people told us. Through all of these conversations we have been able to better understand and establish what works well, what the issues and concerns are, and what we need to do to ensure we provide the very best service we can to our population.

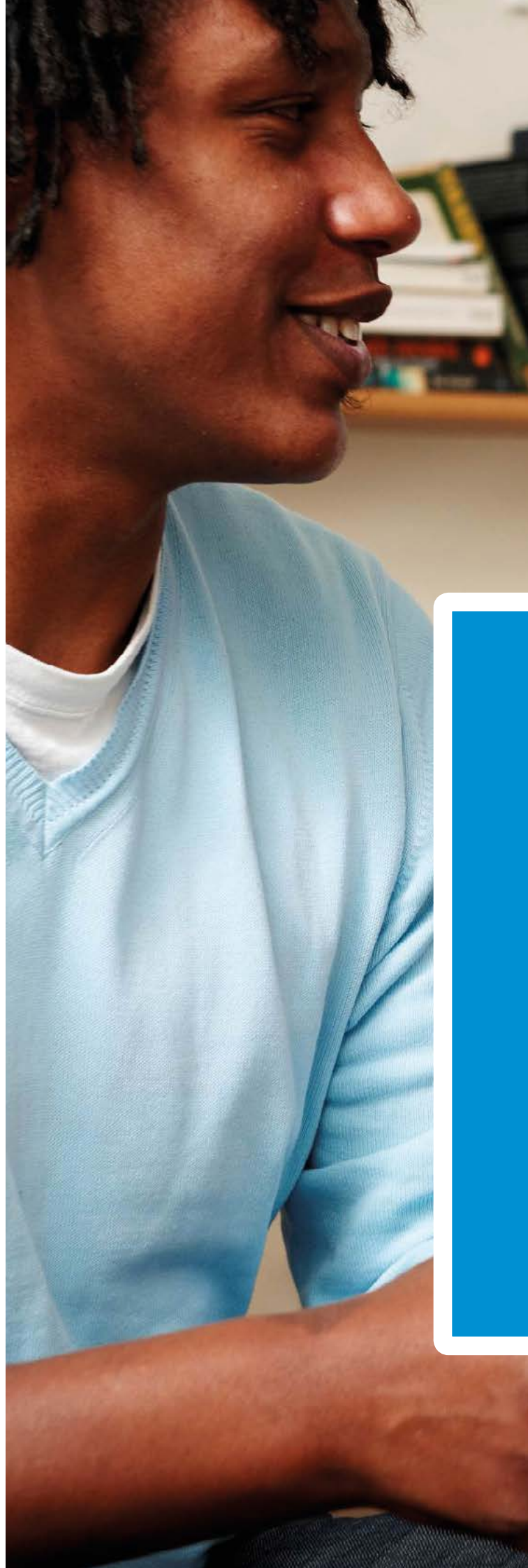
This consultation document is the product of this work.

It provides lots of information to **enable you to give your view**. It explains which adult and older people's specialist mental health services are included, why change is necessary and how we believe we can achieve **our ambition of early intervention and prevention, rapid response and improved outcomes for the 7,000 people** currently accessing the services that are the subject of this consultation.

We identified eight possible options which we considered in detail. These are described further on page 19 where we explain how and why we selected three to take forward for further discussion as part of a public consultation. We include further information and case studies to show what each of the three options would mean if adopted. We have also provided a range of supporting documents which you can access easily should you wish to consider areas in more detail such as how we reviewed the care and support needs of our population, what plans we have for our workforce and how we assessed each of the eight options.

We invite you to consider the work that has been undertaken, and the proposals and options themselves, and then please give us your view. Towards the end of the document we outline what will happen next and who to contact if you wish to discuss further this redesign.

Thank you for taking the time to read this document and for giving your view. We very much appreciate it.





Our ambition...

The ambition guiding these proposals is the same as for the wider plans in our local transformation programmes, Caring Together and Connecting Care.

We want 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.

Section 3: Adult and Older People's Specialist Mental Health Services in Eastern Cheshire, South Cheshire and Vale Royal



Cheshire and Wirral Partnership (CWP) NHS Foundation Trust is the main local provider of specialist mental health services.



The services that are included in this proposal for redesign are:

Home Treatment Teams:

The teams offer a community-based service as an alternative to hospital admission to a psychiatric ward, and facilitate early discharge for admitted patients. They can provide a number of home visits per day if required.



Community Mental Health Teams:

These teams offer assessment and treatment in the community for people with severe and/or enduring mental illness and their carers.



Acute inpatient wards:

The Millbrook Unit and Lime Walk House in Macclesfield, and Bowmere Hospital in Chester. Acute wards provide rehabilitation services and inpatient assessment and treatment for people with acute episode mental illness, including Electro Convulsive Therapy (ECT) on both an inpatient and outpatient basis. Bowmere also provides a Psychiatric Intensive Care Unit (PICU) which supports people with very complex needs who may also present with behaviour that challenges.



There are two new services that are not currently available, which we would wish to provide and are included in proposals:

24-Hour Crisis Response:

A range of services available to support people in crisis as an alternative to hospital admission and A&E.

A Dementia Outreach Service:

Offering care for people with dementia in their own homes as an alternative to hospital.

Section 4: Why redesign?



Changes to adult and older people's specialist mental health services are necessary for a number of reasons. These reasons are detailed below:

The Importance of Quality

The services we provide need to be the best they can be. They must be up-to-date and based on evidence of what works well. We regularly review them through a variety of ways such as quality monitoring, audits, inspections, surveys and through compliments and complaints. While the feedback received from these reviews helps us to improve patient experience and safety, taken together they began to show that more comprehensive and far-reaching changes are needed – both to build on what we do well and to change what is not working for those who use services.

The national Five Year Forward View for Mental Health strategy, published in 2016 by the Mental Health Taskforce established by NHS England and led by patient representatives, also clearly sets out its expectations for improving health and well-being, raising the quality of early intervention and comprehensive community mental health services to prevent unnecessary hospital admission.

What changes are necessary to meet quality and safety standards?

- We need more staff in our community mental health teams to ensure the right care at the right time for the 7,000 people they care for.
- A range of new services are needed for people in crisis as an alternative to A&E and inpatient hospital care.
- We need more staff in our home treatment teams for us to provide 24-hour support for people in crisis.
- Some of our buildings need significant upgrades to meet the required standards for privacy and dignity and psychiatric intensive care.



Accommodation standards

The Millbrook Unit does not meet the requirements of modern mental health services due to absence of single en-suite rooms and appropriate seclusion areas. Seclusion areas are quiet spaces for people who require intensive observation. In addition, the Millbrook Unit does not provide a Psychiatric Intensive Care Unit (PICU).

These are areas which the Care Quality Commission (CQC) has commented on as falling short of expected standards in its regular inspections at CWP.

To fully refurbish the Millbrook Unit to meet the modern standards required by the CQC would require an extensive upgrade which would cost in the region of £7 million if capital funds were available. As they are not, borrowing the money and paying it back would mean a total cost to the NHS of approximately £14 million.

Living within our means

The local NHS has a limited budget and we need to ensure that the funds available for mental health services achieve the best impact.

Existing adult and older people's specialist mental health services in Eastern Cheshire, South Cheshire and Vale Royal are already costing more to deliver than the budget set aside for them – and those services are not meeting all the needs of the local population. When we look at what services cost elsewhere we know that some of our inpatient services are costing significantly more when compared to other units elsewhere in the country.

Local commissioners have committed to retaining the current level of investment – so **there will be no budget reduction** as part of this redesign - however to achieve improved outcomes for our 7,000 service users we need to redesign what we currently have.

For further information please visit www.easterncheshireccg.nhs.uk and look at the supporting information on finances or request a copy via our Freephone telephone number **0808 169 1189**.

In redesigning these services we must:

- 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.

What would good care look like?

Range of support



Section 5: The development journey



The redesign proposals presented here are the result of 12 months of collaboration with commissioners, clinical staff, experts by experience, service users and carers. We worked together to develop a shared understanding of what needs to be changed and how best to achieve this.

Very early on in the process we took a detailed look at the mental health needs of our population. We looked at how many people we would expect to see with serious complex mental health needs and we compared this with the actual numbers of people each year who are supported by our specialist care services. We looked at the conditions they have and the latest guidance on the care and treatment they should be receiving. We found that the numbers of people receiving care matched the numbers of people we would expect to see. We also found that since 2010 there has been a 30 per cent increase in people accessing mental health services and a 60 per cent increase in the need for dementia services. This further underlines the need to adapt services to meet rising demand.

For further information please visit www.easterncheshireccg.nhs.uk and look at the supporting information on the needs analysis, or request a copy via our Freephone telephone number **0808 169 1189**.

When we listened to users of the service they told us they want a much wider range of services to support them in times of crisis. They also want both community and hospital services that they can access locally in a timely manner and that are adapted to reflect their individual needs and are not over medicalised. People with serious and complex mental health needs want to be seen as more than their illness, they want support to stay well, work, learn and socialise.



Patient and carer feedback is at the heart of this redesign. To illustrate how the feedback from a range of sources contributed to the proposals to redesign, a summary of comments and key themes is included here:

What service users have said they want from future services:

- more 'personalised' care (care that responds to their individual needs);
- more support in the local community;
- different support when in crisis – specifically:
 - one point of contact for services / clear access points
 - care available quickly e.g. 24/7 care which is not just available at A&E.
- Support available at different places, for example in:
 - your home;
 - a safe place (e.g. crisis beds);
 - a drop-in centre or crisis café.

Overall, people are supportive of the need for change but have some concerns about increased travel for hospital-based services.

Feedback from service users and carers on what they want from future services is included in this document, which can be seen in the speech bubbles displayed throughout.

We visited other areas where services are considered to be best practice and we were joined by service users and carers who knew what questions to ask. We brought the learning back and used it to shape our proposals. We saw exciting examples of a range of services tailored to people's needs and we saw innovative approaches to how these services were delivered.

From all our analysis, conversations and learning we know we need:

- alternatives to acute care provision in the form of local crisis beds, drop-in centres and cafes to enable us to support an additional 30 people at any one time to remain out of hospital – which is over 50 per cent of the available occupancy of the Millbrook Unit (58 beds);
- 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 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 for up to 630 people per year;
- 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;
- closer working across physical and mental health services and social care so care is balanced and tailored to the individual;
- inpatient services as close to home as possible for the people who may still need them.

What would good care look like?

“
Services tailored to individual need

Section 6: A new model of care



Diagram One brings together all the ideas, research and learning into a proposed new model of care for our local population. It shows how specialist care services would fit with the wider mental health care offer and shows where new services would sit. It aims to show how physical and mental health and well-being needs can be identified and supported around the individual to give more person-centred care:

Diagram One



Key to achieving this model of care is the refinement of a number of services already in place and the establishment of new services to support care outside of hospital.

Community mental health teams

We have undertaken in-depth analysis of current staffing, role, function, caseloads and location to improve our understanding of how best to support people who require specialist care.

We believe community mental health teams need to be expanded by 30 staff. Those extra staff can support up to 630 people at any one time with a wider range of treatment choices. In addition to more staff, teams would work with service users to review care plans to ensure they provide the right level of care and link closely with primary care colleagues to transfer patients back into the care of their GP when they are well enough.

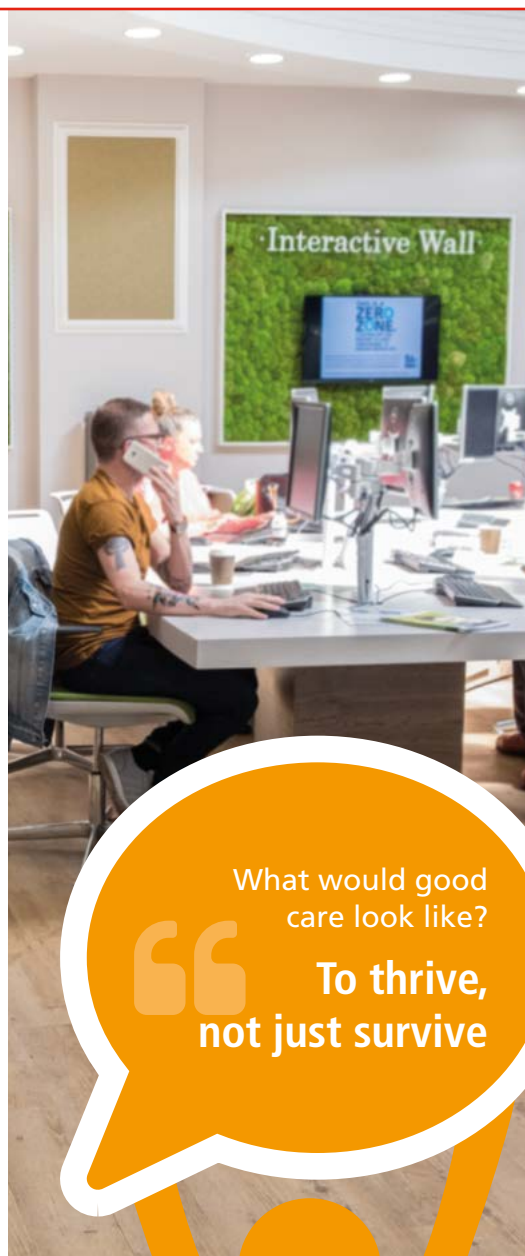
Crisis care

We have considered a number of alternatives to inpatient hospital beds including crisis and safe house models. We would wish to establish a 24-hour crisis support service providing better and quicker response to people who need it. A range of options could be made available and tailored to need, to include:

- local crisis beds provided in centres, as an alternative to hospital admission and A&E attendance - with a dedicated hub open 24/7 that a person can attend in crisis and be supported by trained personnel;
- day time crisis cafés and drop-in centres at various locations in local communities with links to talking therapies, health and well-being and recovery and rehabilitation services;
- eight more staff would be needed in the home treatment teams, along with trained counsellors and support staff and facilities within our local community.

We know this combination of enhanced support will enable us to support an additional 30 people at any one time who are in crisis.

Examples where this type of service is working well include Cambrian House, Wirral, and the Liverpool Life Rooms. More information can be found on our website in the supporting information on crisis care, or request a copy via our Freephone telephone number **0808 169 1189**.



What would good care look like?

“ To thrive, not just survive

Dementia outreach

We know that taking older people with dementia needs out of their familiar surroundings is distressing for them and their families. We also know that people with complex needs as a result of dementia need specialist care. With two more specialist practitioners delivering an outreach service we can support 12 people at any one time to remain at home and avoid admission to hospital. For those who do require a hospital stay the outreach team could support timely discharge back home with their carers and family.

Inpatient care

Through our conversations with service users and carers we heard that inpatient services should only be provided for those who are very acutely unwell, with home care and treatment being offered much more than it currently is. Many patients said that they wanted to be treated at home and they felt that some admissions were unnecessary.

We know that the standard of inpatient facilities across Cheshire and Wirral varies considerably with the Millbrook Unit considered the least satisfactory environment as it needs significant refurbishment to comply with required standards for privacy and dignity. The Millbrook Unit does not have a Psychiatric Intensive Care Unit (PICU). CWP has two other facilities, and the one closest to Eastern Cheshire, South Cheshire and Vale Royal is Bowmere Hospital in Chester. This unit meets the required standards for privacy and dignity and it provides access to PICU for those who require it.



Section 7: The options for care delivery



Having identified a new model of care, we then spoke again to a wide range of service users, carers, professional and support staff, estates and financial experts to develop a long list of eight options which could deliver this vision. These were then considered at length.

We identified a list of criteria against which to assess the pros and cons of each of these options. Criteria included how clinically safe the options were, if they could be maintained over time, if they provided the highest quality possible and if they were affordable. We also used the feedback we had gathered at patient events to determine how acceptable the option would be to users of the service.

We spoke to other inpatient providers in other surrounding counties to explore the possibilities of people accessing inpatient care closer to where they lived but lack of continuity of care between inpatient and community teams can affect patient safety. We also looked at the merits and capacity of other mental health service providers to take on both inpatient and community services. However this would have been additional workload for them which some were unable to accommodate.

The cost of transferring services and the challenge to achieve the same quality of care were also factors that counted against these options. We explored the opportunity to work with the private sector but we knew from recent reviews there was neither the capacity nor the skills available to meet the often very complex needs of our service users.

For further information please visit www.easterncheshireccg.nhs.uk and look at the supporting information on the options appraisal, or request a copy via our Freephone telephone number **0808 169 1189**.

After thorough analysis, it was decided that three options would be taken forward for further consideration and would form part of a much wider conversation with the people of Eastern Cheshire, South Cheshire and Vale Royal.





OPTION 1

Do not introduce the proposed new model of care

In this option there would be no prospect of improvement or development of the following services: community care, crisis care/choice of service, dementia outreach, or inpatient care unless funding was taken/diverted from other current local NHS services.

What this would mean for service users and carers:

- There would be no choice of crisis response, no new dementia outreach service.
- To fully refurbish the Millbrook Unit to bring it up to the required standards for such units would cost in the region of £7 million. Borrowing the money and paying it back would mean a total cost to the local NHS of approximately £14 million. These funds, that would be needed to repay the borrowed money, would have to be taken from the local NHS budget which would otherwise have been used to fund other local healthcare services.
- As the current model of care costs more to provide than the funding that is available, in the region of £2.5 million annually, this money would have to be taken/diverted from other local healthcare services to fund the current level/model of service.
- Inpatient care and outpatient services would remain on the Millbrook Unit and additional travel for some service users and carers would be avoided.

Preferred option:
Improve community and home treatment (crisis) teams, provide local crisis beds within the community, older people’s inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester

This scored highest during option appraisal as it:

- **Provides all of the improved community services**
- **Has an onsite Psychiatric Intensive Care Unit (PICU) for adults**
- **Doesn’t require additional travel for older people**

Enhance community and home treatment (crisis) teams to provide a wider range of services and improve access to care locally for the 7,000 adults and older people in our communities who currently access specialist mental health services.

What this would mean for service users and carers:

For the 350 people per year who at the moment access inpatient care services currently provided at Millbrook, this would be replaced with NEW services as follows:

- A new older people’s inpatient service providing 22 beds and meeting CQC standards, based at Lime Walk House; with specialist rehabilitation patients currently at Lime Walk House transferred to the nearby specialist rehabilitation facility at Soss Moss in Nether Alderley.
- A new dementia outreach service supporting people to remain in their own homes.
- New 24-hour local crisis care services overseen by an enhanced community home treatment team which can visit a person a number of times a day to prevent the need for hospital admission, and including access to:

- six new local crisis beds provided in centres, as an alternative to hospital admission and A&E attendance - with a dedicated hub open 24/7;
- daytime crisis cafés and drop-in centres with links to other support services.
- A new adult inpatient ward with 22 beds providing an improved inpatient experience, including access to a dedicated PICU and Electro Convulsive Therapy (ECT) if required, and meeting CQC standards at Bowmere Hospital, Chester.
- An increase of three beds at Springview Hospital, Wirral to ensure adequate capacity across Cheshire and Wirral when required.

In total, these inpatient services would provide 53 beds (a reduction of five beds from those currently available at the Millbrook Unit).

The cost of adapting and expanding existing facilities is approximately £1.1 million and would be funded from CWP’s annual capital expenditure programme.

There would be no requirement to divert funds from other services as this option would be less expensive to run and would enable the ongoing funding of the proposed new service model.

In this option, approximately 260 adults from Eastern Cheshire, South Cheshire and Vale Royal would travel further to access acute inpatient care in Chester each year. There would be a support plan in place for their carers.

With this model, we would expect all 7,000 people on the community caseload to have improved access to support through the out-reach, crisis care and other newly provided services. Our needs analysis indicates this would mean the number of people requiring inpatient care per year could reduce by as much as 16 per cent (approximately 70 people).

Improve community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester

Enhance community and home treatment (crisis) teams to provide a wider range of services and improved access to care locally for the 7,000 adults and older people in our communities who currently access specialist mental health services.

For the 350 people per year who at the moment access inpatient care services currently provided at Millbrook, this would be replaced with NEW services as follows:

The only differences to Option 2 are the following:

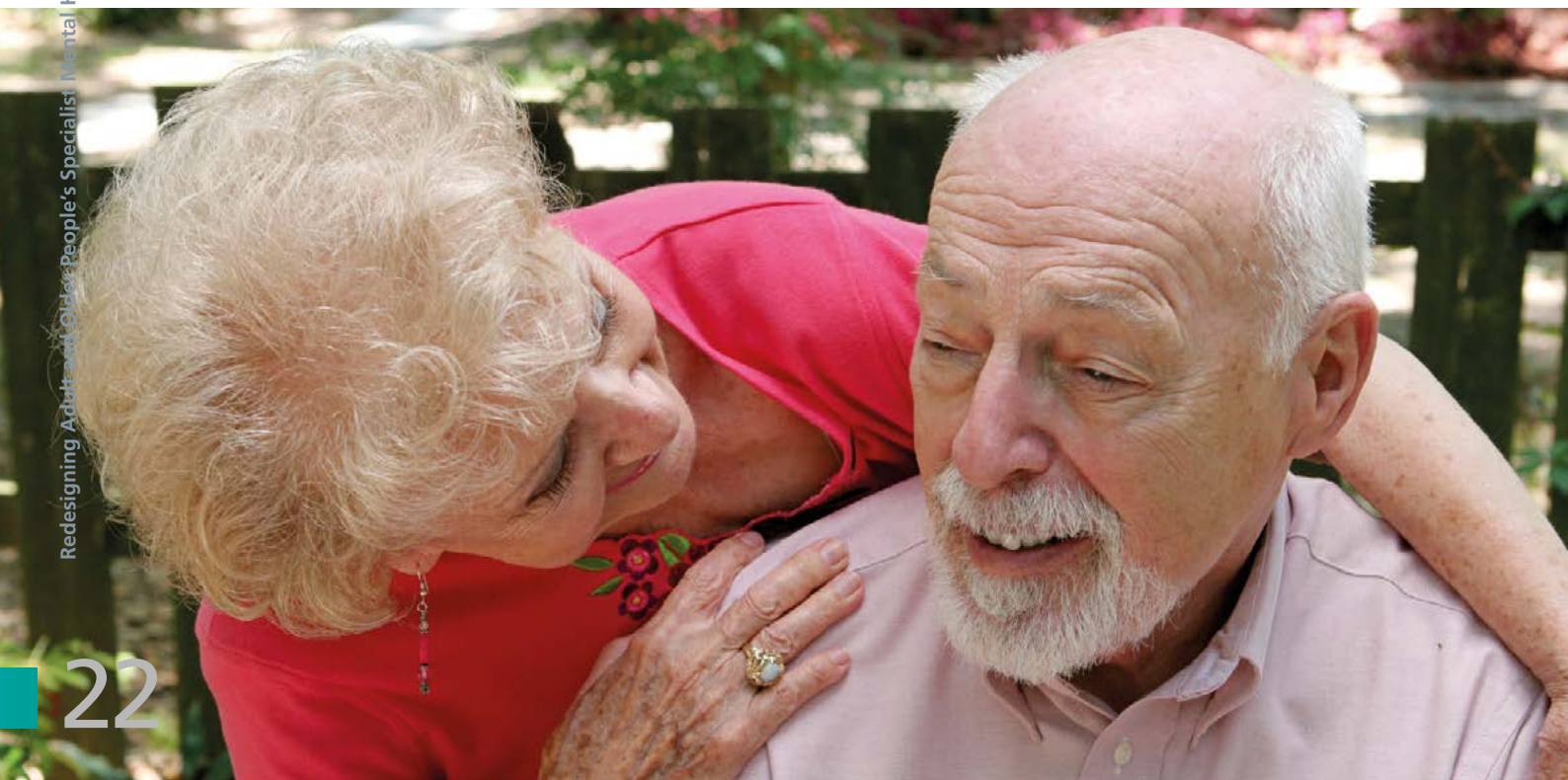
- The new inpatient service providing 22 beds and meeting CQC standards, based at Lime Walk House would be for **adults**, with specialist rehabilitation patients currently at Lime Walk House transferred to the nearby specialist rehabilitation facility at Soss Moss.

- This would not provide on-site access to a Psychiatric Intensive Care Unit (PICU) so people requiring this service would need to continue to travel to the PICU in Chester.
- The new inpatient ward with 22 beds providing an improved inpatient experience and meeting CQC standards at Bowmere Hospital, Chester would be for **older people**.

In this option, approximately 70 older people would travel further to access inpatient care in Chester each year. There would be a support plan in place for their carers.

The cost of adapting and expanding existing facilities is approximately £1.1 million and would be funded from CWP's annual capital expenditure programme.

There would be no requirement to divert funds from other services as this option would be less expensive to run and would enable the ongoing funding of the proposed new service model.



In the chart below we have summarised how each of the options – if they were to be implemented – compare against the factors that service users and carers have told us are important to them.

	Option 1	Option 2	Option 3
Improving outcomes for people with mental ill-health	✗	✓	✓
More choice about the services available for people in crisis	✗	✓	✓
24-hour access to these crisis services	✗	✓	✓
A dementia outreach service supporting people in their own homes	✗	✓	✓
Better access to community services and a range of treatment options	✗	✓	✓
Inpatient services meeting privacy and dignity standards	✓	✓	✓
Being able to visit hospital easily (adult)	✓	✗	✓
Being able to visit hospital easily (older person)	✓	✓	✗

Travel support

When we developed the proposed new model of care, we addressed patient and public concerns about the logistics of travelling to Bowmere Hospital in Chester. The last two factors in the table above relate to this issue.

Travel will affect people to varying degrees under the preferred option, depending on where they live. Some adults in South Cheshire, for example, may be able to travel more easily to Chester than their current journey to Macclesfield whereas those in and around Macclesfield would have further to travel.

Support for travel is already provided to patients. CWP has its own patient transport service and a person's care co-ordinator may accompany them to hospital, where there is a clinical need.

Travel for carers

The following proposals could minimise the impact for carers who have to travel further:

- working with partner organisations (councils and voluntary sector), patients, carers and local transport services to provide short-term travel solutions for carers who are unable to use their own transport or public transport to visit friends and relatives who have been admitted to Bowmere;
- exploring the possibility of a volunteer driver scheme;
- agreeing flexible visiting times to enable people to visit at convenient times;
- identifying potential funding sources to support carers' travel needs where appropriate;
- using technology to support contact.

During the last year a significant number of people have travelled from South Cheshire / Vale Royal, as well as a small number from Eastern Cheshire, to Bowmere in Chester to receive treatment with no problems reported.

For more details look at the supporting information about travel on our website www.easterncheshireccg.nhs.uk or request a copy via our Freephone telephone number **0808 169 1189**.

Impact on staff

CWP's staff form the backbone of the service. We have asked their opinions throughout this process and are committed to investing in required staffing for the future. In the proposed new model of care there will be more jobs overall than in the current model, and staff will be able to move into different roles in both inpatient and community services.

More people are expected to be attracted to working in the proposed new range of community services, based on recent experience of recruitment to similar services, and existing staff would be supported to make the change to new roles. CWP would look to provide the following opportunities for staff:

- introducing new roles
- training and education opportunities to improve skills and deliver interventions recommended by the National Institute for Health and Care Excellence
- creating opportunities for career progression
- extending the practice of existing roles and professionals

- providing opportunities for flexible working
- linking in with educational establishments to improve recruitment to training and educational programmes
- capitalising on the apprenticeship levy (which provides additional funding for people wanting to pursue an apprenticeship).

For more details look at the supporting information about impact on staff on our website www.easterncheshireccg.nhs.uk, or request a copy via our Freephone telephone number **0808 169 1189**.



Section 8: How would the proposed changes look in practice?



Below are three patient case studies which show the benefits that the proposed new model of care would bring:

Case Study One: Crisis Support

Carol is a 30-year-old lady who has suffered from bipolar affective disorder since she had her first child. She has three children aged 12, seven and three. She lives with them and her partner. When younger she had episodes where she felt elated and hyperactive but these days her illness means that she feels depressed most of the time. She struggles to motivate herself to get out of the house. 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 doesn't happen often 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, Peter, and her consultant psychiatrist, Dr Kaur, 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.

Current Service: Carol has told Peter how she feels and he has increased his visits to see her. He has asked the community home treatment team 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. She calls the emergency contact number and talks to a nurse on the ward. The nurse listens and is supportive. However, Carol feels she is having to tell her story all over again and she is worried the nurse has other work she should be doing so she hangs up. Things are so bad that she takes an overdose and ends up being admitted to hospital.

Proposed Service: As well as support throughout the day there is now a 24-hour home treatment team. They give Carol a number to call if she becomes afraid in the night and, when she calls, the community nurse knows about her case and what has been happening recently. She is able to calm Carol and arrange to see her first thing in the morning. Carol feels at the end of her tether and, to have a break "from life", she stays at the local crisis house for a couple of nights. After two days she feels well enough to return home and resume her parenting role and continue to be supported by her community teams.

Carol is also given the number for the primary care 'talking therapies' service, a crisis café and recovery college that she can visit for additional group support.

Case Study Two: Dementia outreach service

Joseph is a 75-year-old gentleman with a diagnosis of an Alzheimer's dementia of moderate severity (he is known to the memory clinic). He has deteriorated rapidly in his mental state and become agitated and aggressive towards his family. His wife contacts the GP stressing that she requires extra support but desperately wishes to keep him at home for as long as possible.

Current Service: Due to the severity of his condition at present, he is admitted to an inpatient ward. He becomes more distressed due to the change in environment and change in people who he is not familiar with. We establish that his abdomen is heavily distended and he is acutely constipated. He is treated successfully and has a good bowel movement in the next 24-48 hours. His condition settles. Mr Joseph is calmer. However, he ends up developing pneumonia and spends some time on the medical ward. He is eventually discharged with a care package three months later.

Proposed Service: With the development of the dementia outreach service, professionals will be able to visit him in his own home and complete a thorough assessment. They can liaise with the GP and work with the multi-disciplinary team in managing his relapse. They treat his underlying constipation and he settles. The above medical complications can be avoided by simply having this service where staff from the dementia outreach service are going out to see him in his own familiar surroundings.

What would good care look like?

Services such as drop-ins and café

Case Study Three: Admission to hospital

Twenty four-year-old Andrew has been met by a street triage team made up of mental health nurses and police working together to support people in crisis. This follows a call to the police from a member of the public reporting a man behaving unusually in Macclesfield town centre in the early hours of the morning.

In the weeks leading up to 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. They whispered into his ears but also talked among themselves discussing how they would harm him. Following assessment, 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.

The team advises that Andrew would benefit from a psychiatric intensive care environment. This is a ward with few patients and more nursing staff to offer support. Here there are areas he can visit 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.

Current service: Andrew is admitted to the Millbrook Unit, where there is no Psychiatric Intensive Care Unit (PICU), while a transfer is arranged to Bowmere Hospital in Chester where PICU is available onsite. The transfer is likely to take up to 24 hours from the time of request. His presence on the ward is disruptive to other patients who don't require a PICU and the seclusion area isn't a suitable environment for him to stay in for any longer. By this point, he is agitated and too unwell to be transferred without sedation. His nursing team has recommended his medication is increased.

On arrival at PICU at Bowmere Hospital, the calmer environment means that Andrew's voices become less insistent and he eventually requires less medication to help resolve his symptoms so does not become groggy. While in hospital, he is able to regularly access a gymnasium and therapeutic activities away from the ward which contributes to his overall physical and mental well-being. The ward environment is spacious with en-suite rooms giving Andrew the space he needs.

There is no support for his family to keep in touch. Due to the level of medication he required on admission, he needs to stay for three weeks. He is discharged to the care of the community mental health team. If he requires out-of-hours support in the future he would need to go to A&E again.

Future service: Andrew is directly transferred and admitted to the PICU at Bowmere Hospital. The calmer environment means that Andrew's voices become less insistent and he requires less medication to help resolve his symptoms so does not become groggy. While in hospital, he is able to regularly access a gymnasium and therapeutic activities away from the ward which contributes to his overall physical and mental well-being. The ward environment is spacious with en-suite rooms giving Andrew the space he needs. His family are supported to regularly keep in touch via Skype and are able to visit twice a week with the help of a volunteer driver service from Macclesfield. Due to the level of medication he required on admission, he needed a two-week stay. He is discharged to the care of the enhanced community mental health team. If he requires out-of-hours support in the future he would also be able to access the crisis café/centre.

What would good care look like?

Sessions on talking about mental health issues, confidence, well-being and relaxation.

Section 9: How you can get involved



We want to hear your feedback on these proposals. You can do this as follows:

Attend one of our public meetings

Details on where and when these are being held can be found at www.easterncheshireccg.nhs.uk or by calling Freephone number **0808 169 1189**.

Venue	Date	Time
Macclesfield Town Hall, Macclesfield	21/03/2018	14:30
Hartford Golf Club, Northwich	23/03/2018	09:30
Congleton Town Hall, Congleton	28/03/2018	14:30
Crewe Alexandra Football Club, Crewe	26/04/2018	18:30
Canalside Conference Centre, Middlewich	04/05/2018	14:30
Macclesfield Town Football Club, Macclesfield	23/05/2018	18:30

Complete the survey attached (or online via www.easterncheshireccg.nhs.uk)

Request further paper copies by emailing mlcsu.consultation@nhs.net calling Freephone number **0808 169 1189**

We will **post you** the survey with a **pre-paid, freepost envelope** for you to return your completed survey.

Call Freephone number **0808 169 1189**, if you need help completing the survey or if you require any of the supporting online documents posted to you.

Please email mlcsu.consultation@nhs.net or call Freephone number **0808 169 1189** if you need the survey in large print, braille, as a talking document or in a language other than English.

For more information on the consultation, visit www.easterncheshireccg.nhs.uk – where the communications and engagement plan and a range of additional supporting documents is provided.



Section 10: What happens next and how decisions are made



This public consultation will be open between **6th March – 29th May 2018**. All of the responses will be collected and analysed independently by the University of Chester.

Following this analysis a formal report will be written and then discussed by the governing bodies of the consultation partners and by the health overview and scrutiny committees of Cheshire East Council and Cheshire West and Chester Council. This is likely to happen during July and August 2018.

No decision will be made until after the consultation findings have been fully considered and a decision-making business case has been developed and presented for final selection.

Following a decision, a full business case would be developed and implemented towards the end of 2018. Any new service arrangements would then be introduced gradually into 2019 ensuring enhanced services are established in the community ahead of any changes to inpatient provision.

We will ensure that the result of the consultation and related decisions are publicised on the following website:

www.easterncheshireccg.nhs.uk

www.southcheshireccg.nhs.uk

www.valeroyalccg.nhs.uk

www.cwp.nhs.uk



University of
Chester

Glossary of terms

Name	Description
Access to Psychological Therapies:	Psychological therapy is a general term for treating mental health problems by talking with a psychiatrist, psychologist or other mental health provider.
Acute Care:	A branch of healthcare where a patient receives active, but short-term treatment for a severe injury or episode of illness, an urgent medical condition, or during recovery from surgery.
Acute mental health episode:	An acute mental health episode is where a person demonstrates significant and distressing symptoms of a mental illness requiring immediate treatment.
Bipolar Affective Disorder:	A mental health condition that mainly affects a person's mood.
Care Quality Commission:	The Care Quality Commission (CQC) is the independent regulator of health and adult social care in England.
Caring Together:	The Caring Together programme is a collaborative approach to the provision of care in East Cheshire, involving many public sector organisations.
Cheshire and Wirral Partnership NHS Foundation Trust (CWP):	CWP provides mental health, substance misuse, learning disability and community physical health services.
Clinical Commissioning Group (CCG)	Clinical Commissioning Groups (CCGs) were created following the Health and Social Care Act in 2012, and replaced Primary Care Trusts on 1 April 2013. They are clinically-led statutory NHS bodies responsible for the planning and commissioning (buying) of health care services for their local area.
Connecting Care:	The Connecting Care strategy sees a transformational, integrated approach to the integration of care in Central and South Cheshire
Community Care:	Social care and treatment provided outside of hospitals.
Complex Mental Health Needs:	Typically, a patient with complex needs is someone whose needs cannot be met by a general mental health service.
Crisis:	If a person's mental or emotional state quickly gets worse or deteriorates, this can be called a 'mental health crisis'.
Dementia:	A condition that is associated with an ongoing decline of the brain.
Early Intervention:	Services to detect and treat illnesses, in the very early stages, and before they can develop into a more serious illness.
NHS Eastern Cheshire Clinical Commissioning Group (CCG):	The CCG is made up of 22 GP practices. It plans, buys and monitors health care services for approximately 204,000 people in and around Alderley Edge, Bollington, Chelford, Congleton, Disley, Handforth, Holmes Chapel, Knutsford, Macclesfield, Poynton and Wilmslow.
Electro Convulsive Therapy (ECT):	ECT is a treatment that involves sending an electric current through the brain to trigger an epileptic seizure to relieve the symptoms of some severe mental health problems.

Name	Description
Five Year Forward View for Mental Health:	Published in 2016, this national strategy was developed for NHS England by an independent Mental Health Taskforce, established in 2015.
Inpatient:	Refers to a patient who has been admitted to hospital for an overnight stay. The length of time a person will remain an inpatient varies on a case-by-case basis.
MDT Support:	MDT stands for Multi-Disciplinary Team. An MDT contains a number of health professionals from different areas of care.
National Institute for Health and Care Excellence:	The National Institute for Health and Care Excellence (NICE) is a national provider of guidance and advice to help improve health and social care.
Outpatient:	A patient who attends a hospital for treatment without staying there overnight.
Prevention:	The promotion of mental health and well-being strategies to potentially prevent, or reduce the severity of some mental health disorders.
Practitioner:	A person who is qualified to treat patients.
Primary Care:	This is day-to-day healthcare given by a healthcare provider.
Psychiatrist Intensive Care Unit (PICU):	A PICU provides mental health care and treatment for people who need a secure environment beyond that which can normally be provided on an open psychiatric ward
Rapid Response:	Rapid Response aims to respond quickly to those experiencing a mental health crisis.
Recovery College:	Recovery Colleges offer educational courses to people who access services.
Rehabilitation services:	Help support people's well-being and recovery from a mental health illness.
NHS South Cheshire Clinical Commissioning Group (CCG):	The CCG is made up of 17 GP practices. It plans, buys and monitors health care services for approximately 173,000 people in and around Alsager, Crewe, Middlewich, Nantwich and Sandbach.
Specialist Mental Health Services:	These are services for people who require additional support to those provided in primary care settings (ie. GP or talking therapies). Specialist services are currently provided in this locality by dedicated community mental health teams, home treatment (crisis) teams or inpatient services.
Street Triage:	The street triage scheme sees mental health nurses accompany Police officers to incidents where they believe people need immediate mental health support.
Talking Therapies:	The term 'talking therapy' covers all the psychological therapies that involve a person talking to a therapist about their problems.
NHS Vale Royal Clinical Commissioning Group (CCG):	The CCG is made up of 12 GP practices. It plans, buys and monitors health care services for approximately 102,000 people in and around Nantwich, Weaverham and Winsford.

Data Protection

Your views and opinions on the adult and older people's specialist mental health proposals consultation have been requested by the following NHS organisations:

- NHS Eastern Cheshire Clinical Commissioning Group (CCG)
- NHS South Cheshire Clinical Commissioning Group (CCG)
- NHS Vale Royal Clinical Commissioning Group (CCG)
- Cheshire and Wirral Partnership NHS Foundation Trust (CWP)

These four organisations commission and provide adult and older people's specialist mental health services in Cheshire. Jointly, they are looking at improvements to service provision and will be hosting further engagement events with the public throughout Spring 2018.

NHS Midlands and Lancashire Commissioning Support Unit (MLCSU) and the University of Chester (UoC) have been commissioned to collect, handle, process and report on the responses gathered in the consultation. MLCSU uses an online survey tool called Elesurvey which is owned by Elephant Kiosks Ltd, a private company who specialise in online surveys. Any information you provide via this survey will be handled in accordance with UK Data Protection Legislation.

Participants who need help completing the survey or require any of the supporting online documents will be directed to a telephone contact number which will be answered by CWP or CCG Patient Advice and Liaison Service colleagues in South Cheshire / Vale Royal.

The survey asks respondents to provide demographic profiling data (age, gender etc.). This information will be available to MLCSU and UoC and all NHS organisations listed above in an anonymous format. You do not have to provide this information to take part in the survey.

Any reports published using the data collected will not contain any personally identifiable information and only show anonymised, aggregated responses to the consultation document. Reports could also be placed within the public domain for example on NHS public facing websites or printed and distributed.

Your involvement is voluntary, and you are free to exit the survey at any time. You can also refuse to answer questions in the survey, should you wish. All information collected via the survey will be held for a period of 5 years from the date of survey closure, in line with the NHS records management retention schedule.

Any queries about your involvement with this survey can be emailed to: mlcsu.consultation@nhs.net

- Please tick here to confirm you have read and accept the terms outlines within the Data Protection statement as above.

As part of this survey, participants can choose to be contacted and invited to other engagement events on an ad-hoc basis, if you would like to receive information and invites please provide your contact details when prompted. As processors of the survey MLCSU and UoC will automatically receive this information. Please indicate below if you would like to be made aware of and involved in these further engagement events:

- Yes, I would like to be involved in these further activities.

To allow you to be invited to future engagement events your contact details will need to be shared with organisations who commission these events. Please now indicate which organisations we can share your contact details with:

- NHS Eastern Cheshire Clinical Commissioning Group
- NHS South Cheshire Clinical Commissioning Group
- NHS Vale Royal Clinical Commissioning Group
- NHS Cheshire and Wirral Partnership NHS Foundation Trust (CWP)
- None of the above

If you would like to be invited to other engagement events, please provide your email address. If you do not have an email address, please provide alternative contact details.

Email:

Alternative contact details:

This survey is in four sections.

We want to find out:

Section 1 - About you and your involvement with adult and older people's specialist mental health services,

Section 2 - What is important to you when it comes to the delivery of adult and older people's specialist mental health services in your area

Section 3 - Your views on our proposals for adult and older people's specialist mental health services

Section 4 - Who's taking part in our survey (Demographic Profiling)

We would like to receive one response per person and/or per organisation. Please tick here to confirm this is your only response to the survey.

Section 1: Tell us about you

a. Please indicate in what capacity you are answering this questionnaire	<i>(Please select more than one if this relates to you)</i>
a. Service user – a current or former mental health service user	
b. Carer – a current or former mental health carer	
c. Public – member of the public	
d. NHS employee (mental health)	
e. Other public sector employee	
f. Any other organisation employee	
g. Other <i>(please specify)</i>	

b. If you live in Cheshire, please provide us with the first part of your postcode and the first number of the second part of the postcode for example 'CH12 6'

c. If you are replying on behalf of an organisation, please state the name of the organisation below:

Please note – if you are responding on behalf of an organisation and would also like to respond as an individual (or vice versa), please complete a second questionnaire.

d. If you are a member, volunteer or involvement representative for any health or social care organisation (NHS, local government, private or voluntary) please state the name of the organisation below:

Section 2: Please select **the three** most important things to you when considering our proposals for adult and older people's mental health services

a. Service Criteria	<i>Please tick the three most important to you</i>
Improving outcomes for people with mental ill-health	
More choice about the services available for people in crisis	
24-hour access to crisis services	
A dementia outreach service supporting people in their own homes	
Better access to community services	
Access to a better range of treatment options	
Inpatient services meeting privacy and dignity standards	
Being able to visit hospital easily	

Section 3: Comment on our proposals

In this section we would like you to comment on the three options for adult and older people’s specialist mental health services in our area. Please see see pages 19-24, section 7 for a full explanation of the options.

Option 1 - please see page 20, section 7: Do not introduce the proposed new model of care

a. To what extent do you agree or disagree with this option?	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<i>(Please select one)</i>					

b. What do you agree with in this option?

c. What do you disagree with in this option?

d. Are there any specific groups of people you think may be disproportionately or unfairly impacted by this option? Please tell us who they are and how they may be impacted.

e. Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

f. Please tell us how much you agree/ disagree with the following statements concerning this option:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Option 1 will improve outcomes for people with mental ill-health					
Option 1 will offer more choice about the services available for people in crisis					
Option 1 will provide 24-hour access to crisis services					
Option 1 will offer a dementia outreach service supporting people in their own homes					
Option 1 will provide better access to community services					
Option 1 offers access to a better range of treatment options					
Option 1 provides inpatient services meeting privacy and dignity standards					
Option 1 means people being able to visit hospital easily					

g. Please tell us why you agree with these statements?

h. Please tell us why you disagree with these statements?

Option 2 – please see page 21, section 7: Improve community and home treatment (crisis teams), provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester.

i. To what extent do you agree or disagree with this option?	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<i>(Please select one)</i>					

j. What do you agree with in this option?

k. What do you disagree with in this option?

l. Are there any specific groups of people you think may be disproportionately or unfairly impacted by this option? Please tell us who they are and how they may be impacted.

m. Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

n. Please tell us how much you agree/ disagree with the following statements concerning this option:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Option 2 will improve outcomes for people with mental ill-health					
Option 2 will offer more choice about the services available for people in crisis					
Option 2 will provide 24-hour access to crisis services					
Option 2 will offer a dementia outreach service supporting people in their own homes					
Option 2 will provide better access to community services					
Option 2 offers access to a better range of treatment options					
Option 2 provides inpatient services meeting privacy and dignity standards					
Option 2 means people being able to visit hospital easily					

o. Please tell us why you agree with these statements?

p. Please tell us why you disagree with these statements?

Option 3 - please see page 22 and section 7: Improve community and home treatment (crisis teams), provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester.

q. To what extent do you agree or disagree with this option?	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
<i>(Please select one)</i>					

r. What do you agree with in this option?

s. What do you disagree with in this option?

t. Are there any specific groups of people you think may be disproportionately or unfairly impacted by this option? Please tell us who they are and how they may be impacted.

u. Do you believe the issues, concerns, challenges you have raised above can be overcome and, if so, please describe how?

v. Please tell us how much you agree/ disagree with the following statements concerning this option:	Strongly disagree	Disagree	Neither agree or disagree	Agree	Strongly agree
Option 3 will improve outcomes for people with mental ill-health					
Option 3 will offer more choice about the services available for people in crisis					
Option 3 will provide 24-hour access to crisis services					
Option 3 will offer a dementia outreach service supporting people in their own homes					
Option 3 will provide better access to community services					
Option 3 offers access to a better range of treatment options					
Option 3 provides inpatient services meeting privacy and dignity standards					
Option 3 means people being able to visit hospital easily					

w. Please tell us why you agree with these statements?

x. Please tell us why you disagree with these statements?

Comparing all of the options

a. Please rank these options in order from 1 to 3, with number one being your most preferred option

Option	Rank in order of preference
1	
2	
3	

b. Do you have any alternative suggestions for adult and older people's specialist mental health services?

c. Do you have any additional comments?

Section 4: Demographic profiling

We would like to know a little more about you

You are under no obligation to complete this section, however your answers will help us to understand who has responded to the questionnaire and support continual improvement of our consultations. Please indicate your answers below with an 'X'.

What is your ethnicity?

White	British	
	Irish	
	Polish	
	Other European, <i>please state</i>	
	Other, <i>please state</i>	
Mixed multi-ethnic	White and Black Caribbean	
	White and Black African	
	White and Asian	
	Other, <i>please state</i>	

Asian or Asian British	Indian	
	Pakistani	
	Bangladeshi	
	Other, <i>please state</i>	
Chinese or other ethnic group	Chinese	
	Philippine	
	Vietnamese	
	Thai	
	Other, <i>please state</i>	
Black	Caribbean	
	African	
	British	
	Other, <i>please state</i>	
Gypsy and traveller	Irish	
	Romany	
	Other, <i>please state</i>	

Any other ethnic or nationality background not listed, *please state*:

What is your age?

15-19		55-59	
20-24		60-64	
25-29		65-69	
30-34		70-74	
35-39		75-79	
40-44		80-84	
45-49		85-89	
50-54		90+	

What is your religion or belief?

Hinduism		Christianity	
Judaism		Buddhism	
Islam		Sikhism	
Other, <i>please state</i>			
No religion		Prefer not to say	

I identify my gender as:

Male		Female	
Intersex		Other	
Other, <i>please state</i>			
Prefer not to say			

Is the gender you currently identify as the same as your gender at birth?

Yes		No		Prefer not to say	
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What is your sexual orientation?

Heterosexual		Bisexual	
Lesbian		Prefer not to say	
Gay			

What is your relationship status?

Married		Single	
Divorced		Separated	
Widowed		Civil partnership	
Other, please state			
Prefer not to say			

Do you consider yourself to have a disability?

The Equality Act 2010 states a person has a disability if they have a physical or mental impairment which has a long term (12 month period or longer) or substantial adverse effects on their ability to carry out day-to-day activities.

Physical impairment (*please state*)

Sensory impairment (*please state*)

Mental health need (*please state*)

Learning disability or difficulty (*please state*)

Long term illness (*please state*)

Other (*please state*)

Carers for people who access mental health services play a crucial role in health and social care. We need to know we've gathered their views.

Please tell us if you care for someone who uses, or has used mental health services and how old they are.

I am not a carer for anyone who has accessed/ is accessing mental health services	
Yes, I do and they are under 24 years of age	
Yes I do and they are aged 25 to 49 years of age	
Yes I do and they are over 50 years of age	

Thank you for taking the time to complete this questionnaire.

Please return both perforated survey sheets in the freepost addressed envelope provided



