

NHS Cumbria

Mental Health services in Cumbria: Our response to the consultation process on further improvements

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Progress report – July 2009

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Introduction

In January 2009 we produced a report on our response to the consultation process on further improvements to mental health services in Cumbria, following a public consultation held between June and September 2008. We promised to publish updates every six months to report on the progress being achieved following our proposals and recommendations to improve the mental health service in Cumbria. This report is the first of these regular updates.

What was proposed

The proposals that were set out in the consultation were to:

- Expand the **psychiatric intensive care** service at Carleton Clinic, Carlisle in order to provide a single, County-wide service, and negating the need for more distant placements.
- Provide a relatively local in-patient service for people with **acute functional illness** – based on four units across the County, all offering improved environments and therapeutic services.
- Concentrate in-patient treatment services for people with **severe organic mental illness** in two centres, Carlisle and Barrow.
- Develop **rehabilitation and recovery** services in community settings, often in conjunction with the third sector, closing the NHS inpatient unit in Barrow and developing the NHS unit in Carlisle in order to provide an intermediate service for people returning from out of county placements.
- Explore with Cumbria County Council the establishing of a **Pooled Fund** for a range of services, particularly those associated with rehabilitation and recovery.

We published our response to the consultation, summarising for each proposal:

- What we originally proposed;
- What you told us;
- Our decisions and how our plans have changed as a result of your feedback.

This update includes an additional section:

- What we have done in the first six months.

What you told us

You told us that we should be consulting you on more than just in-patient services and that you wanted to see a more comprehensive strategy.

You also said that, although the community services have developed in recent years, there are worries and concerns about their coverage and scale. You had concerns about the way that they are working and about the attitudes and communication skills of some of the staff.

Many service users and carers have told us how much they value community services and their desire to see them strengthened and extended in order to provide a better alternative to inpatient admission in many circumstances. At the same time they have strongly argued that such services need to be in place and working effectively before inpatient services are reduced.

Our decisions and how our plans have changed

We do need to make decisions about future investment in buildings now, however in the light of the concerns, we will:

- Ensure that we do not reduce bed numbers until alternatives are in place and working
- Keep the working of the community services under active review

Our approach to these issues is covered later in this report.

We also agreed that we would have to start to engage people in planning and developing the wider range of

- Services to support mental health and well-being
- Dementia services
- Recovery and Rehabilitation services
- Services for Children and Young people

What we have done

- **Services to support mental health and wellbeing** – Work has started on producing a comprehensive strategy for mental health in Cumbria with a first draft being available in November 2009. The strategy will be overarching and include our vision for mental wellbeing, social inclusion as well as mental illness services.
- **Dementia services**- The National Dementia Strategy was published in February 2009 and a Cumbria Dementia Programme Board has been established to oversee its implementation. Further reference is made to this later in this report.
- **Recovery and Rehabilitation services** - the progress on this is reported later under Proposal 4.
- **Services for Children and Young People** – NHS Cumbria has started a complete review of the services it commissions for Children and Young People and this will include their mental health and mental illness needs. During June/July a series of consultation events have taken place to guide the development of these services. The detail of that work will be reported through the Children's Service Care Stream Board in future.

PROPOSAL 1

EXPANSION OF PSYCHIATRIC INTENSIVE CARE

This in-patient service is used by a very small number of people who need short periods of intensive therapy, requiring specialist skills and environment. People who use the service are usually already in-patients and they return to their local inpatient service as soon as they are able to do so.

What we proposed

Our proposal was to expand the Unit in Carlisle from six to ten places in order to provide a County-wide service.

In the past people in the south of the County have gone to a unit in Lancaster. However over recent years the Lancaster service has become increasingly difficult to access and many people in the south of the County currently have to be admitted to units much further away.

The bigger unit in Carlisle would also make it possible to have a wider range of skills and therapeutic activities available to patients.

The number of beds is based on past and current bed usage and national guidance. Furthermore, improvements in the quality of Psychiatric Intensive Care Unit (PICU) services already achieved through a single Cumbrian acute service pathway do ensure that individuals' length of PICU stay is shorter than those experienced previously. Such short lengths of stay are currently being achieved and are in line with national best practice. On this basis it is proposed that 10 beds provide the necessary capacity for the county.

What you told us

You wondered whether 10 places would be sufficient and what would happen when they were full.

You also were concerned that, particularly for people from the south of the County, Carlisle was a long way away and for many people in the County, a single unit would mean long distance travel at a

difficult time. You were worried about how people would be able to remain in contact with family and friends.

You also recognised that there were advantages in a larger unit if it offered access to a greater range of therapeutic inputs.

Our decision and how our plans changed

We decided on balance that there were advantages in a single unit and that it was a much better option than people having to go considerable distances out of the County as happens at present.

However we agreed that

- There should be specific improvements in transport support for relatives/carers and these should be in place before the new unit opens in 2009/10.
- There should be contingency plans for what happens when the beds are full
- There should be plans to use the skill in the unit to support staff in the acute in-patient units, lessening the need for admission to the Psychiatric Intensive Care Unit and easing early return.

What we have done

- **General** - Cumbria Partnership NHS Foundation Trust have begun the building work for the Psychiatric Intensive Care Unit and this is progressing to schedule with phase one due for completion by 1 September 2009. New staffing requirements have been finalised and recruitment is underway. Phase two will be completed by November when the activity and therapy rooms will be completed. The unit will then be able to accommodate 10 patients at a time.
- **Transport arrangements** - Arrangements to support relatives and carers to travel to the Carleton Clinic, Carlisle site to visit in-patients are being developed with various options being considered. Service users and carers have been involved in the development of this service through the involvement of the Cumbria Mental Health Group. These arrangements are due to be in place in time for the opening of the Psychiatric Intensive Care Unit (PICU) in November. Consideration is also being given to providing overnight accommodation for people who have to travel long distances to visit service users, however this requires detailed scoping. The feasibility of using video conferencing links between the various hospital sites in Cumbria is also being explored. This will enable patients to have an alternative method of maintaining more frequent contact with their relatives and carers where travel distances are great.
- **Contingency plans when beds are full** - The Cumbria Partnership NHS Foundation Trust (CPFT) have developed clear pathways and protocols to ensure most effective use of the beds on the PICU. An Acute Nurse Consultant has been appointed to lead on the development of the PICU service and staff. These measures will mean that the CPFT will be better able to manage its use of the PICU service. If circumstances do arise when the PICU unit is full, and there are not other alternatives in Cumbria, the contingency arrangements will be to use out of County services as a last resort.
- **Plans to use skilled staff on Psychiatric Intensive Care Unit (PICU) to support the in-patient wards** - Staff with the necessary specialist Psychiatric Intensive Care skills now work with the with acute unit teams and are always available to offer expert advice for the care and management of service users identified by ward staff as being in potential need of a PICU environment.

PROPOSAL 2

INPATIENT SERVICES FOR PEOPLE WITH ACUTE FUNCTIONAL ILLNESS

Most people who experience mental illness can be (and are) supported through community services. This will increasingly be the case but some people at some time need periods of more intensive assessment or care in a hospital setting.

As community services develop, those who are admitted to hospitals will only be those people whose needs are high and complex and who require high levels of therapy and safeguarding, often under the Mental Health Act.

What we proposed

The proposal was that there should be units in:

- Carlisle (40 places), providing both crisis and assessment and a full inpatient service.
- Whitehaven (16 places) for crisis and assessment
- Kendal (10 places) for crisis and assessment
(Continue with current 10 bed provision at Westmorland General Hospital, but, because of deficiencies in the current ward setting, to review options for a more appropriate long term solution in Kendal)
- Barrow (20 places) providing crisis and assessment and a full inpatient service.

What you told us

You welcomed the retention of four units because it was important for there to be relatively local services. You agreed that you wanted to see high quality inpatient services alongside more care being provided in the community through the provision of 24/7 crisis resolution and home treatment services.

But you also raised a number of concerns:

- You told us that you were worried about whether there would be enough beds and what would happen if they were all full. You also told us that more detail of our bed number calculations should have been made available, earlier.
- You suggested that there needed to be a wider range of beds in other settings, for both crises and respite care.
- Service users, carers and staff have told us about the unsuitability of the location of the current ward in the Westmorland General Hospital.
- Service users, carers and staff told us about the need for the ward in Whitehaven to be relocated in line with previous consultations and in the context of the anticipated building of a new West Cumberland Hospital.
- You expressed concerns about services in-patient wards not being specifically age-based.

Our decisions and how our plans have changed

We agreed that there should be four units as proposed and that planning for them should be on the bed numbers in line with the proposal.

However we agreed that the implementation process will be managed so that we can demonstrate to stakeholders [including the Overview and Scrutiny Committee] that the necessary alternatives and supports are in place - and that they are working as an effective system, before further bed reductions are actually made.

We believe that we must ensure that services match a person's clinical need, which is not dependant on their age. As we said before, consequences and treatments are very different. This means that wards must be designed, staffed and run in ways that ensure that each person's clinical needs and risks are identified and managed.

We also agreed that:

- The Partnership Trust should work with stakeholders to identify appropriate, long term solutions for the Whitehaven and Kendal units
- We should start to develop plans for respite and other, non-NHS inpatient, residential options to complement the in-patient service
- Contingency plans will be identified for periods in which demand exceeds the availability of places
- The Care Stream Board will ensure that there is a clear and accepted set of pathways through community and inpatient services in order to ensure effective working of the integrated system in line with the specific needs of individuals

What we have done

- **General** - Community services are being enhanced by the transfer of staff from in-patient services and the injection of additional investment into community based services. This will ensure that the community infrastructure is strengthened to support people in, or as close to their home as possible. New investments have been made in, for example, Early Interventions in Psychosis and Primary Care Mental Health. This will contribute to the reduction in the use of in-patient services in future. The Crisis Resolution and Home Treatment services are currently under review, to ensure the most effective use and deployment of this staff group. The review is due to be completed by the end of July 2009 and any proposals for the development of the service will be presented in our next update report.
The Cumbria Partnership NHS Foundation Trust has established a Project Team to oversee the future development of in-patient wards. The focus of this work has been on the Barrow and Carlisle wards, using best practice advice from mental health professionals, service users and carers as well as national guidance regarding best practice and ward design.
- **Appropriate long-term solutions to the Whitehaven and Kendal units** - The future of the Kendal and Whitehaven inpatient units are being considered as part of the overall business case for the future of in-patient services and remain an integral part of in-patient provision in Cumbria. In relation to the proposed development of the West Cumberland Hospital, the Cumbria Partnership NHS Foundation Trust is engaged in early stage discussions with the North Cumbria Acute Hospitals Trust regarding the future of the hospital and in particular the requirements for in-patient facilities.
- **Develop plans for respite and other non-NHS residential options** - A joint-agency needs assessment is currently underway as part of the development of the Mental Health Strategy. It will clarify what types of non-NHS residential options, respite and other services we will need. This will inform future commissioning intentions. Cumbria Mental Health Group has also consulted widely and their feedback will be incorporated into plans for these services.
- **Contingency plans for when demand exceeds the number of beds available** - Where demand exceeds availability of beds in Cumbria, the contingency plans are to use beds out of the county. However as with the psychiatric intensive care unit that will provide short-term care and treatment to patients during an acute phase of their psychiatric illness, an approach is being taken to prevent this situation in the first place. All admissions are monitored to avoid delays in discharge and to ensure most effective use of in-patient services with home treatment provided where possible.
- **Care Stream Board will ensure there are clear and accepted pathways** - The Care Stream Board, through its bi-monthly meetings and steering group, monitors the progress of the development of pathways for service users who have specific needs. Examples include the introduction of the Improved Access to Psychological Therapies (IAPT) service, Primary Care Mental Health services and Crisis Resolution and Home Treatment. Further work is in hand to complete pathways for other services and treatments. NHS Cumbria and Cumbria County Council have established a procedure for joint scrutiny of requests for out of county placements which monitors the use of this resource.

PROPOSAL 3

INPATIENT SERVICES FOR PEOPLE WITH SEVERE ORGANIC MENTAL ILLNESS

As stated in the consultation document, the vast majority of people diagnosed with dementia live relatively normal lives at home, or in care homes, even those with complex needs. National policy is that the NHS does not usually itself provide continuing accommodation for individuals with these needs, although it does meet some of the cost of this type of care, on the basis of national rules. Occasionally their needs are very high due to extremely challenging behaviour and/or the risk of injury to themselves or others.

It is part of the responsibility of the NHS directly to provide shorter periods of assessment and treatment for these people.

This means that only relatively small numbers of people are admitted to these units (as compared with the much larger and growing number of people who suffer from dementia) but those who are admitted have behaviours that can be very difficult to manage safely.

What we proposed

Our proposals were to create safer and sounder inpatient settings by providing them in campus settings alongside other comparable services. In this way difficult situations can be more effectively managed, and peoples needs be met with less risk to all concerned.

We proposed:

- A new purpose-designed 20 bed (male and female) unit in Carlisle at Carleton Clinic.
- A 15 bed purpose-designed unit in Barrow at Dane Garth, Furness General Hospital.

These proposals would also mean changing the use of the Lakelands unit in Workington (in order to provide an increase in nursing home placements available for older people with mental health problems in that area) and the change of use of Gill Rise in Ulverston, (in order for it to meet a wider range of local healthcare need).

What you told us

You told us that we need to develop a strategy to meet the needs of the growing number of people with dementia. You questioned why we were reducing the number of beds at the same time as the need is growing.

You were concerned that we were assuming that there are sufficient community services when that is not how it feels to families across the county. You said that we certainly should not reduce the number of beds without there being increased capacity in community services. This includes increased advice and support for nursing home providers.

You told us that in-patient services needed to be as local as possible and that our proposals could add to the burden of, often elderly, family members and friends staying in touch with someone who is admitted to hospital and who needs that continued contact.

You also said that you wanted:

- Clarity about funding arrangements for Continuing Care and how any service changes will affect individuals entitlement to free care
- To know what the plans were for Gill Rise
- To know how the community hospitals and other services link into mental health services

Our decisions and how our plans have changed

We agreed that we should move away from isolated units and that we should plan in line with our original proposals.

However, we agreed that the pace of implementation must be such that we can demonstrate that concerns about the availability of alternative services have been addressed and that arrangements are in place to ease some of the transport and other difficulties created by services that are more centralised on Barrow and Carlisle.

At the same time, we agreed that we will develop a wider strategic approach for our response to dementia - now and for the coming years. This will relate not only to mental health services but to the wider response of the NHS, Adult Social Care and other partners. This will take full account of the National Dementia Strategy expected soon as well as our local needs and circumstances. The aim will be to ensure that we are creating a full range of services for people with dementia, integrated with wider health and social care provision and with local communities. We agreed that we would ensure that residents of Cumbria are able to participate in the shaping our approach.

We also agreed to:

- Develop, in conjunction with local stakeholders, plans for a future use of Gill Rise.
- Develop a plan to support respite services and other, non-NHS inpatient residential options to complement the in-patient service.
- Build on the existing work to reduce the numbers of 'delayed transfers of care', from all inpatient units, in order to ensure that available beds are used most effectively

And

- To report regularly on progress with developing dementia services

What we have done

- **Overview** - Cumbria Partnership NHS Foundation Trust has established a Project Team to develop proposals for the redesign of inpatient services, for people with organic mental illness (Dementia) and functional mental illness.
- **Future use of Gill Rise, Ulverston** - The future use of Gill Rise is still being considered and stakeholders will be consulted when the options have been identified.
- **Plans for respite services and other non-NHS in-patient residential options** - A joint needs assessment is currently being completed that will clarify what types of services are required. Non NHS residential and nursing home provision continues to be available. These services are delivered in conjunction with County Council's Adult and Cultural Services Directorate.
- **Reduce the numbers of 'delayed transfers of care' to ensure most effective use of available beds** – Cumbria Partnership NHS Foundation Trust now have designated staff with particular responsibility for monitoring and managing 'delayed transfer of care'. This has led to a reduction in the percentage of delayed discharges from 16% nine months ago to 3% now.
- **County Dementia Programme Board** - The National Dementia Strategy was published in February 2009. A County Dementia Programme Board has been set up to lead on the implementation of the strategy. Through its initial Action Plan, four work streams have been established to address the following themes;
 - i) Information and Awareness
 - ii) Early Diagnosis and Interventions
 - iii) Better Care and Support
 - iv) Multi-agency working.

The Board has a multi-agency membership and is chaired by a third sector representative from the Alzheimer's Society. It reports through the Long-Term Conditions Care stream Board and to the Health and Wellbeing Overview and Scrutiny Committee, with clear links to the Mental Health Care Stream Board.

Cumbria has been successful in being chosen as one of 40 national demonstrator pilot sites for the Dementia Strategy. NHS Cumbria will work alongside our partners to develop a number of Peer Support projects.

We shall report on the progress of this Board in the next six-month update report.

PROPOSAL 4

RECOVERY AND REHABILITATION

“Recovery” is a word used in mental health circles to capture the process of developing social roles and relationships that make for a satisfying and fulfilling life for someone who has experience of a mental illness. Recovery does not just mean ceasing to have the symptoms of an illness, it also means, in this context, living as good a life as possible within the constraints that an illness imposes. Recovery and rehabilitation services help people move out of dependence and establish themselves in their community and social setting. For a small number of people who have been placed in services elsewhere in the country, this includes helping them return to the county.

We know from what service users have told us in the past that the current patterns of rehabilitation and recovery do not work well enough for all the people who need these services. There is a range of services – NHS units, individual care, day services; but they are not evenly spread, and many are not in line with current best practice. In some cases the services are provided by Cumbria County Council Adult Social Care and in others by the NHS. This means that on an almost arbitrary basis, some people are charged for a ‘social care service’ that others get free as an ‘NHS service’. We also know that some people are “stuck” in out-of-county placements because the necessary specialist service is not available to them in Cumbria to help them to return.

What we proposed

Our proposal was to commission more domestic style residential and other, activity services in local communities and in the light of this to close the service at 102 Dalton Lane in Barrow and to develop the service at Syra House in Carlisle as a specialist service to enable people currently placed out of county to take a step towards their home area.

What you told us

You told us that we seemed to be proposing to centralise rehabilitation services in Carlisle and that this was not appropriate and specifically that it was not appropriate to move the Barrow service to Carlisle.

You agreed that it is necessary to have good recovery and rehabilitation services and many of you agreed that the third sector could play a part in residential and other, activity based services.

You also told us about a number of concerns:

- We should not reduce services in Barrow.
- Sensitivity is required for the re-provision of placements for existing service users. Any change affecting current residents should be well planned and involve the service users, their carers/family and advocates, over an appropriate time frame.
- The third sector does not necessarily have the capacity or the skills or knowledge to take on this work
- We should not expect voluntary groups to provide services “on the cheap”
- We need to develop a broader strategic approach to the overall range of recovery and rehabilitation activity and to engage stakeholders in developing it.

Our decisions and how our plans have changed

We recognise that the way we presented our original proposals created some confusion. In particular it is not our intention to centralise the services on Carlisle - quite the contrary, we want to see recovery and rehabilitation services (residential and non-residential) spread across the County, so that people can be supported to rebuild their lives in the communities in which they live. We are sorry that we did not explain ourselves clearly enough.

We agreed to ensure that there is a more varied and effective range of rehabilitation and recovery services across the County and that these be developed in conjunction with the third sector and other partners.

We also agreed that:

- Plans for individuals, whether currently in our inpatient units or not, should be needs based and developed with their involvement along with carers and others
- Service users in rehabilitation services should have access to advocacy
- Changes to the current Barrow and Carlisle units should follow care planning for the current residents and be developed on a locality basis with the involvement of the appropriate stakeholders.
- We will develop a clear, overall strategic approach for rehabilitation and recovery, developed with stakeholders and partners, and showing very clearly the relationships and role between all the partner agencies, including the third sector
- We will develop (with local stakeholders) plans for the future use of the Barrow unit.

What we have done

- **Needs based plans involving service users and carers** - The recovery model and the principle of needs based plans for individual service users and carers is included in training for mental health staff.
- **Advocacy** - Advocacy services are available and are used by service users.
- **Changes to Barrow and Carlisle units** - A resettlement steering group has been established, involving Cumbria Partnership NHS Foundation Trust, families, advocates and commissioners. A number of service users have now moved from hospital in Carlisle and Barrow into local services. The needs of other services users, together with those in placements out of county, are being assessed to plan procurement of alternative local provision.
- **Strategic approach to rehabilitation and recovery** - Initial work has commenced on developing a Rehabilitation and Recovery Strategy. An independent report produced by TRIBAL Consultancy was completed in February 2009. The report has been presented to the Mental Health Care Stream Board and the Mental Health Provider Forum, where the Third Sector is represented. This report will provide the framework for the next stage to develop a Rehabilitation and Recovery Strategy.
- **Barrow unit** - Options for the future use of 102 Dalton Lane, Barrow are still being considered. Stakeholders will be consulted when the options have been identified.

PROPOSAL 5

POOLING FUNDS

Primary Care Trusts and Local Authorities can pool funds where this can bring benefit to the service users. It is an arrangement that reduces the artificial distinction between a person's 'health need' (the responsibility of the NHS) and 'social need' (the responsibility of the County Council). It also enables the money available in the NHS and Adult Social Care to be used to best effect in developing services in the voluntary and independent sector. We are keen to do this in order to support the more personalised and flexible recovery and rehabilitation service.

What we proposed

Our proposal was that we should explore the principle of pooling its current non-NHS budgets with Cumbria County Council, under s. 75 of NHS Act, 2007 and that a number of small existing joint arrangements would become part of this pool.

The legal arrangements are such that we are required to consult on the principle before getting into the detail.

What you told us

There was general support for the pooling funds.

However you told us of fears that new charges would be introduced on NHS services that patients currently receive for free. You also said that we need to ensure that there is a clear system and criteria for identifying health and social care need.

Our decisions and how our plans have changed

We agreed that we would now formally invite Cumbria County Council to consider an agreement to pooling of funds. This would be progressed in line with national policy and would not affect the established entitlement of people to free NHS care or the requirement for Social Services to charge for their care.

What we have done

- Cumbria County Councils Adult and Cultural Services Directorate have agreed to jointly develop proposals to pooling of funds which will then be formally considered in each organisation. Senior managers from NHS Cumbria and Cumbria County Council have established a working group to progress this work, through the use of Health Act 2006 (Section 75).

At the end of the consultation we undertook to present regular updates. This is the first of these reports and we will publish a further six month update in January 2010.

If you would like more information on mental health services, visit www.cumbriapct.nhs.uk/pct.

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