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NHS Cumbria

**Mental Health services in
Cumbria: Our Response to the
Consultation Process on further
improvements**

INTRODUCTION

In developing a comprehensive strategy for mental health care in Cumbria, NHS Cumbria wants to ensure that the inpatient provision we commission is appropriate in scale, form and location. We set out our plans for this in a consultation paper and ran a public consultation, which was launched on 9th June and closed on 30th September.

In the consultation document and the public meetings and events, we set out how hospital based services across Cumbria would need to change as a consequence of a more community based service. We asked for comments on our proposals from people who use our services and who work in them; from the wider public; partners such as the other NHS Trusts and Local Authorities and other stakeholders, such as community and voluntary groups.

In this report, we summarise the proposals, what people told us and what we have decided to do at the end of the Consultation. We will publish update reports every six months so that all can see what is actually happening.

There is an increasingly strong framework of mental health services in the community, closer to where people live. In this context, we want to ensure that the inpatient services we commission are of high quality and fit for purpose. We want to ensure that they provide the most appropriate and effective clinical environment, as part of a clear pathway of care focused on recovery and on the lived experience of people in their communities and social networks.

There is still much to do to develop community services and support to the standards we all want. However we need to plan for the improvements in in-patient services now, because investment and changes to buildings take time and need to be planned well ahead. Having a clear strategy for the inpatient provision into the future will also enable us to make the best use of resources and allow further investment in community services.

Proposals for the future in-patient provision have been developed through the Mental Health Care Stream Board and with Adult Social care and Cumbria Partnership Foundation Trust, together with some of the people who use the service, aided by the Cumbria Mental Health Group. There was a substantial period of pre-consultation, leading to the publication in June of a consultation document.

The proposals that were set out in the consultation document 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 inpatient service for people with **acute functional illness** – based on four units across the County, all offering improved environments and therapeutic services.
- Concentrate Inpatient 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 3rd 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 the County council the establishing of a **Pooled Fund** for rehabilitation services.

In the following sections, we tell you for each of these:

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

This is only a summary of the consultation proposals and responses. If you want to know more, you can also get:

- The original Mental Health consultation document: www.cumbriapct.nhs.uk
- The PCT Board paper which set out the agreed decisions: www.cumbriapct.nhs.uk
- The report on the consultation process
- The interim report on the responses prepared by the University of Cumbria
- Cumbria Mental Health Group response
- Overview and Scrutiny Report

Introduction

This consultation was just about some changes to inpatient services. Increasingly the focus is on good quality, responsive services in the community – services that provide the help and support people need, when and where they need it. But alongside the community services, we want to be sure that in the future the inpatient services are of high quality and fit for purpose, providing the most appropriate and effective care in the right setting.

We know that that there is much more to be done in order fully to develop community services and support. However we need to plan for the improvements in in-patient services now, because investment and changes to buildings take time and need to be planned well ahead. Having a clear strategy for the inpatient provision into the future will also help us to make the best use of resources and allow further investment in community services.

Our proposals for the future in-patient provision were drawn up through the Mental Health Care Stream and with Adult Social care and Cumbria Partnership Foundation Trust, together with some of the people who use the service, aided by the Cumbria Mental Health Group. There was a substantial period of pre-consultation, leading to the publication in June of a consultation document.

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

We also agreed that we would have 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

PROPOSAL 1

EXPANSION OF PSYCHIATRIC INTENSIVE CARE

This inpatient 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 inpatients 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.

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.

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, before the new unit opens are in place prior to the new facility opening 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 inpatient units, lessening the need for admission to the PICU and easing early return.

PROPOSAL 2

INPATIENT SERVICES FOR PEOPLE WITH ACUTE FUNCTIONAL ILLNESS

Doctors talk about two broad groups of mental illnesses. One is those illnesses, like dementia, which involve physical change to the brain and are referred to as “organic”. The other includes illnesses like depression or schizophrenia and are known as “functional”. This is why we used this term but you told us that you did not like it and we should use other, less medical terms.

We will try to do this in future, but these are terms used by professionals and many people who use services do reduce confusion and the consequences and treatments are very different.

Most people who experience mental illness can be (and are) supported through community services. This will increasingly 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 be only people whose needs are high and complex and who require high levels of therapy and safeguarding, often under the Mental Health Act.

We want to provide privacy, dignity and safety for everyone admitted into inpatient care.

What we proposed

The proposal was that there should 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 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

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 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 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 inpatient 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 difficulty 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 and 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 plans 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

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 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 Syrah 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 reprovision 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.

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 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.

FURTHER INFORMATION

We will be monitoring the decisions we have made and will report progress regularly. This will include six monthly reports to the Health and Wellbeing Scrutiny Committee and also be available publically as part of the NHS Cumbria 6 monthly update.

Further information to help you keep up to date with developments is available on the NHS Cumbria website.: www.cumbriapct.nhs.uk.

HOW YOU CAN REACH US

Although the formal consultation in Cumbria is over, we are always happy to hear from you. Creating opportunities for you to give your opinions, ask questions and respond to our proposals for the future of mental health care is a vital part of what we're doing – day in, day out.

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Or the PCT web site: www.cumbriapct.nhs.uk