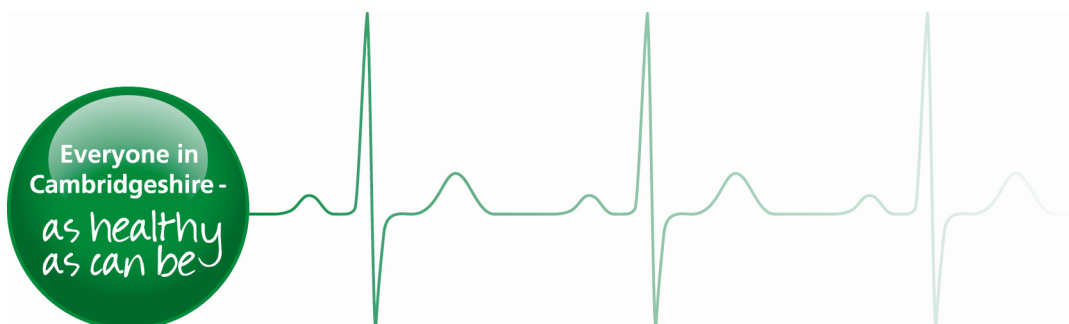


Have your say on...

Proposed redesign of Mental Health Services across Cambridgeshire and Peterborough

A consultation paper



Foreword

NHS Cambridgeshire, NHS Peterborough and the Cambridgeshire and Peterborough NHS Foundation Trust are consulting on a range of proposed changes to how specialist services are provided locally to people with mental health needs. These are services for people with needs greater than those that can usually be met by their GP during normal surgery appointments.

NHS Cambridgeshire (NHSC) and NHS Peterborough (NHSP) are responsible for commissioning (buying) these services for the people of Cambridgeshire and Peterborough and the Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) is the main provider of NHS mental health services across the county.

We are proposing a radical re-design or “transformation” of local care pathways during the next three years. These proposals would radically change the way we provide mental health services, increasing the emphasis on community-based rather than ward-based services. The focus would be on providing preventative services and simplifying care pathways that are currently complicated, as well as ensuring all services work to the highest standards.

There is evidence from patient feedback, local GP experience and the results of recent external inspections that current pathways may not be addressing local needs as responsively as they could. We are anxious to ensure that people receive the care that they need promptly, and in the most appropriate setting. We do believe that if these proposals are adopted then local services will improve.

Furthermore, in common with the rest of the NHS, all three organisations face significant challenges to deliver efficiency savings during the next three years. The proposed radical changes to mental health services will not only improve services for patients, but will also enable us to make the significant financial savings that are required.

Local GPs and senior clinicians from CPFT have worked in partnership to develop these proposals. Their priorities throughout have been to:

- ensure that there is a patient focused approach with strong partnership links to the local authority and other community and third sector organisations
- ensure mental health services meet the needs of both patients and primary and secondary care professionals
- ensure mental health services commissioned are evidence based and value for money
- seek ways to provide “more for less” whilst maintaining the quality of care provided.

In this consultation document, we have sought to set out in turn:-

1. Why We Have Developed These Proposals, including the national policy background, the scale of the efficiency savings that we are required to make, and the local background and current provision of mental health services.

2. What The Proposals Consist Of, including the future service model or vision that we have developed and the most significant changes to local services that we propose to make, and the timescales for implementing these changes during the next three years.

3. What The Impact Would Be upon patient pathways and the care received by people with mental health problems in each of the localities throughout Cambridgeshire and Peterborough.

4. How You Can Contribute to the Consultation, including a questionnaire you can complete, and how to arrange an individual discussion or meeting.

We want this consultation process to provide a genuine opportunity for discussion with local people on all aspects of local mental health services and the changes that we propose.

Local GPs have worked with us on the development of these proposals as improving the mental health care of their patients is one of their key priorities. From April 2013, GPs will be responsible for commissioning (buying) mental health services for their patients.

We encourage anyone with an interest to take the time to read the consultation document and contribute by completing the questionnaire at the end or by contacting us to arrange a meeting. The details of how to do this are set out at the end of this document.

Sushil Jathanna, Chief Executive, NHS Cambridgeshire and NHS Peterborough

Jenny Raine, Chief Executive, Cambridgeshire and Peterborough NHS Foundation Trust

Dr Simon Hambling, GP and Chair of NHS Cambridgeshire GP Senate and GP Cluster Lead for Mental Health, Borderline Commissioning Group

Dr Mike Caskey, GP and Chair of NHS Peterborough GP Board Sub-Committee

Dr Sohrab Panday, NHS Peterborough GP Board Sub-Committee Mental Health Lead

Dr David Irwin, GP and Lead for Mental Health, Hunts Care Partners

Dr. Caroline Lea-Cox, GP Senate and Lead for Mental Health, CATCH

Dr Dee McCormack, GP and Lead for Mental Health, Isle of Ely

Dr John Richmond, GP and Lead for Mental Health, Hunts Health

Dr Emma Tiffin, GP and Lead for Older People's Mental Health, NHS Cambridgeshire

Dr Ray Webb, GP and Lead for Mental Health, Wisbech

Glossary

Acute Functional Illnesses - these are mental health problems that affect people's ability to function on a day-to-day basis. These include depression, anxiety, psychosis, bi-polar disorder.

Primary Care - services provided in local surgeries by family doctors (GPs), dentists, pharmacists, optometrists and ophthalmic medical practitioners together with district nurses, mental health practitioners, health visitors and practice nurses, with administrative support.

Mental Health - refers to a broad range of activities directly or indirectly related to the mental well-being component included in the World Health Organisation's definition of health, which is: "A state of complete physical, mental and social well-being, and not merely the absence of disease". It is related to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

Primary Care Mental Health Services - these are services delivered in primary care and could include:

- Low and high intensity psychological therapy delivered by qualified therapists
- Employment support to help people at risk of losing their job as a result of a mental health problem or needing help to find new employment
- Signposting to a range of other sources of help to overcome the social isolation often experienced by people with mental health problems.

Social Care - personal care for vulnerable people, including individuals with special needs because of their age or physical or mental abilities and children who need care and protection.

Early onset psychosis - the early stages of psychosis, such as schizophrenia.

Life course pathways - this refers to services that are delivered to all ages, where the service is based on the patient's need rather than age. Where age is a contributing factor to a need, such as dementia, specific specialist services will be available for both age specific conditions and the delivery of services such as primary care for older people.

GP Senate - The GP Commissioning Senate came into effect on 15 February 2011. It is made up of eight GPs who are responsible for providing coordinated and effective leadership for GP Commissioning in Cambridgeshire. The GP Commissioning Senate is a sub committee of NHS Cambridgeshire's Board. The Senate will be responsible for ensuring that all PCT level decisions taken over the next two years are understood and owned by GP commissioners.

Local Commissioning Groups - As of April 2013, GPs will take over the budget and responsibility from NHS Cambridgeshire for commissioning (buying) local health services, as part of the Government's reforms of the NHS, as announced in their White Paper of July 2010 'Equity and Excellence: Liberating the NHS'. Over the next 2 years (up until April 2013 when Primary Care Trusts will be abolished)

the commissioning of healthcare will transfer from NHS Cambridgeshire to GPs through the establishment of local commissioning groups. The local commissioning groups for Cambridgeshire are:

- Cambridgeshire Association to Commission Health (CATCH)
- Cam Health Integrated Care
- Borderline Commissioning Cluster
- Hunts Care Partnership
- Hunts Health
- Isle of Ely
- Wisbech Locality Group

Commissioning groups for Peterborough :

- North, Central & Park Commissioning Cluster
- Central & North Practice Based Commissioning Cluster
- Central City Health Care Group

Brief psychological interventions - this is appropriate psychological therapy or self-help materials.

Social interventions - this is for example, help with managing finances, finding suitable accommodation, linking to local voluntary groups, education or training, or employment support,

About this consultation

The purpose of this consultation is to seek your views on our proposed changes to mental health services in Cambridgeshire and Peterborough. If approved, these changes will be implemented over a period of three years. We would also welcome your views on how the proposed service model can be further improved, in order to provide the prompt and responsive services that local people experiencing mental health problems, and their families and carers expect.

Who is this information for and who would the proposed changes affect?

This document provides information about the proposed changes to mental health services across Cambridgeshire and Peterborough. Changes would affect users of mental health services in these areas, their families and carers, as well as medical professionals treating patients with mental health issues in Cambridgeshire and Peterborough. We are seeking the views of these people, as well as groups, charities and organisations who may be interested in mental health services in these areas.

Why are we proposing change

There are three main elements to these proposals, and we are proposing the changes for three reasons:

1. Improved access and responsiveness

Although the majority of people using local mental health services express satisfaction with the care that is provided, feedback is received from both patients and local GPs that access to services could be made easier.

Offering patients and GPs quicker access to support, advice and information at an earlier stage in illness, including making greater use of modern technology, we could help to prevent deterioration in an individual's mental health at a later stage. This would avoid the need for further and more long term contact with local services. We would therefore like to replace the many current ways of accessing health services with a **single point of access** via a proposed Advice and Brief Intervention Centre. This centre would also allow easier access for previous service users back into services should their mental health deteriorate.

The work of this Centre would be complemented and supported by a new Primary Care Mental Health Service which would cover all age groups. This would be aligned with local GP surgeries and deliver a choice of treatment options at settings within the community.

2. Modern and purpose built facilities

We want to ensure that all local people who require an admission to hospital are cared for in modern, purpose built facilities, that meet current standards of patient privacy and dignity, and where they can access the full range of

available therapeutic treatments. We therefore propose to combine all our mental health wards onto two sites, one in Cambridge (at Fulbourn Hospital) and the other in Peterborough (at the Cavell Centre). This is explained in more detail later in this document.

3. More efficient services

In common with the rest of the NHS, all three organisations leading this consultation face significant challenges to deliver cash-releasing efficiency savings during the next three years. These proposals would deliver these savings. The ways this will be achieved include greater use of modern technology to deliver appropriate care, more use of self-help materials and more prompt signposting to other community resources. We would also introduce new ways of working to promote recovery in the community rather than in a hospital ward, and supporting people with more serious mental health problems who have been stable for a long period of time to be looked after in primary care rather than by specialist mental health services.

The NHS faces significant financial challenges over the next three years, having to make savings of £20 billion across the whole national health system by April 2015. This means that all health services have to find ways to improve services but make sure they are efficient, safe and provide excellent value for money.

Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) must make the following savings:

	2012	2013	2014	Total 2012-2014
Overall savings targets	£6,100,000	£4,153,000	£3,929,000	£14,182,000

How CPFT will make these savings

	2012	2013	2014	Total 2012-2014
Ward reconfiguration	£1,587,000	£2,291,000	£0	£3,878,000
Redesign of primary care and community teams	£3,234,000	£1,320,000	£2,132,000	£6,686,000
Consolidation of inpatient wards	£1,587,000	£2,291,000	£0	£3,878,000
Corporate and Support Service savings	£541,000	£221,000	£209,000	£971,000
Other	£0	£0	£300,000	£300,000
Total savings made	£5,362,000	£3,832,000	£2,641,000	£11,835,000

The remainder of these savings will be made by increasing income through business development, as outlined below. This means that CPFT plans to increase income by bringing in business from other areas, by providing specialist services that are not provided elsewhere. This is outlined below:

Income plan	2012	2013	2014	Total 2012-2014
Business development & income growth	£738,000	£321,000	£1,288,000	£2,347,000

What are we proposing

We are proposing the following changes to mental health services:

1. To open a new 24/7 Advice and Brief Intervention Centre
2. To set up a Primary Care Mental Health Service
3. To combine some inpatient wards for adults
4. To combine some inpatient wards for older people
5. To re-design community services for people of all ages.

Local GPs and senior clinicians working in specialist mental health services in Cambridgeshire and Peterborough have worked together to develop these proposals. Local GPs and Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) clinicians agree that the model we are proposing is the best way to continue the progress that we have made in recent years towards treating more people in their homes and in the community, and at an earlier stage of their illness.

A number of workshops and other events have been held with local stakeholders since July 2010 to develop these proposals. These have included listening events which were held during February and March 2011 across Cambridgeshire and Peterborough and which over 200 people attended including local GPs, service users, carers, representatives of local authorities, patients, carers, commissioners of local services, local voluntary organisations, and many staff who actually work to deliver local mental health services.

These proposals are explained in the following sections:

1. A new 24/7 Advice and Brief Intervention Centre

We propose to open a new Centre, which would provide a single point of access to local mental health services, enabling people to access these services easily. The centre would initially provide this service to adults but we plan to progressively expand its work to cover all age groups. The centre would also give GPs, nurses, other local medical professionals and carers better advice, support and information. This is where most mental health prevention work, including specialist advice to GPs, self-management, signposting and initial assessment of patients would be provided.

The Centre would:

- provide 24/7 support from a dedicated telephone advice helpline for service users and their carers
- guide people to appropriate treatments for their needs, or provide advice, information and guidance to those referring patients to enable increased self management of common mental health conditions
- be staffed 24 hours a day, 365 days a year by specialist medical professionals to give advice to GPs and other local practitioners with mental health patients
- manage and provide an initial assessment of all referrals to local mental health services.

Some of the benefits of this Centre would be:

- it would enable more people to receive treatment and advice quickly
- it would enable fast access back into services for patients with more serious mental illness

2. Set up a new Primary Care Mental Health Service

We propose to set up a new Primary Care Mental Health Service, which would support the work of the Advice and Brief Intervention Centre. This would bring together the current teams of mental health professionals who deliver services for people typically with mild to moderate mental health problems, either in primary care or elsewhere in local communities. They would provide specialist advice and treatment to people with mild to moderate mental health needs, as well as people with more severe and long term mental health problems who have been stable for a long-time.

The teams would be aligned with local groups of GP surgeries in order to develop stronger relationships with local GPs and others involved in providing care for people with mental health problems. This service would initially be provided to adults but would be expanded over time to serve all age groups.

3. Consolidate inpatient wards for adults

We propose to combine some of the local inpatient wards for adults of working age. We currently have eight inpatient wards and propose to reduce these to six wards, as set out in the table below. The same number of acute beds available locally will be maintained, but the number of beds for rehabilitation will be reduced to 16 from 44, which is a number closer to the average in other areas of the country¹.

¹ Cambridgeshire and Peterborough NHS Foundation Trust compared with comparative set East of England, Audit Commission, June 2011-available on request.

Ward	Location	Function	Current Beds	Proposed Beds
Acute beds:				
Oak 1 Ward	Peterborough	Female Acute Admission	22	22
Oak 2 Ward	Peterborough	Male Acute Admission	22	22
Acer Ward	Huntingdon	Acute Admission	16	0
Lucille van Geest	Peterborough	Acute Admission	0	16
Friends Ward	Cambridge	Acute Admission	24	24
Adrian Ward	Cambridge	Acute Admission	24	24
Total Acute beds			108	108
Sub Acute beds:				
Springbank Ward	Cambridge	Sub-Acute	0	8
Total Sub Acute Beds			0	8
Rehabilitation beds:				
Cobwebs	Cambridge	Rehabilitation	12	0
Cedars recovery Unit	Cambridge	Rehabilitation	16	16
Lucille van Geest	Peterborough	Rehabilitation	16	0
Total Rehab beds			44	16

Our reasons for proposing this are:

- We have reviewed our ability to accommodate people who need to be admitted to hospital. We have found that we have more rehabilitation beds than other areas and that some people who have been in these beds for a long time could be more appropriately cared for within the community². Modern best practice in mental health services increasingly requires that people should be supported to rehabilitate and recover in the community, rather than in hospital.
- We want to ensure that all local people who require an admission to hospital, can be accommodated in modern purpose-built wards. In-patient mental health wards must now meet much higher standards of privacy and dignity, and meet strict infection control and health and safety standards in order to be fit for purpose.

We are proposing to:

1. Combine the two adult rehabilitation wards in Cambridge - Cedars Recovery Unit and Cobwebs - into a single rehabilitation facility based at Fulbourn Hospital in Cambridge, where Cedars Unit is located. This would mean closing Cobwebs and the 14 beds located there.

The reason for this is because Cobwebs does not meet modern accommodation standards and is therefore no longer fit for purpose.

² Acute Care Pathway, Summary of Key Issues. Audit Commission

Cobwebs is a 12-bedroom converted house in Cambridge city centre which provides 24-hour nursed inpatient rehabilitation care for adults aged 18-65 years. We have planned for this so patients will be cared for in other ways, such as within the community, so these 14 beds will no longer be required.

2. Relocate Acer Ward in Huntingdon to the Lucille van Geest Centre in Peterborough.

The reason for this is because Acer Ward does not now meet some important standards of accommodation, for example it still has dormitory style bedrooms. Furthermore, as the only mental health ward at Hinchingsbrooke, Acer is isolated as it does not have the support structures that are available at other larger sites, such as the Cavell Centre in Peterborough. This would require additional travel for patients and their carers from some areas, and we recognise the need to provide additional support in these circumstances.

Acer Ward is currently temporarily closed, pending the outcome of this consultation and local community services are being strengthened.

3. Relocate Lucille van Geest (LVG) to the Cavell Centre Campus in Peterborough, where a new mental health facility will be developed. This would enable all local wards that serve people from Peterborough and the north of Cambridgeshire to be situated together on the same site. We do not expect to be able to implement this relocation until 2014.

The main benefits for local patients should these proposals be adopted are:

- All patients requiring a hospital admission will receive treatment in modern purpose-built facilities
- The standard of accommodation will be consistent for all patients across Cambridgeshire and Peterborough
- More patients will receive specialist treatment and advice from consultants
- The current community services in Huntingdonshire will be strengthened, using some of the resources released by combining some of these wards
- The crisis team in Huntingdonshire will no longer have to cover Acer ward so will be more effective in the community. This may reduce the number of admissions required.

There will however be additional travelling for patients and their carers from some localities. We are mindful of this and are working on a Travel Strategy to enable patients' family and friends to travel to Peterborough if the decision is made to permanently close Acer Ward in Hinchingsbrooke Hospital, Huntingdonshire

4. Consolidate local inpatient wards for older people

We propose to combine some of the local inpatient wards for older people into a new unit, therefore reducing the number of wards from five to four, and the number of beds from 70 to 48, as set out below:

Ward	Location	Function	Current Beds	Proposed Beds
Denbigh Ward	Cambridge	Dementia care	18	18
Maple 1	Peterborough	Dementia care	16	16
Total dementia beds			34	34
James Ward	Cambridge	Acute functional illness	22	0
Maple 2	Peterborough	Acute functional illness	26	26
David Clark House (DCH)	Cambridge	Rehabilitation and recovery	22	0
New Unit (in the current DCH Building)	Cambridge	Acute functional illness	0	22
Total Functional beds			70	48

We are not proposing any changes to our local wards for people with dementia. We are proposing to combine some of our rehabilitation and recovery and acute functional illness (see glossary for definition) wards for older people. We are proposing to combine David Clarke House (Fulbourn hospital) and James Ward (Addenbrooke's hospital), into a single refurbished ward at the David Clarke House building. Both wards primarily care for patients from the Cambridge City, South Cambridgeshire and East Cambridgeshire localities. This new ward will provide acute care and rehabilitation for older people with longer term mental health needs. The new ward will have 22 beds and be based at Fulbourn Hospital. David Clarke House is currently being refurbished so that patients will be treated in modern facilities that compare with the best facilities elsewhere.

The reason for this proposed change is because the environment surrounding James Ward has changed significantly as Addenbrooke's hospital has developed. It is now completely enclosed by other buildings and has little natural light or open space for patients to access with any privacy. Internally the ward is out-dated and no longer meets modern standards of privacy and dignity.

The main benefits for local patients would be:

- All patients requiring an admission to hospital will receive treatment in modern purpose-built facilities
- Patients will receive better access to medical treatment and support services
- An improved working environment for ward staff
- More people will be able to be supported in the community.

There will however be additional travelling for patients and their carers from some areas, and we recognise the need to provide additional support in these circumstances.

We plan to introduce new ways of working to strengthen community support and reduce lengths of stay on these wards, to ensure that this reduction in bed numbers can be safely delivered. The introduction in recent years of community based Intermediate Care Teams has steadily reduced our requirement for in-patient beds for older people. The expanded community services have also enabled us to reduce lengths of stay

The aims of these proposals for change

These proposals, which have been developed in partnership with local GPs and other medical professionals using patient feedback, aim to:

- **Give patients faster access to support, advice and information at an earlier stage in their illness**, in order to try and prevent deterioration in their mental health at a later stage
- **Improve the responsiveness, quality, reliability and efficiency of community-based mental health services.** This includes allowing easier access for previous service users back into services should their mental health deteriorate
- **Enable all patients who require an admission to hospital, to be accommodated in modern purpose-built facilities** where they can access the full range of treatments available.

Timescale for implementation

Subject to the outcome of the public consultation, we would plan to complete all proposed changes by the end of March 2014. A breakdown of the timescale is shown in the table below:

Project	Completion date
Advice and Brief Intervention Centre	January – March 2014
Primary Care Mental Health Service	January – March 2013
Consolidation of inpatient wards	
Permanent closure of Acer Ward	January – March 2012
New way of working at Lucille van Geest	January – March 2012
Permanent closure of Cobwebs Ward	January – March 2012
Permanent closure of David Clarke House and relocation of James Ward	January – March 2012
Relocation of Lucille van Geest to the Cavell Centre site	January – March 2014

What the impact would be

In this section we have set out the main changes that local service users would experience should these proposals be implemented. The main benefits for patients would be:

- patients who go to their GP with a mental health problem that requires more care than the GP can provide, will be able to access and receive appropriate specialist advice and support more quickly and in the most appropriate setting
- primary care and community services will become age inclusive. This means that patients will be signposted to the most appropriate service for their needs, irrespective of age and there will be fewer transition points between services
- all patients requiring an admission to hospital will receive treatment in modern purpose-built facilities
- there will be equitable access to services and a consistent standard of accommodation throughout Cambridgeshire and Peterborough
- the current community services in Huntingdonshire will be strengthened using some of the resources released by the consolidation of inpatient wards.

Patient stories are provided below. These reflect patients' experiences of the current service under different scenarios, and what their experiences will be under the proposed redesigned service:

A - A patient from any locality with mild to moderate mental health needs

Current service: patients are referred to mental health services through GP surgeries. Following referral the patient will then be seen by the Intake and Treatment Team for an assessment, and a plan for their care will be agreed. The patient might be referred for psychological therapy, or provided with self help materials, or referred to a local voluntary sector organisation. This can take up to two weeks

Proposed new service: the referral will be assessed initially at the proposed new Advice and Brief Intervention Centre. Self help materials will be available on the Cambridge and Peterborough NHS Foundation Trust website, and the patient can be directed to the material at their initial referral. After initial assessment, the patient will be referred onto the appropriate voluntary sector organisation or to the proposed new Primary Care Mental Health Service, for further clinical treatment. This will all take up to 48 hours.

B - An adult in Huntingdon needing an inpatient admission

Current service: the patient is seen by Crisis Resolution Home Treatment team (CRHT) in the Huntingdon area, where an assessment is carried out and the patient will continue to remain at home with the support of the CRHT who will see the patient regularly for ongoing assessment and treatment. The patient continues to deteriorate and so requires an admission to Acer Ward at Hinchingbrooke Hospital. When admitted, a further assessment is carried out and the patient is admitted to the ward which is dormitory style with other patients. In this scenario, the patient finds the facilities intimidating with other patients in the room and remains unsettled. The patient is seen regularly by the team and after a week of assessment by the team, a clear plan of care is agreed with the patient and their family. The patient remains on the unit for two weeks and is discharged home to be reviewed by the CRHT. The CRHT follow up regularly.

Proposed new service: the patient is assessed in their home by the enhanced CRHT covering Huntingdon and initially is followed up in the home daily by the team. However, the patient continues to deteriorate and is not responding to the additional clinical treatment and medication, and so requires an admission to the new Dynamic Assessment Unit at the Cavell Centre in Peterborough. They are taken there by their family where the assessment and treatment that has already started, will be continued within this unit. A thorough assessment is carried out within the safe, modern unit including an assessment of the risk of self harm or harm to others with input from the family. After two days, the patient is transferred to the Interventions Unit where brief psychological interventions, support and advice on medication are provided. After one week this leads to early discharge of the patient back to their home with a specific care plan offering support and advice for the family from the enhanced CRHT Team.

C - A rehabilitation patient in Peterborough

Current service: A patient is admitted to Lucille van Geest and will be on the unit for nine months, during which time they will receive a number of psychological and social interventions (see glossary for definition) using a very traditional model of rehabilitation care. The patient does not have appropriate accommodation so will need supported accommodation. The ward team at Lucille van Geest will liaise with the appropriate agencies/providers to help organise this. The patient is discharged from Lucille van Geest after five months, however due to challenges in providing supported accommodation and delays in the system, the patient remains at LVG for a further month, whilst accommodation is arranged.

Proposed new service: The patient will be admitted to the Dynamic Assessment Unit at the Cavell Centre initially and then be transferred to the Recovery Unit, which will deliver innovative rehabilitation and recovery treatment, thus improving the quality of the patients' treatment. Discharge planning will have started when the patient was first admitted to the Dynamic Assessment Unit, with the appropriate community support, at home or in supported accommodation, identified early on in order to reduce the length of stay on the Unit.

D - An older person in James Ward or David Clarke House in Cambridge

Current service: A patient is admitted to Willow Ward (new combined ward at James/David Clarke House ward in Cambridge) after suffering acute depressive illness. The patient was seen by their GP who felt that urgent admission was necessary. On Willow Ward, the patient responds well to the psychological treatment and support the ward team provide. The patient begins to recover on the ward and after 6-8 weeks is well enough to try living back at home independently. The patient returns home for a weekend, then returns to the ward. The patient then returns home for five days and then returns to the ward. Whilst at home the patient is visited each day by a community mental health nurse (CMHN) who checks that the patient is coping. After 14 weeks on the ward the patient is finally discharged with follow-up support from a CMHN and a psychiatrist.

Proposed new service: the same patient is admitted to Willow Ward. On the ward the patient responds well to the psychological treatment and support the ward team

provide. The patient regains their confidence and abilities to self-care and takes more control over their medication. As the patient begins to recover on Willow Ward over the next 2-3 weeks, the older people's mental health Intermediate Care Team (ICT) engage with the patient to plan their discharge with the patient and the ward team. The patient is discharged home after 5 weeks on the ward with the intensive support of the ICT visiting the patient 3 times per day to ensure that the patient feels supported and is able to sustain living well and independently again. Over the next 6 weeks the patient's confidence and well-being continues to improve and as part of regular reviews with the patient of their care plan, the ICT reduces their contact with the patient. The patient attends out-patients clinics where they are reviewed by a psychiatrist and community mental health nurse.

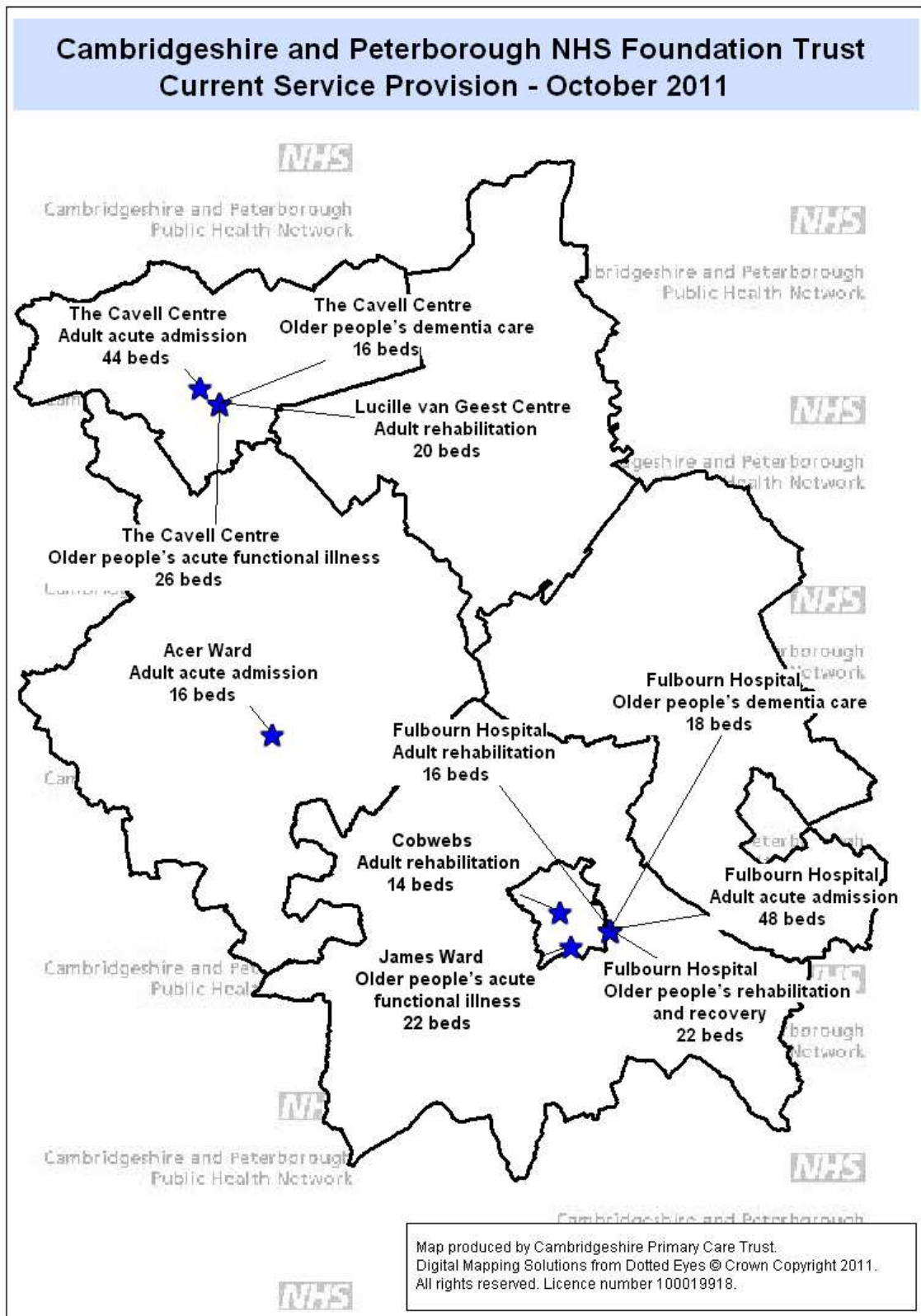
E - An older person in current community services and how their pathway might change with proposed Advice and Brief Intervention Centre and Primary Care Mental Health Service

Current service: An 82 year old person visits their GP struggling to cope after the death of their partner, but is not assessed as having needs serious enough to warrant referral to the local mental health services. The GP prescribes some medication and talks with the patient about what services might help them, such as local groups which could provide the patient with appropriate support.

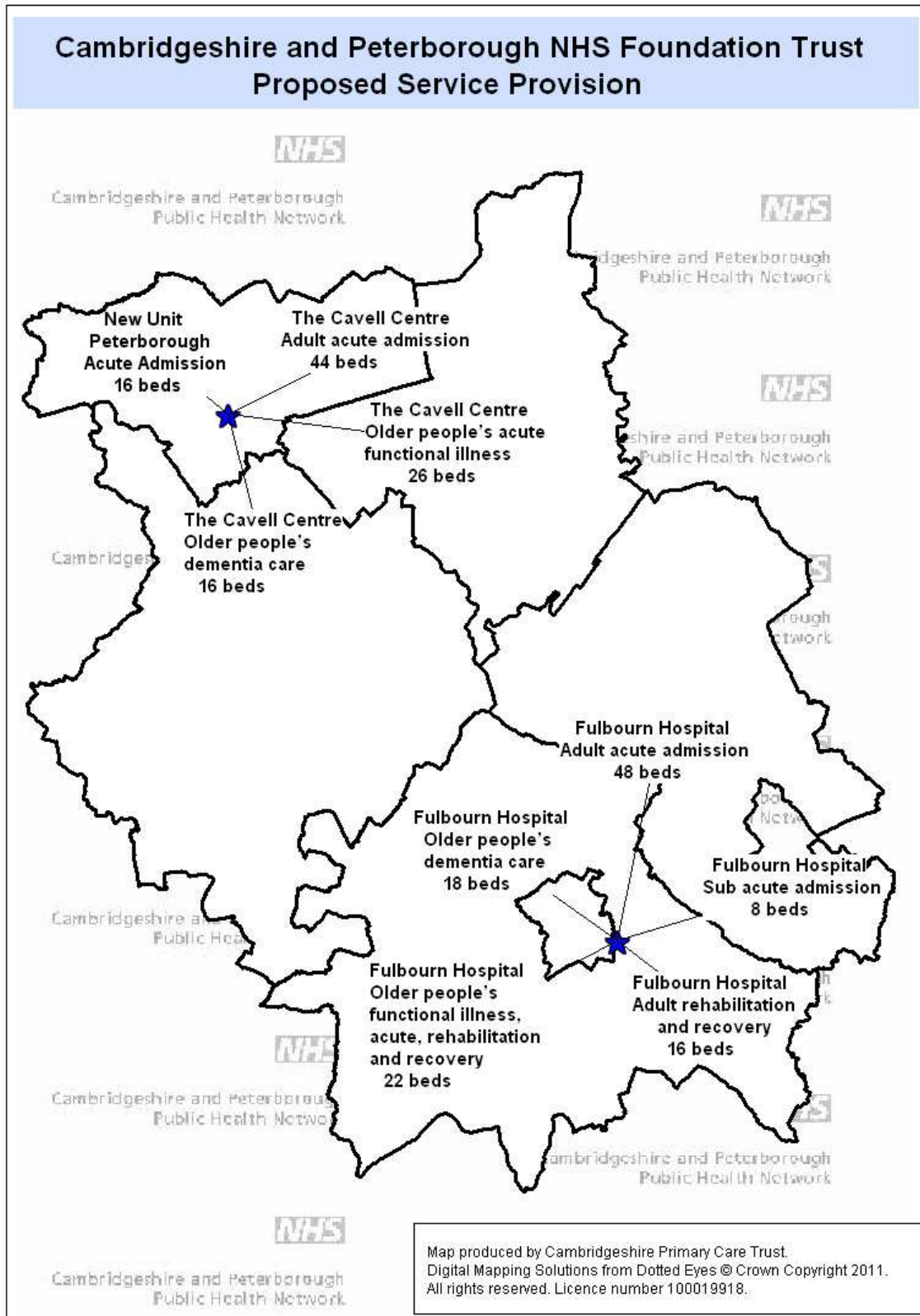
Proposed new service: the same person visits their GP who then refers them by phone to the Advice and Brief Intervention Centre. The referral is reviewed immediately. The patient's local older people's primary mental health care team (PMHC) contacts the patient the next day to arrange a convenient time for a primary mental health care practitioner to visit them at home. The patient and practitioner talk about the patient's situation and what the patient feels might be of help to them. The practitioner is able to tell the patient of local services and groups that could help and leaves information about these with the patient to think about. The practitioner and patient meet again a couple of days later and the patient decides that they would like to attend a local group for people who have suffered bereavement. Through this group the patient feels supported in learning to adapt to living alone. An older people's primary mental health support worker keeps in touch with the patient and their GP to check the patient is making progress. This continues until the patient feels they no longer need PMHC support.

The following two maps set out where the current inpatient facilities are locally at the moment and where they would be if these proposals were adopted. It is important to note that the maps only illustrate the location of in-patient facilities. A very high proportion of mental health service users receive their services at home, in primary care, or elsewhere in the community.

Current situation: location of inpatient wards for mental health



Location of mental health inpatient wards if the proposed changes are implemented:



6. Community Services for People with Severe and Enduring Mental Illness

We propose to re-design current community pathways for people of all ages with severe and long term mental illness, as described below. By community pathways we mean the course of treatment a patient follows while remaining in the community rather than being admitted to hospital.

Adults: we propose to redesign rehabilitation and recovery pathways for adults with serious mental illness that is resistant to treatment. This service would be designed to assess, manage and improve outcomes for people with early symptoms of psychosis (symptoms that have not previously been treated with antipsychotic medication for longer than six months).

Older People: we will review the current pathways designed for older people, and review the skill mix of staff required to deliver these pathways.

Children: our plan is to make better use of resources and skills of staff by delivering more integrated care by working with social care (Cambridgeshire County Council and Peterborough City Council) , voluntary organisations and community services (Cambridgeshire Community Services)

Life Course Pathways

Over the next two years, we plan to:

- integrate the services for treating adolescents and adults with eating disorders;
- extend the services for treating adults with early onset psychosis to also treat children from age 14;
- we would also like to develop a life course pathway for people with neuro-developmental disorders. These are people with an impairment in the growth and or development of the brain, such as Autism Spectrum Disorder. This is to meet the requirements of recent legislation and also address a known local gap in services for these patients. We are currently mapping local services for these groups in order to identify key gaps and develop an appropriate local pathway.

Timeline for the consultation

- **09:00am 17 October 2011 until midnight on 16 January 2012.** This is the time you have to comment on this document using the questionnaire at the end of the document, or by requesting a meeting with us to discuss these proposals
- During the consultation, we will carefully consider your views and the comments you've made

- **January 2012** - NHS Cambridgeshire and NHS Peterborough Boards will look at the outcome of the consultation and will make a decision based on this.

I have some concerns that aren't mentioned here, is there someone I can speak to?

Yes, you can call your local Patient Advice and Liaison Service (PALS) on freephone 0800 279 2535. or 01223 725 588

Tell us what you think

This consultation runs from 09:00am 17 October 2011 until midnight on 16 January 2012. This is the time you have to give us your views. You can do this through a variety of methods:

1. By filling in the questionnaire at the end of this document.
2. By visiting our website www.cambridgeshire.nhs.uk/Have-your-say to participate in the online survey
3. If you belong to a group or organisation, you can invite us along to one of your meetings. If you would like us to come and speak to your members/residents/staff please call our freephone number 0800 279 2535 or 01223 725588
Or you can email us at: c-pct.mhyourviews@nhs.net
4. We have a number of dates and times when we will be available to meet in Peterborough, Cambridge, Huntingdon, Fenland and East Cambridgeshire to discuss these proposals. If you would like to arrange a meeting with us at any of these times, please contact Claire Warner or John Ellis on 01223 725329 / 01223 725336 or email c-pct.mhyourviews@nhs.net

Time	Date	Location
10.00-13.00	27 October	Peterborough
14.00-17.00	3 November	Cambridge
12.00-14.00	8 November	Huntingdon
14.00-16.00	11 November	Cambridge
10.00-13.00	18 November	Fenland
12.00-14.00	24 November	East Cambridgeshire
11.00-13.00	7 December	Huntingdon
12.00-14.00	8 December	Peterborough

5. We will be holding a number of public consultation events during the consultation period. Dates, times and locations of these will be advertised on our website www.cambridgeshire.nhs.uk/Have-your-say and we will also provide posters with details of the events, to GP surgeries in Cambridgeshire and Peterborough for their notice boards. Alternatively,

please telephone us on 0800 279 2535 or 01223 725588 for details of these events, or email c-pct.mhyourviews@nhs.net.

Contacts

For further information, or if you have any questions about this document and our proposals then please contact NHS Cambridgeshire's Patient Advice and Liaison Service (PALS) on 0800 279 2535 or 01223 724588.

Or you can email us at: c-pct.mhyourviews@nhs.net

NHS Cambridgeshire and NHS Peterborough are now clustered organisations. This consultation is being run across Cambridgeshire and Peterborough from our NHS Cambridgeshire office.

If you have any comments or questions about the consultation process, or would like to suggest ways in which we can improve our future communication with you then please contact Jessica Bawden, Director of Communications and Patient Experience, at the following address:

NHS Cambridgeshire
Lockton House
Clarendon Road, Cambridge, CB2 8FH

This consultation document has been drawn up in accordance with the key consultation criteria as laid out in the Cabinet Office Code of Practice on Consultation 2008.³

1. When to consult

Formal consultation should take place at a stage when there is scope to influence the policy outcome.

2. Duration of consultation exercises

Consultations should normally last for at least 12 weeks with consideration given to longer timescales where feasible and sensible.

3. Clarity of scope and impact

Consultation documents should be clear about the consultation process, what is being proposed, the scope to influence and the expected costs and benefits of the proposals.

4. Accessibility of consultation exercises

Consultation exercises should be designed to be accessible to, and clearly targeted at, those people the exercise is intended to reach.

5. The burden of consultation

Keeping the burden of consultation to a minimum is essential if consultations are to be effective and if consultees buy-in to the process is to be obtained.

³ The Code of Practice states that these criteria should be reproduced on all consultation documents

6. Responsiveness of consultation exercises

Consultation responses should be analysed carefully and clear feedback should be provided to participants following the consultation.

7. Capacity to consult

Officials running consultations should seek guidance in how to run an effective consultation exercise and share what they have learned from the experience. The Code of Practice states that these criteria should be reproduced in all consultation documents.

Find out more about Cabinet Office Code of Practice on consultations:

www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

Statutory Duties Section 242 and 244

The Local Government and Public Involvement in Health Act 2008 made provision to enhance and clarify sections 242 and 244 of the NHS Act 2006. The Act came into force on 1 April 2008. All organisations working within the NHS have a statutory duty within the Act to involve patients and the public whether by consulting or providing with information, or in other ways as well as the Overview and Scrutiny Committee (OSC).

Section 242 is the duty to involve users. Section 244 is the duty to involve OSC. These duties apply to:

- The planning and provision of services
- The development and consideration of proposals for changes in the way those services are provided
- Decisions to be made by that organisation affecting the operation of those services.

Find out more about section 242 and 244:

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081089

www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_089787

Lansley Criteria for Significant Service Change

In May 2010, the Secretary of State for Health, Andrew Lansley, set four new tests that must be met before there can be any major changes to NHS Services:

1. Support from GP commissioners
2. Strengthened public and patient engagement
3. Clarity on the clinical evidence base
4. Consistency with current and prospective patient choice

Please complete and return the Questionnaire

We appreciate you taking the time to tell us what you think. Please be assured that all the information collected is for use by NHS Cambridgeshire only and any views made public as part of a report will be made anonymous. Once completed, please return this questionnaire to our FREEPOST address:

FREEPOST
RSCR-GSGK-XSHK
NHS Cambridgeshire
Lockton House
Clarendon Road
Cambridge
CB2 8FH

1. Do you agree with the idea of a 24/7 Single Point of Access for mental health services?

Yes No Don't know

Comments:

2. If you are a GP, how would you like to access the services provided by the Mental Health Trust?

Comments:

No comments

3. If you are a service user, how would you like to access mental health services?

Comments:

No comments

4. Do you agree with our proposals to set up a new Primary Care Mental Health Service?

Yes No Don't know

If you have any concerns or further comments to make, please provide these below:

5. Do you agree with our proposals to combine a number of inpatient wards for adults?

Yes No Don't know

If you have any concerns or further comments to make, please provide these below:

6. Do you agree with our proposals to combine a number of inpatient wards for older people?

Yes No Don't know

If you have any concerns or further comments to make, please provide these below:

7. Do you have any views on how we could make mental health services more efficient?

No comments

8. Please provide any further comments you may have regarding these proposals:

Tell us about yourself

Please tell us a little about yourself. All of your comments will remain confidential and anonymous. This information will be used to make sure we're hearing from people of all backgrounds.

9. Are you responding as:

- A member of the public A health or social care professional
 On behalf of an organisation

If you are providing a response on behalf of an organisation, which organisation?

.....
.....

10. If you are providing a response on behalf of an organisation, please give details about who the organisation represents, and how you gather the views of your members, and if you are happy for your organisation's response to be published.

.....
.....
.....

11. Are you currently a service user of CPFT or another mental health organisation?

Yes No

12. Are you: (tick all those that apply)

Providing your own response Providing a response for someone else

13. Do you currently work for or within the NHS?

Yes No

14. Please tell us your age:

Under 16		50-59	
16-21		60-69	
21-29		70-80	
30-39		80+	
40-49		Rather not say	

15. Do you consider yourself to have a disability?

Yes No Rather not say

16. If you answered yes to question 15, do you have a:

- Physical Impairment
- Sensory Impairment
- Learning Disability
- Mental Health Condition (Long Term)
- Other Health Condition (Long Term)

17. How would you describe your ethnic background?

Asian or Asian British

- Bangladeshi Indian
- Pakistani Any other Asian Background (please state): _____

White

- White British White Irish
- Any other White Background (please state): _____

Black or Black British

- African Caribbean
- Any other Black Background (please state): _____

Mixed

- White and Asian White and Black African
- White and Black Caribbean Any other Mixed Background (please state): _____

Other Ethnic Group

- Chinese Any other Ethnic Group (please state): _____
 Rather not say

18. Gender

- Female Male Rather not say

19. Gender Reassignment

Do you now, or have you ever considered yourself to be transgender?

- Yes No Rather not say

20. Religion or Beliefs

- Atheism Jainism Agnosticism
 Judaism Buddhism Sikhism
 Christianity Hinduism Humanism
 Islam Any other Religion/Belief (please state): _____
 No religion or belief Rather not say

21. Sexual orientation

- Bisexual Lesbian/Gay Woman Gay Man
 Heterosexual Other Rather not say

22. Are you currently providing support to a partner, child, relative, friend or neighbour who could not manage without your help and/or support?

- Yes No Rather not say

23. Please could you provide us with the first four digits of your postcode in the box below. This will help us ensure we are receiving responses from across Cambridgeshire and Peterborough

Thank you for completing this consultation questionnaire.

Alternate formats

This document can be made available in large text or Braille, or other languages, on request. Contact NHS Cambridgeshire's PALS on 01223 725588 or FREEPHONE 0800279 2535 04 email pals@cambridgeshire.nhs.uk

Issued by NHS Cambridgeshire,
Cambridgeshire Primary Care Trust, Lockton House, Clarendon Road, Cambridge,
CB2 8FH

October 2011

For more information about NHS Cambridgeshire visit
www.cambridgeshire.nhs.uk