Cambridgeshire and Peterborough
Clinical Commissioning Group

MEETING: **HUNTINGDONSHIRE DISTRICT COUNCIL OVERVIEW AND SCRUTINY PANEL (SOCIAL WELL-BEING)**

DATE: **5TH NOVEMBER 2013**

TITLE: **UPDATE ON REDESIGN OF LOCAL MENTAL HEALTH SERVICES**

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1 SUMMARY

1.1 This paper provides for the Committee a brief written update on the ongoing implementation of the re-design of local mental health services, upon which a public consultation was conducted in late 2011/ early 2012. The Committee took a close interest in these proposals at the time, and has received updates at regular intervals since then.

1.2 There will be a presentation also at the meeting of the Committee on 7th January, 2013. Should any member have any particular queries before that time, please forward these to (CAPCCG.MHLDCommissioning@nhs.net) and we will answer them promptly.

2. BACKGROUND

2.1 The main features of the consultation proposals that were of particular relevance to the Huntingdonshire area were:-

- the development and roll out of a single point of access known as the Advice and Referral Centre (ARC). This became operational in the Huntingdonshire area from April 2013;

- the redesign of community services, this is being implemented during October-December 2013; and
- the closure of Acer Ward at Hinchingbrooke hospital. This ward had been closed temporarily for safety reasons in September 2011.

Below we summarise the position of each of these developments.

3 CURRENT POSITION

3.1 Advice and Referral Centre: The ARC is a contact centre operating 24 hours a day, seven days a week providing a single point of access into CPFT services. The ARC has a dedicated team of experienced professional mental health and administrative staff. It receives and processes external referrals to the point of handoff to a CPFT service pathway / team and receives and responds to requests for mental health advice from GPs and other referrers. The ARC has been well-received by local GPs. The ARC is currently not open to members of the public for self-referral.

3.2 Below is a summary of the Huntingdonshire activity via the ARC for its first five months of operation.

Referrals to the ARC						
	April	**May**	**June**	**July**	**August**	**YTD**
Hunts Care Partners	**81**	**203**	**246**	**254**	**247**	**1031**
Gateway Worker		2	1		1	4
GP	75	189	234	231	214	943
Health Visitor	1		1	2	3	7
Mid-wife			4	1	4	9
Nurse Practitioner		2		1		3
Other		1	2	4	2	9
Police	5	9	4	15	23	56
Hunts Health	**3**	**113**	**123**	**153**	**143**	**535**
Gateway Worker			1	1		2
GP	1	106	106	140	134	487
Health Visitor			1			1
Mid-wife		1	6	2	1	10
Other		1	3	2	2	8
Police	2	5	6	8	6	27

Discharges						
	April	**May**	**June**	**July**	**August**	**YTD**
Hunts Care Partners	**80**	**203**	**246**	**248**	**235**	**1012**
CRHTT	4	12	17	23	22	78
I&T		22	28	33	31	114
Other	5	8	8	10	17	48
Referred to another CPFT team	62	128	144	133	130	597
Returned to referrer	6	24	38	33	25	126
Signposted to another Provider	3	9	11	16	10	49
Hunts Health	**3**	**113**	**121**	**149**	**133**	**519**
CRHTT		11	8	11	10	40

I&T		24	20	23	24	91
Other		4	8	10	7	29
Referred to another CPFT team		52	57	65	64	238
Returned to referrer	2	17	18	29	17	83
Signposted to another Provider	1	5	10	11	11	38
One-Off Advice						
LCG	**April**	**May**	**June**	**July**	**August**	**Total**
Hunts Care Partners	**3**		**4**	**5**	**1**	**13**
Medicines advice - patient related				1		1
Referral avoided	1			2		3
Service advice given - general	1		1			2
Service advice given - patient related	1		3	2	1	7
Hunts Health		**4**	**2**	**6**	**2**	**14**
Medicines advice - general				1		1
Medicines advice - patient related			1	1	1	3
Referral avoided		2			1	3
Service advice given - general			1	1		2
Service advice given - patient related		2		3		5

3.3 Redesign of Community Services: The re-design of the current pathways (Intake and Treatment & Rehabilitation and Recovery) and team structures into locality-based and CCG-wide teams provides three key pathways:-

- Psychosis pathway;
- Affective disorders pathway;
- Personality disorders pathway.

Each team receives referrals from the ARC as appropriate. There are three locality teams serving Cambridgeshire and Peterborough. A central team covers Huntingdonshire and Fenland areas.

The model aims to:-

- Strengthen clinical liaison with primary care;
- Focus on the health and social care needs of service users;
- Be easy to access and to navigate, minimising unnecessary interfaces;
- Provide expert assessment, and evidence based, outcome focused care that is safe and effective;
- Be cost effective and meets the mental health needs of the local population within available resources;
- Ensure that each locality can begin to receive relevant accurate performance and activity data.

3.4 The pictorial diagram below summarises the revised locality team structures:-

Advice and Referral Centre (ARC) – single point of access					
Primary Care Mental Health Service Named Mental Health Liaison Practitioners and Consultants interface with groups of GP surgeries which will help manage the interface between CPFT secondary care services and GPs and other referrers and offer expert senior decision making					
Locality Team North Peterborough and Borders		**Locality Team Central** Huntingdon March & Wisbech		**Locality Team South** Cambridge & Ely	
Core work- Consultant Senior Psychologist, Social Worker STR		Core Work- Consultant Senior Psychologist, Social Worker STR		Core Work- Consultant Senior Psychologist, Social Worker STR	
IAPT	Specialist Psychosis	IAPT	Specialist Psychosis	IAPT	Specialist Psychosis
Specialist Affective	Assertive Outreach	Specialist Affective	Assertive Outreach	Specialist Affective	Assertive Outreach
CAMEO Early Intervention Psychosis Team will operate as single, centrally managed teams. They will take referrals directly from ARC. The teams will work peripatetically, delivering protocols and interventions across all three localities.					
Personality Disorder - (Complex Cases) Complex Cases will operate as single, centrally managed teams. They will take referrals directly from ARC. The teams will work peripatetically, delivering protocols and interventions across all three localities.					

3.5 Alongside these services, the CCG/LCGs commission a range of community-based mental health services from local voluntary organisations. These include MIND in Cambridgeshire, Richmond Fellowship, and the Alzheimer's Society.

3.6 Acute Bed Re-Provision:
The then PCT Board endorsed the proposal to close Acer Ward permanently at the end of the consultation process. When a patient from the Huntingdonshire area requires an admission to an in-patient ward, they are admitted to either the Cavell Centre in Peterborough or to Fulbourn hospital, depending on their location, the availability of a suitable bed, their particular needs, and their choice.

3.7 If an individual needs to access these services when in crisis they will be transferred via ambulance, however where there is patient leave or family/carer visits the CCG has invested in local community car schemes to support people with their journeys. We have also listened to feedback that our leaflets regarding travel were unclear, and these have been revised with an additional leaflet being developed for the Lucille Van Geest rehabilitation ward also in Peterborough.

4 NEXT STEPS

4.1 The ARC has now been in operation over a year (it commenced in Peterborough in August 2012), and a review has been initiated to explore how it can possibly provide more functions. We will be engaging with service users via our Service User Network.

4.2 We would also welcome the views of members of the Committee to support this review process.

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24th October 2013