MENTAL HEALTH UPDATE

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Recommendation – that the Committee considers the update response by Cumbria Primary Care Trust Council to the consultation on further improvements to mental health services in Cumbria.

BACKGROUND

The Committee will recall that Cumbria Primary Care Trust (PCT) undertook a consultation between June and September 2008 on proposals for changes to Mental Health Services in Cumbria.

The Committee held a special meeting on 18 September 2008 to gather witness evidence and from that meeting came up with a number of recommendations. These are at Appendix “A” for information.

The PCT considered all the responses to the consultation and in January 2009 produced a report on its response to the consultation process. This is at Appendix “B”.

As part of those recommendations the PCT promised to publish updates every six months to report on the progress being achieved following the proposals and recommendations to improve the mental health service in Cumbria. The first of these regular updates has been produced and is at Appendix “C”.

The Committee is invited to consider this update. It is anticipated that representatives from the PCT will be available to answer any questions that the committee may have on this update.

List of Appendices

Appendix “A” – Response by Copeland Borough Council to the consultation by Cumbria Primary Care Trust on further improvements to mental health services in Cumbria.

Appendix “B” – Cumbria Primary Care Trust Report to the Board on the outcome of the consultation with recommendations

Appendix “C” - Cumbria Primary Care Trust Progress report – July 2009 Mental Health services in Cumbria: Our response to the consultation process on further improvements

List of Background Documents: None

Copeland Council Children's, Young People and Healthy Communities Overview and Scrutiny Committee

Report of the NHS Cumbria Consultation on Improvement to Mental Health Services

September 2008.

Recommendation: that Cumbria Primary Care Trust and Cumbria County Council Health and Wellbeing Scrutiny Committee be advised that in respect of the "Mental Health Services" Consultation proposals this Council considers that:

Whilst welcoming a number of the proposals in the consultation there are a number of areas that it would like the PCT to consider. These are:

(A) the extra travelling that will be required by male patients with severe organic illness and their families/carers from West Cumbria to Carlisle.

The PCT is requested to ensure that its planned programme of support for those who have to do this travelling be tested and have community support before the change is implemented. This should cover the availability of public transport and the extra costs that would be incurred in using it.

(B) that more funding is considered to sustain and start further help groups in the third sector particularly to cover those people with dementia.

(C) that the PCT's proposed training development plan to help voluntary organisations that would help them to prepare for the change and to enable them to develop be put into place and tested before the change is implemented.

(D) whether it is appropriate for older people with functional illness to be admitted to Yewdale ward or to travel to Oakwood ward in Carlisle.

(E) that the PCT should give a long term commitment to maintaining in - patient units in Whitehaven.

(F) the Council is concerned that the proposals are being considered before the appropriate community support groups are established and would expect these groups to be put into place before the changes are implemented.

(G) there should be greater consideration given to the geographic nature of West Cumbria and the effect that such isolation has on mental health patients and their family support network.

(H) that the proposals for changing bed numbers be not undertaken until the PCT's overall mental health strategy has been published and publicly commented on as there is concern that the expected growth in the need for dementia services has not been sufficiently addressed in these proposals.

Added to this is the projection that by 2029 in Cumbria over 1 in 3 people will be of retirement age which will be a 64% increase since 2004.

Furthermore, as there has been a significant increase in those aged 75-84 (41%) in Copeland from 1981 to 2006 which is a greater increase than that experienced across Cumbria (34%) there is concern that the rise in the number of people with dementia will be greater in West Cumbria.

It is understood that the overall strategy will more clearly deal with the implications of the national dementia strategy.

(I) that in respect of developing its mental health strategy the PCT should ensure that:

1. **its fully engages with users, carers and stakeholders,**
2. **it explains how carers can access direct practical support from mental health professionals during times of crisis particularly in the evening and during weekends,**
3. **it explains what training will be given for support workers particularly for young carers,**
4. **it explains what respite help will be given to carers,**
5. **it considers how more flexible support for carers can be given particularly in day care provision in the evenings and weekends,**
6. **it considers in seeking to achieve a more flexible day care provision the needs of different age groups particularly those under 65 with dementia,**
7. **it explains what work is being done to overcome concerns about the ability of some GPs to diagnose dementia at an early stage,**
8. **it has a strong focus on preventive measures including early intervention and appropriate assessment which should include a target for a quicker response time of less than four hours by the Crisis Resolution Teams,**

9. **it shows where the extra facilities will be created in the community to cover the expected high growth of people with dementia across Cumbria,**

10. **it explains the proposed training development plan to be provided for third sector organisations,**

11. **it explains the implications of dual diagnosis, and**

12. **it explains the budgetary implications of any changes that are proposed.**

1. BACKGROUND

The Children, Young People and Healthy Communities Overview and Scrutiny Committee held a special meeting on 18 September 2008 to consider how the Council should respond to the Cumbria PCT public consultation on the "Mental Health Services in Cumbria" proposals.

The Committee had evidence from:

MIND (written evidence)

West Cumbria Carers (Dorothy Barwise, Carers Support Worker and Sue Whitehead, Manager)

Age Concern (Vivien Nichol Age Concern's North West's lead on mental health issues)

Jim Fraser – Mental Health Network Lead for Cumbria Primary Care Trust

It also considered written evidence from the Cumbria Mental Health Group in its formal response to 2008 PCT consultation on improving mental health services in Cumbria.

2. EVIDENCE CONSIDERED

A. MInd

Mind provided written evidence that stated that it provided information and support, campaign to improve policy and attitudes and in partnership with independent local Mind associations develop local services. Mind do this to make it possible for people who experience mental distress to live full lives and play their full part in society.

The Committee noted that a Mind national survey in 2004 had shown that isolation causes mental distress and the stigma and social exclusion linked to mental health problems can make isolation worse.

The survey had shown that nationally 84% of people with mental health problems felt isolated and 80% had reported that isolation impeded their recovery from mental health problems.

Mind confirmed that social care advocates social care inclusion and decreases vulnerability. Where an individual has an established network of people and resources this has a positive impact on recovery and rehabilitation.

Mind advised that the issue that the consultation raised for all its service users was about access to transport for carers/friends when a person is in inpatient care particularly when receiving this treatment away from their immediate locality.

B. West Cumbria Carers

West Cumbria Carers represented over 700 carers in West Cumbria. 267 in Allerdale, 432 in Copeland plus 116 Young Carers 42 of which are in Allerdale and 74 in Copeland. They provide carer assessment of patients, telephone support, one to one support, information ad signing point and short term crisis help.

However in the 2001 Census 16,000 people identified themselves as unpaid carers with 9,000 in Allerdale and 7,000 in Copeland.

The carers welcomed a number of the proposals in the consultation. These included the 24/7 Crisis Management teams; the assurance that there would be sufficient spending on the ground and for staff for quick and effective care; the commitment to improving the primary care services and the 15 beds to be provided for the elderly in Workington.

However there were concerns about the extra travelling particularly for male patients as a result of the proposed closure of Lakelands Ward in Workington.

Carers were also concerned about direct practical support from mental health professionals during times of crisis which were often in the evening or at the weekends. At the moment it was taking far too long to get this support with a six hour wait for the Crisis Resolution Team being recorded.

This was exacerbated by a lack of communication between the relevant agencies. There seemed to be a lack of continuity or sharing of resources. For example where a person had been given an initial contact during a crisis period that case could become deallocated so when there was another crisis another social worker would have start the process from scratch.

The work of the Community Mental Health Teams seemed to be time limited and quite restrictive. This was particularly the case with Dual Diagnosis where for example a person with mental health and alcohol problems, the alcohol problems would be dealt with first.

There was also a concern about the training of support workers. There were examples of Home Carers being frightened by dementia. There was also a need for training of young carers so that they understand that a change of mood was not necessarily their fault.

The Carers thought that the main reason for people with dementia entering residential/nursing care was the exhaustion of the carers. The answer to this problem was to provide more flexible support particularly in day care. More longer day care provision that went beyond 3pm and included more provision at weekends would offer greater support to carers.

The proposal to increase psychological and counselling services in primary care is welcomed. However more flexible times for appointments with GPs would be welcomed as they would help carers particularly those who work. It would be useful for GPs to flag people as carers on their notes to ensure that this happens.

There is concern about the ability of some GPs being able to diagnose dementia at an early stage as access to treatment is only available once a person has been properly diagnosed.

The carers would also like to see more flexibility in the day care provision particularly for those carers needing respite for people under 65 with dementia as some were in the 30 to 40 age group. At the moment the provision was generic and not appropriate as there were different needs for the different age groups and separate provision would make this much better.

C. Age Concern

Age Concern advised that it has a specific day centre for people with mental health problems, mainly dementia, which provides appropriate activities and person centred care in a relaxed environment.

There are three dementia cafes known as Café D in Workington, Maryport and Whitehaven which are informal drop - ins for people with dementia and their carers.

The work Age Concern does at the day centre and at Café D does provide psychological services for people with mental health problems as they help them to maintain their identities by looking at the person and beyond their illness by promoting acceptance, genuineness and empathy. This in turn builds self esteem and enhances well being.

The cafes are funded by local rotary clubs and Age Concern from fund raising events but will require more funding once this runs out.

Age Concern has also been running an active living project for the last three years which has promoted the benefits of healthy and active ageing. One of the main aims of the project was to tackle social inclusion which can be very damaging to health and well being and lead to the loss of independence.

Age Concern also runs two schemes that are funded by Cumbria County Council. These are a bridge building scheme which incorporates befriending, providing support to over come isolation and allow people to become socially active again and a promoting independence partnership project that provides access to many different services which can help maintain independence.

The PCT proposals would definitely require more travelling to Carlisle. This will be due to the closure of the Lakeland unit in Workington which is male only for severe organic illness. These patients will either be placed in the community or travel to the Ruskin unit in Carlisle.

With the past closure of the Windermere ward at West Cumberland Hospital older people with functional illness are now admitted to Yewdale ward. This is a crisis and assessment unit with provision for working age adults with a diverse range of problems as well as older age adults. This is not beneficial for either age group and could be potentially frightening for older people.

The other option is to be admitted to Oakwood ward in Carlisle. This is though taking people from familiar surroundings and asking them to make a costly journey that is stressful for older relatives who want to visit which is particularly difficult on public transport in this part of Cumbria.

Age Concern would like to see the PCT doing more on prevention. The result of Age Concern's work is that isolation is one of the main causes of depression and anxiety.

Age Concern considered that fewer than half of older people with dementia never received a diagnosis. Many of the people who come to the dementia cafes have never had a diagnosis and more funding is needed to sustain and start further help groups.

The PCT proposals whilst increasing the number of beds for severe organic illness at the Ruskin ward in Carlisle from 12 to 20 would see an overall reduction of 12 beds across the whole of Cumbria for people with severe mental illness.

Similarly the 94 beds for acute functional illness would be reduced by 8 to 86 beds.

This reduction in bed numbers made it essential that there was an increase in the provision of facilities in the community to cover the expected high growth of people with dementia across Cumbria.

D. North Cumbria Acute Hospitals Trust and Cumbria Primary Care Trust and Cumbria County Council Adult Social Care

The Committee was disappointed that there was only person to represent these organisations at this session.

The PCT had a number of objectives for the proposed changes. These were:

- Psychiatric Intensive care – Wanted to provide a viable service for the whole of Cumbria and have a ward of sufficient size to the meet the needs of Cumbria.
- Functional Mental Health – To transfer some services to the third sector to enable a more modern service than worked on the basis of a personal care plan for recovery and rehabilitation.

- Organic Illness (Dementia) – It was intended to provide the service closer to where the expertise for that service existed. There was a need to have support staff closer to acute staff for the distressed client group.

The average bed occupancy rate for Yewdale Ward was 96%. This was considered an average figure nationally as some Trusts reported over 100% occupancy.

The target for the whole of Cumbria for Crisis Resolution Teams to reach a patient was 4 hours.

There had been significant investment in reducing waiting times in Primary Care. The aim was to get to 2 weeks but the average at the moment was 6 weeks. The Trust was running a pilot to work towards its target.

Cumbria was not rated as excelling in its mental health Care Programme approach and its ratings were varied as they relied upon individual perspectives of care.

The National dementia strategy identifies a national issue concerning the lack of early identification of dementia by GPs. The PCT has instituted a training and development scheme across Cumbria on this issue for GPs.

The PCT does not provide free social care it only provides free health care. The current legislation meant that for some social care that was provided by the county council there was a charge for that service. Health care was to enable people with mental health problems to live independently.

The PCT was working on an overall mental health strategy that would look at early invention and support. The level of support that was need was based on an assessed need. It was not an NHS function to provide respite this would require coordination with other organisations.

The overall PCT funding on all mental health services was an average figure nationally. However spending for older people was higher than the national average.

The pooling of funds between the PCT and Adult Social Care was to improve access to support for patients. There was now a new form of market that was driven by an assessment of an individual’s care needs. The intention was for

individuals to have a choice where to go to get the service they required and the PCT was working on the basis of individual budgets for health care.

It was understood that there would be a need for those patients who would have gone to the Lakeland Ward in Workington now to go to Carlisle. The PCT was planning to develop a partnership that would work on providing a process of support for those who had to travel.

There would also be a need for some training as a result of the increased community provision particularly amongst some third sector staff and the PCT was developing a training development plan. The PCT was committed to engaging with the voluntary organisations and helping them to be prepared for the change and to develop.

This would be supplemented by the Care Home Education and Support Service (CHESS) that has been developed in the north of the county to provide specialist mental health support to both staff and clients in local care homes.

The PCT did not consider that there was a need to increase the number of community mental health teams as it was intended to increase the number of staff in the Early Intervention Teams (which had been based in West Cumbria for the last 3 to 4 years), Crisis Resolution Teams and Chess team.

Adult Social Care had advised that there was significant integration with the Community Mental Health Teams with the PCT having access to Social services budgets. Further integration and pooling of funds was being explored as well as ways of involving other groups.

It is considered that there will not be a need for additional funding as a result of these proposals but there may be a need for new ways of working within existing budgets.

Whilst it is not anticipated that there will be a need to employ additional staff there are currently vacancies in Copeland which the County Council are looking at incentives to fill those posts.

There will be extra travelling for some families and carers as a result of the proposals but will be reduced travelling for others. The Social and Health Care Advisory Service was looking at ways to address the problems that would be caused.

Cumbria NHS
Primary Care Trust

Paper 1

Report to the Board on the outcome of the consultation with recommendations

1. Introduction

As part of a longer term process to develop a comprehensive strategy for mental health care in Cumbria, NHS Cumbria is seeking to ensure that the inpatient provision we commission is appropriate in scale, form and location.

The context for future inpatient provision is one in which there is an increasingly strong framework of services in the community, closer to where people live. In this context, in the future 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.

It is recognised that there is much more to be done in order fully to develop community services and support. NHS Cumbria has signalled its intention to develop a broad, Mental Health and Wellbeing Strategy as part of the development of its five year Strategic Plan. However we need to plan for the improvements in inpatient 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 inpatient provision have been developed 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.

In the document and the associated consultation process, we set out how hospital based services across Cumbria would need to change as we move our focus more into a 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.

The consultation was launched on 9 June 2008 and closed on to 30 September 2008

A report on the consultation process is attached as paper 2

A total of 347 response forms was received. The University of Cumbria has been commissioned to analyse the responses. Their interim report is attached as paper 3. A final report will be available in December.

In addition letters from 26 stakeholders have been received and are referenced and summarised in appendix 2.1 and 2.2 of paper 2.

Submissions have also been received from the Cumbria Mental Health Group, Cumbria County Council and the County Council's Health and Wellbeing Overview and Scrutiny Committee. The Cumbria Mental Health Group was commissioned by the PCT to support users and carers in their participation in the pre-consultation and consultation phases; the County Council is a key statutory partner from a commissioning perspective and the Overview and Scrutiny Committee has a statutory role in the consultation, scrutinising both the process and the proposals. All three submissions are incorporated as appendices to this report.

2. Background

The consultation was about specific changes relating particularly to inpatient services. This was a cause of considerable frustration to many who participated in or responded to the consultation. There are felt to be many other issues that need to be addressed in relation to mental health and wellbeing, as well as in relation to support and treatment for people who experience mental health problems of varying scope, scale, severity and duration.

NHS Cumbria recognised this at the outset and considered a much wider consultation. It was however concluded that the full range of challenges and needs in the mental health field required a wide range of engagement and development activity, involving many different stakeholders and over an extended period of time. It is recognised that there may in due course be a need for further formal consultation on items arising from this process. In the meanwhile there is a need to make some clear decisions about aspects of the capital stock and formal consultation is necessary in making those decisions. It was for this reason that the limited consultation went ahead. However the first recommendation to the Board, arising from the consultation is:

> **Recommendation 1**
> The Board of NHS Cumbria should reaffirm its commitment to a securing widespread and effective engagement and involvement in the development of:
> - A mental health and wellbeing strategy [to be led by Public Health in the context of the Strategic Plan]
> - Commissioning plans for the mental health of children and young people as part of the wider planning for children and younger people [to be reflected in the Children's and Young persons' Plan]
> - Commissioning intentions reflecting the National Dementia Strategy [to be confirmed by April 2009]
> - A wider strategic approach to rehabilitation and recovery

It was also recognised at the outset that inpatient services and community services are inextricably linked. Service users and carers have emphasised 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. A particular theme in the response to the consultation has been the greater enthusiasm for an increased emphasis on community services from people who use services as compared with the general public, who place a greater emphasis on hospital solutions. At the same time, service users and carers have strongly argued that such services need to be in place and working effectively before inpatient services are further reduced.

It has been evident in the consultation process that there continues to be a general lack of confidence in the scope, scale and responsiveness of community services, particularly for people who feel themselves to be in crisis. There is widespread recognition that there has been substantial progress in recent years but service users and their families have made clear the limitations that remain. In the course of the conversations in the consultation it became clear that some of the concerns related to the way that the current services are working and to attitudes and communication skills. These issues have been taken up with the Partnership Trust and are now being addressed through an agreed action plan and will be the subject of further monitoring by the commissioners. However other concerns were to do with the availability of services and the adequacy of their staffing. In the light of this, the second recommendation to the Board is:

Recommendation 2
The Board should ensure that

(i) The Care Stream keep the scale, scope and operation of the network of community mental health services across the county under active review and ensure that they are appropriate in scale and form (taking account of national best practice and local circumstance)

(ii) The Care Stream ensure that it has access to evidence of the experience of service users and their families and utilises this proactively in commissioning decisions and in contract monitoring

(iii) Changes in the number and location of inpatient places are preceded by assurance that alternative community services are in place and working effectively on the basis of agreed pathways.

3. Consultation Proposals

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 services for people with **acute functional illness** through four units across the County, all offering improved environments and therapeutic services
- Concentrate Inpatient services for people with **severe organic mental illness** in two centres, Carlisle and Barrow

- Develop **rehabilitation and recovery** services in community settings in conjunction, when appropriate with the third (or voluntary) 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 each proposal is summarised and a recommendation made to the Board in the light of the consultation:

3.1. EXPANSION OF PSYCHIATRIC INTENSIVE CARE (PICU)

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

There was concern about the adequacy of 10 places and about a single, Carlisle location, particularly for people from the south of the County for whom provision was previously available in Lancaster.

The service is utilised by a very small number of people who need short periods of intensive therapy, requiring specialist skills and environment. Service users return to their local inpatient service as soon as they are able to do so. The proposed number of places is based on benchmarking and needs analysis.

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.

A single Cumbria unit will support more integrated working and will reduce the requirement to utilise distant placements. However there are real travel and communication difficulties and there is appropriate concern about the adequacy of bed numbers.

Recommendation 3

(i) The Board approve the decision to commission a single, 10 bed unit from the Cumbria Partnership Trust

(ii) The Care Stream ensure that :

(a) Specific improvements in transport and communication support for relatives/carers are in place prior to the new facility opening in 2009/10.

(b) Contingency plans are identified in order to manage demand peaks in excess of the bed availability

(c) Plans are developed in order to ensure that the skills and knowledge of the service are available to support staff in the acute inpatient units, lessening the need for admission to the PICU and easing early return.

3.2. INPATIENT SERVICES FOR PEOPLE WITH ACUTE FUNCTIONAL ILLNESS

In the course of the consultation it was noted that the use of language in the consultation document was a cause of concern to some and specifically that the term

"acute functional illness" was not appropriate. The term is used again here for continuity but it is accepted that it is a medical term that may be misunderstood or be unsatisfactory in a lay context.

Our proposal was to ensure that there is a spread of inpatient units across the County, providing a relatively local service. In each case the unit needs to be of a high standard in physical and staffing terms and of a size relative to the need. We wish only to commission services that provide appropriate levels of privacy, dignity and safety for everyone admitted into inpatient care.

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
- Barrow (20 places) providing crisis and assessment and a full inpatient service.

In view of concerns about deficiencies in the current ward setting at the Westmorland General Hospital, it was also proposed that there should be a review of options for a more appropriate long term solution in Kendal.

There was a welcome for the retention of four units, but concerns were expressed about the adequacy of the number of places, particularly because the calculations to support the figures were published only late in the consultation period and appeared to assume that community services were fully in place and working effectively. The point was also made that additional crisis and respite facilities were required.

It was noted that service users, carers and staff have all expressed concern about the suitability of the particular ward location of the Kendal unit, not withstanding recent environmental improvement. It was also noted that the Whitehaven unit would need to be relocated in line with previous consultations and in the context of the anticipated building of a new West Cumberland Hospital.

Recommendation 4

(i) The Board approve the proposed pattern of units and that planning is based on the proposed number of places

(ii) The Care Stream develop a detailed implementation plan with the Partnership Trust in order to ensure that bed reductions are in line with the development of community alternatives that reduce the requirement for admission

(iii) The Care Stream develop commissioning plans for respite and other, non-NHS inpatient residential options to complement the inpatient service

(iv) The Partnership Trust work with stakeholders to identify appropriate, sustainable settings for the Whitehaven and Kendal units

(v) The Care Stream ensure that there is a clear and accepted set of pathways through community and inpatient provision in order to ensure effective working of the integrated system in line with the specific needs of individuals

(vi) The Care Stream ensure that contingency plans are identified for periods in which demand exceeds the availability of places

3.3. INPATIENT SERVICES FOR PEOPLE WITH SEVERE ORGANIC MENTAL ILLNESS

The proposals were to create safer and sounder inpatient settings for the small number of people with dementia who, because of extremely challenging behaviour and/or the risk of injury, require shorter periods of assessment and treatment. We proposed to achieve this by ensuring that the beds are provided in campus settings alongside other comparable services in:

- Carlisle, through a new purpose-designed unit at Carleton Clinic (20 beds)
- Barrow through a purpose-designed unit at Dane Garth, Furness General Hospital (15 beds)

There was widespread concern about the proposal to reduce bed numbers in a County facing a rapid expansion of the likely number of people with dementia. The principle of new community service developments better to meet the needs of people was not challenged, but there was concern about the lack of evidence that it would happen and be on a pace and scale to meet rising demand.

There was concern in the west about the change of use of the Lakelands Unit and in the south about Gill Rise. In both cases the proposal was seen to increase distance and travelling difficulties. In both cases there were questions about the need to change.

The NHS does need to plan for appropriate provision for its particular responsibilities in terms of inpatient care, namely those people with dementia whose behaviour presents particular challenges/risks. Isolated and unsupported units can be seen to be ill-suited to this purpose but the admission to a distant unit does present very particular challenges for families and others and carries significant disadvantage. There is also a need for a wider understanding of the issues and challenges presented by dementia and more integrated plans to address the future needs.

Recommendation 5

(i) The Board approve the proposal to move towards two units and that planning is based on the proposed number of places

(ii) The Board ensure that commissioning intentions reflecting the National Dementia Strategy (and local need /circumstance) are developed as a matter of urgency, ensuring that the NHS and Social Care are together creating a full range of services for people with dementia, integrated with wider health and social care provision and with local communities and incorporating clear pathways

(iii) The Board ensure a proactive communication and engagement plan, developed with partners, to help residents of Cumbria participate in the shaping of an appropriate response to the growing numbers of people with dementia and in the context of national policy

(iii) The Care Stream develop a detailed implementation plan with the Partnership Trust in order to ensure that the pace of change towards the two units and the revised numbers is in line with other developments

(iv) The Care Stream develop commissioning plans to support respite and other, non-NHS inpatient residential options to complement the inpatient service

(v) The Care Stream ensure that the numbers of 'delayed transfers of care' are reduced, within all inpatient units, in order to make best use of the available beds

(vi) The Board ensure that proposals are developed in conjunction with stakeholders including GPs, University Hospitals of Morecambe Bay NHS Trust and the Cumbria Partnership NHS Foundation Trust and other local interests, for the future use of Gill Rise.

3.4. RECOVERY AND REHABILITATION

The presentation of the proposals in the consultation document caused confusion and concern because they were read as proposing a centralisation of service in Carlisle. This was not the intention.

The intention was to help people move out of dependence, and establish themselves in their community and social setting, whilst also ensuring that people who have been placed out of the County are helped to return and actively supported in the process of recovery. In achieving this, we also wanted to ensure more consistency in an integrated health and social care service, because presently some people are charged for a 'social care service' and others get a similar service free as an 'NHS service'. We also proposed to commission more services from the Third Sector in order better to utilise their potential contribution.

The 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.

In addition to the concern about the perceived centralisation in Carlisle, there was concern about the capacity and capability of the Third Sector and a concern that the NHS was seeking to get a service "on the cheap".

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 but they are not evenly spread and many are not in line with current best practice. There is a clear need to move towards a more needs-based range of services capable of operating in an environment in which the service users have increased choice and control. Organisations within the Third Sector have demonstrated their potential contribution, especially when working in an integrated framework with statutory services.

Recommendation 6

i. The Care Stream urgently develop a wider strategic approach for rehabilitation and recovery, in order that people in need of rehabilitation

and recovery services are able to access the most appropriate services to support them build lives in their communities

ii. The Care Stream actively work to develop the capacity and capability of the Third Sector and develop commissioning with it, in line with the terms of the Cumbria Compact and with the involvement of locality commissioners

iii. The commissioning arrangements for Syrah House be shaped to enable it increasingly to focus on people returning to the County, whilst ensuring that care for its present residents is individually needs based and within an agreed care plan

iv. The commissioning arrangements for 102 Dalton Lane be shaped to enable it to move towards a planned closure following the following the provision of alternative support for its present residents on the basis of individual, needs-based agreed care plans

v. The Care Stream ensure that service users in the Rehabilitation and Recovery service have access to advocacy services

3.5. POOLING FUNDS

The proposal was to explore the development with the County Council of a pooled fund (under section 75 of NHS Act, 2007). This could reduce the artificial distinction between a person's 'health need' (the responsibility of the NHS) and 'social need' (the responsibility of the County Council), increase the equity in the system and enable the money available to both parties to be used to best effect.

There was general support for the concept, although there were fears that charges would be introduced on NHS services that patients currently receive for free.

Recommendation 7

The Board agree to seek the agreement of the County Council to establishing a pooled fund for rehabilitation and recovery services and, in the event that this is agreed, ensure a communication and engagement plan in order that people who may be affected clearly understand the issues and implications and are supported as necessary.

4. CONCLUSION

This consultation has focused on only one part of a much wider set of issues and it is recognised that the outcome of it cannot be seen in isolation from many of those wider issues. At the same time the consultation was initiated because capital investment decisions are required and it would have been wrong to move towards those without a formal consultation process.

In the light of the general concern about wider issues and specific concerns relating to the proposals, the recommendations to the Board are intended to give a clear sense of direction in terms of capital and buildings whilst also ensuring that the actual changes impacting directly on the experience of people who use the services are implemented at a pace which is consistent with other changes and developments.

NHS Cumbria will publish a document setting out the outcome of the consultation process. A draft is attached as Paper 4. The detailed content is clearly subject to

change should the Board not approve any of the recommendations in the form set out above. Subsequently, we will ensure that there is a six-monthly update publicly available and reporting on the action against all of the agreed recommendations – including recommendations 1 and 2 which relate to issues not covered in this consultation.

The Overview and Scrutiny Committee undertook a detailed scrutiny of the consultation and set out their comments and recommendations in the attached report (appendix 1). We are grateful to them for the thorough and challenging process they undertook and their constructive report. NHS Cumbria will respond in detail to the Committee but we have sought to ensure that the above recommendations address their conclusions.

Cumbria Mental Health Group presented a careful analysis of the proposals and of the concerns and issues service users and carers had highlighted in the course of the consultation and the work preceding it (attached at appendix 2). It is a helpful and detailed report. Many of its conclusions are reflected in the recommendations set out above, however we are aware that the group anticipated a greater degree of detail in our conclusions on some issues than we believe is appropriate at this time. The paper has therefore been passed to the Care Stream with an explicit request that the Care Stream keep it under active review and ensures an ongoing dialogue with the Group and with the wider mental health community relating to the points of detail. The outcome of this will then be reflected in the six-monthly update reports.

The interim and final reports from the University of Cumbria will be passed to the Care Stream and the subsequent planning and decision taking by them will be required, when relevant, to reference the comments made in response to this consultation.

The Board is asked to:

1. Receive this report and its associated documents

2. Consider the specific recommendations set out above [recommendations 1 to 7]

3. Note the commitments set out in this conclusion.

NHS Cumbria

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

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 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 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 lead 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 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.

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.

You can also contact the Mental Health Commissioning Team at:

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