

Mental Health Services in Cumbria

A consultation on further improvements
to mental health services for adults

Consultation period: 9th June 2008 to 30th September 2008



If you live in Cumbria and are interested in the future of local mental health services do take the time to:

- Read this consultation document
- Come to one of our consultation events
- Comment on our proposals

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**Consultation response form
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Mental health services in Cumbria have changed significantly for the better over the past three or four years. We have seen great improvements in the way people are treated for more severe mental health problems, with increased investment in community services as an alternative to treatment in hospital settings. We have also seen the start of better services for people with common mental health problems (primary care mental health services).

This consultation takes that journey one further step down the road to modern, effective mental health services. It asks you to consider changes in adult inpatient services to improve their quality and to make them fit for purpose, given the developments that have happened in community services. This will also enable us to make best use of the available money and allow further investment in community services.

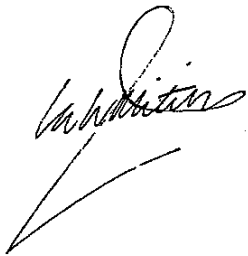
The proposals in this document aim to balance the need for more care in the community with the needs of people who really do require a spell in hospital.

This consultation is only part of the story. We know from what people have told us that there are many other developments that they want to see. Following on from this formal consultation, we will work with carers, service users and other stakeholders to develop a longer term strategy for Cumbria's mental health services. We want to do more to promote mental health and we know there is an urgent need to develop mental health services for children and young people. We will also want to explore the development of some more specialist services.

We are sure that, through genuine partnerships, we can build on what has already been established in order to achieve the highest possible standards for our County's mental health services.

We welcome your views on this consultation and urge as many of you as possible to have your say as we need to know if we're headed in the right direction.

Thank you for reading this document and responding to the consultation. We will take your views into account and will publish a summary of the comments we have received, showing how those influenced our decisions, after the consultation has finished.



Ian Mitchell
Chair
Professional Executive Committee
Cumbria Primary Care Trust



Chris Hallewell
Medical Director
Cumbria Partnership NHS Foundation Trust



Jill Stannard
Director
Adult Services
Cumbria County Council

What this consultation is about

Over the last ten years mental health services have been transformed. The number of staff working in these services has increased, but more importantly, how they work has changed, so that today:

- More care is provided in, or closer to, a person's own home.
- Support and treatment is provided as early as possible when that person first experiences mental health problems, particularly in the case of psychosis.
- Effective 24 hours a day/seven days a week home treatment services are available to people in mental health crisis in the community.
- Care is tailored to take more account of the individual's own needs and wishes.
- We have better access to modern drugs.
- Professionals from health, social care and other agencies work together in multi-disciplinary teams.
- There are evidence-based treatments, delivered through discussion and thinking exercises, available, especially in primary care.

We are continuing to invest more in providing services to people in or near their own homes. This consultation is about changes to inpatient and residential services for adults, which will better support those services.

What we mean by mental health services

These are a range of health and social care services meeting three main areas of need:

Mental distress or common mental health problems

Depression and anxiety are sometimes described as 'mental distress' or 'common' mental health problems. At any given time nearly one person in every six is experiencing mental distress as a result of events in their lives.

Acute functional mental illnesses

These include schizophrenia or a particular type of depression called bi-polar disorder and are often described as 'functional' disorders. This is because they so severely affect the ability to function in society. They are much less common, affecting about one person in a hundred.

Organic disorders

Conditions such as dementia are known as 'organic' disorders, because they are linked to visible changes in the brain. Dementia usually affects older people and becomes more common with age. About one person in sixteen of those over the age of 65 will develop some degree of dementia, increasing to about one person in five of those over the age of 85. Dementia can develop in people under 65, but is less common, affecting about one person in a thousand.

The experience of any of these conditions is also affected by:

- The events in our lives which have a negative impact on our mental health, often in childhood.
- The availability of universal services such as leisure, housing, employment; as well as having family, friends, and a meaningful place in the community.
- People's general health and social wellbeing, related to a combination of lifestyle, confidence and motivation and the sensitivity of mainstream services.

There is a wide range of different services provided by primary care, social services, specialist NHS services (such as Locality Mental Health Teams) and the voluntary sector, all working closely together. These can be summarised as:

- **Outreach care** where the staff member goes to see the person in their own home, or another setting away from the provider's base. Examples include 'floating support', crisis intervention, some psychological therapies, assertive outreach and psychiatric liaison in hospital. These services can be provided by the voluntary sector, primary care mental health services, social care or specialist services.
- **Centre based** where the service user visits the service in an office, clinic, or centre. Examples include brief interventions, psychological therapies, day care, user & carer forums. These can also be provided by the voluntary sector, primary care mental health services, social care or specialist services.
- **24 hours a day/seven days a week (24/7) continuous professional care** which may be:
 - In the person's home (home treatment), usually provided by the specialist health and social care system. In Cumbria, some of these services have not been 24/7.
 - Supported living services or support in a care home, usually provided by the independent sector.
 - Short term crisis admissions, usually provided by the specialist health and social care system, but sometimes supported by the independent sector, or using facilities provided by them.
 - Inpatient care for comprehensive assessment, treatment, and behavioural management. These include assessment wards, and Psychiatric Intensive Care Units (PICU). These are almost exclusively provided by NHS Trusts.
 - Long term specialist settings for people with longer term needs for rehabilitation or units for people who have committed crimes because of their mental health problems. These are almost exclusively provided by NHS Trusts or independent (private or voluntary) hospitals.

People with mental distress usually receive services in primary care. People with more severe mental illnesses usually receive services close to where they live, from their GP and Locality Mental Health Team. A small number of people live in specific accommodation, usually supported housing, or care homes commissioned by the local authority. People who require assessment and treatment but who are unable to receive this at home are admitted to NHS inpatient units in the area or, sometimes, further away.

The changes proposed

We are proposing a number of individual changes to elements of service provision. They focus particularly on the higher levels of care for people who cannot be treated at home. These are set out in more detail on pages 15-20 but can be summarised as:

- An expansion of the County's Psychiatric Intensive Care Unit in Carlisle, to improve care and to reduce the number of people admitted to services outside Cumbria.
- A merger of two wards for functional mental illness in Barrow as a result of improvements in the local Crisis Resolution and Home Treatment Service.
- Reducing the number of small, isolated units for people with organic mental illness by transferring NHS inpatient services from:
 - Workington to Carlisle
 - Ulverston to BarrowThese moves will be complemented by expanding local services.
- Transferring responsibility for providing some rehabilitation and recovery services into the voluntary sector; including one specific residential service in Barrow and some NHS day care.
- The principle of 'pooling' some NHS and County Council Adult Social Care funds.

The scale of the changes

We want to help people to put the scale of these proposals for hospital based services in context.

Hospital based services in context	
Cumbria 2007/2008	
Total Adult Population	415,000
Estimated number of people who will use services for common mental health problems (including anxiety, depression)	12,000
Number of people on GP severe mental illness registers (including psychosis, severe depression)	4067
Number of people receiving services within the care programme approach	3048
Number of nursing home placements for older people with mental health problems	374
Number of dedicated supported housing places with staff	243
Number of people receiving assessment and treatment in hospital based mental health services	175
Support places with 'floating support'	64
Number in purchased placements and services outside of Cumbria (excluding secure hospitals)	53
Number of care home placements for working age adults with mental health problems	34
Usual number in Psychiatric Intensive Care Unit (PICU) beds	9

This table shows that the number of people with a severe mental illness is relatively small and that most of them are treated and supported in the community. The inpatient service is very important but is only required by a small number of people. People with severe mental illness mainly receive services based close to home, well linked into GP services and using locality based health and social care services.

How mental health services in Cumbria have been changing

In this section we describe the services that have been put in place to support people with mental health problems.

The proposals in this consultation fit with the wider improvements and developments that have been taking place in recent years.

These include:

- **Community development workers**

This new service will work with, and support, groups and communities who may have difficulty accessing mental health services.

- **Primary mental health care**

We are investing to double the size of this service over the next 18 months. The demand on GPs from people with mental distress is increasing, and we have not had enough service to help sufficiently. There has already been a noticeable improvement in waiting times. The expanded service will mean more people will be able to use it with a maximum waiting time of two weeks.

We are also developing a range of training programmes to continue to improve the mental health understanding and competence of primary care services.

- **Crisis resolution & home treatment**

When people have a mental health crisis, this is usually picked up first by their GP. They need help as quickly as possible. In the past, admission to hospital was the usual answer, but now they are visited by a crisis resolution team who usually deal with the problem in the person's own home and community. Sometimes this support can go on for a few weeks. They do use bed-based accommodation sometimes to help the crisis, but often this does not need to be in hospital. To work well, these services need to have enough skilled staff to provide cover 24 hours a day, seven days a week. By the end of this year, this service will be in place across the county.

- **Locality mental health services**

When the crisis is over, many people do not need specialist mental health services again. Locality Mental Health Services provide continued support to those (usually with mental illness, rather than mental distress) who need it, sometimes for many years. They are locality based networks, made up of staff from both the NHS and the County Council working very closely together.



Pete Ashton, Assistant Practitioner, Crisis Resolution & Home Treatment Team

They work to help people to remain part of society; to support their recovery and to develop options for their long term support. They are the point where family and carer support is organised and delivered. They also manage risk, good treatment and care through the care programme approach. Overall, they focus on recovery.

New services – such as early intervention and assertive outreach – have been developed as separate services, alongside the existing Community Mental Health Teams. Now that we understand how to make them work in Cumbria, we are bringing them back into an integrated service, called a Locality Mental Health Service. This will receive and deal with all non-urgent referrals through a 'single point of access.' There used to be separate services for working age and older adults; now we do not use age to define access to the right service and the Locality Mental Health Service will meet mental health need regardless of age.

- **Third sector**

The important role of the third sector – particularly voluntary and charitable organisations – for people with mental health problems is well known. Some of these organisations provide care and support services, some act as lobbyists or advocates for mental health services. Some provide an advocacy service to individuals and a general 'voice' for service users and carers. Some of these services are commissioned by the statutory agencies.

We have been working with these providers to develop a forum which will enable them to have a more strategic role in the development of services and to help them to prepare for the challenges and opportunities that more individualised approaches will bring.

- **Dementia**

Between now and 2016 the number of people in Cumbria who have dementia will increase by about 1,000. This will have a major impact on most health and social care services. The NHS role, working in partnership with other organisations and with informal carers, is in:

- Early identification and comprehensive assessment.
- Treatment, and support to families.
- 'Capacity building' – helping other agencies and services understand and work well with people with dementia.
- Understanding and managing that very small number who develop challenging behaviour though their impairment, and present significant risk to others, who need admission to NHS beds.

Increasingly, this work is in the family home or in other local care and support settings, rather than in NHS units. It works alongside the wider, locality based, general health and social care teams that are developing as part of the 'Closer To Home' initiatives in Cumbria. This will help older people avoid unnecessary admission to hospital.

Alongside this we are expanding the services we provide to help residential and nursing homes support residents with dementia. A national dementia strategy will be launched by the Department of Health later this year and will provide guidance about the further development of these services.

- **A voice for people who use services and their carers**

We have commissioned a group to help support the involvement of people with mental health problems, their families and supporters, to have their voice heard in the way in which services are planned, commissioned, and provided. This will complement the existing arrangements and is one of the ways we are making sure that people who use the services can have a real influence.

- **Care pathways**

Cumbria Partnership NHS Foundation Trust led work during 2007 to define clinical care pathways to ensure that all services are effective and working to best practice. This work has identified a number of areas that are being implemented alongside the proposals in this consultation:

- More services in primary care to increase access to psychological therapies for people with depression, anxiety and other mental health distress.
- The single point of access for people with severe mental illness in crisis will be linked to other urgent care services in the county, including Accident & Emergency, GP out of hours and Ambulance services.
- Better definition of service provision for people with severe mental illnesses, with consistent standards across the county. This will help us target the use of 'out of county' services on those who really need them. It will also enable us to help some people, who have been receiving treatment in other parts of the country for several years, back into Cumbrian services through a recovery and rehabilitation programme.

- **Links with other health services**

There is now a joint Cumbria Liaison Group which brings together mental health services and the acute trusts in Cumbria who provide general hospital services at the Cumberland Infirmary, West Cumberland Hospital, Westmorland General Hospital and Furness General Hospital. This Group has agreed to develop:

- Psychiatric liaison services for people with dementia in general hospitals.
- Psychiatric liaison services and alternatives for people arriving at Accident and Emergency departments in mental health crisis.
- Joint protocols to make sure that people who require inpatient care are admitted to the right place at the right time across all NHS inpatient services.

Our proposals

In this section we summarise the reasons why we need to change services and then set out our proposals in more detail. Additional background information can be obtained through our website www.cumbriapct.nhs.uk or by telephoning 08447 280107.

Why we need to change

Services change all the time under the influence of local events and national policy.

The population in Cumbria is getting older, and those older people are physically healthier than before. We used to offer different services to older adults and working age adults, often to the detriment of older people. Now, with the exception of those specifically for younger adults entering the service, all services are available to all those who need them.

We want to spend our money wisely. We know that until recently we were spending more on mental health services than the average for England and for the North West; however we did not have the full range of services in place.

Mental health services in primary care, largely for people in mental distress, were not comprehensive. This meant that some people were not getting the advice and treatment that they needed, that GPs felt unsupported, and that more people were being referred to specialist services than necessary.

We did not have the 24 hour crisis teams in place everywhere, and this has meant that some people were being admitted to hospital that could have been supported at home.

Inpatient services

The standard of our NHS accommodation is not always good enough. We must provide privacy, dignity and safety for everyone admitted into patient care.

As hospital services get smaller, the need to have units closer to each other becomes stronger. By developing a 'campus' model, inpatient units act as neighbours, able to share staff at times of pressure or emergency in one unit or another. A larger staff pool also allows greater specialisation and skill development within the staff team, making the handling of emergencies safer for all concerned, and increasing the range of therapeutic options which are available in each location.

Increasingly hospitals will only admit people whose needs are high and complex; and who require high levels of therapy and safeguarding, often under the Mental Health Act. So for reasons of safety and sustainability, every unit should have the back up of other mental health services close by as well as high quality therapy.

At the same time, we need to invest to bring the quality of our accommodation up to the physical standards we want for Cumbria in future.

Recovery and rehabilitation

We have evidence that the current patterns of rehabilitation and recovery do not work well enough. There is a range of services, NHS units, individual care and day services, but they are not evenly spread and have changed little since the big psychiatric institutions closed. In some cases they are provided by social care and in others by the NHS. There is no logical basis for this difference; but it means that some people are charged for a 'social care service' that others get free as an 'NHS service'. We need these services to help people move out of dependence and to move back from out of the County. These services need a comprehensive overhaul.

Recovery does not just mean ceasing to have the symptoms of an illness. In this context, it also means living as good a life as possible within the constraints that an illness imposes. This fits with feedback from local stakeholders and a growing national movement.

We have invested to tackle some of these problems but the changes proposed will help us invest more funds in those areas of need.

What the people who use our services tell us

We have talked to the people who use mental health services and their carers when putting together our proposals. They told us that:

- Mental health care and recovery should be considered as a whole in each locality. It is vital that there is a network to support people needing help and to continue to support them as they return to normal life. This needs careful planning and the care programme approach must work for everyone.
- Quality of service is fundamental.
- Education and training is needed for staff, service users and carers.
- What is provided by each organisation must be clearly set out.
- Appropriate 'talking therapies', including cognitive behavioural therapy and other specialist services, should be available with the minimum of waiting.
- Special services for managing crises and supporting recovery are crucial and local accommodation should be available to support this. In all cases, there must be timely access as close to home as possible.

- There is an overwhelming need for an extended community service to be up and running before bed numbers are reduced.
- In some cases, individuals may not be able to live independently, so alternatives must be available.
- Carers need effective support and they need respite. They should not be pressurised and overloaded. If carers cannot continue to support service users, alternative care must be available.
- The role of short term supported accommodation and specialist services needs to be clear, easy to understand and effective. The difficulties of actually travelling to those services should be recognised and support provided.
- The requirement for highly specialised care needs to be recognised and fully provided.
- Full use of resources available in the community is limited by gaps in availability of staff due in part, it is claimed, to staff stress leading to sickness absence. This needs to be urgently addressed.
- All parties involved in providing and using the services must trust and respect each other.
- Changes must be made in line with the resources available. No changes should be made, including inpatient provision, without first considering the implications for all mental health service users and their supporters across Cumbria.

These comments are in tune with those of the professionals involved. Together, we want to continue improving both mental health services and the mental health and wellbeing of the people of Cumbria.

This is reflected in the aims of our Mental Health Care Stream Board which brings together service users, carers and professionals and shapes our strategy and action.



Dawn Hodgson, Community Psychiatric Nurse

Mental Health Care Stream Board aims

Aims to:

- raise awareness and promote mental health and wellbeing
- eliminate stigma and discrimination around mental ill health
- prevent suicide and support people bereaved by suicide
- improve the experience and outcomes of the service
- promote and support recovery from mental health problems
- enable more self direction and choice in services

By improving:

- the health and wellbeing of people with mental health problems
- the capacity of existing primary care mental health services
- the performance of community mental health services
- crisis response through linking delivery of Crisis Resolution and Home Treatment with access to beds for assessment, treatment and short term care in each local area

By ensuring:

- privacy, dignity and safety for everyone admitted for inpatient care

By reducing:

- dependence on out of area services

What would happen if we did not change

If the changes we are now proposing do not happen, we think the result would be:

- Continued use of isolated units and facilities lacking modern standards of privacy and dignity. Their isolation reduces the level of safety particularly for people who are more vulnerable.
- Continued use of out of area services due to the lack of specialism in local units. There is also a risk that some of these out of area services may move further away in future.
- Less investment in community services supporting people outside hospital, particularly in Primary Care Mental Health Services and Crisis Resolution Home Treatment Services.
- Continued inequity in the provision and charging for some services. This particularly affects day care services where different approaches to providing meaningful day based activities have been developed in different parts of the county.

Consultation response form

For most of the questions, simply tick (✓) the box next to the answer you want to give. Otherwise write your comments in the space provided.

Please return the questionnaire by **Tuesday 30th September 2008**

Q1 Do you agree or disagree with the reasons why we are proposing changes to mental health services in Cumbria? (pages 11-14)

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No opinion

Psychiatric intensive care (page 15)

Q2a Do you agree or disagree that the small numbers of service users needing short periods of intensive therapy should receive this service within the County's single acute care pathway even if they have to travel further within Cumbria?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No opinion

Q2b The proposal is to base this intensive service in Carlisle alongside other acute mental health services, do you feel the advantages of this proposal outweigh the disadvantages?

- Yes
- No
- Not sure

Q2c Is there anything else we need to consider?

Acute functional mental illness (page 16)

Q3a Do you agree or disagree with the principle that more care should be provided for this group of service users in the community through the provision of 24/7 crisis resolution and home treatment services and less in a hospital setting?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No opinion

Q3b Do you agree with our specific proposals for North Cumbria?

- Yes
- No
- Not sure

Q3c Do you agree with our specific proposals for South Cumbria?

- Yes
- No
- Not sure

DETACH AND FOLD

Q3d Is there anything else we need to consider?

Severe organic mental illness (pages 17-18)

Q4a Do you agree or disagree with the principle of providing care for this group of service users in units that are co-located with other mental health services rather than in more local but isolated units?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No opinion

Q4b Do you agree with our specific proposals for North Cumbria?

- Yes
- No
- Not sure

Q4c Do you agree with our specific proposals for South Cumbria?

- Yes
- No
- Not sure

Q4d Is there anything else we need to consider?

Recovery and rehabilitation (pages 18-19)

Q5a Do you agree or disagree with the principle of providing more recovery and rehabilitation services in the community through the voluntary (third) sector?

- Strongly agree
- Agree
- Disagree
- Strongly disagree
- No opinion

Q5b Do you agree that the small number of NHS hospital based services for rehabilitation in the county should be combined and the number of placements in the community should be increased?

- Yes
- No
- Not sure

Q5c Do you agree that we should use the voluntary (third) sector to provide a range of daytime activities for people with functional mental illness?

- Yes
- No
- Not sure

Q5d Is there anything else we need to consider?

Pooling of funds (page 19)

Q6 Do you agree that the NHS and Adult Social Care in Cumbria should pool their funds to enable those services to be developed?

- Yes
- No
- Not sure

Please tick this box if you do not want your comments made public subject to the provisions of the Freedom of Information Act (see page 26)

You do not have to complete the following information but it would help us analyse the responses we receive.

Q7a Are you responding as an organisation or as an individual? (tick one box only)

- organisation
- individual go to Q7b

If an organisation, write in name then go to Q7c

Q7b How would you describe yourself? (tick one box only)

- a mental health service user
- an unpaid carer/supporter
- a member of NHS staff
- a member of social care staff
- a member of the public
- other (write in) _____

Q7c Are you male or female?

- male
- female

Q7d What age group are you in?

- 18 or under
- 19-40
- 41-60
- 61-80
- 81 or over

Q7e What is your ethnic group?

- White British
- Other white background
- Mixed background
- Asian/Asian British
- Black/Black British
- Chinese
- Other ethnic group

Q7f Do you consider yourself to have a disability?

- yes
- no

Q7g Could you let us know the first part of your post-code?

(eg, LA9, CA14, LA15, CA4) (please write in) _____

Thank you for completing this response form.

Please return the response form by **Tuesday 30th September 2008** to the FREEPOST address over the page.

FOLD 1

No stamp is needed

Freepost RRUX-JJHZ-XAES
Cumbria PCT
Penrith Hospital
Bridge Lane
PENRITH
CA11 8HX

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If you have any other comments about the consultation, please write them in here.

Our detailed proposals

Expansion of psychiatric intensive care

A very small number of people who are already receiving mental health NHS inpatient care may need short periods of intensive therapy in a safer environment. This is provided in Psychiatric Intensive Care Units (PICU) designed and staffed specifically for this purpose.

Now

- Six beds in Carlisle at Carleton Clinic.
- Up to four beds in Lancaster in an out of county contract.
- A variable number of 'spot placements' elsewhere, usually when the Lancaster beds are not available.

Proposed

- A single 10 bed unit for Cumbria in Carlisle.
- Reduced use of out of area and 'spot placements'.



*Angela Bennett,
Primary Care Mental Health Practitioner*

Cumbria Partnership NHS Foundation Trust has lodged a detailed business case for the extension and refurbishment of the existing unit at Carleton Clinic in Carlisle for consideration by the Primary Care Trust.

Implications

- All those who need a period of this specialist care will benefit from improvements in co-ordination and communication between staff as they will all be working within one care system.
- Being in a single care pathway will be safer for service users.
- The new unit will be a dedicated facility meeting the latest NHS standards.
- Higher staff numbers with a wider range of skills in the new unit will improve levels of safety and therapeutic interventions.
- As the reliance on units outside Cumbria is reduced, overall there will be fewer people going to distant provision – and therefore less travelling for carers.
- However, some South Cumbrians will have to travel further to receive PICU services. In 2006/7 there were 35 admissions from South Cumbria to Psychiatric Intensive Care Units. Almost all of these were to units outside Cumbria and around a third were 'remote' placements in the North West of England and elsewhere.

Inpatient services for people with acute functional mental illness

Severe mental illness often takes the form of psychoses such as schizophrenia or mood disorders such as bi-polar disorder. Individuals diagnosed with these illnesses often live normal lives. They receive most of their support from services such as GPs, social workers and other community based clinicians. In times of crisis, a small number require admission to hospital.

Now (North Cumbria)

- 16 bed crisis and assessment unit in Whitehaven.
- Two units in Carlisle at Carleton Clinic totalling 40 beds providing both crisis and assessment and a full inpatient service.

Proposed

- Continued development of a new, appropriate facility with 16 places in West Cumbria.
- No change in Carlisle.

Now (South Cumbria)

- 10 bed crisis and assessment unit in Kendal at Westmorland General Hospital.
- Two units in Barrow at Dane Garth, Furness General Hospital totalling 28 beds providing both crisis and assessment and a full inpatient service.

Proposed

- To continue with the current unit in Kendal but, in view of the concerns expressed about the current ward setting by clinicians, service users and carers, to review options for a more appropriate long term solution for Kendal.
- Merging the two wards in Barrow to create a single 20 bed unit providing crisis and assessment and a full inpatient service as now. This change will run alongside the completion of the 24/7 Crisis Resolution and Home Treatment Service.

Implications

- An improved patient environment and better areas for therapeutic activities.
- More therapeutic services.
- Further planning and engagement with stakeholders is required especially in West Cumbria and Kendal.

Inpatient services for people with severe organic mental illness

The vast majority of people diagnosed with dementia live relatively normal lives at home, or in care homes. Occasionally their needs are very high due to extremely challenging behaviour and/or the risk of injury to themselves or others. The NHS does not provide continuing accommodation for individuals with these needs as other providers do this more effectively, mostly in care homes. However inpatient services provide shorter periods of assessment and treatment particularly for those people with challenging needs.

Now (North Cumbria)

- 15 male only beds in an annexe to an independent sector nursing home in Workington (Lakelands Unit).
- 12 beds (male and female) in Carlisle at Carleton Clinic.

Proposed

- Change the use of the nursing home annexe in Workington to provide an increase in nursing home placements available for older people with mental health problems. This proposal is in line with the intentions of the current independent sector provider.
- New purpose-designed 20 bed (male and female) unit in Carlisle at Carleton Clinic.

Implications

- An improved patient environment.
- More therapeutic services available.
- Greater ability to support more complex admissions.
- Travelling to the new unit for men from East Cumbria will be reduced, while travelling to the new unit for men from West Cumbria will be increased.

Now (South Cumbria)

- 20 beds in Ulverston at Gill Rise.

Proposed

- 15 bed purpose-designed unit in Barrow at Dane Garth, Furness General Hospital.

Implications

- The care environment would be improved with more therapeutic services available.
- Greater ability to support more complex admissions.
- Travelling to the new unit for people from Furness will be reduced, while travelling to the new unit for people from South Lakes will be increased.
- The existing Ulverston unit becomes available to meet other health care needs in Ulverston and its surrounding area. Proposals will be developed in conjunction with stakeholders including GPs, University Hospitals of Morecambe Bay NHS Trust and other local interests.

Recovery and rehabilitation

People coping with mental illness and its after-effects often find it hard to take part in normal, everyday life. They may have become isolated and struggle to keep friendships and social networks alive. They need help to recover not just from the mental health problem, but also from this wider legacy of the illness. Some of these people are now in long term care out of the County, with no obvious services in place to help them return.

Now

- 18 NHS beds in Carlisle.
- 10 NHS beds in Barrow.
- Out of county placements.
- Variable levels and types of day care, some provided by statutory organisations, others by the voluntary sector.

Proposed

- 20 place step down unit for complex needs and challenging behaviour in Carlisle, based on Syra House.
- Domestic style voluntary sector provision to replace the NHS beds in Barrow.
- Daytime activities for people with functional mental illness to be commissioned from third sector organisations, rather than NHS providers.
- Creation of a 'recovery strategy' for Cumbria with innovative models of service in all sectors and which focus on inclusion in the normal activities of everyday life.

Implications

- A specialist step down unit will help us to return some long term patients from out of area, with a wider range of therapeutic services and support necessary for more complex admissions.
- The existing Barrow unit becomes available to meet other health or social care needs in Barrow and its surrounding area. Proposals will be developed in conjunction with stakeholders including GPs, University Hospitals of Morecambe Bay NHS Trust and other local interests.
- Using the third sector more will support the development of socially inclusive service models, create a more sustainable income stream for local voluntary sector care and support providers, and enable an individual budget model to increase choice of provider and service.
- There will be a need to develop detailed implementation plans for the transfer of services from the existing provision linked to the development of care plans for individuals. These will be developed on a locality basis with the involvement of the appropriate stakeholders.

Pooling of 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 & Rehabilitation Service. When such a pooled fund is set up we have to consult stakeholders and we are therefore including this proposal in the consultation.

Now

- The Primary Care Trust and the County Council both commission similar services.

Proposed

- The PCT wishes to explore the principle of pooling the money it currently spends in mental health on social care with Cumbria County Council, under section 75 of NHS Act 2007.
- A number of small existing joint arrangements would become part of this pool.

Implications

- Pooling of funds will allow the creation of a fairer access and charging policy.
- Health services will continue to be free at the point of delivery.
- Some people currently receiving social care services through the NHS may become subject to charging.

Changes to inpatient services

	Ward name	Places now	Places proposed
Psychiatric intensive care			
Carlisle	Rowanwood	6	10
Lancaster	Silverdale	4	0
	Total	10	10
Acute functional illness			
Barrow	Beckside	16	20
	Manor	12	0
Whitehaven	Yewdale	16	16
Carlisle	Oakwood	13	13
	Hadrian	27	27
Kendal	Kentmere	10	10
	Total	94	86
Severe organic illness			
Ulverston	Gill Rise	20	0
Barrow		0	15
Carlisle	Ruskin	12	20
Workington	Lakelands	15	0*
	Total	47	35
Rehabilitation and recovery			
Barrow	102 Dalton Lane	10	0
Carlisle	Syra	18	20
	Total	28	20
All inpatient based services		179	151

* There will be an increase of 15 in the number of Elderly Mentally Ill (EMI) nursing home beds.

Summary of the proposed changes by locality

West Cumbria		North and East Cumbria	
Functional	16	Functional	40
Extra EMI nursing home beds (West Cumbria)	15	Organic	20
Total	31	Total	60
Furness		South Lakeland	
Functional	20	Functional	10
Organic	15		
Total	35	Total	10
County services based in Carlisle			
		Psychiatric intensive care (PICU)	10
		Rehabilitation & recovery step down	20

Implementing our proposals

Provisional timescales

The table outlines the broad timescales for implementing these proposals, subject to consultation. Implementation will be coordinated by Cumbria Partnership NHS Foundation Trust. A communications plan will be prepared to make sure that all stakeholders are informed and involved.

Provisional timescales

	Short Term During 2008/9	Medium Term During 2009/10	Long Term 2010/11 onwards
PICU	Building works start	New unit opens 2009	
Creation of single functional illness ward in Barrow.	Improved crisis services in the community in place. Move to a single ward structure	Building works to improve the design of the unit complete by end 2009	
Creation of organic illness ward in Carlisle		Building works start spring 2009	New Carlisle unit opens and Workington unit transfers to nursing home
Creation of organic illness ward in Barrow		Building works start winter 2009	New Barrow unit opens and Ulverston unit transfers to new use
Closure of 102 Dalton Lane	New accommodation identified for current residents and discharges completed		
Commissioning new pattern of day care	Alternative arrangements made		

Financing our proposals

Cumbria Partnership NHS Foundation Trust (FT) and Cumbria Primary Care Trust (PCT) have agreed financial plans to implement these proposals.

These financial plans reflect:

- £1m reduced expenditure by Cumbria PCT on mental health services in 2008/9 largely through reductions in 'out of county' service costs.
- Access to the PCT transitional fund for the costs of change (the FT and PCT will agree the exact amounts involved as detailed implementation plans are drafted).
- £7.2m capital investment in improved inpatient facilities funded from Cumbria Partnership NHS FT over a three year period.

- Associated capital charges from the above investment being funded by Cumbria Partnership NHS FT (except for the Psychiatric Intensive Care Unit scheme).
- £0.5m funding from 2009/10 to Cumbria Partnership NHS FT from Cumbria PCT to fund the increased costs of the proposed Psychiatric Intensive Care Unit including the associated capital charges.

The financial plans above include the ongoing investment in primary care mental health services already commenced by Cumbria Partnership NHS FT being completed in 2009/10 which total £1m over three years funded from the proposed changes and increased efficiency in delivering mental health services over the same period.

Reducing isolation for people using services

Helping people to remain active in their everyday lives is the best way to avoid isolation. Our general strategy – to keep services closer to home as much as possible – should therefore help to reduce the risk of isolation for people with mental ill-health. More people will receive services without needing admission to hospital.

Hospital accommodation is used as a last resort to deliver mental health services for a small number of people. The evidence is that even short hospital stays can disconnect some people from their circles of support and increase their sense of social isolation. As we concentrate the inpatient services, there will be an increase in travel for some patients and their carers; but hospital stays will be as short as possible to reduce the effect of social isolation and to keep people engaged in their local community.

We will develop plans to help carers and other visitors travel to hospital based services, where these are remote from their normal residence, without unnecessary expense. These plans need to be in line with Cumbria County Council's transport policies and use existing infrastructures where possible. We will bring together the responsible agencies and people who use our services and their carers, to find acceptable solutions to the travel and transport challenges we face.

It is likely that some of these solutions will also involve the more innovative use of information technology to help keep patients in touch with each other and with their families. We will report on the outcome of this work as part of the report on the outcome of this consultation.

How we put our proposals together

A wide range of statutory agencies, people who use services, carers, GPs and the voluntary and independent sectors have collaborated on these proposals.

The Inpatient Working Group of Cumbria Partnership NHS Foundation Trust led a number of meetings including a large workshop which looked at various options for inpatient services:

- 1) A single campus for Cumbria.
- 2) Two campus sites with community based crisis accommodation in each locality.
- 3) Two campus sites with two sub-acute facilities.
- 4) No change.

These options were discussed in relation to all categories of service user needs. The consensus was a mixture of options 2 and 3 and recommendations were made to the Mental Health Care Stream Board.

The Mental Health Care Stream Board accepted those recommendations subject to further work on increased provision of local non-hospital based crisis accommodation and improvements to travelling arrangements for service users and carers using hospital based services.

Cumbria Primary Care Trust, Adult Social Care and Cumbria Partnership NHS Foundation Trust have carried out 'pre-consultation' work involving people who use mental health services, their carers and people who deliver those services including GPs. Cumbria Mental Health Group was also commissioned to organise meetings in each locality. These meetings allowed people to hear about the proposals, raise concerns and ask questions. Their views are summarised on pages 12-13 and they will continue to be involved with, and influence, the implementation of the proposals following the outcome of the consultation.



Activities leading up to formal consultation

September 2007	Service User Conference
October 2007	Health & Wellbeing Overview and Scrutiny Committee Cumbria MIND Groups South Lakeland User/Carer Forum
November 2007	Third Sector Provider Meeting Pathways to Recovery
December 2007	Inpatient Reconfiguration Workshop Care Stream Stakeholders Pre-Consultation
January 2008	Care Stream Extended Board
February 2008	Locality Pre-Consultation (Allerdale, Copeland, South Lakeland)
March 2008	Locality Pre-Consultation (Carlisle, Eden, Furness)
April 2008	Acute Trusts Pre-Consultation Third Sector Provider Meeting
May 2008	Locality Follow-Up Meetings Care Stream Extended Board Health & Wellbeing Overview and Scrutiny Committee
June 2008	Launch of Formal Consultation

Equality and diversity

We need to commission and deliver a range of mental health services and facilities for people with mental health needs. Cumbria's population is varied and we need to make sure that our services meet the needs of all groups. An Equality Impact Assessment process will make sure that the six national equality strands – ethnicity, disability, gender, sexuality, religion or belief and age – are taken into account together with the added diversity arising from the urban/rural spread of our County.

Let us know what you think

The closing date for the consultation is **Tuesday, 30th September 2008**.

We would like as many people as possible to have the opportunity to tell us what they think about our proposals and we are sending the consultation document out to, or through:

- Cumbria Mental Health Group
- Other service user and carer networks
- Voluntary, community and faith (third sector) organisations
- Cumbria Health & Wellbeing Overview & Scrutiny Committee
- Cumbria Local Involvement Network (LINK)
- NHS and Adult Social Care staff
- Staff organisations, trade unions and professional bodies
- General Practitioners (GPs)
- Members of Parliament (MPs)
- Local Strategic Partnerships
- County, district and parish councils
- Local Trusts and other statutory service providers
- Independent sector providers
- Libraries
- Local media

If you know of any individual or organisation who might like a copy, or want extra copies yourself, please ring us on 08447 280107 or email nhsconsultation@cumbriapct.nhs.uk

Further information on the background to this consultation is available on our website www.cumbriapct.nhs.uk

How to contact us

You can let us know what you think about our proposals by:

- Completing the response form in the centre of this document
- Accessing the response form online at: www.cumbriapct.nhs.uk
- Writing to us at our FREEPOST address:

Freepost RRUX – JJHZ – XAES

Cumbria PCT

Penrith Hospital

Bridge Lane

PENRITH

CA11 8HX

No stamp is needed

- Emailing us at: nhsconsultation@cumbriapct.nhs.uk
- Telephoning your response to 08447 280107
- Faxing your response to 01539 726687
- Coming to one of our consultation events (see below)

If you would like some help to complete the response form, please telephone 08447 280107.

We are bound by the rules of the Freedom of Information Act (2000). This means that we may publish or release all the information contained in your response. If you ask us to keep information you give us confidential, we can only do so in line with our obligations under the Act.

Consultation events

We are holding seven events at various locations in Cumbria. These events will give local people an opportunity to tell us what they think about the specific proposals and learn about other services and organisations that support mental health and wellbeing. Light refreshments will be provided. These events will be held on:

Monday 30th June Penrith Methodist Church
Market place starts: 2pm Presentation & Q&A: 3pm

Tuesday 1st July Washington Central Hotel, Workington
Market place starts: 4.30pm Presentation & Q&A: 6pm

Thursday 3rd July Coronation Hall, Ulverston
Market place starts: 2pm Presentation & Q&A: 3pm

Wednesday 9th July	Kendal Town Hall
Market place starts: 2pm	Presentation & Q&A: 3pm
Thursday 10th July	Tullie House Museum, Carlisle*
Market place starts: 4.30pm	Presentation & Q&A: 6pm
Wednesday 16th July	Forum 28, Barrow in Furness*
Market place starts: 4.30pm	Presentation & Q&A: 6pm
Monday, 21st July	Civic Hall, Whitehaven
Market place starts: 2pm	Presentation & Q&A: 3pm

* A British Sign Language interpreter will be present at the Carlisle and Barrow meetings.

If you belong to an organisation which is meeting during the consultation and would like more information about our proposals, please ring us on 08447 280107 or email nhsconsultation@cumbriapct.nhs.uk

What happens next

We will take into account all the views expressed and comments received. The analysis of the responses to the consultation will be carried out by the University of Cumbria.

Although we will not be able to respond to every individual, we will publish a summary of the outcome of the consultation showing how those responses have views have influenced our decisions. This summary will be posted on our website www.cumbriapct.nhs.uk; alternatively you can request a paper copy by telephone or email.

Following this formal consultation we will continue to work with service users and carers, local clinicians, voluntary and support organisations, public representatives and partner organisations on a range of measures designed to further improve mental health and wellbeing throughout Cumbria.

Effective consultation

Our consultation process aims to follow the national Code of Practice on Consultation (2004) (www.consultations.gov.uk) which sets out six criteria for conducting public sector consultations:

- Consult widely throughout the process, allowing a minimum of 12 weeks at least once during the development of the policy. We are allowing more than 12 weeks as the consultation runs over the summer holiday period.
- Be clear about what the proposals are, who may be affected, what questions are being asked and the timescale for responses.
- Ensure that the consultation is clear, concise and widely accessible.
- Give feedback regarding the responses received and how the consultation process influenced the policy.
- Monitor the organisation's effectiveness of the consultation, including through the use of a designated consultation co-ordinator.
- Ensure that the consultation follows better regulation best practice, including carrying out a Regulatory Impact Assessment if required.

Our consultation process also seeks to follow the Cumbria Compact Code of Practice on Planning and Consultation (www.cumbriacc.gov.uk).

If you have any comments about these principles in relation to the consultation process, please write to:

Associate Director for Strategic Development and Partnerships
Cumbria PCT HQ
Penrith Hospital
Bridge Lane
PENRITH
CA11 8HX

Cumbria County Council's Health & Wellbeing Overview and Scrutiny Committee has a formal role in the consultation process and will be checking that:

- Our proposals are in the best interests of the health service and the people of Cumbria.
- The content of the consultation and the time allowed for it are satisfactory.

We will share the feedback we receive on this consultation with the Committee and will respond to any recommendations the Committee makes at the end of the consultation. The Scrutiny Committee has powers to refer the consultation to the Secretary of State if, in the last resort, it remains dissatisfied with our proposals or the consultation process.

