

Clinical Senate Review of the proposals to redesign Adults & Older People's Specialist Mental Health Services in Eastern Cheshire, South Cheshire and Vale Royal

**Written for
Eastern Cheshire CCG**

Cheshire & Merseyside Clinical Senate

January 2019

Providing independent strategic clinical advice

Chair's Foreword

NHS Eastern Cheshire Clinical Commissioning Group (CCG), in its capacity as lead commissioner on behalf of the commissioning partners, commissioned Cheshire & Merseyside (C&M) Clinical Senate to undertake an independent clinical review in line with the NHS England Stage 2 assurance process, of the proposals to redesign the Adults & Older People's Specialist Mental Health Services in Eastern Cheshire, South Cheshire and Vale Royal.

From the paperwork received and the conversations held during the review visit, it is clear that an enormous amount of hard and carefully considered work has taken place, and is still taking place to provide the best possible services for Adults & Older People with Specialist mental health needs across the population of Eastern Cheshire, South Cheshire and Vale Royal. The staff should be congratulated on this.

I would like to thank the clinicians and managers in Eastern Cheshire, South Cheshire and Vale Royal who have contributed to this review. Also my sincere thanks to the review team who provided their time and advice freely. I am grateful to members of the Clinical Senate for their ongoing support and commitment to the provision of robust clinical advice.

The clinical advice within this report is given in good faith and with the intention of supporting commissioners. This report sets out the methodology and findings of the review, and is presented with the offer of continued assistance should it be needed.



A handwritten signature in black ink that reads "R. P. McLachlan".

Roy McLachlan
Independent Review Panel Chair

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1. Introduction

- 1.1. Commissioners in Eastern Cheshire, South Cheshire and Vale Royal are working with the local mental health service providers to review secondary care and mental health services for adults and older people with severe mental illness. As such the scope of this review is to look at specialised community support, crisis response and inpatient care.
- 1.2. The partners are:
 - NHS Eastern Cheshire CCG (ECCCG): Lead Commissioner
 - NHS South Cheshire CCG (SCCCG): Joint Commissioner
 - NHS Vale Royal CCG (VRCCG): Joint Commissioner
 - Cheshire and Wirral Partnership NHS Foundation Trust (CWP): Service Provider
- 1.3. Cheshire East Council (CEC), as joint commissioners and providers of adult social care services are a key stakeholder.
- 1.4. As with many health and care systems, the area covered by Eastern Cheshire, South Cheshire and Vale Royal CCGs are facing a number of significant challenges in their system, including:
 - Changing population demographics
 - Health inequalities
 - Limited workforce
 - Rising demand for care and support
 - Increasing activity
 - Financially challenged health and care system
- 1.5. This review follows a previous desktop exercise, undertaken by Cheshire & Merseyside (C&M) Clinical Senate in November 2017, regarding the proposals for these services at the pre-consultation stage of the process. That review was commissioned by the NHS England (NHSE) C&M Directorate of Commissioning Operations (DCO).
- 1.6. The aim of the current review was to undertake an independent clinical review of the proposals to redesign the Adults and Older Peoples Specialist Mental Health Services for people living in Eastern Cheshire, South Cheshire and Vale Royal.
- 1.7. The Terms of Reference for the review included the following objectives:
 - 1.7.1. Will the redesign proposals described deliver improved outcomes for adults and older people with specialist mental health needs?
 - 1.7.2. Will the redesign proposals described address the issues raised in the case for change?
 - 1.7.3. Does the draft decision making business case adequately take account of the findings of the public consultation?
 - 1.7.4. Will the redesign proposals address future demand on adult and older people's specialist mental health?
 - Do the redesign proposals align with the CCG's strategic direction?
 - Are the proposals modelled on demand?

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- Are the proposed models clinically sustainable identifying the potential workforce implications?
- Do the proposals provide opportunities for growth?
- Do the proposals provide the appropriate balance of proactive and reactive support?

1.8. The Clinical Senate Review Team members were:

- Roy McLachlan, Independent Review Panel Chair
- Ian Linford, Citizen Representative and C&M Senate Council Member
- Dr Kalakala Prasad, Consultant Psychiatrist in Liaison Psychiatry, North West Boroughs Healthcare NHS Foundation Trust (FT)
- Dr Mehran Javeed, Consultant Old Age Psychiatrist, Salford, Greater Manchester Mental Health NHS Trust
- Phil McEvoy, Managing Director, Six Degrees Social Enterprise

1.8. Managerial and business support to the panel was provided by the NW Clinical Senate management support team:

- Pamela Bailey (Senate Project Manager)
- Sarah Ogden (Business Support)

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2 Background

- 2.1 Since 2010 there has been an increase in activity across the three CCGs in functional services for people with moderate to severe mental health needs and in dementia services.
- 2.2 There has been recognition that there is a need to address capacity in the community and reduce the over reliance on hospital services and improve and modernise mental health services to reflect a proactive, timely response to the needs of people requiring mental health support in the community and provide care in the least restrictive environment.
- 2.3 In November 2017, as part of the NHS England assurance process, C&M DCO commissioned C&M Clinical Senate. The commission was to provide an independent view of the clinical model and workforce implications for adult and older people's specialist mental health provision across Eastern Cheshire, South Cheshire and Vale Royal, as contained within service development proposals drawn up by commissioners.
- 2.4 The aims of that review were to undertake a quick desktop exercise to examine the service development proposal with respect to clinical quality, workforce, IT and beds.
- 2.5 That panel submitted a report to C&M DCO which summarised their findings and recommended key lines of enquiry. That report was used as part of the NHSE assurance process with feedback informing the assurance panel's key lines of enquiry. Ultimately NHSE was satisfied that the commissioners had addressed any concerns raised and Stage 2 assurance was given in February 2018.
- 2.6 It is clear that the senate feedback was taken on board in the development of the final consultation materials used by the service commissioners.
- 2.7 Following this additional work, a pre-consultation business case was drawn up which outlined a compelling case for change and presented options to deliver improved mental health outcomes for the target populations within the financial resources available.
- 2.8 Public consultation took place between 6th March 2018 and 29th May 2018, with three options proposed:
- 2.8.1 **Option 1:** To not introduce the proposed new model of care. In this option there would be no prospect of improvement or development of the following services: community care, crisis care / choice of service, dementia outreach, or inpatient care unless funding was taken or diverted from other current local NHS services. All inpatient care would be retained in the Millbrook Unit, Macclesfield.
- 2.8.2 **Option 2:** To improve community and home treatment (crisis) teams, and provide local crisis beds within the community, older people's inpatient care at Lime Walk House, Macclesfield and adult inpatient care at Bowmere, Chester. This option proposes to enhance community and home treatment (crisis) teams to provide a wider range of services and improve access to care locally for the 7,000 adults and older people in the community who currently access specialist mental health services.

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- 2.8.3 **Option 3:** To improve community and home treatment (crisis) teams, provide local crisis beds within the community, provide adult inpatient care at Lime Walk House, Macclesfield and older people's inpatient care at Bowmere, Chester. This option proposes to enhance community and home treatment (crisis) teams to provide a wider range of services and improved access to care locally for the 7,000 adults and older people in the community who currently access specialist mental health services.
- 2.9 Before the panel undertook the site visits, commissioners, in response to concerns expressed during public consultation and some developments regarding the availability of buildings on the Macclesfield hospital site, had further designed an amended option, **Option 2a**¹. This revised option comprised: the temporary² transfer of rehabilitation beds from Lime Walk to Bowmere, Chester, the creation of 26 beds for adult and older functional patients at Lime Walk and the inclusion of 15 dementia beds in a refurbished ward, formerly known as CARS, in Macclesfield.
- 2.10 The concerns expressed during the public consultation included a lack of capacity in the home treatment teams and the limited choice of, and access to, care for patients experiencing crisis, with only A&E departments offering consistent 24 hour a day support.

¹ Please note that between the time of the review and the publication of the report, this option has become known as "option 2 plus". However, the term "option 2a" is used in this report to represent the situation at the time of review.

² At the time of review this was being viewed as a temporary transfer. Since the review, the decision has been made to remove the word "temporary" from communications.

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3 Methodology

- 3.1 A number of teleconferences and meetings took place between the Clinical Senate and Eastern Cheshire CCG in the period from August 2018 to October 2018 to develop, iterate and agree the Terms of Reference for the review (Appendix 1).
- 3.2 Provisional review information was provided by Eastern Cheshire CCG colleagues in September 2018. Panel members reviewed these independently and a panel teleconference took place on the 15th October 2018 to share initial thoughts. Consequently a number of requests for additional information were made. The additional information requested was received on 25th October 2018.
- 3.3 Following the teleconference on 15th October 2018, initial thoughts and comments were shared with the commissioner with regards to:
 - Service models / Integration / Bed Distribution
 - Capital costs
 - Staffing issues
 - Implementation
- 3.4 The review panel visited Cheshire on the 30th and 31st October 2018 (see Appendix 2 for full itinerary). The panel convened at the Bowmere Hospital site in Chester then travelled to the Macclesfield District General Hospital site to see facilities, meet key staff and gain an in-depth understanding of the challenges faced. The panel met with commissioner colleagues at the end of the visit and fed back some initial thoughts.
- 3.5 A written summary of the panel's verbal feedback (Appendix 3) was sent to commissioners on 2nd November 2018. This was to assist them with progressing their work, and came with a caveat of possible changes to findings and recommendations in the final ratified report.
- 3.6 A draft report was sent to commissioners for accuracy checks on 21st November 2018 with feedback received by 5th December 2018. The final report was ratified by the C&M Clinical Senate Council on the 12th December 2018 and sent to Eastern Cheshire CCG on 13th December 2018.

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4 Discussion

4.1 The sections below contain analysis and discussion relating to the objectives described in the introduction and in the Terms of Reference (Appendix 1). For each of the objectives a range of observations, comments and suggestions are made with a summary at the end of each section.

4.2 Will the redesign proposals described deliver improved outcomes for adults and older people with specialist mental health needs?

- 4.2.1 There are clear aspirations of improved access, responsiveness and quality but the work that needs to be done to meet these aspirations is not explicitly set out. The business case model would be strengthened by a quality improvement plan.
- 4.2.2 The proposals need to be backed up by explicit statements regarding the outcomes to be achieved and the difference that they will make to the current outcomes.
- 4.2.3 Options 2 and 3 both contain proposals for 22 beds at the Bowmere site. This includes four beds upstairs and the rest downstairs. In these options travel for families will be very difficult given the distance from Macclesfield.
- 4.2.4 In Option 2, the Lime Walk facility could be made suitable for patients living with dementia by undertaking appropriate refurbishment and extension to provide two wards: one for people with dementia and one for older people with functional mental health needs.
- 4.2.5 The plans, under Option 2a, to have rehabilitation beds at Chester for an undetermined period are not ideal for long term patients with twelve to eighteen months length of stay. This is due to the range of difficulties it would create for visiting given the distances involved for families travelling. There should be robust arrangements put in place to support individuals to rehabilitate in their local communities as soon as possible.
- 4.2.6 Options 2, 2a and 3 require more detail on the role that prevention of mental illness will play in delivering a service model which is less reliant on in-patient facilities.

Summary: On balance the panel acknowledged that considerable progress had been made, with further work needed on specific issues highlighted above.

4.3 Will the redesign proposals described address the issues raised in the case for change?

- 4.3.1 The aim of the redesign is to meet CQC requirements for in patient environments and to enhance community based services in line with national policy and standards. This will require a more in-depth needs analysis to understand fully the needs of patients receiving their care in the community. There is no reference to the needs of patients

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in care homes, their CQC ratings, the risks or the use of acute care services and care home liaison.

- 4.3.2 With Option 2a it is possible to provide more care closer to home and the impact of travel distance will be for rehabilitation patients entailing fewer overall numbers.
- 4.3.3 Rehabilitation on one site would be a centre of excellence and may provide better outcomes and reduce length of stay.
- 4.3.4 The unanimous view of the panel was that the current Millbrook Unit is definitely not fit for purpose due to a lack of single rooms and en-suite facilities. It was also acknowledged that the construction of the building makes it very difficult to redesign to create CQC compliant facilities.
- 4.3.5 Access to crisis beds rather than reliance on inpatient / emergency department is generally better for patients in providing step up facilities outside an acute environment. However, this is dependent upon the location of those beds which has not yet been determined.
- 4.3.6 Community proposals will certainly address the current issues with crisis access highlighted in case for change.

Summary: The panel agreed that the redesign proposals did address the issues raised in the case for change, particularly relating to the development of 24/7/365 community crisis access and other community based services.

4.4 Does the draft decision making business case adequately take account of the findings of the public consultation?

- 4.4.1 It was clear to the review panel that commissioners have responded very positively to concerns expressed during the public consultation, and to suggestions arising during the consultation process. The panel also agreed that commissioners have been very clear in highlighting the challenges associated with each option.
- 4.4.2 The finance details need updating including risk management.
- 4.4.3 The rehabilitation element in option 2a does not align with the principle of providing care closer to home. From the consultation travel to Chester for affected patients / families / carers was a key concern and may potentially have a significant impact for those affected. This change of model and affected patient cohort may therefore require a further period of public consultation.
- 4.4.4 The original public consultation was based on costs from 2010/11 and needs revision.
- 4.4.5 For option 2, the originally preferred option, there are not sufficient details about travel plans. This was readily acknowledged by commissioners during the visit with further work in development.
- 4.4.6 Option 2a does significantly address concerns raised during the consultation in relation to travel implications for patients / families / carers however there are still potential implications for those accessing rehabilitation services.
- 4.4.7 Community services have been very positive in supporting concerns raised.

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Summary: The panel fully recognised the way in which commissioners have responded positively to the findings of the public consultation in developing a further option 2a. It has been suggested to commissioners that this aspect is given more prominence earlier in the Decision Making Business Case.

4.5 Will the redesign proposals address future demand on adult and older people's specialist mental health?

4.5.1 Do the redesign proposals align with the CCG's strategic direction?

- 4.5.1.1 There needs to be greater reference on Health & Wellbeing, deprivation, homelessness, dementia prevalence within the case.
- 4.5.1.2 It is clear that a redesign is needed and it is using strategies that have benefited other areas.
- 4.5.1.3 There appears not to be a great deal linking evidence to CCGs five year direction. Annual plans and operational plans do tend to have to focus on limited range of national targets to deliver.

4.5.2 Are the proposals modelled on demand?

- 4.5.2.1 Demand modelling is based on clusters, staffing skill mix, regulations, and aspirations on centre of excellence.
- 4.5.2.2 There might be benefit in using ward profiles and prevalence data to influence decisions more.
- 4.5.2.3 The panel does anticipate that a joined up approach including additional community resources and support will reduce reliance on inpatient facilities.
- 4.5.2.4 New models of care closer to home should provide earlier intervention to support demand modelling.

4.5.3 Are the proposed models clinically sustainable identifying the potential workforce implications?

- 4.5.3.1 For clinical sustainability there needs to be shared understanding and importance of quality of care between primary, secondary and third sector organisations.
- 4.5.3.2 The panel had some concerns around who supports the crisis beds. It is understood the plan is to commission the beds through a tendering process and the panel would be keen to have assurances that any ongoing risk of recommissioning is addressed appropriately.
- 4.5.3.3 Consideration could usefully be given to multi-disciplinary group meetings including palliative care, GPs, MH professionals.
- 4.5.3.4 Overall the panel felt there was good use of on the ground intelligence and data analysis.

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4.5.4 Do the proposals provide opportunities for growth?

- 4.5.4.1 Staff development, career progression and increasing skills might need more explicit inclusion in the Decision Making Business Case.
- 4.5.4.2 Use of technology to enhance care was mentioned in the Pre Consultation Business Case and public consultation and could be developed further.
- 4.5.4.3 There are good examples of sharing and learning of ideas.

4.5.5 Do the proposals provide the appropriate balance of proactive and reactive support?

- 4.5.5.1 The business case needs to be more clearly aligned with the priorities set out in the Five Year Forward for Mental Health:
 - Promoting good mental health and helping people lead the lives they want to live
 - Delivering integrated physical and mental healthcare
 - Providing the right care at the right time and in the right place, and a seven-day mental health service
 - Hard-wiring mental health across health and social care.
- 4.5.5.2 The proactive work that has been done so far to address this agenda needs to be referenced in the business case.
- 4.5.5.3 Care should focus on enabling people with severe mental health problems who require intensive support to make decisions and have control of their lives.

Summary: The panel acknowledged the considerable progress made in designing a new model of service based on analysis of demand. With the further work highlighted above the panel would be confident that there will be capacity to address future demand.

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5 Conclusions and Recommendations

- 5.1 The panel thoroughly enjoyed this piece of work and were left impressed and inspired by the standard of care, improvements made, cultural changes achieved, as well as the palpable enthusiasm and desire of the staff to provide the best possible service for adults and older people requiring specialist mental health services across Eastern Cheshire, South Cheshire and Vale Royal.
- 5.2 The panel makes the following recommendations, which are intended to be supportive and constructive:

Review Panel Recommendations

1. The opportunity to refurbish the former CARS Ward in line with national dementia standards for inpatient care should be continued to be analysed as an option.
2. It would be beneficial for the information regarding the listening and learning exercises to be told early in the DMBC. This will help with the understanding of the changing journey.
3. The preferred model (Option 2a) is good. It would benefit from more explicit quantified outcomes, including PROMs.
4. Continue to work on implementation details, focussing on cultural change, clear direction of travel and any associated risks.
5. Continue to review and update staffing and financial details to ensure clarity of understanding and message.
6. Use a clinical context when communicating the need for change to the locality. This includes proactive messages regarding risks and the associated mitigating contingency plans.
7. Commissioners should consider consulting on Option 2a due to the emergence of this as a new option since the previous consultation.
8. The proactive work that has been done so far to address the agenda set out in the Five Year Forward View for Mental Health should be referenced in the business case.

Appendices

Appendix 1 - Terms of Reference

Title: Clinical Review of the proposals to redesign the Adults & Older Peoples Specialist Mental Health Services

Sponsoring Commissioning Organisation: NHS Eastern Cheshire Clinical Commissioning Group

Lead Clinical Senate: Cheshire & Merseyside Clinical Senate

Terms of reference agreed by: Roy McLachlan (Chair) & Jacki Wilkes, Associate Director

Panel Chair: Roy McLachlan, Independent Chair

Citizen Representative(s): Ian Linford, Cheshire & Merseyside Senate Council Member

Clinical Senate Review Team Members:

- Dr Kalakala Prasad, Consultant Psychiatrist in Liaison Psychiatry, North West Boroughs
- Mehran Javeed, Consultant in Old Age Psychiatry & Clinical Lead Primary Care Services
- Phil McEvoy, Managing Director, Six Degrees Social Enterprise

Aims and Objectives of the Clinical Review:

To undertake an independent clinical review of the proposals to redesign the Adults and Older Peoples Specialist Mental Health Services

Main Objectives of the Clinical Review:

- Will the redesign proposals described deliver improved outcomes for adults and older people with specialist mental health needs?
- Will the redesign proposals described address the issues raised in the case for change?
- Does the draft decision making business case adequately take account of the findings of the public consultation?
- Will the redesign proposals address future demand on adult and older people’s specialist mental health
 - Do the redesign proposals align with the CCG’s strategic direction?
 - Are the proposals modelled on demand?
 - Are the proposed models clinically sustainable identifying the potential workforce implications?
 - Do the proposals provide opportunities for growth?

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- Do the proposals provide the appropriate balance of proactive and reactive support?

Background Information

The CCG partners have concluded a formal 12 week public consultation and have received the independent review of findings, given them conscientious consideration and agreed how they will be used to shape the decision making business case due for completion in November 2018

The Clinical Senate has previously undertaken a table top exercise on proposals during the pre-consultation phase and is now requested to revisit and provide a more detailed appraisal of plans, taking account of how the consultation partners have responded to the findings of the public consultation.

The population covers the three CCG areas of Eastern Cheshire, South Cheshire and Vale Royal. It specifically relates to specialist mental health services for adults and older people both organic and nonorganic mental health needs

In Scope

The scope of the Senate review is to provide a more details appraisal of plans, taking account of how the consultant partners have responded to the findings of the public consultation.

The service(s) in scope of this review therefore are:

- Adults and Older Peoples Specialist Mental Health Services

Timeline: **October to November 2018**

Reporting Arrangements

The review panel will be led by Roy McLachlan, Independent Chair. The panel will agree the report and be accountable for the advice contained in the final report. The report will be given to the sponsoring commissioner and a process for the media handling of the report and subsequent publication of findings will be agreed within 3 months of delivery.

Methodology

The methodology for this review will comprise of a desktop review of paperwork, face to face conversations with key clinical and managerial colleagues and site visits of two sites within scope.

Key Process and Milestones

PROCESS	TIMESCALE
Information for formal review submitted by Commissioner and distributed to review panel	1 st October 2018
Review Panel meeting/teleconference for initial thoughts, emerging key lines of enquiry and requests for clarification and/or further information from Commissioners	15 th October 2018
Formal Review panel site visits – Millbrook Unit and Bowmere	30 th & 31 st October 2018

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Draft findings report sent to commissioner	2 nd November 2018
First draft of the report sent to review panel members for final checks and corrections	9 th November 2018
Review panel submit any final edits	16 th November 2018
Final draft report sent to commissioners for accuracy checks and feedback – response by the 26th November 2018	21 st November 2018
Final report completed and remote ratified by Clinical Senate Council	18 th December 2018

REPORT

A draft clinical senate findings report will be available to the commissioner on the 21st November 2018 with the final report presented to the Clinical Senate Council on the 11th December 2018 for ratification by 18th December 2018.

COMMUNICATION AND MEDIA HANDLING

The Clinical Senate aims to be open and transparent in the work that it does. The Clinical Senate would request that the sponsoring commissioning organisation publish any clinical advice and recommendations made.

All media enquiries will be handled by the sponsoring organisation.

Name of Communication Lead Sponsoring Commissioner:

Charles Malkin, Communication Manager

The detailed arrangements for any publication and dissemination of the clinical senate report and associated information will be decided by the sponsoring organisation.

RESOURCES

The clinical senate will provide administrative support to the review team, including setting up the meetings and other duties as appropriate.

The clinical review team will request any additional resources, including the commissioning of any further work, from the sponsoring organisation.

ACCOUNTABILITY AND GOVERNANCE

The clinical review team is part of the North Region Clinical Senate accountability and governance structure.

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The Clinical Senate is a non-statutory advisory body and will submit the report to the sponsoring commissioning organisation.

The sponsoring commissioning organisation remains accountable for decision making but the review report may wish to draw attention to any risks that the sponsoring organisation may wish to fully consider and address before progressing their proposals.

FUNCTIONS, RESPONSIBILITIES & ROLES

The **sponsoring organisation** will:

1. Provide the clinical review panel relevant information, this may include: the case for change, options appraisal and relevant background and current information, identifying relevant best practice and guidance, specifications. Background information may include, among other things, relevant data and activity, internal and external reviews and audits, impact assessments, relevant workforce information and population projection, evidence of alignment with national, regional and local strategies and guidance (e.g. NHS constitution and outcomes framework, Joint Strategic Needs Assessments, CCG two and five year plans and commissioning intentions). The sponsoring organisation will provide any other additional background information required by the clinical review team.
2. Respond within the agreed timescale to the draft report on matter of factual inaccuracy
3. Undertake not to attempt to unduly influence any members of the clinical review team during the review.
4. Submit the final report to NHS England for inclusion in its formal service change assurance process.

Clinical Senate Council and the sponsoring organisation will:

1. Agree the terms of reference for the clinical review, including scope, timelines, methodology and reporting arrangements
2. Appoint a clinical review team; this may be formed by members of the senate, external experts, and / or others with relevant expertise. It will appoint a chair or lead member
3. Advise on and endorse the terms of reference, timetable and methodology for the review
4. Consider the review recommendations and report (and may wish to make further recommendations)
5. Provide suitable support to the team
6. Submit the final report to the sponsoring organisation

Clinical review team will:

1. Undertake its review in line with the methodology agreed in the terms of reference
2. Follow the report template and provide the sponsoring organisation with a draft report to check for factual inaccuracies
3. Submit the draft report to clinical senate council for comments and will consider any such comments and incorporate relevant amendments to the report. The team will subsequently submit final draft of the report to the Clinical Senate Council
4. Keep accurate notes of meetings

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Clinical Review team members will undertake to:

1. Commit fully to the review and attend all briefings, meetings, interviews, panels etc. that are part of the review (as defined in methodology)
2. Contribute fully to the process and review report
3. Ensure that the report accurately represents the consensus of opinion of the clinical review team
4. Comply with a confidentiality agreement and not discuss the scope of the review or the content of the draft or final report with anyone not immediately involved in it. Additionally they will declare any potential conflicts, to the chair or lead member of the review panel.

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Appendix 2 - Programme for visit on 30th & 31st October 2018

DAY 1: Date: 30th October 2018

Time	Item	Details
10.00am – 10.45am	Arrival: Bowmere Hospital, Chester	Review Panel meet for initial discussions prior to the start of the review
10.45am – 11.15am	Meet & Greet	Clinical Team Representation
11.15am - 12.15pm	Walking tour of Bowmere Centre Opportunity to speak to clinical teams / nursing staff / patients & carers etc.	
12.15pm – 13.00pm	Travel to Macclesfield Hospital	Review panel to drive independently to Macclesfield
13.00pm – 13.30pm	Arrival at Macclesfield	Clinical Team Representation - Meet & Greet – Lunch break – Macclesfield Hospital Site
13.30pm – 15.00pm	Walking tour of Millbrook Unit and Lime Walk Opportunity to speak to clinical teams / nursing staff / patients & carers etc.	
15:00pm – 16:30pm	Review Panel Discussion and Reflections	Macclesfield Hospital Site

DAY 2: Date: 31st October 2018

09:00am – 09:30am	Arrival at: Macclesfield site	Boardroom 2, New Alderley House
09:30am – 10:30am	Discussion & QA Session	Exec Teams
10:30am – 11:30am	Discussion & QA Session	Clinical Teams Joined by Exec Teams
11:30am – 12:00pm	Continued Discussion & QA Session	Managing Director, CWP/Community MH Teams Home Treatment/Clinicians (Older Peoples Psychiatry)/Clinical Leads/Director of Operations/GPs
13:30am – 14:00pm	Conclusions, Feedback and Next Steps - Review Panel & Sponsoring Organisation	

Appendix 3 - Draft Finding Report

Clinical Review of the proposals to redesign the Adults & Older Peoples Specialist Mental Health Services

Sponsoring Commissioning Organisation:
NHS Eastern Cheshire Clinical Commissioning Group

DRAFT FINDINGS REPORT

Please Note:

This draft report has been provided to the Commissioning Organisation with the caveat that it may be subject to change and has been provided as agreed prior to formal Senate Council ratification

November 2018

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BACKGROUND:

A number of teleconferences and meetings took place between the Clinical Senate and Eastern Cheshire CCG in the period from August 2018 to October 2018 to develop, iterate and agree the Terms of Reference for the Review.

Provisional review information was provided by Eastern Cheshire colleagues in September 2018. Panel members reviewed these independently and a panel teleconference took place on the 15th October 2018 to share initial thoughts.

The review panel visited Cheshire on the 30th and 31st October 2018 and the panel convened at Bowmere Hospital site in Chester then travelled to the Macclesfield District General Hospital site to see facilities at the Millbrook Unit and Lime Walk. The panel also met with staff and gained an in-depth understanding of the challenges faced. The panel met with commissioner colleagues at the end of the visit and fed back their initial thoughts.

This initial summary report has been produced to assist commissioners in progressing their work but given with the caveat that there may be some changes to findings and recommendations from these to the final ratified report.

A draft report will be sent to commissioners for accuracy checks on the 21st November 2018 with feedback to be agreed between the commissioner and senate.

INITIAL COMMENTS/FEEDBACK:

The panel wish to make the following specific comments:

- The opportunity of the CARS ward is indeed a good news story
- The panel felt that it would be of more benefit if information regarding the listening and learning from the consultation journey was told early in the DMBC
- The model was good but the panel felt it would benefit from more explicit outcomes, e.g. “prevalence reduced by x %”
- Continue to work on implementation details focussing on cultural change, clear direction of travel and risks associated with it
- Continue to review and update staffing and financial details to avoid any confusion regarding manpower
- Try to be more clinically contextual showing the difference to the locality, why necessary to follow the direction of travel and be upfront about risks for managing change and have contingency plans to mitigate risk
- Option 2a – Rehabilitation Ward – the panel would advise that this does go out again to consultation as is a change to previous consultation documentation and although the numbers are small the impact is high to patients, families and carers

Terms of Reference – Objectives

(Comments included on option 2 plus)

OBJECTIVES 1 :

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Will the redesign proposals described deliver improved outcomes for adults and older people with specialist mental health needs?

- There are clear aspirations of improved access, responsiveness and quality but how this is done is not explicit, needs to have a quality improvement plan
- Needs some specific outcomes messages – quantifiable.
- Option 2 - 22 beds includes 4 upstairs so split level – difficult to manage and travel for families very difficult
- Lime Walk suitable for dementia with refurbishment and extension
- Option 2a – rehab beds at Chester for undetermined period not conducive for long term patients with 12/18 months length of stay
- Both options require more detail on prevention

OBJECTIVE 2 :

Will the redesign proposals described address the issues raised in the case for change?

- Aim is to meet CQC requirements – Enhanced community based services – need a more in-depth needs analysis to understand the needs of community patients. No reference to care homes / CQC rating, falls risks and use of acute care services and care home liaison
- Care closer to home and only impact of travel distance will be for Rehab patients so minimalised numbers
- Rehab on one site would be centre of excellence and may provide better outcomes and reduce length of stay
- Millbrook unit definitely not fit for purpose and new facility needed
- Access to crisis beds rather than reliance on inpatient / emergency department potentially better for patients – dependent on location
- Community proposals will certainly address crisis access highlighted in case for change

OBJECTIVE 3:

Does the draft decision making business case adequately take account of the findings of the public consultation?

- Responding to the additional ideas and suggestions for the additional consultation
- Carrying out another consultation with detail of the Option 2a and explicitly mentioning challenges associated with each option
- Finance details need updating including risk management
- Rehab option goes against principle of care closer to home which was one of the key decisions made by the public – increased patient/carer/family travel – cost/time/reduced visits to patients?
- Original public consultation based on costs from 2010/11 needs revision/uplifted
- In line with increased community provision of care closer to home
- Option 2 – Not sufficient details about travel plans – acknowledge work still needs to be further developed
- Option 2a – Definitely addresses concerns raised, significantly reduced numbers likely to have further travel
- Community services very positive in supporting concerns raised

Providing independent strategic clinical advice

OBJECTIVE 4:	
Will the redesign proposals address future demand on adult and older people's specialist mental health?	
Do the redesign proposals align with the CCG's strategic direction?	
5	There needs to be greater reference on Health & Wellbeing, deprivation, homelessness, dementia prevalence within the case
6	It is clear that a redesign is needed and it is using strategies that have benefited other areas
7	Not a great deal linking evidence to CCGs five year direction. Annual plans and operational plans tend to focus on limited range of national targets to deliver
Are the proposals modelled on demand?	
8	Demand is on clusters, staffing skill mix, regulations, aspirations on centre of excellence
9	Need to use ward profiles and prevalence data to influence decisions more
10	Expect that joined up approach including additional community resources and support will reduce reliance on inpatient facilities
11	New models of care closer to home should provide earlier intervention to support demand modelling
Are the proposed models clinically sustainable identifying the potential workforce implications?	
12	For clinical sustainability there needs to be shared understanding and importance of quality of care between primary, secondary and third sector organisations
13	Some concern around who supports the crisis beds e.g. out to tender and the ongoing risk of recommissioning and the subsequent fall in patient care
14	Need multi-disciplinary group meetings including palliative care, GPs, MH professionals
15	Good on the ground intelligence and data analysis
Do the proposals provide opportunities for growth?	
16	Staff development and career progression, increasing skills
17	Use of technology to enhance care
18	Sharing and learning of ideas
Do the proposals provide the appropriate balance of proactive and reactive support?	
	<ul style="list-style-type: none"> Care appears to be more restrictive in nature There is proactive work ongoing in inpatient and community settings which needs to be referenced in the case

CONCLUSION:

The panel wished to thank everyone for their warm welcome and for being honest and transparent during discussions and for responding positively to our challenges and comments.

The over-riding message from the panel was that this is indeed the right thing to do and encourage the continued partnership approach as the best way to approach the challenge of quality, new service models within current financial constraints.