Cambridgeshire and Peterborough NHS
NHS Foundation Trust

Consultation paper:

Personality Disorder Community Service/ Complex Cases Service, including Lifeworks

June 2014

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Purpose of the consultation

This paper sets out proposals regarding the future of community personality disorder services run by Cambridgeshire and Peterborough NHS Foundation Trust (CPFT). It has been produced to consult with people who use the service county-wide about the proposed changes. We are significantly strengthening the personality disorder service across the county. However we recognise there will be changes to the service that some clients have been used to receiving. The paper describes why we have made these proposals, what we hope the new service will achieve, what risks we anticipate and how these risks have been minimised. The paper also sets out some key questions that we would like your views on and explains how you can make comments regarding the proposals.

Background

In January 2013 CPFT embarked on a wide ranging redesign of its adult community services. The purpose of the redesign was to improve links with GPs, and provide mental health services closer to primary care, as set out in the 2011 public consultation jointly led by NHS Cambridgeshire and NHS Peterborough. Our main commissioners – the Cambridgeshire and Peterborough Clinical Commissioning Group (CCG) – also require us to ensure there is equitable access to the services that we provide throughout the CCG area (i.e. patients across the CCG area should have equal access to services depending on their needs and not on where they live). The redesign also had a number of other objectives:

- To ensure the services we provide are delivered by specialist professionals focusing on each individual's mental health and social care needs.

- To ensure our services comply with national clinical guidance.

- To ensure that when someone is referred to our service, they see the right professional straight away, reducing the need for repeat assessments.

- To continue to develop the skills and knowledge of our staff and to support a focus on recovery from mental illness.

- To ensure we make best use of the resources we have. Whilst we have fewer staff to provide our services, the changes aim to make our services as efficient as possible in supporting people with mental health needs. This is essential at a time when demand for our services is growing and the NHS faces significant financial challenges.

The redesign covered all adult community services for people with significant mental health needs, namely:

- Intake and Treatment

- Rehabilitation & Recovery

- Complex Cases Service
- Assertive Outreach
- CAMEO (early intervention service)

Following the redesign there are now five locality teams delivering care and treatment. The teams are based in Huntingdon, Fenland, Peterborough and two in Cambridge, one North and one South team. The teams follow clinical pathways that cover the common mental health illnesses:

- Affective disorders – including anxiety, depression, bi-polar disorder
- Recovery Psychosis – longer term psychotic illness

The locality teams have strong links with primary care services through senior mental health clinicians working with groups of GP practices.

As well as the five locality teams, there continue to be two specialist services operating county-wide:

- CAMEO - an early intervention in psychosis service for people experiencing their first episode of psychosis
- Personality Disorder (PD) Community Service – for people with personality disorders

This consultation focuses on the personality disorder (previously Complex Cases Service), which includes the Lifeworks programme.

The main differences between the old Complex Cases Service and the new personality disorders community service are that:

- The new service is CCG-wide rather than just being largely Cambridge based
- There is a stronger focus on clinical interventions that are evidence-based
- The service is based on a time limited treatment pathway, in line with the evidence base, rather than an open ended service.

In January 2014 as part of the implementation of the Personality Disorder Community Service, a decision was taken to close Lifeworks. We recognise in retrospect that we should have discussed this as a proposal with current service users to gain their views prior to writing to them about the planned closure on the 31st March 2014. We regret that we did not do this and hope that this consultation will now provide an opportunity our proposals to be considered and feedback to be received.

We have taken on board the concerns raised by Lifeworks service users and we are working proactively with the Clinical Commissioning Group, the Overview and Scrutiny Committee, Healthwatch, service users, carers and the independent sector to find possible solutions. In response to the concerns raised, we are proposing a transitional support programme based in the community and additional access to crisis support during the transition period for service users who are affected by the closure of Lifeworks. More details are provided in the "Mitigations" section.

What is personality disorder?

The term "personality disorders" describes conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

This can arise as a result of disturbed development during childhood, as well as genetic and other environmental factors.

Personality disorders are common conditions, although there is considerable variation in severity, and in the degree of distress and dysfunction caused.

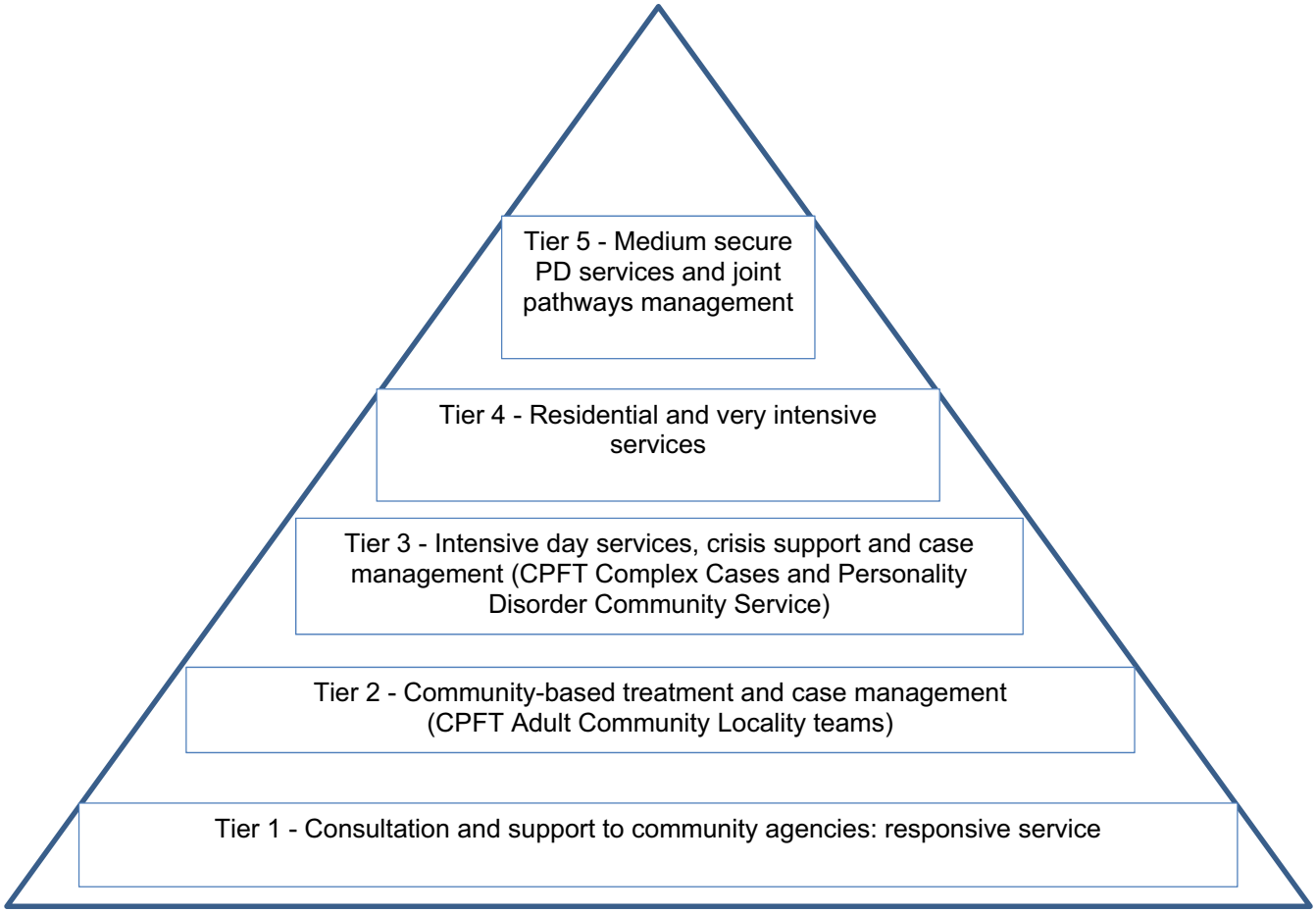
There are different types of personality disorders, which have been grouped into three overall categories or "clusters". Borderline personality disorder is present in just under 1% of the population.[1] The prevalence of antisocial personality disorder in the general population is 3% in men and 1% in women.[2]

Overall, epidemiological estimates suggest that between 5% and 13% of people living in the community have problems that would meet the diagnostic criteria for PD.[3]

In addition, 40% and 50% of psychiatric in-patients are thought to meet the criteria for PD and some 50–78% of prisoners have been found to have PD.

Different types of service are recommended to meet different levels of severity and risk[4]:

[1] Borderline Personality Disorder: Treatment and Management, NICE Clinical Guideline 78. January 2009 http://guidance.nice.org.uk/CG78
[2] Antisocial Personality Disorder: Treatment, management and prevention, NICE Clinical Guideline 77, January 2009. http://www.nice.org.uk/CG77
[3] Recognising complexity: Commissioning guidance for personality disorder services. DH June 2009. http://www.personalitydisorder.org.uk/assets/resources/173.pdf
[4] Recognising complexity: Commissioning guidance for personality disorder services. DH June 2009. http://www.personalitydisorder.org.uk/assets/resources/173.pdf



What is Complex Cases?

Some background

Complex Cases was a service for patients with personality disorders that was founded in the late 1990s, initially with Trust money but then augmented by extra government funding when it became a national "beacon" site.

When Complex Cases was founded, no comparable clinical services existed. The Trust was one of eight organisations who had suggested widely varying service models for helping patients with personality disorders. The Trust's model had the following key features:

- It would be able to take on patients with much more severe personality disorders compared to the few other services available at the time for people with this condition
- It would be part of local psychiatric services
- It would combine psycho-education, psychotherapy and socio-therapy
- It was expected that patients would use the service now and then for varying lengths of time, depending on whether they were experiencing a period of relapse or remission.

While the service aimed to be a substantial improvement on the previous almost total lack of provision, it was never able to meet even a small fraction of the clinical need and this was acknowledged during the planning of the service.

The service used a model of support known as “case management”. Case management is a generalised intervention that aims to help patients manage their illness and their life better. Some patients received individual therapy but many more were offered access to a crisis clinic - called the open clinic - and a regular social group called Lifeworks. The idea behind these interventions was to help people re-engage with their social world and to help them through crisis points without having to use accident and emergency services.

The model evolved over time in a range of ways in the different locations where the service was implemented. In Peterborough the lifeworks service was extremely difficult to maintain and had to be closed as it was not possible to run safely. There were never sufficient funds to run a full service in Huntingdon and for many services patients had to travel to Cambridge.

During the time that the service operated four pieces of guidance were published. These were: “Personality disorder - no longer a diagnosis of exclusion”; “Commissioning guidance on personality disorder”; NICE guidance on borderline personality disorder; NICE guidance on antisocial personality disorder.

In response to these factors, the Complex Cases service began to work on proposed changes to its structure and manner of operation, in order to take account of the guidance and also to deal with the inequity in the service across the county. At the same time, funding for the service moved from being a specialist government pilot to a routine part of general services within the Trust.

Complex Cases interventions

The Complex Cases service model focused on social rehabilitation and all patients of the service were offered a combination of:

1) Case management

Regular individual meetings with a trained mental health worker, focusing on risk management and practical help, as well as coordinating care.

2) Open clinic

A drop in clinic running five times a week where patients were guaranteed to be seen if they arrived during the clinic hour and where they could access help and support in a crisis.

3) Lifeworks

A regular structured program of social and recreational activities, emphasizing peer support. 10% of service users over the past 10 years made use of this part of the treatment package

4) Psychotherapy.

Approximately 10% of service users received psychotherapy. This consisted of regular meetings with a trained therapist or therapists, either individually or in groups, focusing on self-harm and self-management.

Over 10 years Complex Cases treated approximately 690 service users. 60 of these service users received group and/or individual therapy - this group therapy was provided for considerable periods of time.

Lifeworks

The Complex Cases service aimed to provide Lifeworks Trust-wide. However, this was never achieved. It is only in Cambridge that the Lifeworks Services have ever been able to be sustained and developed. Lifeworks has been variously run out of a church in the centre of Cambridge, a converted ward on the Ida Darwin site, Springbank (a ward on the Fulbourn site) and over the last year from Tenison Road in Cambridge. It has only been able to reliably run two days a week. In addition to Lifeworks, the Complex Cases service provided the open clinic between three and five times a week, which allowed for service users to contact the service for a fifteen minute consultation if they felt they were in need of support or advice.

Objectives and rationale for change

The aims of the proposed changes are:

- To make best use of available resources (money, facilities and staff)

  Like all NHS organisations, the Trust needs to make efficiencies in the way it delivers services.

- To make sure that services are delivered equitably across the county and to increase the number of people who can be seen.

  We want to address the inequity in service provision across the county and respond better to demand for our services. Currently the Complex Cases Service can only meet the needs of approximately 70 people, mainly in the Cambridge area. The new service will be able to see a significantly larger number with an ongoing caseload of approximately 240, based on a two year pathway. We have estimated this based on a review of the number of all patients with a diagnosis of personality disorder known to the Trust.

- To provide services that are evidence based

  Since the original design and implementation of the Complex Cases service, there has been national guidance on the commissioning and delivery of personality disorder services as well as NICE guidance on best practice and evidence based care in this area. The remodelling of the service will reflect this guidance by prioritising interventions which are recognised as effective.

- To provide interventions that are in line with new commissioning guidelines

  Commissioning guidelines (known as Payment by Results) use the evidence base to suggest a menu of interventions which ensure that services are effective and make best use of limited resources. The personality disorder community service has had to prioritise the resource it has to deliver these interventions to the largest number of patients across the Trust.

- To provide services that are Recovery[5] focused

  Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness. Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives and by seeing how others have found a way forward. Self-management is encouraged and facilitated; supporting people to develop resilience and autonomy is a key element of how services can promote and foster recovery.

What is proposed?

The personality disorder community service aims to provide an outpatient service for people with personality disorder across all CPFT localities. The service will aim to treat a greater number of service users, increase access to evidence based therapeutic interventions, and increase and improve service user access to support during a period of crisis. It aims to deliver the most effective interventions. The service has been developed following NICE guidance CG 78 (borderline personality disorder http://www.nice.org.uk/CG78.), and where relevant NICE guidance CG77 (antisocial personality disorder http://www.nice.org.uk/guidance/CG77).

Access to the Personality Disorder Service will be enhanced by referrals being made to the team directly to the PD service via the single point of access (ARC). This differs from the previous arrangement whereby most referrals were made initially to community teams who would then refer on to the Complex cases service. This would sometimes slow down the access to specialist services.

The referral route for service users discharged from the service would essentially be the same as for new people, but would take into account their previous care and treatment as part of the assessment. (See referral diagram in appendix 4)

Following referral and assessment, service users will receive an individualised care package, which will include any of the following interventions. These interventions are based on NICE guidance.

- Regular sessions with a care co-ordinator to develop and review care and crisis plans

- Review of medication and physical health

[5] Making Recovery a Reality. Sainsbury Centre for Mental Health, 2008

- Psycho-education on their diagnosis and treatment

- Access to daily crisis clinic and, if needed, Dialectic Behavioural Therapy informed crisis intervention (DBT skills groups), for all those currently receiving treatment

- Individual formulation to decide on most appropriate therapeutic intervention

- Occupational therapy 'goal setting' group to develop skills and strengths and improve daily functioning (16 week programme)

- Mentalisation Based Therapy (MBT) to improve emotional regulation and reduce impulsivity and self harm (18 months)

- Individual low intensity Cognitive Behavioural Therapy (CBT) for co-morbid affective disorders

- Individual support to develop and achieve goals to facilitate social inclusion

- Individual work on relapse prevention and developing support networks to prepare for discharge

The personality disorder community service will be accessible to all residents of Cambridgeshire and Peterborough and will operate in Cambridge, Huntingdon, Peterborough and Wisbech. The team will be present in the Cambridge, Huntingdon, Fenland and Peterborough localities two days a week to deliver group-based interventions and care co-ordination. Crisis support will be available across all localities five days a week.

Current situation

Following implementation of the redesigned adult community teams in November 2013 and in order to meet need, some limited aspects of the redesigned pathway have started to be implemented in the county. At present:

- Lifeworks continues for two hours twice a week at Springbank, Fulbourn – the hours are limited due to room availability, this is being addressed so that provision can be increased.
- Therapy groups have been established in Cambridge
- The transfer of some service users in Huntingdon to the Personality Disorder Service.

Further plans will be made following the outcome of consultation, or in light of clinical need.

Budget, resources and capacity

The budget for the service was of £911,000 p.a. in 2013/14 and £720,773 p.a. in 2014/15. This covers pay and non pay. Despite the decrease in budget available the redesign has been able to increase capacity by;

- Reducing the banding of posts and therefore the costs, whilst increasing the overall number of posts, as the table below illustrates.

Month/Year	**Band 3**	**Band 4**	**Band 5**	**Band 6**	**Band 7**	**Band 8**	**SW**	**medical**	**total**
March 2013	1.48	1.60	0	4	5.26	4.75	0	0.2	17.29
April 2014	2	2	4.5	2.79	5.53	1.75	1	0.2	19.77
Difference	+0.52	+0.4	+4.5	-1.21	+0.27	-3	+1	0	+2.48

The table illustrates funded whole time equivalent posts (including vacancies). It does not include administrative staff. The social worker post was allocated to the team as part of a redesign of social care posts.

- Moving from mostly individual one to one based therapy to much greater use of group based interventions. The CCS provided individual therapy to a relatively static caseload (with few discharges from the service). The proposed model will use time limited group based interventions to help service users gain as much benefit as possible from treatment and support. At the end of the treatment (which is for up to two years), service users will be discharged with a support plan in place. Where needed, discharged service users can be re-referred in the same way as anyone else.

- Lifeworks required 2-3 members for staff to run the drop-in. By releasing these staff from this activity will allow those resources to participate in the group based programme.

Mitigations

We recognise that these changes may have a particular impact on service users in Cambridge. This is because Lifeworks has been running in Cambridge for a long time, whereas it does not currently exist in other localities. To mitigate this we propose the following:

- CPFT would work with a local independent sector organisation to provide group sessions in Cambridge for PD patients, two days per week, similar to the Lifeworks sessions, i.e. social recreational groups. These would offer a regular social space for service users to meet, facilitated by trained staff (initially this would include a known member of the CPFT personality disorder community team). This group would offer a bridging opportunity to enable ongoing engagement with the service offered by the independent organisation, and would be available for twelve months.

- This transitional group would be open to anyone who currently uses Lifeworks. However, the service provided by the independent organisation would be available to all patients who use the PD pathway.

- Ex Lifeworks service users who attend these group sessions would also have direct access to crisis support via the personality disorder crisis workers for a year.

- Mind in Cambridgeshire will work in collaboration with CPFT to provide a holding environment, supporting clients to end their work with the Lifeworks programme and transition into other services/sources of support. The "Transition Together" programme will offer a safe space for clients to connect with peers whilst providing an introduction to recovery orientated support which is time limited and structured.

- The 12 month "Transition Together" programme will offer different levels of support on a rolling basis; low level social networking, mid level interactive sessions focussing on aspects of wellbeing and more focussed symptom specific discussion groups called "Let's talk about…" . The programme will be facilitated by a staff member from Mind in Cambridgeshire and CPFT. Clients will be able to access support to manage crisis outside of the sessions via the CPFT crisis line service throughout the transition period.

The CCG and CPFT are currently in discussion with providers about this potential development.

Clients who are engaged in the current model and who are being discharged to the care of their GP will be offered three follow up appointments. Clients can use these appointments when they feel most appropriate, up to a year post discharge from the complex cases service.

What do the changes mean for service users?

Current service (complex cases):
The complex cases service is a service for people who have a diagnosis of personality disorder, or who have complex needs which have been difficult to treat in other general community teams. Clients have often been involved with mental health services for long periods of time before being referred to and accepted by the complex cases service. Referral to complex cases is mainly via other mental health services, not directly through the GP.

Many of the clients attending the complex cases service are care co-ordinated by other community teams. A care co-ordinator is a nurse or other registered mental health professional, such as a social worker or occupational therapist (OT). The role of care coordination is to manage the care of a client and to help address their needs by working with them and other services or professionals. Clients who are care coordinated outside of the complex cases service receive support and access to Lifeworks and the open clinic (described below).

Once accepted to be care coordinated by the complex cases service, a client receives regular appointments with their care coordinator. The frequency of these appointments ranges between once weekly and monthly. These appointments are used to discuss and plan for possible crisis situations, to set goals for recovery and to support the clients with practical help, such as housing, benefits and other day to day situations.

A small number of clients attend a Cognitive Analytic Therapy (CAT) based self harm group, focussing on how to stop self harm behaviours. CAT is a therapy which looks at how a person has developed ways of managing their feelings from an early age, thinking and exploring other ways to think and behave. A very few clients receive individual CAT.

The complex cases service has only limited access to a senior psychologist and a senior psychiatrist, often resulting in a waiting period for non urgent medical reviews.

Complex cases service also runs a recreational and social component to the service which is called Lifeworks. This offers activities such as cooking, Pilates and art based groups, as well as a drop-in time for clients and staff to meet. Clients who attend this part of the service have previously been told that this would always be available to them.

Clients who are in crisis, or feel that they are becoming unwell, have access to the service's open clinic, which runs daily, Monday to Friday between 2pm and 3pm. To use this, clients either telephone into the service and request to be contacted by phone, or attend face-to-face during this hour. These 15 minute sessions offer the client a chance to explain and talk through their current difficulty to a clinician. The clinician helps the client to consider possible ways of managing practical problems and any emotional distress they may be experiencing. The clinician also assesses any risks to the client, so that appropriate referrals or actions can be put in place.

Proposed model (personality disorder community service):
Access to the personality disorder pathway will be via the client's GP. The GP will make contact with a single point of access for the Trust called ARC (Advice and Referral Centre), who will then triage the referral and allocate it to the appropriate team. The personality disorder community pathway will work with clients who have a primary diagnosis of personality disorder and who are in need of a mental health service.

A new client to the service will receive six once-weekly appointments with a mental health professional, who will be their care co-ordinator. The purpose of these initial sessions will be to formulate a plan with the client and to signpost the client to appropriate therapies and treatments within the team. After the initial six weeks, the client will meet their care co-ordinator once a month to review their care. Issues which arise such as help with benefits or housing will be managed by the team social worker, rather than the care co-ordinator.

Some clients entering the personality disorder pathway will attend a Mentalisation Based Therapy Introduction group (MBTI). MBTI is an educational intervention

helping clients to understand their diagnosis. The MBTI groups will run for 12 weeks.

Some clients entering the personality disorder service will attend goal setting groups. The goal setting group will run for 16 weeks. The focus of the group will be to help clients to identify a meaningful and achievable goal, and then to work towards this with support from the team. Previous goals have been things like going to a gym or attending a local reading group. An important aim of the goal setting group is to help clients experience a sense of achievement.

If appropriate, clients will move from the MBTI group into Mentalisation Based Therapy (MBT). MBT is an evidence-based therapeutic intervention in which the therapist encourages the client to be curious about the thoughts and feelings of themselves and others. This helps to develop relationships with others and to understand how our inner mental states affect our actions. This group will run for 18 months.

A small number of clients will be able to access individual therapy; this could be MBT, CBT or CAT. This will be offered to clients who are not ready to attend a group. The individual sessions would help prepare them for group therapy, or help them with other mental health problems that exist alongside the client's personality disorder. Cognitive Behavioural Therapy (CBT) is a therapy which looks at managing difficulties by acknowledging that the way we feel affects the way we behave, which in turn affects the way we think, focussing on the here and now.

Clients who are in a crisis or feel that they are becoming unwell will have access to the team's advanced nurse practitioners (crisis workers). This will not be limited to an hour a day as in the current model. The crisis worker will use Dialectical Behaviour Therapy (DBT). DBT is an evidence-based approach that supports clients to understand, recognise and manage emotions, specifically the urge to act compulsively on thoughts and feelings. It supports them to develop skills in managing impulsive behaviour especially self harm. This will be provided in both groups and individually. The crisis worker will offer the client a chance to explain and talk through their current difficulties, and will help the client to consider possible ways of managing practical problems and any emotional distress they may be experiencing, using DBT. The crisis worker will assess risks to the client, so that appropriate referrals or actions can be put in place. A small number of clients will receive individual

The proposed model offers a pathway for clients with a primary diagnosis of personality disorder a service for up to 2 years. The model works towards the client's recovery, independence, and discharge from mental health services. It is recognised that at different times in a client's life they may require further mental health input. Should this be the case, the client can be re referred to the personality disorder pathway by their GP. GPs will have access to advice from the crisis workers for both service users in contact with the PD service and for those discharged from the service.

Impact of the proposed changes

The impact of the proposed changes for the PD service across the localities in Cambridgeshire and Peterborough is shown in the tables below.

We have been able to extend the service available to more people by redesigning the whole pathway across all adult community services. In particular, we will be offering the most effective interventions for a focused period of time, and delivering these interventions in an efficient way (for example by offering more group sessions where appropriate).

Please note clients will be offered a package of support that best suits their needs. The numbers identified in the proposed model are our estimates of what the pathway will be able to deliver per year and have been used for planning purposes. There will be some flexibility in what is delivered, depending on client needs.

Please note "current service" in the following table reflects the service as it operated between August 2012 and March 2014. Prior to this, there was limited provision in Peterborough consisting of case management, Lifeworks and psycho-therapy (roughly half the size of the Cambridge service). Since March 2014, there have been some changes as described on page 9.

CAMBRIDGE North and South	**Current service**	**Proposed service**	**Impact of changes**
Psycho-education		Approximately 50 service users will receive structured psycho-education	Greater access to structured psycho-education as indicated in NICE and commissioning guidelines.
Occupational Therapy .	No structured O/T was provided Approximately 30 people utilised the Lifeworks service which included the art group, Pilates, walking group, cooking group and the drop-in session.	Approximately 50 people will receive occupational therapy via evidence based goal setting group, consisting of structured group time at clinic base and 1:1 in the community.	Larger number of patients having access to occupational therapy Time limited, evidence based interventions aimed at improving engagement in community activities. Lifeworks no longer provided by CPFT. No longer a lifetime service – potentially some patients will have less social contact with peers. In the short term this could precipitate deterioration in mental state and high risk behaviour, with resulting higher use of services e.g. A&E, GP contact etc. To mitigate this, all patients discharged from the service will have three further appointments they can use

			at any time within 12 months of leaving the service (at a time of their choosing).
Psychology	Approximately 10 clients received structured psychological therapy	Approximately 30 clients will receive 18 month group of structured psychological therapy Approximately 11 will receive individual psychological therapy.	Structured psychological therapy will be accessible to more patients.
Care Coordination	Approximately 65 clients received weekly to three monthly individual meetings with a trained mental health practitioner, focussing on risk management and practical sorting out of life problems such as housing and benefits, as well as coordinating care.	Approximately 110 clients will receive weekly 1:1 sessions for six weeks, followed by monthly sessions for up to two years with a trained mental health practitioner, focusing on risk management as well as co-ordinating care. Practical sorting out of life problems such as housing benefits, child protection etc will be managed by a team social worker.	A more structured programme of care co-ordination delivered in a more equitable way to a greater number of patients county-wide. Role of care co-ordinator will change from providing clinical case management to co-ordinating different aspects of care which may be carried out by different clinicians in the team
Crisis work	Approximately 70 clients have access to daily open clinics – Mon. to Fri. 2pm to 3-m – telephone or face-to face for clients to contact for support. Crisis Resolution and Home Treatment Team (CRHTT) for out-of-hours support	Approximately 110 clients will have access to two full-time advanced nurse practitioners running a team of up to four people county wide, offering daily support to clients, colleagues, friends and family, and GPs. Face-to-face contact by appointment will be possible. Delivery of evidence based interventions to improve emotion regulation skills. CRHTT for out-of-hours support	All day (9am -5pm) access to crisis support for service users and other services/teams. Crisis support offered by a dedicated team rather than case manager as previously. This will enable a greater range of support to be offered. Evidence based interventions to improve emotion regulation skills will be available to all service users county-wide.
Medical	Approximately 70 clients have medical reviews when necessary. Currently GPs provide a proportion of this input	Approximately 110 clients will have access to medical review when necessary	Medication and medical reviews will be accessible to more patients

HUNTINGDON	**Current Service**	**Proposed Service**	**Impact of changes**
Psycho-education	No specialist	Approximately 25 will	Provision of service where

	personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	receive structured psycho-education	none existed before.
Occupational therapy	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	Approximately 25 clients will receive occupational therapy via evidence based goal setting group, consisting of structured group time at clinic base and 1:1 in the community.	Provision of service where none existed before.
Psychology	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	Approximately 15 clients will receive 18 month group of structured psychological therapy Approximately 5 will receive individual structured psychological therapy.	Provision of service where none existed before.
Care co-ordination	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	Approximately 50 clients will receive weekly 1:1 sessions for six weeks, followed by monthly sessions for up to two years with a trained mental health practitioner, focusing on risk management as well as co-ordinating care. Practical sorting out of life problems such as housing benefits, child protection etc will be managed by a team social worker.	Provision of service where none existed before.
Crisis work	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge	Approximately 50 clients will have access to two full-time advanced nurse practitioners running a team of up to four people county wide, offering daily support to clients, colleagues, friends and family, and	Provision of service where none existed before.

	personality disorder service requiring extensive travelling.	GPs. Face-to-face contact by appointment will be possible. Delivery of evidence based interventions to improve emotion regulation skills. CRHTT for out-of-hours support	
Medical	No specialist personality disorder service. Access to some support via the general adult community mental health teams. Limited access to Cambridge personality disorder service requiring extensive travelling.	Approximately 50 clients will have access to medical review when necessary	Provision of service where none existed before.

PETERBOROUGH	**Current service**	**Proposed service**	**Impact of changes**
Psycho-education	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 20 clients will receive structured psycho-education	Provision of service where none existed before.
Occupational therapy	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 20 clients will receive occupational therapy via evidence based goal setting group, consisting of structured group time at clinic base and 1:1 in the community.	Provision of service where none existed before.
Psychology	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 15 clients will receive 18 month group of structured psychological therapy Approximately 5 clients will receive individual structured psychological therapy.	Provision of service where none existed before.
Care co-ordination	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 55 clients will receive weekly 1:1 sessions for six weeks, followed by monthly sessions for up to two years with a trained mental health practitioner, focusing on risk management as well as co-ordinating care. Practical sorting out of life problems such as	Provision of service where none existed before.

		housing benefits, child protection etc will be managed by a team social worker.	
Crisis work	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 55 clients will have access to two full-time advanced nurse practitioners running a team of up to four people county wide, offering daily support to clients, colleagues, friends and family, and GPs. Face-to-face contact by appointment will be possible. Delivery of evidence based interventions to improve emotion regulation skills. CRHTT for out-of-hours support	Provision of service where none existed before.
Medical	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 55 clients will have access to medical review when necessary	Provision of service where none existed before.

FENLAND	**Current Service**	**Proposed Service**	**Impact of changes**
Psycho-education	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 15 clients will receive structured psycho-education	Provision of service where none existed before.
Occupational therapy	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 15 clients will receive occupational therapy via evidence based goal setting group, consisting of structured group time at clinic base and 1:1 in the community.	Provision of service where none existed before.
Psychology	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 10 clients will receive 18 month group of structured psychological therapy Approximately 3 clients will receive individual structured psychological therapy.	Provision of a new service where none existed before
Care co-ordination	No specialist personality disorder service. Access to some support via the general adult community mental	Approximately 30 clients will receive weekly 1:1 sessions for six weeks, followed by monthly sessions for up to two years with a trained	Provision of service where none existed before.

	health teams.	mental health practitioner, focusing on risk management as well as co-ordinating care. Practical sorting out of life problems such as housing benefits, child protection etc will be managed by a team social worker.	
Crisis work	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 30 clients will have access to two full-time advanced nurse practitioners running a team of up to four people county wide, offering daily support to clients, colleagues, friends and family, and GPs. Face-to-face contact by appointment will be possible. Delivery of evidence based interventions to improve emotion regulation skills. CRHTT for out-of-hours support	Provision of service where none existed before.
Medical	No specialist personality disorder service. Access to some support via the general adult community mental health teams.	Approximately 30 clients will have access to medical review when necessary	Provision of service where none existed before.

These proposals significantly strengthen the service that is offered to patients across the whole county. Service users in Huntingdon, Peterborough and Fenland will now have access to a specialist personality disorder service where no specialist service currently exists - Huntingdon has limited access to the Cambridge service. Having specialist crisis workers strengthens the provision previously available via the open clinic, as it is accessible any time during office hours (9am – 5pm) and allows other professionals to be involved as needed.

Specific benefits of the proposals:

- An increase of caseload capacity for the specialist personality disorder service from 70 up to 240. The new pathway will allow for approximately 120 new service users to be taken on per year.

- A service that is evidence based and has clear health and social care outcomes.

- Improved access to evidence based interventions for all, with 50% receiving Mentalisation Based Therapy psycho-education and 50% receiving four

months goal setting group which includes some individual social inclusion support. In addition to these, 30% will receive a further 18 months Mentalisation Based group therapy and 10% will receive individual therapy.

- Five day a week access to specialist senior crisis workers and access to Dialectical Behavioural Therapy (DBT) informed interventions to improve emotion regulation skills.

The potential consequences are:

- Service users who have previously engaged in Lifeworks will no longer receive this model of care from CPFT (please see section on 'mitigation').

- Although Fenland will now receive provision of PD services for the first time, patients from here may have to travel to another location to access high intensity interventions. This aspect is still under consideration as we are mindful of providing equitable services to all localities.

- Service users will be treated according to need and demonstrable benefit. They can be re-referred and re-assessed if their need warrants it. As with all clinical specialities for some patients there may be no or very few beneficial clinical or psychological treatment options available. Such patients need support and social care interventions and care as is appropriate.

We would welcome comments on these proposals as part of the consultation and would welcome the input of service users in developing and implementing this further.

About this consultation

Who is this information for and who would be affected by the proposed changes?

This information is for service users in contact with the Complex Cases Service/personality disorder community service. This includes the Lifeworks group in Cambridge. It will be of interest to current service users and service user who have used Lifeworks recently. In addition to this we strongly welcome views of carers of service users. Responses from other interested groups are also welcomed.

This consultation paper has been agreed with NHS Cambridgeshire and Peterborough Clinical Commissioning Group, and the Overview and Scrutiny Committee working group of Cambridgeshire County Council who have assisted service users in representing their views. The duration of six weeks has been agreed with the OSC working group and the CCG.

Tell us what you think

We want this consultation process to provide an opportunity for discussion with service users in contact with the Complex Cases/personality disorder community service, including Lifeworks.

We would be particularly interested to hear views on the future of Lifeworks and ideas about different ways in which some elements (e.g. social contact, peer support) could be sustained in a different way, outside of CPFT.

This consultation runs from 09:00am on Monday 2 June 2014 until midnight on Monday 14 July 2014. This is the time you have to give us your views. You can do this through a variety of methods:

1. By filling in the questionnaire at the end of this document. Once completed, please return this questionnaire to:

Julie Spence, Non-Executive Director, CPFT
c/o Elizabeth House
Fulbourn Hospital
Cambridge CB21 5EF

If you require a paper version of the questionnaire and a stamped addressed envelope please contact carol.wilson@cpft.nhs.uk , tel. 01223 218582.

Or you can complete the questionnaire electronically and return via email to: PDConsultation@cpft.nhs.uk

You can also submit responses on-line using 'survey monkey'. Visit https://www.surveymonkey.com/s/XN3YQGB for a link to the survey.

All submissions will be read by CPFT and independently by HealthWatch. A summary of responses will be published as part of the response document. These will be anonymous with no identifiable information.

2. We will be holding engagement events during the consultation period.

Location	Date
Cambridge	Friday 20 June (TBC)
Huntingdon	Friday 27 June (TBC)
Peterborough	TBC
Wisbech	Thursday 3 July (TBC)

So that we can ensure suitable venue and arrangements, to book a place. please contact Carol Wilson on carol.wilson@cpft.nhs.uk, tel. 01223 218582.

Timescales

Planned timescale following the consultation:

Actions	Target date
Consultation launched	4/6/14
Engagement meetings completed	14/7/14
Feedback and evidence collated	08/08/14
Responses & outcome published	To be confirmed

Consultation Questions

Below are some questions we would like your views on. These are suggestions, so feel free to comment on other issues as well.

Question 1. To what extent do you think the proposals help to achieve the following aims:

a. To use resources as efficiently as possible

☐ Negative impact ☐ Neither positive nor negative ☐ Positive impact

b. To meet the needs of patients across the whole area served by the Trust in an equitable way

☐ Negative impact ☐ Neither positive nor negative ☐ Positive impact

c. To provide services which are recognised as effective (i.e. there is evidence to prove that they are effective)

☐ Negative impact ☐ Neither positive nor negative ☐ Positive impact

d. To maximise the number of people who can be seen by the service

☐ Negative impact ☐ Neither positive nor negative ☐ Positive impact

e. To provide a service that supports recovery (see glossary at the end for what we mean by recovery)

☐ Negative impact ☐ Neither positive nor negative ☐ Positive impact

If you disagree with these aims, or have other comments, please explain below:

Question 2. Which of the following statements do you agree with the most? Tick the one that most closely reflects your views.

The personality disorder service should maintain regular contact with PD patients throughout their lives. ☐

The personality disorder service should support PD patients for a limited period of time until they are able to manage their symptoms themselves and get back in control of their lives. ☐

Unsure/can't say ☐

Question 3. To what extent do you agree with the Trust's proposals for the PD service?

☐	☐	☐	☐
Agree overall	Agree with some aspects	Disagree overall	Unsure

Please explain why:

Question 4. In what way do you feel the proposed changes affect you?

☐	☐	☐	☐	☐
Negative impact	Neither negative nor positive	Positive impact	Unsure	Not applicable to me

Other comments:

If you think the changes might affect you in a negative way, are the mitigations we have suggested helpful? What else could be done to help you?

Question 5. Which part of the county do you live in?

☐ Cambridge City ☐ South Cambs ☐ East Cambs ☐ Huntingdon-shire ☐ Fenland ☐ P'borough ☐ Other

If other please specify:

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

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

☐ Yes ☐ No

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

☐ Yes ☐ No

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

☐ Providing your own response ☐ Providing a response for someone else

9. Are you responding as:

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

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

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

12. Please tell us your age:

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

13. Do you consider yourself to have a disability?

☐ Yes ☐ No ☐ Rather not say

14. If you answered yes to question 13, do you have a:

☐ Physical Impairment
☐ Sensory Impairment
☐ Learning Disability

☐ Mental Health Condition (Long Term)
☐ Other Health Condition (Long Term)

15. How would you describe your ethnic background?

Asian or Asian British
☐ Bangladeshi ☐ Indian
☐ Pakistani ☐ Any other Asian Background (please state): _____

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

Black or Black British
☐ African ☐ Caribbean
☐ Any other Black Background (please state): _____

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

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

16. Gender
☐ Female ☐ Male ☐ Rather not say

17. Gender Reassignment
Do you now, or have you ever considered yourself to be transgender?
☐ Yes ☐ No ☐ Rather not say

18. Religion or Beliefs
☐ Atheisim ☐Jainism ☐ Agnosticism
☐Judaism ☐ Buddhism ☐ Sikhism
☐ Christianity ☐ Hinduism ☐Humanism
☐ Islam ☐ Any other Religion/Belief (please state): _____
☐ No religion or belief ☐ Rather not say

19. Sexual orientation

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

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

☐ Yes ☐ No ☐ Rather not say

Thank you for completing this consultation questionnaire.

Appendix 1: Equality analysis

Title: Personality Disorder Consultation (including Lifeworks)

What are the intended outcomes of this work (e.g. Care pathway or policy)? *Include outline of objectives and function aims*
The personality disorder community service aims to provide an outpatient service for people with personality disorder across all CPFT localities. The service will aim to treat a greater number of service users, increase access to evidence based therapeutic interventions, and increase and improve service user access to support during a period of crisis.

Following referral and assessment, service users will receive an individualised care package which will include any of the following interventions:

- Regular sessions with a care co-ordinator to develop and review care and crisis plans
- Review of medication and physical health
- Psycho-education on their diagnosis and treatment approaches delivered within the service
- Access to daily crisis clinic and, if needed, DBT informed crisis intervention, for all those currently receiving treatment
- Individual formulation to decide on most appropriate high intensity therapeutic intervention
- Occupational Therapy 'goal setting' group to develop skills and strengths and improve daily functioning (16 weeks)
- Mentalisation Based Therapy (MBT) to improve affect regulation and reduce impulsivity and self harm (18 months)
- MBT art therapy
- Individual low intensity Cognitive Behavioural Therapy (CBT) for co-morbid affective disorders
- Individual support to develop and achieve goals to facilitate social inclusion
- Individual work on relapse prevention and developing support networks to prepare for discharge

The personality disorder community service will be accessible to all residents of Cambridgeshire and Peterborough and will operate in Cambridge, Huntingdon, Peterborough and Wisbech. The team will be present in the Cambridge, Huntingdon and Peterborough localities two days a week and one day a week in Wisbech to deliver group-based interventions and care co-ordination. Crisis support will be available across all localities five

days a week.

It is proposed that Lifeworks will close. We are interested in looking at how something similar to Lifeworks might be provided outside of CPFT.

Objectives and rationale for change

The aims of the proposed changes are:

- To make best use of available resources (money, facilities and staff)

Like all NHS organisations, the Trust needs to make efficiencies in the way it delivers services.

- To make sure that services are delivered equitably across the trust and to increase the number of people who can be seen.

We want to address the inequity in service provision across the county and respond better to demand for our services. Currently the Complex Cases Service can only meet the needs of approximately 70 people, mainly in the Cambridge area. The new service will be able to see a significantly larger number with an ongoing caseload of approximately 240, based on a two year pathway.

- To provide services that are evidenced based

Since the original design and implementation of the Complex Cases service, there has been national guidance on the commissioning and delivery of personality disorder services as well as NICE guidance on best practice and evidence based care in this area. The remodelling of the service will implement this guidance.

- To provide interventions that are in line with new commissioning guidelines

Commissioning guidelines use the evidence base to suggest a menu of interventions which ensure that services are effective and make best use of limited resources. The personality disorder community service has had to prioritise the resource it has to deliver these interventions to the largest number of patients across the Trust.

- To provide service that are Recovery[6] approach focused

Recovery represents a movement away from pathology, illness and symptoms to health, strengths and wellness. Hope is central to recovery and can be enhanced by each person seeing how they can have more active control over their lives and by seeing how others have found a way forward. Self-management is encouraged and facilitated; supporting people to develop resilience and autonomy is a key element of how services can promote and foster recovery.

Who will be affected? *e.g. staff, patients, service users etc*

Service users and carers in contact with the CCS/PD service.

Staff consultation took place in June 2013 as part of the Adult Service redesign.

Evidence

What evidence have you considered? *List the main sources of data, research and other sources of evidence (including full references) reviewed to determine impact on each equality group (protected characteristic). This can include national research, surveys, reports, research interviews, focus groups, pilot activity evaluations etc. If there are gaps in evidence, state what you will do to close them in the Action Plan on the last page of this template.*

Currently the Lifeworks part of Complex Cases is only provided in Cambridge. Although strenuous attempt have been made to provide elsewhere in the county, it have never been

[6] Making Recovery a Reality. Sainsbury Centre for Mental Health, 2008

possible to sustain this. The new pathway has been developed in line with NICE guidance. The results of the consultation will be used to identify any issues and help monitor implementation and impact.
Disability *Consider and detail (including the source of any evidence) on attitudinal, physical and social barriers.* There will be increased access and capacity across the county of the new pathway. There will be a loss of Lifeworks to some service users in Cambridge
Sex *Consider and detail (including the source of any evidence) on men and women (potential to link to carers below).* No evidence to demonstrate adverse impact
Race *Consider and detail (including the source of any evidence) on difference ethnic groups, nationalities, Roma gypsies, Irish travellers, language barriers.* No evidence to demonstrate adverse impact
Age *Consider and detail (including the source of any evidence) across age ranges on old and younger people. This can include safeguarding, consent and child welfare.* This service is for adults of working age (as is currently the case). Service users over 65 with personality disorder will be treated by the OPMH service
Gender reassignment (including transgender) *Consider and detail (including the source of any evidence) on transgender and transsexual people. This can include issues such as privacy of data and harassment.* No evidence to demonstrate adverse impact
Sexual orientation *Consider and detail (including the source of any evidence) on heterosexual people as well as lesbian, gay and bi-sexual people.* No evidence to demonstrate adverse impact
Religion or belief *Consider and detail (including the source of any evidence) on people with different religions, beliefs or no belief.* No evidence to demonstrate adverse impact
Pregnancy and maternity *Consider and detail (including the source of any evidence) on working arrangements, part-time working, infant caring responsibilities.* No evidence to demonstrate adverse impact
Carers *Consider and detail (including the source of any evidence) on part-time working, shift-patterns, general caring responsibilities.* No evidence to demonstrate adverse impact

Other identified groups *Consider and detail and include the source of any evidence on different socio-economic groups, area inequality, income, resident status (migrants) and other groups experiencing disadvantage and barriers to access.*

Engagement and involvement Was/will this work be consulted on? Yes (attach consultation paper)
How have you engaged stakeholders in gathering evidence or testing the evidence available? Engagement will be carried out through the consultation process, which has had the involvement and support of the CCG and OSC. The consultation will be for 6 weeks, and involve service users of complex cases/PD service including Lifeworks. It will also be open to carers.
How have you engaged stakeholders in testing the policy or programme proposals? Engagement will be carried out through the consultation process, which has had the involvement and support of the CCG and OSC. The consultation will be for 6 weeks, and involve service users of complex cases/PD service including Lifeworks. It will also be open to carers
For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs: Engagement meetings are planned to take place in Cambridge, Huntingdon, Peterborough and Wisbech during the 6 week consultation period.

Summary of Analysis *Considering the evidence and engagement activity you listed above, please summarise the impact of your work. Consider whether the evidence shows potential for differential impact, if so state whether adverse or positive and for which groups. How you will mitigate any negative impacts. How you will include certain protected groups in services or expand their participation in public life.* A major driver of these proposals is to enable better access, across the whole Trust to evidenced based care. Whilst the need to make efficiencies will have some impact on the availability of some services such as Lifeworks, the overall aim is to increase the capacity of the PD pathway, improve access to evidence based care, and offer this service on a more equitable basis across the Trust. The impact of the implementation of any changes will continue to be monitored and reviewed, with changes made as needed. *Now consider and detail below how the proposals impact on elimination of discrimination, harassment and victimisation, advance the equality of opportunity and promote good relations between groups.*
Eliminate discrimination, harassment and victimisation *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*

No evidence to demonstrate adverse impact on each protected characteristic age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation.

Advance equality of opportunity *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*
Greater consistency and equity of access will enhance availability across the county

Promote good relations between groups *Where there is evidence, address each protected characteristic (age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation).*
No evidence to demonstrate adverse impact on each protected characteristic age, disability, gender, gender reassignment, pregnancy and maternity, race, religion or belief, sexual orientation.
This service meets the needs of local population within available resources and promotes good relations between individual staff, patients, service users, carers, adult service managers, pathway leads, senior divisional team and corporate HR, business development, finance and informatics.

What is the overall impact? *Consider whether there are different levels of access experienced, needs or experiences, whether there are barriers to engagement, are there regional variations and what is the combined impact?*
The overall impact is positive in that the proposed pathway improves capacity, consistency and equity of access across the county.
To mitigate the proposed closure of Lifeworks in Cambridge options will be considered for alternative provision potentially by another provider.

Addressing the impact on equalities *Please give an outline of what broad action you or any other bodies are taking to address any inequalities identified through the evidence.*

Action planning for improvement *Please gives an outline of the key actions based on any gaps, challenges and opportunities you have identified. Actions to improve the policy/programmes need to be summarised (An action plan template is appended for specific action planning). Include here any general action to address specific equality issues and data gaps that need to be addressed through consultation or further research.*
Proposal to close Lifeworks – feedback and comment will be taken as part of consultation.
Impact of any changes or developments to services will be reviewed

Please give an outline of your next steps based on the challenges and opportunities you have identified. *Include here any or all of the following, based on your assessment*

- *Plans already under way or in development to address the **challenges** and **priorities** identified.*
- *Arrangements for continued engagement of stakeholders.*
- *Arrangements for continued monitoring and evaluating the policy for its impact on different groups as the policy is implemented (or pilot activity progresses)*

- *Arrangements for embedding findings of the assessment within the wider system, other agencies, local service providers and regulatory bodies*
- *Arrangements for publishing the assessment and ensuring relevant colleagues are informed of the results*
- *Arrangements for making information accessible to staff, patients, service users and the public*
- *Arrangements to make sure the assessment contributes to the organisation's Equality Agenda*

For the record
Name of person who carried out this assessment:
Neil Winstone, Divisional Nurse Lead
Sue Rampal, Diversity and Equality Officer, CPFT

Date assessment completed:
29/4/2014

Name of responsible Lead:
Neil Winstone, Divisional Nurse Lead

Date assessment was signed:

29/4/2014

Action plan template

This part of the template is to help you develop your action plan. You might want to change the categories in the first column to reflect the actions needed for your policy.

Actions	Target date	Person responsible and their division
Consultation launched	4/6/14	Neil Winstone, Community Division
Engagement meetings completed	14/7/14	Neil Winstone, Community Division
Feedback and evidence collated	08/08/14	Neil Winstone, Community Division
Responses & outcome published	To be confirmed	Neil Winstone, Community Division

Appendix 2: Glossary of Terms

- Adult community redesign – the project that oversaw the redesign of the community services for adults of working age within CPFT. The project ran from January 2013 to January 2014.

- Adult locality teams: CPFT teams delivering mental health services to adults across Cambridgeshire and Peterborough.

- CCG: NHS Cambridgeshire and Peterborough Clinical Commissioning Group.

- CCS: Complex Cases Service. This was the name of the CPFT specialist community service for people with personality disorder prior to December 2013. Included Lifeworks.

- CPFT: Cambridgeshire and Peterborough NHS Foundation Trust

- Intervention: By intervention we mean a type of therapy, treatment or support that aims to address mental health symptoms and promote recovery.

- OSC: Overview and Scrutiny Committee

- Personality Disorder: The Diagnostic and Statistical Manual of the American Psychiatric Association, 4th Edition (DSM-IV), defines personality disorder as:

  "An enduring pattern of inner experience and behaviour that differs markedly from the expectations of the individual's culture, is pervasive and inflexible, has an onset in adolescence or early adulthood, is stable over time and leads to distress or impairment. Personality disorders are a long-standing and maladaptive pattern of perceiving and responding to other people and to stressful circumstances."

  NHS choices (www.nhs.uk) defines personality disorders as:

  Conditions in which an individual differs significantly from an average person, in terms of how they think, perceive, feel or relate to others.

  Changes in how a person feels and distorted beliefs about other people can lead to odd behaviour, which can be distressing and may upset others.

  The main symptoms are:

  - being overwhelmed by negative feelings such as distress, anxiety, worthlessness or anger
  - avoiding other people and feeling empty and emotionally disconnected

- difficulty managing negative feelings without self-harming (for example, abusing drugs and alcohol, or taking overdoses) or, in rare cases, threatening other people
- odd behaviour
- difficulty maintaining stable and close relationships, especially with partners, children and professional carers
- sometimes, periods of losing contact with reality

Symptoms typically get worse with stress.

People with personality disorders often have other mental health problems, especially depression and substance misuse.

- Personality Disorder Community Service: The name of the CPFT specialist community service for people with personality disorder from December 2013 to present.

- Recovery approach: In principle, recovery is a move away from illness, diagnosis, problems and deficits and a move towards health, strengths and wellness.

  A fundamental aspect of recovery is that it does not necessarily mean cure ('clinical recovery'), instead, it emphasises the unique journey of an individual living with mental health problems to build a life for themselves beyond illness ('social or personal recovery'). Thus, a person can recover their life, without necessarily 'recovering from' their illness.

  When thinking about recovery principles, mental health service users have identified three core key principles:
  - the continuing presence of ***hope*** that it is possible to pursue one's personal goals and ambitions.
  - the need to maintain a sense of ***control*** over one's life and one's symptoms.
  - and the importance of having the ***opportunity*** to build a life beyond illness.

Appendix 3: Consultation guidelines

This consultation document has been drawn up in accordance with the key consultation criteria as set out in the Cabinet Office Code of Practice on Consultation 2008[7].

1. When to consult

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

2. Duration of consultation exercises

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

3. Clarity of scope and impact

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

4. Accessibility of consultation exercises

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

5. The burden of consultation

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

6. Responsiveness of consultation exercises

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

7. Capacity to consult

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

Find out more about Cabinet Office Code of Practice on consultations: www.bis.gov.uk/policies/better-regulation/consultation-guidance/code-of-practice

[7] The Code of Practice states that these criteria should be reproduced on all consultation documents

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

Section 14Z2 National Health Service Act 2006

14Z2 Public involvement and consultation by clinical commissioning groups

1. This section applies in relation to any health services which are, or are to be, provided pursuant to arrangements made by a clinical commissioning group in the exercise of its functions ("commissioning arrangements").

2. The clinical commissioning group must make arrangements to secure that individuals to whom the services are being or may be provided are involved (whether by being consulted or provided with information or in other ways)—

a. in the planning of the commissioning arrangements by the group,

b. in the development and consideration of proposals by the group for changes in the commissioning arrangements where the implementation of the proposals would have an impact on the manner in which the services are delivered to the individuals or the range of health services available to them, and

c. in decisions of the group affecting the operation of the commissioning arrangements where the implementation of the decisions would (if made) have such an impact.

4. The clinical commissioning group must include in its constitution—

a. a description of the arrangements made by it under subsection (2), and

b. a statement of the principles which it will follow in implementing those arrangements.

3. The Board may publish guidance for clinical commissioning groups on the discharge of their functions under this section.

4. A clinical commissioning group must have regard to any guidance published by the Board under subsection (4).

5. The reference in subsection (2)(b) to the delivery of services is a reference to their delivery at the point when they are received by users.

Lansley Criteria for Significant Service Change

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

1. Support from GP commissioners

Improving care for older people was one of three major priorities chosen by the Clinical Commissioning Group in 2012. The CCG is led on behalf of its member practices by GP commissioners through the Governing Body, and eight Local Commissioning Groups.

2. Strengthened public and patient engagement

The engagement team has been raising awareness and engaging by:

- providing and distributing public and patient information leaflets via GP practices and other outlets with an invitation to contact the Engagement Team for further information.

- attending meetings of community groups to give presentations and answer questions

- attending local markets to engage with a wider audience

- holding a Social Partnership Forum with unions.

3. Clarity on the clinical evidence base

Our work is based on extensive reviews of the evidence base, including Joint Strategic Needs Assessments developed by experts in public health and the Outcomes Framework which we have used to specify our requirements.

4. Consistency with current and prospective patient choice

Our view is that at present patients do not have enough choice in how or where they are treated. This is partly because services outside hospital need to be developed so the default is not admission to hospital. It is also about organising care around and with each individual patient to suit their needs instead of receiving an inflexible ‘one size fits all’ service.

Appendix 4 Referral pathway