

CUMBRIA HEALTH SCRUTINY COMMITTEE

Meeting date: 22 May 2019

**From: Chief Operating Officer, North Cumbria CCG and
Director of Planning and Performance,
Morecambe Bay CCG**

MENTAL HEALTH SERVICES IN NORTH AND SOUTH CUMBRIA

1.0 PURPOSE OF REPORT

1.1 This report updates the Scrutiny Committee on changes to mental health services in North and South Cumbria in respect of the CCGs' joint Commissioning Intentions. The changes affect adult mental health services, children and young people's mental health services (CAMHS) and learning disability services. For clarity, the use of the term mental health services in the report is a collective term for all three elements of service.

2.0 ISSUES FOR SCRUTINY

2.1 The Committee are asked to receive an update on the future of Mental Health services from North Cumbria and Morecambe Bay CCGs.

3.0 BACKGROUND AND COMMISSIONING INTENTIONS

3.1 Morecambe Bay CCG and North Cumbria CCG jointly issued commissioning intentions to Cumbria Partnership NHS FT (CPFT) in January 2018 on the future of Countywide services delivered by CPFT. The commissioning intentions covered all services delivered by CPFT which the two CCG's commission: ie adult community services (such as district nursing); children's physical community services (such as community paediatrics); a small number of semi-specialist services (such as acquired brain injury and neurology); and mental health services. For clarity, the commissioning intentions did not cover services which the CCGs do not commission (such as sexual health services commissioned by the County Council) although the CCGs did consult the County Council and NHS England on the Commissioning Intentions and representatives from both organisations were comfortable with the direction of travel set out.

3.2 The Commissioning Intentions recognised the move in both North Cumbria and Morecambe Bay towards integrated care and the creation of Integrated Care Partnerships. Indeed, by this point, CPFT had already agreed with University Hospitals Morecambe Bay NHS FT to transfer adult physical community services to the Bay.

- 3.3 For mental health services, the Commissioning Intentions also recognised that although CPFT provide some good services (such as Improving Access to Psychological Therapies – IAPT) the Trust had had a CQC rating of Requires Improvement for a number of years and many of the underlying issues were difficult for a small Trust in a challenging geographical position to address on its own. Linked to this, there were a number of services, particular CAMHS services, which had been in need of significant improvement for some time, despite the best endeavours of the Trust, and wider organisational change or support was needed to make a difference. This was supported in a ‘Patient Safety Initiative’ meeting in March 2018 between the Trust, CCGs and NHS England, NHS Improvement and CQC, where national mental health leads supported delivery of the commissioning intentions as a way of accelerating improvement in services.
- 3.4 For mental health services, the commissioning intentions set 3 clear objectives:
- The need to ensure an improvement in the quality of services, particularly for areas such as CAMHS
 - The need to ensure the clinical and financial sustainability of services
 - The need to deliver care models and pathways consistently across the wider Integrated Care System footprints for North and South Cumbria: ie in the South, across Morecambe Bay and as developed across Lancashire and South Cumbria Integrated Care System; in North Cumbria, as developed across North Cumbria and the North East of England.
- 3.5 For Morecambe Bay, the Commissioning Intentions were clear that the CCG believed the best way of addressing the three drivers was a transfer of services from CPFT to Lancashire Care NHS FT (LCFT). For North Cumbria, the intentions were for services to be delivered by, or in a very robust partnership with, Northumbria Tyne and Wear NHS FT (NTW).

4.0 PROVIDER COLLABORATION

- 4.1 Since March 2018, CPFT have been working with LCFT and NTW to undertake ‘due diligence’ work and develop appropriate business cases. LCFT and NTW quickly reached positions where they would only consider a transfer of service, given the scale of the challenge and the associated clinical governance risks. Both Trusts also set understandable limits on geography: ie that LCFT only wanted to deliver services in South Cumbria and not North Cumbria; and NTW only wanted to deliver services in North Cumbria and not South Cumbria.
- 4.2 It should be noted that NTW provide improvement support to other Trusts through its consultancy arm, Trust Innovations (NTW TI). NTW TI have been supporting improvement work in Cumbria since 2018, with an early focus on CAMHS. This is essential as all organisations recognised that whilst a transfer of services could bring about significant improvement and clinical sustainability over the medium term, we also needed to continue improving

services whilst the process of transfer was taking place. For example, NTW TI have supported improvement by:

- Working with CPFT and LCFT on the model of care for CAMHS north and south, using the Thrive model
- Working with local CAMHS teams across the County to review caseloads, assessments and operating practices etc. This has helped to free up capacity to ensure more young people are seen and ensure that care is appropriate to their needs.

4.3 It should also be noted that in North Cumbria, in support of the move towards integrated care, the joint boards of CPFT and North Cumbria University Hospital NHS FT have formally announced their intentions to merge organisations on 1st October 2019. The prospectus for the merger issued by the organisations indicates that the new organisation will not deliver mental health services and that these services will transfer to NTW and LCFT.

5.0 FUTURE ARRANGEMENTS

5.1 In North Cumbria, agreement was jointly reached in January 2019 by CPFT, NTW and North Cumbria CCG for a transfer of services to NTW by the 1st October 2019. The business case was agreed by both provider Boards and work is under way on the transfer process, including the development of a Business Transfer Agreement and appropriate TUPE and workforce arrangements. North Cumbria CCG are in discussion with both organisations on the associated contractual change linked to the transfer.

5.2 In South Cumbria, since issuing the commissioning intentions, there have been some increasingly complex organisational changes and emerging capacity and capability concerns at LCFT, not least the change in CQC rating from Good to Requires Improvement. This understandably had an impact on the confidence of the CPFT Board to agree to develop a full business case for the transfer of services to LCFT. It also led to Morecambe Bay CCG taking steps, alongside the Lancashire and South Cumbria ICS and NHSI, to assure itself that a transfer to LCFT still remained the most appropriate course of action to improve services across the whole of the Bay area and to be clear on the most appropriate sequencing of steps leading up to a transfer.

5.3 All health organisations have undertaken appropriate assurance work and have agreed that a transfer of services to LCFT is appropriate and should take place for the 1st October, in line with the transfer in the North. In reaching this agreement, a key feature is an improvement plan for services transferring linked to wider improvement for LCFT.

5.4 That wider improvement work is already underway by LCFT with support from NTW Trust Innovations; and LCFT and NTW are in discussion on more formal strategic support partnership arrangements. This clearly links to the work NTW TI is doing on pathways and models of care in Cumbria. This LCFT improvement work is overseen by governance arrangements led by Lancashire and South Cumbria ICS, involving CQC, NHSE and NHSI and improvement work specifically linked to the transfer will be aligned with these arrangements.

- 5.5 Clearly this change in environment in the South can, on the face of it, be a cause for concern amongst patients, staff and stakeholders such as the County Council. However, to reiterate some of the points above:
- Despite best intentions, CPFT have been rated as 'requires improvement' for some time and have been unable to bring about lasting improvements on their own in key services such as CAMHS and ensure clinical sustainability in the workforce given the size and geography of the Trust
 - Significant improvement work is underway by LCFT, led personally by the new Chief Executive Caroline Donovan
 - This work is supported by NTW TI and there will be ongoing strategic support work between LCFT and NTW
 - CPFT and NCUHT have agreed to merge and the new integrated care provider will not be providing mental health services, particularly now agreement has been reached with NTW on a transfer of services in North Cumbria
 - The NTW Board clearly stated that it does not want to provide services in South Cumbria as the geographical distances are too great
 - Hence, a transfer of services in South Cumbria to LCFT is the best direction for improving services and there are clear improvement arrangements in place to support the work.
- 5.6 As with North Cumbria, LCFT and CPFT are working together and with NTW, on the transfer process, including the Business Transfer Agreement and workforce arrangements etc. Morecambe Bay CCG will work with CPFT and LCFT on the appropriate contractual changes to support the transfer on the 1st October.
- 5.7 All organisations (ie the two CCGs, CPFT, NTW, LCFT and NHSI) come together to coordinate arrangements as a collaborative joint endeavour through a monthly Programme Board with associated sub groups for workforce, communications, IT, estates etc. There are also discussions in place between the two CCGs, LCFT and NTW with a view to maintaining continued north/south bed flows to units in other parts of the County to ensure patient needs are met and best use of resources.

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