



John Ellis  
Head of Mental Health, Learning Disability and Substance Misuse Commissioning  
NHS Cambridgeshire  
Lockton House, Clarendon Road, Cambridge, CB2 8FH

12<sup>th</sup> January 2012

Dear John

Re: Service Re-design of CPFT – Consultation Response

Firstly happy new year to you and your team. Thank you for inviting our feedback about the proposed re-design of services offered by CPFT.

Our response is a combination of what we have gleaned from some of the conversations we have had with service users, volunteers and our staff. I will summarise our thoughts under each proposal for your convenience.

#### **Advice and Brief Intervention Centre**

- We fully appreciate that the intention to significantly improve access into services is an important and essential development. We regularly have service user and family feedback about a lack of clarity about how to access services and indeed a lack of understanding of what referral pathway they are in. It is sensible to review this and reduce access points.
- Unless carefully managed with a real investment into staff training this 'centre' could feel to service users like another doctor's surgery. A place where people go to get 'brushed off' as one person said to us. It's quite difficult to conceptualise this centre as a place where people will be received sensitively, have access to considered support and information. Our question would be; how are you going to ensure this will not become like a call centre environment?
- CPFT want to include the voluntary sector but have not demonstrated thus far an appreciation or understanding of what this means. It seems that the inclusion of the third sector is more of a tick box exercise rather than a real reflection of a meaningful intention for partnership and inclusion. We are still very disappointed in the initial claim that CPFT made that they had consulted the third sector on this proposal already. We feel this mislead many relevant stakeholders particularly the Care Quality Commission.
- It is unclear how referrals to the third sector intend to be managed and although we appreciate that it is early days it felt during the consultation briefing that if we did not engage then we would therefore be excluded from the referral consideration. We are hugely uncomfortable with a statutory service being the only or at least only recognised entrance into mental health services. Our many years of offering open access services tells us that some clients particularly do not want to access any statutory services in the first instance because of fear and mistrust. We wonder how

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this will be addressed because CPFT have yet to demonstrate a real openness to learning from our experience.

- We remain concerned about how this will impact on our funding both statutory and through national grants holders. Equally if we will be expected to engage in the development of this centre will we be funded to support this process? For instance attending meetings, consulting service users and providing literature etc for inclusion all cost. It is unclear how we will deliver a partnership when it already feels quite imbalanced.
- Who will approve the culture and process of delivery? Who will approve the information that will be made available? Will the information provided be medicalised or using the recovery philosophy?

Although we have a number of concerns about the centre we want to be involved because our mission is to always hold the service user at the heart of everything we do.

### **Primary Care Mental Health Service**

- We remain unclear about how a service open to all ages will meet the needs of all. The old saying 'apprentice of many but master of none' springs to mind. Although we also believe that service users should have seamless access to services this approach is at risk of missing areas of specialism which in many instances is essential for an individual's recovery.
- Where the third sector is already providing elements of a primary care service such as IAPT or Counselling as we do, how will this be considered by CPFT? They have struggled to accept certainly in our case that we are highly skilled and qualified and therefore more than equipped to deliver mental health services. This has further demonstrated a lack of appreciation within CPFT about the benefits of third sector delivery. This remains a huge disappointment and is about a culture and belief system within their organisation that needs to be challenged robustly.
- It could help all involved to understand where they sit within the local system. This could help the third sector in terms of national fundraising for instance because we can more clearly align ourselves to the mental health trust.
- As this service will be aligned to GP surgeries. How will this affect competition for GP funding? It is very possible that CPFT will be in a position to develop and expand more easily than some third sector providers. What assurances will we have that they will not squeeze us out of the market?

### **Modern and Purpose Built Facilities**

- The closure of Acer ward has been confusing, chaotic and certainly in the first instance poorly managed. The reasoning for closure once explained could be understood but as is widely accepted about change management bad information at the beginning can damage the whole consultation process.
- We agree that Acer Ward was not a good enough facility and was not conducive for individual recovery and was often very distressing for family and friends. We support wholeheartedly the intention to improve and develop new buildings.
- The major concern for service users and their family/friends is the difficulty in accessing the other wards to be made available in Cambridge and Peterborough. Even for those in Fenland we know that having a resource in Huntingdon was more accessible than the hospital in Peterborough. Transport links are still very poor and the cost increases all the time. We do not believe enough has been done to think about how some of this can be resolved.
- The Home Crisis Treatment Team is under resourced in our view to manage the implications of the closure of Acer Ward. We already have feedback that the team does not fulfil expectations so how will they be expected to function under these new circumstances? However it is not our view that extra resources need to be found for

CPFT to provide crisis support alone. The third sector particularly Hunts Mind deal with a high volume of crisis and indeed provide help and support where statutory services have failed to attend. I think that it should be a consideration that the third sector should be funded to continue this work. We have many examples that we would be happy to share.

- There has been much discussion over the years to develop a Crisis House in Cambridgeshire. We would like to support and develop this idea based on our experience and partnerships with other providers of crisis facilities around the country. This is a well evidenced service and in most instances is provided by the third sector. These are service user led facilities and work on the idea that hospital for many service users is not the right place when they are in crisis.
- Our last concern about the closure of Acer Ward is about how we are expected to support our clients who have been admitted in light of the added distances we will be expected to travel. We always like to maintain relationships with service users and their families when they are in hospital. This poses an economic concern for us going forward.

### **More Efficient Services**

- It is positive that this is not just being thought about as a cost saving exercise. It is clear that CPFT are using the cost pressures as a positive driver towards service transformation. This is a challenge and we hope that this continues to be a creative and innovative process inclusive of the third sector.
- The use of technology and innovation is incredibly important and we would definitely like to be involved in the design and delivery of these various ideas.
- The only word of caution here is that the use of technology etc over rides face to face contact and a humanistic approach to delivery. CPFT will need to ensure that innovation does not miss service user's needs.
- There are clear areas where efficiency needs to be harnessed especially within CPA and allocation of care co-ordinators. This is still a chaotic and inconsistent process. If this was improved then not only would service users experience a better service but we would not all be wasting time trying to resolve the problems that this approach creates, again we can provide many examples on request.

Finally, we would like to note that we are certainly seeing both an increase in referrals and an increase in the complexity of our clients who have recently been discharged from CPFT. It is without doubt that their approach to discharge directly affects our work. Hunts Mind are currently working on reconfiguring the connection between our primary care services and our recovery day services. It seems that there is an increasing number of clients who in spite of receiving an excellent service from Counselling and Changing Lives their social care needs are so complex we have no option but to engage them within our day services. These are clients that have either been discharged from CPFT or who are working with CPFT but not getting their social care needs met at all satisfactorily, again we have many examples we would be happy to share.

We also endorse the points raised by the Cambridge Mental Health Stakeholders response to the consultation which was co-ordinated by Phil Alsop. Their letter clearly fits with many of our own thoughts about the proposals.

It is our intention to work with CPFT in the coming years at a time when all services are under huge pressure. Our hope is that they offer the third sector the same consideration, they can learn from us.

We wish you luck in the coming months. We appreciate that CPFT are trying to make the best of an already very challenging situation and hope that they are able to hold the service user at the heart of this process.

Yours sincerely

A handwritten signature in black ink, appearing to read 'Sarah Hughes', written in a cursive style.

Sarah Hughes  
Chief Executive