

**MENTAL HEALTH – LIFEWORKS AND COMMUNITY PERSONALITY DISORDER
SERVICE – CONSULTATION PROPOSALS AND UPDATE.**

To: **HEALTH COMMITTEE**

Meeting Date: **29TH MAY 2014**

From: **Neil Winstone, Divisional Nurse lead, Community Division,
Cambridgeshire and Peterborough NHS Foundation Trust
(CPFT)**

Electoral division(s): **All**

Forward Plan ref: **Not applicable**

Purpose: **To inform the Committee of proposals for the provision of
the Community Personality Disorder Service, and the
current position regarding the service.**

Recommendation: **The Committee consider the report**

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1. BACKGROUND

- 1.1 During 2013 the Community Division of Cambridgeshire and Peterborough NHS Foundation Trust (CPFT), undertook a wide ranging redesign of its mental health adult community services. The redesign involved a wide range of stakeholders including Mental Health GP leads. This followed the former Cambridgeshire Primary Care Trust public consultation on mental health services in 2011/12.
- 1.2 Part of the reason for the redesign was to make financial savings as required of all NHS trusts.
- 1.3 The redesign of the community services included a service for people with personality disorders called Complex Cases Service (CCS).
- 1.4 Borderline personality disorder is a condition that affects a person's thoughts, emotions and behaviour. It is not usually diagnosed before the age of 18 but symptoms can be recognised in younger people. 'Borderline' was originally used by psychiatrists to suggest that the condition was thought to be on the 'border' of other psychiatric problems. Some experts think that this is no longer the most appropriate term to use.
- 1.5 The symptoms of borderline personality disorder include:
 - having emotions that are up and down (for example, feeling confident one day and feeling despair another), with feelings of emptiness and often anger
 - difficulty in making and maintaining relationships
 - having an unstable sense of identity, such as thinking differently about yourself depending on who you are with
 - taking risks or doing things without thinking about the consequences
 - harming yourself or thinking about harming yourself (for example, cutting yourself or overdosing)
 - fearing being abandoned or rejected or being alone
 - sometimes believing in things that are not real or true (called delusions) or seeing or hearing things that are not really there (called hallucinations).
 - A person diagnosed with borderline personality disorder will have most of these symptoms and they will have a significant impact on their life.
- 1.6 People with borderline personality disorder come from many different backgrounds, but most will have suffered some kind of trauma or neglect as children.

- 1.7 Overall, epidemiological estimates suggest that between 5% and 13% of people living in the community have problems that would meet the diagnostic criteria for PD¹. Some of those people may also have other conditions such as depression, anxiety (feelings of worry or fear that can be difficult to control), an eating disorder, post-traumatic stress disorder or bipolar disorder, or problems with drugs and alcohol.

Although some people may have borderline personality disorder for a long time, many do recover from the condition.

1.8 Complex Cases Service (CCS)

CCS was established in the 1990's, initially funded by the Trust and then supported with additional funding from the Department of Health (DoH) to establish the Cambridge service as one of a number of national 'Beacon' services. The DoH funding ended last year, but the CCG agreed to continue the funding.

- 1.9 The model of input focused on case management which was a generalised intervention that looked at helping patients manage their illness and their life better. Some patients received individual therapy but many more were offered access to a crisis clinic –(the open clinic) and a regular social group (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.

1.10 Lifeworks

CCS includes a social rehabilitation group called Lifeworks. Lifeworks provides a regularly run structured program of social and recreational activities, emphasising peer support, and was open to service users currently with CCS and also those discharged. This allows for some service users to maintain a connection and attachment to Lifeworks. Whilst attempts had been made to sustain this countywide, it had only successfully been sustained in Cambridge.

- 1.11 The redesign of CCS aims to increase the capacity from an approximate caseload of 70 service users to about 240. It also drew on evidence-based interventions recommended by the National Institute for Clinical Excellence (NICE) and current recognised good practice. The service name changed from CCS to Personality Disorder Service (PDS), and established a two year pathway for people with personality disorder. The new pathway strengthened access to crisis support for service users, which increased from an 'open clinic' available for one hour each day, to two crisis workers available five days a week 9 – 5.
- 1.12 In order to maximise CPFT's ability to provide the new pathway consistently and equitably across the county, all available staff resources have been aligned to provide the new pathway. Taken with the lack of evidence base, the

¹Recognising complexity: Commissioning guidance for personality disorder services. DH June 2009.

possible implication being that Lifeworks in Cambridge would have to stop running.

- 1.13 Service users were notified about this in January 2014 by letter and for most also a one to one meeting with a member of the clinical team.
- 1.14 It was recognised that this would be a difficult message for some service users. Whilst for some service users the new pathway was acceptable, for others the loss of Lifeworks was very upsetting.
- 1.15 Some Lifeworks service users felt so strongly about the plan to close Lifeworks that they started a 'sit in' in part of the building on Tenison Road Cambridge. This started on 4th March 2014, and has continued ever since. The numbers involved in the sit-in range from one or two to six to ten.
- 1.16 CPFT has acknowledged that it should have involved service users more actively in the plans for the Lifeworks closure, and has apologised for not doing this.
- 1.17 In order to ensure active involvement, CPFT together with the CCG, with oversight provided under the previous Council governance arrangements by a working group of the Adults Wellbeing and Health Overview and Scrutiny Committee and HealthWatch, is embarking on a six week consultation with affected service users, their carers and relevant other interested parties. It should be noted that this is not a full public consultation.
- 1.18 There has been some engagement with the protestors by CPFT and CCG, and support from some local councillors and trade unions. There has also been press interest both locally and in the Mirror newspaper. The service users have been very effective at maintaining their campaign and this has had some benefit in raising the profile for funding for mental health in Peterborough and Cambridgeshire which is amongst the lowest in the country.
- 1.19 The sit-in has however caused significant care delivery problems for the Trust, which has had to transfer other services from Tenison Road to other temporary sites.
- 1.20 The Trust is very keen to see the sit-in end and is working hard to find a resolution. We will be holding the consultation and are looking to have ongoing discussions with all those affected service users (both those involved in the sit in and the wider group of service users and carers). In addition the Trust has set up daily contact with the occupants via 'liaison workers', who help to maintain a line of communication between the sit in and senior Trust staff.
- 1.21 During the period of the sit-in the PDS clinical team have worked hard to make sure that the care of those involved is maintained.

2. MAIN ISSUES

- 2.1 The Trust and CCG are finalising the consultation paper, and aim to launch it following the local elections. This will be circulated to the Health Committee once it is published.
- 2.2 It is proposed that a number of focus groups involving interested parties are held in the county. The plan is for these to be facilitated by HealthWatch.

2.3 Main proposals of consultation

- Expansion of capacity from approx. 70 to 240 patients
 - Implementation of evidence based approaches, including therapeutic interventions and crisis support
 - The new pathway will operate over two years
 - Far better access geographically to these interventions
 - Consider if CPFT should provide Lifeworks as seen as not fitting with evidence base ahead of other Interventions and therefore not making best use of resources.
 - Explore possibilities in third sector to provide some ongoing interventions and support
 - If CPFT not to provide Lifeworks explore options for transition support for Lifeworks service users.
- 2.4 An Equality Impact Analysis has been carried out by CPFT as part of the consultation paper
- 2.5 Following the consultation, feedback will be considered and the Trust and CCG will decide on the outcome of the consultation.

3. SIGNIFICANT IMPLICATIONS

3.1 Resource Implications

Depending on the outcome of the consultation some additional resources will be needed to fund the proposed transitional arrangement for the Lifeworks service users in Cambridge and the Trust is working with the CCG to secure these.

3.2 Statutory, Risk and Legal Implications

None.

3.3 Equality and Diversity Implications

The Equality Impact analysis has identified that overall there is an improvement in access geographically and in terms of consistency in the type of evidence-based interventions to be provided. There is no adverse impact on any protected group.

3.4 Engagement and Consultation Implications

The development of the terms of reference for the consultation have involved the CCG, OSC working group, HealthWatch CPFT and service users

3.5 Localism and Local Member Involvement Implications

None

3.6 Public Health Implications

The proposals will have an impact on current and future users of the Personality Disorder Service.

Source Documents	Location
<ul style="list-style-type: none">Public Consultation document – ‘have your say on Proposed redesign of mental health Services across Cambridgeshire and Peterborough – a consultation paper by NHS Cambridgeshire, NHS Peterborough, and CPFT 2011PD Pathway Consultation documentNICE guidance - borderline personality disorderCG 78NICE guidance – antisocial personality disorder CG 77	<p>Cambridgeshire and Peterborough CCG, Lockton House, Clarendon Rd, Cambridge</p> <p>To follow when launched</p> <p>http://www.nice.org.uk/CG78 http://www.nice.org.uk/guidance/CG77</p>