

# **Mental Health Services – West Cumbria Engagement Outcome Report (October 2024 – January 2025)**

**January 2025**

Version control: 1.0

## **1. Mental Health Services in West Cumbria – purpose of the engagement programme and strategic context**

### **1.1 North East and North Cumbria Integrated Care Board**

In July 2024 the North East and North Cumbria Integrated Care Board (NENC ICB) produced its plan in response to the Inpatient Quality Transformation Programme (IPQT) ( [nenc-icb-final-ipqt-plan-19-july-2024.pdf](#) ). The IPQT programme is a national initiative aimed at improving the quality and safety of care in mental health, learning disability, and autism services. The programme challenges Integrated Care Boards (ICBs) to create innovative and visionary care models for inpatient services in mental health, learning disability, and autism. The goal is to ensure that people who need these services can access inclusive, safe, personalised, and therapeutic care in the least restrictive setting possible, and that care is available close to their loved ones and support networks. The plan builds on the national commissioning frameworks for mental health inpatient care as well as community transformation. The longer-term strategic actions in the NENC plan includes a transition towards a community mental health model to reduce dependence on inpatient services and a move towards an "open access" mental health care model.

CNTW is part of the NENC ICB led workstreams for IPQT with colleagues from Tees, Esk and Wear Valley (TEWV) NHS FT and is also setting out how specific schemes linked to our internal medium term financial plan fit with this overall strategic direction.

### **1.2 Inpatient services in North Cumbria**

The Carleton Clinic is CNTW's main hospital site in North Cumbria, where adult acute, older people and learning disability inpatient wards are provided. It is important that bed-based services within North Cumbria are sustainable in terms of quality, workforce and finance and the Trust has been clear that this will be achieved through consolidating inpatient services onto the Carleton Clinic site and improving community and crisis services across North Cumbria.

There are two district general hospitals in North Cumbria in Whitehaven and Carlisle, and challenges in relation to the distance (40 miles) and sustainability has been a key challenge for the local health system for many years. This challenge also applies to CNTW's Yewdale Ward which is an acute admission ward based on the district general hospital site in Whitehaven.

Since the transfer of mental health and learning disability services in Cumbria to CNTW, the Trust has been working through improvements to the estate in relation to older people's inpatient beds and enhancing urgent care facilities on the Carleton Clinic site. This includes additional inpatient beds which are being established on the Carleton Clinic site (additional 12 beds).

## Summary of adult acute inpatient capacity in North Cumbria (now and **post additional increases**)

- Yewdale Ward, West Cumberland Hospital, Whitehaven – 16 mixed gender beds
- Hadrian 1, Carleton Clinic, Carlisle – 10 female acute beds (**plus 4 = 14**)
- Hadrian 2, Carleton Clinic, Carlisle – 10 male acute beds (**plus 8 = 18**)

It is important to ensure that the inpatient capacity in North Cumbria is also seen in context with Trust wide bed capacity and changes being made in other localities, specifically the changes in Newcastle as part of transfer of services from the old Newcastle General Hospital site (Hadrian Clinic) to the Bamburgh Clinic at Saint Nicholas Hospital. This will see the number of adult acute beds increase by a further 6 across the Trust, taking the beds up to 54 across Newcastle and Gateshead.

There are already crisis alternative beds provided in Whitehaven by *Waythrough* (5 beds in total). The new 24/7 community hub will also provide new 4 crisis alternative beds as part of the overall model of care (see below).

## 2. Community Transformation

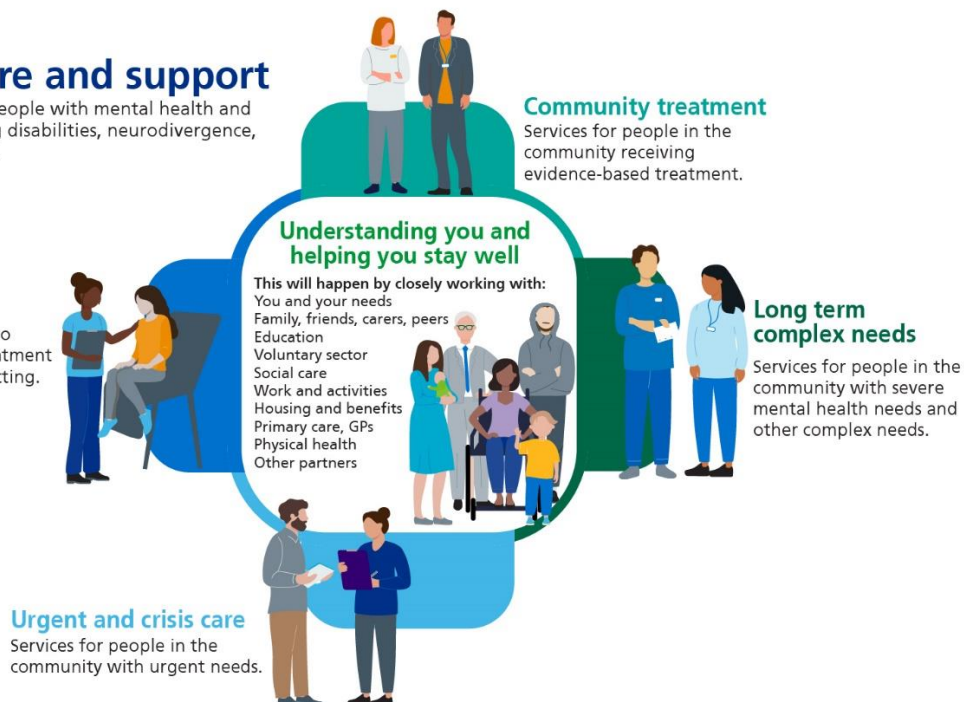
CNTW has a key priority to transform its community services to deliver improvements in accessibility, responsiveness, and outcomes. To support the transformation a model of care has been developed for CNTW and continues to evolve across all of our places as part of implementation.

### Model of care and support

Help and treatment for people with mental health and wellbeing needs, learning disabilities, neurodivergence, or neurological disorders.

#### Inpatient care

Services for people who require additional treatment within an inpatient setting.



The model of care has three main aims for community services:

- Improving timely access to services – no waiting.
- Providing holistic assessment of needs – continuity and telling your story once.
- Making people better – outcomes improve and quality of life is better.

There are some key shifts in the model of care we want to achieve as part of delivering our strategic ambitions for community services, which include:

- Services and teams working together and rooted in our communities.
- Move away from a confusing system of referrals, assessments and treatment, to one of constant support and easy access to the right support at the right time.
- Enable expert advice, support and skilled clinical help is available from our teams when they are needed.
- Make sure that there is support available for people all day, every day, within their communities, to meet their needs and enable them to keep well.
- Provide intensive wrap around support for people who need it most.
- Develop our services with our partners to address the areas of greatest need and health inequality.
- Develop real alternatives to inpatient care with our partners across our places so that where possible, we can support people in crisis within their own communities.

## **2.1 Hope Haven and the 24/7 Community Hub**

In July 2024, CNTW was announced as one of six national schemes to support the transformations in community mental health care. Work is developing at pace with partners on delivering the aims and goals set out as part of this national bid. The components of the bid and what we will deliver with partners in the community will support the delivery of the strategic ambitions we have set out as a Trust. This includes how our core community and crisis services transform into this new model of care for the future.

In line with the commitments we have set out, it was important to include the new 24/7 community hub in the engagement exercise with the local population, given the critical importance this will have for the local community in accessing and improving mental health care.

## **3. Case for change for Yewdale Ward - why do we need to change?**

Yewdale Ward sits approximately 40 miles away from the main hospital site at the Carleton Clinic and is located in Whitehaven on the District General Hospital site (West Cumberland Hospital) and provides 16 mixed sex beds. During 2023/24 safety measures have been introduced to support the isolated nature of Yewdale ward with admission and case mix restrictions.

It provides a significant long-term staffing challenge, particularly, from a consultant psychiatric provision which has been an issue for over 20 years. Its location also means it lacks the wider immediate support that a comparable ward on a main psychiatric hospital site would be able to draw upon and in the event of an incident or issue with staffing.

As described above, in 2024, the national inpatient quality programme was launched which sets out clear requirements for mental health inpatient services for the future. The programme has been co-produced with key stakeholders from across systems including service users, families, advocates, and clinicians, with the aim being to improve the quality and safety of care that service users experience within inpatient settings. The programme has five objectives:

- Localising and realigning inpatient services, harnessing the potential of people and communities.
- Improving the culture of care and supporting staff.
- Supporting systems and providers facing immediate challenges.
- Making oversight and support arrangements fit for the sector.
- Reducing restrictive practices.

This includes moving away from isolated units, offering real alternatives to admission, and ensuring a clear therapeutic offer is in place when people need to come into hospital for their care.

The Trust is working closely with partners on delays with discharge, which is important to reference given the broader challenges this poses across the Cumbria system.

CNTW recognises that improving community services, including crisis services is essential for West Cumbria and the new hub offers a real opportunity to realise the national ambitions for community and inpatient care. However, the Trust also recognises the engagement and open communication which is needed with the local community in relation to what this means for the future of Yewdale Ward, which is not sustainable.

Discussions with partners and the Integrated Care Board have taken place over the last 12 months to gain momentum for the longer-term direction of travel, particularly for isolated units, which includes Yewdale Ward.

The case for change in relation to the long-standing recruitment difficulties, isolation of Yewdale Ward and the need to improve community and crisis services required discussion and engagement with local partners and communities, which formally commenced in October 2024.

Included below is further detail and context in relation to the challenges and risks from a safety, quality, and patient experience perspective which have been included in the engagement discussions with staff and the local community.

<b>Mixed Sex Ward</b>	<p>Yewdale ward is the only Adult Assessment and Treatment facility in the Trust which provides care in a mixed sex facility, this is a concern from a <b>sexual safety perspective</b>.</p> <p>In 2018 the CQC published a report on <i>Sexual Safety on Mental Health Wards</i> (CQC, 2018) and subsequently developments (e.g., The National Sexual Safety Collaborative commissioned by NHSE) emphasise the importance of improving sexual safety for patients, staff and visitors on mental health and learning disability inpatient pathways.</p> <p>The <b>privacy and dignity challenges</b> of mixed sex units is also a concern.</p>
<b>Isolation</b>	<p>It is recognised and accepted that there are a number of limitations when trying to provide care from a geographically isolated site. The primary concerns being the <b>lack of a mental health response team</b> in the event of incidents on the ward, as well as limited senior management oversight.</p> <p>The ability to address <b>short term staffing issues</b> such as sickness is a challenge which requires staff to be transported from the Carleton Clinic site to ensure safe staffing levels.</p> <p>The inherent safety culture risks that come with stand alone units requires the Trust to have additional leadership input into the unit to mitigate against these <b>inherent cultural risks with stand alone units</b>.</p>
<b>Recruitment and Staff Retention</b>	<p>The importance of ensuring the right skills and competencies are in place to provide therapeutic treatment and comprehensive admission pathways is a challenge in relation to having attractive job profiles and connectivity across teams due to the isolation of Yewdale ward as inpatient care facility. It is essential that Whitehaven has attractive job opportunities and services which are innovative to support future recruitment but also retention in the area.</p>
<b>Medical cover and remote Responsible Clinician (RC) model</b>	<p>To comply with the Law for detaining patients under the MHA, the Responsible Clinician (RC) is solely provided remotely due to the inability to recruit to a permanent consultant psychiatrist. The most recent CQC Mental Health Act reviewer visit highlighted concerns around the suitability of a complete remote Responsible Clinician (RC) model. Despite numerous attempts to attract substantive doctors in to the area, this has proved challenging and</p>

	continually requires locum input. Currently there is only one remote RC to provide cover. The ward has no substantive junior doctor support, therefore relies on a locum junior doctor and SAS doctor. It also has Cumbria Health on call, relying on GP's attending for urgent physical health care needs, and Consultant on call cover during out of hours with no junior doctor cover.
<b>Backlog issues / deteriorating building</b>	There are a number of environmental challenges on Yewdale Ward, and there are currently a number of outstanding estates issues, which still require urgent attention through the Service Level Agreement (SLA) with North Cumbria Integrated Care NHS FT (NCIC) estates service. These have continually proved to be a challenge in terms of priority for completion, and the standard of work undertaken.
<b>Operational Delivery</b>	<p>In June 2023 to improve safety, changes to wards admission criteria were made, since then all admissions would be planned, and any new admission or transfer would take place prior to 15:00 hours on a weekday, with no admissions on a weekend. All potential admissions and transfers are screened by the Clinical team daily. This supports the team in managing the isolation issues. It is also a fundamental part of Enhanced Bed Management (EBM) bed allocation and does help support acute patient flow.</p> <p>Whilst this may provide short-term mitigations to some of the concerns highlighted above, it is limiting in terms of the effective use of a valuable inpatient resource.</p>

#### 4. Engagement programme overview and structure

On 2 October 2024, the Board of Directors approved the recommendation to commence an internal and external engagement programme with staff, service users and carers, partner organisations, stakeholders and the wider community. The purpose of the engagement programme was to seek the views of all stakeholders on the challenges faced by mental health services in West Cumbria, particularly the long-standing quality and safety issues highlighted in section 3 above as well as discuss the opportunities and improvements we want to make across community and crisis services.

The commitment of the leadership team throughout this process was to be open, honest and candid regarding these quality and safety issues, the work which has been undertaken to date to address these, and the engage in a two-way discussion regarding the current position. This included actively listening to those with lived experience, whether as a service user, carer or family member, member of staff or as a concerned stakeholder or citizen.

The engagement programme commenced internally with staff in October, and externally on 1 November. Mediums for engagement included collective and individual engagement with staff, face to face listening events held in the local community, attendance at key meetings across the footprint (with statutory partners, community and voluntary organisations, and by invitation from other interested organisations and groups), online listening events, one-to-one discussions with key partners and individuals, and online survey and the use of social media platforms to promote engagement activity.

#### **4.1 Staff engagement**

Initial discussions commenced with Staff Side on 11 October to outline the proposals for the engagement programme and the rationale for considering the future of mental health services in West Cumbria.

Informal discussions with staff on Yewdale ward commenced on 18 October quickly followed by a programme on ongoing engagement which included:

- Group discussions with staff from Yewdale
  - Led by Workforce Team and Staff Side
  - Separate sessions with CEO and senior leadership team
- Individual bespoke discussion with staff from Yewdale
  - Led by Workforce Team and Staff Side
  - Separate sessions with CEO and senior leadership team
- Bespoke email updates for Yewdale staff
- Microsoft Teams channel established to enable staff and leadership discussions

Communication was shared Trust wide via all user email and bulletin updates to ensure any member of staff across the whole workforce had an opportunity to contribute their thoughts to the process.

Key themes from the staff engagement and listening events are categorised below:

- If there is a reprovision of services from Yewdale Ward to Carleton Clinic, what support will be in place for additional transport costs/time.
  - Will the additional travel time be counted within shift time.
  - What support will be in place for people who don't drive.
  - Lack of reliable public transport and often multiple public transport needs for a single journey.
- What will any change mean for students/apprentices.
- Concerns regarding caring responsibilities and current flexible working arrangements to accommodate this.
- Concerns if some members of staff do not have the skills to work in crisis or the community.
- What will any change mean for those members of staff with visa sponsorship arrangements.



- What will any change mean for international nurses i.e., dual qualifying.
- Concerns for those members of staff recruited relatively recently who now have tenancies and mortgages in place.
- What will relocation packages look like.

#### **4.2 Face to face listening events, online listening events and meetings with partner organisations**

Commencing 1 November 2024 and ending 14 January 2025, the Trust held a range of public listening events detailed below. All events were led by James Duncan, Chief Executive, Ramona Duguid, Chief Operating Officer and Rajesh Nadkarni, Deputy Chief Executive and Medical Director. They consisted of a presentation on the purpose of the engagement programme, the long-standing quality and safety issues and challenges facing services in West Cumbria, and the work undertaken to date to address the issues.

Prior to these events, correspondence was sent to 86 partner organisations from the Chief Executive announcing the commencement of the engagement process. This also offered an opportunity for partner organisations to share and promote the plans further within their local communities and community groups.

All information on the engagement process was promoted via direct written correspondence as above, via the Trust website and all social media platforms on an ongoing basis.

#### **Listening events**

- 9 face-to-face public listening events held in:
- Whitehaven
- Cockermouth
- Workington
- Carlisle

In total, twenty-three attendees were present at these events. Individuals represented a mix of people with lived experience of receiving mental health services, members of the public/local community, and representatives from partner organisations including community and voluntary sector, and Primary Care.

Recognising the time and year, and to ensure opportunities to attend and take part in listening events was as accessible as possible, the Trust also held two further online listening events via Microsoft Teams live events in January 2025. There were 6 attendees in total.

## **Bespoke meetings with external partners and organisations**

Between 1 November 2024 and 17 January 2025, the following meetings took place with partner organisations and key stakeholders:

- North Cumbria Mental Health, Learning Disabilities and Neurodiversity Partnership Board
- Informal discussion with Cumberland Council Overview and Scrutiny Committee (closed meeting)
- Follow-up attendance at open meeting of the Cumberland Council Overview and Scrutiny Committee
- Visit to Hope Haven with Cumberland Council Overview and Scrutiny Committee members
- Chief Executive discussions with Cumberland Council CEO and Leader of the Council
- Chief Executive discussions between CNTW CEO and Westmoreland and Lonsdale MP
- West Cumberland Mental Health Provider Forum (third sector)
- Chief Executive discussion between CNTW CEO and Westmoreland and Furness OSC Chair
- Chief Executive discussions with, and visit to Yewdale and Hope Haven, with MP for Whitehaven and Workington
  - Letter received from MP (Appendix D)
- Bespoke meeting with Cumbria Councillors
- Bespoke meeting with Carlisle Integrated Neighbourhood Team
- Meeting with North Cumbria Integrated Care NHS Foundation Trust
- Discussions with Healthwatch/People First
- Discussion with NHSE Strategic Lead

To ensure a responsive approach to the engagement programme, as well as planned meetings with a range of key stakeholders, additional meetings are included above which were facilitated and the request of other stakeholders.

## **Themes raised at listening events and stakeholder meetings**

Due to low attendance at a number of the listening events, the structure changed in format to allow for a more informal discussion. This included listening to the experiences of individuals in attendance, their concerns regarding existing services, and any concerns regarding the issues faced by the Trust and proposals detailed within the engagement documentation.

Themes from the listening events, informal discussions, and meetings with stakeholders were:

- There was overarching support for improving community infrastructure.

- There was recognition of the challenges of social care crisis and community support.
- There was recognition that there are opportunities to join up services and make access easier and improve outcomes for people with mental illness.
- There were concerns about losing services from Whitehaven (and Cumbria).
- There were questions about how the new 24/7 hub in Whitehaven, Hope Haven, will work in practice, including the crisis beds.
- There were concerns about how people will be better supported to return to their community following admission.
- People wanted assurance about the support that would be place for families and carers with travel when loved ones are admitted away from their home.
- The sessions provided an opportunity to enhance the public understanding of the recruitment challenges in West Cumbria.
- People wanted assurance that a key priority for the Trust will be to keep people in good jobs in the Whitehaven community.
- People wanted to understand the rationale for the proposal to re-provide Yewdale adult acute inpatient beds in West Cumbria to Carlisle now, rather than coinciding with the opening of Hope Haven.
- Clarity was required at an early stage about the decision-making process.
- Support for people in Crisis, particularly relating to suicide prevention and the recognition that a system-wide approach was needed.
- Ability to sustain long-term funding for Hope Haven.

### **4.3 Online survey and social media**

Commencing 1 November 2024 and ending 17 January 2025, as part of the West Cumbria Mental Health Engagement process the Trust developed an online survey to gather feedback from service users, carers, members of the public and local communities, partner organisations, staff and other stakeholders on the proposals outlined in the engagement document. The document provided detail on the purpose of the engagement programme, the long-standing quality and safety issues and challenges facing services in West Cumbria, and the work undertaken to date to address the issues.

Prior to the launch of the survey, correspondence was sent to 86 partner organisations from the Chief Executive announcing the commencement of the engagement process. This also offered an opportunity for partner organisations to share and promote the survey further within their local communities and community groups.

All information on the engagement process, including the survey was promoted via direct written correspondence as above, via the Trust website and all social media platforms on an ongoing basis for the duration of the process. 1197 responses were received.

### **Online survey analysis**

All responses were read, analysed and categorised into the following themes. This was undertaken by the Director of Communications and Corporate Affairs, and a separate review undertaken by the Communications Team.

The team also used an AI (Artificial Intelligence) tool for further assurance to determine any additional themes which may not have been identified through a manual process. The AI outcome is detailed in Appendix A.

During week commencing 21 January, People First have been commissioned to review the analysis, feedback and outcomes from the manual and AI process, to add an additional layer of assurance to the review. Their response is provided on page 47 of **Appendix B**).

The themes identified through the manual analysis process are as follows:

### **Environmental issues**

- Disparity between West Cumbria services and Carlisle (Carleton Clinic): sharing spaces with other services; team often not working together.
- Lack of purpose-built facility in West Cumbria.
- More understanding required about the risks associated with isolated units and the NHS national plan to address this.

### **Workforce**

- Poor morale (due to other issues and disparities in comparison to other localities i.e., poor environment; lack of senior clinician visibility linked to recruitment challenges).
- Recruitment challenges – have we tried everything (incentives, rota approach with Carleton Clinic, upskilling existing staff).
- Have we done enough to raise the profile of the county through recruitment efforts.
- Consideration of those staff currently working in Yewdale, some of whom, have relocated to reside in the area.

### **Crisis services and suicide prevention**

- High rates and suicide and SMI – need to clear about how and where people will receive support.
- More investment needed in Crisis services and support, including for Children and Young People.
- Improved links with Suicide Prevention charities i.e., Every Life Matters.
- More focus and investment in early intervention and prevention before Crisis occurs.

- Visibility of mental health teams within the community i.e., Cumbria Police Street Triage.

### **Carer and family support**

- Co-creation of any service development will be important.
- Improving support for families and carers, during an admission and post-discharge.

### **Wrap around care**

- Recognition that links with other services and an MDT support model is lacking in West Cumbria.
- Improved approach to discharge planning and support for families and carers post-discharge.

### **Opportunities to join up services and make access easier**

- Recognition that services and support need to be delivered by the right people in the right place (this will not always be CNTW/specialist services i.e., third sector/other community providers, Primary Care, social care/housing, schools and education, transport).
- Clearer criteria for admissions to acute services.
- Move to investing more in early intervention and prevention, rather than treatment – public awareness campaigns.
- More support and education for emergency services, ambulance services and Police.
- Improved continuity in care and communication between the different organisations.
- Improved in shared care frameworks including digital and IT.

### **Children and Young People's services**

- Support for Children and Young People in West Cumbria and Cumbria (particularly for issues such as anxiety, depressions, ADHD/Autism/Neurodiversity).

### **Hope Haven**

- Clarity on how the new hub will work (difference between the service and an acute inpatient ward).
- How the community hub model work and ensure engagement on its development is undertaken with service users and carers, including those with lived experience of Yewdale Ward.
- How the community hub model will operate to support areas out-with Whitehaven.

## Other

- Clearer information and awareness on what services are, and who they're for (i.e., similar to the national work on A&E, minor injuries, pharmacies, GP support etc.).
- West Cumbria being more rural – people may feel more vulnerable and isolated – need to be clear on what support is available to rural communities.
- Recognition of patient and staff safety in the context of appropriate/inappropriate admissions.

## Social media comments/feedback

On 23 October 2024, the Trust commenced a programme of social media coverage to promote the West Cumbria Mental Health services engagement programme. This included:

Platform	Reach	Post dates
Facebook	Initial engagement announcement posted on 23/10/24. Post reached 29,104 accounts. 11 posts promoting engagement events, with a total reach of 12,517.	30 October 2024 5, 19, 27 November 2024 4, 10 December 2024 3, 7, 8, 9, 13, 14 January 2025
Instagram	Initial engagement announcement posted on 23/10/24. Post reached 479 accounts. 4 posts promoting engagement events, with a total reach of 924.	30 October 2024 10 December 2024 7, 8 January 2025
LinkedIn	6 posts advertising engagement events, 446 views total.	30 October 2024 6, 8, 9, 13, 14 January 2025
X (Twitter)	Initial engagement announcement posted on 23/10/24. Post got 194 views. 7 posts promoting engagement events, 1,810 views total.	30 October 2024 3, 6, 8, 9, 13, 14 January 2025

Several comments were received in response to the promotions which focused on:

- Understanding the separation between Yewdale Ward and West Cumberland Hospital (the former being a CNTW service and the latter being a NCIC hospital).
- Positive comments in terms of efforts to seek public opinion.
- Acknowledgement of the need to address the quality and safety issues.
- Removal of services from the West Cumbria locality in general.

- Positive comments regarding the compassion and care delivered by staff from people with lived experience.
- Concerns regarding accessibility for families and carers and treatment of people far from home.
- Queries regarding the work to date to address recruitment challenges.

#### **4.4 Service user and carer experience/Lived Experience – People First**

People First Independent Advocacy is a charity based in the North of England who support people with a learning disability and autistic people to have their voices heard and their rights and choices respected since 1990.

People First were commissioned by the Trust as part of the engagement programme to ensure people who have used Yewdale Ward and who are currently using the service get an opportunity to share their views and wishes in relation to any proposed changes and how this could potentially impact them. The Trust felt it was important to ensure this part of the process was as independent as possible to encourage open and honest discussion and feedback.

In November and December 2024 People First representatives attended four public engagement events to speak to the attendees in Parton, Whitehaven and Carlisle. This exercise helped inform the questions used for discussion with people who have, and who are still using, Yewdale Ward.

People First representatives visited Yewdale Ward on 8, 14 and 22 January and spoke to a total of 11 people. One of which had accessed the services provided on the ward in the past. An additional drop-in session was offered on 22 January 5.00pm – 7.00pm, however People First had already spoken to everyone on the ward by that time.

In summary, most people who People First spoke to were happy with the care they receive, or had received, on Yewdale Ward. The staff are generally regarded as caring, although there were some complaints of lack of privacy and a small number of staff appearing uncaring during admission.

The activities that are on offer are good, however, patients would like a wider variety of activities including more fitness sessions. There were mixed comments on the facilities, however there is a general feeling that the ward could benefit from some updates.

There was an overwhelmingly negative response to the idea of Yewdale Ward facing closure in the future. Patients worry about where they will be sent to receive their care and are concerned about families being able to visit their loved ones.

Those who chose to speak about Hope Haven generally did not think it would meet the needs of the local people due to the limitations of the low number of 72-hour beds.

The full report from People First will also be shared with those people who took part in the process and is available in **Appendix B** of this report.

## **5. Governance process and next steps**

North East and North Cumbria Integrated Care Board colleagues have been supporting the engagement programme throughout the period, and have attended face to face events. Regular check-ins on the progress and activity of engagement have also taken place throughout the programme.

At the October Board member, a request was made around clarity of role and responsibilities for engagement, consultation and decision-making relating to service change.

It should be noted that there is no legal definition of service change but broadly it encompasses any change to the provision of NHS services which involves a shift in the way front line health services are delivered, usually involving a change to the range of services available and/or the geographical location from which services are delivered.

### **NHS Providers/CNTW Board of Directors**

NHS Trusts and Foundation Trusts, as Providers of services, are under a duty to make arrangements for the involvement of the users of health services when engaged with the planning or provision of health services. In regulation, involvement is also referred to as **engagement**.

**Engagement** helps to develop relationships with stakeholders including service users and staff, and organisations who have links to health and care. It provides an opportunity to share strategic ambitions, proposals for service change and the rationale for change, and more importantly, to seek the views of others to inform any proposals or future decisions. It is a two-way process which gives people an opportunity to contribute to decision-making and service delivery.

It is important that any Provider considering service change engages thoroughly, before requirement to move to any formal consultation is considered and to establish whether any further options to initial proposals have been or could be considered prior to decisions being made. It can also be known as pre-consultation engagement.

### **Commissioners/NENC integrated Care Board**

**Consultation** is a formal process used in service change and has some statutory, and legal requirements. Whether formal consultation is required is determined by consideration of strategic business case, submitted by the Provider outlining the proposals for the service change.



The decision to enter a formal consultation stage is taken by the Commissioners (NENC ICB) and will involve discussion with NHS England. If formal consultation is required, this is undertaken by the Commissioners/NENC ICB (with support from the Provider organisation – CNTW). In making the decision to formally consult, commissioners/ NENC ICB will consider the following:

- Are services being completely withdrawn.
- Are services moving to another location which could cause 'considerable disruption' for service users.
- Will a particular cohort be unfairly disadvantaged by the proposals.
- Consideration of the engagement activity already undertaken by the Provider.
- The level of engagement with organisations including Healthwatch, Local Authority Overview and Scrutiny Committees already undertaken by the Provider.

## **6. Current position following engagement programme**

The feedback from the engagement activity has provided the Trust with some key pieces of work to progress, specifically how Hope Haven, the new 24/7 hub will work in practice, how workforce skills can be retained and the long-standing concern from the community on services moving from Whitehaven.

However, the risks associated with Yewdale ward, which are long-standing, cannot be fully mitigated against and carries significant sustainability and quality concerns. The strategic direction of the Trust is to ensure adequate bed capacity for timely admission to inpatient services, which whilst this is already a challenge for West Cumbria, the additional beds being provided at the Carleton Clinic, Bamburgh Clinic along with the crisis alternatives provides a more sustainable model moving forwards.

There is real opportunity for the community model in Whitehaven, Hope Haven, to be flagship for CNTW and the broader system and all efforts must be aligned to make that a success for the local community and partners involved.

Further work on the broader health outcomes for the local population, including the work on suicide prevention is needed with partners, however the viability of Yewdale Ward has and will remain a fragile inpatient service which cannot meet the needs of the national commissioning framework for adult acute mental health wards.

## **7. Next steps and recommendation**

A discussion took place on 16 January 2025 with NENC ICB colleagues, Levi Buckley, Chief Delivery Officer, Claire Riley, Chief Corporate Services Officer, Ed Tallis, Director of Delivery, James Duncan, Chief Executive and Debbie Henderson, Director of Communications and Corporate Affairs. The meeting focused on activity to date, the engagement programme outcome, governance and decision-making, and next steps.

NENC ICB colleagues were complimentary of the engagement programme noting it as a robust and thorough process. **Appendix C** outlines the next steps in the governance and decision-making process.

CNTW Board of Directors are asked to:

- Note and receive assurance on the level of engagement programme activity undertaken October 2024 – January 2025.
- Note the key themes and feedback from all aspects of the engagement programme.
- Note the scheduling for a full Strategic Case for Change to be submitted to the Board on 19 February.

Supporting Appendices to this report

Appendix A – Online survey – AI report

Appendix B – People First independent review of service user and lived experience and independent review of online survey feedback and themes

Appendix C – Governance and decision-making process (next steps)

Appendix D – Letter from Josh McAllister, MP for Whitehaven and Workington (separate PDF document)

Appendix E – Equality Impact Assessment

James Duncan  
**Chief Executive**  
**January 2025**

Ramona Duguid  
**Chief Operating Officer**

## Appendix A – Online survey AI report

### Appendix A – AI tool feedback on key themes from survey engagement

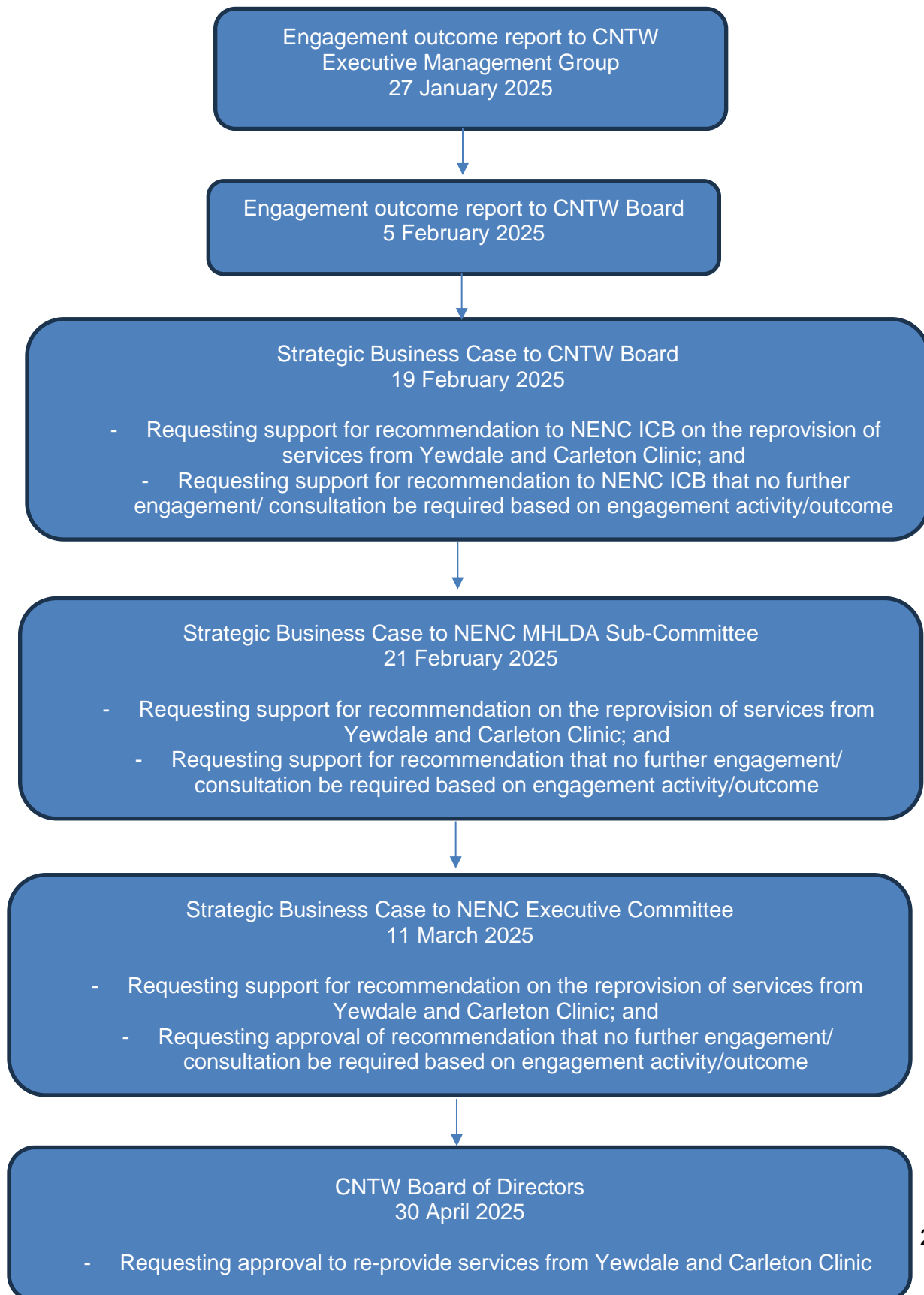
The feedback provided in the sources consistently highlights the crucial role of Yewdale Ward in providing accessible and essential mental health services for the West Cumbria community. Many respondents express strong concerns about the potential closure of the ward, emphasizing its significant positive impact on patient recovery and well-being. Recurring themes in the feedback include:

- **Accessibility:** The ward's proximity allows for easier access to treatment and support for local patients, facilitating family visits and involvement in the recovery process. Respondents repeatedly emphasize the challenges of traveling long distances to alternative facilities in Carlisle or the North East, particularly for those with limited transportation options or financial constraints. They argue that local access is paramount, especially during times of crisis.
- **Staffing and resources:** While acknowledging the dedication and hard work of the staff, respondents highlight concerns about understaffing, high caseloads, and the reliance on agency staff. They stress that increasing staffing levels, providing better support for existing staff, and improving training opportunities are crucial to maintaining and enhancing the quality of care.
- **Increased mental health needs and inadequate alternative provisions:** Respondents express concerns about the rising demand for mental health services in West Cumbria, citing high suicide rates, deprivation, and the impact of the COVID-19 pandemic. They argue that closing Yewdale Ward would exacerbate the strain on already stretched resources and that alternative provisions, such as the proposed community hub, are insufficient to meet the diverse and complex needs of patients requiring inpatient care.
- **Negative impact of closure on patients and families:** Respondents consistently highlight the potential detrimental effects of closing Yewdale Ward, including increased distress for patients and families, heightened feelings of isolation, and potential setbacks in recovery. They emphasize the importance of local, familiar surroundings and the support of family and friends in the healing process.
- **Need for investment and improvement, not closure:** Respondents advocate for investing in Yewdale Ward and improving its services rather than closing it. They suggest solutions such as increasing bed capacity, upgrading facilities, improving recruitment strategies, and providing better staff support and training. They believe that closing the ward would be a significant step backward for mental health care in the region.

**Appendix B – People First Service User and Carer Independent Review and  
response to independent review of online survey feedback**

**SEPARATE PDF DOCUMENT**

## Appendix C – Governance and decision-making timeline



**Appendix D – Letter from MP Josh McAllister**

**SEPARATE PDF DOCUMENT**

## Appendix E – Equality Impact Assessment

Equality Analysis			
Names of Individuals involved in Review	Date of Initial Screening	Review Date	Service Area / Directorate
Chris Rowlands	January 2025	As part of any decision process	Trust-wide implications
Proposal to be analysed		Is this policy new or existing?	
Mental Health Services – West Cumbria		New	
What are the intended outcomes of this work? Include outline of objectives and function aims			
<p>Yewdale Ward is an acute mental health inpatient unit based at West Cumberland Hospital in Whitehaven. It has 16 beds for adult men and women providing assessment and treatment by a multi-disciplinary team.</p> <p>Yewdale Ward sits approximately 40 miles away from the main hospital site at the Carleton Clinic and is located in Whitehaven on the District General Hospital site (West Cumberland Hospital) and provides 16 mixed sex beds. During 2023/24 safety measures have been introduced to support the isolated nature of Yewdale ward with admission and case mix restrictions.</p> <p>It provides a significant longitudinal challenge with staffing, particularly, from a consultant psychiatric provision which has been an issue for over 20 years. Its location also means it lacks the wider immediate support that a comparable ward on a main psychiatric hospital site would be able to draw upon and in the event of an incident or issue with staffing.</p> <p>In 2024, the national inpatient quality programme was launched which sets out clear requirements for mental health inpatient services for the future. The programme has been co-produced with key stakeholders from across systems including service users, families, advocates, and clinicians, with the aim being to improve the quality and safety of care that service users experience within inpatient settings. The programme has five objectives:</p> <ul style="list-style-type: none"><li>• Localising and realigning inpatient services, harnessing the potential of people and communities.</li><li>• Improving the culture of care and supporting staff.</li><li>• Supporting systems and providers facing immediate challenges.</li><li>• Making oversight and support arrangements fit for the sector.</li><li>• Support least coercive care through reducing restrictive practices.</li></ul>			

This includes moving away from isolated units, offering real alternatives to admission, and ensuring a clear therapeutic offer is in place when people need to come into hospital for their care.

The Trust is working closely with partners on delays with discharge, which is important to reference given the broader challenges this poses across the Cumbria system, particularly for older people.

CNTW recognises that improving community services, including crisis services is essential for West Cumbria and the new hub offers a real opportunity to realise the national ambitions for community and inpatient care. However, the Trust also recognises the engagement and open communication which is needed with the local community in relation to what this means for the future of Yewdale Ward, which is not sustainable.

### **Who will be affected?**

**Staff, Service Users and Carers**

### **Protected Characteristics under the Equality Act 2010.**

<b>Disability</b>	The census data shows – (with the caveat that we are almost at the midpoint of this census period) that around 20% of the population are disabled as defined under the Equality Act 2010. Consideration will need to be given to the accessibility of the transport infrastructure for disabled adults requiring inpatient services, where they do not have access to private transport.
<b>Sex</b>	<p>Yewdale ward is the only Adult Assessment and Treatment facility in the Trust which provides care in a mixed sex facility, this is a concern from a sexual safety perspective.</p> <p>The NHS Operating Framework for 2012-2013 confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.</p> <p>In 2018 the CQC published a report on Sexual Safety on Mental Health Wards (CQC, 2018) and subsequently developments (e.g., The National Sexual Safety Collaborative commissioned by NHSE) emphasise the importance of improving sexual safety for patients, staff and visitors on mental health and learning disability inpatient pathways. Sexual safety is a priority area for CNTW as part of improving patient safety.</p>



<b>Race</b>	<p>Census data shows that circa 98% identify as white. Evidence from discussions with Public Health suggest this figure is now likely to be lower and therefore a more diverse population. Providing culturally competent services will be easier to achieve on our wards which are less reliant on agency staff. This links in with our focus working towards the Patient Carer Race Equality Framework – a mandatory requirement of the NHS Standard Contract for Mental Health Providers.</p>
<b>Age</b>	<p>From the census data (with caveats that may have changed as we reach the midpoint) 60.4% 16-64 years and a median age of 47. With this we need to look at other intersectional and socio-economic factors. 57% are economically active, however the census also shows that 21% have no qualifications – which may correlate with low income with possible links to health outcomes. Of the 57% who are economically active, 55% use a car to get to work. It is likely that those in greatest need may not have ready access to private transport to make the journey to alternative inpatient provision and equally may find the public transport that is available, is not readily accessible to them. The hub will ensure that people get the right care when they need it, which will reduce the need for inpatient beds. However, in situations where an inpatient stay is necessary, we may need to factor in the issue of transport to alternative facilities.</p>
<b>Gender reassignment (including transgender)</b>	<p>Yewdale ward is the only Adult Assessment and Treatment facility in the Trust which provides care in a mixed sex facility, this is a concern from a sexual safety perspective.</p> <p>The NHS Operating Framework for 2012-2013 confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.</p> <p>In 2018 the CQC published a report on Sexual Safety on Mental Health Wards (CQC, 2018) and subsequently developments (e.g., The National Sexual Safety Collaborative commissioned by NHSE) emphasise the importance of improving sexual safety for patients, staff and visitors on mental health and learning disability inpatient pathways. Sexual safety is a priority area for CNTW as part of improving patient safety.</p>

<b>Sexual orientation.</b>	<p>Yewdale ward is the only Adult Assessment and Treatment facility in the Trust which provides care in a mixed sex facility, this is a concern from a sexual safety perspective.</p> <p>The NHS Operating Framework for 2012-2013 confirmed that all providers of NHS funded care are expected to eliminate mixed-sex accommodation, except where it is in the overall best interest of the patient.</p> <p>In 2018 the CQC published a report on Sexual Safety on Mental Health Wards (CQC, 2018) and subsequently developments (e.g., The National Sexual Safety Collaborative commissioned by NHSE) emphasise the importance of improving sexual safety for patients, staff and visitors on mental health and learning disability inpatient pathways. Sexual safety is a priority area for CNTW as part of improving patient safety.</p>
<b>Religion or belief</b>	<p>Intersectional issues around privacy and dignity for religion or belief arising from a mixed sex ward.</p>
<b>Marriage and Civil Partnership</b>	<p>Intersectional issues with sexual orientation and gender from a mixed sex ward environment.</p>
<b>Pregnancy and maternity</b>	<p>A mixed sex ward environment makes it difficult to address dignity and privacy issues for this protected characteristic at Yewdale. Being a single ward on an acute hospital site also raises the issue of how to ensure the health and safety of pregnant staff and the ability to provide cover for those that are on maternity leave.</p>
<b>Carers</b>	<p>The geographical isolation presents issues for carers, friends and family needing to travel to potential alternative inpatient provision at the Carleton Clinic, or other hospitals within the Trust. The provision of high-quality care within the new hub will do much to mitigate against this impact – providing the right care and the right time and place will lead to less admissions. Where treatment within an inpatient environment is necessary the net increase in beds on Hadrian Wards at the Carleton Clinic from 20 to 32 will help ensure that the hub plus Hadrian Wards will cover in loss of beds at Yewdale in the event of a decision to close being taken. In addition, the Trust has committed to support travel reimbursement or offer alternative transport arrangements for those affected by any potential future service change, which will help reduce but not remove the impact of any change.</p>

<p><b>Other issues to take into account</b></p>	<p><b>Isolation</b></p> <p>It is recognised and accepted that there are a number of limitations when trying to provide care from a geographically isolated site. The primary concerns being the lack of an emergency response team in the event of incidents on the ward, as well as limited senior management oversight.</p> <p>The recent publication of the <i>Independent Review of Greater Manchester Mental Health NHS Foundation Trust</i> (Shanley, 2024, paragraph 5.25) highlights the detrimental impact and missed opportunities that the lack of visible leadership can have on wards. To address these shortfalls, it has been necessary to deploy additional staff as a means of mitigating the concerns and stretching the available management resource to ensure appropriate levels of oversight at both Cumbria acute facilities – however, this approach is inefficient and not sustainable.</p> <p>Equally, the geographical isolation presents issues for patients, carers, friends and family needing to travel to potential alternative inpatient provision at the Carleton Clinic, or other hospitals within the Trust. The provision of high-quality care within the new hub will do much to mitigate against this impact – providing the right care and the right time and place will lead to less admissions. Where treatment within an inpatient environment is necessary the net increase in beds on Hadrian Wards at the Carleton Clinic from 20 to 32 will help ensure that the hub plus Hadrian Wards will cover in loss of beds at Yewdale in the event of a decision to close being taken. In addition, the Trust has committed to support travel reimbursement or offer alternative transport arrangements for those affected by any potential future service change, which will help reduce to impact of any change.</p> <p><b>Backlog issues / deteriorating building</b></p> <p>There are a number of environmental challenges on Yewdale Ward, and there are currently a number of outstanding estates issues, which still require urgent attention through the Service Level Agreement (SLA) with North Cumbria Integrated Care NHS FT (NCIC) estates service. These have continually proved to be a challenge in terms of priority for completion, and the standard of work undertaken.</p>
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	<p><b>Recruitment and Staff Retention</b> The location and distance from any major population centres makes the recruitment and retention of suitably qualified and trained individuals problematic. This has been a long-standing issue that is unlikely to improve over the medium to long term.</p> <p><b>Medical cover and remote Responsible Clinician (RC) model</b> The most recent CQC Mental Health Act reviewer visit highlighted concerns around the suitability of a complete remote Responsible Clinician (RC) model. Despite numerous attempts to attract substantive doctors into the area, this has proved challenging and continually requires locum input. Currently there is only one remote RC to provide cover. The ward has no substantive junior doctor support, therefore relies on a locum junior doctor and SAS doctor. It also has Cumbria Health on call, relying on GP's attending for urgent physical health care needs, and Consultant on call cover during out of hours with no junior doctor cover.</p> <p><b>Operational Delivery</b> In June 2023 to improve safety, changes to wards admission criteria were made, since then all admissions would be planned, and any new admission or transfer would take place prior to 15:00 hours on a weekday with no admissions taking place over a weekend. All potential admissions and transfers are screened by the Clinical team daily. This supports the team in managing the isolation issues. It is also a fundamental part of Enhanced Bed Management (EBM) bed allocation and does help support acute patient flow. Whilst this may provide short-term mitigations to some of the concerns highlighted above, it is limiting in terms of the effective use of a valuable inpatient resource.</p>
<b>How have you engaged stakeholders in gathering evidence or testing the evidence available?</b>	
Through the public engagement programme phase	
<b>How have you engaged stakeholders in testing the policy or programme proposals?</b>	
Through a variety of methods including public engagement programme activity and the ability to provide written feedback.	
<b>For each engagement activity, please state who was involved, how and when they were engaged, and the key outputs:</b>	
Public engagement programme Autumn 2024, the outcomes of each of these events has been documented and a summary report produced.	

**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.

The mixed sex environment has a potential negative impact across 5 protected characteristics – when intersectional issues are taken into account. Provision of services in separate sex wards would mitigate this. Against this we need to balance and reach a solution (in the event of a decision to re-provide services from Yewdale to Carlisle) that addresses the geographical isolation of West Cumbria from our service users and carers’ perspectives. It is clear from the evidence that service delivery will be improved in alternative inpatient facilities. What we need to ensure is that the Trust put in suitable measures to address the inaccessibility of the transport infrastructure for those that will need to travel to alternative inpatient facilities.

**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. Where there is evidence, address each protected characteristic**

<b>Eliminate discrimination, harassment and victimisation</b>	Removal of mixed sex wards is likely to see the reduction in discrimination, harassment and victimisation.
<b>Advance equality of opportunity</b>	The hub will bring together a range of services and staff as one team, under one roof. People who are struggling with their mental health will be able to get specialist, intensive support from NHS services and other local organisations all based in the hub, this will lead to an advance in the equality of opportunity for people requiring Trust services in West Cumbria. This needs to be balanced against the potential need to travel to receive inpatient services.
<b>Promote good relations between groups</b>	There was a strong theme in the public engagement programme of the need to retain local services for local people. The development of the hub, especially when fully operational may help address the sense of loss from a potential service re-provision, but this must be weighed against the poor transport links, coupled with socio-economic factors that is likely to impact negatively in the event of a decision to re-provide services Yewdale.

<p><b>What is the overall impact?</b></p>	<p>The development of the hub and net increase of inpatient beds on single sex wards at the Carleton Clinic is a positive impact, both in terms of equality, diversity and inclusion and the delivery of high-quality care. This must be balanced against the potential for negative impacts for travel to alternative facilities in the event of a reprovision of services from Yewdale to Carlisle for patients, carers, friends, family and staff.</p>
<p><b>From the outcome of this Screening, have negative impacts been identified for any protected characteristics as defined by the Equality Act 2010?</b></p> <p><b>Yes</b> – potential for negative impacts relating to geographical location of potential replacement inpatient services. It is recommended that this assessment is revisited to ensure in the event of a decision being taken to re-provide services from Yewdale to Carlisle, that suitable measures are in place to mitigate the risks of the impact as outlined above.</p> <p><b>If yes, has a Full Impact Assessment been recommended?</b> See above</p> <p><b>Manager's signature:</b> Chris Rowlands      <b>Date:</b> January 2025</p>	