Adult and Older Peoples
Specialist Mental Health Redesign: Executive Summary
1.0 Executive Summary

The Five Year Forward View for Mental Health\(^1\) is a national framework for improvement. It recognises the need to address capacity in the community and reduce the over reliance on hospital services. It is a mandate to improve and modernise mental health services to reflect a proactive, timely response to the needs of people requiring mental health support in the community and provide care in the least restrictive environment.

The purpose of this draft pre-consultation business case is to outline a compelling case for change and present options which will deliver improved mental health outcomes for the registered population of Vale Royal, South and Eastern Cheshire within the financial resources available. Specifically:

- There is rising demand for care and support. Since 2010 there has been an increase in activity across the three CCGs of 35% in functional services for people with moderate to severe mental health needs and 60% in Dementia services. The majority of people can be effectively managed in community setting with the right level of support.

- Local evidence shows up to 50% of adults and 30% of older people in hospital services could have been supported in the community as an alternative to hospital admission. In addition over 40% of adults and 69% of older people were fit for discharge from hospital but awaiting community support or long term placement.

- Users and carers state there is limited choice and access to care for patients who are experiencing crisis, with only A&E department’s offering consistent 24/7 support. Lack of capacity in the home treatment teams, who offer step up care, and community mental health teams, who offer ongoing support for patients with complex needs, leads to an over reliance on inpatient services of up to 16% which equates to approximately 10 additional beds\(^2\).

- The current model of care and ways of working are not consistent with either national policy and best practice or local transformation plans leaving room to improve patient experience and outcomes of care.

- In patient services are currently provided at a number of sites across Cheshire and Wirral including the Millbrook unit in Macclesfield which is part of the East Cheshire NHS Trust estate. The facilities at Millbrook are in need of significant refurbishment to comply with CQC standards and due to the layout of the unit, require a disproportionately higher staffing model to maintain clinical safety.

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\(^2\) [https://docs.wixstatic.com/ugd/0e662e_a93c62b2ba444948895ed36b3cb24ab.pdf](https://docs.wixstatic.com/ugd/0e662e_a93c62b2ba444948895ed36b3cb24ab.pdf)
The local health and social care system is showing a deteriorating financial position. The cost of the current adult and older people’s mental health service configuration exceeds the funding available and change is required for the local NHS to operate within mandated financial controls.

In order to address the issues described above, a programme of redesign was agreed to explore opportunities and options which would deliver improved outcomes for the local population within the operating costs available.

Clinicians from secondary and primary care have developed a new model of secondary mental health care, based on national best practice and consistent with local plans for transformation and are visually represented below within the wider mental health services framework.

Diagram 1: A model of care for mental health

Components of the secondary care service model will **improve patient outcomes** through:

- **Access to an enhanced multi professional community mental health service**: that will support people to remain in the community, in the least restrictive environment. Care plans will be developed and delivered according
to care needs for as long as they are clinically required. Community teams will also support timely discharge from hospital or transfer from crisis placement.

- **Timely response to crisis support:** overseen by an enhanced home treatment team, who will provide support to a wider range of services including locally provided crisis beds, dementia outreach services, and enabling people to be supported in their own home, in crisis café’s and drop in centres as an alternative to hospital admission and A&E attendance.

- **Improved inpatient experience:** where care will be provided in facilities which offer a range of therapeutic interventions in an environment which is modern and supports privacy and dignity through the provision of single ensuite accommodation. The unit will be staffed appropriately and the length of stay determined by patient need rather than what is available in the community on return to home.

In the current configuration of services there are potentially 58 beds on the Millbrook site in Macclesfield whereas national evidence, supported by local audit data, shows that for our population only 48 beds would be required if community services and rapid response were enhanced.

The local health and social care system is working within a capped expenditure programme due to the deteriorating financial position. There is an opportunity however, through service redesign to shift resources into the community away from the over reliance on inpatient care, to both improve outcomes for adult and older people with severe mental health needs and significantly reduce the system cost pressure resulting from services operating in excess of funds available.

Proposals presented are underpinned by a robust and innovative approach to needs analysis against which capacity has been modelled and workforce plans built. The needs analysis looks at both numbers of people but also at the level of care required; recognising that within any diagnostic group there will be people with low level needs and some with very complex needs. Capacity planning has taken account of the individual and used evidence based care pathways to determine the care the person will need.

A number of options were developed at long list which included the use of alternative providers closer to people’s homes. For many of these options the cost quoted significantly exceeded the cost envelope available and worsened the financial situation for the health economy. There were also concerns in relation to patient safety, continuity of care and the ability to guarantee a level of quality which matched the current provider.

All the options were considered and following a panel decision based on safety, affordability and sustainability, cost, quality and strategic plans the below three proposals will be brought forward for the public to consider:

- **Option 1:** Do nothing: No enhancement of community care and no crisis care placements provided. No enhancement in Home treatment teams or dementia outreach developed. Retain all inpatient care (58 beds) on the Millbrook unit.
(Whilst this is technically defined as do nothing; in accordance with the case for change the consequence of this option being selected would be the need to redirect funding from other current care services, in order to maintain, in the longer term, safe services).

- **Option 4a**: (preferred option) Enhance community and home treatment (crisis) teams. Provide the inpatient and bed-based care currently available at Millbrook within new crisis care services established locally, including up to 6 local short stay beds, as well as a new older peoples service at Lime Walk House in Macclesfield, and an adult functional service within the current provider footprint at Bowmere in Chester. In total these services provide 53 beds.

- **Option 4b**: Enhance community and home treatment (crisis) teams. Provide the inpatient and bed-based care currently available at Millbrook within new crisis care services established locally, including up to 6 local short stay beds, as well as a new adults functional service at Lime Walk House in Macclesfield, and an older peoples service within the current provider footprint at Bowmere in Chester. In total these services provide 53 beds.

During the pre-consultation engagement events there was a consistent concern raised in relation to the travel implications for carers should inpatient care be re-provided at Bowmere in Chester. In addition to a detailed analysis into the logistics of travelling the project team are currently developing a support plan which includes working with the voluntary sector to support carers travel, flexible visiting times and use of technology to maintain contact

This Pre Consultation Business Case (PCBC) will be presented to the Cheshire East Overview and Scrutiny Committee in December 2017 to seek support to commence public consultation for a 12-week period. Analysis of consultation results and reporting will be in June 2017 following which a full business case will be produced for consideration and implementation.