

**Manchester Health and Wellbeing Board  
Report for Information**

**Report to:** Manchester Health and Wellbeing Board - 18 January 2017

**Subject:** Consultation for the proposed redesign of learning disability and autism spectrum disorder (ASD) services in the North West.

**Report of:** Strategic Director, Adult Social Services and the Deputy Director of City Wide Commissioning, Manchester Clinical Commissioning Groups

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**Summary**

This briefing outlines the background and basis of the NHS England public consultation for the proposed redesign of learning disability and autism spectrum disorder (ASD) services in the North West. The consultation document attached focuses on the future of the **inpatient provision** now known as MerseyCare Whalley site, but prior to the MerseyCare merger in January 2016, was referred to as Calderstones Partnership NHS Foundation Trust. The consultation began on 1<sup>st</sup> December 2016 and will close 12 weeks from that date on 23<sup>rd</sup> February 2017. Representatives from NHS England (North) will attend the Board meeting and provide an overview presentation of the Consultation.

Two options are being mooted and discussed within the published documents and are described within the briefing below. The options consider the full or partial closure of the low secure beds at MerseyCare Whalley and the relocation of medium secure beds to an alternative site in Merseyside. There are financial implications for GM Clinical Commissioning Groups (CCGs) in both options which are referred to below.

The City Wide Commissioning and Quality Team is actively supporting the consultation process by working with the North West Training and Development Team/Pathways Associates Community Interest Company (CIC) who will facilitate 3 open sessions in North, Central and South Manchester (23<sup>rd</sup> and 25<sup>th</sup> January) directly targeting people with learning disabilities and/or Autism and their families for their experiences of specialist inpatient care and their comments on the options being mooted.

**Recommendations**

The Board is asked to note the contents of this briefing.

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**Board Priority(s) Addressed:**

<b>Health and Wellbeing Strategy priority</b>	<b>Summary of contribution to the strategy</b>
Getting the youngest people in our communities off to the best start	Manchester Learning Disabilities and Autism Transformation plan - Transition

Improving people's mental health and wellbeing	Manchester Learning Disabilities and Autism Transformation plan – interface with primary care, mainstream as well as specialist services
Bringing people into employment and ensuring good work for all	Manchester Learning Disabilities and Autism Transformation plan – Employment work stream
Enabling people to keep well and live independently as they grow older	Manchester Learning Disabilities and Autism Transformation plan – interface with primary care, mainstream as well as specialist services
Turning round the lives of troubled families as part of the Confident and Achieving Manchester programme	Manchester Learning Disabilities and Autism Transformation plan – interface with primary care, mainstream as well as specialist services
One health and care system – right care, right place, right time	Manchester Learning Disabilities and Autism Transformation plan as part of the Local Care Organisation delivery Model
Self-care	Manchester Learning Disabilities and Autism Transformation plan – community services re-design

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**Background documents (available for public inspection):**

The following documents disclose important facts on which the report is based and have been relied upon in preparing the report. Copies of the background documents are available up to 4 years after the date of the meeting. If you would like a copy please contact one of the contact officers above.

## 1. Introduction

- 1.1 This briefing outlines the background and basis of the national NHS England consultation for the proposed redesign of learning disability and autism spectrum disorder (ASD) services in the North West. The consultation focuses on the future of the **inpatient provision** now known as Merseycare Whalley site but prior to the Merseycare merger in January 2016, was referred to as Calderstones Partnership NHS Foundation Trust. The consultation began on 1<sup>st</sup> December 2016 and will close 12 weeks from that date on 23<sup>rd</sup> February 2017.
- 1.2 Merseycare Whalley site (based in Clitheroe, Lancashire) provides low and medium secure inpatient assessment and treatment bed for patients with learning disabilities and/or autism who present with extremes of serious challenging or offending behaviour, the majority of whom have used forensic services and/or who have had contact with the legal system or prisons. The total bed establishment is 223 though occupancy has been significantly reduced as a result of the Transforming care discharge programme. This is the only remaining stand-alone NHS learning disability hospital in England eliciting significant political and ministerial interest in the outcome of the consultation.
- 1.3 Two options are being mooted and discussed within the documents provided and are described within the briefing below. The options consider the full or partial closure of the low secure beds at Merseycare Whalley and the relocation of medium secure beds to an alternative site in Merseyside. There are financial implications for GM CCGs in both options which are referred to below.

## 2. Background

- 2.1 Transforming Care for People with Learning Disabilities, Next Steps (published January 2015), clearly stated the expectation to close up to half of NHS inpatient capacity for people with learning disabilities, as well as enhance and improve community services so that they are more capable of supporting people with complex needs and reduce the incidence and need for inpatient admission, unless absolutely necessary and no longer than is clinically required.
- 2.2 This was followed by the publication in October 2015 “Building the Right Support” that underlined the key objective of commissioning/developing appropriate community services for people with learning disabilities and/or autism providing equal treatment and access to services as a key principle within a national delivery model focussed on outcomes and quality.
- 2.3 The expedient discharge of people from long-stay inpatient services is a critical element of the national Transforming Care programme and in order to expedite this all CCGs have been allocated numerical targets. Manchester CCGs have had the greatest challenge in achieving these within Greater

Manchester due to the notably high volume of patients originating from Manchester.

- 2.4 With the emphasis on the discharge of people from the low secure estate, Merseycare Whalley will become increasingly unviable in its current structure and form and therefore a “do nothing” option is not realistic.

### **3. The options**

#### **3.1 Option One**

- Full closure of the Merseycare Whalley site
- Provision of approximately 60 low secure beds (as a large number of patients will have been discharged) within a community setting across the North West supported by specialist teams
- Transfer of patients who are still in medium secure beds to an alternative site in Merseyside being developed for people with mental health in secure accommodation

- 3.2 The consultation document cites option one as its preferred option and will have opportunities for the development of a specific model of care for medium secure provision through a co-located and integrated speciality medium secure service for those with learning disabilities or mental health or both. The document indicates that this will drive improvements in quality and clinical innovation.

- 3.3 Option one is also cited as an opportunity to develop a new model of care for low secure services including adaptations for those with specific clinical needs such as for those who have autism as well as learning disability where the level of environmental stimulation needs to be controlled. Provision of this nature at the moment is limited.

- 3.4 This option is considered more in keeping with the principles of the national delivery model and appears to be well appraised within the document.

#### **3.5 Option Two**

- Partial closure of Merseycare Whalley site in order to retain a smaller low secure bed base.

- 3.6 There appears to be much less to commend this option and the document transparently avoids detailed appraisal of this (apart from the financial savings which is referred to below) clearly stating that option two is not the preferred option as “it would involve maintaining services in an institutionalised setting which is geographically isolated”.

### **4. Financials**

- 4.1 When Merseycare merged with Calderstones Partnership NHS Foundation trust it also acquired a financial deficit which is a factor in the economic case

for change. The document states that “in broad terms the changes will reduce costs to the provider, thereby eliminating a projected deficit, and yield savings to commissioners though significant capital investment is needed to achieve this.”

- 4.2 Caldestones merged with Merseycare with a £2 million deficit in 2015/16 with no plan at the time to achieve financial balance, and the projected loss for 2016/2017 is £3.2 million. The document cites that the reduction in costs precipitated from the proposed service changes will “eliminate this deficit”.
- 4.3 The document also states that the preferred option will allow for more discharges that will contribute to the achievement of CCG targets and allow for commissioners to reduce the amount being paid for these inpatient services. In fact option two appears to be able to yield more savings according to the financial information provided.
- 4.4 It must be emphasised that neither of the options are cost neutral to commissioners. In fact both options will require substantial additional transitional funding to “double run” a phase down of beds at Merseycare Whalley site over four years to establish the new bed sites, irrespective of the numbers of beds. Commissioners have already agreed in principle to support the double running costs cited for option one, whilst NHS England has agreed to support, in principle, funding for infrastructure, technology and programme management for option one. Both options will incur redundancy costs with estimates for option two being higher than that for option one; however the document is unclear as to where the source of this funding will originate.
- 4.5 The document provides a summary table which indicates that in total, the costs required for option one are higher than for both sceneries of option two whilst the projected recurrent annual savings from 2019/20 are higher in the option two scenario.
- 4.6 Further the capital costs required for the implementation of option one is higher than the costs for option two but as the document reminds the reader “it is not the preferred option” nor the cheapest. Approval has not yet been granted for the full amount of capital (option one) and it is highlighted that the proposals are contingent upon the capital being made available. It is also important to note that patients who have had a continuous inpatient admission of more than five years will attract a “dowry” paid to the relevant local authority to help the community support packages and that these will be funded from recurrent savings from inpatient services. However the document indicates the potential for savings to be passed onto commissioners from 2019 and not before that time in order to support dowries.

## **5. Issues**

- 5.1 There will clearly be significant additional costs for commissioners in supporting either of the options appraised within the document including the payment of dowries which have been highlighted as being paid by the NHS to Local Authorities to support patients in the community. This is based on the

presumption that CCG costs are limited to supporting inpatient placements and community services however this is neither correct nor has it been properly tested.


- 5.2 The timeline indicated within the document implies that savings will not be realised from either of the options until 2019. It is not clear as to the basis of this timeline nor how it is proposed that CCGs maintain financial balance between providing additional revenue and capital investment that is being requested and the full or part closure of the secure estate at which point it is assumed that cash savings will be available back to commissioners. This will impact on a number of areas including QIPP and in Manchester's case, the implementation of the Local care Organisation.
- 5.3 There is a significant concern that the level of redundancies required for the full closure (even with the relocation of some beds) will lead to a highly depleted specialist workforce which would be a potential barrier to the implementation of the proposed new model of care. The document does not appear to have scoped an interim or longer term workforce strategy.

## **6. Conclusions**

- 6.1 There are 2 options highlighted in the consultation document with Option One being preferred for a range of reasons. It is clear that Option One is more expensive in the short term, certainly for commissioners, will yield less estimated savings for both Merseycare and commissioners but will provide more opportunities for innovation and is more synchronised with Merseycare's plans for developing their secure estate for people with mental health and comply with the principles of "Building the right Support".
- 6.2 There appear to be a number of critical gaps in terms of providing assurances of how the safety of patients and staff will be maintained throughout the phasing of either of the options, how families concerns regarding changes in travel patterns will be managed and a proper consideration of Option Two.

## **7. Manchester's response**

- 7.1 The City Wide Commissioning and Quality Team is actively supporting the local consultation process by working with the North West Training and Development Team/Pathways Associates CIC who will facilitate 3 open sessions in North, Central and South Manchester (23<sup>rd</sup> and 25<sup>th</sup> January) directly targeting people with learning disabilities and/or Autism and their families for their experiences of specialist inpatient care and their comments on the options.



**Consultation for the proposed  
redesign of learning disability and  
autistic spectrum disorder services  
in the North West**

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<b>Additional Circulation List</b>	CCG clinical leaders, foundation trust chief executives, directors of finance	
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<b>Superseded Docs (if applicable)</b>	n/a	
<b>Action Required</b>	Responses are requested to the consultation	
<b>Timing / Deadlines (if applicable)</b>	<b>12 weeks from the launch of the consultation</b>	
<b>Consultation details for further information</b>	<a href="mailto:northspecialisedcorporate@nhs.net">northspecialisedcorporate@nhs.net</a> North Specialised Commissioning Team Bevan House 65, Stephenson Way, Liverpool L13 1HN 0113 8254657	
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## **Proposed redesign of learning disability and autism spectrum disorders (ASD) services in the North West:**

### **Consultation**

Version number: DRAFT Version 2016-10-26

First published: 01 December 2016

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Prepared by: Lesley Patel

Classification: OFFICIAL

### **Equality and Health Inequalities statement**

Promoting equality and addressing health inequalities are at the heart of NHS England's values. Throughout the development of the policies and processes cited in this document, we have:

- given due regard to the need to eliminate discrimination, harassment and victimisation, to advance equality of opportunity, and to foster good relations between people who share a relevant protected characteristic (as cited under the Equality Act 2010) and those who do not share it; and
- given regard to the need to reduce inequalities between patients in access to, and outcomes from healthcare services and to ensure services are provided in an integrated way where this might reduce health inequalities.

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## Executive summary

NHS England is consulting for a period of 12 weeks (2 weeks has been added to the original 10 weeks to compensate for the Christmas period) on how low and medium secure services for people with a learning disability and/or autistic spectrum disorders (ASD) should be provided across the North West. The consultation builds on the commitment made in *Building the right support* to reduce reliance on inpatient care by developing community services for people with a learning disability/and or ASD. The proposals put forward in the consultation aim to ensure that people with a learning disability and/or ASD will:

- have greater choice in their pathway of care with equal and fair access to services;
- be able to live in a community setting;
- continue to receive care and treatment, closer to home, at the appropriate level to meet their needs;
- receive proactive healthcare to maintain health and wellbeing, and;
- have access to acute assessment services / inpatient provision when needed.

### Focus

The consultation is asking:

- How should low and medium secure services for people with a learning disability and/or ASD be provided across the North West in the future?

Current medium and low service provision:

- The Mersey Care Whalley site (formally known as Calderstones Partnership NHS Foundation Trust) provides medium and low secure services and is part of Mersey Care NHS Foundation Trust
- The Alderley Unit provides low secure services and is part of Cheshire and Wirral Partnership NHS Foundation Trust
- The Auden Unit provides low secure services and is part of 5 Boroughs Partnership NHS Foundation Trust.

The scope of the consultation:

The consultation applies to the low and medium secure care pathway for people with a learning disability and/or ASD.

### Options

#### 1. Option one

- This option would see the closure of the Mersey Care Whalley site and the provision of a smaller number of low secure beds across the North West. These would be supported by specialist support teams.
- It is proposed that individuals receiving medium secure care who are currently accommodated on the sites that made up Calderstones Partnership

NHS Foundation Trust will receive medium secure care at the site being developed at Maghull (Merseyside).

This is the preferred option and follows the vision of *Building the right support*.

2. Option two

- This option proposes retaining elements of the Mersey Care Whalley estate to provide low secure services, with a smaller bed base.
- This is not the preferred option as it would involve maintaining services within an institutionalised setting which is geographically isolated (formerly Calderstones Partnership NHS Foundation Trust).

Following the consultation, the results and recommendations for the future will be published on NHS England's public website: [www.england.nhs.uk](http://www.england.nhs.uk)

## How to take part

You can take part in this consultation online at <https://www.engage.england.nhs.uk/consultation/learning-disability-services> or by requesting a printed copy of the consultation document.

- a. For further information or to request printed documents please contact: [england.northspecialisedcorporate@nhs.net](mailto:england.northspecialisedcorporate@nhs.net) or telephone 011382 54657
- b. An easy read version of the document is also available online or via the contacts above. Alternative formats can also be requested from the contacts above.

## 1 Introduction

- 1.1 This consultation proposes a new model of care for those with a learning disability and/or autistic spectrum disorders (ASD) which will see a move away from inpatient care to care within appropriately designed community services offering a range of options. The proposed model of care reflects the ambition set out in '*Building the right support*', as explained further below.
- 1.2 The services to be consulted on are low and medium secure services for people with a learning disability and/or ASD that are currently located at Mersey Care Foundation Trust Whalley Site (part of the Specialist Learning Disabilities Division, Mersey Care). The proposal and options for the future are described in section four of this document.

## 2. Background

### National context

- 2.1 Children, young people and adults with a learning disability and/or ASD have the right to the same opportunities as anyone else to live satisfying and valued lives, and to be treated with dignity and respect. Wherever possible, they should have a home within their community, be able to develop and maintain relationships, and get the support they need to live healthy, safe and rewarding lives. It is important to note however, that some people are detained under the Mental Health Act and are therefore subject to certain limitations because of the risk they may present to themselves or others.
- 2.2 For a minority of children, young people and adults with a learning disability and/or ASD who display behaviour that challenges and requires intervention, including those with a mental health condition, nationally we remain too reliant on inpatient hospital care.
- 2.3 In 2012, a wide range of organisations including the Department of Health, the Association of Directors of Adult Social Services (ADASS), NHS Confederation and the Royal Colleges signed up to the Winterbourne View Concordat which committed the signatory organisations to “*the development of personalised, local, high-quality services*” and “*the closure of large-scale inpatient services*”. Further information regarding the signatories and commitment can be viewed in the following link:  
  
[https://www.gov.uk/government/uploads/system/uploads/attachment\\_data/file/213217/Concordat.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213217/Concordat.pdf)
- 2.4 Progress was, however, slow and many people with a learning disability and/or ASD were frustrated at the pace of change. Listening to these views and acting on them led NHS England in February 2015 to publicly commit to a programme of review of inappropriate and outdated inpatient facilities and of establishing stronger support in the community for people with a learning disability and/or ASD.
- 2.5 This commitment culminated in the publication of a national plan on 30 October 2015 by NHS England, the Local Government Association (LGA) and ADASS (*‘Building the right support’*), which set out how the NHS and local government would work together to improve community support and seek to close up to half of the inpatient capacity for people with a learning disability and/or ASD in England. The national plan contained a key objective of developing community services and using inpatient facilities for those people with a learning disability and/or ASD only when absolutely necessary and for short periods of time. Equal treatment and access to services is a key principle in *‘Building the right support.’* There are a number of people who require secure services for longer periods and these specialised services are considered later in this consultation.

2.6 The framework for the design and provision of new services in the future. Those principles are:

- people should be supported to have a **good and meaningful everyday life**
- care and support should be **person centred, planned, proactive and coordinated**
- people with a learning disability and/or ASD should have **choice and control**
- people should be supported to live in the community with **support from and for their families/carers as well as paid support and care staff**
- people should have a choice about where and with whom they live, with a choice of **housing**
- people should get good care and support from **mainstream NHS services**
- people should be able to access **specialist health and social care support in the community**
- when necessary, people should be able to get **support to stay out of trouble; and**
- when necessary, when their health needs cannot be met in the community, they should be able to access high-quality assessment and treatment in **hospital**.

2.7 Three key changes are being developed to implement the principles which are as follows:

- first, local councils and NHS bodies have joined together to deliver better and more coordinated services – 48 new local transforming care partnerships (TCPs) have been formed across the country and will work with people with lived experience of these services, families, carers and key local stakeholders. The TCPs have agreed and are implementing plans which will be delivered over three years. The TCPs are made up of clinical commissioning groups (CCGs), NHS England's specialised commissioners, providers and local authorities which cover the whole of England;
- second, budgets will be aligned between the NHS and local councils to ensure the right care is provided in the right place. A new financial framework will aim to speed up discharges, particularly for those who have been in inpatient care the longest. For people who have been in hospital for five years or more, specific payments will be made by the NHS to local authorities to enable the needs of those people to be met in the community; and
- third, '*Building the right support*' sets out what support people and families can expect, wherever they live. It describes what good services should look like, framed around clear principles devised from the perspective of the people using those services. It gives people a clear picture of what they can expect from the services they use, while at the same time allowing TCPs the flexibility to design and commission services that meet the needs of people in their area.

- 2.8 In order to move forward with the national plan to improve the lives of people with a learning disability and/or ASD, there is a key focus on reducing reliance on inpatient services and providing more care within community settings. Therefore, services providing inpatient care are under review.

### **Local context**

- 2.9 *'Building the right support'* outlines that, as an alternative to inpatient care, people with a learning disability and/or ASD will be supported to lead more independent lives, and have a greater say about where they live and the support they receive. Central to the process proposed by the plan is that over the next three years there will be new, high quality, community based services for those with a learning disability and/or ASD. The plan envisages that, as these services are put in place, the requirement for low secure inpatient beds will reduce and some units may close altogether. Locally, a key part of the proposals developed for Lancashire and Greater Manchester is to provide a community model for some services currently offered by the Specialist Learning Disability Division of Mersey Care NHS Foundation Trust.
- 2.10 Before it became the Specialised Learning Disability Division of Mersey Care NHS Foundation Trust, the former Calderstones Partnership NHS Foundation Trust operated the only remaining stand-alone NHS learning disability hospital in England, with 223 beds. Its core business is a forensic service. A forensic service provides for those people who require clinical care after being in contact with the legal system. The Specialised Learning Disability Division is commissioned to provide medium secure, low secure and specialist NHS services for adult men and women with a learning disability or other developmental disorders who present with extremes of serious challenging or offending behaviour. The majority of the people who use the forensic services come into NHS care after contact with the legal system or prisons and are supported on a care pathway through secure services and on into community settings.
- 2.11 Greater Manchester and Lancashire commissioners, in line with the changes discussed within this document are developing their own community based models detailed in their published Fast Track Transforming Care Plans.
- 2.12 In addition to the low and medium secure services provided through the Specialised Learning Disability Division, there are two further units in the North West based in Warrington (Auden Unit) and Alderley Edge (Alderley Unit). Both provide low secure services for the population of Cheshire and Merseyside in gender specific services. The Alderley Unit is a new purpose built building that could be used without any additional cost for one of the patient groups referred to in paragraph 3.10 below – those with an autistic presentation requiring a low stimulus environment. The Auden Unit would require more significant remedial work to meet the proposed model of care referred to in this consultation.



### 3. The proposed model of care for low and medium secure services

#### Secure services - background

- 3.1 The Mental Health Act is clear that where it is possible to treat a person safely and lawfully without detaining them, that person should not be detained. A person's independence should be encouraged and supported and families should be fully involved. The current pathways often see people coming into the system via the Ministry of Justice where they may have been placed in high secure accommodation or mainstream prison, before progressing through medium and low secure services prior to discharge. This respects the full involvement of families and carers in the context of the limitations placed on a person's requirements for care in secure services.
- 3.2 The proposals for the re-provision of learning disability and/or ASD services in the North West can be categorised broadly into two areas for consideration: medium secure services and low secure services. These services both provide different levels of clinical care, and are at different stages in their development within the region.

#### The proposed local model of care

##### Medium secure services

- 3.3 A consultation has already been undertaken by Mersey Care in relation to its provision of medium secure mental health services. The proposed model of care described in the previous consultation focused on developing an integrated medium secure service for people with mental health issues and a learning disability and/or ASD, co-located in Maghull (Merseyside). Mersey Care considers that centralising medium secure services will drive improvements in quality across the provision of services for those with a learning disability and/or ASD. The particular relevance of this to the current consultation is that it is proposed that individuals currently accommodated on the sites previously operated by Calderstones Partnership NHS Foundation Trust will receive medium secure services at the site being developed at Maghull (Merseyside) as part of Mersey Care's plans.
- 3.4 Mersey Care is transforming its whole secure provision in mental health services, which will include learning disability beds in line with '*Building the right support*', and to also meet the latest guidance and legislation around medium secure care and environmental standards.
- 3.5 The proposed model of care for people requiring medium secure services reflects a commitment to excellence and innovation across the secure pathway and has been designed to improve the experience and outcomes for patients. The development would harness cutting-edge practice both in terms of clinical interventions and in the use of technological advances to support clinical delivery.

- 3.6 Developing technology has potential to empower those who use these services and increase their capacity to be partners in delivering their own clinical care, such as by increasing access to digital devices which allow them to monitor their own emotional state and wellbeing and use adaptive coping strategies between clinical sessions.
- 3.7 The proposed model of care involves a new innovative learning disability service with the added advantage of co-location with general adult mental health medium secure services. This reflects the principle articulated in *'Building the right support'* as follows: *"specialist beds should be increasingly co-located within mainstream hospital settings as part of integrated specialist inpatient services, rather than in isolated stand-alone units"*.
- 3.8 The proposed model of care designed by Mersey Care is aimed at providing "Perfect Care" and a summary of its goals are set out in appendix one.

### **Low secure services**

- 3.9 The proposed model of care in low secure services has been discussed with commissioners and national leaders and has gained wide traction and acceptance as innovative, affordable and above all, centred on service users. More locally, over the last 18 months, there has been wide engagement with people who use services, families, carers and staff at sessions to help shape the detail of the proposal.
- 3.10 The new model of low secure services proposed aims to provide approximately 60 low secure beds across the North West, supported by community beds and specialist support teams. The model can be adapted based on the specific clinical needs of the population including transition from childhood to adulthood. The groups under consideration are:

- *Women*

There is a need to meet the growing demand for single sex accommodation to ensure that the best quality assessment and treatment is provided. The aim is for women who need these services to have the best opportunity to improve and progress on the care pathway, and spend the minimum time in a secure setting. Experience shows that single sex accommodation reduces risk and improves safety.

- *Those with learning disability and/or ASD*

There is an increasing demand for specifically designed low stimulus environments that manage this vulnerable group in a distinct way. The purpose is to ensure a structured, safe and empathetic approach to encourage the development of skills balanced with a healthy respect for privacy, in calm environments that reflect the sensory levels required. These services are unique and aim to provide the right opportunity for people to grow and adapt.

- *Those with longer term needs*

There remains a need for a small number of individuals to provide services where the emphasis is on quality of life, a least restrictive environment and protection for both themselves and others. This need arises because of the longer term nature of risk management which can remain a constant challenge. Further reduction of risk for these people is difficult given their inability to manage their own risks outside of a managed environment.

- *Those who require mainstream services*

There is a need to provide access to low secure services for people requiring high quality assessment and treatment in a safe environment, staying no longer than they need to. It is proposed that this service will be developed in such a way as to provide the necessary treatment programmes that are evidence based and result in positive outcomes for individuals. Particular attention in the proposed model of care is focussed on minimising the time spent in a secure environment.

### **Step down provision**

- 3.11 Step down is not included within this consultation document. When we refer to “services” on the Mersey Care Whalley site we are excluding step down for the purposes of this consultation. However, for background information, a number of people with a learning disability and/or ASD currently receive long-term care in houses on the periphery of the main Mersey Care Whalley site. These services are known as step down. Should the Whalley site close, as is proposed in this consultation, where appropriate, these houses would be reviewed with the potential for them to become homes on a case by case basis following consultation with each individual patient. This would include consideration of de-registering and seeking an alternative provider with the support and approval of the CQC.

### **Economic case for change**

- 3.12 The proposed model of care and closure of the Mersey Care Whalley site is driven by the need to deliver a new community-focussed model of care for people with a learning disability and/or ASD, whilst also avoiding isolated services and improving the quality of service provision and outcomes. Beyond these outcomes, there would also be financial benefits flowing directly from the reconfiguration. Any savings that are achieved would be used to improve care in the new settings in line with ‘*Building the right support*’. More detailed financial information is provided in section five.

## 4. The options

- 4.1 The proposed model of care has been driven by the joint publication of '*Building the Right Support*' with NHS England, the LGA and ADASS. This was consulted on widely and tested before it was finalised to support the development of modern, high quality care provision for those requiring inpatient learning disability and/or ASD services.
- 4.2 As discussed, the proposed model of care envisages a move away from inpatient care to care within appropriately designed community services which provide a range of service options. There are two options to consider:
- Option 1 - Closure of the Mersey Care Whalley site
  - Option 2 - Retention of part of Mersey Care Whalley site for some low secure services.

This section of the consultation describes the two options and the rationale for both (as stated in paragraph 3.11 step down is not included in this consultation).

### **There are two options to consider:**

#### **Option one**

- 4.3 The closure of the Mersey Care Whalley site is based on the principles detailed in '*Building the right support*' and would involve the re-provision of new services across the North West for those with a learning disability and/or ASD. These bespoke services are described in paragraph 3.10 above and aim to ensure that the specific needs of patients are provided for in clinically designed environments. The proposed model of care aims to enhance the quality of care with improved integration into local communities, greater proximity to local services and easier access to public transport systems which are accessible across the region. This is the preferred option.

#### **Option two**

- 4.4 There is potential to retain elements of the Mersey Care Whalley estate to continue providing some existing low secure services. However, it is not the preferred option given it would involve maintaining services in an institutionalised setting which is geographically isolated.

#### **Why option one?**

- 4.5 The proposed model of care for the North West has been designed to secure a future for people with a learning disability and/or ASD which ensures that they will:
- have greater choice in their pathway of care with equal and fair access to services
  - be able to live in a community setting
  - be part of a community with the same opportunities as everybody else

- continue to receive care and treatment, closer to home, at the appropriate level to meet their needs
- receive proactive healthcare to maintain health and wellbeing
- have access to acute assessment services/ inpatient provision when needed; and
- be provided with specialist services where people who lack capacity to make such choices and will never attain that capacity will have the same opportunities as the wider population.

- 4.6 The clinical benefits of the proposed model of care for people who use services are a reduced length of stay with modern and appropriate clinical interventions. It is envisaged that this model would be delivered in modern environments designed to meet the needs of this diverse patient group.
- 4.7 The proposed model of care supports an overall reduction in inpatient beds and an investment in local provision that is more able to manage complex needs within the wider community. This can be delivered from existing budgets, however transition funding would be required and this would be funded by commissioners if option one is implemented.
- 4.8 The proposed model of care considers the distinct cohorts of patients and their very unique and different needs. A new model for the provision of low secure services in the North West would allow for focussed and appropriate intervention by skilled staff teams to ensure the least possible time is spent in hospital.
- 4.9 The use of sites for secure services across the North West, including the Alderley and Auden Units, would promote greater access to larger surrounding communities with more accessible transport systems and an easier transition for people when they move on.
- 4.10 Engagement undertaken to understand the views of people in relation to '*Building the right support*' during 2015 informed us that patients prefer to live their daily lives as part of a community, like everyone else, and do not want to experience care that is remote from local services.
- 4.11 People with a learning disability and/or ASD and their families and carers will continue to be central to the process of change, and the commissioners and providers involved are committed to ensuring that patients and families are always involved in decisions about their care and support.

### **Why option two?**

- 4.12 Option two would potentially involve reduced capital and redundancy costs. However, while it may be more cost effective, the principles contained in '*Building the right support*', as outlined in this document, suggest that it is not appropriate to continue to commission hospital beds in the kind of clinical setting located on the Mersey Care Whalley site. This is because it involves providing care in an institutionalised setting, situated in an isolated geographical area of Lancashire.

- 4.13 For this reason we have developed the proposed model of care which we think better meets the needs of people who use services and their carers/families.

#### **More about option one - the preferred option**

- 4.14 In light of the above it is proposed that all hospital beds on the Mersey Care Whalley Site will, subject to this consultation, close and be re-provided over the next three years, on a case by case basis, in the community or in new purpose built units elsewhere in the North West. This is based on the 'homes not hospitals' principle of *'Building the right support'*.
- 4.15 The Mersey Care Whalley site has a large secure capacity which has been used as part of a historic care pathway, focussing solely on learning disabilities. This pathway has seen people with a learning disability and /or ASD progressing through medium and/or low secure accommodation and in and out of enhanced support services over a number of years and in some cases for most of their adult life. This is not aligned to modern day health care and does not fit with the current direction of travel and the principles set out in *'Building the right support'*.
- 4.16 The Mersey Care Whalley site is remote and away from a variety of transport options, posing a number of difficulties for both patients and their families and carers. People are often far away from home, making access by their families and carers more difficult. Integration with larger communities is harder in isolated areas and it is equally more difficult to make the links needed to the local teams providing community services. This is articulated in *'Building the right support'* as follows:

*"Assessment and treatment in a hospital should be part of a broader care and support pathway. Admissions should be to hospital services that are as local as possible, and inpatient services should coordinate closely with relevant community services and families/carers (particularly in the case of children) to prepare for discharge. Wherever appropriate, inpatient services should work closely and proactively in partnership with families in the process of assessment, formulation, diagnosis and treatment. Contact and communication with families should be actively supported (unless particular circumstances dictate that this is inappropriate or inadvisable) and as much continuity with life prior to admission as possible".*

- 4.17 The retention of secure provision on the Mersey Care Whalley site does not support the change envisaged in *'Building the right support'* and may promote the same cycles for people as have been seen in the past, including excessively long lengths of stay with movement around different parts of the Mersey Care Whalley site without a clear plan towards integration into community services. This is articulated in *'Building the right support'* as follows:

*"Everyone who is admitted to a hospital setting for assessment and treatment should expect this to be integrated into their broader care and support pathway, with hospitals working closely with community mental*

*health, learning disability/autistic spectrum disorders and other services, including those providing intensive community and/or forensic support”.*

4.18 All service change proposals must comply with the Department of Health’s four key tests for service change. These are:

- strong public and patient engagement
- consistency with current and prospective need for patient choice
- a clear clinical evidence base; and
- support for proposals from clinical commissioners.

4.19 We are satisfied that option one meets the four key tests.

## 5. Financial details

The following section sets out the financial case for change, describing the financial impact of the proposed model of care. This section details the capital and revenue impact of both options. Whilst the proposed changes are not driven by financial considerations, it is none the less important that the costs and benefits of the changes are understood. In broad terms the changes will reduce costs to the provider, thereby eliminating a projected deficit, and yield savings to commissioners, though significant capital investment is needed to achieve this.

### 5.1 Overall health economy impact

The annual running costs of the combined Calderstones and Mersey Care services relevant to this consultation at the time of the merger totalled £64.0m. Over the next four years, under the “do nothing” scenario, this was projected to increase to £68.4m. By implementing the preferred model of proposed service changes, the total cost base will be reduced to £57.7m over the next four years, a cost reduction of £10.7m compared with the “do nothing” scenario. Against the 2015/16 cost base, costs will be reduced by £6.3m. The reduction in costs will enable Mersey Care to meet its financial obligations to achieve financial balance, and the proposed changes will allow for funding to be diverted into community services to support the discharge of patients.

Bringing the Whalley site and Mersey Care services together by moving some or all of the medium and low secure services off the Whalley site would:

- provide opportunities to integrate services to deliver savings;
- reduce management costs; and
- enable new ways of working which in turn will lead to greater efficiency.

### 5.2 Mersey Care financial position

Calderstones reported a financial loss for the 2015/16 financial year of £2.0m and did not have a plan to return to financial balance. The financial plans submitted by Calderstones prior to the merger with Mersey Care showed a projected loss for 2016/17 of £3.2m, which without major remedial action is projected to grow to £6.4m by 2019/2020. The reduction in costs that will result from the proposed service changes will eliminate this deficit.

### 5.3 Commissioner financial position

Over the next four years, the proposed service reconfiguration will allow commissioners to discharge a total of 46 low secure and 18 medium secure patients from inpatient facilities into community-based care settings. The proposed discharges would contribute to the ambition to reduce the typical in-patient population at the Mersey Care Whalley site from 84 to 38 for low secure and 52 to 34 for medium secure, during this period.

Implementing the proposed model of care will allow commissioners to reduce the amount they are paying for learning disability services from £62.0m in 2016/17 to



£57.7m by 2019/20, a saving of £4.3m per annum by year four, without impacting on the level of services provided to patients, nor the financial viability of Mersey Care.

By retaining some services on the Mersey Care Whalley site, but continuing the inpatient reductions, an additional £2m to £3m could be saved.

#### 5.4 Proposed investment in new services

Over the next four years commissioners expect to reduce the amount spent on inpatient services and invest in community-based services. This investment would fund specialist support teams providing discharge planning, admission prevention and wrap around support for patients.

The level of investment in new services would increase steadily over the next four years as patients are discharged, to ensure that appropriate community services are in place to meet their need.

In addition, for any patients discharged after a stay of five years or more, a 'dowry' will support them to move on, paid to the relevant local authority to help with the costs of support packages. Dowry payments will be funded from recurrent savings from inpatient services.

#### 5.5 Transitional funding

The proposed reconfiguration requires that patients be relocated from the Mersey Care Whalley site either to new inpatient facilities or new community-based care settings, over a four year period. During this time the Mersey Care Whalley site would still be in use and so Mersey Care would incur 'double running' costs, as is common to reconfigurations. Commissioners have agreed in principle to fund these costs, totalling £15.5m over four years. The double running costs would be slightly lower under option 2.

In addition, as is typically the case during service reconfiguration projects, Mersey Care would need extra management support to deliver the new model as well as continuing to run its day to day operations. NHS England has agreed in principle to fund costs such as additional finance management, programme management and information technology infrastructure to help with this, totalling £6m.

It is possible that the reconfiguration of services will result in staff redundancies. For option one, maximum redundancy costs have been estimated at £9.3m. Option two may involve reduced redundancy costs as some services would be retained on the Mersey Care Whalley site. The current estimate of redundancy costs arising from option two is between £6.7m and £7.0m.

## 5.6 Summary of revenue costs

The table below summarises the financial assessment of the two options.

Option 2 has 2 variants based on the number of beds to remain on the Whalley site; whilst not being the preferred option this will be considered further on the outcome of the consultation.

<b>Total transitional support costs 2016-2020</b>	Option 1 All services off the Whalley site	Option 2a Some services remain at Whalley (40 beds)	Option 2b Some services remain at Whalley (56 beds)
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Redundancy costs	9.3	7.0	6.7
Double running costs	15.5	14.8	14.5
Management support	6.0	6.0	6.0
<b>Total transitional support</b>	<b>30.8</b>	<b>27.8</b>	<b>27.2</b>

<b>Recurrent annual savings from 2019/10</b>	Option 1 All services off the Whalley site	Option 2a Some services remain at Whalley (40 beds)	Option 2b Some services remain at Whalley (56 beds)
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Commissioner savings	4.3	5.9	7.0
Provider savings	6.4	6.4	6.4
<b>Total financial benefit</b>	<b>10.7</b>	<b>12.3</b>	<b>13.4</b>

## 5.7 Capital funding

The capital required to fund option one, the removal of all services from the Mersey Care Whalley site, is £63m. This includes the cost of the new medium secure unit (as part of the Maghull development), the development of low secure units and the development of community provision.

For option two, which would see some services remaining on the Mersey Care Whalley site, the capital cost is between £37m and £48m depending on the number of beds which remain. Whilst option two has a lower capital cost, it is not the preferred option, as it will involve maintaining services in an institutional setting which is geographically isolated.

These capital costs are best estimates of the likely capital requirement to provide the new buildings, based upon similar projects across the NHS. It is important to note that approval has not yet been granted for the full amount of capital that may be required, and so those proposals remain contingent on receiving the required approvals.

The capital costs for the two options are summarised below. The table includes the proceeds from the sale of the Whalley site, or partial sale in the case of option 2. The disposal proceeds have been estimated by the District Valuer using a standard methodology taking account of the current use of assets and estimating the fair value of assets not in use.

<b>Capital impact</b>	<b>Option 1 All services off the Whalley site</b>	<b>Option 2a Some services remain at Whalley (40 beds)</b>	<b>Option 2b Some services remain at Whalley (56 beds)</b>
	<b>£m</b>	<b>£m</b>	<b>£m</b>
Capital costs	63.0	48.0	37.0
Proceeds from disposal	(19.9)	(14.7)	(14.7)
<b>Net capital investment</b>	<b>43.1</b>	<b>33.3</b>	<b>22.3</b>

## 5.8 Summary

This section has described the financial implications of the proposed changes. Option one, with all services off the Mersey Care Whalley site, is not the cheapest option principally because of the higher capital cost. However, this proposal is not about cost and savings but about providing the best quality service to patients and their families.

## 6. Consultation statements

- 6.1 We would like to hear your views on the issues set out in this document and we would welcome consideration of the statements set out below. It is appreciated that these statements are not extensive and represent a guide to some areas of the consultation that may generate views and opinions that will provide valuable feedback.
- 6.2 In addition to providing views on the statements set out below, please add any additional comments in the box below.
1. Adults who have a learning disability and/or ASD should have the opportunity to receive their care in a community setting close to their home.
  2. Some people who use services will require forensic services under the Mental Health Act in secure facilities for long periods of time as part of their programme of care. These people where possible will benefit from accommodation in smaller units that are adaptable to their needs with clear treatment goals.
  3. The proposed model of care would provide assessment pathways to ensure that the least restrictive care options are chosen and hospital care is considered only when all other choices have been exhausted.
  4. People with longer term needs who use services and require ongoing secure care should receive this in an environment that enhances their quality of life as effectively as possible.
  5. Based on the 'homes not hospitals' principle of '*Building the right support*', institutionalised medium and low secure care should not be delivered on the Mersey Care Whalley site, (formerly Calderstones Partnership NHS Foundation Trust). As such option one set out in section four is the preferred option.

Please detail any further views you have here

## 7. How to take part

- 7.1 You can take part in this consultation online at <https://www.engage.england.nhs.uk/consultation/learning-disability-services> or by requesting a printed copy of the consultation document.
- a. For further information or to request printed documents please contact: [england.northspecialisedcorporate@nhs.net](mailto:england.northspecialisedcorporate@nhs.net) or telephone 011382 54657
  - b. An easy read version of the document is also available online or via the contacts above. Alternative formats can also be requested from the contacts above.

## **8. Feedback and next steps**

- 8.1 The consultation on the proposed redesign of learning disability and/or ASD services in the North West will be open for 12 weeks from the date the consultation starts.
- 8.2 All feedback received during consultation will be considered by NHS England and its commissioning partners, and key stakeholders. A short report, setting out the consultation feedback, will be published on NHS England's web page with a link to our partners' websites.

## **Appendix One - Medium Secure Supporting information**

The MSU development has described goals and methodology for care and treatment as detailed below:

*Our goal is to deliver perfect care to all of our service users all of the time. The pursuit of excellence is fundamental to everything we do. The aspirations, expectations and practice of our staff and management compel the service to set and achieve audacious targets which lead the field internationally. These targets aim to go beyond conventional consensus and embrace the opportunity to ensure care and treatment for service users is the best it can possibly be. It is our aim that no one in our care will commit suicide or die early from preventable illness and complications. The people who use our service will not experience avoidable restrictive and/or coercive practice and the care we provide will be consistent with the principles of No Force First.*

*A culture of accountability, candour and learning is central to the goal of continuous improvement and developing safer and better services. The care and treatment we provide will be unique for each patient. Our approach recognises the enduring impact of the social and relational adversity many of them encounter and appreciates the complicating influence this can have when they are admitted to a secure hospital.*

*The service will implement a Trauma Informed Care approach; staff will understand service users in the context of their life history and therefore will recognise and meet all their needs effectively and efficiently.*

*The care and treatment we provide to service users will be:*

- *Safe – avoiding injuries to people who use services from the care that is intended to help them;*
- *Effective – providing services that are based upon scientific knowledge to all who could benefit and refraining from providing services to those not likely to benefit (avoiding underuse and overuse);*
- *Patient-centred – providing care that is respectful of and responsive to individual people who use services preferences, needs and values, and ensuring that patient values guide all clinical decisions;*
- *Timely – reducing waits and sometimes harmful delays for both those who receive and those who give care;*
- *Efficient – avoiding waste in particular waste of equipment, supplies, ideas and energy;*
- *Equitable – providing care according based upon individual need taking into account people who use services from the protected characteristics of Age, Disability, Gender, marriage and Civil Partnership, Maternity and Pregnancy, Race, Religion/belief, Sexuality and Trans/gender reassignment.*

*The model of care will meet the requirement set out in the Medium Secure Service Specification, and will be delivered and governed under the following statutory frameworks policy and legislation.*



- *Mental Health Act 1983 (Amended 2007) and Code of Practice*
- *Human Rights Act 1998*
- *Mental Capacity Act 2005 and Code of Practice*
- *Domestic Violence Crime and Victims Act 2004*
- *Protection of vulnerable adults (2009)*
- *The Care Programme Approach (1995)*
- *Valuing People Now (2009)*
- *Deprivation of Liberty Safeguards*

*The highest professional and service standards will be maintained through adherence to the process of regulation, governance and guidance from;*

- *National Institute for Clinical Excellence (NICE)*
- *Care Quality Commission (CQC)*
- *General Medical Council*
- *Health and Care Professionals Council*
- *Nursing and Midwifery Council*
- *Ministry of Justice*
- *Department of Health*

*The medium secure unit model of care is consistent with Mersey Care's vision and values and built upon the following four key principles enhancing quality and sustainability:*

- *An emphasis on quality of care.*
- *Financial responsibility and efficiency.*
- *Positive and proactive partnerships.*
- *Investment in our workforce.*