



BRIEFING NOTE: ON VARIATIONS OR DEVELOPMENTS TO SERVICES LEVEL 2

1 Title of Proposal:

Transfer of the Assertive Outreach function from separate teams to Community Mental Health Teams.

2 Summary Rationale

The proposal is to incorporate the assertive case management function within Community Mental Health Teams.

There is no evidence that stand alone assertive outreach teams improve patient care. However, there is evidence that creating separate stand alone teams has introduced inefficient ways of working – for example duplication of assessments and paperwork. Transfer between teams when a service user is very vulnerable also adds to anxiety, disruption and uncertainty. Managing a service user's increased level of need within the team that already manages their case will provide a continuation of high quality care, whilst being clinically safe and more efficient.

3 Outline of Proposal

Background

Assertive Outreach Teams (AOTs) were set up as part of the National Service Framework for working age adults. They were designed to provide a service for those service users who are hard to engage. The principle was a 24-hour multi disciplinary team who work in an integrated way, and were separate from Community Mental Health Teams (CMHTs).

Across the Trust footprint there are currently four AOTs. The Wirral team has a caseload of 136, Chester has 80 cases and Crewe and Macclesfield have a combined caseload of 137. It is expected that service users within an AOT receive visits twice a week, within the community setting.

Across the Trust footprint there are currently 17 CMHTs which provide integrated multi-disciplinary care for the majority of service users. They are the cornerstone of community based mental health services and act as a single point of access for secondary care. There are currently 130 inpatient beds available for adults at CWP. Low use of hospital beds is used as a measure of good CMHTs - and a key principle of CWP is to manage people as close to home as possible in line with national policy. Service users requiring intensive case management are at present transferred from CMHTs to AOTs.

Evidence of effectiveness

Evaluation of AOTs, including large scale trials, has shown that the assertive outreach function improves service user engagement. However, there is no national evidence that these stand alone teams reduce admission rates. Whilst a number of trials nationally have

shown that when hospital use is high, intensive case management can succeed in reducing bed usage, this is less successful when hospital use is low. This is the case within CWP, where inpatient admissions are managed successfully in fewer than the national average beds.

In addition, the transfer between the AOT and CMHT teams can cause disruption and uncertainty to service users and their carers at a time of increased risk. Creating separate stand alone teams has also introduced inefficient ways of working, for example duplication of assessments and paperwork.

Way forward

Therefore CWP proposes to integrate the AOT function into CMHTs. Fidelity to the assertive community treatment model is only significant in regards to team organisation, ie case managers working as a team rather than independently, and we are proposing that this way of working would be continued within CMHTs. This would ensure that the improved service user engagement achieved via the intensive case management assertive outreach approach is continued.

However, replicating staffing requirements as recommended for AOTs ie. 10 cases per care co-ordinator, does not confer significant benefits. Specific staffing features e.g. team size, low caseloads and professional make up are not important in reducing hospital admissions (as referenced above).

Detailed work has been undertaken to test capacity within each CMHT and what resource will need to be transferred to support service users. This reflects the morbidity and the needs of the populations being served.

The change in delivery will ensure that all service users who require an assertive outreach approach and intensive case management will receive it, according to need. The additional benefits are the elimination of the transfer of service users across teams, reducing disruption, uncertainty and duplication. This will also ensure that all staff are skilled in managing difficult to engage service users.

4 Consultation Process

CWP will consult with a range of stakeholders including service users and carers, staff, governors, PCT and local authority colleagues - including local LITs. A number of service user and carers groups and forums exist and consultation will take place with these groups, including any service and carers directly involved in the current service. See page 3 for breakdown of consultation process.

5 Timescales

It is anticipated that consultation on the changes will take place during October and November, with implementation - if approved - by 1st December 2009.

Stakeholders	Timescales
<p>Service Users and Carers</p> <p>CWP PPI Sub-Committee</p> <p>LINKS – briefing & offer to attend mtg</p> <p>Mental Health Forums across Cheshire and Wirral – to fit with existing meetings</p> <p>Support groups/ voluntary organisations across Cheshire & Wirral eg Vale Royal Support Group, Oxtan Area Forum – briefings & meeting attendance</p> <p>Local Implementation Teams</p>	<p>27th October 2009</p> <p>October/November 2009</p> <p>October/November 2009</p> <p>October /November 2009</p> <p>NHS Wirral – 22nd October 2009</p> <p>Central and Eastern Cheshire PCT – 8th October 2009</p> <p>NHS West Cheshire and Chester PCT-12th November 2009</p>
<p>Governors</p> <p>Council of Governors’ meeting</p>	<p>6th November 2009</p>
<p>PCT & local authority colleagues</p> <p>Local meetings with commissioners</p> <p>Joint partnership meeting with colleagues from Department of Adult Services from 3 Local Authorities.</p> <p>One-off meeting with senior councils officers</p> <p>GP leads/clinical engagement meetings</p>	<p>NHS Wirral – 6th November 2009</p> <p>Central and Eastern Cheshire Pct – 15th October 2009</p> <p>NHS Western Cheshire and Chester – 10th November 2009</p> <p>6th October 2009</p> <p>East Cheshire Council – 7th October 2009</p> <p>October/November 2009</p>
<p>Staff</p> <p>Staffside representatives within CWP</p> <p>Trustwide briefing</p>	<p>Regular meetings scheduled during October and November 2009</p> <p>Via newsletter/ team briefings</p>

Completed pro-forma to be forwarded to Joint Overview and Scrutiny Committee for noting. Consultation and Negotiation Partnership Committee/ Local Medical Negotiating Committee for comment.