

**Report to:** Cabinet

**Date of meeting:** 25 February 2025

**By:** Director of Adult Social Care and Health

**Title:** Proposal to cease the specialist Mental Health Community Outreach Service

**Purpose:** To consider the outcome of the public consultation and to decide on the proposal to cease the Mental Health Community Outreach service and offer alternative provision.

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## **RECOMMENDATIONS:**

**Cabinet is recommended to:**

- 1) Agree the proposal to cease the existing Mental Health Community Outreach service in its current format and to provide alternative Mental Health Community Outreach services specifically via the Council's Joint Community Rehabilitation (JCR) Team and Milton Grange Mental Health Intermediate Care beds (part of the existing Older People Directly Provided Services); and**
  - 2) Delegate to the Director of Adult Social Care and Health authority to take all necessary actions to give effect to the above recommendation.**
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## **1 Introduction**

- 1.1 Cabinet agreed on 26 September 2024 to launch a consultation exercise relating to the proposal to cease the Mental Health Community Outreach service in its current format and to provide alternative services via existing universal services (the papers are available: [here](#)). This proposal, as well as other potential service changes being explored by Adult Social Care and Health, is to help close the Council's funding gap.
- 1.2 The consultation ran between 3 October and 28 November 2024. The impact of the new funding settlement for the Council has been considered when making the proposals in this report.

## **2 Background**

- 2.1 The Mental Health Community Outreach service is managed within Older People's Directly Provided Services. It is based at Milton Grange in Eastbourne and offers a countywide range of therapeutic interventions to older people living in the community who have a mental health need.
- 2.2 The aim of the service is to support timely discharge from hospital, prevent unnecessary hospital admissions, prevent carer breakdown, identify care, and support needs through assessment and facilitate engagement with community activities and includes:
  - people who may have depression and/or anxiety, who may also be living with psychosis (which is in remission and deemed to be of minimal risk);
  - people with 'mild' cognitive impairment, defined as impairment not accompanied by behaviours which challenge, or presenting high levels of risk in the community.

- 2.3 The service operates seven days per week and is a short-term service offering support for up to four weeks to a maximum caseload of 15 people at a time.
- 2.4 Between April 2023 and March 2024, 118 people used the service.
- 2.5 The service has seven staff (6.2 full time equivalent) consisting of an occupational therapist and six occupational therapy assistants and is supported by a Registered Mental Health Nurse, all of whom are employed by the Council.
- 2.6 In formulating the proposal to cease the Mental Health Community Outreach Service, consideration was given to the following challenges to current service provision:
- The cost effectiveness of the service at a time when the Council is facing significant financial challenges; and
  - The opportunity to consider alternative ways to meet the needs of the people who currently use these services.

### **3 Proposal that was consulted on**

- 3.1 The proposal consulted on was to cease the Mental Health Community Outreach service and provide services via existing services including: Joint Community Reablement Teams, Occupational Therapy Services, Neighbourhood Support Teams, Community Mental Health teams, Carers Breaks and Engagement Team and access to the Milton Grange Mental Health Intermediate Care beds.
- 3.2 The estimated annual revenue savings in a full year for this proposal are £318,000.
- 3.3 To determine the potential savings we used the overall gross budget for the service. One-off costs, including the costs of restructuring staff, have been considered in the context of the ongoing saving but not included in the figures presented.
- 3.4 The consultation responses are summarised in section four below and highlight several potential impacts. Following the feedback received through the consultation, the Council has considered whether there is scope to retain the service without impacting on the agreed budget for this service area. Further information is set out in section 5 of this report.

### **4 Insight**

- 4.1 An 8-week public consultation on the proposal ran from 3 October to 28 November 2024. We asked people for their views on the proposal and how they would be affected if it went ahead.
- 4.2 All the feedback received during the consultation is available within the Members' and Cabinet Room for Members' consideration.
- 4.3 48 responses were received for this consultation:

How feedback given	Number of responses
Survey	44
Letter	4
Total	48

- 4.4 The majority of respondents across all response methods disagreed with the proposal to stop providing the Mental Health Community Outreach Service and instead use existing community and bed-based services to offer support:

Response	Number	Percentage
Strongly disagree	44	91%
Disagree	3	7%
Strongly agree or agree	0	0%
Not sure	1	2%

4.5 The final public consultation analysis report is attached as Appendix 1. The key themes raised in the consultation were:

- This is a vital service, and it would be short-sighted to cut a preventative service that prevents people's support needs increasing and stops them reaching crisis point;
- The service is accessible and responsive, with people particularly valuing the home visits;
- There are no alternative services that could offer similar support if it closed and the universal services that people would use instead have much longer waiting times;
- It would be particularly detrimental to older people and those with dementia. Without the service, people and their families and carers would become more isolated;
- Health professionals felt that people would become less independent and at increased risk of harm, which would increase demand on other services at the Council and for other organisations who support this group of people, such as hospital dementia services;
- There is concern regarding what other sources of mental health support people could access, especially with long waiting times for other services and the proposed closure of the Council's Day services for older people.

### **Equalities Considerations**

4.6 In considering these proposals, Cabinet must have due regard to the need to:

- (a) eliminate discrimination, harassment, victimisation, and any other conduct that is prohibited by or under the Equality Act 2010;
- (b) advance equality of opportunity between persons who share a relevant protected characteristic and persons who do not share it;
- (c) foster good relations between persons who share a relevant protected characteristic and persons who do not share it,

as required under s.149 of the Equality Act 2010.

4.7 To better understand the likely impacts of the proposal on those who have one or more protected characteristics, an Equality Impact Assessment (EqIA) has been carried out (a copy of which can be found out in Appendix 2).

4.8 The responses from the consultation were used to inform the analysis carried out in the EqIA. Cabinet members must read and have regard to the EqIA when making the decision about this Proposal.

4.9 The Equality Impact Assessment was completed for the original proposal to close the Community Mental Health Outreach Service and replace it with existing universal provision. It told us that the service is for older people and more than a third of those accessing the service are aged 85+. More than half have a diagnosed mental health

condition including dementia and more than a quarter have a long-term physical condition. The original proposal would therefore have a negative and disproportionate impact on older people and disabled people, particularly those with dementia, and could increase or compound existing mental health needs. This impact would be mitigated by the provision of other suitable mental health support services as set out in the revised proposal in section five.

- 4.10 Given the nature of the service, the original proposal could have negatively impacted carers if alternative services were limited/not available. Given that the majority of carers in the UK are women, the original proposal could have disproportionately impacted women. This impact would be mitigated by the provision of other suitable mental health support services as set out in the revised proposal in section five.
- 4.11 The original proposal may also have had a negative impact on people living in rural areas who could have less access to alternative services due to limited transport options and/or increased cost or time to get to alternative services. This impact would be mitigated by the provision of other suitable mental health support services as set out in the revised proposal in section five.

## **5 Revised proposals for this Service**

- 5.1 Our priority in Adult Social Care and Health is to meet our legal duties under the Care Act. To help us to do this, we have identified funding areas that we think need to be protected when we are looking at savings options.
- 5.2 These priority areas are the community care budget, carers support services, funding for the voluntary and community enterprise sector (VCSE), and funding for staffing frontline and care market roles.
- 5.3 While we recognise the importance of the Mental Health Community Outreach service, the budget pressures we face mean that we must make difficult decisions about how we spend our money.
- 5.4 We have taken on board the feedback provided through the consultation and the concerns about using existing universal services to replace the Community Mental Health Outreach service. Consequently, it is proposed instead that the Council's Joint Community Re-ablement (JCR) Team and the Mental Health Intermediate Care beds at Milton Grange are specifically used to provide alternative support for those who are currently accessing the service and / or anyone who may need support from it in the future.
- 5.5 There is already some overlap in the Mental Health Community Outreach service and the JCR service offers. This is reflected in the respective service specifications, eligibility criteria, activities of daily living and both are short term intermediate care rehabilitation/reablement services, typically three to four weeks in duration.
- 5.6 JCR and the Milton Grange Mental Health beds currently support adults with low complexity mental health conditions (depression/anxiety/ living with psychosis) and/or dementia, offering reablement and rehabilitation.
- 5.7 Both services have staff with the required skills and knowledge to support this group of people, the teams also have registered clinicians who can facilitate the assessment and/or ordering of specialist equipment and will continue to have the specialist support from the Milton Grange Registered Mental Health Nurse.
- 5.8 JCR and Milton Grange will work closely together to support those people that may require support in their own home or, if necessary, 24-hour short-term support.
- 5.9 Under this revised proposal we would:

- establish new referral pathways where required;
- produce a communications plan so that all stakeholders are aware of the proposed change in service provision;
- consult with current Mental Health Community Outreach service stakeholders;
- identify any service gaps including additional staff training.

5.10 Providing alternative mental health support services in this way, in bedded settings and in the community, will mitigate the impacts and risks reported in the consultation process and identified in the Equality Impact Assessment.

## 6 Impacts and risks

6.1 This section explores the impacts and risks of going ahead with the proposal, including those outlined in the EqIA.

6.2 Financial implications:

The proposal to cease the Mental Health Community Outreach service at Milton Grange corresponds with a savings of £318,00 per annum, as set out in the table below.

	Current Budget	Revised Budget		
	2024/25	2025/26	2026/27	Total Savings
	£'000	£'000	£'000	£'000
Expenditure budget	318	0	0	
Income budget	0	0	0	
<b>Net budget</b>	<b>318</b>	<b>0</b>	<b>0</b>	
<b>Net savings</b>	<b>0</b>	<b>318</b>	<b>0</b>	<b>318</b>

The calculation of the revised budget assumes that:

- Capacity is available in the Joint Community Rehabilitation service to support people currently drawing on the outreach support;
- Costs of establishing altered service pathways can be absorbed within existing ESCC budgets.

- 6.3 The table below explores the potential impacts the proposal would have on the health and care system, organisations, services, and residents.

<b>Health and care system</b>	The proposals should not have any change on the wider health and care system as the volumes are low for this current service and there is alternative provision available.
<b>Organisations and services</b>	As above there should not be any negative impact on other organisations and services that refer into the Mental Health Community Outreach service as there is alternative provision.  It is key to ensure effective communication to all those organisations, including the ASC&H teams that refer into the existing service, so they are clear about the alternative provision and how to refer into those services.
<b>Residents</b>	Current waiting times for both JCR and the Milton Grange Mental Health beds are lower than the current wait time for the Mental Health Community Outreach Service, so there should not be a negative impact on adults receiving the service in the future.

- 6.4 The main risks of going ahead with the proposal are:

- The alternative options for adults normally accessing the Mental Health Community Outreach service do not meet their needs;
- Services that usually refer to the Mental Health Community Outreach service are not aware of the alternative provision, for example JCR, and how to refer into those services;
- Increase in demand for those alternative services which may increase the overall waiting times for these services (however, the additional number of people likely to use the services are relatively small so this is not expected to have a material impact on waiting times).

- 6.5 The risks can be mitigated by:

- Establishing a clear pathway to refer people to the JCR service and / or Milton Grange Mental Health beds (as applicable) for support and aligning service criteria;
- Making the available offer clear to potential referrers who would otherwise refer to the Mental Health Community Outreach service;
- Implementing a communication and engagement strategy for those referral services including Health and Social Care Connect (HSCC); and
- Researching with current Mental Health Community Outreach stakeholders to establish whether there is anything additional that would be beneficial to be included in the current JCR and Milton Grange Mental Health beds offer, identify any service gaps, and what is required as part of the future offer. This will include evaluating the current assessment tools, skills, development, and training of staff.

- 6.6 The revised proposal for alternative services to be provided by JCR and Milton Grange Mental Health beds provides mitigation of the negative impacts and risks identified by the Equality Impact Assessment and consultation.

## **7 Outline implementation plan**

7.1 If this proposal is agreed, we will:

- Establish a new referral pathway for JCR and Milton Grange Mental Health intermediate Care beds;
- Revise the current criteria' for both JCR and Milton Grange;
- Evaluate any service gaps with the new proposal including any training and development requirements; and
- Implement a communications plan.

7.2 To ensure the timescales for delivering savings can be met, we have taken steps to begin consulting staff; however, the final proposals for staff consultation won't be known until after Cabinet have made the decision whether or not to proceed with this proposal.

## **8 Conclusions and reasons for recommendations**

8.1 The Council is required to set a balanced budget. The 'State of the County' report presented to Cabinet in June 2024 set out a projected £55m deficit on the 2025/26 budget. Savings proposals requiring public consultation that would help to close this gap were presented to Cabinet in September 2024.

8.2 The total savings proposals for the Medium-Term Financial Plan for 2025/26-2027/28 set out in November 2024 were £20.628m, across all Council departments. The Adult Social Care & Health (ASCH) contribution to the savings total is £11.455m. In addition to these savings proposals, in order to achieve a balanced budget, the Council is also drawing on its financial reserves.

8.3 During the consultation process it was apparent that both JCR and Milton Grange Mental Health intermediate Care beds already offer a service for the cohort of people served by the Mental Health Community Outreach service:

- Older people with depression and/or anxiety who may also be living with psychosis (which is in remission and deemed to be low risk);
- Individuals with 'mild' cognitive impairment, defined as impairment not accompanied by behaviours which challenge or present high levels of risk in the community;
- Older people with dementia.

8.4 We have ascertained that JCR and the Milton Grange Mental Health beds can provide services which would mitigate the impact if the Mental Health Community Outreach service were to be ceased.

8.5 Cabinet are therefore recommended to approve the proposal to cease the Mental Health Community Outreach service and agree to instead provide services specifically via the Council's existing JCR service and the Milton Grange Mental Health Intermediate Care beds. This will deliver savings of £318,000 but ensure that those requiring mental health support still have a clear pathway to access services that meet their needs.

8.6 Cabinet members must read and have regard to the EqIA when making decisions related to this proposal.

**Mark Stainton**

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**Local members**

All.

**Background Documents**

Consultation responses

**Appendices**

Appendix 1: Consultation Report

Appendix 2: Equality Impact Assessment