Mental Health Services for Older People
A Proposal to Modernise Day Services for Older People with Mental Health Problems

1. Introduction

Nottinghamshire Healthcare NHS Trust is the major local provider of day hospital services for older people with mental health problems. However there are other providers of day care and the recommendations within this proposal will also impact on providers in the two local authorities, Nottingham City Adult Services, Housing and Health and Nottinghamshire County Adult Social Care and Health, and other services provided by the Trust.

The review was considered necessary for several reasons

- A lack of clarity and consistency in the current use of mental health day hospitals
- The desire to make our services more equitable, accessible, responsive and timely
- The need to provide better access to evidence-based therapeutic treatments, particularly psychological therapies
- The direction of national and local policy drivers
- The need to look at alternative sites for some current services, which could be affected by other aspects of the modernisation programme or by the plans of partner agencies.
- Complaints from service users and carers related to current transport arrangements
- A fall in activity due to decreased demand, indicating that day hospitals are not meeting service users' requirements
- A need to use resources in the most effective and efficient way possible ensuring value for money

Insufficient appropriate community and home based support delays discharge from day hospitals, and therefore prevents timely, responsive and equitable access to assessment and treatment due to more demand for prevention, maintenance and respite. Day hospitals have therefore found themselves keeping people long after there is still a health benefit to their attendance, and consequently no longer have clear aims and objectives, consistent eligibility criteria, measurable outcomes and workable care pathways into other daycare settings. As a result the profiles of service users attending health day hospitals and social services day centres are not discernibly different, and in many cases people receive care from both on different days of the week. Poor access to assessment and treatment ultimately leads to an increase in hospital admissions.

2. Drivers

There have been a number of national policy drivers affecting the delivery of services for older people with mental health problems. These include:

- Forget Me Not, The Audit Commission 2000 and 2002. National Service Framework Older People, (Standard 7) Dept. of Health 2001.
- Anxiety, NICE, December 2004.
- Depression; management of depression in primary and secondary care, NICE, December 2004.
- Everybody's Business, CSIP, 2005.
- 10 High Impact Changes for Mental Health, CSIP & NIMHE 2006.
- Dementia; supporting people with dementia and their carers in health and social care, NICE, December 2006.
- Improving Services and Support for People with Dementia, National Audit Office, 2007.
- Commissioning a Brighter Future; Improving access to psychological therapies – positive practice guide, 2007
- Our Health Our Care Our Say, Dept of Health, 2007.
- The Changing Face of Day Hospitals for Older People with Mental Illness. Consensual Development of Functions and Standards**.** A Report by The Day Hospital Network. Faculty of Old Age Psychiatry**,** Royal College of Psychiatrists, 2008

The principles for service development identified within these documents include:

- Preventing admissions and reducing lengths of stay with supported early discharge.
- Supporting older people with mental health problems in mainstream services and primary care, and preventing unnecessary referrals.
- Enabling seamless services by providing clear pathways and referral processes.
- Providing appropriate and early evidence-based multi-disciplinary assessment and treatment.
- Providing preferably separate and needs-led services for older people with both functional and organic mental health problems
- Improving access to psychological therapies.
- Improving education/support for carers and service providers.
- Improving access to social day care and respite care.

The key issue to be addressed from policy direction is therefore to provide a framework for health day services that is flexible to local geography, current multi-agency service provision and changing population need. Health day services will be designed with an increased community focus, with the aim of decreasing dependency and institutionalisation, and within this framework, will provide early and appropriate access to person-centred assessment and evidence-based treatment.

3. Prevalence and Demand

Ideally it would be possible to identify very precise mechanisms for predicting future demands, which would enable the levels of resources required to be identified along with locations etc, the reality is that this is not possible. The two major reasons for this are;

a) There are a huge number of variables that determine when patients are referred to Trust services and once this has occurred there is no accurate way of predicting when they will need to access the day hospital service.
b) This project is likely to make very substantial changes to the service model which makes it inappropriate to use historical data as a predictor of future requirements.

However utilizing predictive population data and incidence data for rates of dementia and severe depression demonstrates that current rates of dementia are predicted to rise by 9% overall, (although only by 1% within the city), with the proportion split between the city and county 20%/80%, and demand in county localities approximately equal. This indicates that resources should be split according to need.

Additionally the prevalence rate of people with severe depression is estimated at 5% of the aged 65 and over population, demonstrating the need to increase services for older people with functional illness.

The full data is available as a separate paper.

4. Current Model

Nottinghamshire Healthcare Trust currently provides day services on 8 sites, open Monday to Friday within standard office hours. A total of 126 places are available each day for older people with functional or organic mental health problems. The exceptions are in Broxtowe and Bassetlaw where the health places are reserved for people with dementia as part of a partnership scheme with Nottinghamshire County Council Adult Social Care and Health. Services for people with functional illness in Broxtowe are delivered mainly in people's own homes or within time-limited groups by the community mental health team, and in Bassetlaw by the Psychiatric Day Hospital with the under 65 population.

In addition to these fixed sites are several outreach schemes to social services day centres funded by both city and county local authorities, located in the south of the county. These schemes are valuable in supporting staff from other agencies in providing care for people with mental health problems, facilitating their continued attendance in mainstream and specialist dementia day care services. These outreach teams frequently have initial contact with service users who would not otherwise be known to mental health services. There is support from our partner agencies to extend these outreach services.

Separate day services for people in Nottingham and the surrounding boroughs with working age dementia are provided at Mabon House, which has 6 places available 2 days a week, provided by Nottinghamshire Healthcare NHS Trust. New Outlook in Sutton in Ashfield has 15 places available 3 days a week available for anyone in the county able to get there, jointly provided by Nottinghamshire tPCT and Nottinghamshire County Council Adult Social care and Health. This review does not include these specific services, but does seek to ensure the inclusion of appropriate health day services for people with working age dementia.

5. Proposed Model

A full option appraisal was carried out and is available as a separate paper. The preferred model, illustrated in the attached care pathways, is to provide health day services as a subset of community mental health teams, accessible via a single access point in each sector. Service users will usually be offered assessment by the community mental health team either in their own home or in a daycare or clinic setting, dependent on identified risks and needs. In very urgent circumstances people may need to be admitted to an in-patient service for assessment.

Following the assessment process a care plan will be agreed with the service user, or their carer if this is more appropriate. This will include their identified needs and the range of treatment options available to them. The care coordinator will support and advise the service user and carer to make an informed choice, and then make the appropriate referral arrangements for their treatment to be provided. Treatment may take place in a variety of settings.

Day services will be provided for people with organic and functional mental health problems, which will be separate wherever possible. Each will have agreed functions and eligibility criteria, and their success will depend on these being adhered to. Health day services will focus on providing assessment and treatment for mental health problems, relevant to people's age and general health. These activities will be outcomes-focused and time-limited, forming discrete packages as part of an overall pathway of care relevant to assessed needs. Services will be targeted at an earlier and/or more acute stage of older people's mental illness than is currently the case, matching the scale of provision of health resources to the level of risk, and the need to provide timely and effective assessment and treatment.

For people with organic mental health problems such as dementia, the primary focus of day services will be to support memory assessment and treatment, including cognitive stimulation therapy and access to physiotherapy, occupational therapy and speech and language therapy. For people with functional mental health problems, including severe depression and anxiety, the focus will be on preventing admission and facilitating early discharge and access to psychological therapies. Treatments will include anxiety management, cognitive behavioural therapy, art therapy and interpersonal therapy,

When a particular treatment is complete the care coordinator will review the care plan with the service user and carer. There may be a need for further services, for ongoing monitoring at home or in a clinic, or it may be agreed to discharge that person from our services at that time.

The provision of respite is not a primary role for healthcare, and it is not considered that the proposed health day services will normally be the appropriate venue for ongoing respite care. Where people have identified social care needs, including respite services, a referral will be made to social services. For some people however, particularly those in the earlier stages of dementia or with functional mental health problems, the team will endeavor to engage them in relevant local groups and leisure facilities that reflect their individual interests. For people with higher levels of health need an assessment of eligibility for continuing NHS care will be made, with a referral to the relevant PCT as appropriate.

Team members will play a more active outreach role, supporting other providers of day services, in providing the best possible care for older people with mental health problems. This will include individual advice and support, as well as more formal education and training. In this way more people will be able to be accommodated in mainstream services, and people will be supported through transitions in care. This is particularly important for people demonstrating challenging behaviour, and outreach services would seek to support other providers in identifying and addressing any environmental, physical health and psychological factors that may be triggers for behaviours that challenge. By providing specialist advice, education and support to care providers, as well as working on an individual basis with service users, social day care placements can be maintained preventing unnecessary and disruptive transfers of care or early transition to residential care.

Carers will be advised of their own entitlement to assessment, and it is proposed that teams work alongside providers of carers' services to ensure easier access. Teams would provide appropriate education and support to carers groups, and where carers are identified as having their own mental health needs these could potentially be met by the proposed new services.

Teams will coordinate the services they offer in a more flexible way to be able to meet a wider range of treatment options, ensuring they offer choice of location, treatment and professional where appropriate. To meet this flexibility, team members will have a more varied working pattern, with time allocated to group work, community visits, individual therapy sessions etc. It is envisaged that within each team will be members with core skills and a range of specialist skills that will be utilised as demand requires.

In this way services will be developed that meet the changing needs of service users and their carers, and can be adapted continually to meet local variations in referrals, identified needs and geography. For example, if it is identified that an unusually large number of people require memory assessment services then extra sessions can be arranged to ensure waiting time targets are not breached, with resources being transferred from other parts of the team to provide the additional capacity. In future therefore, services will be provided around people rather than buildings.

Some buildings will be required to facilitate these services, and it is proposed that the Trust will own or lease a number of premises that will allow flexible use as required. Depending on the geography of a sector it may be preferable to use a variety of sites with varying frequency of use to allow services to be delivered locally.

The directorate proposes a more flexible transport solution, with people being able to attend for whole days, part days or on a sessional basis. It is suggested that this is provided through tender, or alternatively via a mixture of Trust owned or leased vehicles, with specialist transport options bought in as required. Additionally with sessions provided more locally, existing journey times will be decreased and it is anticipated that more people may be able to provide their own transport.

In each geographical location the Trust will seek to develop flexible services to meet local need, which build on existing resources and partner relationships.

5.1 City

Currently the City is served by 2 day hospitals at Pease Hill and St Francis, with an outreach service to Long Meadow. Inpatient services at Pease Hill are due for relocation at Highbury on completion of the PFI build. At this time the security and viability of the building will be compromised, and the Trust proposes to close and sell Pease Hill, relocating the community and day services to other sites. Building alterations are due to commence in September 2008 at St Francis using capital funds to enable most City and Gedling clinics and day services to be accommodated there. The Trust proposes to develop outreach services in the Clifton area for residents south of the river, and has secured access to a clinic within Clifton Cornerhouse. The Trust will also actively seek an alternative for residents of Hucknall who are currently served by the City north team. The Trust will explore potential partnership arrangements with both Nottingham City Adult Services, Housing and Health and Nottinghamshire County Adult

Social Care and Health to provide outreach support, building on the highly successful Long Meadow scheme. Revenue released from Pease Hill will be used to fund the additional accommodation in the City and Gedling sectors.

Capacity will be created within the new day service at St Francis to provide age appropriate services for people with working age dementia, and to work closely with the functional inpatients service to prevent admissions and facilitate early discharge.

5.2 Gedling

Day Hospital services for Gedling are currently located at St Francis, on the Nottingham City Hospital campus. This is reasonably central for the majority of the population served by the Gedling team, centred around Arnold, Gedling, Carlton and Netherfield, but the Trust will explore the potential of using GP surgeries and leisure facilities in other areas on a periodic basis. The Gedling team is being relocated to Manor Farm, Carlton in 2009 and there will be facilities to see individual service users on these premises. However the majority of day services for Gedling will continue to be held at St Francis alongside services for the City, as described above.

5.3 Broxtowe

The Trust proposes to build on the current 5 day a week provision at Bramwell, utilising the 10 health funded daycare places for time limited assessment and treatment packages for people with organic illness, such as dementia. Services for people with functional illness will also be expanded, and we will increase the range and availability of individual and group therapies currently available. We will continue to offer outreach support to Local Authority day care at Bramwell, and to other providers of social daycare in north Broxtowe when these arrangements are agreed, building on the existing service offered to Beauvale Court. We would be actively seeking opportunities to further the provision of services in north Broxtowe, particularly with the proposed closure of Beauvale Court.

5.4 Ashfield and Mansfield

The Lawrence Unit at Millbrook Mental Health Unit in Mansfield provides health day services for people living in Mansfield and Ashfield. The services provided here have already modernised considerably and provide a model for facilitating early discharge, particularly for people with functional illness. There are 10 places available 4 days a week and service users attend for time limited assessment and treatment of both functional and organic mental health problems on an individual and group basis, with an emphasis on reintegrating them back into their local community and appropriate mainstream services in a timely and supported manner. Home visits are also provided. The team is seeking to develop their outreach service to other providers of day care in the Mansfield and Ashfield localities, by moving to a sessional rather than full day service, and would also look to improve the range of services they offer.

5.5 Rushcliffe

The Trust proposes to stop using the existing premises at Lings Bar Hospital – Parkside Day Hospital for the provision of day services. This building belongs to Nottinghamshire County tPCT, and mental health inpatient services have already been moved from this building to

Highbury. The current space does not lend itself to providing small groups and individual therapies, although regular clinics could still be provided there.

As a replacement, the Trust is seeking to enter into a leasing arrangement with Nottinghamshire County Adult Social Care and Health Department, utilising accommodation 2 days a week at Leawood in West Bridgford; and provide outreach services a day each at Moorlands in Bingham and Tooting Court in East Leake. This will provide more local services for the population, and facilitate outreach services to social services daycare, building on the existing Daybreak model. Services will be offered at these sites for people with both functional and organic mental health problems on a whole day or sessional basis.

5.6 Newark and Sherwood

The Orchard Day Unit in Newark currently offers 40 places a week (10 daily 4 days a week) to people in the Newark and Sherwood area and also offers carer services and a base for the memory clinic on an alternating weekly basis. The Trust proposes to stop using this building and actively seek partnership arrangements with other providers of day care throughout the whole Newark and Sherwood area. The Trust will seek to use savings released from the Orchard Day unit site to invest in the community mental health team to provide multi-disciplinary assessment and treatment within people's own homes and appropriate community settings, extending the current range of services available. It will actively seek to provide outreach services to day care provision in Newark, including Wood Court and Age Concern, Ollerton, including Bishops Court and MIND, and in Ravenshead.

5.7 Bassetlaw

Oakland's is jointly funded by Bassetlaw PCT, Nottinghamshire Healthcare NHS Trust, and Nottinghamshire County Council Adult Social Care and Health. Nottinghamshire Healthcare provide 12 assessment day places for people with memory problems, 6 days a week ; currently 5 days at James Hinch Court at Carlton in Lindrick and 1 day at St Michael's at Retford. The majority of these places are utilized by people requiring social daycare and the Trust is therefore seeking to reduce this provision to a maximum of 2 days at Carlton in Lindrick and 1 day at Retford, with outreach support to other providers of daycare. The Trust is also reviewing the current day service provision for older people with functional mental health problems which is provided by adult mental health services to determine whether this could be more appropriately provided by the directorate.

6 Predicted Activity and Cost

The Trust is seeking to move away from a block contract model based on day hospital attendances. Although there is a predicted high increase in the number of people who will benefit from the new model, with a corresponding increase in volume of contacts, the unit cost is likely to decrease significantly if more services are offered as outreach or on a sessional basis. It is recognized that there is a high degree of uncertainty around the predicted activity and the directorate therefore requests to proceed by analyzing actual costs and activity with commissioners over a pilot period to agree an appropriate way of commissioning and measuring the service.

The changes to day services will be cost neutral. Some existing posts will be changed, and some new posts created to improve the skill mix and range of therapies available within day

hospital settings, and costs currently associated with buildings that are sold or released will be used to support these changes and to lease or rent alternative premises as described above.

For example, by merging the day hospitals at Pease Hill and St Francis, the Trust would reduce some nursing posts, replacing them with some therapy posts. These would be supplemented by bids for NICE money investment to increase speech and language therapy services and provide art therapy through the whole directorate. There are also potential savings in moving from medical led to nurse led services. These needs are still being investigated and consulted and the following is provided as an illustrative guide only.

Reduce 1 day hospital manager post at band 7	-£45,539
Reduce 1 liaison nurse post at band 6	-£38,643
Create 0.4 band 6 post nurse prescriber	+£15,457
Create 0.4 band 6 post psychological therapy lead	+£15,457
Create 0.5 art therapist post at band 7	+£22,770
Create 0.5 speech and language therapist at band 7	+£22,770
Uplift 1 band 2 post to band 3	+£2,135
Excess £5,594 to increase band 5 nurse hours	

7 Next Steps/Implementation

The Trust proposes to minimize the disruption and disadvantage to current attendees by phasing implementation of the changes. All current attendees will have an individual assessment of their needs. The Trust will continue to seek to discharge people from day hospitals where they no longer meet the criteria, and undertake to make timely referrals to social services where social care needs are identified. No new referrals will be accepted into day hospitals for respite day care, and all attendees will be clearly advised that they are being referred for time limited assessment and treatment. In this way the Trust will gradually change the function of the day hospitals whilst allowing local authorities time to build their capacity. We would seek to ensure that people still attending who no longer meet the criteria attended on the same days to decrease health and safety risks of mixing groups of people with very different needs.

The Trust will seek to change existing services by working with partners in each locality to agree the most appropriate and pragmatic way forward. This will include identifying appropriate premises and opportunities for outreach services. Current services will not be closed unless the replacement service is ready to replace it.

8 Conclusion

The Trust is seeking to modernize its day service provision to meet national policy expectations, local geographical and population needs, whilst providing evidence based services that offer value for money.

The benefits of this model over the current service provision will be:

- A clearer role for mental health day services within an integrated community team
- More people supported in their local community with improved and appropriate packages of care
- Improved access to specialist multi-disciplinary mental health services
- Local and timely access to assessment, diagnosis and treatment

- Decreased inappropriate day hospital attendance
- Improved skills among staff from all agencies
- Increased number of older people with mental health problems supported in mainstream services.
- Improved support to carers and service providers
- A model for supporting and providing an appropriate and therapeutic response to people who present with challenging behaviours
- Increased access to psychological therapies
- Creation of more seamless services with clear pathways and referral processes
- Decreased unnecessary or inappropriate referrals to secondary specialist services