

Mental Health Services for Older People Day Services Review

Progress report to the Joint Health Scrutiny Committee on 12 February 2008

A joint away day was facilitated by Lindsey Wallis on 20th December 2006 with invitees from both local authorities, voluntary organisations and Nottinghamshire Healthcare NHS Trust. The aim of the day was to review the overall pathway of “care in the day” for older people with mental health problems, and the relevant roles of each organisation in providing these.

This report identifies the outcomes of that process, in relation to the proposals for modernising Trust provided day services, and identifies further work to be carried out in taking these proposals forward.

Summary of proposed model for day services for older people with mental health problems within Nottinghamshire Healthcare NHS Trust

Day hospitals will change as we currently know them, and day services will become part of an extended community mental health team in each sector. Service users will attend for an appropriate specified length of time with identified aims and outcomes and then be discharged, although they may be re-referred at anytime. Discharge planning will begin at the point of referral to ensure it is agreed with other providers and based on need. Long term respite care will not be provided within these day service settings.

Teams will offer assessment and treatment services in various settings, including people’s own homes, premises owned or leased by the Trust and appropriate premises owned by other agencies. Service users will be offered care in the most appropriate setting for their needs, considering choice and accessibility.

Day services will provide:-

Extended assessments for functional and organic mental health problems, including multi-disciplinary memory clinics.

Individual or group treatment packages for people with functional mental health problems including:-

- Cognitive Behaviour Therapy.
- Interpersonal Therapy.
- Specialist Psychological Therapies (including Cognitive Analytical Therapy and art therapy).
- Health Promotion (including healthy living, falls prevention and exercise).

- Anxiety management.
- Appropriate medication.

Individual or group treatment packages for people with organic mental health problems, including:-

- Cognitive Stimulation Therapy.
- Memory therapy.
- Health Promotion (including healthy living, falls prevention and exercise).
- Specialist therapies (including occupational therapy, physiotherapy, clinical psychology, speech and language therapy and art therapy).

These services will also be available to people of working age with dementia wherever appropriate in age appropriate groups or settings, but also considering people's individual needs and capabilities, and the need to both avoid isolating people whilst also limiting travelling distances.

Outreach services to other providers of daycare, including:-

- Education, training and support for care staff.
- Specific advice for the care of individual service users, including those exhibiting challenging behaviours.
- Assessment and treatment for service users within their daycare setting.

Where people are unable to access any form of organised daycare the Trust will provide appropriate services as detailed above on an individual basis within service users' homes.

Outcomes

1. There was general agreement with the overall proposals for Trust provided day services, with recognition that there is a need to focus resources on assessment and treatment of health needs. There was also recognition of the need to avoid duplicating services, and for any disinvestment in these services to be reinvested in the overall pathway.
2. There was agreement that the proposals would address some of the current gaps e.g. for people with functional mental health problems, and in providing improved access to therapies and treatments, but concern whether other perceived gaps would be filled by the Trust or fall on to other agencies e.g. challenging behaviour, maintenance and long term needs.
3. There were concerns about the continued care of people currently within Trust day hospitals who would no longer meet the criteria, and recognition from the Trust of the need to work on interim arrangements to lessen the impact of this change on other service providers.
4. There was a view that there is insufficient provision for people who meet continuing care health criteria but who are still being cared for in their own homes. This group of people is increasing due to health and social targets

to keep people in their own homes for as long as possible, and delay admission to long term residential or hospital based care. There was agreement that primary care had a responsibility in this area, and a view that some of the funds taken out of inpatient continuing care provision should be reinvested in providing daycare respite for this group of people with a mixture of physical and mental health care needs.

5. There was agreement for the need for all providers to work together in strategic planning using metrics, data, forecasting tools and trend to analyse demand for all types of day services including that provided under individual budgets.
6. There was recognition that the move towards individualised funding will change the demand for and models of current provision in all sectors.

Actions

1. Trust to undertake a final review of proposals in line with comments received above and resulting from identified actions. This will include strengthening of proposals with regard to outreach support to be made available to other providers of daycare. Please see attached appendix for details on the proposals for supporting people with challenging behaviour.
2. Trust to undertake a review of all current day hospital attendees and identify those who would not continue attending were the proposed criteria introduced. A plan for the interim management of each of these individuals and the resources required during the transition to the new service to be drawn up and agreed with service users, carers, commissioners and other providers.
3. Trust and both local authorities to discuss with commissioners the need for investment in appropriate long term respite daycare for people with dementia who meet NHS continuing care criteria.
4. Trust to work on individual business cases for each geographical locality, ensuring that local needs and resources are most effectively utilised, and building on existing services and partnerships. This will enable the changes to be implemented in a phased roll-out with minimised disruption to service users and carers.
5. All organisations to consider impact of individualised budgets in planning future services.

The meeting is asked to confirm the actions described above, and to agree a way forward for implementation of the proposals.

Catherine Pope
Community and Day Services Manager
16th January 2008

Appendix: Services for People with Challenging Behaviour/ Crisis Management

The directorate supports the NICE guidance which suggests that transfers of care for people with challenging behaviour should be avoided wherever possible given the negative impact on the service user, and should only be considered if violence aggression and extreme agitation threaten the safety of the person with dementia or others. Prior to this consideration must be given to identifying, monitoring and addressing any environmental, physical health and psychosocial factors that may be triggers for behaviours that challenge, and to ensuring that staff are appropriately trained and supported in managing this aspect of care. Health care professionals may complement the care being provided by the staff of other organisations e.g. Social Care. In addition to reducing the risks known to be associated with transfers of care this approach will help to reduce the risk of “labelling” which may result in organisations being less willing to accept the person into their care system, in future.

It is acknowledged however, that it is “challenging behaviour” that causes the most difficulties for alternative service providers, and the greatest breakdown in daycare provision. A pilot at Bramwell to explore the care of people with more “challenging behaviour” in separate, smaller groups demonstrated a positive impact for service users and is recommended as the model of choice for providers of social daycare for people with dementia.

The steering group considered different types of behaviour elicited by people with dementia which may be found challenging including:-

- Conflicts around attendance and consent to attend, separation anxiety, restriction of liberty.
- Conflicts around personal care and the way this is delivered by staff.
- Wandering.
- Lack of awareness of personal space and possessions.
- Screaming or shouting.
- Incontinence.

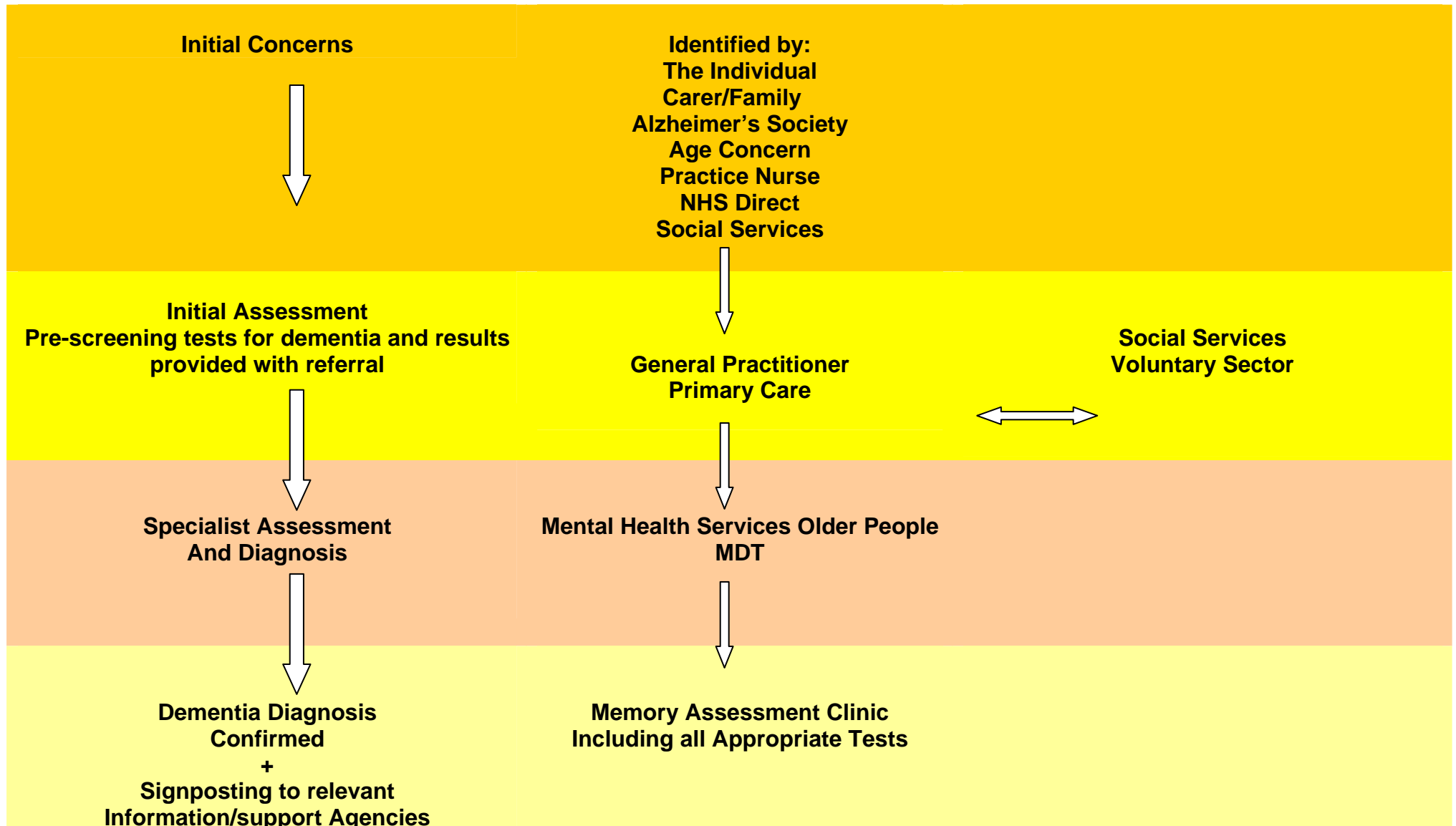
It is recognised that people who display these behaviours rarely derive any personal or immediate benefit from attending daycare; the benefit is in providing respite to their carers, which enables the service user to remain at home for longer. Additionally challenging behaviour is often a “phase” of dementia, which can diminish as cognitive impairment increases, suggesting that the need for health input will be time limited, in most instances. The purpose in accepting the person into service must be clear at the outset and agreement established with the originating provider of care to accept the person back once the objectives of the transfer have been completed.

The directorate is developing an overall strategy for people with challenging behaviour, which will focus on providing education and advice on preventing or minimising such behaviours or the risks resulting from them, in the current care setting. The success of the existing health outreach services in supporting people with dementia in social services daycare, and in preventing or minimising

challenging behaviours, is a model the directorate proposes to build on. Community mental health teams will provide more outreach services to other daycare providers, which will include advice and support in the management and care of people with challenging behaviour.

Removing people from their homes or mainstream day care to a specialised health unit should only be considered as part of a care pathway once other strategies and interventions have been exhausted, and attendance will need to be closely monitored and time-limited. In these limited cases assessment and care plans could be produced to aid future care, or to identify underlying causes that may respond to treatment. People would only be accepted where this service was clinically indicated and on condition current day places were kept available.

APPENDIX 2a – CARE PATHWAY, DAY CARE REVIEW 20.12.07 – Specialist Assessment and Diagnosis
PATHWAY **SERVICES**



APPENDIX 2b – CARE PATHWAY - For Ongoing Assessment / Treatment / Support SERVICES

