

Proposals to Modernise Day Hospital Services for Older People with Mental Health Problems

Joint Health Scrutiny Committee, 9 October 2007

It should be noted that the information proposals and direction of travel held within this document reflect ongoing discussions within the Trust and do not, at this time, have the full formal backing of our Commissioners. Whilst there is broad agreement in principle full and further discussion will take place with the Commissioners to agree an appropriate way forward.

1. What services do patients currently receive within day hospitals?

Nottinghamshire Healthcare Trust currently provides day hospital services for Nottingham and the boroughs on four fixed sites open Monday to Friday within standard office hours. City residents are accommodated at both Pease Hill and St Francis, and the latter also serves Gedling; Rushcliffe residents at Parkside and Broxtowe residents at Bramwell. A total of 94 places are available per day for older people with functional or organic mental health problems. The exception is in Broxtowe where the 10 health day hospital places are reserved for people with dementia as part of a partnership scheme with Nottinghamshire County Council Social Services Department, with services for people with functional illness being mainly provided in people's own homes or within time-limited groups run by the community mental health team.

In addition the Trust manages a number of outreach schemes working closely with social services day centres. These schemes have been operating successfully for some time and were funded through the Mental Illness Specific Grant originally. They 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 teams are frequently the first to identify that an older service user may be suffering from some form of mental illness and for establishing the link with specialist services. There is support from our partner agencies to extend these outreach services.

Separate day services for people with working age dementia are provided at Mabon House, which has 6 places available 2 days a week. This review does not include the current service at Mabon House, but does seek to ensure the inclusion of appropriate services for people with working age dementia.

Service users are referred to day hospitals for assessment and treatment. However they often remain long after any active assessment or treatment has

been completed, most usually because they are waiting for services provided by partner organisations e.g. day care. The assessment usually consists of monitoring people within a day hospital setting, for example their reaction to medication changes, patterns in behaviour and mood, and social interaction in group settings, as a full health and social needs assessment will normally have been completed before referral to the service. There is some limited access to occupational therapy and physiotherapy, who are shared with the inpatient areas and community teams.

2. What would a typical pathway look like for a current day hospital patient?

Service users are usually referred by the community mental health team following a full health and social needs assessment. Some patients will be referred direct from an inpatient stay as part of their discharge package. There are several different pathway scenarios

- Some patients receive a further assessment period, treatment for any identified needs and are then discharged back into the care of the community mental health team
- Some patients are maintained in the day hospital preventing crisis or admission/readmission to an in-patient bed
- Some patients may be admitted to an inpatient area or into long term care
- Some patients are identified as requiring social day care and will be referred to social services
- Some of these will continue to attend whilst waiting for a daycare place, or in addition to attending such a service. A number of patients have been in receipt of day hospital care in excess of 2 years.

3. What would a typical patient pathway look like under the proposed model?

For patients with an organic mental health problem e.g. dementia (see attached pathway)

Service users will be referred for memory assessment services

Following assessment and diagnosis appropriate treatment options will be identified including memory rehabilitation, cognitive stimulation therapy, medication, health promotion and specialist therapies such as occupational therapy, physiotherapy and art therapy. These will be delivered on an individual or group basis. Following completion of the identified treatment there will be a reassessment. If further treatment needs are identified these will be offered or service users will be discharged, either to continue with outpatient or community monitoring or back to their GP as appropriate. There will be agreed re-referral mechanisms in place. If people are identified with social care needs they will be referred to social services, or supported in accessing appropriate local facilities/activities.

For service users with a functional mental health problem e.g. depression (see attached pathway)

Following assessment and diagnosis appropriate treatment options will be offered including medication, psychological therapies including cognitive behavioural therapy, interpersonal therapy, art therapy and anxiety management, health promotion and specialist therapies such as psychology, occupational therapy and physiotherapy. Following completion of the identified treatment there will be a reassessment. If further treatment needs are identified these will be offered or service users will be discharged, either to continue with outpatient or community monitoring or back to their GP as appropriate. There will be agreed re-referral mechanisms in place.

In addition to these models there will be a greater emphasis on outreach services to other providers of daycare, building on existing services. Advice, support and education will be offered to improve the care of older people with mental health problems throughout different agencies, and in particular people will be supported through transitions in their care. Some people are referred to day hospital services because they exhibit so called “challenging behaviour”. However a review of the evidence demonstrates that such behaviour usually has a treatable cause, and that moving people to unfamiliar settings can just exacerbate the problem. Community mental health team members will be able to assess for the cause of challenging behaviour, offer advice, support and treatment as appropriate, whilst maintaining the service user in their current environment or mainstream services as appropriate.

4. Why is the Trust proposing to change the way in which services are delivered?

The existing model of day hospital owes more to its origins as part of a service model predominantly focussed on in-patient care than to current expectations of services which are community focussed, patient centred, flexible and which promote choice and partnership working. The evidence base for psychological approaches to treatment has increased significantly over recent years, as is evidenced by the growing number of NICE Guideline papers. Service Users consistently value the range of treatment approaches that are collectively referred to as “talking therapies” and express concern that these are not provided in sufficient volume to enable easy access.

Currently the Trust is unable to offer the full range of treatments described within the NICE guidelines for dementia, depression and anxiety, and in particular there is a severe shortage of psychological therapies for people over 65. This is due to resource constraints and, in part, this review, which is part of a wider modernisation process, seeks to ensure that resources are targeted towards meeting current expectations, rather than those of the past. Day Hospitals are having to manage patients with both functional and organic illnesses on the same day. This has implications for the deployment of resources, which means that these are not available to provide meaningful one to one and group work.

Over time the focus of work within day hospitals has become unhelpfully blurred resulting in extended periods of contact, well beyond that required to meet agreed health objectives, and significant areas of duplication with

services managed and provided by other organisations and therefore unclear eligibility criteria and pathways into care . This does not represent the most effective use of resources

These issues result in a very inflexible service model, unable to adapt appropriately to changes in the demands being made upon it. Prolonged attendance leads to places becoming blocked and the service being unable to respond to people with more acute mental ill-health needs.

Providing acceptable transport to and from these services has been consistently challenging and the service continues to receive complaints (formal and informal) about this aspect of the service. Journeys are often long and tiring, which results in some service users declining the service, and a number of people spend more time being transported to and from the service than they do in actually receiving treatment. This is clearly not desirable in a group of people with declining physical and mental health abilities. By offering more services either at home, or in more local facilities these people will have improved access to care. By time-limiting attendance to agreed treatment aims, the Trust can offer appropriate and evidence-based treatment to more people than within the current model.

5. What problems exist with the current model?

The question really is what service model is best able to meet expectations, locally and nationally. The limitations of the current model are set out in the response to question 4.

6. Are there any disadvantages to the proposed model?

It would be naïve to suggest that any change does not produce outcomes that some people will regard as being disadvantageous, and that is the case with this proposal. The Trust will seek to identify and retain what is good about the current model as part of a balanced process of change. The most obvious areas that service users and carers may see as disadvantages will be the ability of the revised service model to provide extended periods of looked after care. This applies most immediately to service users currently in receipt of care. The Trust will work in a considered and time sensitive way with these people and their carers to ensure an orderly transition to whatever care package is agreed. Learning from the experience of implementing changes to continuing care services the Trust will work closely with carers and other providers of services e.g. Social Services in completing care reviews, agreeing future care needs and in reducing the impact of necessary changes to the absolute minimum. Support into the new service will be provided by the outreach function, which will form a part of the new model..

7. How were patients and carers involved in the development of the proposals?

Each patient and carer were sent an information leaflet setting out the proposed changes and a letter inviting them to one of three informal consultation meetings at which they were able to seek further clarification

where required and to express their views on the changes being proposed. Approximately sixty people attended these events and the views they expressed have been included as part of the answer to question 9. A further, feedback meeting, has also been arranged for 28th September at which feedback on the themes raised and how the Trust intends to respond to these will be provided. Details of all comments received will be included as an appendix in any proposal submitted to the Trust Board. The Trust has also briefed the Alzheimer's Society on its proposals and did extend an invitation to attend the informal consultation meetings to General practitioners.

8. What consideration has been given to the value of day hospital services in terms of respite for carers?

The Trust completely recognises the value of the looked after care it provides in terms of offering respite to carers, and acknowledges the importance of this in helping carers to carry on shouldering the load of their caring role. The question is not whether respite is important and needs to be available but rather who should provide this. It is now recognised that respite care is not a primary health function as the focus of this is on the carer rather than the service user. The Trust recognises the interdependency of these two roles and will work collaboratively with partners to deliver integrated care. The priority for the Trust must be to focus its resources on meeting health expectations and in addressing some of the areas in which the need for improvement has been agreed e.g. access to Psychological Therapies.

To mitigate the effect on current service users and carers we will undertake the actions described in answer to question 6.

9. To date, what feedback on the proposals have you received from patients and carers?

Feedback was sought from patients and carers to the following 3 questions

a) What do you value about our services that you currently receive?

Benefits to service users

- Care by specialist mental health staff
- Avoids admission to long term care
- Social stimulation
- Continuity
- A full day
- Time out
- Working as they are
- Friendliness of staff
- Creates good mood
- Provides a safe environment

Benefits to Carers

- Free time for carers
- Avoids admission to long term care
- Professional support for carers
- Benefit to health of carer

A building for carers to meet
Continuity
A full day

b) What would you value in the services we are proposing?

Localised services
Services for carers
More community support
Memory rehabilitation
More staff/therapies
Would prefer the service to stay as it is now

c) What services would you like to see included in these proposals?

Most responses mentioned more access to staff and therapies
More information for carers
Services being more local
Alternative provision for respite care
Additionally there were concerns about whether the money would be reinvested into these services, and requests that the new services are set up before the old one taken away.

The Trust believes that the services patients and carers value will be available within the new model. Whole day respite care, offering continuity and social stimulation in a local, safe environment can be offered by other providers of day care, and health will support these providers through the proposed outreach model. This will both enable access to specialist mental health skills for individual service users, but also improve the skills of all providers through advice and teaching. It is the intention of the Trust, subject to commissioner agreement to reinvest all money into the new service model, in particular reinvesting capital costs into leasing costs, and the employment of more staff to provide community and outreach support and therapeutic interventions. Without extra initial investment for start up costs it would be impossible to run both services side by side, but the Trust will introduce changes in a phased approach to decrease the possibility of gaps in care arrangements.

10. What impact does the Trust envisage the proposals will have for Adult Services?

The most important change will be the development of much clearer pathways of care, across services provided by both organisations, clarification of the role of each element in the pathway, clear and agreed eligibility criteria and well managed interfaces between services. Meeting the needs, for access to social care services, of those people currently in receipt of services could initially create capacity pressures for Social Services. The Trust will work with the two Social Services departments to ensure that the additional demand for services is phased in to reduce the impact. For the future service users identified as having social care needs will not be able to wait in Trust Day Hospital care until such times as a place is available elsewhere. To mitigate this the Trust will review its discharge planning processes to ensure that

Social Services have as much time as possible to complete their own assessments and arrange for necessary services to be arranged.

The development of outreach services as part of the new model will enable more support to be provided to staff working within social services day centres. This draws on the well established and proven benefits of the Long Meadow service which has provided this sort of service for well over a decade.

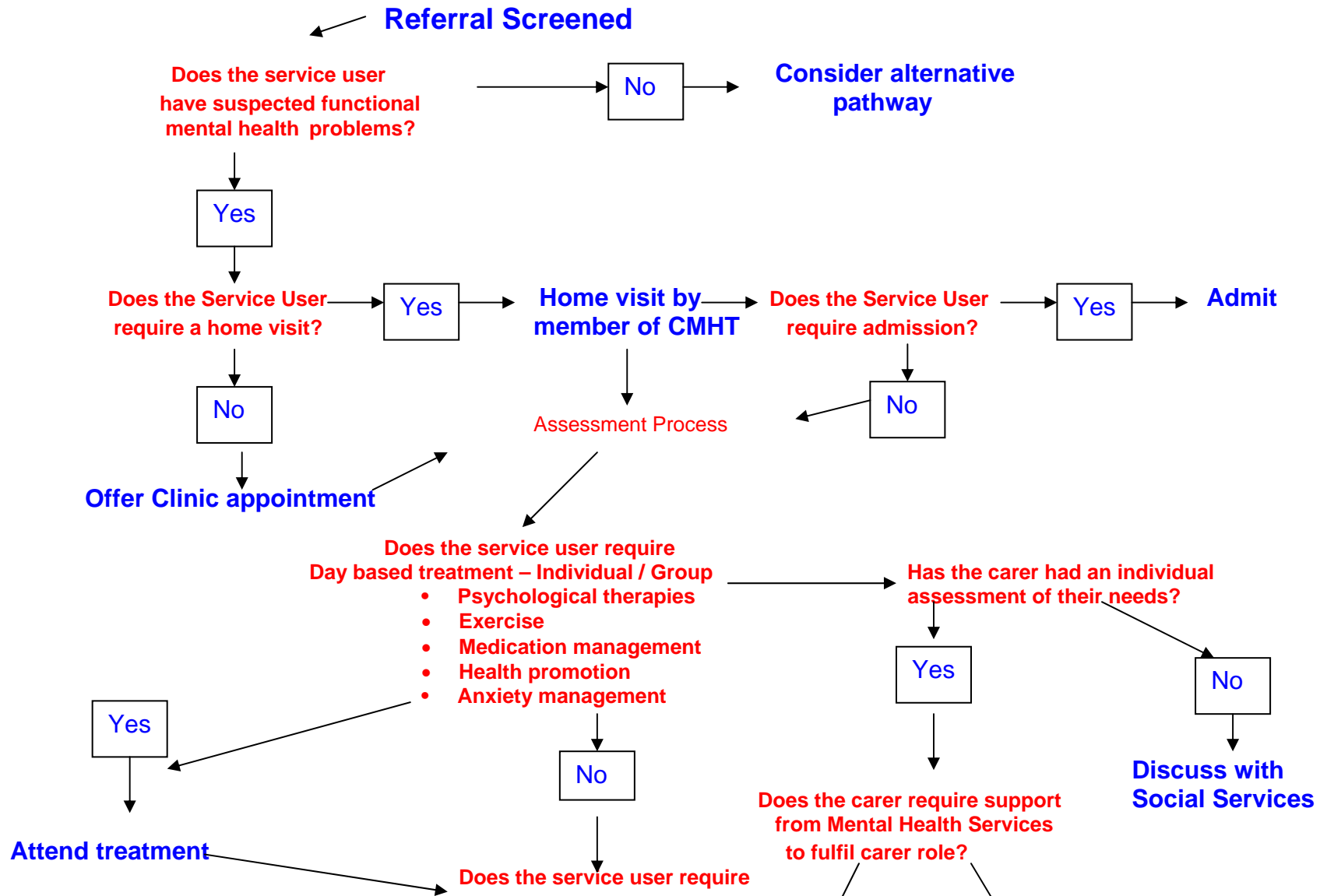
The Trust understands that both Social Services Departments are reviewing the day care they provide and would hope to work collaboratively with them to ensure that all changes are complimentary to each other.

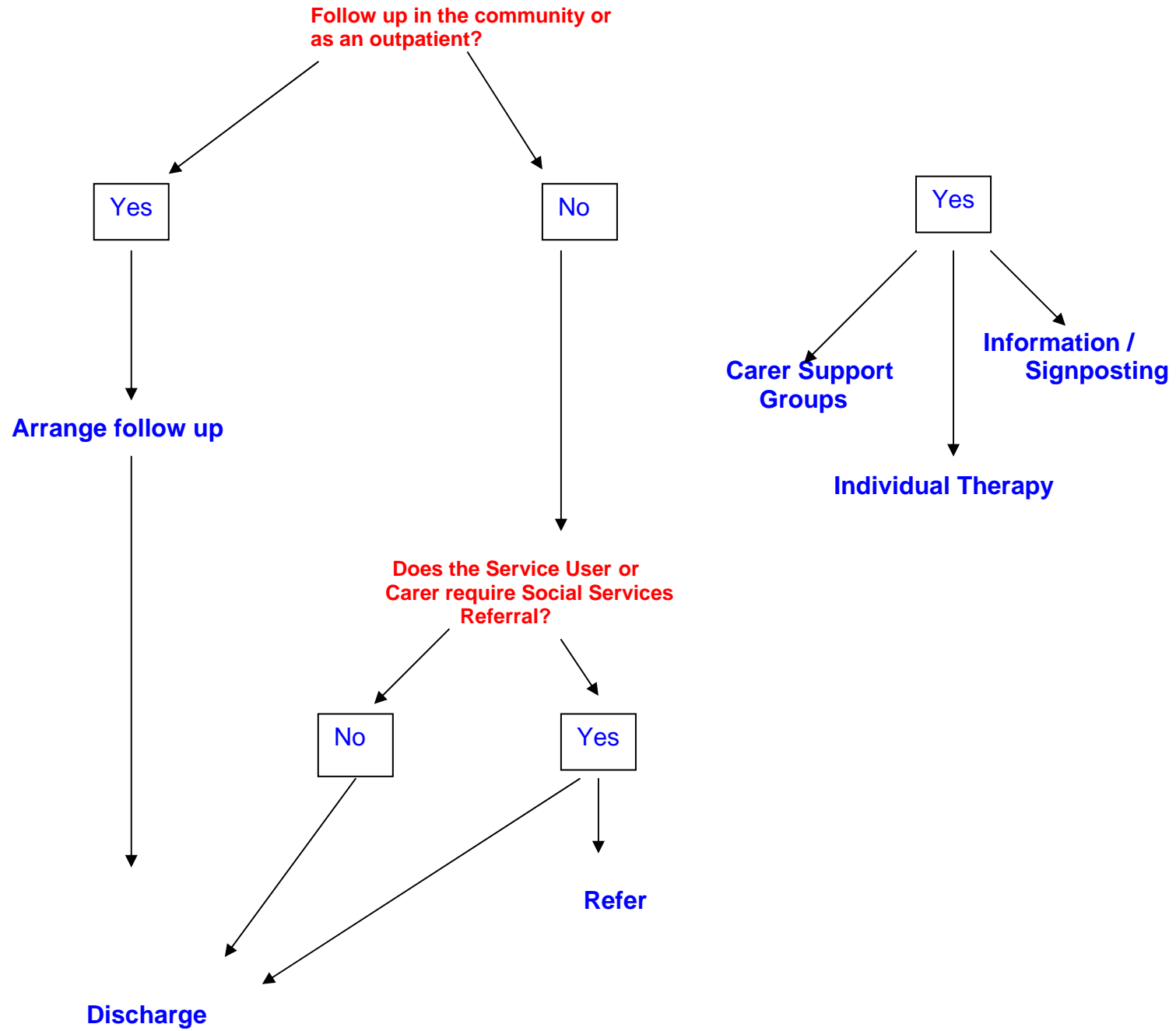
As part of the Trust proposals there is a greater opportunity of co-location of services, which will promote improved communication, integration and problem solving.

11. How has the Trust been liaising with Adult Services Departments regarding the impact on social care services?

The Trust circulated a paper setting out the work it had initiated and the expected outcomes earlier in the year (approximately March/April). Within the City the Project Lead has met with Joan Gavigan, Head of Business Unit (Older People), Ann Ledbetter and Paul Bohan, Business Managers Adults Services (Older People) for more detailed discussions and updates on progress. For the County a meeting with Jane Cashmore, Temporary Inter-agency Planning and Commissioning Manager, Jo Lawson, Locality Manager, Adult Services has been arranged for 2nd October at which more detailed discussions will take place. The Trust has met with Malcolm Dillon to discuss proposed changes to Residential Services provided by the County Council and has taken the opportunity to update on progress and to note the potential impact for Day Hospital services if the changes impact on day care.

**Pathway for Service Users with Functional Mental Health Problems
Through Community & Day Services**





Pathway for Service Users with Organic Mental Health Problems Through Community & Day Services

