

MODERNISATION OF MENTAL HEALTH SERVICES FOR OLDER PEOPLE

1. Introduction

- 1.1 This paper reports on the impact of changes to NHS continuing care inpatient provision made in 2007. It reviews the current position and makes recommendations about future continuing care inpatient services for older people with mental health needs, focusing on services in the City and the south of the County (covering the boroughs of Rushcliffe, Broxtowe and Gedling).
- 1.2 The paper has been jointly produced by major stakeholders responsible for commissioning and providing specialist mental health continuing care services for older people.

2. Background

- 2.1 Following a public consultation exercise, both the City and the County PCT Boards supported a proposal to reduce NHS continuing care inpatient provision for the south of Nottinghamshire (i.e. City, Gedling, Rushcliffe, Broxtowe and Hucknall) from 71 to 45 beds, co-located onto the Highbury Hospital site (see PCT Board papers February 2007). The overall aim of this project was to increase community-based services, balanced by a phased reduction in inpatient provision, and to co-locate specialist services to deliver an improved and more efficient model of care.
- 2.2 This project presented a significant challenge to the joint working arrangements across the Greater Nottingham Health and Social Care community. The need for robust, joint monitoring of the effects of systematic changes was accepted and it was agreed that the impact of these changes would be monitored and reported back to Joint Overview and Scrutiny in November 2008.

3. Current Position

- 3.1 In 2006 approximately 35 people accommodated across the 3 NHT wards (71 beds) were assessed as not meeting the criteria for NHS inpatient care. This group of individuals were supported through a transition period during which time they were relocated in independent sector care homes with protected NHS funding (at an annual cost of around £600k). The number of people supported through this process has now reduced to 13 (at an annual cost of around £225k).
- 3.2 The new Silver Birch ward opened at Highbury Hospital in February 2007. The closure of Granby Ward (at Lings Bar hospital) took place in December 2007. Peasehill Ward remained open pending the commissioning of the second new ward at Highbury (Copper Beech - delayed through wider issues linked to the PFI).
- 3.3 Occupancy levels in Peasehill Ward have declined since the changes were implemented with a level of 38% at March 2008, and 25% during the summer of 2008. The combined occupancy level of Peasehill and Silver Birch was only 58% in March 2008. There are currently 2 patients remaining at Peasehill and they are expected to move by the end of November leaving the ward empty.

- 3.4 There were significant concerns from both Adult Social Care departments that the reduction in inpatient beds would increase local authority spend on long term care. Since the closure of Granby Ward and the subsequent overall reduction in NHS continuing care inpatient beds the total number of people supported by Adult Services in **long term care** (both residential and nursing) has **reduced by 411** (from 2410 in 2005/6 to 1999 in 2007/8). Key contributors to this reduction include the implementation of the national criteria on the eligibility of patients for continuing care, the development of more community alternatives, and more appropriate utilisation of intermediate care.
- 3.5 Since the implementation of the National Framework for NHS Continuing Care in October 2007, the numbers of older people with mental health needs meeting the criteria for **fully funded NHS continuing care** has **increased by 65** (from 24 to 89). This has increased the PCTs' spend on continuing care from £348k in 06/07 to £1.69m in 07/08. The forecast spend for 08/09 is £1.975m.
- 3.6 The number of people supported through the original continuing care contracts with the **independent sector** (at Landmere and St Andrews nursing homes) has **reduced from 100 to 30** since the changes were implemented, resulting a reduction in costs releasing around £1.4m for reinvestment.
- 3.7 Financial savings have been reinvested in line with the priorities agreed by the PCTs and Adult Services in February 2007, i.e.:
- Establishment of Mental Health Intermediate Care teams (supporting around 40 people at any one time)
 - Carers Support services (Alzheimer's Society providing information, advice and support)
 - Increase in clinical psychology support within the community mental health team (2 extra clinical psychologists)
 - Development of the Dementia Outreach Service, providing specialist training, advice and support to care homes, and case management of NHS funded continuing care patients (now covering care homes in the City but roll-out required across the County)
 - Enhanced Primary Care Mental Health service

4. **Next Steps**

- 4.1 In view of the low and decreasing bed occupancy in the existing wards, with its attendant risks and inefficiencies, and the anticipated increased demand for fully funded continuing care in the community we are proposing that the second ward at Highbury is not commissioned and funding is re-invested in the further development of community services, with a particular focus on improving the quality of care for people with dementia in care homes and in hospital.

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