

**REPORT TO:** Health Policy & Performance Board

**DATE:** 10 January 2012

**REPORTING OFFICER:** Strategic Director, Communities

**PORTFOLIO:** Health and Adults

**SUBJECT:** Re-design of the Adult Acute Care Pathway and the Later Life and Memory Services.

**WARD(S)** Borough-wide

**1.0 PURPOSE OF THE REPORT**

1.1 To inform members of the Health Policy and Performance Board of the 5 Boroughs Partnership NHS Foundation Trust proposals to re-design the Adult Acute Care Pathway and the Later Life and Memory services for older people.

**2.0 RECOMMENDATION: That the Board note the content of the reports.**

**3.0 BACKGROUND**

3.1 During 2010/2011, 5 Boroughs Partnership NHS Foundation Trust, with the support of Commissioners, has examined the Acute Care Pathway. This process has been led in its initial stages by an expert group of 5 Boroughs clinicians and senior managers, mental health commissioners, social care leads and the GP Clinical Lead for Mental Health. This group reviewed current service configuration, utilisation, care pathways, service pressures and other demands to inform potential adjustments to care pathways across adult and older people services. The intention is to enable improvements in access, quality of care, recovery rates and increased avoidance of acute care bed use and out of area treatments.

3.2 The Acute Care Pathway re-design relates to adult mental health services only. It will include services for older people with functional illness who access adult services, but does not include services for older people with organic and frail elderly people with mental illness.

3.3 The consultation document 'Proposal for a New Model of Care – Adult Acute Care Pathway' sets out the drivers for change. Key amongst these are:

- Service user concerns and complaints regarding their transfer between the often confusing range of existing community

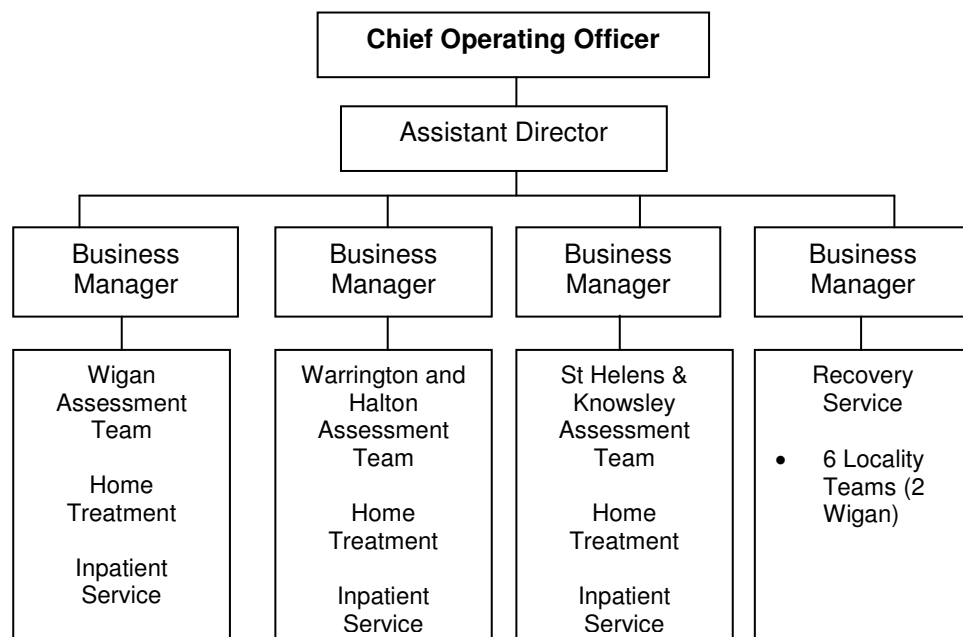
services

- Concerns regarding consistency and effectiveness of carer support
- GP concerns regarding the Trust's effective management of GP referrals
- Differing configuration and scale of Local Authority and Primary Care Services

3.4 Re-design of services is expected to address these issues and in so doing should maximise the impact of evidence based clinical practice, improve access and assessment, increase the number of people receiving treatment at home, decrease the number of inpatient admissions and reduce length of stay, reduce the number of teams, minimise waits and reduce the transactional burden of moving from team to team.

3.5 By re-designing acute care for adults and older people, there is potential for a reduction in the need for beds across the 5 Boroughs Partnership localities. This may result in a need for estate rationalisation – that is, current in patient beds and office locations.

3.6 The proposals, if agreed will lead to a joint Warrington and Halton Assessment Team and Home Treatment, alongside six Recovery Services, as shown below:



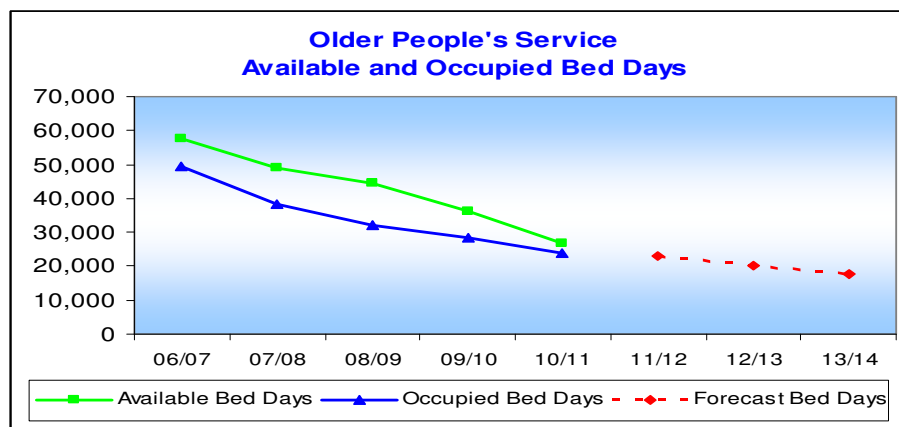
3.7 The ambition of the model is to further promote community interventions and reduce reliance on inpatient services.

3.8 The Later Life and Memory Service re-design relates to older adults mental health services. The model includes a proposal to develop a single point of access, which will provide cognitive and functional screening for patients. It is envisaged that this function will

considerably reduce the waiting time from referral to service delivery and greatly improve patient experience.

3.8.1 The model aims to give increased integration between inpatients and community services through Crisis Intervention, specialist Old Age mental health services and a dedicated Community Mental Health Service to deliver person-centred interventions and care on the basis of need.

3.8.2 The model describes the current service provision in terms of available and occupied days across the four boroughs. Occupied bed days for older people's services have fallen from 49,505 in 2006/07 to 23,952 (year end forecast) in 2010/11, which represents a 51.6% reduction. During the same period commissioned beds fell by 39.8%.



3.8.3 The model makes further assumptions that the occupied bed days rate will continue to fall over the next five years and that would mean a further reduction in the amount of beds and an increasing reliance on quality community services, this is at the centre of the model and how it will shift service provision in the future.

3.8.4 The proposals were discussed by 5 Boroughs Partnership NHS Foundation Trust, with the support of Commissioners. This process has been led in its initial stages by an expert group of 5 Boroughs clinicians and senior managers, mental health commissioners, social care leads and the GP Clinical Lead for Mental Health.

It was agreed that there was still some additional evidence required to support the model's assertion that Community services will be of sufficient quality to deliver the required levels at the same time as reducing the bed levels. Therefore 5Boroughs Partnership will be carrying out a pilot of the changes in Wigan starting in January 2012.

### 3.9 Implications for Halton

3.9.1 The Brooker Centre currently provides inpatient services for the people of Halton, as such this has proven a valuable resource and

also has 10 beds for Older People, it is not clear what the future of the Brooker Centre is and this will need clarification.

3.9.2 The proposal to create a combined Warrington and Halton Assessment and Home Treatment Teams also requires further examination. This is because it is not clear from the proposals what will be the impact upon the existing community mental health teams in Runcorn and Widnes. It should also be noted that there is a separate piece of work being undertaken on the Care Pathway for people with dementia and frail elderly with mental health problems, The document 'Building on Strengths' (August 2011) sets out proposals. The potential overlaps between this set of proposals and those related to the **Acute Care Pathway** will need clarification.

3.9.3 The pilot of the **Later Life and Memory Services** project will mean that no re-design in Halton will be implemented until the evaluation of the pilot (expected by October 2012). The pilot will ensure that the model can be fully and robustly be tested, however the delay in delivery locally is not helpful for current service provision.

### 3.10 **Next Steps**

3.10.1 Local discussions will now take place between the 5 Boroughs Partnership and HBC lead officers. This will provide the opportunity for detailed discussion on the proposals for the **Acute Care Pathway** and the **Later Life and Memory services**. This will provide the basis for further scrutiny by the Health PPB in March 2012.

## 4.0 **POLICY IMPLICATIONS**

4.1 A range of policies and procedures associated with the **Acute Care Pathway** and the **Later Life and Memory Services** may need to be reviewed in conjunction with the 5 Boroughs Partnership. Further advice (e.g. from legal services) on this will be sought as the programme progresses.

## 5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 The financial implications of the proposals are, as yet, unknown.

## 6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

### 6.1 **Children & Young People in Halton**

There are no policy implications as a direct result of this report, however the health needs of children and young people are an integral part of the health priority.

## 6.2 **Employment, Learning & Skills in Halton**

None identified.

## 6.3 **A Healthy Halton**

The effective **Acute Care Pathway** and **Later Life and Memory services** will lead to adults and older people receiving the most appropriate and effective services.

## 6.4 **A Safer Halton**

Creating safer and strong communities has a direct impact on improving the health and wellbeing of local people.

## 6.5 **Halton's Urban Renewal**

None identified.

## 7.0 **RISK ANALYSIS**

As part of the re-design of the **Acute Care Pathway** and **Later Life and Memory Services** an appropriate risk register will be completed along with associated risk control measures to ensure that any identified risks as part of the project are mitigated.

## 8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 It is essential that the Council addresses issues of equality, in particular those regarding age, disability, gender, sexuality, race, culture and religious belief, when considering its policies and plans.

## 9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

<b>Document</b>	<b>Place of Inspection</b>	<b>Contact Officer</b>
Proposal for a New Model of Care (26 Sept 2011) – 5 Boroughs Partnership	2 <sup>nd</sup> Floor, Runcorn Town Hall	Paul McWade