

REPORT TO: Health Policy & Performance Board
DATE: 27th February 2018
REPORTING OFFICER: Strategic Director, People
PORTFOLIO: Health and Wellbeing
SUBJECT: Older People's Mental Health and Dementia Care
WARD(S) Halton Borough-wide

1.0 **PURPOSE OF THE REPORT**

1.1 To update on the impact of the reconfiguration of the older people's bed base within North West Boroughs Healthcare NHS Foundation Trust, following the closure of Grange Ward in the Brooker Centre.

2.0 **RECOMMENDATION: That the Board:**

a) Note the contents of the report.

3.0 **SUPPORTING INFORMATION**

3.1 Background

The model of care (driven by Halton) was implemented in 2012 for Older People with Dementia and Memory loss which is a high quality community service pathway, designed to support people in their own home as long as possible. The objective was to re-design services for people in later life in order to ensure that effective, timely and personalised services are available, to support the growing number of people who will experience memory and cognitive loss and the onset of dementia.

The Building on Strengths model (2011) was developed by lead clinicians and managers within the Later Life and Memory Services within 5 Boroughs Partnership NHS Foundation Trust, and outlined a community based service supporting people to remain at home, whilst improving and maintaining the quality of life of service users and their carers. To support the community provision, the model proposed the redesign of inpatient care to provide specialist assessment and care where this could not be safely supported within a community setting.

This service provision, set out in 'Building on Strengths' (2011) continued the development of early and skilled intervention and the timely and appropriate support of people through their life experiences of living with the cognitive and emotional impact of the ageing process. The first phase of this work was implemented. The Trust is were then ready to proceed with re-design of inpatient care, as the 'Building on Strengths' model includes changes to the whole service pathway from early intervention, assessment and diagnosis through on-going support and care and, importantly, inpatient care.

3.2 Implementation and Impact of the Community Pathway

The new community model was implemented as a pilot in the Wigan Borough in March 2012 and across all other boroughs by May 2013. The model was designed to provide high quality early diagnosis and intervention for all who require it. The model includes:

- A Single point of access
- Same Day Screening by Senior Nurse
- Same day Face to Face Assessment for urgent referrals.
- Face to Face Assessment within 10 working days for non-urgent referrals
- Crisis Intervention and Rapid Response
- A Needs Led Care Framework/Supporting people to live independently
- Service users directed to appropriate path of service
- Offering a comprehensive and appropriate range of interventions including Psychological Interventions

3.3 Clinical Model for Later Life and Memory Services in-patient

The Royal College of Psychiatrists recommends a needs-based criteria for older people's mental health services which includes;

- People of any age with a primary dementia
- People with mental disorder and significant physical illness or frailty which contributes to, or complicates the management of their mental illness – exceptionally this may include people under 60
- People with psychological or social difficulties related to the ageing process, or end of life issues, or who feel their needs may be best met by a service for older people.

3.4 Key Principles of Change

- To provide inpatient care tailored to meet the specific needs of adults and offering greater choice and flexibility by providing an effective therapeutic environment.
- To develop a new admission option for older adults with a non-memory related mental illness who may be too frail or vulnerable to have their needs appropriately met within an adult acute mental health ward.
- To address the needs of those people whose condition is defined by physical and social factors leading to multiple conditions or diseases usually associated with later life.

3.5 Clinical Benefits

- Integrated Organic and Functional Care Models
- Management of severe Behavioural and Psychological Symptoms of Dementia
- Psycho-social approaches
- Enhanced Therapy support
- A Therapeutic Environment
- Enhanced Care
- Physical Health Factors
- Seamless Pathway Development
- Links to Social Care / 3rd Sector / Acute care
- Carer Support

3.6 Mental Health Service Review

An independent review of mental health services across North West Boroughs Healthcare NHS Foundation Trust (NWBFT) footprint (The Tony Ryan Review Dec 2015) was commissioned by CCG's and NWBFT

The methodology for the review included analysis of routinely collected data,

examination of policies and procedures and interviews with over 350 stakeholders including users, carers, staff working and managing services, commissioners and other interested parties.

Five key areas (“Big Ticket Items”) for future development were identified following the review:

- The interface between primary and secondary care.
- How people with a personality disorder or highly distressed emotional disorders are supported by the whole system.
- The whole service model across the Borough (including 5BP services and all others).
- Step down from in-patient services and the use of out of areas placements in the private sector.
- The proposed future bed model.

The review referenced the pressure within the whole system of health and social care resulting in high demand for adult acute mental health admission beds. Although the exact usage and spend for out of area beds was not available for the review, NHS Halton CCG experiences a significant overspend in 2015/16 for both complex and acute patients who have been unable to access an adult acute mental health bed within the 5 Boroughs footprint. This is in addition to the contracted spend and remains a financial risk.

Update

This risk has been mitigated by the proposal of a ‘risk share’ between CCG’s and the provider whereby for an agreed additional sum NWBFT have opened an additional 6 adult beds in the Brooker Centre to increase access to an acute bed for adults across the footprint. In addition in line with The 5 year Forward View for Mental Health requirements CCG’s and providers are now being performance managed by NHS England against a trajectory to eliminate all out of area placements for acute beds by March 2021. The aim is to achieve this by increase offer of crisis support 24/7 outside of A&E Departments in conjunction with the extra local beds.

3.7

Update

The proposal regarding the closure of the beds at Grange Ward came to the PPB in September 2016. Details of the proposal are below

Halton (Brooker Centre)		
Male Adult	Female Adult	Organic
14	14	0 (access Warrington beds)
Knowsley		
Male Adult	Female Adult	Organic
18	15	12

Warrington		
Male Adult	Female Adult	Organic
18	15	18

St Helens		
Male Adult	Female Adult	Organic
17	16	0 (access Knowsley beds)

Wigan				
Male Adult	Female Adult	PICU	Functional	Organic
20	20	8	16	18

Grange Ward closed in December 2016 and the existing patients within Grange Ward (3 at the time) were moved to other wards within the NWBFT footprint. Mitigations were put in place to support the transport needs of families to ensure access for visiting and patient navigators where instigated to support families. At the same time an Admiral Nurse Service was commissioned by the CCG to support carers and families coping with caring for people with dementia to reduce the possibilities of carer breakdown which often contribute to the need for an in-patient bed. A Care Home Liaison Service is also commissioned by the CCG to support care homes in the management of residents with dementia to help upskill staff around supporting residents with dementia again to reduce the need for hospitalization.

Following the implementation of the community dementia pathway the numbers of Halton patients actually requiring an in-patient stay are relatively small.

The data for January 2017- March 2017 is below:-

- Jan 2017 – 5 admissions (3 in Kingsley, one in Rydal Ward and one in Sephton Ward)
- February 2017 - 3 admissions (2 in Kingsley and one in Sephton Ward)
- March - 4 admissions (3 in Kingsley and one in Rydal)

Since April 2017 – September 2017 the admission are detailed below

			April	May	June	July	Aug	Sept	YTD
58	Inpatient Admissions Per Ward	Total		3	3	3	3	1	13
58	Golborne Unit				1	1	1		3
	Kingsley Ward			3	1	1		1	6
	Parsonage Unit						1		1
	Rydal Unit				1	1	1		3

Systems are now in place to ensure that any Halton older person in patient who is resident on a ward in any other borough – including the functional unit in Leigh are seen by social care and are discussed in any discharge planning or bed management meetings. The latest Delayed Transfers of Care lists as at 18th January 2018 show that there are no Halton in patients currently delayed – the only borough in the five areas covered by North West Boroughs Healthcare NHS Foundation Trust.

4.0 POLICY IMPLICATIONS

- 4.1 The model is in line with the current local mental health strategy and national the mental drive for parity of esteem/improved quality for frail elderly.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 None

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

Young carers who are identified as caring for older people with dementia or mental health problems will be consulted within the process.

6.2 Employment, Learning & Skills in Halton

None identified.

6.3 A Healthy Halton

Dementia is a key priority within Healthy Halton and is in line with strategic drive. Mental Health remains a key priority of the Health and Well Being Board.

6.4 A Safer Halton

Ensuring the safety of vulnerable older people in mental health settings.

6.5 Halton's Urban Renewal

There are opportunities to align with Health New Towns Vision of Dementia friendly towns.

7.0 RISK ANALYSIS

7.1 The key issues were logged on the NHS Halton CCG risk register and have been monitored through the robust Mental Health Governance. The risks were reviewed during the implementation process. Risks were identified by Halton Borough Council in respect of their social work teams in terms of additional travel time, patient visits and associated costs; these risks will need mitigating through the redesign process. However due to the relatively small number of admissions in total hopefully the impact has not been as great as anticipated.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 North West Boroughs undertook the Equality Impact Assessment which fed into the public consultation as required. It included questions that were expected to be raised such as transport solutions for carers, robust consultation with affected groups. There were issues reported to the CCG following this process.

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

9.1

Document	Place of Inspection	Contact Officer
Independent review of mental health services (Tony Ryan Review)	Runcorn Town Hall	Leigh Thompson leigh.thompson@haltonccg.nhs.uk