Agenda Item:

5

Joint Health Scrutiny Committee on the NHS Transformation Programme

Dorset County Council

Date of Meeting	16 March 2012
Officer	Director for Adult and Community Services
Subject of Report	**Transforming Mental Health Services for Older People in Bournemouth, Poole and Dorset**
Executive Summary	The Primary Care Trust Cluster has provided members with an update report on proposed changes to the commissioning and delivery of NHS mental health services for older people. The report provides an overview of the engagement activity that has taken place to advise people of the proposed changes and the feedback this has generated. Members will recall that at a previous meeting of the Joint Committee NHS colleagues were requested to undertake an impact assessment on the proposal to reduce inpatient beds and the financial consequences of this for social services in the three local authority areas of Bournemouth, Poole and Dorset. The

	results of this impact assessment are provided for the Bournemouth and Dorset areas. It is noted that the detail regarding Poole is awaited. Specific proposals have been developed to reform existing NHS services for older people with dementia and these are set out. It includes: • the introduction of a Dementia Intensive Community Support Service with access to enhanced social care support; • consolidation of all NHS inpatient care for older people with dementia at Alderney Hospital; and • in the longer term the provision of specialist input to community services and care homes to help them maintain ongoing care for people with dementia and their carers. The timescale for implementing these changes to older people's mental health services in the east of Dorset is given as October 2012 with completion by March 2013. These changes are seen as the first phase of a longer term process with an expectation of similar service change to older people's mental health services across the west of Dorset during 2013/14.
Impact Assessment:	<u>Equalities Impact Assessment</u> NHS Bournemouth and Poole and NHS Dorset Primary Care Trust Cluster has advised that an Equalities Impact Assessment is being done as part of the engagement activity and will be available when that has been completed.
	<u>Use of Evidence</u> Report provided by NHS Bournemouth and Poole and NHS Dorset Primary Care Trust Cluster.
	<u>Budget/ Risk Assessment</u> There will be financial implications for local authorities which will need clarifying during the development phase of this strategy.
Recommendation	That the Joint Committee: (i) notes and comments on the report; (ii) comments on the specific proposals to reform existing NHS services for older people with dementia in the east of Dorset; (iii) gives a view on the engagement activity undertaken to date and whether further engagement should be undertaken.

Reason for Recommendation	The work of the Committee contributes to the Joint Scrutiny of future service changes arising from the NHS Transformation programme.
Appendices	1. Report from NHS Bournemouth and Poole and NHS Dorset: Transforming Mental Health Services for Older People in Bournemouth, Poole and Dorset.
Background Papers	1. Report to Joint Health Scrutiny Committee on the NHS Transformation Programme 4 October 2011 at Civic Centre Poole: Re-commissioning mental health services for older people in Bournemouth, Poole and Dorset. 2. Report to Joint Health Scrutiny Committee on the NHS Transformation Programme 5 December 2011 at Town Hall Bournemouth: Re-commissioning mental health services for older people in Bournemouth, Poole and Dorset.
Report Originator and Contact	Name: Lucy Johns, Health Partnerships Officer Tel: 01305 224388 Email: lucy.johns@dorsetcc.gov.uk

Appendix 1

NHS Bournemouth and Poole
NHS Dorset

JOINT HEALTH SCRUTINY COMMITTEE
NHS TRANSFORMATION

16 MARCH 2012

TRANSFORMING MENTAL HEALTH SERVICES FOR OLDER PEOPLE IN BOURNEMOUTH, POOLE AND DORSET

PURPOSE OF THE PAPER

Briefing papers to the previous two meetings of the Joint Scrutiny Committee have outlined proposed changes to the commissioning and delivery of NHS mental health services for older people, and the engagement activity being undertaken to help shape those proposals. This paper provides an update on the proposals, on the outcome of the assessment of their impact on social services, and on the feedback obtained from key stakeholder groups.

RECOMMENDATIONS

Members are asked to

- Note the progress made on the development of mental health services for older people,
- Provide feedback on the specific proposals for reform as laid out in section 4.2
- To make recommendations on any further specific engagement members would like to see

AUTHOR AND CONTACT

Andrew Morris, Programme Manager on OPMH Service Reform.
andrew.morris@dorset-pct.nhs.uk

1. INTRODUCTION

1.1. Previous papers have detailed the case for change in developing an improved range of community services for older people with dementia or other organic mental illness. Inputs from a wide range of stakeholders concluded that there should be:

- Good access to assessment and early diagnosis
- Comprehensive information and signposting to a wider range of community-based care options

- More flexible response in cases of urgent need
- Improved inpatient services
- Specialist input to primary care, community care teams and care homes providing care to older people with dementia

1.2. For people with dementia and their carers these changes would offer more effective options for community-based care and reduce reliance on hospital care. The changes would be funded, in part, by a reduction in inpatient capacity.

1.3. The Primary Care Trust Cluster (PCT) and the three local authorities have together established a Dementia Joint Commissioning and Procurement Group to jointly commission and oversee the transformation. In addition there is an Older People's Mental Health Service Reform Group working with the provider Dorset Healthcare University NHS Foundation Trust (DHUFT) to plan, prioritise and implement the transition from the existing NHS service configuration.

1.4. A Communications and Engagement Steering Group was established to coordinate local community engagement activity and a series of events for key stakeholder groups has been undertaken, with the intention of incorporating feedback in finalisation of any service change proposals. In particular service users, carers and older people more generally have been asked about their experience and views on existing community services for people with dementia, including the nature of the proposed dementia intensive community support service and the impact of centring all dementia inpatient care for the east of Dorset at Alderney Hospital.

1.5. The Joint Scrutiny Committee requested that an impact assessment be undertaken specifically on the proposal to reduce inpatient beds in the anticipation that it would identify any financial consequences falling on social services.

1.6. This paper provides an update on the outcome of these activities.

2. ENGAGEMENT ACTIVITY TO DATE

Clinical staff - GPs

2.1. Members of the OPMH Service Reform Group have made presentations on the proposals to the PCT Clinical Commissioning Programme for Mental Health and the shadow Board of the Clinical Commissioning Group. Both committees are chaired by GPs and include formal GP representation. Both committees support the proposals.

2.2. The PCT has been visiting localities across Dorset, as part of the wider engagement of general practices, raising awareness of the prevalence and importance of dementia in the Dorset population, and in particular

identifying the opportunities for improvement in the diagnosis and care of people with dementia and their carers. The proposed improvements to dementia care have been met with universal approval.

Medical and senior nursing staff in DHUFT

2.3. The Medical Director, Clinical Governance Lead (and Clinical Lead for Psychiatry in Older People) and Chief Nurse – as members of the DHUFT Board – all approve the proposed service changes. Further, medical staff and some senior nursing practitioners in DHUFT have been directly involved in development of the service model.

Clinical and other staff in DHUFT

2.4. The remainder of staff working in DHUFT, and their representatives, have not been involved in this work to date. However, DHUFT has a legal duty of care to consult staff about service changes of this type, and formal consultation will take place once the detailed service configuration and capacity has been finalised.

Third sector organisations, including patient groups

2.5. In January 2012 the PCT and DHUFT held two workshops for local third sector organisations to explain the proposed changes and gain feedback from the perspective of those organisations and the client groups with whom they work. 17 representatives attended a workshop at Canford House, Poole and 10 representatives attended a similar workshop at Vespasian House, Dorchester.

2.6. In summary, there was strong support for the wider development of community services and for the planned reduction and upgrading of inpatient facilities. From both sessions a number of common themes emerged for commissioners and the provider to consider in finalising the service changes:

1. The service changes need to be publicised well so that people know what alternatives are available – this includes health and social care professionals and people working in support services as well as service users and carers
2. Hospital stays can often ”de-skill” patients so support to maintain people living at home where possible is important
3. Social care, including respite, is a very important component of service support, especially for carers as well as service users
4. Whilst is accepted that intensive home support is necessarily of short duration there should not be a rigid cut-off point for support to be withdrawn

5. In the course of their work third sector organisations come into regular contact with many people who might benefit from memory assessment but the referral process is unclear – third sector workers would benefit from training and better links with general practice
6. Many people felt Memory Advisers should play a key role in signposting to both services and information, and that identifiable contacts in GP surgeries would help. The concept of a "tripartite" model of service delivery from health services, social services and third sector services could be developed further

Service Users, carers and older people

2.7. The PCT has commissioned the engagement of several third sector organisations with service users, carers and with older people more generally to gain feedback on their experience of mental health services and their views on the proposed changes. These are:

Alzheimer's Society
two events in February to engage face to face with people with Alzheimer's and their carers;

Age UK
working with older people not currently using the service via questionnaires throughout February to find out more about their mental health and service expectations;

Help and Care/LINks
a series of face to face workshops with carers throughout March.

2.8. The final outcomes from these activities will not be known until the end of March, but an interim verbal report will be delivered at the meeting on 16th March.

2.9. Engagement with users and carers will be ongoing throughout the implementation of any service developments to ensure that views continue to be fed into the programme.

3. IMPACT ASSESSMENT ON SOCIAL SERVICES

3.1. A protocol for this work was drafted by the OPMH Service Reform Group and approved by the Dementia Joint Commissioning and Procurement Group. The initial proposal to assess a sample of recent inpatient admissions was extended to include a wider number of existing inpatients and the assessment of recent care homes admissions. The intent was to assess whether the availability of intensive home support could have prevented or delayed admission and if so whether there would have been a financial impact on social services.

Inpatient admissions

3.2. Psychiatrists and senior nurses have reviewed the case notes of existing inpatients at King's Park hospital. Their work has been supplemented by input from integrated community team managers. It was estimated that 38% of the patients assessed would not have required hospital admission if an intensive community support service had been available. Based on the current inpatient bed capacity this means approx 27 people could have been supported outside hospital.

3.3. Quantifying the cost impact on social services has not been easy because of the subjective nature of the assessments, but some interesting points have emerged. Firstly, very few people are admitted to hospital direct from home – by far the majority of those cases assessed were admitted from care homes. Secondly, for those people for whom it was estimated care could have been provided in the community only 3 patients did not already have a social care package in place.

3.4. Further analysis is being undertaken in an attempt to quantify the financial impact, but it is clear that the numbers of patients estimated as requiring additional social services input for admission avoidance is small.

Admissions to care homes - Bournemouth

3.5. The three local authorities each agreed to identify ten recent admissions to care homes where the principal reason for admission was dementia. Work has been done in Bournemouth and Dorset but the results from Poole are awaited.

3.6. In Bournemouth the analysis showed that most placements are into residential care but that almost all are made via a hospital admission, which includes acute hospitals as well as mental health beds. Few people are admitted direct from home. It seems likely that a carer may delay requesting support until crisis point, when residential services are unlikely to be able to help - especially when there is potential risk from the patient to self or others. It may also be true that the threshold for raising concern is greater in residential care rather than family/carers at home, possibly due to the need to safeguard other residents.

3.7. As a result the number of people returning home from hospital is small. It is policy in Bournemouth Borough Council to suspend any home care package when someone is admitted to hospital so even though assessments of need may continue during the hospital stay in anticipation of discharge there will be some saving to social services whilst the patient is in hospital.

Admissions to care homes – Dorset

3.8. Twelve cases were assessed from Dorset County Council records. Of these, 10 had been admitted to care homes in number of locations across the county, and 2 had not required admission. Many of these cases were known to the OPCMHT but not necessarily to DCC social services.

3.9. Again the majority of cases were admitted to the care home via a preceding NHS inpatient stay. In 3 cases this was following a fall and admission to an acute hospital, and 6 cases were admitted from a community hospital.

3.10. Although only a minority of cases were known to DCC services prior to admission, and therefore the majority did not have a care package in place, the analysis suggests that the availability of dementia intensive community support would probably not have influenced the outcome.

3.11. In several cases an underlying reason for the admission was a carer reaching the end of their ability to carry on, which in turn suggests that intervention from dementia intensive community support nor enhanced home care from social services would not have avoided the admission.

3.12. Nonetheless it was the opinion of a number of Community Psychiatric Nurses and Social Workers during the assessments that access to rapid response and sitting/overnight care would definitely have had a positive influence on care home admissions.

Admissions to care homes – Poole

3.13. (summary awaited)

Impact Assessment Summary

3.14. From the inpatient and care home admission assessments available to date it appears that should a dementia intensive community support service be available there could be a significant impact on reducing admissions to OPMH inpatient beds and (to a lesser degree) acute NHS hospital wards. However, there is much less certainty of an impact on direct care homes admissions.

3.15. For older people with dementia the care pathway almost inevitably means institutional care at some point. Nonetheless, since many care home admissions are through NHS inpatient facilities, if NHS admissions could be prevented in response to some crises there is a distinct possibility that admissions to care homes could be delayed.

3.16. The financial impact of this is hard to quantify. Further analysis will attempt to categorise and estimate this impact. Even so, it should be acknowledged that future demographic changes predicted for the whole Dorset population will mean an increase in the demand for health and

social care, and particularly in this client group. The challenge for commissioners of both health and social care in assessing detailed service requirements is to ensure the most effective use of all the resources available.

4. FINALISING THE PROPOSALS

4.1. Using this feedback it seems clear that the implementation of the new Memory Assessment and Early Diagnosis service, and associated development of community awareness and infrastructure to support this part of the dementia pathway is widely welcomed. As this new service is already in the early stages of implementation across the whole county, information gained on potential contributions and involvement from the third sector, on referral processes and GP awareness, and on the role of Memory Advisers can be used to shape the development of the service.

4.2. The specific proposals on reform of existing NHS services for older people with dementia in the east of Dorset are to:

(1) introduce a Dementia Intensive Community Support service to complement the increase in diversity and scope of community services for people with dementia and their carers by offering a rapid and intensive response to help maintain care in the home, and facilitating access to inpatient care should that become necessary;

(2) consolidate all NHS inpatient care for older people with dementia at Alderney Hospital. There would be an assessment & treatment ward and an intensive treatment ward for male patients and a similar arrangement for female patients. The facilities would be upgraded to modern clinical standards and incorporate latest guidance to create a more “dementia-friendly” environment;

(3) longer term, provide more specialist input to mainstream community services and care homes to increase their confidence and capability in maintaining ongoing care for people with dementia and their carers.

4.3. There is strong policy and clinical support for these changes and the early feedback from the engagement workshops with service users, carers, older people and third sector organisations is also supportive. Outcomes from these workshops will be used to shape the operational detail of the services. Further detailed financial and capacity analysis is being undertaken to confirm the service specifications, capacity (including bed numbers) and transition plans.

4.4. The findings of the impact assessment on social care suggest that some admissions to inpatient services might be avoided by introduction of a Dementia Intensive Community Support service. Evidence for reduction in admissions to care homes is less clear. However, it is clear that most discharges from inpatient care are into residential or nursing home care so

avoidance of hospital admission could delay admission to a care home in some cases. It is also suggested that admission could be delayed if additional community support could be offered earlier in the care pathway. This is especially true where there is already intervention from NHS services but no social care input.

4.5. The PCT has therefore decided it would be appropriate to include within the Dementia Intensive Community Support service an additional budget of £250,000 to enable the provision of (e.g.) respite breaks, sitting services or other enhanced social care. Although service users and carers would continue to be able to access routine social care in the usual way, the Dementia Intensive Community Support service would be able to use its own budget to provide enhanced social care in appropriate cases to support maintenance at home. This could be available in the event that social services FACS criteria were not met, for example if social care inputs were required earlier in the care pathway.

4.6. The impact assessment also indicates that the Dementia Intensive Community Support service will be undertaking a significant proportion of its work within care homes, supporting the staff in coping with situations which might otherwise result in request for hospital admission.

4.7. The OPMH Service Reform Group believes that development of the Dementia Intensive Community Support Service with access to direct enhanced social care support in the manner outlined above will offer more people the chance to go on being cared for effectively in familiar surroundings at home or in their normal place of residence. The availability of a dedicated social care budget within the service would help mitigate any financial impact on social services and overall social care costs may even reduce by delaying care home admission. Introduction of this service will also help to enable the proposed reduction in NHS inpatient capacity.

4.8. The timetable for this phase of OPMH service reform in the east of Dorset (Phase 1) would be to implement the Dementia Intensive Community Support service from October 2012 in the expectation that the restructuring of the inpatient service could be implemented in the last quarter of 2012/13. Applying the learning from this Phase 1 in the east of Dorset should permit the service design, stakeholder engagement, detailed service specifications and transition planning for the services in the west of Dorset (Phase 2) to be undertaken in 2013/14, with an expectation that similar service change could be implemented there from the end of that year.

5. RECOMMENDATIONS

5.1. The Joint Scrutiny Committee is asked to note the progress being made in finalisation the proposals following stakeholder engagement and in the findings of the social services impact assessment.

5.2. The committee are asked for any comments they have on the specific proposals on reform of existing NHS services for older people with dementia in East Dorset

5.3. The OPMH Service Reform Group believes that the stakeholder engagement undertaken thus far, targeted as it has been on the key stakeholder groups, provides a sound basis for these proposals. The Joint Scrutiny Committee is asked to consider what further engagement activity (if any) could be undertaken.

Graeme Barnell
Deputy Director of Joint Commissioning and Partnerships (Mental Health)

James Barton
Director of Mental Health
Dorset Healthcare University NHS Foundation Trust

Supporting Papers:

Briefings to Joint Scrutiny Committee on NHS Transformation (October 2011) and (December 2011)