

Report to: **East Sussex Health Overview and Scrutiny Committee (HOSC)**

Date: **24th September 2009**

By: **Director of Law and Personnel**

Title of report: **Community and inpatient care for older people with organic mental health needs**

Purpose of report: **A progress report on the implementation of Sussex Partnership NHS Foundation Trust's proposals for inpatient acute assessment beds and associated developments in community services for older people with organic mental health needs such as dementia.**

RECOMMENDATIONS

HOSC is recommended to:

- 1. Consider and comment on the implementation of the proposals for inpatient acute assessment considered by HOSC during 2008.**
 - 2. Consider and comment on the development of community services for older people with organic mental health needs.**
-

1. Background

1.1 In March 2008 HOSC considered Sussex Partnership NHS Foundation Trust's proposal to close inpatient acute assessment beds for older people with organic mental health needs at the Beechwood Unit in Uckfield as part of the ongoing strategy of increasing community based provision. The Trust indicated that the balance between inpatient beds and community services was not appropriate. There were sufficient unused, or inappropriately used, beds for patients with organic mental health needs to withdraw the Beechwood beds without impacting on the Trust's ability to take the number of patients requiring inpatient acute assessment.

1.2 HOSC also considered a further proposal to temporarily move acute assessment beds for older people with organic mental health needs from Milton Court in Eastbourne to the vacated Beechwood Unit, pending the availability of suitable alternative accommodation in Eastbourne, at which point the beds will return. This latter proposal enabled the County Council's Adult Social Care department to progress the expansion of its facilities at Milton Court but was unrelated to the proposed Beechwood closure. The proposed use of Beechwood to re-house the Milton Court beds was opportunistic.

1.3 The term 'organic' mental illness refers to age-related conditions like dementia as opposed to 'functional' mental illness which refers to conditions occurring at any age such as personality disorders. It is good practice for the two types of mental illness to be cared for in separate units. It should be noted that the units for both types of illness in East Sussex serve residents from across the county, rather than only their immediate surrounding area.

1.4 HOSC established a Task Group comprising Cllr Healy (Chairman), Cllr Martin and Mr Chapman to examine the proposals in more detail. The Task Group met in April, May and July 2008 to question Trust representatives on the proposals, review consultation plans and visit the Beechwood Unit. In September 2008 HOSC endorsed the Task Group's conclusions and recommendations. The recommendations are set out in appendix 1. In summary, the Task Group supported the proposals but made recommendations regarding areas such as travel support, further communication regarding the development of a permanent site in Eastbourne and the need for continued development of community assessment and support.

1.5 HOSC also agreed, given that some concerns were raised about the changes to inpatient beds and that there was a need to ensure continued investment in community services, that the committee should review progress on services for older people with organic mental health needs in 12 months time. This report provides the requested update.

2. Progress update

2.1 Sussex Partnership NHS Foundation Trust, in conjunction with NHS East Sussex Downs and Weald/NHS Hastings and Rother, have provided an update on the implementation of the proposals for inpatient acute assessment beds considered by the HOSC Task Group and the development of community services (attached at appendix 2).

2.2 Neil Waterhouse, Service Director Older People's Mental Health Services, Sussex Partnership NHS Foundation Trust and Martin Packwood, Joint Commissioning Manager for Mental Health, NHS East Sussex Downs and Weald/NHS Hastings and Rother will present the update to HOSC and take questions. The presentation slides are attached as appendix 3. The previous agenda item on the broader strategy for older people's mental health and the implications of the national dementia strategy provides useful context for the report on these specific services.

3. Issues to consider

3.1 HOSC may wish to explore the following issues:

- Whether any concerns have been raised by patients or carers in relation to travel and transport arrangements.
- Plans for extending the Memory Assessment and Support Team (MAST) across the county particularly rural areas
- Timescale on refurbishment of Milton Court.

ANDREW OGDEN
Director of Law and Personnel

Contact Officer: Lisa Schrevel, Scrutiny Lead Officer
Tel No: 01273 481327

HOSC Older People's Mental Health Task Group**Conclusions and Recommendations**

- a) The Task Group believes the direction of travel underlying the proposals is right. However, it is important to recognise that increasing investment in community based services will be required in order to support the strategy.
- b) Respite care is an important part of older people's mental health services and underpins the ability to offer community based care.
- c) The Task Group supports the use of the resources freed up by the closure of the beds at Beechwood to continue and extend the Partnership for Older People Programme funded community based services. It is important that all the resources from Beechwood are invested in community services for older people with organic mental health needs.
- d) The Task Group has some concerns about the fact that the Memory Assessment and Support Service covers one area only. The Group recommends that a robust evaluation is undertaken after one year of continued funding with a view to expanding the scheme cross-county and integrating it with other memory services if it is shown to be effective.
- e) Additional capacity may need to be available during the transition to extended community based services and this should be planned for.
- f) The Task group has some concerns about access to services but on balance believes the development of community based services is the right direction of travel and this inevitably means some consolidation of inpatient services. The existing units take patients from right across the county meaning that some patients/carers will have longer journeys but others will have shorter journeys.
- g) The Task Group notes that the centralisation of beds means that inpatient units will be located only in the coastal area of the county, raising concerns about how this would take account of the needs of rural areas. The Group recommends that the needs of rural areas are particularly considered when further developing community based services.
- h) The Task Group is pleased to see the positive partnership working between health and social care and notes that the proposed temporary move of Milton Court beds to Beechwood will support the upgrading of Milton Court by Adult Social Care.
- i) Patients requiring admission to inpatient acute assessment beds, and their carers should continue to be supported with advice and assistance with transport, particularly recognising that the consolidation of inpatient beds will mean longer journeys for some patients and carers
- j) If a site can be found in the Eastbourne area before permanent accommodation is ready, the Milton Court beds should move back to Eastbourne as soon as possible. At the time the Milton Court beds return to Eastbourne and Beechwood Unit closes, there will be a need for further discussion and communication with local stakeholders.

Background:

In early 2008, following the successful trial of two community – based services funded by the Partnerships for Older Peoples Services initiative, proposals in support of continuing to provide the services were submitted by East Sussex Downs and Weald PCT and Sussex Partnership NHS Foundation Trust to the HOSC.

The services in question were;
The Memory Assessment and Support Team (MAST) and
The Intensive Home Treatment Service (IHT).

Funding available from the DoH POPPS scheme was due to come to an end, Qualitative and quantitative evaluations of the two schemes demonstrated high levels of user satisfaction and the Intensive Home Treatment Service was shown to have a significant impact in reducing the both the number of admissions to organic assessment beds and the length of stay of those individuals who were admitted.

Commissioners and Sussex Partnership NHS Foundation Trust proposed that the Memory Assessment and Support Team and the Intensive Home Treatment Services should be commissioned.

Funding should be made available by reallocation of budgets through the reduction/ removal of bed-stock at the Beechwood Unit based in Uckfield Community Hospital.

Consultation with East Sussex County Council HOSC and a wide range of local stake - holders took place in July and August 2008.

Memory Assessment and Support Team.

MAST was commissioned as a mainstream service in September 2008 in the Bexhill area.

Good practices established by MAST have been developed and operationalised in mental health services in other areas of East – Sussex, where local day and community services have re-modelled pre-existing services. These developments include enhancing assessment practices, developing psychological and social interventions and closer working with Alzheimer's Society outreach workers to provide a wider range of supportive interventions and networks.

In April 2009 Commissioners undertook a review of dementia services in East Sussex to establish the “state of readiness” for the implementation of the national Dementia Strategy.

The Memory Assessment and Support Team model received very positive feed-back from the report.

Sussex Partnership NHS Foundation Trust plans to use the model as a cornerstone for the development of memory Services across Sussex.

IN CONFIDENCE

The Intensive Home Treatment Service

The Intensive Home Treatment Service was mainstreamed in September 2008. The service is available across East Sussex and is managed as an integral part of local Community Mental Health Teams, providing home-based treatment services between the hours of 8am and 8pm, each day of the year.

Beechwood Unit, Uckfield

Beechwood unit has continued to operate with 12 beds in order to maintain capacity in the whole OPMHS system whilst Milton Court is closed for refurbishment.

Sussex Partnership Trust has used its bed-stock as flexibly as possible during this period. Careful planning has reduced the number of delayed transfers of care significantly, maintaining capacity in bed-services

As predicted, there have been some occasions when inpatients have needed to be admitted to St Anne's Centre in Hastings. Where ever possible, individuals have been returned to the unit that is closest to their home or relatives as soon as it has been possible and safe to do so.

During the period October 08 – July 09, the total number of admissions across all services was 214.

Thirteen individuals, who would previously have been admitted to Beechwood, have been admitted to St Anne's Centre.

Twenty two individuals who would formally have been admitted to Milton Court have been admitted to Beechwood Unit

Sussex Partnership NHS Foundation Trust is exploring potential for development of in-patient and day services at a site in Eastbourne. Plans are well developed and will include accommodation for in – patient assessment and treatment services for both working age and older people in East Sussex.

Milton Court, Eastbourne

East Sussex County Council works to upgrade Milton Court are progressing. The unit will provide a range of day and bed based services for older people with mental health problems including dementia. Services will be available from the autumn of 2009. Some services will be provided in partnership with or supported by Sussex Partnership NHS Foundation Trust.

A teaching trust of Brighton
and Sussex Medical School

Sussex Partnership 
NHS Foundation Trust

Neil Waterhouse Service Director

Older Peoples Mental Health Services

8th September 2009

Objectives of original change plan

Reduce reliance on bed based services

Avoid unnecessary admissions to acute beds

Provide greater choice to service users and carers

Provide better services to enable individuals to be treated and cared
for in their own homes

MAST changes and benefits

- Developing across Hastings area
 - Principles replicated across Eastbourne area
 - Joint working and co-location with Alzheimer's society
-
- Easy access to service
 - Rapid screening
 - Sign posting to local support networks

Intensive Support Team changes and benefits

- Avoidance of unnecessary admissions
- Greater choice for users and carers
- 365 days a year
- Very successful as a model

In-patient changes and patient impact

- Travel: pre / post:

Oct 08 – Aug 09:

ave. of 3 pts admitted to Beechwood from Eastbourne or
Seaford per month (22 in total)

Total of 13 people admitted to St Annes during this period

- CMHT staff assist carers to visit

Bed Usage

	Occupied Bed Days			Average Length of Stay	
	April 07 to April 08PRE IHT	October 08 to August 09 WITH IHT	Projected 2008 to 2009	April 07 to April 08	October 08 to August 09
Milton	5096	(Milton Court in Beechwood) 4416	5299	93	(Milton Court in Beechwood) 43
Beechwood	4914	Closed	Closed	78	Closed
Heathfield	6090	5118	6141	58	46
St Anne's	10372	8959	10750	78	49
TOTALS	26472	18493	22190	77	46

Commitments going forward to monitor service levels

Continued monitoring of bed usage and carer satisfaction

Evaluation of MAST and IHST using existing performance information

We will continue to ensure the monitoring of travel arrangements for
both service users and their carers

The Future

When the Milton beds come on line, there will be more beds than we currently have, covering a wider spectrum of need.

Equip clients and carers

Do more prevention, and more earlier intervention

Focus on maintaining independence and quality of life as well as delivering safe and effective therapies of all types

Deliver high quality and easily accessible services

Deliver strong co-ordination and planning of care

Ensure that home and community based services deliver the full range of interventions known to be effective, including in a crisis

Hospital care will provide the most intensive care for people with the most clinically acute and challenging needs

Do more to support our colleagues looking after people in DGHs and residential care homes.