

Health and Wellbeing Board

20 July 2016

Report of Brian Coupe, Head of Service Mental Health Services for Older People (MHSOP)

Update on service delivery for Dementia care in York and Selby

Summary

1. This report updates the Health and Wellbeing Board on service delivery for Dementia/Cognitive Impairment in York.

Background

2. Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) took responsibility for all mental health and learning disability services across the Vale of York from 1 October 2015.
3. The service transition has been complicated by business continuity arrangements which have been in place since the decision by the Care Quality Commission (CQC) not to register services at Bootham Park Hospital (BPH).
4. TEWV have put in place a number of operational plans to minimise the disruption to patients and carers. The Trust has reinstated services in a number of areas including Bootham for outpatients.
5. As part of the redesign of Mental Health Services in York and Selby it was planned to reduce inpatient beds within mental health services for older people (MHSOP). This is to support the delivery of care within the community and to prevent unnecessary admissions to hospital. This reduction in beds will allow care delivery in the least restrictive environment by offering increased support from community services in both service users' own homes and via in-reach into residential / nursing home settings. This will support us in our aim to provide high quality care to service users in the most appropriate environment to meet their needs.

6. A comprehensive review of MHSOP inpatient services is ongoing to establish required bed base to ensure appropriate service delivery for MHSOP service users. This is anticipated to include further transfer of services within the locality to ensure care delivery in the most appropriate environment and to provide male and female dementia services within York.
7. Work is progressing to develop a new mental health hospital in the York and Selby Locality by 2019.

Main/Key Issues to be highlighted / Current Service Configuration

8. Cherry Tree House (CTH) now provides 18 mixed gender functional MHSOP inpatient beds to the York and Selby Locality.
9. Peppermill Court which was previously a male dementia unit has now closed and total refurbishment works are currently underway. This refurbishment will allow the delivery of Adult Mental Health inpatients services in York and Selby.
10. TEWV now have two gender specific Dementia care assessment and treatment inpatient services within the locality, Worsley Court in Selby a 14 bed male unit and Meadowfields in York which is a 14 bed female unit.
11. The mid-term plan is to relocate the male unit currently at Worsley Court into the vacant Acomb Gables unit in Acomb. This unit is also been refurbished and should be operational by November 2016. The programme of estate works will deliver environments that are fit for purpose in terms of safe, effective, and dementia friendly care delivery for the client group. The redesign is evidence based to ensure we provide an environment conducive to the delivery high quality dementia care including enhancing existing safety aspects of the wards including new staff attack alarm systems and improvements to controlled access and egress.
12. The Purposeful In-Patient Admissions (PIPA) model of care delivery across the inpatient wards has now commenced at Cherry Tree House. This model provides a clear structure to support care delivery and identify clear purpose for admission and underpins a more collaborative approach to care delivery.

Daily report processes have been introduced involving all members of the multi-disciplinary team (MDT) to ensure timely, collaborative decisions are made around patient care. The MDT approach supports teams in a positive risk taking approach and also ensures timely and proactive care delivery to our service users. Implementation in other areas within the Trust has demonstrated significant improvement in patient outcomes and experience. Furthermore, areas have seen significantly reduced violent and aggressive incidents and improved staff well-being. We are now planning to roll the PIPA model out across the other inpatient units.

13. 20 nursing staff across the inpatient units have been trained in the use of dementia care mapping (DCM) which is based on the philosophy of person centred care , which promotes a holistic approach to care that upholds personhood of the person with dementia.
14. TEWV Challenging behaviour pathway is being implemented across services as a strategy for enhancing the quality of life of services users and reducing the behavioural challenges resulting in an enhanced service user experience improved quality of life, happiness and wellbeing. Staff will then be better equipped to support people whose behaviours may be described as challenging.
15. Plans are now in place to expand the Care Home Liaison team. This team offer in-reach into care homes offering an alternative to in patient admission to hospital and also support the discharge process to appropriately identified placements. It is planned to expand the team by 6 WTE staff allowing for an extension of hours during the day and also providing weekend cover. We hope to have these arrangements in place by Autumn 2016.
16. The team plan to continue to build relationships with care home providers within the locality so that our partners fully understand the role of the team and the support they can offer. The team will also deliver support and training to our colleagues with the care homes services as/when required. The team already have some excellent examples of how this partnership working with care homes has supported the successful discharge of service users.
17. TEWV have worked closely with Local Authorities and commissioners to reduce delays in discharge from hospital.

This multi-agency commitment was evident during the closure of Peppermill Court. All agencies are keen to further develop our partnership working and an engagement event is planned to allow for sharing of learning and also allow us to work together to streamline our processes.

18. Strong Voluntary Sector services have already been established within community services and TEWV are keen to build on this partnership working. Dementia Forward (DF) is commissioned by TEWV to provide dementia support advice, from pre diagnosis onwards. The service provides practical and emotional support and ensures the right individual support at the right time. The range of support is varied from planning of legal and financial matters through to the support needed for family carers. The aim is always to avoid unnecessary crisis and create a 'place to turn', it is designed to bridge the clinical and social needs, ensuring that people feel supported. An important aspect is the strong relationships between TEWV and DF at all levels, so that from the perspective of the patient it is one 'virtual' team and there is no wrong door.
19. Across TEWV we are promoting the work of volunteers and peer support workers. York and Selby already have a number of volunteers. This work will be rolled out across the locality to promote the recruitment of volunteers and to highlight the benefits of the work that they do.
20. TEWV are in the process of establishing speciality specific Community services for MHSOP for service users in York and Selby. York and Selby locality will be part of a TEWV trust wide initiative around community services productivity.
21. The Memory Management Service aims to give the people of York and Selby access to good quality assessment and diagnosis and treatment of dementia. The sooner service users are diagnosed the quicker they can access the support they need. We are committed to reducing waiting times for assessment by this service and have therefore temporarily redeployed staff to this service. A nurse within the service has also commenced the Non-medical prescribers training which once complete will also support timely access to this service.

22. Acute hospital liaison has received some additional staffing resource which has allowed us to extend the hours we provide a service within York district hospital. This will have wider impact across partners around admission avoidance and capacity to support patients who may have complex care needs.
23. TEWV are actively involved in the ongoing work around the discharge to assess model and are committed to supporting the implementation of this model that will see all agencies provide a timely response to mobilising service around service users when discharge from the acute hospitals.

Consultation

24. Not applicable as this is a written update

Options

25. Not applicable as this is a written update

Analysis

26. Not applicable as this is a written update.

Strategic/Operational Plans

27. The longer term strategic plan for Dementia services within the locality is to reduce the bed base to 30 with a ward for organic illness and a ward for functional illness. Each ward will have 15 mixed gender beds all with en suite facilities in a purpose built new hospital. The reduction in the bed base will be supported by enhancing community based services to provide additional support to people within their own homes or other establishments to avoid unnecessary admission into hospital, addressing length of stay within units and facilitating appropriate discharge.

Implications

28. This implications section is not applicable as this written update does not require any decision.

Risk Management

29. This section is not applicable as this is a written update as opposed to a report.

Recommendations

30. Health and Wellbeing Board are asked to note and comment on the report.

Reason: To keep the Board up to date in relation to mental health services for older people.

Contact Details

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**Report
Approved**



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Specialist Implications Officers - None

Wards Affected

All

For further information please contact the author of the report

Background Papers

None

Annexes

None