

Proposal to redesign older people's mental health services and enhance provision of community care and support

1. Introduction

On 12th September 2012 Leeds and York Partnership NHS Foundation Trust (LYPFT) presented a paper to York Health Overview and Scrutiny Committee, setting out a proposal to redesign the way that older people's mental health services are provided in York, Selby and Tadcaster; incorporating the development of a new dedicated care home team and reconfiguration of inpatient beds.

Whilst York Health Overview and Scrutiny Committee supported the principle of providing more care in community settings, it expressed some concerns about the proposal and asked LYPFT to return to Scrutiny in December, to provide assurance that these concerns have been addressed.

This paper sets out the Trust's response and asks for York Health Overview and Scrutiny Committee's support with our service redesign proposals.

2. Key points of the proposal

In summary, the proposal is as follows:

2.1 Development of a Care Home Team, to support the care of people with mental health problems living in residential and nursing homes.

This team will build capacity in care homes, supporting care home staff to care for people's mental health needs, reducing the need for admissions from care homes into hospitals; and reducing referrals from care homes to Community Mental Health Teams (CMHTs). The team will also help to improve the pathway from NHS inpatient services into residential and nursing homes, helping to prevent delayed discharge.

Currently our Community Units for the Elderly (CUEs) receive over 30 admissions from care homes per year. Evidence from similar developments indicates that the Care Home Team can reduce this by 50% within the first year.

We also expect a reduction in annual referrals to CMHTs from care homes of 35% in the first year, meaning that CMHTs will have additional capacity to provide an enhanced service for other service users.

This will mean there will be fewer occasions when a vulnerable older person is required to move from their home to hospital, or between homes. The proposal will improve health outcomes for these individuals and reduce their distress and that of their carers. In addition, care providers in other settings will gain greater understanding of mental health issues, promoting the provision of high quality care.

The combined impact of increased CMHT capacity alongside the new Care Home Team can also be expected to reduce the number of crisis events in the community, which lead to admission to A&E departments and the acute sector.

The Care Home Team will be part of the integrated community service and will play an important part in the dementia care pathway. Their specialist interventions and advice will help to reduce the need for medication including anti-psychotic drugs. The team will also provide training to nursing home staff where required; and will deliver a flexible service, offering support and advice over an extended working day up to 8pm.

2.2 Reconfiguration of Community Units for the Elderly

To resource this service improvement we will need to refocus some resources from inpatient to community services. The case for this is supported by the current high level of delayed discharges within our CUEs; these are people who no longer require hospital-based health assessment or treatment and whose needs would be better met in community or residential care.

An analysis of bed use in older people's services over the past year demonstrates an average of more than 20 delayed transfers of care. Addressing delays will therefore allow us to release resources currently committed to inpatient facilities and reinvest in community based services, so reducing the need for hospital admission and supporting people to remain in their home.

Addressing delays will improve outcomes for patients and service users. This is a quality improvement initiative, intended to ensure that people receive the right care, in the right place, at the right time. It is not appropriate for people to remain in hospital when they no longer need to be there.

To reflect this, Monitor (the independent regulator of Foundation Trusts) has set all Foundation Trusts (FTs) a target of reducing delayed discharges to a maximum of 7.5%. Monitor recognises that addressing delays requires effective partnership working and strong collaboration across sectors; and expects FTs to work to achieve this. Therefore even if LYPFT did not wish to reconfigure older people’s services within York, we would still need to address delayed discharges within our services, in order to comply with our regulatory requirements.

We propose to reconfigure the current inpatient community units. This will allow us to vacate Mill Lodge CUE, consolidating beds into the remaining units: Meadowfields, Worsley Court and Peppermill Court. We will retain elderly assessment beds at Bootham Park Hospital.

All existing patients who need assessment or treatment in a CUE will continue to receive this care. We have had individual discussions with everyone who will be affected by this proposal; and individual plans are in place to meet their continuing needs.

Following this proposed reconfiguration we will have a total of 62 mental health beds for older people. The population of older people in the York, Selby, Tadcaster and Easingwold area is approximately 52,000¹. This therefore equates to 1.2 beds per 1,000 population, well within the Royal College of Psychiatrists’ guidelines. We are therefore fully confident that we will continue to have sufficient inpatient capacity to provide assessment and treatment to everyone who needs this service.

The location of the beds will be as shown in the table below. We always endeavour to find a bed which is conveniently located for patients and their carers; however there are times when York residents are admitted to Selby; or vice versa. Reducing the need for admission by increasing community resources will help to avoid some this in some cases.

	No. beds	Single/mixed sex	Location
Elderly Assessment Unit	16	Mixed	Bootham Park Hospital
Worsley Court	14	Mixed	Selby
Meadowfields	18	Mixed	Tadcaster Road, York
Peppermill Court	14	Males only.	Groves area of York
TOTAL	62		

¹ based on Neighbourhood Care Team information provided by the CCG

3. Concerns raised by York Health Overview and Scrutiny Committee

Overview and Scrutiny expressed concern that this proposal had been developed unilaterally by LYPFT; without consultation with partners. This response has therefore been jointly agreed by representatives from LYPFT, City of York Council, NHS NYY and Vale of York CCG. The content of the paper has also been discussed with colleagues from the third sector, as listed in Appendix 1.

3.1 Concern that CUEs were originally commissioned to provide long term care and that there has been no joint commissioning agreement to date to change this approach within the city.

The CUEs were built between 1989 and 1996 for the care of the confused elderly in York and district, who would previously have been housed in large mental hospitals (e.g. Clifton Hospital), to allow their care to be in a community setting. The opening of the CUEs allowed the transfer of the remaining elderly patients from Clifton Hospital, facilitating its closure. CUEs were not built as 'bed for life' facilities, but the individual patients transferred from Clifton Hospital were promised that they could remain at the CUE for the rest of their life. None of this group of patients is still with us.

As an NHS assessment and treatment facility the CUE have never been intended to provide a permanent placement for patients. Some patients funded through Continuing Health Care did continue to be placed in the CUEs however; and this has given rise to some confusion about their function. Over time people with Continuing Health Care needs have been cared for in more appropriate settings.

Changes in national policy have seen continuing emphasis on community-based care, meaning that increasingly people are cared for in their own homes. To facilitate this, health and social care resources have been increasingly refocused from residential care to community care. This proposal is fully in line with that shift in policy, which itself is in line with patient choice and improved quality and outcomes.

3.2 Concern about how the needs of the current Mill Lodge residents will be met

At the time of writing, there are currently 7 patients at Mill Lodge, which has a total of 16 beds.

Of these, 3 patients have been assessed as needing residential care; one has a place arranged and is shortly to transfer; social work colleagues are actively working to address the longer term residential needs of the other two patients.

Of the remaining 4 patients, one has recently had trial home leave with a view to potentially being discharged home. Unfortunately this has not been successful and a meeting is now to be arranged to reconsider discharge plans.

The remaining 3 patients continue to need NHS care and treatment at this time. We will continue to provide care and treatment for these individuals for as long as they need NHS care and treatment. Over the last 6 months the average monthly discharge rate has been 20.5% of available beds; therefore it is reasonable to expect that most will be discharged before Mill Lodge is vacated.

We will seek to avoid any transfers of care, to avoid disruption for patients and their carers.

3.3 Concern about the longer term impact on the whole system of care in York

In the short term, it can clearly be seen that the proposals outlined in this paper will have minimum impact on the whole system of care. There is no additional pressure on any part of the system; patients within the CUE units have always been moved on to more appropriate longer term care and this continues to be the case. LYPFT is currently providing more care and treatment in people's homes, leading to a significant overall reduction in CUE occupancy from 95% in May 2012 to 82% in November. The introduction of a Care Home Team will allow us to sustain this reduction in demand for beds and provide a better community service.

In the medium and longer term, it is the explicit intention of all key partners to work together to provide fully integrated care pathways, that will result in reduced demands on services and budgets, and a higher quality experience for patients and service users. We must invest in community alternatives to inpatient care and it is our belief that we can achieve much more in this respect. Failing to tackle this refocusing of services would be wasteful of scarce resources and would not improve outcomes for those very vulnerable people who need our services. The move to joint health and social care commissioning is designed to support this direction of travel and we have already committed to working with partners to develop clear protocols for accessing Section 117 and Continuing Health Care funding.

LYPFT is currently reviewing and redesigning the way that we provide specialist mental health services and we will collaborate with colleagues across health, social care and voluntary sectors, as well as involving people who use our services and their carers, to articulate a clear shared vision and strategy for the care of older people with mental health needs in the city. We look forward to returning to City of York Health Overview and Scrutiny Committee to share this vision and strategy in due course.

4 The outcomes of our consultation exercise

We have had only one written response to our public consultation; this being from a gentleman who was concerned about public transport (unrelated to our proposal).

Everyone who has spoken to us has understood the need for change, that hospital is not the right place for people to remain longer than they need; and is appreciative of our aim to keep people out of hospital for as long as possible. The concerns that were raised related to family members and what would happen to them. When people understood that we would not under any circumstances discharge their relatives without robust and appropriate plans in place, they were satisfied.

Offers have been made for people to visit and look around the other CUE units and everyone affected has been spoken to on a one to one basis.

All staff that would be affected by this proposal have been able to express a preference for suitable alternative employment within LYPFT and each individual will be appropriately redeployed, with no job losses.

Melanie Hird, Associate Director, York and North Yorkshire Services
Lynn Parkinson, Deputy Director, Leeds and York Partnership
Foundation Trust

December 2012

Appendix 1: Consultation Plan for proposed change to Mill Lodge and development of Care Home Team

		Date	Completed
1	Production of consultation plan	Aug 3 2012	Aug 3 2012
2	Produce list of those to be consulted	w/e 17/08/12	Aug 3 2012
3	Production of a full information document to support consultation	w/e 07/09/12	September 7 th 2012
4	Circulation of information including mail out and web site	w/e 07/09/12	September 7 th 2012
5	Set dates and hold number of public meetings with invited parties from service users /carers /partners /stakeholders etc 'Market place' events at Mill Lodge and Worsley Court Individual meetings with service users and carers	September/ October 2012	September 28 th . October 15 th .
6	Hold staff presentations Communicate to all staff involved and provide links to further information: Trust website Staffnet briefing Letter from Operational Management setting out management of change process HR, JNCC and Staff side informed	September/ October 2012 September/ October 2012	20 th and 21 st September 2012 September/ October 2012
7	Attend Health Scrutiny Board: North Yorkshire CC	September 2012	September 2012
8	Briefing of CCG/PCT	September 2012	September 2012
9	Presentation to CYC OSC	12 th September 2012	12 th September 2012
10	Briefing with paper and/or brochure via CVS to partners	September 2012	September 2012

11	Briefing with paper and/or brochure to Mental Health Forum Brochure to Older People's Assembly Brochure to York and North Yorkshire Links Brochure to York Carers Forum Brochure to York/Selby Alzheimer's Society Brochure to Selby AVS Brochure and e-brochure to Library services	October 212	October 2012
12	Meet with York Mind Executive	November 2012	November 2012
13	Presentation to NY OSC	9 th November 2012	9 th November 2012
14	Presentation to LYPFT Council of Governors	13 th November 2012	13 th November 2012
15	Meet with external partners from CCG, CoYC, NYYPCT	29 th November 2012	29 th November 2012
16	Meeting with York and North Yorkshire elected governors	30 th November 2012	30 th November 2012
17	Collate feedback and produce final recommendation	December 2012	5 th December 2012
18	Further feedback to CYC OSC	19 th December 2012	19 th December 2012
19	Final report goes to LYFPT Board	20 th December 2012	20 th December 2012
20	Implementation plan	To commence January 2013	