Monday 3 July 2023

# Older people's mental health transformation programme

## Inpatient transformation – briefing note for Joint Overview and Scrutiny Committee workshop, 4 July 2023

The purpose of this briefing note is to support the workshop planned between the older people's mental health transformation programme team and the overview and scrutiny committees of Calderdale, Kirklees and Wakefield on Tuesday 4 July 2023.

**The older people's mental health transformation programme is delivered in partnership between:**

- South West Yorkshire Partnership NHS Foundation Trust
- Calderdale Cares Partnership
- Kirklees Health and Care Partnership
- Wakefield District Health and Care Partnership

## Introduction

South West Yorkshire Partnership NHS Foundation Trust and the Calderdale, Kirklees and Wakefield Health and Care Partnerships are working together to review how we improve mental health care for older people in our inpatient wards.

Our older people's mental health inpatient services look after people who are diagnosed with dementia (also referred to as organic needs), and those with other mental health needs such as depression, anxiety and psychosis (often referred to as functional needs).

It is important that all older people diagnosed with dementia and functional mental health needs get the right care in a safe, appropriate and supportive environment.

Significant improvements have already been made through the older people's community mental health transformation programme, meaning that most people are cared for as close to home as possible.

We know that due to these improvements most people can be supported to live well in the community. But there is a need to better support the small proportion of people who are acutely unwell, who present with complex needs and co-morbidities, and therefore require admission to an inpatient ward.

## About older people's mental health inpatient wards

The Trust has five older people's mental health wards. These include:

- A ward in Halifax at Calderdale Royal Hospital (mixed functional and dementia patients, 16 beds)
- Two wards in the Priestley Unit in Dewsbury, located in Dewsbury and District Hospital (mixed functional and dementia patients, 30 beds; 15 male beds and 15 female beds)

- Two wards in the Wakefield district – one on the Fieldhead Hospital site (mixed functional and dementia patients, 16 beds) and one at The Poplars in Hemsworth (dementia patients, 12 beds).

In South Yorkshire, the Trust has a ward for people with functional mental health needs (10 beds) at Kendray Hospital in Barnsley, which we do not envisage any change as part of this transformation.

A map of where our services are located can be found in figure 1 (please note that mixed functional and dementia wards are referred to as 'mixed needs'):


*Figure 1 - map of locations of older people's mental health inpatient services within the South West Yorkshire Partnership NHS Foundation Trust footprint*

## Improvements to older people's mental health in the community

As part of the community transformation programme for older people's services (2015-2019), an initial set of requirements were established around best practice community models of care. These included age-appropriate specialist mental health services that are required to meet the needs of older people. We found that comprehensive specialist mental health services for older people needed to be reconfigured and developed, to ensure all parts of the system provided:

- access to crisis home treatment
- care home liaison
- general hospital liaison
- early diagnosis and intervention
- access to psychological therapies
- an equitable distribution of resources within mental health services that takes account of an ageing population.

Work on community models found a need to focus on the following areas:

- ensuring there are fit for purpose intensive community support services in all areas
- appropriate specialist workforce across all services
- improved care home liaison services that reduce unnecessary admissions
- equitable psychological services for older people
- maximise productivity to support sustainability.

When we spoke with service users and carers about community transformation, people were generally positive about the community proposals and told us they prefer to be supported to have their care closer to home or in the home, for as long as possible.

As a result of the work, a community model was established that operated as a framework to enable the community services to deliver transformation objectives. The model includes core central services with close links into GP practices and community physical health teams across Calderdale, Kirklees and Wakefield. These services support care being provided closer to home for those people accessing community services.

The community service offers the following service components across Calderdale, Kirklees and Wakefield (with some variation in the delivery models):

- Crisis teams: to assess and manage significant risks in the community through a variety of approaches such as: medication review, medication management, advice and support and risk monitoring visits.
- Community Mental Health Teams (CMHT): providing longer term input from a named nurse A multidisciplinary approach is key to a CMHT service offer, with nurses, OTs, Psychiatrists, Psychologists and Support Workers, all working together to plan support, provide psychological interventions, review medications and manage risk.
- Memory Assessment Services: offer a comprehensive assessment of memory, which may result in a diagnosis of dementia and potentially medications, signposting and advice to help manage the condition.
- Care Home Liaison Services – to offer support to paid care staff and to review and care plan for patients living in 24-hour care.
- Admiral Nurses – support carers of people living with dementia, to help to understand the condition, manage behaviours that challenge and help navigate support. Further work is in progress to improve carer support for people living in Calderdale.

## Why we are proposing to transform older people's mental health inpatient services

Most of our older people's mental health inpatient wards care for people diagnosed with dementia and functional mental health needs – referred to as a mixed needs ward.

Evidence shows that the clinical and personal needs of people diagnosed with dementia, and people with functional needs are very different. There are different types of clinical leadership, supervision, interventions, and workforce skills required to provide specialist care for people with dementia and people with functional needs. On mixed wards it can be difficult to provide activities that are stimulating and care that is appropriate for both groups of patients. For example[1]:

- people with dementia, by nature of their condition, are often not able to navigate the personal space of other people.
- the effect on people with dementia of sharing a ward with people with severe depression may also be unhelpful.
- people with severe depression, for example, may find that sharing their living space with other people with behavioural problems can make them feel worse.

- the type of supervision and clinical intervention and workforce skills needed for the two groups may be quite different
- on mixed needs wards, providing activities that would be stimulating and meet the needs of each individual can be challenging.
- incidents of falls, violence and aggression are higher on mixed needs wards than specialist wards.

We know that the current model means that patients can move wards, sometimes multiple times, during their inpatient stay to enable them to receive more specialist care. This increases length of stay and contributes to 30% of people being admitted to a ward outside of their local area.

We face challenges with some of our current estate which does not provide an optimum layout for providing modern, therapeutic care. Factors such as the environment, and the amount of personal space available, are also shown to make a big difference to people's overall wellbeing and experience of care. For example, not all rooms provide en-suite facilities, there are issues with line of sight, meeting single sex accommodation guidelines and managing isolation.

The geography of our current estate means that not all wards are well aligned to a main general or a mental health hospital. This leads to challenges such as ability to admit individuals who are acutely unwell staff isolation and access to urgent support, limiting numbers of patients that can be supported safely.

We want to make sure we give people the right care in a safe and supportive, needs-led environment.

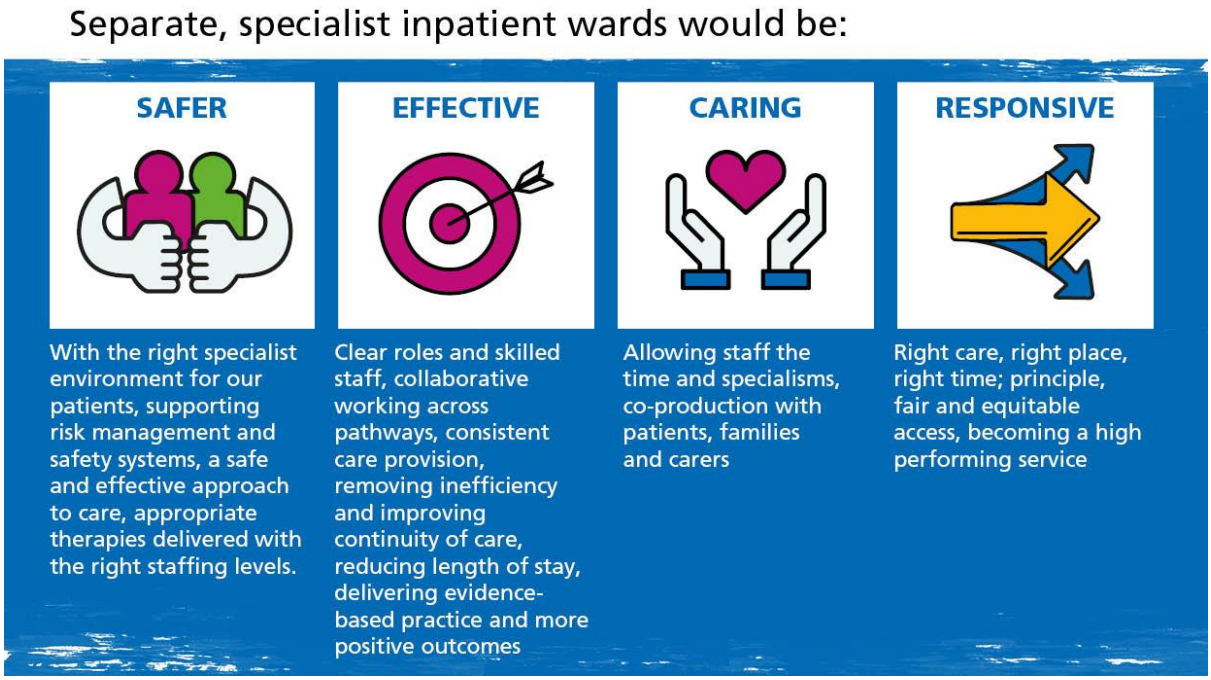



*Figure 2 - a graphic showing how separate, specialist inpatient wards would be: safer, effective, caring and responsive.*

## National and regional context

NHS England, in their draft document, Acute Inpatient Mental Health Care for Adults and

Older Adults: draft guidance to support timely access to high quality therapeutic care, close to home and in the least restrictive setting possible (October 2022) have set out a vision for effective, good quality care in adult acute inpatient mental health services, which is based on seven key principles:

- care is personalised
- admissions are timely and purposeful
- hospital stays are therapeutic
- discharge is timely and effective
- services actively identify and address inequalities
- services grow and develop the acute inpatient workforce in line with national workforce profiles.

The West Yorkshire ICB strategy refresh Five Year Plan - Our vision (wypartnership.co.uk) states that if you need hospital care, it will usually mean that your local hospital, which will work closely with others, will give you the best care possible and that access to care is equal for all. Local hospitals will be supported by **centres of excellence for services such as** cancer, vascular (arteries and veins), stroke and **complex mental health**. They will deliver world class care and push the boundaries of research and innovation.

## What the evidence says

In 2019, the Care Quality Commission (CQC) gave the Trust a 'good' rating for inpatient care for older people. At the time, they were aware of plans to transform the service and the partnership work being done with commissioners to explore the development of a specialist dementia unit. The CQC:

- saw evidence of good dementia care as part of their inspection but pointed out that this was inconsistent
- heard from staff about the challenges of managing wards with mixed functional and dementia patients.
- gave the Trust the following action for improvement - **'The Trust should ensure that staff are supported to manage the mix of organic and functional patients and that dementia care is appropriate'.**

In 2022 the CQC also visited Ward 19 and The Poplars, where they:

- noted the location of The Poplars meant that staff were isolated in terms of access to urgent support or cover for unplanned staffing issues
- stated: "We were concerned that the distance from The Poplars to other trust locations would impact on out of hours medical assessments".

The joint commissioning panel for mental health guide advocates:

- where possible, separate ward space for functional and organic disorder (dementia)
- gender separation guidance for inpatient services should be properly applied.

Mental welfare commission for Scotland – older people's functional mental health wards in hospitals, themed visit report highlighted that where wards were mixed, nurses often described difficulties:

- "Challenge of meeting all individual needs for functional patients and dementia patients as needs can be complex."
- "When there is a higher percentage of patients with dementia this has a negative impact on patients with a functional illness."

Separating care for people based on their needs, is also consistently regarded as a model of good practice and is the model that most places have (see figure 3):

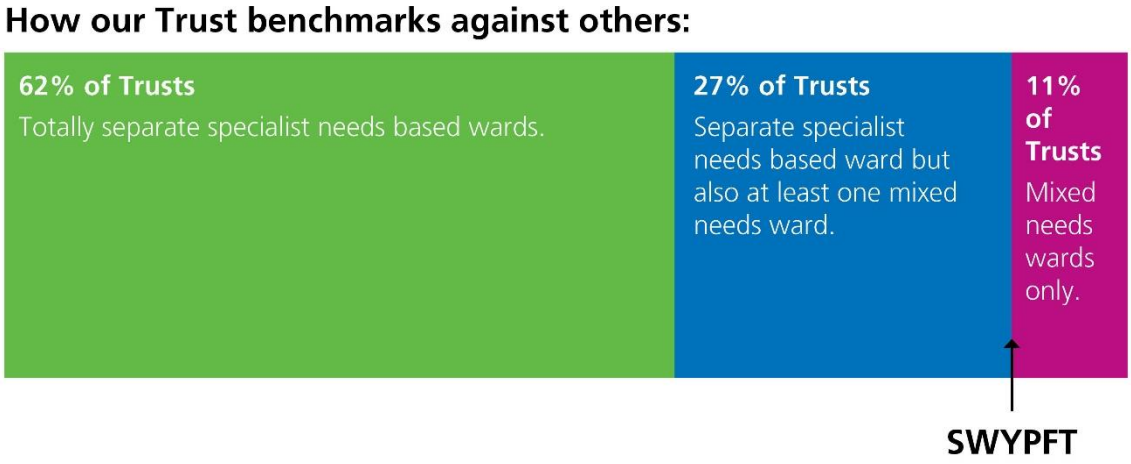



*Figure 3 - how the Trust benchmarks against others*

## What people say

Below are some comments received from service users, families and carers who have experience of staying on one of our older people's mental health inpatient wards:

- It was very upsetting and worrying for me coming in to contact with someone with dementia for the first time. I was worried all night hoping the person could not get into my room.
- I think the 'time element' of support currently is more geared to service users with dementia. We all need support.
- Dementia patients are more awkward and need extra care. Having specialist ward helps to aid recovery with patients with the same illness.
- Everybody in a similar position so can be catered to the person's needs. Sometimes helps to talk to and share with others who suffer similar things.
- Some patient behaviour can be challenging and upsetting.
- Be easier for staff if functional only. The ward would be calmer and better especially for dementia patients, who required more care and looking after.
- Seriously unwell patients need to be segregated from other patients for the benefit of both staff and other patients.

## Engagement to date

Engagement with our stakeholders has been a key part of our approach to the older people's community and inpatient mental health services transformation. A summary of our engagement work for the inpatient programme can be found in our journey map (figure 4):

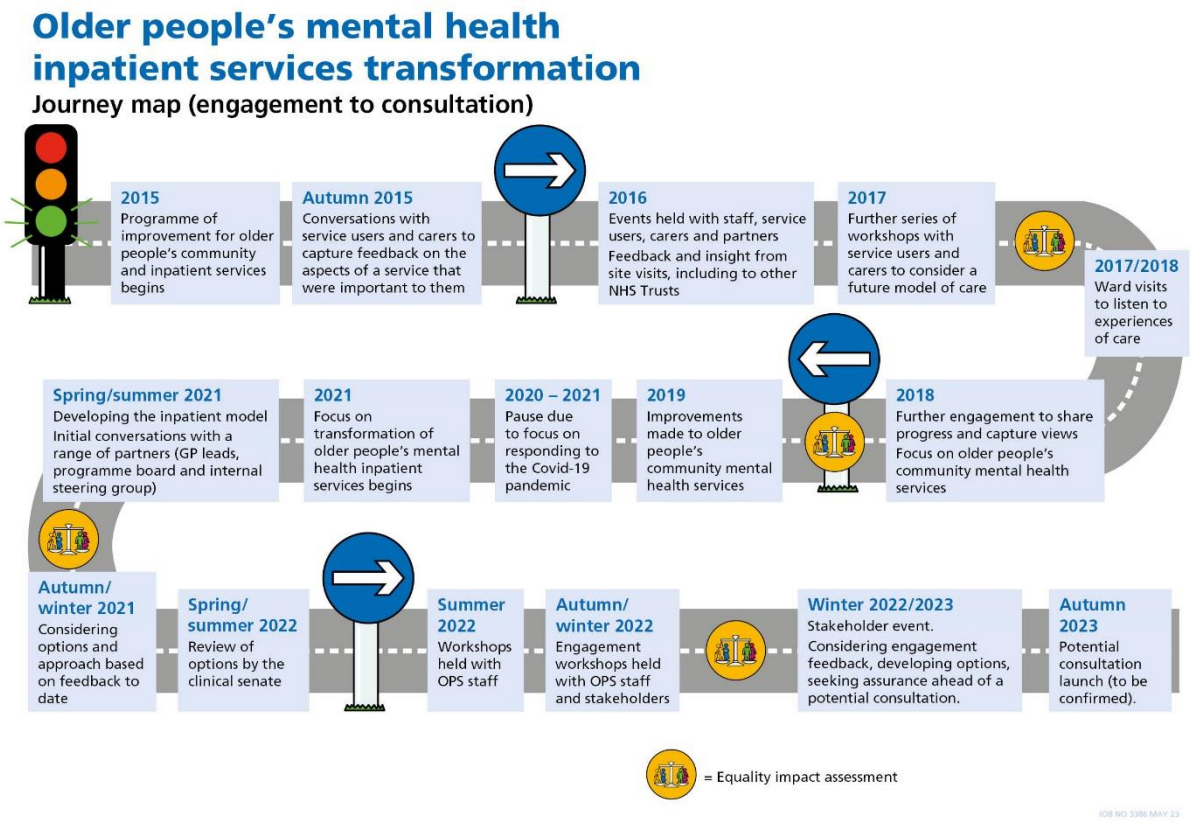



*Figure 4 - journey map, older people's mental health inpatient services transformation*

## How many people need older people's mental health inpatient services

Only a very small proportion of older people need an acute mental health admission. The table below (table 1) shows the average number of admissions per year from these local areas:

| 2018-2022 average | **Functional** | **Dementia** | **Total** |
|---|---|---|---|
| Calderdale | 47 | 24 | 71 |
| Kirklees | 75 | 27 | 102 |
| Wakefield | 50 | 33 | 83 |
| Total | 172 | 84 | 256 |

*Table 1 - average admissions per year*

## The current model

The current older people's inpatient mental health model is not suitable for making sure that people get the right care in a safe and supportive, needs-led environment. Table 2 (below) gives an overview of the current provision in Calderdale, Kirklees and Wakefield, against some key best practice criteria.

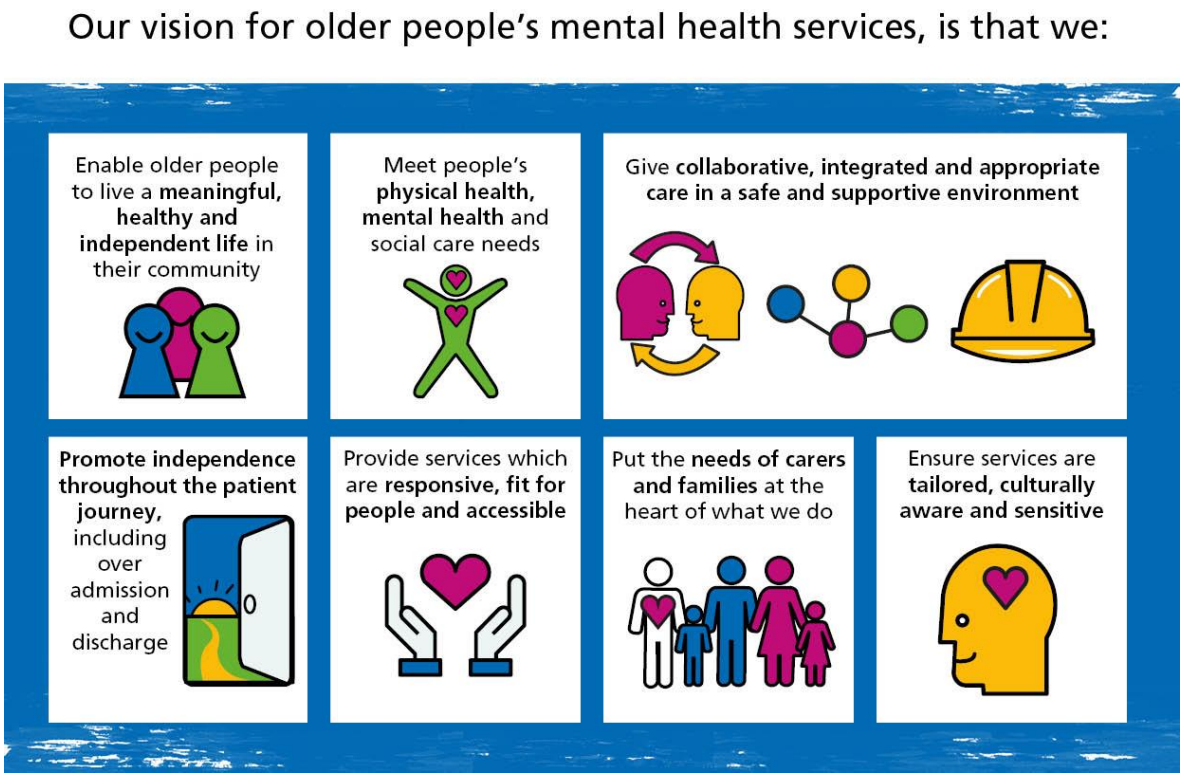
| | | Calderdale | Kirklees | Wakefield |
|---|---|---|---|---|
| Separate wards for functional / dementia inpatients | | N | N | N – Crofton<br>Y – Poplars |
| Single sex accommodation guidelines met | | Y | Y | Y – Crofton<br>N - Poplars |
| **Environment** | | | | |
| • Ward size (best practice) | | Y | Y | Y |
| • Therapeutic | | N | N | N |
| • Optimum for reducing incidents | | N | N | N |
| Appropriate staffing levels | | N | N | N |
| Staff able to provide specialist support | | Sometimes | Sometimes | Sometimes |
| Continuity of care and pathways | | Sometimes | Sometimes | N |
| Timely / appropriate length of stay | | N | N | N |
| **Access for:** | | | | |
| • Staff teams and partner organisations | | Y | Y | Y – Crofton<br>N - Poplars |
| • Patients, families and carers | | Sometimes | Sometimes | Sometimes |
| • Protected characteristics | | Sometimes | Sometimes | Sometimes |
| Capacity to meet demand | | Y | Y | Y |

*Table 2 - overview of current provision*

## Our vision

It is important that all older people diagnosed with dementia and functional mental health needs get the right care in a safe, appropriate and supportive environment.

As a system, we have a strong vision for what we want to achieve for everyone who uses older people's mental health inpatient services:




## Options development and criteria

We are working through the development of proposed options to be taken forward to consultation. In the development of these options, we are considering the following best practice criteria:

- separate wards for functional / dementia inpatients
- single sex accommodation guidelines met
- environment: including ward size, if it is therapeutic, and if it is optimum for reducing incidents
- appropriate staffing levels
- staff ability to provide specialist support
- continuity of care and pathways
- timely / appropriate length of stay
- access for: staff teams and partner organisations, patients, families and carers, those with a protected characteristic (including carers)
- capacity to meet demand
- sustainability
- alignment with local, regional and national strategies
- value for money.

It is also important to highlight that the proposed options will also consider affordability, both in the context of providing value for money, but also the future financial positions of Integrated Care Systems.

## Equality and insight

Equality and insight has been embedded throughout the course of our work to transform older people's mental health services, both in the community and our inpatient services.

Each service has an Equality Impact Assessment (EIA) which captures the data of those who use the service and the workforce profile. The EIA has been used to inform the development of proposed options.

## Risks of not proceeding with the programme

If we continue with the current model for older people's mental health inpatient care we will be operating a system which carries the following risks:

- continuing with a model which is not best practice or aligned with other providers across the NHS
- poor patient experience
- a failure to meet the recommendation of the CQC of specialist needs based wards / environments.
- moving people between wards and causing unnecessary distress, increased length of stay, and impact on quality of care
- poor experience for families and carers
- failure to meet recommendations outlined in safer staffing guidance, including not addressing ongoing staffing challenges in terms of recruitment, having a specialised, skilled workforce, turnover and reliance on bank and agency cover
- isolated wards which lead to challenges in terms of emergency and medical access, as well as cross cover
- safety – increased incidents which could be preventable.
- failure to implement actions/ recommendations identified within CQC reports (October 2022)
- lack of appropriate therapeutic areas
- inability to deliver seclusion areas when appropriate.

**Moving patients between wards**
In recent years, about 30% of all admissions have been outside of locality, with Calderdale having the highest proportion, close to 50%.

As well as this, nearly 30% of people have been moved as part of their ward stay, with nearly half of patients with dementia being moved to another ward during their stay. The length of stay on our mental health inpatient wards for a patient diagnosed with dementia is a lot higher than it should be, averaging over 100 days.

There are a number of potential risks in moving people between wards during their stay, including:

- impairs continuity of care
- prevents the development and utilisation of therapeutic relationships.

- hinders access by carers due to the geographical differences.
- unnecessarily extends the length of stay.
- there is an additional period of assessment while a new care team and the service user get to know each other.
- an understanding of the wider multi professional team and their role in supporting care in the community need to be re-established.
- relationships between the carer and the care team need to be re-established.
- leads to attitudes to risks being lowered while impact is re-evaluated.
- increases the risk due to the change of environment / change of staff, for example, can also lead to increased confusion when moving people. The changes can't always be mitigated and there can also be an impact on carers.
- especially disruptive to the treatment of a person living with dementia:
    - increased confusion.
    - increased disorientation.
    - staff not being able to interpret the person's needs appropriately.

A needs-based model means that we expect older people diagnosed with dementia and functional mental health needs to get the right care in a safe, appropriate and supportive environment. This means they are admitted to a ward which meets their needs, first time, reducing the need to move between wards.

**Incidents**

We believe that a needs-based model can support a reduction of incidents such as falls and violence and aggression, across all older people's inpatient mental health wards, as they will provide the right specialist environment and right levels of supportive workforce.

## Next steps

We hope that the workshop provides assurance of the approach taken by the programme to date, and that we can work together to establish a joint overview and scrutiny committee (JOSC) to support the ongoing governance of the partnership programme, ahead of potential consultation. We would hope to be in a position to present the potential options for consultation back to the JOSC in September 2023.

We look forward to an ongoing dialogue between JOSC and the programme team and would value your guidance on the best approach to this going forward, both on a place-based level and across Calderdale, Kirklees and Wakefield.

## References / sources

1 - Audit Commission; Royal College of Psychiatrists; Care Services Improvement Partnership; The Mental Welfare Commission for Scotland; Royal College of Psychiatrists' Centre for Quality Improvement