

Board Paper Summary Sheet

Agenda Item No WO14

Date: 17 April 2007

Title: MAINSTREAMING MENTAL HEALTH – PHASE II

Purpose/Summary

To inform the board on progress with reviewing the commissioned mental health services for older people in Wiltshire.

Link to PCT strategic objectives

Links with the PCT's commitment to complete the decision making process following consultation on Mental Health Services "Mainstreaming Mental Health" Also links to the PCT's decision to implement "Reforming Community services"

Human and Financial Resource Implications

The paper signals the need to assess the financial and HR impact of changes to the current model of service.

Risk Management/Other implications None

Equality issues None

Consultation and Public Involvement

Patients and key stakeholders have been involved in the development commissioning plans for different parts of Wiltshire. These plans are now being consolidated and this process is being monitored by a task group as part of Wiltshire Health Overview & Scrutiny committee.

Freedom of Information

This paper is not exempted from disclosure under the FOI Act. The paper makes reference to planning and commissioning development information which informs this paper, and that work is exempted from the FOI Act as it is developmental work in progress.

Review of Progress

Commissioning plans to be completed and considered by the board in May 2007

Standards for Better Health

N/A

Legality Issues

None

Options/Recommendations

The Board is asked to note the progress being made towards finalising the commissioning plans for mental health services for older people in Wiltshire

Director's signature or Sponsoring Director: Nicholas Gillard

WILTSHIRE PRIMARY CARE TRUST

Board Meeting 17th April 2007

MAINSTREAMING MENTAL HEALTH – PHASE II

Progress report on commissioning intentions for Older People's Mental Health Services

1. Purpose

1.1 This paper provides a progress report for the board on the commissioning intentions for older people's mental health services in Wiltshire.

2. Background – national & local

2.1 The overall Policy context informing the development of mental health services for older people is set out range of documents i.e.-

- Our Health, Our Care, Our Say - *White Paper 2006*
- Everybody's Business – A policy document by the Care Services Improvement Partnership – *November 2005*
- National Service Framework for Older People – *Department of Health 1999*
- Strategic Health Authority – Mental Health Service Review – *July 2005*

2.2 These documents emphasise the policy direction of supporting older people and their families to maintain maximum independence in their own homes and communities for as long as possible. They describe the importance of choice for service users and carers in respect of services received and emphasise the appropriate use of hospital care for periods that are as short as possible in order to maximise the possibility of discharge to independence.

2.3 The policy direction emphasises the importance of users and carers accessing services in mainstream settings through strengthening specialist mental health expertise and support within primary care and social care setting and where necessary in acute/main hospitals.

2.4 The overall strategic objectives of health and social care services directed at caring for older people with mental health difficulties are: -

- i) The mental health needs of older people should be catered for, wherever possible, within situ in generic settings, (e.g. Primary

Care, Acute/Main Hospitals, residential provision, individuals' own homes, home care, day services)

- ii) Services should be focussed on maximising independence and choice for the individuals concerned and on providing appropriate support to their carers.
- (iii) Ensure that services respond to the need of older people as individuals, rather than the needs of organisations.
- (iv) Ensure that hospital admissions have a clear purpose and are for as short duration as possible.

2.5 In order to develop services in pursuit of these policy objectives, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP) in conjunction with the predecessor Primary Care Trusts (PCTs) in Wiltshire undertook separate service reviews following the same policy and strategic direction.

In South Wiltshire AWP worked with South Wiltshire PCT to consult over and establish a programme of change to services for older adults with mental health difficulties.

In Kennet & North and West Wiltshire, the proposed changes to services were part of a wider strategy for change which was set out in "Mainstreaming Mental Health". This was consulted on during 2006 in parallel with the PCT's proposals for reforming community services, "Pathways for Change". The service proposals in South Wiltshire and "Mainstreaming Mental Health" included important changes to the provision of mental health services for older people. They proposed:

- A range of primary care mental health services that people with mild to moderate mental health problems could access directly through their GPs.
- Specialist community mental health services for each of the four district council areas. These would include early intervention, crisis and intensive home treatment, assessment and planned care from a community mental health team.
- Specialist inpatient services offering safe and effective short – term intensive assessment and treatment for people who display challenging behaviours as a result of their illness. These services would need to work together with mainstream physical health & social care services to older adults to ensure a smooth package of treatment and care for people with both mental and physical health needs

In order to achieve this vision there needs to be a shift within the balance of investment from in-patient to community based services, thereby reducing the number of in patient beds for older people and potentially consolidating the remaining beds on a reduced number of sites.

- 2.6 The development of services in South Wiltshire and “Mainstreaming Mental Health” pre-dated the most recent NHS re-organisation.
- 2.7 Since the separate development of these strategies for South Wiltshire and for Kennet & North and West Wiltshire, the predecessor PCTs have merged into one health commissioning organisation for the county of Wiltshire. The new PCT Board took the decision to implement phase 1 of Mainstreaming mental health as it applied to adults of working age and to defer the decision over changes to services for older adults. The PCT required that the model of service for older adults described in Mainstreaming Mental Health be applied in the context of a Wiltshire wide service and that the balance of investment across community and in patient based services be benchmarked (to include the review of in patient bed numbers on a county wide basis).

3. Specialist/Community Services

- 3.1 The predecessor and non reconfigured PCTs in Avon had worked with the older adults strategic business unit in AWP on the reconfiguration of older adults mental health services. This project developed a model of community service provision based on teams per 12,000 older adult population. These teams comprise 1 WTE team leader, 2.5 WTE community psychiatric nurses, 2.5 WTE social workers, 2.5 WTE support workers, 0.5-0.8 WTE psychologist plus OT and physio input to each team
- 3.2 Mainstreaming Mental Health proposed the consolidation of a number of smaller older adults CMHTs into one per district within Kennet, North and West Wilts with increased capacity from £265k additional investment and the absorption of day hospital staff. The South Wilts strategy also increased the numbers of staff in its older adults CMHTS.
- 3.3 Further work is needed in order to validate the application of the Avon model to Wiltshire and to cost the implications of this service re-design.

4. Intermediate care Services

- 4.1 There is very little intermediate care provision available locally for older people with mental health difficulties. The PCT has been working with CSIP, AWP, the acute provider trusts and with Wiltshire County Council to agree a model of intermediate care provision for this client group. Implementation of this intermediate care model must be costed and built into the Wiltshire strategy for older adult mental health services.

5. In patient services

- 5.1 Mainstreaming Mental Health proposed a final bed model of 38 older adult beds for Kennet and North Wiltshire which together with the 20

beds commissioned for the South Wiltshire population represents a total of 58 older adult beds for the Wiltshire population. 58 beds equates to 12.6 beds per 100, 000 total population. The local benchmarking information on the tables below illustrates similarities and differences across PCTs. Significant differences occur where the overall model of service and investment in community and inpatient service differs. This points to the need for a dialogue with neighbouring PCTs over the model of service and future plans.

PCT	Beds per 100,000
Bristol	12.5 plus 18 MH intermediate care beds (total 17)
N Somerset	12.5 increasing to 15
Wiltshire	12.6 (proposed)
Hampshire	17.46 possibly reducing to 16.07
Swindon	17.8 reducing to 15.4
Gloucs	17.9 reducing to Reducing to 10.7 (subject to ministerial approval)
B&NES	28.49

Benchmarking of older adult populations within the Avon and Wiltshire Partnership (AWP) Trust area, identifies the following bed numbers per 1,000 older adults population (older adults populations, K&N 32,006, SW 23,000, WW 21,765, total 76,839):

PCT	Beds per 1,000 older adults
Wiltshire	0.75 (proposed)
N Somerset	0.7
Bristol	0.8
B&NES	1.2
South Gloucs	1.5
Swindon	Tbc
Gloucs	Tbc

Predecessor PCTs in Avon had been working with the older adults strategic business unit in AWP on the reconfiguration of older adults mental health services. This work identified a figure of 0.8 assessment and treatment beds as the appropriate provision per 1000 older adult population. Using this benchmark Wiltshire would require a maximum of 62 assessment and treatment beds depending on the balance of investment in community based services. In patient bed numbers cannot be seen in isolation and must be determined within the context of local community services and intermediate care services.

- 5.4 The eventual location of beds will need to balance up issues of local accessibility with the need for viable units that are not isolated from other mental health and/or general services. The rural nature of Wiltshire would suggest that the balance of investment should be in support of community based services in order to optimise accessibility.

The model of service and location of viable units should be determined in conjunction with an understanding of and commitment from neighbouring PCT's.

- 5.5 In patient services will also need to operate in ways which meet the differing needs of people with organic and functional illness. The diversity of clinical presentation within these broad categories has also to be considered in determining the appropriate service operating model.
- 5.6 The current model of health service provision means that there are a number of places which are identified as Continuing Health Care. An appropriate service and financial plan needs to be considered for future provision. It remains the case that a number of in patient beds are also allocated to people who could be in residential accommodation. Developments in the private/residential care sector within Wiltshire are being planned and the PCT must continue to work with Social services within a framework for change and transfer of clients established with CSIP.

6. Summary & next steps

- 6.1 Further work on establishing the model of service and financial plans is ongoing. The commissioning intentions are being shared and discussed with Wiltshire Health Overview & Scrutiny committee as they are being developed. This programme of work will be concluded and the PCT's commissioning intentions presented to the board in May 2007

7. Recommendations

- 7.1 The Board is asked to note the progress being made outlined above.

Nicholas Gillard
Acting Director of Strategy & Planning

Date 5th April 2007

Glossary

Assessment	A formal process to identify the needs of an individual and evaluate the impact of those needs on their daily living and quality of life
Community Mental Health Team (CMHT)	A team of people made of a range of professions offering specialist assessment, treatment and care to people in their own homes and other community settings. The team should include nurses, psychiatrists, social workers, clinical psychologists and occupational therapists, with ready access to other therapies and expertise
Crisis and intensive home treatment	Services designed to manage/limit the crises suffered by mental health service users and support to people to remain at home
Dementia	A condition characterised by deterioration in brain function. Dementia is almost always due to Alzheimer's disease or to cerebrovascular disease, including strokes. The main symptoms of dementia are progressive memory loss, disorientation and confusion.
Functional Mental Health problems	A term for any mental illness in which there is no evidence of organic disturbance (dementia) even though physical performance is impaired
Inpatient services	Services provided, often by the NHS, where patients/service users are accommodated on a ward and receive treatment and care from specialist health professionals
Mainstreaming Mental Health	Consultation document produced in April 2006 setting out proposed changes to mental health services for older people
National Service Framework (NSF)	A set of quality standards for services issued by the Department of Health
Older Adults/People	Adults over 65 yrs old
Organic Illness	Illness affecting memory and other functions that is often associated with old age. Dementia, including Alzheimer's disease, is an organic illness