November 2023

Older people's mental health transformation programme

Inpatient transformation – briefing

The purpose of this briefing is to provide an update to our partners and stakeholders on the progress of the older people's mental health inpatient programme.

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

- South West Yorkshire Partnership NHS Foundation Trust
- NHS West Yorkshire Integrated Care Board (ICB)

Introduction

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

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 our older people's mental health inpatient wards

We have five older people's mental health inpatient wards, these are:

- Beechdale Ward, Calderdale Royal Hospital, Halifax (16 beds), mixed needs and mixed gender
- Two wards in the Priestley Unit, Ward 19, Dewsbury and District Hospital (30 beds; 15 male gender beds and 15 female gender beds, as two separate wards), mixed needs
- The Crofton Ward, Fieldhead Hospital, Wakefield (16 beds), mixed needs and mixed gender.
- The Poplars, Hemsworth, Wakefield (which used to operate with 15 beds but now operates with 12 beds), a dementia ward, mixed gender.

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

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- 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

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:

Our vision for older people's mental health services, is that we:
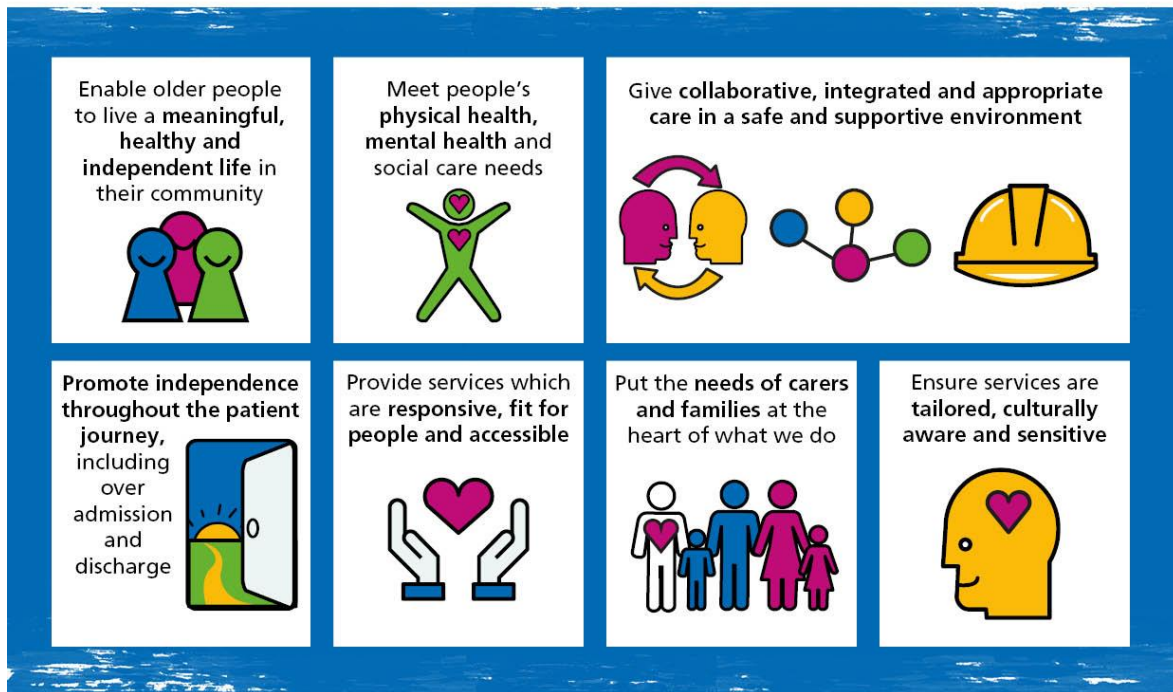
Most of our older people's mental health inpatient wards care for people diagnosed with dementia and functional mental health needs – referred to as a mixed needs ward.

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.

Separate, specialist inpatient wards would be:

SAFER

With the right specialist environment for our patients, supporting risk management and safety systems, a safe and effective approach to care, appropriate therapies delivered with the right staffing levels.

EFFECTIVE

Clear roles and skilled staff, collaborative working across pathways, consistent care provision, removing inefficiency and improving continuity of care, reducing length of stay, delivering evidence-based practice and more positive outcomes

CARING

Allowing staff the time and specialisms, co-production with patients, families and carers

RESPONSIVE

Right care, right place, right time; principle, fair and equitable access, becoming a high performing service

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

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, Priestley Unit, Dewsbury Hospital and The Poplars in Hemsworth 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):

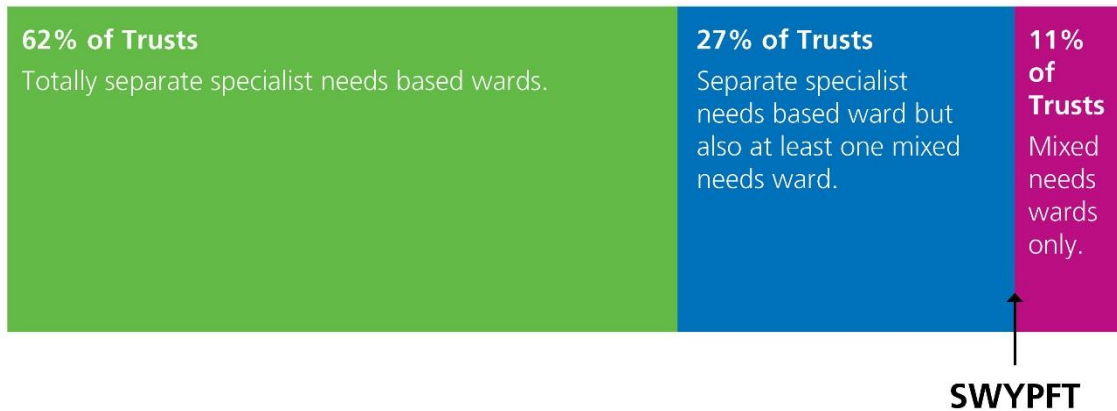## How our Trust benchmarks against others:

62% of Trusts Totally separate specialist needs based wards.	27% of Trusts Separate specialist needs based ward but also at least one mixed needs ward.	11% of Trusts Mixed needs wards only.

SWYPFT

Figure 3 - how the Trust benchmarks against others

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):
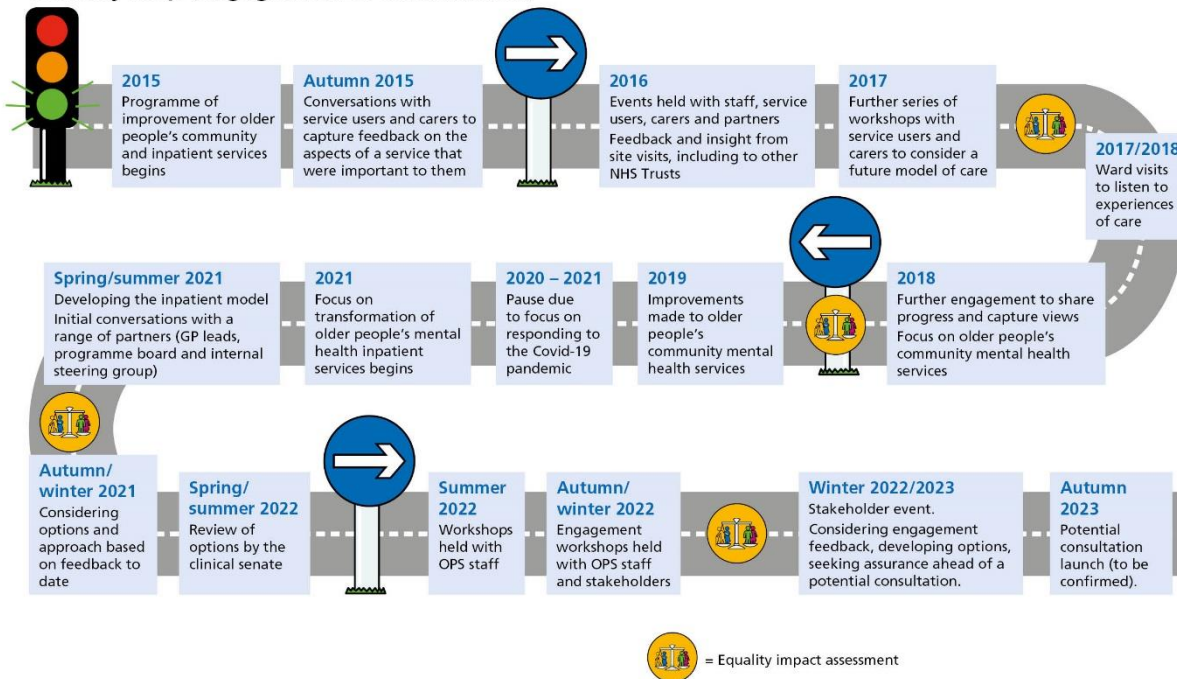

Figure 4 - journey map, older people's mental health inpatient services transformation

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

Only a very small proportion of older people in Calderdale, Kirklees and Wakefield need an admission to one of our mental health inpatient wards. The table below (table 1) shows the average number of admissions per year from each area:

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

Options development and criteria

We have worked through the development of proposed options to be taken forward to consultation. In the development of these options, we considered 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.

Next steps

We are now taking our proposals through a governance process to make sure we have the assurances and agreements in place to enable us to progress to a public consultation. The governance process includes:

- NHS England Assurance Gateway
- Integrated Care Board joint committee of Calderdale, Kirklees and Wakefield.
- A joint health overview and scrutiny committee (Calderdale, Kirklees and Wakefield).
- The South West Yorkshire Partnership NHS Foundation Trust Board

Following the governance process, we will send a further detailed update to our partners and stakeholders.

In partnership with:
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![NHS](NHS logo)

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

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