

Improving Older People's Mental Health Services

A Briefing for Stakeholders

Overview of Services

The Trust has a variety of services for older people with mental health needs across the county. Broadly, these are divided into inpatient services (hospital wards) and community services.

The vast majority of people, around 92%, are supported by the Trust's community services. These teams - which currently vary greatly in terms of their size, structure and function – work closely with other partner organisations to provide support for people at home and in their local communities.

Very few people ever require a spell of care in hospital and these services are for those people with the most urgent and severe needs, and the most challenging behaviour. The Trust has eleven wards and they are in Totnes (Harbourne Unit); Newton Abbot (Brunel Lodge); Torquay (Fernworthy Unit); Exeter (Rougemont and Westleigh at Franklyn Hospital); Tiverton (Melrose); Honiton (The Bungalow); Exmouth (St John's Court) Okehampton (Redvers); Bideford (Abbotsvale) and Barnstaple (David Barlow Unit). For a variety of reasons, the inpatient services in Totnes, Okehampton, Honiton and Torquay are currently suspended.

Current Situation – 'Good Enough for my Family'?

Earlier in the year, the Trust announced that its overriding priority for the foreseeable future is the transformation of services for older people with mental health needs. Although developments and improvements have been made to these services over recent years, the fundamental way that we care for people with mental health needs has changed enormously and we need to make sure that the services we provide for older people reflect these changes.

Across all of its services, the Trust is driven by its stated ambition to provide care which is 'good enough for my family'. This means care that is safe, timely, personalised, recovery-focused and sustainable. The Trust is particularly active in the field of patient safety and is leading the way nationally in encouraging a more rigorous and methodical approach to delivering safe services.

In too many areas of care, the Trust believes that services for older people with mental health needs in Devon do not yet pass the 'is this good enough for my family?' test.

Context of Change

One of the most significant developments in all aspects of health care has been the gradual shift away from hospital (inpatient) services towards more and better community services, which are delivered in people's homes or their local communities. This shift has taken place in caring for people with both physical and mental health needs. It has largely been prompted by the realisation that hospital is often not the best place to care for people, except those with the most severe needs and challenging behaviour. We also know that most people would rather not go into hospital unless it is absolutely necessary, and that older people tend to spend much longer in hospital, where they may miss their families and home, feel isolated and become less independent - all of which may hamper their recovery.

Key Weaknesses

At the moment, our services for older people are still predominantly focused on hospital care. 70% of financial resources for older people's care (and 60% of staff) are invested in hospital services, which are only used by around 8% of the people we support. In contrast, 30% of resources are invested in community services, which are our main source of support for people, and care for about 92% of the people who use our services.

If the Trust is to meet the requirements of the national dementia strategy, in delivering better awareness, earlier diagnosis and intervention and a higher overall quality of care for dementia sufferers and their families, it needs to significantly shift this focus.

We have already successfully moved some resources towards community based care over recent years, but we believe we need to do more and invest further in community services if we are to make the most of the funds at our disposal and provide high quality care for as many older people as possible.

There are 180,000 people aged 65 and above in Devon. This figure will rise by 40% by 2021 and the level of 'unmet' need in the community is growing rapidly. Statistics tell us that 15,000 older people in Devon are likely to have dementia (about one person in 12 over 65) but we do not currently provide any support for a large number of them. By 2021, around one person in nine over 65 will have dementia.

In addition to this, there are other aspects of older people's care that we need to address as a matter of some urgency. The first is the fact that the vast majority of older people in Devon do not currently have access to the same range of community services as younger adults – and they clearly should do. They do not, for example, have access to a dedicated crisis response and home treatment service and they have significantly less access to services like psychology, talking therapies and occupational therapy.

In terms of our hospital buildings and facilities, we also know that many of our wards for older people are in need of refurbishment, some still offering only dormitory-style accommodation. They do not meet national privacy and dignity guidelines for the provision of single sex accommodation for men and women and they do not provide separate services for people with dementia and those with 'functional' illnesses, such as depression, which they will soon need to.

In short, our hospital services for older people do not offer the kind of environment we should be providing for people in the 21st century. We also have serious challenges with the recruitment and retention of qualified nursing staff on our smaller wards and this has led, in part, to the current suspension of services on some of these wards.

In the Trust's own review of services over recent months, a number of factors have emerged relating to quality and safety on older people's wards. Many of these issues are also being considered in the Care Quality Commission's (CQC) ongoing review of our hospital services for older people. In addition, a recent regional review of dementia services by the Strategic Health Authority (SHA) will also make a timely contribution to the debate about how local services should develop.

The CQC and SHA will report in due course, but what is already clear is that levels of quality and safety on our older people's wards can be readily improved and that much of the work that needs to be done to achieve this relates to staffing levels and professional practice and training. The Trust is committed to undertaking this improvement work.

Learning from Best Practice to Improve Services

We have already demonstrated in Torbay and South and West Devon that shifting the emphasis from hospital to community services can deliver huge, sustainable benefits. In this part of the county, we have redirected resources into what is now the most comprehensive range of community services for older people and their carers anywhere in the county, providing high quality care and enabling a significant reduction in demand for hospital beds. Through using this model of care, closer working between inpatient and community teams and introducing more effective admission and discharge arrangements, we have also achieved the lowest requirement for hospital admissions and the shortest lengths of stay in hospital – despite receiving less funding (per head of elderly population) than any other part of Devon.

The service in Torbay and South and West Devon has been recognised nationally for its work, notably its education and training programme for carers. While it, too, requires further enhancement, this model represents the broad 'blueprint' for older people's care that the Trust is seeking to replicate in other parts of the county.

Achieving our commitments will require change in the way our buildings and resources are used. We will also have to change the focus of the work we are asking our staff to do. In some places we will need to commit more staff and resources. This will ensure all parts of Devon and Torbay can expect a fair share of staff, money and service.

Next Steps

The changes will start with the improvements we have to make to the environments of some of our hospital wards to achieve a substantial reduction in the number of shared bedrooms and the separation of facilities for men and women. The Trust is committed to a capital investment in these services, to make the necessary improvements, and hopes to make an announcement soon about the level of investment.

While refurbishment work is being undertaken, a phased sequence of temporary service suspensions and alternative service provision arrangements will be required. This will include the provision of additional community services to support people outside hospital, where it is safe and appropriate to do so, while improvement work is being carried out.

These interim arrangements will provide us with a valuable opportunity to test and learn more about different ways of working and the potential to shift further resources away from inpatient services and into enhanced community services. The Trust is committed to sustainability in all of its services. Most of the changes will need to be achieved within current resources and will need to be affordable into the foreseeable future.

While all of this work is going on, we will be talking to the people who use our services, their carers and to other interested parties in each locality about the improvements we need to make to our community services in order to provide better access to a broader range of services by a greater number of people.

These changes will be evolutionary and based on national evidence. They will also reflect the lessons we have learned so far in Devon and Torbay about the type of services we need to provide if the Trust is to deliver on its commitments.

Summary

The Trust is committed to significantly improving the quality and safety of services for older people in Devon. It plans to continue with the direction of travel it has set over recent years, further reducing the emphasis on hospital care and increasing the depth and breadth of community services. By doing this, the Trust believes it can end the inequalities that currently exist between older people's services and those for younger adults; deliver more and better services to a greater number of people and improve the quality of care on its remaining older people's wards. In addition, it can meet the key requirements of the national dementia strategy around early diagnosis and intervention; deliver single sex accommodation; reduce the number of shared bedrooms and achieve the separation of hospital services for people with dementia and those with a functional illness.

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