Proposed changes to mental health services for older people in the Harrogate district

Information for patients and the public

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Last updated: 29 October 2012
Introduction

Harrogate and Rural District Clinical Commissioning Group (CCG) is seeking the views of local people on proposed changes to the mental health services for older people in the Harrogate district.

Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV) who provide the service have been in discussions with NHS North Yorkshire and York (PCT), the CCG, clinicians, patients, carers, relatives, staff and key support organisations in recent months and have developed the proposals put forward in this document.

Both the CCG and TEWV are totally committed to providing the best possible care for older people in the Harrogate area and making the best use of taxpayers’ money by maximising the health benefits of every pound spent.

This means we need to look at changing how services are provided, working closely with our health, voluntary sector and social care partners so that we can continue to meet the needs of an increasingly ageing population. As the emerging local leaders of the NHS, the CCG wants to ensure a sustainable and fit for purpose local service for patients and the population we serve.

We are keen to hear your views on these proposals and to find out whether there are any additional issues that need to take into account when developing the service or making any changes.
Background

The publication of the National Dementia Strategy in 2009 heralded the beginning of a large and complex programme of change across health and social care.

As the population ages and we see an increasing number of people with dementia, it is important to make sure that older people in the Harrogate area receive the best possible care and support. This means working with our health and social care partners and the voluntary sector to ensure:

- individuals are assessed, diagnosed and start active treatment as quickly as possible
- people are able to remain independent and in their home environment for as long as possible
- patients’ individual needs and those of their carers are recognised and acted upon quickly

As we strengthen our community services and change the way we work to support people at home, there is less reliance on inpatient beds. Bed occupancy has reduced significantly over the last year and TEWV is confident that we can now reduce the number of assessment and treatment beds in the Harrogate area to a level that is much more consistent with the national norm, whilst still maintaining a high quality service.

It is important that we make good use of taxpayers’ money. By saving money on inpatient services we will be able to protect and invest further in our community services to bring them in line with the aims of the national dementia strategy.

This document provides more information on TEWV’s proposal to develop mental health services in the Harrogate area that meet the changing needs of older people.

Changes in health and population

People are living longer and the need for specialist mental health services for older people is increasing. Harrogate and rural district has a total population of over 158,000 and 20% are over the age of 65 (compared to the national average of 16%). Figures estimate that this will increase further to 23% in 2020 and 28% in 2030.

The way we provide mental health services needs to continue to change to provide more tailored care that is based on the needs of the individual. More and more people are able to get the support they need at home and are spending less time in hospital. However, with an increasingly ageing population it will continue to be vital to ensure that we provide older people with appropriate health care, at the right time and in the right place.

Dementia, in particular, presents a huge challenge for those who live with the condition and their carers. It has become a high priority both nationally and locally with the launch of the national dementia strategy (Living well with dementia) in 2009. Since then, TEWV has been working with other NHS organisations, social services and the voluntary sector to improve services for people with dementia and their carers.

Towards the end of 2011, TEWV held an event in Harrogate which was attended by a wide range of local people including health and social care professionals, service users and carers. The aim was to discuss how best to continue to improve the quality of services whilst reducing costs and a key theme arising from the workshop was the need to provide
more care and treatment in the community and have more appropriate levels of inpatient beds.

**Organic illnesses such as dementia**
Although there are exceptions, people usually develop organic illnesses such as dementia in older age.

Evidence shows that early diagnosis and treatment is very important to improving the quality of life of someone with dementia, enabling independence for longer and preventing unnecessary admissions into hospital and care homes. A core aim of the national dementia strategy is to make sure that these services are available to everyone.

Although some people will need and benefit from admission to hospital, people with dementia generally want to stay in their own homes. Research shows that older people with dementia thrive best when they can be treated in their home environment. Moving someone with dementia from their home or nursing home very often increases their confusion and their levels of stress and anxiety. This has a direct negative effect on their wellbeing and their ability to do things for themselves.

In July 2011 an All-Party Parliamentary Group (APPG) on dementia reported that greater effort should be put into preventing inappropriate hospital admissions through investment in community services. They also said that better discharge planning and improvement to care pathways could reduce lengths of stay for people with dementia who did not clinically need to be in hospital.

In a survey for the Alzheimer’s Society more than eight out of 10 carers or people with dementia said being able to stay in their own homes was very important.

This is available in the “Support. Stay. Save.” report available from the Alzheimer’s Society at [www.alzheimers.org.uk/supportstaysave](http://www.alzheimers.org.uk/supportstaysave)

**Functional illnesses such as anxiety or depression**
One in four people will experience a mental health problem at some point in their lives. Whilst dementia tends to affect people in older age, functional illnesses such as anxiety or depression can affect people at any time. Some older people will develop a serious mental health problem for the first time later in life whilst others may have experienced ongoing mental ill health.

As with dementia, most people prefer to be supported at home wherever possible. This helps them maintain their usual routines and independence as well as stay in contact with friends and family; all of which help improve their wellbeing and recovery.
Current services for older people in the Harrogate District

Provided by Tees, Esk and Wear Valleys NHS Foundation Trust (TEWV)

1. Community services

TEWV currently provide a range of community based services including:

- **Rapid response intermediate care (RRICE) team**
  The RRICE team provides a community based rapid response service to patients when they are experiencing a crisis or their clinical need or mental wellbeing suddenly changes. The service aims to support people in their own homes for as long as it is safe to do so. The team works from 8.00am to 6.00pm, seven days per week.

- **One community mental health team (CMHT)**
  Harrogate and Rural CMHT. The team provides an assessment, treatment and monitoring service for older people (over 65s) with severe or acute functional and organic mental health problems. The team works from 8.00am to 5.00pm, Monday to Friday.

- **Day hospital services**
  As we work towards providing individualised and tailored support for people with dementia, people are getting the support they need in a number of different ways. As a result of this the number of people attending our day hospitals has decreased. In consultation with patients and their families, we have combined three day hospitals previously provided in Harrogate, Knaresborough and Ripon. These are now run from a central base at Rowan Day Hospital in Harrogate District Hospital, the purpose of which is to support people with mental ill health to maintain an independent lifestyle in the community.

- **Memory clinic**
  The memory clinic provides a diagnosis service, a specialist medication monitoring service and an education service to help people and their carers manage their own needs for as long as possible. This service is based in Alexander House in Knaresborough but can be provided in satellite clinics across the areas where these are required.

- **Acute liaison service**
  This service works with colleagues in Harrogate and District NHS Foundation Trust to assess the mental health needs of patients with physical problems. The aim is to reduce lengths of stay, help facilitate appropriate discharge from hospital and ongoing care.

- **Nursing and residential care home liaison**
  Only limited resources currently exist to assess and help patients in nursing and residential care homes and support the staff who work in the homes. Improving and developing this service is an important priority.
• Young dementia team
This team includes a qualified nurse, social worker and support worker and provides services for younger people with suspected dementia and their families, making sure they get the specific care and support they need.

2. Inpatient services
There are currently 32 NHS specialist beds for older people with organic and functional mental illness in the Harrogate area based in two units:

• Alexander House - a purpose built community unit situated in Knaresborough with 16 beds. Historically the unit has also provided long term care and planned respite care.

• Rowan Ward - a 16 bed ward in the Briary Unit, Harrogate District Hospital.
The need for change

It is important that we make the best use of our resources to meet the needs of an increasing and ageing population.

We want to provide services that offer the very best care for older people with mental health problems. For many people this will mean providing services which help them stay in their own home for longer, or which maximise independence. For others, this will mean meeting their needs by providing care in a more appropriate setting.

We want to make sure people with dementia are diagnosed early and that they get the support and treatment they need as quickly as possible.

In Harrogate we currently have twice as many beds as the national average for the size of our population. Bed numbers for people with dementia are also significantly higher than in other areas where TFWV provide services, as shown below.

<table>
<thead>
<tr>
<th>Locality</th>
<th>Number of assessment and treatment beds per 100,000 of population - 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Durham and Darlington</td>
<td>21.6</td>
</tr>
<tr>
<td>Tees</td>
<td>24.2</td>
</tr>
<tr>
<td>Scarborough, Whitby and Ryedale</td>
<td>30.4</td>
</tr>
<tr>
<td>Hambleton and Richmondshire</td>
<td>33.6</td>
</tr>
<tr>
<td>Harrogate</td>
<td>78</td>
</tr>
</tbody>
</table>

The number of admissions to hospital was also high compared to other areas serviced by TFWV:

<table>
<thead>
<tr>
<th>Locality</th>
<th>Number of acute admissions (older people) per 100,000 of population – 2010/11</th>
</tr>
</thead>
<tbody>
<tr>
<td>County Durham and Darlington</td>
<td>235</td>
</tr>
<tr>
<td>Tees</td>
<td>108</td>
</tr>
<tr>
<td>Scarborough, Whitby and Ryedale</td>
<td>108</td>
</tr>
<tr>
<td>Hambleton and Richmondshire</td>
<td>354</td>
</tr>
<tr>
<td>Harrogate</td>
<td>960</td>
</tr>
</tbody>
</table>

However, we are already starting to see changes in the use of inpatient services. Bed occupancy at Alexander House is reducing significantly - currently only 2-3 beds are in use at any one time. Because of the increasing complexity in the needs of people who are being admitted to hospital all admissions are being primarily directed to Rowan Ward at Harrogate District Hospital where the environment is more appropriate to both meet those complex needs and manage the associated clinical risk.

**Occupied bed days (as a percentage)**

<table>
<thead>
<tr>
<th>Unit</th>
<th>July to September 2010</th>
<th>October to December 2010</th>
<th>January to March 2011</th>
<th>April to June 2011</th>
<th>July to September 2011</th>
<th>October to December 2011</th>
<th>January to March 2012</th>
<th>April to June 2012</th>
</tr>
</thead>
<tbody>
<tr>
<td>Alexander House</td>
<td>68%</td>
<td>55%</td>
<td>58%</td>
<td>62%</td>
<td>67%</td>
<td>44%</td>
<td>40%</td>
<td>19%</td>
</tr>
<tr>
<td>Rowan Ward</td>
<td>64%</td>
<td>57%</td>
<td>70%</td>
<td>58%</td>
<td>62%</td>
<td>75%</td>
<td>71%</td>
<td>52%</td>
</tr>
</tbody>
</table>
Meeting your needs
If we are to meet the future needs of the people of Harrogate, we need to:
- continue to expand the memory assessment and treatment services
- strengthen community based care
- reduce inappropriate admissions to hospital
- ensure that where hospital admission is required, facilities are fit for purpose
- provide more support for people with dementia and the staff who care for them in nursing homes

By saving money on inpatient services we will be able to protect and invest in our community services.

Our proposals are in line with evidence-based practice and national policy (see details at the end of the document) and reflect the findings of the Independent Review of Health Services in North Yorkshire and York (August 2011).
Proposals

1. Reduce the number of inpatient beds

According to national guidance a population the size of the Harrogate area needs around 15 to 16 assessment and treatment beds for older people. TEWV are confident that 16 beds will give us sufficient capacity to continue to provide high quality services for local people.

We propose providing these services on a single site at Rowan Ward in Harrogate District Hospital for the following reasons:

- Reducing bed numbers on each of the present two sites would be potentially unsafe, inefficient and more costly per bed to run. There is clinical guidance about the numbers of qualified and unqualified staff required to run a unit safely, which makes two small units unviable.
- Adult and older people’s inpatient assessment and treatment services would both be located at Harrogate District Hospital. With the increasingly complex needs of those being admitted to hospital, this would mean a greater pool of experienced staff to call on and provide support when required.
- Alexander House is isolated at night which is not ideal for safely managing the increasingly complex needs of those who are admitted to hospital.
- The close proximity of general hospital services to Rowan Ward would be an additional benefit.
- There is more scope to develop and improve the environment on Rowan Ward.
- It frees up space at Alexander House to develop a community-focused mental health resource centre for older people on that site. Staff would work from this site and provide outreach services for the local communities. This would mirror proposals that are being developed for adults of working age in the area and provide a real focus for community services.

Reducing the number of inpatient beds will enable us make the savings we need to protect and invest in our community services and to continue to improve services for the benefit of local people.

2. Strengthening community services

Improved care and experience for older people in care homes

We will invest to expand our liaison service for nursing and residential care homes by employing an additional three qualified nurses in this specialist field. We will work with staff, residents and families to develop detailed care plans to help maintain residents in their home and prevent admission to hospital.

The team will also support and educate staff in care homes to help improve their care of people with dementia and associated challenging behaviour. This will also ensure that local residents have the same access to these more specialist services as residents of other areas served by the Trust.
**Improved care and experience for older people in acute hospitals**

Significant numbers of older people who are admitted to acute hospitals have dementia. The liaison psychiatry service is a specialist mental health service which works in our major hospital in Harrogate, the community hospital in Ripon and the Lascelles Neuro-Rehabilitation Unit in Harrogate. It has a key role to play in helping to support staff treating patients with dementia and reducing lengths of stay in the acute hospital. It is already working well in the Harrogate and rural district.

We will continue to develop this service and, by working closely with on-call psychiatry, will extend the service to cover seven days a week. We expect to have this in place by the end of March 2013. Clinicians will also work with colleagues in the acute hospitals to support care for people at the end of their life.

**Day hospital service**

We have combined our three day hospitals at a central base at Rowan Day Hospital in Harrogate District Hospital. We plan to develop day hospital services to provide specialised mental health interventions such as medication monitoring and behavioural assessment.

We will continue to work closely with social care colleagues so that patients and their families get care and support that has been tailored to meet their individual needs using, where possible, direct payments and personal budgets.

**Development of a dedicated memory service**

In line with the National Dementia Strategy we are developing our memory service to provide early access to good quality diagnosis and treatment as well as education, support and advice.

Our aim is to reduce the time it takes to receive a diagnosis of dementia and to start active treatment. We have already reduced waiting times from ten weeks to seven weeks and our aim is to offer an appointment within four weeks of referral.

**Management of anti-psychotic prescribing**

Ninety per cent of people with dementia will at some point experience behavioural and psychological symptoms, such as restlessness and shouting. These distressing symptoms can often be prevented or managed without medication. However, people with dementia are frequently prescribed anti-psychotic drugs as a first resort. This increases the risk of other health problems and can reduce a person’s quality of life.

Reducing the use of anti-psychotic drugs for people with dementia is a national priority. We will work with local services to monitor and reduce the level of anti-psychotic drug prescribing and initially focus this with nursing and residential care home services.

**Improve the inpatient environment**

For those people who need to spend time in hospital it is important that the quality of the environment supports the quality of care they receive. TEWV has an excellent track record in modernising its facilities and has some of the best inpatient accommodation in the country.
We recognise that the current quality of the inpatient environment in Harrogate is not as high as we would wish and we are looking at how we can improve the environment to bring it up to the standard of other TEWV properties i.e. providing single rooms with en-suite facilities.

**The future use of Alexander House**
Alexander House is a valuable part of the mental health infrastructure in the Harrogate area and we want to make sure that we make the best use of this excellent facility.

Historically, staff on the unit have provided planned respite care for patients with dementia. Respite is an essential component of the care available for people with dementia and their carers. However, it is really important that patients and their carers get the individualised care they need, at the right time and in the most appropriate environment.

A hospital bed is not the best environment for regular, planned respite care and there are other organisations that are better placed to provide this type of support.

Currently there are no more than four people who receive respite care at Alexander House at any one time. We will continue to provide respite care for those who need it until more appropriate support can be found and we will work closely with social services, families and the voluntary sector so that people continue to get the respite care they need.

**If these proposals are approved** Alexander House will be used for community teams and services.

In the meantime, however, we want to continue to make good use of the facility and will use it to accommodate a small number of patients from Malton while we build a specialist inpatient unit for the whole of North Yorkshire.

The new facility, which will be built on the site of the existing unit in Malton, will care for older people with dementia who have complex needs. Work on the development starts in October 2012 and will take a year to complete.
Some frequently asked questions

Q: You talk about services for older people – who do you mean exactly?
Generally speaking, we mean people aged 65 and over. However, people are very different and have very different needs; individuals will be cared for in a ward that best meets their needs.

If, for example, a person aged 55 with early onset dementia needed inpatient treatment and it was deemed that the older people’s ward could best meet their care needs that is where they would be treated. Alternatively, a fit and active 75 year old with depression may be treated within the younger adult service.

Q: Is keeping things the way they are an option?
Evidence shows that the use of inpatient beds is declining as more people receive the support they need in their home environment and that Harrogate has too many beds.

Bed occupancy at Alexander House is less than 25% and this is not a good use of taxpayers’ money. We need to focus our investment on the development of more community based services and reducing bed numbers will enable us to do that.

Q: You state your analysis of the population shows that we need more community services and fewer hospital beds. Does this take into consideration the ageing population and any growth in the overall population in Harrogate?
Our analysis does indeed take these factors into consideration. Using the latest public health information and data we have been able to plan for the future.

Regardless of how much the population grows, the model of more community services and fewer hospital beds is the model that will bring the best results for patients.

The population may be ageing but in general older people are more fit and healthy than they have ever been. We will, however, continue to monitor this to ensure we are able to provide inpatient care when this is appropriate.

Q: How can you be sure that these bed numbers will be right in the future as the population grows and people use services differently?
We are confident that 16 beds will be enough for the foreseeable future. There are a number of reasons for this.

We know that increased community support will mean more people can remain independent in their homes as they wish and are less likely to be admitted to hospital. We also know that by improving the quality of the environment, people will recover faster and spend less time in hospital.

We are committed to regularly reviewing how services are being used and considering how we can adapt what we provide to match demand. The way we are proposing to organise services means that we will be able to use the facilities flexibly.
Q: We can accept that community services provide better outcomes and that avoiding admission to hospital is a good thing. Instead of changing everything why don’t you just take a few beds out of each of the current wards?
If we were to do this we would make each of the wards potentially unsafe, inefficient and more costly to run. If we took a few beds out of each ward we would not be able to make the investments we need in community-based services or in improving the environment of the existing facilities.

Q: Haven’t you already stopped using some beds?
It is correct that in recent months there has been a reduction in bed usage, particularly at Alexander House as a result of changes to clinical practice. The wards are consistently under used and by bringing them together we will be able to consolidate the beds into one ward, enhancing staff levels and make best use of NHS resources.

Q: Haven’t you already stopped providing respite care at Alexander house?
It is correct that in recent months we have reviewed the provision of short term admissions to Alexander House. The provision of short term care for people with dementia in a hospital inpatient environment can be both disorientating and distressing. As such an admission should be focused on providing assessment and review of treatment. Where it is clinically required, short term admissions are still taking place.

Q: I have always had respite care from Alexander House, what will happen now?
Ideally regular respite care should be provided in a suitable, safe environment in the community which meets the person’s individual needs. We have been working closely with our colleagues in social care at North Yorkshire County Council to identify opportunities for regular respite care in more suitable environments.

We will continue to provide short term admission to hospital where care needs have been identified to include NHS respite care, or where safe appropriate alternatives to meet the individual need of the patient for this respite care are not currently available in the community setting.
Policy and evidence documents

Below is a list of policy documents or evidence we have referenced in this document or we are basing some of our service proposals upon. Also included are links to where they can be found on the internet.

- **The National Service Framework for Older People (2001)** – a Department of Health framework for services that are centred around the person regardless of their age.

- **Inpatient care for older people within mental health services (2011)** - a report by the Faculty of the Psychiatry of Old Age of the Royal College of Psychiatrists. Provides some recommendations around key issues surrounding inpatient provision**
  http://www.rcpsych.ac.uk/pdf/FR_OA_1_forweb.pdf

- **Our health, our care, our say (2005)** – from the Department of Health sets a clear direction for services to make sure they are based in community settings, linked to primary care (GPs) and with pathways into specialist, secondary care services (such as our service). It highlights the need to promote early intervention and prevention*

- **Everybody’s Business (2005)** – from the National Mental Health Development Unit says that mental health services for older adults should be ‘joined-up’ supporting both the patient and carer*

- **The National Dementia Strategy (2009)** – from the Department of Health contains guidance about dementia services and how these should be provided in the future. It talks about:
  - Providing better information
  - Earlier diagnosis and services to keep people out of hospital
  - Improved support for carers

- In July 2011 an **All-Party Parliamentary Group (APPG) on dementia** reported that greater effort should be put into preventing inappropriate hospital admissions through investment into community services. They also said that better discharge planning and improvements to care pathways could reduce length of stay for people with dementia who did not clinically need to be in hospital. www.dh.gov.uk

The Government’s Dementia Challenge and supporting documents can be found at http://dementiachallenge.dh.gov.uk/strategy/
Giving us your views

It is vital to involve local people in making decisions about future services.

Harrogate and Rural District Clinical Commissioning Group (CCG) working with TEWV are totally committed to providing the best possible care for older people in the Harrogate area and making the best use of taxpayers’ money by maximising the health benefits of every pound spent.

This means changing how we provide services and working closely with our health, voluntary sector and social care partners so that we can continue to meet the needs of an increasingly ageing population.

The CCG and TEWV will be seeking people’s views on these proposals between 15 October 2012 and 21 January 2013.

We are keen to hear your views on these proposals and whether there are any additional issues that we need to take into account when developing services or making changes.

There are a number of ways you can share your views.

1. By attending a Public Event
   During November we are holding four public events.

<table>
<thead>
<tr>
<th>Date</th>
<th>Venue</th>
<th>Time</th>
</tr>
</thead>
<tbody>
<tr>
<td>Monday 12 November 2012</td>
<td>Knaresborough Town Hall Knaresborough House High Street Knaresborough HG5 0HW</td>
<td>Evening meeting Doors open: 6.15pm Presentation: 6.30pm Close: 8.30pm</td>
</tr>
<tr>
<td>Tuesday 13 November</td>
<td>Ripon Town Hall Market Place Ripon HG4 1BZ</td>
<td>Evening meeting Doors open: 6.15pm Presentation: 6.30pm Close: 8.30pm</td>
</tr>
<tr>
<td>Tuesday 20 November</td>
<td>St Marks Church Leeds Road Harrogate HG2 8AY</td>
<td>Afternoon meeting Doors open: 2.00pm Presentation: 2.15pm Close: 4.00pm</td>
</tr>
<tr>
<td>Thursday 22 November</td>
<td>St Robert’s Centre 1 – 3 Robert Street Harrogate HG1 1HP</td>
<td>Evening meeting Doors open: 6.15pm Presentation: 6.30pm Close: 8.30pm</td>
</tr>
</tbody>
</table>
The format of the meetings will be a presentation on the proposals followed by discussions. This will give those attending the opportunity to meet with clinicians, NHS and North Yorkshire County Council representatives and staff to hear more details, ask questions and express your views.

2. **By sending us your views in writing:**

   By email to the CCG at: nyy-pct.HaRD@nhs.net

   By free post (no stamp needed) to: Harrogate and Rural District CCG
   FREEPOST RSHB-UTRR-LZUA
   The Hamlet, Hornbeam Park
   HARROGATE HG2 8RE

3. **By inviting us to attend one of your meetings**

   If you would like a representative to come along to one of your meetings please let us know as soon as possible by telephoning the CCG on 01423 859623, or by emailing us at: nyy-pct.HaRD@nhs.net

4. **By completing a survey**

   We have designed a survey for people to feed back their views about our proposals.

   This is available via the CCG website until 21 January 2013. Visit:
   www.harrogateandruraldistrictccg.nhs.uk

   If you would prefer a paper copy of the survey you can request one by contacting the CCG on 01423 859623 or by emailing us at: nyy-pct.HaRD@nhs.net

Remember: This engagement period will end on 21 January 2013.

We look forward to hearing your views on these proposals