Mental Health of Older Adults (MHOA) Directorate

Consultation on proposed changes to specialist mental health day hospital services for older people in the London Borough of Southwark

Consultation Report

August 2008
Proposed changes to specialist mental health day hospital services for older people in the London Borough of Southwark

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1. Introduction

This report outlines the outcome of the formal consultation on proposed changes to specialist mental day hospital services for older people in the London Borough of Southwark and makes recommendations for the future arrangement of services following the consultation.

2. Background to the proposals

The consultation document was developed following a preliminary consultation with patients, carers and staff during January and February 2007. The original proposal was that day hospital services could be integrated with social care day centres across both Southwark and Lambeth and form closer liaison with community services, primary care and the voluntary sector. During this preliminary consultation period various other options were outlined and discussed. Concerns were raised and these have been taken into consideration. A further series of meetings with representatives from Southwark Health and Social Care were undertaken during the spring of 2007. The draft proposal was also discussed at the Older People's Partnership Board and with other relevant groups during the summer of 2007. As a result, revised but separate proposals were developed for Southwark and Lambeth based on the level of resources and facilities available within the community. The proposed changes were therefore:

- In Southwark, the model of close working between the specialist Community Mental Health Team (CMHT) in the north of the borough and the local authority day centre is extended to the south of the borough with the transfer of some day hospital staff resource to the South Southwark CMHT.

- In Lambeth, the two day hospitals run by SLaM will be merged into one unit that will provide a service to the whole borough and make formal links with the social care day centres and other services. This will be subject to a separate consultation with stakeholders within Lambeth.

3. Consultation process

The formal public consultation ran from 23rd January 2008 to 23rd April 2008. The proposals outlined the rationale and plans for patients currently resident in South Southwark and using the Felix Post Unit (FPU) to be transferred to South Southwark Community Mental Health Team for Older Adults (CMHT) and, where appropriate, social care or voluntary sector day centres.

The consultation document (appendix 2) was circulated widely to interested parties, including Southwark Older Peoples Partnership Board and voluntary organisations and service providers in Southwark. It was also circulated widely within Southwark Mental Health of Older Adults Services including all members of staff working at the Felix Post Unit and was published on the SLaM website.

All service users and/or their carers of the Felix Post Unit received a copy of the consultation document and individual meetings were held with them. This has been a particular focus of the consultation in supporting those directly affected by this change.

As part of the consultation, the service held discussions and/or hosted visits to Felix Post Unit and/or Holmhurst Day Centre from a wide range of stakeholders. This included:

- Service Users and Carers
- Staff
- Southwark Community Care Forum
- Southwark Pensioners Forum
- Southwark Pensioners Action Group
- SLaM Patient and Public Involvement Forum
4. Responses to the consultation

In total, 16 responses were received to the consultation of which 9 were broadly in favour of the proposals and 7 were broadly against the proposals. A number of the responses highlighted areas that for consideration in taking the proposed changes forward and these will serve to refine and improve the proposal. The responses received included:

- 5 from mental health professionals
- 1 from SLaM Patient and Public Involvement Forum
- 4 from carers of patients
- 2 from Members of Parliament
- 1 from the Executive Member for Health and Adult Care in Southwark Council
- 1 from the Southwark Health and Adult Care Scrutiny Sub-Committee
- 1 from Southwark Pensioners Action Group
- 1 from Age Concern Lewisham and Southwark

5. Themes and actions required from the consultation

The main themes arising from the responses and the Trust’s response and proposed actions to address these are outlined below. Additionally, appendix 1 provides a summary of the main questions and answers asked by respondents to the consultation.

A) Community Support

The clinical opinion and rationale of senior clinicians including consultant psychiatrists is that these proposed changes will improve outcomes for patients and carers and, the most important component of this for older adults with dementia and mental health conditions, is good quality early assessment and continuity of care in patient’s own homes. For those who cannot be cared for in their own homes, there should be improvements in the quality of care in nursing and residential homes. Proposals that strengthen community mental health teams such as this will help to achieve this.

The proposals also support the clinical case in that changes that support home and community based assessment, treatment and care through all stages of the patient’s journey allow flexibility in order to meet the changing and dynamic needs of service users and carers.

It was identified that day centres in Southwark have developed highly successful and creative mechanisms for supporting people and, by their very nature, are able to meet the needs of a wider group of people and provide more flexible input, they therefore have the potential to provide a more responsive service to patients and their carers.

With appropriate training, support and skills day centre staff can and do manage a range of needs from older people with dementia and mental health problems when supported by effective joint working with colleagues from community health teams and other agencies. This is shown to be the case in Croydon and North Southwark for example and there is no reason to assume that this will not be possible in South Southwark.

This is further supported by a number of responses that the Trust should ensure that the proposals lead to better outcomes. The main beneficial outcome will be that similar levels of care, if not improved care, to that received currently will be provided in service users’ own homes and more flexibly. In doing so, the Trust should also ensure that OASIS provides the same level of support for people requiring monitoring of their physical and mental health across the borough.

**Action:** Service Manager, Southwark MHOA and Head of MHOA Social Care to address with OASIS
**Action:** Service Manager, Southwark MHOA, Head of MHOA Social Care and MHOA Day Services and Social Inclusion Lead to ensure sufficient measures are in place to uphold standards of care

A Monitoring and Review Group, chaired by the Service Manager, Southwark MHOA, is established to review outcomes for FPU patients at 3, 6 and 12 months and to respond to issues as they arise

There was concern over the provision of specialist care and qualified psychiatric nurses in the community. This is already provided by the CMHT which has a multi-disciplinary team that also includes dedicated occupational therapy, social work and psychology input as well as psychiatric nursing and medical input. Additionally a further two specialist staff will move from the FPU to the CMHT as well as a further 2 sessions (equivalent to 1 day per week) of medical time. The Trust has committed to providing a holistic range of therapeutic groups in the community as those currently offered in the FPU such as managing depression (Bouncing Back Group) and coping with psychotic symptoms (Reality Check/Hearing Voices Group). This would be in addition to working with the local day centres to further develop their current programmes and provide specialist support for therapeutic interventions. Furthermore, support services to the FPU such as the chaplaincy service are available to Trust patients treated in the community.

The service will also benefit from the recent announcement of improved psychological therapies provision in Southwark through the Department of Health’s improving access to psychological therapies initiative. Southwark Mental Health of Older Adults is an integral part of this development which will mean older people will have direct access to community-based therapists sooner than is the case now and link closely with other psychological therapies within the service.

Concerns were also raised about the level of advice and support provided by the CMHT. The CMHT offers a similar level of advice and support as the day hospital and has a member of staff specifically available for contact, urgent assessments and treatment. Each patient will still remain under the care of the same consultant psychiatrist and will be allocated a suitably qualified care co-ordinator as long as clinically appropriate both based in the CMHT. Patients’ health and care are reviewed regularly and the frequency of this will not be any different to that currently provided in the FPU.

To further address this concern, a flowchart showing the referral routes and services provided from the South Southwark CMHT for Older Adults is shown in appendix 4 of this report. This is intended to provide improved awareness of the means of accessing the CMHT and also the range of interventions that can be provided. A revised information leaflet will also be published to further enhance understanding of the CMHT.

A concern was raised that the proposal would not be able to meet the needs of people with severe and chronic illnesses successfully. However, it is evident in the work of CMHTs in similar areas where there is no reliance on a day hospital, such as North Southwark, Croydon and Lewisham, that these patients can be successfully managed. CMHTs across the Trust are able to provide fast track intensive monitoring and assessment services that serve to prevent hospital admissions and maintain people with severe illnesses and complex needs in their own homes.

To provide greater awareness of the support to individuals provided by South Southwark CMHT for Older Adults, 2 case studies are provided in appendix 5 of this report. These real-life case studies are intended to show the complexity of patients with a range of mental health needs and how they are supported under the care of the CMHT.

Some respondents argued in response to the consultation that the FPU is "crucial" but this cannot be supported by evidence in other parts of the borough, South East London and nationally. The FPU does not operate as a resource for urgent cases and there are other services much better equipped to provide this. Furthermore other parts of the Trust and mental health services across the country are able to provide "speedy and responsive" services in the community. Any suggestion that changes to the FPU would result in increased isolation again cannot be evidenced as long as health and social services are able to continue to provide care and support to those most at risk and complex needs. This will continue to be the case.
There was concern that the closure of the FPU will result in the loss of an expert staff team and skill base that cannot be replicated. The proposal would not result in the loss of any staff, but provide opportunities for current FPU staff to share their skills with teams that work with a wider range of patients. It is also important to acknowledge the highly skilled and expert teams across the Trust and the country that provide a wider range of disciplines and would include the South Southwark CMHT for Older Adults.

B) Social Inclusion

A number of respondents highlight that the changes supported plans to implement socially inclusive and recovery led practice. Older people are more likely to face social segregation due to age discrimination, although as with recovery and social inclusion generally, there is no justified rationale that older people's day service provision should be viewed differently than that for younger adult services. The need to overcome stigma and discrimination and actively promote social inclusion is as important to older people and the move from a segregated day hospital to a community based day centre which is acceptable for older people with mental health needs and within their local community is a positive step forward towards this objective.

C) Transition Period

The transition period should be managed carefully. In the responses from clinicians, there was a shared view that it was possible to successfully achieve this transition in service safely and sensitively.

Concerns were raised that the proposal would disadvantage current service users of the FPU. These concerns fail to recognise the good track record of the CMHT in working with people with complex and challenging needs. The proposal recommends a phased, measured and managed transition to the community in partnership with patients and their carers, maintaining the same Consultant Psychiatrist and care co-ordination undertaken by staff already known to them. This transition will be carefully considered with a further assessment of needs and specific care plan for each patient. It is proposed that this process will be sensitive to the needs of patients and carers using a person centred approach consistent with the way the service currently operates.

D) Financial aspects

Concerns were raised as to what any financial savings will be used for. However, as outlined in the consultation document, there will not be any financial saving as a consequence of this service change.

At the heart of these proposals is an intention to support the clinical rationale to move services closer to home and in the communities in which patients and their carers live so as to enable more flexible and dynamic assessment to be undertaken which enables an integrated approach to clinical and social circumstances whilst maintaining continuity of care.

The development of activity based contracts between the Trust and local PCTs and the need therefore to more closely link activity to finance means that, with this change, the Trust is also ensuring resources are more closely aligned to service provision.

The Felix Post Unit is a shared service across Lambeth and Southwark. Historically, the majority of patients using the FPU have been Lambeth residents with approximately a quarter to a third of patients being Southwark residents. The Trust will be transferring resources from the FPU to South Southwark CMHT for Older Adults to ensure the strengthening of the CMHT to meet the clinical rationale. This will be through the transfer of staffing resources including consultant and other medical time and development of specialist psychological therapies including those currently provided in the FPU as well as some non-staffing costs (such as patient transport). The transfer of resources will equate to approximately a third of the budget of the Felix Post Unit.

Another concern was around the potential for “cost shunting from the NHS onto social care budgets.” There will always be financial pressures facing public services and by working in partnership as
outlined in the proposal it can be possible to provide good quality services that meet the needs of those most at risk and in need in the local community whilst maximising value for public money.

E) Impact on day centres

Initial reviews completed by the FPU clinical team, including the responsible consultant psychiatrist and FPU Care Co-ordinator on those currently using the Felix Post Unit show that a maximum of 5 service users will require specialist mental health day service support such as that provided by Holmhurst. It is intended that the service will also undertake further assessments of needs and develop transition care plans for patients using the FPU. This allows sufficient opportunity and time to ensure appropriate services are available to meet the identified needs. Currently, there is capacity across Holmhurst, Fred Francis and other day centres that are expected to meet the needs of current FPU patients addressing the concerns raised that there are insufficient day centre places available across South Southwark.

Additionally, many patients are already attending day centres and won’t require additional input to that which they already receive. A Healthy Ageing Café run in partnership with the Alzheimer’s Society provides additional social input during the day. Holmhurst operates a Saturday service that does have spare capacity. The increased capacity of the CMHT through the transfer of resources will also be able to meet the specialist mental health needs of these patients and cope with future demand.

A number of responses raised concerns about whether Holmhurst will be able to work with people with functional illnesses such as depression and psychosis as well as dementia. The FPU does not have a separation between types of illness and has been able to accommodate people with dementia and functional illness at the same time. This has also been replicated in other community sites. Indeed Holmhurst is currently successfully working with a number of people with functional illnesses and is already a specialist mental health day centre. This proposal does not recommend significant changes to what the day centre currently provides, the main changes relate to the CMHT provision.

Concerns were raised regarding the possibility of patients being charged to attend day centres. This is currently not the case; if this was to change it would be a decision for the Primary Care Trust and the Local Authority regarding the future funding of day care placements and any change would be in the context of Southwark Fair Charging Policy. There is also no charge for those who are under the care of, or in receipt of service directly provided by the Community Mental Health Teams.

F) Addressing inconsistencies in service provision

A number of responses raised concerns that ceasing to use the FPU should not be done to address inconsistencies in service in other parts of Southwark. The fact is that there are inconsistencies and only limited resources to provide services across the borough. This proposal allows the Trust in the longer term to use its resources to address inconsistencies as they arise. Evidence that these proposals will result in a consistent service for patients and carers can be found in the similar outcomes for patients found in other areas with similar populations and without day hospitals, such as North Southwark, Croydon and Lewisham.

G) Access to specialist support and expertise

Another response was supportive of keeping with wider national and local policy and strategy and saw the proposal as able to work with the changing needs of service users and carers in Southwark. The proposal will allow access to a broad range of professionals from different disciplines in community treatment and care. Some responses indicated that other roles other than nursing should be considered with the transfer of FPU staff to South Southwark CMHT for Older Adults i.e. psychology and occupational therapy. This is agreed and other suitably qualified professionals should be considered in keeping with this.

A further response recommended that the best location for specialist input was not in a psychiatric hospital which can be stigmatising, difficult to access and expensive to run but in the communities where individuals live. Any compelling need for immediate access to healthcare applies mainly to physical health needs and this is better provided in a primary care or acute hospital setting.
It was also the strong prevailing view of those that visited the Felix Post Unit and Day Centres as part of the consultation that the fabric and suitability of the physical environment and the location of the day centres were more appropriate and of a much higher quality than that of the Felix Post Unit.

H) Further Actions

Further actions suggested in responses include:

- A review should be undertaken of the skill mix of staff in the CMHT
- Ongoing training and support should be provided to day centre staff
- There should be improved communications between the CMHT and day centres
- That community services need to draw on the ethos of the FPU team, especially the skills and values of staff.

The service is supportive of progressing these actions and will form part of the action plan. For example, the Southwark MHOA Lead Occupational Therapist has offered the support of the borough’s occupational therapy staff in supporting the needs of the day centres.

**Action:** The Monitoring and Review Group to monitor skill mix of staff and ongoing liaison between CMHT and Day Centres

In addition to the above, concerns regarding the equalities impact of the changes are taken extremely seriously by the Trust. The organisation is currently piloting a cultural competency audit tool for all services. Furthermore the Monitoring and Review Group will continue to update the Equality Impact Assessment originally undertaken in light of further developments. The Trust is aware of the importance of maintaining communications with service users and carers throughout these changes and it is proposed that the Monitoring and Review Group will have service user and carer representation. It is envisaged that the Group will report to the Southwark Health and Adult Care Scrutiny Sub-Committee and regular stages during and after the transition process.

**Action:** Monitoring and Review Group to update Equality Impact Assessment, to involve service users and carers in the Group and to provide reports to the Southwark Health and Adult Care Scrutiny Sub-Committee

6. Needs of current attendees (update from Consultation Document)

As of 30th June 2008 there were 18 Southwark patients attending Felix Post Unit and reviews showed that:

- 3 had Alzheimer’s disease complicated by severe anxiety or psychosis, 3 had schizophrenia, 12 had a severe and recurrent, or persistent mood disorder
- 4 were subject to Section 117 Mental Health Act aftercare provisions and 13 were on enhanced level of the Care Programme Approach with agreed crisis and contingency plans. This is the equivalent to substantial and critical levels of the Fair Access to Care (FACS) eligibility criteria.
- 3 already attended other local day centres between 1-3 times a week
- 2 recently moved to a residential homes and 1 was currently in hospital awaiting placement, another was waiting to move out of the area to be near family
- All patients would require continued specialist MHOA support
- 5 patients would require access to specialist day care (these patients had refused to attend social day care centres but, for different reasons, would continue to require close specialist input)
- 9 patients would require social day care (or additional days at their current centre) providing preparatory work was carried out with both patients and family carers
• 2 patients had already declined social day care

In addition, 14 other Southwark residents attend long-term support groups currently run by FPU staff based either at the FPU or in local day centres (these groups would continue to run under the auspices of the Borough Psychological Therapies Service).

7. Further arrangements

To provide further arrangements and safeguards, the Southwark Mental Health of Older Adults Service has also changed the way the South Southwark CMHT for Older Adults operates as follows:

• **Established an open referral system** - this allows patients, carers and other professionals involved in care to make referrals direct to the CMHT without the need to go via a GP. (Previously the service only accepted referrals from GPs).

• **Introduced a duty system** – this is a rapid assessment service to respond to patients in crisis. (Previously this aspect of the service was provided largely by senior medical staff that had been based at the Maudsley Hospital).

• **Created one CMHT** - covering the whole of South Southwark with the same working practices as the CMHT in North Southwark and working to GP surgeries and Health and Social Care localities. (Previously the service involved three small CMHTs covering defined geographical catchment areas).

• **Established a Psychological Therapies Service** – this ensure the continuation, development and evaluation of individual and group therapeutic programmes including those currently operated or hosted by the Felix Post Unit but provided from community based venues.

8. Recommendations

Following the consultation on the proposed changes, the following recommendations are made:

**A)** That the changes are progressed in a clear, phased and monitored way to address the concerns expressed and this is achieved through a stepped approach as outlined in section 9 of this report.

**B)** This report is presented to Southwark Health and Adult Care Scrutiny Sub Committee in September 2008.

**C)** This report is submitted to the SLaM Board of Directors and PCT Board for decision at their meetings in September 2008.

9. Proposed next steps

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<td>There are no new referrals from South Southwark CMHT for Older Adults to Felix Post Unit</td>
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<td>Monitoring and Review Group established including representation from patients and carers to review outcomes of patients and address issues as they arise</td>
<td>October 2008</td>
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<td>A revised information leaflet for South Southwark CMHT for older adults is published</td>
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<td>Trust to ensure that OASIS provides the same level of support for people requiring monitoring of their physical and mental health across the borough</td>
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Trust to ensure sufficient measures are in place to uphold standards of care

Identified Felix Post Unit staff are transferred to the South Southwark CMHT for Older People but continue to work across the CMHT and FPU to co-ordinate care and assessments of needs for South Southwark patients using FPU

Holistic individual assessment of needs commences for all existing South Southwark patients and their carers attending Felix Post Unit

Individual transition care plans and risk assessments developed following assessment of needs involving patients and their carers to support any changes in care support and settings

Commence implementation of changes in care support and settings for patients and carers linked to transition care plans and risk assessments

Complete changes in care support and setting linked to transition care plans and risk assessments

Monitor skill mix of CMHT staff and ongoing liaison between CMHT and Day Centres

Monitoring and Review Group to update Equality Impact Assessment and provide reports to the Southwark Health and Adult Care Scrutiny Sub-Committee

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**D) Conclusion**

This document reports on the formal consultation on proposed changes to specialist mental health day hospital services in the London Borough of Southwark. It provides a background to the proposed changes and addresses the themes that have emerged as a consequence of the consultation.

The report highlights the concerns raised by some respondents to the consultation including that of ongoing community support, the transition of patients and carers, financial aspects, impact on day centre and inconsistencies in service provision. It also notes significant points in support of the proposals.

Information on referral routes and case studies accompanies the report to provide further information and increase awareness of the work of the South Southwark CMHT for Older Adults.

It proposes a way forward that is clear, managed and incremental to ensure a pace that enables patients and their carers to be involved in the completion of their assessments of need, development of their care plans and provided with the necessary support.

This is further safeguarded through the establishment of a Monitoring and Review Group with patient and carer representation to ensure that measures are in place to uphold the standards of care provided, monitor staff mix within the CMHT and communication between the CMHT and Day Centres, regularly review the equality impact assessment and facilitate the overall evaluation of the impact of this proposed change on patients and their carers. The Group will provide reports to the Southwark Council Health and Adult Services Scrutiny Sub-Committee.
Appendix 1 – Questions asked from the consultation

1. Capacity

(a) Will there be an increase in day care places in the other day centres?

Recent months have demonstrated that, across Southwark, there has been overall unused capacity within day care services (including at weekends). This includes Holmhurst Day Centre and Fred Francis Day Centre, where there are currently vacancies for service users. Demand for such services does fluctuate, and in line with current practice we will continue to review, in partnership with social services colleagues, how we respond to and meet the needs of service users who need to access day care services. We will also continue to work closely with our partners within Southwark Health and Social Care to ensure that there are sufficient day care places for older people in Southwark who have mental health problems.

(b) If there’s no capacity at Holmhurst Day Centre, how will the needs of FPU patients be managed?

We will adopt a flexible approach to this possibility. Should there be no immediate space for an FPU service user to be transferred to a day centre, we will not disrupt any service users’ care unnecessarily and will support them in accessing appropriate services until a space becomes available within one of the day centres.

2. Training

(a) Will staff at Holmhurst be offered (re)-training to care for the changed client base? Is the mix of conditions amongst patients at the day centre appropriate?

Staff at Holmhurst Day Centre are currently successfully working with a number of people with functional mental illness (e.g. schizophrenia). Any training needs that are identified in relation to this issue will be integrated into the ongoing day centre training programme. Staff at day centres will receive ongoing training/refresher training focused on issues relating to working with people who have a range of mental health difficulties (e.g. dementia, schizophrenia, depression). This is organised in close consultation with our social services partners. Day centres, by their very nature, are able to meet the needs of a wide group of service users and to provide flexible input to respond to the needs of service users.

Southwark Mental Health of Older Adults Services have recently set up an initiative to map out with our social services partners how we can further support day centre staff in enhancing their service provision. This includes looking at ways in which we can collaborate more closely in providing training, co-facilitating groups and providing ongoing consultation and support in working with older people with mental illness. We are particularly keen to look at the needs of carers and to think and plan how we can work more closely with carers of older people with mental illness.

3. Outcomes

Is there local evidence that outcomes for service users who access day care in North Southwark are better than those in the South of the borough?

Since the implementation of the community care legislation in the early 1990s, there has been an increased emphasis on providing services for people with mental illness in community settings, rather than in hospitals. Our proposals link in with this policy drive, which is reflected most recently in the Darzi Review (Department of Health, 2008), The Consultation on the National Dementia Strategy (Department of Health, 2008), Improving Services and Support for People with Dementia (National Audit Office, 2007), UK Inquiry into Mental Health and Well being in Later Life (Age Concern, 2007) and Everybody’s Business: A Service Development Guide for Integrated Mental Health Services for Older Adults (Department of Health, 2005).
There is a national drive to improve social inclusion and to reduce discrimination and stigma for people with mental illness, and we see our integrated approach to the provision of day care services as part of the process of both improving outcomes for service users in South Southwark and breaking down barriers for service users. We are aiming to provide day care services for people within the communities where they live, rather than in the setting of a psychiatric institution.

Local evidence has shown outcomes through the close working between Evelyn Coyle Day Centre and North Southwark CMHT for Older Adults that include fewer admissions to hospital, more timely identification and response to potential deterioration in mental well-being, better planning for care and support to service users and their carers, improved relationships and communication between the day centre and community mental health team and innovative service developments such as Healthy Ageing Café.

4. Staffing

Will the staffing increase in the South CMHT be permanent? Will there be a review period within which the staff skill-mix will be analysed as to its effectiveness in delivering the best available treatment and care?

Following the consultation, the plan currently is for one Community Psychiatric Nurse post and one Occupational Therapy post to be transferred to the South Southwark CMHT to support the transfer of the clinical management of the FPU patients to the CMHT and of their day care provision to the social care day centres. The staffing increase in the South Southwark CMHT for Older Adults will be maintained for at least an initial period of 12 months. Following this period, there will be a review of the staffing establishment within Southwark Mental Health of Older Adults Service in relation to the needs of the service users and the day centres and to assess the effectiveness in delivering the service.

5. Linking with wider CMHT systems

(a) With no qualified nurses on site at the day centres, how will clients’ needs be met? How will clients access medical review?

The South Southwark CMHT for Older Adults is co-located in the same building as Holmhurst Day Centre. The means qualified nurses are on site and available to meet clients’ needs and to ensure medical reviews are provided as required.

Day centre staff are trained, skilled and experienced in providing an excellent service to service users. Currently within Southwark, the Community Mental Health Teams for Older Adults support over 700 older people who have mental health problems and who access services across a range of settings (including residential care, day centres, Emergency Departments and in-patient hospital units). We use the framework of the Care Programme Approach (CPA) to assess, treat, monitor and support service users and we ensure that service users have up-to-date Care Plans (including Contingency Plans and Crisis Plans) so that we are prepared to manage unexpected situations. The need for medical review is integrated into the CPA treatment plan. More urgent medical reviews will be organised through clients’ care co-ordinators. Staff within Southwark’s Community Mental Health Teams for Older Adults are experienced and skilled in carrying out such interventions.

We work in close partnership with staff from a range of agencies across the statutory, voluntary and private sectors of health and social care day services, and in supporting FPU service users as they make the transition to accessing day care within a social care setting, we will continue to offer a rapid response service through our Community Mental Health Teams, where there is a “duty worker” available daily whose responsibility it is to manage and concerns about any service users.

(b) Will users of the day centres be able to access groups for people who have depression or schizophrenia?

Yes. The Southwark MHOA Psychological Therapies Service provides ongoing groups for the treatment of service users who have depression and/or schizophrenia, as well as for service users with other diagnoses and treatment needs. The users of day centres are able to access these groups through their care co-ordinator within the Community Mental Health Team.
(c) What will happen to those FPU patients who have already declined social care?

Clients who have already declined social care will remain open to the Community Mental Health Team and we will continue to provide them with specialist treatment and care within the CPA framework. The provision of social care will remain part of the treatment plan for these clients and care co-ordinators will continue to have discussions with clients and their carers about the kind of day care service which may be interesting, stimulating and useful for clients. There is a diverse group of day care services available to older people with mental health difficulties in Southwark, offering a variety of interventions in a range of settings and information on these will be available for clients and their carers at all points during this process. This includes the Healthy Ageing Café and the Classic Café (a multi-agency initiative started recently at the Fred Francis Day Centre), both of which have Community Mental Health Team involvement in their management.

(d) How will BME groups be supported? What’s the cultural make-up of the current user of the FPU, as compared with Holmhurst and Evelyn Coyle?

Service users from all ethnic groups are encouraged by Community Mental Health Team staff to talk about how best they feel that their day care needs can be met, and care co-ordinators work creatively in endeavouring to meet these identified needs through accessing the wide range of resources and services available to them in the borough. All of the social care day centres within Southwark have staff and service users from a wide range of cultural, racial and ethnic groups, reflecting the diverse nature of the borough.

Broadly speaking the cultural make up of service users at Holmhurst and Evelyn Coyle Day Centres reflects the populations they service e.g. approximately 13% of non-white communities. For the FPU, the cultural make-up of all service users is shown in the graphs below.

Graph 1 – Ethnicity of all FPU Service Users
Graph 2 – Ethnicity of Southwark FPU Service Users

Southwark FPU Clients: Ethnicity (August 2008)

- British: 33%
- Caribbean: 27%
- English: 13%
- Other white/mixed European: 13%
- Irish: 7%
- Other white unspecified: 7%

6. **Funding**

(a) What guarantees can be offered that any transfer of funds from the FPU would be ring-fenced in the future for MH services?

Southwark Health and Social Care and South London and Maudsley NHS Foundation Trust have given a commitment that the resources transferred to South Southwark Community Mental Health Team for Older People will remain within Southwark Mental Health of Older Adults Service.

7. **Cost**

(a) Will FPU patients be charged at the day centres?

Service users who fall under the requirements of Section 117 of the Mental Health Act will not be subject to the Southwark Council fairer charging arrangements. For those not under Section 117 of the Mental Health Act, Southwark’s fairer charging process will be applicable. This involves financial assessment and welfare benefits review (benefits are not included when determining whether a charge is applicable). 50% of Southwark residents subject to fairer charging process have no charge and for the 25% the charge is £5 or less per week.
Appendix 2 – Consultation document and attachments

January 2008

Proposed changes to specialist mental health day hospital services for older people in the London Borough of Southwark

The attached document gives details of proposed changes to the day hospital service currently provided from the Felix Post Unit (FPU) day hospital by South London and Maudsley NHS Foundation Trust to older people with severe mental problems living in the southern part of Southwark.

It outlines the background to the issue, the reasons for the change and the process by which it can be managed. We see this as an opportunity to move towards an integrated form of specialist day-care which is provided closer to home and in partnership with local authority day centres in much the same way as currently happens in the northern part of Southwark.

In essence, it is proposed that the Southwark Mental Health of Older Adults (MHOA) service ceases to use the day hospital and that the continuing specialist service of all the current patients is taken over by the South Southwark Community Mental Health Team (CMHT) for Older People. Those patients requiring day care will be offered places at the local authority day centres which will receive additional support and training from the MHOA service. Two additional nurses will be established in the CMHT to assist the process of transfer and act as liaison workers supporting the day centres. Prior to this all current Southwark patients at the FPU will be offered a comprehensive multi-disciplinary re-assessment of their future needs.

This paper is now being presented for formal consultation and we would be interested to hear your views. Please respond either in writing or by e-mail to:

Tony McDonald
Deputy Director
Mental Health of Older Adults Directorate
Chelsham House
Bethlem Royal Hospital
Beckenham
Kent BR3 3BX
Tony.McDonald@slam.nhs.uk

The consultation will close on 23rd April 2008 and we will then review the responses to our proposals. We will then progress with implementation following review of the responses received.

In addition to this paper, we have attached a number of appendices as follows:

Appendix 1 – Policy context
Appendix 2 - Current and Future disposition of day hospital/day care places managed by SLaM and Southwark Health & Social Care
Appendix 3 - Frequently Asked Questions
Appendix 4 - Equality Impact Assessment

We hope these will provide further information around the reasons we are proposing these changes and that the frequently asked questions addresses any initial concerns or issues there may be. Please do, however, submit a response to the consultation as we welcome all comments and views received.

Yours faithfully,

Tony McDonald
Deputy Director
Mental Health of Older Adults Directorate

Dr Michael Philpot
Lead Consultant Psychiatrist
Southwark Mental Health of Older Adults
**Day care for older adults with mental health problems in Southwark: a proposal for change**

**Summary**

- We are planning changes to the way day care for older adults with mental health problems is provided in Southwark. This is about improving services and providing them from a different location.

- Providing day care services at a psychiatric hospital was an innovative model of care in the 1980s, when the Felix Post Unit opened. Times have moved on - as have clinical services - and this is no longer the case.

- The most effective way of providing older adult day care is for health and social care services to do so in partnership. We are already doing this in North Southwark and want to do the same in South Southwark. This would mean that service users would no longer come to hospital (the Felix Post Unit) to receive day care.

- There is a financial aspect to this proposal because we have a responsibility to ensure that we make most cost-effective use of public money to provide high quality care and treatment.

- Everyone who needs day care support from specialist mental health services for older adults will continue to receive it.

- Of the approximately 700 people under the care of our Community Mental Health Teams in Southwark, about 20 currently use the Felix Post Unit. So while day care services are an important component of the service we provide, it is a relatively small component.

- We believe these planned changes will enable us to deliver a better service for older adults with mental health problems. We will work closely with individual service users and carers to make sure the change happens as smoothly as possible.

**The proposal in more detail**

- We want to provide day services in South Southwark in the same way as we do in the North of the Borough - from a community setting, in partnership with SLaM and Social Care services. This is in line with clinical good practice and national policy. It means that everyone living in the Borough will have access to the same range and quality of day care support.

- This would involve providing day care services for South Southwark residents from Holmhurst day centre - a specialist day centre for older people with mental health needs which is co-located with our South Southwark Community Mental Health Team. Holmhurst is about a mile away from the Maudsley Hospital. It is a better care environment and less stigmatising than expecting people to travel to a psychiatric hospital for day care support.

- All service users will continue to receive the level of care, support and treatment required to meet their needs.

- We will be enhancing the level of support to Holmhurst day centre through an increase of 2 Community Psychiatric Nurses within the South Southwark Community Mental Health Team. All service users who currently use the Felix Post Unit will be allocated one of these nurses as a care co-ordinator to support them through the change - and it will be someone they are familiar with.
1. Introduction

This document presents proposed changes to the specialist mental health day hospital services currently run by the South London and Maudsley NHS Foundation Trust (SLaM) for formal consultation. The proposals as outlined in this document specifically relate to Southwark services. Those for Lambeth are dealt with in a separate paper and will be subject to a separate consultation.

The principal reasons for the proposals were as a response to the reduction in funding from Southwark and Lambeth Primary Care Trusts (PCTs) to SLaM and the need to develop and improve Mental Health of Older Adult (MHOA) services locally. This provides an opportunity to re-design or re-configure these service components in the context of other care and services which are now available.

The document was developed following a preliminary consultation with patients, carers and staff held in January and February 2007. The original proposal was that day hospital services could be integrated with social care day centres across both Southwark and Lambeth, and form closer liaison with community services, primary care and the voluntary sector. During this preliminary consultation period various other options were outlined and discussed. Concerns were raised and these have been taken into consideration. A further series of meetings with representatives from Southwark Health and Social Care were undertaken during the spring. The draft proposal was also discussed at the Older People’s Partnership Board and with other relevant groups during the summer of 2007. As a result, revised but separate proposals have been developed for Southwark and Lambeth, based on the level of resources and facilities available within the community. It is now proposed that:

- In Southwark, the model of close working between the specialist Community Mental Health Team (CMHT) in the north of the borough and the local authority day centre is extended to the south of the borough with the transfer of some day hospital staff resource to the South Southwark CMHT.

- In Lambeth, the two day-hospitals run by SLaM will be merged into one unit that will provide a service to the whole borough and make formal links with the social care day centres and other services. This will be subject to a separate consultation with stakeholders within Lambeth.

2.0 Background to the proposal

2.1 Financial factors

The financial climate in which all health and social care services operate is always challenging with a requirement for year-on-year efficiencies and the need to demonstrate value for money as well as quality of service. At the time of the preliminary consultation there were three main drivers linked to the financial context of Mental Health of Older Adults (MHOA) Directorate in SLaM as follows:

- the MHOA Directorate was in the final year of a three year financial recovery programme
- the requirement to make financial savings requested by Southwark Health and Social Care as a consequence of the reductions in financial allocations they have received
- changes to the allocation of central funds for research and development by the Department of Health

It was expected that the changes to the day hospital services outlined below would result in financial savings of £225,000 which would contribute to the Southwark Health and Social Care and Lambeth PCT savings targets.

Since this time, the local financial position has stabilised and we are no longer in the position of needing to identify these financial savings. That said, we have always been clear that there is a sound clinical rationale for changing the way our day hospital services are provided. We want to continue with the proposed change because we strongly believe it is in the best interests of service users and their carers.

At the same time, the proposal would enable us to achieve cost effective use of public money. It is worth noting that day hospital services represents 2% of the overall budget for SLaM's MHOA services and cost of the Felix Post Unit represents 2% of the budget for Southwark Mental Health of Older...
Adults Services. The savings achieved by the proposal would be reinvested to support the changes proposed and ensure improved community mental health services for older people.

2.2 Policy context
SLaM has to respond to policy directions set by the Department of Health and these have influenced local plans and strategies. A brief outline of the national and local policies relevant to this proposal is given in Appendix 1. In summary, these identify a range of standards, milestones and aspirations that MHOA services are required to meet. These include the provision of:

- a comprehensive, systematic, accessible and responsive mental health service for older people and their carers;
- a service which is culturally sensitive and competent in meeting the needs of Black and Minority Ethnic elders;
- a community orientated, seamless and person-centred approach to service delivery with early recognition and management of mental health needs within primary care settings;
- a service that attempts to maintain or improve quality of life and independence of older people, and to enable them to live at home wherever possible;
- a service that develops the capacity of staff currently working within day centres to improve their knowledge and skills in working with individuals with mental illness;
- a CMHT and specialist day centre co-located in the same building thus offering an integrated service in a single care setting.

3.0 Current Service Provision

3.1 The place of day hospitals in SLaM
Day hospital services are a small component of the comprehensive mental health service provided by SLaM though its MHOA Directorate. The majority of all new assessments and episodes of treatment are completed in the community by the CMHTs. These multidisciplinary teams see people in their own homes and provide individualised packages of care including facilitating access to local authority day care. Those who are more severely ill, or at risk of harm to self or others are admitted to the acute inpatient wards, where intensive 24-hour supervision, care and treatment can be provided. Day hospital care occupies an intermediate position (and a more detailed account of the current role is given below). However, in two and a half of the PCT areas served by SLaM (Lewisham, Croydon and North Southwark) such services have either never existed or have been changed already without adverse consequences. This demonstrates that a clinically safe and sustainable MHOA service can be provided to an area without access to a specialist day hospital.

The MHOA service currently runs two day hospitals (the Felix Post Unit and the Eamonn Fotrell Centre) that provide a range of specialist support to older people who have a diagnosis of severe mental disorder. These are either an organic disorder such as Alzheimer’s disease or a severe and/or complex functional mental disorder, for example, schizophrenia or severe depression. Patients may have a combination of organic and functional disorders. Generally an organic mental disorder will be progressive and will need long term care and support, with specialist services working closely alongside primary health and social care. Some functional disorders might be treatable, but others will be long-term and involve periods of relapse. In these circumstances, rapid access to specialist support is essential to avoid potential admission to hospital.

The MHOA services provided in north and south Southwark operate differently and one of the main concerns voiced by Southwark Health and Social Care is that the services are not equitable in this respect, with different models of care being employed in different parts of the borough.

3.2 Felix Post Unit (South Southwark – shared with East Lambeth)
This is a 30-place day hospital and is based at the Maudsley Hospital. It has a long and prestigious history in the treatment of the mental health in older people. It was a pioneering unit established in the 1980s at a time when specific mental health services for older people were in their infancy. It is located in a converted ward in the centre of the Maudsley Hospital, a building and location that are no longer ideal for the purpose it serves. It provides assessment and treatment for patients with both acute and chronic mental disorders including depression, schizophrenia and dementia. The Southwark part of the day hospital supports crisis intervention and relapse prevention, facilitates discharges from the acute inpatient unit, and undertakes some outreach work. Day hospital staff act as care
coordinators and liaise with other agencies. There is ready access to medical staff and patients are under weekly review by their consultant psychiatrists. The unit acts as a focus for the provision of group and individual psychotherapies. Patients are referred to the unit by the South Southwark CMHT after an initial assessment or inpatient ward teams and not directly by GPs.

3.3 North Southwark CMHT

There is no access to the specialist day hospital service for patients in the North Southwark sector for historical reasons. Instead, there is a strong working relationship with the Evelyn Coyle Day Centre (run by Southwark Health and Social Care). North Southwark CMHT care coordinators manage the patients receiving day care and provide or facilitate access to psychological therapies and other complex care packages carried out either in the day centre or in the patient’s own home.

4. Proposed changes for Southwark

4.1 The needs of current attendees

A brief review of the use of the Felix Post Unit by patients from South Southwark was carried out by the clinical team.

As of 31/08/07 there were 20 Southwark patients attending and reviews showed that:

- 3 had Alzheimer’s disease complicated by severe anxiety, 4 had schizophrenia, 13 had a severe and recurrent, or persistent mood disorder;
- 6 were subject to Section 117 Mental Health Act aftercare provisions;
- 4 already attended other local day centres between 1-3 times a week;
- 1 recently moved to a residential home.
- All patients would require continued specialist MHOA support;
- 5 patients would require access to specialist day care (these patients had refused to attend social day care centres but, for different reasons, would continue to require close specialist input);
- 13 patients would require social day care (or additional days at their current centre) providing preparatory work was carried out with both patients and family carers;
- 2 patients had already declined social day care.

In addition, 15 other Southwark residents attend long-term support groups run by FPU staff based either at the FPU or in local day centres and 7 of these are not current patients of the Trust.

4.2 Proposed changes to Day Hospital care

- It is proposed that Southwark MHOA no longer uses the Felix Post Unit and seeks to provide specialist care and support to both existing and future patients in a range of day care (including a specialist MHOA day centre) and other settings within the community.

- It is proposed that the needs of the current patients be re-assessed in a more formal and detailed way using the Camberwell Assessment of Need for the Elderly (CANE), along with measures of their mental state and other service use before transfer to alternative day care. These ratings would be repeated three and six months later to document any positive or negative effects of the change in care. This assessment would be carried out by the FPU team (MDT) in collaboration with the local Social Services team who would need to conduct a full social work assessment where indicated.

- All current day-patients will be transferred to the care of the South Southwark CMHT – i.e. the CMHT will take over the care co-ordination role. This will take place before the eventual transfer of day care so as to avoid any delays in case allocation.

- It is proposed that the patients with a high degree of specialist needs will be transferred to Holmhurst Day Centre, the dedicated MHOA specialist day centre for the south of the borough. This specialist day centre is co-located with the South Southwark CMHT thus enabling a rapid and integrated response to patients.

- Those day-patients currently attending non-specialist day centres in the borough would continue to do so. An increase in days of attendance will be negotiated for those who wish or require it.
• Where the need for additional specialist home care is identified, patients will be referred to the Older Adults Support in Southwark (OASIS) team.

4.3 Formal Support to day centres
For this proposal to be effective, the MHOA service must be able to offer additional support to the existing day care services in Southwark. At present, South Southwark CMHT staff co-facilitate two therapeutic groups run at Holmhurst and contribute to regular teaching regarding the behavioural and psychological management of dementia. These activities would be continued but supplemented by the following:

• a dedicated CMHT in-reach and Link Worker to Holmhurst and Fred Francis day centres;
• regular teaching sessions on mental health related topics by CMHT staff to support Holmhurst and other local centres. (The MHOA service has established training packages which could be offered to day care staff, e.g. swallowing, managing challenging behaviour, family interventions and basic Cognitive Behavioural Therapy skills).

4.4 Effects on other components of the MHOA Service

4.4.1 South Southwark CMHT
The move away from day hospital care partly relies on alterations to the way the South Southwark CMHT has worked until recently. The following developments were implemented on 3rd September 07:

• a duty system – the CMHT has introduced a rapid assessment service to respond to patients in crisis. (Previously this aspect of the service was provided largely by senior medical staff based at the Maudsley Hospital);
• an open referral system - that allows patients, carers and other professionals involved in care to make referrals direct to the CMHT without the need to go via a GP. (Previously the service only accepted referrals from GPs);
• the creation of one CMHT - covering the whole of South Southwark with the same working practices as the CMHT in North Southwark and re-configured to GP surgeries and Health and Social Care localities. (Previously the service involved three small CMHTs covering defined geographical catchment areas).

4.4.2 Other existing services and resources
Psychological Therapies Service – This service will continue to provide and develop the use of therapeutic interventions both on an individual and group basis including those currently operated or hosted by the Felix Post Unit but transferred to alternative venues.

Older Adults Support in Southwark (OASIS) – This consists of two teams (North and South Southwark) integrated with the CMHTs and working in partnership with Southwark Health and Social Care, Supporting People and Independent Care Home Providers to provide a flexible 7-day-a-week support service. This means both short term and intensive intervention for up to 6 weeks to respond to/avert crises in order to enable the client to continue to live independently in the community. Protocols may need to be adapted to support some clients in a more long-term way.

Healthy Ageing Café – This facility opened in July 2007, is available one day per week, and is located at Evelyn Coyle Day Centre. Patients will be able to attend this Café weekly with their carers, friends or relative. It is a user-led service and is being facilitated by OASIS support workers, a qualified nurse, a carer support worker, and two carers support workers from the Alzheimer’s’ Society.

Healthy Ageing Drop-In – This facility will open during the summer of 2007 at the Dulwich Library and will provide an information resource to local residents on mental health issues.

4.4.3 Proposed staffing changes for Southwark MHOA
The proposal needs some resources to transfer from the Felix Post Unit in order to support the integrated links with the day centres. It is proposed to transfer funding for two full time nurses to join
the CMHT and assist the transition of day patients to either Holmhurst or one of the other day centres in the south of the borough.

Both nurses will be located initially at the South Southwark CMHT to support the team during the transition period. This will be reviewed in twelve months in order to ensure that both CMHTs in the borough have the required staffing to deliver an equitable and quality service across the borough.

In addition, at least 1 session of junior medical time (currently at the FPU) would be allocated to assist management of clients at Holmhurst. This would not incur any additional expenditure.

4.5 Changes needed outside SLaM

- Hitherto, Holmhurst has provided day care for clients with dementia. For the proposal to be effective, Holmhurst will need to broaden the range of its admission criteria and provide day care for clients with functional mental disorders as well as those with dementia. How this is done (e.g. by identifying particular days for clients with particular problems), and the additional resources and support required is the subject of ongoing discussion between Southwark Mental Health of Older Adults Service and Southwark Health and Social Care.

- SLaM will need to negotiate suitable local venues to continue the psychotherapy and support group work. These need not necessarily be at day centres but have to be accessible via public transport and economic.

- Patients transferring their attendance days from the Felix Post Unit to alternative day care will receive this care free of charge. Likewise, patients in residential and nursing homes (who would not be eligible for day centre care) but who require specialist mental health day care for assessment and short-term interventions should also receive this free of charge. This arrangement has been negotiated with Southwark Health and Social Care. A process needs to be identified whereby future SLaM patients can access short-term day care for health purposes free of charge.

- Southwark Health and Social Care need to assist with the provision of social work support for the assessment phase as outlined in s.4.2.

- Southwark Health and Social Care together with SLaM need to identify the training needs of day care staff so that targeted educational packages could be used effectively.

5.0 Summary

In summary, the Southwark MHOA proposal is to transfer some resources from the Felix Post Unit to provide an integrated model of care at local day centres in collaboration with South Southwark CMHT. A particular focus will be on Holmhurst day centre that will broaden its remit to become a specialist mental health day centre akin to Evelyn Coyle day centre in North Southwark. This proposal will lead to a more consistent model of care and better co-ordination of mental health services for older people in the borough.

6.0 Next Steps and suggested timescales

If the proposals are supported we would wish to commence implementation and this would be managed through Southwark MHOA service. We would therefore envisage a timescale as follows:

<table>
<thead>
<tr>
<th>Event</th>
<th>Date</th>
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<tbody>
<tr>
<td>Public Consultation commences</td>
<td>23rd January 2008</td>
</tr>
<tr>
<td>Public Consultation ends</td>
<td>23rd April 2008</td>
</tr>
<tr>
<td>Service Implementation commences</td>
<td>May 2008</td>
</tr>
<tr>
<td>Implementation completed and new arrangements commences</td>
<td>September 2008</td>
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Policy Context

The development of Mental Health Services for Older People has a range of national and local policy drivers to stimulate and implement change, reform and modernisation listed below. These are not always consistent with each other and emphasis and focus does change, of course, over time.

- **Forget Me Not Reports (Audit Commission, 2000 & 2002)**

  The Audit Commission issued its first Forget Me Not Report in 2000. It outlined the wide variation in the ways mental health services for older people were provided in 12 study areas of the UK. With regard to day hospitals it found that day hospitals were not being used effectively for the time-limited treatment and assessment of mental health problems despite this being their stated intention. There was a huge variation in duration of attendance. This had partly arisen as a result of the lack of long-term day places for people in local authority day centres (s.103). It recommended that health and social services needed to plan these services together so as to make the best use of resources (s.104). During 2000 & 2001, the Audit Commission surveyed 65 areas across the country including Southwark and Lambeth. The survey confirmed that comprehensive assessments and short-term treatments were occurring in fewer than 50% of day hospitals overall. Although there was no specific criticism of the SLaM day hospitals, the difference in service models between North & South Southwark (and East & West Lambeth) was identified as an issue.

- **National Service Framework for Older People (Department of Health, 2001)**

  Standard 7 set out detailed standards and recommendations for the commissioning and provision of mental health services for older people. In particular, it stated that ‘Hospital-based services provided by specialist mental health services should include: …day hospitals to offer intensive treatment to people with functional disorders and dementia, including aftercare following in-patient admissions and rehabilitation and support for older people with long-term mental illness such as schizophrenia…’ (NSF 7.49).

- **Everybody’s Business: A Service Development Guide for Integrated Mental Health Services for Older Adults (Care Services Improvement Partnership, 2005)**

  This document provides an updated guide for commissioners as to the range and scope of services needed to support older people with mental health needs. With regard to the future of day hospitals it recommended ‘...consideration should be given to flexibly combining specialist day care and day hospital/treatment models. This will enable better joint health and social care planning and a more seamless delivery of the services from the perspective of the user’. (pg 31).

  Improving services and support for people with dementia (National Audit Office, 2007)

  Although concerned only with dementia services and not making any specific recommendations in relation to day hospitals, this will form the basis of new guidance to be issued by the Department of Health later in 2007. Overall recommendations are similar to previous reports and include the need to make diagnoses earlier, to involve patients and carers in care planning and to aim for greater integration of health and social care.

- **Draft National Minimum Day Services Standards  Care Services Improvement Partnership, 2007)**

  These are generic standards for all day services and applicable to all adults. They cover access issues, the day care environment, joining and assessment process and other individual needs. (The Southwark Day Opportunities for Older People – Quality Standards 2005-2008 is cited as one of three source documents).
Current and Future disposition of day hospital/day care places managed by SLaM and Southwark Health & Social Care

<table>
<thead>
<tr>
<th>Provider</th>
<th>Current Service</th>
<th>Proposed Service</th>
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<tbody>
<tr>
<td>Facility</td>
<td>CMHT Link worker</td>
<td>Proportion of clients have:</td>
</tr>
<tr>
<td></td>
<td></td>
<td>Dementia</td>
</tr>
<tr>
<td>South Southwark</td>
<td></td>
<td></td>
</tr>
<tr>
<td>South London and Maudsley NHS Foundation Trust</td>
<td>Felix Post Unit Day Hospital¹</td>
<td>n/a</td>
</tr>
<tr>
<td>Southwark Health and Social Care</td>
<td>Holmhurst EMI day centre²</td>
<td>No</td>
</tr>
<tr>
<td></td>
<td>Fred Francis day centre³</td>
<td>No</td>
</tr>
<tr>
<td>North Southwark</td>
<td></td>
<td></td>
</tr>
<tr>
<td>Southwark Health and Social Care</td>
<td>Evelyn Coyle Resource Centre⁴</td>
<td>Yes</td>
</tr>
<tr>
<td></td>
<td>Southwark Park day centre⁵</td>
<td>Yes</td>
</tr>
</tbody>
</table>

1. Felix Post Unit Day Hospital (30 day places shared with East Lambeth, Mon-Fri)
2. Holmhurst day centre (30 day places, Mon-Sat)
3. Fred Francis day centre (30 day places, Mon-Fri)
4. Evelyn Coyle Resource Centre (30 day places, Mon-Fri)
5. Southwark Part day centre (30 day places, Mon-Fri)

There are no changes in day centre place numbered envisaged.
Frequently Asked Questions

1. Is this just about closing the Felix Post Unit Day Hospital?

No. This is about building and improving the way we deliver our services. What we are proposing is that the types of assessment, treatment, care and support currently offered through a stand alone Day Hospital model can be provided more effectively through an integrated approach managed by the South Southwark Community Mental Health Team for Older People in partnership across health and social care services.

The type of service provided by the Felix Post Unit Day Hospital was established at a time when there was not the array of community mental health services available for older people as there is today. More recently, this has involved a move to provide care closer to home and in community settings and not to rely on hospital-based day care services. Within SLaM, to illustrate this, mental health services for older people in North Southwark, Lewisham and Croydon have provided high quality comprehensive care without day hospital provision. They do this through providing services in a similar way to what we are proposing for South Southwark and working in close partnership with their Social Care Services.

2. Are you making these changes solely for financial reasons or as a cost saving measure?

No. Our primary intention in making these changes is that it will improve the service we provide as we will be able to provide assessment, treatment, care and support closer to where people live, working more closely with their GP and other health and social support they receive and doing so in a more responsive way. However, as this is public money funded directly from the taxpayer, we do have a responsibility to ensure we spend it wisely. If we had an additional £1 million pounds we would not use it to develop this type of service.

3. Are you transferring or shunting costs to Social Care Services?

No. What we are proposing is identical to that currently operating in North Southwark where the North Southwark Community Mental Health Team for Older People and Evelyn Coyle Day Centre work in partnership to provide assessment, treatment, care and support to older people with mental health problems and people with dementia. In fact, many of those currently under the care of the South Southwark Community Health Team for Older People already use Holmhurst Day Centre, other Day Services or other Social Care Services operated by the Southwark Council.

We will also be transferring health resources to the South Southwark Community Mental Health Team for Older people in order to support Holmhurst Day Centre. This includes two full time community psychiatric nurses and additional medical support. Through this we will be able to respond timely, jointly and sensitively to changes in individual patients' needs.

The Southwark Mental Health of Older Adults Service is made up of both health and social care professionals. This is because the needs of those we assess, treat, care for and support span mental health, physical health and social circumstances. In responding to those needs it is important that we do this in an inclusive way as each has an impact on the other. By working across health and social care jointly we can offer a service that is comprehensive, ensures all aspects of need are addressed and responded to and does so in a way which is seamless for the person and carer and does not require them to negotiate additional access points to either health or social care services.

4. What eligibility criteria will be used to determine who is eligible for a service
We will apply the Southwark Council eligibility criteria as determined under Fair Access to Care Services in the same way as we do now for all Southwark residents who use our services.

5. **Will those that require them still have access to the same range of diagnostic assessment and services as are currently provided by the Felix Post Unit Day Hospital?**

Yes. Those that require diagnostic assessment or services will continue to be able to access these services and this will either be through the South Southwark Community Mental Health Team for Older People, their Consultant Psychiatrist or via their GP. Indeed, we currently offer this to those currently under the care of the South Southwark Community Mental Health Team for Older People.

6. **How will those that require urgent care or emergency assessment receive this?**

For those requiring urgent care or emergency assessment they will be able to receive this through the South Southwark Community Mental Health Team for Older People. Indeed, the Felix Post Unit Day Hospital does not provide urgent care or an emergency assessment. Such support has always been part of the role of Community Mental Health Teams.

Additionally, the South Southwark Community Mental Health Team for Older People has made changes since 3rd September 2007 to the way it works in order to enhance its response to urgent care or emergency assessment through establishing an open referral system so that anyone (the person concerned, their spouse or partner, social worker) can refer to the team and operating a duty system which means that there is always a qualified professional such as a community psychiatric nurse available to respond to urgent referrals, emergency assessments, provide advice or arrange additional support to those requiring an urgent response.

7. **Will people still be able to access the wide range of therapeutic interventions available now?**

Yes. We have given a commitment to continue to provide the full range of therapeutic interventions currently available. The Southwark Mental Health of Older Adults Service has a thriving Psychological Therapies Service. Indeed, most therapeutic interventions currently provided are actually operated through this service or our Community Mental Health Teams and those currently provided by the Felix Post Unit Day Hospital could be accommodated within these services or at Holmhurst Day Centre. This does not mean that over time there will not be changes to the therapeutic interventions we provide as these are always subject to clinical need, demand for particular therapeutic interventions and evaluation as to their effectiveness. This is a normal part of the way in which such services and interventions are reviewed and is no different than elsewhere.

8. **How will you ensure the needs of carers are met?**

Like all health and social care services we have a statutory duty to offer a carer’s assessment. This is unaffected by these proposals. The changes we propose to make are intended to offer the same inclusive and responsive service to meeting the needs of carers as we will for the person cared for.

The South Southwark Community Mental Health Team for Older People holds, jointly with Alzheimer’s Society Southwark and Holmhurst Day Centre, a regular Carers Support Group and this will continue to operate and will support those carers affected through this change.

9. **Is there capacity within other social care day services and other services to meet this additional demand?**
Currently, at the time of writing, across day services in Southwark as a whole there is unused capacity although, at the moment, Holmhurst Day Centre (the specialist day centre for older people with mental health problems and people with dementia in South Southwark) operates a waiting list. Demand for such services does fluctuate and there is a normal flow of users through such services.

As part of working in partnership across health and social care we will review how we respond and meet the needs of those that require the support of the specialist day service or those that require other day services. This is no different to the way in which we run and manage services now and which, at times, experience a high demand.

Of the twenty people currently using the Felix Post Unit Day Hospital, sixteen have been assessed as requiring the ongoing support of the South Southwark Community Mental Health Team for Older People. This will involve them having an allocated Care Co-ordinator to manage their treatment, care and support. Support may involve regular visits to see them by their Care Co-ordinator, out-patient appointments, going to day services, individual or group therapeutic interventions (these are held at a range of venues including Holmhurst Day Centre, other Day Centres, Maudsley Hospital or community centres) and/or other support such as Homecare or OASIS.

The remaining four people have been assessed as requiring the specialist level of support operated by Holmhurst Day Centre. Following the completion of the consultation, should this still be the case, we will identify places for them at Holmhurst Day Centre as we do now for existing users of Holmhurst Day Centre who are under the care of South Southwark Community Mental Health Team.

10. Will these proposals be affected by the externalisation (i.e. outsourcing) of day centres currently being undertaken by Southwark Council

No. These proposals describe the model of service we propose to provide rather than who is the provider of these services. The Southwark Mental Health of Older Adults Service will continue to work in close partnership with whoever is chosen to run these services on behalf of the Council and these services will continued to be commissioned by Southwark Health and Social Care who also commissions the Southwark Mental Health of Older Adults Service.

11. If I respond to the consultation how can I be reassured that it will be respected and considered?

We wish to seek the widest possible views on our proposals and would encourage anyone with an interest in the service to respond. We listened to, and respected, the responses received in our preliminary consultation in January and February 2007 and revised our proposals and timescales on the basis of the feedback we received.

Once we have completed this consultation, we will review the responses made and set these out in a report together with our response to them. This report will be publicly available and will be shared with the SLaM Members Council, SLaM Public and Patient Involvement Forum, Southwark Health and Adult Care Scrutiny Sub-Committee and Southwark Older Peoples Partnership Board. A final decision on the outcome of the consultation will be made by the SLaM Board of Directors with the agreement of Southwark Health and Social Care.
Equality Impact Assessment

1. Name of the policy / function / service development being assessed?
Specialist Mental Health Day Hospital Services for Older People in London Borough of Southwark

2. Name of person responsible for carrying out the assessment?
Lorayne Duggan, Social Inclusion and Equality Lead, MHOA

3. Describe the main aim, objective and intended outcomes of the policy / function / service development?
Aim: To provide an equality of service to service users in both North and South Southwark.
Objective: Southwark MHOA Services cease to use the Day Hospital, and continuing specialist services for all current and future patients is transferred to South Southwark Community Mental Health Teams for Older People.
Intended Outcomes: An integrated form of specialist day care in partnership with local authority day centres in much the same way as currently happens in North Southwark.

4. Is there reason to believe that the policy / function / service development could have a negative impact on a group or groups?
YES / NO
Which equality groups may be disadvantaged / experience negative impact?
Race YES / NO
Disability YES / NO
Gender YES / NO
Age YES / NO
Sexual orientation YES / NO
Religion / belief YES / NO

5. What evidence do you have and how has this been collected?
None
Some
Substantial Assessed and compared how current services are provided in both parts of the Borough of Southwark.

6. Have you explained your policy / function / service development to people who might be affected by it?
Yes / No

If 'yes' please give details of those involved

Consulted with Southwark Health and Social Care, Community Services, Primary Care, the Voluntary Sector, Older People’s Partnership Board, Service Users and Carers.

7. If the policy / function / service development positively promotes equality please explain how?

The proposal is to provide day services in South Southwark in the same way as is provided in the North of the Borough - from a community setting, in partnership with SLaM and Social Care services, in line with clinical good practice and national policy. It means that everyone living in the Borough will have access to the same range and quality of day care support. This would involve providing day care services for South Southwark residents from Holmhurst day centre - a specialist day centre for older people with mental health needs which is co-located with South Southwark Community Mental Health Team. Holmhurst is about a mile away from the Maudsley Hospital. It is a better care environment and less stigmatising than expecting people to travel to a psychiatric hospital for day care support. All service users will continue to receive the level of care, support and treatment required to meet their needs. The level of support to Holmhurst day centre will be enhanced through an increase of 2 Community Psychiatric Nurses within the South Southwark Community Mental Health Team. All service users who currently use the Felix Post Unit will be allocated one of these nurses as a care co-ordinator to support them through the change - and it will be someone they are familiar with.

8. From the screening process do you consider the policy / function / service development will have a positive or negative impact on equality groups? Please rate the level of impact and summarise the reason for your decision.

Positive: High (highly likely to promote equality of opportunity and good relations) Medium (moderately likely to promote equality of opportunity and good relations) Low (unlikely to promote equality of opportunity and good relations)

Negative: High (highly likely to have a negative impact) Medium (moderately likely to have a negative impact) Low (probably have a negative impact)

Neutral: High (highly likely)

Reason for your decision:

It is widely believed that the most effective way of providing older adult day care is for health and social care services to do so in partnership. This is already being done in North Southwark and the proposal is for the same to be done in South Southwark. The planned changes should enable the delivery of better services for older adults with mental health problems throughout both North and South Southwark, thus rectifying what is currently an inequitable provision of services.
If the screening process has shown potential for a negative impact you will need to carry out a full equality impact assessment.
## Appendix 3 – Circulation Lists

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<tr>
<th>NAME OF SERVICE/ORGANISATION</th>
<th>ADDRESS</th>
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<tbody>
<tr>
<td>SOUTHWARK VIETNAMESE - CHINESE COMMUNITY (SVCC)</td>
<td>Thomas Carlton Centre, Alpha Street, London, SE15 4NX</td>
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<tr>
<td>SOUTH ASIAN ELDERLY ORGANISATION (SAEO)</td>
<td>Southwark Asian Center, Peckham Rye, London, SE15 4NU</td>
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<tr>
<td>BLACK ELDERLY GROUP SOUTHWARK (BEGS)</td>
<td>Elim House, 86 Bellenden Road, London, SE15 4RQ</td>
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<td>GOLDEN OLDIES COMMUNITY CARE PROJECT (GOCPP)</td>
<td>Walworth Methodist Church Hall, 54/56 Camberwell Road, London, SE5 0EN</td>
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<td>SOUTHWARK CYPRiot DAY CENTRE (S CDC)</td>
<td>12a Asylum Road, Peckham, London, SE15 2RL</td>
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<tr>
<td>SOUTHWARK IRISH PENSIONERS PROJECT (SIPP)</td>
<td>19 Spa Road, Bermondsey, London, SE16 3QN</td>
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<td>AGE CONCERN SOUTHWARK (ACS) HEAD OFFICE</td>
<td>224/236 Walworth Road, London, SE17 1JE</td>
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<td>AGE CONCERN MENTALLY FRAIL ELDERS DAY CENTRE</td>
<td>4 D’Eynsford Road, London, SE5 7EB (Fri - Mon)</td>
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<td>AGE CONCERN BLACK ELDERS MENTAL HEALTH</td>
<td>4 D’Eynsford Road, London, SE5 7EB (Tues - Thurs)</td>
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<td>AGE CONCERN HEALTHY AGEING CENTRE</td>
<td>95 Southwark Park Road&lt; London SE16 3TY</td>
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<td>The Old Mortuary, St. Marychurch Street, London SE16 4JE</td>
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<td>CONFEDERATION OF AFRICAN PEOPLE</td>
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<td>All Members</td>
<td>Southwark Older Peoples Partnership Board</td>
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Appendix 4 – Referral Routes to South Southwark CMHT for Older Adults

Referrers

Social Services
Housing
Service Users
Family/Carer
Primary Care
Psychiatric Liaison Services

SOUTH SOUTHWARK
COMMUNITY MENTAL HEALTH TEAM

Services provided by CMHT

Assessment
Ongoing Clinical Management
Crisis Intervention
Social Inclusion Projects
Psychological Interventions
Intensive Support at Home (OASIS)
Organising Hospital Admission

Community Psychiatric Nurses
Social Workers
Psychiatrists
Occupational Therapists
Support Workers
Psychologists
Appendix 5 – Two Case Studies

These case studies provide real-life examples of the care and support provided by MHOA Services and, specifically, the South Southwark CMHT for Older Adults.

Case Study 1 - Mr P

Background:
Mr P is a 78 year old, white, socially isolated English man who was referred to the South Southwark Community Mental Health Team by his GP towards the end of 2007. The GP was concerned that Mr P had been living for 6 years in squalid condition in a sheltered housing unit. In particular, there were concerns around his self-neglect, agitation, poor standard of hygiene in the home. He had stopped taking his medication, and was also drinking 2 cans of strong lager daily. He remained mobile and managed to go to a local café daily to eat, as well as spending time in a bookmaker’s. However, he often returned home late at night, and regularly had to press other residents’ door-bells to gain entry to the housing unit, as he had lost his keys. The other residents had complained about this, and there was a threat of eviction. Mr P has 4 children, but none of them keep in touch with him. His wife lives in St Lucia, and she too has no contact with him. His GP had recently completed a base-line assessment of Mr P’s memory (the Mini Mental State Examination), and he scored had scored 19/30, which demonstrated that he was having some difficulties with certain aspects of his memory. The GP reported that Mr P was eating and sleeping well, and that there was no evidence of a depressive illness nor that Mr P was hearing voices or experiencing hallucinations.

Intervention:
4 days after the referral was received, Mr P was visited at home by a Community Psychiatric Nurse (CPN) and an Occupational Therapist (OT). A full assessment was completed, and it was clear that Mr P did have some problems with his memory. He was initially suspicious of the mental health workers, but over time started trusting them and began to accept help and support. He agreed to see a psychiatrist, who prescribed some medication to help with Mr P’s memory problems. Mr P agreed to take the medication, which helped him to feel more relaxed, more orientated and more in control of things in his life.

A social worker from the social services department became involved with Mr P’s situation, and the mental health team developed close, partnership working arrangements with her. Mr P agreed to allow a home carer to visit him 3 times a week to help with his household chores. A solicitor became involved to help with the threat of eviction, and this was eventually stopped because Mr P’s managed, with support, to maintain a cleaner environment in his home. He also stopped using alcohol (which he had been using because he had been worried that his memory was becoming worse), and consequently stopped ringing his neighbours’ door bells late at night. Over time, Mr P started to attend a day centre not far from where he lived, and as well as making several friends, he also responded positively to contact from his daughter (who had contacted the CPN to ask how Mr P was getting on). Mr P also agreed to see his GP for a full assessment of his physical health, and he was subsequently referred to an optician and to a podiatrist.

Mr P’s CPN continues to visit weekly to co-ordinate the care he receives, to monitor his mental state and to facilitate the support and input from the other agencies. Mr P has been placed on the “Enhanced” Level of the Care Programme Approach, and his care is reviewed with the full, multi-disciplinary team every 6 months.

Outcome:
Mr P has enjoyed more stable mental health for several months, and he is now more integrated into his local community. He has a well established routine, and the services provided by the various agencies who are involved in his care support this, as well as enabling him to enjoy a better quality of life. He feels safe in his home, and has started taking a pride in keeping it clean and tidy. He is a valued member of the local day centre. Several agencies have worked in partnership in order to ensure that he is provided with a well organised and supportive package of care.
Case Study 2 - Mrs G

Background:
Mrs G is a 69 year old, African/Caribbean woman who was referred several months ago to the South Southwark Community Mental Health Team by the housing association who manage the property where she lives. There were concerns that she had not allowed anyone to enter her flat for several years to carry out repairs to the structure of the building. There was heavy condensation in her flat, which placed the whole block at risk of damp, and Mrs G also had substantial rent arrears and neither gas nor electricity supply. She faced possible eviction from her flat by the housing association and legal proceedings had been initiated.

The GP noted that Mrs G had a long history of paranoid schizophrenia and that her case had been closed by an Adult CMHT in a different area of London several years earlier after she had moved out of her catchment area and into Southwark (she was considered to be mentally well at the time, and had been taking medication daily). The GP stated in his referral that Mrs G was socially isolated, talked persistently to herself and was not prescribed any medication. Her daughter had informed the GP that she was worried about her mother, who had refused to talk to her, or to allow her into her flat, for over a year. Her GP made attempts to contact her last year because her daughter reported that she was seen walking with a limp.

Intervention:
A CPN and a doctor from the CMHT wrote to Mrs G and then visited her at home. She was not willing to talk to them, and told them that there was nothing wrong. The CPN contacted the local social services department, as he felt that a multi-agency approach was needed in order to meet Mrs G's needs and to protect her from being evicted. The "Official Solicitor" was contacted and a Care Programme Approach meeting was convened at Mrs G's GP surgery so that a clear plan as to how Mrs G could be supported was agreed. Mrs G's daughter was involved in the situation and was keen to re-establish a relationship with her mother.

The CPN tried many times to visit Mrs G at home, without success. However, it soon became apparent that Mrs G spent a great deal of time in the local café, and the CPN approached her there and started spending time with her. Over time, Mrs G began to acknowledge the CPN's presence and eventually to talk to him. It gradually became clear that Mrs G was experiencing hugely distressing voices, and that she had an unusual set of beliefs. She was seen by a psychiatrist, who felt that she was suffering from a relapse of paranoid schizophrenia. However, Mrs G continued not to accept that she needs the repairs within her home to be completed, nor that her power supply should be turned back on. She would not allow anyone into her home to assess the situation. Following a further multi-disciplinary meeting, the team decided that Mrs G should be assessed formally within the provisions of the Mental Health Act (1983) to consider admission to hospital for treatment of her mental illness.

She was subsequently detained in hospital under section 2 of the Mental Health Act and after being given medication, she became less unwell, less scared and more willing to talk about the help she needs. Mrs G had a full physical health check on the hospital ward. The solicitor was able to intervene and to stop the eviction proceedings. The social services department have set up an "Appointeeship" arrangement, which means that Mrs G’s bills are paid regularly, and that her rent arrears have been cleared. Mrs G has now allowed the housing association into her home, and the required repairs are being completed. Her daughter has visited her several times in hospital, which has been a very positive development.

Outcome:
A multi-agency approach, with a particular focus on partnership working, has enabled Mrs G to enjoy a better quality of life. She is no longer at risk of being evicted from her home, and she has agreed for her social worker to organise a home carer to support her with keeping her flat in order when she returns there from hospital. Regular CPA reviews have been convened whole she has been in hospital, and although she was initially reticent about attending these, Mrs G is now more willing to be part of the discussions about what support and treatment she will need when she returns to live at home. She has agreed to see her CPN and her social worker regularly, and has been talking about attending the local day centre, which is not far from where she lives.