

Joint Health Overview and Scrutiny Committee SLaM Mental Health of Older Adults		
Title	<b>South London and Maudsley Mental Health Older Adults Acute Inpatient Bed Provision</b>	
Key Decision	Yes	Item No. 4
Ward	AL1 (Maudsley Hospital), Hayworth Ward (Ladywell Unit), Chelsham House (Royal Bethlem Hospital)	
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Class	Part 1	Date: 6 November 2017

## 1. Summary

Following intensive collaboration with commissioners from the four boroughs, a new service delivery model is being proposed in line with national guidance and recommendations.

In future, it is proposed that there will be a designated ward (Chelsham House at the Bethlem Royal Hospital) to meet the particular needs of patients experiencing moderate to severe dementia.

The remaining two wards (AL1, at the Maudsley and Hayworth Ward at the Ladywell Unit) will mainly focus on the care of patients with functional mental health conditions (psychotic, mood and anxiety disorders) and patients in the early stages of dementia whose primary diagnosis is of a functional one.

Allocating one ward for patients with dementia and two wards for those with functional mental health needs will mean that patients can be admitted to the ward which best meets their clinical needs. Staff will be experts in the treatment and care for patients with these distinctly different presentations.

There will be no reduction in number of beds and patients are able to express their preference as to where they would like to be treated.

The committee is asked to consider and approve the proposed service change.

## **2. Purpose**

The purpose of this document is to outline the proposed changes to the Mental Health Older Adult inpatient bed provision across the London Boroughs of Lambeth, Lewisham, Croydon and Southwark. It is further to provide the rationale and evidence behind the proposed changes.

## **3. Recommendations**

The recommendation to the committee is to consider and approve the proposed changes to the inpatient provisions for older adults.

## **4. Policy context**

Having separate in-patient beds for patients with functional mental health needs versus organic needs has consistently been regarded as good practice (Audit Commission, 2000, 2002; Royal College of Psychiatrists, 2006). People with severe depression, for example, may find that sharing their living space with people with behavioural problems associated with dementia can have a negative impact on their recovery and add to their distress. Similarly, the effect on people with dementia sharing a ward with people with severe depression may also be unhelpful given that the nature of care and supervision needed for the two groups may be quite different (In-patient care for older people within mental health services 2011).

## **5. Narrative/Background**

### *Background*

Secondary care mental health services are only one small part of the care pathway for people with psychiatric disorder. However in order for the services to function properly and best serve our patients other sectors need to be properly developed and commissioned and coordinated so that transitions of care are simple and smooth as gaps in the pathway can result in poorer outcomes for service users, families and carers.

Most of the time people are manage their condition with support from family, friends, communities and local services such as primary care and social services, however there may be times when more specialized support is required.

Specialist mental health services target patients with particularly severe or complex disorders who require specialist diagnosis and advice. The forthcoming NHSE/NICE implementation Guide and NHS England Care Planning Guidance for dementia illustrate this well; memory services are being asked to see people promptly, diagnose and treat them, set up an initial care plan, and then discharge.

Longer term care planning and the management of physical health is seen as the role of primary care; with other voluntary and community resources being coordinated around the patient and carer to provide long-term support, maintaining independence and quality of life and preventing crises. A tiny minority of patients with dementia will go on to need further specialist intervention such as management of behavioural symptoms, and an even smaller number will need inpatient care.

The purpose of this paper is to set out proposals for where these inpatient beds should be and have been jointly agreed by South London and Maudsley NHS Foundation Trust (SLaM) and Lambeth, Southwark, Lewisham and Croydon CCGs

### *Current service provision*

In order to understand where inpatient care fits in with the patient pathway it is useful to understand the other specialist services for older adults that SLaM provide. These services include:

**Memory Services** – these are clinic based services to assess diagnose and start treatment for people with suspected dementia and mild cognitive impairment.

**Community Mental Health Teams** - these community based teams provide assessment and short term treatment for people with severe psychiatric disorders including people with dementia who have significant behavioural and psychological symptoms or carer stress.

**Care Home Intervention Teams** – these teams work with residential and nursing homes to provide assessment and treatment of people with psychiatric disorder, usually either those with dementia and behavioural and psychological symptoms or people with severe long-term functional illness such as chronic schizophrenia.

**Home Treatment Teams** – these teams manage the inpatient beds, support patients to receive treatment at home rather than in hospital wherever possible and to facilitate early discharge. They receive referrals from emergency departments, community mental health teams, care home intervention teams and acute hospital inpatient services

**Acute Inpatient Units** - these inpatient beds based on 3 sites (Maudsley, Lewisham and Bethlam Hospitals) provide acute assessment and treatment for people with severe disorders and substantial risk who require management in an inpatient setting.

**Specialist Care Units** - these units (Greenvale in Streatham and Ann Moss in Southwark) provide medium and longer term treatment for people with persistent severe symptoms associated with psychiatric disorder who are unable to be managed in residential or nursing homes.

**MHOA Liaison Services** – these teams provide advice, mental health assessment diagnosis and treatment of people who have been admitted to wards in general hospitals

### *Current situation*

Any older patient requiring admission to an acute inpatient unit is currently admitted to one of the three units (AL 1 – on Maudsley Hospital site (Southwark), Hayworth at University Hospital Lewisham (Lewisham) or Chelsham on the Bethlem Royal site (Bromley). This is irrespective of their diagnosis, presentation and care needs. What this has led to is a mix of patients with different disorders and presentations on each of three wards, which can be distressing for patients (eg a patient with severe anxiety/depression may be distressed by being on a ward with people with severe dementia and agitation). Because admissions tend to be more than a week, and there

is relatively slow turnover, compared with, say, an acute medical ward. This means that at any one time there are very few beds available, and patients needing an admission have to be admitted to the first available bed. So a patient is equally likely at the moment to be admitted to any one of three wards.

### *NHS Benchmarking*

The National Mental Health Benchmarking data (November 2016) shows that SLaM MHOAD services:

- Have very high bed occupancy (96.1%) - top quartile of Trusts submitting data.
- Have a small number of beds (16/100k) - lower quartile.
- Have a low number of admissions (62/100k) - lower quartile.
- Are the fourth lowest Trust for emergency re-admissions
- The highest of all Trusts measured for duration of stay for continuing care patients (1784 days- the next lowest being 1200 days)
- The highest of all Trusts for delayed transfers of care

In order to improve patient outcomes and ensure most effective use of resources it is proposed that acute admission inpatient units will be configured to manage different patient groups - one focusing on dementia care and the other two on the care of people with psychotic, mood and anxiety disorders (the so-called "functional" disorders). This will enable ward environments to be tailored towards the specific needs of the patients and staff will be able to specialise and become highly skilled in either dementia or functional illness care. The needs of people with dementia will rightly become an equal priority to that of functional illness.

To meet the needs of local people, the Trust will need one acute dementia unit, which it is proposed to be Chelsham House (Bethlem Royal Hospital site) and two units for people with functional disorders on AL1 (Maudsley Hospital) and Hayworth (University Hospital Lewisham). There are currently 54 beds in all across the 3 sites and the number will remain the same following the proposed changes.

### *Functional disorders- acute inpatient care*

There is overwhelming evidence that assertive treatment of functional illness coupled with good primary care support can reduce relapse rate and reduce the need for inpatient admission. But there will always be a need for acute admission for people with severe relapsing and remitting disorders. Our view is the proposed acute inpatient service can manage this demand provided there is continued investment in the supportive community services.

### *Dementia- acute inpatient care*

The incidence of dementia continues to fall as effective prevention is put into place in primary care and through public health measures. But the actual numbers of people with dementia will increase for some years as we have older people in society. The memory service model of timely diagnosis, evidence based treatments, and person centred care planning through the lifespan of the person with dementia and their carer has proven effective.

This model reduces carer stress, improves quality of life, and reduces the need for acute inpatient admissions and placement in care homes. So, despite the increase in

prevalence of dementia the need for acute mental health inpatient care for people with dementia has fallen and will continue to fall. The challenges faced by our services when patients with dementia are admitted include difficulty in arranging an appropriate placement for longer term care due to the restricted care home sector in inner London. This leads to higher than necessary bed occupancy and puts patients at risk.

There will be flexibility around admission criteria; decisions to admit to a particular ward will be based on patient need. So, for example, it may not be appropriate for someone with a recent diagnosis of mild dementia who is depressed to be cared for on a dementia care unit.

It is also recognised that some patients and their families may prefer to be treated closer to their home borough and will choose not to access a specialist bed; where this is a preference we will attempt to accommodate this. In addition issues of privacy and dignity may mean that a person has to be admitted to an available bed and then transferred if appropriate.

#### *Support for family and carer visitors*

For a small number of service users and their carers the proposed change will mean that the patient is receiving treatment relatively far away from their home. Chelsham House, in particular, can be difficult to access by public transport which can be of significant impact for this population. This is a problem that a small number of patients and their families are already experiencing.

All the wards are signed up to 'John's Campaign'. John's Campaign is a movement to help NHS staff recognise the importance of working with family carers as equal partners in the care and support of people with a dementia who are in hospital.

John's Campaign is a promise from hospitals, that carers of people with dementia have the same rights as parents of sick children to accompany them in hospital, to be their cognitive ramps, their experts in experiences, and a voice for the voiceless. The key focus is an open visiting culture; supporting carer access to the hospital outside of normal visiting hours, to enable them to be with the person with a dementia when they may be stressed, anxious, upset or lonely.

SLaM also provides a shuttle bus service that runs between the Maudsley and the Bethlam site that families can use. There is a regular shuttle bus service that runs between the Maudsley and the Bethlem site that families can use. This is a free service and operates daily, Monday to Friday. If people need assistance with travel at the weekends or at bank holidays then the wards are able to action this

## **6. Financial implications**

There are no financial implications to the proposal. The funding for in-patient facilities remains the same.

## **7. Legal implications**

None

**8. Crime and disorder implications**

None

**9. Equalities implications**

Please see attached EIA.

**10. Environmental implications**

None

**11. Conclusion**

Following intensive collaboration with commissioners from the four boroughs, engagement with service users and their carers the new service delivery model is being proposed in line with national guidance and recommendations.

Commissioners and SLAM are therefore requesting the committee to consider and approve the proposal of the new service model.

**Background documents and originator**



EIA MHOAD Acute  
beds configuration  
EIA



Bethlem\_Royal\_Hos  
pital\_August\_2015.p



Bethelm Royal  
Hospital (Directions)

Map of the Royal Bethlem Hospital

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