

**MHOA &D (CAG)**

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Monday 25<sup>th</sup> February 2013

Councillor Mark Williams  
c/o Members Room  
160 Tooley Street  
London  
SE1 2QH

Dear Councillor Williams

**Re: Home Treatment Team and update for the Overview and Scrutiny Committee**

As requested in the July meeting I attach an update on the Home Treatment Team outlining progress so far. Included are the statistics relating to numbers assessed by HTT as well as details on the number of people assessed across Southwark and Lambeth with ethnic and gender breakdown and details on the clinical outcomes.

The service is progressing satisfactorily.

Lewisham Commissioners have requested that SLAM expand the service to cover Lewisham from April 2013. There will be a formal evaluation of this process in September 2013 and I will ensure you get a copy of this.

The Reference group has not yet been able to identify a service user willing to come to an open council meeting but service user feedback is part of the overall evaluation. I include a number of vignettes to illustrate who the team is working with and the interventions offered. In both of these cases the most likely outcome would have been admission to an acute psychiatric bed if the team had not been able to offer a Home Treatment service

You requested how the increase in acutely unwell people would be managed. There has been no significant increase in referrals to community or inpatients services with the introduction of Home Treatment in either Lambeth or Southwark. The equivalent bed days activity of Home treatment would be measured as 8 beds in Southwark and 6 beds in Lambeth. This has so far managed our need for acute inpatient care. We have five available beds at

Chelsham House at the Bethlem Royal Hospital but to date we have not needed to use these.

There was a query on what the service would offer homeless older people with mental health problems. The Start Team is a multi-disciplinary team made up of social workers, nurses and psychiatrists that work with homeless people within the Borough outreaching to day centres and homeless hostels. They cover all age groups. They liaise with older adults where appropriate if a person requires admission or is known to Mental Health of Older Adults service.

In addition, in response to the concern regarding support to homeless older adults, the number of older adults that are homeless is very small. They are therefore more likely to be admitted after assessment as currently Home Treatment do not have access to alternative accommodation such as a hostel to place them in.

In addition, we have noted that there is a lower number of patients admitted from both Southwark and Lambeth compared to Croydon and Lewisham. On investigation it is clear that the reason for the level of admissions of Croydon residents is due to the fact that the elderly population of Croydon is larger than for Southwark, Lambeth and Lewisham and when this is adjusted there is no significant difference. Lewisham however, does have a similar over 65 population to Lambeth and Southwark and therefore the number of admission from this borough is higher. The reasons for this is being investigated but it is a factor that has persuaded Lewisham NHS Commissioners to invest in this model in this borough commencing in 2014/15.

In relation to access to the service by the local BME population we have identified that the Borough of Lambeth had marginally higher Caribbean and Asian numbers comparing both inpatient groups. This is an area we will continue to monitor but it should be noted that the numbers are of admissions from these groups are small.

I have forwarded a copy of the updated action plan in the Equality Impact Assessment which provides an update on progress to date

If you have any further queries please do not hesitate to contact me.

Yours sincerely

Cha Power  
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Mental Health of Older Adults & Dementia  
Clinical Academic Group