

**Briefing Paper to: Stoke Overview and Scrutiny Committee.**

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**Report name**

Enhancement of Community Older people's Mental Health Outreach Team

**Author of Report**

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**Background**

A community outreach team was established in 2012. This was part of a planned service redesign based on experience from elsewhere with the aim of reducing reliance on inpatient beds. The service was designed:

- To support and enable the safe and appropriate discharge of service users into the community when they do not need to be treated within a hospital.
- To support service users in their home abode, to prevent the necessity for inappropriate admission to an acute hospital.

Over the 2013/14 the workload of the unit has been almost equally split between the two roles.

The budget of the service includes just over 11 Whole Time Equivalent (WTE) staff (two thirds nursing, one third support workers/admin).

**Proposed Change:**

It is anticipated that demand for older people's services will rise significantly over the next few years. The Trust's Business Plan shows that demographic change will mean that within our catchment population the number of people aged over 65 years will increase by 7.8% between 2012 and 2017 and by 12.7% for people over the age of 80.

The enhanced outreach team will continue the core role of supporting patients in their own homes as an alternative to hospital admission and in supporting discharge. However, this will be extended to support more complex patients – which could be people in residential or nursing homes.

The team size will significantly increase in staffing to address:

- The anticipated increase in caseloads
- The increase in complexity of casemix
- The current levels of overstretch.

The establishment of the service has facilitated a decrease in occupied bed days in older people's wards in recent years, with the result that on average of 17 or more beds are vacant on these wards on any given day.

The enhancement will be achieved by supporting the cohort of patients with one less 15 bedded ward, allowing for staff from this area to be redeployed into the community team.

This allows for the vacant ward to be developed, to support a cohort of patients who currently require out-of-area placements. This patient group will be supported in the redeveloped ward, thus enhancing access to locally-provided services.

### **Rationale and evidence**

Delivery of high quality, safe care within people's own homes and within community settings maximises support for independent living and for maintaining relationships and support networks within the community. The transition to this from hospital based care, which can be more institutional is key to delivering this goal

Local commissioners are also clear that they wish to see as many people as possible cared for within community settings and avoid unnecessary hospital admissions. Similarly, commissioners of social care services have also signalled their intent that locally too often the outcome for many older people who have care needs is admission to long term placement in either Residential or Nursing Homes.

Both Stoke on Trent and Staffordshire local authorities are concerned that rate of admission to care homes is higher than the national average and are developing strategies to reduce this.

The aspiration of both the Department of Health and local commissioners is supported by evidence from across the country that providers are increasingly able to reduce their reliance on hospital based inpatient services if they make the appropriate investment in community outreach services.

Day Hospitals were originally designed as an alternate to in-patient admission but research evidence in the UK suggests that replacing day hospitals with intensive community outreach teams could have a greater impact in reducing the use of hospital beds, (*Royal College of Psychiatry 2008*) citing examples of these changes from Merseyside, London and Yorkshire. Further examples can be found in Suffolk [*Dibben et al 2008*] and Sussex [*Sussex PCT 2009*].

### **Impact on Constituents**

The Trust believes this proposal is a quality improvement providing care closer to home and using limited resources in a way that reduces inappropriate admissions to hospital and cares for people in a familiar environment, wherever possible.

It will allow older people with mental health issues to be better supported for longer in their own homes.

Harplands Hospital wards will, in the short term, maintain the capability to support similar cohorts of patients. In the longer term, they will also provide greater variety of services, by way of enhancing rehabilitation services.

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