SECTION B PART 1 - SERVICE SPECIFICATIONS

Mandatory headings 1 – 5. Mandatory but detail for local determination and agreement.
Optional heading 6. Optional to use, detail for local determination and agreement.

All subheadings for local determination and agreement.

Service Specification No.	**RW521**
Service	**Acute Inpatient Care (Psychiatry Older People meeting Advance Care Criteria)**
Commissioner Lead	**Blackburn with Darwen CCG on behalf of;** • **East Lancashire CCG** • **Blackburn with Darwen CCG** • **West Lancashire CCG** • **Greater Preston CCG** • **Chorley and South Ribble CCG** • **Blackpool CCG** • **North Lancashire CCG** • **Fylde and Wyre CCG**
Provider Lead	**Lancashire Care (NHS) Foundation Trust**
Period	**2015/16**
Date of Review	**March 2016**

1. Population Needs

1.1 National/local context and evidence base

Mental ill health in older people comes about secondary to a wide range of disorders including depression, anxiety, schizophrenia, suicidal feelings, personality disorder, substance misuse and dementia. Services in health and social care should focus equally on those people who are known to have mental ill health and how to support them and on the identification, diagnosis and appropriate treatment of older people who develop mental illness for the first time in later life. These disorders occur in the context of, and sometimes as a reaction to, the consequences of ageing (for example physical issues such as stroke, Parkinson's disease or falls or social and psychological changes relating to issues such as isolation, bereavement or loss of independence). Older people's mental health services should therefore provide a range of assessment and treatment services for mental disorders. These should be separated into those that primarily focus on the diagnosis, support and care of those with dementia and those that address the needs of a range of other more functional mental health disorders that includes:

- depression
- bipolar disorder
- anxiety disorders
- schizophrenia and other psychosis
- alcohol and substance misuse disorders [1]

A set of 'Advanced Care' criteria have been developed in association with the Royal College of Psychiatrists recommendations to differentiate services that meet the needs of those

[1] Guidance for commissioners of older people's mental health services, May 2013 – Joint Commissioning Panel for Mental Health

living with these disorders in late life from those tailored to the needs of the general adult population.

Acute inpatient services for those whose mental health disorder relates primarily to the behavioural and psychological aspects of moderate to severe dementia are separate to those defined by these criteria and are described in the corresponding service specification.

Acute Care: What is the aim?

The aim of an acute care service is to support patients and their families through what is often a frightening and distressing phase of their illness by:

- undertaking a thorough assessment
- ensuring their safety
- identifying goals for their recovery
- implementing a care plan which starts the person on a trajectory of recovery that enables them to move forward with less intensive services.

Some people in acute care services will be detained in hospital under the Mental Health Act 1983. Others will be informal voluntary patients or be dependent on MCA legislation, however, the same high quality standards should apply to all.

Advanced Care:

Lancashire Care has developed the concept of Advanced Care in recognition of changing care needs across the life span. Some conditions such as depression can occur at any age, but the causes of the disorder and the care needs of an 18 and an 80 year old can be quite different. The psychological views of a person, their social situation and their physical health state all alter over the years, but the way and rate in which this happens is individual.

LCFT has therefore decided to move away from judging need only by age and is instead introducing Advanced Care as a service for those with the biological, psychological or social aspects of aging and who can be most assisted by clinicians with training in older adult mental health. Examples are those individuals with depression developing after stroke or who live in residential care because of physical frailty. Other people living with long term conditions such as schizophrenia might be better continuing to receive care with teams that they have known over many years irrespective of their age unless they develop additional difficulties relating to ageing that require different care.

Advanced care recognises that people need different forms of assessment and care at different stages of their life, and that this care should be determined by that need and not by date of birth. By introducing Advanced Care LCFT is supporting patients to access the most appropriate form of care at the point of admission. This concept has been developed in parallel with the Royal College of Psychiatrists recommendations for a redefinition of psychiatry of old age.

Inpatient services:

These aim to provide a high standard of humane treatment and care in a safe and therapeutic setting for patients in the most acute and vulnerable stage of their illness. Admissions are considered where this would play a necessary and purposeful part in a person’s progress to recovery from the acute stage of their illness.

Inpatient services remain an integral part of any effective older people’s mental health pathway. Sometimes older people will require a period of time in hospital for assessment and/or treatment of complex conditions. It is imperative that commissioners ensure that an adequate number of inpatient beds are available for their local population. In comparison

with working age adults, older people are less likely to have comorbid substance misuse or personality disorder, but more likely to have significant physical co-morbidity, frailty or a degree of cognitive impairment. Their length of stay is likely to be longer as a consequence.

To ensure the highest standards, providers should deliver inpatient services that best meet the needs of the local population, but that emphasis is placed on:

- inpatient services that specifically meet the needs of older people and are separate from wards for adults of working age
- where possible, separate wards for those with advanced care needs and those admitted with symptoms related to moderate or severe dementia
- gender separation guidance for inpatient services being properly applied.

Local

The transition of acute mental health services across Lancashire from acute care to community provision is the outcome of a 'Case for Change' and 'Mental Health in the Spotlight' (2010).

The transition has led to the reduction of acute mental health sites; closure of outdated mental health services attached to district hospitals and new purpose built units close to but separate from the hospitals. The reduction of acute beds and a transfer of care into the community has increased community services to meet with the demand (NCAT 2010).

Whilst the demographics across the Lancashire footprint are diverse in the majority of localities the prevalence of mental illness is significantly higher than the national average in England [2]

Based on per 1000 population (2010-11), compared with the national average there are: More people using adult and older secondary care mental health services. Significantly higher number of people on Care Programme Approach (CPA). Significantly higher number of people in contact with Community Psychiatric Nurse (CPN)

Lancashire's headline population growth was predicted to be 3.3% in the five years 2006-2011, and 2.9% from 2011-2016. The expected Lancashire growth in prevalence in serious mental illnesses in the next five years is anticipated to be:

• Schizophrenia = 3.2%
• Bipolar Disorder = 4.0%
• Borderline Personality Disorder = 1.2%
• Dementia (Moderate or Severe) = 10.7%

Blackburn with Darwen Clinical Commissioning Group (BWD CCG) is the lead CCG on the NHS Standard Mental Health Contract with Lancashire Care Foundation Trust (LCFT) and have formally outlined the direction of services via Commissioning Intentions, on behalf of the 8 Lancashire CCG's. This is based on the continuation of the Reconfiguration of In-patient bed programme (2008) and ensures support from community services to support the reduction in beds.
The shift in the balance of care from inpatient to community has created a clear role for crisis services in avoiding inappropriate admissions and facilitating early discharges where this presents the best outcomes for service user and their carers.
BwD CCG as lead commissioner strategic intention is to ensure appropriate access and

[2] Mental Health in Lancashire – Overview. October 2013. Farha Abbas. Public Health Knowledge Management and Intelligence

treatment for people with mental health problems and ensure they have timely and effective help at the right place and right time. It is important that as systems function as a whole, crisis services cannot and should not be separated from acute inpatient and other community services, but instead form a vital component of a spectrum of flexible support

2. Outcomes

2.1 NHS Outcomes Framework Domains & Indicators

Domain 1	**Preventing people from dying prematurely**	
Domain 2	**Enhancing quality of life for people with long-term conditions**	
Domain 3	**Helping people to recover from episodes of ill-health following injury**	
Domain 4	**Ensuring people have a positive experience of care**	
Domain 5	**Treating and caring for people in safe environment and protecting them from avoidable harm**	

2.2 Local defined outcomes

3. Scope

3.1 Aims and objectives of service

- To provide a 24 hour inpatient mental health assessment and treatment service, with a safe, comfortable and therapeutic environment, for individuals with both functional mental health problems and advanced care needs. These persons will predominantly be aged over 65 years.
- The service is targeted at individuals who are experiencing severe and enduring mental health difficulties and who due to the nature or degree of their mental illness, require 24 hour inpatient care for assessment and whose circumstances and needs are such that they cannot be treated and supported at home or in an alternative, less restrictive setting.

3.2 Service description/care pathway

Days/ hours of operation
24 hours, 7 days a week

Referral processes
Admission to inpatient care usually occurs following a thorough assessment through a community mental health team after all alternatives to admission have been explored, including assessment by the local Mental Health & Crisis Unscheduled care teams. Other sources of referral are through A&E departments, Police, GPs, Social Services, Residential

and Nursing Homes and inpatient departments of acute hospitals.

Admission may be voluntary or may involve the use of formal detention under the Mental Health Act.

Response times
Not Applicable

Care pathways (where applicable to meet each care cluster)
Identify: partnerships
transitions and interfaces between services and agencies
subcontractors

Discharge process
The Multi-disciplinary Team will include the service user and if appropriate carer in devising an appropriate treatment plan, which based on individual need enables the patient to return to an optimum level of functioning within the least restrictive care environment. This usually involves careful planning of an aftercare package at home with appropriate follow up from the Community Mental Health team and other agencies in line with the CPA policy but may involve finding appropriate alternative placements.

3.3 Population covered
This service is to be delivered across the Lancashire area from within CCG 'footprints'.

3.4 Any acceptance and exclusion criteria

Acceptance criteria

- Patients aged 60 and over who require older adult specialist inpatient assessment and treatment for functional mental problems as defined by Advanced Care criteria. These criteria include,
  1) diagnosis of a co-morbid dementia, (when this is not moderate or severe and requiring a specific acute inpatient dementia assessment)
  2) first onset of psychosis after 65yrs,
  3) mental health symptoms relating to organic brain disorder usually associated with ageing or late life such as stroke or Parkinson's,
  4) significant physical disability from stroke, Parkinson's or other late onset chronic physical health disorder,
  5) physical frailty relating primarily to ageing with a history of falls and high likelihood of injury,
  6) being ordinarily resident in an EMD or EMI home, and
  7) those who would define themselves as 'elderly' by usual cultural values.

- Patients aged 75 and over who require older adult specialist inpatient assessment for functional mental health disorder.
- Transfers from 'All Age' service beds when advanced care criteria are met: reference the transitional protocol between adults and older adults service

Exclusion criteria

- Individuals with a primary mental health disorder of behavioural and psychological symptoms of moderate to severe dementia.
- Individuals requiring primarily respite care.
- Individuals whose primary needs are social.
- Individuals with medical instability or complex physical needs that require acute or

rehab physical health inpatient care that is beyond the competence of the mental health inpatient team.

- ❖ Forensic/Violent patients: Referral made to the relevant service
- ❖ Individuals under the influence of or where the primary problem is, alcohol or illicit substance dependence: Referral made to the relevant agencies.
- ❖ Individuals in need of urgent or specialised physical medical care: In this instance immediate arrangement will be made to transfer to the relevant NHS service to which appropriate psychiatric support will be offered. All individuals referred following such physical health issues should be assessed first by the acute hospital and only transferred when agreed medically fit to have needs met outside of that environment.
- ❖ Individuals who do not fulfil the mental health criteria for advanced care inpatient admission: Referral will be made to the other agencies as appropriate e.g. housing
- ❖ Individuals with a moderate to profound learning disabilities with no suspected or identified mental health problem.
- ❖ Individuals whose organic mental health conditions might be acquired at any time in life such as acquired brain injury, consequences of substance or alcohol misuse, infection etc. Other advanced care criteria should also be considered in choosing the appropriate inpatient unit.

3.5 Interdependencies with other services

4. Applicable Service Standards

4.1 Applicable national standards (eg NICE)

4.2 Applicable standards set out in Guidance and/or issued by a competent body

4.3 Applicable local standards

This service should adhere to all relevant standards, guidelines and local formulary. The service should notify commissioners should any benchmarking against these standards identify gaps in commissioned services.

5. Applicable quality requirements and CQUIN goals

5.1 Applicable quality requirements (See Schedule 4 Parts A-D)

5.2 Applicable CQUIN goals (See Schedule 4 Part E)

6. Location of Provider Premises

The Provider's Premises are located at:
The Harbour, Blackpool.
Burnley General Hospital, Burnley.

Provider Premises are likely to change as part of the Mental Health reconfiguration currently underway. This specification will be reviewed annually and updated accordingly.

7. Individual Service User Placement

[Insert details including price where appropriate of Individual Service User Placement]