This consultation is to hear the views of service users, their carers, staff and others members of the community about the future of Day Hospital Services in the Borough for Older People who have a mental illness.

It tells you firstly what the present position is, explaining some of the difficulties, and gives the reasons why changes are necessary. It then gives three possible ways in which the service could change, spelling out some of the advantages and disadvantages.

As you read this report, please consider the issues that will affect your position or that of someone you care for. If there are any matters of importance that you feel are not covered, then please make them known to us.

1. Current position:
   Health
   North East London Mental Health Trust (NELMHT) run two Day Hospitals in the borough for older people who have mental illness. They are Greenthorne Day Hospital, Merriam Close, Chingford and Red Oak Lodge, Thorne Close, Leytonstone.

   Both Day hospitals have community mental health teams sharing their premises, and also have voluntary organisations using their facilities.

   The day hospitals were opened in 1996 as part of the re-provision of Claybury Hospital services in the community.

   Each provides up to 20 places per day with different days allocated to users with organic (dementia etc.) or functional mental health difficulties.

   Local Authority

   They provide day services from 3 sites with all the day centres’ programmes focussing on social activities rather than treatment.

   None of the centres have staff with specialist mental health training but there are staff members with a variety of backgrounds including some with general nursing and social work qualifications.
Two thirds of the current users of the three centres have a diagnosis of dementia.

The three Local Authority centres are as follows:

1. **Morley Centre, Billet Road** is a modernised resource centre, still in re-development. When it is fully established it will provide a comprehensive service for people with dementia with 20-day places, a community based dementia outreach service for support at home and day club sessions in outreach sheltered housing units. It will also give respite and support to carers in partnership with the Carers Association.

2. **Crownfield Day Centre, Crownfield Road, Leytonstone**, with 40 places, has a widely diverse user group and the staff have developed skills in offering culturally sensitive services to frail and confused users whose first language may not be English. It works closely with Crownfield Road Day Hospital and the unit operates as a feeder for day hospital users assessed as in need of social care. Many of the staff come from a nursing background, including the manager.

3. **Walton House, 123 Chingford Mount Road, E4** currently has 28 places per day, but there is a proposal to close it as part of the Local Authority’s modernisation and policy review reductions for 05/06. This proposal is now out to consultation. It has become used less and less over the last 2 – 3 years, and there is concern regarding whether it can offer suitable facilities and level of service for users with high dependency or with dementia accompanied by challenging behaviour.

In addition, the local authority funds three independent voluntary sector day care services, which provide culture specific and/or outreach clubs for frail older people.

2. **Reason for proposed changes:**

The Audit Commission’s Report “Forget Me Not” is recognised as the national standard in promoting good practice on Mental Health Services for Older People. It reflects current thinking which recognises day care as making a critical contribution to maintaining people at home and to the overall delivery of community based care. It describes day care as

“Day provision for time limited assessment and treatment (day hospitals) as well as longer term care (day centres) with an appropriate mix of staff to meet needs, planned and sometimes delivered jointly by Health & Social Care agencies.”

This is what each borough is expected to have available, and therefore it was decided that all the services in the borough for older people with mental illness needed to be considered together to see what they provided, where there were gaps, what was working well & what needed to be improved.

Another important factor was the need to ensure that the services were being provided in a cost-effective way and that many changes proposed for day hospital care achieve the savings set out in the Mental Health Services
The over-riding consideration was that the services should keep at their heart the needs of the individual patients.

The local Authority had already looked at its own day centres, and had started to make improvements, e.g. the move of the Morley Centre to its new premises, with a change in the service it gives.

The next step in this process was a review of the Day Hospitals to look at how they were working and being used.

3. **The Review of the Day Hospitals**

The review was carried out by staff from the North East London Mental Health Trust (NELMHT) and Waltham Forest Health & Social Care Integrated Services (WFHSCIS), working together.

They looked at a number of issues, including the surroundings where the service users were being looked after, the activities which were taking place there, the treatment users were being given, the number of people attending the centres each day, and the costs of running the centres.

The staff carrying out the Review talked to users, their carers and the staff at the centres, to hear their views, although this was not a formal consultation.

**Review Findings:**

a. **Current Service provided by the Day Hospitals**

The Day Hospitals describe their statement of purpose as **‘to provide time limited (6 weeks to 3 months) multi-disciplinary assessment, diagnosis and treatment of psychological problems for people over 65.’**

Their intention is to support patients so they can be discharged as early as possible from acute and in-patient units, and to promote their rehabilitation and independence, using a multi-disciplinary team, and the Care Programme Approach, where users have a plan for their treatment and care & this is reviewed regularly.

b. **Use of the available places**

Both hospitals made good use of their places (each could take 20 users at a time, 5 days a week), and the attendance rate was reasonably good given the frail health of some of the users. However, it was found that there were few referrals to the units, only an average of 7 per month, which is lower than might be expected.

Of greater concern was the fact that the high number of users attending the day hospitals who had been there for more than 2 years, and some who had been there for more than 3 years.
In fact only 42% in the case of the Greenthorne Centre & almost 51% in the case of Red Oak Lodge had been attending for less than 6 months, and yet the maximum time at the centres should have been 3 months.

This suggests that the Day Hospitals have moved away from the assessment and treatment service which they were set up to provide, towards a situation where they are maintaining service users in the community in the long term, helping to give care and support, and giving respite to carers.

Some of the reasons for this seem to be concerned with problems with lack of staff, particularly therapy staff, and the need to obtain & pay for most of the clinical & psychological assessment time from other parts of NELMHT.

c. Views of staff, users and carers
All users and carers were positive about the care offered, and particularly about the sensitivity shown by staff in their day-to-day contact with this vulnerable group of users, and carers appreciated the respite aspect of the care & the support and advice from the professionals. However, attendance at the Day Hospital was not considered to be playing an active part of the users’ care programmes whether for assessment, treatment or recovery.

Both units had a committed workforce providing high levels of day care, but the difficulties in staffing and in getting input from other professionals had left them feeling disheartened.

4. Options
It is clear that the Day Hospitals are not providing the service for which they were set up & that there will have to be changes to meet the needs of service users and carers, to meet the recommendations of government organisations like the Audit Commission, and also to make best use of available resources.

There are three options being considered. These are outlined below

Option1:
The two-Day Hospitals to be merged into one unit, which would provide 15-20 places.

This would be expected to provide intense assessment and treatment to people with both organic and functional mental health needs, in other words, for people with dementia as well as those who are suffering from a mental illness such as clinical depression.

Advantages
- This would meet the needs of service users, by providing the assessment & treatment that is currently not happening.
- It would make good use of the skills and experience of the existing staff
• It would be a more cost effective way to provide a day hospital service than at present.

Disadvantages
• The fact that there would only be one location providing this service would mean that some users would have a much greater journey to the centre.
• It still keeps the health service separate from the social care service.

Option 2
a. Merge the service for those people with an organic mental health need (dementia etc) with the social care units.

b. To meet the treatment needs of older people with functional illness a prefabricated facility could be built or erected on the Woodbury site providing up to 10 places and an outpatient clinic.

Option 2 costings carry a potential development cost and would not be realisable in the current financial climate. Option 2 should therefore be regarded as a medium to long-term objective.

Advantages:
• It would expand on the new social care developments in the Morley Centre by creating a similar approach to new ways of working at Crownfield Road.
• Staff could be seconded to achieve a good mix of skills and experience in social day care.
• It would provide a centre providing more intensive treatment for Older People with dementia.
• It offers an intensive treatment based facility for Older people with other types of mental illness including schizophrenia and depression, and provides a focused staff skill mix for these service users, in addition to those with dementia, etc.
• It would provide a link with NELMHT maximise opportunities to use the expertise available in their adult services for the assessment & treatment of functional mental illness.

Disadvantages
• Could lead to an increase in admissions while the service was being developed, and it is not clear whether this option would be able to provide sufficient places for the numbers of users expected to use the service.
• Development and building costs involved in the work needed at Woodbury are not funded in the short term.
• Depending on the number of beds reduced, there may be a gap in provision until the new service was developed.
• Facility could become isolated and under used unless integrated with modernisation of CMHTs and regarded as part of a whole system approach.
• Additional training costs in regard to social care staff.
• Remaining funding may be insufficient to staff the service as stand-alone unit.

Option 2A
As an interim measure in support of the principle of a separate facility for older people with functional mental health problems, capacity has been identified at 313 Billet Road [which includes the Morley Centre] for potential additional accommodation or clinical and therapy use should Option 2 be the preferred option.

Option 3
Integrate all Health & Social Care day provision (both Day Hospitals & Social Services Day Care) to provide community based services for Older People with Mental Illness, operating out of two bases, north & south.

Advantages:
• It should meet all of the day care needs of users and carers within one of two centres, both providing the same level and continuum of service.
• Provides a holistic approach to users’ needs across health and social care, and removes the need for transfer of users from health to social care & vice versa, as staff will work side by side to meet all their needs.
• The service will benefit from the expertise of seconded staff with specialist skills (coming from the Day hospitals).
• It will provide the service in two suitable locations in the borough, and maintain the local connection with other community services. It will reduce journey times for users.
• It will build on the culture sensitive service already being provided.
• It achieves savings target and is a more cost effective way of working.

Disadvantages
• It will depend on effective partnership working with NELMHT Clinical and Therapy Teams, as well as their timely input to assessment & treatment when required.
• It could lead to Increased inpatient admissions if the social care staff skills are not sufficiently developed to support users and carers appropriately.
• The Morley Centre services would have to be developed further to include those for people with a functional illness.

LA Charging Policy
The health element of any day care package would be provided free to users as currently happens with the nursing element of nursing home care and a clear and transparent system would be an essential element of any integrated service proposal.
However which ever option is followed, there is a strong possibility that at least some people who previously had their care provided by health will now have this provided by the Local Authority. The Health Services does not charge for its services, whereas Local Authorities are obliged by the government to do so.

Very few people are assessed as having to pay the maximum charge and the Local Authority has reduced its charging ceiling for day care by over 50% to £32 per day. Currently over 60% of LA day care users do not pay any charge.

These are the options being considered, and we would like to hear your views on each of the proposals, and which option you think offers the best way forward to providing the excellent assessment, care & treatment which we want in our borough for older people with mental health needs.

Replies should be returned by 2nd September 2005 to:

Nick McNulty
Director of Mental Health Modernisation
Kirkdale House
Kirkdale Road
Leytonstone
London E11 1HP

E-mail: nick.mcnulty@wf-pct.nhs.uk

Thank you for taking part in this consultation.