

# Agenda Item 8

		<b>THE HEALTH SCRUTINY COMMITTEE FOR LINCOLNSHIRE</b>	
Boston Borough Council	East Lindsey District Council	City of Lincoln Council	Lincolnshire County Council
North Kesteven District Council	South Holland District Council	South Kesteven District Council	West Lindsey District Council

**Report on behalf of Sarah Connery, Chief Executive,  
Lincolnshire Partnership NHS Foundation Trust**

Report to	<b>Health Scrutiny Committee for Lincolnshire</b>
Date:	<b>13 September 2023</b>
Subject:	<b>Older People Mental Health and Dementia Services in Lincolnshire</b>

**Summary:**

Lincolnshire Partnership NHS Foundation Trust (LPFT) is the principal NHS provider of mental health and dementia services, along with some learning disability, autism, and social care services in the county.

The Trust reports regularly to the committee on changes to services but has been asked to provide a general overview of developments in services and action being taken to manage demand and waiting times.

This paper will concentrate on older people’s mental health and the county’s all-age dementia service.

**Actions requested:**

That the Committee consider the information presented by LPFT and decide on the next steps.

## 1. Introduction

Lincolnshire continues to experience an above national average growth in the over 65 years population, and greater growth specifically in the over 75s. This alongside the ongoing impact of the Covid-19 pandemic, has seen a continued rise in demand and referrals for both mental health services and in particular, dementia related support.

This has included growing numbers of people referred for dementia assessment and more complex mental health presentation, as well as later stage dementia, requiring intensive and rapid support and treatment.

Whilst the response times for complex older adult mental health referrals are timely and meet required standards, we know that waiting lists for some of our dementia diagnostic services are higher than we would like. With this in mind, we continue to work to optimise what we are doing with our current resources and innovate to expand capacity to meet the changing needs of our population.

LPFT is also playing an active role within the broader Lincolnshire health and care system, leading on implementation of the Lincolnshire Dementia Strategy. Through this we are developing close working partnerships across the Lincolnshire health and care system, as well as the community, voluntary and social enterprise sector to provide a wide range of support and resources to improve access, transition and care for people experiencing dementia at all stages of their wellbeing.

## **2. Support for older adults in Primary Care and Local communities**

As well as the specialist secondary care services the Trust directly provides, our older adult mental health services provision also forms part of the ongoing community mental health transformation work the committee heard about in July 2023.

The programme is delivering an array of initiatives and projects, as well as introducing new workforce roles such as community connectors, psychological intervention facilitators and mental health and wellbeing practitioners to provide enhanced mental health access and support at a local primary care level.

The community mental health transformation programme, however, does not include dementia support and this is therefore being looked at with partners from across the Lincolnshire health and care system, through a separate but connected, dementia services transformation programme, overseen by the Lincolnshire Dementia Programme Board.

## **3. Older Adult Community Mental Health Teams (CMHT)**

The Trust's older adult community mental health teams deliver care across three service pathways:

- Those seeking a dementia diagnosis.
- Those with complex dementia-related needs
- Those with complex mental health needs

The teams are made up of a variety of professionals working in a multi-disciplinary way across all three service areas, for example: psychiatrists, nurses, social workers, occupational therapists, support staff and new roles including memory assessment practitioners, waiting well workers, psychological intervention facilitators and advanced clinical practitioners.

We aim to ensure a comprehensive assessment is completed as quickly as possible and patients then access the most appropriate support for their needs. Nationally, the expectation is that patients start treatment within eighteen weeks from the point of referral.

Historically our services have generally performed well against this expectation, especially for mental health referrals. However, waits can vary between referral type and different locality teams, depending on demand and current workforce challenges, with generally longer waits for memory assessments.

Due to longer than desired waits for dementia assessment we have introduced several processes to regularly monitor, prioritise, and check in with patients who are waiting. These include additional ways to access services such as the digital memory assessment offers, additional support and advice for general practices, care homes, and other referring partners, and information on how to access help in an emergency and regular contact by our new waiting well workers.

All our teams also have a duty worker system so that anyone calling in with issues or concerns will receive a response the same day.

The services also manage and deliver a Dementia Support Service commissioned by Lincolnshire County Council, which directly links to our community teams and can be accessed to provide additional support.

#### **4. Home Treatment Teams**

Where people's needs are escalating beyond the scope of support that our community teams can provide and the possibility of admission is present, we have Home Treatment Teams (HTT's) for both complex mental health patients and dementia. The HTT's provide 'step-up' higher intensity seven day a week 'hospital at home' model of support in the community to provide increased support, management, and treatment in the service users home, thus avoiding unnecessary admissions and safely supporting increased risk in the least restrictive setting. The HTT's also provide 'step-down' support from acute in-patient settings to enable more timely and safe discharge.

The HTT's provide a continuous pathway of care between and interface directly with both our community teams and our acute older-adult wards, to ensure all transitions and care delivery are coordinated. As the committee heard about in May 2023, following positive outcomes the dementia HTT is currently undergoing a further expansion as part of an extended pilot. This will expand the levels of expertise and capacity within the teams, enabling them to support more people with complex needs in the community setting.

The HTT's are not crisis teams. Crisis support for older adults is provided via the adult crisis teams and associated support routes (e.g., crisis houses, mental health helpline, Urgent Assessment Centre, etc.) the committee heard about in July 2023. However, at present these services do not include dementia, and this is therefore being looked at as part of the current service review.

## Carers Support/Experience

As outlined in the Manthorpe Ward and Dementia Home Treatment update paper received by the Committee in May, significant and ongoing engagement with service users (patients and carers) and system partners has been undertaken and will continue for the duration of the extended Dementia Home Treatment Team pilot. To date has identified that patients and carers prefer care within their own home (i.e., home treatment rather than acute inpatient admission) where possible and appropriate, with no complaints related to lack of access to an acute admission bed present. Issues related to social respite have and do arise during our involvement, and staff regularly support carers to navigate system partner processes to access this facility. As set out in the previously submitted update paper every Lincolnshire patient who has needed admission has been admitted when required and without the need of out of area bed.

LPFT also hosts the Lincolnshire County Council Commissioned Dementia Support Service (DSS) meaning those open to Dementia Home Treatment have direct access to the resources and support it provides. In addition, the carer lead, carer champion and peer support worker posts have been developed and embedded to specifically support carers and offer referrals to Carers First and signposting to carers networks as a routine part of initial assessments.

Further, as set out below (section 8) as the lead organisation of the Dementia Transformation Programme Board, we are also working closely to develop ties with and between Voluntary, Community and Social Enterprise organisations (e.g., AGE-UK, Alzheimer's Society) to both optimise collaboration and networking between them and to create a 'virtual network' of patient and carer support. As part of this process Age-UK have recently launched some additional dementia support that will link directly with LPFT dementia services and likewise work is underway with the Alzheimer's Society to increase the offer to patients and their families.

However, given the scale of the aging population and associated number of people experiencing dementia in Lincolnshire, it is recognised that the current level of support available across all aspects people's needs, and especially in terms of locality based practical resources is insufficient and both directly via LPFT's Business Planning process and also via the broader work of the Dementia Transformation Programme Board, work continues to explore opportunities for further change and investment to create the level of care that the people of Lincolnshire deserve.

### **5. Inpatient Services**

LPFT has two specialist inpatient wards for older people and frailty, one for complex dementia-related needs and one for complex older people's mental health. Our ward teams are made up of multidisciplinary teams including psychiatrists, psychologists, nurses, occupational therapists, social workers, support staff and new roles including a specialist lead pharmacist, advanced clinical practitioners, carers lead, carers champions, clinical matron, and practice development leads with invaluable support from additional resources such as chaplaincy and voluntary services.

The wards provide specialist 24hr care, treatment, and management for the most complex and high-risk patients whose needs cannot be met in a community setting.

As the Committee is aware, LPFT has a third older people and frailty ward that is currently temporarily closed to enable the delivery of the dementia HTT referenced above. This alternative way of supporting people closer to home is being formally piloted over the next twelve months, the outcomes of which will inform the Trust's future model of care.

Led by the Lincolnshire Integrated Care Board (ICB), LPFT has contributed to a system wide bed modelling project that has sought to determine the number of NHS inpatient beds needed for different types of care in Lincolnshire over the next five years. This is based on the number of beds currently open, current levels of activity and expected changes in demand linked to population growth. Early findings of this work suggest that if no other services are put in place, then there will be a need for five additional mental health older people and frailty beds in Lincolnshire in five years' time, which seems to support the current way of working being piloted, however, this will be fully explored as part of the formal pilot, along with options to meet anticipated growth in demand in future years.

## **6. Demand and Waiting Times**

Demand on older people's mental health and dementia services remains high and has continued to grow in line with our local population trends meaning we have higher waiting times than we would like in some services.

### Older Adult Mental Health

As part of the community mental health transformation programme, new national targets are being introduced, of no longer than four week waits. For those referred to older adult community mental health services over 99% are seen within the current eighteen-week target and over 95% within the new four week target.

Separately to those with severe and complex mental health needs accessing community services, work is also ongoing to improve access for older adults to the Lincolnshire NHS Talking Therapies service (previously known as Steps2Change). This will further enhance both service access and wait times and will also ensure that those in need of help access the most appropriate service to meet their level of need.

### All-Age Dementia

Waits for dementia assessment (i.e. memory assessments) are longer than we would like and there are a number of initiatives being undertaken to optimise the service and ensure we have the right capacity to meet demand. This includes expanding routes of access and modes of service delivery (e.g. addition of digital access and self-service) and work with referrers to improve the quality of referrals made and reduce the number of people referred who do not have dementia, but another mental health issue.

Work is also underway to review current memory assessment provision and whether this should be undertaken by a dedicated team, separate to the current generic older adult community service to improve access.

## **7. Transition Between Services**

Work is continuing to break-down old referral barriers and move away from the language of 'discharge' towards more open-door transition between services and healthcare providers, to increase ease of access, advice and support and enable direct and timely 'fast-track' re-access where needed.

### Older Adult Mental Health

There are clear protocols between adult and older adult community mental health services for when and if to consider the transition of someone between the two services. Whilst age acts as a trigger for consideration, it is not the determining factor and is driven more by patient preference and any additional needs the person might have with co-existing health concerns and frailty. There is flexibility to ensure that that care is delivered by the service best placed to do so. This means that if someone is being supported by our adult services, they will not be automatically transferred to our older adult services unless there is good reason. For people aged 65 and over who present with new episodes of mental health concerns, they will generally come directly to our community mental health services for older people.

### Dementia

The diagnostic, treatment, and support services for people with dementia are all-age, therefore have no transition points once within our secondary care pathway. The key transition points are therefore at the point of referral and discharge.

To support referral transitions we have developed Waiting Well workers to monitor and keep in contact with those on a waiting list, to support and regularly review any changes in need.

At discharge the services are linked to the Dementia Support Services (DSS) who have close working partnerships with other Voluntary, Community, and Social Enterprise (VCSE) partners (i.e. Alzheimer's Society, AGE-UK) and primary and secondary care (e.g. Parkinson's Disease services, Community Occupational Therapists, Care Homes, GP's etc.) who can regularly access advice and support from LPFT services. All these actions help to provide and support patients across transitions both into and out of our services.

## **8. Recent Developments**

### Dementia Support Services - Voluntary, Community and Social Enterprise (VCSE) Working Group

As mentioned above, a key focus of the Lincolnshire Dementia Transformation Programme Board work plan, in-line with a key recommendation of the 2021 Dementia Review, is the development of appropriately scaled and (locally) accessible dementia support services to support all those affected by the experience of dementia (i.e., patients and carers). At present LPFT delivers the LCC commissioned Dementia Support Service (DSS) that provides short-term support for both patient and carers. However, neither the scale nor scope of this service is currently sufficient to support the known level of need within Lincolnshire.

In order to address this, the Dementia Transformation Board is establishing a collaborative VCSE working group to lead on this key area of development. The aim of this is to bring together different organisations to work in a more collaborative and co-produced manner, to join-up resources in a way that makes the collective whole greater than the sum of the parts. A key focus for this work is the expansion of local dementia support services and also to work with the system, via the Lincolnshire Mental Health, Dementia, Learning Disabilities & Autism Alliance, to discuss and progress routes of potential funding to support the development of dementia services.

### Carer Lead

The role of the Carers Lead, and associated Champions, was developed to offer direct support for carers whilst loved ones are in hospital, to be their consistent contact person in addition to the ward staff, and to ensure regular communication with them, and ensure their voices were heard.

The role has provided a valuable resource in helping the Trust identify those in a caring role, who, to date, may not have been offered a carers assessment and to provide them with additional information or answer any questions they may have about an admission to hospital. They also support the carer's voice in essential care planning and discharge discussions and meetings on the ward; encouraging and supporting carers to attend, or where preferred, to listen and be the voice of the carer within these forums.

The Trust is receiving very positive feedback about these new roles and how they are supporting carers at a difficult time.

### Frailty and End of Life Care (EoLC)

Given the age range of those we care for, issues of both frailty and end of life care are of high importance. Work has been underway and continues with key system partners to improve the knowledge and skills of our teams and to develop cross-system working to ensure the right support is available to people when they need it.

This includes linking LPFT's specialist services with United Lincolnshire Hospitals Trust (ULHT) and Lincolnshire Community Health Services (LCHS) Virtual Wards developments for frailty and end of life care. The virtual wards allow access to and links with ULHT and LCHS specialist staff who can advise and support the care delivered by LPFT, to ensure that patients with complex mental health or dementia issues have access to the same level of care and support for their frailty and end of life care needs as everyone else. Work is also underway, in partnership with St Barnabas, to link our service offers, and to share knowledge and skills to enhance everyone's ability to provide the best possible End of Life Care.

## Transitional Workers

These are newly developing posts to specifically provide enhanced support at key cross-over/transition points between our services. These workers will especially focus on supporting patients to step-down from in-patient wards back into the community when their needs are no longer acute enough to require home treatment support, but still need an enhanced level of support to transition back safely and effectively into our community teams. These workers can also provide continuity of care across pathways and deliver psychological therapies and so add an additional layer of support to aid continued recovery and independence.

## **9. Summary**

Despite increasing demand in-line with Lincolnshire's population trends, and the rising complexity of people's needs, we continue to develop and enhance our services to maximise care in the community and minimise the need for acute admissions, optimising the resources available. We are pleased that current system discussions and working has enabled some recent investment into dementia services to help us start to expand our current workforce and service offer to meet rising demand and change the way we work to offer a collaborative approach with our system partners in health, social care, and the voluntary and community sector.

Whilst waiting times remain higher than we would like for dementia assessment, we continue to develop new ways of working and regularly check in with people to ensure their needs have not changed and provide interim signposting and resources that might help.

We continue to review how our services are work for the people who use them to ensure we are designing services in a way that meets people's needs and we continue to improve what we currently offer.

As with our adult services, workforce remains our biggest challenge as an organisation and we continue to give it our attention to do as much as we can to advertise Lincolnshire and LPFT as a place to work and live, grow our own workforce of the future and support our staff to remain well and stay with us.

## **10. Appendices**

These are listed below and attached at the back of the report	
Appendix A	Services in LPFT's Older People and Frailty Division (OPFD)

## **11. Background Papers**

No background papers within Section 100D of the Local Government Act 1972 were used in the preparation of this report.

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Services in LPFTs Older People and Frailty Division (OPFD)

<p><b>Older Adult Community Mental Health Teams</b></p>	<p>Older Adult CMHT’s deliver 5 day a week services for both older adults (65yrs +) complex mental illness and for all age dementia from within the same workforce.</p> <ul style="list-style-type: none"> <li>• For complex mental health the service works with people to reduce distress, maintain independence and integrity of care networks, shorten illness, prevent relapse, promote recovery and social inclusion, and minimise the impact of disabilities.</li> <li>• For dementia the service:             <ul style="list-style-type: none"> <li>○ Provides assessment and diagnosis services for those with suspected dementia and post-diagnosis treatment and support and review.</li> <li>○ Provides treatment and management of complex presentations and needs for people with an existing established dementia.</li> </ul> </li> </ul>
<p><b>Home Treatment Teams</b></p>	<p>The services Home Treatment teams (HTT’s) are based in the community and provide timely enhanced 7-day a week support for people whose needs are escalating above the level of care and support provided by the CMHT’s and for who there is enhanced risk of admission. The service has two HTT’s, one for dementia (D-HTT) and one for complex Older Adult Mental Health (MH-HTT)</p> <p>The teams work to avoid individuals being admitted into hospital by providing intensive home support for approximately six weeks. Treatment involves an assessment, plan of care and any other interventions to support the patient need which may be able to reduce levels of risk and complexity, avoiding the need for unnecessary admission. The teams also work seamlessly with the aligned older adult mental health and dementia wards to support timely and safe discharge and/or support during agreed leave.</p>

<b>Inpatient Wards</b>	<p>The service has dedicated separate specialist wards for both complex mental health and complex dementia. Both wards are based in Lincoln.</p> <p>The inpatient service provides 24hrs assessment and treatment for people who are experiencing a severe, short-term episode of complex mental illness or dementia-related needs who can't be safely supported by a community based service. Patients can be admitted to the ward on a voluntary basis or detained/restricted under either the Mental Capacity Act or the Mental Health Act.</p>
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