

Trust Board

Report Cover Sheet

Agenda Item: 8

Date of Meeting:	Wednesday 30 th October 2019			
Report Title:	Older Persons' Mental Health Service, Annual Report April 2018 - March 2019			
Purpose of Report:	The purpose of this report is to provide a comprehensive update regarding the improvements within the service which had reduced the risks, improved the quality the patients and carers receive and support the staff to enable them to take pride in their work and ultimately provide the best possible care to the patients and assurance to the Board.			
	Decision: ☐	Discussion: ☐	Assurance: ☒	Information: ☐
Trust Goals that the report relates to: (Including reference to any specific risk)	Goal 1 Working with partners, we will manage and improve the health of the population of Gateshead, promoting wellbeing and preventing the occurrence and progression of ill-health wherever possible. Goal 2 All the services we deliver will be good or outstanding when assessed against being safe, effective, caring, responsive, and well-led. Goal 3 In all locations and settings of delivery, our patients will experience excellent, timely and seamless care that meets their individual needs. Goal 4 All our services will have a high safety culture in which openness, fairness, accountability and learning from high levels of incident reporting and mortality reviews is the norm. Goal 5 All our services will be effective: we will reduce unwarranted variation, ensure our practice is consistent with recognised best practice 7 days a week, and improve outcomes for patients.			

	Goal 6 We will have an engaged and motivated workforce living the values and behaviours of the organisation, and who are responsive and adaptive to the changing needs of our environment. Goal 7 We will deliver value for money and help ensure the local health and care system is sustainable and well led.
Recommendations: (Action required by Board of Directors)	The Board is asked to receive this report for assurance.
Financial Implications:	None
Risk Management Implications:	None
Human Resource Implications:	None
Trust Diversity & Inclusion Objective that the report relates to: (including reference to any specific implications and actions)	Objective 1 All patients receive high quality care through streamlined accessible services with a focus on improving knowledge and capacity to support communication barriers. Objective 2 The Trust promotes a culture of inclusion where employees have the opportunity to work in a supportive and positive environment and find a healthy balance between working life and personal commitments. Objective 3 Leaders within the Trust are informed and knowledgeable about the impact of business decisions on a diverse workforce and the differing needs of the communities we serve.
Author:	Mrs Gillian Appleby, Service Line Manager, Older Persons' Mental Health Service
Presented by:	Mr Michael Laing, Acting Executive Director Community Services, Medicine and Mental Health

**Older Persons' Mental Health Service
Annual Report
April 2018 - March 2019**



**Gillian Appleby
Service Line Manager
Older Persons' Mental Health Service**

Contents

	Page
1 Introduction	5
2 Local, Regional and National Context	5
3 Clinical Teams	6
4 Leadership Team	7
5 Services Provided	7
6 Governance	10
7 Quality Improvement	11
8 Risk and Safety	21
9 Performance	23
10 Research Activity	23
11 Publications	25
12 Forward Plan 2019/20	26
13 Conclusion	28
14 Recommendations	28

Gateshead Health NHS Foundation Trust
Older Persons' Mental Health Service
September 2019

1. Introduction

This is the first year that Older Persons' Mental Health Services have been requested to produce an annual report for the Board. We are proud of the services we provide to the older population within Gateshead and are pleased to be able to share with the Board some of the fantastic work that has been undertaken. The last three years have been challenging, in terms of transforming the service following the CQC inspection report of 2017 which rated the Community-based mental health services for older people as 'Requires Improvement' and wards for older people with mental health problems as 'Inadequate'. We can confirm that this hard work and dedication by the service and the teams has resulted in a new rate of 'Good' for Community-based mental health services for older people and 'Requires Improvement' for our wards for older people with mental health problems. Our mission statement identifies our promise to the people of Gateshead:

We welcome you, and those who care about you, to the Gateshead Older Persons' Mental Health Service, which provides high quality, responsive and compassionate care, delivered by a skilled team within a culture of working together to improve your quality of life.

2. Local, Regional and National Context

Local

The Older Persons' Mental Health Service supports people who live in Gateshead who are aged over 65 and require assessment and/or treatment of mental illness, and also people under 65 who have been diagnosed with dementia. This can be in their home, in a care setting or in the inpatient wards which are situated at the Queen Elizabeth Hospital.



National and Regional

The NHS Long Term Plan, which was published in January 2019, goes further than the NHS five Year Forward view in prioritising mental health with a commitment that mental health services will grow faster than the overall NHS budget, creating a new ring-fenced local investment fund worth at least £2.3 billion a year by 2023/24. This will enable further service expansion and faster access to community and crisis mental health services for both adults and particularly children and young people. We have seen a

change in recent years from a competitive provider environment to one where cooperation across organisational boundaries is encouraged in order to improve care and efficiency across larger geographical areas.

As part of the Deciding Together Delivering Together programme, led by the CCG, we have seen a clear and strong commitment to closer working with not only our neighbouring mental health trusts but also the voluntary sector within Gateshead to ensure patients, their families and carers are put first. The mental health workforce, staff, volunteers and carers, are the biggest asset and there is a shared commitment to use their skills and time wisely. The improvement work streams identified are:

- Getting Help
- Urgent response
- Older peoples' mental health and dementia services
- Bed based resource

3. Clinical Teams

Within the service there are 112.25 WTE staff broken down into:

Summary By Cost Centre Report - Jul-20

	Contracted WTE
400030 - Cragside Court	26.47
400031 - Sunnyside Unit	25.39
410001 - Ellison Day & Community Services	10.00
410007 - Woodside Centre	10.36
440030 - Medical Staff - Elderly Mental Health	14.63
540100 - Community Psychiatric Nurses	18.60
550200 - Nurse Specialist - Mental Health Liaison Team	6.80
Grand Total	112.25

The service is supported via an SLA with Northumberland Tyne and Wear NHS foundation Trust (NTW) for clinical psychology with 7.65 WTE (includes Admin) providing psychological support to our patients and education to our staff. We are also supported by the Occupational therapy team (8.8 WTE) and the physiotherapy team.

4. Leadership Team

The service has two matrons for mental health, one for inpatients (Anna Richardson) and for the community (David Gilbert).

Dr Richard Harrison has undertaken the role of Clinical Lead within the Older Persons' Mental Health Service since 2003 and prior to that was the Clinical Director. He has supported and recruited doctors from junior doctor level right up to consultant level. This year he has provided valuable support to the new Service Line Manager and assisted with the re-provision of Woodside (our Younger Persons' Dementia Service) which will soon move from Dunston Hill Hospital to Bensham Hospital.

The team was assisted in its improvement journey by Carron Farry, Service Improvement Lead, who had previously worked at NTW, using her experience of addressing similar issues in her previous role. In 2018 a Nurse Consultant was added to the team with an initial focus on improving compliance with CQC standards and quality on the inpatient wards. In January 2019 we were formally joined by Kelly Chequer into this post. Kelly had been in this seconded post for a year, bringing her knowledge and experience from NTW. This new role is seen as important in leading, developing and managing the delivery and development of the specialist Mental Health Service, as well as the ongoing continuing improvement of services in line with Local and National best and good practice.

The leadership team is further enhanced by a team lead for occupational therapy - Rachel Johnson, and lead for psychology - Dr Claire Martin (Consultant Clinical Psychologist).

Management leadership was provided by Andy Fletcher until February this year when Gillian Appleby took over. We work very much to the Service Line Management model with managers and senior clinicians working closely together.

5. Services provided

Community Mental Health Team

The multi-disciplinary team work as a single service which is divided into three sectors East, West and Central, and is based at Bensham General Hospital; Gateshead. The service is designed to deliver high quality assessment & planned intervention to service users with mental health issues, within a community setting. This includes a comprehensive assessment, diagnosis and treatment options (which include psychological interventions) that promote recovery and planned discharge for service users, which can also involve support and education for family and carers. Service users are (usually) over the age of 65, have an organic or functional mental health problem and are registered with a Gateshead GP. The team work collaboratively and have efficient and effective multi-disciplinary meetings.

Woodside Unit

The Younger Persons' Dementia Service (YPDS) provides specialist community outreach and day treatment services for people under the age of 65 years who have a diagnosis of a dementia, and their families or carers.

The YPDS is based within the Woodside Unit a purpose built day hospital currently based at Dunston Hill Hospital within Gateshead Health NHS Foundation Trust.

The service is predominantly Nurse Led with input from a dedicated Consultant Psychiatrist. The service works in partnership with our Community Mental Health Team (CMHT), Occupational Therapists (OTs) and Psychologists. They also engage with a range of local authority and non-statutory services to assist in maximising the service users' independence and wellbeing while also supporting families and carers.

Liaison Service

The service was developed over a decade ago to address the significant unmet mental health needs of patients admitted to physical health wards in the Queen Elizabeth Hospital. The team works in collaboration with patients, carers and a variety of professionals within the acute hospital setting. The team also liaise closely with community based services, including GPs, to support patients' discharge. The accreditation of the team by the Royal College of Psychiatrists was mentioned as an area of outstanding practice in the recent QEH CQC inspection.

Gateshead Memory Hub

The Gateshead Memory Hub is a service for people aged 65 years and over who have been given a diagnosis of a dementia. The Gateshead Memory Hub is based within the Ellison Unit at Bensham.

The service is predominantly Nurse Led with input from Consultant Psychiatrists and works in partnership with the Community Mental Health Teams, Occupational Therapists, Psychologists and Mental Health Liaison team. Patients will be seen in clinic and transport can be arranged. The service offers home visits for those who have difficulty attending the clinic.

Cragside

Cragside Court is a mixed sex 16 bedded admission assessment unit serving the population of Gateshead for people with a diagnosis of dementia and are experiencing crisis requiring admission to hospital. Cragside Court is based within the grounds of the Queen Elizabeth Hospital and provides a service seven days a week over a 24 hour period, 365 days a year.

Sunniside

Sunniside Unit is a mixed sex 16 bedded admission assessment unit serving the population of Gateshead for people with a diagnosis of a functional mental health condition and are experiencing crisis requiring admission to hospital.

Gateshead Older Adult Psychology Department

The Gateshead Older Adult Psychology Department is based at Bensham Hospital. The team is comprised of four clinical psychologists and one counselling psychologist (and there is an additional post which is vacant currently). It is proud to be part of Gateshead Mental Health Services for Older People and participated proactively in the recent CQC inspection.

The service provides psychological therapy to individuals, couples, families and groups. The team has expertise in a range of evidence-based psychological therapies. It receives referrals from a variety of sources, including Psychiatry, Older People's Community Mental Health Teams, GPs, Gateshead Health Foundation Trust physical health wards and teams (e.g. stroke and Parkinson's Disease services) and self-referrals.

From 1st April 2018- 31st March 2019 the psychology service received 341 referrals.

The service offers a first appointment within 28 working days of the referral and does not currently have a waiting list for assessment or treatment.

In addition to psychological assessment and treatment offered directly to patients, the service also provides consultation and supervision to the community mental health teams, the older adult inpatient mental health wards, younger people with dementia service and Gateshead Memory Hub. The purpose of consultation and supervision is to help with the development of psychologically informed formulations, care plans, interventions, cultures of care and patient environments. It also provides high quality training to staff in psychological models and theories.

The service contributes to the development of future psychologists through facilitating training sessions and providing training placements to regional clinical and counselling psychology doctoral training courses.

The department is also represented at local and national levels. For example, Dr Claire Martin runs a regional Cognitive Analytic Therapy CPD Network, Dr Alan Howarth is Chair of the North East Branch of the Faculty of the Psychology of Older People and involved in the development of national new best practice guidelines for behaviours that challenge in dementia and Dr Kate Andrews recently presented at the National Dementia Congress. Dr Fiona Grant has developed the PAAST project with the regional stroke network.

Gateshead's Older Persons' Mental Health Occupational Therapy (OT) team

The team of specialist occupational therapist consist of 11 staff; staff originally only supported the community however following CQC improvements an inpatient team evolved. The team ranges from band 6 staff to assistance staff with a wide range of experience and knowledge working with older people who live with mental health conditions. The OT staffing resource for Older Persons' Mental Health is not directly aligned to the service; it comes directly from the wider occupational therapy resource. There being an exception to this with regards to the inpatient services.

The provision of occupational therapy interventions ensures therapeutic meaningful involvement and engagement of service users and their carer's in individualised interventions and service delivery. At all times enhancing individualised care by carrying out holistic, client centred assessments and interventions. We provide a range of evidence based, effective short term, medium and longer term interventions based on the individual's needs, this can include; maintenance of daily routine, Assessment of daily living activities, functional adaptations, memory prompts, pre diagnostic assessments, complex activity analysis, risk assessments, enabling risk management and decision making to support remaining in the community and social inclusion. We promote socially inclusive and culturally sensitive practice which impacts on stigma and discrimination, taking into account cultural, religious and gender needs to provide equitable access to services.

6. Governance

Governance within the Older Persons' Mental Health Service is provided through Ward/Department meetings which report into the services Performance and Quality meeting. These meetings are held monthly. The agenda, in the main, is fixed and uses the CQC five key lines of enquiry as its framework. Throughout the year the meeting has discussed, reviewed and improved:

- Risk registers review and identification of new risks
- Incident and feedback form RCA with lessons learned
- MHS monitoring reports
- Blanket restrictions
- Audit – MHA, Suicide prevention
- Training
- Clinical and Managerial Supervision
- Outstanding NICE guidance and update
- Complaints/PALS/Duty of Candour/compliments
- Patient and Service User Experience
- Mental Health Policies
- CERA update
- CQC action plan
- Commissioner Assurance visits and action plan

- Accreditation
- Operational Policies updated

The minutes from this meeting are provided for the Medicine Business Unit Management meeting as assurance that the governance within the Older Persons' Mental Health Service is robust and all leaders are involved and informed of issues, risks and transformation within the service.

The Service also reports with reference to the Mental Health Act to the Mental Health Act (MHA) Compliance Group which is chaired by the Associate Director of Community and Medicine. Throughout the year the Group has discussed and received some assurance from the:

- MHA Performance Monitoring Report
- 11. Audit & Quality Assurance of MHA Papers
- CQC MHA Monitoring reports and actions
- Physical Intervention Monitoring Exception Report
- Assurance Report into the minimisation of blanket restrictions
- Review of risk register
- Suicide Prevention Audit
- CQC – Review of restraint, prolonged seclusion and segregation for people with a mental health problem, a learning disability or autism

The MHA Compliance Group is monitored by the Quality Governance Committee (QGC) with a six monthly report provided for assurance. A monthly mental Health update has also been provided to QGC which provides members of QGC with an update on the service improvements made following the CQC 2016 inspection of 'Wards for Older People with Mental Health Problems'.

7. Quality Improvement

2018/19 has seen the culmination of the transformation programme which commenced 2016/17. The information below provides a snap shot of the fantastic work that has occurred to provide the best possible high quality service for our patients.

Multi-Disciplinary leadership

Mental health services pride themselves on an established multidisciplinary leadership team, which aims for holistic service provision with promotion of activities of daily living. This model of service allows for Improvement of provision of a personalised evidence based service. As a multidisciplinary leadership team both inpatient and community we meet on a monthly basis, allowing for a shared vision and future practice to be driven forward.

Extensive Refurbishment of Cragside

It was recognised as part of the CQC 2016/17 Older Persons' Mental health Service that Cragside was not fit for purpose and was not providing the accommodation required to

enable therapeutic care and support. The Trust committed to undertaking this refurbishment and committed £750, 000 to realise this improvement. In July 2018 the ward decanted to Ward 23 for 4 months whilst Craggside was gutted and rebuilt. In November 2018 the patients and staff moved back into a much improved Craggside. There are now 16 single en suite rooms with day space near the entrance and the bedrooms offering much more privacy at the back of the ward. A café, activities room, day room, kitchen and dining room all with better lighting and flooring are used daily by the patients supported by the staff.



Patient Experience and Engagement

A strategy 2019-21 has been developed by the Mental Health Patient Experience Group for patient experience and engagement within older persons' inpatient mental health services. This has been developed as a plan on a page and encompasses detailed work streams within the following key areas: feedback, communication, workforce, patient/carer involvement, recruitment and selection, training and leadership. The service has already implemented the use of an adapted version of the friends and family test to make it more accessible to the inpatient group to encourage their feedback. Current focus includes development of a bespoke volunteer profile, review of patient/carer information leaflets, and collaborative working with our partners to deliver carers' awareness training.

Always Events – Sunnyside

Older Persons' Inpatient Mental Health services are taking part in a collaborative with NHSE and NHSI to implement Always Events on the Sunnyside Unit. A Point of Care Team (project team) has been established including nursing staff, OT, activities co-ordinator, consultant psychiatrist and patients/carers. Consultation with patients and/or their families and carers on what is so important to them that should always happen is complete. All current inpatients at the time were consulted. In order to ensure that as wide a view as possible was obtained, patients discharged between January and June 2018 were also consulted. Engagement/consultation with patients and their families and carers is complete. The Always Event has been co-designed as: Vision Statement - 'I will always have the opportunity to ask questions or raise concerns.' Aim Statement - 'By the end of March 2019, 90% of patients on the Sunnyside

unit will have the opportunity to ask questions or raise concerns.’ An information board has been developed to keep staff in the area up to date on progress. The national team visited the Trust on Wednesday 1st August 2018. The Point of Care Team gave an overview of progress and showcased our work to date. The visit was very successful and feedback was very positive.



The Point of Care Team showcased the Trust's 'Always Events' journey at the NHS England Regional Event on 2nd October 2018. Two members of the Point of Care Team were chosen to be 'Always Events Mentors'. Training for this took place in January 2019. Key interventions were identified in order to ensure patients have the opportunity to raise concerns and ask questions. They include – staff sharing mealtimes with patients, co-designing a patient information leaflet, question and answer session at the beginning of every Patient Forum meeting and awareness raising with staff. The outcome measures to ensure this is taking place will be integrated into the programme of patient experience work currently being developed within older persons' inpatient mental health services.

Vital PAC

In 2018 Vital PAC, which is a mobile clinical system that monitors and analyses patients' vital signs, was introduced into older persons' inpatient mental health services. NICE clinical guidance CG 50 exemplifies the requirement of early indicators and the management of physical deterioration for all patients in order to achieve positive outcomes. NHS Improvement Methodology underpinned the adoption and systematic process of change. The overarching aim was to achieve 90% compliance in undertaking vital signs on time. PDSA cycles were undertaken to assess the impact of change, building upon the action-orientated learning from previous cycles in a structured way before wholesale implementation. The project involved staff from its conception empowering them to make changes for the benefit of their patients. Creative ideas incorporating change concepts were introduced. This included the delivery of an extensive education programme that incorporated sessions on how physiological illness may impact on the patient's health. The assessment of staff's competency in safely managing patients with physical health deterioration utilise the mental health escalation algorithm, which was specifically developed to ensure the patient receives assessment, treatment and monitoring in a timely manner. The positive outcome from the project is staff who feel competent in the delivery of a robust process that ensures observations

are undertaken on time ensuring early identification of the physical health deterioration of patients within older persons' inpatient mental health.



Carers' Hub – Cragside

Cragside hosted its first Carers' Hub on the 22nd May 2018, during Dementia Awareness Week, facilitated by OT and activities facilitator roles.

The aim of the carers' hub is to support those who are caring for people living with dementia. Prior to the hub launch the team collaborated with local Gateshead agencies such as the Alzheimer's society, Equal Arts, Department of Work and Pensions, John's Campaign and The Carers' Association to gain a breadth of information to provide to carers. The first Carers' Hub was successful and further developments were linking with the Hospital Carers' Group. The service is part of Carers' Week, in which a day was themed around supporting individuals who care for a person living with dementia. Ongoing future plans include linking in with the Carers' Association to provide care to share sessions and other outside agencies to ensure carers are aware of what is available in the community. OT and the activities facilitator have just recently trained as dementia friends' trainers and will host a session to support the Alzheimer's Society's biggest ever initiative to transform the way the nation thinks, acts and talks about dementia both with the trust and community. The overall vision is that the session is open to community and all hospital carers.

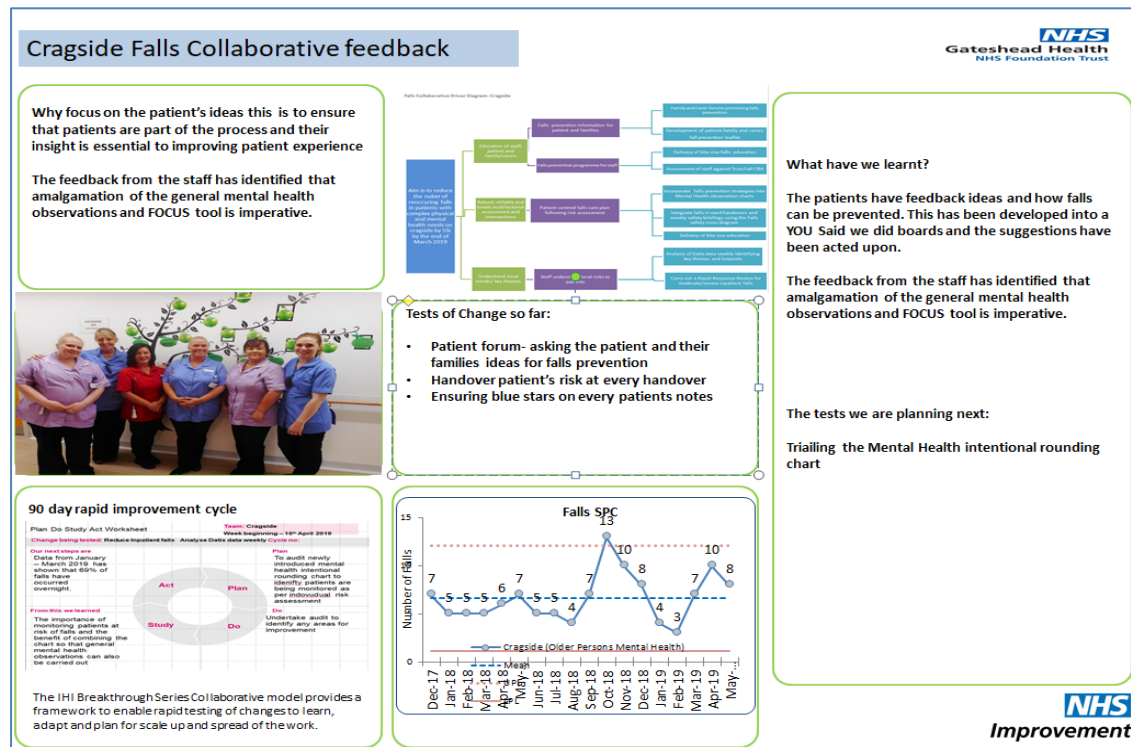
Falls Collaborative – Cragside

Inpatient falls are the most commonly reported hospital safety incidents. Cragside, which is an organic (dementia) assessment unit for patients over the age of 65 with behaviours that challenge, was involved in a patient falls improvement collaborative. The collaborative is multidisciplinary with the overarching aim to reduce the incidence of falls by 5% by the end of March 2019.

The MDT is committed to re-energising the strategies currently in place ensuring staff have the information, skills and tools to reduce injurious inpatient falls and improve reporting and care.

The collaborative used NHSI improvement methodology. One of the key secondary drivers was to engage with patients and their families to gain an insight of their

perspectives on how falls can be reduced in the unit and what resources or strategies are required to embed this into practice.



Gateshead Older Adult Psychology Department

In October 2018 the department employed a new Consultant Clinical Psychologist to work specifically on Sunnyside and Cragside. This has improved patients' access to psychological therapies, enhanced our use of biopsychosocial models which inform formulations and care plans and provided staff with increased training opportunities and supervision. In 2019 the department has provided training and supervision for all staff in the mental health service for older people. Priorities for the year ahead include: enabling the mental health wards to become psychologically healthy wards; the development of a fully funded stroke service; additional psychological therapies across inpatient and community settings and increased multi-disciplinary team working.

Gateshead's Older Persons' Mental Health Occupational Therapy (OT) team

The community team very recently have carried out a huge amount of work to dissolve the OT waiting list; ensuring patients are seen within a timely manner, this is data we are collating to identify referral to contact times, marrying this up to national benchmarking guidelines. Work has taken place to improve referral pathways and promote integrated MDT working and we now received referrals directly from MDT and via EMIS, ensuring ease of pathway to timely assessments. Full Integration across the service is still ongoing which includes work on training needs analysis to ensure comparable role specific training for both nurses and OT's.

The evolved role of a member of the community OT team now working into the memory hub is embedded; however there are identified areas of development such as integrated

clinic assessments and leadership integration. We identified this area as an area for a rotational band 5 staff member to develop into and support and lead on cognitive stimulation groups, which was also raised in 1-1 with CQC.

Following appointment of both OT's on the inpatient wards, the successes have followed in terms of both wards achieving Star wards, the carers hub, , focus on therapeutic activity and individualised care, Integration of AHP leadership and the promotion and presentation of this to NHS England AHP lead, PDSA cycle completion of therapeutic meal times, Craggside dementia mapping, MDT working, facilitation on patient formulations, leadership/supervision for ward staff, Appraisal and Clinical Supervision of Activity facilitators and development of a sensory room.

A review of the community rotational staff and current staff in OT service was undertaken and we have been able to temporarily move staffing resource of a full time band 5 into Craggside, this has been carried out following clinical need for therapeutic activity and interventions to provide best quality service, it has allowed for consistent therapy groups to take place, a huge increase in therapy hours to contact, specialist assessment and equipment provision for patients on ward and a focus to support the unqualified staff at meal times and with ADL's to complete task with an individualised therapeutic focus. Work has is also underway with wards activity facilitator to improve wider context of functional engagement.

The CMHT OT's have moved forward in integration of services and we are aiming to establish CMHT meetings to include all service staff, we are in attendance of MDT's and following inclusion in CMHT meeting we are participating in service leaflet, notes audit, service promotion sessions and setting up training for service. At an integrated leadership level we have a representation at performance and quality meeting, community leadership meetings, Ward leadership meetings, mental health act compliance meetings, dementia Pathways and joint lead on dementia workstream meetings, ward workstreams and service action plans, this role is still under development to allow for full integration.

Older Persons' Nurse Ambassador Role – Craggside

The Older Persons' Nurse Ambassador role on Craggside acknowledges that older people's nursing is really very specialist as patients can have the most complex of needs and addressing these needs can be hugely challenging. In doing so, the service is able to take a whole person approach building therapeutic relationships with patients over their time on Craggside and focus on individuals not individual problems.

The role assists with facilitating access to wider systems within healthcare, via links with nurses from across the North-East and a variety of clinical areas, education, commissioning and non-NHS settings.

Therapeutic Mealtimes

Recognising the importance of oral intake for inpatients, Cragside's Occupational Therapist and band 6 sister, carried out PDSA cycle on mealtimes. The aim was to educate and revitalise mealtimes with a more therapeutic focus, this was reviewed by embedding patients' functional roles, promotion of independence and maintenance of function during mealtimes. This piece of work involved, establishing staff roles at meal times, pictorial menus, education about meals being a therapeutic activity and also engagement work with the QE kitchens to ensure nutritional needs achieved as well as personalised care.

This work also progressed with the appointment of an identified dietician to support the ward, to acquire individualised snacks, facilitate meeting CQC standards around blanket restrictions and ensure the complex nutritional needs of patients are being achieved. Following the success of this piece of work, the OT has met with the Trust nutritional nurse about how to repeat the model across the care of the elderly wards, sharing best practice.

Star Wards

Team Lead Occupational therapist led the work to gain Cragside and Sunnyside the Full Monty Star Wards award (Cragside 5th June and Sunnyside 10th August). This is a scheme which celebrates excellence in mental health care.

Both wards have implemented 75 Star Ward ideas or initiatives across 7 different categories including physical health, recreation, care planning and how they interact with visitors. Star Wards, a project of the social justice charity Bright, provides practical and inspiring examples for mental health ward staff.



Bespoke Electronic Patient Record

The development of an electronic EPR (Electronic Patient Record) that is fit for purpose has supported the multi-disciplinary community teams and services in capturing patient and carer information, issues related to risks, care plans and interventions/contacts in a single record. EMIS is the electronic patient record that has been chosen. It supports the care of the patient in secondary mental health services and across primary care, since it is used by GP practices and other primary care services across Gateshead. Staff were involved in the design of documents and process mapping to enhance their use of the

record and support navigation. Standard processes have been designed to support continuity. Close working relationships developed with the clinical and informatics teams, including the EMIS design team (external partners), have enabled tweaks to be made when required to support clinical best practice, e.g. the development of 'My Care Plan'.

This development has now rolled out to include the inpatient services and liaison team using the same processes to support the clinical teams to introduce the EPR. This has resulted in Older Persons' Mental Health Services having a single record that is connected to the GP/primary care record. This will support the patient group in the following ways:

- The transition of care between Primary Care & GPs and Mental Health Services (From referral to ending involvement)
- The availability of information known/gathered by Primary Care at the point of assessment by Secondary Mental Health Services
- The sharing of information with Primary Care and GPs (on assessment, ongoing care/interventions, treatment changes and review) by Mental Health Services
- The transition of care/patient pathways within Mental Health Services (keeping Primary Care & GPs informed, e.g. admission/discharge from a mental health inpatient unit)
- Support the assessment and prevention/education work by Mental Health Services related to physical health, lifestyle and wellbeing

This has enabled sharing of information not only between the different departments (including the Community Business Unit) and professional groups in the Trust but also with the GPs of Gateshead. The benefit of this has been a reduction in telephone calls and letters from primary care, better communication between mental health and general community staff and strengthened the multi-disciplinary team working amongst the whole service.

This would not have been achieved without the support of the Informatics Programme Team within the Trust and the support of the Board.



My Care Plan

The 'My Care Plan', is a person centred document which is formulated in collaboration with the patient and or carer. It identifies their goals, strategies to stay well, risks, what to do in a crisis and who their main contacts and support are. It provides evidence of clinicians involving service users and carers in their care. It also triangulates the needs identified within the assessment and face (functional assessment of care environment) risk assessment documents. It is a working document which is routinely reviewed in line with care standards or when there is a change in an identified need.

The service has developed the lifestyle/health questionnaire and policy. This is now used for all service users at the point of assessment and review (or any significant change). This helps us see the person in the round, supporting the link between their mental health and physical health wellbeing.

Accreditation

The Psychiatric Liaison Team has been successful in the assessment with the Psychiatric Liaison Accreditation Network and received very positive feedback on their work. They have continued to look at service improvements including closer working links with the trust Frailty Service and the development of a formal assessment and care plan that supports continuity across the (now) 7 day service. EMIS (Electronic Patient Record) has supported their work at the point of assessment and transition of care to Primary Care or GPs and to Community Mental Health Teams.

The inpatient wards and community teams have signed up to the Royal College of Psychiatry National Accreditation Networks and are currently working toward an action plan for these services looking at the standards set out in the accreditation process. Members of the teams attend national conferences and participate in accreditation assessments of other services. All of this supports learning and encourages networking with other organisations.

The organisation has committed to signing up the services Memory Hub team to the Memory Service National Accreditation Programme. The Memory Hub has considered the standards prior to sign up and is looking to develop an action plan in advance of full sign up.



Training

The Older Persons' Mental Health Service is required to undertake specialist mandatory training to ensure that they can practice with the correct knowledge and skills required for their patients. A full training Matrix (training star) has been identified for each team. This includes suicide prevention, care planning, risk assessment, Care Programme Approach (CPA) package, and prevention and management of violence and aggression, as well as core skills and PDP.

The compliance levels for these specialist courses have been incorporated into Electronic Staff Record (ESR) alongside the Trust Mandatory training.

Further improvements within the community have included:

- Ensuring the patients' physical health needs is a priority during assessment and treatment via the development and implementation of the 'lifestyle questionnaire' which is now incorporated into every patient assessment.
- Currently there is no crisis team but the team has developed a number of support processes to manage urgent work, which reduces the impact on planned work. These are through the use of a 'duty rota'. The team is in the process of piloting a 'decision support tool' for the Community Mental Health Nurses to use when they receive a telephone call requesting urgent assessment or input.
- The community teams now have robust supervision processes in place. Since the change in the Electronic Patient Record, the current caseload audit tool is currently being reviewed by the team via a group of staff who are participating in a task and finish group.
- The community has made further developments in their MDT teams, using templates on EMIS as a means to document and communicate with primary care. OTs and psychology now form part of the MDTs allowing the team to take full advantage of each other's expertise.
- The team is making good progress with the implementation of the 'Training Star' which is mapped against NICE guidance to ensure that the Community Mental

Health Nursing team is delivering evidence based practice in their care with patients. The Psychology team has been fundamental within the training process and are supporting the community team with their training needs.

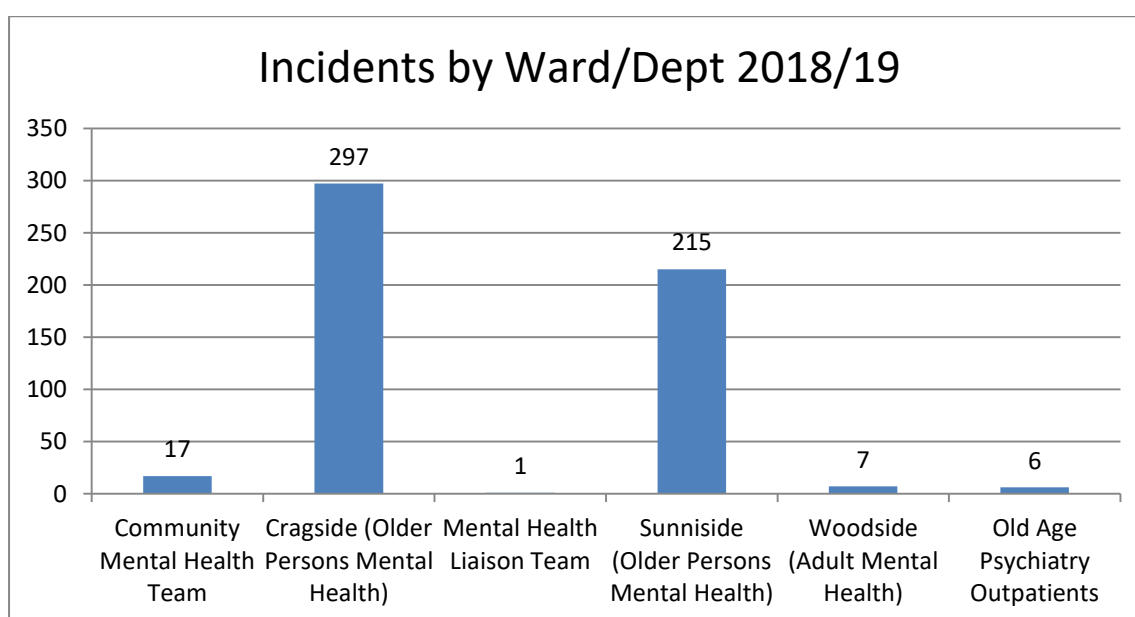
- The Community Mental Health Team now has a very clear Business Continuity Plan in place.
- In 2018, Laura Eccleston from the Community Mental Health Nursing team won a star award within the 'Caring' category. The Community Mental Health Nursing team has been nominated and shortlisted again this year for their partnership working with EMIS.
- The team is progressing with their accreditation application and has a clear action plan in place to achieve the goals set.
- The team is now a regular participant at World Mental Health Day - hosting a stall every year at Gateshead's Shipley Art gallery. This enables the team to promote the Mental Health Service for Gateshead Health Foundation Trust taking full advantage of the networking opportunities this offers with other organisations.

One of the impacts of all this transformation programme has achieved is not only seen in the quality of the service that the patients, carers and families receive but also in the closer working of the wider Multi-disciplinary teams and leaders. The older patients with mental health needs require support not only from Mental Health experts, but also psychology, occupational therapy and physiotherapy to name a few, and this past year has seen much closer collaboration and working across these multi - disciplinary teams.

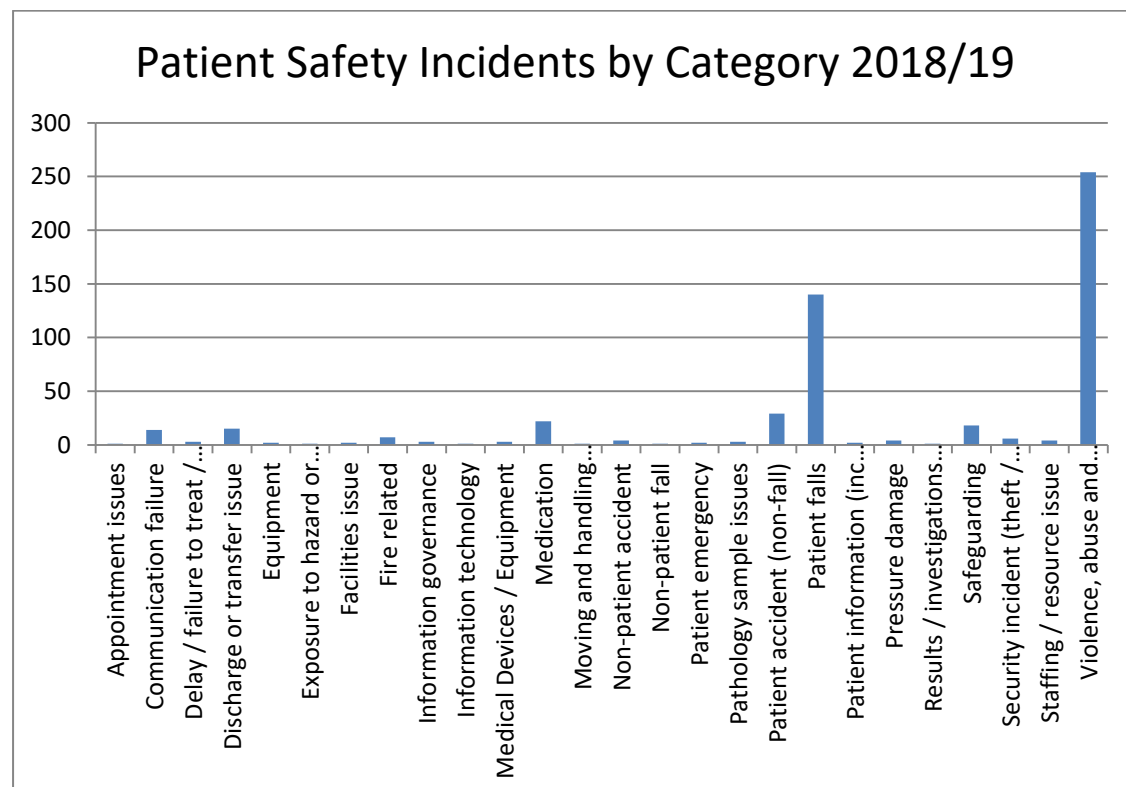
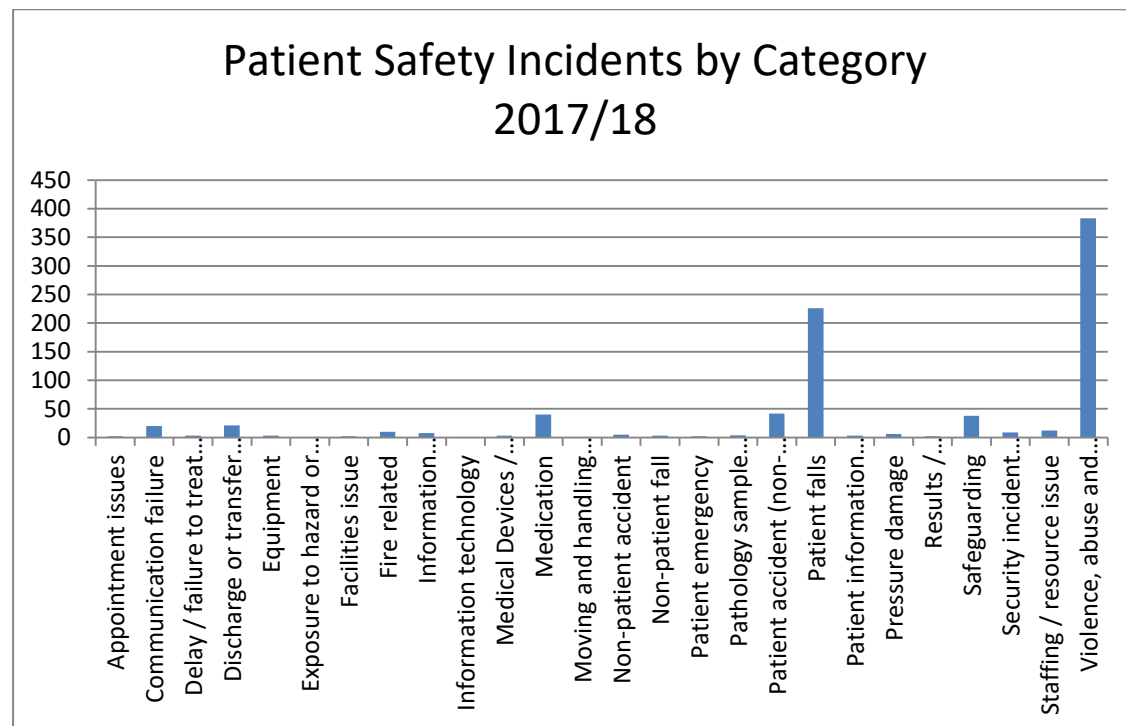
8. Risk and Safety

Incidents

In 2018/2019, 543 incidents were reported via Datix. This compares to 850 incidents reported in 2017/18.



The two areas with the biggest reduction are Cragside 472 incidents reported in 2017/18 and Sunniside 326 incidents were reported in 2017/18.



When comparing the two graphs for patient incidents 2014/18 and 2018/19 it is noticeable the reduction in falls and violence and aggression incidents on the two

inpatient wards. This could be attributable to the extra training that the MDT has received in these two areas to support the patients on the ward.

Risk Register

In 2018/19 the Service added 14 new risks to the Risk Register and closed 16 risks as completed. Owing to the Introduction of EMIS the risk relating to the database in use which had been on the register since 2011 was finally closed. However, staffing pressures within the inpatient service have remained an issue over 2018/19 and this risk has therefore remained on the register with work on going to attract and retain staff.

Complaints and Compliments

For the period 2018/19 the service received no formal complaints and three informal complaints relating to communication. All were investigated and resolved within 1 day.

For the same period 20 compliments were recorded within Datix relating to caring and compassionate staff.

9. Performance

In 2018/19 the service provided 788 new patient appointments and undertook 8 772 follow ups. 173 patients were admitted to our inpatient beds which accounted for 7 658 bed days (this was reduced from previous years owing to a decant to ward 23 for 4 months). The average LOS (length of stay) for Craggside is 50.44 days (range 1 - 197 days) and for Sunnyside is 35.23 days (range 0 - 135 Days). In our younger persons' dementia and memory hub a total of 5 858 appointments were undertaken.

Within the Older Persons' Mental health Liaison Service we have seen 1491 new referrals and around 3372 contacts per year.

New patients referred to the service are seen, on average between weeks 10 -14 from referral.

10. Research Activity

The Older Persons' Mental Health Service is very research active with Professor Alan Thomas working within Old Age Psychiatry at Newcastle University, as Director of Brains for Dementia Research programme and as a Honorary Consultant within Old Age Psychiatry at Gateshead Health NHS Foundation Trust. In 2019 the research contribution was strengthened further by the appointment of Dr Paul Donaghy as a new Consultant with part-funding from the NIHR Biomedical Research Centre at Newcastle for dedicated research sessions.

The main research interests are supported are:

- i) Clinical studies in dementia with Lewy bodies (DLB)

- ii) The neuropathology of late-life depression
- iii) Brain Bank Studies in dementia with Lewy Bodies
- iv) Wider Dementia Research

Over the past year, Bryony Storey and Elaine Siddle (Research Nurses) have recruited 62 participants across 7 studies. The main studies investigate both dementias and Parkinson's disease. The main studies relevant to the Older Persons' Mental Health service are:

SYMBAD (Principal Investigator - Professor Alan Thomas) is a drug trial for people who have Alzheimer's Disease or Alzheimer's and Vascular Dementia (combined) who experience agitation.

The ANGELA Project (Principal Investigator - Professor Alan Thomas) is a questionnaire study for younger people living with dementia who received their diagnosis before their 65th birthday. The participants and their families, friends or carers can get involved in the study which hopes to find out what it is like to live with dementia at a younger age and what support would make life better for younger people with dementia and their families.

New NICE guidelines in June 2018 recommended that everyone should be told about dementia research opportunities, as currently there is an estimated figure of 850,000 people in the UK living with dementia. The only way to find new and better ways to treat and care for those affected by the condition is to do more research.

The Trust actively encourages people to register their interest in the Join Dementia Research campaign <https://www.joindementiaresearch.nihr.ac.uk>

In December 2018 The Dementias & Neurodegenerative Diseases Research Network (DeNDRoN) Steering Group congratulated and thanked everyone in the Region for their important contribution and support for the DeNDRoN portfolio during 2018.

Nationally DeNDRoN finished the year as the top recruiting network – which is a fantastic achievement and reflected everyone's hard work and commitment. Their outstanding recruitment performance was also commended by the DeNDRoN LCRN Executive.

Daniel Collerton, Consultant Clinical Psychologist and Head of Clinical Psychology Services for Older People in Gateshead and active researcher, retired from the Trust on 1st October 2018.

11. Publications

A list of published research in which the Service was involved is given below:

- Patterson L, Rushton SP, Attems J, Thomas AJ, Morris CM. (2018) Degeneration of dopaminergic circuitry influences depressive symptoms in Lewy body disorders. Doi: 10.1111/bpa.12697
- Cromarty RA, Schumacher J, Graziadio S, Gallagher P, Killen A, Firbank MJ, Blamire A, Kaiser M, Thomas AJ, O'Brien JT, Peraza LR, Taylor JP. (2018) Structural Brain Correlates of Attention Dysfunction in Lewy Body Dementias and Alzheimer's Disease. Doi: 10.3389/fnagi.2018.00347.
- Mak E, Donaghy PC, McKiernan E, Firbank MJ, Lloyd J, Petrides GS, Thomas AJ, O'Brien JT. (2018) Beta amyloid deposition maps onto hippocampal and subiculum atrophy in dementia with Lewy bodies. Doi: 10.1016/j.neurobiolaging.2018.09.004.
- Lloyd JJ, Petrides G, Donaghy PC, Colloby SJ, Attems J, O'Brien JT, Roberts G, Thomas AJ. (2018) A new visual rating scale for Ioflupane imaging in Lewy body disease. Doi: 10.1016/j.nicl.2018.09.012.
- Thomas AJ, Taylor JP, McKeith I, Bamford C, Burn D, Allan L, O'Brien J. (2018) Revision of assessment toolkits for improving the diagnosis of Lewy body dementia: The DIAMOND Lewy study. Doi: 10.1002/gps.4948.
- Shanbhag A, Awai H, Rej S, Thomas AJ, Puka K, Vasudev A. (2018) Orthostatic hypotension in patients with late-life depression: Prevalence and validation of a new screening tool. Doi: 10.1002/gps.4951.
- Durcan R, Thomas AJ. (2018) Translating progress in neuroimaging into clinical practice. Doi: 10.1017/S1041610218000819.
- Thomas AJ, Donaghy P, Roberts G, Colloby SJ, Barnett NA, Petrides G, Lloyd J, Olsen K, Taylor JP, McKeith I, O'Brien JT. (2018) Diagnostic accuracy of dopaminergic imaging in prodromal dementia with Lewy bodies. Doi: 10.1017/S0033291718000995.
- Donaghy PC, Firbank MJ, Thomas AJ, Lloyd J, Petrides G, Barnett N, Olsen K, O'Brien JT. (2018) Clinical and imaging correlates of amyloid deposition in dementia with Lewy bodies. Doi: 10.1002/mds.27403.
- McAleese KE, Walker L, Colloby SJ, Taylor JP, Thomas AJ, DeCarli C, Attems J. (2018) Cortical tau pathology: a major player in fibre-specific white matter reductions in Alzheimer's disease? Doi: 10.1093/brain/awy084.
- Stylianou M, Murphy N, Peraza LR, Graziadio S, Cromarty R, Killen A, O'Brien JT, Thomas AJ, LeBeau FEN, Taylor JP. (2018) Quantitative electroencephalography as a marker of cognitive fluctuations in dementia with Lewy bodies and an aid to differential diagnosis. Doi: 10.1016/j.clinph.2018.03.013.
- Erskine D, Ding J, Thomas AJ, Kaganovich A, Khundakar AA, Hanson PS, Taylor JP, McKeith IG, Attems J, Cookson MR, Morris CM. (2018) Molecular changes in the absence of severe pathology in the pulvinar in dementia with Lewy bodies. Doi: 10.1002/mds.27333.
- Peraza LR, Cromarty R, Kobeleva X, Firbank MJ, Killen A, Graziadio S, Thomas AJ, O'Brien JT, Taylor JP. (2018) Electroencephalographic derived network differences in Lewy body dementia compared to Alzheimer's disease patients. Doi: 10.1038/s41598-018-22984-5.

- Donaghy PC, Taylor JP, O'Brien JT, Barnett N, Olsen K, Colloby SJ, Lloyd J, Petrides G, McKeith IG, Thomas AJ. (2018) Neuropsychiatric symptoms and cognitive profile in mild cognitive impairment with Lewy bodies. Doi: 10.1017/S0033291717003956.
- King E, O'Brien JT, Donaghy P, Morris C, Barnett N, Olsen K, Martin-Ruiz C, Taylor JP, Thomas AJ. (2018) Peripheral inflammation in prodromal Alzheimer's and Lewy body dementias. Doi: 10.1136/jnnp-2017-317134.
- Schumacher J, Peraza LR, Firbank M, Thomas AJ, Kaiser M, Gallagher P, O'Brien JT, Blamire AM, Taylor JP. (2018) Functional connectivity in dementia with Lewy bodies: A within- and between-network analysis. Doi: 10.1002/hbm.23901.
- Vasudev A, Firbank MJ, Gati JS, Ionson E, Thomas AJ. (2018) BOLD activation of the ventromedial prefrontal cortex in patients with late life depression and comparison participants. Doi: 10.1017/S1041610217000461.
- Howard R, Kirkley C, Baylis N. (2019) Personal resilience in psychiatrists: systematic review. doi: 10.1192/bjb.2019.12
- Grant, F. & Thomas, M. (2018). Developing a position of safe uncertainty in stroke rehabilitation. *Context*, 159, 14-16.
- Howarth, A., Flaherty-Jones, G. & Andrews, K. (2017). Working with behaviours that challenge in dementia: Challenging the notion of doom and gloom. *Psychology of Older People: The FPOP Bulletin*, 138, 37-42.
- Howarth, A., Crooks, M. & Sells, D. (2017). The use of physical restraint to deliver essential personal care to incapacitated older adults with dementia: Can it be person-centred? In I.A. James & L. Jackman *Understanding Behaviour in Dementia that Challenges: A Guide to Assessment & Treatment (2nd Edition)*. London: Jessica Kingsley Publishers.
- Howarth, A. & Lee, K. (In press). "If only it was that easy": Supporting staff in working with 'Behaviours that challenge'. *Psychology of Older People: The FPOP Bulletin*.
- Howarth, A. & James, I.A. (In press). Non-pharmacological interventions in care homes. In *Oxford Textbook of Old Age Psychiatry, 3rd Edition*. Oxford: Oxford University Press.
- Jackson, J. & Martin, C. (in press) Using CAT thinking with CMHTs in an Older People's Mental Health Service: introductory skills training and reflection groups. *Psychology and Psychotherapy: theory, Research and Practice*.
- Lee, K. & Howarth, A. (2018). Translating the BPS stepped care model in to clinical practice: Establishing referral criteria for behaviour that challenges in dementia services. *Psychology of Older People: The FPOP Bulletin*, 144, pp 37-42.
- Maisey, P. & Howarth, A. (In press). Behaviours that Challenge: Setting-specific interventions. *Psychology of Older People: The FPOP Bulletin*.
- Martin, C. & Collerton, D. (2018) Working with Older People. In *Low Intensity Cognitive Behaviour Therapy: A Practitioner's Guide*. London: SAGE.

12. Forward Plan 2019/20

Strategy

As part of the transformation programme the service aim to produce a strategy to ensure that we have formulated plans to identify how we will continuously improve patient quality, safety and experience over the next 3 – 5 years. The

teams/departments within the service are committed to this and we are being supported by workforce to ensure that we are engaged and empowered to provide the best service we can utilising the resources we have. Below is further detail of some of the plans we are committed to delivering.

Simplified Point of Access

The community service is dedicated to providing a seamless approach to care for everyone referred from the point of access. The teams are currently working toward a simplified point of access that will enable all referrals to the service to receive a timely and effective triage and response. This will include seeing the right professional at the right time with the support and access to other MDT members where needs or risks indicate. This process will involve all members of the MDT, an infrastructure that includes good administrative support and learns from the many networks the services are now involved with through skilled, enthusiastic leadership of a competent, well trained and caring workforce. An RPIW is planned for later in the year (the work has already begun) to move this work forward in a planned and supportive way.

Older Persons Mental Health Crisis and Home-based Treatment Service

The Service will be working in collaboration with NTW to provide a crisis service and home based treatment service for older people with mental health. There is currently no service of this nature for older people and younger people living with dementia. Fundamentally this means that these older people are not able to be supported in their own home environment therefore are admitted to the older persons' mental health wards and in some cases to acute general wards. Newcastle Gateshead CCG has recently been successful in gaining funding to address this gap. The new service will bolt on to the current service for younger adults, provided by NTW for Newcastle and Gateshead. This transformation of service will enable some patients to receive 'hospital at home', for those who still require admission, then length of stay will be shortened by providing a step down home-based treatment service. . We are already working closely with NTW to ensure this service will work well for the needs of people in Gateshead, with seamless transition and effective communication.

Woodside relocation

Woodside currently resides in Dunston Hill Hospital. With the closure of services in this site Woodside have become vulnerable with theft and vandalism being a recurrent problem. The decision has been made to relocate this important service to Bensham Hospital and this refurbishment and move will take place in winter 2019.

Eliminating Mixed Sex Accommodation

It was identified within the CQC inspection report that Sunnyside is not compliant with Eliminating Mixed Sex Accommodation and the requirements differ from the general hospital. Work is ongoing to review this to ensure that compliance can be achieved without any loss of the high quality service we provide.

New Clinical Lead

In August 2019 the clinical lead for the service, Dr Richard Harrison, will be retiring. He has worked tirelessly for the service for the past 23 years and is one of the most popular consultants with our patients and carers and is known for his compassionate and caring approach. He will be a great miss in the role. However, two of our consultants have agreed to share the clinical lead role, Dr Catherine Kirkley and Dr Anitha Howard. They take up this role on the 1st September and the Service welcomes them into the position.

NICE and Quality standards

A gap identified in the service is the management of Older Persons' Mental Health NICE guidelines and Quality Standards. A task and finish group will be set up to look at the process to ensure audits are in place and compliance with these standards and guidelines maintained.

Closer working with our Partners

Not only will the Service be working in partnership with NTW to provide a high quality crisis service we are also currently undertaking a review of the Behaviours that Challenge service and support into the care homes. We are undertaking this review with Mental Health Concern who are a charitable Trust, Commissioned by Newcastle Gateshead Clinical Commissioning Group to provide specialist mental health care 24 hours a day in the Gateshead community setting. This aim is that this will assist in providing the next step in the transformation of services in line with vision of partnership working described within the NHS Mental Health Implementation Plan 2019/20 – 2023/24.

13. Conclusion

2018/19 has been a busy year for the service with commitment to change being at the forefront of everyone's vision. This report provides some reflection of the changes that have taken place. It also identifies the commitment to multi-disciplinary working across not only three business units but also across two Hospital Trusts, ourselves, NTW and Mental Health Concern.

14. Recommendations

The Board is asked to receive this report for assurance.