NHS
Improving Quality

Lancashire Care NHS Foundation Trust

Spreading an older people mental health intermediate support model across Lancashire

LEVEL 2
Seven day services, limited provision on a Saturday and Sunday

Overview

Lancashire Intermediate Support Team (IST) provides rapid response, intensive short term support to older people with mental health needs, for up to eight weeks, in their own home or usual place of residence. A rehabilitative and recovery approach is offered, led by therapists and/or nurses. Patients have timely and responsive access to medical consultation/review within an agreed timescale and other specialist input is available as required. This model has been rolled out across Lancashire from 2010, and there are now three teams operating between the hours of 8am-8pm.

The service is designed to:

- **Reduce bed occupancy in mental health admission wards and reduce the number of times service users have to move accommodation**
- **Increase the skill and competence of staff in the public, private and voluntary sector to deal with challenging behaviour in a person centred way**
- **Help service users stay in their own homes in the community for as long as possible**
- **Ensure only the most distressed and disturbed service users are admitted to hospital**
- **Provide an alternative method of assessment and intervention than admitting to hospital**
- **Provide intensive, multidisciplinary support to those who need it, in the environment they need.**

Impact

Patients

A rehabilitative and recovery approach is offered by the service with an emphasis on creating an enabling environment where both the service user and carers feel supported.

Recovery based Practice
Is about reframing the focus away from diagnosis and illness to the uniquely personal *effect* of illness - it is the person as a unique individual who becomes the object of recovery efforts
Is seeing the person in the context of their whole life and not purely in relation to illness and symptoms
Is about building a meaningful and satisfying life, as defined by the person themselves, ***whether or not there are ongoing or recurring symptoms or problems***
Is an approach that focuses on the recovery of well-being, independence, choice and quality of life
Is about recapturing the person's potential which may have been lost due to the impact of illness
Is a recognition that recovery is not a 'stage' but is relevant at all times, in all situations and with all people
Is encouraging the person to participate actively in their care, particularly by enabling them to help define the goals of their support plan
Is both the possibility of improvement in a person's condition and/or in their experience of life

Overall system

The team has 2 additional key roles:

- A gate keeping role, by screening all admissions to the older peoples mental health wards to ensure that all patients are considered for the intermediate support team prior to admission and by joint working with the Crisis Resolution and Home Treatment team on gatekeeping scenarios which require older adult specialism
- Providing support and training to the residential and specialist nursing home sector to improve the quality of care delivered.

As a result, the IST have:

- Admitted 29 people during 2012 (equates to 80% intervention success rate). Most common reasons for admission include unmanageable Paranoia, Neglect and Violence and Aggression
- 94% cases facilitated discharge (none readmitted within 28 days)
- 76% cases prevented admissions to long term care
- 71% cases prevented step up in level of care
- 97% cases sustainable management 2 months after discharge from case load.

Challenges and solutions

- Getting the right people in the team who understood the shared risk culture, good team players, enjoyed working under pressure and enjoyed quick throughput
- Ensuring referrals come in at the earliest opportunity and not at the point of crisis or when the Mental Health Act was being implemented
- The work can be very challenging when trying to develop relationships with care homes who are under performing, units welcome the support in principle but not always in practice as they can be afraid of being reported
- Similar issues were experienced when working with care agencies and their staff
- Patient evaluation is difficult as patients often are unable to remember who the team are with dementia – this has been overcome by holding focussed 1-1 interviews
- Standardising team practices across Lancashire (creating three more teams). Teams develop their own interpretation referral criteria and interpretation of model. Practice Development groups with representation from all teams has led to shared ownership of protocols and creation of checklists to accurately identify cases for the team
- Changes in service hours means there is less staff on duty on any given day but spreads the workload more efficient across seven days

Emerging themes and principles

- The importance of adopting and supporting a recovery focussed model, whereby the service user feels in control, able to make decisions and respected in their journey to get more back from life
- Developing a team which is designed to be responsive is key to successful outcomes
- Continuously measure outcomes of service to build the evidence base

TOP TIPS

- **Having a social worker in the team is vital**
- **The team can achieve great things with even the most challenging patients**
- **Delivering formal and informal training to care home staff has the ability to improve quality of life for older people with mental health difficulties across multiple settings**

Contact

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