

Transition Adults – Older People Protocol

1. Summary

This protocol outlines how service users who are in receipt of care from Mental Health Services for Adults of Working Age may have their care transferred to Mental Health Services for Older People.

The essence of the protocol is to underpin a move away from age-related criteria which require services to transfer and accept patients according to their birth date, to transition arrangements based upon which service is best placed to meet an individual service user's needs.

Both Adult and Older People's Mental Health Services regard the needs of service users (and their carers) as central to the planning and organisation of care. This principle will therefore underpin the protocol.

This protocol does not address criteria for new referrals to services or the expertise and input Mental Health Services for Older People may provide to younger people with dementia.

2. Background Context

- Standard 1 of the NSF for Older People requires that NHS Services will be provided regardless of age on the basis of clinical need alone. It states that decisions about treatment and care should be made on the basis of each individual's health needs, not their age
- The NSF for Mental Health requires that protocols be in place facilitating the delivery of care across service interfaces. This includes transition from Adult to Older Peoples Mental Health Services. The Local Implementation Plan Self-Assessment Framework includes this standard as a measurable performance indicator.
- The Best Value Review of Mental Health Services for Older People in Hertfordshire (2002) identified the variability of transition arrangements both within the County Council and Trust. It recommended the eradication of age-based criteria and adoption of a needs based model of service.

3. Recognising the Value of Differing Services

Both Mental Health Services for Adults of Working Age and Mental Health Services for Older People have specific resources, staffing, skills and training available which is appropriate to their broad service user base. The services are organised to take account of this and the differing liaison networks which are appropriate to the overall service user group. Whilst each service has its own strengths and specialist clinical expertise there are also limitations as to how adequately either service can meet the needs of service users whose needs fall outside of the broader service user group.

Service users' mental health needs and care requirements evolve and change at differing rates. On this basis transition of care from one service to another should be based upon the outcome of an individual needs assessment and not driven by age-related criteria.

4. Managing the Transition between Services

- a) Service users who have reached their 65th birthday should continue to receive mental health services from Adults of Working Age until such time as the service user has been assessed and it has been identified that the balance of their needs has changed.
- b) If the service user or their Care Co-ordinator within Mental Health Services for Adults of Working Age believes this threshold has been reached, the Care Co-ordinator (on behalf of the adult service) will forward written information about the service user, their current care package and emerging needs, to the appropriate team within Mental Health Services for Older People.
- c) Transition to Mental Health Services for Older People is particularly appropriate for service users who have dementia, possible dementia or increasing physical frailty. Service users aged over 65 years who have been out of contact with adult services for over a year and are re-referred for mental health care may be redirected to Older Peoples Services.
- d) The relevant Mental Health Team for Older People will review the clinical information at their scheduled multi-disciplinary forum to consider what input the team might be able to provide for that service user. A decision to agree input to the case or not will be reached.
- e) For all cases agreed as suitable for commencement of services from Mental Health Services for Older People, a member of that team will be identified to liaise with the Care Co-ordinator in the Adult Service. This person will attend the next scheduled CPA Review meeting to help review the care plan and plan appropriate transition arrangements.
- f) In the event of the Mental Health Team for Older People declining to provide input to any referred case the team will outline clinical reasons for this decision.
- g) Where there is disagreement over which service is best able to meet an individuals needs, a Professionals Meeting, comprising of key representatives from both services will be convened. The outcome from this meeting will require an agreed strategy for ongoing provision of mental health services to the individual concerned.

5. Planning Clinical Care

For all cases where the Mental Health Team for Older People have agreed to provide input into a service users care, the Care Programme Approach (CPA) framework should be utilised as the appropriate forum for planning the transition of a service user from one service to another. The CPA process ensures the views of service users and their carers are taken into account.

Similar processes apply to both Standard and Enhanced CPA. For service users on Enhanced CPA, the Review meeting is the appropriate forum whilst for those on Standard CPA, arrangements are less formal.

For both Standard and Enhanced CPA cases, negotiations for the transfer of care should be undertaken at a time when the service user's condition is stable and not at a time of crisis or acute illness.

The views of service users and carers are paramount and central to the process of organising and providing care. They should always be taken into account when planning transition from one service to another.

In some situations, it may be appropriate to transfer mental health care entirely from Adults of Working Age to Older Peoples Services in one move; however, this can entail significant change to the service user in terms of changed support networks and new professional input. Such change if made suddenly affords little opportunity for the service user to adjust and can reduce continuity of care.

Flexibility should therefore be encouraged so individual care packages may be agreed that allow elements of provision from both Mental Health Services for Adults of Working Age and Mental Health Services for Older People to be co-ordinated and harnessed together for an agreed period. Services may fully transfer on a sliding timescale to Mental Health Services for Older People, as agreed within the CPA forum.

6. Review of Protocol

This protocol will be subject to review after one year.

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