

Evaluation of the Mental Health Aged Care Partnership Initiative: NSW Health Policy Response

1. Background

The *NSW Service Plan for Specialist Mental Health Services for Older People (SMHSOP) 2005 – 2015* (NSW Health, 2006) defines the functions of SMHSOP and outlines a SMHSOP service model that covers service delivery across the continuum of care for older people with mental illness, in partnership with a range of other key services and with families and carers. This plan highlights the need for new models of care to address the needs of older people with high-level, complex and persistent psychiatric symptoms for long-term residential and community care.

To inform service responses for this group, NSW Health funded the Faculty of Psychiatry of Old Age (FPOA), to conduct the Severely and Persistently Challenging Behaviours Project. The project examined issues and approaches to the management and accommodation of older people with severely and persistently challenging behaviours, highlighted the potential for partnership transitional and long-term care models for older people with severe BPSD and/or mental illness to be delivered in partnership between specialist mental health (and aged care) services and residential aged care providers, with joint Commonwealth and State funding. The key elements of these care models identified by the project included: increased staffing; a multidisciplinary approach (including nursing, medical and allied health input); enhanced staff psychiatric knowledge and skills in behavioural management; access to specialist psychogeriatric and geriatric medical support, and prosthetic architectural and interior design.

In response to the FPOA findings, NSW Health developed two pilot services within residential aged care facilities (RACF) operated by Catholic Health Care (CHC) and Hammond Care (HC). These 'Special Care Programs' (SCP), also known as the Mental Health Aged Care Partnership Initiative (MHACPI), incorporate the following key components:

- Purpose-designed Special Care Units within RACFs, operated by residential aged care providers;
- Specialist consultation-liaison and case management support from Specialist Mental Health Services for Older People (SMHSOP) (and Aged Care Services/Aged Care Assessment Teams, when required, and
- Supported transition to mainstream RACFs – either to the facility in which the Special Care Program (SCP) sits, to other facilities, or to community care.

The MHACPI is a key program that progresses the development of community residential services for people with severe BPSD and/or functional mental illness, as outlined in the *NSW Service Plan for SMHSOP*. To assess the effectiveness of the MHACPI model and inform further service development in this area, NSW Health commissioned Health Outcomes International (HOI) to complete a two-year evaluation of the MHACPI. The NSW Health MHACPI Evaluation Summary Report provides a summary of the evaluation completed by HOI. This NSW Health policy response addresses the findings of the HOI evaluation and outlines further developments in the two MHACPI pilot services since the completion of the evaluation in 2010.

2. Description of MHACPI pilot programs

Catholic Health Care Special Care Unit

The CHC SCP (as it operated in its pilot phase) consisted of a 13-bed special care unit and 15-place supported discharge/transition program. The CHC SCP is delivered by CHC, in partnership with Sydney South West Area Health Service (SSWAHS)/Sydney Local Health District (SLHD) and, in its pilot phase, was jointly funded by the Australian Government Department of Health and Ageing (under the Aged Care Innovative Pool Program), CHC and SSWAHS, with specialist clinical support and in-kind support provided by SSWAHS SMHSOP (and Aged Care).

CHC assigned twenty two (22) FTE to the SCP and 2 FTE to the discharge program. Staff predominantly consisted of personal care assistants (11 FTE) and registered nurses (7 FTE). Allied health staff assigned

to the SCP varied according to need. CHC engaged the services of a clinical neuropsychologist employed by SSWAHS when required.

The target group for the CHC SCP is older people with complex, severe behavioural and psychiatric symptoms associated with mental illness and/or dementia whose care needs would not be met in a mainstream high-care residential aged care facility and who do not require acute hospital care.

Since the evaluation (and the pilot phase of the program), the CHC SCP has evolved to address some of the issues experienced in the pilot phase in relation to the under-utilisation of the transition support program, the delays/blockages in transition from the SCU to other residential aged care beds, and the complexities of managing a mixed target group of older people with dementia and older people with functional mental illness without significant cognitive impairment. The Special Care Program now effectively comprises four 15-bed specialist units: a transitional SCU and long-term care unit focussing primarily on people with complex, severe behavioural and psychiatric symptoms associated with dementia, and a transitional SCU and long-term care unit focussing primarily on people with complex, severe behavioural and psychiatric symptoms associated with functional mental illness who do not have significant cognitive impairment. This development of the service model promotes transition from the SCUs and more appropriate care environments, specialist staffing and resident mix for the SCP target group.

Ongoing funding for the SCP is provided by CHC, SSWAHS/SLHD and the Department of Health and Ageing (through standard residential aged care funding arrangements), and specialist clinical support and in-kind support is provided by SSWAHS/SLHD SMHSOP (and Aged Care).

Hammond Care Special Care Program

The HC SCP is comprised of an 8-bed special care unit and 8-place supported internal relocation program located at Hammondville, in South Western Sydney. The SCP is delivered by HC, in partnership with SSWAHS/South Western Sydney LHD (SWSLHD), and is jointly funded by the NSW Health Department and HC, with HC providing capital funding and some recurrent funding and receiving standard residential aged care funding from the Australian Government Department of Health and Ageing. Specialist clinical support is provided by SSWAHS/SWSLHD SMHSOP (and Aged Care).

Staffing levels were adjusted as required with a minimum staffing complement in the SCP of 1.0 FTE SCP Manager, 3.0 FTE registered nurses and 8.4 FTE senior carers. SCP staff who accompanied residents commencing the SIRP to other cottages within the facility to support transition were replaced in the SCP to ensure specified minimum staffing levels were maintained. Allied health staffing included 0.6 FTE psychologist, a minimum of weekly physiotherapy consult (depending on need), and a six weekly podiatrist consultation. Other allied health input varied and was dependent on the SCP residents' needs.

The target group for HC SCP is people 65 years or older with dementia or other age-related organic impairment, and/or pre-existing psychiatric illness, with consideration given to younger people with diseases normally associated with ageing (e.g. Alzheimer's or Parkinson's Disease) whose care needs cannot be met in other facilities/services, and who do not require acute hospital care. Prospective residents with pre-existing psychiatric illnesses are not excluded if they meet the SCP eligibility criteria.

3. MHACPI evaluation and outcomes

NSW Health contracted Health Outcomes International (HOI) to complete an evaluation of the MHACPI. The timeframe for evaluation of the SCP pilots was January 2006 to March 2009 for the CHC SCP and November 2007 to June 2009 for the HC SCP. The objectives of the MHACPI pilot evaluation were to assess the impacts, processes and outcomes of the MHACPI pilot services in relation to:

- Clients families and carers;
- Pilot facilities and service providers;
- NSW Health, and

- The broader health system.

HOI utilised both quantitative and qualitative data to assess the MHACPI pilots. Various data were provided by the SCPs including demographic and resident activity data, and clinical profile and cost data. Focus groups, interviews and self administered surveys were used to obtain feedback regarding the impact of SCPs on families and carers, pilot facilities and service providers, NSW Health and the broader health system. The evaluation of the MHACPI pilot services was overseen by the Mental Health and Drug & Alcohol Office (MHDAO) of the NSW Health Department, with advice from the NSW Older People's Mental Health Working Group, the key reference group for this evaluation.

The key evaluation questions, findings and recommendations are summarised in Section 5, along with NSW Health's response to the evaluation findings and recommendations. The key findings of the evaluation are outlined below. They relate to program design and planning processes, client and service delivery outcomes, and the impacts of the pilots/model on clients, families and carers, SCP staff, pilot facilities and providers, NSW Health and the broader service system.

Process evaluation: Design and planning

The evaluation highlighted that the MHACPI had resulted in the development of a well designed service agreement that provided a good basis for the SCP model of care. The collaborative development and negotiation of the agreement was seen by key SCP partners to be a strength of the design and planning process. It was noted that future service agreements need to take into account the establishment of the service and the time delay in reaching capacity, and that clear Terms of Reference and organisational arrangements are critical to ensure effective operation, partnership arrangements and clinical governance of the SCP Clinical Advisory Committee (CAC).

Outcome assessment: SCP clients

During the evaluation period, the clinical profiles of admitted residents were consistent with the proposed target groups, and included older people with BPSD and/or functional mental illness. Residents were mostly successfully transitioned through the SCPs to mainstream residential aged care facilities, demonstrating the effectiveness of the program. Median length of stay was similar in both SCUs (97 days) and was generally consistent with expectations, noting the limitations of excluding non-discharged residents (with average length of stay affected by a number of outliers, as anticipated). Despite limitations in the referral data, the number of referrals apparently from NSW Health inpatient services to the SCPs highlighted the potential of the service to relieve the pressure on NSW Health services and facilitate more appropriate use of inpatient beds. The small numbers of residents being readmitted post-discharge illustrates the sustainability of SCPs.

The areas for improvement noted in the evaluation included: attention to planning and establishment processes to reduce the time taken for one SCU to reach capacity (21 months) following commencement; further exploration of the transition support component of the model (which was under-utilised in both cases); further consideration of the time that SCU clients spent awaiting discharge/transition from the SCU to an RACF bed (50 days for both sites), and further consideration of the utilisation of and factors contributing to the use of restraints.

Limitations of the evaluation related to: excluding the non-discharged residents from the length of stay data; assessing resident outcomes (beyond the positive outcomes of transition to a less restrictive care setting); some issues with the evaluation data regarding the sources of referrals to the SCPs; assessing the impacts of the SCP with regard to medication, and drawing any conclusions regarding adverse events.

Impact assessment: Clients, families and carers

The qualitative responses of families and carers highlighted their satisfaction with the models of care. Particular reference was made to the improved quality of life of residents, effective and appropriate communication between SCP staff and families and carers, and the person-centred approaches to residents displayed by SCP staff. Families and carers also highlighted a need for additional resources for

SCPs when managing particularly aggressive residents. Whilst the feedback from families and carers was consistent and positive, it is limited by the small number of focus group and survey participants.

Impact Assessment: SCP Staff

In the evaluation survey, staff generally expressed satisfaction with the SCP models of care (both for SCP staff and staff of the broader facility). The commitment, confidence and skills of staff, strong leadership and teamwork, and strong training and support for staff working in the SCP were seen by staff as positive aspects of the SCP contributing to overall satisfaction with the model of care. Staff considered that the SCP met the needs of residents and functioned well in transitioning clients to lower level, less restrictive care.

To further strengthen the existing models, staff suggested that consideration should be given to addressing delays in transition of residents from the SCU to mainstream residential beds. Staff also identified the need for more training and education in some areas such as mental health.

Impact Assessment: Pilot facilities and providers

Pilot facility staff and providers identified a number of strengths and critical success factors for the SCP model of care:

- Committed service providers with effective and committed boards of management;
- Well designed facilities that provide a home-like environment, and support effective, person-centred care;
- Effective CACs;
- Passionate and skilled staff, with appropriate (multidisciplinary) training, experience and expertise (and low staff turnover);
- Effective leadership of the SCP;
- Use of psychosocial approaches and alternatives to medication;
- The ability to access on-call staff support when required, and
- Psychiatric services complemented by the services of an interested GP.

It was noted that some aspects of the collaborative arrangements between SCP GPs and psychiatrists, and delays in access to permanent places to which to transition SCU clients could be areas for improvement. Two areas were identified for further consideration: understanding and managing the interface between relevant Commonwealth and State legislative and policy frameworks in the operation of the SCPs, and the and the relevance of the MHACPI model in relation to accommodation options for younger people with challenging behaviours. It was also noted that the physical infrastructure (including facility design, fixtures and fittings, and other equipment) could benefit from improvements.

Impact Assessment: NSW Health and the broader system

Although there were significant limitations to the evaluation in relation to its assessment of the impacts of the SCPs on NSW Health and the broader service system, and the cost-effectiveness analysis, the evaluation found that there were significant bed day cost savings in both SCPs relative to traditional treatment options. It also suggested that the SCP model of care could be applied to target groups outside the current admission criteria.

Areas identified for potential improvement included: provision of further information on the SCP to relevant stakeholders; further development of multidisciplinary referral pathways, including clear and agreed clinical pathways between the health and residential aged care sectors; further development of partnership and funding arrangements for allied health staff to provide services in SCPs; further collaboration between and access to GPs and psychiatrists, and further development of linkages between SCPs and acute geriatric medical units.

Further analysis is required to understand the cost-effectiveness of the MHACPI model and the most efficient and appropriate funding arrangements. Also, further assessment of the impacts of the model and ongoing evaluation of the pilots will be necessary over an extended period of time.

4. Further analysis of MHACPI

Since the HOI evaluation, the HC SCP has continued to collect data relating to the key performance indicators and provide this to NSW Health as part of ongoing SCP reporting arrangements. The data collected between October 2009 and September 2010 and analysis in the 2009/10 HC SCP annual report indicates that the following features of the HC SCP remain consistent:

- In the past 12 months, the SCP has continue to provide a sustainable program with only a small number of residents readmitted following discharge from the program.
- SSWAHS/SWSLHD continues to provide the majority of referrals to the HC SCP. This is consistent with the Deed of Agreement.
- The supported internal relocation program (SIRP) continues to be underutilised and there are delays/blocks in transition from the SCU to other residential aged care beds. This is connected with the lack of appropriate places within the HC facility for SCU residents to be discharged to, due to high occupancy across the facility and a commitment to the best 'person-environment fit'. HC is currently exploring ways to promote transition from the SCU and better utilisation of the SIRP, and to expand its capacity to provide appropriate care environments for the SCP target group as the program evolves.

The following changes to the HC SCP were noted:

- The average time waiting for SCP admissions was 35 days in this reporting period and this was longer than the HOI evaluation period (16 days). This is not surprising given that the evaluation period covered an establishment phase and involved more planned admissions. Another factor impacting on these higher waiting times is the inclusion in the waiting list data of out-of-area referrals which are given a lesser priority than referrals from the SCP's designated catchment area.
- The average length of stay for admissions to the SCU has risen to 168 days, compared to 161 days in the HOI evaluation. This is likely to be due to the admission of a number of younger, more robust and complex residents.
- The mean age for SCU residents in this reporting period was 69 years, significantly lower then the mean age identified in the HOI evaluation (76 years). As noted above, this reflects that a number of younger, more robust and complex clients have been admitted to the program, indicating a promising evolution in the capacity of the SCP.
- The average SCU bed occupancy rate for this reporting period was 88%, which was slightly lower than in the HOI evaluation (96%), and is suggested to be linked to ensuring the needs of both new SCU residents and current SCU residents can be met appropriately within the context of resident mix and 'person-environment fit' in the SCU.
- Considerable developments have occurred in the fit-out of the units, including the incorporation of new equipment, strengthening of fixtures and fittings, and installation of bed monitors to assist in monitoring adverse behaviours. There have been valuable learnings from the HC SCP in relation to the physical environment, internal fit-out and maintenance requirements for the MHACPI model.

Since the HOI evaluation, CHC have also further developed the SCP. Developments include the following:

- CHC now operate a SCP that includes four 15-bed units for the target group of older people with complex, severe behavioural and psychiatric symptoms associated with mental illness and/or dementia, as outlined above in Section 2: 2 transitional SCUs and 2 long-term care units. This development of the SCP service model promotes transition from the SCUs and more appropriate care environments, specialist staffing and resident mix for the SCP target group.
- There have been substantial developments in the physical environment and internal fit-out of the SCP units to ensure suitability for the SCP residents.

CHC is currently working with NSW Health on data collection and reporting that is broadly consistent with the Key Performance Indicators, data and reporting arrangements for the HC SCP. This will assist in further monitoring, evaluation and service improvement for the two MHACPI services by NSW Health.

Whilst the evaluation did not assess the impact of the broader SCP host facilities, both MHACPI providers have indicated that the SCP has increased the capacity of staff across SCP host facilities to provide appropriate care and support to residents with complex BPSD and/or mental illness. As the SCP models and host facilities evolve, increasing their role and capacity in the care of older people with severe BPSD and/or mental illness and catering to increasingly complex clients, further consideration will need to be given to the requirements for SMHSOP and other specialist clinical support

5. Evaluation Key Findings, Evaluation Recommendations and NSW Health Response

The MHACPI Evaluation Summary Report outlines the key findings from the HOI evaluation and the HOI recommendations in relation to these findings. The table below summarises these findings and recommendations, outlines NSW Health's response to the HOI recommendations, and indicates additional actions that NSW Health will pursue to address the evaluation findings and analysis of further SCP program developments since the evaluation period.

PROCESS EVALUATION: DESIGN AND PLANNING

Evaluation Question: *How is the service model being delivered from a provider perspective and is this consistent with the program design and funding arrangements?*

Key findings:

The strengths of the model included:

- A well designed service agreement that provided a good basis for the SCP model of care.
- Strong collaboration and negotiation between partners to develop the service agreement.

The model could be further improved by:

- Considering the establishment phase and time delays in reaching capacity in the service agreement
- Developing clear Terms of Reference and organisational arrangements to ensure effective operations, partnership arrangements and clinical governance of the CAC.

HOI recommendations	NSW Health response to HOI recommendations	NSW Health additional actions
Rec 2: It is recommended that future service agreements specify the required service outputs and outcomes and that there is provision for ongoing program monitoring and evaluation to inform the future directions of the MHACPI in New South Wales	NSW Health will further review and refine the program design, key performance indicators (KPIs) and reporting arrangements for MHACPI services to inform future MHACPI service specifications.	
Rec 3: It is recommended that the Area Health Service works with the pilot sites to improve the data collection and reporting capabilities to support ongoing quality assurance	NSW Health will review the KPIs, data collection and reporting arrangements for the current MHACPI services, in consultation with MHACPI	

<p>and evaluation of the service models.</p> <p>Rec 4: It is recommended that the NSW Health Department, SSWAHS and the SCP facilities establish an ongoing program of service improvement. This should be undertaken by the CAC in each SCP through the development of annual business plans that include specified objectives and strategies to be implemented. Progress against these plans should be monitored on a regular basis</p>	<p>providers, and progress any necessary improvements.</p> <p>NSW Health will work with current MHACPI providers to ensure appropriate monitoring, review and service improvement in MHACPI.</p>	
<p>Rec 7: It is recommended that service agreements acknowledge the time delay that occurs at the commencement of an SCP in reaching capacity and that appropriate time frames are developed to monitor the "start-up" costs.</p>	<p>NSW Health will consider the establishment costs and the time delay in reaching capacity in any future MHACPI service agreements.</p>	
<p>Rec 5: It is recommended that evidence based governance practices are adopted by the CAC to ensure that the decisions made by the CAC are implemented.</p> <p>Rec 6: It is recommended that CAC meetings be scheduled in calendars at least three months prior to ensure adequate time is provided to committee members and appropriate administrative support be made available so minutes are taken and disseminated in a timely manner and the meetings run as scheduled.</p>	<p>NSW Health Department will seek review of the CAC Terms of Reference and organisational arrangements for the current MHACPI services by relevant LHDs in collaboration with MHACPI providers to ensure effective CAC operations, and strong partnership arrangements and clinical governance for the MHACPI providers.</p> <p>NSW Health Department will seek review of the CAC Terms of Reference and organisational arrangements for the current MHACPI services by relevant LHDs in collaboration with MHACPI providers to ensure effective CAC operations, and strong partnership arrangements and clinical governance for the MHACPIs</p>	

OUTCOMES ASSESSMENT: SCP CLIENTS

Evaluation questions:

Is the initiative achieving the outcomes to warrant its continuation and/or expansion?

Is the initiative delivering good client outcomes, including improved physical, cognitive and psychosocial functioning, better quality of life, and discharge to less restrictive care settings?

Key findings:

The strengths of the model included:

- The clinical profiles of admitted residents were consistent with the proposed target groups.
- Residents were mostly successfully transitioned through the SCPs to mainstream residential aged care facilities, demonstrating the program's effectiveness.
- Median length of stay was similar in both SCUs (97 days) and was generally consistent with expectations.
- The number of referrals apparently from NSW Health inpatient services to the SCP highlighted the potential of the service to relieve the pressure on NSW Health services and facilitate more appropriate use of inpatient beds.
- The small numbers of residents being readmitted post-discharge illustrates the sustainability of SCPs.

The model could be further improved by:

- A focus on planning and establishment processes to minimise the time it takes to reach service capacity.
- Further exploration of the transition support component of the model
- Addressing the delays in transitioning residents from the SCU to long-term RACF beds
- Consideration of the utilisation of and factors contributing to the use of restraints.

Evaluation/understanding of the MHACPI model could be further strengthened by:

- Further analysing resident outcomes (beyond the positive outcomes of transition to a less restrictive care setting)
- Improving data on the sources of referral to the SCPs
- Assessing the impacts of the SCP with regard to medication
- Reviewing data collection and reporting arrangements regarding adverse events

HOI recommendations	NSW Health response to HOI recommendations	NSW Health additional actions
<p>Rec 8: It is recommended that future data collections provide clear data definitions for source of referral to facilitate future analysis.</p>	<p>NSW Health will review data collection and reporting arrangements regarding identification of referral sources for the current MHACPI services, in consultation with MHACPI providers, and progress any necessary improvements.</p>	<p>NSW Health will work with current MHACPI providers to address the delays in transitioning residents from the SCU and under-utilisation of the supported transition component of the MHACPI model, and incorporate these strategies/service elements into future MHACPI service specifications.</p>
<p>Rec 9: It is recommended that the HoNOS 65+ scores for Hammond be reviewed as the score on admission is higher than national averages, including inpatient scores. This is to identify any issues that may relate to the application of the tool or any issues relating to complexity of admissions.</p> <p>Rec 10: It is recommended that suitable assessment tools are consistently implemented by the pilot facilities to facilitate a more comprehensive assessment of clinical outcomes. These tools should be clearly specified as a requirement in future service agreements.</p>	<p>This recommendation is based on inaccurate information as the SCP HoNOS 65+ scores are consistent with national data.</p> <p>NSW Health will work with both current and future MHACPI services to further develop processes for assessing and monitoring clinical outcomes for SCP clients.</p>	<p>NSW Health will review data collection and reporting arrangements concerning medication usage, in consultation with MHACPI providers, and progress any necessary improvements.</p>
<p>Rec 11: It is recommended that adverse events are reported by pilot sites on a monthly basis and analysis of these data be considered an indicator of safety and quality of services</p>	<p>NSW Health will review data collection and reporting arrangements concerning adverse events, in consultation with MHACPI providers, and progress any necessary improvements. This data will continue to be used in monitoring the quality and safety of MHACPI services.</p>	

OUTCOMES ASSESSMENT: FAMILIES, CARERS AND CLIENTS

Evaluation question: *Is the initiative delivering client, family and carer satisfaction?*

Key findings

The strengths of the model included:

- Families and carers highlighted their satisfaction with the service
- The improved quality of life of residents was noted.
- Appropriate staff interactions and communications with residents, including a person-centred approach, was observed by families and carers

The model could be further improved by:

- Additional resources for SCPs when managing particularly aggressive residents.
- An increased variety of meal options

The evaluation process could have been strengthened by:

- Increasing the number of focus group and survey participants.

HOI recommendations	NSW Health response	NSW Health additional actions
Rec 12: It is recommended that the pilot sites conduct ongoing consumer satisfaction surveys with families and carers to complement the other quality assurance activities that are in place and to monitor and improve services.	NSW Health will review current consumer, carer and family feedback processes in MHACPI services, in consultation with MHACPI providers, to ensure that these processes are in place to support monitoring and service improvement, and address this issue in future MHACPI service specifications.	NSW Health will work with current MHACPI providers to review current practices and resources required when managing aggressive residents in MHACPI services.

IMPACT ASSESSMENT: PILOT FACILITIES & PROVIDERS: SCP STAFF

Evaluation question: *What is the impact of the Special Care Unit and program on staff skills, knowledge and attitudes and operational functioning within the Special Care Unit and the rest of the host facility?*

Key findings

The strengths of the model included:

- SCP staff and staff of the broader facility generally expressed satisfaction with the SCP models of care
- The commitment, confidence and skills of staff, strong leadership and teamwork, and strong training and support for staff working were viewed positively.
- Staff considered that the SCP met the needs of residents and functioned well in transitioning clients to lower level and less restrictive care.

The model could be further improved by:

- Considering the delays in transition of residents from the SCU to mainstream residential beds.
- More training and education in some areas such as mental health.

HOI recommendations	NSW Health response	NSW Health additional actions
Rec 13: It is recommended that handover procedures between shifts be reviewed to improve the safety of care, improve communication with staff and improve the efficiency of the unit.	NSW Health will refer the issue of reviewing shift handover procedures to MHACPI providers for attention.	NSW Health will work with current MHACPI providers to address the delays in transitioning residents from the SCU and under-utilisation of the supported transition component of the MHACPI model, and incorporate these strategies/service elements into future MHACPI service specifications
<p>Rec 14: It is recommended that staff training and support needs be reviewed and where indicated to provide mental health education earlier in the program</p> <p>Rec 16: It is recommended that staff training refresher courses are provided in basic nursing care.</p>	NSW Health will refer the staff education and training recommendations from the evaluation to MHACPI providers for attention.	

IMPACT ASSESSMENT: PILOT FACILITIES AND PROVIDERS

Evaluation questions:

What are the critical success factors in delivering the service model from facility/provider perspective, how can delivery be improved and what are the implications for evidence-based practice?

How can the service model be improved to achieve better outcomes from a facility/provider perspective?

Key findings

The strength of the models included:

- Committed service providers with effective and committed Boards of management;
- Well designed facilities that provide a home-like environment, and support effective, person-centred care
- Effective CACs;
- Passionate and skilled staff, with appropriate (multidisciplinary) training, experience and expertise (and low staff turnover);
- Effective leadership of the SCP;
- Use of psychosocial approaches and alternatives to medication;
- The ability to access on-call staff support when required, and
- Psychiatric services complemented by the services of an interested GP

The model could be further improved by:

- Addressing the delays in transitioning SCU clients to long-term RACF beds.
- Improving collaboration between SCP GPs and psychiatrists.
- Better understanding and managing the interface between relevant Commonwealth and State legislative and policy frameworks in the operation of the SCPs.

Areas for further investigate include:

- The needs of and options for younger people with challenging behaviours, and the potential for the MHACPI model to be adopted for this group.
- Facility design, equipment, fixtures and fittings that are required to support the MHACPI service model.

HOI recommendations	NSW Health response	NSW Health additional actions
<p>Rec 15: It is recommended that future SCPs should have facilities that are purpose built, where possible, to ensure the layout of the facility is optimal for residents and staff. In particular, the nurses' station needs to be designed to provide all staff with an optimal view of the facility.</p>	<p>NSW Health will work with MHACPI providers and other specialists to further evaluate and document optimum facility design (including fixtures and fittings) for future MHACPI service specifications.</p>	<p>NSW Health will work with current MHACPI providers to address the delays in transitioning residents from the SCU and under-utilisation of the supported transition component of the MHACPI model, and incorporate these strategies/service elements into future MHACPI service specifications</p> <p>NSW Health Department will review current collaborative/working arrangements between MHACPI GPs and psychiatrists, in consultation with relevant LHDs and MHACPI providers, and progress any necessary improvements.</p>
<p>Rec 17: It is recommended that a workforce professional development plan be formulated and implemented for all SCP staff. This plan should be formulated in collaboration with SCPs and SSWAHS clinicians. The plan should also specify the staffing structure required to optimally run the SCP.</p>	<p>NSW Health will refer the staff education and training recommendations from the evaluation to MHACPI providers for attention.</p> <p>The HOI evaluation highlighted the current staffing mix used in the MHACPI services. NSW Health Department will continue to work with LHDs and MHACPI providers to ensure the optimal staffing mix and levels are maintained or further developed.</p>	
<p>Rec 18: It is recommended that the SCPs develop and implement strategies to increase the level of engagement with GPs in a more systematic and coordinated way. Where GP involvement is not possible substitutable primary health care should be investigated.</p>	<p>NSW Health will refer this issue of GP engagement in the SCPs to MHACPI providers for attention, and highlight successful GP engagement strategies in future MHACPI service specifications.</p>	
<p>Rec 19: It is recommended that the needs of young people with challenging behaviours be further explored by NSW Health and the SSWAHS.</p>	<p>The current services have already expanded their target population group to include younger residents. NSW Health will liaise with the Commonwealth and DADHC regarding the needs of young people with challenging behaviours.</p>	
<p>Rec20: It is recommended the NSW Department of Health undertake ongoing discussions with the Commonwealth Department of Health and Ageing to progressively address the SCP operational barriers that have been attributed to the legislative disparities between the Mental Health Act and the Aged Care Act that have resulted in SCP operational barriers.</p>	<p>NSW Health will continue to work and collaborate with the Commonwealth regarding the legislative disparities between the Aged Care Act and the Mental Health Act to address the current MHACPI operational issues.</p> <p>NSW Health will consider the current design and planning of MHACPI services when developing future MHACPI services.</p>	

IMPACT ASSESSMENT: NSW HEALTH & BROADER SYSTEM

Evaluation questions:

How are the two pilot services being delivered relative to one another (where comparisons are appropriate), and relative to other services such as T-BASIS non-acute inpatient units, dementia-specific RACFs or RACFs specialising in BPSD?

How is the service model and initiative being implemented with regard to service relationships and partnership arrangements and the practices and administrative arrangements of the health and aged care service systems, and how can partnership processes and program arrangements be improved?

What is the impact of the service model on client pathways through, demand for and pressure on SMHSOP community teams/mental health services, Aged Care Services, acute hospitals (including geriatric medical units), mental health inpatient facilities, GPs, RACFs, community aged care services (e.g. Home and Community Care)

Does the service model address service gaps between NSW Health inpatient services and mainstream aged care services; is it cost-effective and what are the key factors for the sustainability of the model?

Is the initiative achieving the outcomes to warrant its continuation and/or expansion?

Key findings:

The strengths of the model included:

- Significant bed day cost savings in both SCPs relative to traditional treatment options.
- The SCP model of care could be applied to target groups outside the current admission criteria.

Areas identified for potential improvement included:

- Further provision of information on SCP to relevant stakeholders
- Development of clear clinical pathways, including the development of multi-disciplinary referral pathways and collaboration between GPs and psychiatrists.
- Further development of partnership and funding arrangements for allied health staff to provide services in SCPs
- Further development of linkages between SCPs and acute geriatric units, and clear and agreed clinical pathway between SCPs and the residential aged care sector.

HOI recommendations	NSW Health response	NSW Health additional actions
<p>Rec 1: It is recommended that the pilots continue for a further three years to enable outcomes to be assessed over a longer time span.</p> <p>Rec 23: It is recommended that the future evaluation of the SCP initiative include the conduct of a cost-effectiveness analysis which will allow a more detailed comparison of the outcomes of the service model. This will require both SCPs to collect an agreed set of evidenced based outcomes indicators that will be used as the basis of the economic analysis.</p> <p>Rec 24: It is recommended that a further evaluation of the SCP initiative is undertaken in 2012 to facilitate a comprehensive assessment of the outcomes and impacts of the service model. The findings of this evaluation should also inform decision making regarding the extension of the model to other Area Health Services in NSW. In relation to future evaluations, it will be necessary to establish a framework for the evaluation as soon as possible to ensure that the right information is being uniformly collected and reported by SCPs to inform outcomes.</p> <p>Rec 21: It is recommended the NSW Department of Health, SSWAHS and SCPs develop a multi-disciplinary referral pathway and associated guidelines in collaboration with acute care clinicians to:</p> <ul style="list-style-type: none"> • Improve the referral process to SCPs; • Promote the service model; and • Improve communication between hospitals and the SCP facilities. <p>Rec 22: It is recommended the NSW Department of Health and SSWAHS review the extent to which the allied health service needs of SCP residents are being met. The findings of this review should be addressed in future service planning and resource allocation decisions.</p>	<p>Both current MHACPI services are funded under agreements that go beyond this three year scope. NSW Health will review the data collection and reporting arrangements and KPIs for current MHACPI services, in consultation with MHACPI providers, and continue to monitor and evaluate these services to inform service improvement and potential expansion of the MHACPI.</p> <p>NSW Health will commission further analysis of the cost-effectiveness of the MHACPI model and the most efficient and appropriate funding arrangements, to be undertaken in consultation with current MHACPI providers.</p> <p>NSW Health Department will refer the issues of improving SCP referral pathways, promoting the SCP and improving communication between hospitals and SCP facilities to relevant LHDs and MHACPI providers for attention.</p> <p>NSW Health will work with MHACPI services to continue to review the allied health staffing mix in the current MHACPI models, and this information will inform future MHACPI service specifications.</p>	<p>NSW Health will utilise this evaluation, further assessment of the current MHACPI services (based on ongoing reporting and evaluation), and the proposed financial analysis to inform the expansion of the MHACPI across NSW, in consultation with the Commonwealth Department of Health and Ageing.</p>

Conclusion

The *NSW Health MHACPI Evaluation Summary Report* demonstrates that the MHACPI model can successfully deliver quality care for older people with severe BPSD and/or mental illness within a mainstream residential aged care setting, improving their quality of life, and their access to long-term, community-based care. The evaluation highlights a high level of family, carer and staff satisfaction with MHACPI services, and the potential of this model to relieve pressure on NSW Health acute hospitals and mental health inpatient services (and thus improve patient flow through these facilities) and transition clients through SCUs into mainstream RACF places (with few readmissions). It also highlights the potential cost-effectiveness of this model in terms of bed day savings relative to other (current) care/treatment options. The MHACPI model promotes strong partnerships between specialist NSW Health (mental health and aged care) services and residential aged care providers and provides an important and unique service model in the spectrum of care for this target group.

The evaluation provides significant information to inform the expansion of the MHACPI model, including critical success factors (organisational, environmental, educational, leadership, governance and partnership arrangements) for SCPs. It highlights that the MHACPI has already led to the development of a strong service agreement template, operational and reporting arrangements that provide the basis for the future expansion of the MHACPI model, and identifies areas for improvement in these arrangements..

Analysis of developments and operation of the MHACPI services since this evaluation period indicates promising evolutions in the model in terms of: addressing the needs of younger and more robust, complex clients; further developing appropriate physical facilities, fixtures and fittings for the MHACPI target group; addressing issues around delays in transition from SCUs, and increasing the role and capacity across SCP host facilities in the care of older people with severe BPSD and/or mental illness

NSW Health is already utilising the evaluation to work with current MHACPI service providers on service improvement. In keeping with evaluation finding and further analysis in this document, NSW Health will conduct further analysis of the cost-effectiveness and funding model of the MHACPI model and further monitoring and evaluation (including assessment of client clinical outcomes) to inform the expansion of the MHACPI across NSW, in consultation with the Commonwealth Department of Health and Ageing.