Enhanced Assessment and Support Team visit 9th September 2005

EAST is a Fife based team working with adults over the age of 65 with mental health problems including dementia. (Currently a 50:50 split dementia and functional mental illness with some dual diagnosis clients.)

EAST provides alternatives to admission to hospital (from both the home and residential or nursing care) by providing:

- Same day home based assessment
- Home based care
- Telephone support/advice
- Support/advice/problem solving

The philosophy being that the individual is both better supported and better assessed in a familiar environment and carers may feel more free to talk about issues outwith the formality of “going to the hospital”. EAST can also provide an alternative to traditional day care which may not meet the needs of all clients with a mental health problem.

The service has been running for 4 years. It was initially funded from hospital closure funds and subsequently by change and innovation funding.

Staffing

- 6 support workers (from Health., Social Care and voluntary sector backgrounds
- 1 social worker (substantive post still in local authority community care team) which allows effective joint working and good contact with local community care team.
- 1 Senior Charge Nurse
- 1 E Grade Staff Nurse
- 1 Part time Occupational Therapist
- Joint line managed between Health and Social Care (Team and area are quite small and EAST attribute the success of joint working and management partly to this.)

Outcomes

The creation of EAST has seen a wave of benefits through the area:

- Reduction in psychogeriatric inpatient bed numbers from 18 to 8.
- Throughput to inpatient ward is now better Patients are less likely to get “stuck” in the system and inpatient admissions can occur quickly and efficiently where required.
• Elderly patients are no longer placed on the general ward for want of space in the specialist ward.

• Maintenance of individuals in residential or nursing home care placements through advice and support- avoiding admission.

• Avoidance of admission- admission for assessment frequently leads to a move to long term care. Assessment at home can avoid this.

• Freeing up of ward staff time. MH nurses from the Acute Admission ward (Drumcarrow Lodge) now liaise with specific nursing homes to provide expert guidance on issues such as challenging behaviour etc.

• Reduction in waiting times. Clients could wait up to three weeks for day-hospital attendance prior to the introduction of the services. Day Hospital (Cairnie House) are now able to offer immediate places, at least within 24 hours, Monday to Friday.

Challenges

Providing services for individuals with early onset dementia. This service is Co-ordinated by Over 65 Psychiatric Liaison Nurse who is based in the same offices as EAST.

Dee Fraser
SEHD
20th September 2005