

# JOINT COMMISSIONING BOARD

## Agenda Item 49

Brighton & Hove City NHS  
Teaching Primary Care Trust  
Brighton & Hove City Council

<b>Subject:</b>	<b>Older People Mental Health Planning Framework 2009/10 to 2011/12</b>		
<b>Date of Meeting:</b>	<b>Monday 9<sup>th</sup> March 2009</b>		
<b>Report of:</b>	<b>Director of Strategy, Brighton and Hove City PCT</b>		
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<b>Key Decision:</b>	Yes	Forward Plan No. (JCB 8281)	
<b>Wards Affected:</b>	All		

## FOR GENERAL RELEASE

### 1. SUMMARY AND POLICY CONTEXT:

- 1.1 The existing Older People Mental Health (OPMH) commissioning strategy (2005-2008) has been refreshed in line with national and local policy developments. The OPMH Planning Framework 2009 - 2012 sets out the vision for the future development and commissioning of services to support older people with mental health needs, and their carers, in Brighton and Hove. It is a joint framework across Brighton & Hove PCT and Brighton & Hove Local Authority. The planning framework and three year action plan are attached as appendix 1. In twelve months time, when year one of the action plan has been implemented, the framework will be updated and a full commissioning strategy will be published. The framework sets out the work that will be undertaken to allow robust commissioning decisions to be made. The commissioning strategy will be a comprehensive document, incorporating all of the scoping work undertaken in the first year. This will assist in setting the priorities for future years. It is envisaged that the commissioning strategy will be a 'live' document, and will need updating annually in line with national and local policy developments.
- 1.2 The framework has been developed by commissioners working across Brighton and Hove PCT and Brighton and Hove Local Authority, in conjunction with service users/carers and individuals from local stakeholder communities. The key principles of the framework have been jointly developed by a local health economy stakeholder group and through a series of consultations and focus groups with service users, carers and voluntary and community sector organisations. In addition specialist clinical involvement from Sussex Partnership Trust has been provided throughout the development phase.
- 1.3 The OPMH Planning Framework Steering Group has overseen the development of the framework, and the OPMH Planning Framework Working Group has undertaken support work to assist the development of this document. Both groups are made up of key stakeholders across the local health economy.

1.4 An OPMH Implementation Group will be established to lead the delivery of the framework. Sub-groups will be developed to take specific areas of the action plan forward.

## **2. RECOMMENDATIONS:**

2.1 (1) JCB approve the Brighton and Hove Older People Mental Health Planning Framework 2009–2012.

## **3. RELEVANT BACKGROUND INFORMATION/CHRONOLOGY OF KEY EVENTS:**

### **Background**

3.1 This framework sets out the vision for the future development and commissioning of services to support older people with mental health needs and their carers in Brighton and Hove, for 2009/10 to 2011/12.

3.2 The final report of the UK Inquiry into Mental Health and Well Being in Later Life<sup>i</sup> (2007) highlights that currently three million older people in the UK experience mental health problems, and that this number is set to increase by up to a third in the next 15 years. Nationally, this would represent a cost to the economy of approximately £250 billion, from both direct costs to public services, and indirect costs in lost contributions to the UK economy from older people who would otherwise support the economy as workers, volunteers, unpaid carers and grandparents providing childcare.

3.3 Brighton and Hove has 36000 people aged 65 or over. This equates to approximately 14% of the total population of the city. Historically, dementia and depression have been under-diagnosed, both locally and nationally. From a local perspective, action needs to be taken to address these current inequities and to ensure that all older people with mental health needs are supported to maintain independence and maximise outcomes and quality of life.

### **National and local drivers for change**

3.4 Many relevant national policy documents have been published over the last few years. Some have a more general theme, on delivering health and social care, whilst others have focused on mental health and older people. Below is a summary of the key principles identified across the range of publications since the previous OPMH commissioning strategy was developed in 2005:

- Personalisation via use of individual budgets, direct payments and person centred planning to provide choice and control over services
- Partnership working and coordination between services to ensure joint planning and purchasing
- Services which promote reablement and maximise independence
- Reduce inequalities and develop services which promote health and wellbeing to all
- Improve quality of NHS education and training by developing an informed local workforce
- Build on service user and carer involvement and consultation to ensure inclusion in all stages of service development
- Service availability based on need and not age, and which promote dignity and respect

- High quality, value for money mental health service provision, using best practice models and specialist services where appropriate to promote good mental health, facilitate early diagnosis, and reduce stigma

3.5 Locally there are a number of policy developments which will drive changes to the provision of health and social care services for older people with mental health needs, for example, the PCT Strategic Commissioning Plan and the LA Adult Social Care Transformation Agenda. Relevant local developments have been incorporated into the planning framework.

### **Key objectives of framework**

3.6 The objectives of the framework are to have older people mental health services which :

- are person centred and based on an individual's need
- promote choice
- support reablement
- maximise independence and quality of life
- reduce inequalities
- enable earlier diagnosis
- are of high quality
- maximise efficiency of capacity available within Brighton and Hove
- provide value for money

The commissioning recommendations set out in section four of the framework propose how these objectives will be met.

### **Expected Outcomes**

3.7 The framework supports the development of services in line with best practice, across all mental health service provision, but particularly in the development of dementia services linked to the publication of a National Dementia Strategy. The recommendations set out in the National Dementia Consultation document have been incorporated into the framework. The final version of the strategy was published on 3<sup>rd</sup> February 2009, and the recommendations will be included in future service development.

3.8 By rolling out individual budgets and direct payments, the framework will give service users and carers choice and control over the services they use. Services will be developed to ensure they are appropriate, of high quality and personalised to meet the needs of individuals.

3.9 A key outcome of the framework is to reduce health inequalities across Brighton and Hove for older people experiencing mental health problems. Work will build on existing health promotion initiatives and support networks to ensure that there is equitable access for all within Brighton and Hove. Services to enable better recognition of mental health problems will be developed, with support once diagnosed a priority.

3.10 The framework will boost capacity and drive up the quality of long term placements for older people with mental health needs within the city. This will further develop the work which is currently underway to implement more robust contracting, the

development of a preferred provider and incentive scheme and targeted market development work.

- 3.11 Community and residential (both short and long term) services will be developed, to ensure they provide the most appropriate support for older people with mental health needs. Independence will be maintained and more people will be supported to remain in their own home for longer. There will be targeted interventions earlier in the care pathway and inequalities will be addressed. This should assist in reducing subsequent crisis, and the associated increased need for long term residential/nursing care.

### **Implementation**

- 3.12 The three year delivery plan will be developed into an annual action plan during each year of implementation. The Older People Mental Health Implementation Group will oversee delivery against the annual action plan.

### **Financial expectations**

- 3.13 The Primary Care Trust has indicated in the recent Strategic Commissioning Plan that it will be investing in both mental health and long-term conditions, for all service users, which will include older people with mental health conditions. However, both the Primary Care Trust and the City Council will, in future years, be operating with a tightened financial environment, reflecting changes in wider economic circumstances.
- 3.14 The broad assumption in financial modelling underpinning the framework and current commissioning plans is that future services will be delivered within the existing financial envelope. Current services will be re-designed where appropriate to optimise service user outcomes, meet policy requirements and deliver value for money. Any new resource allocation would be subject to business case development and approval.

## **4. CONSULTATION**

- 4.1 The following consultation has been undertaken in the development of the draft framework:
- Briefing note on broad framework priorities sent out to all associated organisations e.g. Pensioner's Forum, Older People's Council, Health User Bank members and PCT gateway organisations.
  - Input and feedback received from OPMH planning framework working group throughout development of framework
  - Feedback on commissioning recommendations sought from Community Voluntary Sector Forum Mental Health Network on Thursday 13<sup>th</sup> November 2008.
  - Focus group for service users, carers and representatives from associated organisations (Carers Centre, Federation for Disabled People Direct Payment mental health representative and Alzheimer's Society) held on Monday 8<sup>th</sup> December 2008 and follow up group held on Thursday 15<sup>th</sup> January 2009.
  - Primary care long term conditions education session Tuesday 13<sup>th</sup> January 2009 – dementia strategy briefing and feedback session

Comments obtained during consultation have been incorporated into the draft framework.

4.2 The following consultation is planned for the future:

- Attendance at primary care locality education sessions to inform general practice of the priorities of the OPMH planning framework and emerging work streams
- Implementation/service development sub-groups to include service user, carer and associated organisation representatives

Feedback obtained from future consultation will be used to shape service developments.

## 5. FINANCIAL & OTHER IMPLICATIONS:

### Financial Implications:

- 5.1 The framework sets out the strategic objectives for delivering improvements in services for older people with mental health need, and their carers. The framework is expected to be delivered within health and social care budgets and assumptions within the medium term financial strategy however elements of the action plan may require further investment and will be subject to detailed business cases and a value for money approach.

#### *Finance Officer Consulted:*

Jonathan Reid, Deputy Director of Finance, NHS Brighton and Hove 02/02/09  
Anne Silley, Head of Financial Services (Adult Social Care & Housing, Cultural Services, Strategy & Governance) 02/02/09

### Legal Implications:

- 5.2 This report and in particular the three year delivery plan set out in detail the proposals for delivery of services within OPMH. That detail addresses how the proposed local framework is informed by national policy and acknowledges the need to meet the expected increasing demands on services whilst ensuring value for money; an essential element due to the duty owed to the public purse.

The proposed shift in emphasis to greater use of preventative services, promotion of healthy living and activity, proactive identification of those requiring services, early intervention and diagnosis and personalised approach to delivery of services including a greater uptake of Direct Payments and Personalised budgets promotes compliance with the Human Rights Act 1998. In particular Article 8 of the European Convention on Human Rights (ECHR), incorporated into the 1998 Act provides for the Right to Privacy and Family Life. Interference with this Right by a Public Body is only justifiable in certain circumstances; the proposals within the framework provide for less interference and recognises the need for an individualised approach. Caution must be exercised however in the promotion of the use of Direct Payments and Personalised Budgets to the extent of the impact of the level of the individual's capacity to engage, make decisions and comply with the requirements of Direct Payment Legislation. The application

of the Mental Capacity Act will assist practitioners in applying this element of the framework.

The report describes consultation undertaken to date and plans for further consultation. This is an essential element to ensure Fairness and to ensure compliance with Article 6 of the ECHR which provides for the Right to a Fair Hearing.

Focus on equalities not only complies with domestic legislation but ensures compliance with ECHR Article 14 (in conjunction with Article 8 Right to Family Life and Privacy).

The overarching elements of the proposed framework is to ensure the best delivery of services to include greater choice, inclusion and an increase in care at home. In implementing the framework practitioners and decision makers must also ensure consistent adherence to statutory requirements governing Community Care and provision of Mental Health services and treatment.

*Lawyer Consulted: Sandra O'Brien 06/02/09*

Equalities Implications:

- 5.3 An key aim of the framework is to reduce health inequalities across Brighton and Hove for older people experiencing mental health problems. Providing additional services for early diagnosis will enable improved support to be provided to service users and carers with the aim of preventing subsequent crisis. The work focused on improving the capacity and quality of long term placements within the city will result in higher quality care and fewer people needing to be placed outside the city, reducing existing inequalities in service provision.

A full Equalities Impact Assessment has been carried out as part of the development of the framework.

Sustainability Implications:

- 5.4 The framework aims to reduce the number of people placed in care homes outside of the city. By achieving this aim, there will be a reduction in the numbers of staff from the local authority travelling greater distances to review service users. Placing service users within the city will also mean that family and friends also have less of a distance to travel to visit individuals.

Crime & Disorder Implications:

- 5.5 There are no specific implications.

Risk and Opportunity Management Implications:

- 5.6 The final publication of the National Dementia Strategy was expected prior to the development of the OPMH planning framework. However, there was a delay in the publication, and the national strategy has only just been published (03/02/09). The National Dementia Consultation document has been used in the development of the framework. The OPMH planning framework will be reviewed in line with the National Dementia Strategy, with full implications included in the publication of the LHE OPMH Commissioning Strategy, in twelve months time.

The framework presents opportunities to meet other strategy priorities for the local health economy including reducing health inequalities and reducing delayed transfers of care

Corporate / Citywide Implications:

- 5.7 The aim of the framework is to ensure that all older people with mental health needs have equitable access to services, which support them to maintain their independence and quality of life.

**6. EVALUATION OF ANY ALTERNATIVE OPTION(S):**

- 6.1 None considered

**7. REASONS FOR REPORT RECOMMENDATIONS**

- 7.1 The framework sets out proposals to ensure that older people mental health services in Brighton and Hove are provided in line with national and local policy direction.

**SUPPORTING DOCUMENTATION**

**Appendices:**

1. Older People Mental Health Planning Framework 2009 - 2012
2. Older People Mental Health Planning Framework Appendices

**Documents In Members' Rooms**

1. None

**Background Documents**

1. High Quality Care for All – NHS Next Stage Review Final Report (June 2008)
2. Healthier people, excellent care – A vision for the South East Coast (June 2008)
3. Putting People First – A shared vision and commitment to the transformation of Adult Social Care (2007)
4. New ambition for old age – next steps for NSF (2006)
5. Everybody's Business – Integrated mental health services for older adults (2005)
6. Age Concern – Improving services and support for older people with mental health problems (2007)
7. Transforming the quality of dementia care – consultation on a national strategy (2008)
8. Improving access to psychological therapies (2008)
9. A collective responsibility to act now on ageing and mental health (2008)
10. Age Concern – Undiagnosed, untreated, at risk – the experiences of older people with depression (2008)
11. Alzheimer's Society – Dementia – out of the shadows (2008)

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<sup>i</sup> *Improving services and support for older people with mental health problems.*  
The second report from the UK Inquiry into Mental Health and Well-Being in Later Life. Age Concern (2007)

