Appendices

Appendix 1 – Steering Group and Working Group Membership

Steering Group Membership

Kathy Caley	OPMH Commissioner/Chair (PCT)
Joanne Matthews	Strategic Commissioner for Adults and Older People (PCT)
Charlotte Marples	Lead Commissioner for Older People (Joint PCT/LA)
Kate Hurley	Strategic Commissioner for Assessment Services (PCT)
Denise d'Souza	Director of Community Care (LA)
Sharon Lyons	(LA)
Abbe Boeg	(LA)
Colin Lindridge	Associate Director of OPMH (Sussex Partnership Foundation Trust)
Birgitte Knudsen	Independent Provider Forum Representative
Alan Wright	Voluntary Sector Representative – Alzheimer's Society
Shirley Gray	Voluntary Sector Representative - MIND

Working Group Membership

Kathy Caley	OPMH Commissioner/Chair (PCT)
Charlotte Marples	Lead Commissioner for Older People (Joint PCT/LA)
Anne Silley	Head of Financial Services (LA)
Jonathan Reid	Deputy Director of Finance(PCT)
Jane MacDonald	Service Improvement Manager – Commissioning (Joint PCT/LA)
Kathy Sage	Data (PCT)
David Brindley	Health Promotion (PCT)
Sunanda Ray	Public Health (PCT)
Dee Suter	Intermediate Care Services (South Downs Health Trust)
Bryan Lynch	Transitional Care (LA)
Carey Wright	Integrated Team Manager (Sussex Partnership Foundation Trust)
Anne Hagan	General Manager, Provider Services, Older People (LA)

Appendix 2 – Key National Policy Documents

1. High Quality Care for All – NHS Next Stage Review Final Report (June 2008)
This publication highlights that there have been improvements in the NHS generally and actions for the future will be around continuing this, whilst moving away from focusing on increasing quantity of care to improving the quality of care. The NHS Stage review Final report's vision of the NHS of the future is one that:

- Give patients and the public more information and choice
- Works in partnership with other relevant organizations
- Has quality of care at its heart with services that are clinically effective, personal and safe

The key themes of the final report are:

- Personalising services, giving people choice and allowing them to influence service developments
- Helping people stay healthy and preventing illness
- Piloting personal health budgets
- Treating patients with compassion, dignity and respect
- Improving the quality of NHS education and training for staff providing services

The vision and themes outlined here can be applied to older people's mental health.

2. Healthier people, excellent care – A vision for the South East Coast (June 2008)
This paper sets out the South East Coast response to the NHS next stage review final report. It highlights the need for:

- Safer, better quality care
- Acknowledgement of the inequalities across the south east and the need to address these
- An equal chance for everyone to stay well and get better, especially vulnerable people or those with the greatest need
- Services which are available at convenient times and locations
- Specialist care available from experts
- Tax money to be spent wisely

Specifically relating to mental health, the paper sets out the need for:

- Reduction of inequalities and removal social isolation
- Effective support provided at home
- Early recognition and treatment
- Prompt access to psychological therapies

Once the consultation for this document is complete, it will begin to be rolled out across the south east.

3. Putting People First – A shared vision and commitment to the transformation of Adult Social Care (2007)
People are beginning to live longer, but with more complex conditions. Putting People First highlights the changing family structure and the challenges this may bring to social care provision in the future. There is the need to explore options for long term funding of care and support to ensure it is fair, sustainable and clearly sets out the responsibilities of the state, families and individuals. The key points highlighted are:

- Access to high quality support should be universal and available in every community
- Individuals should be at the heart a reformed system
- Best practice should be built on, with a move to prevention, early intervention, enablement and a high quality, personally tailored service
- Maximum choice, control and power should be available to all, with the use of personal budgets, person centred planning and self directed support
- Partnership working will be required to deliver high quality services
- Local workforce development strategies will be required

4. New ambition for old age – next steps for NSF (April 2006)
This document gives an update on the Older People NSF, which was published in 2001, and reviewed in *Better Health in Old Age* in 2004. It highlights that progress has been made but there is still more to be achieved.
The ambitions set out in the paper include:

- Treating older people with dignity and having respect for their human rights
- Improving outcomes for older people's health, independence and wellbeing, which will save money in the long term by reducing the overall demand for expensive hospital and long term care services
- Extending life expectancy and providing the opportunity to enjoy old age

The paper sets out aims for national and local organisations around three keys themes - dignity in care, joined up care and healthy ageing.

5. Everybody's Business – Integrated Mental health Services for Older Adults (November 2005)
Everybody's Business is a guide setting out the key components of a modern older people's mental health service, with dignity and respect as the underlying philosophy. It outlines that to be fit for purpose an OPMH service should:

- Recognise dignity of individual service users and respect diversity
- Respect the role of supporters and carers
- Provide practical advice and information as well as developing consistently high quality comprehensive packages of care and support, minimising bureaucracy
- Have the best and most effective treatments widely and consistently available
- Be open to all and respond on the basis of need and not age
- Protect vulnerable people
- Be provided by properly trained and committed staff, who have appropriate training to deliver age inclusive, holistic services

6. Age Concern – Improving services and support for older people with mental health problems (2007)
This report highlights five areas for action and sets out associated steps:

- Ending discrimination
    - Removing age barriers to accessing services
    - Ensure specialist services for older people are properly resourced
    - Tackle stigma attached to mental health
    - Give more attention to 'invisible' groups

- Prioritising prevention
    - Challenge the view that mental health problems are an inevitable part of the ageing process and that nothing can be done

    - Reduce isolation and strengthen social support
    - Focus on preventing depression and delirium

- Enabling older people
    - Emphasis on community development initiatives
    - Promote peer support
    - Provide support for unpaid carers

- Improving current services
    - Develop interventions at an individual and systemic level
    - Develop collaborative working
    - Pay more attention to the role of housing support

- Facilitating change
    - Improve education, training and support to those working with older people
    - Increase investment
    - Strengthen leadership

7. Transforming the Quality of Dementia Care – Consultation on a National Dementia Strategy (June 2008)
This document is currently at consultation stage, and the final version is expected to be published in November 2008. The aim of the document is to ensure significant improvements across three key areas in relation to dementia:

- Improved awareness by
    - Increasing public and professional awareness
    - Having an informed and effective workforce

- Early diagnosis and intervention with
    - Good quality early diagnosis and intervention for all
    - Good quality information
    - Continuity of support and advice

- Higher quality of care in
    - General hospitals
    - Home care services
    - Short breaks
    - Intermediate care
    - Care homes

The final strategy will provide a framework for local service delivery, with advice and guidance on planning, development and monitoring. A guide will be developed to support high quality health and social care provision.

8. Improving Access to Psychological Therapies (February 2008)
There has been ongoing work around access to psychological services, which reports transformation to the lives of thousands of people with depression and anxiety disorder. The report sets out how this should be continued.

The pathfinder sites addressed health inequalities by focusing effort on the specific needs of a range of vulnerable groups and developed pathways to meet the needs of the whole population. There has been substantial investment nationally in this programme, and it should now be rolled out locally.

9. A collective responsibility to act now on ageing and mental health (September 2008)
This paper acknowledges the need for the dementia strategy, but reinforces the need to commit to addressing the full range of mental health problems in later life. Dementia cannot be seen in isolation as depression affects up to three times as many older people, and urgent action should be taken to address this.

The paper discusses that the NSFs for older people and for mental health do not provide a big enough focus on OPMH services, and the lack of targets and performance indicators in Everybody's Business mean that important actions may not be taken.

It goes on to discuss the need to ensure that removing age barriers to services, in an attempt to avoid age discrimination, does not go on to have a detrimental effect on service delivery, as staff with generic skills, rather than enhanced OPMH skills, treat individuals.

The paper finally suggests setting higher standards of care, addressing current low levels of investment and planning for the future by workforce

10. Age Concern – Undiagnosed, untreated, at risk – the experiences of older people with depressions (August 2008)
Age discrimination has been identified as a significant obstacle to older people receiving treatment for depression. It is the view of Age Concern that the planned Equality Bill, which was released by the Government in June 2008, is a major step forward in removing this discrimination. The Bill will outlaw age discrimination in health and social care services, and introduce a duty on the public sector to promote age equality. Based on the experiences of older people, Age Concern state that the bill alone will not end the discrimination faced by older people with depression. They set out a three point plan to improve the lives of these individuals:

- Encourage older people with depression to seek help
    - Aim education programmes at older people and their families to assist in recognising symptoms, and where to seek help
    - Involve older people in campaigns that challenge negative attitudes
    - Ensure support is offered at times of increased risk e.g. bereavement

- Ensure older people with depression are correctly diagnosed
    - Work with GPs to remove ageist views that prevent people from getting the help they need
    - Improve the training and development of GPs to help them to recognise and treat depression in later life
    - Develop GP contract to incentivise diagnosis and treatment of depression in all patients

- Ensure older people with depression get the treatment they need
    - Use evidence on prevalence of depression in older people locally and effective interventions to plan and commission services
    - Ensure access to treatments for depression give fair access to older people
    - Remove age related barriers to access for effective treatments

11. Alzheimer's Society report – Dementia – Out of the shadows
This report looks at the experiences of those living with dementia, and their carers. The key themes to have emerged from the research project are:

- Early diagnosis is very important, as is enabling those diagnosed and their carers to understand and adjust. There is cause for concern as there are large variations in individual's experiences of diagnosis, with lots of negative feedback reported. This could be

a good indication of why so many cases of dementia go undiagnosed, and is an area for development and recognition.
- Key features of good diagnosis process have been identified and could be used to reinforce and improve clinical practice.
- Different practical and psychological coping strategies have emerged, which are dependant on the individual. These could be used by professionals and carers as a range of tools to support people diagnosed with dementia in the future.
- Stigma is a major issue, and media portrayal of dementia does not help this. Many negative responses were noted from those close to the people diagnosed with dementia, and also from professionals.

Five recommendations stem from this research:
1. Improve public understanding of dementia
2. Improve GPs understanding of dementia
3. Develop better specialist diagnosis service for dementia
4. Provide information which is timely and accessible
5. Develop strong peer support and networks to help people cope

Appendix 3 – Needs Assessment Data

Projected Population Figures for Brighton and Hove

Table 1 – Projected population figures used for charts 1 and 2 in Needs Analysis

	2008	%	2010	%	2015	%	2020	%	2025	%
Total pop - all ages	253000		255800		261800		268300		275300	
Total population - 65 to 74	17000	6.72	17000	6.65	18300	6.99	18800	7.01	18900	6.87
Total population - 75 to 84	13100	5.18	12700	4.96	12300	4.70	12300	4.58	13700	4.98
Total population - 85+	6500	2.57	6500	2.54	6600	2.52	7000	2.61	7800	2.83
Total population - 65+	36600	14.47	36200	14.15	37200	14.21	38100	14.20	40400	14.67

Ethnicity in Brighton and Hove

Table 2 – Ethnicity figures for Brighton and Hove

Ethnicity group	Aged 55 - 64	Aged 65 - 74	Aged 75 - 84	Aged 85+
White (includes British, Irish and Other White	96.25%	96.82%	98.54%	99.14%
Mixed ethnicity (includes White and Black Caribbean; White and Black African; White and Asian; and Other Mixed	0.69%	0.67%	0.35%	0.16%
Asian or Asian British (includes Indian; Pakistani; Bangladeshi; and Other Asian or Asian British	1.54%	1.37%	0.65%	0.44%
Black or Black British (includes Black Caribbean; Black African; and Other Black or Black British)	0.58%	0.48%	0.24%	0.11%
Chinese or Other Ethnic Group	0.95%	0.66%	0.22%	0.15%

Dementia in Brighton and Hove

Table 3 Indicative dementia prevalence figures for Brighton and Hove

Age group (years)	Men (%)	Men (Numbers)	Women (%)	Women (Numbers)	Total
65 – 69	1.4	65	1.5	74	139
70 – 74	3.1	120	2.2	110	230
75 – 79	5.6	182	7.1	335	517
80 – 84	10.2	250	14.1	594	844
85+	19.6	331	27.5	1200	1531
All over 65 years		**948 (29%)**		**2313 (71%)**	**3261 (100%)**

Appendix 4 – Finance data

Total approximate spend on OPMH (using 2008/09 figures)

Section 75 pooled budget - health spend

Service	Category	Net Figure
CMHT (including psych and outreach)	Community	£2,700,000
Inpatient - organic wards	Residential/Inpatient - long term	£1,800,000
inpatient - functional	Residential/Inpatient - long term	£2,000,000
day hospitals/services	Community	£540,000
Total		**£7,040,000**

Section 75 pooled budget - social care spend

Service	Category	Net Figure
Home Care	Community	£1,400,000
Long term nursing	Residential/Inpatient - long term	£1,830,000
Long term residential	Residential/Inpatient - long term	£3,000,000
Short term	Residential/Inpatient - short term	£120,000
Dementia Care at Home	Community	£870,000
Wayfield Avenue and Ireland Lodge residential (76% of £1.323m)	Residential/Inpatient - long term	£1,000,000
Wayfield Avenue and Ireland Lodge day service (24% of £1.323m)	Community	£310,000
Total		**£8,530,000**

Other

Service	Category	Net Figure
Alzheimer's Society Contract	Early diagnosis and support	£71,000
Short term Services (Transitional Care and Intermediate Care)	Residential/Inpatient - short term	Break down not available by OPMH
Integrated Community Equipment Service (OPMH)	Community	Break down not available by OPMH
GP/Primary care support	Early diagnosis and support	Break down not available by OPMH
Prevention services	Prevention/Health promotion	Break down not available by OPMH
Palliative care services	End of life	Break down not available by OPMH
Total		**£71,000**

TOTAL SPEND FOR OPMH		**£15,641,000**

Appendix 5 – Equalities Impact Assessment

	Brighton and Hove City PCT Policy Equality Impact Assessment Sheet		
	Name of Policy:	Older People Mental Health Commissioning Strategy 2009 - 20012	
	Author of Policy:	Kathy Caley, Older People Mental Health Commissioner	
	Policy assessed by:	Extensive consultation undertaken throughout strategy development. See full strategy, including consultation details, at following link: **ATTACH ONCE RATIFIED AND ON WEBSITE**	
	Date of Impact Assessment:	January 2009 – Prior to ratification of final strategy	
	Date for review:	End of strategy period – 2011/2012	
	What is the purpose of this policy?	This strategy 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. The strategy has been developed by commissioners working across Brighton and Hove PCT and Brighton and Hove City Council, in conjunction with service users/carers and individuals from local stakeholder communities.	
	Who is the policy aimed at?	Older People Mental Health services across the local health economy	
	Impact of this policy	**Positive Impact (yes/no/don't know)**	**Negative impact (yes/no/don't know)**
1.	**Is the policy/guidance likely to have an impact on one of the following groups:**		
	• Black and Minority Ethnic (including gypsies and travellers)	Yes	
	• Gender (including Trans)	Yes	
	• Religion or belief	Yes	
	• Sexual orientation (including	Yes	

	lesbian, gay, bisexual and heterosexual)		
	• Age (younger or older people)	Yes	
	• Disability (including learning difficulties, physical disability, chronic illness, sensory impairment, developmental difficulties and mental health problems)	Yes	
		Positive Impact (yes/no/don't know)	**Negative impact (yes/no/don't know)**
2.	**Will the policy have any potential impact on** **i) promoting equality** **ii) eliminating discrimination**	Yes	
	Human Rights		
3.	**Does the policy show any potential impact in relation to the Human Rights Act 1998**	Yes	
4.	**Please describe the evidence and information that has been used to inform this policy, including any consultations with stakeholders.**		

The strategy and the commissioning recommendations set out in it have been drawn up based on national and local policy developments, and consultation with a range of stakeholders across the local health economy.

Below is a summary of the key principles identified as relevant to older people's mental health in national publications:

- 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

More detail on each of the policies considered can been seen in appendix 2 of the strategy document. These policies have been drawn up following national consultations and set out the views of the public regarding future service development, particularly in older people mental health services. The information in these policies has directly informed the development of the OPMH commissioning strategy.

Locally there have been 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. These have also been incorporated into the strategy and include:

- PCT Strategic Commissioning Plan (2008 – 2013) which outlines key PCT priorities for the next five years. Priorities include a focus on dementia, reducing delayed transfers of care and reducing inequalities
- LA Adult Social Care Transformation agenda focusing on the personalisation of services and reablement
- Overarching provision of appropriate short term services, which meet the needs of individuals to maintain independence, facilitate discharge and maximise outcomes
- Development of local independent provider market
- Up to 200 new nursing home beds expected in the city in the next two years
- Integration of inpatient functional mental health services with working age mental health services

There have been various forms of consultation undertaken across the local health economy in the development of this strategy. These are outlined below:

- Briefing note on broad strategy priorities sent out to all associated organisations e.g. Pensioner's Forum, Older People's Council, Health User Bank members and PCT gateway organisations. See appendix 6 of the strategy for details of each organisation.
- Input and feedback received from OPMH commissioning strategy working group throughout development of strategy
- Initial 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 8th December 2008. Follow up focus group held on Thursday 15th January 2009. See appendix 7 of strategy for focus group feedback.
- Feedback on commissioning recommendation sought from Community Voluntary Sector Forum Mental Health Network held on 13th November 2008. See appendix 8 of strategy for feedback.
- Primary care long term conditions education session Tuesday 13th January 2009 – dementia strategy briefing and feedback session

5.	**Please describe the likely positive or negative impact indicated in sections 1, 2 and 3**

Implementation of the older people mental health strategy will have a number of positive impacts:

- To ensure that all vulnerable groups are aware of services, social marketing techniques will be undertaken, to increase the knowledge of these communities. This will tackle inequalities experienced across the city. Barriers to services will also be investigated, with a view to addressing the problems some service users and carers may encounter.
- As the Equalities Bill is incorporated into service delivery, service availability will become more equable as services will be based on need and not age
- Mental health awareness training will be provided to staff to reduce stigma and discrimination felt by those with mental health needs
- Information availability will be assessed to ensure that the most appropriate methods are used to communicate with communities so they are adequately informed
- Service redesign will ensure that the most appropriate services are available to as many people as possible

- Increasing mental health support and training for mainstream services will allow more service users to cared for in mainstream services, rather than specialist mental health services
- Eventual development of improved diagnostic services will address the gap in the expected and the actual numbers of people diagnosed with depression and dementia. Once properly diagnosed, better support and services can be provided.
- Personalisation agenda will be rolled out across OPMH services ensuring that services are person-centred and meet the needs of the individual.
- Direct payments and individual budgets will be incrementally rolled out across OPMH services giving improved choice and control for the service user.
- Roll out of reablement philosophy will promote independence for older people, and will result in a reduction in the need for long term care
- Development of more robust contract monitoring framework and associated targets will drive up the available capacity and quality of residential and nursing care home services

6.	**If you have answered 'Don't know' to any point in sections 1, 2 and 3 – what additional information is required to make an assessment**		
n/a			
7.	**If you have identified negative impact, can amendments be made to this policy to avoid this impact**	**Yes** (give details and go to Q 10)	**No** (give details and go to Q 8)
8.	**If 'No' to Q7 – can the policy be delayed to allow a more detailed assessment to be undertaken**	**Yes (contact Equality and Diversity Manager)**	**No (give details and go to Q 9)**
9.	**If 'No' to Q8 – what rationale is there for proceeding with this policy in its current form? Include this information in any report to the Board, PEC, IGC as appropriate.**		
n/a			
10.	**Please describe arrangements for monitoring the actual impact of this policy, including contact details of responsible member of staff**		
There will be ongoing monitoring via the Older People Mental Health Implementation Group, lead by the OPMH Commissioner.			
11.	**Conclusion**		

As a result of this process the policy will be:

a) submitted without amendment

Signed: Kathy Caley

Position: Older People Mental Health Commissioner

Date: 5th January 2009

Completed forms should be attached to policies for approval to the relevant Board / Committee and

copied to the Equality and Diversity Manager.

Once policies have been approved, the Equality Impact Assessment sheet should be published on the PCT website.

If a more detailed Equality Impact Assessment is required, or additional information is needed is to complete this sheet, please contact the Equality and Diversity Manager.

Appendix 6 – Briefing note on broad strategy priorities

Briefing note sent to:

- Health User Bank (HUB) members
- Carer's Centre
- Brighton and Hove Local Involvement Network (LiNK)
- Older People's Council
- Pensioner's Forum
- Black and Minority Ethnic Community Partnership
- Federation of Disabled People
- Alzheimer's Society
- Mind in Brighton and Hove
- Spectrum – Lesbian, Gay, Bisexual and Transgender Community Forum

Appendix 7 – Feedback from Focus Groups

Below is a summary of the key points covered in the focus group held on the 8th December 2008.

Overarching/General

Age Limits

- Should not just be over 65's- a wider age range is needed. Especially relevant for early onset dementia

Individual Budgets

- Councils need to examine eligibility criteria for individual budgets- need to be lowered threshold so more can use them.
- Need to include those who are self funding.
- A lot of information and support is needed.
- Concern about those "employed" through Direct Payments e.g. no consistent training and checks

Information

- Should not be reliant on using IT/web based information – many older people do not have IT access or skills.
- An up to date directory of care provision and wider services and facilities for older people would be very useful. Suggested that it is delivered to all homes. Not funded by the taxpayer, but by advertisers instead.
- Information could be available via churches, community centres. GP's, pharmacies, buses, Post Office, supermarkets etc
- Need to build on what's out there already e.g. the Carers' centre have an A-Z of where to get help
- Information could be given by health and social care professionals- needs to be a consistency of person, and for them to think holistically (? Link to information prescriptions)
- After diagnosis person and carer may be in shock. Need info to take away with them and a number to ring or place to go to access more info if needed.

Training for staff

- Social workers need a toolkit, and training so they understand needs, especially of dementia.
- Positive risk training – i.e. giving the power to the "customer" (e.g. through Direct Payments) – this is a new way of looking at things, not "doing to" people but allowing then to be empowered.

- Staff need support. Suggested that meditation training available for staff. The MBCT course is now approved by the National Institute of Clinical Excellence and therefore could be used for staff and service users/carers.

Memory Screening service

- There used to be one in Brighton & hove but this stopped due to lack of funding. There is one in West Sussex – why can't Brighton residents use it? Why can't we reinstate one in B & H?

Prevention

Reducing social isolation

- Keeping people at home involves taking them out of their homes for social activity.
- Transport is a big issue; council only provide transport to Churchill Square. There is a need for transport to other places, e.g. the Holmbush Centre in Shoreham, and also day trips. The monthly outings provided through the Alzheimer's society are always very popular. Need to be at reasonable cost.
- Weekends are the hardest, older people can get very lonely - need to provide activities and trips at weekends too.
- Neighbourhood projects could be helpful e.g. neighbourhood care or providing a buddy type service.

Health promotion

- Alternative and complementary services may be useful. E.g. meditation.
- Carers centre have therapists providing a range of treatments – helps physical and mental wellbeing. Also offering Mindfulness (Buddhist).
- Could include Pilates, Tai Chi, Yoga.
- Alzheimer's Society want to train relief carers/ workers in Therapeutic Horticulture – will assist people unable to leave their homes.
- Carers centre have a Gardening project – it was agreed that gardening could prove a good source of social interaction and also activity.
- Singing classes/Music therapy- suggested by Alzheimer's society based on "Singing for the Brain" classes run elsewhere.
- Reminiscence work
- Swimming (supported?). Need for a hydrotherapy pool in Brighton and Hove.
- Art therapy/classes
- Volunteering - full training would need to be provided and ongoing support. Older people could prove a big resource.
- Wii use (as per Age Concern!)
- Older peoples "playgrounds" (speak to Angela Flood)
- Activities need to be local (though equitable across the city), in the daytime, accessible and affordable. Many activities also provide a break for carers.
- Use of Health Trainers to provide one to one motivational support on a short term basis

Early diagnosis and support

Phoneline

- Support specifically for older people. Information on local services, available evenings and weekends, as well as daytime.

A & E

- There have been problems with older people with mental health issues in A&E e.g. lack of understanding, lack of respect for carers, with mental health problems not perceived and taken into account.

Community

Hospital discharge

- Does not always work well. Hospital admission and discharge are key points for provision of information and support.

Social care (home care)

- Is not person centred e.g. allocation of about 15 minutes to dress and breakfast etc. Need for more time allocated.

Consistency

- Consistency of care for the housebound needed, with the same person at the same time

Day services

- Could be made more effective, creative, stimulating. Need to include appropriate physical exercise such as slow walking, music, Wii etc.
- "Extenge" - exercise programme for those with limited mobility

Transport

- Mentioned in many contexts: accessing day centres, need for improved transport re day trips, accessibility, etc. Some disagreement re effectiveness of ramps for wheelchair users
- Transport to Day Centres is problematic- service users could be picked up any time between 9 and 11, spending up to 3 hours on the bus. Many service users won't go to Day Centres for this reason.
-

Question: should we be integrating people into the "mainstream" to help reduce stigma and prejudice? But this could mean that Carers don't get the respite.

Comment: Reablement may prove a burden on unpaid carers

Appendix 8 – Feedback from Community Voluntary Sector Forum Mental Health Network

The following points were collated after an overview of the draft OPMH Commissioning Strategy was presented to the CVSF mental health network:

- Age Concern has a strategy around depression and social isolation, which includes promoting use of a Wii! The OPMH Strategy should be aware of this work and link in where appropriate.
- What are the financial allocations and how do services interface older/younger people MH services?
- Floating support needs to be considered
- No increase in resources is not helpful
- Counselling: not at acute end and inter-generational
- Availability of information, but how recorded / accessible
- Commissioning process: reward collaboration