Brighton & Hove

NHS
Brighton and Hove

Brighton and Hove
Older People Mental Health Planning Framework 2009/10 - 2011/12

March 2009

Final Draft for Ratification

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Executive Summary

Background

The Older People Mental Health (OPMH) Planning 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. It has been developed by Brighton and Hove PCT and Local Authority in conjunction with individuals from various stakeholder groups.

Nationally, mental health in older people has been identified as a key priority area. If prevalence rates remain the same, the number of older people living with dementia and depression is expected to increase dramatically. Concurrently, actual prevalence rates for dementia and depression in older people are relatively low in comparison with expected prevalence figures. Only a third of people with dementia receive a formal diagnosis and only 15 percent of older people with clinical depression receive treatment.

In Brighton and Hove there are approximately 36000 people aged over 65, or 14 percent of the total population. Unlike the majority of the south east, and England as a whole, the percentage of Brighton and Hove residents aged over 65 is expected to decrease, with only a slight increase seen in the population aged over 85.

Purpose of Planning Framework

To identify and address the key issues for older people with mental health needs the framework:

- Identifies and reflects the key national and local policy developments since the previous strategy was drawn up
- Consults with local service users and carers to ensure they are involved in service development
- Provides an analysis of demand and capacity locally, and identifies areas where there may be gaps in service provision
- Sets the general direction of travel for OPMH services locally by proposing future commissioning recommendations which will:
    - Ensure services are person centred and needs led
    - Promote choice
    - Support reablement
    - Maximise independence and quality of life
    - Increase uptake of health promotion and prevention services
    - Enable earlier diagnosis
    - Drive up the quality of service provision
    - Maximise efficiency of capacity available within Brighton and Hove
- Takes into account other relevant local strategies being developed within Brighton and Hove
- Ensures the most effective use of resources
- Provides an action plan detailing how the recommendations will be taken forward over the next three years

In twelve months time the framework will be reviewed and updated with relevant information to allow a full commissioning strategy to be published. It is anticipated that the commissioning strategy will be a live document, subject to change linked to associated national and local developments, and will require regular updating.

Key Commissioning Recommendations

The table below summaries the key commissioning recommendations set out in the framework.

Care Pathway Area	Key Commissioning Recommendations
Overarching	- Expand use of individual budgets for OPMH services to increase choice and control - Services to promote reablement - Development work with service providers to ensure needs of individual are met regardless of age - Training programmes for all staff - Develop clear and concise referral pathways - Information and support services for service users and carers
Prevention/Health promotion	- Existing services to be advertised and promoted effectively - Services to reduce social isolation and prevent crisis - Strengthen support networks - Build on existing health promotion work - Effective links with working age mental health services on substance and alcohol misuse to prevent later mental health issues
Early Diagnosis and Support	- Services to enable accurate early diagnosis and treatment - Provide support for carers - Support and information available following diagnosis - Services to support health, independent and wellbeing - Services to prevent later crisis and avoidable admissions
Community	- Review of existing day services - Increase effective home care support - Specialist mental health support available to mainstream services to enable management of low to moderate mental health needs and to remove existing barriers to services - Short term community services to facilitate reablement
Residential/Nursing and Inpatient	- Increase capacity of high quality care homes, especially in OPMH nursing homes - Short term services to facilitate reablement, effective discharge and maximise outcomes - Remove age barriers to services, ensuring quality remains - Mental health support to mainstream acute services to better manage OPMH need - Partnership with potential new service providers - Reduce out of area placements not through choice
End of Life	- Link with local work ongoing in end of life strategy to ensure OPMH needs are adequately reflected - Older people with mental health needs given choice about where they die

Implementation of the Older People Mental Health Planning Framework

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

Section 1 – Introduction

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.

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.

1.1 Background

The final report of the UK Inquiry into Mental Health and Well Being in Later Life[i] (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. If prevalence rates remain as they are now, the UK could have:

- Approximately 3.5 million older people with symptoms of depression severe enough to require intervention
- Approximately 1.6 million older people who meet clinical criteria for a formal diagnosis of depression
- Almost 1 million older people with dementia
- Estimated 91,000 older people with schizophrenia

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.

Brighton and Hove has 36000 people aged 65 or over. This equates to approximately 14 percent 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 mitigate the impact of this and to ensure that older people with mental health needs are supported to maintain independence and have a high quality of life. The previous Brighton and Hove OPMH commissioning strategy requires updating to reflect recent developments in policy, both nationally and locally.

1.2 Planning framework aims

The framework 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.

The framework:

- Identifies and reflects the key national and local policy developments since the previous strategy was drawn up
- Consults with local service users and carers to ensure they are involved in service development

- Provides an analysis of demand and capacity locally, and identifies areas where there may be gaps in service provision
- Sets the general direction of travel for OPMH services locally by proposing future commissioning recommendations which will:
    - Ensure services are person centred and needs led
    - Promote choice
    - Support reablement
    - Maximise independence and quality of life
    - Increase uptake of health promotion and prevention services
    - Enable earlier diagnosis
    - Drive up the quality of service provision
    - Maximise efficiency of capacity available within Brighton and Hove
- Takes into account other relevant commissioning strategies being developed within Brighton and Hove
- Ensures the most effective use of resources
- Provides an action plan detailing how the recommendations will be taken forward over the next three years.

The Older People Mental Health Steering Group has overseen the development of the framework, and the Older People Mental Health Working Group has undertaken support work to assist the development of this document. See appendix 1 for Steering Group and Working Group members.

An OPMH Implementation Group will be established to oversee the implementation of the planning framework. Sub-groups will be developed to take specific areas of the action plan forward.

1.3 Scope of the framework

This framework encompasses both functional and organic areas of mental health for older people. However, with the publication of the first national dementia strategy expected in early 2009, and the local identification of dementia as an important area for attention in the PCT's Strategic Commissioning Plan, a large part of the development work for 2009/10 to 2011/12 will focus on dementia services.

Currently, the term 'older people' represents those aged over 65. People with mental health needs under the age of 65 are generally considered in 'working age' mental health policy developments. This framework is aimed at older people with mental health needs and their carers. It will also outline the need to address the interface with working age mental health services, particularly around young onset dementia.

1.4 Approach the framework will take

The framework looks at service delivery across the different aspects of the OPMH care pathway, for both functional and organic mental health needs. The points below summarise the framework priorities as agreed by the OPMH Steering Group. These priorities have been drawn up based on consultation with local stakeholders, and from national and local OPMH policy developments. The priorities are discussed in more detail in section four, where recommendations are outlined.

Overarching

- Link to ongoing work with other local strategies
- Fundamental principles of personalisation, choice and control to be reflected in all service developments
- Services to promote reablement, maximise independence and improve quality of life
- Services to be available on a needs basis rather than an age basis

- Reduce inequalities
- Training and support
- Provide clarification on roles, responsibilities and functions of all organisations
- Information and support to be easily available for service users, carers and public generally

Prevention/Health Promotion

- Prevent people from becoming susceptible to poor mental health by provision of services which promote good mental health

Early Diagnosis and Support

- Enhanced primary care support for early diagnosis of mental health problems and ongoing management

Community Services

- Community services to better support people to live independently and delay the need for more intensive, long term service provision.

Residential/Nursing and Inpatient services

- High quality capacity to be available in local care home market for those with ongoing long term care needs, reflecting the changing nature of type of care required and reducing the number of out of area placements not through choice
- The most appropriate capacity for respite care and short term/transitional services to be available

End of life care

- Support people to die in a place of choice

1.5 How the framework will be funded

The assumption 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.

Section 2 – National and Local Context

2.1 National drivers for change

Many key policy documents and papers have been published over the last few years. Some have a more generic theme, on delivering general 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
- Services 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

A more detailed analysis of the key publications can be found in appendix 2.

2.2. Local drivers for change

Within Brighton and Hove 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. These 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

Section 3 – Needs Analysis

3.1 Population needs – now and in the future

3.1.1 Projected population figures for Brighton and Hove

The projected population pattern for Brighton and Hove is noticeably different to the general pattern within the south east, and England as a whole.

Chart 1 – Total population projection comparison for Brighton & Hove and England as a whole

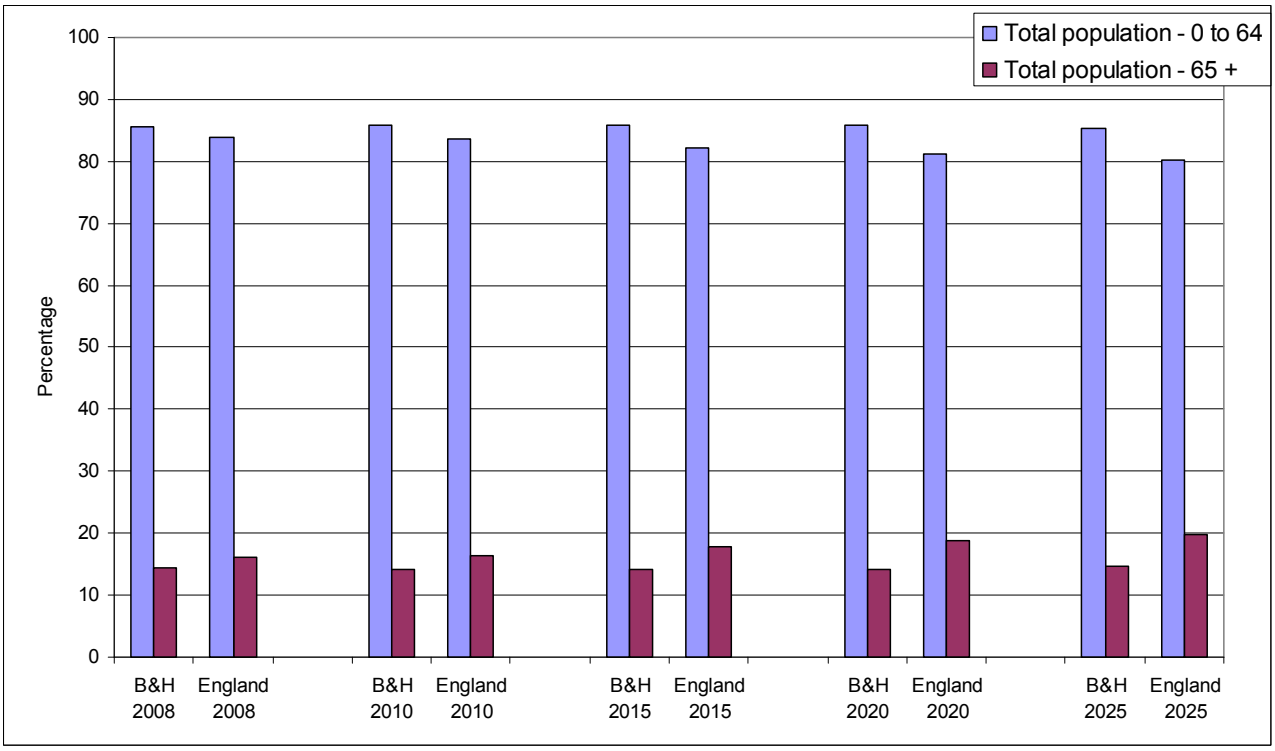
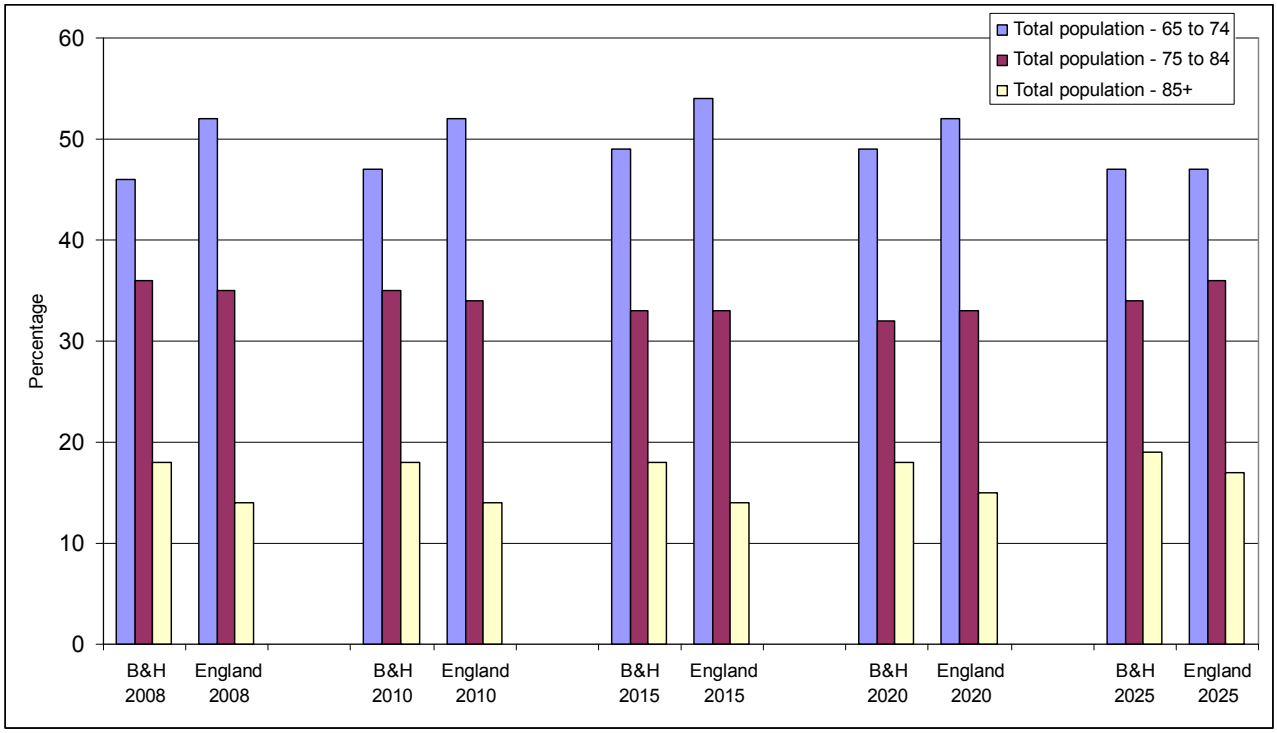


Chart 1 demonstrates that in 2008 the population breakdown in Brighton and Hove and across England is quite similar, with only a slightly higher percentage of people aged 0 to 64 in Brighton and Hove. However, the differences in the population projection by 2025 is more pronounced, with Brighton and Hove having approximately 5% more people aged 0 to 64[ii].

Chart 2 demonstrates that in 2008, Brighton and Hove has a smaller percentage of people aged between 65 and 74 compared to England as a whole, but that this is set to level out by 2025. Chart 2 also shows that in 2008 Brighton and Hove has a higher percentage of people aged over 85, and that the percentage of people aged over 85 will increase slightly by 2025, but this increase will be more noticeable across England. The differences between Brighton and Hove and England are not as pronounced for the 75 to 84 age range, but by 2025 Brighton and Hove will have a slightly smaller percentage of 65 to 74 year olds compared to across England[ii].

Chart 2 – Over 65s population projection comparison for Brighton & Hove and England



The data from charts 1 and 2 indicates that the rest of the country is expected to see considerable growth in the older population, where as Brighton and Hove will see a reduction in the percentage of the population aged over 65. However there will be a small increase in the total numbers of people aged over 65, but growth will be much greater in the working age population. See appendix 3 for full population figures.

Commissioning Implications

- The population projection for Brighton and Hove differs to other areas across England
- Locally the associated increased demand for residential/nursing homes will not be experienced in the same way as nationally. However, there are already identified capacity issues in OPMH nursing homes, and this will need to be addressed
- Whilst there will not be a vast increase in the percentage of older people in B&H, the total number of older people will increase, and this may create a greater demand for OPMH services.
- As many people within the 65 to 74 age band are often carers of partners or older relatives, having less people in these age categories could mean more of the people aged 85+ are reliant on health and social care services for support.

3.1.2 Older people housing in Brighton and Hove

The Older People's Housing Strategy is in development across Brighton and Hove. As people age health complications, financial difficulties and decreasing social networks can cause vulnerability. The housing strategy aims to increase well being and independence by improving the housing options available to older people and by tackling poor quality housing.

Evidence has indicated that living alone can have a detrimental affect on older people. The charts below indicate the percentage of those aged 65 to 74 and those over 75 living alone in Brighton and Hove[ii].

Chart 3 Percentage of 65 to 74 year living alone

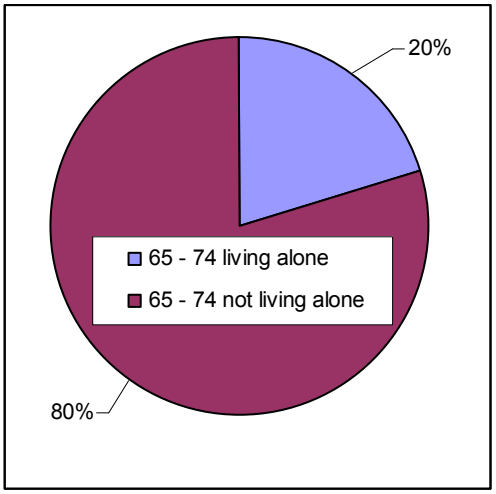
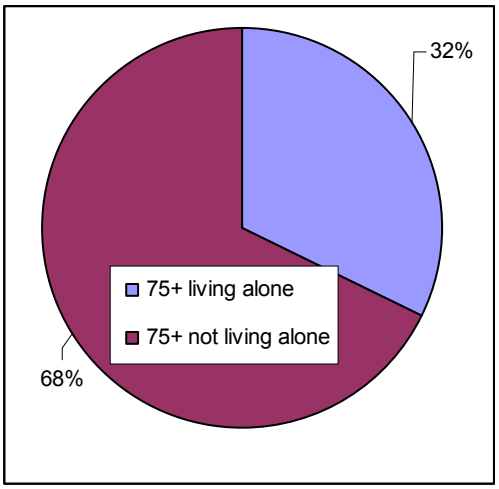


Chart 4 Percentage of 75+ living alone



N.B. POPPI website only gives information in the 65 – 74 and 75+ categories. Therefore it has not been possible to break down the information across the 75 to 84 and 85+ categories.

As displayed in the charts, a higher percentage of people aged over 75 live on their own. A report commissioned by Age Concern[iii] highlights that older people living alone:

- are more likely to report difficulties in accessing public services and amenities
- are more likely to experience loneliness
- report lower rates of satisfaction with life
- report higher rates of negative experiences of ageing (men only)

Living alone does not necessarily mean that an older person will have a poorer quality of life. If an individual is able to maintain extensive social networks, via friends and family, they are less likely to experience loneliness. However, it is possible that people living alone and encountering physical or mental ill health may have difficulties joining in with social activities. Therefore they may be less likely to have support networks and may become isolated.

The 2001 census looked at the housing tenure of older people[iv]. Table 1 displays the tenure figures for older people in Brighton and Hove.

Table 1 – Housing tenure for over 65s in Brighton and Hove

Tenure	**60 – 74 years old**	**75 – 84 years old**	**85+**	**Total**
Owner occupier	72.3%	64.8%	49.4%	67.2%
Shared ownership (part rent, part buy)	0.4%	0.4%	0.3%	0.4%
Social rented (Sheltered and general housing)	15.7%	17.9%	16.6%	16.5%
Private rented	8.3%	8.8%	9.1%	8.6%
Rent free (e.g. with friends or family)	1.9%	3.4%	3.8%	2.6%
Communal establishment (e.g. nursing or care home)	1.3%	4.6%	20.8%	4.8%

As demonstrated, the most noticeable change in housing tenure as people age is a reduction in the percentage of owner occupiers, and an increase in the percentage of people living in a communal establishment. As outlined in the draft older people housing strategy, is it thought that as people age they sell their homes, but due to a shortage of private sheltered or extra care housing schemes, the only option available to them is the move to a communal establishment. As this could result in a loss of independence, it is not considered to be the best option for many individuals.

Telecare is one form of support that can enable an individual to safely remain in their own home. CareLink Telecare is a service used in Brighton and Hove to support people in their own home. A range of devices are available including:

- alarm call pendants in case of a fall, accident or sudden illness
- bed occupancy sensors to indicate if a person does not return to their bed after getting up in the night
- temperature sensor which operates in extreme temperatures e.g. if hob has been left on
- flood detector in kitchen or bathroom which will raise an alert if something overflows
- property exit sensor which operates if a person leaves the property
- medication reminders

The Commission for Social Care Inspection (CSCI) telecare profile report for Brighton and Hove in December 2008[v] identified some barriers to people taking up the service e.g. requirement to have a telephone line and a key holder. Work is underway to resolve these issues, as well as looking at response services and alternative devices, to increase the success of the service.

Commissioning Implications

- Older people living on their own are more likely to experience isolation and loneliness, and difficulties engaging in community activities may add to this.
- The quality of a person's home is closely linked to their physical and mental health, and poor housing can result in reduced well-being, independence and quality of life.
- As individuals age, their housing requirements may change and inappropriate housing can increase depression and social isolation. A wide range of housing options will need to be available to meet the various needs, and information on the different housing options will need to be sufficiently available.
- To enable people to remain in their own homes, better support services will be required.
- Increased use of telecare may support more people to remain in their home

3.1.3. Ethnicity in Brighton and Hove

The ethnicity figures for Brighton and Hove indicate that in the population aged 65 and over, 96.25% of individuals fall into the '*White – includes British, Irish and Other White'* category. When looking at only those aged over 85 years, this increases to 99.14%[vi]. See appendix 3 for full figures. These figures would indicate that there are very small populations from ethnic groups other than 'white' in Brighton and Hove.

Nationally the figures are very similar to the local picture, as the census indicates that in the population of England, aged over 65, 97.08% fall into the 'white' group[vii]. However, it is expected that there will be a significant increase in older BME individuals in the next decade, as middle aged people reach retirement. This is likely to be replicated in Brighton and Hove.

The key challenges for older BME people include[vii]:

- having poorer health, particularly mental illness

- experiencing inequalities in income, wealth and housing conditions, which can impact on health and wellbeing
- being less likely to make use of health and social care services, and being less aware of what help is available
- cultural differences in expressing illness, which could be a particular issue for mental illness
- lack of data collection on the mental health of BME elders, which can make it difficult to plan appropriate services
- language barriers preventing an understanding of available services
- unfamiliarity with social care services, which may not exist in all cultures

Commissioning Implications

- The number of BME elders is likely to increase in the future as middle age people begin to retire. The services of Brighton and Hove will need to meet the requirements of these communities
- Existing services will have to be flexible to the specific needs of the BME community e.g. provision of leaflets in a range of languages/use of interpreters, etc
- Social marketing techniques could be used to target specific groups

3.1.4 LGBT population in Brighton and Hove

The 2001 census did not collect information on sexual identity, but anecdotal evidence indicates that as many as 40000 people identify as LGBT, or 21 percent of the total population, in Brighton and Hove[viii]. It is difficult to identify the numbers of LGBT older people living locally.

General research suggests that the health and social care needs of the older LGBT population are likely to be the same as other older people, but they may experience additional discrimination[vii]. A number of identified issues include[ix]:

- feeling highly stigmatised
- being frightened to be open about their sexuality to service providers
- service providers being embarrassed and ill informed

Commissioning Implications

- Awareness training for all staff in care homes and partnership working with relevant professional bodies could help to reduce discrimination
- A more detailed understanding of the needs of older LGBT individuals could help to identify additional service needs

3.1.5 Dementia in Brighton and Hove

The OPMH needs assessment undertaken in 2004 indicated that the most reliable source of UK prevalence data for dementia is the Medical Research Council's (MRC) Cognitive Function and Ageing study. Locally this method of assessment indicates that the expected number of people aged over 65 with some form of dementia in Brighton and Hove should be approximately **3261**. See appendix 3 for a breakdown of expected population with dementia in Brighton and Hove.

However, the total number of people currently listed on local GP practice registers as having dementia is only **937**. This would imply that in Brighton and Hove there are high numbers of individuals who have dementia, but are not yet diagnosed and included on GP registers. This could indicate an extensive area of unmet need.

These findings are echoed across other PCTs within the south east coast region as work undertaken by the SHA indications[x].

Commissioning Implications

- A large proportion of people with dementia are not currently diagnosed and registered on GP lists. It is therefore possible that they, and their carers, are not receiving vital support
- Early and formal diagnosis of dementia is a key focus area for the future
- The role of Primary Care should increase to reflect the high numbers of people anticipated to have dementia and to close the gap between the expected and actual prevalence figures

3.1.6 Young onset dementia

The Brighton and Hove branch of the Alzheimer's Society produced a report which sets out that the expected number of people with young onset dementia in Brighton and Hove should be **82**[xi]. However, other work undertaken by South Downs Health NHS Trust indicates a figure nearer to **190** people. This is an area that may require greater focus in the future to clarify the levels of local need[vi].

The term 'young onset dementia' applies to anyone aged under 65 who is diagnosed with some form of dementia[xii]. Approximately 15000 people in the UK have young onset dementia, and a third of these will have Alzheimer's disease.

Korsakoff's syndrome, although not officially classified as a form of dementia, is often included in the category of young onset dementia. Korsakoff's syndrome is caused by years of excessive alcohol consumption, and generally affects men between the ages of 45 and 65. Woman with a history of excessive alcohol consumption often develop Korsakoff's syndrome at a younger age. Symptoms include short term memory loss, difficulty in acquiring new information and problems in learning new skills[xiii].

Young onset dementia is also sometimes experienced by those with conditions including Parkinson's disease, multiple sclerosis, Huntington's disease and HIV/AIDS. Those with Down's syndrome and some forms of learning disabilities could also go on to develop dementia at a younger age.

Younger people with dementia may have similar symptoms to those of older people with dementia, but it is highly likely that their needs will be different.

Commissioning Implications

- Confirmation on the expected number of people with young onset dementia is required to allow for adequate future planning
- Liaison with working age mental health strategy to establish interfaces between services and ensure seamless care.
- Consideration should be given to the different needs of younger people with dementia

3.1.7 Depression

The NSF for Older People sets out that approximately 10 – 15% of people over 65 could have depression, and 3 – 5% could be experiencing a depressive episode[xiv]. Table 2 displays the figures for Brighton and Hove[vi].

Table 2 – Expected depression figures for Brighton and Hove

	Number of people in Brighton and Hove aged over 65
With depressive symptoms	Between 3900 and 5900
Experiencing a depressive episode	Between 400 and 2000

It is often difficult to have a clear picture of the total number of older people with depression, as it often goes undiagnosed. National figures indicate that only a third of older people with depression will actually discuss the issues with their GP. Of this third, only half will be diagnosed and receive treatment. This means that only 15% of all older people with clinical depression will receive treatment. It is possible that clinicians are not diagnosing more depression in older people as symptoms are dismissed as an inevitable consequence of ageing[xv]. It is therefore clear that action should be taken locally to ensure that diagnosis of depression in older people is a priority, and that clinicians are diagnosing appropriately, managing low level needs where possible to prevent later crisis and referring on to specialist services when necessary.

Evidence also highlights that people with long term physical health conditions e.g. diabetes or coronary heart disease, often experience depression[xvi]. Treating depression at an early point in the course of a long term physical health condition could result in a reduction in the need for future health service provision, in both physical and mental health service provision.

From the figures available it is possible to conclude that greater support services may be required to meet the high levels of older people who may be experiencing depression.

Commissioning Implications

- Education and training for primary care clinicians to ensure they are able to pick up depression in older people, can manage low to moderate mental health needs and know how to refer onto specialist services
- Health promotion activities to be targeted to reduce depression
- Treatment of depression to also focus on those with physical health needs, which will link in to the roll out of Improving Access to Psychological Services (IAPT). See appendix 2 for details of IAPT services. A local project is being lead by the Strategic Commissioner for Mental Health

3.1.8 Other functional mental health disorders

Table 3 displays the predicted figures for other functional mental health disorders, in those aged 65 and over in Brighton and Hove[vi].

Table 3 – Estimated figures for over 65s for other functional mental health disorders in B&H

Disorder	Estimated numbers in those aged over 65
Generalised Anxiety Disorder	1020
Phobias	49
Panic Disorder	232
Schizophrenia	115
Mania	39

The predicted number of people with other functional mental health disorders is relatively low in comparison to dementia and depression estimates. As a result, there is a risk that service developments in these areas may be neglected. It will be important to work effectively with the specialist services to clarify the number of people in Brighton and Hove falling into these categories and to ensure they are receiving adequate support.

There are many interfaces in OPMH services with working age mental health and substance misuse services. The pathways need to be needs based and not dependent on an individual's age. When individuals do need to transfer to older people's services the transition should be seamless. This needs to be explored in greater detail and clarity obtained on where services overlap.

Commissioning Implications

- Greater clarity required on the scale of functional mental health problems in older people in Brighton and Hove, and on whether services meet service user's needs
- Interfaces with working age mental health and substance misuse services to be addressed

3.1.9 Suicide

Brighton and Hove has a significantly higher suicide rate when compared to the population as a whole[xvii]. Each year in Brighton and Hove, approximately 38 people commit suicide. Suicide rates in older people have been falling since the 1950's however, they are still relatively high in older men[xviii]. Suicide in older people is linked to depression, physical pain, long term illness and living alone. It has been found that most older people who commit suicide have no contact with psychiatry services, and tend to live in the community. Studies have indicated that less than 25 percent of older people who committed suicide were being seen by psychiatry services, and most had not seen their GP within the month prior to their death.

Commissioning Implications

- A clearer picture of the local suicide statistics is required
- Ensure that suicide prevention strategy adequately addresses the needs of older people

3.2 Summary of OPMH services currently available in Brighton and Hove

Services for older people with mental health issues are provided by a number of different organisations, across the various aspects of the care pathway. These are summarised in table 4 below.

Table 4 – Summary of OPMH services currently provided in Brighton and Hove

Name/Type of service	**Care pathway area**	**Brief summary of service provided**
Health Promotion Services	Prevention / Health promotion	Range of services available for people aged 18+, which also provide services for those aged over 65. Services include: - Women's drop in service for those experiencing mental health problems - Homeless day centre - Cruse Bereavement Care - promote wellbeing and safety of people experiencing psychological and/or physical health problems following bereavement There are a range of healthy living services targeted at the 50+ age range and these include: - active living activities e.g. ball games, dance, indoor and outdoor fitness activities, - counselling, bereavement and mental health services e.g. crisis services and depression self help group - education services e.g. local history groups, computer courses, health promotion library - healthy eating services - sexual health services - social groups and activities e.g. film/music/art clubs - ethnic minority social groups and activities The majority of these services are aimed at older people generally, with a focus on general health and wellbeing.
Primary Care	Early diagnosis and support	Care provided by individual's GP for general health issues, which include mental health. Currently GPs keep a register of their patients diagnosed with dementia and depression under the quality and outcomes framework (QOF). Community pharmacies also provide support for self care, and health promotion services.
Voluntary sector services -	Early diagnosis and support / Community	- Alzheimer's Society relief care scheme providing assessment of need and carer relief service - Alzheimer's Society carer support service providing information and support to people caring for individuals with dementia - Alzheimer's Society provide clinics at CMHTs - MIND advocacy services for older people with mental health needs
Psychological services for older people	Community	Service provided by Sussex Partnership Foundation Trust. Provides a specialist psychological service to people over 65 years, with complex mental health problems including dementia. Most referrals are accepted through the older people's community mental health teams, Aldrington Day Hospital or inpatient facilities but direct GP referrals, referrals from other hospital consultants and from the Access teams in adult services are accepted if they meet the service's eligibility criteria.
Day Centres	Community	- Wayfield Avenue day centre for older people with functional and organic mental health needs. Run by the Local Authority. Service operates seven days a week with a total of 154 places available across the week. - Ireland Lodge day centre for older people with organic mental health needs. Run by the Local Authority. Service operates seven days a

		week with a total of 154 places available across the week. - Towner Club day centre for those with dementia aged under 65 (young onset dementia). Run by Alzheimer's Society. Service operates two days a week with ten places available on each day.
Aldrington Day Hospital	Community	Provided by Sussex Partnership NHS Foundation Trust. Specialist day hospital care primarily for people with functional mental health problems. The Service offers 10 places in the morning and the afternoon for assessment, treatment and reablement. The service is an alternative to hospital admission and speeds up discharge from hospital.
Home care services	Community	Provides personal care, practical and emotional support to individuals with moderate mental health needs wishing to remain at home. Provided by Local Authority in-house team and Independent sector.
Care Home Support Team	Community	Provided by South Downs Health Trust. The service aims to: - improve the delivery of care to those in OPMH nursing care homes identified as having complex needs - has a RMN to provide mental health support - act as an expert resource to clinical staff - support reductions in unnecessary admissions to hospital - improve person's experience whilst optimising their health outcomes The service can be used by all nursing care homes (including OPMH), elderly care wards, A&E/MASU, integrated discharge team at BSUH and SDH Community beds.
Intermediate care services (ICS)	Community / Residential / Nursing and inpatient	Provided by South Downs Health Trust. The service aims to support people discharged from hospital and to prevent unnecessary admission to hospital or long stay care. It offers the opportunity for recovery and rehabilitation through a planned programme of care and treatment. The are 61 designated intermediate care beds (as at Jan 2009) as well as a community service which supports approximately 70 places at any one time. A RMN will be in post in the ICS team in early 2009, but it is unlikely that this post will provide an adequate level of MH support.
Community Mental Health Teams (CMHTs)	Community / Residential / Nursing and inpatient	The three CMHTs (one in each locality of Brighton and Hove) are provided by SPFT and provide a range of services including: - Multidisciplinary assessment of mental health and social care needs. - Multidisciplinary treatment and care plan provision to meet need in the community - Home visits and outpatient appointments. - Therapeutic groups in the community. - Assessment and review of services funded by the Community Care Budget under Fair Access to Services Criteria - Mental Health Act Assessments. - Transfer of care to and from acute inpatient MH in patient units (under MH Act and informally) - Risk assessment and contingency planning - Carers assessment and support - Diagnostic and prognosis decision making and counselling - Medication prescription and review - Safeguarding Investigations and Protection - Gate keep and sign post for other services, statuary and non statutory
Integrated Community Advice and Support Team (ICAST)	Community / Residential / Nursing and inpatient	Integrated Health and Social Care Mental Health Service for individuals over 65 years, provided by SPFT. Providing assessment, advice and support to individuals across the city up to a period of 6/8 weeks, at their place of residence (both home and in care homes)
Older Peoples Mental Health Services	Community /	Service provided by SPFT to review all services funded by the Community Care Budget under Fair Access to Services Criteria including:

Reviewing Team	Residential / Nursing and inpatient	- Review and assessment of care needs - Put services in place to meet needs - Involvement in Safeguarding issues and monitoring standard of care provide
Transitional Care Team	Residential / Nursing and inpatient	Provided by LA/PCT. Ten to twelve short term residential beds provided at Ireland Lodge, with an aim of helping older people with functional mental health needs regain independence (often following a stay in hospital) with the goal of returning as many people as possible home. Length of stay is between 4 and 12 weeks. A pilot scheme begins in January 2009 with two transitional beds at Wayfield Avenue, for older people with functional mental health needs.
Residential Care Homes	Residential / Nursing and inpatient	- Independent sector residential care homes – there are nine OPMH residential care homes commissioned to provided OPMH residential placements in Brighton and Hove. In total they provide 151 single rooms and 32 double rooms. - Ireland Lodge Resource Centre – Service is run by BHCC and provides residential care for older people with organic mental health needs. Currently has 23 beds (6 long term, 5 respite, 2 flexible and 10 transitional). - Wayfield Avenue Resource Centre – Service run by BHCC and provides residential care for older people with functional mental health needs. Currently has 24 beds (22 long term and 2 short term) N.B. Figures as at December 2008. Using the CSCI rating system, the quality of the various residential care homes varies. Of the eight independent residential care homes, seven are classified as 'good' and one as 'excellent'. Of the two council run residential care homes, one is classified as 'good' and one as 'adequate'.
Nursing Care Homes	Residential / Nursing and inpatient	There are three independent sector OPMH nursing care homes in Brighton and Hove commissioned to provide placements. They provide 87 single rooms and 26 double rooms. N.B. Figures as at December 2008. Using the CSCI rating system, one home is rated as 'good', one as 'adequate' and one is not yet rated.
Liaison Mental health services	Residential / Nursing and inpatient	Provided by SPT. Mental Health assessment, advice, interventions to individuals at the Royal Sussex County Hospital, placed in non OPMH residential and nursing homes (including BHCC establishments), placed at Wayfield Avenue and Ireland lodge establishments. Aim is to ensure smooth transition of care between services.
Specialist inpatient services	Residential / Nursing and inpatient	SPT provide specialist inpatient services from Nevill Hospital - Brunswick Ward provides 24 hour acute inpatient care for older people with organic mental health needs. There are currently 15 beds. - Churchill Ward provides 24 hour acute inpatient care for older people with functional mental health needs. There are currently 20 beds.
Dementia care at home team	Residential / Nursing and inpatient	Home Provision as an alternative to OPMH nursing for individuals with Dementia. Focus of service is currently under review and subject to change.
Palliative Care Services	End of Life	Gold Standard Framework for palliative care is used across Brighton and Hove.

3.3 Identified issues and gaps in current service provision

Below is a summary of the key issues and gaps in current service provision as identified in a gap analysis undertaken in consultation with service users/carers and other key stakeholder organisations. The list also includes issues and gaps identified when undertaking the OPMH services needs assessment and when reviewing national and local policy developments.

3.3.1 Overarching

- Age categorisation – This can cause complications e.g. whilst 'older people' is taken to mean those aged over 65, people aged between 65 and 75 (or above) often do not feel 'old', and may have a different set of needs and requirements which need to be met in an appropriate fashion requiring changes in service provision.
- Personalisation of services - Many service users are not aware of direct payments, or they may not be eligible for receiving them. Communication about direct payments in needed. Self funders will need to be equally informed of the alternative service options open to them, to ensure equity and choice. There may also be a lack of suitable alternative providers to purchase services from.
- Reablement – OPMH services need to be included in reablement agenda roll out to ensure that these services are modernised in line with national and local policy. If this does not happen, older people will not have equitable access to opportunities which maximise their independence and quality of life.
- Transport – This is an issue for many, and a lack of appropriate transportation could add to social isolation. Often transportation is not available, and when it is, pick up times can be allocated across a two hour timeframe. This is not helpful for service users attending day services or for carers in planning the day. The length of time (potentially up to three hours) spent on buses as other service users are picked up and dropped off puts some older people off from attending services.
- Mental health support into mainstream services - Specialist mental health needs are often difficult to meet in mainstream services without additional mental health input. A RMN will shortly be in post to support ICS, but additional support may still be required to meet needs. Levels of need within Wayfield Avenue fluctuate greatly due to the mental health illnesses of service users. Current night staff and RMN hours may not be sufficient to support service users with enduring and complex mental health needs.
- Service developments - Service integration of OPMH with WAMH services, within SPFT could impact on service provision for older people e.g. reduction in the level of staff with specialist OPMH skills.
- NHS Continuing care –To ensure that NHS Continuing Care is available to all those eligible, awareness of the assessment process and eligibility criteria should be increased in those involved in an individual's care.

3.3.2 Prevention/Health Promotion

- Appropriate activities - It is important to recognise that to help people to remain in their own homes for longer, reduce social isolation and reduce the need for long term residential/nursing placements, it will be even more important to provide activities which enable people to leave their homes during the day time.
- Alternative and different service options - A greater focus is needed on prevention of ill health and general health promotion services for older people with mental health needs. New services could be developed, specialising in the needs of the older population in Brighton and Hove, specifically linked to maintaining good mental health. Examples include alternative therapies, therapeutic horticulture and gardening projects, 'singing for the brain' groups and reminiscence work.
- Barriers to services - There are a range of existing services available to older people, but barriers to accessing these exist e.g. affordability, transportation problems, lack of available places. This can create inequitable access across Brighton and Hove, and greater inequalities may result.

- Flexible service delivery - Current services predominately focus on weekday activities, but social isolation is heightened at the weekend. Increased flexibility of services could help to avert crises.
- Communication methods - Online directories do not work for those without access to computers or the skills required. Innovative communication methods are required to ensure that services reach all. Social marketing skills must be developed to reach these individuals.

3.3.3 Early diagnosis and support

- Formal diagnosis of dementia - It is estimated that there are high numbers of people with dementia who have not been diagnosed.
- Appropriate support - Additional resources may be required in psychological services for older people to treat common mental health problems or to provide input into primary care services. This should help to prevent later, more harmful costly crises. E.g. specific mental health support telephone line are no longer available after working hours.
- Inadequate identification of depression/anxiety - Evidence available indicates that many older people with depression or anxiety are not picked up by their GP and/or not referred, thereby leading to potential further crisis.
- Carer assessments – All carers are entitled to an assessment, but due to lack of resources, these assessments sometimes do not occur.

3.3.4 Community

- Clarity of role of CMHTs -The role of the CMHTs are wide and they have many responsibilities. This is positive for service users as it provides a 'one stop', multidisciplinary, integrated team. However, team time is taken up with responding to crisis, safeguarding issues, MH Act issues, etc. Hospital discharges become prioritised over the quality of going support, treatment in the community and partnership/support to primary care and other services. In addition, teams are small in numbers so staff sickness and absence has a big impact on performance and ability to develop services.
- Appropriate day time activities - There are waiting lists for day services, and a lack of awareness of appropriate alternatives. Existing day services could be made more effective, creative and stimulating. Links between OPMH, WAMH and mainstream day services need to be improved.
- Community Services -. There are limited community services for people with complex needs, but providing services for this client group could help in delaying the need for long term care.
- Home care services – Services are not always person centred e.g. allocation of very short timeframes for carers to visit service users, which results in limited time to undertake tasks in preferred manner. Inconsistency in carers is also an issue for service users.
- Reablement focus narrow - There is currently a limited focus on reablement services in OPMH.

3.3.5 Residential/Nursing and Inpatient

- Quality - is a continuing issue in both nursing homes and residential care homes. This is compounded by the lack of provision which may lead to difficult choices for the service user and their carers.
- Capacity - Current capacity is about sufficient in OPMH residential homes but there is a lack of capacity in OPMH nursing homes.
- Out of area placements - Where there is no alternative, out of area nursing placements are necessary. This is often against the wishes of the service user and their family. Out of area placements can be expensive and need to be reduced.
- Delayed transfers of care - are an issue for the whole of the local health economy. Appropriate OPMH services would support the delivery of the local health economy DTOC plan.

- Inappropriate admissions and discharges - Key information and support should be available on admission and discharge, but this does not always happen.
- Individuals with physical health needs – Difficulties can be encountered when people are admitted to Nevill hospital but have physical health needs, as the nurses employed there are not general nurses. Community nurses are often called in to manage patient need, but this is not always appropriate.
- Understanding the needs of individuals - A&E management of older people with mental health needs is sometimes problematic, with service user requirements often not taken into account, and a lack of respect for carer's knowledge of service user.
- Communication - Closer working relationships are required between SPFT and Local Authority run resource centres.
- Independent providers - Better support to independent OPMH residential and nursing homes could help to improve the quality of care provided as well as avert crises. Existing forums mainly focus on non-mental health service provision, as most attendees to the forums represent non-OPMH care homes. This could be to the detriment of care homes providing OPMH services. Feedback from providers has stated that often OPMH teams are very busy and unable to attend the care home as quickly as is requested, causing delays in the treatment of an individual. Due to the nature of the buildings used as care homes, there are often individual 'quirks' to a building e.g. a number of exits to a building meaning it is unsuitable for a person who wanders. A better understanding of these would assist in the more appropriate placement for service users.

3.3.6 End of life care

- Specific to OPMH – Strategic Commissioning Plan sets out that all Brighton and Hove residents will have equal access to high quality palliative and end of life care in a variety of settings, regardless of their diagnosis or the point at which they enter the healthcare system in line with the local end of life strategy. To ensure the needs of OPMH service users and carers are met, better links to ongoing end of life work will be required. This will help to remove the barriers and enable people to die at home should they wish.

Section 4 A – Summary of commissioning recommendations

Principles of national and local policies

- Personalisation
- High quality service provision, based on need and not age
- Reablement
- Early diagnosis and treatment for all
- Partnership working
- Reduce inequalities
- Build on best practice and evidence base available
- Improved education and training programmes for all staff
- Service user and involvement and consultation
- Remove discrimination
- Reduce stigma
- Respect dignity and diversity
- Support carers
- Value for money services
- Reliable information to be accessible to all in appropriate format

Care Pathway

Overview of commissioning recommendations

Overarching	Prevention / Health Promotion	Early Diagnosis and support	Community	Residential/ Nursing and inpatient	End of Life
- Expand use of individual budgets for OPMH services to increase choice and control - Services to promote reablement - Development work with service providers to ensure needs of individual are met regardless of age - Training programmes for all staff - Develop clear and concise referral pathways - Information and support services for service users and carers	- Existing services to be advertised / promoted effectively - Services to reduce social isolation and prevent crisis - Strengthen support networks - Build on existing health promotion work - Effective links with WAMH services on substance misuse/alcohol to prevent later MH issues	- Services to enable accurate, early diagnosis and treatment - Prompt access to psychological support services upon diagnosis - Provide support for carers - Support and information available following diagnosis - Services to support health, independent and wellbeing and prevent later crisis and avoidable admissions	- Review of existing day services - Increase effective home care support - Specialist MH support available to mainstream services to enable management of low to moderate MH needs and to remove existing barriers to services - Short term community services to facilitate reablement	- Increase capacity of high quality care homes, especially for OPMH nursing homes - ST services to facilitate reablement, effective discharge and maximise outcomes - Remove age barriers to services, ensuring quality remains - MH support to mainstream acute services to better manage OPMH need - Partnership with potential new service providers - Reduce OOA placements not through choice	- Link with local work ongoing in end of life strategy to ensure OPMH needs are adequately reflected - Older people with mental health needs given choice about where they die

Section 4 B – Detailed commissioning recommendations

The diagram in section 4 A summaries the underlying national and local principles for OPMH, which apply to the different parts of the care pathway. It then gives an overview of the commissioning recommendations for each stage, which stem from the national and local principles.

In this section each of the framework priorities across the care pathway are discussed in more detail and comprehensive commissioning recommendations are set out. The recommendations apply to both functional and organic mental health service provision, unless otherwise specified. Each of these recommendations have been factored into a three year work plan and will eventually be prioritised into annual action plans, developed by the local health economy, led by the OPMH Implementation group. For each of the recommendations, detailed project plans and business cases, with lead officers identified, will be developed to take the work forward.

4.1 CARE PATHWAY - OVERARCHING

Overarching

4.1.1 Link to ongoing work with other local strategies

There are a number of other strategies which have been developed recently, or are in the process of being developed, within the PCT and the Local Authority. A number of these will have a direct link to OPMH, and so robust links are needed to ensure the interfaces are addressed.

Commissioning Recommendations
1.1.1 Review of strategies recently agreed, and in development, to ensure interfaces and overlaps are identified, to maximise effectiveness and reduce duplication. Areas of joint working to be established. Strategies include: • Carers Strategy (in development) • Self directed support strategy (in development) • Older People Commissioning Strategy 2007 – 2010 • Urgent Care Strategy 2005 – 2008 (to be refreshed) • Community Strategy 2005 – 2008 (to be refreshed) • Older People Housing Strategy 2008 - 2013

4.1.2 Fundamental principles of personalisation, choice and control to be reflected in all service developments

As a key national and local principle, the personalisation agenda is being developed across Brighton and Hove. This will eventually need to be reflected in all aspects of OPMH service delivery.

Commissioning Recommendations
1.2.1 Incremental move of existing OPMH services to fully meet personalisation agenda
1.2.2 All new services to be developed in line with personalisation principles
1.2.3 Roll out direct payments and individual budgets across OPMH services in line with LA targets to provide increased choice, improve outcomes and to maximise value for money

4.1.3 Services to promote reablement, independence and improved quality of life

This is a key national policy development, and locally pilots are beginning, based on the experiences of other areas.

Commissioning Recommendations
1.3.1 Incremental move of OPMH services to support reablement in line with the LA transformation agenda. Use evaluation of in-house homecare reablement pilot to aid this.
1.3.2 Links to be made with Older People Housing Strategy to ensure that housing options available to older people appropriately meet their needs.

4.1.4 Services to be available on a needs basis rather than an age basis

Where relevant, services should be available on the basis of individual need, and not based on the individual's age.

Commissioning Recommendations
1.4.1 Ensure current developments from the publication of the Equalities Bill are incorporated in service development. Wherever appropriate, services to be open to all, regardless of age to ensure that older people will not be disadvantaged.
1.4.2 Redesign of SPFT services to be based on individuals' needs and not age e.g. removal of age barriers for functional mental health
1.4.3 Ensure all professionals and carers are aware of process for requesting assessment against the NHS continuing care criteria, to ensure approach is uniform across Brighton and Hove

4.1.5 Reduce inequalities

All older people should have equal opportunity to access services, regardless of their situation.

Commissioning Recommendations
1.5.1 Services to be equally accessible to individuals across Brighton and Hove. Where appropriate, a range of social marketing/promotion strategies to be developed to ensure that all are aware of services available to them. This will allow vulnerable communities to be targeted more effectively to improve access to timely and appropriate information and services.
1.5.2 Services provided to meet the varying needs of the communities in Brighton and Hove to ensure inequalities are addressed and reduced.

4.1.6 Training and support

To ensure that all staff involved in the care of older people with mental health needs are adequately skilled, it will be essential to provide appropriate training and support. National and local feedback has indicated that many health professionals feel they do not have adequate knowledge of mental health issues for older people, which could result in reduced recognition of symptoms. Training should also focus on reducing stigma.

Commissioning Recommendations
1.6.1 Professionals working in all aspects of service delivery to be appropriately trained in mental health awareness and management.

4.1.7 Provide clarification on roles, responsibilities and functions on all organisations

Between organisations, there is often confusion as to who is responsible for certain aspects of an individuals' care. Clarification on referral and care pathways is required.

Commissioning Recommendations
1.7.1 New and existing services to have clear pathways to ensure swift referrals to appropriate teams. Links to be made with Map of Medicine, STAN, Access Point, etc.

4.1.8 Information and support to be easily available for service users, carers and public generally

Information and support should be available to service users and carers as and when required. Public misconceptions about mental health in older people and 'normal' ageing could result in less recognition of mental health problems and fewer people coming forward to their GP when needing help.

Commissioning Recommendations
1.8.1 Ensure appropriate and informative information is provided to communities in targeted and suitable ways.

Prevention/Health Promotion

4.2 CARE PATHWAY – PREVENTION/HEALTH PROMOTION

4.2.1 Prevent people from becoming susceptible to poor mental health by provision of services which promote good mental health

To maintain good mental health, evidence indicates that people need to be kept active and involved in the life of their community. Developing services to promote and encourage this could help to reduce the number of older people who are socially isolated and so at greater risk of developing poor mental health in the future. Links also need to be made with working age mental health services, particularly around substance misuse, to help prevent crises later in a persons' life.

Commissioning Recommendations
2.1.1 Review the existing prevention/health promotion services to ensure that current services are advertised sufficiently and accessed appropriately
2.1.2 Link with ongoing work in relation to providing services and activities for people with diagnosed low mental health needs, to reduce isolation and loneliness
2.1.3 Remove age barriers in existing HP services which may attract 'younger' older people, to ensure they make the best use of available services

Early Diagnosis and support

4.3 CARE PATHWAY – EARLY DIAGNOSIS AND SUPPORT

4.3.1 Enhanced support for early diagnosis of mental health problems and ongoing management

To ensure that mental health issues are recognised as early as possible, sufficient support provided to carers, greater primary care awareness and support is required. There are examples of best practice in other areas where these areas have been addressed with great success.

Commissioning Recommendations
3.1.1 Identify areas of best practice from around the country
3.1.2 Improved early diagnosis for older people with mental health needs
3.1.3 Improved information and support to be available for older people with mental health needs and their carers
3.1.4 Ensure carers assessments are available to all

Community

4.4 CARE PATHWAY – COMMUNITY SERVICES

4.4.1 Community services to better support people to live independently and delay the need for more intensive, long term, service provision.

Community services are provided in a number of ways. Home care services provide personal care to individuals, assisting them to remain in their own home for as long as possible. Day centres and hospitals provide support and care to people with lower level needs, and help reduce isolation by providing interaction with others. Ensuring that community services are developed in line with national and local policy initiatives will ensure that they provide excellent quality of care, and meet the complex needs of the individuals.

Commissioning Recommendations
4.1.1 Link in to the implementation of the recommendations within the day services value for money review, to ensure sufficient and high quality OPMH services are available, which reduce social isolation and maximise quality of life. Day services to be used as ‘step down’ facility or support facility for people living in the community.
4.1.2 Recommendations set out in day services review to be built into future plans for Local Authority run resource centres to ensure most effective use of resources.
4.1.3 Plans for SPFT community services to be reviewed to ensure they provide the most appropriate service provision
4.1.4 Home care service provision to be flexibly meet the needs of OPMH service users and carers

Residential/Nursing and Inpatient

4.5 CARE PATHWAY – RESIDENTIAL/NURSING AND INPATIENT SERVICES

4.5.1 High quality capacity to be available in local care home market for those with ongoing long term care needs, reflecting the changing nature of type of care required and reducing the number of out of area placements not through choice

There are a number of independent providers of long term care across Brighton and Hove. Work is ongoing locally to drive up the quality in these services, and to increase the capacity available.

Commissioning Recommendations
5.1.1 Implement Fairer Contracting, Preferred Provider and incentive schemes to incrementally improve the quality of OPMH care homes
5.1.2 Undertake market development work to increase the capacity available in OPMH nursing homes, and incrementally reduce the number of out of area placements not through choice
5.1.3 Continuation and possible development of clinical support provided to care homes to drive up the quality of clinical care provided
5.1.4 Development of more robust contract monitoring frameworks, and identified relevant targets, to support the improved quality provision.

4.5.2 The most appropriate capacity for respite care and short term/transitional services to be available

A review of the short term services currently available across Brighton and Hove is underway. This will identify the areas of need and recommend options for future service delivery. The aim is to have a range of appropriate services, which flexibly meet the requirements and will reduce the reliance on more costly long term care, and to maximise independence and quality of life.

Commissioning Recommendations
5.2.1 The short term services review commissioning plan to include recommendations encompassing OPMH services, with the aim of maximising independence and reducing the need for long term placements

End of Life

4.6 CARE PATHWAY AREA – END OF LIFE CARE

4.6.1 Support people to die in a place of choice

The End of Life strategy is in development. Links will be made to this strategy to reflect the requirements of older people with mental health needs. The Strategic Commissioning Plan identified a number of service developments to improve end of life care. These include:

- Use of best practice tools e.g. Liverpool Care Pathway, Gold Standard Framework
- Possible central co-ordination point for all people near the end of life
- Additional capacity development to support more people to die in their home
- Particular focus on improving end of life care for disadvantaged groups such as those with dementia

Commissioning Recommendations
6.1.1 Ensure OPMH needs are appropriately considered in End of Life strategy to ensure that barriers are removed and people are able to die at home should they choose to
6.1.2 Ensure support is provided for carers when a person dies
6.1.3 Ensure Strategic Commissioning Plan aim of 25% of people dying at home by 2010 is achieved for older people with mental health needs. Measures outlined above to used where appropriate.

Section 5 – Finance

5.1 Current service provision spend on OPMH across Brighton and Hove

It is difficult to obtain an accurate picture of the total amount spent on OPMH services on an annual basis, as many aspects of care are still classified and coded under 'older people' rather than 'older people mental health'. This is slowly beginning to change with the introduction of programme budgeting, which refers to the use of specific categories of coding to ensure all spend in one area is captured. Therefore, a clearer picture should be available in the future as total spend figures for OPMH will be grouped together. These figures will be included in the full commissioning strategy when published.

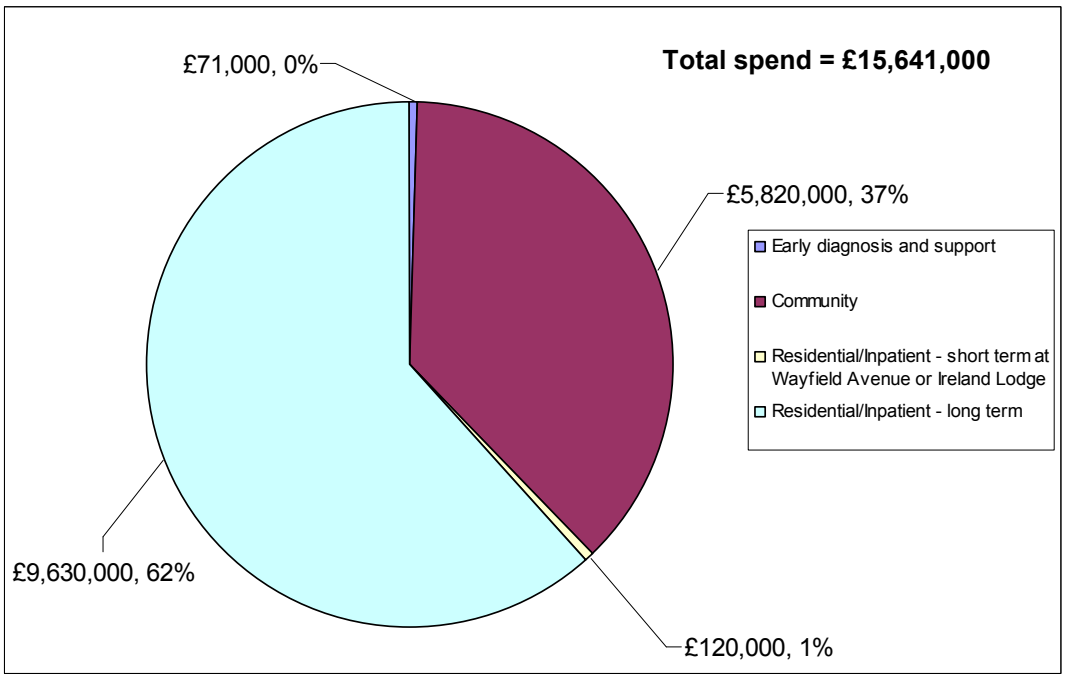
For the purpose of this planning framework, the information available has been used to estimate the total annual spend on OPMH services. Spend on OPMH services falls into three main categories:

- section 75 pooled budget - health spend
- section 75 pooled budget - social care spend
- 'other' spend including general health promotion/prevention services, support provided by general practitioners, integrated community equipment services (ICES), short term services (Intermediate Care, Transitional Care and Newhaven Rehabilitation Centre) and voluntary sector support.

Where available, the figures have been broken down into the care pathway categories used throughout this document. Chart 5 displays the breakdown for the information currently available, by total amount for category and as a percentage of overall spend. See appendix 4 for the full financial breakdown.

N.B. it is important to note that these figures are estimates, based on the finance information currently available. It has not currently been possible to breakdown most of the spend on OPMH services in the 'other' category for the purpose of this planning framework. With the exception of the Alzheimer's Society contract, no breakdown of 'other' spend is available. End of life care provision is also not included here.

Chart 5 – Percentage breakdown of overall OPMH spend by care pathway



As shown in chart 5, the most significant spend in OPMH services is on long term residential/nursing and inpatient services, with 62% of the overall budget being spent on these services. The next highest spend is on community services, with 37% of the overall budget. Short term residential/inpatient services have a very low percentage spend, with just 1% displayed. More is spent on short term services, but as this is not specifically broken down into OPMH service figures, it has not been possible include the figures here. The early diagnosis and support category has a negligible spend, which does not equate to a full percent of the over all spend.

Accurate financial information is vital to support the complex commissioning decisions that will have to be made in the future to ensure appropriate services are provided.

5.2 Projected future service provision spend on OPMH across Brighton and Hove

In line with national and local policy developments, and with the commissioning recommendations detailed in section 4, it is anticipated that there will be a gradual shift in how the OPMH budget is spent. To reflect the requirements of national and local policy, it is clear that an increased proportion of the total budget will need to be spent on improved prevention, early diagnosis and support services in the future. There will be an associated decrease in the amount spent on long term residential/nursing placements and inpatient services, as people are supported to remain independent for longer and to remain in their own homes.

Section 6 – Commissioning and Contracting

There are a number of developments within the commissioning and contracting of services that are of relevance to OPMH services.

6.1 World Class Commissioning and Strategic Commissioning Plan

A national programme is underway to deliver a health and care system which is fair, personalised, effective and safe. Commissioners will be required to be 'world class' to achieve this vision. The key objective for the future will be to commission for 'outcomes' rather than 'outputs'. This will be accomplished by developing closer links to local communities and planning and developing services to meet long term priorities. The outcome will be a shift from diagnosis and treatment to prevention and wellbeing. Commissioners will shape local services to deliver a broader choice of services, which will be personalised and of the highest quality[xix]. Input from service users and clinicians will be vital in shaping service delivery and in improving quality. Full details of the World Class Commissioning programme can be found at http://www.dh.gov.uk/en/managingyourorganisation/commissioning/worldclasscommissioning/index.htm

The Strategic Commissioning Plan (2008 – 2013) sets out a number of local objectives to improve the health of the city. The key focus areas identified are:

- Health inequalities
- Life expectancy
- Under 18's conception rate
- Hypertension
- Breast screening
- Delayed transfers of care
- MRSA
- Hospital admissions through alcohol misuse
- Deaths occurring at home
- Childhood obesity

Delivering on a number of these will have a direct impact on those using OPMH services in Brighton and Hove.

6.2 Fairer Contracting and Preferred Provider Scheme

To encourage care home providers to improve the quality of care provided, the Fairer Contracting scheme is being introduced in 2009/2010. The joint PCT and LA Fairer Contracting initiative will lead to the creation of a Preferred Provider scheme. Care homes eligible for the scheme will receive various benefits including higher fees and possible participation in an incentive scheme to reward homes for engaging with specific initiatives. It is anticipated that the schemes in development will help to drive up the quality and flexibility of service provision.

6.3 New providers entering the care home market

There are a number of potential new independent care home providers entering the market in 2009, though the impact of the current economic situation may slow progress on these developments. Links with the new providers will need to be forged to ensure they are fully aware of the local issues in Brighton and Hove, and develop services which respond to local need. It is possible that new care home providers will be marketing their services at individuals outside of

Brighton and Hove and self funders, who are willing and able to pay a much higher price for the placements.

6.4 Target development

To monitor the delivery of this framework and to improve the quality of care provided for OPMH services, targets and outcome measures will be established. As and when required, targets will be drawn up to reflect the key performance areas. To ensure performance monitoring against the targets is possible, comprehensive data recording will be necessary. Data collection and analysis will enable the local health economy to identify which areas need greater support to achieve the improvements in quality. This work will be taken forward in the action plan.

6.5 Contract monitoring and performance management

As services are redesigned and developed, appropriate performance monitoring mechanisms will be put in place and robustly monitored.

Section 7 – Consultation

A full equalities impact assessment has been carried out and can be found in appendix 5. Below is a summary of the consultation that has taken place to date and that which will take place as the framework is implemented.

7.1 Consultation undertaken to date

- Consultation undertaken for the Older People planning framework reviewed as the overarching principles are relevant.
- 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. See appendix 6 for details of each organisation.
- Input and feedback received from OPMH planning framework working group throughout development of framework
- 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 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 for feedback.
- Primary care long term conditions education session Tuesday 13th January 2009 – dementia strategy briefing and feedback session

7.2 Consultation to take place as framework is implemented

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

Section 8 – Three Year Action Plan for delivery (2009/10 to 2011/12)

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
1. OVERARCHING					
1.1.1 Review of strategies recently agreed, and in development, to ensure interfaces and overlaps are identified, to maximise effectiveness and reduce duplication. Areas of joint working to be established.	Identify links with other strategies in development or previously agreed to identify overlaps and areas for joint working	2009/10 – 2011/12	LHE	PCT	• Seamless services delivering value for money for commissioners • Avoiding duplication and potential for waste • Services which meet the needs of the service user
1.2.1 Incremental move of existing OPMH services to fully meet personalisation agenda	Develop plan for roll out of personalisation agenda across existing OPMH services, learning from pilots within the LA	2009/10 – 2011/12	LHE	LA	• Services person-centred and meet the needs of the individuals • Increased choice and control for service users and carers
1.2.2 All new services to be developed in line with personalisation principles	Specify core elements of personalisation that must be included in specifications for all new services	2009/10 – 2011/12	LHE	LA	• Services to be personalised to meet the needs of the individuals • Increased choice and control for service users and carers
1.2.3 Roll out direct payments and individual budgets across OPMH services in line with LA	• Link with LA to identify services which are priorities for direct	2009/10 – 2011/12	LHE	LA	• Increased usage and uptake of direct payments for OPMH service users • Greater choice and control for

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
targets to provide increased choice, improved outcomes and value for money.	payments/individual budget roll out • Seek opportunities for promoting uptake amongst OPMH service users • Evaluation of outcomes for OPMH service users using direct payments				service users • Greater diversity and responsiveness developed within provider market
1.3.1 Incremental move of OPMH services to support reablement in line with the LA transformation agenda. Use evaluation of in-house homecare reablement pilot to aid this.	Identify priority services for eventual roll out of reablement. Develop action plan for incremental roll out across existing services	2009/10 – 2011/12	LHE	LA	• More service users with increased/retained independence • Reduction in the need for long term care • Value for money for commissioners
1.3.2 Links to be made with Older People Housing Strategy to ensure that housing options available to older people appropriately meet their needs.	• Link with Older People's Housing Strategy development group • Explore opportunities offered by telecare in enabling people to remain in their own home	2009/10 – 2011/12	LHA	LA	• More service users with increased/retained independence • Reduction in the need for long term care
1.4.1 Ensure current developments from the publication of the Equalities Bill are incorporated in service development.	Ensure services are based on need and not age, where appropriate	2009/10 – 2011/12	LHE	PCT/LA	• Equitable access for all individuals inline with legislation and best practice • Increased choice and control for service user

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
Wherever appropriate, services to be open to all, regardless of age. Consideration to be given to ensuring older people will not be disadvantaged.					
1.4.2 Redesign of SPFT services to be based on individuals' needs and not age e.g. removal of age barriers for functional mental health where appropriate	Redesign services based on need and not age, to remove artificial barriers to services where appropriate.	2009/10 – 2011/12	LHE	SPFT/PCT/LA	• Equitable access to services for all • Appropriate services provided in best setting • Services provided on a needs basis
1.4.3 Ensure all professionals and carers are aware of process for requesting assessment against the NHS continuing care criteria, to ensure approach is uniform across Brighton and Hove	Link to training programme being developed by Continuing Health Care team to ensure OPMH services are included	2009/10 – 2011/12	LHE	PCT	• Equitable assessment process
1.5.1 Services to be equally accessible to individuals across Brighton and Hove. Where appropriate, a range of social marketing/promotion strategies to be developed to ensure that all are aware of services available to them. This will allow vulnerable communities to be targeted more effectively to improve	Identify services to include in social marketing initiatives to target vulnerable communities.	2009/10 – 2011/12	LHE	PCT/LA	• Increased knowledge in communities regarding services available to them • Increased uptake of services from vulnerable communities

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
access to timely and appropriate information and services.					
1.5.2 Services provided to meet the varying needs of the communities in Brighton and Hove to ensure inequalities are addressed and reduced.	With relevant expert help, identify key areas of inequalities across OPMH services and draw up a prioritised list to address.	2009/10 – 2011/12	LHE	PCT/LA	• Equality of access to services for all
1.6.1 Professionals working in all aspects of service delivery to be appropriately trained in mental health awareness and management.	• Generic training to be available for staff working in mental health • Specialist training to be available for staff working with individuals with dementia	2009/10 – 2011/12	LHE	PCT/LA	• Appropriately trained workforce to meet needs and requirements of service user/carers • Mainstream services trained to confidently meet the needs of individuals with low to moderate MH needs • Reduction in stigma experienced
1.7.1 New and existing service to have clear pathways to ensure swift referrals to appropriate teams. Links to be made with Map of Medicine, STAN, Access Point, etc.	• Communication networks clearly established between all relevant organisations • Clarity of referral pathways for existing services and streamlining where necessary	2009/10 – 2011/12	LHE	PCT/LA	• Teams have a better understanding of referral pathways and use them appropriately • Efficiency and value for money for commissioners • Service users receive prompt and appropriate services without delays

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
1.8.1 Ensure appropriate and informative information is provided to communities and health/social care professionals in targeted and appropriate ways	Review existing information services available to identify information points and gaps, streamlining where appropriate.	2009/10 – 2011/12	LHE	PCT/LA	• Service users and carers better informed of how to access appropriate information • Information provided via most suitable methods to meet needs of service users and carers
2. PREVENTION/HEALTH PROMOTION					
2.1.1 Review the existing prevention/health promotion services to ensure that current services are advertised sufficiently and accessed appropriately	• Review existing services to obtain a clear picture on what prevention/ health promotion services are currently available and how people are informed of them • Identify gaps in prevention services and address	2009/10 – 2011/12	LHE	PCT/LA	• More people accessing existing services as a result of appropriate and alternative advertising methods • Range and capacity of prevention services available to allow maintenance of independence and avoid later crisis
2.1.2 Link with ongoing work in relation to providing services and activities for people with diagnosed low mental health needs, to reduce isolation and loneliness	Identify additional areas for service development to ensure services meet the needs of service users	2009/10 – 2011/12	LHE	PCT/LA	• Greater numbers of service users accessing services • Improved quality of life, health and well being for service users and carers, with independence maintained

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
2.1.3 Remove age barriers in existing HP services which may attract 'younger' older people, to ensure they make the best use of available services	Review current eligibility criteria and service models, to ensure individuals can participate in appropriate services, which meet their needs.	2009/10 – 2011/12	LHE	PCT/LA	• Improved choice in prevention/health promotion services available to individuals • Reduced inequalities
3. EARLY DIAGNOSIS AND SUPPORT					
3.1.1 Identify areas of best practice from around the country	Link with SHA and DH to identify areas of local and national best practice. Apply knowledge and experience to local service development	2009/10 – 2011/12	LHE	PCT/LA	• Services based on best available evidence • Services meet needs of individuals and be cost effective
3.1.2 Improved early diagnosis for older people with mental health needs	• Reduce gap in predicted and actual prevalence figures • Ensure services available to allow for prompt diagnosis of mental health needs	2009/10 – 2011/12	LHE	PCT/LA	• Improved early diagnosis services • Services available to those diagnosed with mental health needs to meet the requirements of the service users and carers

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
3.1.3 Improved information and support to be available for older people with mental health needs and their carers	• Ensure onward referral routes for support/signposting after formal diagnosis are clear and appropriate services are in place • Relevant training and support provided to primary care and other relevant agencies	2009/10 – 2011/12	LHE	PCT/LA	• Improved support for service users and carers • Increased knowledge and confidence within primary care to support older people with mental health needs
3.1.4 Ensure carers assessments are available to all	Increase number of carers offered assessments	2009/10 – 2011/12	LHE	LA/PCT	• Needs of carers documented and addressed • Service users are better supported by carers • Carers are able to balance caring with other aspects of life to improve the overall quality of life

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
4. COMMUNITY					
4.1.1 Link in to the implementation of the recommendations within the day services value for money review, to ensure sufficient and high quality OPMH services are available. Day services to be used as 'step down' facility or support facility for people living in the community.	• Modernise traditional OPMH day services to ensure they support reablement and are outcome focused • Signpost to alternative day activity options in the community	2009/10 – 2011/12	LHE	LA	• OPMH day services to better meet the needs of service users • Services to be cost effective
4.1.2 Recommendations set out in day services review to be built into future plans for LA run resource centres to ensure most effective use of resources.	Modernisation of services currently available at Ireland Lodge and Wayfield Avenue	2009/10 – 2011/12	LHE	LA	• Resource centres to meet the identified needs of the service users • Services to provide value for money
4.1.3 Plans for SPFT community services to be reviewed to ensure they provide the most appropriate service provision	Modernisation of community services inline with the general move to outcome focused service provision	2009/10 – 2011/12	LHE	SPFT/PCT/LA	• Services to be used appropriately to meet the needs of the service users

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
4.1.4 Home care service provision to expand to meet the needs of service users and carers	Ensure home care service provision is suitable to meet the needs of older people with mental health needs	2009/10 – 2011/12	LHE	LA	• Increased number of people accessing home care services • Greater number of people supported to remain at home for longer • Reduction in the need for long term care placements
5. RESIDENTIAL/NURSING AND INPATIENT					
5.1.1 Implement Fairer Contracting and Preferred Provider work to incrementally improve the quality of OPMH care homes	• Fairer Contracting programme to be rolled out across OPMH care homes • Website development to provide information to service users and potential service users	2009/10 – 2011/12	LHE	LA	• Increased quality and flexibility in care homes • Service users more informed regarding services available to them
5.1.2 Undertake market development work to increase the capacity available in OPMH nursing homes, and incrementally reduce the number of out of area placements not through	Work with potential new providers to increase the quality of care home placements available	2009/10 – 2011/12	LHE	LA	• More appropriate care home placements available with Brighton and Hove, increasing choice for service users • Reduction in the number of out of area placements

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
choice					
5.1.3 Continuation and possible development of clinical support provided to care homes to drive up the quality of care provided	Review support required in OPMH care homes to improve the quality and monitoring of clinical care provided in OPMH nursing homes.	2009/10 – 2011/12	LHE	LA/PCT	• Increased clinical quality of care • Better service user outcomes
5.1.4 Development of more robust contract monitoring frameworks, and identified relevant targets, to support the improved quality provision.	Implement: • Preferred provider scheme • Clinical assessments to inform preferred provider scheme • Incentive payments for increase quality and flexibility	2009/10 – 2011/12	LHE	LA/PCT	• Increased numbers of quality care homes • Increased flexibility and responsiveness of provider market to commissioning requirements
5.2.1 The short term services review commissioning plan to include recommendations encompassing OPMH services, with the aim of maximising independence and reducing the need for long term residential placements.	Implement the commissioning recommendations for OPMH within the short term services commissioning plan (publication expected April 2009)	2009/10 – 2011/12	LHE	LA/PCT	• Increased independence for service users • Reduced and delayed need for long term placements • Prompt discharge for OPMH to appropriate range of short term services to maximise independence

COMMISSIONING RECOMMENDATION	PROJECT	TIMESCALE	AGENCIES/ORGANISATIONS INVOLVED	LEAD RESPONSIBILITY	OUTCOME
6. END OF LIFE					
6.1.1 Ensure OPMH needs are appropriately considered in the End of Life strategy ensure that barriers are removed and people are able to die at home should they choose to.	Link in with end of life strategy development work	2009/10 – 2011/12	LHE	PCT/LA	• Older people with mental health needs given more choice over place of death
6.1.2 Ensure support is provided for carers when a person dies	Link with ongoing work on Carer's Strategy to ensure end of life support is provided	2009/10 – 2011/12	LHE	LA/PCT	• Carer's receive necessary support
6.1.3 Ensure Strategic Commissioning Plan aim of 25% of people dying at home by 2010 is achieved for older people with mental health needs.	• Roll out of Liverpool Care Pathway • Development work to create central co-ordination point for people near the end of their life and additional capacity to support disadvantaged groups such as those with dementia.	2009/10 – 2011/12	LHE	PCT/LA	• Strategic Commissioning plan target of 25% to equally apply to OPMH

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