

Everybody's Business

A consultation paper



Services for Older People
With Mental Health Needs
in Gloucestershire

Gloucestershire **NHS**
Health Services



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This paper outlines proposals for changes in services for older people with mental health needs in Gloucestershire.

A review of services is taking place in response to a number of issues. This paper outlines the key issues, and the general direction that any changes are likely to take.

The NHS and Social Services is keen to listen to the views of service users and carers before finalising the options for change – you can respond to this consultation by using the feedback form at the back of the document or by accessing the websites:

www.gloshealthservices.org.uk/getinvolved or
www.westglospct.org.uk

This document has been prepared by the County Older Persons Mental Health Review Group – April 2005



**Gloucestershire
Review of Services
for Older People
with Mental
Health Needs**

Gloucestershire Review of Services for Older People with Mental Health Needs

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The reason for the review

1.1 Mental health services for older people in Gloucestershire are funded and delivered by a number of agencies. These agencies aim to work in partnership, responding to a number of issues, especially to:

- the needs and wishes of services users and their carers
- evidence of what works well
- availability of resource (human, financial and buildings resources)
- government and local policies, especially:
 - *National Service Framework for Older People* (Department of Health 2001)
 - *National Service Framework for Mental Health* (Department of Health 1999). These frameworks set out national standards for services
 - *Forget me Not Report* – published by the Audit Commission 2000, reporting that mental health services for older people needed to be reviewed, with an increased priority given to supporting people at home, working with carers and increasing knowledge and diagnosis of mental health needs in older age.

1.2 A review of these services has been called for by Chief Officers of the Health Trusts and Social Services in the county because we recognise that there is a need to improve the way we work together to deliver services for older people with mental health needs. A summary of the main reasons for the review and Key Objectives, is at the end of this section.

1.3 This review began in July 2003. A number of events were arranged across the county to help to identify the main issues as seen by service users, their carers, and by the wider public. We held listening events where older people and their carers met with staff from health and Social Services to talk about services, what they thought about them, and how things could be improved. We also sent out a questionnaire which was distributed widely and also published on the website.

1.4 This document has been prepared by a working group representing health and social care agencies and the independent and voluntary sectors. It takes account of the feedback from service users and their carers and outlines the main issues identified to date. It forms the basis for wider consultation with:

- service users and their carers
- paid staff and volunteer helpers
- organisations who are involved in services (statutory, voluntary and independent)
- the wider public



- 1.5** Section 2 describes current mental health services for older people in Gloucestershire. Section 3 outlines the local mental health needs of the population, and the national requirements to improve services. Section 4 proposes an overall aim for mental health services and identifies key issues we need to consider. Section 5 describes the proposed service outline – which suggests that we reshape our existing services in order to improve the way we support older people with mental health needs.
- 1.6** The proposed service outline seeks to continue to build on current services, with some changes. It is important that we agree the way we will work together, in order to provide services in a consistent way across the county. However, we recognise that there may be local differences to suit local needs and geographical demands.
- 1.7** The initial review has identified models for service development, but there will continue to be major work on finalising the detail of these options whilst we consult on them.
- 1.8** The aim of services for older people with mental health needs in Gloucestershire is:

To contribute to the mental well-being of older people and to minimise the impact of adverse mental health.

To achieve this, services will need to respond and adapt sensitively to the needs of individual service users and carers.

- 1.9** Please help us with this review, we are keen to hear the views of people who do (or may in future) use the services. This is a vital part of developing the service to meet the needs of older people and their carers.

Please complete the feedback form at the back of this document and return it using the FREEPOST address shown by **12th September 2004**.

Alternatively you could visit the websites at: www.westglospct.org.uk or www.gloshealthservices.org.uk/getinvolved, and complete the feedback form on-line.

Following consultation final options will be presented to NHS and Social Care organisations for agreement. These changes will then be put into place from January 2005.



MAIN REASONS FOR THE REVIEW OF MENTAL HEALTH SERVICES FOR OLDER PEOPLE

The health and social care community needs to promote a better use of resources to meet the mental health needs of the ageing population. To this end the community needs to:-

- develop a better joint understanding of the mental health needs of the ageing population
- improve the way older people with depression and dementia can access support, services and treatment at the right time from the right people
- ensure that health and social services work more closely together to provide more 'joined up' services
- involve patients and the public in developing plans for future services
- make better use of current resources to improve the community's responses to the mental health consequences of ageing.

The review needs to respond to requirements to modernise services outlined in the National Service Frameworks (older people and mental health) and the NHS Plan.

Key objectives

The key objectives of the review are:-

- to identify a programme for changing the way we provide services over the next 3 years which will be agreed and put into place by Health and Social organisations
- to make sure that the services for older people with mental health needs are included in the wider plans for providing services in Gloucestershire
- to ensure that patients, the public and health and social care staff are fully involved in the process of change.



Current services

2.1 Specialist mental health services for older people are provided by the Partnership Trust in Gloucestershire Services include :

- beds in hospitals run by the Trust which are separate from the general and community hospitals in Gloucestershire. This is where people can be assessed, receive treatment and be looked after when they are very ill
- places at day hospitals, where older people can be assessed and treated whilst still living at home
- community teams of staff providing assessment and support services to people living at home.

There are significant differences in the provision of services across the county. This is because in the past, there has been different levels of investment in the east and the west of the county. The membership of multi-disciplinary teams is less well developed in the east than the west with fewer support staff working in the teams.

2.2 Table 2.2.1 overleaf outlines the current service pattern:





Table 2.2.1 – Current service pattern

	Cotswold & Vale PCT	Cheltenham & Tewkesbury PCT	West Gloucestershire PCT
Population over 65	36225	28269	37657
Estimated Numbers	People with dementia 2920 People with severe depression 1448 People with mild depression 4521	People with dementia 2810 People with severe depression 1362 People with mild depression 3893	People with dementia 2400 People with severe depression 1267 People with mild depression 3960
Primary Care (GP practices)	Part of pilot (Health)	Part of pilot (Health)	Part of pilot (Health)
Day Care	N Cotswolds 15 places x 5 days under review (Health & Social Services)		
Day Hospital places	Tyndale – 15 places x 4 days 10 places x 1 day Weavers Croft – 20 places x 4 days	Cheltenham 25 place organic Charlton Lane 15 place functional Brownhill Tewkesbury Apperley House 1 Day (Health)	Colliers Court 25 places Holly House 25 places
In Patient beds provided in hospitals run by the Partnership Trust	Cirencester Memorial Centre 20 places x 2 days (Health) 25 beds Weavers Croft mixed 16 beds Baunton Ward mixed (Health) – (Not operational at present)	Charlton Lane 16 Beds functional 16 beds organic (Health)	Stonebury 15 places (health) Holly House 25 beds mixed Colliers Court 25 Beds mixed (Health)



Community Mental Health Team	1.8 'H' WTE (Whole Time Equivalent), 7.2 'G' WTE, 3.5 'B' WTE 5 'E' WTE, 1 O.T WTE, .4 Physio WTE	4 'G' WTE, .6 'H' WTE, 1 'F' WTE 6 'G' WTE, 2 'H' WTE	12 'B' WTE 6 'E' WTE
Acute Liaison – mental health specialist staff linking with Acute hospitals	Ad hoc (Health)	Ad Hoc although dedicated limited nurse consultancy to Delancey Hospital (Health)	Ad hoc (Health)
Intermediate Care	Under development	Pilot Project (Health & SSD)	Under development
Respite Care – short breaks	None	None	Occasional
Information systems (IM&T)	Sunrise System under development	Sunrise System under development	Sunrise System under development
Early onset Dementia Services	None dedicated	None dedicated	None dedicated
Services for younger people with Dementia	None dedicated	None dedicated	None dedicated
Services for Alcohol related issues in older age	None	None	
Learning Disabilities	N/A	N/A	N/A
Challenging Behaviour	None dedicated	None dedicated	None dedicated

2.3 Primary Care – Currently staff working in GP surgeries have varying skills and knowledge of mental health in older age, with differing access to diagnosis and specialist support. The primary care teams include GPs, Practice Nurses, District Nurses and Health Visitors. There have been a number of positive developments in Primary care including the:

- Primary Mental Health Care Toolkit – designed to help staff find out what illness a person has (diagnosis) and providing appropriate information and advice
- Guidelines for assessment and referral to the most suitable services for people who have dementia or depression
- Single Assessment Process – to enable the older person to hold records of their needs, to share information with other people who are involved in their care and help avoid duplication.

2.4 General Hospitals and Community Hospitals – older people with mental health needs access services within hospitals for both planned and emergency treatment. Staff who work in these hospitals have identified concerns about lack of skills and training in the care and management of older people with mental health needs. Environments need adapting to make them suitable for people with mental health needs. Working between these hospitals, and helping patients move from one place to another can sometimes be a problem. It is also recognised that there can be difficulties ensuring that people are treated in the most appropriate part of the hospital. There can be delays in accessing specialist services, such as Psychiatric assessments. Timely transfer to appropriate services such as intermediate care or domiciliary care services, care at home or in long term care can be a problem.

2.5 Delayed transfers of care (where someone is delayed in leaving hospital when they are medically fit to leave) are recorded across Health & Social Services, using the same methods. The number of people awaiting a transfer of care from Gloucestershire Partnership NHS Trust facilities have reduced in recent months.

2.6 Community Mental Health Teams – provide assessment and support to people living in their own homes, and may be involved with some people over a number of years. The teams work closely with staff in hospitals and day hospitals. There is a concern that there is not enough shared working with Social Services and staff on the team sometimes find it difficult to refer older people for home care services, when there may be delays and lack of services available. This leads to people being supported by the Community Mental Health Teams for longer than may be necessary.



2.7 Intermediate care services – (services that provide short term rehabilitation to help someone maintain or improve their independence – usually lasting up to six weeks). Until now, Intermediate care developments have mainly focussed on physical rehabilitation. Staff within the existing services do not necessarily feel that they have appropriate knowledge and skills to support older people with mental health needs, or have access to advice and guidance. In 2004/05 grant money from the County Council will be available to develop and expand intensive domiciliary care services to support older people with mental health needs who are ready to leave hospital and prevent unnecessary admissions to hospital. This will increase access to services. Cheltenham and Tewkesbury PCT have been piloting this development during 2003/04.

Further investment is planned in West Gloucestershire PCT for the expansion of intermediate care bed capacity specifically for older people with mental health needs, using Intermediate Care development monies.

2.8 Day Hospitals – providing assessment and treatment support in a range of locations in the county, these services tend to be on a five day a week basis during the day time. Attendance at the day hospital has become more time limited in order to support as many people as possible, and encourage as much independence as possible. The difference between day hospital support and day care is not always understood.

2.9 Social Care – services include day care, short breaks (respite care) and home care. Following assessment, a charge may be made depending on the financial circumstances of an individual.

2.10 Capacity in the home care sector – both the service provided by Social Services (known as Home Care) and by private businesses have a problem recruiting staff, with particular recruitment difficulties in some geographical areas of the county.

As a result, obtaining care at home at the right time to support older people with mental health needs can be a problem, which may result in admission to hospital which could have been avoidable.

2.11 The Social Services Department buys services from organisations for provision of care home placements, day care, home care services and carers support.

Currently 279 care home placements are supported in 20 care homes across the county. Geographic distribution is varied, and does not necessarily reflect areas of need. This means older people and their carers may not have choice about where they can live.



- 2.12 Voluntary organisations such as Crossroads and the Alheimers Society currently provide a range of support services across the county. Services may be directly for older people with mental health needs or support for their carers. Services include day care, befriending, sitting services, lunch clubs, and home care services. These services are highly valued by those people who use them.

Needs and demands

- 3.1 *The National Service Framework for Older People, Standard 7 on Mental Health* states that agencies should work together making use of local information about the needs of the population to:

- develop clear, agreed goals for services for older people with mental health problems
- develop joint plans for buying and providing ‘joined up’ services
- promote good mental health in older people
- treat and support older people who have dementia and depression.

- 3.2 This review identifies the needs of service users and carers in order to shape local services. Local services also take into account government policy which aims to set standards and targets, and improve services. For a number of years much mental health policy has focussed on adults under the age of 65. *The National Service Framework for Mental Health (2000)* clearly states that its focus is on mental health needs of adults of working age.

- *National Service Framework for Older People (2001)* sets standards for service development across a number of areas. Standard 7 is on Mental Health and aims to:

- promote good mental health
- treat and support older people with dementia and depression.

- *Forget Me Not* – This review by the Audit Commission describes how health and social care agencies need to work together to provide:

- help and advice when problems arise
- specialist services, especially to people in their own homes
- co-ordination between agencies and professionals
- a longer term plan to ensure all of the right services are in place.

Numbers and needs

- 3.3 The following paragraphs outline main population needs that help us plan for the numbers of people who may need support and where they may live. This review is concerned with services for older people with mental health needs of all kinds, but the figures focus on dementia and depression, which are the two most common conditions.



Numbers of people affected (Prevalence)

3.4 The estimated number of people aged 65 and over with dementia and depression in Gloucestershire in 2004 is shown in Table 3.4.1.

Table 3.4.1 Dementia and Depression - prevalence/estimates of the numbers of people affected in 2004 - Over 65s

Local authority	Dementia total numbers of cases	% of of the County	Mild - Moderate depression numbers of cases	% of the County	Severe depression number of cases	% of the County
Cheltenham	1680	21	2427	20	777	20
Tewkesbury	1130	14	1829	14	585	14
Cotswold	1340	16	2064	16	661	16
Stroud	1580	20	2457	19	787	19
Forest of Dean	1100	13	1832	14	586	14
Gloucester	1300	16	2128	17	681	17
Gloucestershire	8212	100	12738	100	4076	100

3.5 Three issues from these figures:

- there is a similar numbers of cases of depression and dementia
- the estimated number of people aged 65 and over with mental ill-health is not even across the County, which has implications for how services should be distributed
- at present there are differences between the availability of services (as described in Section 4) and where people live.

Incidence (new cases)

3.6 The number of older people developing symptoms of dementia in any year in Gloucestershire is estimated to be in the region of 1800. This figure is a population based calculation of numbers of people with dementia. A comparable figure for other mental health needs has not been identified, the number of older people with depression is approximately twice the number with dementia.

3.7 The number of older people who are diagnosed with mental health needs in any year is not at present available, but is understood to be significantly lower than the incidence rates indicated in Para 3.6. This means that mental health needs in older people are not being diagnosed, which must be of concern if services are to conform to the *National Service Framework for Older People* expectation (Standard 7) of early recognition and management of mental health problems.



Future prevalence (numbers of people affected)

3.8 The following tables shows an estimate of the number of people affected by dementia, mild depression and severe depression for 2006 and 2021.

Table 3.8.1 Dementia – future prevalence estimates of the number of people affected age 65+

	2004	2006	% increase on 2004	2021	% increase on 2004
Cheltenham	1680	1764	5	1939	15
Tewkesbury	1130	1237	10	1742	54
Cotswold	1340	1404	5	1713	28
Stroud	1580	1649	4	1997	26
Forest of Dean	1100	1164	6	1502	37
Gloucester	1300	1372	6	1653	27
Gloucestershire	8121	8590	6	10546	30

Table 3.8.2 Mild/moderate depression – future estimates of the number of people affected age 65+

	2004	2006	% increase on 2004	2021	% increase on 2004
Cheltenham	2427	2452	1	2723	12
Tewkesbury	1829	1914	5	2635	44
Cotswold	2064	2102	2	2771	34
Stroud	2457	2508	2	3273	33
Forest of Dean	1832	1895	3	2650	45
Gloucester	2128	2173	2	2687	26
Gloucestershire	12738	13045	2	16778	32

Table 3.8.3 Severe depression – future estimates of the number of people affected age 65+

	2004	2006	% increase on 2004	2021	% increase on 2004
Cheltenham	777	785	1	871	12
Tewkesbury	585	612	5	843	44
Cotswold	661	673	2	887	34
Stroud	787	803	2	1047	33
Forest of Dean	586	606	3	848	45
Gloucester	681	695	2	860	26
Gloucestershire	4076	4174	2	5369	32



- 3.9** It should be remembered that these figures, which highlight significant changes, are based on population predictions only. They do however point both to overall increases in demand, and also to major differences between districts, with the largest area of change predicted in Tewkesbury. Future increases in dementia are particularly related to the increase of numbers of people over 65 where dementia is more common.
- 3.10** It is important to be aware of longer-term predictions of population change, which can have a major impact on finances and services. There is less certainty about the influence on demand of any changes in the way we provide care which might arise from the rapidly developing area of assistive technology (the use of monitoring devices e.g. gas sensors, to help people manage at home safely) and advances in medication.
- 3.11** With the increasing advances in drug therapy and treatment, it is predicted that this will impact on the way we manage the treatment of people. This means that there will be an increased need for mental health professionals to direct, monitor, and review the treatment of people living in the community rather than in hospital.

In-patient activity (admissions to mental health hospitals)

- 3.12** Table 3.12 shows the main reasons for admission to Partnership Trust beds for people aged over 65 with a mental illness in 2002/3.



Table 3.12 Reasons for admission of people aged over 65 to Partnership Trust hospital beds, by PCT, 2002/3

	Cheltenham and Tewkesbury PCT	Cotswold and Vale PCT	West Glos PCT	Total (including other PCTs)
Dementia	87	76	166	350
Mood disorders	74	73	70	228
Delirium	1	0	16	17
Substance abuse	0	2	1	3
Major psychiatric disorders	19	25	26	70
Other psychiatric	7	3	11	22
Medical conditions disorders	6	17	16	41
Social problems	0	1	58	61
No diagnosis	63	49	34	156
Total	257	246	398	948

Source: Xiom extract from Information Department

3.13 The variations between PCTs in Table 3.11 indicate the possibility of some differing recording arrangements. Subject to this:

- the number of hospital admissions would appear to be related to availability of beds rather than the estimated mental health needs of the population
- if reasons for admission were limited to assessment and treatment alone (as proposed in Para 5.13), smaller numbers of patients would be admitted
- alternative care (and in some cases short and/or long-term accommodation) would be required for some of the people who would otherwise be admitted.

Marginalised groups

3.14 Within any population there are many differences, some of which are common to a sufficient number of people for these people to be identified as a separate grouping within the total population. This section identifies certain groupings of people who are likely to have mental health needs that differ from the general population.

3.15 Building on the needs of the service user (see Section 1), services should develop the ability and sensitivity to respond to cultural differences, whether for individual people or for groups. In the following sections some specific needs are identified, but more detailed



work will clarify whether these needs are to be met by separate specialist services e.g. a team working with older people with Learning Disabilities or by developing the skills of staff within existing services provided by primary care and Social Services.

Older people with mental health needs from black and ethnic minorities

- 3.16** The estimated number of older people from ethnic minorities in Gloucestershire who have depression and dementia is shown in Table 3.16:

Table 3.16 Estimated numbers of older people with depression and dementia 2004

	Depression	Dementia
Mixed	37	73
Asian	49	97
Black	24	49
Chinese	16	32
All ethnic minorities	126	251

Ethnicity as defined in 2001 Census. Totals differ from actual sums due to rounding.

Figures are likely to indicate maximum estimates.

This would mean that about 1 in 30 patients in Gloucestershire would be from ethnic minorities.

- 3.17** It is likely that many older people with mental health needs from Black and Ethnic Minorities will have difficulty accessing current services, for example:

“Access to services was often hampered by language or cultural barriers” – Health Needs Assessment, Barton Tredworth & White City, West Gloucestershire PCT 2003.

It is also likely that such services will be of limited relevance to many people, for example:

“It is questionable whether people would find the very limited services available in most places relevant to their needs” – Serving the needs of marginalized groups in dementia care: younger people and minority ethnic groups – Daker-White, Beattie, Means, Gilliard, Dementia Voice/University of the West of England 2002.



Younger people with dementia

- 3.18** Mental health services for people aged under 65 are normally delivered by adult services, and are outside the brief of this Review. However, it is practice in Gloucestershire, as in many areas (and in the National Service Frameworks), for services for younger people with dementia to come within the responsibility of services for older people.
- 3.19** Population based projections suggest that in Gloucestershire there are approximately 158 people with dementia in the age group 30-64. They would represent about 2% of the county total of dementia cases in all ages. It can be expected that there will be a higher number among younger people of rarer forms of dementia, with increased likelihood of symptoms such as hallucinations, delusions, insomnia and aggression, leading to a more distressing experience for the person with dementia and for the family.
- 3.20** Dementia frequently affects all aspects of a person's living, but its impact can be even greater for younger people, who are more likely to have household and family responsibilities, people who are financially dependent on them, and responsibilities in the workplace. Alongside this it is important to recognise that it is not reasonable to expect younger people with dementia to participate in dementia services that are designed mainly for older people. For this reason there is a need for dedicated treatment and care services for younger people.
- 3.21** At present there are no specialist services for younger people with dementia within the County. The need for such a service has been identified in the 3-Year Strategy of Gloucestershire Partnership NHS Trust.

People with learning disabilities

- 3.22** Most psychiatric disorders are more common among people with learning disabilities than the general population. For instance, rates of schizophrenia are three times higher than in the general population, while nearly half of people with Downs Syndrome will develop dementia in their 30s, 40s and 50s.

At present Mental Health Services for older people provide support to learning disabilities services when requested. Generally, older people with a learning disability will remain within learning disabilities services.

Concern has been expressed by staff within these services that the needs of an increasing population of older people with a learning disability are not being planned for adequately.

Current experiences indicate that some service providers, e.g. some long term care homes, are not willing to change services to meet the changing needs of an older resident.



There is also an increasing issue about provision of support for older carers who find that they are no longer able to cope and future accommodation for individuals who have lived at home with carers.

Older people with needs related to use of drugs and alcohol

3.23 Although numbers are not high, health and social care workers are reporting evidence of increasing numbers of older people (more women than men) coming into contact with mental health services because of high levels of alcohol usage that has started in older age. There are no reports of significant problems among older people relating to use of other substances.

3.24 The Gloucestershire Drug & Alcohol Service reports the following numbers of short term work in surgeries, and the Alcohol Arrest Referral Scheme for people aged 65+:

2002 – 2003 actual	23
2003 – 2004 projected	23

(Note 1: “surgery” in this case means GP surgery, not surgical treatment. Note 2: there were additional contacts for “Advice & Information, but older people were not counted separately under this category)

The Gloucestershire NHS Specialist Substance Misuse Service records numbers of people aged 65+ attending its Review Team as follows:

2000/01	7
2001/02	16
2002/03	12
2003/04 projected	13

Older people in prison with mental health needs

3.25 Gloucestershire Prison is a local prison with people on remand or only serving short sentences. On admission all prisoners receive health screening, but it is understood that it is unlikely to detect mental health needs, and currently there is no work with them to respond to any identified needs. There is a view that the service focuses on illness rather than helping to promote good mental health.

Older people who are lesbians, gay, bisexual or transgendered

3.26 Older people with mental health needs who are gay or lesbian can expect to experience additional difficulties, e.g.



Neglect of sexual identity:

- older people are seen as not having sexual needs, and assumed to be heterosexual
- homophobic fear and prejudice continue
- sexual expression among people with mental health problems is seen as part of their mental illness.

source – Community Care, 3 – 9 April 2003

Experiences contributing to the mental health status of lesbians, gay men and bisexuals who are aged 70 plus in 2002 include:

- feeling highly ostracised; leading hidden lives causing isolation and fear
- until late 1970s psychiatry considered homosexuality to be an illness and there has been no mainstream training to change this way of thinking among those staff trained in this belief
- ... many were frightened to 'come out' to service providers
- ... service providers themselves were embarrassed and ill informed about lesbian, gay and bisexual issues

source – Opening Doors – proceedings of Age Concern 1-day conference April 2002.

3.27 In responding to the mental health needs of older people who are lesbians, gay, bisexual or transgendered, services will need to demonstrate sensitivity to these issues, which may arise in circumstances such as:

- recognising that a partner who does not have equal rights in law may be the chosen representative of the service user
- recognising that older people moving into caring institutions may feel pressure to conceal their sexuality
- people with dementia who experience disorientation in time may believe that their sexuality is criminal
- helping people to choose care homes that have anti-oppressive practices and promote a positive approach to their care
- advocating for people who experience discrimination on account of their sexuality.

Identifying needs and demands through listening

3.28 Listening exercises in Gloucestershire supported by a high number of returns from questionnaires are giving clear indications of the preferences of services users, their carers, and to some extent the wider public.

3.29 In particular listening workshops held by West Gloucestershire and Cotswold & Vale PCTs have identified that services for older people with mental health needs should:



4

- place the older person at the centre of all that we do, recognising culture and lifestyle choices, and offering a flexible range of services
- work in partnership with carers
- involve a wide range of staff working together across organisations to ensure a common approach
- promote good mental health in older people
- be provided as close to home as possible
- ensure early recognition, diagnosis and management of mental health problems
- promote prevention and reablement, maximising independence
- ensure appropriate access to specialist care.

SERVICE AIMS AND KEY ISSUES

Service aims

- 4.1 Mental health services for older people in Gloucestershire should have a statement of clear aims, and time-related objectives for achieving the aims.
- 4.2 Based on feedback from service users, carers and health and social care workers, and analysis of 'needs and demands' (Section 3) it is possible to propose a statement of aims for the services, and give an overall expression of how these should be met.
- 4.3 Proposed aims of the services:

Services for Older People with Mental Health Needs in Gloucestershire

AIMS OF SERVICES

To contribute to the mental well-being of older people and to minimise the impact of adverse mental health.

To achieve this, services will develop a new focus on the older person as an individual, responding and adapting sensitively to their identified needs.



KEY ISSUES

4.4 Linked to Section 3, key issues for the development of services have been identified as follows (not listed in any order of priority):

Key Issue 1

Service users and carers have expressed the wish to have a wider choice from a range of flexible support services e.g. short breaks, located in or as close as possible to service user's homes.

Key Issue 2

The need to increase investment in prevention, earlier detection and diagnosis, and earlier involvement and treatment.

Key Issue 3

There is a need to improve service response to emergencies. Emergency and out-of-hours services often have difficulty responding to the needs of older people with mental health needs, and therefore need to have access to mental health services and support.

Key Issue 4

Linked to Key Issue 3, the skills and understanding of staff working in specialist mental health services e.g. in community mental health teams should be available to support staff working in general services with older people e.g. home care staff working with older people at home.

Key Issue 5

Services should be distributed across the county on the basis of identified and predicted need rather than on a historical basis.

Key Issue 6

At present specialist mental health services that are hospital-based (in-patient and day hospital) are used for a wide range of functions e.g. a place to stay whilst waiting for a placement elsewhere, some of which could be provided closer to the service users' homes and at less cost.

Key Issue 7

Government guidance and changing practice call for a number of changes in the design of accommodation in hospital-based services e.g. single rooms.

Key Issue 8

Mental health in older age is “everybody's business” – this means that all staff working with older people should have the right levels of



training, understanding and skills to support people with less severe mental health needs.

Key Issue 9

Current services are under pressure and at times have difficulty meeting service expectations.

Key Issue 10

This review points to the need for changes that are likely to lead to overall cost increases. It will therefore be necessary for decisions on priorities to be taken, these decisions will need to be based on availability of funding and recognition that service changes that involve stopping one service cannot take place without the alternative provision being in place.

4.5 Proposals for addressing these Key Issues to improve services for the future are described in Section 5.

To achieve this, services will develop a new focus on the older person as an individual, responding and adapting sensitively to their identified needs.

Proposed service outline

This section presents a description of the preferred model for providing services in response to feedback from service users, carers and health and social care workers and the issues identified in Sections 3 and 4.

Flexibility

5.1 Flexibility is important in all aspects of the proposed model in order that we deliver services that put the older person at the centre of what we do.

This means that each user would have access to the service that is most appropriate to their needs at any time, regardless of their age. This approach is about providing the right treatment and/or care and support for people at the most appropriate time and in the most appropriate place, by the most appropriate people.

5.2 Current developments of a Single Assessment Process will encourage staff to work together with older people and their carers. The service user will hold their care information wherever possible with them in their own home to avoid duplication between services, and enable staff to see the most up to date information, and be aware of all those involved.

5



5.3 It is important that mental health services for older people are designed to meet their needs. “Mental Health Services for Older People” are for people aged 65 and over, while people aged under 65 normally come under “Services to people of working age” However an older person should not be denied access to services provided to people of working age on grounds of age (for example access to skills in treating a person who is very ill with a severe and disruptive mental ill-health problem).

5.4 People with early onset dementia, whilst small in number, are a group with particular difficulties and their needs are met through old age services, where staff have skills and expertise.

5.5 The proposed outline is described under the following sub-headings:

- general services – services to support the majority of older people who experience mental health needs
- specialist community-based health treatment – services to support the smaller number of older people with more severe mental health needs
- treatment in hospital
- alternative long-term living arrangements – options for people who are no longer able to continue living in their normal home.

In view of the emphasis on flexibility, these proposals do not recommend specific structures or locations. A clearer structure to deliver the proposals will be developed during the next phase of the Review, see Section 6.

There are additional sections on:

- Supporting family and other informal carers, and
- Human resources

General services (services to support the majority of older people who experience mental health needs)

5.6 Many older people receive support related to physical illness or deterioration, or to the effects of the ageing process. Among these a smaller number will have difficulties or impairments that fall within the general term “mental health” - the most common of these are mild to moderate depression, and mild to moderate memory loss (or other memory-related impairment) that in some cases is identified as dementia.

5.7 Early recognition of mental health needs is a key to helping older



people and those caring for them to understand what is happening, to access appropriate help and to meet their care needs.

- 5.8** It is evident (see Needs and Demands, Para 3.6) that at present significant numbers of older people who develop mental health needs do not have these recognised at an early enough stage, if at all, and consequently do not have the option of access to support, diagnosis and/or treatment. These proposals are intended to strengthen this process.
- 5.9** Staff working in GP surgeries and the community are central to identifying older people with mental health needs, with GP practices playing a key role in diagnosis, treatment and referral to specialist services.
- 5.10** It is proposed that a wider range of members of the primary care team (see 5.12) would participate in assessment and in directing people to suitable support. This process, known as triage, would enable primary care to play a greater role in early detection, treatment and support, and would also increase the ability of primary care services to support people without the need to refer to specialist services.
- 5.11** To achieve this primary care teams would be strengthened by a range of skills, which could include mental health nursing, psychology and support workers.
- 5.12** In addition, Social Services are committed to strengthening links to GP surgeries. Services that would be available are assessment, care management, and access to social care support such as home care, day-time social care away from the home, and flexible short breaks for carers. By strengthening links between social care and primary care it is intended that a single assessment will give each person easier access to whatever range of services may be required to meet their needs.
- 5.13** Assistive technology (equipment such as door openers, gas detectors, falls detectors) is providing opportunities for improved quality of life and risk management for older people with mental health living in the community. Equipment is being piloted in the county, and staff are being trained in its use. It is hoped that this will promote expansion of the service, and equipment will become available within the community loans service.

Specialist community-based mental health services

This section describes services for people with higher levels of mental health needs, who are likely to need a more skilled level of support. They are mainly for people who are living in their own homes, but (see Para 5.32) they will also be in contact with a range of other services.

- 5.14 Specialist community mental health teams would combine the skills of community psychiatric nursing, mental health support workers, Social Workers, Occupational Therapists, Psychology, Psychiatry and care managers.
- 5.15 In addition, social services investment in home care services will give access to care staff who have had extra training to work with older people with more complex mental health needs. These teams would link closely to (and there may be opportunities for sharing locations with) primary care, short term support (Intermediate Care services) and Social Services.
- 5.16 The main role of these teams would be to support people with more intense mental health needs. They would have skills in developing complex and flexible care arrangements to enable people to remain at home who would otherwise have been admitted to care.
- 5.17 The teams would have capacity to support on-going cases where people are at high risk, and respond (if necessary with 24 hour intervention) to emergencies presented by known and new cases.

Specialist day services

- 5.18 The service currently known as day hospital provides assessment, treatment, and support for people who need skilled psychiatric care. In addition, a number of people continue to attend day hospital when their need for psychiatric care has decreased, but other suitable day-time placements are not always available. An additional function of day hospitals is that they can offer capacity to respond to emergencies that could otherwise lead to a person's admission to a hospital bed.
- 5.19 The functions of day hospitals are an important part of a flexible service. However, disadvantages identified are: long journeys for some users and transport costs; people who no longer need psychiatric care being among people who have a higher level of psychiatric need, and the high cost of providing psychiatric care for people who no longer need it.
- 5.20 It is proposed that these specialist functions should as far as possible be moved to a more local level: but without affecting access to support for people who need skilled psychiatric care especially people with advanced dementia.
- 5.21 Opportunities to be explored include locally based assessment and therapeutic clinics, which will require access to diagnostic services, linking specialist day care to other local services including primary care, specialist community mental health services, the community mental health teams and short term support (Intermediate Care services). Availability of such services should be extended beyond normal



working hours. Access would also be improved to more general day care (see Para 5.12) for people who no longer need psychiatric intervention.

Intermediate care

- 5.22** Intermediate care is a term used to refer to services working on a short-term basis with people to help them to stay living at home, or to return home after a period away from home, for example in hospital.
- 5.23** A range of effective intermediate care services have been developed in Gloucestershire, but in general older people with mental health needs have not been able to benefit from these services which have tended to deal with physical problems (this is common across the country). Work has been done to try and improve this situation and expand access to services (see for example Template for Intermediate Care for Older People with Dementia: www.dementia-voice.org.uk/Intermediate_care2.htm).
- 5.24** It is proposed that links should be strengthened between existing intermediate care services and community mental health services for older people. Referral for intermediate care would be for people who were identified as needing short-term intensive work to enable them to return home after admission to hospital, to avoid admission, and to strengthen support where there is a risk of existing arrangements breaking down. This would not be achievable within existing resources.
- 5.25** In addition, a need is also apparent for some beds specifically identified for short-term rehabilitation of older people with mental health needs where support is likely to address both psychiatric and social care needs.

Supporting family (and other unpaid) carers

- 5.26** Family carers and other unpaid carers of people with mental health needs experience high levels of stress; to the extent that carer breakdown is a frequent cause of admission to hospital and care homes. Consultation exercises with family and other informal carers have identified that many carers feel unsupported, that they lack information, they feel that services are provided according to the requirements of providers rather than in response to their individual needs, and frequently that support is not available at times of crisis.
- 5.27** Support to family carers is a need identified in the listening exercises, questionnaire feedback (Section 3) and also by mental health staff. Advocacy, through which carers are helped to identify and express



their needs, is an important part of this process. It is proposed that resources are devoted to developing active support to carers (including how carers could contribute to staff development), together with carer support agencies in the voluntary sector.

Care in hospital

- 5.28** Analysis in table 3.12 suggests that some people are admitted to hospital who would not have been admitted if more community based services had been available e.g. Intermediate care services that could respond rapidly to a crisis and assess and work with someone in their own home.
- 5.29** In addition, at present people transferred from hospital are delayed by an inadequate range of support services outside hospital and difficulty accessing such services. Recent work to minimise the time spent in hospital in Gloucestershire shows that there are significant opportunities to reduce the numbers of people who need to be in hospital at any one time.
- 5.30** Flexible working with members of the community mental health teams and intermediate care staff ‘reaching in’ to hospitals to help people return home will be increased.
- 5.31** Older people with severe mental health needs would be assessed and treated within hospital, but a small number of people who are likely to cause disturbance to themselves and to others would receive more appropriate care in units caring for people needing intense psychiatric care which is not age defined.
- 5.32** Longer-term support for people with high levels of care needs would take place in specialist nursing homes. This opens the possibility for this element of care to be delivered on a more local basis. This facility would need psychiatric support, which is not at present available.
- 5.33** These proposals would lead to a reduced number of specialist inpatient beds. Work to identify the required number of beds and their locations is being undertaken, for example, there are 122 beds available for older people with mental health needs and on an average day 36 beds are not used. Of the occupied beds approximately 24 each day are only being used because the right services are not available in the community. This means that on an average day only half of the 122 beds are being used by older people who need specialist hospital mental health care. In undertaking this review, planning will need to take account of:
- the need to have sufficient numbers of beds in any one location to make a specialist assessment and treatment service viable



- current expectations that in-patient services for people with dementia (known as an organic illness) and other mental health needs e.g. depression, (known as functional illness) should be in separate units
- requirements for physical environments in hospitals to be suitable to ensure the identity, privacy, dignity and modesty of patients, in accordance with the requirements of Essence of Care (Patient-focussed benchmarks for clinical governance, Department of Health April 2003).
- the timing of any changes to ensure that the right level of services were available to meet the needs of service users at all times.

Alternative long-term living arrangements

5.34 For people who are no longer able to remain living in their current homes, a range of provision would be developed to meet needs while continuing to maximise the level of independence of the service user.

5.35 Extra care housing projects are now demonstrating successfully that people with mental health needs who would otherwise have been admitted to long term care can manage to live semi-independently at home. The advantages of this approach include the possibility of helping couples to continue to live together where they would otherwise face separation. It is proposed that a range of extra care housing will become part of the range of living options.

Residential and nursing homes

5.36 The proportion of older people living in residential and nursing homes who have dementia is estimated at 62%, and the proportion who have depression is estimated at 40%. Although some homes specialise in caring for people with mental health needs, many of the estimated numbers live in homes that provide general (not specialist) care.

5.37 In Gloucestershire there are many excellent homes, but overall there is need for work to ensure that places are available in homes with suitable environments and suitably skilled staff to meet the needs of people who are not able to remain in their own homes. It is proposed that work be undertaken to develop the availability of a network of homes providing two distinct levels of care. There is a need for joint commissioning arrangements (health and social services jointly agreeing what type of services should be developed) to ensure that:

- the majority of people with mental health needs including dementia should live in non-specialist care homes, supported by staff who are trained to understand the mental health needs of older people. These homes may not need to provide nursing staff



- there should be a small number of more specialist homes for the long-term care of people with the highest levels of need, frequently with behaviours to which a highly skilled response is required. Although the care needs of many of these people will reduce over time, they should not at this stage be moved to another placement unless this was the understood preference of the service user.

Such a network of care homes would ensure the availability of alternative long-term living arrangements across the county, and consequently as close as possible to a person's original home.

- 5.38** These proposals may be subject to agreement with the Commission for Social Care Inspection (who are responsible for reviewing and registering care facilities) on achieving suitable registrations and on agreeing the relationship between nursing and residential care (whether nursing staff or care staff are needed to provide services in the care home).
- 5.39** In addition to long-term care, agreement would be reached with homes able to make available the important facility of planned and emergency short breaks to older people with a wide range of need, in order to better support carers.

Human resources

- 5.40** An important part of the proposed service is a commitment to making training available to staff at all levels. Examples could include:
- raising the profile of early involvement and treatment skills in GP surgeries to assist with diagnosis
 - link to formal training (including NVQ) for care staff
 - training in skill sharing for teams to make best use of staff time and capacity
- This would require funding, including funding to make people available to attend training.
- 5.41** The majority of older people with mental health needs, whether in their own homes or in other living arrangements, would be supported by staff who do not have specialist psychiatric knowledge. This would require a commitment to help staff to develop positive attitudes and skills to understand the mental health needs of older people and that promoting good mental health is equally important as providing physical care and support.
- 5.42** Specialist staff would have capacity to assist staff working with older people when situations require a higher level of skill. To achieve this, specialist staff (both hospital staff and members of Community Mental Health Teams) would have time dedicated to:



- liaise with staff in GP surgeries
- offer specialist support to staff providing general services in all sectors
- participate in the development of appropriate attitudes and skills to enable staff working with older people to support people with less severe mental health needs
- respond to situations where care situations are in danger of breakdown, for which access will be needed on a 24-hour basis to a range of support services
- support other living arrangements, e.g. people in independent sector homes and in extra-care housing where mental health needs require specialist input
- provide support as needed to general hospitals and to emergency services (a recently successful bid for 2-year funding from the Department of Health for 2 full time mental health posts to work in the general hospitals will contribute significantly to this).

Summary of changes

5.43 These proposals are designed to meet our aim:

To contribute to the mental well-being of older people and to minimise the impact of adverse mental health.

The changes will require:

- greater investment in a range of community services across health and social care including:
 - an expansion of intermediate care services (rehabilitation services provided quickly for a short time either in your home or in a care setting)
 - home care services (personal care services provided at home) with the development of some specialist services for people with the most complex needs
 - development of community mental health teams, which will include health and social care workers to provide flexible responses and improved support to care providers e.g. in care homes.
- supporting primary care (GPs) to provide earlier diagnosis, by helping with access to specialist memory clinics and specialist psychiatric advice, and increasing the numbers of staff with mental health training e.g. Community Psychiatric Nurses working in GP surgeries
- alternative ways of working with organisations providing care to buy both services provided in the community and in care homes



- fewer inpatient beds in the Partnership Trust specialist units
- developing specialist mental health services that provide:
 - an all age dementia service, recognising the need of small numbers of younger people with dementia who require access to specialist services within this
 - a flexible service for those with other mental illness e.g. depression recognising that older people need access to the right services and staff to meet their needs just as much as younger people (under 65)
- locally based assessment and therapeutic clinics, linking specialist day care to other locally based facilities including GP surgeries and specialist community mental health teams
- developing choices for alternative long term living including:
 - extra care sheltered housing
 - residential care that meets the needs of people with dementia
 - expansion of short breaks in a person's own home or a care home setting
 - specialist facilities for those older people with severe and challenging mental health needs
- a requirement for all staff across Health, Social Services and other organisations providing care to receive training and skills development on the mental health needs of older people, so that mental health becomes everybody's business, not just the responsibility of specialist mental health services.

What happens next?

"Everybody's Business" puts forward proposals for reshaping services for older people with mental health needs in Gloucestershire. Following this consultation, final proposals will be presented to NHS and social care organisations in Gloucestershire in the Autumn, for approval. Formal consultation will then take place on any service changes involved with implementation starting in early 2005.

This document sets out the proposed principles and adjustments needed for mental health services for older people. There is still a significant amount of work to be undertaken to define the service model. This continues during the consultation period.

This work includes:

- describing the future location and number of inpatient beds
- working with service users, the public and our partners to define and agree alternative long term living arrangements



- working with organisations providing care services to describe and agree the provision of care for those with the most challenging behaviour
- exploring how we provide day services including assessment and treatment
- looking at the staffing needed in the enhanced community support teams, to support more people in the community
- making inroads into the cultural changes required to make older people's mental health 'Everybody's Business'.

Feedback form

The NHS and Social Services in Gloucestershire would like your help in thinking through how services should look in the future. We want to hear from as many people as possible, including those who may feel their needs are not always recognised e.g. members of black and minority ethnic groups, older people with a learning disability, older people who are gay or lesbian and younger people with dementia.

Please complete the Feedback Form at the end of this document and return it to us, using the FREEPOST address shown.

Alternatively you can view the consultation document and return the Feedback Form on-line at www.gloshealthservices.org.uk/getinvolved or www.westglospct.org.uk.

For further copies of the consultation document contact West Gloucestershire Primary Care Trust, on 01452 389452.

A summary of this document is also available

- In Gujarati, Bengali, Chinese and Urdu
- Audiotape or Braille

તમોને જો આ દસ્તાવેજનું ગુજરાતી ભાષાંતર જોઈવું હોય તો, મહેરબાની કરીને ૦૧૪૫૨ ૩૯૮૯૯૯ અથવા ટેલિફોને ૦૧૪૫૨ ૩૯૬૯૦૯ નંબર પર ફોન કરશો.

আপনি যদি এই তথ্যের কাগজটির একটা বাংলা সংস্করণ চান, তাহলে দয়া করে ০১৪৫২ ৩১৮৮১৯ নম্বরে অথবা ০১৪৫২ ৩৯৬৯০৯ নম্বরে ট্যাপেস্ট্রীকে টেলিফোন করুন।

如果你需要這份文件的中文譯本，請致電 01452 318819 或者聯絡達意處 01452 396926。

اگر آپ کو اس دستاویز کی اردو نقل درکار ہے تو براہ مہربانی 01452 318819 یا ٹاپوسٹری کو 01452 396928 نمبر پر فون کریں۔

The closing date for the consultation is 12th September 2004.

Appendix I – Review group membership

Dr. Nick Ardagh-Waters	Gloucestershire Partnership Trust
Mr. Len Bamber	Representative - Independent Care Sector
Mrs. Eleanor Beaumont	Gloucestershire Partnership Trust
Mrs. Shirley Bond	Gloucestershire Partnership Trust
Mrs. Helen Bown	West Gloucestershire PCT/Glos SSD*
Dr. Ian Cameron	Cotswold and Vale PCT
Mrs. Vareta Bryan	Cotswold and Vale PCT/Glos SSD*
Mrs. Ann Carter	Alzheimers Society – Gloucester Branch
Mr. Stuart Conlon	Gloucestershire Partnership Trust
Mrs. Sue Coombs	Gloucestershire Partnership Trust
Mr. David Dungworth	West Gloucestershire PCT/Glos SSD*
Mr. Bob Feirn	Gloucestershire Partnership Trust
Ms. Kathy Holland	Carers Participation Officer
Ms. Claire McBride	Cheltenham and Tewkesbury PCT
Mr. Roy McDowell	West Gloucestershire PCT/Glos SSD*
Mrs. Clare-Louise Nicholls	Cotswold and Vale PCT
Mr. Chris Sherratt	Dementia Voice
Ms. Claire Smart	Glos SSD*
Mr. Robert. Walker	Cheltenham and Tewkesbury PCT
Mrs. Carey Wallin	Cotswold and Vale PCT/Glos SSD*

*Glos SSD = Gloucestershire County Council Social Services Department



Appendix 2 - Sources

National Service Framework for Older People	March 2001	Department of Health (DoH)
National Service Framework for Mental Health	1999	DoH
'Forget Me Not'	January 2000	Audit Commission
'Forget Me Not 2002'	March 2002	Audit Commission
Building Capacity and	October 2001	DoH
Partnership in Care Review of Mental Health Services for Older People in Gloucestershire	April 2001	District Audit



Notes:



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