

Mental Health Care for Older People in Camden

September 2008.



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1. INTRODUCTION

This strategy sets out the vision for the development and commissioning of services and support for older people with mental health needs and their carers in Camden. Services for older people with mental health needs in Camden are delivered by several organisations, who have all been involved in the development of this strategy. These organisations are:

Camden Council – responsible for a wide range of services across Camden, including social care services

Camden PCT – responsible for “Primary Health Care” services, such as General Practitioners, community nursing and commissioning acute services, such as hospital care

Camden and Islington NHS Foundation Trust – responsible for specialised services for Camden and Islington residents with mental health needs.

Voluntary and Community Sector organisations – provide a range of services for older people in the community.

These organisations will be working in partnership to ensure that we meet the aims and objectives of this strategy, and that the needs of older people with mental health problems continue to be met.

Consultation

We consulted on this strategy with older people and local organisations during May, June and July 2007. The consultation events included a successful stakeholder event and a service user event with Camden and Islington NHS Foundation Trust. People we spoke to about the MHCOP Strategy made a significant contribution to the strategy and agreed with the outcomes that we have outlined.

In particular, we received very helpful feedback on how you would like us to support older people with mental health needs, and we have included these in the strategy. Key themes that emerged from the consultation included a focus on Quality of Life (and links with the Quality of Life Strategy) and increased engagement of primary health care in the mental health care of older people. This strategy has been reshaped to incorporate the range of comments received throughout the consultation process. The full consultation report can be found in Appendix B.

1.1 What we want the strategy to do

1.1.1 Many people develop mental health problems at some point in later life. This strategy describes how the organisations in Camden will work together to provide treatment and care to enable older people with mental health needs to live fulfilling lives.

1.1.2 The strategy has been drawn up by Camden Council, Camden Primary Care Trust (PCT), with the participation of Camden & Islington Mental Health and Social Care Trust (the local NHS organisation that provides mental health services across Camden and Islington) and local voluntary sector agencies. It describes our plans for developing and improving our services over the next three years. Based on an assessment of local needs, and in the context of government and local policy, this strategy sets out:

- the outcomes for service users and carers,
- the key aims and objectives, and the principles which underpin these,
- the progress we have made so far, and
- what still needs to be done.

1.1.3 It also explains how these plans tie in with other national and local policies and procedures designed to improve the lives of older people.

1.1.4 A detailed action plan has been drawn up showing how we will implement the strategy.

1.2 What we want to achieve

1.2.1 We want to achieve a ‘whole systems’ approach to the provision of culturally appropriate care that recognises the many factors which contribute to good mental health, including physical health, quality of social and family life and accommodation.

1.2.2 The outcomes that we are aiming to achieve for older people with mental health problems:

Outcomes

1. Older people experience equality of services regardless of their age, gender, disability, ethnicity, religion, sexual orientation or location in the borough
2. Older People are informed about mental health and mental health promotion
3. Older People with mild or moderate mental health difficulties experience quality services, provided in mainstream services.
4. Older People with more complex or severe mental health difficulties experience quality services, through specialist providers.

5. Older people with mental health difficulties remain independent, in their own home, with support from a range of community based services, for as long as possible.
6. Older people with mental health difficulties have appropriate alternative accommodation, when they are unable to remain in their own home
7. Older people with mental health difficulties experience quality, specialist care in hospital. Older people are not inappropriately admitted in hospital, and are supported to return to the community where possible.

In addition to the outcomes above, we also need to improve the information that we use to improve the services for older people with mental health needs. The steps we will take to improve this information are also outlined in the implementation plan.

- 1.2.3 We aim to provide a range of mainstream and specialist services that will work together to enable people to choose the support which is most appropriate for them, and to have access to services which take account of their specific cultural needs and preferences.
- 1.2.4 We value the part that carers play in enabling people to remain at home, and recognise that many carers are themselves older people with their own needs. We want to provide them with appropriate support where necessary.
- 1.2.5 We want to give older people, and their carers, more say in their treatment and support and in the services they receive, through advocacy and by involving service users and carers in planning, monitoring, and evaluating services.
- 1.2.6 We are committed to working with our partner agencies in the statutory, voluntary and independent sectors to achieve these outcomes.

1.3 Why the strategy is needed

- 1.3.1 A Camden & Islington Strategy for Mental Health Care of Older People (MHCOP) services was agreed in 1999, but we now need a new strategy to take account of local organisational changes and national developments. The MHCOP Joint Commissioning Group has been reconfigured to include representatives from the Joint Commissioning Team, Adult Social Work service, the Mental Health and Social Care Trust, Primary Care and the voluntary sector, and a new post of Strategic Commissioner for Mental Health Care of Older People has also been established. This strategy is therefore an opportunity to set out a shared vision, and to outline a way forward to provide a

consistent, 'joined up' multi-agency approach to the planning and delivery of services.

1.3.2 The government has set a significant agenda for changing and modernising health and social care services. The key elements are laid out in the NHS led National Service Framework for Older People, which was introduced in 2001 and refreshed in 2006, and the 2006 local government White Paper, 'Our Health, Care, Our Say'.

1.3.3 The White Paper sets out a programme for changing the way health and social care services are delivered, emphasising the importance of personalised care designed to meet the needs of the individual and to achieve the following outcomes:

- Improved health and emotional well-being.
- Improved quality of life
- Full and equal participation in community life.
- Increased choice and control
- Freedom from discrimination
- Financial stability and control
- Personal dignity and respect

1.3.4 These outcomes translate into the following key national objectives for service delivery:

- Promoting independence by focussing on prevention, and empowering people to maintain their own health.
- Ensuring fair access to services and timely access to appropriate packages of care.
- Delivering user focussed and responsive services, which treat service users and carers as individuals, and give people more control and choice about the care they receive.
- Providing better co-ordinated services, delivered as close to people's homes as possible.
- Providing integrated intermediate care services, to prevent hospital admission and reduce lengths of stay.
- Reducing health inequalities and inequalities in provision.
- Ensuring consistency and value for money.
- Delivering high quality of care by raising standards and ensuring a well-trained workforce.

1.3.5 All the service providers in Camden are responding to these challenges, and this strategy reflects the steps that are already being taken to improve services which include:

- Camden Primary Care Trust Estates strategy – aims to bring together the good services currently provided onto one site, enabling Multi-disciplinary teams, diagnostics and a more pleasant, modern environment.
- Improvements to our residential provision – ensuring that our accommodation is designed to best meet the needs of people with dementia and serious mental illness.
- Modernisation of mainstream services – supported by the long term care and support strategy, to improve the service delivery for older people in the borough.
- Modernisation of specialist services provided on behalf of the PCT and the Council by Camden and Islington NHS Foundation Trust

1.3.6 It should also be recognised that health and social care services across the country, as well as in Camden, are experiencing financial constraints, and we therefore need to ensure that we are using the monies available in the most effective way possible.

1.3.7 In Camden, services for older people have responded to this challenge by developing and implementing a range of strategies; the Quality of Life Strategy for Camden's Older Citizens, the Camden Carers' Strategy, the Long Term Care and Support Strategy, and the Supporting People Strategy. The strategy will also need to link in with other initiatives in health and social care and beyond, including the Drug and Alcohol Strategy, Suicide Prevention Strategy, Mental Health Promotion Strategy and the Local Area Agreement.

1.3.8 This strategy is also informed by the Care Services Improvement Partnership document 'Everybody's Business', which provides guidance on the development of integrated mental health services for older adults. The principles that underpin "Everybody's Business" have been adopted as best practice by the Department of Health, in the White Paper, and the update of the National Service Framework for Older People (New Ambition of Old Age). These key principles are:

- To ensure age equality in the development of mental health care for adults of all ages, with access to services on the basis of need, not age.

- To improve the skills and competencies of staff to enhance detection and management of mental illness in all non-specialist settings, so that wherever people are, they are not discriminated against, and have their mental health needs managed well.
- To secure comprehensive specialist mental health services for older adults, with a particular emphasis on community mental health teams, memory assessment clinics, and liaison services.
- To promote mental health as part of active ageing.

1.3.9 Delivering good mental health services to older people across the spectrum of care and support is a complex multi-agency task. This strategy draws these national and local policies together to enable the agencies to:

- set out the vision and future direction of services, with shared outcomes for older people with mental health needs,
- identify what is currently being done and what still needs to be done,
- ensure that we provide a framework for the provision of care pathways, which support a 'seamless' service across the mainstream and specialist services.
- reduce unnecessary duplication between the different agencies in planning, developing and delivering services,
- review the purpose and effectiveness of current services against the aims and objectives.
- move from short-term to long- term planning, taking into account demographic factors and ensuring that planning mechanisms are responsive to changing circumstances over the next three years.

1.4 Who is the strategy for

- 1.4.1 The strategy is intended for all older people with mental health needs arising in later life and for younger people experiencing confusion, memory loss, and dementias, and their carers. The strategy covers services for older people with dementia and functional illness who may also have; learning disability, physical disability, sensory impairment, substance misuse or a forensic history.
- 1.4.2 The strategy looks at the specialist Mental Health Care of Older People (MHCOP) services provided by the Camden and Islington NHS Foundation Trust, and mainstream services provided by health and social care services and the voluntary and community sector

1.5 How the strategy will be implemented

- 1.5.1 The MHCOP Joint Commissioning Group will oversee the delivery of this strategy, which will be implemented within the overall framework of Camden Long Term Care and Support Strategy. The JCG will review the strategy each year.
- 1.5.2 A detailed implementation plan is attached and sets out how we will develop our services to meet the needs of older Camden residents with mental health needs. We recognise that Camden is a diverse borough, and we will ensure that we are able to support older people regardless of age, gender, disability, ethnicity, religion, sexual orientation or location in the borough
- 1.5.3 We recognise that we need to do more to involve mental health service users and carers from all communities in planning, commissioning, monitoring and evaluating our services.

1.6 How the implementation of the strategy will be funded

- 1.6.1 The strategy will be delivered within existing budgets. It will therefore be necessary to make best use of the available resources, and to decommission and re-commission services to provide the best and most appropriate care and support. Where this is necessary it will be done in a planned and transparent way with the minimum disruption for service users and carers, following appropriate consultation with stakeholders, including service users and carers.

2. LOCAL NEEDS AND RESOURCES

2.1 Local Needs

- 2.1.1 The population of Camden is relatively young and, although it is growing steadily, the number of people over the age of 65 is expected to remain fairly static at approximately 21,100 until 2011. The older population is then expected to rise steadily. Older people currently represent 9.4% of the population of Camden.
- 2.1.2 Camden is a diverse borough, and the older population reflect this diversity. 87.9% of Camden's older residents classify themselves as White, however, within this group there is a great deal of diversity, as 20.7% of the older population describe themselves as White Irish or White Other. The borough has large communities of residents of Bangladeshi (2.5%), Black Caribbean (1.9%), Black African (1.7%) and Indian (1.7%) heritage.
- 2.1.3 Health data present a mixed picture of health as compared with the national average, but show significant health inequalities across the borough between wards.
- 2.1.4 Information on the prevalence of dementia (age standardised) indicates that there are approximately 1,400 older people with dementia in Camden.
- 2.1.5 The Mental Health Needs Index indicates that Camden has one of the highest needs for mental health services in London, with rates of schizophrenia in the highest 10% in the country. Information on depression in older people is less well documented, and estimates that between 10% and 15% of older people suffer from depression. It is expected, given the high levels of mental health needs in the borough, that this could represent approximately 2,400 older people in Camden. Rates of suicide and deliberate self-harm are also very high with, older people generally being at higher risk. The relatively high percentage of single pensioner household's in Camden may be a risk factor.
- 2.1.6 We recognise the importance of updating and assessing the demographic information, and understanding the level and pattern of need, in order to plan for and design new services. We will carry out work to update and improve our understanding of population projections, and to improve our data collection and management information systems, which are not currently providing us with clear

enough detailed information about the local needs for mental health services.

2.2 Local Resources

2.2.1 Camden has a range of mainstream and specialist health and social care services, commissioned by the statutory sector and provided by the statutory, voluntary and independent sectors, which provide assessment and treatment, and care managed services for people assessed as meeting the Fair Access to Care Services criteria (for Social Care services): Mainstream services include:

- GP practices, including, multi disciplinary services e.g. District Nurses, Primary Care Mental Health Workers.
- Seven Adult Health and Social Care Teams provide assessment and care management to all adults. Some are based in GP surgeries and some in general hospital settings.
- Domiciliary Care is provided by an in-house mainstream service, and a mixture of block contract and spot purchased care from independent providers.

Specialist services in the borough include:

- Two Community Mental Health Teams (CMHTs) provide multi-disciplinary assessment, treatment and care management to older people with specialist mental health needs.
- A specialist domiciliary care service provided by Umbrella caters for people with functional mental illness. Specialist home based respite care is provided by Crossroads.
- Day services are provided by two specialist 'in-house' day centres. Netherwood and Raglan, which offer 50 places per weekday, 18 places on a Saturday and 10 places on a Sunday, for people with dementia.
- Two Day Hospitals: Camden Mews provides 4-5 places per day for Camden residents with organic and functional needs. Piercy provides 12 places per day for people with functional mental illness.
- Three Camden Council run residential care homes are registered for people with dementia or mental illness. Branch Hill and St Margaret's offer 93 places to Camden residents with dementia. Wellesley Road provides 48 places for residents with a range of needs, including mental illness, and has an emergency placement

unit. Where suitable placements are not available in Camden places are spot purchased in care homes outside Camden.

- In-patient services for people with specialist mental health needs.
 - 12 assessments beds at the Nancy Swift Unit, Royal Free Hospital.
 - 16 assessment beds at St Pancras Hospital.
 - 36 Continuing Care beds at Queen Mary House, including 4 respite beds, and 2 beds at Ash House.

2.2.2 Camden is very well provided with a range of voluntary agencies that offer a wide variety of services to adults of all ages that can be accessed directly, without a care assessment. Age Concern, Crossroads, Umbrella, MIND in Camden and the Alzheimer's Society provide a range services to meet the specific needs of older people with mental health issues and their carers.

2.2.3 Advocacy Services,

- Carers support groups
- Counselling services.
- Day centres
- Direct Payments Support Service
- Good neighbours scheme
- Home care and home support services
- Information and advice services

2.2.4 We are committed to providing high quality services to meet the needs of service users, and need to ensure that these are being provided in the appropriate setting. We consider that we rely too heavily on in-patient and residential care for older people with mental health needs. We need to improve the information that we collect to determine if this is accurate. This will be addressed in the implementation plan, along with any resulting actions.

2.2.5 A further consideration is the need to bring MHCOP services in line with the PCT's estates strategy, which aims to bring services nearer to the service users, and decrease Camden's reliance on building based services. The estates strategy will also modernise the buildings that services are delivered in.

2.3 Partnerships for Older People Projects (POPP)

2.3.1 Camden successfully bid for Department of Health funding of £773,000, under the Partnership for Older People's Projects (POPP). The title of

Camden's POPP services is "Community Interventions for Older People with Mental Health Needs". The projects will run for two years from 2006-2008. Eight pilot projects, outlined below, have been developed across a range of high, to low and emerging needs, to test a range of different approaches to the way services are delivered. The projects will be reviewed and evaluated in early 2008 and the results will inform decisions about future commissioning. The mainstreaming of these projects will also need to be incorporated into commissioning frameworks.

2.3.2 Four new projects are being provided by the voluntary sector:

- A local social enterprise scheme 'Alternative Care (Help at Home)', providing practical and social support to vulnerable older people to enable them to remain independent in their own homes.
- An expansion of Age Concern's 'Talking Therapies' to those with milder mental health issues such as anxiety and depression, and for people in the early stages of dementia.
- Networkers, which trains older people, who have direct or indirect experience of mental ill health, as volunteers.
- An information and training course for carers.

2.3.3 Four new projects are being provided within the statutory sector;

- Exercise programmes in people's own homes, with the aim of increasing mobility and confidence to enable service users to access exercise activities in community venues.
- Specialist home care training to enable staff to work safely and sensitively with people with dementia, with the support of assistive technology.
- An enhanced CMHT service, which now operates seven days a week.
- A community based Memory Service providing early assessment at home with access to a full range of investigations and appropriate follow-up.

2.3.4 The Local Authority Housing and Adult Social Care department and the Supporting People Team are developing Extra-Care Sheltered Housing that will provide 24-hour care staff on site. Additional units are planned for development from 2006-2020.

The first 35 units became available in March 2007 with an allocation of up to 8 places for older people with functional mental illness.

2.3.5 Further work is being taken forward, through the Long Term Care and Support strategy, to look at the future of the in-house residential care homes providing specialist care.

2.4 Managing and commissioning resources

2.4.1 Specialist services for older people with mental health needs are jointly commissioned by Camden Primary Care Trust and the London Borough of Camden. A strategic commissioner for older people's mental health has recently been appointed and is responsible for the commissioning of these services.

2.4.2 The Community Mental Health Teams, Day Services and other specialist services are provided on our behalf by Camden and Islington NHS Foundation Trust.

2.4.3 The partners responsible for the provision of MHCOP services in Camden are currently reconfiguring the commissioning, procurement and brokerage of MHCOP services, which are currently divided between Camden Council's Adult Social Care Service and the Mental Health & Social Care Trust, to create a single health and social care commissioning service for adults across the age range and care groups. This will allow a clearer overview of our expenditure, of how existing services are being commissioned, and will enable us to benefit from economies of scale.

2.4.4 Mainstream services are also jointly commissioned by Camden Council and Camden PCT. These services aim to deliver joined up services for primary health and social care services for adults and older people who need support in the community and in residential settings.

2.4.5 Mainstream services are also in the process of reconfiguring and reviewing their services to improve efficiency and quality of care. This review will also incorporate the social work assessment and care management services and mainstream residential care services.

3. PRINCIPLES AND AIMS

3.1 Key principles

3.1.1 This strategy is underpinned by the following shared principles, agreed between Camden Council, Camden PCT, Camden and Islington NHS Foundation Trust, and the voluntary sector:

- Older people will be treated with respect, with full account taken of their needs and wishes including cultural ones. There will be equity of treatment between all older people. Older people with mental health needs will be treated on an equitable basis with other age groups: there will be no age discrimination in the availability of services.
- Older people will be able to retain as much control of their own lives as possible including decisions about their care and support. Particular emphasis is given to remaining independent, being able to make choices from a range of services, contributing to and being part of the local community, and being financially and physically secure.
- There will be active promotion of good mental health and well-being.
- Care and support will be provided that is relevant to individual needs and available in the appropriate setting, with efficient transfer where this is necessary. Where appropriate and achievable, the mental health needs of older people will be met by mainstream local services.
- Carers will be identified, engaged and respected, and assessed for their own needs, with timely, accessible and relevant information and services provided.

3.2 Strategic Objectives for Older People's Mental Health Care

3.2.1 We will provide a 'whole systems' service, which will promote independence, self-determination and inclusion of older people and their carers. This means looking at services across health and social care, and also in the wider community, to wider services provided or

commissioned by the local authority (such as leisure and learning opportunities), and to services provided in the voluntary and community sector. In order to develop our services to achieve the national outcomes and priorities, we need to shift resources from institutional towards community-based services and from secondary services to primary care, prevention and early intervention services. Services will be more personalised and designed around the needs of the individual.

- 3.2.2 We will involve older people and their carers in the design, delivery and monitoring of our services,
- 3.2.3 We will ensure that services are needs led and resources are targeted in areas of greatest need, linking with primary care colleagues in health and social care to ensure that appropriate information is available and referrals are made.
- 3.2.4 We will improve our management data collection so that we can develop our services on the basis of good local intelligence.
- 3.2.5 We will enable older people and their carers to take more responsibility for their health and well being by providing mental health promotion information and training, and through person centred care planning and Direct Payments for services.
- 3.2.6 We will address social exclusion by ensuring that older people with mental health needs have access to a range of community services such as leisure, housing and education, and that support for their mental health needs is provided, where possible, within the mainstream health and social care services.
- 3.2.7 We will increase the focus on promotion of independence and early intervention by training staff in the mainstream services to recognise and work safely with people with dementia and mild to moderate mental illness. We will introduce more flexible joint working protocols to enable primary care and specialist mental health services to provide care that is responsive to the changing needs of the individual. This will include specialist mental health advice and brief intervention to support the mainstream services to manage people with more complex needs or during periods of crisis.
- 3.2.8 Services will be provided on the basis of assessed needs and there will be no age barrier to receiving services.
- 3.2.9 We will ensure that there are clear care pathways through a range of mainstream and specialist services, and that there is equality and consistency of provision and access to all services across the borough.
- 3.2.10 We will work with the voluntary, statutory and private sectors to increase capacity and improve access to a range of flexible community based services, including home care for people with complex and

specialist needs, residential and nursing care for people with functional mental illness, and continuing care provision in the local community.

3.2.11 We will reduce reliance on in-patient services through provision of community and home based services, and improve the physical environment on our hospital wards.

3.2.12 We will ensure that people from ethnic minority communities have information and support to enable them to access services, and that they are fully involved in the planning and commissioning of culturally appropriate services.

3.2.13 We will improve our support to relatives, friends and families caring for older people with mental health problems.

4. OUTCOMES AND ACTIONS

Outcome 1

Older people experience equality of services regardless of their age, gender, disability, ethnicity, religion, sexual orientation or location in the borough.

Priorities

- Ensure that all services provided for older people with mental health needs meet Camden's commitment to equalities
- Improve service user and carer participation in the design, delivery and monitoring of services

Proposed developments

1. Review the policies regarding early-onset dementia and service users with dual diagnosis
2. Explore the current recording of excluded groups, such as faith and sexual orientation, and develop recommendations for improvement
3. Improve user and carer participation in the design, delivery and monitoring of services
4. Link with strategies to target other vulnerable groups, such as the Alcohol strategy, Supporting People Strategy, Health Promotion Strategy, HIV/AIDS services/strategy etc.

Outcome 2

Older People are informed about mental health and mental health promotion

Priorities

- Enhance social inclusion for service users and carers
- Improve access to information about health and health improvement
- Improve links with adult mental health services

Proposed developments

1. Improve information and signposting for physical, social, leisure and educational opportunities in the community
2. Improve MHCOP information on Care Trust website

3. Develop a mental health promotion strategy for services across the borough, ensuring that diversity and equality are taken into consideration
4. Develop a carers support directory
5. Implementation of the suicide prevention strategy
6. Promote support available through the Expert Patient Programme.
7. Ensure MHCOP services are incorporated into Mental Health Directory
8. Improve the information available to GPs and in GPs surgeries on older people's mental health

Outcome 3

Older People with mild or moderate mental health difficulties experience quality services, provided in mainstream services.

Priorities

- Improve links between mainstream health and social care services and specialist services
- Enhance MHCOP training and skills for staff

Proposed developments

1. Increase the number of older people referred to the Primary Care Mental Health Workers
2. Provide ongoing training for domiciliary, day care and residential and nursing staff
3. Review screening and assessment tools, ensuring that the Single Assessment process is implemented
4. Improve the links between the Memory Service, and primary health and social care services, and other providers.

Outcome 4

Older People with more complex or severe mental health difficulties experience quality services, through specialist providers.

Priorities

- Offer early diagnosis through the memory service
- Ensure that appropriate assessment is available by specialist teams in the community or in hospital settings
- Improve links between mainstream health and social care services and specialist services

- Improve links between specialist adult mental health services, and specialist services aimed at older people with mental health needs
- Enhance understanding of carers' needs.

Proposed developments

1. Undertake a mapping exercise of the interface between mainstream and specialist services, which will:
 - develop a shared understanding of the roles of the 'specialist' and 'mainstream' services,
 - develop clear written protocols for accessing specialist MHCOP services.
 - improve the understanding and implementation of the Fair Access to Care Services (FACS) assessment criteria
 - develop and implement written protocols for shared care and key-working arrangements for people with very complex needs, and for transfers of care between specialist and mainstream teams.
 - develop formal links and liaison between the mainstream and specialist services.
 - develop written protocols with primary care for access to specialist advice and brief intervention.
 - review community specialist teams, to ensure that we make most effective use of staff skills, and provide a consistent service across the borough
 - review geographical access to services in the borough
 - develop written protocols for specialist assessment and shared care of people with L/D, sensory impairment, and with a forensic history.
2. Review the current arrangements for provision of assessment and treatment for substance misuse services to ensure that older people with mental health needs are able to access these specialist services.
3. Review and improve pathways between adult and older people's specialist services.
4. Explore the potential use of Support, Time and Recovery (STR) models for older people with mental health needs

Outcome 5

Older people with mental health difficulties remain independent, in their own home, with support from a range of community based services, for as long as possible.

Priorities

- Support older people in their own home, promoting flexible support options, such as Direct Payments
- Support for the development of Home Care Strategy
- Development and implementation of assistive technology solutions for older people with mental health needs
- Review of Day Services provision
- Support for carers

Proposed developments

1. Review current commissioning arrangements to ensure that services are needs led and cost effective
2. Ensure that the home care strategy reflects the needs of older people with a range of mental health needs.
3. Strengthen links with providers in other parts of the council and voluntary to ensure that the needs of older people with mental health problems access services.
4. Review of Day Services provision
5. Support for isolated older people in the borough and explore advocacy in the borough
6. Increase the uptake Direct Payments (and subsequent Individual Budgets) in older people receiving services from Camden and Islington NHS Foundation Trust
7. Ensure that appropriate links are made with the Quality of Life Strategy. The strategy is currently being reviewed, and MHCOP (with focus on the mental wellbeing of older people) will be included in this.
8. Ensure that the key principles of the Quality of Life Strategy are incorporated into all developments for MHCOP service users. These are currently being re-assessed, but are likely to fall broadly into the following categories (the exact wording to be confirmed):
 - Involvement of Older People as Citizens
 - Access to information and services
 - Equity and age discrimination
 - Maximisation of income for older people and carers
 - Choice, dignity and control
 - Partnership

Outcome 6

Older people with mental health difficulties have appropriate alternative accommodation, when they are unable to remain in their own home.

Priorities

- Providing a range of accommodation for people who can no longer remain in their own home
- Ensure fair access to mental health accommodation based pathway services
- Increase long term provision
- Promote a shift from in-patient based continuing care to services in a community setting
- Link with the estates strategy to provide high quality care, in high quality environments.

Proposed developments

1. Increase long term availability of sheltered and extra care housing for older people with dementia and functional mental health problems, including:
 - a. Through the Supporting People team to existing sheltered accommodation in the borough
 - b. Provision of additional Extra Care Housing in the next 8 years – the first 8 units for older people with mental health problems were opened in March 2007.
2. Access to all new and recommissioned supported housing services to be based on assessed need. The process of matching needs with services will take account of age and other personal circumstances, but not use an upper age limit as an arbitrary exclusion criterion
3. Review the residential provision in the borough to further support older people with functional mental illness
4. Implement the new continuing care criteria
5. Re-commission continuing care provision to support more older people in the community.
6. Ensure that older people's mental health is taken into consideration when developing the provision of residential and sheltered accommodation
7. Improve the links between health and social care community based services and housing based services

Outcome 7

Older people with mental health difficulties experience quality, specialist care in hospital. Older people are not inappropriately admitted in hospital, and are supported to return to the community.

Priorities

- Reduce delayed transfers of care
- Improve physical environment of hospital based services, through the estates strategy.
- Review in-patient care, in the light of community based initiatives
- Work with intermediate care services and the REACH team to improve access for older people with mental health needs, and assess the need to have separate provision.

Proposed developments

1. Implementation of the PCT estates strategy
2. Review the number of acute assessment beds, following capacity building the community
3. Review provision of intermediate care services for older people with mental health problems, to assess feasibility of specialist services.
4. Link to be established between REACH and specialist mental health services.
5. Improve the links between services in acute settings and services in the community

Information Outcome

Improve information and its use relating to MHCOP services

Priorities

- Improve information and management of :
 - Budgets
 - Service usage
 - Pathways
 - Demographic and prevalence data
- Improve information on secondary client type
- Improve links between mainstream and specialist services
- Links with Practice Based Commissioning

Proposed Developments

1. Information mapping of specialist and mainstream services for MHCOP service users
2. Scope social care in-house system for information gathering

3. Process mapping on pathways between specialist and mainstream services
4. Implement detailed service specification for all MHCOP services, linking activity to the outcomes framework and performance management.

5. APPENDIX A

Terminology used in this strategy

Assistive Technology. Also known as ‘Telecare’, this is equipment that enables people who have cognitive, physical or communication difficulties to live independently. Examples include sensors, alarms and special switches linked to appliances in their homes. This can work in a preventative or monitoring way by providing early warning of deterioration, falls, fire or gas, prompting a response from family, carers or professionals, or can provide security by protecting against bogus callers or burglars.

Care Package. A mixture of nursing care and personal care that is tailored to the specific needs of an individual and provided by a combination of different professionals working together.

Care Pathway. This is the route map taken by a service user into, through and out of health and social care services.

Care Programme Approach. A system for looking after people with mental health problems and ensuring that they receive the help and support that they need and that this care is well organised.

Carer. A relative or friend who provides care on an informal or voluntary basis.

Commissioning. The process of specifying, securing and monitoring services to meet identified needs.

Continuing care. NHS funding for on-going physical and mental health care. This care may be provided in a hospital, a nursing home, or the individual’s own home.

Direct Payments. Cash payments from a social services department to a service user to buy community services.

Dual Diagnosis – where a service user has two or more presenting needs, for example mental health and physical needs, or mental health and substance misuse needs.

Early Intervention / Prevention – for example, by identifying dementia earlier, the quality of care provided can be improved, and the service user and carer can be better supported. Earlier intervention for people with depression can prevent the need for higher level services

Eligibility criteria (for continuing care). A person’s eligibility for fully funded NHS continuing care, which is free at the point of delivery, was previously

agreed on a local basis. This led to inequality from area to area and the national criteria will be introduced from 1st October 2007.

Expert Patient Programme. A NHS-based training programme that provides opportunities to people who live with long-term chronic conditions to develop new skills to self manage their condition better on a day-to-day basis

Functional mental illness. Mental illness which affects thinking processes, mood and behaviour, and can interfere with a person's ability to conduct tasks needed for day-to-day living. Most commonly these illnesses are: schizophrenia, bi-polar affective disorder (also known as manic depression), obsessive-compulsive disorder, anxiety and depression. The term is used to distinguish these conditions for organic mental illness (see below).

Intermediate Care. Multi-disciplinary care to enable people who are in crisis to remain in the community or, where hospital admission is necessary, to return home as soon as possible.

Local Delivery Plan. A three year plan which describes how Camden PCT and it's partners aim to improve health and develop services by raising standards, tackling inequality and making sure they reflect the needs and choices of the people they serve.

Nursing homes. Nursing homes are run by voluntary or private organisations and provide services of qualified nurses for 24 hours a day. They are for people who need nursing care but do not need to be in hospital.

Older People's Champion. The National Service Framework for Older People requires that every Primary Care Trust, Local Authority and Health and Social Care Trust have both a non-executive and a clinical older people's champion. The champion's role is to raise the profile and highlight the needs of older people and to monitor the implementation of the NSF.

Organic mental illness. Disorders caused by physical impairment of the brain, which in turn cause confusion, memory loss and can affect the person's ability to function and to care for themselves. In older people this is most commonly caused by Alzheimer's disease or stroke.

POPP (Partnerships for Older People Projects). A two year programme led by the Department of Health providing funding for local authority based partnerships to lead pilot projects to develop innovative ways to help older people to live independently longer. The overall aim is to improve the health, wellbeing and independence of older people.

Primary Care. Services provided by family doctors, GP practice based nurses, community nurses, different types of therapists, and social care staff.

Primary Care Trust. Primary Care Trusts were introduced into the NHS a few years ago, as a way of modernising services. They are responsible for

commissioning and ensuring the delivering all the health services for the local community.

Rehabilitation. The process of restoring or maintaining the living skills for a person who has been disabled by illness or accident. Also a means of slowing a deteriorating condition so that a person can live as independently as possible. Rehabilitation services often involve several agencies and are usually provide by a multi-disciplinary team.

Residential care homes. Residential care homes are run by local authorities and voluntary or private sector organisations and provide accommodation and support for people who are no longer able to cope with day to day activities in their own homes.

Single Assessment Process (SAP). A relatively new process introduced to ensure that all assessments for health and social care are timely, that the need for specialist assessment is identified as soon as possible, and that assessment and treatment are co-ordinated and the older person is not subjected to duplicate assessments by different professionals.

Step-up and step-down care. A range of services that offer extra support to avoid hospital admission where possible, and if an admission is necessary, reduce the length of stay.

Whole systems approach. The integration of the entire health and social care system, encompassing a mixture of preventative and rehabilitative community services, run by the NHS, local authorities and the independent sector.

APPENDIX B – CONSULTATION REPORT

Background

The MHCOP strategy went out to consultation on the 14th May 2007, with the consultation period finishing on the 30th July.

The consultation was launched with a stakeholder event held at the ORT centre in Camden, and led by Cllr Martin Davies, Executive Member for Adult Social Care and Health.

Distribution

3 documents were produced as part of the consultation: the full report, an Executive Summary, and a short questionnaire.

These papers were distributed at the stakeholder event, through “Strategy Champions” from the JCG, including health and voluntary organisations. The strategy was published on the PCT and Council websites, circulated to libraries and advertised in the “Golden Gazette” (which is distributed to over 3,000 older people in Camden).

The information in this report summarises the views expressed at 3 meetings (the original stakeholder event, the Older Gay Man’s group and a meeting convened by the Care Trust for their service users). The report also includes the responses from contacts made during 3 “telephone surgeries”, returned questionnaires and other consultation feedback.

Response

Overall, the responses commissioners received were positive and supportive of the direction of travel for services for MHCOP users.

Stakeholders were also very positive about the services that are currently in place, and were concerned that any changes might impact on staff and services users.

The comments made during the consultation called for the following issues to be addressed:

- A greater emphasis to be placed on the need to engage GPs, Primary Care and the acute trust

- Improved links with the Quality of Life Strategy (this is very timely, as the Quality of Life Strategy is currently being reviewed, and we therefore have an opportunity to cross-refer between the 2 strategies with an emphasis on mental well being)
- Improved links between the different outcome areas – the need to improve the link between the Community Mental Health Teams and Assessment and Care Management teams has already been highlighted, and incorporated into the strategy. Comments received also reinforced the need to link between community, residential and acute services.
- Information and implications regarding the Mental Capacity Act
- A greater emphasis on addressing differences between specialist provision in the different areas of provision (for example between the north and south teams).
- Addressing the recent NICE guidelines, Alzheimer’s society and the National Audit Office. The more recently published “Improving services and support for older people with mental health problems” (the follow-up report to “Promoting mental health and wellbeing in later life”) will also need to be incorporated.
- Greater support for older people who are socially isolated, through investigating service developments such as “Support, Time and Recovery”
- An emphasis on the need for appropriate advocacy services.
- Greater support for older people from BME communities, and those whose first language is not English, (including links with housing, and ensuring that services are developed in a culturally appropriate way)
- Work to reduce the stigma associated with mental health
- Consistent and thoughtful home care support, where carers have an understanding of the specialist needs of older people with mental health problems
- Better emphasis on choice and the use of Direct Payments for older people with Mental Health needs
- Access to complimentary therapies

The strategy will be amended to include these comments, as appropriate.

Concerns raised

A consistent concern of respondents to the consultation was that the financial situation within the borough for health and social care services may impede the development of these services.

Whilst the strategy did not propose any direct changes, respondents were concerned that any alterations would be made without proper consultation. Stakeholders were assured that the appropriate consultation would be employed

Proposed Actions

To reflect the comments we have received, it is proposed that the following are included as actions for the revised implementation plan:

- Implementation of recent publications and requirements (for example NICE guidelines, MCA)

Outcome 1

- Explore the monitoring of excluded groups, such as recording of faith and sexual orientation, and develop recommendations on improvements
- Links between the MHCOP strategy and HIV/AIDS services/strategy

Outcome 2

- Improve the information available to GPs and in GPs surgeries on older people's mental health

Outcome 3

- Improve the links between the Memory Service, and primary health and social care services, and other providers.

Outcome 4

- Introduce geographical elements to the mapping and interface developments, to reduce the differences (real and perceived) between the north and the south specialist teams.
- Explore the potential use of Support, Time and Recovery (STR) models for older people with mental health needs

Outcome 5

- Support for isolated older people in the borough

- Increase the number of older people receiving Direct Payments (and subsequent Individual Budgets) from Camden and Islington NHS Foundation Trust
- Ensure that appropriate links are made with the Quality of Life Strategy. The strategy is currently being reviewed, and MHCOP (with focus on the mental wellbeing of older people) will be included in this.
- Ensure that the key principles of the Quality of Life Strategy are incorporated into all developments for MHCOP service users. These are currently being re-assessed, but are likely to fall broadly into the following categories (the exact wording to be confirmed):
 - Involvement of Older People as Citizens
 - Access to information and services
 - Equity and age discrimination
 - Maximisation of income for older people and carers
 - Choice, dignity and control
 - Partnership

Outcome 6

- Ensure that older people's mental health is taken into consideration when developing the provision of residential and sheltered accommodation
- Improve the links between health and social care community based services and housing based services

Outcome 7

- Improve the links between services in acute settings and services in the community

Other areas raised (not within the remit of the strategy)

In addition to the issues relating directly to MHCOP service users, respondents also raised concerns about the impact of other changes in the system that could impact on MHCOP services. Commissioners will forward these concerns to the relevant officers / organisations

- Waiting times for other hospital services
- Transport and extension of the Taxi Card Scheme
- Implications of the new charging policy
- Changes to adult day services