

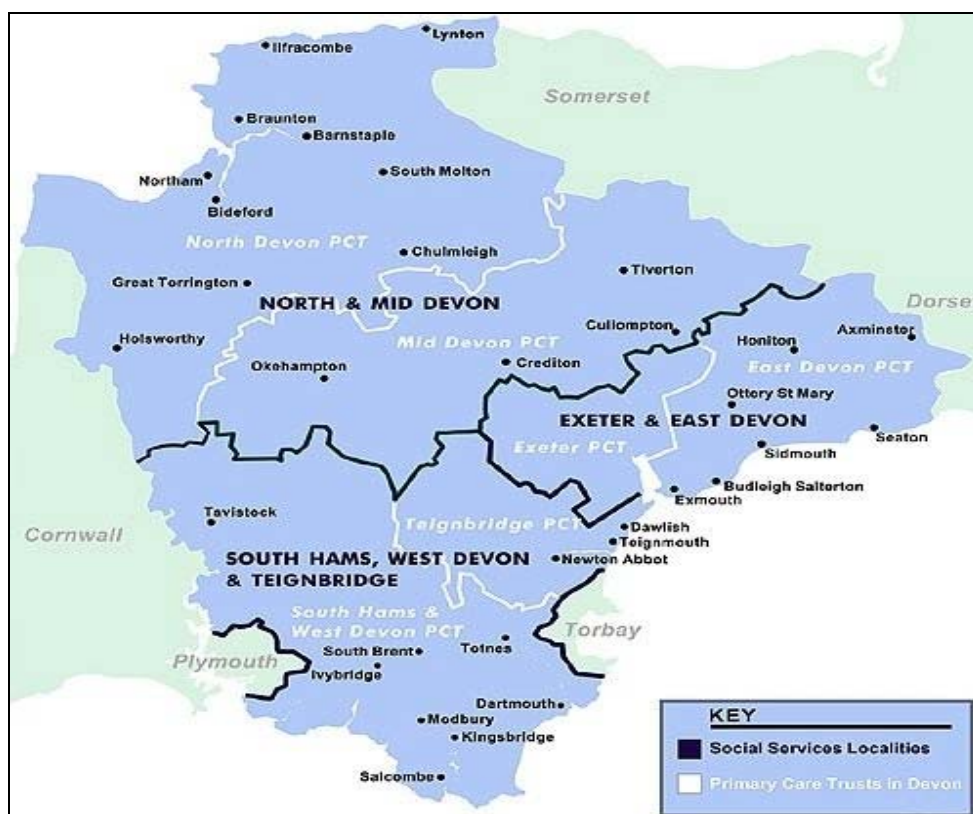


# **Implementation Framework**

**for the  
Devon Older People's Mental Health  
Development Programme  
2005 to 2010**

**Produced by  
The Devon Implementation Group  
For Older People's Mental Health**

**July 2005**



## Partners in the Devon Older People's Mental Health Development Programme

---

Devon County Council  
 Devon Partnership NHS Trust  
 East Devon PCT  
 Exeter PCT  
 Mid Devon PCT  
 North Devon PCT  
 South Hams & West Devon PCT  
 Teignbridge PCT  
 Torbay Council  
 Torbay PCT

---

# Contents

---

	<b>Page</b>
<b>1. Foreword</b>	<b>4</b>
<b>2. Introduction</b>	<b>5</b>
<b>3. Who is OPMH for ?</b>	<b>6</b>
<b>4. Why is change needed ?</b>	<b>7</b>
<b>5. How will change be delivered ?</b>	<b>9</b>
• Involvements: Devon, Torbay, Locality	
• Related Health & Social Care Agendas	
• Strategic Processes	
<b>6. What will future services look like?</b>	<b>15</b>
• Tiers of Service – Key Features	
• Underlying Developments and Supports	
<b>7. When will this happen ?</b>	<b>19</b>
<b>8. Conclusion</b>	<b>20</b>

---

## Appendices

- 1. DIG Terms of Reference**
  - 2. Checklists for Delivery**
  - 3. Conditions and Prevalence**
  - 4. Communications Plan**
  - 5. National Policy**
-

## 1. Foreword

The OPMH Devon Implementation Group has been mandated to ensure that we maintain focus and commitment to securing better mental health for our older adult population across Devon over the next five years. The challenge following the outcome of the Sainsbury Review is to ensure all mainstream health and social care services, with the support of specialist services, are configured and developed to provide a consistent pattern of provision throughout each of our local health and social care communities.

We have agreed that, as a first step, it is important that Commissioners undertake a local needs assessment and specify the service changes, service developments, investment and disinvestment proposals, and agreed milestones for achievement that best meet those needs. From these local plans we can draw together a clear Devon-wide Commissioning Strategy that will give Devon County Council the information they require in order to plan effectively and our service providers, most notably Devon Partnership Trust, the clarity and coherence they need to effect the service changes required within the agreed planning cycles.

We now know that the Department of Health intends publishing a blueprint for Older People's Mental Health Services in the Autumn and, as Professor Ian Philp and Professor Louis Appleby have recently stated, "*good mental health care for older people is not an option*". Having completed the Sainsbury Review, we are well placed in Devon to respond and, by taking time to develop our commissioning intentions for 2006/7 onwards, we shall be the better placed to make real and sustained progress.

We have drawn up a Template to assist each local health and social care community to formulate their Locality Commissioning Strategy, and we look forward to receiving the outcome of this work in the early Autumn.

Jacqueline Kelly  
Chief Executive, North Devon Primary Care Trust  
Chair, Devon Implementation Group for Older People's Mental Health

July 2005

## **2. Introduction**

This document establishes, for the first time, a whole systems Implementation Framework for older people's mental health (OPMH) across the areas covered by Devon County Council and Torbay Unitary Authority. This approach will improve the commissioning, planning, integration and co-ordination of services for older people with mental health needs.

The main statutory organisations responsible for services have recognised that organisational change, boundaries and complex and challenging agendas have restricted the changes necessary to improve services and ensure they are fit for purpose to deliver the needs of 21<sup>st</sup> century service users of older people's services. At the inaugural meeting of the Devon Older People's Strategic Partnership, a Devon & Torbay OPMH Development Project was commissioned with the overall aims to :

***Propose a service commissioning and provider framework for Older People's Mental Health across Devon & Torbay. To address issues of:***

- ***Equity of access***
- ***Consistency of outcome***
- ***Implementation and achievability across short, medium and long term time scales***

This 2004/5 Project was funded and organised by the ten statutory health and social care organisations listed on page 2.

On completion, the final report was published by the Project's consultants, Sainsbury Centre for Mental Health (SCMH), in April 2005. The report will form the basis for Devon OPMH commissioning and strategic development and it included the following components :

- National policy and influences
- Project processes, including outcomes of extensive stakeholder consultations focusing on both review and development
- Principles and values, derived from these consultations, to form drivers for developments and the basis for future evaluation
- Analysis of challenges to whole systems working
- Care Pathways and tiered model as the context for providing comprehensive spectrums of care
- Recommendations for whole systems implementation
- Discussion of priorities and complex issues
- Analysis of data produced for specialist NHS and Social Services

Following widespread support among participating organisations and stakeholders, this successful Development Project has now become the first stage of:

### ***The Devon Older People's Mental Health Development Programme***

This Implementation Framework builds on the initial Development Project. It will form the context and basis for the complex programme for future delivery. It will focus on the structures, programme and projects needed to implement the SCMh recommendations and will provide a framework for any future developments and restructuring.

This document will not repeat the contents of the SCMh Report, which is available in full from the OPMH website at [www.devon.gov.uk/mental\\_health](http://www.devon.gov.uk/mental_health). It now seeks to build an

effective transition to the future, and to develop OPMH services across Devon during the next five years, 2005 to 2010.

An important legacy from the Development Project, and the widespread consultations and participation it engendered, is the principles and value base outlined in Table 1 below. In this Framework, these principles form the rationale for building a comprehensive range of services across all tiers. They will in future form the basis of a performance management framework. The principles also provide an important base to hold to, as implementation grapples with a range of complexities, helping to align:

- **the mental health needs of older people and younger adults**
- **the mental health needs of older people with generic older people's health planning**
- **Devon and locality planning**
- **Health and social care**
- **Statutory, voluntary and independent providers**
- **the important wider agendas**

### **3. Who is OPMH for ?**

The **'service users'** of OPMH services are people over 65 years who have organic and functional mental health problems and younger adults who have been diagnosed as having dementia. As part of implementation, there will be review of the appropriateness of the '65 years' transition between OPMH and mental health services for people of 18 to 65 years, ie., younger adult mental health services (known as AMH). At present, although transitions are applied flexibly in most circumstances, there are some inconsistencies and service user requests for more flexibility and change. Work with AMH planning forums will also be undertaken to end age discrimination and enable more 'needs led' rather than 'age-determined' services, as specified in the National Service Framework (NSF) for Older People (Dept of Health 2001) and to enable older people, particularly with functional mental health needs, to more fully participate in developments arising from the NSF for Mental Health (Dept of Health 1999).

Organic mental health problems include a range of conditions generally called 'dementias'. Functional mental health problems in older people can present in a wide range of ways and are often masked by concurrent physical illnesses or social changes. See Appendix 3 for definitions of organic and functional mental health disorders, together with national prevalence information.

**'Carers'** refers to people of any age who provide regular care for a spouse, partner, relative, friend or neighbour who cannot manage alone because of severe illness, frailty, disability or vulnerability.

This document is also relevant to staff in all the organisations providing OPMH services and generic older people's services, including the statutory, voluntary and independent sectors. The five year plan, as it unfolds, will be increasingly relevant to a wider range of stakeholders (i.e., community organisations, local councils, housing). As service priorities are implemented, attention can be directed to a wider focus on whole systems working.

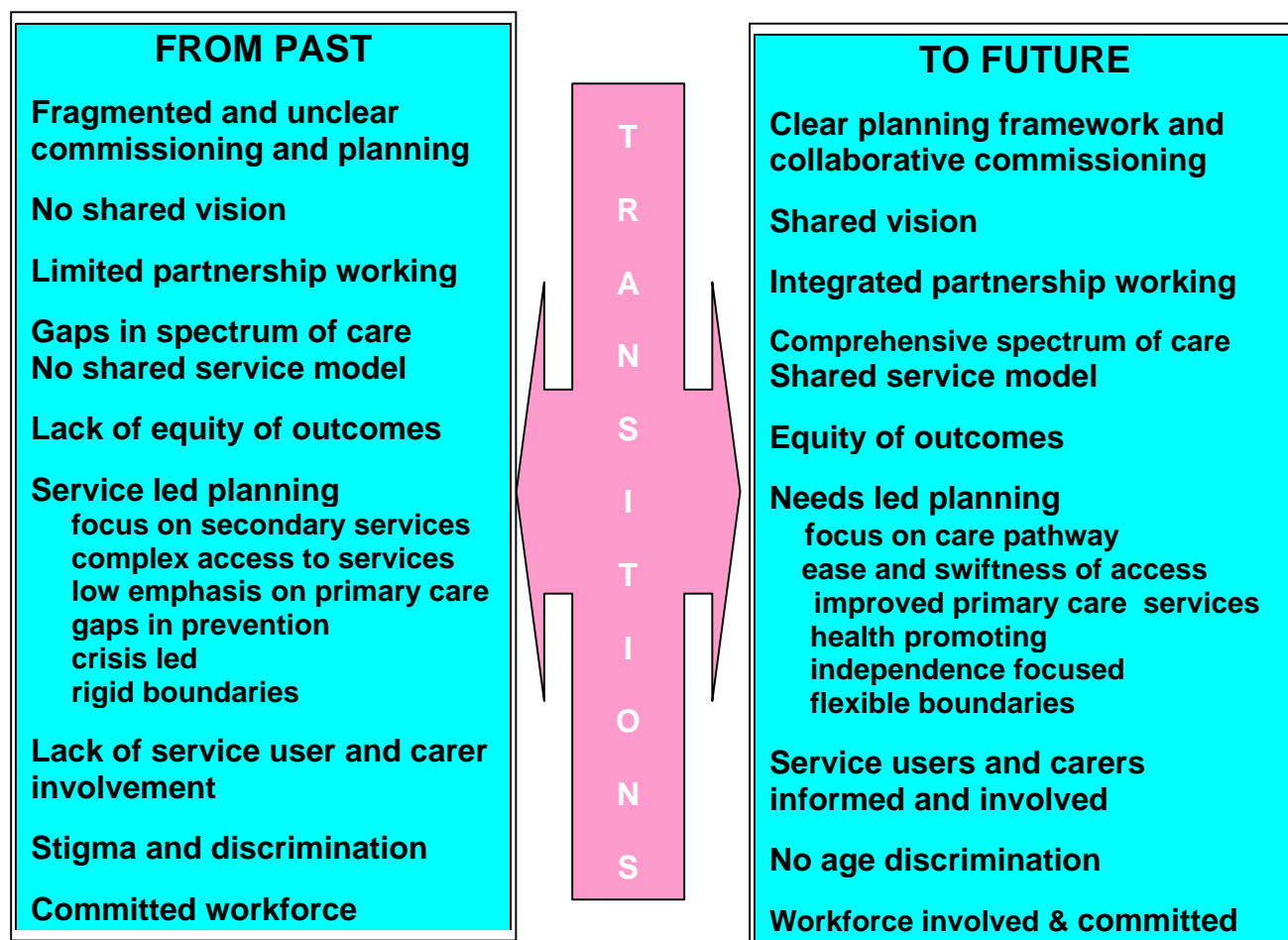
#### 4. Why is change needed ?

Extensive consultations in the first stage of the OPMH Development Project revealed a strong rationale for change (see final report). Diagram 1 below illustrates this need for change and the strong agenda required to effect an efficient transition.

Although some good work has been undertaken in some areas, the current fragmented structures for commissioning and planning have proved ineffective to deliver national guidance and to enable effective local engagement, particularly in relation to standards in the NSFs for Mental Health and for Older People (ibid) and to recommendations in the Audit Commission's 'Forget Me Not ' report (AC 2000 & 2002).

In particular, both national guidance and local consultations have clearer specified the need for improved services delivered in the community, to keep people active and in optimum health in their own homes and local environments.

**Diagram 1: From Past to Future**



A number of national health and social care reforms, recently published or anticipated, will require a more sophisticated planned, collaborative and performance managed approach to ensure that change is delivered to the benefit of service users and carers. These will include government publications relating to:

- The Department of Health "blueprint" for OPMH services (Autumn 2005)
- The Green Paper on Adult Care Services "Wellbeing, Independence and Choice"

- **Creating a Patient Led NHS**
- **The new Mental Health Bill**
- **Practice Based Commissioning**
- **Payment by Results, which will impose national tariffs for mental health treatments**
- **White Paper on Primary Care**
- **'Choosing Health', White Paper on Public Health**
- **The National Service Framework for Long Term Conditions**
- **The Carers Act**

### Principles and Values

The OPMH Development Project, through its consultation processes, has been able to establish a number of core principles and values to form the bedrock of the Development Programme. These will become standards against which to monitor service delivery. They also provide the rationale underlying the service development agenda. The *why* and the *what* of development are outlined in Table 1 below (the consequent what, when and how are detailed in Appendix 2, Checklists)

**Table 1: Rationale and Main Recommendations**

<b>WHY</b>	<b>WHAT</b>
<b>VALUES as STANDARDS</b>	<b>MAIN RECOMMENDATIONS*</b>
<b><i>Needs Led and Person Centred Promoting Mental Health</i></b>	<ul style="list-style-type: none"> <li>• Single shared mental health assessment and review system</li> <li>• Needs based access to services of choice</li> <li>• Supports for health promotion</li> </ul>
<b><i>Primary Health and Social Care Focused</i></b>	<ul style="list-style-type: none"> <li>• Centrality of primary health &amp; social care as initial access point for assessment and support</li> </ul>
<b><i>Integrated</i></b>	<ul style="list-style-type: none"> <li>• Joint Agency OPMH Managers</li> <li>• Development of fully integrated CMHT(OP)s</li> <li>• Pathways and protocols development</li> </ul>
<b><i>Managing Risk</i></b>	<ul style="list-style-type: none"> <li>• Improved joint health and social care risk management</li> <li>• Appropriate access to Crisis Resolution Teams</li> </ul>
<b><i>Community Focused Promoting Independence</i></b>	Inpatient beds reviewed & rationalised : <ul style="list-style-type: none"> <li>• In light of local community developments</li> <li>• To support critical mass &amp; dedicated provision</li> <li>• Access to dedicated functional &amp; organic beds</li> </ul>
<b><i>Community Focused Promoting Independence Socially Inclusive</i></b>	<ul style="list-style-type: none"> <li>• Community services development :</li> <li>• To support recovery &amp; social inclusion</li> <li>• Specialist home support services developed</li> </ul>
<b><i>Age Appropriate Not Age Defined</i></b>	<ul style="list-style-type: none"> <li>• Access to younger AMH service developments, where appropriate on a needs led basis</li> <li>• Appropriate access to Crisis Resolution Services</li> </ul>
<b><i>Involving Service Users and Carers Focus on Carers' Needs</i></b>	<ul style="list-style-type: none"> <li>• Information strategy</li> <li>• Communication strategy</li> <li>• Sustained support to service user networks</li> <li>• Sustained support for carer networks</li> <li>• Develop supports for carers</li> </ul>
<b><i>Whole Systems Working Equity of Outcomes</i></b>	At PCT and at pan-PCT levels <ul style="list-style-type: none"> <li>• Leadership across all partner organisations</li> <li>• Commissioning expertise and capacity</li> <li>• Performance Management Framework</li> <li>• Workforce development and involvement</li> </ul>

\* main recommendations from the SCMHE Executive Summary (full recommendations are expanded in Appendix 2, Checklists for Delivery)

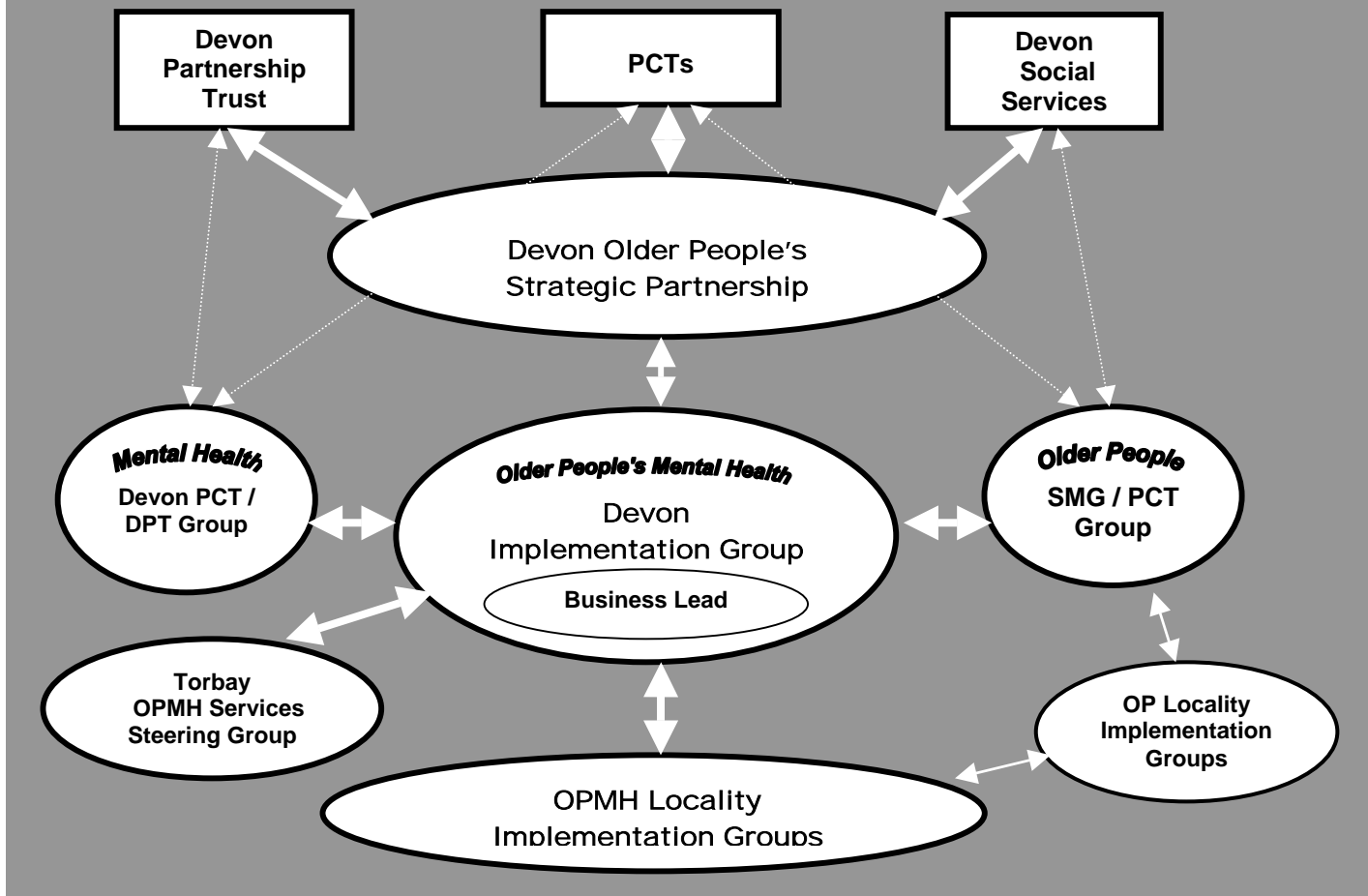
## **5. How will change be delivered ?**

OPMH commissioning and planning processes, identified as fragmented, complex and hidden in the OPMH Project , were prioritised as a key development need during first stage consultations. In order to facilitate the transition, attention will be paid at an early stage to developing a commissioning framework to deliver collaborative commissioning structures and processes. This is a complex challenge for organisations and they have committed to :

- **Deliver person centred services, in the right place at the right time, responsive to need irrespective of organisational structures**
- **Manage complex issues of high level of need and competition for scarce resources**
- **Manage the interdependence between organisations, where the actions by any one can affect the whole system**
- **Maintain momentum and continuous implementation through periods of organisational change**
- **Meet requirements for effective working of organisations operating across Devon (Devon Partnership Trust & Social Services) and those of Primary Care Trusts serving local populations**
- **Manage complex interfaces with a range of agendas and developments in other service areas that are of relevance to effectively serving the needs of older people with mental health problems and their carers**
- **Support local planning by developing Devon-wide policies and protocols, evidence-base, benchmarking and networking**
- **Subscribe to principle of subsidiary, where all service planning decisions which can be taken locally are made by Local Implementation Groups and micro-commissioning will be encouraged**
- **Develop commissioning and communication processes that are transparent and clear to enable local stakeholders and service users and carers to have a voice and be involved**
- **Enables working towards equity of access and outcomes**
- **Build capacity and expertise to improve financial and needs analysis, performance management, and quality assurance**

Effective whole systems working will involve both vertical and horizontal integration. The former will bring connectivity between overarching Devon wide structures and Locality Implementation Groups (see Diagram 2) and the latter will mean wide involvement at locality level, both with service users and carers, with stakeholder groups and with related health and social care agendas. The structure in Diagram 2 will, for example, enable important interfaces with the Devon wide AMH LIT and with AMH Locality Implementation Groups. It will also provide a point of reference where localities are collaborating on services that cross locality borders (eg., specialist inpatient units). Service user and carer involvement will be maintained through representation on the Devon Older People's strategic partnership, to which the OPMH DIG reports, and in membership of OPMH Locality Implementation Groups.

### **Diagram 2: Commissioning and Implementation Structures**



### Devon wide Involvement

The Project's commissioners, Devon Older People's Strategic Partnership, and senior management of health and social care organisations, have agreed on the formation of new structures to facilitate integrated commissioning as outlined in Diagram 2.

The hub of this new model will be the Devon wide OPMH Implementation Group, formed to oversee commissioning, planning and related processes. Its Terms of Reference and membership are outlined in Appendix 1. Membership will comprise all the statutory organisations involved and will provide links to a range of management and planning forums. The DIG will be chaired by a Primary Care Trust Chief Executive and its members will ensure wider connectivity and collaboration through participation in a range of Boards, Partnerships and Groups to ensure that commissioning and service development can be effectively organised and delivered across organisations and at county and local levels.

This level of co-ordination will facilitate more effective working for county-wide organisations, such as Devon Partnership Trust. The DIG will also include a Social Services Lead, and representatives to ensure unity of approach in developing Devon County Council OPMH commissioning strategies. Social Services DIG members will work with the Business Lead and Social Services Modernisation Team to ensure fit between OPMH developments and Devon wide and locality social care agendas.

Details about the the main structures involved are outlined in Table 2 below.

### Torbay Involvement

Torbay has established a Steering Group to implement an action plan to improve services for OPMH. This meets monthly with a number of task-centred groups meeting

separately to provide more detailed input. The Group is fully representative of local stakeholders. Torbay Primary Care Trust and Social Services are working towards forming a Care Trust to integrate health and social care. Integrated management structures are now in place. The Torbay OPMH Services Steering Group reports directly to the Chief Executive Designate of the Care Trust and the Senior Management Team .

**Table 2: OPMH Commissioning and Development Structures**

<b>Forum</b>	<b>Membership</b>	<b>Aim</b>
<b>Devon Older People's Strategic Partnership</b>	<ul style="list-style-type: none"> <li>• Statutory organisations</li> <li>• Councils/police/housing</li> <li>• Voluntary sector</li> <li>• Independent sector</li> <li>• Older people's forums</li> </ul>	To deliver better outcomes for older people and their carers in Devon by working more effectively together to improve services and make best use of our collective resources
<b>Torbay OPMH Services Steering Group</b>	<ul style="list-style-type: none"> <li>• Statutory organisations</li> <li>• Voluntary sector</li> <li>• Carers</li> <li>• Independent sector</li> </ul>	To co-ordinate implementation of the recommendations of the Sainsbury Report in Torbay
<b>Devon PCT/DPT Group</b>	PCT & DPT Senior management responsible for mental health planning	To oversee the formulation and implementation of Local Delivery Plans for mental health
<b>SMG/PCT Group</b>	<ul style="list-style-type: none"> <li>• PCT Chief Executives</li> <li>• Devon Social Services Senior Management Group</li> </ul>	The Joint Executive Management Group for cross-cutting strategic planning issues and the forum for discussion and resolution of health and social care commissioning decisions
<b>OPMH Devon Implementation Group</b>	Statutory organisations representing commissioning and health and social care provision	To deliver better outcomes for older people with mental health needs and their carers in Devon and Torbay by working more effectively together to improve services and make best use of collective resources
<b>OPMH Local Implementation Groups</b>	<ul style="list-style-type: none"> <li>• Statutory organisations</li> <li>• Voluntary sector</li> <li>• Independent sector</li> <li>• Service user and carers</li> </ul>	To deliver better outcomes in localities for older people with mental health needs and their carers by working more effectively together to improve services and make best use of collective resources

### **Locality Involvement**

The term 'locality' covers an area co-terminus with a PCT (and in Torbay with the anticipated Care Trust) and reflects the joint agency nature and ownership of the OPMH agenda.

Most services will be delivered locally and locality-based commissioners will be responsible for producing locality joint agency OPMH commissioning strategies and implementation plans. To ensure clear accountability, PCTs will appoint named local managers responsible for locality commissioning. Unless joint agency appointments have been made, these commissioners will work in conjunction with named Social Service and DPT managers to ensure integrated commissioning, planning and service provision.

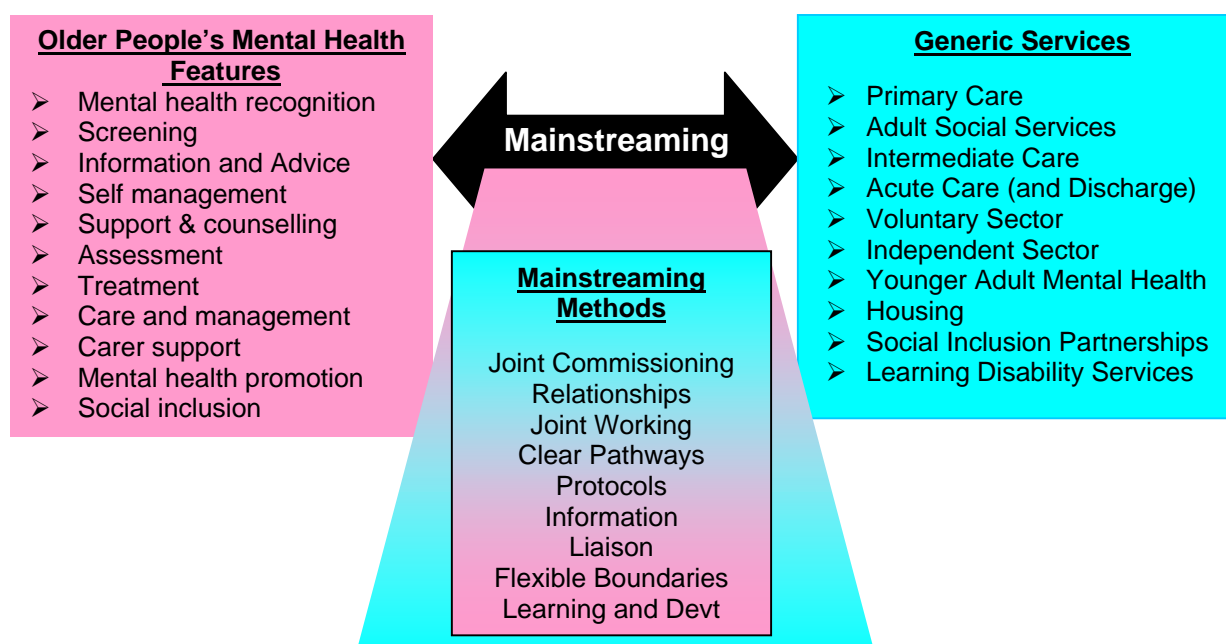
In each locality there will be a multi-agency Local Implementation Group (or equivalent body covering the same functions), to oversee and advise on this process. It is important that OPMH LIGs :

- Have direct links (by membership) to the OPMH DIG
- 
- Are organised by the PCT as the commissioner agency
- Include in their membership representatives of all statutory organisations and voluntary and independent sectors that provide OPMH services in the area
- Include service user and carer representatives to cover perspectives from organic and functional mental health
- Are directly linked (by membership) with and report to generic Older People's LIGs in order to ensure local whole systems working and collaboration to the benefit of all older people with health and social care needs
- Have links with locality younger adult mental health LIGs

### Related Health & Social Care Agendas

“Mainstreaming” OPMH will be an increasingly important area for OPMH development. It means that key features of mental health services are embedded in the wider health and social care services for older people.

### Diagram 3: Mainstreaming OPMH



This will involve a continuum of approaches from integration of joint commissioning strategies for mental health and for older people, with strong relationships at county and at locality levels, with clear protocols i.e., for shared care and for referral into specialist OPMH services. It will also involve investment in learning and development over the range of mainstream services.

The ability of the system to mainstream expertise in older people's mental health will depend on the vibrancy of specialist knowledge and skills in specialist OPMH services and they will require strengthening rather than dilution to achieve this.

*“Age discrimination in mental health services needs further attention, so that services developed for working adults are available to older adults on the basis of need, not age and vice versa. Mainstream primary care, intermediate care, hospital care, residential and other long-term care services all need to be able to accommodate the care of older people with mental health problems as these often co-exist with other problems. Further investment in specialist old age mental health services is required to provide care for those with greatest needs as well as providing advice and support to mainstream services.”*

Professor Ian Philp, National Director for Older People

Better Health in Old Age, 2004

The DIG will need to make and maintain links with a number of Devon and Peninsula projects that are working in areas of relevance to OPMH, both to develop whole systems capability and to ensure that older people have their holistic health needs met. It will be important to pace of OPMH developments with such wider agendas as:

- **The Single Assessment Process (SAP)** - for development of fully shared recording systems, including interface between specialist mental health and generic services and information technology solutions. The SAP Peninsula Programme Board are currently planning a mental health workshop to ensure a consistent approach across the peninsula to the interfaces between SAP and the Care Programme Approach (CPA – the national process for managing specialist mental health assessment and treatment)
- **Reimbursement** - The South West Peninsula Strategic Health Authority are similarly planning a mental health workshop on reimbursement policy
- **Social Services Modernisation Programme** – eg., reviews of Day Services, Domiciliary Services and Residential Care
- **Devon Partnership Trust’s reviews** (Partnership in Progress, 2005) and Business Plans
- **Partnerships for Older People Planning (POPPs) project**, - to enable older people with functional mental health needs, and older people at risk of depression, to engage in health promotion and access normal day opportunities to prevent social exclusion
- **Devon Falls Group**
- **Devon Carers’ Involvement Framework**
- **NSF for Mental Health Implementation** – joint planning with younger adult mental health implementation groups
- **NIMHE SW mental health workforce programme**
- **NSF for Long Term Conditions** – recent Department of Health communication has specified the relevance of this NSF and its implementation for people with OPMH needs
- **NIMHE SW OPMH programme** for 2005/6 this will progress developments in: Service user & Carer Involvement, Benchmarking and Good Practice, learning on new legislation for Mental Health Capacity and Risk Management
- **Supporting People and Housing Strategies**
- **Preventative Technology grants**
- **Integration** - the wider health and social care integration agenda
- **Practice Based Commissioning**
- **The Local Area Agreements**

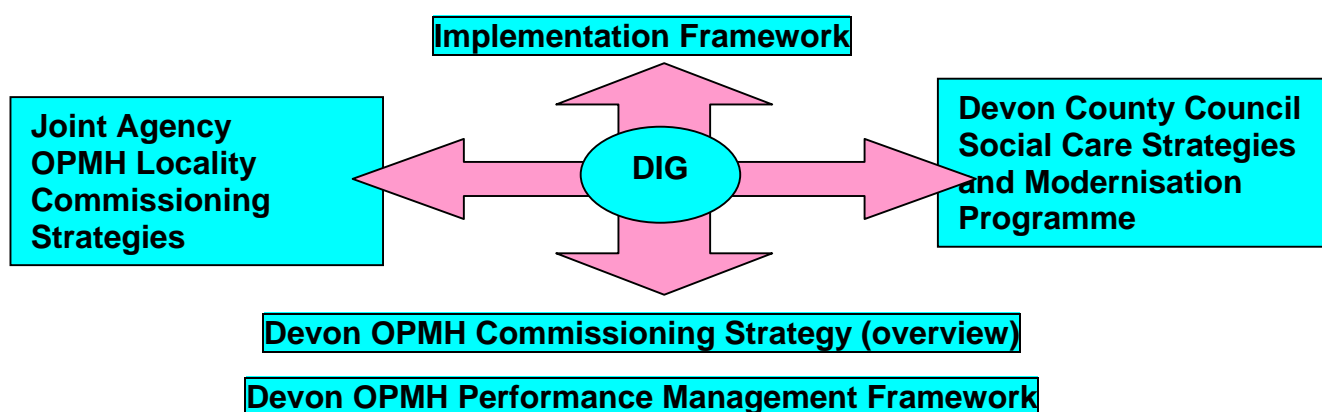
The forthcoming Locality Joint Agency Commissioning Strategies will include the relationships established at locality level and the Devon Commissioning Strategy will elaborate on joint working and relationships with related agendas at county level.

### Strategic Process

The Development Project key recommendations, which have been ratified by the Project’s commissioners and by the boards of all participating statutory organisations, have provided a mandate for implementation of significant service developments at local level. It is a complex operation to achieve new and effective whole systems structures across Devon between a range of statutory partners to best value and structures and processes take time to establish.

This framework includes effective processes to build confidence for the five year plan for Devon OPMH services. The processes in this initial cycle will be Locality Commissioning Strategies informed by the Implementation Framework and linked to Devon County Council Social Care Strategies, followed by an overarching Devon OPMH Commissioning Strategy later in the Autumn.

**Diagram 4: 2005 Priority Processes**



The process will embed learning through working towards a full annual planning cycle from formation of plans to review.

Locality OPMH commissioning strategies will need to be timely to:

- (a) Map service developments and changes over the three year Local Delivery Plan (LDP) cycle, with agreed milestones for attainment
- (b) Link with Social Services Modernisation Programme plans and developments
- (c) Contribute to a county wide quarterly progress report for the DIG

Some elements in the process are ongoing, because they are longer term or because they are wider Devon projects, or because, at present, some elements in the process need development and capacity building (eg., needs analysis and financial planning). Regardless of timeframe for individual projects, progress can be marked within an annual performance cycle and, while this process is new and formative, the intention is to build capacity while maintaining the cycle.

**Table 3: Processes for Integrated OPMH Commissioning**

	<b>PART 1 ONGOING PROCESS</b>	<b>TIMING</b>
	Setting the Framework and Building Capacity: <ul style="list-style-type: none"> <li>• Review national priorities</li> <li>• Update stakeholder information</li> <li>• Ensure communications plan implemented</li> <li>• Develop analyses of needs and finance</li> <li>• Produce Devon wide Commissioning Strategy</li> <li>• Design performance management framework</li> <li>• Maintain links to related generic projects</li> </ul>	ongoing

STAGE	PART 2 ANNUAL CYCLE	TIMING
1	<ul style="list-style-type: none"> <li>Review Devon and locality commissioning strategies</li> <li>Evaluate performance management framework</li> <li>Produce quarterly progress report</li> </ul>	Spring 1 <sup>st</sup> quarter
2	<ul style="list-style-type: none"> <li>Analyse activity and needs information</li> <li>Agree/review strategic aims and objectives</li> <li>Produce quarterly progress report</li> </ul>	Summer 2 <sup>nd</sup> quarter
3	<ul style="list-style-type: none"> <li>Produce local commissioning priorities and plans to</li> <li>Inform Local Delivery Plans and DCC planning</li> <li>Produce quarterly progress report</li> </ul>	Autumn 3 <sup>rd</sup> quarter
4	<ul style="list-style-type: none"> <li>Agree on LDP with Partner organisations</li> <li>Review local Implementation Plans</li> <li>Evaluate outcomes</li> <li>Produce quarterly progress report</li> </ul>	Winter 4 <sup>th</sup> quarter

## 6. What will future services look like ?

Diagram 5 overleaf presents a tiered model useful for planning across the spectrum of services in any area. It illustrates the interrelationship of a number of features:

- **The range of levels of service**
- **The range of providers**
- **The range of different needs**
- **The range of service functions**

It is important to recognise that people may move between the different tiers of service, in any direction, as their needs change. The OPMH DIG and LIGs will need to ensure that there are seamless links and functioning across all tiers.

The SCMh report has given priority recommendations, many of which will form specific projects for implementation. The National Mental Health Partnership has also recently published a range of recommendations to meet their national OPMH. Standards (NMHP June 2005). Both sets of recommendations have informed the Checklists for Delivery in Appendix 2, which are produced as an enabling tool for locality commissioning. These Checklists cover development of all tiers and include:

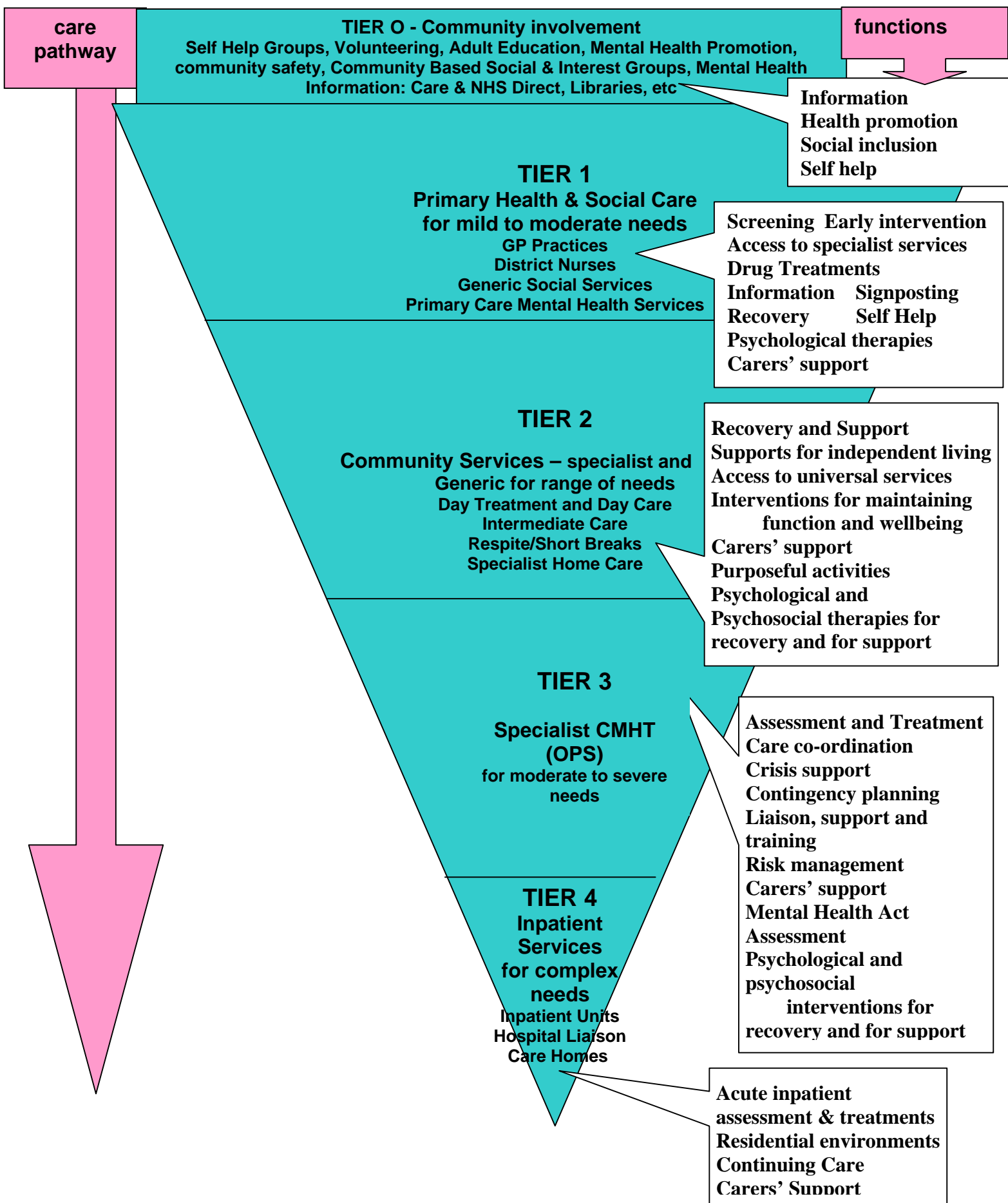
- **Priority Recommendations**
- **Additional Developments**
- **Underpinning Projects to Support Developments**
- **Specific Objectives**
- **Lead Agency**

### Tiers of Service – Key Features

**TIER 0:** To date, developments have been isolated and fragmented. There are important opportunities here to :

- **Reduce stigma and ensure the wider public are better informed about mental health and mental illness**
- **Provide information (conditions, services and support available) in the public domain to enable earlier recognition and self help by service users and carers**
- **Develop emphasis on self directed care**
- **Focus on health promotion, both mental health and the links between mental and physical health**
- **Utilise general community resources to improve social inclusion (ie., leisure, employment and volunteering opportunities)**
- **Develop relationships with new partners for the benefit of service users and carers**

**Diagram 5: Tier of OPMH Services**



The Impact in Tier 0 will depend on concerted efforts in developing new and existing strategic partnerships. There are some examples of projects here which have benefited older people with mental health needs in urban and rural communities (eg., in Exeter and Mid Devon) and these have depended on active voluntary sector, creativity and commitment by local commissioners. There is potential for the Partnerships for Older People Project to impact here over the next two years, if Devon County Council's bid is successful.

**TIER 1:** The SCM report places considerable emphasis on the need to develop capacity in primary health and social care. Primary care services will be the first point of contact for people needing assessment and support. It is important to develop this tier as the focal point for:

- **Screening for mental health needs**
- **Early intervention**
- **Assessment, treatment for mild to moderate mental health needs**
- **Supports to enable older people to recover from mild to moderate functional mental health problems (access to counselling and psychological therapies)**
- **Support to manage mild to moderate cognitive impairment**
- **Access to secondary services**
- **Information, advice and signposting**
- **Management of specialist drug treatments, under local protocols**
- **Shared care arrangements**
- **Supports for carers**

While this is a priority area, there will need to be a range of developments in primary care over the course of the development programme (see Appendix 2). There are opportunities for short term objectives in building strong links with CMHT(OP)s. Raising the profile of OPMH in primary care will help outcomes from Practice Based Commissioning. In some areas, there is priority work to determine the relationship between primary social care and the formation of CMHT(OP)s. There are also opportunities for collaboration with planning for younger adult mental health services in developing primary mental health care services.

**TIER 2:** Building community resources is also a priority for implementation. This is one area where there are good examples across Devon from the whole continuum of community services, as outlined below. The task will be for each area to build sufficient capacity and extend their range of options within available resources.

**Day Treatment and Day Care:**

- Short term focused interventions
- Building skills and confidence for recovery and social inclusion
- Support to access universal services
- Psychological therapies
- Memory services
- Longer term support by a range of providers in different settings
- Information, advice and support to people with dementia and carers (dementia cafes)

**Intermediate Care (IC):**

- In reach to facilitate discharge
- Crisis and short term interventions to prevent admission (Rapid Response and Crisis Resolution Services)
- Access to generic IC services to improve physical health
- Short term residential rehabilitation in non-acute settings

**Supports for Service users and carers:**

- Range of respite and short break opportunities

- Residential to home support
- Home sitting services
- Carers' support

**Home Care for mental health needs:**

- Specialist home care for organic and functional needs
- Support to generic home care to build knowledge and skills in mental health

In Tier 2 there needs to be attention to the potential for a range of service providers and flexibility in form of delivery to meet local needs. There are opportunities to build skills and use generic services. There is need to ensure that older people with appropriate needs, i.e., recovery from and support in functional mental health problems, can access younger AMH services for day opportunities. At county level there needs to be a clear policy on the access and payment issue between NHS and Social Service funded services.

**TIER 3:** Fully integrated Community Mental Health Teams for Older People is one of the main priority recommendations from the SCMh Report, which has dealt in detail with rationale, components and functions that will not be repeated here. It is also now a requirement under Department of Health performance indicators for NHS Trusts. As well as the base for specialist assessment and treatment resources for people with moderate to severe needs, CMHT(OP)s will also have functions of liaison and support across all the tiers. This agenda has marked variations in development across the county and will require significant levels of work in some areas .

One important issue is the capacity of CMHT(OP) staff to meet the increasing range of education and support functions to other tiers and generic older people's services while delivering their core clinical and care management services and link working into primary care. Education and support to all sectors and to generic older people's services will be of increasing importance to deliver the programme. This is reflected in national guidance to "mainstream" mental health expertise (see Related Agendas, page 12). Experience has shown that, without dedicated time, these functions cannot flourish. There are good examples regionally of investment in specific education and support posts, which are based in CMHT(OP)s and are linked into and serve primary care, home care and care homes. Such posts, or opportunities for CMHT(OP) staff to ring fence dedicated time, may be open to any discipline with the necessary clinical experience, or they may be a function of developing community matron posts. It will be important for local commissioners to recognise this need.

**TIER 4:** Again, reference is made to the SCMh report for the significant issues in this tier and objectives around specialist inpatient units are taken up in the Checklists for Delivery (Appendix 2). In some areas SCMh acknowledge that the need to build inpatient staffing capacity will be a priority for any funds released from rationalisation of bed numbers. The range of developments include:

- **Inpatient unit rationalisation based on whole systems working:**
  - **Planned in conjunction with developing community services**
  - **Considering opportunities with spare community hospital capacity**
  - **Taking account of OPMH intermediate care units developing in Social Services residential home settings**
- **Ensuring good inpatient staffing levels and full multi-disciplinary involvement for effective treatment and discharge planning**
- **Meeting the different needs of people with organic and functional mental health problems**
- **Ensuring environmental quality**
- **Pathway and protocol development with community and acute hospitals**

- Improved consistency across Devon and development of and investment in OPMH hospital liaison and discharge facilitation
- Focus on the independent residential and nursing home sector, to encourage capacity development and to assure quality

### **Underlying Developments and Supports**

Commissioning and project management capacity will have to be built before a full and comprehensive commissioning strategy can be prepared, covering all areas and underpinning projects. There is need to identify dedicated management supports in the areas of :

- **Financial Planning**
- **Human Resources**
- **Information Management and Technology**
- **Estates**
- **Workforce Planning**
- **Learning & Development**
- **Procurement and Purchasing**

Furthermore, the current full range of underlying developments identified to support implementation are detailed in Appendix 2, Checklists for Delivery, and include:

- **Communications (see Appendix 4)**
- **Information Strategy**
- **Service User and Carer Involvement and Carers' Supports**
- **Joint Planning with younger AMH LIT**
- **Health Promotion**
- **Self Directed Care**
- **Performance Management (Equity of Outcomes)**
- **Health & Social Care Integration**

## **7. When will this happen ?**

**Table 4: Progress and Plans**

<b>PROGRESS</b>	<b>BY</b>
Devt Project publication of Executive Summary and Key Recommendations	February 2005
Ratification by Boards of participating organisations	Feb to April 2005
Publication of Final Report by SCMh	April 2005
Agreement by Boards of statutory organisations to form OPMH DIG	May 2005
final review meeting between SCMh and Project Steering Group	May 2005
Appointment of OPMH Project Business Lead	June 2005
East Devon public consultation on implementation of Devon Devt Project	June 2005
First meeting of OPMH DIG	June 2005
North Devon OPMH service devt workshop with Change Agent Team and NIMHE	June 2005
DCC success in 1 <sup>st</sup> Stage of DoH POPPs bid ( develop Tier 0 for older people with functional mental health needs	June 2005
Publication of Implementation Framework, DIG Terms of Reference, Locality Commissioning Plans and Communications Plan	July 2005
Publication of DCC modernisation plans following reviews of Domiciliary and Residential Care	July 2005
Exeter OPMH Planning Day with NIMHE support	Sept 2005
Completion of locality commissioning plans	end Sept 2005
Comparisons and monitoring of locality plans by DIG	October 2005
Completion of Devon Commissioning Strategy	Autumn 2005
Production of Performance Management Framework	Autumn 2005
<b>Enter 4<sup>th</sup> quarter annual cycle activity:</b>	
Agree Local Delivery Plans with partner organisations	January to March 2006
Review locality plans against performance management framework	

Most of the service model outlined in the tiers exist in some areas already, some areas having more components than others. As localities have varying infrastructures, needs and resources, they will need to decide pace, timeframes and location of services. The initial locality commissioning strategies will indicate:

- **Accountability, with named people responsible for delivery**
- **Service mappings and configuration**
- **Timeframe for delivery**
- **Local Involvement, including Local Implementation Groups**
- **Care pathways and protocols**
- **Demography, needs and gap analyses**
- **Financial planning**
- **Patterns of local service delivery**
- **Prioritised developments**
- **Workforce issues**
- **Integrated health and social care, with co-ordinated development of locality health services with service developments in the Social Services Modernisation Programme**

Some more systemic and important features will take time and are dependent on commitment of other sectors of, such as:

- Closer alignment of specialist services with primary care and build of capacity in primary care
- Full integration between health and social care
- Building resource base in areas of most need

The timing of the Devon Commissioning Strategy will enable objectives to be refined following publication of the Department of Health blueprint for OPMH services, which is anticipated this Autumn. It will also report plans for county wide initiatives.

## **8. Conclusion**

The five year plan will take time to unfold and will lead through uncharted developments, challenges and opportunities. The Devon & Torbay Development Project has ignited expectations and demonstrated interest from wide range of stakeholders, staff, service users, It will be important for the DIG and locality groups to maintain regular contact and to nurture, inform and harness this interest.

There has been some concern expressed about potential organisational changes. resulting from implementation. Chief Executives of statutory organisations involved have agreed that :

*“whilst the (SCMH) report does not recommend organisational change as such, it may lead to some changes. Any service development or change will be taken forward after the (Devon) commissioning strategy has been agreed”*  
(JSmith, May 2005)

The DPT Chief Executive has also published assurances about staff involvement in due processes around any eventual recommendations for change (*ITulley DPT Staff Briefing, June 2005*).

This Development Programme presents complex challenges in resourcing, pacing and connecting with wider older people and mental health agendas for effective whole systems development. However, the structures outlined offer a sound basis from which to move forward. We can harness the synchronicity of the Devon & Torbay Development Project with a raised national NHS profile, together with developments in Adult Social Care, to improve services to meet the future needs of older people and their carers.

## APPENDIX 1: The OPMH Devon Implementation Group (DIG)

### Terms of Reference

#### Values

Through its work the OPMH DIG will seek to develop and monitor services which promote the principles and value base produced through consultation during the Devon & Torbay OPMH Development Project (SCMH April 2005):

- ✓ Needs led and Person Centred
- ✓ Community focused / promoting independence
- ✓ Socially inclusive
- ✓ Focus on carers' support
- ✓ Age appropriate not age-defined
- ✓ Managed risk
- ✓ Primary health and social care orientated
- ✓ Integrated
- ✓ Whole systems working
- ✓ Older people's mental health promotion
- ✓ Involving service users & carers

### Membership & Representation

AREA	ORGANISATN	ROLE	NAME
North Devon	PCT	Chair of OPMH DIG, PCT Chief Executive	Jacqueline Kelly
Devon	PCTs/SS/DPT	OPMH Devt Programme Business Lead	Susie Newton
Devon	Social Services representatives	SS OPMH Development Programme Lead (DPT Director of Social Care)	Graeme Barnell
Devon		Modernisation Lead	Ian Rice
North Devon		Social Services Manager, North	Paul Collinge
South Hams		Sout	Wendy Price
East Devon	PCT/SS/DPT	Joint Agency OPMH Manager	Richard Anderson
Exeter	PCT/SS	Health & Social Care Director	Sally Slade
Mid Devon	PCT/SS	??? title	Penny Clennel-White
North Devon	PCT	Mental Health Commissioning Manager	Wayne Lewis
Torbay	PCT & LA	Zone Manager	Julie Hickey
Teignbridge & )	2 PCTs	Older People's Lead	Denise White
South Hams )			
West Devon )			
South & West	DPT Lead	Director of Mental Health S&W	Elaine Leitch
Torbay	DPT representatives	Clinical Lead & Consultant Psychiatrist	David Somerfield
East Devon		Consultant Psychiatrist	Martin Briscoe
Mid&North Devon		OPMH Service Manager	Neil Jackson
Devon	DPT	Communications representative	Peter Leggatt
Devon	PCT/SS/DPT	OPMH Devt Programme Admin Support (in attendance)	Paula Seal

### OPMH Devon Implementaton Group Functions

1. To meet on a regular basis (approximately monthly, or ten times a year) and sustain membership from all statutory partners

2. To provide strategic leadership to create a coherent programme and whole systems approach to OPMH services and to the underpinning commissioning and provision arrangements in localities
  3. To oversee, monitor and evaluate implementation and outcomes of the OPMH Development Project recommendations in all Devon localities, including care pathways, service developments and whole systems working
  4. To ensure Local Delivery Plans have costed and timetabled OPMH proposals based on OPMH commissioning strategies to be rolled out year on year
  5. To ensure integration with Social Services modernisation processes to include costed and timetabled OPMH proposals based on OPMH commissioning strategies to be rolled out year on year
  6. To determine Devon wide OPMH policies, protocols & standards where appropriate
  7. To co-ordinate Devon wide initiatives, service development planning and commissioning where appropriate
  8. To ensure the appropriate reciprocal interface with younger adult mental health planning, commissioning and provision structures
  9. To develop a coherent consistent communications plan with effective implementation
  10. To establish evaluation criteria to national quality standards and local performance criteria and to monitor their implementation through quarterly progress reports
  11. To ensure local arrangements for effective partnership working between the statutory agencies, voluntary and independent sectors, OPMH workforce, service users and carers
  12. To ensure that service users and carers are supported to fully engage in the process of service improvement and evaluation
  13. To support the work of PCT-level OPMH Local Implementation Groups, providing co-ordinating functions, advice, networking, access to evidence-based learning and sharing best practice
  14. To ensure that appropriate links are made with other programmes which will impact on effective whole systems working for OPMH
  15. To report, as required, to the appropriate monitoring Boards and Devon Older People's Strategic Partnership
  16. To co-ordinate, phase and monitor any service restructuring and ensure a county-wide approach to approvals and consultation to meet legal requirements
  17. To ensure a consistent and co-ordinated approach to any potential organisational change affecting OPMH services in the future
  18. To ensure there are appropriate enabling strategies in place to support the complex change processes needed, relating to: human resources, information management and technology, estates, workforce planning, procurement and purchasing
-

## APPENDIX 2

(1) Priority Recommendations

<i>What AIMS</i>	<i>How OBJECTIVES</i>	<i>who LEAD BOD</i>
<b>TIER 0 :</b>		
<b>To develop an information strategy</b>	Produce Information Strategy – to include: <ul style="list-style-type: none"> <li>• Devon information for service users and carers</li> <li>• Ensure OPMH information available in public domains</li> <li>• LIGs to produce local information and</li> <li>• LIGs to ensure OPMH information also incorporated into generic older people's information</li> </ul> <i>See also Health Promotion</i>	DIG DIG DIG LIGs LIGs
<b>Health Promotion and Social Inclusion</b>	<ul style="list-style-type: none"> <li>• Collaborate with DCC on POPPs bid and planning</li> <li>• Collaborate with generic health &amp; social care agendas to include OPMH in health promotion</li> <li>• Ensure links with Local Strategic Partnerships</li> </ul> <i>See also Primary Care, CMHT(OP)s, Community Services, Self Directed Care, Health Promotion</i>	DCC/DIG DIG  LIGs
<b>TIER 1 :</b>		
<b>To establish centrality of primary health and social care as the initial access point for assessment and support</b>	<ul style="list-style-type: none"> <li>• Promotion of care pathways and protocols with primary care, including</li> <li>• Prescribing guidelines</li> <li>• Guidelines for early detection and intervention</li> <li>• Information for service users and carers in primary health and social care</li> <li>• CMHT(OP)s to include primary health &amp; social care dedicated link working</li> <li>• Clear joint pathways and working with CMHT(OP)s, including for ease of access</li> <li>• Improved capacity in primary care for OPMH assessment screening</li> <li>• Development of roles for GPs with Special Interest</li> <li>• Graduate &amp; Gateway MH workers with OPMH remit and to meet OPMH needs</li> <li>• Building capacity in primary care psychological therapy/counseling services for OPMH needs</li> <li>• Mental health promotion and self help in primary health and social care</li> <li>• OPMH learning and development available to primary health and social care</li> </ul> <i>See also CMHT(OP) Devt, Care Pathways, Adult Mental Health, Information Strategy, Health Promotion, Learning &amp; Development</i>	LIGs all thro'  (DIG to work with AMH LIT for cohesion in primary care devts)          LIGs & DIG LIGs & DIG
<b>TIER 2 :</b>		
<b>To develop a continuum of community services to maintain optimum wellbeing and support recovery &amp; social inclusion</b>	<ul style="list-style-type: none"> <li>• Complete mappings of Devon day resources across agencies</li> <li>• Access to AMH Day Opportunities where appropriate</li> <li>• Access to memory services</li> <li>• Access to treatment, health promotion, information and support</li> <li>• Access across localities to focused time limited psychological therapies</li> <li>• Wellness Recovery Action Plans as a self management model</li> <li>• Access to range of day care for long term and organic needs</li> <li>• Access to supports for social inclusion in universal services, including leisure, employment and volunteering</li> <li>• Access to carers' groups for support and education</li> <li>• Encouragement to voluntary and independent sector providers</li> <li>• Sharing and networking good practices</li> </ul> <i>See also Carers' Support, CMHT(OP)s, Self Directed Care</i>	DIG DIG LIGs LIGs/DIG LIGs DPT LIGs LIGs  DIG
<b>To develop specialist home support services</b>	<ul style="list-style-type: none"> <li>• Development of specialist home care services for functional and organic MH</li> <li>• Support and supervision to specialist home care services</li> <li>• Link to Social Services Modernisation programme</li> </ul> <i>See also CMHT(OP)s, Learning &amp; Devt</i>	LIGs/SS
<b>To develop Intermediate care functions</b>	<ul style="list-style-type: none"> <li>• Clarify best response to IC functions &amp; needs(reduced/preventing admissions/ promoting independence) with existing and proposed generic IC resources</li> <li>• Ensure appropriate access to generic older people's IC</li> <li>• Link with Social Services Modernisation programmes</li> </ul> <i>See also Risk Management</i>	LIGs  LIGs/DIG DIG
<b>To ensure access to respite/short breaks where appropriate</b>	<ul style="list-style-type: none"> <li>• Build range of respite/short break opportunities to offer choice and meet different needs</li> <li>• Guidelines on respite/short breaks</li> </ul> <i>See also Intermediate Care, Self Directed Care</i>	LIG  DIG
<b>TIER 3 :</b>		

<p><b>To develop fully integrated Community Mental Health Teams for Older People</b></p>	<ul style="list-style-type: none"> <li>Plans for integrated CMHT(OP)s in all areas</li> <li>Staffing plans to SCMH recommendations</li> <li>To include primary health and social care link working and support</li> <li>Single point of access</li> <li>Systems for rapid access and protocols with primary care</li> <li>Capacity for dedicated mainstreaming of OPMH learning &amp; development</li> <li>Support to specialist home care services and to care homes</li> <li>Support to and liaison, with generic and specialist community services</li> <li>OPMH CPA to interface with SAP &amp; SSD requirements (shared care systems)</li> <li>Devon wide policies on CMHT(OP) operations and referral criteria</li> <li>Ensure and audit flexible transitions with younger adult CMHTs and services</li> <li>Pathway/protocols to access AHPs, ie: Physiotherapy, Speech &amp; Language, Dieticians etc</li> </ul> <p><i>See also Integration, Primary Care, L &amp; D, Care Pathways, Community Services, AMH Services</i></p>	<p>LIG</p> <p>DPT/SSD/SAP DIG</p>
<p><b>TIER 4 :</b></p>		
<p><b>To review and rationalise specialist inpatient units to support critical mass</b></p>	<ul style="list-style-type: none"> <li>Specialist inpatient beds numbers to be reviewed</li> <li>Development of inpatient units of critical mass to support acute assessment and treatment functions and adequate staffing ratios</li> <li>Options explored with community and acute hospitals to improve transfers</li> <li>Options explored with community hospitals to achieve best use of local resources</li> <li>Access to dedicated organic and functional mental illness beds</li> <li>Devon wide protocols for admissions and function of specialist units</li> <li>Development of locality nurse banks</li> <li>Rationalisation plans to go through agreed change processes</li> <li>Protocols to access appropriate therapies: Physiotherapy, Speech &amp; Language, Dieticians, etc</li> </ul> <p><i>See also Acute hospital Liaison, Devon Change Processes</i></p>	<p>LIGS</p> <p>DIG DIG LIGS</p>
<p><b>To develop OPMH liaison in acute hospitals</b></p>	<ul style="list-style-type: none"> <li>Review and share existing arrangements</li> <li>Plan future developments based on needs analysis and national guidelines</li> <li>Produce local protocols</li> </ul> <p><i>See also Care Pathways, Risk Management</i></p>	<p>LIGs/DIG LIGs/Acute Trusts</p>
<p><b>CROSS TIERS :</b></p>		
<p><b>To agree needs based access to younger adult mental health services</b></p>	<ul style="list-style-type: none"> <li>Access to Crisis Resolution Services for functional OPMH</li> <li>Access to AMH Day Opportunities where appropriate</li> <li>Access to primary care mental health services</li> <li>Joint Planning for NSF for MH</li> </ul> <p><i>See also underpinning younger AMH project</i></p>	<p>LIGS/DIG</p>
<p><b>To improve risk management</b></p>	<ul style="list-style-type: none"> <li>Joint risk policies between health and social care</li> <li>Access to Crisis Resolution Teams for older people with functional MH needs</li> <li>Generic services to be equipped and informed to respond to OPMH needs: <ul style="list-style-type: none"> <li>Out of hours services</li> <li>Rapid response teams, where they exist and as appropriate</li> <li>Health Phone Help lines (including NHS &amp; Care Direct)</li> </ul> </li> <li>Care pathways and protocols to include rapid access and risk awareness</li> <li>Participation in planned 2005/6 NIMHE SW OPMH risk workshops</li> <li>Ensure mental health suicide prevention strategies include OPMH</li> <li>Promote interventions and contingency planning to prevent suicides</li> </ul> <p><i>See also Younger Adult Mental Health, Care Pathways, Integration, Intermediate Care</i></p>	<p>DIG DIG &amp; AMH LI LIGs</p>
<p><b>To ensure carers receive support and information</b></p>	<ul style="list-style-type: none"> <li>Ensure carers are offered registration on Carers' Registers</li> <li>Support generic Carers' Workers for specialist OPMH needs</li> <li>Ensure that OPMH carers have access to carers' support workers that meet their special needs</li> <li>Ensure and monitor that carers' are offered carers' assessments</li> <li>Annual reassessment of needs for people on CPA'</li> <li>Access to carers' groups for support and education</li> <li>Link OPMH needs into Devon Carers' Involvement Framework</li> <li>Ensure trends analyses from complaints are embedded into service developments and learning</li> <li>Ensure carers groups are involved in joint planning and consultation</li> </ul> <p><i>See also Communications Plan, Information Strategy, Community Services, Self Director Care, User &amp; Carer Involvement, Respite Services</i></p>	<p>LIGs</p> <p>DPT/SS DPT/SS LIGS DIG DIG LIGs LIGs</p>
<p><b>To develop leadership,</b></p>	<ul style="list-style-type: none"> <li>Joint agency OPMH management posts</li> <li>Joint agency locality commissioning strategies</li> </ul>	<p>LIGs</p>

<b>commissioning expertise and capacity across organizations at locality level</b>	<ul style="list-style-type: none"> <li>• Develop capacity at PCT level to support commissioning functions</li> <li>• Build staffing ratios and learning &amp; development opportunities to enable multi-disciplinary staff to participate in governance and service development</li> <li>• Ensure links between OP and OPMH LIGs</li> </ul>	
--	---	--

## (2) Additional Developments

<i>What AIM</i>	<i>How OBJECTIVES</i>	<i>Who LEAD BOD</i>
<b>To review care pathways and protocols</b>	<ul style="list-style-type: none"> <li>• Review care pathways following PCT Implementation Plans</li> <li>• Protocols with community hospitals</li> <li>• Protocols with Acute Trusts</li> <li>• To ensure rapid access and shared care and risk management</li> </ul> <i>See also Risk Management</i>	LIGs+DIG <b>DIG</b> <b>DIG</b>
<b>To ensure OPMH needs built into extra care housing plans</b>	<ul style="list-style-type: none"> <li>• Link with planned developments in localities</li> <li>• Ensure DIG representation on appropriate Housing and Supporting People development forums</li> <li>• Link to DCC processes for housing bids and grants</li> </ul>	LIGs/DIG
<b>To promote appropriate use of telemedicine and telecare</b>	<ul style="list-style-type: none"> <li>• Develop project plan</li> <li>• Ensure links into DCC grant process for 2006 funding</li> </ul>	LIGs/DIG
<b>To support specialist residential placements</b>	<ul style="list-style-type: none"> <li>• Plans to build capacity of independent sector residential and nursing homes where required to meet present and future needs, block contracts, etc if appropriate</li> <li>• Provision of support and learning &amp; development opportunities to staff</li> <li>• Effective arrangements for CMHT(OP) liaison role</li> <li>• Ensure protocols with prison and forensic services</li> </ul> <i>See also CMHT(OP)s, Respite, Learning &amp; Development, Health Promotion</i>	<b>DCC/LIGs</b> <b>DCC/LIGs</b> <b>DIG &amp; LIGs</b> <b>LIGs</b> <b>LIGs/DIG</b>
<b>To ensure access by black and ethnic minority service users and carers</b>	<ul style="list-style-type: none"> <li>• Develop Project Plan</li> <li>• Ensure BME needs are identified in locality strategies</li> </ul> <i>See also Information Strategy, Community Services, Health Promotion, Self Directed Care</i>	DIG LIGs
<b>Younger people with dementia</b>	<ul style="list-style-type: none"> <li>• Review existing arrangements in localities and address local or Devon planning needs in locality commissioning strategies</li> </ul>	LIGs

### (3) Underpinning Developments to Support Implementation

<i>What AIMS</i>	<i>How OBJECTIVES</i>	<i>Who LEAD BOD</i>
To develop communications with stakeholders	<ul style="list-style-type: none"> <li>• Communications Plan produced</li> <li>• Bulletins to be produced</li> <li>• Permanent website to be organised</li> </ul>	DIG
To develop leadership and commissioning expertise at Devon level	<ul style="list-style-type: none"> <li>• Appoint senior management PCT lead for DIG and NHS+SS leads</li> <li>• Ensure all statutory partners involved in DIG</li> <li>• Ensure sound links between NHS and SS Modernisation programmes</li> <li>• Appoint Business Lead for programme development and implementation</li> <li>• Ensure supports for effective programme management and commissioning</li> </ul> <p><i>See also Learning &amp; Development, Financial Planning,</i></p>	PCTs/SS/DPT
To develop/sustain service user and carer involvement and supports	<ul style="list-style-type: none"> <li>• Complete mapping of service user and carer groups/contacts</li> <li>• Production of service user and carer involvement plan</li> <li>• Participation in NIMHE SW OPMH service user involvement workshops</li> </ul>	LIGs/DIG DIG
To ensure no age discrimination in mental health services	<ul style="list-style-type: none"> <li>• Review needs based access between OPMH &amp; younger AMH developments and services, especially for Tiers 1 &amp; 2</li> <li>• Review age transition between OPMH &amp; AMH services</li> <li>• Collaborate with AMH LIT on NSF MH implementation</li> </ul> <p><i>See also Primary Care, Community Services</i></p>	DIG/AMH LIT  DIG/AMH LIT DIG/AMH LIT
To ensure health promotion	<ul style="list-style-type: none"> <li>• Health Promotion Plan</li> </ul> <p><i>See also Information Strategy</i></p>	DIG
To ensure self directed care	<ul style="list-style-type: none"> <li>• Promote direct care payments where appropriate</li> </ul> <p><i>See also Carers Support, Information Strategy</i></p>	LIGs
To achieve equity and consistency of outcomes	<ul style="list-style-type: none"> <li>• PCTs build equity of access and services into local plans</li> <li>• Determine qualitative and quantitative indicators</li> <li>• Establish performance management framework</li> <li>• Build capacity for analyses of needs</li> </ul> <p><i>See also Financial Planning and Age Discrimination</i></p>	LIGS DIG DIG LIGS/DIG
To ensure sound financial planning and stability	<ul style="list-style-type: none"> <li>• Clear financial strategies incorporated into PCT OPMH &amp; LDP plans</li> <li>• Financial analysis as part of OPMH Performance Framework</li> <li>• Build capacity for financial analyses</li> <li>• Fit with delivery of SS modernisation programme for social care services</li> <li>• Regular monitoring and review of performance against NHS recovery plans</li> </ul>	LIGs DIG DIG
To improve NHS & SS integration	<p><b>This project is wider than OPMH</b></p> <ul style="list-style-type: none"> <li>• Integration with joint mental health commissioning frameworks</li> <li>• Pooled budgets</li> <li>• Improved capacity for joint micro-commissioning/care management</li> <li>• Joint operational policies (ie., HR, Finance, Risk Management)</li> </ul>	
To ensure service changes follow due legal process	<ul style="list-style-type: none"> <li>• Produce Guidelines for service change to meet HR requirements</li> <li>• Produce Guidelines for service change to meet public scrutiny requirements</li> <li>• Link NHS developments with SS Modernisation Programme Planning</li> </ul>	DIG/SSMD
To ensure workforce Planning and Learning and Development	<ul style="list-style-type: none"> <li>• Build capacity of specialist multi-disciplinary staff where appropriate</li> <li>• Change in employment patterns subject to legal consultative requirements</li> <li>• Link to NIMHE MH workforce planning project</li> <li>• Role redesign where appropriate</li> <li>• Build capacity for mainstreaming OPMH L&amp;D</li> <li>• Link with Plymouth University and Peninsula Medical School</li> <li>• L&amp;D strategy linked to SS Modernisation Programme</li> <li>• L&amp;D OPMH joint training developments with other sectors</li> </ul>	LIGs/DIG  DIG/SSMD DIG DIG DIG

## APPENDIX 3: CONDITIONS AND PREVALENCE

### Organic mental health problems

**Dementias** : Organic mental health problems include a range of conditions called 'the dementias' that include Alzheimer's Disease and a number of other rarer conditions. Dementias are illnesses that tend to be progressive, although rates of change are highly variable with some people showing rapid decline, others a stepwise or fluctuating pattern and others showing little progression at all. They can produce varying patterns of change in cognitive functioning, notable progressive loss of memory and disorientation (difficulties in recognising time, places and people). Other features can be changes in personality, communication difficulties and problems associated with areas of life affected by declining cognitive function: self neglect and behaviours that are unusual and out of character. There can be increasing and significant burdens of care and stress on families and carers. The needs of younger people with a dementia can be different to older people, requiring different services.

AGE RANGE (yrs)	INCIDENCE	PREVALANCE
under 65	0.1%	1 in 1000
65 to 69	1.4%	1 in 50
70 to 74	4.1%	---
75 to 79	5.7%	---
70 to 80	---	1 in 20
80 to 84	13%	
85 to 89	21.6%	
90 to 94	32.2%	
over 80	---	1 in 5

**Delirium** : This is also known as acute confusional state and can result in sudden and widespread cognitive impairment.. It frequently has a physical cause, as a result of disease or physiological imbalance. Delirium is treatable if recognised and the underlying causes treated.

- Delirium is reported to affect as many as 15 to 25% of all older people admitted to general hospitals.

### Functional mental health problems

In older people these can present in a wide range of ways and are often masked by concurrent physical illness or social changes. They can range from mild to severely incapacitating and many have a good recovery rate.

**Depression** ; Depression is the most common mental health problem in older people. When severe it can be incapacitating, even requiring hospital admission. For many others, recovery may follow treatment in community or out-patients. Treatments range from a variety of psychological and social therapies to drug therapies. While depression can severely affect all spheres of life, and adversely affect physical health, older people can make a full recovery. Suicide rates are also high for older people, especially older men. Incidence data can vary as follows:

- Depression affects approximately 10 to 15% of older people
- Severe depression affects approximately 3 to 5% of older people
- The incidence rate for depression in older people, from NIMH sourced American data, is 5.7%

Other mental health problems include:

- **Anxiety** – generalised anxiety disorder in older people has a predicted incidence rate of 7%
- **Schizophrenia and psychotic conditions**, - lifetime incidence rate estimated at 0.4%
- **Bipolar affective disorder** – manic depression has a lifetime incidence rate estimation of 1%
- Other mental health problems can mirror younger adults, ie., eating disorders & substance misuse

### Learning Disabilities

As the number of people with a learning disability increase over the age of 65 years they can develop mental health problems associated with ageing. For example, dementia incidence rates are 36% of 50 to 59 year olds and 54.5% of 60 to 69 year olds.

-----  
 People with significant mental health problems in younger life may find these continue into old age. Mental Health problems may become secondary to physical problems (ie., depression following a stroke). Also, one or more mental health problem may co-exist. For example, people with a dementia may also have treatable depression.

## **APPENDIX 4: Older People's Mental Health - Communication Issues**

### **Introduction**

If we are to proceed successfully with the development of OPMH services in Devon over the next few years, our plans will need to be underpinned by some clear communication principles and a shared commitment to these at the Devon-wide and individual organisation levels. The consideration of communication issues needs to be built-in to the overall planning process and made a priority throughout the project.

The project presents a number of communication challenges because:

- It is a long-term project with no easily discernible end point and many unknowns at this stage
- There is limited clarity about how things will actually change and what the changes might mean for people (particularly staff and service users)
- Its implementation involves a large number of organisations
- The organisations involved are at varying stages of readiness to take the work forward
- There is no single outcome, ie the solutions delivered in each area will be different according to local needs and resources
- There are a large number of stakeholders
- Some of the issues are complex and not easily understandable
- Some of the issues are sensitive and emotive.

### **Principles and approach**

- There is already a reasonable level of awareness about the Sainsbury review and the fact that OPMH services are likely to be changing in the next few years. We need to build upon this awareness gradually, using milestones in the process to highlight progress and next steps – both at the Devon-wide level and PCT level. A 'little and often' approach.
- As far as possible, we need to alert stakeholders without alarming them unnecessarily – particularly staff.
- We need to agree some core messages at the Devon-wide level and ensure that these are supported and translated consistently at the local level. In due course, PCTs will need to identify their local stakeholders and draw up their own communication plans.
- We will need to ensure close and regular liaison between the communications teams at DPT, the PCTs Devon County Council (for Social Services).
- There is no lead organisation or individual with responsibility for communication. It is, therefore, suggested that DPT, the PCTs and Social Services agree to share this responsibility and workload throughout the project. For example, attending

meetings, drawing up press releases and Q&As, drafting an overall communication plan, responding to media enquiries and identifying spokespeople as and when required..

### **Stakeholders / audiences**

Staff\* (within DPT, Social Services and PCTs)

Service users\*

Carers and family members/friends

MPs

OSCs

District Councils

PPI Forums

Strategic Health Authority

Voluntary organisations

Independent sector providers

Media

\*Staff and service users (and their representative groups) will be the key audiences and it is vital that open, two-way channels of communication are established with them as soon as possible. These are likely to include a combination of:

- Personal/1:1 communication
- Face-to-face briefings/events
- Electronic/web-based communication.

### **Suggested first actions**

- PL to attend meetings to discuss communication issues, core messages and next steps
- PL to raise OPMH communications at next meeting of the Peninsula Communications Network meeting
- SN to establish an ad hoc electronic bulletin/news following first DIG meeting as first step in establishing regular flow of information.

Peter Leggatt

DPT Communications Team

June 2005

## Appendix 5: OPMH NATIONAL POLICY AND GUIDANCE

### National Standards

- **Commissioning and Developing Mental Health Services for Older People (NMHP 2005)**

A standards based framework for OPMH commissioning

- **The NHS Plan (DoH 2000)**

Vision for a patient centred health service and requirements relating to development of intermediate care and with primary mental health care as central to the provision of mental health services. Introducing details of the new graduate primary care mental health worker posts and additional community mental health staff (gateway workers) proposed for primary care. It says:

*'Most mental health problems are managed in primary care. One in Four GP consultations are with people with mental health problems. so improving these services will have a major impact on the health and wellbeing of the population.'*

- **National Service Framework for Mental Health (DoH 1999)**

The NSF for Older People states that, in all other mental health conditions, the NSF for Mental Health applies to older people with mental health needs

- **National Service Framework (NSF) for Older People (DoH 2001)**

Most Standards apply and Standard 7 is for mental health - dementia and depression

- **National Service Framework for Long Term Conditions (DoH 2005)**

Quality standards to transform health and social care services for long term neurological conditions

- **Priorities and Planning Framework 2003-06 (DOH 2002)** The core standards here are not optional. All the standards can only be achieved when they apply equally to all groups within a community regardless of age, disability or ethnic origin.

### National Guidance on Treatment & Support

- **Better Health in Old Age (DoH 2004)**

Progress report on implementation of NSF for Older People

- **Building Telecare in England (DoH 2005)**

- **Caring for people who enter old age with enduring or relapsing mental illness (RCP 2002)**

Recommendations for continuous review and case management of OPMH 'graduates'

- **Exclusivity or Exclusion? Meeting Mental Health Needs in Intermediate Care (Nuffield Institute for Health & Joseph Rowntree Foundation 2002)**

Evidence that older people with mental health needs have been excluded from Intermediate Care and recommendations to improve access

- **Forget me not: Older People's Mental Health Services (Audit Commission 2000/02)**

A range of recommendations focusing on shifting the balance of care in favour of home based services. It found that whilst most people prefer to be supported in their own home, most of the expenditure in older people's care still goes on hospital, nursing home and residential care. Emphasis also on primary care to support earlier detection, provision of clear information and integrated services and commissioning

- **Integrating OPMH Services – CMHT(OP)s (DoH 2004)**

Resource report to support development of integrated Community Mental Health Teams for Older People

- **National Beds Inquiry (DoH 1995)**

Older People's needs not met due to shortage of community-based alternatives to hospital care, significant inappropriate use of hospital beds. Recommended norm for bed occupancy of 85%

- **National Institute for Clinical Excellence (NICE) Guidelines**

Produced for treatment of dementia and non-age related depression and schizophrenia

- **The Rowan Report (Commission for Health Improvement 2003)**

This report concerned allegations of physical and emotional abuse of vulnerable older people by staff on Rowan Ward (Manchester) and made several recommendations

- **The Rowan Report: Implications & Advice (Royal College of Psychiatrists 2004)**

Guidance on recognising and addressing institutional abuse risk factors highlighting in particular the risks associated with units that are physically, clinically, educationally and managerially isolated

- **Securing Better Mental Health for Older Adults (DoH 2005)**

Joint paper from NSF leads acknowledging relevance of all above NSFs for OPMH and announcing publication of 'blueprint' for OPMH services later in 2005

- **Supporting People with Long Term Conditions (DoH 2005)**

Includes a new model of care is to improve the health and quality of life of people with long-term conditions, prevent premature death, reduce emergency admissions and promote self management

- **The Ten High Impact Changes: Making Them Relevant for Mental Health (NIMHE 2005)**

Tools to improve service user and carer choice and experience of services

- **Who Cares Wins (RCP 2005)**

Guidelines for the development of liaison mental health services for older people

### Promoting Independence, Support for Social Inclusion, Recovery & Citizenship

- **All Our Tomorrows (Local Government Association 2003)**

Discussion paper on an approach towards supporting older people and their carers, focusing on strengths and contributions, adopting community development approaches to health and social care provision and looking beyond to the broad range of support options and opportunities that exist for all citizens

- **Choosing Health – Making Healthy Choices Easier (DoH 2004)**

National agenda for public health and health promotion

- **Delivering Race Equality in Mental Health Care (DoH 2005)**

An action plan for reform inside and outside services

- **Independence, Wellbeing & Choice (DoH 2005)**

Green Paper on adult social care endorses the community development approach and seeks to foster an approach to social care that enables vulnerable adults to take greater control of their lives, within the context of a debate on balance in risk management

- **The Journey to Recovery (DoH 2001)**

Vision for modernised mental health services within the context of an optimistic and positive approach to people who have mental health problems, where recovery is based on service user and carer aspirations

- **Mental Health and Social Exclusion (Social Exclusion Unit 2004)**

The social inclusion agenda recognises the need to reduce inequalities and that loneliness, social isolation and poverty constitute major problems for older people. It

also seeks to build 'community capacity' so that individuals and families have options other than professional public services

### Support for Carers

- **The Carers' Act (DoH 1995)**

Subsequent legislation, guidance and the carers' grant have emphasised the importance of support to informal carers.

### Health & Social Care Integration and Improved Partnership Working

- **Health Acts 1999 and 2001**

Provided opportunities to pool budgets between the NHS and local authorities

- **Local Government Act (2000)**

Development of Local Strategic Partnerships bringing together public, private, voluntary and community sectors with the aim of reducing health inequalities and social deprivation by better local coordination

### OPMH References

- **Facts for Champions – OPMH (NIMHE/DoH 2005)**

Collection of facts and figures to inform debate and service development agenda

<b>DoH</b>	Department of Health
<b>NICE</b>	National Institute for Clinical Excellence
<b>NIMHE</b>	National Institute for Mental Health England
<b>NMHP</b>	National Mental Health Partnership
<b>RCP</b>	Royal College of Psychiatrists

The primary care policy agenda provides opportunities to develop local enhanced services, GPs with a special interest and practice based commissioning, all of which could facilitate an increased capacity within primary care to support people with mental health problems across the age spectrum.



