

## **THE DEVON & TORBAY DEVELOPMENT PROJECT FOR OLDER PEOPLE'S MENTAL HEALTH**

---

*This edition contains:*

- **Information on the Process So Far**
- **Feedback on the 1<sup>st</sup> Phase of the Project**
- **Positive Areas to be Built on**
- **Information about 2<sup>nd</sup> Phase Workshops**
- **Contacts**

*Details about the overall design and process of the Project can be found in the August Newsletter on the Project's website at [www.devon.gov.uk/mental\\_health](http://www.devon.gov.uk/mental_health)*

---

### **Information on the Process So Far**

The 1<sup>st</sup> Phase of the Project has now been completed. This was designed to ensure people interested in older people's mental health had opportunity to:

- Share their views on the problems faced by services
- Identify positive aspects to be built upon
- Express initial ideas on how services might be developed

The Sainsbury Centre for Mental Health (SCMH) have completed these consultations, gathered views and identified the main issues from the 1<sup>st</sup> Phase. These have been used to set the topics for 2<sup>nd</sup> Phase Workshops to be held mainly during October.

**These Workshops are a very important part of the process.** They will give opportunities for people interested in services to come together and develop local solutions to some of the challenges identified in the 1<sup>st</sup> Phase. The Workshops will be facilitated by SCMh. The ideas developed there will be recorded

and used to make final proposals and recommendations on a way forward for Devon and Torbay older people's mental health services.

The Final Report of the Project will be made by SCMH in November 2004. It will be based on:

- Information from the 1<sup>st</sup> Phase consultations across Devon
- Ideas developed and recorded from the 2<sup>nd</sup> Phase Workshops
- National policy
- Known evidence-based good practice
- Analysis of data

**SCMH and the Project Steering Group would like  
to thank all those people who contributed  
to the 1<sup>st</sup> Phase consultations**

---

## **Feedback on the 1<sup>st</sup> Phase of the Project**

*Below is a summary of the main points that emerged so far:*

### □ **Commissioning and Planning Framework**

One of the most commonly identified issues was the lack of clarity about how older people's mental health services were planned. Issues involved:

- Lack of understanding about the process
- Lack of transparency about how decisions were made
- There being no obvious champion to fight the corner for older people's mental health against other competing priorities

For many people this had led to a history of ad hoc service development, lack of equity in provision and consistency in outcome and difficulties in agreeing or communicating a shared vision for the future.

### □ **Partnership Working**

Linked to issues around planning and commissioning, and perhaps one of the causes for not establishing effective planning and

commissioning arrangements, was the belief that there is a very complex set of partnership working arrangements across Torbay and Devon.

The first and most obvious point was that Torbay and Devon is a huge geographic area with different local needs, histories and priorities. The area covered by the review includes two Local Authorities, seven Primary Care Trusts, one Mental Health Trust and three Acute Hospital Trusts. All have a desire to see services improved but have had different views on how this might be achieved and the priority areas for development.

One ambition for the Development Project that many cited was the development of a shared vision of the future across all the partner organisations, supported by clear planning and commissioning arrangements and strong leadership. Coupled with this was the need to ensure local sensitivity in responding to local needs and circumstances.

#### □ **Resources and Gaps in Service Provision**

Not surprisingly the issue of resource shortfalls were extensively raised. There was also added concern given recent consultation on the Devon Partnership Trust's recovery plan. The specific nature of the issues varied across different Primary Care Trust areas, as some had more developed services than others. The main common areas of concern were about staffing levels and that all areas fell short of having a comprehensive spectrum of care. In particular :

- Common concerns about staffing levels, within community teams and especially within inpatient and residential care units. This has impact on service availability, response times and quality of care provided and the physical environment in which it was delivered.
- Not all areas have community multi-disciplinary teams for older people's mental health
- Most areas have gaps in terms of the range of residential care and nursing care environments required
- There are significant shortfalls in intermediate care, including both rapid and intensive community support services.
- Other areas needing development include extra care housing initiatives, advocacy services, out of hours provision, early

interventions, services for younger people with dementia and services for people with more complex needs and challenging behaviour.

Despite these concerns many people recognised that the overall resources available, much of which was either locked up in historic service patterns or not linked across the partner organisations, could probably be used differently. Therefore, there was some optimism that these resource difficulties could be significantly addressed. However, it was seen as vital that there was :

- Clarity and ownership of what a comprehensive service model might look like, and
- A planning and commissioning structure empowered to refocus existing resources, get better value from pooled resources and make better use of targeted new investment

#### □ **New Service Model**

The variance of service availability and outcomes across Devon and Torbay did provoke significant concern. While this concern was experienced in different ways, there were some common elements :

- There was felt to be little current consensus on what the range of services might look like and the proportionate amount of individual service to make up a comprehensive system
- There were concerns about what the relationship of those service elements would be to each other and how they might support clear and accessible care pathways for service users and carers
- Some saw potential tensions that revolved around the degree to which services were bed and building orientated compared with being community based
- Others focused on linkages and interfaces between different areas : primary and secondary care, health and social care, older people and adult mental health services and between mental health services and wider community services such as housing
- Finally there were issues about the value base of the service, with potentially conflicting ideals about how service provision might be more needs based, locally determined and provided, socially inclusive and holistically orientated

What did become clear from these comments was that there was a desire to achieve some clarity over the service model, that it had maximum ownership and that it also moved the service forward.

### □ **Integration of Health and Social Care**

The need to consider issues of integration between the partner organisations emerged across a number of themes including future planning and commissioning arrangements, resource allocation and the development of specialist multi-disciplinary teams. Most notable was the need to consider how the workforce of the health and social care organisations and the resources they commanded might be deployed and managed in a more joined up way. For many, this meant that there was a need for unified specialist mental health teams, single line management, integrated policy and procedures and pooled budgets.

### □ **Geography**

Large parts of Devon are rural with dispersed and sometimes isolated populations. Providing a comprehensive service model across such geography was a significant challenge for many people interviewed. Potentially issues of geography would impact upon the design of a new service model. However there was a clear desire to explore innovative ideas around transportation and linkages with wider community services to offset that impact as much as possible.

### □ **Stigma and Discrimination**

There was significant consensus that issues of stigma and discrimination have adversely affected the development of older people's mental health services.

As well as the general impact stigma has on mental health, many believed that service users and carers within older people's mental health services have suffered additional discrimination by virtue of it not having the national priority afforded to adult mental health. Consequently there is a marked difference in the range of mental health services available to people under sixty-five as opposed to those over that age.

In addition, the linkage with older people's services has not improved access to generic provision, as many of those services have little detailed understanding of mental health needs and in some cases are fearful of providing care for people with complex functional illness or dementia. It was common to hear views that expressed concern about older people's mental health being lost: neither owned nor prioritised within mental health or within older people's services.

#### □ **Workforce**

There was a general recognition that making any significant improvements in older people's mental health would not just impact on the workforce but was reliant upon its development. Issues of recruitment and retention as well as skills development were obviously seen as crucial. However, issues of support and involvement in future service development were also seen as essential if long established working arrangements and cultures were to be challenged and modernised. Finally, it was also acknowledged that the skills mix and professional profile of the workforce might also have to be reviewed if service capacity was to be increased and community alternatives developed.

#### □ **Service User and Carer Needs and Involvement**

A multitude of issues were identified in terms of services being more responsive to needs, and service users and carers feeling properly engaged both on an individual care planning basis as well as a service development basis. Key areas for consideration included :

- The availability and communication of information
  - Accessibility and greater choice in treatment and support options
  - Greater clarity and simplicity about how the system works, especially in regards to issues of charging and care pathways
  - The process of engagement in respect of assessment of need, care planning and service review
-

---

## **Positive Areas to be Built Upon**

As illustrated above, a significant range of issues was identified during the 1<sup>st</sup> Phase consultation. However, everyone believed there were some real positive areas upon which the future could be built.

Key amongst these was an acknowledgement of the need to change and an enthusiasm to explore new partnership opportunities and service responses. There was general recognition of the need to strengthen community alternatives and a realisation that a range of innovative local developments across different parts of Devon and Torbay offered learning opportunities for agreeing what some of these developments might look like. Finally, and perhaps most importantly, there was awareness appreciation of the dedication, enthusiasm and skill within the workforce.

It is this strength of workforce, coupled with a genuine commitment to work in partnership and explore innovative change that provides a solid foundation for future service development.

**We look forward to wide participation in taking these issues forward for development and to meeting people again in the 2<sup>nd</sup> Stage Workshops**

---

## **Information about the 2<sup>nd</sup> Phase Workshops**

While there will be opportunities for up to 450 places in the 2<sup>nd</sup> Phase pan-Devon Workshops, numbers at each will need to be limited. It is therefore a complex process to ensure equitable representation across geographic areas, different professions, diverse organisations and interested individuals. To achieve geographic equity and with because of their local knowledge, invitations have been co-ordinated and sent out by each local PCT Lead on the Steering Group (in collaboration with local service managers).

**Please note the following arrangements for 2<sup>nd</sup> Phase Workshops:**

- **If you have received notice of your nomination for a workshop, please assume you have a place. In view of the short time frame between the different phases of the Project, it will not be possible to send out later confirmations.**
- **While we hope that it will not be necessary to make late adjustments, if there is over-subscription or noticeable lack of equity, some adjustments to attendance will be made a week prior to the most popular workshops. If individual participants are involved in changes, they will be contacted directly.**
- **If you have received a nomination please confirm your attendance and turn up unless you hear otherwise.**
- **If you cannot come for any reason, please inform your manager or local PCT Lead as soon as possible as they can nominate an alternative place.**
- **If you need additional information about access to a venue or wish to inform about your special needs, please contact your local PCT representative or the Project Administrator.**
- **If you cannot attend and would like your views to be represented, please be assured that, until the workshops are completed, SCMh will be glad to receive and incorporate written evidence. This can be sent via the Project Administrator.**
- **Arrangements are in place to ensure that service users and carers participating in all 2<sup>nd</sup> Phase Workshops are reimbursed for their time and travel expenses.**

---

**The following pages contain basic information about the workshop themes and a repeat of the contact list for the Project Steering Group.**

## DEVON & TORBAY DEVELOPMENT PROJECT FOR OLDER PEOPLE'S MENTAL HEALTH

### THEMES FOR 2<sup>nd</sup> PHASE PAN-DEVON WORKSHOPS

**Attendance at these workshops will be by invitation**

<b>DATE</b>	<b>WORKSHOP TITLE</b>	<b>AIMS</b>
27/9-8/10 4 days across Devon	<b>Service User &amp; Carer Involvement</b>	<ul style="list-style-type: none"> <li>Engage directly with diverse range of service users and carers</li> <li>Gather ideas of future sustainable involvement</li> </ul>
13/10 2 x half days Tiverton Hotel	<b>Primary Care</b> am= North, East & Mid Devon pm= Exeter & 3 South & West PCTs	<ul style="list-style-type: none"> <li>Opportunity for primary care to comment and influence service model</li> <li>Devt shared understanding of primary care role in OPMH</li> </ul>
14/10 Newton Abbott Racecourse	<b>Service Model Design</b>	<ul style="list-style-type: none"> <li>Consider service components &amp; links in comprehensive care pathways</li> <li>Understand roles and functions of components and outcomes required</li> <li>Understand resources &amp; critical mass</li> <li>Consider diversity within county model</li> </ul>
18/10 Newton Abbott Racecourse	<b>Acute &amp; Intermediate Care</b>	<ul style="list-style-type: none"> <li>Consideration of level of bed numbers</li> <li>Role &amp; function of provision</li> <li>Resource Requirements</li> <li>Links of community to DGH beds</li> </ul>
19/10 Newton Abbott Racecourse	<b>Whole Systems Working</b>	<ul style="list-style-type: none"> <li>Whole system operating arrangements</li> <li>Referral/assessment/review procedures</li> <li>Outcomes</li> <li>Linkages between services</li> </ul>
21/10 Hartnoll Hotel Tiverton	<b>Integration</b>	<ul style="list-style-type: none"> <li>Benefits/challenges to integrated working</li> <li>What ought to be integrated</li> <li>Devt of integrated working arrangements Policies &amp; procedures Establishing integrated teams Resource requirements</li> </ul>
22/10 Hartnoll Hotel, Tiverton	<b>Workforce Development</b>	<ul style="list-style-type: none"> <li>Workforce needs for new service model</li> <li>HR implications, recruitment &amp; retention</li> <li>Skills mix requirements</li> <li>Innovative use of different staff groups</li> </ul>
1/11 ISCA Centre, Exeter	<b>Planning &amp; Commissioning</b>	<ul style="list-style-type: none"> <li>Identify future planning and commissioning arrangements</li> <li>Identify county and local arrangements</li> <li>Consider resource requirements</li> <li>Linkages to other planning and commissioning systems</li> </ul>
3/11 The Loop Centre, Exeter	<b>Strategic Agreement</b>	<ul style="list-style-type: none"> <li>To inform Senior Managers, Chief Executives, Finance Directors and Directors of Social Services on outcomes of Project and to engage with them in strategic agreement</li> </ul>

# CONTACTS

The website is at [www.devon.gov.uk/mental\\_health](http://www.devon.gov.uk/mental_health)

## Steering Group Members

<b>NAME</b>	<b>ORGANISATION</b>	<b>TELEPHONE &amp; EMAIL</b>
Paula Seal	Project Administrator	01392 687171 <a href="mailto:pseal@devon.gov.uk">pseal@devon.gov.uk</a> Dean Clarke House, Southernhap East, Exeter EX1 1PQ
David Seward (Chair)	Sainsbury Centre for Mental Health	020 7827 8300 david.seward@scmh.org.uk
Ian Rice	Devon County Council (Social Services)	01392 388749 ianrice@devon.gov.uk
Jennie Stephens	Devon County Council (Social Services)	01392 383298 jmstephe@devon.gov.uk
Dr Martin Briscoe	Devon Partnership Trust	01392 403461 martin.briscoe@devonptnrs.nhs.uk
Neil Jackson	Devon Partnership Trust	01884 259171 neil.jackson@devonptnrs.nhs.uk
Susie Newton	Devon Partnership Trust	01392 208651 Susie.Newton@devonptnrs.nhs.uk
Jan Ingram	East Devon PCT/Social Services	01392 384486 jan.ingram@devon.gov.uk
Sally Slade	Exeter PCT/Social Services	01392 687191 sally.slade@devon.gov.uk
Louise Hawkins	Mid Devon PCT	01392 449768 Louise.Hawkins@MidDevon-pct.nhs.uk
Penny Clennel-White	North Devon PCT	01271 327779 Penelope.clennel-white@ndevon.swest.nhs.uk
Paul Collinge	North Devon Devon Social Services	01271 388045 pcolling@devon.gov.uk
Dr Mike Jeffreys	Royal Devon & Exeter Healthcare NHS Trust	01392 502594 mike.jeffreys@rdehc-tr.swest.nhs.uk
Wendy Price	South Devon Devon Social Services	01752 891050 wprice@devon.gov.uk
Geraldine Benson	Teignbridge PCT	01626 357290 gbenson@devon.gov.uk
Julie Hickey	Torbay PCT and Torbay Council	01803 210878 Julie.hickey@torbay-pct.nhs.uk
Denise White	South Hams & West Devon PCT	01803 861936 denise.white@shandwd-pct.nhs.uk