Developing Mental Health Services for Older People in Wales

A follow-up to *Losing Time*
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Preface

Mental health problems are common among older people, and more people are living to old age. An estimated 41,000 people living in Wales have dementia, and depression is more common among older people than in any other age group.

This report provides a review of progress in the development of mental health services for older people in Wales during the two years since the publication of Losing Time – Developing Mental Health Services for Older People in Wales (Ref. 1). It examines each of the areas considered in the original report and, based on recent work carried out across Wales, draws conclusions about the extent to which services have moved forward. It has been written to provide a stocktake for the Welsh Assembly Government and local agencies to help them to prioritise actions and investment. We also hope that it will inform the Welsh agenda in the context of the forthcoming National Service Framework (NSF) for Older People in Wales, which is due to be published in June 2005.

The report was written by Philip Jones (Senior Researcher and Performance Specialist), with the support of Anne Beegan (Performance Specialist) who co-ordinated the programme of follow-up field work. Editorial comments were provided by David Thomas (Head of Studies).

Clive Grace
Director-General
Audit Commission in Wales
November 2004
Introduction

The scale of the challenge

1. Addressing the needs of older people with mental health problems is a significant challenge for public sector agencies in Wales. There are over half a million people in Wales aged 65 or over, representing 17.4 per cent of the population. The number of people in this group is continuing to rise, particularly those who are 75 and over (Source: Census 2001). This ageing population will be accompanied by increasing numbers of people with mental health problems.

2. During 2001 / 02, older people with mental illness accounted for 35% of all NHS day care attendances (157,877 out of total for all age groups of 456,070). In the same period, people aged 65 and over received 33% of all Community Psychiatric Nurse (CPN) visits (13,109 out of a total for all age groups of 40,181). (Source: StatsWales, Welsh Assembly Government, 2004)

3. Although total admissions to NHS hospitals and units in Wales for people with mental illness have been declining over two decades, around 40% of admissions during 2001/02 were for people aged 65 and over (5424 admissions out of a total of 13,885 across all specialty groups). (Source: StatsWales, Welsh Assembly Government, 2004)

Mental health problems

4. Dementia is a progressive condition that mainly affects people aged 65 or over but can also affect younger people. The most common cause is Alzheimer’s Disease, which accounts for approximately 60 per cent of all people with dementia. Other types include vascular dementia and Lewy Body dementia. Dementia affects an estimated:

- 1 in 1000 people aged between 40 and 65;
- 1 in 50 people aged between 65 and 70;
- 1 in 20 people aged between 70 and 80; and
- 1 in 5 people aged over 80.

(Source: Alzheimer’s Society, Wales)

5. On the basis of these prevalence rates and 2001 census data, the estimated number of people with dementia in Wales is approaching 42,000.

6. Functional illnesses, such as depression, also affect older people. People over 65, particularly older women are more prone to depression than any other age group. Carers are particularly vulnerable. Depression is common among people who live in residential care, and anecdotal evidence suggests that only a few are properly diagnosed or receive adequate care. Depression is a major cause of suicide, and reducing the suicide rate in Wales is a key health target.
Background to our work

7. In January 2000, the Audit Commission published *Forget Me Not* (Ref. 2), a report on mental health services for older people. The report set out the Commission’s analysis of the state of these services, based on visits to 12 areas, including two in Wales.

8. Between 2000 and 2002, the Audit Commission in Wales carried out ten local reviews of mental health services across all areas in Wales. The main focus of the work was on services for people with dementia. Services for older people with functional illnesses such as anxiety and depression were also examined, although in less depth.

9. The reviews in each area involved local authorities, the health authority, local health groups and NHS trusts. Voluntary services and, to a lesser extent, organisations from the private sector were also included. National and local carer groups and organisations gave valuable insights into issues affecting carers and their perceptions of services. The Audit Commission in Wales published the findings from this work in June 2002, in a report entitled *Losing Time – Developing Mental Health Services for Older People in Wales*.

Follow–up reviews

10. During 2003 and 2004, the Audit Commission in Wales carried out local follow up reviews on mental health services for older people to identify the progress made since *Losing Time* was published.

11. A total of twenty follow-up reviews were carried out. Sixteen of these were conducted across local health board areas. A further four were conducted across areas where there is close collaboration between particular LHBs and a single trust. This report is based on the findings from the eighteen reviews that had been completed at the time of writing.

12. Each of the follow-up reviews was based on a group workshop which focused on a review of the action plan from the earlier local report. The workshops involved LHBs, trusts, social services, as well as representation from the voluntary and independent sectors. Documentation reviews and interviews helped to complete the picture.

Key challenges identified in Losing Time

13. *Losing Time* used four main headings to explore the issues relating to mental health services for older people. The key challenges identified under those headings were as follows.
Getting help and early assessment

14. An early and accurate diagnosis of dementia and depression is vital for users and their carers. *Losing Time* pointed to significant differences in attitudes amongst GPs in Wales regarding the importance of early diagnosis. Assessment tools and the development of care pathways were identified as important methods of supporting GPs in this respect. Local health boards needed to take a lead in ensuring that ongoing professional development and clinical governance programmes improved GPs’ ability to address older people’s mental health problems.

15. Good information increases carers’ understanding of mental health conditions and of how to access relevant services provided by the statutory and voluntary sectors. Agencies needed to improve the provision of information to carers and to increase assessment of carers needs.

16. GPs were sceptical about the availability of specialist mental health services. The need for well co-ordinated and consistent specialist team arrangements was recognised. Greater partnership between agencies was highlighted as necessary for the co-ordination and effectiveness of carer information strategies and in the development of advocacy services for older people.

Helping people to stay at home

17. *Losing Time* identified considerable disparities in the number of all types of health and social care practitioners across Wales and staff shortages in some areas were particularly acute.

18. The Welsh Assembly Government’s mental health strategy for adults of working age emphasised that specialist professionals should work in multi-agency mental health teams. The provision of specialist teams for older people with mental health problems was not consistent. Where teams existed they were highly inconsistent in structure, working arrangements were difficult to understand, and access criteria were highly variable.

19. The assessment and management of patients was frequently poor, with inadequate record keeping and care planning. Few teams were using integrated documentation or standardised recording formats. Health and social care information systems throughout Wales lacked compatibility.

20. There were widespread gaps in the provision of home care and day care, as well as a lack of specialist skills amongst home-care workers. Health and social services rarely worked together to assess the true extent of need for day provision, usually providing day services from separate buildings while funding and managing them separately.
Services for people who can no longer stay at home

21. *Losing Time* highlighted the rising number of people requiring specialist accommodation and services. The report pointed to the need for health commissioners, local authorities and specialist mental health services to work together to address issues such as:

- provision of separate inpatient psychiatric care services for functional and organic conditions, and for different age groups;
- training hospital staff and staff in residential and nursing homes to manage older people with mental health problems; and
- systematic assessment of, and planning for, specialist residential and nursing home places.

Local commissioning and planning arrangements

22. Robust partnership arrangements between agencies provide a foundation for the development of effective planning mechanisms and for the delivery of high-quality integrated care for older people with mental health problems. *Losing Time* pointed to several factors which affected the ability of agencies to work more closely together on these issues:

- disruption as a result of the reorganisation of health and local authorities;
- uncertainty about the use of strategic planning mechanisms for local mental health services; and
- an inability to develop services given the size of the agenda confronting them.

23. The quality of strategic planning varied with few specific actions and targets being set. Development was hampered by a lack of fundamental understanding about needs for mental health services. Some services were reluctant to specify and set performance management indicators. Jointly agreed performance indicators and monitoring systems had not been developed.

24. Not all agencies were collecting financial and other information in sufficient detail to ensure effective monitoring and review of expenditure and service quality. Access to basic information was highlighted as essential if agencies were to be able to take strategic decisions about the future pattern of service delivery.

25. Each of the main sections in this report is based on one of the four key issues referred to above. In examining the change that has taken place since our earlier work it has also been possible to highlight shortcomings and barriers to progress.
The policy context

26. The development of effective services for older people with mental health problems has been highlighted as a priority by the Welsh Assembly Government. In January 2003, the Assembly released a comprehensive *Strategy for Older People in Wales*, which included plans to confront ageism and other discrimination against older people; to tackle stereotypes of old age and improve engagement with and the participation of older people in the community. It sets out a key agenda of work to improve the way in which key services such as health, housing, social services, and transport provide for the needs of older people.

27. Within the context of the *Strategy for Older People in Wales*, the Assembly has developed a National Service Framework (NSF) for Older People in Wales which is due to be published in June 2005. The NSF will set out eight standards to underpin the delivery of services for older people. One of the standards will specifically relate to mental health and will aim to ensure that older people who have a high risk of developing mental health problems have access to effective integrated services to support them and their carers.

28. The Welsh Assembly Government document *Caring about Carers – The Carer’s Strategy* recognised that carers play a significant role in providing care and support, and that carers themselves need support in order to cope with the stress of caring. The strategy recognises that many carers are themselves older, and have physical and mental problems – including depression – that affect their capacity to care.

29. These policies stress the need for partnership and integration between services and recognise that good mental health services cannot be delivered in isolation. Effective partnerships set the framework within local agencies and determine their respective roles and relationships. Agencies need to integrate their contributions at key points so that services are co-ordinated from users’ and carers’ points of view. People need help in the early stages of mental health problems, including help to stay at home. They also need help when they can no longer cope at home (See Exhibit 1).

30. The recent *Review of Health and Social Care in Wales* (Ref. 3), led by Derek Wanless, highlighted the challenges that health and social care services in Wales still face in respect of many of these issues. Amongst other things, the Review called for a focus on:

- specific patient groups, including older people;
- early intervention;
- a whole system approach;
- integrated thinking across health and social care boundaries; and
- delivery of services by those best placed to provide them rather than on traditional modes of provision.
31. In response to the Review, The Assembly has developed an Implementation Plan that includes consideration of mental health services alongside the relevant NSFs and strategies.

Exhibit 1
The Integrated Care Triangle

- Hospital care
- Residential and nursing home

- Daytime support
- Respite
- Home care
- Assessments and care management
- Specialist community team

- Support for carers
- Memory clinics
- GP support
- GP assessment
Getting Early Help and Assessment

32. An early and accurate diagnosis is vital for service users and their carers, allowing everyone to plan for the future. The *Review of Health and Social Care in Wales* highlighted the need for early intervention as means of managing demand, reducing dependency, and for preventing admission to inappropriate care and treatment settings.

33. Primary care is the first port of call for most older people with mental health problems. Providing support to GPs, in the form of assessment tools, specified care pathways and training, increases the likelihood of an early diagnosis. Our recent work showed that, since the publication of *Losing Time*, progress in this respect has been variable.

34. The needs of carers have been brought into greater focus by the *The Carers’ Strategy in Wales – Implementation Plan*. Many agencies across Wales have worked together to develop carer information packs, to inform carers about mental health issues and the associated services that are available. The development of other services for patients and carers (such as carers’ groups, memory clinics and advocacy services) has been slower.

**Early diagnosis**

35. The development and implementation of assessment tools and specified care pathways to support GPs in making a prompt diagnosis has not been consistent across Wales. Some agencies have made significant progress while others have made no progress at all. Where care pathways exist they are not always used because of their complexity and lack of accessibility. A more standardised approach to care pathways would help GPs to see quickly the process to be followed for a particular condition. The expertise and contribution of Trusts, including community mental health teams (CMHTs), will be vital in this respect.

36. Training for GPs in relation to older people’s mental health issues remains patchy with no consistent level of provision emerging. In some areas, mental health issues have been incorporated into GP training programmes, while in others there are only ad hoc training events or no training at all. LHBs should take a proactive lead in the development of training opportunities and in encouraging primary care staff to participate. For example, protected learning time has been used in Bridgend as a means of encouraging GP participation. In North Wales, a GP training scheme has been established which includes a component of psychiatric training (see case study).
Carers’ support and information

Case Study 1

The North West Wales NHS Trust, in conjunction with the North Wales Clinical School, has developed a training scheme to enable trainee GPs to complete their basic training. There have been around 300 applicants for the scheme which includes psychiatric training at the Trust. Training takes place in conjunction with the Trust memory clinic, potentially strengthening future service provision by equipping GPs with the appropriate knowledge and skills to diagnose patients in the early stages of their condition.

37. Carers for older people with mental health problems have a vital and sometimes very difficult role to play. Appropriate support and information for carers can help them to continue fulfilling that role. *The Carers’ Strategy in Wales* promotes the needs of carers and their engagement in the development of services. In addition, Local Unified Assessment processes will be required to incorporate an assessment of carers’ needs, further increasing the focus on this group. Whilst these developments have been welcomed there is recognition that there is some way to go before carers are genuinely engaged in service development and effectively supported.

38. The voluntary sector continues to take a key part in the development of formal and informal training and support programmes for carers. The Carer’s Special Grant is allocated to local authorities and is accompanied by devolved decision making powers as to how it should be spent. Some of these monies are allocated to carers’ support groups. Provision varies, with clusters of groups in some populated areas, while one area in South Wales has no groups at all.

39. Encouragingly, improved information for carers is being produced in the majority of areas across Wales. In fourteen of these areas, carers’ information packs are being produced on a joint basis with other local service providers. Some have developed a distribution plan for carer information, the most common routes being via GP practices and CMHTs. There are also instances of ‘up-front’ provision of information to help signpost mental health issues and services to people who have not yet formally engaged with the healthcare system. Examples of this type of distribution route are libraries, social services departments, supermarkets, post offices, websites, and NHS Direct.

40. The Alzheimer’s Society runs the Carers Education Programme in conjunction with LHBs and local authorities in several areas of Wales. This is aimed specifically at carers of people with dementia.
Memory clinics and advocacy services

41. The specialist nature of memory clinics means that a team of relevant professionals can provide early help and an assessment process of patient and carer needs. The assessment is likely to be more in-depth than might otherwise be possible at a hospital conventional out-patient clinic. *Losing Time* highlighted the value that carers place on the expert advice available through a memory clinic.

42. The provision of memory clinics has not improved significantly and remains an area for attention. The establishment of clinics was linked to the provision of specific drugs recommended by the *National Institute for Clinical Excellence* for particular mental health conditions. However, the funding for the drugs was not accompanied by additional long term funds to operate the clinics. Local staff also identified a lack of specialist professionals as a reason for the slow development of these services.

43. *Losing Time* highlighted the importance of advocacy services and the desire of the Welsh Assembly Government to see current services extended and made more accessible. New services have been slow to develop with a lack of resources again being highlighted as a key issue. Where specialist advocacy services for older people with mental health problems exist they have been limited to pilot schemes such as those in Wrexham and in Powys, or to a one day a week service such as Carmarthen and Ceredigion. It is still the case that some older people are being referred to general adult mental health advocacy services which may not be fully responsive to the specific needs of older people.
Helping People to Stay at Home

44. Helping older people with mental health problems to remain living at home is a key component of a national agenda that relates to maintaining personal independence. Several types of service can help provide the support and care needed to keep people at home. There is evidence that agencies are attempting to address the challenges associated with providing these services, although the overall position has not changed significantly since the publication of *Losing Time*.

Community mental health teams and specialist practitioners

45. CMHTs and specialist practitioners play an important role in helping people to stay at home by providing direct support to individuals where they live. Around half of all areas in Wales have now developed, or are in the process of developing, a consistent approach to the organisation of CMHTs with some being aligned to the boundaries of unitary authorities. CMHTs can include some or all of the following:

- CPNs;
- EMI social workers;
- Therapists;
- Psychiatrists; and
- support staff.

46. These health and social care staff are increasingly being co-located to improve team working. There is general recognition that integrated team management arrangements can bring about improvement in service delivery although only a limited number of areas have developed types of integrated CMHT management arrangements (see case study). Our findings point to definite interest in this type of approach but difficulty in establishing integrated accountability frameworks.

47. Many areas have reviewed local referral routes and access opportunities for older people to CMHTS. In some instances the consequence has been the introduction of additional types of referral route and open access to services. *Losing Time* recognised the need for this type of development and more agencies should move in this direction.

48. For many patients living at home, CPNs play an important role in responding to their mental health needs. We found that, for a range of historical reasons, the extent and nature of their involvement in primary care still varies considerably from area to area. Some CPNs provide a service to patients in a particular age group or for a particular type of condition. They may be linked to particular general
practices, sometimes on a rotating basis. Others are locality based and may respond primarily to those general practices expressing interest in the support that they can provide. There is a general need to ensure that access to CPNs is more consistent and co-ordinated.

49. *Losing Time* reported a significant deficit in the number of consultant psychiatrist posts in relation to the population, based on the recommended level set by the Royal College of Psychiatrists. Local staff report that this situation has not changed significantly. The experience of trusts in trying to fill vacant consultant posts varies across Wales. Two general adult and old age psychiatry consultant posts are currently vacant in Pembrokeshire and Derwen NHS Trust. Two old age psychiatry consultant posts are vacant at North East Wales NHS Trust *(Source: Health of Wales Information Service, October 2004).*

50. The availability of services provided by clinical psychologists is also limited. Where services exist a limited number of sessions are held during the week and are not usually specific to older people’s mental health.

51. Work is taking place to develop solutions to the problem of staff shortages. The Mental Health Workforce Group is examining the potential to change mental health roles to help address gaps in the workforce. This includes developing non-professionally affiliated staff to carry out different types of work as well as changing the roles of professionally affiliated staff.

52. We found that a number of authorities had been able to recruit social workers to work specifically with older people with mental health problems. One authority had been able to recruit a CPN with this specialisation. Difficulty in the recruiting and retaining physiotherapists and occupational therapists is widespread, reflecting national shortages of these professionals, a situation which has prevailed for several years. This weakens the effectiveness of CMHTs.

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**Case Study 2**

A service manager for adult and older people’s mental health services has been established as a shared post across Anglesey Social Services and North West Wales NHS Trust. This provides a foundation for integrated team working and the potential for greater understanding of both health and social services issues at a relatively senior level within both organisations. It confirms the commitment of both the Trust and the County Council to joint working.

**Assessment and care management**

53. The Care Programme Approach (CPA) will be implemented in Wales to provide systematic arrangements for assessing the health and social needs of people accepted into the specialist mental health services with a target for introduction of December 2004. Agencies will need to ensure that an appropriate culture can develop to make the CPA truly effective. The expectation is that the CPA and the health and social services unified approach to assessing and managing care will be fully integrated.

54. The unified approach to assessment is expected to provide a foundation for consistent CMHT assessment and planning processes. The Welsh Assembly Government has issued guidance informing authorities of the need for a phased introduction of these arrangements. The first phase, relating to older people’s assessment (including older people with mental health problems), is expected to be complete by April 2005. All areas reviewed in our follow up work have been developing joint assessment processes and joint case files. Five of those areas
have begun to carry out joint assessments and two areas have started to use joint case files.

55. Some trusts are prioritising the information needs of their acute services when looking at new IT systems. The consequence is that the information needs of community mental health services can sometimes be missed out. There are concerns in a number of areas that insufficient consideration has been given to the need for health and social services information systems to be able to communicate with each other. This concern also relates to a lack of connection at a local level between the work relating to the implementation of Informing Healthcare (Ref. 8) and that for the forthcoming Informing Social Care (to be published October 2004). The issue requires attention at national level since the programme for Informing Health Care does not include specific deliverables linked to Informing Social Care. Issues regarding the Unified Assessment Process and the Integrated Children’s System have been noted by the team preparing Informing Health Care.

Home care

56. Care in the home is important in helping people to retain their independence and to continue to live at home. Agencies report that there continues to be a national shortage of specialist home-care workers trained to understand mental health problems in older people. The consequence is that in many cases carers continue to bear most of the care burden.

57. Most local authorities rely on generic home care workers without specialist mental health training to provide their home care, although they still find it difficult to recruit staff to this type of post. The voluntary sector continues to provide specialist home care workers as a vital supplement to the services provided by statutory agencies.

58. The provision of home care services is not consistent, and where services exist there is little or no provision at night. One consequence is that GPs sometimes refer patients for hospital admission. Inappropriate hospital admission can reduce the likelihood that an older person will regain their independence and places additional pressure on already over-burdened hospital resources.

59. The Carers’ Support Grant is used on a discretionary basis in some areas to fund short term respite care in a patient’s own home. This type of provision is encouraged in The Carers Strategy in Wales, which highlights initiatives at a local level such as sit-in services provided in North Wales, Dyfed and Powys by the voluntary agency Crossroads. However, services like this are not provided consistently across Wales.

60. Some attention is being given the technology based developments that enable people to remain at home with surveillance-type arrangements eg. The Assist project in Blaenau Gwent.
Day care and specialist day services

61. Day hospitals and day centres provide a range of services which are important components in the care of older people with mental health problems. Day hospitals should provide short-term assessment and interventions, often for people in the early stages of their illness. Day centres should provide less specialised care. There is also a need for flexible types of provision at different times of the day. There continues to be a shortage of these types of service across Wales. Where services exist the model of provision is still highly variable and coverage is incomplete.

62. The need for more specialist day care remains in many parts of Wales although there is evidence that agencies are beginning to work together to assess needs and to develop service strategies. Some areas continue to provide a single mixed service for people with organic conditions (primarily dementia) and for those with functional conditions (such as depression). In other areas it is still the case that some older people with mental health problems attend generic day centres which may be less able to respond to their specific needs.

63. The main focus for service development has been in relation to older people with organic mental health conditions. There is a lack of specialist day care specifically for patients with functional conditions or for patients with early onset dementia. This is a matter for service commissioners, with workforce and professional practice implications.

Residential respite care

64. Carers previously told us that they value services which give them a break from caring. Our recent work showed that the biggest problems with residential respite care in Wales are the same as those reported in Losing Time, namely:

- access to adequate emergency beds;
- access to flexible cover for planned short breaks; and
- securing long-term agreements with residential home owners for a set number of dedicated respite beds.

65. In the absence of a guaranteed income, independent residential and nursing care homes find it difficult to keep emergency respite beds open given the need to generate income to ensure business survival. Therefore, a more effective way of ensuring income is to fill places with long-term occupants. In providing respite care for this group of service users, agencies and care homes also need to give due regard to the regulations and any other requirements set out by the Care Standards Inspectorate Wales (CSIW). These may entail a review of staffing requirements and environmental standards. A consideration of the impact of short-term respite care residents on longer-term residents would also be necessary.
Services for People Who Can No Longer Stay at Home

66. People who cannot stay at home require access to other types of accommodation and services, preferably close to their own homes. Losing Time reported that the number of people needing specialist residential and nursing home care was rising, and that supply was not keeping pace with demand. The imbalance was creating pressure within the care system and leading to discharge delays within hospitals.

Inpatient hospital care

67. A programme of re-provision has been underway in Wales to improve all hospital psychiatric environments to the level of the best. Some trusts reported that issues relating to the re-provision of inpatient psychiatric services were still under discussion while others had completed their new arrangements. Auditors found several examples of services being re-focussed with clear benefits for patients (see case study). It is vital that those trusts currently developing business cases for reprovision use the opportunity to consider innovative service options and not simply reprovision based on traditional models of care.

Case Study 3

Powys LHB has introduced new inpatient wards and assessment / interim care beds across the locality. A new inpatient facility has been opened by Pembrokeshire and Derwen NHS Trust in Haverfordwest. This relocates services for people in Pembrokeshire that had previously been provided outside of the area in Carmarthen.

68. Patients with functional mental health problems are best cared for in an environment suitable for their age and condition. It is still the case that some older people with severe functional disorders are admitted to general adult mental health wards and are receiving care alongside patients of all ages who often have less severe conditions. Staff reported concern that this type of situation can be detrimental to the mental health of some patients because of the depressing atmosphere that arises. Health commissioners have an important role in leading efforts to try to address this issue.

Discharge arrangements and liaison with care homes

69. Levels of delayed transfers of care are high in some parts of Wales and trusts have increasingly recognised the importance of effective liaison between general and specialist areas of care. Many areas have now introduced liaison nurse arrangements to ensure that patients who could benefit from specialist care can be transferred as early as possible to the right environment.

70. Liaison nurses have also provided training for staff on the general medical wards and in residential care homes to help identify patients with specialist needs. Although some posts cover general medical wards in an acute unit and community hospitals as well, others are limited to covering an acute unit only. There is scope to maximise the benefit received from all liaison roles by ensuring that they cover acute and community hospitals wherever possible.
Long-term care in residential and specialist nursing homes

71. For some older people with mental health problems who are admitted to hospital, there are limited options to support their subsequent discharge. The availability of specialist residential and nursing home care remains variable across Wales. Where homes close, this can result in additional pressure on the remaining beds in those areas and can exacerbate delayed transfers of care in hospitals. A survey conducted by ACiW in November 2003 showed that 15.9% of open mental health beds for the elderly were blocked due to a delay in the transfer of care.

72. Health and social care agencies in some areas have been working, sometimes in partnership, to try to ensure the best use of available beds (see case study). In some instances this has also been used as an opportunity to examine alternative arrangements such as sheltered housing, intermediate care and short term packages, to try to shift the focus away from long term care.

73. Workplace training has been made available in some areas to residential and nursing home staff who care for older people with mental health problems. CSIW has established regulations and national minimum standards for training however a number of areas still have no formal training programme. Residential and nursing homes are sometimes reluctant to allow staff the time for training, partly because of shortages in staff, in part because of cost and also because the high turnover of staff diminishes the return from investment in training. LHBs and social services departments should work alongside regulators such as CSIW to address this important issue.
Local Commissioning and Planning Arrangements

Policy

74. There is evidence that the relevant agencies are beginning to work together to develop a shared vision for the future of older people’s mental health. There is some way to go before robust strategic planning and commissioning can be achieved for these services across Wales. The scope and breadth of partnership working will need to be extended and performance management arrangements will need to be enhanced and aligned between health and social care agencies.

Vision and strategic partnership

75. Our work shows that since the publication of *Losing Time* there has been an increased focus on partnership working between health and social care agencies. This has resulted in a stronger consensus about the future direction of services for older people with mental health problems.

76. Almost all areas now have local multi-agency mental health planning forums focusing mainly on mental health services for older people. The forum in Anglesey covers services for working-age adults and for older people, because local services are organised around conditions rather than age. The majority of forums have been established between a co-terminous LHB and local authority. In some areas, such as Conwy and Denbighshire (see case study), forums have been set up to bring agencies together across trust areas to help establish a broader based approach to commissioning and planning. The extent to which the voluntary sector is engaged in strategic and operational development varies, yet these services are potentially a key component in whole system provision.

77. Most areas have established a vision for the future direction of services. Three areas (Neath Port Talbot, Powys and Wrexham) have carried out mapping exercises to review current service provision in order to assist in strategy development. There are instances where the focus has been on particular strategic planning components and some of these have incorporated the associated investment requirements. However, the quality of strategic planning remains highly variable. Only North East Wales and Monmouthshire have agreed service strategies and are taking them forward. The lack of clear strategic planning in other areas diminishes the potential to address local and national priorities. The Alzheimer’s Society is still of the opinion that an all Wales strategy for mental health services for older people is required to guide the work of local groups.
Local Commissioning and Planning Arrangements | Developing Mental Health Services for Older People in Wales

78. The scope of partnership working in most instances relates to the full range of mental health disorders. Those groups limiting their consideration to particular types of service will face the additional challenge of ensuring that a consistent whole system strategy is developed for all service components.

Case Study 5

A multi-agency advisory group has been established across Conwy and Denbighshire to take forward operational issues relating to older people’s mental health services. The group have developed a multi agency business plan to support the implementation of actions, and to address the issues highlighted in the local District Audit report on older people’s mental health services (2000). With the use of task and finish groups to tackle key themes, this model has provided a robust mechanism to engage individual organisations in making progress on these issues. It also helps to create a consensus on the future vision for mental health services for older people.

Commissioning

79. The establishment of joint commissioning arrangements will be vital to the development of mental health services for older people but there has been little progress to date. Local Health Boards have a key role in commissioning older people’s mental health services, but are still finding their feet in this respect.

80. At the time of our follow up work there were no formally agreed multi-agency commissioning plans for older people’s mental health services anywhere in Wales. Financial and other information about services is still limited in many areas, as is the use of performance indicators. The forthcoming National Service Framework for Older People in Wales will be an important driver for more effective planning, commissioning and service monitoring across agencies. Our work shows that there is still much to do in this important area.
Conclusion

81. Our follow up work has shown that health and social care agencies made progress in some important areas between 2002 and 2004 in developing mental health services for older people. Nonetheless, many of the challenges previously reported in Losing Time remain today.

82. More still needs to be done to support GPs in making decisions that may lead to an early diagnosis of mental health problems. Trusts and LHBs have a key role to play in helping to develop local assessment tools and care pathways. The Carers’ Strategy in Wales has increased recognition of the needs of carers and is helping to direct resources in support of those needs. Local work is providing carers with better information about mental health issues and services. However, other forms of early help and assessment such as memory clinics and advocacy services have been slow to develop.

83. Helping older people with mental health problems to remain living at home is part of an important national agenda in Wales that relates to maintaining personal independence. However, the provision of home care, day care, specialist day services, and respite care varies significantly in terms of the model of service, the extent of coverage and the level of provision. In addition, the recruitment and retention of staff is still a significant challenge in these service areas.

84. For people who can no longer stay at home, having appropriate services close to home is very important. A programme of reprovision of inpatient mental health services is underway which presents an important opportunity for innovation in service provision. Health commissioners also need to renew their efforts to consider how best to provide separate and specific environments for people who require inpatient psychiatric care. The pressure on health and social care resources resulting from the closure of residential and nursing homes is leading agencies to work together to make more effective use of available beds. Better liaison arrangements are being established to assist in the transfer or discharge of patients, although this is not consistent across Wales, and delayed transfers of care are a specific problem for several trusts.

85. More work is needed to develop a shared vision for the future of older people’s mental health across health and social care agencies. The scope and breadth of partnership working needs to be extended and performance management arrangements will need to be compatible. This work will need to be underpinned by the comprehensive information availability to ensure that needs are understood and that services can be monitored and reviewed. Service planning and commissioning arrangements will need to be strengthened if the standards of the forthcoming NSF for Older People are to be achieved.
Recommendations

R1  LHBs and trusts should ensure a focus on early diagnosis by engaging primary care, and particularly GPs, through effective support and training where appropriate.

R2  LHBs should increase the priority given to the planning, commissioning and monitoring of these services; their leadership will be essential if meaningful progress is to be achieved.

R3  Joint working arrangements between health, social care, and voluntary sector agencies, at a strategic and operational level, should be strengthened to ensure that a whole system approach drives forward the provision of these services.

R4  Workforce issues should be addressed at a national and local level; a clear understanding of staffing needs, shortages and recruitment needs in particular professional groups, training and development needs, the potential to modernise professional roles and responsibilities, and the factors underlying long-term vacancies should be used to help direct strategic efforts to effect change.

R5  Agencies should continue to build on the policies and frameworks set in place to ensure that carers can be engaged in helping to develop services, and to ensure that their needs are assessed and addressed as a routine part of service provision.

R6  Commissioners and service providers should work to find ways to deliver inpatient services in the type of environment best suited to the individual needs of particular types of patients.

R7  LHBs, Trusts and social services should work alongside regulators such as CSIW to help address training and development needs in the independent residential and nursing homes sector.
Appendix 1

References

1. Losing Time – Developing Mental Health Services for Older People in Wales, Audit Commission in Wales, 2002
2. Forget Me Not – Mental Health Services for Older People in Wales, Audit Commission in Wales, 2002