

Follow-Up to Better Services for Vulnerable Older People - Mental Health

Bury Metropolitan Borough Council

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Introduction and background

More and more people are living to old age, and increased longevity has implications for health and social services. One fifth of people over the age of 85 are likely to experience dementia, and around one quarter of people over the age of 65 suffer from depression. These groups of people depend on substantial support from public services and informal carers.

Consequently, the Audit Commission carried out a review of mental health services for older people, which was designed to assess whether health and social services were working together to:

- satisfactorily address their priorities for older people with mental health problems
- provide community services to enable people to live at home where appropriate
- provide joint services
- share responsibility for care and collaborate on assessments.

The national findings were published in 'Forget me Not' in January 2000.

This was followed by local reviews in all Joint Investment Planning Groups (JIPs) in 2000/2001. District Audit carried out reviews in the Bury and Rochdale JIPs area, involving all health and social care organisations.

The following key issues were examined:

- the range and balance of services in hospital, community and residential settings
- the identification and assessment of problems
- co-ordination and joint working between health and social care in service delivery
- long term care arrangements
- strategic planning arrangements and use of Health Act Flexibilities.

An action plan was developed in response to the issues examined and agreed with the local bodies in July 2001.

The objective of this follow-up review is to assess progress against the original action plan, and identify any barriers to implementation or issues requiring further action.

Audit approach

Scope

The follow up work was based around the original action plan which covered the Bury Metropolitan Borough area. The follow up work comprises a position statement against the action plan and any recommendations for future improvement where progress is limited.

The position statement provides a summary of progress against the original action plan, based upon discussions with the Mental Health Sub Group of the Older People's Local Implementation Team.

It will be vital to ensure that there is ownership of the findings and any resulting actions at executive level and this will most likely be achieved through the Chairs of the Local Implementation Teams.

It is also envisaged that a summary of the position statements across the relevant localities will be prepared for Greater Manchester Strategic Health Authority.

This report provides an assessment of progress against each of the recommendations at the time of the follow up, using the following classification:

- achieved
- largely achieved
- developing
- limited progress
- no longer relevant.

It also considers issues which require further action by local partners in order for them to fully implement the action plan.

Main conclusions

In the period since our original review of mental health services for older people in Bury, there has been considerable organisational change in health. This has involved the establishment of the Primary Care Trust (PCT), the demise of the Bury and Rochdale Health Authority, the merger of the local acute trust with three other acute trusts to form Pennine Acute Hospital NHS Trust and the establishment of a specialist mental health trust, Pennine Care. The impact of these changes, particularly the acute hospitals merger, has been to disrupt existing channels of communication and create delays in implementing initiatives which require joint working.

The lack of additional funding in connection with the publication of the NSF for Older People, and the focus on acute access and adult mental health issues in the NHS Plan and national priorities and planning guidelines has meant that there has been limited management capacity and funding to direct towards mental health services for older people.

This being the case, it is hardly surprising that it has been difficult to make significant progress on service development for this client group.

However, the multi-agency Elderly Mentally Ill (EMI) Strategy Group has met regularly during this time of change which has ensured that some significant progress has been made, usually as part of wider initiatives. Notable achievements include:

- the establishment of a Community Mental Health Team for the Elderly and an integrated management structure for mental health services
- significant progress in providing information and support for carers
- implementation of a care pathway for GP referrals which has now been in operation for a year
- the involvement of user representatives in the structures which plan and evaluate EMI services.

The EMI Strategy Group recognises that there are a number of areas in which only limited progress has been made and which are a cause for concern:

- a trigger tool for assessing the mental health needs of older people in hospital has been developed but has not been implemented due to the acute trust restructure
- there is very limited advocacy for EMI which enhances the disadvantage experienced by service users who do not have carers
- insufficient training and development takes place on EMI issues, especially in primary care, and this creates a particular problem in the area of prescribing.

For more detailed information on progress against each of the original recommendations please see the updated action plan included at Appendix 1.

There were 29 recommendations in our action plan. When reviewing progress a few of the more complex recommendations have been broken down into constituent parts for assessment as progress has been variable, giving a total of 36 individual assessments. The table below shows the overall number of recommendations (or parts therefore) assessed at each of the five levels:

Status	Number of recommendations
Achieved	8
Largely achieved	4
Developing	18
Limited progress	6
No longer relevant	0

We would like to express our thanks to all the members of the EMI Strategy Group who assisted with this follow up work.

Status of our reports to the Council

Our reports are prepared in the context of the Statement of Responsibilities of Auditors and Audited Bodies issued by the Audit Commission. Reports are prepared by appointed auditors and addressed to /Members or officers. They are prepared for the sole use of the audited body, and no responsibility is taken by auditors to any Member or officer in their individual capacity, or to any third party.

Updated action plan

Recommendation	Progress
<p>Range and balance of services</p> <p>1 A Community Mental Health Team (CMHT) for the Elderly should be developed in Bury which includes EMI specialist Social Worker input.</p>	<p>Achieved</p> <p>The team is now in place after a reconfiguration of existing resources and is located at the local hospital site whilst awaiting suitable premises becoming available in the community.</p>
<p>2 EMI service provision imbalance towards residential care needs to be redressed – home support and day capacity should be extended, placing more emphasis on promoting independent living and enabling service users:</p> <ul style="list-style-type: none"> • more domiciliary care to support people in their own homes • flexibility in timing eg night sitting • flexible support viz, not just washing and dressing. 	<p>Developing</p> <p>A home support project originally funded through HAZ has been continued through the use of Supporting People funds. If the scheme is to be expanded alternative sources of funding are required.</p> <p>Pinfold Lane Day Centre is now open on Saturdays from 10am-3pm with up to 16 places available.</p> <p>Funding has been obtained for an extension to Hazelhurst Residential Home to provide four to six day places in the North of the Borough.</p> <p>Discussions are underway about changing the provision at Spurr House Residential Home (which has 10 day care places) to a specialist service for people with dementia.</p> <p>Work on intermediate care domiciliary support will include provision for EMI.</p> <p>Investigations are underway into the feasibility of using new technology (Beavertech 'watches' monitored through the CareLink control centre) to support people in their own homes.</p> <p>See also Recommendation 13 on the 72 hour crisis service.</p>
<p>3 Service providers should consider expanding the areas where volunteer workers can assist in service delivery.</p>	<p>Largely achieved</p> <p>Interviews for volunteers ascertain whether applicants are willing to work with clients with EMI. Support is available for those who wish to develop skills in/understanding of EMI. Currently one volunteer is working in this area.</p>
<p>4 Flexibility and appropriateness of EMI patient transport needs to be improved (especially in relation to NHS EMI services).</p>	<p>Developing</p> <p>Some good progress has been made in individual, small scale services. A social services report to Overview and Scrutiny will recommend the roll out of the driver and escort services available at Pinfold. The voucher scheme for carers now includes transport.</p> <p>The wider issues of ambulance services etc remain problematic and are being looked at by the Transport Working Group of the OP LIT.</p> <p>A Transport Group audited Ambulance Provision for Day Care attendance on Ward 26 in 2003. Whilst improvements have been made and the level of satisfaction was high on Audit. This Service could be more sensitive to individual needs.</p>

Recommendation	Progress
<p>5 Early onset dementia service deficiencies need to be addressed - especially through the development of specific residential facilities, such as extra care sheltered/wardened housing.</p>	<p>Developing</p> <p>Improved support for people with early on set dementia in residential homes (through merger of Falcon and Griffin Homes). However the focus needs to be on keeping people at home and discussions are beginning on possible supported housing at Hazelhurst and Spurr House.</p> <p>Heathlands Village, an independent provider of very sheltered housing, takes EMI and are looking to increase their services.</p> <p>Although there is a care pathway for early onset dementia and a new Memory Clinic, there remain problems with poor diagnosis of the condition. Service providers are looking to learn from work with GPs in Stockport and the issue will be raised as part of Pennine Care's LDP away day. Although there is no on-going work on this issue with GPs the recent appointment of Sharon Martin as a link person from the EMI Strategy Group to the new locality structure of the PCT will provide a clear channel for this work to take place.</p>
<p>6 EMI Assessment procedures on medical (elderly care) wards should be improved.</p>	<p>Limited progress</p> <p>Appropriate rating scales for Mental Health assessments have been provided by a Consultant Psychogeriatrician, Dr Prasad. However they are not as yet in common use.</p>
<p>7 The Asian community low EMI service take up needs to be tackled. There is a greater need to:</p> <ul style="list-style-type: none"> • understand the needs of potential Asian service users • ensure services can address these ethnically specific needs • build awareness of EMI service availability in the Asian community. 	<p>Developing</p> <p>Interviews will take place in August for an Asian carer to work with in the Carer's Centre - duties will include information work.</p>
<p>8 A strategy is required to promote recruitment and retention of ASWs.</p>	<p>Achieved</p> <p>A review took place and pay ranges were increased which has brought significant improvement.</p>
<p>9 Day services specifically for over 65s with functional mental health problems need to be developed.</p>	<p>Developing</p> <p>There is some capacity at Parsons Lane and Ward 26 at Fairfield Hospital. A recent review of Rose Lea day centre has indicated that it is not fit for purpose for health and safety reasons. A variety of 'creative ideas' are being considered as part of the overall Mental Health strategy (which will include EMI) this will be discussed at the Mental Health LIT on 21/8/2003.</p>

Recommendation	Progress
<p>10 The location of the acute ward at Ramsbottom Hospital must be reviewed. Facilities and services available to patients and carers on-site must either be improved or the service relocated.</p>	<p>Developing Some remedial work has been done but it still provides poor accommodation. A phased capital programme that includes the relocation of Ramsbottom Cottage Hospital is awaiting agreement by Pennine Care Trust Board.</p>
<p>11 There is a need to provide a dementia care service in the North of the Borough to match Pinfold toward the south.</p>	<p>Developing See Recommendation 2.</p>
<p>12 Consider more imaginative ideas concerning 'taking services to people', eg use of space in libraries and other public buildings.</p>	<p>Developing Attaching/linking social workers to GP surgeries is almost complete. Carers group has audited the local hospital and found information on services for carers in all areas other than A&E and Out Patients. A proposal for volunteers to maintain information boards in the hospital has been formulated but communications difficulties with the new trust are delaying discussions. All carers visiting Ward 26 are invited to join the carers register when attending Ward 26.</p>
<p>13 An intensive domiciliary support team for EMI 'crisis' intervention should be set up to help prevent admissions and maintain independence.</p>	<p>Developing A business plan has been produced and most of the required funding agreed. As the project was not included in the LDP process it will be very difficult to obtain funding from health which may result in the pilot being scaled down slightly.</p>
<p>14 EMI service providers should consider the provision of an EMI 'helpline' for use by service Users and Carers.</p>	<p>Largely achieved 24 hour access to Mental Health Services will be in place by the end of March 2004 which will include a telephone helpline. This service will be available to all Mental Health Service Users with the operator being an experienced Mental Health professional.</p>
<p>Users and Carers 15 Support and information for carers should be improved – 'helping Carers to care'.</p>	<p>Largely achieved Carer information is now included in admissions and discharge information packs distributed at the hospital. The carer group at Pinfold has been expanded. Nine of the 36 GP surgeries are involved in the Carers health project which, it is hoped, will be rolled out across the borough. Carers services are included in NSF awareness training at the hospital and is about to be rolled out to NSF awareness training in the local council. Awareness raising has been conducted with District Nurses. See also other recommendations.</p>
<p>16 There is a need to ensure that Carers are always properly informed how EMI conditions are likely to develop.</p>	<p>Developing Good work has been done by Carers groups in increasing understanding of mental illness however there is further work to do in ensuring GPs and other professionals provide appropriate information to Carers.</p>

Recommendation	Progress
<p>17 Potential service Users and Carers need more information about available services and benefits.</p>	<p>Largely achieved Considerable work has been done in this area. Information is circulated with Council Tax mailings and appears on Bury Metropolitan Borough Council Leisure calendars issued to every household. Department of Work and Pensions run pension service advice clinics at the carers centre fortnightly. Lloyd's pharmacy issue information to customers and work is underway with the walk-in centre.</p>
<p>18 Effective dedicated advocacy must be available to the EMI client group.</p>	<p>Limited progress A bid for funding for general Mental Health advocacy was submitted to the LDP but was unsuccessful. MIND undertake some general adult work on wards. Given the very good work being undertaken with Carers the lack of an advocacy service may create a significant disadvantage for EMI who do not have Carers.</p>
<p>19 Any new joint new assessment process must explicitly address the needs of Carers.</p>	<p>Achieved This has been realised through the single assessment process.</p>
<p>Identification and assessment 20 There is a need to ensure that the '75+ health checks' are carried out 'across the board'.</p>	<p>Developing These checks take place in Radcliffe but there are no plans to roll them out across the Borough. The group can progress this through the new link with the localities structure being developed by the PCT. 75+ Health Checks are offered (often when flu immunisations are given). PCT will audit how these are offered and look into introducing a template of good practice. 75+ health checks in Redbank are a model of good practice.</p>
<p>21 Bury must have a programme to develop and promote good practice amongst GPs and Primary Care in general that addresses:</p> <ul style="list-style-type: none"> • staff education • information, communication and support to Users/Carers • treatment, including appropriate drug therapy • assessment techniques • referral processes. 	<p>Each bullet point is addressed separately as progress has varied. Information will be disseminated to GPs by PCT when the restructure process is complete.</p> <p>Limited progress Developing for Carers, Limited Progress for Users Limited progress – there is real concern over a number or prescribing issues – this will be followed up with Andrew Martin, (PCT Medicines Management). Limited Progress Achieved - a care pathway for GP referrals has been in operation for 12 months and is due for review. The single point of entry has yet to be established for older people.</p>

Recommendation	Progress
<p>22 An effective approach to joint EMI assessment must be developed.</p>	<p>Developing This is being addressed through the Single Assessment Process Working Group. Considerable work has been done locally including a pilot project in two GPs surgeries (although neither deal with many EMI). However there are significant problems delivering on information sharing.</p>
<p>23 Expectations of carers must be taken fully into account during assessment.</p>	<p>Developing Anecdotal evidence suggest that there have been significant improvements in this area, however Bury's score on the Performance Indicator for carers assessments remains very low. It is hoped that current work on identifying carers through GP surgeries will allow some validation of whether social services assessments are taking place consistently.</p>
<p>Service planning and co-ordination 24 Bury needs an EMI strategy group to take forward EMI service planning, service development, co-ordination, and integration.</p>	<p>Achieved The EMI Strategy Group has been meeting since the introduction of the NSF (when it replaced an earlier group with a similar remit).</p>
<p>25 EMI service integration needs to be improved through:</p> <ul style="list-style-type: none"> • joint assessment procedures, • joint training and • the creation of a CMHT. 	<p>Each bullet point is addressed separately as progress has varied.</p> <ul style="list-style-type: none"> • developing • developing - A jointly funded Training Co-ordinator post has been advertised. With interviews in August 2003. • achieved.
<p>26 Joint EMI training across agencies (to include independent sector residential and nursing home staff) needs to be developed.</p>	<p>Developing Joint Health/Social NSF training has been agreed. A rolling programme will commence in Autumn 2003.</p>
<p>27 Links between EMI service providers and PCTs need to be strengthened through greater involvement in service planning and service development.</p>	<p>Developing As discussed above, Sharon Martin will act as the link between the EMI Strategy Group and the planning and service development structures of the PCT. Links will be Angela Thornton, Debra Hather and Kath Leighton.</p>

Recommendation	Progress
<p>28 Management support to NHS EMI services should be strengthened.</p>	<p>Achieved An integrated management structure has been agreed that includes the provision for a manager of Older Peoples Services.</p>
<p>29 There is a need to ensure that planning and co-ordination of services has appropriate levels of input from, and accountability to, elderly people.</p>	<p>Achieved There are three user representatives in the EMI Strategy Group and users are represented on most other groups including the Operational Development Group and the LIT.</p>