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Health & Adults' Services Scrutiny Committee

11 March 2010

Older People Mental Health Services
A review by the Health & Adults' Services Scrutiny Committee

Preamble
On 11 March 2010, Devon County Council's Health & Adults Services Scrutiny Committee endorsed the older people mental health task group report subject to the following amendments:

Page 7	Work commenced in 2009 in Devon to implement the National Dementia Strategy and the *Joint Review of Dementia Services in the South West* provided an initial opportunity for adopting and implementing best practice, sharing information and practical knowledge between providers, refocusing service delivery and reconfiguring dementia services. The task group recognises that the inconsistency in service provision across the county will have to be addressed, e.g. the North-South divide in resource allocations and the service provisions at individual acute hospitals.
Recommendation 1b	To further scope the deliverability of the National Dementia Strategy in Devon, including b) undertaking a financial exercise on current spending levels for dementia services and comparing this to other local authorities and PCTs, with a view to informing current and future service provision as the task group remains concerned about the financial implication for future service delivery.
Recommendation 13	To provide appropraite training and support to all those staff involved in the direct care of people suffering from dementia.
Page 16	[ ] The increasing number of sufferers of dementia had workforce implications and the task group is concerned at how additional consultants and back-up staff would be recruited, retained and administered. Concern is expressed that a number of service areas within the Devon Partnership NHS Trust's older people mental health redesign plans are marked by a risk of being insufficiently funded, such as the - dementia early diagnosis and intervention services - specialist interventions e.g. pharmacy services or for challenging behaviour - rapid response services for older people - new liaison services at the acute hospitals in Exeter, Torbay and Barnstaple. [ ]

Recommendation 19	To develop processes which allow the follow up of referrals and/or concerns raised with professional staff from third sector providers and providers within the Devon Local Strategic Partnership.

The above changes supersede the relevant passages and recommendations in the main body of the report.

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Foreword from the Chairman

On behalf of Devon County Council's Health & Adults' Services Scrutiny Committee I am delighted to publish this report. It follows an extensive investigation into mental health services associated with dementia care across Devon, carried out by the older people's mental health task group previously set up by the committee. I would like to thank all those who participated in the process, for their time and effort and continued commitment to helping to shape this review and recommendations for improvement. I would also particularly like to thank our expert contributors for the detailed evidence they gave to the task group.

Dementia is not inevitable in old age and it is not in itself a disease, dementia describes a set of symptoms caused by one or more illnesses which affect the brain.

There are around 700,000 people in the UK with dementia and that figure is set to rise over the coming years as the population ages and people live longer. The launch of the first National Dementia Strategy in England highlights the importance of removing the stigma that surrounds dementia and improving and delivering better services for people with these symptoms. In carrying out this review, the older people mental health task group have explored the central themes and issues presented in the

National Dementia Strategy including those of raising awareness, reducing stigmas, early diagnosis and support. While there are no known cures for dementia it is important that commissioners and providers of health and social care in Devon look to address the many issues surrounding it and delivers services that help to provide the best quality of life for people with dementia in the county.

Conducting this piece of work has been very worthwhile and has engaged a large number of people. We have been able to look at the issues involved in great detail and it has been wonderful to see such a high level of dedication and enthusiasm from everyone involved. If we continue to work together and develop even stronger partnerships, we will be able to make significant improvements to dementia services and care in Devon.

Cllr Richard Westlake
Chairman, Older People Mental Health Task Group
Chairman, Health & Adults' Services Scrutiny Committee

Introduction

Estimates suggest that in the UK 40% of older people who attend their GP suffer from mental health problems, as do 50% of older adult inpatients in hospitals and 60% of residents in care homes. Just over a quarter of admissions to mental health inpatient services involve people over the age of 65. In the next ten years, the number of people aged over 65 will increase by 15% and the number aged over 85 by 27%.

As a result of the ageing population, the number of people with dementia in the UK is set to increase significantly. At present, there are approximately 700,000 people with dementia and it is estimated that there will be 1.4 million by 2038. The financial cost of dementia to the UK each year is over 17 billion and is set to increase to over 50 billion by 2038.

The statistics in Devon provide a similar picture: with a population of over 750,000 people of whom more than 20% are over the age of 65. The number is likely to grow by one third in the next 15 years and in the next five years alone, the number of people aged over 80 will rise by 8%.

Approximately one in 20 people over 65, and one in five over 80, are affected by dementia. In Devon, estimates indicate that more than 12,000 people will have dementia, rising to more than 17,000 in 2021. It is also estimated that only about one third of people suffering from dementia are ever properly diagnosed.

There has been less emphasis on mental health services for older people than on those for younger adults and older people have not benefited from some of the developments in services experienced by younger adults. The challenges arising from this include:
- lack of awareness of the mental health needs of older people
- age discrimination in access to services, age-appropriateness and lack of specialist input to services
- under-funding compared to services for people under 65
- variable quality and availability of the full range of services

- less well integrated community mental health teams for older people than those in mental health services for younger adults

Preliminary research commissioned by the Department of Health estimated that eliminating age discrimination in adult mental health services in England could require an additional 2bn against a current spend of 8.4bn, a 24% increase in funding. In February 2009, the Department of Health published the first ever National Dementia Strategy in order to address the challenges after the government had identified dementia as a national priority. The strategy sets out 17 objectives which aim to raise awareness and understanding of dementia, promote early diagnosis and support as well as the provision of opportunities to live well with the condition.

Review Approach

Devon County Council's Health & Adults' Services Scrutiny Committee established a task group on older people mental health services in July 2009 and the group commenced its work in August 2009. Members of the group were Councillors Olwen Foggin, Anne Fry, Rod Hawes, Philip Sanders, Richard Westlake (Chairman) and Eileen Wragg.

The review of mental health services for older people combined an analysis of available national data with hearing a wide range of contributors and site visits. At the first meeting the group agreed to focus the investigation on dementia care and to conduct work under the following headings:
a) overall objectives of the National Dementia Strategy
i. raising awareness and understanding
ii. early diagnosis, information and support
iii. opportunities and support to live well with dementia
b) challenges within older people mental health services
iv. tackling age discrimination
v. partnership working and strong leadership and accountability

A number of carers participated in the review and shared their knowledge and expertise but the task group did not review support for carers as this is the remit of a separate task group which started work in February 2010. The group recognises, however, the invaluable role of carers and their indispensable contribution to the health and social care system.

The task group first reviewed plans and proposals from statutory bodies in Devon to establish how they envisaged implementing the objectives set out in the National Dementia Strategy in Devon and how they handled patients with dementia. These were:
- Devon County Council's Adult & Community Services directorate
- NHS Devon
- Devon Partnership NHS Trust, including a consultant and the *Patient Advice and Liaison Services (PALS)*
- Royal Devon & Exeter NHS Foundation Trust consultant

During the investigation, the task group collected evidence from the following organisations, groups and individuals:
- Age Concern Exeter

- Alzheimer's Society Exeter and District Branch
- Carers for people who suffer from dementia
- Co-author of a review into services for older people in East Devon and Ex-Chairman of the Devon Partnership PPI Forum
- Devon Local Involvement Network (LINk)
- East Devon Learning Disability Team
- "for dementia" (national charity)
- GPs
- Ottery St Mary and District Later Life Forum (with representatives from Ottery St Mary community hospital league of friends, Ottery St Mary Help Scheme, Ottery St Mary Locality Health and Care Team and the St Sidwell Centre, Exeter)
- Senior Council for Devon
- Tavistock Area Support Services
- Torr Age
- University of Plymouth
- WRVS

The task group also visited Arthur Roberts House Care Home, Exeter, Fernihurst Care Home, Exmouth and a memory caf . Contributors were identified through the initial scoping report and represent statutory and voluntary organisations which are involved with older people mental health services and dementia care in particular. Other contributors volunteered to participate in the review.

The task group also considered the following written material:
- Department of Health, *National Dementia Strategy*, 2009
- Healthcare Commission, *Equality in Later Life A National Study of Older People Mental Health Services*, 2009
- NHS Devon, Adult & Community Services, *Joint Commissioning Strategy for People with Dementia in Devon*, 2009
- NHS Devon, Adult & Community Services, *Living Well with Dementia the National Dementia Strategy Action Plan for Devon*, 2009
- South West Dementia Partnership, *Joint Review of Dementia Services in the South West*, 2009
- Nuffield Council on Bioethics, *Dementia: Ethical Issues*, 2009
- Professor Sube Banerjee, *The Use of Antipsychotic Medication for People with Dementia: Time for Action*, 2009 (summary)

Findings

Objectives of the National Dementia Strategy
Work commenced in 2009 in Devon to implement the National Dementia Strategy and the *Joint Review of Dementia Services in the South West* provided an initial opportunity for adopting and implementing best practice, sharing information and practical knowledge between providers, refocusing service delivery and reconfiguring dementia services.
The redesign of services will mainly have to be realised within existing resources although individual grants and investments from statutory Devon bodies and Government will ensure the implementation of new requirements, such as the improvement of early diagnoses. The amount of grant allocations from government, however, has not been determined and they are not ring-fenced.

Recommendation 1: To further scope the deliverability of the National Dementia Strategy in Devon, including

a) developing a strong and accountable leadership within the National Dementia Strategy Programme in Devon to coordinate the work streams and future service provision.
b) undertaking a financial exercise on current spending levels for dementia services and comparing this to other local authorities and PCTs, with a view to informing current and future service provision.

The Devon Partnership NHS Trust envisages a capital investment of 4.6m to realise the first phase of ward improvements in older people's mental health services and this received the trust board's final approval in December 2009. In particular, the following areas of improvement were crucial to the redesign of services:
- shift from in-patient to community care, including balancing investment
- reviewing bed capacity
- early discharge and support
- establish and extend crisis intervention to reduce acute admissions
- improving access to psychological services
- care and recovery coordination, including complex care and care pathways
- early diagnosis and intervention in dementia
- specialist outreach services to GPs, community and general hospitals, care homes and other community resources

The National Dementia Strategy sets out in 17 objectives how dementia care should develop. Objectives 9 and 10 have not been covered by this review as the task group was not able to gather sufficient information on intermediate care and housing related support services. The provision of technology and telecare was reviewed by the recent rural access to health task group. Objectives 14-17 cover regional and national work which has either been undertaken or sits outside of the remit of Devon agencies.

Raising Awareness and Understanding

Objective 1 of the National Dementia Strategy aims at improving public and professional awareness and understanding of dementia. Currently, press and public health campaigns are envisaged: information will continually be provided in staff newsletters; better information will be placed on the "social care & health" pages on dementia on the County Council's website which should also feature information on symptoms, services and service access, advice on memory training and so on. Display boards for community group meetings are due to be finalised in March 2010.
The awareness campaign should give special recognition to reaching vulnerable people, especially those living alone and those not regularly using health services who could be targeted via community health workers or information displayed in post offices, shops and mobile services. The task group found evidence that in some cases patients refrained from consulting their GPs because of the stigma attached to mental health problems and a missing recognition of their mental health needs.
The task group recognises the challenges associated with dementia for patients, families and carers, especially the stigma attached to mental health issues, which will have to be overcome by educating the public and professionals. Special recognition

will also have to be given to Devon's rural character as well as the resulting geographical and social isolation of individuals.

Early Diagnosis, Information and Support

Objectives 2 and 3 of the National Dementia Strategy aspire to provide good quality early diagnosis and intervention for all patients and good quality information for those diagnosed with dementia and their carers. Throughout the investigation, contributors highlighted a general lack of advice, information and guidance on available services and service access. Carers also reported a reluctance by GPs to assess their relatives upon their referrals, or GPs attributing mental health symptoms in older people to their age, resulting in long waits before diagnoses were made.

One contributor to the review had carried out a survey of all clients' GP practices in the Exeter area and found that a total two GPs had received dementia-related training. GPs are often an individual's first point of contact with the health and social care system and they fulfil a crucial role in signposting and referring individuals to services. The task group is therefore of the view that GPs' awareness and ability to diagnose and support individuals appropriately will have to be improved whilst recognising the complexity of the condition and resulting difficulties in making diagnoses.

In order to ensure an improved provision of early diagnoses, GP clinical leads will be appointed in the future and discussions have commenced with the Practice Based Commissioning Consortia Chairs regarding the development of the model for early diagnosis of dementia and GPs' roles within this. The task group stressed the potentially important role of practice nurses and other health professionals in supporting early diagnoses and interventions and a training day has been scheduled in April 2010 for 100 or so Devon GPs.

Recommendation 2: To request the Local Medical Committee to raise awareness with their members.

Recommendation 3: To identify one dementia lead in every GP practice in order to ensure referral for diagnoses and appropriate support.

GPs who contributed to the review highlighted that GPs have a duty to provide the best care for their patients and it is possible for them to arrange ways to assess patients on the referral of relatives or friends whilst respecting patient confidentiality and the rights of the referrers. Enhanced training opportunities and access to knowledge for GPs are therefore crucial to ensuring early diagnoses.

Recommendation 4: To promote approaches to diagnosing dementia which strengthen the role of those close to the patient, e.g. through improved family and carer involvement and confidentiality at the point of diagnosis.

The Mental Capacity Act 2007 allows a person to appoint a welfare attorney to make decisions on their behalf once they lose the ability or capability to do so themselves. This includes decisions on the person's health and welfare where previously the law only covered financial matters, and the task group found that knowledge of this was not widespread. The provision of support and advice on the complex appointment process is necessary if individuals are to make informed decisions early in the course of their condition.

Recommendation 5: To provide support and advice to patients on how to appoint a welfare attorney at the point of receiving a diagnosis of dementia.

Objective 5 of the National Dementia Strategy seeks to develop structured peer support and learning networks. In order to achieve all the objectives so far, memory caf s are being established across Devon which function as an open drop-in where individuals receive detailed information from health professionals or volunteers. Individual caf s operate differently depending on local needs. However, professional commitment had ceased in some memory caf s and the task group recognised that professional input is crucial to their success.

Memory caf s can offer a valuable addition to traditional services by providing a non-institutional approach, access to timely information and peer support in a relaxed, non-judgemental environment. If individuals approach professional staff at the memory caf regarding the mental health of another person, the details could also be referred to the community mental health team who sometimes already hold records of the individual in question and who could create opportunities for getting professional assessment and treatment if necessary.

Due to their case loads, some community mental health workers are forced to take individuals off their case lists who visit a memory caf regularly.

Recommendation 6: To review and strengthen existing peer support and learning networks such as memory caf s by maintaining professional commitment and enhancing partnership working with the voluntary sector (see below).

Opportunities and Support to Live Well with Dementia

Objective 4 of the National Dementia Strategy aims to simplify access to care, support and advice following diagnosis through the appointment of dementia advisers. Following the results of pilot schemes, the *Joint Commissioning Strategy for People with Dementia in Devon* envisaged the appointment of jointly funded dementia care advisers, a new role, to facilitate access to appropriate care, support and advice.

When entering the care system, patients currently receive a list of care providers to choose from. Often, volunteers or front line staff help in navigating between different agencies, identify individuals' needs and signpost them to appropriate services. Clients found it difficult to manage personal budgets and commission suitable services themselves without sufficient advice. There is also a disparity in service provision both between the North and the South of Devon as well as between town and country.

Recommendation 7: To provide support, advice and guidance to patients when choosing their treatment and care and to consider how to improve advocacy services in order to offer increased numbers of face-to-face callers a better response.
Care Direct, the "one stop shop" telephone service provided by the County Council, works well for people with a clear understanding of their needs but some older people struggle with this service, especially those with mental health needs and carers. Solutions such as community care and personalised budgets sometimes prove unsuitable for patients suffering from dementia. Individuals who do not readily match

the criteria for statutory support also struggle to get advice and guidance, for example people with an early onset dementia, and the dementia care advisers could assist with this too.

Care Direct does currently not continue support after a identifying a solution to establish whether or not it proved successful. This practice had proved unhelpful in the prevention of crises where solutions had previously been offered but might not have suited the individual. Carers and people with mental health needs can find it difficult to contact the Adult & Community Services directorate themselves for feedback. Voluntary providers reported that they filled this gap, acting as problem solvers and referral points which pressurised voluntary resources as no support or funding was available for these roles.

Care Direct also closed cases when an episode was resolved. For people with recurrent problems or issues, individuals were requested to follow the same care pathway again, potentially with different officers dealing with their cases. This presents a loss of continuity and could potentially be distressing to individuals.

Recommendation 8: To scope opportunities to follow up cases and to provide continuity of support.

The centralised nature of Care Direct creates difficulties for frontline staff in providing more coordinated, creative, tailor-made, local and need-led solutions. The task group recognises that patients can stay longer in their own homes with adequate nursing support and support for carers. However, carers need to be supported and trained to be able physically and mentally to carry out their roles. Adequate provision of respite care, patient stimulation and access to medical care also have to be ensured.

Recommendation 9: To develop a coordinated service directory which provides information on all statutory and voluntary older people mental health services across Devon and which can assist the Care Direct service to identify more coordinated, creative, tailor-made, local and need-led solutions.

Objective 6 of the National Dementia Strategy seeks to improve community personal support services. A high number of individuals live on their own, feel lonely and isolated and sometimes lack family networks, so voluntary organisations play a significant role in helping these individuals. Local charities also possess a profound knowledge of residents and their needs but uncertainties in long-term funding and the growing demand on voluntary services pose challenges. More emphasis will have to be placed on preventative services as currently many patients access services at the point of crisis.

Contributors reported that after specialist older people mental health inpatient units had closed in the past (see below), community care did not significantly improve and the task group recognises the importance of establishing adequate community cover before units are closed in order to manage a seamless transition and to improve preventative services. The provision and capacity of inpatient beds is being reviewed as part of the current changes in older people's mental health services and the implementation of the National Dementia Strategy. The task group highlighted the importance of providing sufficient beds in localities in order to prevent patients

travelling far for treatment and to provide alternatives to acute admissions (see below).

The successful extension of crisis intervention services to provide for older people could also result in a decrease in the number of acute admissions for functional illnesses. As evidence among younger adults suggests, admissions had reduced by up to one third. Estimates on how effective this measure would prove among people suffering from dementia are more difficult to make. Rapid response teams could also complement available support in a crisis.

The current interpretation of guidelines on continuing healthcare funding presents a further challenge. Elderly patients suffering from a cognitive impairment cannot be assessed on general hospital wards and have to be admitted to community hospitals for this purpose. A representative from one of the acute hospitals stated that assessments on acute wards are currently only possible under "exceptional circumstances". Whilst staying at a community hospital often gives the individual an opportunity to recover from an acute confusion, the assessment process should be more flexible in the light of a small number of staff carrying out assessments, the changes in the use of community hospitals and in order not to delay transfers of care*. Inappropriate admissions and delayed transfers of care create serious knock-on effects in many areas of the health system as other patients cannot get treatment if beds are not available in both acute and community settings or while units remained suspended, such as the Bungalow in Honiton (see below). More cooperation between NHS trusts and the County Council is necessary to avoid unilateral decisions, especially as the challenges are growing.

Objective 7 of the National Dementia Strategy targets the implementation of the carers' strategy. The task group found a high and unmet demand for respite care as well as advice and guidance on entitlement, help and affordability of individual care. For example, no providers of respite care exist in Exmouth at present and the Alzheimer's Society is negotiating with Age Concern over the use of their day centre. Carers also stressed they are rarely involved in decision-making and pursuit of care options.

Recommendation 10: To emphasise the importance of good communications and supportive relationships with families and to encourage joint decision making between health professionals and carers wherever appropriate.

Recommendation 11: To increase and secure carer support arrangements and keep carer support separate from patient support.

A separate task group on support for carers will investigate this issue in full.
Objective 8 of the National Dementia Strategy aims at improving the quality of care for people with dementia in general hospitals. The current provision of older people's mental health services operates at capacity, both in acute and community settings. The withdrawal of specialist units meant a growing demand on general acute wards and GPs stated that they are aware of the situation but had no referral avenues except acute admissions or, often inadequately, managing a patient at home.
Past closures of specialist units have not delivered savings and have created more pressure on other services especially as the demand on these services is increasing.

The task group recognised that resources from the acute sector could not be withdrawn for reinvestment in community services until these were equipped to cope with the increasing demand. No additional funding was allocated for the transition from acute to community services within the current redesign of older people's mental health services and the implementation of the National Dementia Strategy. Therefore the shift will have to be managed in gradual stages.

General hospital NHS providers receive payments per medical procedure they carry out and a more holistic approach in patient treatment is needed, encompassing patients' physical and mental conditions in order also to reduce the number of readmissions. Furthermore, the closure of assessment beds stretches acute wards, especially if a patient has complex needs, affecting the number of staff involved to care for that patient and patient safety. The capacity, willingness and ability of all providers to address the needs of patients with dementia is crucial as well as ensuring awareness and training in dementia amongst all staff working in older people's services and improving hospital environments to make care and management of dementia easier.

After Care Direct Plus and the complex care teams had been established, social services staff working on general hospital wards were reduced which could delay discharges. The very successful specialist community support teams have also experienced a decrease in funding over the last two years and some support services at acute hospitals, such as the Liaison Psychiatry Service, are minimally resourced. When older patients with mental health problems are admitted into a general acute ward, their condition often deteriorates as acute settings do not suit them and often worsened their condition. This also creates additional pressure on ward staff in managing those patients. As a result, the Royal Devon & Exeter NHS Foundation Trust was planning to change ward environments to meet those patients' needs better. The trust also started to rotate nurses to Franklyn Hospital (Devon Partnership NHS Trust) in order to develop their skills. In some acute wards, the number of patients suffering from some form of acute cognitive impairment exceeded 50%. In the absence of specialist units, patients from across Devon are admitted into the acute hospitals.

The Bungalow, an older people's mental health unit in Honiton, is currently suspended for several reasons, including refurbishment and staffing capacity. Contributors raised concerns with the task group that the Devon Partnership NHS Trust planned to reopen the Bungalow in spring 2010 as an acute unit but no details on staff or other arrangements had been made available to date. This service will reopen at the end of May as staff from Franklyn Hospital transfer on suspension for refurbishment.

Recommendation 12: To improve in-patient facilities for older people with mental health problems in order to provide suitable environments for recovery.
In the absence of dedicated services, coordinated provision of help and support and a single coordinated entry into a dementia care system, sufferers will continue to enter the care system at an advanced stage of their condition and to be inappropriately admitted to acute hospitals, often at the point of crisis. Inappropriate admissions had increased with no sufficient alternative services available. Patients are admitted by

default and more suitable and sustainable solutions will have to be identified in the future which should also assist GPs in referring patients appropriately.
Carers who contributed to the review stressed that staff on general hospital wards often did not recognise a patient's confusion and as human resources on the wards seemed stretched staff failed to support individuals appropriately and did not liaise sufficiently with patients' relatives in order to determine the best care. More individualised care could be achieved by e.g. patients or their representatives providing individual information in order to preserve a patient's identity.

Objective 11 of the National Dementia Strategy aims at patients living well with dementia in care homes. During the investigation, the task group visited two nursing homes and established that the low number of available beds in Exeter and East Devon meant that some patients had to be admitted to residential homes when their condition demanded a place in a nursing home and the recent and continuing withdrawal of NHS trusts from long term care added to the pressure on the private sector and on the voluntary sector in particular. Contributors also reported a shortage of EMI placements.

Patients with more complex needs could also potentially exercise less choice in choosing a home. If admission was refused on a cost basis in one home, an alternative solution would be identified which could mean a home which offered the placement at a lower cost and, potentially, a lower quality of care. The local authority base rate hardly covers professional, sustainable and safe staffing levels.
The quality of care homes and resources to support them varies locally and the recently established Care Quality Commission will play a vital part in ensuring the quality of care with its new registration and inspection regime. The County Council's Adult & Community Services Directorate currently plans to externalise its residential services and this matter remains under review by the parent committee.

Objective 12 of the National Dementia Strategy seeks to improve end of life care for people with dementia and contributors raised concerns that within the current work streams to implement the National Dementia Strategy, not enough emphasis was laid on end of life care and instead on arrangements early on in the course of the condition, e.g. GP awareness, early diagnosis, memory caf s etc.

Objective 13 of the National Dementia Strategy aims to build an informed and effective workforce. The task group recognises that training opportunities for front line staff could be improved. There is no professional qualification for care staff, apart from different NVQs in health and social care and cover from education providers is inconsistent. Contributors pointed out that the current NVQ in health and social care does not provide adequate training for staff to cope with patients with mental health problems and carers reported that acute staff in particular failed to handle confused patients appropriately as they were challenging to deal with. Even in care homes there was no obligatory formal training for staff and such training was, as a result, not sufficiently funded.

Recommendation 13: To establish how all those staff involved in the direct care of people suffering from dementia can get appropriate education and support.
Admiral Nurses are mental health nurses specialising in dementia who work with families, carers and people with dementia. Working collaboratively with other

professionals, Admiral Nurses seek to improve the quality of life for people with dementia and their carers. They use a range of interventions that help people live positively with the condition and develop skills to improve communication and maintain relationships.

There are currently no Admiral Nurses in the South West. Primary care trusts decide on the provision of Admiral Nurses and Admiral Nursing Direct, a helpline run by the charity "for dementia", would welcome entering negotiations with NHS Devon about future provision. Between February and November 2009, Admiral Nursing Direct received 51 phone calls from Devon and problems included struggles in hospitals, lack of help from GPs and problems identifying suitable care homes.

Recommendation 14: To enter negotiations with "for dementia" about the future provision of Admiral Nurses in Devon.

Topical Excursion: People with a Learning Disability

People with a learning disability were more likely to develop dementia compared to the general population and this risk had increased over the past generation with improved treatment options for physical conditions which helped people to live longer.

Mainstream older people's mental health services did not suit people with a learning disability and their complex needs as the services lacked specialist knowledge and assessment tools. Conventional services also lacked the capacity to provide services for people with a learning disability. However, people with a learning disability and dementia tended to enter mainstream care as this presented a more cost-effective option.

Recommendation 15: To scope the following areas for improvement in the care for people with a learning disability and dementia:
a) increase capacity for baseline screening and monitoring
b) improve awareness training for frontline staff
c) consider the complex needs of people with a learning disability in residential, nursing and inpatient settings when redeveloping services

older people mental health services: Challenges

Tackling Age Discrimination

Age discrimination occurs when individuals are treated differently or are denied treatment because of their age. Differences in the accessibility, availability and appropriateness of services between those for younger adults and for people aged 65 and over have traditionally been prevalent in mental health services. Most notably, community-based crisis intervention has been available for younger adults but not for adults aged over 65 and people with an early onset dementia were not well served by assessment and service provision. The task group therefore welcomed the planned allocation of eight additional staff to the crisis resolution and home treatment service in order to provide the service to all adults regardless of age.

The establishment of common standards across older people's mental health services will also have positive effects on other services. For example, by establishing enhanced services for older people, the number of acute admissions or referrals to residential care could be reduced. The Devon Partnership NHS Trust envisages expanding older people's mental health teams according to the size of the population served, most significantly in North Devon with the addition of seven posts. The Trust also envisages increasing staffing ratios on older people mental health wards.

Recommendation 16: To continue to work towards providing mental health services to people on the basis of need and not age.

Recommendation 17: To develop specialist mental health services specifically to meet the different needs of older people while ensuring that people can get the full range of services regardless of age.

Partnership Working and Strong Leadership and Accountability

Partnership working is fundamental when tackling challenges such as an ageing population and a growing demand on services. Whilst statutory bodies are involving the voluntary sector and working co-operatively within complex care teams, more coordination is desirable in involving all providers of health and social care early on during a patient pathway, to develop care plans and prevent crises. Voluntary providers find it difficult to refer patients but suggested they could be accredited with statutory bodies and concerns raised could be actively followed up with the patients in question.

Currently, no standard care pathway exists within older people's mental health services and contributors reported a fragmentation between complex care teams, mental health teams, district nurses and GPs as well as gaps in the review of care plans, out-of-hours services, prescriptions of medication, contract monitoring, procurement and in the provision of respite care, occupational therapists and community psychiatric nurses. Each time patients are transferred, there was a risk of loss of information or even discontinuity of care.
Commissioners and providers also need to involve practitioners and voluntary providers more when reviewing services and developing service plans, especially with regard to the deliverability of a service, in order to avoid unilateral decisions.

Recommendation 18: To establish condition-specific care pathways for older people mental health services.

Recommendation 19: To develop processes which allow the follow up of referrals and/or concerns raised with professional staff from third sector providers.

Recommendation 20: To recognise the invaluable and indispensable services provided by voluntary organisations and to commit to productive partnership working, better engagement and communication between all NHS trusts in Devon, the County Council and community and voluntary providers.

The increasing number of sufferers of dementia had workforce implications and the task group is concerned at how additional consultants and back-up staff would be

recruited, retained and administered. For example, a number of service areas within the Devon Partnership NHS Trust's older people mental health redesign plans are marked by a risk of being insufficiently funded, such as the
- dementia early diagnosis and intervention services
- specialist interventions e.g. pharmacy services or for challenging behaviour
- rapid response services for older people
- new liaison services at the acute hospitals in Exeter, Torbay and Barnstaple.

The Devon Partnership NHS Trust stresses that the future model for older people's mental health services is not finalised and will be further developed as usage patterns of community services and demands on beds become clear.
The task group recognises that increasing the revenue spend does not necessarily result in improved services as seeing and treating more patients might still not satisfy a demand and might not result in improved treatment for existing patients. Strong leadership and accountability will have to be ensured in order to develop long-term, sustainable service provision in partnership with all statutory and community providers.

Recommendation 21: To undertake further research to develop better support for older people with mental health issues and their carers in the following areas:
a) how people with dementia and their carers can best be supported to live well
b) how mainstream services can best be adapted to their needs
c) how good practice can more readily be implemented
d) how those working in health and social care can best be supported in providing care which genuinely respects the personhood of everyone with dementia
e) meaningful measures for assessing the effect of particular services
f) preventative strategies, including support for isolated people.
The task group identified the incompatibility of IT systems as a further issue inhibiting the success of partnership working, recognising that work was being undertaken between NHS trusts and principal authorities in the peninsula to address it.

Conclusion

Older people's mental health services, and services for sufferers of dementia in particular, are undergoing profound changes in Devon due to a comprehensive service review and the publication of the first ever National Dementia Strategy. Challenges include managing a sustainable shift from inpatient care to community based services, an ageing population and an ever increasing demand on services.

The task group hopes that by presenting this report and the recommendations to contribute constructively to the improvement of older people mental health services in Devon.

Recommendation 22: To recommend the Health & Adults' Services Scrutiny Committee to request a report on the implementation of the recommendations of the older people's mental health task group in November 2010 and in 2011.

Summary of Recommendations

1	To further scope the deliverability of the National Dementia Strategy in Devon, including a) developing a strong and accountable leadership within the National Dementia Strategy Programme in Devon to coordinate the work streams and future service provision. b) undertaking a financial exercise on current spending levels for dementia services and comparing this to other local authorities and PCTs, with a view to informing current and future service provision.
2	To request the Local Medical Committee to raise awareness with their members.
3	To identify one dementia lead in every GP practice in order to ensure referral for diagnoses and appropriate support.
4	To promote approaches to diagnosing dementia which strengthen the role of those close to the patient, e.g. through improved family and carer involvement and confidentiality at the point of diagnosis.
5	To provide support and advice to patients on how to appoint a welfare attorney at the point of receiving a diagnosis of dementia.
6	To review and strengthen existing peer support and learning networks such as memory caf s by maintaining professional commitment and enhancing partnership working with the voluntary sector (see below).
7	To provide support, advice and guidance to patients when choosing their treatment and care and to consider how to improve advocacy services in order to offer increased numbers of face-to-face callers a better response.
8	To scope opportunities to follow up cases and to provide continuity of support.
9	To develop a coordinated service directory which provides information on all statutory and voluntary older people mental health services across Devon and which can assist the Care Direct service to identify more coordinated, creative, tailor-made, local and need-led solutions.
10	To emphasise the importance of good communications and supportive relationships with families and to encourage joint decision making between health professionals and carers wherever appropriate.
11	To increase and secure carer support arrangements and keep carer support separate from patient support.
12	To improve in-patient facilities for older people with mental health problems in order to provide suitable environments for recovery.
13	To establish how all those staff involved in the direct care of people suffering from dementia can get appropriate education and support.
14	To enter negotiations with "for dementia" about the future provision of Admiral Nurses in Devon.

15	To scope the following areas for improvement in the care for people with a learning disability and dementia: a) increase capacity for baseline screening and monitoring b) improve awareness training for frontline staff c) consider the complex needs of people with a learning disability in residential, nursing and inpatient settings when redeveloping services
16	To continue to work towards providing mental health services to people on the basis of need and not age.
17	To develop specialist mental health services specifically to meet the different needs of older people while ensuring that people can get the full range of services regardless of age.
18	To establish condition-specific care pathways for older people mental health services.
19	To develop processes which allow the follow up of referrals and/or concerns raised with professional staff from third sector providers.
20	To recognise the invaluable and indispensable services provided by voluntary organisations and to commit to productive partnership working, better engagement and communication between all NHS trusts in Devon, the County Council and community and voluntary providers.
21	To undertake further research to develop better support for older people with mental health issues and their carers in the following areas: a) how people with dementia and their carers can best be supported to live well b) how mainstream services can best be adapted to their needs c) how good practice can more readily be implemented d) how those working in health and social care can best be supported in providing care which genuinely respects the personhood of everyone with dementia e) meaningful measures for assessing the effect of particular services f) preventative strategies, including support for isolated people.
22	To recommend the Health & Adults' Services Scrutiny Committee to request a report on the implementation of the recommendations of the older people's mental health task group in November 2010 and in 2011.

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* For community hospitals and delayed transfers of care see rural access to health task group report published with the Health & Adults Services Scrutiny Committee agenda for the 11 March 2010 meeting.