CS/13/16
7 March 2013
People's Scrutiny Committee

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Depression in Older People Task Group

Interim Report

March 2013

Contents

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Preface

Councillor Philip Sanders
Chair, Depression in Older People Task Group
People's Scrutiny Committee

The impetus for this Task Group originated from a previous review on the very important subject of dementia. Members of the earlier task group identified the need to examine the issue of mental health in older people because of its prevalence, the extent to which it could impair the quality of life and the impact which poor mental health can have on physical health both actual and in psychosomatic terms.

The undoubted success of the nationwide drive for early intervention, better diagnosis and public recognition of dementia provide clear pointers to the possibility of achieving similar success in dealing with mental health whether simply low mood or high grade clinical depression.

The Task Group were particularly concerned about the extent to which these issues often go unnoticed as health promotion is not generally targeted at this age group and society has been slow to recognise that growing older does not have to result in low mood, lack of self esteem and poor self confidence.

In the view of the Task Group there are two distinct elements to this issue the first being the impact on the older person and their family and friends and the second being the increased cost to both the health and social care budgets of failing to recognise and 'treat' loneliness and low mood. Early intervention is usually relatively cheap and the cost benefits are high whilst the benefit to the individual in terms of quality of life can be substantial.

We would like to thank all those who have taken part for their valuable contributions to the review process.

Philip Sanders
Chairman

Introduction

The Task Group — Councillors Philip Sanders (Chair), Olwen Foggin, Vanessa Newcombe, Saxon Spence, as well as Mrs Liz Wilson the Primary Parent Governor representative — would like to place on record its gratitude to the witnesses who contributed to the review. In submitting its recommendations, the Group has sought to ensure that its findings are supported with evidence and information to substantiate its proposals.

At People's Scrutiny Committee on 8 November 2012, it was agreed that the Depression in Older People Task Group be formed. The terms of reference for the review were:

1. To evaluate the scale and impact of older people in Devon with depression.

2. To consider services and strategies to address depression in older people.

3. To make detailed recommendations to the People's Scrutiny Committee on the findings of the Task Group.

In terms of defining the term 'older people', the Task Group felt that there should be a move away from having an aged focus agenda, instead it should be about how adults with a mental health need are identified and worked with. Some people could be deemed as 'older' at 55, while others at 85. Members therefore agreed that it would be unhelpful to place an age limit on this work.

Time and resources necessitate that this interim report provides a snapshot approach to highlight significant issues relating to depression in older people. The list of witnesses to the review does not pretend to be exhaustive but hopes to provide insight into some of the central themes currently affecting depression in older people. Members were mindful of the need to report back to People's Scrutiny in order that the Task Group's findings and recommendations may inform the work of the existing administration prior to the May 2013 election. The Task Group will recommence work following the elections.

Recommendations

Devon County Council

1. That the role of the County Council in coordinating and enabling voluntary groups including financial support is reviewed.

2. That the County Council ensures there is improved training to carers in the identification of older people with depression. That the County Council also promotes community awareness in trying to recognise depression.

3. That a Public Health campaign be used for low level depression, linked into the Health and Wellbeing Board, focusing on early intervention through identification and the prevention of depression.

Devon Health and Wellbeing Board

4. That the Health and Wellbeing Board initiate a review of existing provision and develop a range of interventions as a model for wider use to address social isolation and depression in Devon.

5. That the Health & Wellbeing Board keeps a watching brief on the commissioning of mental health services from the new Clinical Commissioning Groups(CCGs).

Devon Clinical Commissioning Groups

6. That the new Devon CCGs address the issue of GP identification and treatment of depression focusing on a holistic approach to older people's needs to include social interaction.

Devon Partnership NHS Trust

7. That the Devon Partnership NHS Trust be urged to immediately review its promotion and marketing of the Depression and Anxiety Service, crucially to increase awareness of the public, social care and GPs.

Summary

While there is quite rightly considerable focus on dementia, it was quoted to the Task Group that depression is twice as prevalent. Depression is a significant burden, with isolation and morbidity important factors.

The Task Group is concerned by low level depression, how this manifests itself in terms of isolation and issues relating to its identification. While recognising that depression is a condition that is not always easy to diagnose particularly where there is also a physical illness, members felt that doctors appear to have a disparate approach to the issue with some willing to engage and others less so. It is clear that where depression is dealt with well, physical conditions will improve as a result and vice versa as the two are inextricably linked.

There are many older people living on their own who rely on community organisations to provide support and transport to groups and services. Community groups need support and resources in order to set themselves up and allow them to self-fund. Improvements need to be made to the way in which the County Council works with voluntary groups, the Depression and Anxiety Service and GPs.

Depression in older people is not just a health issue but a broader social issue, which can only be properly addressed by a more joined up system. There is an obvious need for Clinical Commissioning Groups (CCGs), Devon Health and Wellbeing Board and the County Council to work closely together in tackling this issue and trying to reduce isolation

Overview

Depression is the fourth leading cause of disability and diseases worldwide. The World Health Organisation projections indicate that depression will be the highest ranked cause of disease burden in developed countries by the year 2020.

Depression is the third most common reason for consultation in general practice in the UK and is the most common psychiatric disorder. About two-thirds of adults will at some time experience depressed mood of sufficient severity to interfere with their normal activities.

Devon has an older population profile than nationally, with particular peaks in those aged 60 to 64 years of age, reflecting significant in-migration in these age groups, and those aged 85 years and over, reflecting an ageing population and longer life expectancy.

It is projected that there are 15,000 over 65s with depression in Devon, 5000 of those are classified as severe. The tables below show the numbers of people aged 65 and over expected to have depression and severe depression in the current year, 2015 and 2020 (Projecting Older People Population Information www.poppi.org.uk)

	Total population aged 65 and over predicted to have depression		
District	2012	2015	2020
East Devon	3,378	3,589	3,890
Exeter	1,693	1,769	1,882
Mid Devon	1,433	1,572	1,754
North Devon	1,871	2,002	2,188
South Hams	1,744	1,887	2,039
Teignbridge	2,721	2,908	3,157
Torridge	1,433	1,553	1,742
West Devon	1,130	1,260	1,413
Devon	15,403	16,540	18,065
Devon rate per 1,000	86.3	85.9	85.9

	Total population aged 65 and over predicted to have severe depression		
District	2012	2015	2020
East Devon	1,094	1,163	1,255
Exeter	543	575	610
Mid Devon	456	500	555
North Devon	598	642	694
South Hams	556	592	650
Teignbridge	876	933	1,019
Torridge	445	490	548
West Devon	364	392	449
Devon	5,074	5,429	5,919
Devon rate per 1,000	27.6	27.5	27.5

Key Issues

Social Isolation

The link between isolation and depression is well established. Where initiatives are deployed to address social isolation, this will invariably reduce levels of depression. The rurality of Devon increases isolation as a significant issue. There are also many older people in the County who have retired to the area and therefore may have limited family support if any, particularly where a partner dies. While there are older people in the community who are not used to going out and may be scared to do so following a fall for instance. Devon Senior Voice identified significant unmet need across the County in terms of loneliness and isolation.

There is a concern that with an increase in people being treated within their own homes they may be liable to feel ever more isolated and lonely. The impact on reablement in terms of low mood and depression needs to be monitored carefully. On average 40% of older people in residential homes have low mood or depression. The Council's Reablement Strategy seems to be working well across the County. Direct Payments offer the possibility of meeting social care needs in a more creative way, but the level of personal need that is a pre-requisite for eligibility may preclude an early preventative approach.

The County Council can have a key role in providing opportunities for social interaction. The national Neighbourhood Community Budget pilot programme in Ilfracombe is developing a project through the Health & Wellbeing (prevention) theme, to address social isolation. A key part of the project will be to adopt an asset based community approach through social engagement and activities to map the considerable assets of the community.

Physical Health

There is a close relationship between physical health and depression. Many older people have a complex matrix of care needs. Depression lessens a person's ability to cope, and both the physical and mental needs should be treated in tandem. It was cited to the Task Group that evidence from cardiologists found that their patient's cardiac problems significantly improved when their depression improved. People[1] with chronic depression had a risk of heart attack four times higher than normal, and people with two weeks of sadness or dysphoria had a risk two times higher. A World Health Organisation study also found a prevalence of depression of 23% in people with physical ill health, whereas depression was only reported in 3% of the normal population.

Hospital Discharge

It was reported to the Task Group that there is a lack of emphasis placed on managing an older person's transition back into the community following their release from hospital. Social care and health often disagree as to how a person coming out of hospital will be supported within their home and whether depression is a social care or health issue. Members felt it essential there is a joint strategy to avoid conflict between two separate budgets which may remove focus from the needs of the individual concerned.

1. Depression and heart disease: What do we know, and where are we headed? (Cleveland Clinic Journal of Medicine, 2009)

Community and Voluntary Groups

The voluntary sector and groups such as Age UK need to be utilised. The County Council can have a role in terms of encouraging and supporting the voluntary sector. Those older people who can be encouraged to attend local community groups often start to feel better through their socialisation and this alleviates both the older person's depression, as well as their physical symptoms, and ultimately saves money in terms of health costs.

The third sector in some parts of the County also plays an important role in preventing people from entering residential care. Tavistock Area Support Services (see Appendix 1) provides a model of a community group that successfully support many older people who would otherwise be vulnerable to isolation, depression and other associated health problems. There is also a huge benefit for those undertaking volunteering roles. The benefit on the health and wellbeing through volunteering in making a difference to people's lives, can alleviate depression as they feel valued and still have a role after retirement in supporting others.

Funding for local community development is however difficult to secure and commonly for projects of one year duration, which is not the best way to promote preventative services. Members recognised the danger to many voluntary organisations existence where funding is removed.

The County Council needs to have a clear understanding of the voluntary groups in each area to see where there are gaps in provision and services for older people. There is a lack of awareness as to what services and groups are in the community. Work then needs to be undertaken with health to improve the mapping and signposting of voluntary groups across Devon. A similar approach to dementia friendly communities and schools could be used for depression.

GPs

Although it was reported to the Task Group that GPs are well trained to identify and manage depression, members felt there is still a need to raise GP awareness. Devon Senior Voice representatives reported that in their experience many doctors are not identifying older people in their communities with lower level depression. GPs are more likely to focus on older people's physical condition than their overall wellbeing, which seems to be particularly apparent in older people. GPs may look holistically at their patient but they do not have a great deal of time to do this in a typical consultation.

There were a number of representations to the Task Group to suggest GPs are now much better with their prescription of anti-depressants. GPs use a step-wise approach to treatment in line with NICE guidance, and are less likely to rush into drug treatment as some may have in the past. There may however be an issue about a need to improve reviews of medication where drugs are not working within a certain period.

Personalised care should underpin all care. There is a project in Torbay which is encouraging GPs to look at taking a different approach with their patients such as activities and social groups etc. Schemes such as Art on Prescription for instance is an initiative that creates a social setting for interaction. There is a clear benefit to a health and wellbeing perspective to the individual as well as financially.

The Virtual Ward Model is rolling out across the County, where all the relevant agencies including the voluntary sector meet on a monthly basis. Virtual Ward meetings provide an opportunity to negotiate on support packages. There is a Test of Change in Ivybridge called the HUB and this works well informing Virtual Wards and vice versa. The HUB takes referrals from GPs and other health professionals and this could be an area to develop with regards to looking at resources for people with depression from a multi-disciplinary approach. GPs are engaging in holistic need and their overall approach has been much

more helpful, which is breaking down barriers.

Clinical Commissioning Groups

The impact of Clinical Commissioning Groups (CCGs) will be significant, however at present CCGs approach to mental health services is far from clear. The Task Group felt that there is a risk that the move to CCGs could harm some well developed relationships, in part through ending the co-terminus arrangement between the PCT and the County Council. The Task Group is concerned that the move to CCGs represents another transition for the NHS, which could all too easily have a detrimental effect on patients. Members were advised that through one provider with Devon Partnership Trust and close working between the CCG leads, the lines of communication will remain clear. Although the resources available are likely to reduce, there is however a significant opportunity with the advent of the CCGs for improved dialogue between health and social care; joint action will help to plug gaps in services and support.

Research from RAID (Rapid, Assessment, Interface and Discharge) a specialist multidisciplinary mental health service in Birmingham has demonstrated the advantage of liaison psychiatry extended to hospitals as there are savings against length of stay and readmission rates to older peoples mental health and wellbeing. It is suggested that for every £1 spent, a saving of £4 can be realised. The Task Group felt this example of work that CCGs should be looking to invest in.

Depression and Anxiety Service

The Depression and Anxiety Service (DAS) was set up in 2009 by Devon Partnership NHS Trust (DPT) as part of the national Improving Access to Psychological Therapies programme. This was a significant investment in Devon at a cost in the region of £5 million. DAS provides psychological therapies for anxiety and depression to all ages 18+ that have a high level evidence base, which are predominately Cognitive Behaviour Therapy (CBT), Eye Movement Desensitisation and Reprocessing and some counselling. There is a 28 day target of people being seen and people may self refer. The aim is for 50% of those people entering into therapy to make a clinical improvement, deemed as a recovery, and the recovery rate in DAS is currently at 47%. A further 20% of people will make an improvement which does not reach the level of recovery.

DAS is not yet meeting its target in terms of service user numbers. The prevalence of anxiety and depression amounts to about 80,000 people in Devon, and DAS was set up to meet 15% of that number. DAS have been working to increase referral rates towards the 15% target and this is now in some parts of Devon up to 9%, while in others DAS is still receiving less than 5% referrals and is therefore a long way off its target. There are GPs in the County that are fully engaged with DAS with referrals in the region of 30 out of 1000 in the population, and others with maybe 3 or 4 per 1000. The numbers of older people accessing depression services is low nationally, and this is reflected in GP referral patterns in Devon.

The Task Group received a number of representations indicating that there was a significant issue in terms of the promotion and marketing of DAS. A lack of awareness about DAS seems to extend beyond the public to social care staff and some GPs. The DPT is looking at advertising strategies to improve their referral rates. CCG leads are also aware that DAS referral rates are low, and this is something that they will seek to address.

Early Intervention

Lower level social care issues need to be identified earlier where older people are not coping at home, before it escalates to a fall and an emergency medical response. Once an older person is admitted into a hospital someone in their 80s for instance will often be

found to have some type of condition(s) and what can be described as a 'medical treadmill' may start. The emergency response is often medicalised with the calling out of an ambulance, because there also are not other services available out-of-hours.

Low mood is often ignored in older people as though it is a normal part of growing old. Older people need to maintain a sense of purpose. It is vital there is earlier intervention in order to make people feel more valuable, and ultimately make them feel better, thus reducing the need for costlier interventions. Encouraging people to continue some form of work is important in retaining a focus and giving them something to do.

The system tends to focus on the symptoms of depression rather than the causes. The model within which social workers operate was described to the Task Group as being very much a medical one, where they have to close cases quickly and cannot continue with a more preventative role. A risk with the CCGs is that even more of a medical model may be adopted. It would be helpful to have more health professionals who know how to address the risks and issues associated with poor mental health.

Two of the most significant triggers for depression are bereavement and falls. Members questioned whether there is enough intervention after these triggers occur. There is currently a huge waiting list for bereavement counselling Bereavement and alcohol dependency are two of the biggest issues that used to be addressed by Mental Health Support Workers before these posts were removed.

Use of Technology

Technological and IT innovations while offering opportunities for the future, such as though Skype and ipads networking isolated people who may have difficulty in getting out of their homes are not a panacea for all older people. Technology represents barriers to accessing services for some older people and this is not always properly recognised. In Tavistock for instance it is no longer possible for people to present at the social care offices, they must first go through Care Direct. This was reported to be problematic for many older people who do not feel comfortable with telephones or computers and simply will not engage as a result.

Medical Research

There is a poor research base for treating depression in older people and this is a major issue. Drugs trials exclude people with physical issues, so these are very much based on evidence from younger people.

Suicide

The suicide rates of older people are between a quarter and a third less of young people. Suicide rates in older people are reducing nationally, but not to the same extent in Devon as in other parts of the country. Many people who commit suicide have been seen by health professionals, are deemed as low risk and do still commit suicide.

Public Health

A public health response to the issue of depression in older people is helpful in trying to lower the stigma, so people are less resistant to discussing how they feel with their GP, as well as helping others to be more aware of those within their community.

Integrated Services

There is a need to integrate care, and remove the silos that are in place for mental health, physical health and social care. Integration would realise savings, but the political will has to be there to affect this change.

Inter Generational Work

It is important to involve young people in working with older people. Although the issue of young people respecting and valuing older people was clearly a much broader societal issue, there was a wealth of experience and knowledge that should be harnessed. Members cited intergenerational work run by Devon Youth Service.

Councillors Philip Sanders (Chair)
Olwen Foggin
Vanessa Newcombe
Saxon Spence
Liz Wilson (Primary Parent Governor)

Copies of this report may be obtained from the Democratic Services & Scrutiny Secretariat at County Hall, Topsham Road, Exeter, Devon, EX2 4QD or by ringing 01392 382232. It will be available also on the County Council's website at:

http://www.devon.gov.uk/index/councildemocracy/decision_making/scrutiny/taskgroups.htm

If you have any questions or wish to talk to anyone about this report then please contact:

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Appendix 1:

Model of Community Based Support – Tavistock Area Support Services

Tavistock Area Support Services (TASS) has delivered valuable services for people over 55 from Tavistock and surrounding areas since 1985. Over this period they have developed into one of the local leaders for services for older people in this area, offering activities in their purpose built centre in Chapel Street, Tavistock and also through their drop in centres in local outlying areas. TASS rely mainly on its 180 volunteers to deliver their numerous activities, as well as driving for hospital visiting and transport services.

The transport aspect of what TASS provide is very important, and may be the only time some of these people leave their home. Their role in getting people to GPs surgeries and hospital appointments is significant. TASS in addition to health transport, provide school transport which helps to fund some of their other activities. TASS receive in the region of £100,000 a year through charitable work, donations and events to run their services. It is difficult raising money in the current climate, but TASS manage to source additional funding as and when it is really necessary.

TASS offer advice and information to support clients in making their welfare and benefit claims, and in accessing other services relevant to their individual needs. TASS opened one of the first memory cafes in the Country. TASS do music and movement classes, yoga, Tai Chi etc. There is also a film club where they show black and white films. The Chair commented that TASS was a well known and respected service in Tavistock.

TASS provide short breaks and also day trips on to the moors etc. These trips play a valuable role in helping to bring back memories. People are given a feel good factor and hope for a brighter future.

TASS has a holistic approach to people's health and wellbeing and a very important role in bringing people together. TASS works to reach those people who would otherwise be extremely isolated.

Appendix 2:

Task Group Activities

A1.1 The first meeting of the Task Group took place on **20 December 2012** to discuss the scope of the review with the Assistant Director of Strategic Development, NHS Devon; Joint Strategic Commissioning Manager (OPMH), NHS Devon; Head of Public Health Intelligence, NHS Devon and Head of Professional Practice, Devon Partnership NHS Trust.

A1.2 On **7 February 2013** members received evidence from the Manager, Tavistock Area Support Services; Service Manager, Psychology and Psychological Services, Devon Partnership NHS Trust; Devon Senior Voice; Practice Manager (Ivybridge & Kingsbridge) Complex Care Team and Social Worker (Ivybridge & Kingsbridge) Complex Care Team.

A1.3 On **19 February 2013** the Task Group had an audio conference with the Co-Medical Director / Clinical Director Older Peoples Mental Health & Consultant Psychiatrist Devon Partnership NHS Trust and Consultant Psychiatrist Older People's Liaison Psychiatry Service / Clinical Director Older People's Mental Health Services, Devon Partnership NHS Trust. The Task Group also received evidence from the CCG Northern Locality Lead. Following which members discussed their findings to date and their draft report.

Appendix 3:

Contributors / Representations to the Review

Witnesses to the review (in the order that they appeared before the Task Group / provided written evidence)

Witness	Position	Organisation
Jenny McNeil	Assistant Director of Strategic Development	NHS Devon
Jenny Richards	Joint Strategic Commissioning Manager (OPMH)	NHS Devon
Simon Chant	Head of Public Health Intelligence	NHS Devon
Sarah Boldison	Head of Professional Practice	Devon Partnership NHS Trust
Julia Page	Head of Health Improvement (North)	NHS Devon
Andy Lyle	Manager	Tavistock Area Support Services
Ann Richards	Service Manager, Psychology and Psychological Services	Devon Partnership NHS Trust
Gilly Newcombe	Chair of Health & Social Care Committee	Devon Senior Voice
Cecily Easden		Devon Senior Voice
Mary Collins		Devon Senior Voice
Lorraine Cobb	Practice Manager (Ivybridge & Kingsbridge Complex Care Team), People	Devon County Council
Megan Hornsby	Social Worker (Ivybridge & Kingsbridge Complex Care Team), People	Devon County Council
Nichola Weate	Services Manager	Age UK Exeter
Dr David Somerfield	Co-Medical Director, Clinical Director Older People's Mental Health and Consultant Psychiatrist	Devon Partnership NHS Trust
Dr Colm Owens	Clinical Director, Older People's Mental Health Services and Consultant Psychiatrist	Devon Partnership NHS Trust
Dr Stephen Miller	GP / Northern Locality Lead	Clinical Commissioning Group

Appendix 4:

Bibliography

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