Consultation Report:

Older People’s Mental Health

Author(s): Sara Price, Communications & Engagement Coordinator

Status: Final version

Date: 16 November 2010
Contents

1. About NHS Oxfordshire ................................................................. 3
2. Executive summary ................................................................. 4
   2.1 Purpose of the public engagement ...................................... 4
   2.2 Process & Methodology ...................................................... 4
   2.3 Key Findings ........................................................................ 4
   2.4 Conclusion ........................................................................... 5
3. Background ................................................................................. 6
   3.1 Why do we need an Older People's Mental Health Strategy? 6
   3.2 The local context ............................................................... 6
   3.3 The Vision ............................................................................ 6
   3.4 Strategy Objectives ............................................................ 7
   3.5 What was the purpose of this consultation? ...................... 7
   3.5 How will the feedback be used? ......................................... 7
4. Stakeholders ............................................................................... 8
   4.1 Stakeholders ....................................................................... 8
5. Engagement process ............................................................... 10
   5.1 Online engagement .......................................................... 10
   5.2 Face-to-face engagement .................................................. 11
   5.2 ‘Older People’s Mental Health’ consultation workshops ...... 11
   5.3 Visits to organisations ....................................................... 11
6. Engagement Findings ............................................................... 13
   6.1 Number of online responses ............................................. 13
   6.2 Consultation Workshops .................................................... 14
       Oxford – 4th October 2010 ................................................ 14
       Banbury – 12th October 2010 ............................................. 14
   6.3 Results ................................................................................. 15
       Oxford .................................................................................... 15
       Banbury ................................................................................. 15
7. Questionnaire ............................................................................ 17
   7.1 Number and geographical spread of responses ................ 17
   7.2 Questionnaire Results ....................................................... 17
   7.3 Comments on the Strategy Document ............................... 30
8. Engagement Findings – Other methods .................................. 31
   8.1 Visits to Organisations ...................................................... 31
       Age UK, Kidlington ............................................................. 31
       Memory Support Group, Wantage .................................... 32
       Memory Support Group, Faringdon .................................. 32
9. Limitations ................................................................................ 33
   9.1 Face-to-face engagement .................................................. 33
10. Key recommendations ............................................................ 33
11. Next steps ................................................................................. 34
12. Thanks ...................................................................................... 34
13. Supporting information .......................................................... 34
14. Appendices .............................................................................. 36

Appendix 1: Older People’s Mental Health Questionnaire .............. 36
1. About NHS Oxfordshire

NHS Oxfordshire is a Primary Care Trust (PCT) and serves a population of around 630,000.

We are ambitious about improving the health and wellbeing of local people. NHS Oxfordshire intends that, by 2013, the people of Oxfordshire will:

- be healthier, particularly if they are vulnerable or live in our most deprived communities
- be working with NHS Oxfordshire to promote physical and mental wellbeing and prevent ill health
- be actively supported to manage their health and care needs at home when this is appropriate
- have access to high quality, personalised, safe and appropriate health services
- get excellent value from their local health services

Oxfordshire is the most rural county in south east England and has a large geographical area to cover as well as a diverse population to serve. The population of Oxfordshire ranges from a predominantly older, white population in the rural areas to very ethnically diverse populations in Banbury and Oxford city where one third of the population are students.

NHS Oxfordshire works with our communities and our partners to improve health in the area and to make sure that local people’s needs are being met. We also work with organisations from the voluntary, private and community sectors so that we can make sure that the organisations providing health and social care services are working effectively.
2. Executive summary

2.1 Purpose of the public engagement

The Communications and Engagement directorate at NHS Oxfordshire, supported by Oxfordshire County Council, Oxfordshire and Buckinghamshire Mental Health Trust (OBMH) and Age UK embarked on a period of engagement from 6 September – 1 November 2010, to engage and involve all those patients, carers and families with experience of older people’s mental health, and those organisations interested in helping to improve and support the care of older people’s mental health.

2.2 Process & Methodology

A number of consultation and engagement methods were used simultaneously to enable maximum feedback from a wide variety of stakeholders in the time available. This included face-to-face engagement: two public consultation workshops were held – one at County Hall, Oxford; and the second at Age UK in Banbury. Online engagement methods on the ‘Talking Health’ website were also used – an online questionnaire and feedback via email or by phone.

2.3 Key Findings

Analysis of the consultation findings from the public consultation workshops, visits to organisations, written responses, email and online responses interestingly resulted in very similar response themes. These included:

- Financial concerns
  Concerns were raised throughout all methods of engagement – both face-to-face, written and online - regarding the budget available to fund and implement this strategy for older people’s mental health and the ability to sustain the vision and objectives once PCTs are abolished.

- Training
  Good quality, continuous training for all staff caring for older people with mental health problems was raised as one of the main issues and was rated with high importance by respondents. In particular the need to implement older people’s mental health training for GPs was highlighted. It was felt their specialist knowledge of older people’s mental health issues, the treatment options and their knowledge of the range of support available was limited and that this could potentially be a barrier to patients receiving help.
• Importance of social/group activities
The importance of social and therapeutic group activities to an older person’s mental well-being was highlighted as very important by respondents throughout the consultation. Many creative suggestions of activities and existing groups available were put forward. However some concerns were raised that in the current economic climate some groups may disappear due to lack of funding, which could present a potential risk to older people’s mental health.

• Awareness of support available
The face-to-face engagement events highlighted the lack of knowledge and awareness amongst participants of the range of health support services and groups available for older people with mental health problems. Better information on support services and better dissemination of this information is required through a wide variety of formats – possibly through a central, known information or contact point.

• Support for carers
Greater support, training and respite for carers was again a common theme from responses throughout the consultation. It was highlighted as something that was increasingly needed to ensure carers had the knowledge, confidence, and resources to care for older people with mental health problems.

• Access and isolation
Isolation of older people was raised as a concern and a contributing factor to poor mental health. This was seen as arising in rural communities throughout Oxfordshire due to poor transport arrangements, but was also identified as a key factor in busy urban areas for those living alone. Concerns were also therefore raised that any cost savings in public services should not impact transport for the elderly.

• Prevention
A lot of support was given by respondents to the consultation for preventative and proactive work around older people’s mental health. However when asked to rate the importance of this factor, although it was felt to be important, respondents indicated other areas of older people’s mental health such as staff training were of greater importance.

• Clarity of the strategy
Greater clarity of the language used in the objectives and outcomes within the strategy was requested by many respondents. It was identified that the final version of the strategy wherever possible needs to limit ‘health service speech’ and include more widely understood terminology.

2.4 Conclusion
The report recommends that the participants’ concerns from this consultation are fully considered and as many of their comments and suggestions regarding the Older People’s Mental Health are incorporated wherever possible into the final strategy and associated action plan.
3. Background

3.1 Why do we need an Older People’s Mental Health Strategy?

The Equality Act 2010 states that age discrimination is prohibited. All services must be provided on the basis of need, not age. But while this is suitable for some services, there are some specific needs associated with older people’s mental health which means that it needs to be an area of focus. For example:

- Older people with mental health problems frequently have a different medical presentation compared with younger adults
- Certain conditions such as dementia are far more common among older people, and so these services need to be more targeted towards older people
- Older adults with mental health problems have not always benefited from some of the service developments for younger adults and this needs to be addressed
- Over a third of older people in the UK experience symptoms of mental health problems

3.2 The local context

- Older people make up around 15% of the total population in Oxfordshire, and this is projected to grow to 20% by 2018
- The increase in the elderly population is expected to fall unevenly across the county
- Dementia and depression amongst older people are the one of the main contributors to stays in hospitals like the John Radcliffe and this is expected to increase

3.3 The Vision

Our vision is for Oxfordshire’s older people to be mentally healthy, feel empowered and remain as independent as possible for as long as possible whether in a state of good or poor mental health. This means

- Participating in life as active and equal citizens
- Realising their abilities, being able to cope with the normal stresses of life and making a contribution to their communities
- Challenging and reducing the stigma which mental ill health has carried
- Enabling access to high quality and timely services based on needs not age
3.4 Strategy Objectives
Through the production of the Older Peoples Mental Health Strategy, we are seeking to achieve the following objectives:

1. Ensure fair access to services, regardless of age or condition
   - The equal right to use a service or activity

2. Increase awareness of mental health problems and reduce stigma experienced by older people
   - Improve understanding of what mental health is
   - Reduce the disapproval that is often associated with having a mental health problem

3. Implement programmes to improve mental wellbeing and prevent mental ill health among Oxfordshire’s older people
   - Work to help prevent people having mental health problems
   - Work to help people stay well
   - Get problems recognised earlier so those people that need help get it quicker

4. Develop robust and appropriate support, information and advice for carers and families
   - Good information and help for people caring for an older person with a mental health problem

5. Ensure clear pathways of care for older people with mental health needs
   - Know where you are in mental health services, the options available, what to expect and where you are likely to move to next

6. Develop an appropriately skilled workforce for older people’s mental health services
   - Train staff to improve skills and understanding of older people’s mental health needs

7. Establish clear, fair and transparent financial arrangements
   - Know how much funding and care you are entitled to and how this will be managed

3.5 What was the purpose of this consultation?
The purpose of the consultation was to:

- Provide an opportunity for the public to tell us about their experiences of care for older people’s mental health – what works and what doesn’t
- Examine the draft strategy for older people’s mental health and allow the public to give their views on what changes need to be made
- Give the public a chance to tell us what their vision of services for older people’s mental health looks like

3.5 How will the feedback be used?
The opinions gathered from all of the consultation methods - including the workshops, the online consultation, and the questionnaire responses - are being used to help shape the final strategy and action plan for older people’s mental health in Oxfordshire.
4. Stakeholders

The stakeholders for the older people’s mental health consultation are all individuals, organisations or groups with an interest in supporting older people’s mental health – for example this may include the elderly, carers, patients, and individuals that have experienced elderly friends or family members with mental health problems.

4.1 Stakeholders

The key stakeholders identified for this consultation included:

The Public, Patients and Carers
This was the primary target group and provided an opportunity for those people who would be potential users of older people’s mental health services to give their feedback about what they would like to see happen as a result of the strategy. Older people with and without mental health problems were encouraged to respond to this consultation. In particular carers and carer organisations were targeted in order to reach those that may currently have mental health problems, and to get the views and experiences of those that care for them.

Current Service Providers (including the voluntary sector where appropriate)
Current providers of services to support older people’s mental health were contacted, visited and engaged with when and where appropriate to encourage dissemination of information about the consultation to further interested individuals, groups and organisations. E.g. Memory clinic staff, GPs, care homes

Other organisations and groups with an interest in older people’s mental health
It was important to ensure that other voluntary organisations with an interest in this work are kept informed and provided with appropriate opportunities to engage, including attending and participating in the consultation workshop. E.g. Age UK, MIND

NHS Oxfordshire staff
NHS Oxfordshire staff may have experience of working with elderly patients with mental health problems, their families and carers. In addition they may have personal experiences that they would like to share. Therefore it was important to include and engage with staff in this consultation.

Those generally interested in older people’s mental health issues
There may also be people in Oxfordshire who, whilst not having any personal experience, may have a particular interest in older people’s mental health or related issues. It was important that the consultation was therefore communicated in a way that enabled as many people as possible to participate.
The Media
Throughout the project media activity was developed when and where appropriate to ensure communication was open and helpful, and that positive messages were provided to support and enable maximum stakeholder involvement.

Other
When communicating this consultation with the key stakeholders listed above, encouragement was also given to share this information with any individual or organisation that may be interested in issues regarding older people’s mental health in Oxfordshire.
5. Engagement process

A number of different engagement methods were used in order to ensure we reached and received views and feedback from a wide variety of stakeholders.

5.1 Online engagement

NHS Oxfordshire’s Talking Health website
An online consultation site was established on the ‘Talking Health’ website to enable stakeholders to view the full strategy for older people’s mental health and to enter their own comments and feedback. We pro-actively contacted 539 members of Talking Health who had already registered and expressed an interest in getting involved with consultations in this subject area.

Websites of key organisations
Information about this consultation was published on NHS Oxfordshire, Oxfordshire County Council (OCC), Oxfordshire and Buckinghamshire Mental Health NHS Trust (OBMH) and Age UK’s websites and was also shared with various key organisations with a request to publish on their own websites to raise awareness e.g. LINKS.

Older People’s Mental Health Questionnaire
An online questionnaire on older people’s mental health was set up on ‘Talking Health’ to ask key questions about the strategic aims and objectives and to gather further feedback and ideas. This questionnaire was also shared in hard copy format among key organisations and the attendees of the consultation workshops. A copy of the questionnaire can be seen in Appendix 1.

Staff Intranets
NHS Oxfordshire, Oxfordshire County Council (OCC), and Oxfordshire and Buckinghamshire NHS Trust’s (OBMH) intranets were used to communicate the consultation and available response methods to all staff, encouraging further dissemination of information to organisations and interested individuals.

Email
The consultation was communicated widely to all staff of the supporting organisations eg. using the NHS Oxfordshire weekly staff email news bulletin. Requests also went out to all key stakeholders listed in section 4.1 above. For example GP surgeries were contacted to notify their Patient Participation Groups of this consultation and information was shared with dementia advisors at GP surgeries and memory clinics. In addition all participants of the recent Dementia consultation and Dementia Awareness Day were contacted and with information on the consultation and how to participate.
Twitter and Facebook
A number of announcements and ‘tweets’ were made on the Twitter and Facebook websites for NHS Oxfordshire and OBMH about this consultation and the associated public consultation workshop. Together, OBMH and NHS Oxfordshire’s Twitter and Facebook followers include an audience of over 2000 followers/friends.

Email
Personal invitations to participate in the consultation were emailed directly to all stakeholders that have told NHS Oxfordshire that they had an interest in older people or mental health.

Blogs
Details of the consultation were widely communicated using all of the methods used above. This then also resulted in some members of the public reinforcing the importance of the consultation by communicating it through their own online blogs.

5.2 Face-to-face engagement

‘Older People’s Mental Health’ consultation workshops
Two public consultation events were held to provide the public with an opportunity to find out more about the strategy and to discuss their views face-to-face with others that have an interest in older people’s mental health. Two events were held:

- Monday 4th October, 10am - 11.30am at the Town Hall, Oxford
- Tuesday 12th October, 1pm - 2.30pm at Age UK, Banbury

Visits to organisations
Face-to-face visits were offered to individual organisations or groups by the NHS Oxfordshire lead for older people’s mental health, supported by the communications and engagement team. This was particularly so that members of older people’s groups could easily participate in this consultation which is very relevant to them and their organisations.

AGM
A display with information about the older people’s mental health consultation was included at NHS Oxfordshire’s public annual general meeting (AGM). Staff were on hand at the event to answer questions and encourage feedback on the strategy.
5.3 Written engagement

Questionnaires
Hard copy, printed versions of the online questionnaire were made available and distributed to many stakeholder groups, shared at all face-to-face engagement opportunities and were also sent out as additional copies were requested from various organisations, individuals and groups.

Newsletters
Information on the older people’s mental health consultation was included in the OBMH newsletter and the OCC newsletter to raise awareness and invite participation.
6. Engagement Findings

6.1 Number of online responses

Overall, 121 people registered their interest in the Older People’s Mental Health consultation online on Talking Health. The majority (66%) of these participants were women, and just over a quarter were men (26%). The gender of the remaining participants was not stated.

The majority of participants for the Older People’s Mental Health consultation were in the ‘55-64’, or ‘65 and over’ age category which clearly reflects the target audience of this consultation. (See graph on following page)
6.2 Consultation Workshops

Oxford – 4th October 2010
In total 25 people attended the consultation workshop at County Hall, Oxford (a further 5 people had registered to attend but did not make it on the day). Those that attended included people from a wide variety of backgrounds – such as Patient Participation Groups (PPGs), nursing home staff, voluntary organisations, Solicitors with an interest in older people and LINKs representatives.

Banbury – 12th October 2010
In total 10 people attended the consultation workshop at Age UK, Banbury (a further 7 people had registered to attend but unfortunately did not make it on the day). These consisted mostly of local LINKs and PPG members as well as staff of local organisations that provide support for older people.
6.3 Results

Oxford
(25 participants)

Attendees of the workshop at Oxford were split into three discussion groups to discuss what they felt were the main issues and to identify what needed to be improved to support older people's mental health. Following the group discussions the flipcharts from all groups were displayed around the room and individuals were then asked to prioritise by identifying three issues on any of the flipcharts that they felt were most important for this strategy.

The results of the workshop in Oxford identified some clear themes of discussion. The majority of suggestions made were around the importance of social/group activities to help maintain older people's mental wellbeing. Suggestions made included:

"Socialisation of older people - key part of improving Mental Health"

"Common bond can bring people together and help"

However although it was the most common theme, it was not felt to be the most important issue.

The three most important issues identified by attendees of the workshop were:
1. Training of staff and professionals caring for older people (21% of 'importance votes')
2. Support and respite for carers (17% of 'importance votes')
3. The need for better access to support services to prevent isolation (12% of 'importance votes')

Other key themes and suggestions made were around the need for less medication and the use of alternative approaches; for better communication skills when caring for an older person with mental health problems; and for better communication of the support services available.

"Need increasing awareness of what is available to help"

"Need to be welcoming - older people often anxious"

"Less medication, use other therapies instead"

Banbury
(10 participants)

Attendees of the workshop at Banbury formed one discussion group due to numbers of attendees. They discussed what they felt were the main issues and identified what needed to be improved to support older people’s mental health. They were also asked to prioritise
by identifying three issues on any of the flipcharts that they felt were most important for this strategy.

The results of the workshop in Banbury also identified some clear themes of discussion. Both the need for more training for staff on older people’s mental health, respite for carers and the importance of various social activities/groups was highlighted as it had been in the Oxford workshop.

“Need to aid social interaction and inclusion”

“Medical services need to manage Mental Health, better training – especially in hospital”

However, in addition some new themes of discussion also emerged – particularly around GPs, but also the importance of a more integrated approach to older people’s mental health care.

“More cohesion of services”

“GP awareness of Mental Health and early diagnosis – poor/limited.”

The three most important issues identified by attendees of the workshop were:

1. The need for GPs to have better knowledge, training and awareness of mental health issues for older people and to be able to identify potential problems with patients earlier (30% of ‘importance votes’)
2. The need for older people’s mental health care workers to be placed both at doctors’ surgeries to help with the growing need for this type of support, but also going out into the community (23% of ‘importance votes’)
3. More counselling services to be available for patients, carers and families of older people with mental health problems (17% of ‘importance votes’)
7. Questionnaire

7.1 Number and geographical spread of responses

In total, 91 people responded to the questionnaire on Older People’s Mental Health. This included 29 hard copy responses and 62 online responses. The distribution of responses came from a wide geographical spread across the county as illustrated in the map below, with the greatest concentration of responses coming from the Oxford city area.

(The larger red circles represent a greater number of respondents in that location)

7.2 Questionnaire Results

The questions that were asked in the questionnaire all focused around the 7 proposed objectives for the strategy for older people’s mental health and the proposed outcomes that would result from them. It also gave individuals the opportunity to highlight other areas of older people’s mental health that may have been missed and to give some weighting to the importance of different issues.

Each of the questions asked is shown below along with the results received.
18

Objective 1: Ensure fair access to services, regardless of age or condition. This means:
- The equal right to use a service or activity

Do you agree with this objective?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>92% (84)</td>
</tr>
<tr>
<td>Partly</td>
<td>5% (5)</td>
</tr>
<tr>
<td>No</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1% (1)</td>
</tr>
</tbody>
</table>

92% of respondents clearly agreed with this objective. Only one respondent disagreed saying that

"Working age/young population should be the priority as they are the section of society that need to work to pay for the NHS"

Outcomes – Objective 1
By 2015, all mainstream services will be "Age Proofed"; older people will be able to access all services based solely on their needs

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>82% (72)</td>
</tr>
<tr>
<td>Partly</td>
<td>11% (10)</td>
</tr>
<tr>
<td>No</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5% (5)</td>
</tr>
</tbody>
</table>

The majority of respondents agreed that objective 1, ‘Ensure fair access to services, regardless of age or condition’, would mean that older people will be able to access services based solely their needs. Many of the reasons given for this centred around a person’s right to fair access.

"It should be a statutory right for all people to access the health services they NEED"

"We are all entitled to the same quality of life, regardless of what stage our mental facilities have reached."

Outcomes – Objective 1
There will be an increase in the number of older people who have a personal budget to purchase their care in Oxfordshire
However when looking at the second outcome for objective 1, responses were very mixed. Many of the comments from respondents to this question highlighted concerns around the ability of people to make informed choices regarding personal budgets:

"Many older people and those with dementia may not have the tools to make informed choices about spending personal budgets and they are not a 'one size fits all' solution."

### Objective 2: Increase awareness of mental health problems and reduce stigma experienced by older people.

This means:

- Improve understanding of what mental health is
- Reduce the disapproval that is often associated with having a mental health problem

**Do you agree with this objective?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>89% (81)</td>
</tr>
<tr>
<td>Partly</td>
<td>8% (7)</td>
</tr>
<tr>
<td>No</td>
<td>2% (2)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1% (1)</td>
</tr>
</tbody>
</table>

The majority of respondents (89%) agreed with the objective of raising awareness of mental health problems and reducing stigma. Of those that disagreed or did not know, their reasons included that it was not related to older people or that it was not needed in today's society:

"Neither qualifier is age-related"

"I do not think there is a significant lack of understanding nor do I think nowadays that there is significant 'disapproval'. The days of shouting at the village idiot have gone."

**Outcomes – Objective 2**

There will be improved awareness of mental health issues through awareness and anti stigma campaigns for Older People’s Mental Health within the county
Three quarters of respondents agreed that this objective would lead to improved awareness of mental health issues. However 15% of respondents only partly agreed and 3% disagreed completely. Some of the concerns raised in the comments related to it being idealistic and not being achievable and financial concerns over the availability of money for this in the current economic climate.

"A good ideal but how does improved awareness impact on behaviour?"

"Objectives may not be achieved due to funding cuts"

"You will never remove the stigma or discrimination from mental illness"

Objective 3: Implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people. This means:
- Work to help prevent people having mental health problems
- Work to help people stay well
- Get problems recognised earlier - so those people that need help get it quicker

Do you agree with this objective?

93% of respondents agreed with this objective to implement programmes to improve mental well-being and prevent mental ill health amongst older people and no-one disagreed with this objective. Many of the comments in response to this question included an emphasis on the need for prevention and proactive work. A few areas of concern/suggestions for these programmes were also highlighted and included the need to look at those that need help but may not actively seek it, links to physical and mental health, and the issue of bereavement as a trigger for some mental health problems in older people.
"In all areas of health, prevention is cheaper and more beneficial than cure"

"But what about those who do not seek help, do not join activities, do not visit their GP - this should be a proactive programme"

"If help is provided earlier, there may be less time with the more severe problems"

“Improving bereavement support, and ensuring good physical health are important”

Outcomes – Objective 3

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>Social isolation among older people will be reduced. This will be achieved through a joined up approach across public, voluntary and community organisations including improved care co-ordination</td>
<td></td>
<td></td>
<td></td>
<td>21%</td>
</tr>
<tr>
<td>There will be improved mental well being for older people, such as dedicated well being and prevention programmes linked to wider well being strategies within Oxfordshire</td>
<td></td>
<td></td>
<td></td>
<td>23%</td>
</tr>
<tr>
<td>There will be improved early diagnosis of depression in older people, including the use of appropriate screening tools and proactive outreach</td>
<td></td>
<td></td>
<td></td>
<td>22%</td>
</tr>
</tbody>
</table>

The majority of respondents agreed with all outcomes for objective three. In their comments for this question, many respondents highlighted the need for more support for carers, more information on support and services available and concerns over those that are isolated.

“Isolation is one of the biggest problems so information is crucial.”

“Access to information at the moment is a random process”

“The more help carers get the better care they are able to give”

“Caring for the carers should be a key part of whatever you do. Neglect to care for the carer and one patient can become two.”

Objective 4: Develop robust and appropriate support, information and advice for carers and families. This means:

- Good information and help for people caring for an older person with a mental health problem
Do you agree with this objective?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>91% (82)</td>
</tr>
<tr>
<td>Partly</td>
<td>7% (6)</td>
</tr>
<tr>
<td>No</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1% (1)</td>
</tr>
</tbody>
</table>

91% of respondents agreed with the need to develop robust and appropriate support, information and advice for carers and families.

**Outcomes – Objective 4**
The implementation of the Carers Strategy will include older people’s mental health.

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>85% (70)</td>
</tr>
<tr>
<td>Partly</td>
<td>9% (8)</td>
</tr>
<tr>
<td>No</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>4% (4)</td>
</tr>
</tbody>
</table>

85% of respondents agreed that the Carers Strategy could support the objective to develop robust and appropriate support, information and advice for carers and families. No-one disagreed with this outcome, however 4% did not know and comments included concerns over the timeframe and financing.

**Outcomes – Objective 4**
There will be an increase in the number of carers for older people with a diagnosed mental health condition who have had a carers assessment

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>70% (57)</td>
</tr>
<tr>
<td>Partly</td>
<td>17% (14)</td>
</tr>
<tr>
<td>No</td>
<td>3% (3)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>8% (7)</td>
</tr>
</tbody>
</table>

The majority of respondents (70%) also agreed that there should be an increase in the number of carers for older people as a result of the Carers Strategy.

The average age of older people with mental health needs who require full time residential care will be increased through improved carers support and information provision
Responses to the last outcome about the average age of those older people with mental health needs needing full-time residential care were much more mixed. Just over half of the respondents (56%) agreed with this outcome, however many only partly agreed or did not know and 8% of respondents disagreed. Comments around this outcome included the belief that the need for residential care is actually more determined by the individual concerned and availability of family support.

“The need for residential care will be determined by need and how well a family can cope. I do not see this changing much.”

“Whether full time residential care or just increased home support is very much an individual decision of those involved.”

Objective 5: Ensure clear pathways of care for older people with mental health needs
This means:
• Know where you are in mental health services, the options available, what to expect and where you are likely to move to next

Do you agree with this objective?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>91% (80)</td>
</tr>
<tr>
<td>Partly</td>
<td>8% (7)</td>
</tr>
<tr>
<td>No</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>1% (1)</td>
</tr>
</tbody>
</table>

Respondents clearly agreed (91%) with the objective of having clear pathways of care for older people with mental health needs, and no-one disagreed with this objective. Comments regarding this objective included the need for clearer care pathways across all mental health services, and the importance of clear pathways for both the supporting families and carers – not just the patient.

“This needs clarity across the board in mental health services and needs to made available to the public ”
"Patients having a pathway is vital, but also one with options as no-one’s journey or situation is the same. Families need to understand the road ahead just as much as the patients."

"Knowledge helps confidence in a carer’s role"

Outcomes – Objective 5

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>There will be a clear pathway of care for the treatment of depression in older people</td>
<td></td>
<td></td>
<td></td>
<td>18%</td>
</tr>
<tr>
<td>There will be increased uptake of psychological therapies by older people</td>
<td></td>
<td></td>
<td></td>
<td>28%</td>
</tr>
<tr>
<td>Transition between mental health services will be based only on a clinical need, according to clear pathways</td>
<td></td>
<td></td>
<td></td>
<td>32%</td>
</tr>
<tr>
<td>There will be fewer inpatient admissions related to older people's mental health as a proportion of the population</td>
<td></td>
<td></td>
<td></td>
<td>35%</td>
</tr>
<tr>
<td>There will be a whole systems approach to commissioning older people's mental health services in Oxfordshire</td>
<td></td>
<td></td>
<td></td>
<td>29%</td>
</tr>
</tbody>
</table>

Respondents agreed most with the first outcome – that there will be a clear pathway of care for the treatment of depression.

The responses to many of the other outcomes were mixed - this was partly due to people finding the outcomes for this objective to be too full of jargon. People agreed the least with the outcome that there will be fewer inpatient admissions related to older people’s mental health. This was closely followed by mixed responses to the outcome that the ‘transition between mental health services will be based only on a clinical need according to clear pathways’. Comments indicated that transition between services should take other factors into account and be more holistic.

“A holistic view of care provision should be the aim – with clinical need a key factor but not necessarily the determinant.”

“Transition between services needs to be based on overall need, not just clinical need”

“I’m not conversant with how many inpatient admissions are essential. Or how you assess clinical need.”

“The last three are not very clear, especially the last. "whole systems approach" smacks of an impersonal number crunching process.”
Objective 6: Develop an appropriately skilled workforce for older people’s mental health services
This means:
- Train staff to improve skills and understanding of older people’s mental health needs

Do you agree with this objective?

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>91% (79)</td>
</tr>
<tr>
<td>Partly</td>
<td>5% (4)</td>
</tr>
<tr>
<td>No</td>
<td>0% (0)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>5% (4)</td>
</tr>
</tbody>
</table>

The majority of respondents (91%) agreed with the need to develop and appropriately skilled workforce for older people’s mental health services. Comments included the need for training to be maintained and implemented in practice, and for the different communication needs of patients to be taken into account.

“Training for all should be ongoing”

“Including cultural and language skills of the carers. elderly/deaf people find it hard to make their needs known if they cannot understand their carer.”

Outcomes – Objective 6
The skills mapping exercise and workforce development strategy will be completed by April 2012

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>51% (43)</td>
</tr>
<tr>
<td>Partly</td>
<td>17% (15)</td>
</tr>
<tr>
<td>No</td>
<td>3% (3)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>27% (23)</td>
</tr>
</tbody>
</table>

Responses to this outcome were very mixed. 51% agreed with this outcome however a significant 27% of respondents said they ‘don’t know’. Comments to this outcome revealed confusion over what the skills mapping exercise and workforce development strategy involved and whether there would be sufficient funding.

“I don’t know anything about these and cannot pass an opinion on whether they will work”

“Will the required finance be forthcoming?”
**Outcomes – Objective 6**

**There will be a programme of training implemented by April 2013**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60% (50)</td>
</tr>
<tr>
<td>Partly</td>
<td>14% (12)</td>
</tr>
<tr>
<td>No</td>
<td>2% (2)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>22% (19)</td>
</tr>
</tbody>
</table>

The response to this outcome was again mixed. Half of respondents agreed with the outcome that there will be a programme of training implemented by April 2013. However others only partly agreed, didn’t know or disagreed. Comments indicated that concerns were primarily related to the timing and that it needs to happen sooner.

“Not soon enough”

“Should be earlier, but better late than never”

“The timescale for this seems to long to me”

**Objective 7: Establish clear, fair and transparent financial arrangements**

This means:
- Know how much funding and care you are entitled to and how this will be managed

**Do you agree with this objective?**

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>80% (74)</td>
</tr>
<tr>
<td>Partly</td>
<td>12% (11)</td>
</tr>
<tr>
<td>No</td>
<td>1% (1)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>7% (6)</td>
</tr>
</tbody>
</table>

80% of respondents agreed with the need to establish clear, fair and transparent financial arrangements and only one person disagreed with this objective. Comments around this objective re-enforced the need for clarity, the value of clear financial arrangements for the carer, but also that not everyone will want this information.

“Needs to be understood, not just known - and all options, scenarios provided”

“Very important for the carer”

“Some people will want to know and others may not. The latter should not have information forced on them.”
Outcomes – Objective 7

The number of older people with a diagnosed mental health condition who are supported to have a personal budget will increase from the October 2010 baseline

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>60% (52)</td>
</tr>
<tr>
<td>Partly</td>
<td>18% (16)</td>
</tr>
<tr>
<td>No</td>
<td>3% (3)</td>
</tr>
<tr>
<td>Don't know</td>
<td>17% (15)</td>
</tr>
</tbody>
</table>

60% of respondents agreed with this outcome. The remainder of responses were very mixed. The comments about this outcome revealed concerns again over the availability of funding, but also of the ability that an older person with mental health needs has to manage their own budget. This latter response may be due to lack of sufficient information and therefore lack of understanding about personal budgets and how they will work.

“Personal budgets rely on the older person having capacity to manage budgets”

“None of this ensures older people will get funding! Whose budget? how assessed - so much per person, % of population, means testing?”

Outcomes – Objective 7

There will be improved access to clear and accessible financial information for older people, including those who are self funding

<table>
<thead>
<tr>
<th>Option</th>
<th>Results</th>
</tr>
</thead>
<tbody>
<tr>
<td>Yes</td>
<td>74% (61)</td>
</tr>
<tr>
<td>Partly</td>
<td>12% (10)</td>
</tr>
<tr>
<td>No</td>
<td>2% (2)</td>
</tr>
<tr>
<td>Don’t know</td>
<td>10% (9)</td>
</tr>
</tbody>
</table>

61% of respondents agreed with the outcome that there will be improved access to financial information. The remainder of the responses were mixed and the comments highlighted some areas of detail that people would like to see with the advice that is provided – including cross-agency advice and support in the application for financial funding.

“There is a need for clear advice which crosses institutions. Patients have entitlements from several different agencies, and advice needs to reflect this.”

“Does not mention the support in finding out what funding you are entitled to and support during the application process.”
The strategy as a whole

Please rank the importance of each objective in the strategy:

<table>
<thead>
<tr>
<th>Objective</th>
<th>Extremely Important</th>
<th>Fairly Important</th>
<th>Neutral</th>
<th>Not very important</th>
<th>Unimportant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure fair access to services, regardless of age or condition</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>Increase awareness of mental health problems and reduce stigma experienced by older people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>22%</td>
</tr>
<tr>
<td>Implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>18%</td>
</tr>
<tr>
<td>Develop robust and appropriate support, information and advice for carers and families</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>16%</td>
</tr>
<tr>
<td>Ensure clear pathways of care for older people with mental health needs</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19%</td>
</tr>
<tr>
<td>Develop an appropriately skilled workforce for older peoples mental health services</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>14%</td>
</tr>
<tr>
<td>Establish clear, fair and transparent financial arrangements</td>
<td></td>
<td></td>
<td></td>
<td></td>
<td>19%</td>
</tr>
</tbody>
</table>

When asked to rank the importance of each objective in the strategy, respondents ranked all objectives quite equally between ‘fairly important’ and ‘extremely important’. This reflected the responses to the individual questions about the objectives earlier, where the majority of respondents agreed with each objective.

The objective that was rated the most important was ‘to develop an appropriately skilled workforce for older people’s mental health services’. This was something that respondents had indicated in their earlier comments was fundamental if any of the other objectives were also to be achieved.

The objective rated the least important was to ‘increase awareness of mental health problems and reduce stigma experienced by older people’. This again reflects earlier comments, as although respondents indicated they agreed with the objective, they were mixed in their comments about the belief that it could be done, or would have funding in today’s economic climate.

Is there anything else that you think should be included in this strategy for older people’s mental health in Oxfordshire?

32 people responded to this question. Over 37% of the suggestions for other things to be included in the strategy focused around carers. It was felt that there needs to be more
respite provided for carers, along with more training on how to support older people with mental health problems, and payment or reimbursement for the support that carers provide.

"My main concern is that carers should be properly selected, trained and reimbursed to work in such a delicate and demanding area."

"More training / advice / workshops for families & carers."

"More help for carers i.e. more respite care”

Other comments related to the need to focus on a more proactive and preventative approach. The need for advocacy and day care support for older people with mental health problems was also mentioned by a number of respondents. Many comments also related to the strategy itself, highlighting the need for more recognition in the strategy of the diverse population in Oxfordshire, the need for an action plan and for more specific, measurable outcomes.

"It's not clear in the document that you realise how great is the diversity in the populations you describe."

"Proactive approach by all involved"

"The individual needs an advocate or someone to be able to explain maybe several times as having an illness sometimes means you loose your memory and understanding”

Do you have any other views or concerns related to older people’s mental health in Oxfordshire?

35 people responded to this question. The majority of concerns (just over 25%) raised were regarding financial issues:

"I am extremely concerned that due to financial constraints and the implementation of personal budgets people will become more confused about what services are available, be unable to make informed decisions and choices and this could lead to less choice and control."

"Where will all the money come from?"

20% of comments were related to training and awareness – both of staff and carers – but also for the wider general public so that they know what to do and how to help an elderly person with mental health problems. Many comments were also made simply agreeing with the need and importance of this strategy. Other concerns raised were around isolation of older people, transport problems and for more recognition of support provided by friends, family, voluntary groups and charities.
“From feedback from friends in other parts of the UK I think your efforts are to be applauded. “

“Shouln’t there be more recognition of the excellent non-conforming work done by individuals and groups, domestic, voluntary or professional.”

“More public awareness needed around the whole issue of mental health and the approach to take with people with mental health issues – until you know how to respond to a situation it’s easier to walk away “

7.3 Comments on the Strategy Document

The full strategy document for older people’s mental health was also included online on Talking Health (the consultation area of NHS Oxfordshire’s website) so that the public could enter their own comments or suggested edits at key points throughout the document.

Only 6 people selected this method of feedback for the consultation.

The comments around the Vision statement all showed agreement with the vision, however a suggestion was made to include continuity of care for those older people that already have a mental health problem. A few concerns were also raised about the longevity of the strategy once Primary Care Trusts (PCTs) are abolished.

“Do we have five years? Under the coalition government I thought it was all change and not necessarily in a way that will support those less capable of handling their own finances, let alone their own care.”

“I agree with this vision. I am wondering whether an addition should be added of providing continuity where a person already has a known mental health problem.”

The comments around the objectives were again in agreement, however some suggestions were made around the benefits of having community based services for older people’s mental health and of preparing adults earlier so that they are more aware of mental health problems in older age.

“The objectives seem reasonable and challenging requiring sign up from all services.”

“I think there is a case for educating and preparing us as younger adults in advance for key events in our lives which can contribute to our mental health. In this way we would be prepared and the ‘general public’ would be educated.”
8. Engagement Findings – Other methods

8.1 Visits to Organisations

To support both the consultation workshops, questionnaire and online engagement activity, visits to discuss this consultation were offered to organisations with an interest in Older People’s Mental Health. This was done in order to ensure we reached those that might otherwise not be able to participate in the workshops due to travel problems, or may not be able to participate in online activity due to not having access to a computer.

We engaged with a total of 46 individuals through these visits. The organisations that had face-to-face visits to discuss their views on this consultation included:

- Age UK, Kidlington
- Memory Support Group, Wantage
- Memory Support Group, Faringdon

At each visit a short presentation was given, providing some background to the Older People’s Mental Health Strategy, why it is needed and what the purpose of it is. Discussion was encouraged around what things need improving to support older people’s mental health, the importance of various issues in the strategy and an opportunity to ask questions was included.

Age UK, Kidlington

20 attendees

The priorities for the older people’s mental health strategy that were identified by discussion at Age UK in Kidlington were:

- Prevention of older people’s mental health problems – particularly supporting older people at potential trigger points e.g. retirement, bereavement and keeping the mind active through various activities.
- The value of social support to older people’s mental health that friends, family, your local community and local groups can provide.
- Educating more GPs on older people’s mental health issues – specialists in older people’s mental health were suggested.

Other areas of discussion centred around the need to implement training for all staff supporting older people with mental health problems – particularly on communication issues as many felt intimidated by health professionals or felt they were not listened to. Discussion also identified the need for more information about what support options are available for patients, carers and families of older people with mental health problems. Suggestions were also made on how this might be best achieved through the media – particularly radio – and by healthcare representatives regularly attending groups such as this.
Memory Support Group, Wantage
17 attendees (including 6 people with dementia)

The priorities for the older people’s mental health strategy that were identified by discussion at the Memory Support Group in Wantage were:

- Training - The need for enough trained staff to ensure stability of care for patients. In addition training for GPs was raised as an area that requires focus as although some are excellent, some are lacking knowledge and are also a barrier to accessing services.
- Information on the support services available – greater clarity was wanted on the support services available along with information explaining what things might be like at different stages so that people know what to expect. In addition it was stressed that word of mouth is more powerful in spreading this knowledge than posters or leaflets.
- The value of social activities/groups – e.g. art groups, singing groups. The value of therapeutic groups and day care groups was strongly expressed, along with concerns that these might disappear with lack of funding and the impact this could have.

Other areas of discussion included that the amount and type of information that people want to be given may vary from individual to individual according to their needs. Also, the need for equity across services was highlighted as people had experienced differing levels of support and information depending on where they went.

Memory Support Group, Faringdon
9 attendees (including 2 people with dementia)

The priorities for the older people’s mental health strategy that were identified by discussion at the Memory Support Group in Faringdon were:

- Training – The need for staff to be properly trained in care homes in older people’s mental health issues was highlighted along with language communication issues where staff did not speak fluent English. In addition training for GPs was again raised, particularly regarding knowledge of available treatment options and advice so that appropriate diagnosis can be given.
- The value of peer support - The need to provide peer support was strongly emphasised as peers stood a better chance of persuading people to access available help; the possible provision of a “buddying” service was suggested.
- Information on the support services available – It was highlighted that those in a caring role might not have the time or energy to search out help and that appropriate information needs to be accessible shortly after a diagnosis.

Other areas of discussion included that information will need to be available in a variety of formats and tailored to peoples needs. A contact point for information was suggested as vital so that information could be obtained when the individual was ready for it.
9. Limitations

9.1 Face-to-face engagement

Although face-to-face engagement is often one of the best ways to engage with older people, we were limited in the number of face-to-face events that could take place. This was a result of limits on resources - both financial resources and time/people to manage these events. As a result, in addition to the two public workshops held, on-site visits were offered to organisations with an interest in older people’s mental health. This eliminated the need to hire appropriate venues and also had the benefit of participants not having to travel to an unfamiliar location.

10. Key recommendations

The key findings from the consultation and engagement activities on older people’s mental health has highlighted the need for:

- Ensuring that ownership of the strategy continues after PCTs are abolished
- Good quality, continuous training for all staff caring for older people with mental health problems, including the need for more GPs to undertake training on older people’s mental health and to raise awareness of the appropriate diagnosis and treatment options available.
- More support for social/therapeutic group activities which can help prevent more severe, costly problems related to older people’s mental health
- Better information on support services and better dissemination of this information is required though a variety of formats – possibly through a central, known information or contact point.
- Greater support, training and respite for carers, ensuring that carers have the knowledge, confidence, and resource to care for older people with mental health problems.
- Highlight the impact and cost on the health service that transport cuts (resulting in increased isolation and access problems) could have on older people’s mental health
- A greater focus on preventative and proactive work around older people’s mental health.
- Greater clarity of the language used in the objectives and outcomes is needed within the final version of the strategy, wherever possible limiting ‘health service speech’ and including more widely understood terminology.
11. Next steps

A copy of this consultation report will be made available by electronic or hard copy to all those that participated in the older people’s mental health strategy consultation workshops, group visits and questionnaire and will also be available for download on NHS Oxfordshire’s website:  http://www.oxfordshirepct.nhs.uk

The report will used by NHS Oxfordshire and Oxfordshire County Council (the commissioners) to finalise the final strategy and develop the supporting action plan for older people's mental health in Oxfordshire.

12. Thanks

Thanks to all those individuals that responded to this consultation and in particular to patients, their families and carers of older people with mental health problems who shared their personal experiences.
13. Supporting information

Definitions

- Stakeholders - A person or group with a direct interest, involvement, or investment in something. Stakeholders are individuals or organisations that have a direct interest in a service being provided.

Glossary

- NHS - National Health Service
- PCT - Primary Care Trust
- Facebook - Social networking website
- Twitter - Twitter is a social networking tool aimed at enabling its users to exchange up-to-the-minute news and opinions on specific topics.
- Intranet - A private computer network open to users working within an organisation to share information, news and documents
- Talking Health - NHS Oxfordshire's consultation and engagement area on our public website (see https://consult.oxfordshirepct.nhs.uk )
14. Appendices

Appendix 1: Older People’s Mental Health Questionnaire

Survey – Older People’s Mental Health Strategy

A draft strategy has been developed to look at how we can manage Older People’s Mental Health in Oxfordshire. We would therefore like to gather your views on issues related to this. The information you give us will be used to help shape the final strategy and development plan. This survey will take about 10 minutes to complete.

There are seven key objectives and related outcomes in the strategy. Outcomes are how we will know if we have achieved the objectives. The questions below are shaped around this.

Objective 1: Ensure fair access to services, regardless of age or condition. This means:
- The equal right to use a service or activity

Do you agree with this objective?
- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:

The outcomes (how we know we have achieved it) for this objective are shown below. Do you agree with these outcomes?

Yes | Partly | No | Don’t know
---|---|---|---

By 2016, all mainstream services will be “Age Proofed”; older people will be able to access all services based solely on their needs.
There will be an increase in the number of older people who have a personal budget to purchase their care in Oxfordshire.

Please give any reasons for your answer below:

Objective 2: Increase awareness of mental health problems and reduce stigma experienced by older people. This means:
- Improve understanding of what mental health is
- Reduce the disapproval that is often associated with having a mental health problem

Do you agree with this objective?
- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:


The outcome (how we know we have achieved it) for this objective is shown below. Do you agree with this outcome?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

There will be improved awareness of mental health issues through awareness and anti-stigma campaigns for Older People’s Mental Health within the county.

Please give any reasons for your answer below:

**Objective 3:** Implement programmes to improve mental well-being and prevent mental ill-health among Oxfordshire’s older people. This means:
- Work to help prevent people having mental health problems
- Work to help people stay well
- Get problems recognised earlier - so those people that need help get it quicker

Do you agree with this objective?
- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:

The outcomes (how we know we have achieved it) for this objective are shown below. Do you agree with these outcomes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
</table>

Social isolation among older people will be reduced. This will be achieved through a joined-up approach across public, voluntary and community organisations including improved care co-ordination.

There will be improved mental well-being for older people, such as dedicated well-being and prevention programmes linked to wider well-being strategies within Oxfordshire.

There will be improved early diagnosis of depression in older people, including the use of appropriate screening tools and proactive outreach.

Please give any reasons for your answer below:

**Objective 4:** Develop robust and appropriate support, information and advice for carers and families. This means:
- Good information and help for people caring for an older person with a mental health problem

Do you agree with this objective?
- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:
The outcomes (how we know we have achieved it) for this objective are shown below. Do you agree with these outcomes?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>Don't know</th>
</tr>
</thead>
<tbody>
<tr>
<td>The implementation of the Carers Strategy will include older people’s mental health.</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There will be an increase in the number of carers for older people with a diagnosed mental health condition who have had a carers assessment</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>The average age of older people with mental health needs who require full time residential care will be increased through improved carers support and information provision</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please give any reasons for your answer below:

Objective 5: Ensure clear pathways of care for older people with mental health needs

This means:

- Know where you are in mental health services, the options available, what to expect and where you are likely to move to next

Do you agree with this objective?

- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:

The outcomes (how we know we have achieved it) for this objective are shown below. Do you agree with these outcomes?

<table>
<thead>
<tr>
<th></th>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>There will be a clear pathway of care for the treatment of depression in older people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There will be increased uptake of psychological therapies by older people</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>Transition between mental health services will be based only on a clinical need, according to clear pathways</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There will be fewer inpatient admissions related to older peoples mental health as a proportion of the population</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>There will be a whole systems approach to commissioning older peoples mental health services in Oxfordshire</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

Please give any reasons for your answer below:

Objective 6: Develop an appropriately skilled workforce for older people’s mental health services

This means:

- Train staff to improve skills and understanding of older people’s mental health needs
The outcomes (how we know we have achieved it) for this objective are shown below. Do you agree with these outcomes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

The implementation of the Carers Strategy will include older people’s mental health.

There will be an increase in the number of carers for older people with a diagnosed mental health condition who have had a carers assessment.

The average age of older people with mental health needs who require full time residential care will be increased through improved carers support and information provision.

Please give any reasons for your answer below:

Objective 5: Ensure clear pathways of care for older people with mental health needs

This means:
- Know where you are in mental health services, the options available, what to expect and where you are likely to move to next.

Do you agree with this objective?
- ☐ Yes
- ☐ Partly
- ☐ No
- ☐ Don’t know

Please give any reasons for your answer below:

The outcomes (how we know we have achieved it) for this objective are shown below. Do you agree with these outcomes?

<table>
<thead>
<tr>
<th>Yes</th>
<th>Partly</th>
<th>No</th>
<th>Don’t know</th>
</tr>
</thead>
<tbody>
<tr>
<td>☐</td>
<td>☐</td>
<td>☐</td>
<td>☐</td>
</tr>
</tbody>
</table>

There will be a clear pathway of care for the treatment of depression in older people.

There will be increased uptake of psychological therapies by older people.

Transition between mental health services will be based only on a clinical need, according to clear pathways.

There will be fewer inpatient admissions related to older peoples mental health as a proportion of the population.

There will be a whole systems approach to commissioning older peoples mental health services in Oxfordshire.

Please give any reasons for your answer below:

Objective 6: Develop an appropriately skilled workforce for older people’s mental health services

This means:
- Train staff to improve skills and understanding of older people’s mental health needs.
Do you agree with this objective?
- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:

The outcomes (how we know we have achieved it) for this objective are shown below. Do you agree with these outcomes?

The skills mapping exercise and workforce development strategy will be completed by April 2012
- Yes
- Partly
- No
- Don’t know

There will be a programme of training implemented by April 2013
- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:

Objective 7: Establish clear, fair and transparent financial arrangements
This means:
- Know how much funding and care you are entitled to and how this will be managed

Do you agree with this objective?
- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:

The outcomes (how we know we have achieved it) for this objective are shown below. Do you agree with these outcomes?

The number of older people with a diagnosed mental health condition who are supported to have a personal budget will increase from the October 2010 baseline
- Yes
- Partly
- No
- Don’t know

There will be improved access to clear and accessible financial information for older people, including those who are self funding
- Yes
- Partly
- No
- Don’t know

Please give any reasons for your answer below:
The strategy as a whole

Please rank the importance of each objective in the strategy:

<table>
<thead>
<tr>
<th>Extremely Important</th>
<th>Fairly Important</th>
<th>Neutral</th>
<th>Not Very Important</th>
<th>Unimportant</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ensure fair access to services, regardless of age or condition</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Increase awareness of mental health problems and reduce stigma experienced by older people</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Develop robust and appropriate support, information and advice for carers and families</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Ensure clear pathways of care for older people with mental health needs</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Develop an appropriately skilled workforce for older peoples mental health services</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
<tr>
<td>Establish clear, fair and transparent financial arrangements</td>
<td>○</td>
<td>○</td>
<td>○</td>
<td>○</td>
</tr>
</tbody>
</table>

Is there anything else that you think should be included in this strategy for older people’s mental health in Oxfordshire? If so, please explain below:

Do you have any other views or concerns related to older people’s mental health in Oxfordshire?

About you

Your age
○ Under 16 ○ 45-54
○ 16-24 ○ 55-64
○ 25-34 ○ 65 and over
○ 35-44 ○ Prefer not to say

Gender
○ Male
○ Female
○ Prefer not to say
Ethnicity/Race
- White
- Mixed
- Asian or Asian British
- Black or Black British
- Chinese
- Prefer not to say
- Other (please specify) __________________________________________

Postcode
Please give your postcode below. This will be used to assess where we are receiving responses from across Oxfordshire

Please provide your name and email or postal address below if you would like to receive a copy of the consultation report and final strategy

Thank you for answering this survey – the closing date is 1 November 2010.
Once completed, you can send it back to us freepost, no stamp required to:

FREEPOST RRK-BZBT-ASXU
Sara Price
Communications and Engagement Directorate
NHS Oxfordshire
5510 John Smith Drive
Oxford Business Park South
Oxford OX4 2LH