Older Peoples Mental Health Strategy for Oxfordshire 2010 - 2015

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1. Executive Summary

Older people over the age of 65 make up almost 15% of the total population covered by the PCT, and the older population of Oxfordshire is projected to increase by 20% in the years to 2018. Dementia and depression amongst older people are the 2nd and 6th most important contributors to acute inpatient bed days in Oxfordshire and the prevalence of these conditions is expected to grow with the increase in the number of older people across the county. It is also vital to note that while these conditions have specific national strategies associated with them, older peoples’ mental health more widely needs to be addressed, ensuring that the needs of all older people with mental health conditions are met by appropriate services which take into account their specific needs. Nationally, older adults with mental health problems have not benefited from some of the service developments seen for younger adults, and developments in older people’s services are not always fully meeting people’s mental health needs.

A Mental Health strategy is therefore required to address the issues around Older Peoples Mental Health in Oxfordshire. The strategy builds on the Older Peoples Mental Health Needs Assessment conducted in 2007, and take into account other drivers and developments which have been put in place since the creation of the Needs Assessment, such as New Horizons and the National Dementia Strategy at a national level, and Ageing Successfully in Oxfordshire.

The strategy is based on the vision that Oxfordshire’s older people will be mentally healthy, feel empowered and be enabled to 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 interventions based on needs not age

The Older Peoples Mental Health Strategy is grouped into the following objectives:

1. The need for fair access to services, regardless of age or condition.
2. The need to increase awareness of mental health problems and stigma experienced by older people.
3. The need for programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people
4. The need for robust and appropriate support, information and advice for carers and families
5. The need for clear pathways of care for older people with mental health needs
6. The need for an appropriately skilled workforce for older peoples mental health services
7. The need for clear, fair and transparent financial arrangements

The strategy will link closely with the ongoing work of implementing key national initiatives such as the National Dementia Strategy. However, the focus of the Older Peoples Mental Health Strategy will be wider than this, with a particular emphasis placed on older people with conditions for which there is no national focus, and for whom the risk of a lack of appropriate support is therefore greater.
2. Why have an Older Peoples Mental Health Strategy?

Under the Equality Act 2010, age discrimination in the provision of goods, facilities, services and public functions is prohibited. Services must therefore be provided on the basis of needs rather than age. This principle must underpin all future service developments; however while specific age boundaries may no longer be appropriate, there are specific needs associated with older peoples’ mental health which necessitate this being a specific area of focus.

Frequently, older people with mental health problems will have a different medical presentation compared with younger adults. Additionally, certain conditions such as dementia are far more prevalent among older people, meaning that services to meet the needs of those with such conditions will by necessity be targeted towards older people.

It should also be noted that service developments for Older Peoples Mental Health have often lagged behind provision for Adults of Working Age. Despite the significant achievements of the National Service Frameworks (NSFs) for mental health and older people, there was agreement in National Directors’ reviews of NSF implementation and national inspection reports that there were particular challenges in delivering better mental health services for older people. Older adults with mental health problems have not benefited from some of the service developments seen for younger adults, and developments in older people’s services are not always fully meeting people’s mental health needs.

In July 2005 the Department of Health (DH) published Securing Better Mental Health for Older Adults to mark the start of a new programme to bring together mental health and older people’s policy in order to improve services for older people with mental health problems.

The National Directors for older people and mental health promoted the dual principles of:

• delivering non-discriminatory mental health and care services available on the basis of need, not age and
• holistic, person-centred older people’s health and care services which address mental as well as physical health needs.

The publication highlighted the following needs:

• for agencies to work together,
• for improved skills and competencies of staff in all mainstream care settings
• to enhance detection and management of mental health problems
• for appropriate investment to support a comprehensive specialist mental health service for older adults.

It must also be stated that, in line with the legislation mentioned above, there is a clear need to address the artificial divide between adult and older peoples mental health services, especially for individuals with severe enduring mental illness where there is a risk that they may ‘fall through the net’ and for people who may have develop psychological and functional symptoms of old age prior to the age of 65, such as people with a learning disability.

A Mental Health strategy is therefore required to address the issues around Older Peoples Mental Health in Oxfordshire. This strategy must form an appendix to the
Adult Mental Health Strategy and must sit alongside the National Dementia Strategy Implementation Plan for Oxfordshire. The Older Peoples Mental Health Strategy builds on the Older Peoples Mental Health Needs Assessment conducted in 2007, and take into account other drivers and developments which have been put in place since the creation of the Needs Assessment, such as the National Dementia Strategy at a national level, and Ageing Successfully in Oxfordshire.
3. Vision

Mental well-being has an impact on all aspects of life and society. With better mental well being in Oxfordshire we can reduce suffering among older people, lower the burden of disease, reduce the impact on health services and save money.

Our vision is for Oxfordshire’s older people to be mentally healthy, feel empowered and be enabled to 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 interventions based on needs not age

Aim

The aim of this strategy is for providers and commissioners to achieve the vision through the next five years of transition and change.

Objectives

Through the production of this Older Peoples Mental Health Strategy, we will seek to achieve the following objectives:

1. Ensure fair access to services, regardless of age or condition
2. Increase awareness of mental health problems and stigma experienced by older people
3. Implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people
4. Develop robust and appropriate support, information and advice for carers and families
5. Ensure clear pathways of care for older people with mental health needs
6. Develop an appropriately skilled workforce for older peoples mental health services
7. Establish clear, fair and transparent financial arrangements

Definition of Mental Well Being

Mental Well Being has been defined by the World Health Organisation (WHO) as “A state of well-being in which every individual realizes his or her own potential, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to her or his community”. (www.who.int/features/qa/62/en/index.html).

It forms an integral part of the WHO’s definition of health: “A state of complete physical, mental and social well-being, and not merely the absence of disease” (www.who.int/topics/mental_health/en)
4. Health and Social Impact
National information and background

Conservative estimates of mental health problems in older adults, taken from the most recent national study, suggest a prevalence of perhaps 40% of people attending their GP, 50% of general hospital inpatients, and 60% of care home residents.

Two-thirds of NHS beds are occupied by people age 65 or over and up to two-thirds of some inpatient groups either have mental health problems already, or will go on to develop them during their inpatient stay.

Within the general community, depression is present in around 15% of older people and dementia affects 5% of people over 65 years and 20% over 80 years. In the next ten years, the number of people over 65 will increase by 15%, and those over 85 by 27%. Mental health problems, particularly depression and dementia, are more common and have a worse outcome in the 60% of older people who suffer from long standing illnesses.

In cost of illness studies, the direct costs of Alzheimer’s disease alone exceed the total cost of stroke, cancer and heart disease. In 2003/4 the NHS spent around 43% of its hospital and community health services budget (£16.471 billion) on people over the age of 65. In the same year social services spent nearly 44% of its budget (some £7.38 billion) on people over the age of 65. These figures are set to rise.

Everybody’s Business – Integrated Mental Health Services for Older Adults: A Service Development Guide (Department of Health 2005)

Oxfordshire information and background

Older people over the age of 65 make up almost 15% of the total population within the county, which is slightly less than the national average. Women form 56% of this group. Older people are distributed unevenly across the county, with most concentrated around the urban conurbations. The older population of Oxfordshire is expected to increase by 20% over the 10 years from 2008, with some subpopulations such as older people from the black and minority ethnic (BME) communities set to increase at a greater rate. However the increase is the elderly population will fall unevenly across the county, with the southern half of the county expected to show the largest increases.

Amongst older people, estimates suggest that over a third of older people within the UK experience symptoms of mental health problems such as depression, anxiety, delirium (acute confusion), dementia, schizophrenia, bipolar disorder, and alcohol and drug (including prescription drugs) misuse.

Improving services and support for older people with mental health problems: The second report from the UK inquiry into mental health and well-being in later life. 2007, Age Concern.

While there is a national strategy for dementia, the needs of those with other mental health conditions also require services to take account of the growing numbers and increased need for mental health services among older people.

Risk factors for mental health problems also show an uneven distribution across the county, although not necessarily reflecting the current distribution of older people in
Oxfordshire or the areas where the elderly population is expected to increase. For example measures of social exclusion such as lone pensioner households.

Dementia and depression amongst older people are the 2nd and 6th most important contributors to acute inpatient bed days in Oxfordshire, despite lower admission rates for these conditions than the national average. Recently discharged patients with dementia also manage more poorly in the community and are more commonly readmitted than patients discharged with any other condition. With the advent of anti-dementia drugs these conditions are also increasingly impacting prescribing costs for NHS Oxfordshire. The rate of admission for psychosis amongst older adults is higher in Oxfordshire than the national average.

Although there is a considerable range of statutory and voluntary services provided for older people with mental health problems, there are notable gaps in the current provision of mental health services for older people, including the absence of any mental health promotion programs for older people across the county, and the lack of psychological services for those over the age of 65 with mental health problems in primary care. Specialist mental health services for the elderly, including Community Mental Health Treatment services, day hospital, and nursing home beds are currently evenly distributed across the county, and may need to be reconfigured to take into account the uneven increase in the elderly population in the coming decade.

The National Dementia Strategy (NDS) means that dementia is a separate area of focus; this work will be referenced in the strategy, but the work will continue to be carried out under the remit of the Dementia Development and Implementation Board (DDIB), and its related projects and workstreams. Providers of Mental Health services must be mindful that people with dementia are not excluded from Mental Health services, especially where they have another Mental Health condition in addition to dementia.

*Adapted from the Mental Health Needs Assessment of Older People in Oxfordshire, 2007*
5. Objectives of the Strategy

The work of the Strategy is grouped into the following areas of focus. These build on the Older Peoples Mental Health Needs Assessment, and take into account other drivers and developments which have been put in place since the creation of the Needs Assessment.

1. Ensure fair access to services, regardless of age or condition
2. Increase awareness of mental health problems and stigma experienced by older people
3. Implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people
4. Develop robust and appropriate support, information and advice for carers and families
5. Ensure clear pathways of care for older people with mental health needs
6. Develop an appropriately skilled workforce for older peoples mental health services
7. Establish clear, fair and transparent financial arrangements
1. Ensure fair access to services, regardless of age or condition

In line with current UK legislation, it is expected that services will be designed to meet the needs of people with mental health needs, regardless of their age. It is vital that such services are accessible to older people, enable choice for the patient and where necessary that they proactively reach out to older people to ensure that they are able to make use of services, and that appropriate modifications are made to enable them to do so. Also, where peoples needs are at a low level, the aim should be to meet their needs in mainstream services wherever possible.

There is a need to ensure that people are supported by the most appropriate service, regardless of age. Currently, those using mental health services before the age of 65 stay with previous service unless their needs change and the predominant need becomes one which requires the support of specific older peoples’ services. This very specific cut-off point will need to be removed in line with legislation, although the general principle may remain; those whose needs are those of an older person at referral will access Older Peoples services; in some circumstances, these people will be below 65 while it may also be the case that services for Adults of Working Age are more appropriate for some people over 65 who are referred for the first time. As this may cause confusion for referring agencies, it is important that referral pathways are clear and simple; the possibility of a single access point to all Adult Mental Health services should be considered, with triage of referrals taking place once the referral is received.

It is important that where people have to transfer from one service to another that the transfer is handled in as seamless a manner as possible. Where communication is required across multiple services and providers, it is important that this communication occurs in an efficient and seamless manner to avoid duplication and to ensure that all of the persons needs are met at all stages. This is also key to meeting the needs of YPWD and PLD who present age related symptoms early.

However, where specific services for older people with mental health needs are identified as appropriate, services will be commissioned which enable rather than disable, and which promote independence, choice and control rather than leading to continued dependence. This will be achieved through the use of HoNOS PbR clusters for Older Peoples services, as is planned for Adult services.

With the recommissioning of day services for Mental Health provision through the Keeping People Well workstream; there will be a need to address issue of appropriate day provision for Older Peoples Mental Health. A major part of this will be around ensuring that adequate provision remains, and that people who have traditionally used services continue to have their needs met in appropriate ways.

Self directed support will increasingly become the way in which support is provided in the future. There are several issues with regard to this area which must be addressed:

- Initial uptake among older people with mental health problems has been low. There is a need to increase the uptake of Self Directed Support (SDS) among older people and to make sure that the needs of those with limited capacity are met appropriately through SDS.
- There is also a need to address safeguarding issues with regard to SDS. There is a potential link to the personal health budgets (PHB) pilot work, which could help to address issues of uptake and safeguarding for older
people with mental health problems. The provision of specialist brokerage and proactive outreach is fundamental to achieving the increased uptake and ensuring people are supported to choose and access appropriate and safe services which meet their needs.

Care home provision; there is a perceived need to drive up quality and ensure sufficient local places, to keep families as close together as possible. Work is being undertaken as part of the National Dementia Strategy implementation to address the issue of quality of care in care homes for people with dementia.

Additionally, there is a need to examine other housing options, such as Extra Care Housing (ECH), which could potentially keep families together for longer or provide a more community focussed approach. Such approaches to housing for older people with mental health needs may also help reduce dependency and maintain independence. Ageing Successfully mentions 2,600 ECH units available by 2026 in urban, market town and rural areas according to needs at preferred average size of 50 units per scheme. These are to provide substitution and/or replacement of most residential care homes and reduction in some nursing home and sheltered housing. Modern assistive technology is to be available in new schemes.

Intermediate care: A review of intermediate care has been initiated to create a more effective system between the NHS Oxfordshire and Social and Community Services in line with the Department of Health’s “Intermediate Care, a halfway house”. The needs of older people with mental health needs must be considered as part of this review.

Outcomes:

- By 2015, all mainstream services will be “Age Proofed”; older people will be able to access all services based solely on their needs.
2. Increase awareness of mental health problems and stigma experienced by older people

The wide discrepancies between projected numbers of older people with mental health problems as shown by the Older Peoples Mental Health Needs Assessment for Oxfordshire and numbers seeking help suggest that there is a need to raise awareness of mental health problems among older people, their carers and the workforce who come into contact with them.

There has been awareness raising work in Oxfordshire around dementia but not more generally about older people’s mental health. Ongoing dementia campaigns could potentially be expanded to cover older people’s mental health more widely, by making reference to the co morbidity of dementia and other mental health conditions. In addition, targeted health programmes for older people such as the annual flu immunisation programme could be used as a platform to deliver an older people’s mental health awareness programme.

The report “Attitudes to Mental Health” (DH, 2010) highlights that negative attitudes towards mental health are still prevalent and significantly more common among older people. To date there have been no specific programme in Oxfordshire to challenge mental health stigma experienced by older people. Nationally Mind and Rethink have developed a four year UK wide programme to end mental health stigma called ‘Time to Change’. The Oxfordshire Mental Health Anti Stigma project, due to begin in autumn 2010 is building upon this and will aim to include older people’s mental health. However additional support to challenge mental health stigma experienced by older people may be needed if a significant impact is required.

Outcome:

- There will be improved awareness of mental health issues through awareness and anti stigma campaigns for Older Peoples Mental Health within the county.
3. Implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people

Currently, there is no specific older peoples mental health and well-being improvement programme in Oxfordshire. A cross sector older peoples prevention programme addressing a wide range of physical and health issues has been identified as needed. Improving mental health and well-being should be included within this.

Many older people live with depression without help or support. In order to increase the number of older people receiving timely support from their GP, the use of depression screening tools by universal and voluntary sector services could be explored.

Social isolation is a significant risk factor for mental health problems. Older people are more at risk from social exclusion due to wide ranging factors such as transport and mobility difficulties. Older people in a variety of settings may experience different risk factors for isolation; a multi-sector approach to reducing social isolation should therefore be encouraged. This could include: better and early identification of socially isolated older people; improved communication between agencies; and referral to services and projects which facilitate social interaction, such as group exercise and adult learning. Development of work to tackle social isolation could be informed by the results of the Oxfordshire County Council Turnaround trial.

Outcomes:

- 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, through 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.
4. Develop robust and appropriate support, information and advice for carers and families

The needs of carers for older people with mental health problems are of paramount importance; they are often key to maintaining the independence of the person they care for. Additionally, carers are also at increased risk of developing mental health problems of their own as a result of their caring role.

Implementing the Carers strategy will therefore be key in ensuring appropriate support for older people with mental health problems; it is vital that the work undertaken in that area is tied in. The proposed increase in investment in the Emergency carers’ support service will need to include the carers of older people with mental health problems.

Providing carers training has been shown to support carers in maintaining their caring role for longer; specific training for older people with mental health problems, including information about addressing carers mental health needs should be implemented, either as an optional part of existing “caring with confidence” courses, proposed “carers awareness training” or as a short course in its own right. Training around the Mental Capacity Act (MCA), and how it impacts on carers is also important. This must be integrated into the wider information provision within Oxfordshire, so that information is accessible from one source as far as possible. Information should also be available in suitable formats to enable accessibility by as many people as possible.

Flexible respite is available within Oxfordshire; a review of uptake and accessibility needs to be undertaken to make sure that the needs of older people with mental health problems and their carers are being met. There is a clear need to keep carers informed during any treatment of the person that they care for, and to involve them as far as possible in care and treatment planning.

Outcomes:

- 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
5. Ensure clear pathways of care for older people with mental health needs

Pathways for the diagnosis of depression among older people, including access to appropriate treatments, will be agreed. Where the needs are similar, these will be integrated with pathways for adults of working age. Age specific risk factors and needs will be accounted for in the pathway with specific services to meet these needs provided as appropriate.

While there is specific focus placed on certain conditions, such as dementia (through the NDS) and depression (through Improving Access to Psychological Therapies - IAPT), there is no specific focus for those older people who have other mental health conditions. With much of the focus being towards adults of working age, with an emphasis on accessing training and employment, there is a risk that older people with other conditions which don’t have a specific area of focus could be disadvantaged. It is therefore vital that all mental health services take into account the needs of older people, and that the specific needs of older people are taken into account in the commissioning of such services. An appropriate alternative to accessing training and employment, such as “the return to active citizenship” needs to be developed and included within all services.

Given the prevalence and incidence of older people with mental health needs, and given that these are often discovered as part of a medical intervention for a different condition, the need for routine screening among older people who meet key “trigger criteria” should be considered. Considering that national estimates suggest that up to 40% of people in care homes will have depression and that the community prevalence is between 19 and 43%, given that the presence of other long term and / or life limiting conditions is one of the major risk factors for depression and is exceedingly common in older people (70-75% over 85 depending on gender, 60% of people aged 75 – 84 and 40% of those aged 65 – 74) it is appropriate to conduct a baseline assessment of how far older people with a long term physical condition are a) assessed for symptoms of depression and b) offered interventions based on this assessment. Building on this, a screening programme may be required based on the findings of the baseline assessment, possibly as part of a public health programme.

Low uptake of key interventions among older people, such as psychological therapies, must be also be addressed through proactive outreach.

Approach to dementia

Dementia forms a major area of focus with regard to older peoples mental health. Following the publication of the National Dementia Strategy in February 2009, Dementia has been the subject of significant joint work, including the creation of an Oxfordshire dementia implementation plan and the creation of a Dementia Development and Implementation Board (DDIB) to oversee the work of implementing the National Dementia Strategy.

It is vitally important that the National Dementia Strategy is implemented, but equally important that other mental health conditions experienced by older people are not disregarded due to the focus on dementia. This is especially important given that dementia itself is a major risk factor for depression in older people. As such, this strategy will make reference to the work being undertaken with regard to the implementation of the National Dementia Strategy in Oxfordshire but will seek to tie this in to the mental health needs of older people more widely. The dementia implementation plan will be included as an appendix to this document. The work around implementing the dementia strategy will remain under the governance of the DDI board.
Outcomes:

- There will be a “decision tree” pathway for depression in older people, including screening tools and treatment algorithms.
- 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.
6. Develop an appropriately skilled workforce for older peoples mental health services

The need to raise awareness among the workforce with regard to older peoples mental health is paramount to improving services. There will need to be an initial mapping of skills among the workforce to establish a baseline and identify training needs. The need for all staff, including GPs, to be aware of the needs of older people’s mental health must be addressed through a workforce development strategy. This will ensure that all staff involved in providing older peoples mental health services will have appropriate skills and training. Allied to this, there will be an ongoing programme of training, to ensure that skills are maintained and updated in line with best practice and current guidance and legislation.

A dementia workforce project, looking into skills and competencies for the dementia workforce, reported back at the end of December. Funding is sought to continue this work into 2010 / 11. However, there is a need for wider focus, for awareness raising and training programmes to address all mental health problems experienced by older people, not just dementia. There is also a need to ensure that staff who are primarily dealing with a patients physical health have an awareness of mental health, and vice versa.

Outcomes:
- The skills mapping exercise and workforce development strategy will be completed by April 2012
- There will be a programme of training implemented by April 2013
7. Establish clear, fair and transparent financial arrangements

Given the impact of financial difficulty as a risk factor for poor mental health and given the poor economic climate, attention must be paid to the financial needs of older people with mental health issues. This is increasingly important as service provision reduces and access criteria are tightened.

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.
- There will be improved access to clear and accessible financial information for older people, including those who are self funding.
6. Collected Outcomes:

1. **Ensure fair access to services, regardless of age or condition**
   - By 2015, 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.

2. **Increase awareness of mental health problems and stigma experienced by older people**
   - There will be improved awareness of mental health issues through awareness and anti-stigma campaigns for Older Peoples Mental Health within the county.

3. **Implement programmes to improve mental well-being and prevent mental ill health among Oxfordshire’s older people**
   - 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, through 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.

4. **Develop robust and appropriate support, information and advice for carers and families**
   - 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.

5. **Ensure clear pathways of care for older people with mental health needs**
   - There will be a “decision tree” pathway for depression in older people, including screening tools and treatment algorithms.
   - 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.
6. Develop an appropriately skilled workforce for older peoples mental health services
   - The skills mapping exercise and workforce development strategy will be completed by April 2012
   - There will be a programme of training implemented by April 2013

7. Establish clear, fair and transparent financial arrangements
   - 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.
   - There will be improved access to clear and accessible financial information for older people, including those who are self funding.
7. Summary and next steps

This draft older peoples mental health strategy has been created through collaboration between commissioners and providers of mental health services, voluntary organisations and carers.

The need for services based on needs not age has been balanced with the need for a specific focus on older people, to be achieved through the seven objectives contained within this strategy.

Following a consultation period, a final version of this strategy will be produced.

We will review this strategy on an annual basis. Supporting structures and organisations will be subject to change in the coming years but our commitment to quality and improvement for older peoples mental well being in Oxfordshire will not change. This strategy will form the basis for future developments whatever form the commissioning and provider organisations take.

Development plan

The development plan for the Older Peoples Mental Health Strategy will be developed following the consultation on the draft strategy.
## Glossary

<table>
<thead>
<tr>
<th>Acronym</th>
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<tbody>
<tr>
<td>AMHS</td>
<td>Acute Mental Health Services</td>
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<td>BME</td>
<td>Black and Minority Ethnic</td>
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<td>DDIB</td>
<td>Dementia Development and Implementation Board</td>
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<td>DH</td>
<td>Department of Health</td>
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<td>DTOC</td>
<td>Delayed Transfers of Care</td>
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<td>ECH</td>
<td>Extra Care Housing</td>
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<td>FT</td>
<td>Foundation Trust</td>
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<td>General Practitioner</td>
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<td>Health Needs Assessment</td>
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<td>Health of the Nation Outcome Scales for Payment by Results</td>
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<td>HOSC</td>
<td>Health Overview and Scrutiny Committee</td>
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<td>IAPT</td>
<td>Improving Access too Psychological Therapies</td>
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<td>Index of Multiple Deprivation</td>
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<td>Joint Strategic Needs Assessment</td>
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<td>Key Performance Indicators</td>
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<td>Local Area Agreement</td>
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<td>Local Strategic Partnerships</td>
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<td>Mental Health Act</td>
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<td>Mental Capacity Act</td>
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<td>National Institute for Clinical Excellence</td>
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<td>National Service Framework</td>
</tr>
<tr>
<td>OBMH</td>
<td>Oxfordshire and Buckinghamshire Mental Health NHS Foundation Trust</td>
</tr>
<tr>
<td>OCC</td>
<td>Oxfordshire County Council</td>
</tr>
<tr>
<td>ONS</td>
<td>Office of National Statistics</td>
</tr>
<tr>
<td>OP</td>
<td>(PCT) Operational Plan</td>
</tr>
<tr>
<td>OPMH</td>
<td>Older Peoples Mental Health</td>
</tr>
<tr>
<td>OPMHNA</td>
<td>Older Peoples Mental Health Needs Assessment</td>
</tr>
<tr>
<td>ORHT</td>
<td>Oxford Radcliffe Hospitals Trust</td>
</tr>
<tr>
<td>OVSF</td>
<td>Oxford Voluntary Sector Forum</td>
</tr>
<tr>
<td>PALS</td>
<td>Service user Advice and Liaison Services</td>
</tr>
<tr>
<td>PCT</td>
<td>Primary Care Trust</td>
</tr>
<tr>
<td>PHB</td>
<td>Personal Health Budgets</td>
</tr>
<tr>
<td>PLD</td>
<td>People with a Learning Disability</td>
</tr>
<tr>
<td>QOF</td>
<td>Quality and Outcomes Framework</td>
</tr>
<tr>
<td>SCSHA</td>
<td>South Central Strategic Health Authority</td>
</tr>
<tr>
<td>SDS</td>
<td>Self Directed Support</td>
</tr>
<tr>
<td>SHA</td>
<td>Strategic health Authority</td>
</tr>
<tr>
<td>WHO</td>
<td>World Health Organisation</td>
</tr>
<tr>
<td>YPWD</td>
<td>Younger People With Dementia (under 65 years old at onset)</td>
</tr>
</tbody>
</table>
8. Appendices

Appendix 6.1: Governance Structure

Diagram 1: Project Governance Structure for decision making

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Director of Service Redesign PCT and Head of Adult Services, Oxfordshire County Council

Better Mental Health Oxfordshire Board

Overall project to create the Older Peoples Mental Health Strategy

Individual Project working groups
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Appendix 6.2: Supporting documents

National drivers and source documents

- White Paper; Liberating the NHS: Commissioning for Patients. (Crown Copyright, 2010)
- NICE Quality Standards for Dementia (National Institute for Health and Clinical Excellence, 2010)
- Revision to The Operating Framework for the NHS in England 2010/11 (Department of Health, 2010)
- Living well with dementia – the National Dementia Strategy for England, (Department of Health, 2009). This outlines 17 key objectives to transform services for people with dementia and their carers, making dementia a key national priority.
- Living well with dementia – Joint commissioning framework for dementia. (Department of Health, 2009)
- Carers at the heart of 21st-century families and communities – the National Carers Strategy, (Department of Health, 2008)
- IAPT Older People Positive Practice Guide (NHS 2009)
- Mental Health and the Economic Downturn; National Priorities and NHS Solutions (Royal College of Psychiatrists, Mental Health Network, NHS Confederation & London School of Economics and Political Science, 2009)
**Local drivers and source documents**

- The need for an overall strategy for Older Peoples Mental Health in Oxfordshire. This must ensure equity for all older people with Mental Health problems, given the current focus on dementia.
- Mental Health Needs Assessment of Older People in Oxfordshire (Oxfordshire PCT 2007)
- Mental health needs assessment for adults of working age in Oxfordshire (Oxfordshire PCT, Oxfordshire County Council, Oxfordshire and Buckinghamshire Mental Health Trust, 2008)
- The development of dementia services is to be the subject of a joint commissioning strategy for Oxfordshire PCT and Oxfordshire County Council.
- Oxfordshire has been successful in obtaining demonstrator site status for the Dementia Advisor service.
- A workforce development programme is in progress with regard to the dementia workforce in Oxfordshire.
- The Strategic Health Authority and the Primary Care Alliance have the development of dementia services as an area of high importance in the World Class Commissioning work.
- Oxfordshire is a pilot site for personal health budgets.

**Appendix 6.4: Communications and consultation**

*This contains details of who was consulted in drawing together the strategy, and how the consultations took place.*

**Public comments and feedback**

The following organisations, groups, agencies and individuals were consulted in the creation of this draft strategy:

- Growing Older in Oxfordshire forums; the strategy drew on the results of the Growing Older in Oxfordshire Forums which took place in October 2009.
- Patient and Public Involvement (PPI) work was undertaken in preparing the Older Peoples Mental Health needs assessment. Details of this are included in appendix 4.4

*This area will have more information added following the public consultation and engagement activities, enabling the final strategy and development plan to be developed.*

**Appendix 6.5: Current service provision**

*This contains details of specific services for older people with mental health needs. To be added when agreed and complete*