Report of Scrutiny Board
(Health and Wellbeing)

Inquiry into Older People’s Mental Health Services in Leeds

Date of Publication: April 2006
SEASONAL EVIDENCE

Reports and Publications Submitted

- ‘Securing better mental health for older adults’ document from the Department of Health
- Leeds Partnerships for Older People Projects. Leeds Stage Two Application.
- Service Level Agreement with Leeds Mental Health Trust on behalf of the 5 Leeds Primary Care Trusts – Older People’s Chapter
- Leeds Guidelines for the Diagnosis and Treatment of Depression in Older People
- Leeds Protocol for the Diagnosis, Treatment and Care of People with Dementia
- The Challenge of Diversity report – developing culturally appropriate services with Black and Minority Ethnic communities for people affected by dementia and memory loss
- Report from Leeds Mental Health Teaching NHS Trust on Age Discrimination – 19th December 2005
- Report from the Chief Officer, Adult Services on Workforce Planning and Development Capacity Building New Roles and Ways of Working – 19th December 2005
- National Service Framework for Older People Scrutiny Group Terms of Reference
- Care Services Improvement Partnership document ‘Everybody’s Business – Integrated mental health services for older adults: a service development guide.

(Copies of the written submissions are available on request from the Scrutiny Support Unit.)

Witnesses Heard

- Mike Evans, Chief Officer, Adult Services, Social Services
- Mick Ward, Older People’s Modernisation Manager
- Jenny Thornton, Mental Health Lead, Older People’s Modernisation Team
- Michele Moran, Director of Service Delivery – Leeds Mental Health Teaching NHS Trust
- Tony Dearden, Consultant Psychiatrist and Associate Medical Director for Older People, Leeds Mental Health Teaching NHS Trust
- Douglas Kane, Assistant Director of Operations, Leeds Teaching Hospitals NHS Trust
- Gill Chapman, Joint Care Manager, Leeds West Primary Care Trust
• Dr Oliver Corrado - Consultant Geriatrician, Medicine for the Elderly, Leeds Teaching Hospitals NHS Trust
• Janet Maybury – Manager, Alzheimer’s Society
• Chris Butler – Chief Executive, Leeds Mental Health Teaching NHS Trust
• Angie Clegg – Nurse Consultant Manager, Leeds Teaching Hospitals NHS Trust
• John Holmes, Senior Lecturer, Old Age Liaison Psychiatry, University of Leeds
• Sue Whitworth, Modernisation and Clinical Governance Manager, Leeds Mental Health Teaching NHS Trust
• Elaine Pickles, Older People’s Lead, Leeds North West Primary Care Trust
• Neera Tyagi, Older People and Disabled People Modernisation Team
• Tom Wiltshire, Manager, Housing Needs, Neighbourhoods and Housing
• Susan Chesters, Relatives and Residents Association
• Judith Peters, Leeds Care Homes

Dates of Scrutiny

10th October 2005          Scrutiny Board Meeting
21st November 2005         Scrutiny Board Meeting
19th December 2005         Scrutiny Board Meeting
16th January 2006          Scrutiny Board Meeting
1.0 INTRODUCTION

1.1 The UK population is ageing, with a disproportionate increase in older adults. The Department of Health has highlighted that in the next 10 years, the population of over 65s will increase by 15%, and the population of over 85s by 27%.

1.2 As the incidence of many illnesses increases with age, the Department of Health has recognised that mental health problems in older adults are now common and present in perhaps 40% of GP attendees, 50% of general hospital patients, and 60% of care home residents.

1.3 Based upon the population of older people by GP registration in January 2003, we learned that the current number of older people with mental health problems in Leeds is approximately 25,500, meaning that, on any day of the week, between 25-27% of older people will be experiencing a mental health related difficulty.

1.4 The chart below shows the percentages of mental health problems in the total population of older people by GP registered populations in Leeds – January 2003.
1.5 We learned that the prevalence of depression in older people is between 10 -15%. For Leeds this currently means that up to 15,500 people are affected. Within care homes this percentage is much higher at between 30-40% (approximately 1,700 people in Leeds). The incidence of depression in general hospital settings is 29% and the total number of older people admitted to A&E departments in Leeds who self harmed in 2004-05 was 103.

1.6 We also learned that the prevalence of Schizophrenia in old age is the same as in the general population at 1-2%; for Leeds this means approximately 2,200 people. The prevalence of substance misuse problems, alcohol and prescription drugs, is estimated to be between 3-5%, up to 6000 older people in Leeds. Dementia, however, is a condition that particularly affects older people, with prevalence rising from 5% of the population aged 65-75 years to 20% of people aged 80 years and over. This means that it affects approximately 6,000 older people in Leeds. In acknowledging the prevalence of mental health problems in older people, we also recognise the wider impact that this will have on families, friends and communities.

1.7 Mental health in older people is one of the standards set out within the National Service Framework for Older People (published in 2001). In accordance with this standard, older people who have mental health problems should have access to integrated mental health services, provided by the NHS and councils to ensure effective diagnosis, treatment and support, for them and for their carers. However, in July 2005, the Department of Health published the document ‘Securing better mental health for older adults’ in which it states that the reviews of progress against NSF standards in 2004 highlighted challenges to the delivery of health and social care services for older adults with mental illness. In particular, older adults with mental illness had not benefited from some of the developments seen for younger adults, and some of the developments seen in older people’s services were not fully meeting the mental health needs of older people.

1.8 A Joint Review was undertaken in Leeds in 2004 on the implementation of the National Service Framework for Older People by the Commission for Health Care Audit and Inspection (CHAI), the Commission for Social Care Inspection (CSCI) and the Audit Commission. This review identified an urgent need to modernise mental health services for older people and their carers, including the development of a wider range of primary care and community care provision. It stated that it is important that all the organisations in Leeds agree and implement a new model of care, which:

- comprises more community based services to help prevent avoidable admissions and promote independence and choice, including memory services
- enables older people with mental health needs to remain within their chosen environment
- reviews current bed capacity

1.9 In acknowledging the need to further develop mental health services for older people in Leeds, we agreed in September 2005 to carry out an Inquiry into this matter.

1.10 However, in September we also learned about the Department of Health’s ‘Partnerships for Older People Projects’ (POPP), which was being led by its Older People and Disability Division. The Department of Health aimed to test and
evaluate, through the use of pilots, innovative approaches that would sustain prevention work in order to improve outcomes for older people. We acknowledged that the Leeds Older People’s Modernisation Team (an established joint agency forum) had coordinated a bid for Leeds which focused on the redesign and development of mental health services for older people. In view of this, we agreed to consider the redesign proposals as part of our own Inquiry and in particular, set out to consider the sustainability of such changes in service delivery.

1.11 In November 2005, we were extremely pleased to learn that Leeds had been successful with its POPP bid application and consequently awarded £4.1 million of pump-priming funding to progress with its redesign proposals. This is an excellent achievement and we would like to congratulate everyone who dedicated their time and effort into producing the bid application for Leeds. We now expect to see this new resource being used to accelerate the whole system redesign needed to both carry out the changes effectively and sustain the vision in the longer term for older people with mental health problems.

2.0 THE SCOPE OF THE INQUIRY

2.1 The aim of our review was to make an assessment of and, where appropriate, make recommendations on:

- The detection and initial management of mental illness in later life in mainstream settings;
- Referral pathways to specialist support services for older people with mental illness;
- To ensure that pathways between services and agencies from a service user and carer perspective are seamless;
- The extent to which health and social care services, including the voluntary sector, work with each other to deliver mental health services to older people in Leeds;
- The relationship to working age adult mental health services in Leeds and the eradication of Age Discrimination;
- Workforce planning and development, capacity building, new roles and ways of working;
- The role of the Council in providing appropriate accommodation and support for day time activities for older people with mental health needs;
- The role of intermediate care services in supporting mental health needs;
- The role of health and social care services in the care management of older people with mental health problems
- The accessibility of mental health services to older people within Black and minority ethnic groups.
• The implementation of the recommendations of the Joint Review into the NSF for Older People in Leeds

• The role of commissioners in effective planning and commissioning of services from the voluntary, private and independent sectors

• The provision of service from the independent sector and the levels of support they receive/need from statutory services

(A summary of the evidence considered in arriving at our conclusions is presented at Appendix 1).

3.0 THE BOARD’S CONCLUSIONS AND RECOMMENDATIONS

3.1 We strongly believe that mental health and social care service provision for older adults should be based on need and appropriateness of intervention for that need and not on age alone. However, it has now been recognised, both nationally and locally, that older people with mental health problems have not benefited from some of the service developments seen in younger adult health services or for those older people without mental illness.

3.2 Under detection, late detection or lack of acknowledgement of mental health problems in older people can result in poor outcomes for treatment of other physical health and social problems. Due to the very common nature of mental illness in later life, and its co-morbidity with physical conditions, we acknowledge that the majority of older people with mental illness do not come into contact with specialist mental health services. The majority of mild and moderate severity mental illness will be managed in mainstream settings, by staff without psychiatric training.

3.3 Truly person-centred services, and health promotion activities, will necessarily span health and social care, local authority housing, specialist and mainstream, statutory, independent and not for profit sectors. It is therefore clear that in order to maximise care, effective management by all sectors in contact with older people is needed.

3.4 It is also essential to ensure that service developments in one sector do not have unintended consequences for the individual using services in another sector. We feel that such complexity therefore requires a whole-systems response, both from Government and from local health and social care communities. In view of this, we focused a lot of our attention during the Inquiry on the working relationships between health and social care services in delivering mental health services to older people in Leeds.

3.5 As part of our Inquiry, we considered the National Service Framework for Older People Mental Health/Standard 7 Action Plan for Leeds. This plan clearly demonstrated the collaborative working arrangements in place between the key health and social care organisations. However, whilst we acknowledge that improvements have been made in recent years to services for older people with mental health problems in Leeds, there has been a clear message from key partners during our Inquiry that resources remain tied up to a disproportionate degree in reactive, acute and institutionalised services and that not enough is being targeted at preventative measures.
3.6 In sharing this frustration with key partners, we are now pleased to note that the current redesign proposals for older people’s mental health services in Leeds aim to address this issue. The redesign proposals set out an ambitious model aimed at providing significantly more community based preventative services and move resources from acute care, where it is now acknowledged that many people are inappropriately placed. In line with this model, there is a clear recognition that a wider range of community alternatives must be provided.

3.7 In successfully achieving the POPP funding bid in November 2005, we would now expect to see this new resource being used to accelerate the whole system redesign needed to both carry out the changes effectively and sustain the vision in the longer term for older people with mental health problems.

3.8 It is essential that a project of this scale is delivered successfully. During our Inquiry we learned that a Programme Manager and Finance Manager will be appointed to oversee the POPP project and manage the funding arrangements. However, we also acknowledge that Leeds is in a fortunate position to be able to build on and enhance existing structures in order to provide the necessary leadership and wider governance arrangements too. We understand that the existing Older Peoples Mental Health Strategy Group is examining how it can develop to support Leeds’ potential joint planning arrangements for the commissioning of services for older people with mental health problems. This group will help oversee the POPP budget and steer the project management of the programme. Further decisions on investment and dis-investment will be taken by the Modernisation Executive. Additional project management time has also been identified by the Older People’s Modernisation Team to support the project.

3.9 As part of the implementation plan for the project, we were also informed that a Risk Assessment and Management Strategy will be developed. In view of this, we recommend that a copy of this Strategy is brought back to the Scrutiny Board (Health and Wellbeing) for consideration once available. This will allow Scrutiny a further opportunity to consider in greater detail the strategies developed to help minimise risks involved during the implementation process.

Recommendation 1
That the Risk Assessment and Management Strategy for delivering the Partnerships for Older People Projects (POPP) programme in Leeds is brought to the Scrutiny Board (Health and Wellbeing) at an appropriate date. This will allow Scrutiny a further opportunity to consider in greater detail the strategies developed to help minimise risks involved during the implementation process.

3.10 In line with its vision for securing better mental health for older people, the Department of Health states that the key priorities in mainstream services are to change attitudes and improve skills in detection and assessment of mental illness. Services should therefore equip staff with guidance on initial management and referral pathways to appropriate other services. This will include referral criteria for specialist older people’s mental health and social services.

3.11 The Department of Health also states that there should be a protocol for the detection, initial assessment, initial management and specialist referral of older people with mental illness, including depression and dementia. This protocol
should also be adapted for use in primary care, the general hospital, care homes, and social services.

3.12 As part of our Inquiry, we considered the five Primary Care Trust’s Service Level Agreement – Older People’s Chapter - with Leeds Mental Health Teaching NHS Trust. This agreement set out a requirement for the Leeds Mental Health Teaching NHS Trust to establish protocols for early detection and diagnosis of mental health needs, especially dementia, and monitor their impact and outcomes.

3.13 We received a copy of the Leeds Guidelines for the Diagnosis and Treatment of Depression in Older People and also a copy of the Leeds Protocol for the Diagnosis, Treatment and Care of People with Dementia. We learned that this Protocol had been approved by four of the five Leeds Primary Care Trusts. We would therefore expect East Leeds Primary Care Trust to approve this as a matter of urgency.

3.14 With regard to the Leeds Guidelines for the Diagnosis and Treatment of Depression in Older People, we noted that these guidelines had recently been signed off by the Leeds Mental Health Teaching NHS Trust and the Leeds Primary Care Trusts. However, the next challenge is to adapt the guidelines for staff within Leeds Teaching Hospitals NHS Trust and across care homes in Leeds.

3.15 In adapting these guidelines effectively for the general hospital and care homes, we were advised that realistically any meaningful engagement process may take up to one year to complete. Whilst we acknowledge the need for such meaningful engagement to take place, we are mindful that all staff need to have the necessary skills and information as quickly as possible in order to prevent under detection or late detection of depression in older people. We therefore recommend that this engagement process with Leeds Teaching Hospitals NHS Trust and care homes in Leeds commences immediately to avoid any further delays.

**Recommendation 2**

**That the Leeds Teaching Hospitals NHS Trust and care homes within Leeds immediately look at adapting the Leeds Guidelines for the Diagnosis and Treatment of Depression in Older People for use in general hospitals and care homes.**

3.16 During our Inquiry, we learned about the Leeds Older People’s Social Isolation Strategy, which is being steered by the Leeds Older People’s Modernisation Team. This Strategy aims to target ‘at risk’ groups by training local organisations and volunteers to provide support and prevent the unwanted effects of social isolation. In acknowledging that depression is linked to the effects of social isolation and being a carer, we welcome the introduction of this Strategy.

3.17 Whilst early detection and diagnosis of depression in older people is vital, we feel it is equally important for those patients being treated for depression to be monitored effectively. Whilst we are aware that the Leeds Mental Health Teaching NHS Trust has the expertise in-house to monitor the treatment of patients with depression, we learned that fewer than 10% of patients diagnosed with depression are actually referred to such specialist services. In view of this, it is clear that everyone needs to be involved in the monitoring process.
3.18 During our Inquiry, we learned that under detection of depression in primary care is a major problem, with reports indicating that nearly two-thirds of older people with depression had never discussed it with their GP. We feel that GPs in particular should be playing a key part in detecting and monitoring patients with depression. We therefore recommend that the 5 Leeds PCTs ensure that the Leeds Guidelines for the Diagnosis and Treatment of Depression in Older People is shared with all GPs in Leeds for their information and use. Details of where GPs can access further information and support on this matter should also be made widely available.

**Recommendation 3**

*That the 5 Leeds PCT’s ensure that the Leeds Guidelines for the Diagnosis and Treatment of Depression in Older People is shared with all GPs in Leeds for information and use. Also, details of where GPs can access further information and support on this matter should be made widely available.*

3.19 During our Inquiry we also considered the Leeds Mental Health Strategy 2005 – 2010 and learned that this Strategy had been considered by most of the local Primary Care Trusts and the Older People’s Modernisation Team.

3.20 Whilst we welcomed the initiatives set out within the Strategy, we felt that more initiatives linked to physical activities should be included into the Strategy to help alleviate depression. We noted that this view was also shared by the Older People’s Mental Health Modernisation Team.

**Recommendation 4**

*That more initiatives linked to physical activities be included within the Leeds Mental Health Strategy 2005-2010 and the Older People’s Mental Health Strategy to help alleviate depression.*

3.21 During our Inquiry, we considered the accessibility of mental health services to older people within Black and Minority Ethnic communities. We learned about the Black and Minority Ethnic Dementia Project, undertaken between May-November 2002. This project looked at perceptions of dementia and how the current provision in service delivery met the needs of those affected by dementia and their carers within the BME communities.

3.22 In considering the project report ‘The Challenge of Diversity report – developing culturally appropriate services with Black and Minority Ethnic communities for people affected by dementia and memory loss’, we noted that take up of dementia services in particular from the BME communities was very low. To help address this problem of low take up, we were informed that the Older People’s Modernisation Team had employed a worker to look specifically at this issue. However, we also noted that as part of the Leeds POPPs bid, a Community Development Worker role was proposed to work with BME communities initially in the North East and South of Leeds. The aim of the Community Development Worker is to engage with individuals, families, and organisations and in communities to raise mental health awareness; inform communities of available support options and increase uptake; increase knowledge of the symptom pictures of conditions such as depression and dementia; and inform wider service design. We therefore welcome this new post.

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1. In acknowledging the current reconfiguration proposals for PCTs in Leeds, we would expect any new PCT to take forward our recommendations.
3.23 As the Black and Minority Ethnic Dementia Project report referred to data from 2002, we recognised the need to carry out an up to date review. During our Inquiry, we were informed about ‘Count me in’, the first national census of inpatients in mental health hospitals and facilities, which was conducted jointly by the Healthcare Commission, the Mental Health Act Commission and the National Institute for Mental Health in England. We noted that an analysis of patients from BME communities would be taken from this census in order to inform future BME reviews.

3.24 During our Inquiry we also considered the role of the Council’s Neighbourhoods and Housing Department and the private/independent housing sector in providing appropriate accommodation and housing support for older people with mental health needs.

3.25 Housing is not just about bricks and mortar; it is about providing an environment where older people can be supported to live independently by a range of services. In view of this, we welcome the ‘Home not Alone’ Strategy, which is the first housing and support strategy for older people in Leeds. This Strategy aims to integrate housing, support and care to promote the independence and well being of older people.

3.26 In particular, we noted that one of the guiding principles behind the Strategy was to promote a strategic shift away from residential care and acute settings into community-based housing and support services, including Extra Care Housing schemes, which we know has received support from the Relatives and Residents Association.

3.27 Within the ‘Home not Alone’ Strategy, we did note that one of the key actions in place was to identify by autumn 2005, the additional extra care sheltered housing units needed over the next 5 years across the city and on an area basis. However, we learned that this was still an outstanding piece of work and that a stock take of what had previously been learned also needed to take place. We therefore recommend that the Director of Adult Services ensures that this work commences immediately and that the independent and voluntary sectors are involved in discussions on how to meet that need.

Recommendation 5
That the Director of Adult Services ensures that the outstanding work to identify the additional extra care sheltered housing units needed over the next 5 years is carried out immediately and that the independent and voluntary sectors are involved in discussions on how to meet that need.

3.28 In making the vision for older people’s mental health services in Leeds a reality, workforce development and capacity building is vital. During our Inquiry, we were informed that there are insufficient skills and numbers within generic services to meet the needs of older people with mental health problems. It was highlighted that the skills and confidence of service providers, particularly those providing preventative interventions such as the voluntary sector neighbourhood networks, generic community support and primary health and social care services need to be boosted.
3.29 We therefore welcome the proposal, in line with the POPP project, to appoint a Workforce Development Trainer post. Such a post is intended to remove existing barriers to generic services and more specialist mental health services that are only currently available to adults of working age. It is also aimed at reducing inappropriate referral to specialist services.

3.30 To help equip employees with the skills and knowledge they need to work in older people’s mental health services, we learned that the Employee Development Unit within Social Services has developed and delivered a number of training courses. In acknowledging the range of training provided by the Unit, we were pleased to note that such training is also made available to other external agencies.

3.31 Particular reference was also made to the New Type of Worker project. Through role re-design and analysis, training and joint working, this project aims to enable Community Support Assistants and domiciliary providers from Independent or Voluntary sectors to provide a range of ‘low level nursing, therapy and rehabilitation’ tasks. The project also aims to train 200 Community Support Assistants up to NVQ2 in Care. Whilst this project is not intended to train individuals to work specifically with older people with mental health issues, it was felt there would be clear benefits to having developed this model of worker for delivering services to older people in Leeds. However, in learning that this project had received mixed responses from staff, we believe it is essential that the workforce understands and feels valued in their role in delivering positive change for older people with mental health problems. However, we also acknowledge the challenges faced in changing attitudes and cultures towards workforce planning.

3.32 Where individuals have more severe forms of dementia, it was felt that more professional support from mental health services needed to be made available to them and directed into the care home/residential care services. During our Inquiry, we learned from Leeds Care Homes that whilst care homes were being supported by Mental Health Teams, there had been ongoing issues about not being able to access these services at weekends and late evenings.

3.33 It was also highlighted that whilst residential homes were able to access training from the Leeds Mental Health Teaching NHS Trust, such training was only available on week days from 9.00 am until 5.00 pm. Following a review over the summer of 2005, we noted that training was also one of the main issues raised by homes in Leeds. In view of these issues raised, we recommend that the Older People’s Mental Health Strategy Group works closely with Leeds Mental Health Teaching NHS Trust in addressing the issues raised regarding the accessibility of training and professional mental health support to care and residential homes.

**Recommendation 6**

That the Older People’s Mental Health Strategy Group works closely with Leeds Mental Health Teaching NHS Trust and other providers of services to Older People with mental health needs, in addressing the issues raised regarding the accessibility of training and professional mental health support to care and residential homes, in particular accessing services out of hours.

3.34 Whilst acknowledging the challenge in changing attitudes within organisations towards older people’s mental health, we feel that attitudes towards mental health generally also needs to be changed and the public made more aware of what is
meant by mental health and the services available to address this. However, we recognise that there is a lack of information about mental health issues and particularly about services for older people with mental health issues.

3.35 In welcoming the different project components of the POPP redesign model, we are aware that a number of these components relate to existing and successful initiatives, such as the Community Links Home Support Service for older people with mental health problems and the Liaison Psychiatry Service. However, there is a need to raise greater awareness of such initiatives and successes.

3.36 Another good example relates to the Dementia Cafes model in Leeds. These Cafes have been developed to bring people together in a social setting to combat social isolation and loneliness for people with a dementia and their carers. There are currently three Dementia Cafes established in Leeds; Decaf, Memory Lane and the Forgetfulness Club. Whilst these Dementia Cafes have been highly commended and received the NIMHE Positive Practice Award: Older People and Mental Health Issue, it was felt that more needed to be done to raise awareness of their existence.

3.37 As part of the POPP proposals, we noted that an older people website and information service will be developed to provide information about activities, generic services in the community and links to specialist services. Whilst we welcome this proposal, we also feel that other innovative methods of disseminating information should also be explored. We therefore recommend that the Older People’s Modernisation Team leads on proactively seeking methods of raising the awareness of services.

**Recommendation 7**

That the Older People’s Modernisation Team leads on proactively seeking methods of raising the awareness of older people’s mental health services in Leeds.

3.38 Finally, we must continue to involve service users and their carers to ensure that their wishes and perspectives are adequately taken into consideration, both in the design, implementation and evaluation of services. With regard to the POPP proposals, we welcome the assurance that service users and carers will be involved at all points of the POPP project planning, delivery and evaluation process.

3.39 As part of our monitoring arrangements for agreed recommendations, we will also be focusing on the progress made by the Older Peoples Modernisation Team and the new Community Development Worker post in raising mental health awareness within BME communities and engaging these communities in mental health services for older people.

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**Report Agreed by the Board on 10th April 2006**

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Signed by the Chair of Scrutiny Board (Health and Wellbeing) Cllr Lancaster