

briefing

JUNE 2002

Losing Time

Developing Mental Health Services for Older People in Wales

Forget Me Not, published in January 2000, set out the Audit Commission's analysis of mental health services for older people in England and Wales. Since then auditors appointed by the Commission have been carrying out local audits of these services. This report summarises the main findings from audits in Wales. It highlights for managers and practitioners where they should concentrate their efforts; and for the Welsh Assembly Government the issues that need to be addressed in a future Welsh strategy.

Many GPs need more support...

- less than two-thirds considered an early diagnosis of dementia to be important
- less than two-fifths used specialist assessment tools for either dementia or depression
- less than two-fifths felt they had received sufficient training in dementia

...and better information is needed for carers.

- less than one-half had had their needs formally assessed

Specialist teams need to be better equipped...

- numbers of specialist practitioners varied widely



- more consistent arrangements are needed for specialist teams
- better documentation and information is needed

...and home and day care need strengthening.

- more home-care workers trained to understand mental health problems are needed
- more specialist day care is needed in many parts of Wales

Carers valued respite care...

- two-thirds were able to get the help they needed
- but access to emergency and short-term cover caused problems

...and people who can no longer stay at home need more help.

- the number of specialist hospital beds varied widely
- there is insufficient capacity for long-term residential and nursing home care

Agencies need to work together if they are to deliver high quality integrated care...

- commissioners need to strengthen partnerships and joint commissioning arrangements
- the quality of strategic plans and performance management needs improving

...building on innovation and good practice.

- agencies are using clinical governance reviews to improve services
- there is much good practice and commitment that needs to be more widely disseminated

The Welsh Assembly Government is committed to improving mental health services for older people. This report outlines the actions needed to provide the people of Wales with the services they need.

Background

During 2000 and 2001 ten audits of health and social care services were carried out...

1. In January 2000, the Audit Commission published *Forget Me Not*, a report on mental health services for older people in England and Wales. The report set out the Commission's analysis of the state of these services, based on visits to 12 areas, including two in Wales. Since its publication, auditors appointed by the Commission have carried out local audits of mental health services for older people throughout Wales, using a methodology based on *Forget Me Not*, adapted to take account of the Welsh policy context. This paper summarises the findings.

2. During 2000 and 2001 ten audits of health and social care services were carried out within areas made up of one or more local authorities in Wales [EXHIBIT 1]. The audits involved:

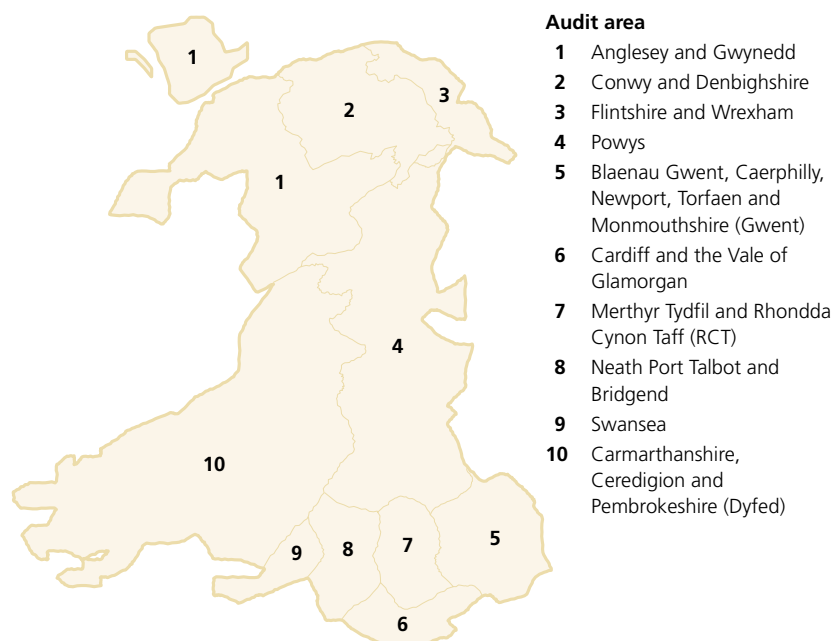
- twenty-two local authorities and their equivalent local health groups;
- eleven NHS trusts; and
- five health authorities.

The main focus of the local audits was on services for people with dementia. Services for older people with functional illnesses such as anxiety and depression were also examined, although in less depth. Within each audit area all local authorities, the health authority, the local health groups and health trusts were reviewed by a single team. Voluntary sector organisations and, to a lesser extent, those from the private sector were also included. National and local carer groups and organisations gave valuable insights into issues affecting carers and their perceptions of services.

EXHIBIT 1

Audit areas

Ten separate audits were carried out during 2000 and 2001.



Source: Audit Commission, 2001

The Welsh policy context

3. The Welsh Assembly Government's strategic plan, *A Plan for Wales*, sets an overall framework that includes a requirement for the NHS and its partners to work together to improve the health and well-being of the people of Wales and reduce inequalities in health. Local health groups – the basic building blocks of the NHS in Wales – are to be strengthened to form new local health boards (LHBs) as described in *Improving Health in Wales – A Plan for the NHS with its Partners*, and primary care will be enhanced to play a stronger role. LHBs and local authorities are to

work together to produce local strategies to promote health and well-being that contribute to local authorities' community strategies and their NHS partners' health improvement plans.

4. *Caring about Carers – The Carers' Strategy in Wales* has ensured that carers' issues are firmly on the Welsh agenda. Carers play a significant part in providing care and support, and need to feel valued rather than isolated.

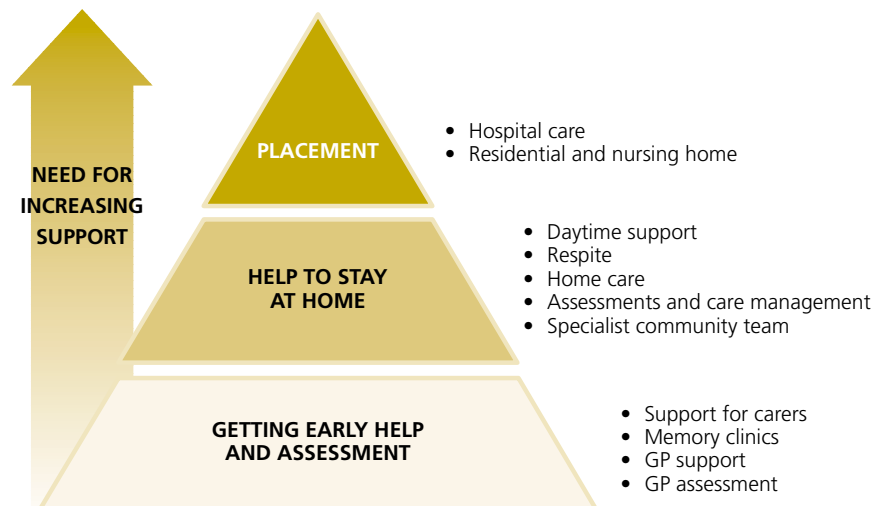
5. The Welsh Assembly Government regards the development of effective mental health services as a priority for health and social care agencies in

Wales. In 2001 it released separate mental health strategies for children – *Everybody's Business* – and for adults of working age – *Equity, Empowerment, Effectiveness and Efficiency*. The Assembly has committed itself to develop a specific strategy for older people with mental health problems that will complement the other two. Good mental health services require partnership and integration between services. People need help in the early stages of mental health problems, including help to stay at home. They also need support when they can no longer cope at home [EXHIBIT 2]. This hierarchy provides the structure for this paper.

EXHIBIT 2

The integrated care triangle

People need a range of seamless and integrated services.



Source: Audit Commission, 2001

Getting Early Help and Assessment

Early diagnosis and help

- 6. An early and accurate diagnosis is vital for users and their carers. A prompt diagnosis allows everyone to plan for the future. Primary care is the first port of call for most people seeking help. Therefore GPs' knowledge and attitudes have a major influence on the quality of people's experiences and the information and support they receive. To find out more about GP involvement in mental health services for older people, all GPs in Wales were sent a questionnaire; 743 (42 per cent) responded.
- 7. The survey showed that GPs in Wales were more likely to look for early signs of depression than for

dementia. Ninety per cent said that an early diagnosis of depression was desirable, while only 62 per cent considered an early diagnosis of dementia to be important. In one area less than one-half the GPs considered an early diagnosis of dementia to be beneficial [EXHIBIT 3]. Less than two-fifths were using specialist assessment tools to diagnose either depression or dementia.

- 8. While most GPs surveyed (around 70 per cent) reported they had received sufficient training to help them manage depression amongst older people, on average less than 40 per cent considered that they had received sufficient basic and post-qualification training to help them diagnose and manage dementia. As well as

getting more advice from specialist mental health practitioners about the initial identification and diagnosis of dementia, GPs in Wales need better general advice and guidance about available services and how they might be used to help older people with mental health problems and their carers.

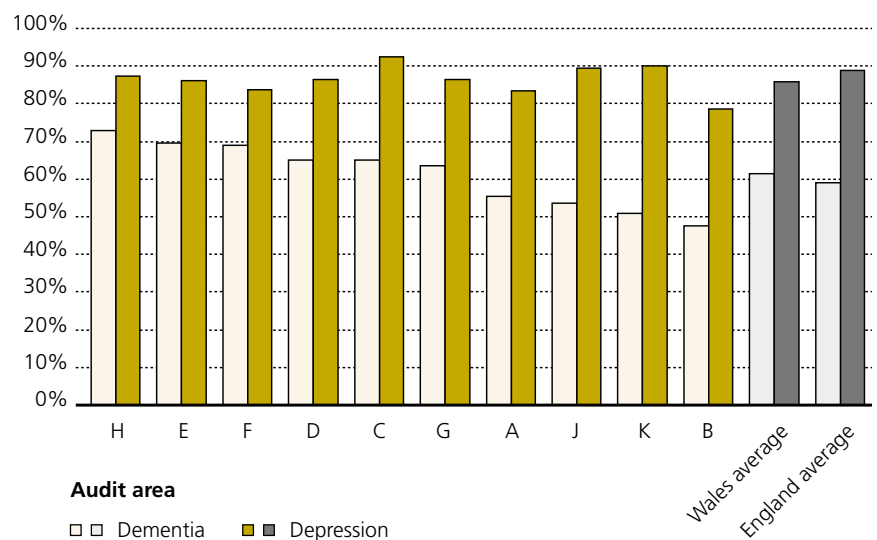
- 9. Local health groups (local health boards from 2003) should ensure that ongoing professional development and clinical governance programmes improve GPs' ability to detect and manage older people's mental health problems.
- 10. Specialist practitioners can also help by monitoring where referral rates are low or inappropriate, and

EXHIBIT 3

GPs' attitudes about the value of an early diagnosis for dementia and depression

More GPs considered an early diagnosis to be beneficial for depression than for dementia.

Percentage of GPs who supported early diagnosis



Note: The individual audit areas have not been identified.

Source: Auditors' surveys of 743 GPs

discuss the underlying reasons with primary care colleagues. Agencies providing specialist services need to develop clearer clinical pathways, supported by resources, to provide effective support to primary care. To promote choice, they need to accept referrals from a range of sources – not just GPs.

Memory clinics

11. Memory clinics offer another route for people seeking early help. Carers commented that they valued referral to a memory clinic and the opportunity it presented to gain further access to advice. But clinics were not available everywhere. The National Institute for Clinical Excellence (NICE) has recommended that certain anti-dementia drugs should be made available to people with specific mental states. Often, but not exclusively, these drugs are prescribed following attendance at a memory clinic. However, the extent to which specialist services were able to prescribe the drugs varied. Health commissioners need to consider how best to respond to the NICE guidance and adopt a more consistent approach.

Carers need good quality advice and information.

Information and support for carers

12. Carers need good quality advice and information. However, a survey of 1325 carers of people with dementia in touch with specialist services revealed differences in the ease with which they could get information and advice. Many said it had been easier once they had made contact with the specialist service. Agencies provided information packs and leaflets but had not developed shared information strategies fully – agencies need to work on these. Also, practitioners need to check that carers understand the information they do have.

13. Overall, fewer than half the carers surveyed had had their needs formally assessed, although this varied between areas, and less than half knew how to complain or put forward their views on services received. Social services have a leading part to play in supporting carers and a responsibility for undertaking separate assessments of their needs. Practitioners reported that carers' needs were taken into account as part of the overall assessment process. The policy guidance on the *Carers and Disabled Children Act 2000*, together with the practitioners' guide to carers' assessment, identifies how carers' needs should be met. All local authorities need to ensure they have made adequate arrangements to provide these assessments.

14. Many agencies in Wales, particularly those in the voluntary sector, were working hard to support carers through informal and formal training and support programmes. They welcomed the additional resources to strengthen local support networks provided through the carers' support grant. Provision was patchy, however, and carers in some areas said there was a need for more formal training to support them in their caring role.

Advocacy

15. The value of advocacy services is widely acknowledged. The Welsh Assembly Government has stated a desire for current services to be extended and made more accessible. Advocacy needs developing across the whole of Wales.

Advocacy needs developing across the whole of Wales.

Helping People to Stay at Home

Specialist teams

16. The Welsh Assembly Government’s mental health strategy for adults of working age *Equity, Empowerment, Effectiveness and Efficiency* reiterates that specialist professionals should work in multi-agency mental health teams. Such teams should be the focal point for co-ordinating and delivering both community-based and hospital-based services. While there was funding for teams for adults aged under 65, multi-agency specialist teams for older people

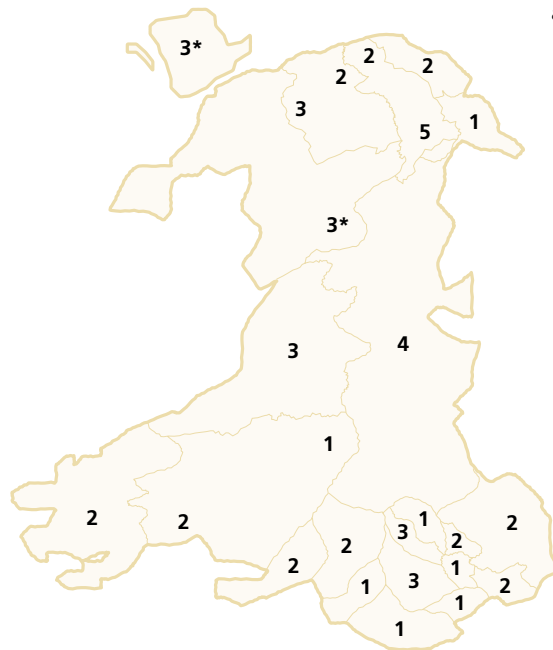
with mental health problems were less common in Wales. Auditors found at least five different configurations and styles of team working [EXHIBIT 4]. In one area, different team configurations were operating within the same organisation, so people in different parts of the area had different access arrangements and experienced different levels of care. Agencies need to consider how best to organise specialist practitioners, and make consistent arrangements that support integration and joint working.

17. The number of specialist health and social care practitioners varied widely across Wales in a way that did not always match need. Some people experienced delays receiving multi-agency assessments, largely attributable to a shortage of suitably qualified practitioners. Staff shortages were particularly acute in parts of north and west Wales. As a consequence some people were failing to benefit from the attention of specialist practitioners.

EXHIBIT 4

Team configurations and location

Health and social care practitioners worked together differently in different places.



Key to broad classification and characteristics

- 1 Dedicated health practitioners and specialist social workers, integrated meetings and joint documentation
- 2 Specialist social workers with variable degrees of integration with health colleagues
- 3 Generic social workers drawn from adult social care teams with variable degrees of integration with health colleagues
- 4 Health practitioners and social workers from integrated adult community mental health teams
- 5 Specialist health practitioners from adult mental health team, generic social workers from adult social care teams

* Classification relates to dementia only service

Source: Audit findings

18. Practitioners need to have a degree of flexibility to be able to offer individually-tailored responses. Nevertheless, in one-third of localities, access criteria were neither well understood nor fully agreed by everyone who needed to apply them. Protocols were not always in place to ensure people could get consistent and timely access to the right team or be transferred smoothly between teams. In some cases all referrals were received and filtered through a single access point.

19. Sharing documentation – preferably by using a single multi-agency case file – can improve care management by making information more readily available to all who need it. Auditors found, however, that progress in adopting this good practice had been slow. Few teams used integrated documentation, and under one-half recorded information in a standard format.

20. Advances in information and computer technology offer the potential to improve information exchange and to help managers review and monitor performance. But nowhere in Wales were information systems fully compatible between health and social care agencies. Management information predominately consisted of aggregating ‘input’ measures such as attendances at clinics and visits made by practitioners, rather than addressing ‘output’ or ‘outcome’ measures such as user well-being or carer satisfaction.

Home care and day provision

21. *Forget Me Not* identified that both home care and day care were important in helping people to retain their independence and continue to live at home.

Life would be impossible without home care.

Carer in Bridgend

22. The audits identified widespread gaps in provision – particularly specialist day care and home-care workers trained to understand mental health problems in older people, exacerbated by problems in recruitment and retention. In many cases carers continued to bear most of the care burden.

23. More specialist day provision is needed in many parts of Wales. Agencies had rarely worked together to assess the true extent of need, and many areas reported shortfalls. Agencies in Wales offered daytime support in many different ways. While this support often provided valuable respite for carers, it was not always clear to reviewers what agencies were trying to achieve for service users.

24. It is good practice to have separate day hospital and daycare areas or sessions for people with dementia and those with functional illnesses. While most day units offered separate facilities, the majority of sessions were for people with dementia. Daycare support for younger

people with dementia was limited and in need of development across the whole of Wales. Agencies need to consider how best to provide separate and age-specific day facilities, especially in rural areas.

Respite care

25. Carers value services that give them a break from caring. Two-thirds reported that they were generally able to get all the help they needed to allow them a break. The biggest problems with respite care in Wales were:

- access to adequate emergency beds; and
- access to flexible cover for planned short breaks.

Organising respite can be a problem as you cannot always book in advance.

Carer in Bridgend

26. For commissioners the biggest problem was securing long-term agreements with residential home care owners for a set number of dedicated respite beds.

Services for People Who Can No Longer Stay at Home

27. Inevitably, it is not possible to help everyone to stay at home. Some people may need a spell in hospital or, eventually, care in a residential or nursing home.

Inpatient hospital care

28. In eight of the ten audit areas, hospitals offered and operated separate facilities for people with dementia and for older people with a functional illness. But the number of specialist hospital beds for older people with mental health problems that can be used for assessment, respite and continuing care varied widely. The majority of hospital environments were good quality and were on, or close to, district general hospital sites. A programme of re-provision is underway in Wales to improve all psychiatric hospital

environments to the level of the best [EXHIBIT 5].

29. Carers and practitioners consistently commented on the poor awareness and understanding of dementia by nursing staff on general wards. They reported instances where the person they cared for was not getting sufficient support with basic tasks such as feeding and toileting. In four of the ten audit areas, older people with severe functional illnesses were admitted to busy mental health wards for adults of all ages rather than to specialist facilities for their own age group.

30. Inpatient care for younger people with dementia was also generally inadequate. They were often cared for alongside much older people.

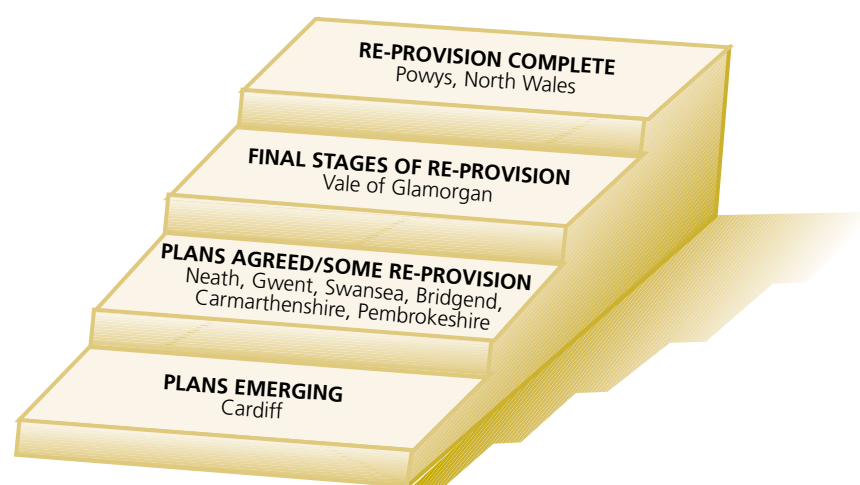
Residential and specialist nursing homes

31. Practitioners in half the areas felt there was insufficient capacity for long-term residential and nursing home care for older people with mental health problems. In three localities, practitioners reported they regularly had to place individuals as far as 50 miles away from their homes. Health and social care agencies were not always confident that they had the right staff with the right skills. Less than half the ten audit areas had formal training programmes. Locally, however, practitioners had a good understanding of how the quality of care varied between individual residential and specialist nursing homes.

EXHIBIT 5

Re-provision of psychiatric hospitals across Wales for older people

A programme of re-provision was in progress.



Source: Audit findings

Local Commissioning and Planning Arrangements

Vision

32. Agencies need to work closer together if they are to deliver high quality integrated care for older people with mental health problems. They also need effective planning mechanisms. However, in recent years service planning has been disrupted by the reorganisation of health and local authorities. As a result, the profile of these services has slipped. Consensus building is required. Local multi-agency planning forums should include appropriate representation from all stakeholders.

33. Joint strategic commissioning frameworks and partnerships were emerging in a few areas ahead of central guidance on the new planning frameworks. However, it was too early to tell whether the size of the agenda facing these strategic partnerships would leave room for improving mental health services for older people. New LHBs, with their partner local authorities and NHS trusts, will need to provide a clear focus for improved partnership working and accountability. Appropriate expertise for commissioning mental health services for older people will need to be secured and maintained.

Strategic plans and service plans

34. The quality of strategic plans for older people's mental health services varied. Overall, needs for mental health services were poorly understood and documented. While agencies in some areas were beginning to create local profiles using prevalence data and to make more use of performance indicators, typically they continued to struggle to determine how much they were spending on existing services or to identify opportunities for investment. Joint investment plans should be agreed with clear priorities for implementation and review. Further work is required at local and national levels to develop sensitive financial and data collection practices.

35. The new policy agreements between the Welsh Assembly Government and local authorities should help promote improvements. The social service performance management framework should also be a key vehicle for improving performance management. However, central and local performance indicators may need to be expanded to include additional indicators that inform effective monitoring of mental health services for older people and achieving the intended outcomes.

Innovation and good practice

36. Agencies are beginning to use the continuous improvement process and clinical governance initiatives to improve services. However, in the absence of robust multi-agency strategies and fully effective local arrangements, important central policies have not yet made their full impact.

37. There is much good practice and commitment locally that can provide the foundation for more consistent mental health services across Wales. However, auditors found few good practice examples that had been disseminated or replicated. Opportunities need to be taken, nationally and locally, to promote learning and awareness of service improvements and research.

Overall, needs for mental health services were poorly understood...

Summary of Key Recommendations

GPs should:

- 1 Diagnose dementia and depression as early as possible and use assessment tools to help them.

Specialist mental health services should:

- 2 Offer guidance to GPs and primary care staff in the use of assessment tools.
- 3 Strive to promote a greater awareness of the services they are providing.
- 4 Monitor referrals to identify where referral numbers are low or inappropriate.
- 5 Develop clearer pathways, supported by resources, to provide effective support for primary care.
- 6 Accept referrals from a range of sources, not just GPs.
- 7 Strengthen their support for carers, providing them with assessments of their circumstances, followed by training and guidance.
- 8 Ensure that access criteria to specialist teams are agreed and clearly understood by all agencies, and there are regularly monitored protocols for the transfer of individuals between teams.
- 9 Implement a single point for all referrals to ensure a co-ordinated and prompt multi-agency response.
- 10 Ensure there is a process for one integrated health and social care assessment and care management procedure relative to the complexity of an individual's need.
- 11 Implement a joint record system with a single set of casenotes for older people, with clear arrangements for sharing information between practitioners and agencies.

Health commissioners should:

- 12 Support specialist mental health practitioners in the tasks set out above.
- 13 Introduce and fund more memory clinics, linked to clear arrangements to respond to the NICE guidance on prescribing anti-dementia drugs.
- 14 Consider how best to provide separate and age-specific environments for people who require inpatient psychiatric care, particularly younger people with dementia.

Local authorities should:

- 15 Support specialist mental health practitioners in the tasks set out above.
- 16 Ensure that home care staff are adequately trained in mental health issues.
- 17 Explore ways to enhance the skills of existing home care staff to improve recruitment and retention.

Health commissioners, local authorities and specialist mental health services should work together to:

- 18 Co-ordinate their information and strategies and ensure that they are consistent, relevant and regularly reviewed.

- 19 Ensure that information is available in suitable formats and languages.
- 20 Expand advocacy and make it more responsive to older people.
- 21 Review the number of specialist professionals and ensure that an adequate and equitable service is provided.
- 22 Ensure a consistent team configuration that supports integration and joint working.
- 23 Review the objectives and delivery of day hospital and daycare support.
- 24 Consider how best to provide day services for older people with functional illnesses, and younger people with dementia – especially in rural areas.
- 25 Develop more flexible emergency and short-term respite care.
- 26 Ensure that hospital ward staff and staff in residential homes receive training on how best to manage older people with mental health problems.
- 27 Systematically assess the number of specialist residential and nursing home places required and develop an implementation plan to meet this need.
- 28 Resource and implement integrated information and computer systems that can improve information capture and help monitor service delivery.
- 29 Ensure that local multi-agency planning forums include appropriate representation from all stakeholders.

Local health groups (local health boards from 2003) should:

- 30 Take a proactive lead to ensure that ongoing professional development and clinical governance programmes improve GPs' ability to detect and manage older people's mental health problems.

Local health boards, local authorities and NHS trusts should:

- 31 Oversee the improvement agenda and co-ordinate the improvement and review process via the health and well-being strategy.
- 32 Ensure that the health and well-being strategy includes:
 - A comprehensive assessment of need.
 - A complete picture of current expenditure on existing services and opportunities for investment.
 - Joint investment plans with clear priorities for implementation and review.
 - Individually focused performance measures that support monitoring of intended outcomes for older people receiving mental health services.

The Welsh Assembly Government should work with local agencies to:

- 33 Consider whether central and local performance indicators need to be expanded to include additional indicators that support effective monitoring of mental health services for older people.

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If you want to know more:
Losing Time: Developing Mental Health Services for Older People in Wales looks at all these issues in more detail and includes background information and examples of local practice.
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