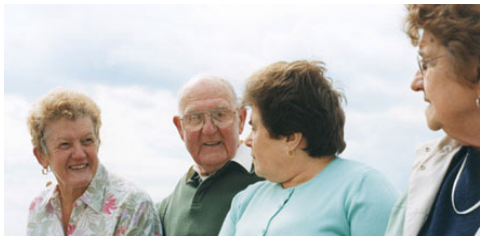
Commissioning for mental health in later life

Report of an expert seminar on 13 June 2012

Church House Conference Centre, Dean's Yard, Westminster, London


Key consensus messages

~ times are hard, but this means there is an even stronger case for investing in older people's mental health, as older people could have high levels of health need (physical and mental), but be particularly vulnerable to reductions in service

~ the Health and Social Care Act 2012 reforms have created a period of great uncertainty. Everyone interested in older people's mental health needs to keep pressure on the reorganised NHS, public health and local authority bodies to work together to plan and commission a suitable range of support for older people

~ there is a range of service models and interventions that could help maintain and improve older people's mental health. But they need to be what older people want, easily accessible, affordable, and inclusive. They also need to be properly evaluated, and good practice widely disseminated.

~ the voluntary sector needs to be better at evaluating its work and making its case for funding; this includes ensuring projects receive funding to undertake evaluations

~ commissioners need to know what local services are on offer and recognise the benefits of innovative approaches to supporting older people's mental health

~ establishing peer volunteers / champions is a very effective way of engaging older people at relatively little cost. Local partnerships are also a key element of successful programmes.

Background

The aim of the seminar was to discuss the challenges and potential solutions around commissioning for the mental health of older people in London, and to produce a short report setting out the key issues and messages.

The seminar was organised by Age UK London and the Mental Health Foundation, and chaired by Dr Nori Graham, Emeritus Consultant in the Psychiatry of Old Age at the Royal Free Hospital, a member of the steering group of the Age Action Alliance and chair of the working group 'Public health and Active lifestyles'.

20 people attended the seminar including mental health commissioners, NHS providers, local authorities, voluntary sector organisations and health professionals. A full list of attendees is at Annex A.

Presentations

Three short presentations were made at the beginning of the seminar.

Alice Westlake (Age UK London) presented on Age UK's *Fit As A Fiddle* programme (FAAF), starting in 2008 and funded by the Big Lottery for five years. This programme supported people over 50 with physical activity, healthy eating and mental wellbeing, and tackled loneliness and isolation. Initial findings include the benefits of partnership working, improvements to participants' mental health and an ability to engage hard-to-reach communities. The evaluation of the work is at http://www.ageuk.org.uk/BrandPartnerGlobal/londonVPP/Documents/London_Opening_Up_Lives_8pp_A4.pdf.

Grace Shorthouse (Fit As A Fiddle, Age Concern, Kingston) presented findings on tackling obesity, increasing activity and fitness levels and improving social and mental wellbeing in older people with mental health conditions. The project had operated through a series of six week programmes of weekly activities and workshops. Key features were partnership working with a range of local organisations and the identification of local 'champions' from among participants. Benefits included 73% of participants losing weight; a significant increase in exercise levels; 75% made healthy changes to their diet; and 40% 'improved mental wellbeing'. The Social Return on Investment (SRI) was estimated to be £3.50 for every £1 spent.

Eleanor Davies (Associate Director, Joint Mental Health Commissioning NHS Lewisham (PCT) and LB Lewisham), presented work done to meet Lewisham's vision that older people should live well in their community, supported to be as independent as possible with prompt access to support when required. A requirement to make £6m efficiency savings had meant a focus on innovation and redesign of services (eg closure of a 16 bedded Continuing Healthcare unit to reinvest in front end dementia diagnosis and community support services). Other

developments included expanding the Improving Access to Psychological Therapies (IAPT) provision to older people; extending support such as swimming clubs, benefits advice and free Assistive Technology (AT) to all people with dementia regardless of Fair Access to Care Services (FACS) or Care Programme Approach (CPA) eligibility; the deployment of carer support workers; and a range of services including a falls exercise programme, dance for older people and NHS health checks for people aged over 50.

Discussion

Table discussion sessions were facilitated by Simon Lawton-Smith (Mental Health Foundation). He started by suggesting some of the issues that tables might wish to address when considering challenges and potential solutions. These included:

- How do we help older people maintain good mental health?
- How are mental health and physical health related in later life?
- How do we ensure people get information and support when they need it?
- How can commissioners and service providers meet NHS, social care and public health outcomes for older people (as set out in the three Outcomes Frameworks)?
- How can older people's mental health be addressed in Health and Wellbeing Board plans?
- What role will/should the new Directors of Public Health have in promoting older people's mental health?
- How can we establish the local partnerships (including joint commissioning) that are necessary to promote and support older people's mental health?
- How can we best address loneliness and isolation among older people?
- How can we ensure that older people are meaningfully engaged in planning and commissioning services?
- What role is there for HealthWatch and voluntary sector organisations in supporting older people's mental health?
- How can commissioners make sure they work within the Equalities Act, that will, from October 2012, make it illegal to withhold support for people purely on age grounds?

The tables looked first at the main challenges faced in supporting older people's mental health, and then some of the potential solutions.

The challenges

Money and resources

Cuts in local authority services and 'efficiency savings' in the NHS were having a severe impact ("decimation") on statutory services and voluntary groups. At a time of tight resources, providers were making sure they fulfilled their statutory

requirements, but this was at the expense of preventative work. There was no suggestion that the resource constraints would be loosened in the next few years.

> "Support networks are breaking. Other advice groups are sending people to us. A lot of people are coming in with serious stress."

With this huge pressure on resources, it was all the more important to be really clear about how and to what extent any initiative would help prevent problems and deliver better care and support to older people. But it was a real challenge to provide more for less.

Many local authority decisions about resources and priorities were 'political', based on local knowledge, passions and public opinion, and not necessarily evidence-based.

Levels of need

Many older people experienced poor mental health, for a variety of reasons. There appeared to be increasingly high levels of need in older people as a result of less money in the system (so a withdrawal of local services) allied to an ageing population.

> "There are more older people on the streets than a year ago."

Much of this need went unidentified and unsupported. Among those whose need had been identified, many were waiting a long time for NHS support, and a tightening of eligibility criteria meant that many were not getting social care support.

There was also a problem with many older people having comorbidity or multiple morbidity, which was not being adequately addressed.

Engaging older people

There was a range of challenges in engaging older people in initiatives to improve their mental health. These included

- many older people had physical health problems that meant they were not very mobile
- it was not always possible simply to find out who the lonely and isolated older person was, and where they were living, to offer them opportunities to take part in activities

> "People don't know what's available, so we need to promote these things, such as dance for older people."

- some people did not have English as a first language and were not accessing information about possible community activities and support services

- there could be cultural barriers to engaging older people. Small BME support groups, which might act as a conduit for individuals from BME communities, were losing funding and disappearing
- London was not always a 'friendly' place for older people, especially those living in more disadvantaged areas, meaning some people were reluctant to leave their homes to take advantage of community activities.

"It is easy to feel isolated in London"

On top of these challenges, there were also difficulties in capturing older people's views and wishes, and in managing their expectations if what they wanted was in fact not evidence-based in terms of being likely to maintain and support good mental health.

The issue of maintaining engagement with older people once a project had finished was raised. What happens when they leave? How can any benefits and improvements be maintained? The challenge here was to educate and empower older people to take ongoing responsibility to support both themselves and others.

Structures and commissioning

The changes to commissioning structures introduced via the Health and Social Care Act 2012 (mainly the introduction of Clinical Commissioning Groups – CCGs - and local authorities taking on responsibility for public health) meant commissioning for 2012/13 was very uncertain. There was a danger that the "good stuff" would be lost, eg current effective joint commissioning arrangements.

Health and Wellbeing Boards (HWBs) offered the potential for better joined-up care planning and provision for older people. Directors of Public Health could play a significant role in promoting mental health. But the reality of trying to work across fundamentally different health and local authority systems remained a major challenge. It was unclear what expertise around older people and mental health would sit in the developing Commissioning Support Services, or what priority it would be given.

"CCGs are developing in sweet and separate isolation to HWBs."

How to educate and empower commissioners, who are generalists rather than specialists, to commission for wellbeing and mental health (rather than just for mental disorder)? And how could commissioners be persuaded to spend time with older people asking them what they wanted?

A particular challenge was around decommissioning building-based services (unpopular with local authority councillors, the local media and the public) and investing the savings in community-based initiatives such as FAAF.

> "One challenge is managing the de-commissioning of services – people never want to see services closed."

The mental health of older people was impacted on by both their physical health and their housing, but there was too little joint planning and provision between health and housing services.

> "There is a lack of a whole systems approach – where it works well it's down to individuals, in spite of structures."

The evidence base

Local projects were often poor at evaluating the work they were doing, and 'selling' the benefits of their work to commissioners. Part of the problem was a lack of funding in the project budget for evaluation or research even though for relatively small, straightforward projects a simple, 'light' evaluation would be fine. In addition, funders seldom indicated what information they would want in an evaluation. This meant many good projects / pilots vanished when funding ran out as result of lack of clear evidence of the benefits they bought.

> "It's so hard, because you know deep down in your gut [it works], but there is pressure to have quantifiable numbers behind things".

Tenders were also often very variable in quality, which sometimes gave commissioners no option but to turn down potentially effective projects.

> "They [the tenders] don't always tell you the impact of the service. Some are great, but some are awful."

Current service provision

Often older people do get a good early diagnosis of a mental health need, with the NHS (via GPs and primary care) providing a necessary initial "fix". But there could be a significant gap in terms of following up post-diagnosis with the sort of intervention that could provide longer-term support and teach self-management skills.

It was a challenge to inform and educate local GPs about the range of services that might be available to support older people's mental health. They could be fixated on clinical interventions such as medication or talking therapies. These had an important role, but would not suit all older people and could overshadow alternative (and preventative) community support initiatives.

Staffing issues

Staff working with older people need to be multi-skilled but are paid at the lower end of the scale and tend to have received relatively little training. There were particular challenges in working with people with dementia, where staff needed not only

specialist training but also the right personal characteristics such as patience and respect.

The potential solutions

Engaging with older people

It was essential to ask older people what they wanted in terms of activities, exercise and social opportunities (the terminology need not include 'mental health'). They should be asked what they liked and didn't like about existing support and services, and what they valued. This could be done at older people's events and service user and carer events.

> "People want fun, activities, peer support, trusted staff and a choice about what services they get. And they want to be respected, supported and independent."

You need to work where people like to be – in their local communities. The benefits will include in-kind matched resources, specialist insider knowledge of the peer group, and peer volunteers.

Establish a group of peer volunteers / mentors / champions who go around the local community (eg do roadshows, give out information in shopping centres). This was a core element in the success of projects that engaged older people, and in helping people to maintain and improve their mental health. It was also a way of sustaining improvements and initiatives even after they had formally finished, with groups of older people continuing to stay in touch and support each other. Befriending support could also be extremely valuable for more isolated older people. However developing peer volunteers and befrienders did require the input of a staff co-ordinator to provide an organisational framework, guidance and training.

> "People don't want to be told what they should be doing, but if you enable them to do stuff, they will."

Utilise the skills of older people who are going to be using the services rather than just offer them traditional services such as day centres and support groups.

> "It's a great way to get men involved, asking them help share their skills, fixing someone's bike, doing their garden. You need the staff to make it work, though".

A further way of engaging older people in health initiatives was to get in touch with people before they retire to address the "happiness dip" that some people can experience when they are no longer working, eg via pre-retirement information / seminars.

Engaging the community

Leadership and direction from community leaders was important to provide the wider support necessary for a project to thrive. This meant projects need to engage with other community organisations, such as leisure centres, parks, schools, retailers, libraries, walking groups and faith communities to create opportunities for older people to take an active part in their local communities. Local, culturally appropriate partnerships were the key.

Efforts were needed to improve the public perception of older people, and to highlight the enormous contribution they could make to their communities. Good news stories in the media (local press and radio) were an effective way of portraying older people in a positive light.

Communities also needed to create environments that were 'friendly' for older people, so they were encouraged to take part in activities.

> "We need neighbourhoods that are friendly for everyone. Get away from older people in silos and "send them to a day centre"."

Research and evaluation

An element of funding for evaluation needs to be included in every project, and funders need to state clearly what information they would want included in this evaluation.

A common framework for evaluation should be developed, flexible enough to apply to different scales of project and to be used across sectors, containing the type of information commissioners need to make informed decisions.

It could be possible to pool research and evaluation money across local areas to allow the development of a team of people with specialist skills in these fields who could work with voluntary sector organisations, big and small. This could be a major step towards helping voluntary sector organisations to develop the necessary evidence base for their work and to submit high-quality tenders. The FAAF Kingston evaluation model was praised.

A national information system for sharing best practice on promoting good mental health among older people should be established.

Legislation and new NHS and public health structures

The Equalities Act should be looked at positively as a way of ensuring that older people get whatever mental health support they need. It could also be used to ensure that IAPT services were available equitably to older people.

Local authorities, Health and Wellbeing Boards and Clinical Commissioning Groups in each area need to get in a room together along with some older people, to talk about older people's mental health (and comorbidity). The issue needs to be covered in all Joint Strategic Needs Assessments (JSNAs), HWB Plans and CCG/joint commissioning plans.

Commissioning and service development

Statutory and voluntary sector service providers must give commissioners the evidence they need and can use (see research and evaluation above). They should consider establishing an older people's reference group to advise commissioners.

Commissioners must

- be aware of all the potential support that is on offer in their area for older people, whether statutory, independent or voluntary sector
- establish links across organisations and services and encourage partnership bids / tenders
- recognise the benefits of projects that encourage self-management, volunteering and co-production
- understand that traditional, orthodox approaches do not always work (many older people live unorthodox lives, and support has to be tailored accordingly) and that small investments can create big change if sensitively done
- commission across boroughs where necessary to reach specific populations
- understand the interconnectivity between good physical health and good mental health
- support local older people's groups to be sustainable and help local organisations build their tendering capacity and skills (eg workshops for voluntary sector organisations in completing LA/NHS tenders).

At the same time, services need to think more widely about alternative sources of funding for projects, including from the commercial sector.

Particular specific initiatives that could help older people include

- ensuring other public services (eg police, fire service, social services) are able to identify older people they have contact with who may benefit from mental health support and provide them with signposting to that support
- more community treatment teams for older adults
- programmes of computer skills for older people to ensure they are 'digitally included'
- more learning and sharing events for public service staff on older people's mental health across local authority areas and across service areas.

Final consensus messages

From these discussions, a small number of key messages were agreed, namely

~ times are hard, but this means there is an even stronger case for investing in older people's mental health, as older people could have high levels of health need (physical and mental), but be particularly vulnerable to reductions in service

~ the Health and Social Care Act 2012 reforms have created a period of great uncertainty. Everyone interested in older people's mental health needs to keep pressure on the reorganised NHS, public health and local authority bodies to work together to plan and commission a suitable range of support for older people

~ there is a range of service models and interventions that could help maintain and improve older people's mental health. But they need to be what older people want, easily accessible, affordable, and inclusive. They also need to be properly evaluated, and good practice widely disseminated.

~ the voluntary sector needs to be better at evaluating its work and making its case for funding; this includes ensuring projects receive funding to undertake evaluations

~ commissioners need to know what local services are on offer and recognise the benefits of innovative approaches to supporting older people's mental health

~ establishing peer volunteers / champions is a very effective way of engaging older people at relatively little cost. Local partnerships are also a key element of successful programmes

Annex A

LIST OF ATTENDEES

Victoria Adorphy, London Minority Ethnic Elders

Nicola Boyce, Royal College of Psychiatrists

Ian Buchan, Director of Care Services, Independent Age

Bee Burgess , Wellbeing Team Leader, Age UK, Newham

Eleanor Davies, Associate Director, Joint Mental Health Commissioning, NHS Lewisham (PCT) and LB Lewisham

Nina Duttaroy, Fit As A Fiddle National Team

Nori Graham, Chair, Age Action Alliance Health and Wellbeing Working Group

Janis Grant, Age Well project manager, MHF

Simon Lawton-Smith, Head of Policy, MHF

Jill Manthorpe, Professor of Social Work, Kings College, London

Catherine McLoughlin, Trustee, MHF

Sue Newton, Commissioning Manager Older People, Islington PCT

Emer O'Neill, Chief Executive, Depression Alliance

Eric Parke, Fit As A Fiddle volunteer

Cha Power, Deputy Director, Mental Health of Older Adults and Dementia, South London and Maudsley NHS Trust

Grace Shorthouse, Fit As A Fiddle Officer, Age Concern Kingston

Natalie Turner, Programmes Manager, Age UK, London

Jen Watt, Programme Manager, London Dementia Care and Prescribing Programme at NHS London SHA

Alice Westlake, Regional Portfolio Coordinator, Fit As A Fiddle

Toby Williamson, Head of Development and Later Life, MHF