



## Blackpool Council & NHS Blackpool

Older Adult (65+) Mental Health Services (including  
Dementia)

Commissioning Strategy 2009-2019

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	Job Title	Assistant Director Strategic Commissioning
	Division	Strategic Commissioning
Authors	Name	Jeanette Blackburn/Kelly Neale
	Job Title	Commissioning Manager/Service Development Officer
	Team	Strategic Commissioning
	Contact Tel:	01253 651940/651956
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## 1. Introduction

### 1.1 Purpose of the strategy

The strategy gives NHS Blackpool and Blackpool Council's joint commissioning strategy for Older Adults Mental Health services. It establishes our vision, examines where we are now in relation to this, and sets out the way forward for the next ten years to securing better mental health for older adults in Blackpool.

The strategy encompasses all older adult mental health services including those for people with functional and organic (dementia) illness. Also included are the following special groups: younger people with dementia, older people with learning disabilities and people leaving secure hospitals.

The strategy has incorporated the objectives of the National Dementia Strategy (2009), and it identifies the local commissioning plans for the services needed for people with dementia and their carers and how we intend to meet those needs.

The strategy takes account of people's needs for both mainstream and specialist services and has a community focus, linking into Local Area Agreements and the Sustainable Communities Strategy.

The strategy recognises that currently there are arrangements in place that serve most of the known older adult population to a reasonable standard. However, we want to improve standards to have a range of high quality social and health care services to support people to live independently within the community; to have high quality, effective assessment, diagnostic and treatment services with a single point of access; to provide support & raise awareness and understanding of mental illness; to promote early intervention and prevention; and to have a well equipped and qualified workforce. We also need to respond to demographic changes that indicate an increase in the numbers of older adults with mental health needs, particularly dementia.

The strategy focuses on the commissioning decisions and intentions of NHS Blackpool and Blackpool Council. Some of the objectives and actions are at the Fylde Coast and Lancashire. This is a consequence of the current commissioning arrangements, some of which are Lancashire wide.

The strategy gives:

- **National and local guidance** – an overview of the major policy issues both locally and nationally; the key drivers for change, 'must do's' from legislation and local commitments and a summary of the main messages from research, national guidance and good practice that has informed the strategy.
- **Population analysis & future demand** – current population data and likely demographic trends over the next 10 years; consideration of the size and nature of the service user group and the likely impact on current and future demand for services.
- **Current services & market analysis** – a profile of the current range of services; description of service quantity, performance and user experience; evidence of whether services are meeting needs fully or partially; current and future trends in provision including known plans of service providers.
- **Gap Analysis & design of future services** - analysis of current provision against needs, research, guidance and best practice; identification of strategic intentions and priorities.

- **Monitoring arrangements** – description of the processes for monitoring the implementation of the strategy and determining whether or not it is achieving the stated intentions.

The strategy has been developed through wide consultation with key stakeholders, including people who use services (both past and present) and family carers.

## 1.2 Our Vision & Strategic Intentions

The vision and strategic intentions for older adults mental health services in Blackpool for 2009 – 2019 is:

1. **To have a range of high quality social and health care services to support people to live independently within the community or within appropriate supported accommodation through:**
  - High quality residential care services
  - Proactive support for carers
  - Equality of access to intermediate care and re-ablement services
  - Use of assistive technology to promote independent living
  - Equality of access to End of Life Care Services
  - Services and arrangements that safeguard vulnerable people
  
2. **To have high quality, effective assessment, diagnostic and treatment services with:**
  - Clear, coherent care pathways with a single point of access
  - A skilled and competent workforce.
  - Positive patient experiences in acute hospital settings delivering good clinical outcomes
  - Positive patient experiences in mental health inpatient settings
  
3. **To provide support & raise awareness and understanding of mental illness; to promote early intervention and prevention through:**
  - Investing in early intervention and prevention initiatives
  - Investing in the promotion of mental health and wellbeing
  - A 'one stop shop' for information and advice
  - A range of peer support and learning networks
  - Access to health and social care navigators
  
4. **To have a well equipped and qualified workforce through:**
  - Implementation of a workforce development plan
  - Provision of basic awareness training in older adult mental health issues for all staff
  - Provision of specialist training for staff in specialist services
  - Provision of basic awareness training for all staff in safeguarding adults from abuse.

## 1.3 Principles underpinning the Strategy

The following principles have guided the development of the strategy. It is intended that they will underpin all future service developments:

- Services will be age-inclusive and holistic
- Services will be delivered by a skilled and competent work-force
- Services will promote and maintain dignity and individuality
- Services will respect and value diversity
- People who use services and their carers will be active partners in all developments
- Developments will make the best and most effective use of resources based on research and best practice

## **2. Joint Commissioning Arrangements**

Commissioning is at the very heart of providing effective health and social care for both children and adults. To influence and make effective commissioning decisions the following commissioning structures exist within Lancashire and Blackpool.

### **2.1 Overview of Lancashire Wide Commissioning Arrangements**

Commissioning arrangements in Mental Health Services are complex and occur at several different levels.<sup>1</sup>

#### **Lancashire Wide (Lancashire Partnership Board)**

Decision making that has impact on Lancashire-wide services are the responsibility of the Lancashire Partnership Board. The Lancashire Partnership Board is responsible for developing and implementing the following initiatives:

- Strategic Framework
- Broad service models
- Lancashire wide commissioning arrangements
- Decision making framework (based on Corporate Commissioning Group model adapted to include Social Services hence made up of Chief Executives PCTs and Directors of Adult Social Care)
- Capital investments including the new in patient developments.

#### **Health and Social Care Economy**

Decision making also takes place at a Health Economy level. For the Fylde Coast this includes the areas covered by Blackpool and North Lancashire PCTs

At this level Joint Commissioning decisions relating to the following Adult services are made and Older Adult services are also considered where relevant:

- Assertive Outreach
- Crisis resolution
- Acute inpatient beds
- Psychiatric Intensive Care Beds

### **2.2 Joint Commissioning Group**

The Adult Community Services Joint Commissioning Group has been established as a sub-group of the NHS Blackpool Professional Executive Committee (PEC) and Adult Social Care and Housing Executive Management Team (DMT). Its role is to provide a strategic lead for the commissioning of a broad range of adult community services. The group provides strategic leadership for commissioning activity and provides a conduit to the NHS Blackpool PEC and DMT to aid decision making.

### **2.3 Everybody's Business Implementation Team (EBIT)**

The Everybody's Business Implementation Team (EBIT) in Blackpool has been established to serve as the main forum for stakeholders to drive forward the change and improvement agenda in older adults mental health services. Its role is to involve stakeholders in the development of plans and priorities and to enable a joined up approach with multiple perspectives. There is good representation in the Team from people who use services and family carers. The EBIT group does

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<sup>1</sup> Improving Mental Health Through An Effective Decision Making Structure, Lancashire Partnership Board (2005)

not have a formal decision-making role, nor does it have the authority to make commissioning decisions. It does however provide the essential role of implementation some of the actions from the Commissioning Strategy as identified by the Adult Community Commissioning Group to whom it reports. The EBIT group has formal links with the Adult Mental Health Local Implementation Team.

## **2.4 Specialist Services**

Commissioning decisions relating to specialist services (for example: secure and eating disorder services) are the responsibility of the North West Specialised Services Commissioning Team (NWSCT) acting on behalf of the PCTs in Lancashire, South Cumbria, Manchester, Merseyside and Cheshire.

The Team deals with those services that have been identified and defined nationally and in the main require planning and commissioning arrangements for a population greater than any one PCT. Normally this would be a population of one million or more.

The team is accountable and reports to the North West Strategic Health Authority and to the Directors of Commissioning Groups. The SHA agrees the Team priorities and its work programme which for mental health involve the following areas: Eating Disorder Services, Gender Reassignment Services and Secure Mental Health Services. Hence they commission age inclusive services.

## **3. National & Local Guidance and Research**

There is a wide range of government and other national guidance documents that impact on the future direction of mental health services for older people. Some of these are specific to mental health services whilst others are more generic and are targeted at services for communities or vulnerable adults in general.

The following is a list of the key documents that have been used to generate:

- understanding of the major policy issues both locally and nationally
- the key drivers for change
- the 'must do's' from legislation and local commitments
- the main messages from research, national guidance and good practice,

which in turn been used to inform the strategy. Further information about each policy can be found in Appendix 1.

### **National Priorities**

- National Service Framework for Older People – Standard 7 (2001)
- Securing Better Mental Health for Older Adults 2005 (DOH)
- Everybody's Business: Integrated Mental Health Services for Older Adults 2005 (DOH)
- Mental Capacity Act 2005 / Deprivation of Liberty 2008
- A New Ambition for Old Age 2006
- Dementia UK 2007
- Mental Health Act 2007 (and Amendments to the Mental Health Act 1983)
- Living Well with Dementia: A National Dementia Strategy 2009 (DOH)
- See Me, Not Just the Dementia 2008 (CSCI)
- Putting People first: Transforming Adult Social Care 2008



## Local Priorities

- Older Adults Commissioning Strategy 2005 - 2010
- Sustainable Communities Strategy
- Shaping Better Services
- Local Area Agreement

## 4. Population Needs Assessment

This examines population data and likely demographic trends over the next 10 years. This data helps to predict potential demand for services. Appendix 2 gives national data and statistics.

### 4.1 Local information

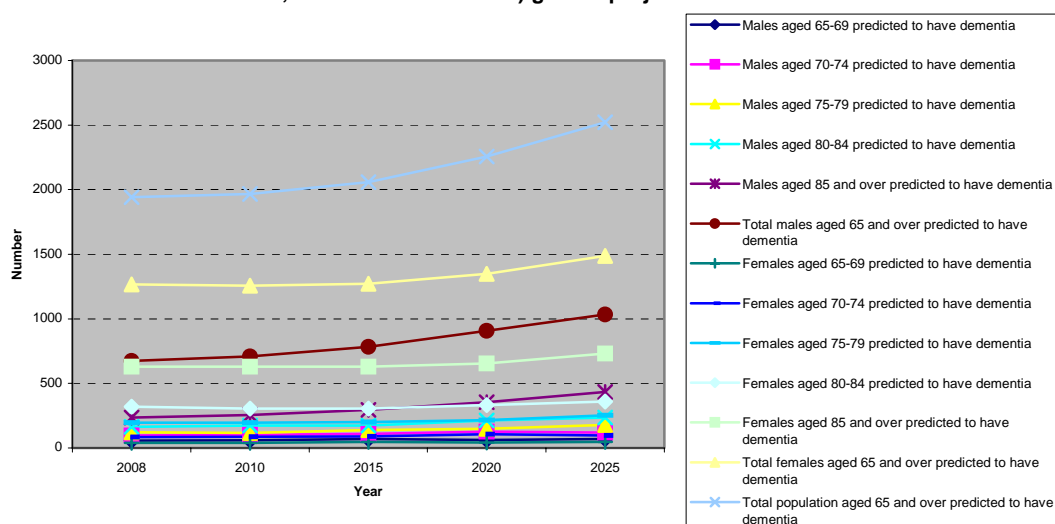
In Blackpool there are 28,000 people over 65. This equates to 25% of the local population and is higher than the national average of 18%.

Projecting Older People Population Information (POPPI) indicates that by 2020 there will be an increase in people suffering with older adult related mental health problems in Blackpool such as depression, severe depression, dementia and living with stroke. The table below shows a comparison between the figures from 2008 and the projected figures in 2020.

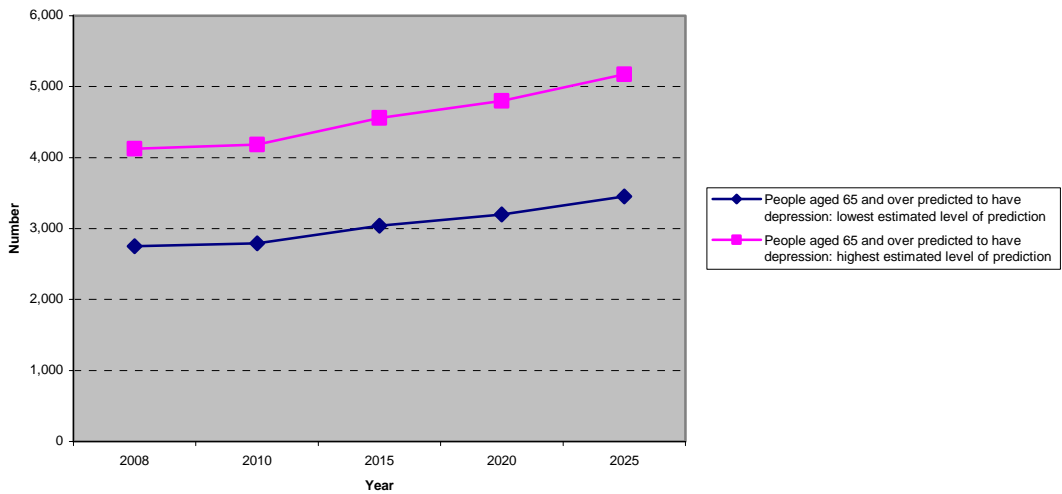
Condition	2008	2020
Depression	4125	4800
Severe depression	1375	1600
Dementia	1942	2257
Living with stroke	708	847

The POPPI system has been developed by the Institute of Public Care (IPC) for the Care Services Efficiency Delivery Programme (CSED) and aims to be a user-friendly, practical and straightforward way to analyse population data, identify key characteristics within that population, project numbers into the future using census projections, and compare future populations against performance data.

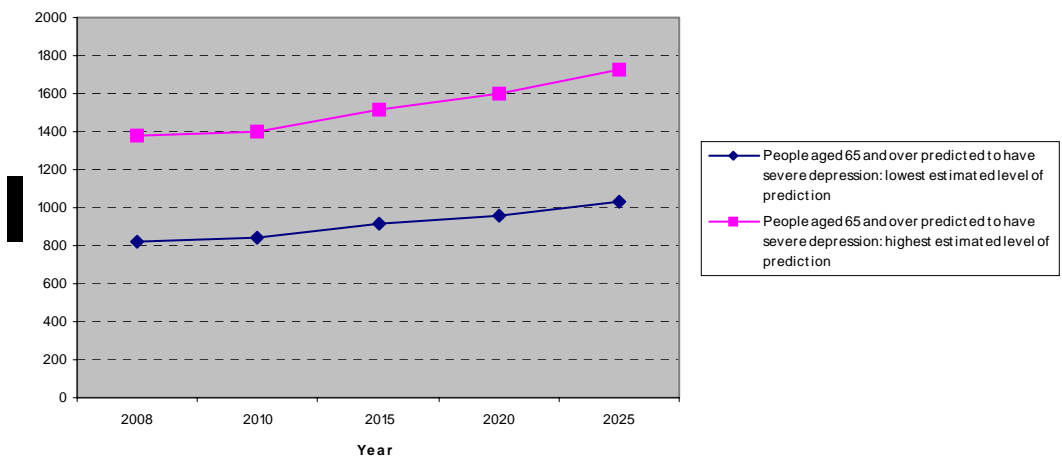
People aged 65 and over predicted to have dementia, by age band (65-69, 70-74, 75-79, 80-84 and 85 and over) gender projected to 2025



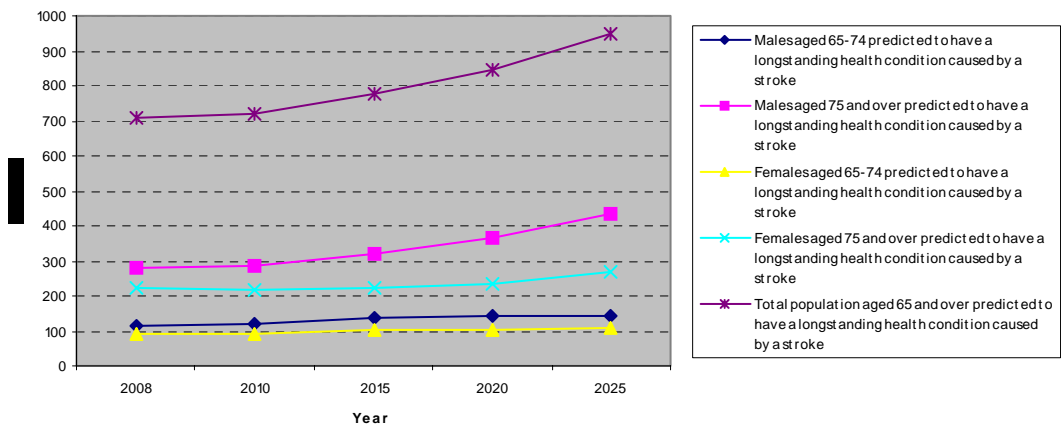
**People aged 65 and over predicted to have depression, projected to 2025**



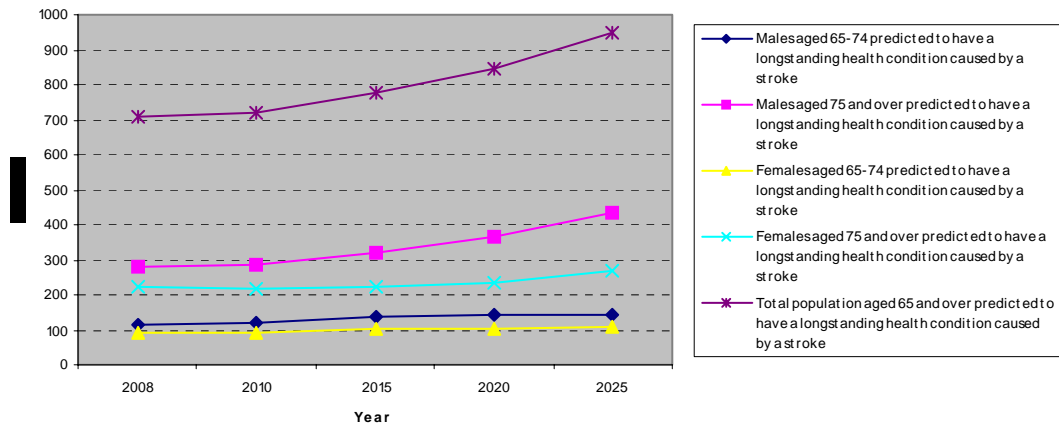
**People aged 65 and over predicted to have severe depression, projected to 2025**



**People aged 65 and over predicted to have a longstanding health condition caused by a stroke, by gender and by age (65-74, 75 and over), projected to 2025**



**People aged 65 and over predicted to have a longstanding health condition caused by a stroke, by gender and by age (65-74, 75 and over), projected to 2025**



Currently we have arrangements in place that serve most of the known older adult population. However, given that population projections indicate an increase in the number of older people with mental illness, we need to develop services that are future proofed and able to meet increasing demand, particularly in relation to dementia services.

#### 4.2 Ethnic Profile

3.5% of Blackpool's population were born outside of the United Kingdom, 1.8% outside the European Union. Blackpool has a low proportion of ethnic minority residents (1.6%) compared to the UK average and is smaller than in many other localities within the Northwest Region. The BME proportion of the population of the Northwest Region is 5.6% and 9.1% for England. Nearly a quarter of all Non-White people live in just two wards, Bloomfield and Park. Most recurrent single ethnic origin of non white residents is Chinese.

Further work on establishing the ethnic profile of Blackpool is being undertaken for Blackpool's Joint Strategic Needs Analysis. This in turn will inform the ethnic profile of older adults with mental health needs.

#### 5. Market Analysis

Within Blackpool there are a wide range of services for older adults. The majority of these are non-specialist and are used by the general older adult population - many of whom will have some form of mental illness both diagnosed and undiagnosed. There are also a small number of specialist mental health services for older adults.

The following section gives a breakdown of the services that are currently available for older adults with mental health needs. It describes who uses them, where they are based, who provides them and gives an analysis of service activity levels, quality, capacity and demand. Services have been grouped according to our strategic intentions.

### **Strategic intention 1:**

**To have a range of high quality social and health care services to support people to live independently within the community or within appropriate supported accommodation**

## **5.1 Day Services**

Day services are an important component of services to older people with mental health problems. Within Blackpool a number of services are commissioned by Blackpool Council and NHS Blackpool. Day services need to be flexible and centred on the needs of individuals and their carers.

Day services fall into two main categories:

1. those for people with low to moderate needs who can access mainstream day services for older people, and
2. specialist day care for people with moderate to severe mental health problems.

Within Blackpool a number of traditional, building-based older people's services are commissioned and/or provided by Blackpool Council at Warren Manor, Beaufort Avenue and Highfield Health & Well-being Centre. A specialist service is provided by Blackpool Council at Keats Enhanced Day Care. This provides short-term interventions for older adults with mental health problems, but does not cater for those who are in an advanced stage of dementia. Consideration is being given to extending the capacity of Keats to provide a service to people with more complex needs. Keats has recently introduced 4 Support Time and Recovery Workers to provide short-term outreach provision and to support people to engage with services. The service will be available between 8am and 11pm. Other than this, there is no specific provision in the evenings or at the weekends or for community based day support.

For people needing ongoing day support after discharge from Keats, or a specialist service, placements are made within various residential care homes, some of which are registered to provide dementia care. This provision is not always fit for purpose, or the most appropriate way of meeting people's day support needs.

Current day care provision in the generic services tends to be delivered in a 'wholesale' model with a defined daily routine and a fairly limited set of activities available. There is little evidence of a person centred approach that focuses on outcomes for individuals or of the use of evidence-based practice and the training provided to staff in mental health awareness and associated issues is variable. The range of day care provision in care homes varies widely. There are no national or local standards for any form of day care and this makes it difficult to establish local service specifications and monitoring arrangements.

## **5.2 Supported Living/Accommodation Options**

There is a variety of supported living options provided within Blackpool. This is commissioned by both NHS Blackpool and Blackpool Council from health and social care budgets as well as via the supporting people programme.

### **5.2.1 Supported Living Schemes**

Within Blackpool there is a range of supported living options for adults with functional illness. Care and support to tenants is delivered by a range of providers. The services are designed for working age adults with functional illness; however, people do not automatically have to move out once they reach 65. There is a need to scope the demand for supported living options for people over the age of 65 with functional or organic mental illness.

### **5.2.2 Residential and Nursing Care**

Blackpool has a relatively high number of care homes for older people when compared to other parts of the country and supply generally exceeds demand. Currently there are 41 care homes for older people with a total number of 816 available places. It is estimated that approximately 60% of residents in care homes for older people have some form of mental health problem (Home from Home, Alzheimers Disease Society, 2007). Because of this, staff in all care homes – not just the specialist services - need adequate awareness training in mental health issues in later life.

Information from the Commission for Social Care Inspection indicates that care homes (residential and nursing) in Blackpool generally perform well against the National Minimum Standards when compared to care homes in other parts of the country. However, these standards relate only to generic issues in care homes and not to aspects of provision to specific client groups. The lack of any local or national standards for this make it difficult to undertake focused monitoring activity and to have an accurate picture of the quality of local specialist services.

There are also a high number of specialist care homes and again, no supply/demand problems are reported.

#### **Care Homes - Residential**

Number of care homes registered for dementia: 12

Number of care homes registered for mental health (older people): 4

Number of care homes registered for both dementia and mental health (older people): 4

Total number of dementia places: 309

Total number of mental health (older people) places: 41

There are approximately 300 people in specialist care homes in April 2008 of these about one third are likely to be funding themselves.

#### **Care Homes with nursing**

Number of care homes with nursing registered for dementia: 4

Total number of beds within the four homes registered for dementia: 83

There are none specifically registered for mental health (older people).

60 people were being supported by both NHS Blackpool and Blackpool Council to live in nursing homes registered for dementia in April 2008. As there are fewer placements available in care homes with nursing, the relationship between supply and demand needs to be monitored to allow early identification of potential pressures as the population of people with dementia increases.

### **5.2.3 Extra Care Housing**

Extra Care is increasingly being seen as an important way of responding to how older people want their housing and care needs to be met both now and in the future. It is a model that enables older people to live independently, to engage with their local communities and maintain their social and family networks, whilst at the same time receiving appropriate care and support.

The objective within Blackpool is to establish two Extra Care Housing Schemes that will provide rental apartments for older people with care needs. A Scheme Manager will be available for general support needs and there will be an on-site care team for care needs. Communal areas and facilities will be available for the provision of health and social activities.

The two schemes currently being developed are due for completion by 2010. Although they have not been designed specifically for people with mental illness, there are some design features that will enable people who develop dementia to live safely within the environment. People with mental illness living in the schemes will have access to the full range of community mental health support services that are available to other members of the public.

When the schemes become operational, monitoring arrangements will need to be developed to capture information about demand, fitness for purpose and capacity to meet the housing with care needs of older adults with mental illness.

### **5.3 Domiciliary Care**

Blackpool Council has its own Care at Home service and also contracts with 6 independent sector agencies. The agencies provide a range of personal care tasks and are available to all adults, including older people with mental health needs. However, none of the agencies provides a specialist mental health service. For the majority of people their personal care needs are being met through these generic services. However, service delivery tends to be task focused and time driven. Some people with complex mental health needs or behaviours that can be described as challenging may benefit from a specialist service that is more person centred, and flexible.

Domiciliary Care Agencies are inspected by the Commission for Social Care Inspection against the National Minimum Standards. However, as with care homes, these standards relate only to generic issues in home care and not to aspects of provision for specific client groups. The lack of local or national standards for this make it difficult to set clear service specifications and to monitor and evaluate the quality of local domiciliary care provision to older people with mental health problems. Current monitoring activity is limited to a focus on the generic issues in home care provision such as punctuality, reliability and continuity of carers.

### **5.4 Direct Payments**

Direct Payments are available to help people with Mental Health problems meet their assessed social care needs. A direct payment is a payment provided to the service user to buy their own services. This is an alternative route to the traditional way that services are arranged i.e. by a care manager arranging directly with an agency to provide the support.

The take up of direct payments by people with mental health problems is very low. The number of older adults with mental health issues who are currently receiving direct payments is 20 out of a total of 215 Direct Payment users. The

aim is to increase the uptake of Direct Payments and other forms of personal budgets by people from all client groups by identifying and removing barriers. This is in the wider context of the move towards more self directed care.

## **5.5 Short break/Respite services**

### **5.5.1 Residential Short Break and Respite**

Short break and respite services for older people are provided at Blackpool Council's in-house service – Hoyle House - and through independent and third sector care homes in the town. Present commissioning options primarily address the need for respite for carers, with less emphasis on the needs and outcomes for the person using the service.

Hoyle House has 14 places. However, this is not a specialist service and it is only suitable for older people with low-level and stable mental health needs. People with more complex needs currently access short breaks and respite in care homes.

The current supply of care home placements out-numbers demand and therefore respite and short-breaks can usually be arranged at short notice and in emergencies, although not necessarily at the service of choice. There are no dedicated respite services in any of the care homes and this reduces people's ability to plan their breaks in advance. This is an important and valued aspect of respite provision for carers and people using services, and is a gap that we aim to address.

There are no local or national standards for the provision of respite care or short breaks for older people with mental health needs and this makes it difficult to set clear service specifications and to monitor and evaluate the quality of local provision.

### **5.5.2 Non-residential short break and respite**

Respite and short breaks are also provided through day care placements (see section 5.1 regarding day care) and through services specifically provided for carers see section 5.7.

The aim is to have a range of short break and respite services for older people with mental health problems including a dedicated unit and the continued use of care homes if this is the preferred choice. Future developments should include non-traditional services such as Adult Placement Schemes, and focus on the outcomes for the person using the service as well as the carer.

## **5.6 Assistive technology and telecare**

Telecare and telehealth technologies provide continuous and remote monitoring of real time emergencies and/or lifestyle changes over time. The purpose is to manage the risks to vulnerable adults that are associated with independent living.

Blackpool Vitaline is the main provider of assistive technology services in Blackpool. Basic and Enhanced Telecare is available to all adults through council-funded and private purchase. Telehealth is available to people from defined user groups through GP referral. Vitaline provides a generic service with funding from several income streams including Blackpool Council and Blackpool PCT.

The uptake of both telecare and telehealth in Blackpool is relatively low amongst the older population. There is no data available to identify how many of these are older people with mental health needs.

The range of telecare and telehealth technology is ever increasing and it offers major opportunities for improving people's ability to live at home safely as they become older and/or experience mental health problems. The aim is to increase the uptake of Assistive Technology amongst older people with mental health needs in Blackpool and to keep abreast of advances and make these available to local people.

## **5.7 Carer Support Services**

Older people with mental health problems may have an increased requirement for care. This is often provided by family carers, the majority of whom are old themselves. Although there are rewards associated with caring it can be very demanding on people physically and emotionally, and can have a negative impact on them financially. An Office for National Statistics study showed that one-third of carers have mental health problems and two-thirds of carers who provide more than 50 hours of care a week report that their health has been affected by caring.

The following services are provided for local carers in Blackpool, the majority of which are not specific to carers of older adults with mental health problems:

- Carers Consultation Network - an opportunity to help shape the future of social and health care in Blackpool. By joining the network carers get involved in many different ways such as: carer representative at meetings, questionnaires/surveys, interviews.
- Carers Information Leaflets
- Carers' Support Groups - these groups are led by carers and facilitated by member of the Carers Team.
- Emergency Card - is a source of personal identification. In the event of a carer having an accident or being taken ill, the card alerts people to the fact that the person is a carer and support may be needed for the person they care for.
- Leisure and Learning Courses - subsidised courses are available (dependent on demand) in things such as Tai Chi, Basic I.T., First Aid. Short residential breaks are also available to enable carers to have a break.
- One to One Emotional Support - provided to carers who are finding the role of being a carer emotionally challenging and need the opportunity to talk about their situation on a one to one basis and is provided by Making Space family support worker.
- Support to Cope with Changes in the Caring Role - a course for carers who may wish to identify changes they want to make in their lives and work out the best way of doing it.
- Carers mailing list - a free bi-monthly newsletter produced by the local voluntary Carers UK group.



## Specific support for carers of older adults with mental health needs

- Carers Workers are employed within the CMHT to ensure that carer assessments are offered and to provide advice and support on carer support issues.
- Age Concern sitting Service - this is a time limited service for which there is a high demand and limited capacity. Feedback from carers indicates that this is a highly valued service.
- There is a small but growing number of non-commissioned carer & peer support options provided by private sector residential care homes. This is developing in an ad hoc way and could benefit from a more co-ordinated approach.
- The Alzheimers Society Carers Support group meets regularly and is attended by a small number of carers of people with dementia. It is a non commissioned service.

The National Dementia Strategy, 2009, recognises the value of Admiral Nurses as a specialist resource for carers of people with dementia. There are currently no Admiral Nurses in Blackpool. Further work is required to establish the demand for this provision in Blackpool.

### 5.8 Crisis Services

The Crisis Resolution Home Treatment Team (CRHT) is a crisis intervention service for mental health service users and their carers. It provides a short term rapid response to a mental health crisis through intensive support and home treatment. There is a small out of hours service. The CRHT is available to older adults with functional mental health problems but not to people with organic illness (dementia). For this group there is no specific crisis service and the current response to a crisis is often an emergency admission to hospital. This is often not the most appropriate or effective response.

Consultation with stakeholders indicates that we need a range of crisis *prevention* and crisis *intervention* services that are proportionate to need: telephone advice, a home visit, medication provision and advice, admission to hospital, planned and emergency respite, signposting and information. People want the crisis to be resolved in least restrictive way. A working group has been established through the EBIT group and work on developing a service model is already underway.

### 5.9 Intermediate Care

Intermediate Care Services in Blackpool focus on promoting physical health and well-being with the aim of preventing admission to hospital and facilitating early discharge. There is some inequity of access to Intermediate Care services by older adults with mental illness due to current eligibility criteria. The Older Adult Mental Health Team has a dedicated Intermediate Care service that can support generic Intermediate Care Services to develop the skills, knowledge and abilities to serve the needs of people with mental illness. The Older Adult CMHT Intermediate Care Team also provides assertive outreach and provides time limited 1:1 group intervention, treatment and therapy to support the aims of intermediate care.

Further work is required to understand the current and future demand and capacity of the Older Adults CMHT Intermediate Care Team and to explore ways in which it can support access to generic Intermediate Care services.

There is a need to explore options for a range of residential settings for the delivery of Intermediate Care as this is currently limited to two Council owned buildings and to develop the availability of Intermediate Care at home. These actions are being addressed through the Older Adults Joint Commissioning Strategy 2005 – 2010.

**Strategic intention 2: To have high quality, effective assessment, diagnostic and treatment services**

### **5.10 Inpatient Services**

Older Adult Acute Assessment beds are at Fleetwood and Lytham hospitals, where there are four 20 bedded single sex wards split into functional and organic illness provision.

The Lancashire Mental Health and Social Care Partnership Board produced “ A Comprehensive mental Health and Social Care Strategy for Adults of Working and Older Age residing in Lancashire” (2004) and a subsequent consultation document “ Working Together to Improve Mental Health (2006). These documents set out a delivery programme for the whole of Lancashire. As part of this proposal, the existing in patient estate is considered to be “not fit for purpose” due to problems of age, design and location of the current units. A radical proposal for 4 designed for purpose units, located on the Fylde Coast, Central Lancashire, East Lancashire and Lancaster is now accepted. Public consultation on this proposal has now closed and any new units will be two to three years away.

Future provision will mean more services, such as crisis beds and teams, provided in the community with the aim of caring for people as much as possible away from acute in-patient settings. Locally, commissioners along with stakeholders are examining how we can start to move towards fewer beds with better equipped crisis resolution and home treatment to enable people to remain in the community.

### **5.11 Care for people in general hospital**

There is on Older Adult Mental Health Liaison Team based within Blackpool Victoria Hospital (covering Blackpool, Fylde and Wyre localities). The role of the team is to ensure that older adults with mental health needs have equitable access to healthcare provision and a positive patient experience with good clinical outcomes. A nurse led model is in operation with direct links to the full specialist multidisciplinary team.

The team provides:

- Full mental health and social care assessments
- Signposting to appropriate care pathways
- Assist in triaging
- Facilitates safe discharges/transfers to OAMH Services
- Reduces inappropriate transfers/admissions
- Reduces delayed discharges/length of stay
- Supports equity and diversity regarding service user with mental health needs
- Education programme for all acute care staff

There is a need to develop connections to a broader pathway for people on discharge and to be able to extend the service to be available 24/7. Additional

capacity would mean that the Team could provide greater support and training to acute staff in working with older patients with mental illness.

#### **5.12 Older Adult Community Mental Health Team (CMHT)**

There is one CMHT for older adults in Blackpool. The Team has three core functions (as per Everybody's Business guide) all of which work closely at the interface with Older Adult Mental Health Liaison Services, Learning Disability Services, in-patient provision and all generic older adult services. The core functions are to provide an integrated health and social care assessment service to older adults with serious mental health problems as part of a multi-disciplinary team; to commission appropriate care packages for individuals; to provide a range of treatment and interventions as part of the Care Programme Approach; and to provide an intermediate care service (see section 5.9).

Additionally the team offers training and support to both mainstream and specialist services primarily on request or in response to a specific issue. In-reach support is provided to care homes although capacity for this is limited due to the high number of care homes in Blackpool.

#### **5.13 Memory Assessment Service (MAS)**

The Memory Assessment Service carries out mental health assessments, screening for suitability for Acetylcholinesterase Inhibitors, initiation and monitoring of treatment under NICE guidelines, pre and post diagnostic counselling and support, carer assessments and education /support groups.

Further work is required to establish the current and future demand and capacity of the service and the outcomes experienced by service users.

#### **5.14 Psychological therapies**

Access to psychological therapies is important to ensure that older people's therapeutic needs are met within a variety of settings. Psychological therapies should be available within primary care, day care and residential care settings in addition to specialist mental health services. There are a range of options for psychological therapies including cognitive behavioural therapy, counselling and psychology.

In Blackpool psychology support is available through the Older Adults CMHT. A 'consultancy' model is in operation to support Care Co-ordinators with assessments, treatment and interventions.

Further work is required to scope out the demand for psychological therapy services by the older adult population and to identify the most appropriate options for Blackpool.

#### **5.15 Assessment and care planning**

There is a need to ensure that a Single Point of Access is developed for referrers to mental health services. It is acknowledged that the needs of older people presenting with a mental health problem may include a range of social care needs. It is therefore accepted that referrers need to be able to access the full range of health and social care services. There are plans to appoint two mental health practitioners into Social Services Direct as the single point of access to mental health services in Blackpool. They will provide co-ordinated assessments; a range of interventions; and consultancy and training to generic staff.

Referrals to the Primary Care Mental Health services need to be assured of an appropriate service response for older people who may be able to benefit their

services. In addition a clear care pathway needs to be in place for referrals who may need a more specialist service relating to their particular needs.

There is a need to include provision and effective care pathways across adult and older adult mental health services to ensure access to appropriate assessment and care management of individuals who present with early onset dementia.

Carers assessments should be available at all initial points of contact.

#### **5.16 Younger people with dementia**

There are currently no specific services for this group and there is a limited understanding of their particular needs and desired outcomes. A review of the current care pathways, current and future demand for services is required. A new service model may be required following this review.

#### **5.17 Older adults with learning disabilities**

Arrangements for joint working exist between the Community Learning Disability Team and the Older Adult CMHT. However there is a need to develop protocols and pathways for assessment, treatment and ensure effective support for individuals with a dual diagnosis.

#### **5.18 People leaving secure hospitals**

There are established protocols and pathways in place managed by the North West Specialised Commissioning Team linking into NHS Blackpool and local mental health services in secondary care. These protocols have been fully tested in terms of planning and safety.

#### **5.19 Primary Care**

Primary care includes General Practice and health professionals within GP practices and community settings that are not part of mental health services. In most cases primary care teams provide most of the help that people need.

The particular tasks for primary care lie in:

- Health promotion and helping people to care for themselves and manage their condition more effectively
- Recognition of mental health problems
- Referral to specialist services for the small proportion who have particularly complex needs or who pose high levels of risk, with ongoing collaborative care.
- Collaboration between primary and specialist care providers in order to produce better treatment outcomes for older adults with mental health problems.
- Better communication between health and social care and general practices
- Developing protocols for primary and secondary care for the management and monitoring of mood stabilisers, antipsychotics and ACI's.

Increasingly, skilled workers in primary care are carrying out tasks that were previously seen as only in the realm of specialist services in secondary care.

Primary care mental health workers may play a key role in supporting the delivery of better mental health for older adults. They could help provide information about mental health disorders and local services, as well as carry out direct psychological work with clients. Community matrons also need to be skilled in assessing low level mental health needs.

There is a need to up skill primary care workers to increase knowledge and awareness order to improve care pathways and access to services for older adults with mental illness.

**Strategic intention 3: To provide support & raise awareness and understanding; and to promote early intervention and prevention**

## **5.20 Mental health promotion**

Mental health promotion works at three levels: strengthening individuals, strengthening communities and reducing structural barriers to mental health services. There is a designated mental health promotion representative lead within the Public Health Service in Blackpool.

The correlation between physical health and mental health is well evidenced and there are many potential benefits to both individuals and communities from investment in robust mental health promotion strategies.

- Prevention strategies for adults of working age need to be in place to prepare individuals in a range of self help and preventative measures in anticipation of mental health problems occurring in later life.
- Planning for an Older Adult mental health promotion strategy will incorporate a range of physical and mental health initiatives which will advise and inform the general public as to what may have an impact on their physical and mental health in later life. Access to information and advice regarding preventative measures and targeting high risk groups is essential element of mental health promotion.
- Involvement of General Practitioners in the memory assessment screening process is required to ensure that early detection and early intervention and support can take place.
- Staff working with long term conditions, cardio vascular diseases and end of life strategies need to have basic awareness of mental health issues in order to ensure equity of access for all people.
- The knowledge, skills and expertise of staff in these respective areas around prevention, early intervention and treatment options is essential to maximise the health promotion opportunities for individuals using the services.
- Employment opportunities for older people are a key component of ensuring that the physical and mental health needs of older people are addressed. For older people who wish to remain active and involved in employment – whether paid or unpaid – it is essential that the opportunities are made available and appropriate support is in place to facilitate this.
- Staff working with long term conditions, cardio vascular diseases and end of life strategies need to have basic awareness of mental health issues in order to ensure equity of access for all people.
- The knowledge, skills and expertise of staff in these respective areas around prevention, early intervention and treatment options is essential to maximise the health promotion opportunities for individuals using the services.

In Blackpool some mental health promotion work is being undertaken by third sector organisations, including the provision of social support and volunteering opportunities for older people. However, there is a need for improved links to primary care and clearer pathways into and out of these services.

Mental health promotion plans include:

- coordinated support following major life events such as retirement, bereavement, relationship breakdown and moving into residential care

- Strengthen links between mental health services and services for older people such as warmer homes initiatives and benefits agencies
- Training for residential care home staff on promotion of residents' mental health in their setting
- Promote opportunities for lifelong learning and employment
- Increase availability of social support and social prescribing specifically targeted at this group

### **5.21 Leadership and Champions**

Older adult mental health champions can make a valuable contribution across a range of generic services on highlighting and promotion of the specific needs of this group. Champions can minimise potential for inequity of access to services, and enhance the quality of provision and service user experience. Everybody's Business (2005) emphasises the value of having a lead GP for older adult mental health services and the National Dementia Strategy recommends that services (specifically care homes) have designated dementia leads.

Further work is required to explore the role of champions in older adults mental health services and care home settings.

### **5.22 Advocacy Services**

The objective is to ensure that a range of advocacy services are available to enable people both individually and collectively to be represented and empowered.

The Mental Health Act 1983 requires the provision of advocacy support for people who are subject to the conditions of the Act. There is a need provide links to legal advocates who should complement mental health advocacy in this complex field.

Advocacy for the individual is required as well as advocacy for carers. Carers' views are important in their own right, but may be different from those of the person with the mental health problem. The views of carers and service users need to be understood and acted on.

In Blackpool there are both generic and specialist mental health advocacy services. Blackpool Advocacy employs a specific mental health worker for Blackpool residents. This service is provided through a local single entry point without the need to have an identified mental health problem or a diagnosis.

The implementation of the Mental Capacity Act in 2007 required an Independent Mental Capacity Advocacy (IMCA) service to be established in all local authority areas. The IMCA service in Blackpool is commissioned jointly by Blackpool Council, Lancashire County Council and Blackburn with Darwen Council and is provided by a consortium of three Advocacy Services from across the area. The IMCA service is available to all adults who are un-befriended and lacking the capacity to make certain decisions that are required to be made by a local authority or health body.

Age Concern in Blackpool provides a generic advocacy service for people over 50 years. Additionally there is a Mental Capacity Advocacy Project for older people funded by the Department of Health. This is a pilot scheme for 3 years, due to end in late 2009. This is a non-instructed advocacy service for people unable to advocate for themselves due to communication difficulties or capacity

issues. Commissioners will need to monitor the impact of this scheme on the demand for advocacy and whether or not this can be absorbed by the remaining advocacy arrangements after 2009.

Together these arrangements ensure that provision exists for people with mental health problems and their carers have a voice.

### **5.23 Information and advice**

Good quality information is required by individuals and carers at the point of diagnosis about their illness, the prognosis and the range of relevant services that are available to them.

Currently there are a range of access points for advice and information including Customer First, libraries, community centres, the Community Mental Health Team and the Memory Assessment Service. There is also a Mental Health Helpline which is a valued service and is regularly accessed by people with mental health problems.

We do not currently have a 'one stop shop' where specialist advice about mental health problems can be accessed. The provision of information and advice is limited in evenings and weekends. Further work is required to scope out options for developing both of these.

### **5.24 Peer support**

The National Dementia Strategy recognises the value of peer support and learning networks for people with mental health problems and their carers. Such networks enable the exchange of practical advice and emotional support. In Blackpool there are a number of carer support groups (see section 5.7) and a small, emerging form of peer support being offered through dementia cafes. Currently these are provided through the independent sector and the emphasis is on the carer rather than the person with the illness.

Current developments in peer support services are ad hoc and would benefit from a more co-ordinated and strategic approach.

### **5.25 Social and Health Care Navigator**

The National Dementia Strategy recognises the value of individuals having access to a named contact to facilitate access and engagement with health and social care services. Care Navigators will have ongoing pro-active contact with clients and carers for the duration of their illness.

There are no specific Care Navigator posts in Blackpool although some elements of the role will be delivered through new posts at Keats Day Service and the Older Adult Community Mental Health Team. Further work is needed to explore the benefits of the Care Navigator role in Blackpool.

## Strategic intention 4: Workforce development

### 5.26 Workforce Development

The vision is to have a skilled and competent workforce that delivers high quality, effective and relevant services to older adults with mental health needs. Workforce plans should take into account the current and future training and development needs of all staff including those in both generic and specialist services. Plans should also address options for recruitment and retention into key posts. As a minimum, training and development plans should include all access to relevant legislative requirements, basic awareness of older adults mental health issues, and safeguarding vulnerable adults from abuse.

Currently training is provided on a single agency basis and there is no overarching workforce training plan for staff working in older adults mental health services. The Blackpool Care Learning Partnership facilitates the coordination of training delivery in Blackpool. This is primarily focused on social care providers.

There is limited understanding of the profile of the Older Adult Mental Health workforce in Blackpool and therefore it is difficult to develop a robust workforce plan that takes into account future needs.

Work is required to develop a workforce development plan for older adults mental health services.

## 6. Gap analysis & the design of future provision

This section gives an analysis of current provision against the vision and strategic intentions of the Commissioning Strategy. It measures where we are now in relation to where we want to be and identifies the gap between the two. It provides options for service developments that could close the gaps and contribute to securing the vision and achieving our strategic intentions.

The priority actions are identified in the Action Plan in Section 8.



**1. To have a range of high quality social and health care services to support people to live independently within the community or within appropriate supported accommodation**

	<b>Current service</b>	<b>Gap</b>	<b>Action</b>
<b>1.</b>	<b>Day services</b>	No specific evening and weekend provision.	Develop the current range of day support options to meet local need and demand.
		Limited range of day support options.	
		Limited service for those with advanced stages of dementia.	
		There are no national or local standards for any form of day care making it difficult to establish local service specifications, monitoring arrangements, and to inform customers about what to expect.	Develop local standards for day services using evidence based practice.
		Performance monitoring arrangements of care homes that provide day care.	To develop monitoring arrangements for the use of care homes that provide day care.
<b>2. Supported living</b>			
<b>2.1</b>	<b>Supported living schemes</b>	Provision for adults over the age of 65.	To establish demand & identify options including Adult Placement schemes and the provision of floating support.
<b>2.2</b>	<b>Care homes</b>	Inadequate awareness training for care home staff in mental health issues in later life.	To commission the implementation of a programme of basic awareness training in mental health issues for older people (see workforce development action point 25)
		There are no national or local standards for specialist care homes making it difficult to have an accurate picture of the quality of local services and to inform customers of what to expect.	Develop local standards for care homes using evidence based practice.
<b>2.3</b>	<b>Care homes (nursing)</b>	Fewer placements available in care homes with nursing could lead to potential pressures as the population of people with dementia increases.	Work in partnership with local providers to proactively respond to changes in supply and demand patterns.
<b>2.4</b>	<b>Extra Care Housing</b>	Potential limited capacity to support people who progress to advanced stages of dementia.	Developing mechanisms for monitoring the capacity.
		Potential that people with advanced dementia are excluded from admission	Developing monitoring mechanisms to capture the information and using this information to inform future

	Current service	Gap	Action
		to the scheme.	commissioning decisions.
		Person centred and flexible provision for people with various degrees of mental health problem.	Scope options for multi disciplinary support for tenants.
3.	<b>Domiciliary care</b>	Inadequate levels of staff with specialist mental health training.	To commission the implementation of a programme of basic awareness training in mental health issues for older people (see workforce development action point 25).
			To explore demand for a specialist service.
		Lack of local or national standards for mental health domiciliary provision make it hard to set clear service specifications and to monitor and evaluate the quality of local domiciliary care provision to older people with mental health problems.	Develop a quality framework with meaningful outcome measures.
4.	<b>Direct payments</b>	Knowledge of the reasons for the low uptake of mental health service users.	Identify reasons for limited uptake.
5.	<b>Short break/respite services</b>	Limited options for short breaks for people with mental health needs.	Establish a range of short break and respite options.
		Lack of pre bookable respite services which lessens the ability to plan breaks in advance.	
		No local or national standards for the provision of respite care or short breaks for older people with mental health needs and this makes it difficult to set clear service specifications and to monitor and evaluate the quality of local provision.	Develop local standards for respite services using evidence based practice.
6.	<b>Assistive technology and telecare</b>	Currently no data as to how many mental health service users use this service.	Identify reasons for limited uptake.

	Current service	Gap	Action
		Knowledge of the reasons for the low uptake of mental health service users.	
		Knowledge of potential use and benefits and effectiveness of telecare & telehealth in enabling people to live independently.	Develop an understanding of the benefits of telecare and develop service provision accordingly.
7.	<b>Carer support</b>	Capacity to provide ongoing service to carers within the Age Concern Carers Support service.	Review demand and capacity of the service.
		No admiral nurses.	Establish the benefits of the specific role of Admiral Nurses and model future provision accordingly.
8.	<b>Crisis services</b>	Availability of crisis services for older adults with an organic illness.	Scope the demand for this service and explore a service model.
9.	<b>Intermediate care</b>	Limited knowledge of the capacity of the Older Adult Community Mental Health Team Intermediate Care service.	Investigate and establish capacity to meet current and future need.
		Inequity of access to generic intermediate care services by Older Adult Mental Health needs.	Identify and remove barriers to access.
		Limited options for the provision of residential Intermediate Care.	Explore options for a range of residential settings. This action is being addressed through the Older People's Commissioning Strategy 2005 -2010.
10.	<b>Support time and recovery workers</b>	New role of Support Time & Recovery worker at Keats Day Service. Need to understand the impact and benefits of the service.	Establish the benefits of the specific role of Support Time & Recovery Workers and model future provision accordingly.

## 2. To have high quality, effective assessment, diagnostic and treatment services

	Current service	Gap	Action
11.	<b>Inpatient services</b>	No community based crisis services for people with both organic and functional illness.	Scope the demand for this service and explore a service model (See item 8).
		Lack of in patient services that are fit for purpose and accommodate both physical and mental health needs.	Implement the ' <i>Working together to improve mental health</i> ' programme.

	<b>Current service</b>	<b>Gap</b>	<b>Action</b>
12.	<b>Care for people in general hospital</b>	Older Adult Mental Health liaison team need to develop connections to a broader pathway for people on discharge including intermediate care services.	To establish the care pathways.
		Need flexible operating hours to be able to cover duty 24/7.	To explore options and benefits of extending operating hours and model future provision accordingly.
13.	<b>Older Adult Community Mental Health Team</b>	Limited knowledge of the capacity of the Older Adult Community Mental Health Team Intermediate care service.	Investigate and establish capacity to meet current and future need (see item 9).
		Clarity needed about the role of the Older Adults Community Mental Health Team in the provision of early intervention services for people with dementia.	Define the role of the Older Adults Community Mental Health Team in the provision of early intervention services for people with dementia.
		In-reach support is provided to care homes although capacity for this is limited due to the high number of care homes in Blackpool.	Establish a proactive in-reach service to care homes.
		Training and support to mainstream and specialist services primarily available on request or in response to a specific issue.	Develop capacity to offer proactive, structured training and support to generic and specialist services.
14.	<b>Memory Assessment Service</b>	Limited knowledge about demand and capacity.	Establish current and future demand and model provision accordingly.
		Limited knowledge of the quality of service user experience and outcomes.	Understand the quality of service user experience and outcomes and model future provision accordingly.
15.	<b>Psychological therapies</b>		Scope out the demand and capacity of this service.
16.	<b>Assessment and care planning</b>	No single point of access for referrers.	Develop a Single Point of Access for referrers to generic and specialist mental health services.
		Lack of clarity around agreed care pathways from low level through to specialist services.	Develop agreed care pathways across adult and older adult mental health services.
17.	<b>Younger people with dementia</b>	Lack of services for younger people with dementia.	Review current care pathway and develop a new service model.

	Current service	Gap	Action
18.	Older adults with learning disabilities		Develop protocols and pathways for assessment, treatment and ensure effective support for individuals with a dual diagnosis.
19.	Primary Care	Need to up skill workers in primary care settings to achieve equity of access to primary and secondary care services.	Implement a training programme
			Review and improve current care pathways
<b>3. To provide support &amp; raise awareness and understanding; and to promote early intervention and prevention</b>			
20.	Mental Health Promotion	Older Adult mental health promotion strategy.	Develop an Older Adult Mental Health Promotion Strategy.
		Formal links needed with prevention strategies for adults of working age.	Ensure formal links are developed with prevention strategies aimed at working age adults.
		Employment opportunities for older people.	Promote opportunities for lifelong learning and employment.
21.	Leadership and champions	No lead GP for older adult mental health services.	Development of a lead GP for older adult mental health services.
		Older adult mental health champions.	Development of older adult mental health champions.
22.	Advocacy	Knowledge of the potential gap that will be created when funding for the Age Concern Mental Capacity Advocacy Project ends in 2009.	Review demand and service outcomes.
23.	Information & advice service	No a 'one stop shop' where specialist advice one mental health problems can be accessed.	Scope options for a service model for the provision of specialist advice.
		Access to information is limited in the evenings and at weekends.	Scope options for the provision of information in the evening and at weekends.
		Lack of co-ordinated development of peer support and learning networks.	Identify options to develop peer support and learning networks.
		Lack of a defined model for the role of Social and Health Care Navigator	Explore the benefits of this role and develop provision accordingly.

	Current service	Gap	Action
<b>4. Workforce Development</b>			
<b>24.</b>		Limited knowledge of the workforce profile and future workforce needs.	Develop a Workforce Strategy
		No workforce training and development plan for staff in older adults mental health services.	Develop a Workforce Training & Development Plan to include: <ul style="list-style-type: none"> <li>▪ All staff working with older people to have basic awareness training in older adult mental health issues</li> <li>▪ Staff in specialist services to have specialist training including Mental Capacity Act</li> <li>▪ All staff to have undertaken basic training on safeguarding vulnerable adults from abuse.</li> </ul>

## **7. Monitoring arrangements**

### **7.1 Current monitoring arrangements**

The collection, analysis and monitoring of data on needs, service take up and gaps is essential to the development of a strong commissioning strategy as is the monitoring of the quality and quantity of the service provided by external and internal providers.

### **7.2 Future joint monitoring arrangements**

#### **Monitoring of Strategy Implementation**

As partners to this strategy, Blackpool Council and NHS Blackpool will be responsible for the implementation and delivery of this strategy through a newly created Senior Commissioning Group. This group is chaired by Assistant Directors for Commissioning from both NHS Blackpool and Blackpool Council. The Senior Commissioning Group reports directly to the Joint Commissioning Group for Adult Community Services. The EBIT group is the main channel through which actions in the strategy will be delegated and progressed. See Section 2 for a description of these groups.

#### **Monitoring of Services**

Robust contract management arrangements will be in place for all commissioned services. Outcomes and standards will be jointly monitored using agreed measures of performance. All future monitoring arrangements will:

- Involve service user and carers, including those 'hard to reach' groups e.g. ethnic minorities
- Continually improve planning, capacity building and performance information in order to inform the commissioning process and ensure best value
- Include the collection of regular key performance information from all service providers regarding demand, capacity, service user experience and outcomes
- Record any individual unmet needs to inform service planning
- Have a robust system for the collection of complaints and compliments regarding the service and a process for ensuring that comments are included in reviews
- Ensure that any concerns regarding the service are investigated and if necessary, a review of the service is undertaken.
- Contract monitoring will be undertaken by the respective commissioning authority and jointly wherever possible.

## **8. Strategic Priorities - Action Plan**

The gap analysis in Section 7 presents a full picture of where we are now in relation to the strategic intentions of the Commissioning Strategy. From this the following prioritised Action Plan has been generated. The priorities have been allocated on the basis that some actions must be completed before others in order to allow a logical progression of the strategy – for example, it is essential that agreed care pathways and a single point of access to mental health services are in place before considering the potential role of Admiral Nurses.

### **Priority 1 – Year 1**

- Action required before other tasks can be started
- Work on the action is already being undertaken
- Funding is available and has been allocated to the action
- Completion of the action will have an immediate and significant impact on people who use services and/or carers
- Evidence shows that the action is urgent
- Action must be completed within 12 months to meet local, national or legislative requirements

### **Priority 2 – Year 2 - 3**

- Prerequisite Priority 1 action completed
- Funding available for the action from de-commissioned services or new source

### **Priority 3 – Years 2 – 5**

- Prerequisite Priority 1 & 2 actions completed
- Funding available for the action from de-commissioned services or new source



**1. To have a range of high quality social and health care services to support people to live independently within the community or within appropriate supported accommodation**

	<b>Current Service</b>	<b>Action</b>	<b>Priority</b>	<b>Timescale</b>	<b>Lead Officer</b>
*	<b>Create formal links with lead agencies for relevant goals in Local Area Agreement, Sustainable Communities Strategy, Corporate Agenda and Performance Targets</b>	<ul style="list-style-type: none"> <li>Identify the relevant goals, actions and performance indicators for actions arising from strategic intention 1;</li> <li>Identify the lead officers in partner agencies and organisations.</li> <li>Provide information to Lead Officers for the relevant tasks in this Action Plan.</li> </ul>	1	30 June 2009	Kelly Neale
1.	<b>Day services</b>	Develop the current range of day support options to meet local need and demand.	1	Year 1	Jeanette Blackburn
		Develop local standards for day services using evidence based practice.	1	Year 1	Jeanette Blackburn
		To develop monitoring arrangements for the use of care homes that provide day care.	1	Year 1	Jeanette Blackburn
2.1	<b>Supported living schemes</b>	To establish demand & identify options including Adult Placement schemes and the provision of floating support for older adults.	3	Year 3	Liz Turner
2.2	<b>Care homes</b>	To commission the implementation of a programme of basic awareness training in mental health issues for older people for staff working in care homes for older adults (see workforce development action point 25).	1	Year 1	Jeanette Blackburn
		Develop local standards for care homes for people with dementia using evidence based practice.	1	Year 1	Kelly Neale
		Establish a proactive in-reach service to care homes.	3	Year 3	Jeanette Blackburn
2.3	<b>Care homes (nursing)</b>	Work in partnership with local providers to develop a model that proactively responds to changes in supply and demand patterns.	1	Year 1	Jeanette Blackburn

	<b>Current Service</b>	<b>Action</b>	<b>Priority</b>	<b>Timescale</b>	<b>Lead Officer</b>
<b>2.4</b>	<b>Extra Care Housing</b>	Developing mechanisms for monitoring the capacity.	2	Year 2	Jeanette Blackburn
		Developing monitoring mechanisms to capture the information and using this information to inform future commissioning decisions.	2	Year 2	Jeanette Blackburn
		Scope options for multi disciplinary support for tenants.	2	Year 2	Jeanette Blackburn
<b>3.</b>	<b>Domiciliary care</b>	To commission the implementation of a programme of basic awareness training in mental health issues for staff working in older people services (see workforce development action point 25).	1	Year 1	Jeanette Blackburn
		To explore demand for a specialist service.	2	Year 2	Jeanette Blackburn
		Develop a quality framework with meaningful outcome measures.	3	Year 3	Jeanette Blackburn
<b>4.</b>	<b>Options for self-directed support</b>	Identify reasons for limited uptake of Direct Payments and recommend actions to increase uptake.	2/3	Year 2/3	Kelly Neale
<b>5.</b>	<b>Short break and respite services</b>	Establish a range of short break and respite options.	1	Year 1	Jeanette Blackburn
		Develop local standards for respite services using evidence based practice.	2	Year 2	Jeanette Blackburn
<b>6.</b>	<b>Assistive technology and telecare</b>	Identify reasons for limited uptake and recommend actions to increase uptake.	2	Year 2	Liz Turner
		Develop an evidence-base to demonstrate the benefits and effectiveness of assistive technology to be used to inform future commissioning decisions.	2	Year 2	Liz Turner
<b>7.</b>	<b>Carer support</b>	Review demand and capacity of the Age Concern Carers Support service.	1	Year 1	Denise Cole
		Establish the demand for the specific role of Admiral Nurses.	2	Year 2	Denise Cole

	Current Service	Action	Priority	Timescale	Lead Officer
8.	<b>Crisis services</b>	Scope the demand for this service and explore a service model.	1	Year 1	Jeanette Blackburn
9.	<b>Intermediate care</b>	Investigate and establish capacity to meet current and future need.	2	Year 2	Balwinder Kaur
		Identify and remove barriers to access.	2	Year 2	Balwinder Kaur
		Explore options for a range of residential and home based settings.	2/3	Year 2/3	Balwinder Kaur
<b>2. To have high quality, effective assessment, diagnostic and treatment services</b>					
*	<b>Create formal links with lead agencies for relevant goals in Local Area Agreement, Sustainable Communities Strategy, Corporate Agenda and Performance Targets</b>	<ul style="list-style-type: none"> <li>Identify the relevant goals, actions and performance indicators for actions arising from strategic intention 2;</li> <li>Identify the lead officers in partner agencies and organisations</li> <li>Provide information to Lead Officers for the relevant tasks in this Action Plan.</li> </ul>	1	30 June 2009	Kelly Neale
10.	<b>Inpatient services</b>	Support the implementation of the ' <i>Mental Health Matters</i> ' programme.	1	Year 1	Helen Lammond
11.	<b>Care for people in general hospital – Older Adults Mental Health Liaison Team</b>	To establish the care pathways.	1	Year 1	Integrated Project Lead OAMH
		To explore flexible working arrangements to cover evenings and weekends.	3	Year 3	Integrated Project Lead OAMH
	<b>Care for people in general hospital</b>	Up-skill staff through provision of awareness training in older adults mental health issues.	1	Year 1	Jeanette Blackburn
12.	<b>Older Adult Community Mental Health Team</b>	Investigate and establish capacity to meet current and future need (see point 9 of gap analysis).	1	Year 1/2	Integrated Project Lead OAMH
		Capacity to offer training and support to generic and specialist services.	3	Year 3	Jeanette Blackburn

	Current Service	Action	Priority	Timescale	Lead Officer
13.	<b>Memory Assessment Service</b>	Define demand and capacity.	2	Year 2	Integrated Project Lead OAMH
		Explore service user experience	2	Year 2	Helen Lammond
14.	<b>Psychological therapies</b>	Scope out the demand for psychological therapy services by the older adult population and to identify the most appropriate options for Blackpool.	1	Year 1	Helen Lammond
15.	<b>Assessment and care planning</b>	Develop a Single Point of Access for referrers to generic and specialist mental health services.	1	Year 1	Helen Lammond
		Develop agreed care pathways across adult and older adult mental health services.	1	Year 1	Integrated Project Lead OAMH
16.	<b>Younger people with dementia</b>	Review current care pathway and develop a service model.	1	Year 1	Integrated Project Lead OAMH
17.	<b>Adults with learning disabilities and dementia</b>	Develop protocols and pathways for assessment, treatment and ensure effective support for individuals with a dual diagnosis.	1	Year 1	Integrated Project Lead OAMH
18.	<b>Primary Care</b>	Review current care pathways to ensure equity of access to the full range of general health-care services.	1	Year 1	Integrated Project Lead OAMH
19.	<b>Primary Care</b>	Up-skill primary health care workers through provision of awareness training in older adults mental health issues.	1	Year 1	Jeanette Blackburn
<b>3. To provide support &amp; raise awareness and understanding; and to promote early intervention and prevention</b>					
*	<b>Create formal links with lead agencies for relevant goals in Local Area Agreement, Sustainable Communities Strategy, Corporate Agenda and Performance Targets</b>	<ul style="list-style-type: none"> <li>• Identify the relevant goals, actions and performance indicators for actions arising from strategic intention 3;</li> <li>• Identify the lead officers in partner agencies and organisations</li> <li>• Provide information to Lead Officers for the relevant tasks in this Action Plan.</li> </ul>	1	30 June 2009	Kelly Neale
20.	<b>Mental Health Promotion</b>	Develop an Older Adult Mental Health Promotion Strategy.	2	Year 2	Zohra Lambat

	<b>Current Service</b>	<b>Action</b>	<b>Priority</b>	<b>Timescale</b>	<b>Lead Officer</b>
		Ensure formal links are developed with prevention strategies aimed at working age adults.	2	Year 2	Zohra Lambat
		Promote opportunities for lifelong learning and employment.	3	Year 3	Val Raynor
<b>21.</b>	<b>Leadership and champions</b>	Development of older adult mental health champions in mental health services and care home settings	1	Year 1	Kelly Neale
<b>22.</b>	<b>Advocacy</b>	Review demand and service outcomes of the Age Concern Older Adults Mental Capacity Advocacy Project.	1	Year 1	Kelly Neale
<b>23.</b>	<b>Information &amp; advice service</b>	Scope options for a service model for provision of specialist advice.	2	Year 2	Brenda Smith
		Scope options for the provision of information in the evening and at weekends.	2	Year 2	Brenda Smith
		Identify options to develop peer support and learning networks focussing on the person with the illness.	2	Year 2	Brenda Smith
		Identify a service model for a Social and Health Care Navigator.	2	Year 2	Brenda Smith
<b>24.</b>	<b>Early Intervention &amp; Prevention</b>	Define a model for the provision of early intervention and prevention services in older adults mental health services.	1	Year 1	Brenda Smith
<b>4. Workforce Development</b>					
*	<b>Create formal links with lead agencies for relevant goals in Local Area Agreement, Sustainable Communities Strategy, Corporate Agenda and Performance Targets</b>	<ul style="list-style-type: none"> <li>Identify the relevant goals, actions and performance indicators for actions arising from strategic intention 4;</li> <li>Identify the lead officers in partner agencies and organisations</li> <li>Provide information to Lead Officers for the relevant tasks in this Action Plan.</li> </ul>	1	30 June 2009	Kelly Neale

	<b>Current Service</b>	<b>Action</b>	<b>Priority</b>	<b>Timescale</b>	<b>Lead Officer</b>
<b>25.</b>	<b>Workforce Development</b>	Develop a Workforce Strategy	1	Year 1	Brenda Smith
<b>26.</b>		Develop a Workforce Training Plan to include: <ul style="list-style-type: none"> <li>▪ All staff working with older people to have basic awareness training in older adult mental health issues</li> <li>▪ Staff in specialist services to have specialist training including Mental Capacity Act</li> </ul> All staff to have undertaken basic training on Safeguarding vulnerable adults from abuse.	1	Year 1	Brenda Smith