

# BEST VALUE REVIEW OF MENTAL HEALTH SERVICES FOR OLDER PEOPLE

## SERVICE DELIVERY

### IMPLEMENTATION PLAN TO SHIFT THE BALANCE OF RESOURCES

Ref.	Recommendation	Rationale	Costs and Savings	Benefits for users/carers	Performance Indicators	Timescale to achieve
1.	<b>Specific support to carers.</b>					
1.1	Establish specialist workers to provide a service to carers in a defined locality within Hertfordshire.  <b>Objectives.</b> To assess the physical and mental health needs of the carer.	<ul style="list-style-type: none"> <li>From the consultation process and discussion with the external challengers. It is clear that supporting carers from an early stage in their caring role enables carers to provide support to users in their own homes, making low demand on statutory services.</li> </ul>	Reinvestment to be met from anticipated residential reductions.	<p>The service would provide the following direct benefits to carers, with an indirect benefit to users as identified through consultation process.</p> <ul style="list-style-type: none"> <li>Someone to listen.</li> <li>Acknowledgement that there is often conflict.</li> <li>Improve understanding, and provide ways of coping.</li> <li>Access to information and benefits.</li> <li>Appropriate support in the early days of their caring career.</li> <li>Reduce isolation by making the carer feel that they are a part of a team supporting the user.</li> <li>Access to carers groups.</li> <li>Fast support in times of crisis.</li> </ul>	<ol style="list-style-type: none"> <li>All new referrals to the integrated team should include specialist support to carer.</li> <li>All carers to be offered access to carers support staff for assessment of needs, advice and support.</li> <li>Information pack to be devised and distributed to appropriate venues, e.g., GPs.</li> </ol>	December 2002.
1.2	To facilitate the understanding of the carer of treatments, symptoms and professional support available for the person with mental health problems.					
1.3	To provide emotional support to the carer.	<ul style="list-style-type: none"> <li>The Institute of Social Work identifies this type of support in their top ten requirements for Carers.*</li> </ul>				
1.4	To provide information and assistance in the claiming of benefits.	<ul style="list-style-type: none"> <li>Users benefit from being supported in familiar environment by people they</li> </ul>				

		<p>know well.</p> <ul style="list-style-type: none"> <li>• Providing effective support at an early stage can defer the need for residential care.</li> </ul> <p>*Carers: Problems, Strains and Services, E. Levin 1997.</p>		<ul style="list-style-type: none"> <li>• Early identification of carer stress and potential risks of care breakdown.</li> </ul>		
2.	<b>Flexible domiciliary service.</b>					
	<p>Establish a specialist home support service.</p> <p><b>Objectives.</b></p>	<p>Consultation process has identified the need for domiciliary services that are:</p> <ul style="list-style-type: none"> <li>• Flexible, with staff who are skilled in working with older people with mental health problems.</li> <li>• Who can provide intensive support at times of crisis.</li> <li>• Are able to undertake a range of tasks, which will support the user and their carer.</li> </ul> <p>A file sample of 35 clients who have entered residential care has identified that in 17 cases admission may have been preventable.</p>	<p>Working with potential service providers across the County the costs of this specialist care will be identified during 2002 and ACS will then agree measures to achieve the required flexibility.</p>	<ul style="list-style-type: none"> <li>• Users and carers would receive a service that will support their needs.</li> <li>• The commissioning of a flexible service should allow for higher levels of support being available quickly.</li> <li>• Crisis and care breakdowns will be avoided.</li> <li>• Inappropriate admissions to hospital and residential care would be avoided.</li> <li>• Care will be received that recognises individual needs.</li> </ul>	<p>Specialist service available in each locality.</p>	<p>January 2003.</p>
2.1	The Service Provider will employ and train staff who have skills to work with people with dementia and older people with mental illness.					
2.2	Service provided would be commissioned to allow flexibility of support to the user and carer.					
2.3	Service will provide support with personal and domestic care, a sitting service and support in the taking of prescribed medication.					
2.4	The service will enable and support users in accessing services in the community.					
2.5	The service will provide intensive support at times of crisis.					

3.	<b>Separate specialist day care facilities for older users with mental illness and for users with dementia.</b>					
3.1	Day care should be available 7 days a week, with early morning and evening care.	<ul style="list-style-type: none"> <li>• There is a requirement for separate day care provision to meet the distinct needs of these groups. This has been a continual theme throughout the consultation process. The breakdown of care for older people with mental health problems is often linked to lack of suitable day care provision.</li> <li>• The Audit Commission recommends in “Forget-me-not”, that day care is available for those with the highest needs on a daily basis, if this is required.</li> <li>• Day care needs to be provided in each locality.</li> <li>• Current provision can be seen as extended lunch club, as users</li> </ul>	Additional transport costs to be partly off-set by utilising “off peak” collections.	<ul style="list-style-type: none"> <li>• Effective day care will help support the user in offering routine support to maintain skills, offer the opportunity for social interaction, and allow monitoring of functioning.</li> <li>• Carers will benefit from knowing that the user is safe, and for those carers who live with the user to enable them to have some respite without having to leave their home.</li> <li>• Improving the transport service will relieve users and carers of some uncertainty of when and if the transport might arrive. The time at day care may be pleasurable if journey times are reduced.</li> </ul>	<ul style="list-style-type: none"> <li>• Day care facility in each locality, addressing the needs for mental illness and dementia.</li> <li>• Day care available for those who need it on a 7 day a week basis.</li> <li>• Early morning and evening care.</li> </ul>	December 2003.
3.2	Day care should address the needs of those with early onset dementia.					
3.3	To ensure the care is used effectively, transport arrangements have to be addressed taking into account the different timings of journeys.					

		arrive after 11.00am then leave before 3.00pm.				
4.	<b>Reliable Night Service</b>					
4.1	There needs to be a reliable night sitting service.	<ul style="list-style-type: none"> <li>• Consultation has shown that disturbed nights are a trigger in moving users to long-term care provision. Support can be effective in enabling users to remain at home.</li> </ul>	Reinvestment required using the possible reductions gained from less residential care.	<ul style="list-style-type: none"> <li>• Enables the user to remain at home, provide support to carers to allow them to get adequate sleep.</li> </ul>	<ul style="list-style-type: none"> <li>• Night service available in all localities.</li> </ul>	April 2003.
4.2	Extended day care.					December 2003.
4.3	Technology to alert carer if user is up at night.					September 2002.