

## BEST VALUE REVIEW OF MENTAL HEALTH SERVICES FOR OLDER PEOPLE

### QUICK WINS

Ref.	Recommendation	Rationale	Resources and Costs	Benefits for users/carers	Performance Indicators	Timescale to achieve
1.	Establish local forums to identify local issues and solutions.	Improves communication and information.	Within existing resources.	Better understanding, for professionals, of issues. Improves knowledge of services. Influences outcomes.	Local forums established with identified links with policy making and commissioning	June 2002.
2.	Joint training.	Develops shared knowledge, understanding and expertise.	Cost of trainer and rooms within existing buildings, etc.	Staff able to respond more appropriately and with shared perspective.	Plan for training to be established for implementation.	June 2002.
3.	ACS to ring fence SW/OT and Assistant hours to CMHTs, and if possible co-locate. TM in each Area to be identified as specialist.	First step towards integration.	Most CMHTs can locate extra staff. Requires negotiation in some parts of County. Access to technology – laptops/phones.	Better integrated response.	ACS staff identified and co-located where possible with plans in other location.	September 2002.
4.	Establish protocols and care pathways.	Is a step towards integration.	Within existing resources.	More co-ordinated service – clearer eligibility.	Identify staff to undertake this work.	June 2002.
5.	Recruitment – begin joint selection process for staff.	Increases understanding.	From existing resources.	More suitable staff recruited.	Ensure appointing officers are aware and monitor implementation.	June 2002.
6.	In conjunction with voluntary organisations ensure Carers forums are set up.	Importance of listening to supporting carers.	Might require funding for room hire/administration where existing resources not available. Use of Carers Grants.	Better-supported carers will provide longer for those they care for.	Ensure comprehensive cover.	September 2002.

7.	Ensure all clients have a psychiatric assessment before going into a specialist MH residential bed.	Proper diagnosis essential. Should help prevent inappropriate admissions.	From existing resources.	Users properly diagnosed and treated with most appropriate service.	No admission to MPE or EMI beds without psychiatric assessment.	
8.	Extend remit of Health and Social Care Co-ordinators to assess those with mental health needs.	To prevent avoidable admission to hospital in a crisis. Impact on delayed discharges.	Within existing resources.	Maintain independence of users.	Each Area to have demonstrated this extension of role is operational.	June 2002.
9.	ACS to work with PCTs to identify Intermediate Care facilities for this client group.	Will assist delayed discharges.	From existing resources. Longer-term investment will be required, as funds become available.	Allows time for users to be properly assessed and rehabilitated – more chance of going back home.	Evidence of progress by September 2002.	September 2002.