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To: Health Overview and Scrutiny Committee: 9 March 2012

Subject: Older People's Mental Health Services: Recent National Policy Developments.

1. Select Committee Report on Dementia

- (a) On 15 December 2011, County Council endorsed the work of the Select Committee report, *Dementia – a new stage in life*.¹ The Executive Summary to this report is appended to this Background Note.²

2. Recent National Policy Developments

- (a) In the NHS Operating Framework for 2012/13, published on 24 November, one of the areas highlighted for particular attention during 2012/13 is dementia and care of older people, with reference being made to the recent Care Quality Commission report, *Dignity and Nutrition for Older People*.³ A number of systemic things which need to be done were included in the Framework, including:

- “commissioners should ensure that providers are compliant with relevant NICE quality standards and ensure information is published in providers’ quality accounts;
- commissioners should work with GP practices to secure ongoing improvements in the quality of general practice and community services so that patients only go into hospital if that will secure the best clinical outcome;
- ensuring participation in and publication of national clinical audits that relate to services for older people;
- initiatives to reduce inappropriate antipsychotic prescribing for people with dementia to improve quality of life with a view to achieving overall a two-thirds reduction in the use of antipsychotic medicines;
- improving diagnosis rates, particularly in the areas with the lowest current performance;
- the continued drive to eliminate mixed-sex accommodation;

¹ County Council, 15 December 2011, <http://democracy.kent.gov.uk/ieListDocuments.aspx?CId=113&MIId=3486&Ver=4>

² Full Select Committee Report and Executive Summary available at: http://www.kent.gov.uk/your_council/how_the_council_works/decisions/overview_and_scrutiny/select_committee_reports/dementia_select_committee.aspx

³ Care Quality Commission, October 2011, <http://www.cqc.org.uk/node/1785>

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- the use of inappropriate emergency admission rates as a performance measure for national reporting; and
 - non-payment for emergency readmissions within 30 days of discharge following an elective admission.
 - PCT clusters should ensure that all providers have a systematic approach to improving dignity in care for patients.”⁴
- (b) On 7 December, the NHS Outcomes Framework for 2012/13 was published. This is structured around five domains that set out the high level outcomes which the NHS should be aiming at nationally.
- (c) These five domains are:⁵
1. Preventing people from dying prematurely;
 2. Enhancing the quality of life for people with long-term conditions;
 3. Helping people to recover from episodes of ill health or following injury;
 4. Ensuring people have a positive experience of care; and
 5. Treating and caring for people in a safe environment and protecting them from avoidable harm.
- (d) There are a number of indicators under each domain by which these outcomes will be measured. Under Domain 2, “A placeholder has been included for the development of a suitable indicator for dementia. (A placeholder represents a commitment to develop an indicator in this area, recognising that this may take time).”⁶
- (e) On 6 February 2012, the Joint Commissioning Panel for Mental Health published *Guidance for commissioners of dementia services*.⁷ This report set out six key principles underpinning dementia commissioning:

⁴ Department of Health, *The Operating Framework for the NHS in England 2012/13*, 24 November 2011, pp.12-13, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131428.pdf

⁵ Department of Health, *The NHS Outcomes Framework 2012/13*, 7 December 2011, p.16, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf

⁶ *Ibid.*, p.12, http://www.dh.gov.uk/prod_consum_dh/groups/dh_digitalassets/documents/digitalasset/dh_131723.pdf

⁷ Joint Commissioning Panel for Mental Health, *Guidance for commissioners of dementia services*, 6 February 2012, [http://www.rcpsych.ac.uk/pdf/JCP-MH%20dementia%20\(Feb%202012\).pdf](http://www.rcpsych.ac.uk/pdf/JCP-MH%20dementia%20(Feb%202012).pdf)

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1. Seamless services across health, social care, housing and other providers;
 2. Commissioning on the basis of need, not chronological age;
 3. The availability of different services at different times;
 4. Dementia to be seen as 'everybody's business' and mainstream health and social care services to have a basic awareness of dementia;
 5. Delivery of care by organisations and individuals in partnership; and
 6. Care should be personalised.⁸
- (f) To put these into practice, the report recommended the commissioning of a wide range of services, including:
1. Preventive public health interventions;
 2. Dementia assessment, diagnosis and intervention services;
 3. Home care and care home support;
 4. Specialist mental health care;
 5. Acute hospital liaison services; and
 - 6; Support for carers.⁹

⁸ Ibid., p.8.

⁹ Ibid., p.8-13.