Mental Health STRATEGIES

Report prepared for
Department of Health

2010/11 National Survey of Investment

In Mental Health Services for Older People

Mental Health strategies

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1. EXECUTIVE SUMMARY

This report presents the results of the finance mapping exercise carried out as part of the autumn review process. It provides details of the level of investment in mental health services for older people's mental health services (OPMH) covering people aged 65 and above, in England for 2010/11 and compares it with the reported results in previous in OPMH in England since 2006/07.

89% of LITs supplied complete and 3% partial data – which is a 91% return rate overall for LITs. 91% of PCTs provided investment returns compared to 79% of Local Authorities. The largest area of non returns was from the West Midlands area which consequently has a much higher level of estimation.

Local authorities (LA's) experience greater difficulty in separating out mental health from their more general social care investment. Consequently local authority data for older people mental health services (OPMH) will not be as accurate as that from NHS organisations and this must be borne in mind when reading this report. It is recommended that the LA investment figures should therefore be regarded with some degree of caution.

1.1 Key Findings

The OPMH mental health analysis provides the following overall key findings:

	See Figure
Total reported overall cash investment in OPMH mental health services rose by 6.9 % from £2.675 billion in 2009/10 to £2.859 billion in 2010/11	1
Taking inflation into account, the overall real term investment in OPMH mental health services rose by 3.8% from £2.753 billion in 2009/10 to £2.859 billion in 2010/11	2
63% of the OPMH services in 2010/11 were commissioned by PCTs and 37% reported commissioned by Local Authorities	8
The proportion of investment reported delivered by the non statutory sector rose from 38% in 2009/10 to 42% in 2010/11	8
The national investment per weighted head of population for 2010/11 was £ 344.7	9
Investment within Strategic Health Authorities (SHAs) varied from a low of £ 261 investment per weighted head to a high of £ 493	13
59% of PCTs, (127 out of 152) spend less than 40% of their OPMH investment with the non statutory sector.	17 and 18

1.2 Acknowledgements

The information in this report could not be prepared without the hard work and dedicated contribution of those people within Local Implementation Teams, Provider and Commissioning organisations, (both NHS and Local Authorities) who have helped produce what is probably the most comprehensive and detailed annual guide to investment in mental health services nationally.

Mental Health Strategies would like to record their appreciation of the support and hard work of all of these people as it has been vital to the completion of this review.

2. BACKGROUND, SCOPE AND PROCESS

2.1 Background

Financial mapping data for older people mental health services has been collected annually since 2006/07 as part of the annual process on behalf of the Department of Health (DH).

The overall aim is to establish:

- the level of investment in mental health services planned for each financial year for older people
- the level and nature of investment in the above mental health services for the populations of LITs and PCTs within England, and
- the level and nature of mental health investment by statutory sector commissioners within England.

The analysis in this report covers services for older people aged 65 or above. The analysis is derived from the detailed financial files completed by PCTs, Mental Health Trusts and Local Authorities and then submitted to Mental Health Strategies (MHS) by Local Implementation Teams (LITs).

There are specific reports sent to each LIT that cover details of their investment in services for both working age adults and older adults.

2.2 Scope

The scope of the Finance Mapping exercise for Older People is shown on the right.

	Commissioned by		Provided
	PCTs	Local Auth	By
	✓	✓	
MH Trusts			✓
Directly Providing PCTs			✓
Local Authorities			✓
Non Statutory sector			✓

2.3 Process

Organisations were asked to submit investment figures for older people services on the basis of expected outturn (or actual outturn figures if available) for 2010/11. Consequently reported investment may not exactly match the actual outturn figures reflected in each Organisation's annual accounts and makes no reference to programme budgeting, which the DH do not require for the Annual Review and which provides a far less detailed analysis of mental health investment.

LIT leads carried out a co-ordination role and forwarded returns to Mental Health Strategies for validation and analysis. High level reviews of each submission were carried out and any specific questions about the quality and accuracy of some of the information provided were discussed with each LIT or provider/commissioner representative and agreed changes incorporated into revised submissions.

The HM Treasury GDP inflation rates of 31st March 2011 have been used in assessing the real change in investment reflected in the annual comparisons.

There has also been an estimate of the value of investment not included in individual submissions, as in previous years, and details of this estimated cost of, and the methodology used for, unreported investment are set out in Section 2 and Appendix Two.

There have been no significant changes to the methodology or collection process.

2.4 Coverage of Data Returns

The number of LITs in England at 146 has remained unchanged from 2009/10. There has been a reasonably high response rate by NHS and Local Authority commissioners in older people mental health services (OPMH), despite the difficult and challenging circumstances faced by participating organisations.

89% of LITs provided complete returns and a further 3% partial returns which is a creditable return rate. Since some LITs vary in size and investment, the (89% and 3%) return rates do not directly reflect the value of investment that is estimated.

Basically 91% of PCTs supplied OPMH investment figures as did 79% of local authorities.

The high submission level for 2010/11 although lower than in previous years, nevertheless reflects the value placed on the financial mapping exercise by the NHS and Local Authorities involved.

As in 2009/10, the lowest response rate was from organisations in the West Midlands, where 6 out of 14 LITs decided they were unable to provide any information. This was disappointing and consequently, the West Midlands SHA figures have had to be based on a mix by value of 54% reported and 46% by value estimated.

Data quality for OPMH services continues to be reasonable despite the exercise coinciding with organisational and staff movements. There were inevitably some issues of data quality with information provided given the number of LITs and individuals involved, changes in local commissioning arrangements, and local interpretation of the guidance made available to support this process.

However, the greater difficulty which local authorities have is separating out specific mental health investment for older people from general non mental health social care investment means that, the local authority investment figures should be regarded with some degree of caution. PCT investment figures do not suffer from this restriction.

It is important to remember that the poorer data accuracy and coverage of local authority sourced data will have influenced the above points and the main text of this report needs to be consulted for a fuller understanding.

Appendix Two gives details of data collection coverage.

3. NATIONAL AND GEOGRAPHIC ANALYSIS

3.1 Scope for detailed analysis

This report presents a comprehensive detailed financial analysis of older people's mental health services (OPMH) carried out as part of the autumn review process. It provides details of the level of investment directly delivered by NHS Trusts and also by other providers, in OPMH in England for 2010/11. Appendix One describes the changes in the collection process.

We have concentrated on comparing detailed 2010/11 results with those since 2006/07. Investment comprises either reported expenditure or estimates of unreported spend. The sum of the two comprises the total investment.

3.2 Guide to this section

This section can be broadly split into two parts.

The first part provides a high level picture of national investment and includes:

- Cash investment comparison 2006/07 to 2010/11
- Real term investment comparison 2006/07 to 2010/11
- High level profile of investment according to direct, indirect/overhead costs and capital charges
- Commissioner and Provider type
- Trends in OPMH investment

The next section explores the geographic picture of investment more fully and examines the direct services by group more fully.

- Geographical distribution of investment
- Investment differences within SHA

Since both the overall coverage, and overall accuracy of the Local Authority supplied data is less than that of provided to the LITs by PCTs, the second part analysis focuses on PCT commissioned investment in older people mental health services

3.3 Cash Investment Comparison 2006/07 to 2010/11

The total amount of reported investment by Strategic Health Authority (SHA), from *both* PCT and Local Authority commissioners for 2006/07 to 2010/11 is shown in Figure 1.

There was a high response rate by NHS and Local Authority commissioners in older people mental health services (OPMH) as in previous years. The 2010/11 figures include both reported and an estimate of unreported investment based upon the

last submitted returns plus inflation. As in 2009/10, the largest area of unreported investment was the West Midlands where seven LITs decided not to provide any information.

Figure 1: Combined Reported Cash Investment 2006/07 to 2010/11

Cash Investment in £'000s

SHA	2006/07	2007/08	2008/09	2009/10	2010/11
NHS East Midlands	£152,228	£174,974	£223,897	£253,037	**£273,309**
NHS East of England	£243,036	£255,772	£271,835	£276,753	**£290,080**
NHS London	£285,346	£302,917	£314,490	£361,840	**£369,750**
NHS North East	£116,059	£149,431	£154,323	£174,426	**£186,913**
NHS North West	£293,876	£329,303	£368,238	£397,489	**£399,584**
NHS South Central	£130,185	£178,119	£189,401	£222,971	**£260,684**
NHS South East Coast	£130,087	£147,063	£194,771	£197,668	**£200,112**
NHS South West	£201,872	£212,729	£275,440	£295,814	**£326,359**
NHS West Midlands	£129,090	£162,488	£192,431	£214,628	**£247,350**
NHS Yorkshire and the Humber	£224,768	£247,411	£264,130	£281,020	**£304,899**
Combined Investment	**£1,906,548**	**£2,160,208**	**£2,448,956**	**£2,675,647**	**£2,859,041**
Cash Increase over previous year		£253,659	£288,749	£226,690	£183,394
% Cash increase over previous year		13.3%	13.4%	9.3%	6.9%
% Cash increase 2006/07 to 2010/11					50.0%
% Cash increase in 3 years 2007/08 to 2010/11					32.4%
National OPMHS Population					
National OPMHS Investment per Weighted Head					£344.7

The cash investment has increased by 6.9% between 2009/10 and 2010/11. Since 2006/07 the cash investment has risen by 50.0% from £1.906 billion to £2.859 billion.

Several West Midlands LITs did not provide returns in 2009/10 and 2010/11. The cash investment figures for the West Midlands for 2009/10 and 2010/11 therefore comprise a mix of actual reported amounts and estimated amounts for the missing LITs based on the previous years returns plus inflation.

This has been done to ensure we display a "like for like" comparison between the years.

Overall, the annual percentage changes in cash investment by SHA are shown in Figure 2.

Figure 2: Percentage Difference in Combined Cash Investment 2006/07 to 2010/11

	Percentage Difference in Cash Investment				
SHA	2006/07	2007/08	2008/09	2009/10	2010/11
NHS East Midlands		15%	28%	13%	8%
NHS East of England		5%	6%	2%	5%
NHS London		6%	4%	15%	2%
NHS North East		29%	3%	13%	7%
NHS North West		12%	12%	8%	1%
NHS South Central		37%	6%	18%	17%
NHS South East Coast		13%	32%	1%	1%
NHS South West		5%	29%	7%	10%
NHS West Midlands		26%	18%	12%	15%
NHS Yorkshire and the Humber		10%	7%	6%	8%
Combined Investment		**13%**	**13%**	**9%**	**7%**

3.4 Real Investment Comparison 2006/07 to 2010/11

Each year's total investment has been recalculated to the pay and price levels prevailing in 2010/11 in order to identify real increases in investment from year to year. The HM Treasury GDP percentages used are those updated on 31st March 2011 for both this year and previous years. The GDP deflators used are set out in Figure 3.

The 2010/11 figures include both reported investment and an estimate of unreported investment based upon the last submitted returns plus inflation.

Figure 3: Inflation uplifts 2006/07 to 2010/11

Applying the HM Treasury GDP percentage uplifts in Figure 3 to the total investment in Figure 2 shows the real increases in investment as shown in Figure 4.

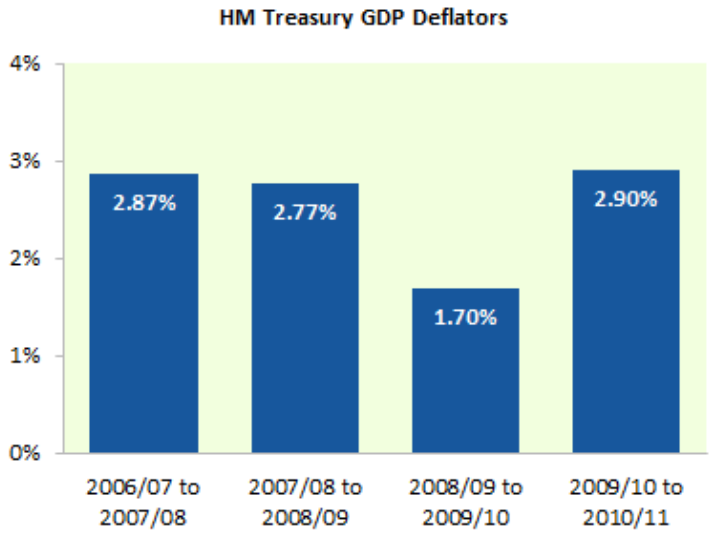


Figure 4: Combined Reported Real Term Investment 2006/07 to 2010/11

Real Term Investment in £'000s					
SHA	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**2010/11**
NHS East Midlands	£168,418	£188,182	£234,307	£260,375	**£273,309**
NHS East of England	£268,882	£275,078	£284,474	£284,779	**£290,080**
NHS London	£315,692	£325,781	£329,112	£372,333	**£369,750**
NHS North East	£128,402	£160,710	£161,498	£179,484	**£186,913**
NHS North West	£325,129	£354,160	£385,359	£409,016	**£399,584**
NHS South Central	£144,030	£191,564	£198,207	£229,437	**£260,684**
NHS South East Coast	£143,921	£158,163	£203,826	£203,400	**£200,112**
NHS South West	£223,340	£228,786	£288,246	£304,393	**£326,359**
NHS West Midlands	£142,819	£174,753	£201,377	£220,853	**£247,350**
NHS Yorkshire and the Humber	£248,672	£266,086	£276,410	£289,170	**£304,899**
Combined Investment	**£2,109,304**	**£2,323,262**	**£2,562,815**	**£2,753,240**	**£2,859,041**
Real term increase in year		£213,958	£239,554	£190,425	£105,800
% Real term increase in year		10%	10%	7%	3.8%
% Real term increase 2006/07 to 2010/11					35.5%
% Real term increase in 3 years 2007/08 to 2010/11					23.1%

There has been a reported increase in real investment of £750 million or 35.5% since 2006/07.

The percentage annual difference in real term investment since 2006/07 is shown in Figure 5.

Figure 5: Percentage Difference in Combined Real Term Investment 2006/07 to 2010/11

Percentage Difference in Real Investment					
SHA	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**2010/11**
NHS East Midlands		12%	25%	11%	5%
NHS East of England		2%	3%	0%	2%
NHS London		3%	1%	13%	-1%
NHS North East		25%	0%	11%	4%
NHS North West		9%	9%	6%	-2%
NHS South Central		33%	3%	16%	14%
NHS South East Coast		10%	29%	0%	-2%
NHS South West		2%	26%	6%	7%
NHS West Midlands		22%	15%	10%	12%
NHS Yorkshire and the Humber		7%	4%	5%	5%
Combined Investment		**10.1%**	**10.3%**	**7.4%**	**3.8%**

Only three SHAs (London, North West and South East Coast), reported a reduction in real terms in investment of up to -2%.

The largest reported percentage increases since 2009/10 were in the South Central area up by 14% and the West Midlands area[1] estimated as up by 12% although this figure for the West Midlands includes a high level of estimation.

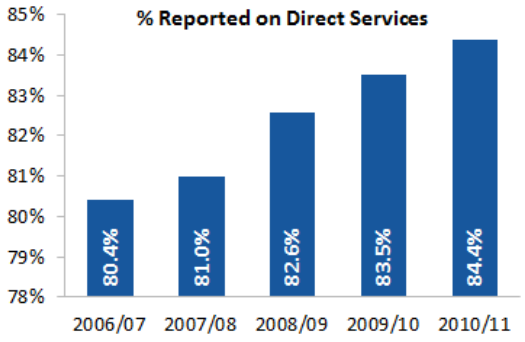
Figures 4 and 5 provide an overall picture bearing in mind the difficulties that local authorities have in separating out mental health care. Nevertheless, they offer the most comprehensive picture of the reported OPMHS investment.

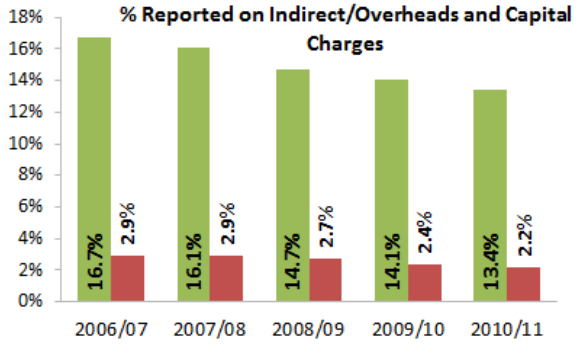
3.5 Overall Use of OPMHS Investment

The total investment has been analysed in three broad groupings – direct costs, indirect costs/ overheads and capital charges – as defined within the NHS Finance Manual. The overall percentage split between these cost categories is shown in Figure 6 below:

Figure 6: Overall Use of OPMHS investment 2006/07 to 2010/11

	Percentage Reported Spent by Cost Area			% Change over previous year		
	Direct Costs	Indirect Costs/ Overheads	Capital Charges	Direct	Indirect Costs/ Overheads	Capital Charges
2006/07	80.4%	16.7%	2.9%			
2007/08	81.0%	16.1%	2.9%	0.6%	-0.6%	0.0%
2008/09	82.6%	14.7%	2.7%	1.6%	-1.4%	-0.2%
2009/10	83.5%	14.1%	2.4%	0.9%	-0.6%	-0.3%
2010/11	84.4%	13.4%	2.2%	0.9%	-0.7%	-0.2%
Change since 2006/07	**4.0%**	**-3.3%**	**-0.7%**			





The key cost area to monitor here is the percentage of investment spent on direct services.

Each year since 2006/07 has seen a small but steady increase in the percentage share spent on direct services.

[1] *The West Midlands investment for 2009/10 and 2010/11 is based on a mix of reported and estimated unreported investment for the missing LITs in the West Midlands – actual reported figures for LITs who supplied data plus previous years reported data increased for inflation using GDP rates for West Midlands LITS who did not supply figures.*

Figure 7: Overall Use of OPMHS investment by Commissioner Type 2010/11

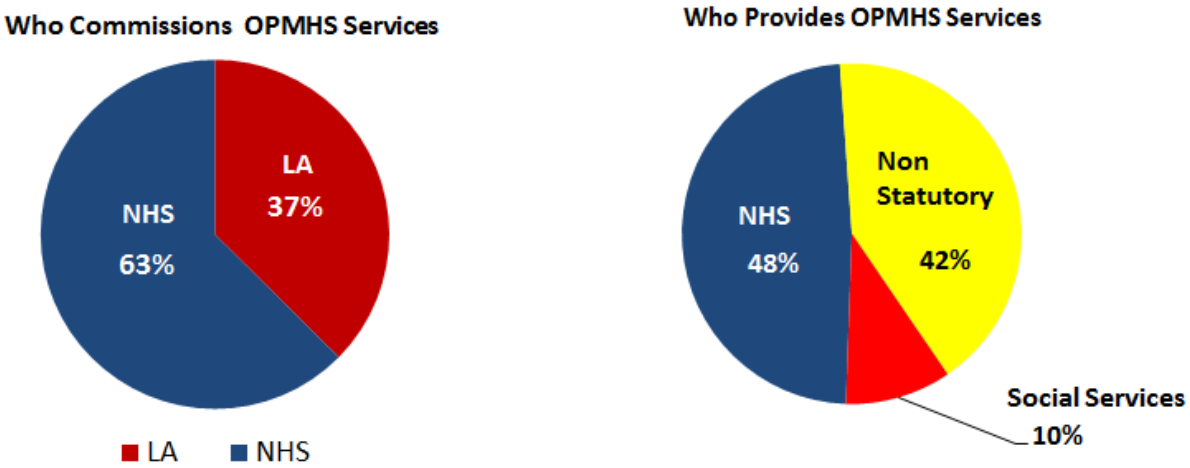
	Commissioner Type and Reported Investment in £'000s		
	LA	NHS	Total 2010/11
Direct Costs - OPMH	£1,009,205	£1,403,530	£2,412,734
Indirect Costs/Overheads - OPMHS	£57,881	£326,096	£383,977
Capital Charges - OPMH	£2,822	£59,508	£62,329
Total OPMH Investment in MH	**£1,069,907**	**£1,789,133**	**£2,859,041**
% England Direct Costs	94.3%	78.4%	84.4%
% England Indirect Costs/Overheads	5.4%	18.2%	13.4%
% England Capital Charges	0.3%	3.3%	2.2%

Local Authorities report a higher proportion of investment spent on direct services (94%) compared to PCT commissioners (78%). This may reflect the greater difficulty of Local Authorities in identifying such investment accurately or differences in use of non statutory providers whose complete costs to the commissioner are "direct".

3.6 National Commissioner and Provider Type Analysis

The proportion of services by commissioner type and provider type as reported in 2010/11 are shown in Figure 8 below:

Figure 8: National Commissioner and Provider Type analysis



Two points are worthy of note:

- The proportion of investment reported as commissioned by PCTs has consistently fallen from 67% in 2007/08 to 65% in 2008/09, to 64% in 2009/10 and to 63% in 2010/11.

This could be partly due to higher return rates by local authorities in most years (but not in 2010/11 -see Appendix Two) so it would not necessarily be accurate to see this as an actual or relative reduction in investment.

- The share of OPMH services reported as directly delivered by the non statutory sector has increased progressively from 28% in 2007/08, to 35% in 2008/09, to 38% in 2009/10 and to 42% in 2010/11.

3.7 Overall Profile of OPMH Direct Services Investment

The finance mapping exercise analyses mental health investment across thirteen direct service categories that are consistent with the former service mapping definitions and derive from the "Everybody's Business" document.

85% of investment is spent either on residential care or in the "other specialist mental health services group" which comprises principally inpatient, outpatient and integrated community mental health teams for older people. These two service groups have consistently been the top areas and combined currently account for over four out of five pounds of investment as in Figure 9.

Figure 9: Top 4 OPMH Service Groups by Percentage of Value

ServiceGroup	2006/07	2007/08	2008/09	2009/10	2010/11
Primary and Community Care - Residential	36.1%	37.0%	42.4%	41.4%	43.9%
Other Specialist Mental Health Services - OPMH	47.7%	47.5%	41.5%	42.9%	41.1%
Primary and Community Care - Homecare	4.7%	5.0%	5.0%	4.9%	5.2%
Primary and Community Care - Day Services	7.2%	6.6%	6.1%	5.3%	4.9%
	95.6%	**96.1%**	**94.9%**	**94.5%**	**95.1%**

Residential care investment has gradually increased whilst that for other specialist mental health services has declined. Similarly home care has risen alongside a reduction in day services.

Figure 10 tables the top 6 older people services by value for 2010/11 commissioned by both PCTs and Local Authorities. The extent to which providers have classified their costs between direct and non direct costs may vary from year to year and may have a bearing on this table. See Appendix Five for trend analysis of these 6 services.

Figure 10: OPMH Investment in the largest individual Direct Services 2010/11

OPMH ServiceType	Investment in £'000s	% Direct	Cumulative %
Care Home - Older People	£566,800	23.5%	23.5%
Care Home (with nursing) - Older People	£491,973	20.4%	43.9%
Inpatient care - Older Adult Acute Assessment	£394,734	16.4%	60.2%
Integrated Community Mental Health Team - Older People	£309,431	12.8%	73.1%
Inpatient care - Older Adult Continuing Care	£205,542	8.5%	81.6%
Home Care Service - Older People	£121,560	5.0%	86.6%

The top six direct services by value are displayed by commissioner type in Figure 11. The RED and BLUE colours clearly indicate who commissions what.

Figure 11: Top 6 OPMH Direct Services by Percentage Value and Commissioner Type

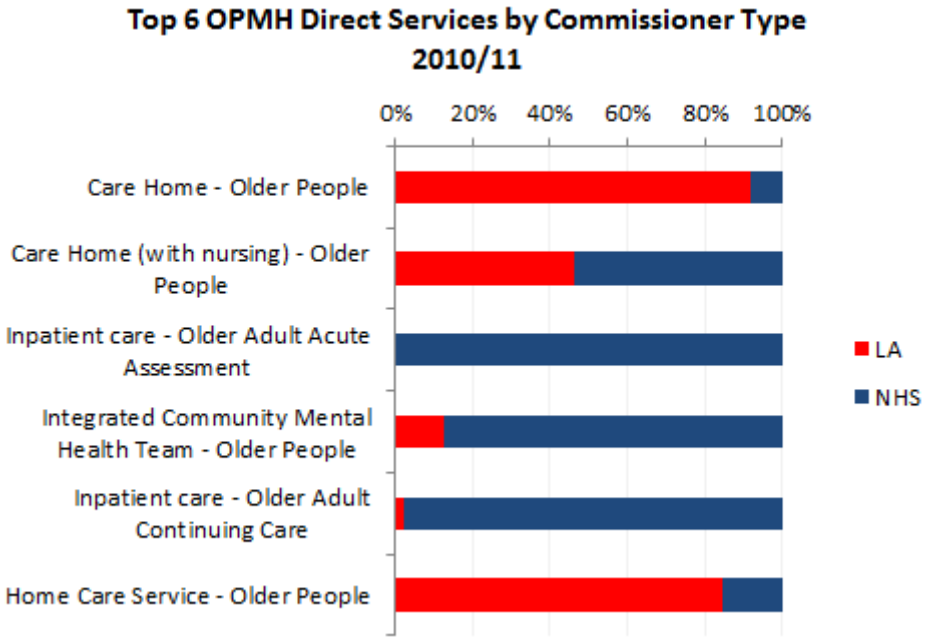
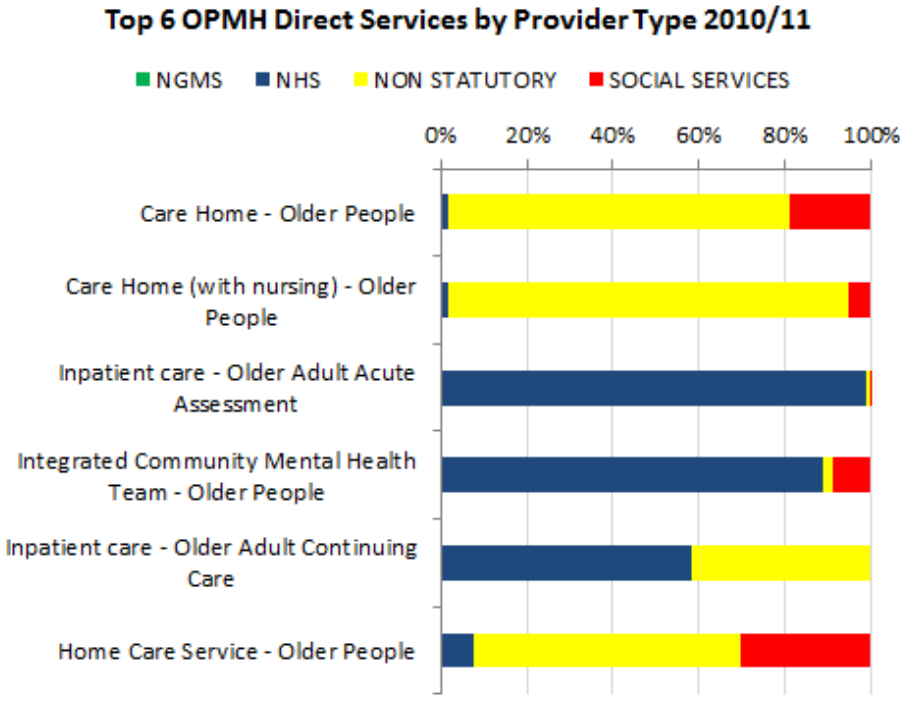


Figure 12 analyses these same six top services by provider type. Again, the colours indicate who provides what service.

Figure 12: Top 6 OPMH Direct Services by Percentage Value and Provider Type



A more detailed analysis of total investment for 2010/110 is shown in Appendix Four whilst details of the individual service descriptions can be seen in Appendix Six.

3.8 SHA Weighted Investment per Head for Older People

An important benchmark is the investment per head of population weighted for older people mental health need which stands nationally at £344.7. Figure 13 shows investment and investment per head by SHA and commissioner type in descending order.

Figure 13: SHA Investment per weighted OPMH population 2010/11

	Investment		Weighted Investment per head		
SHA	**LA**	**NHS**	**LA**	**PCT**	**Total**
NHS SOUTH CENTRAL	£120,953.0	£139,731.1	£229.0	£264.5	£493.5
NHS EAST MIDLANDS	£123,678.2	£149,630.9	£181.3	£219.4	£400.7
NHS SOUTH WEST	£125,903.2	£200,455.9	£150.6	£239.8	£390.4
NHS NORTH EAST	£56,210.4	£130,702.9	£111.5	£259.3	£370.9
NHS YORKSHIRE AND THE HUMBER	£95,957.4	£208,941.7	£109.4	£238.2	£347.6
NHS EAST OF ENGLAND	£116,129.4	£173,950.9	£137.0	£205.2	£342.2
NHS LONDON	£115,346.1	£254,404.3	£102.9	£226.9	£329.7
NHS NORTH WEST	£161,561.8	£238,022.4	£125.5	£184.9	£310.5
NHS SOUTH EAST COAST	£80,456.0	£119,655.5	£121.2	£180.2	£301.4
NHS WEST MIDLANDS	£73,711.8	£173,637.7	£77.8	£183.4	£261.2
Total	**£1,069,907.4**	**£1,789,133.3**	**£129.0**	**£215.7**	**£344.7**
Percentage by value	37%	63%			
Ratio of Min:Max			2.9	1.4	

The investment by Local Authorities varies by more than twice that reported by PCTs as expressed by the ratio of min:max for weighted investment. This should be treated with some caution as it may reflect the greater problems for local authorities in separating out mental health investment for older people. The weighted investment per head by each commissioner type sorted by SHA, is compared below.

SHA	LA
NHS SOUTH CENTRAL	£229.0
NHS EAST MIDLANDS	£181.3
NHS SOUTH WEST	£150.6
NHS EAST OF ENGLAND	£137.0
NHS NORTH WEST	£125.5
NHS SOUTH EAST COAST	£121.2
NHS NORTH EAST	£111.5
NHS YORKSHIRE AND THE HUMBER	£109.4
NHS LONDON	£102.9
NHS WEST MIDLANDS	£77.8
Total	**£129.0**

SHA	PCT
NHS SOUTH CENTRAL	£264.5
NHS NORTH EAST	£259.3
NHS SOUTH WEST	£239.8
NHS YORKSHIRE AND THE HUMBER	£238.2
NHS LONDON	£226.9
NHS EAST MIDLANDS	£219.4
NHS EAST OF ENGLAND	£205.2
NHS NORTH WEST	£184.9
NHS WEST MIDLANDS	£183.4
NHS SOUTH EAST COAST	£180.2
Total	**£215.7**

Appendix Three explains how the weighted populations are calculated.

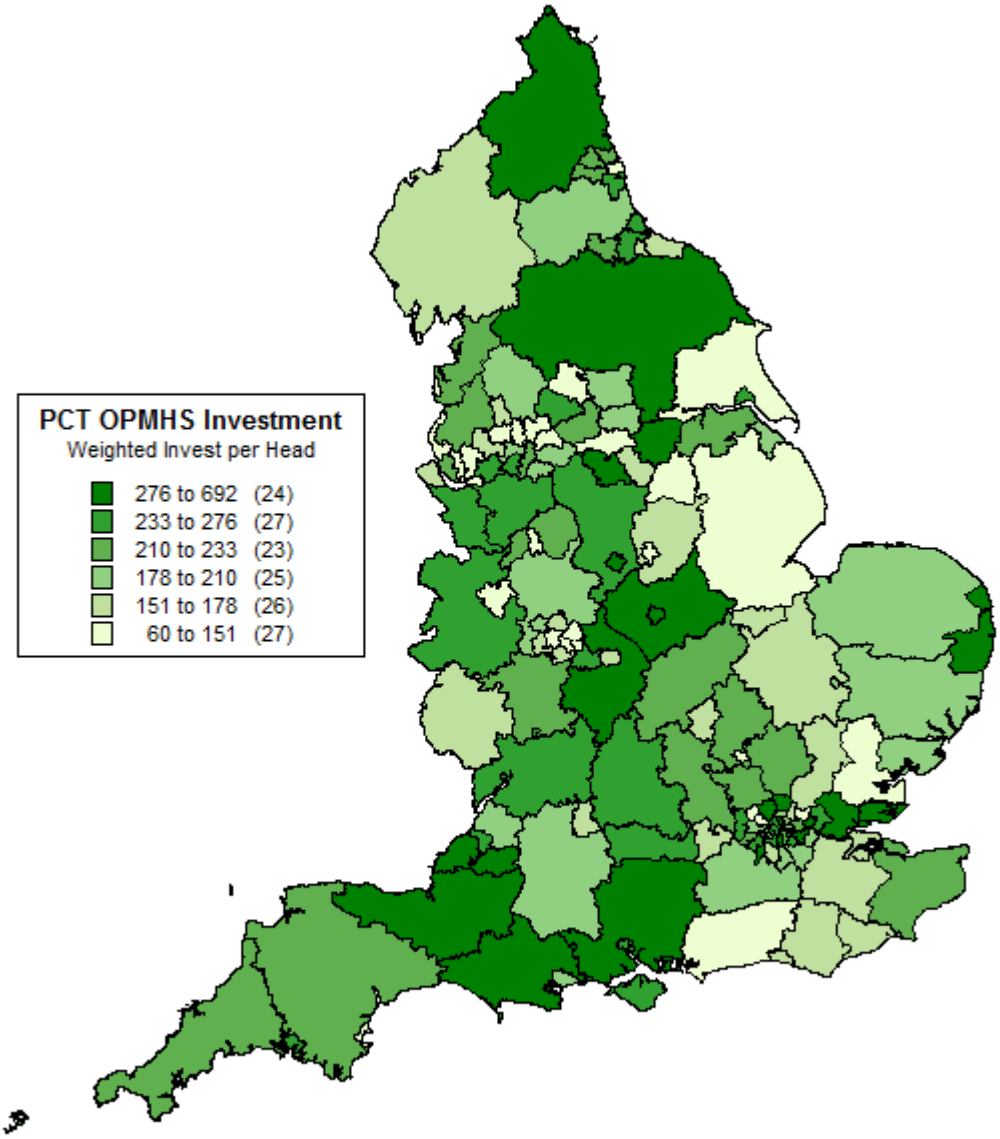
The analysis so far, has examined the combined investment by both PCTs and Local Authorities. It may now be useful to look at the picture specifically for PCTs.

3.9 PCT Commissioned Investment

The combined investment of PCTs and Local Authorities provides a useful overall picture but PCT investment figures on their own represent 63% of OPMH investment and are more accurate and are thus worth examining.

Figure 14 compares the investment by PCT commissioners ***only*** and at a glance demonstrates differences in investment nationally and within SHAs[2].

Figure 14: Map of PCT OPMH Investment per Weighted Head

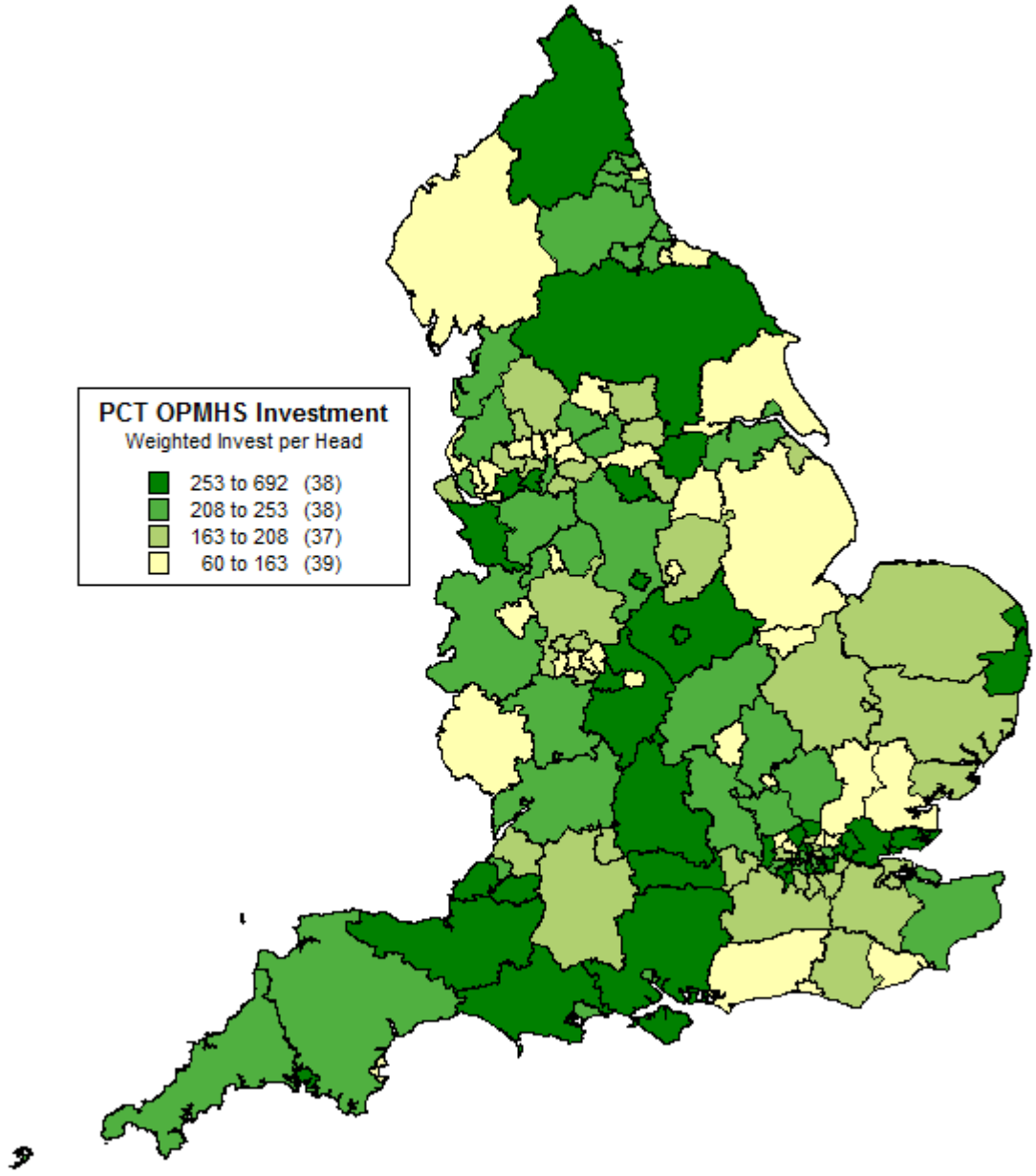


[2] The figures in brackets in the map legend indicate the number of PCTs.

Although the above focuses on PCT commissioned investment only, and excludes the less reliable local authority investment in Figure 13, it does demonstrate the varying investment levels nationally and within Strategic Health Authorities.

Examining the same figures but displaying them in four groups we in effect, get a Quartile picture where the darkest shading represents the top 25% of PCTs who invest the most by value per weighted head. Conversely the lightest shading identifies the 25% of PCTs who reported investing the least amount per head. See Figure 15.

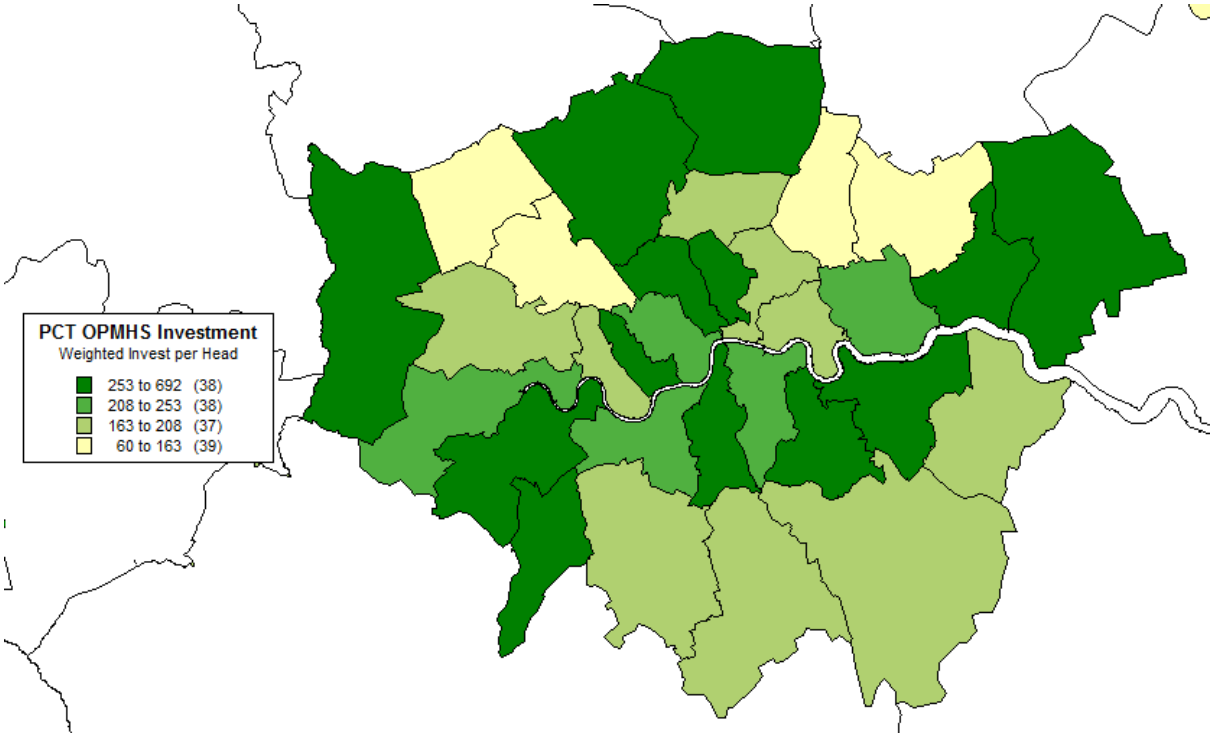
Figure 15: Quartile Map of PCT OPMH Investment per Weighted Head



The next figure continues this picture but focuses in on the London area showing clearly the areas of the greatest and least investment.

Figure 16 shows the London PCTs shaded as to which quartile they fall into, with regard to weighted investment per head for older people.

Figure 16: Quartile map of London PCTs OPMH Investment per Weighted Head



3.10 PCT Use of the Non Statutory Sector

Overall £1.189 billion out of £2.859 billion is spent outside of the statutory sector, 35% spent by PCTs and 65% by local authorities.

The use made by PCTs with the non statutory providers varies across the country and within SHAs.

To illustrate this, Figures 17 and 18 shows the PCTs shaded as to how much of their investment is spent with the non statutory sector. Some areas report no use of the Non Statutory sector.

Figure 17 compares the investment by PCT commissioners and shades the PCT areas according to whichever of the six investment bands, the PCT falls into.

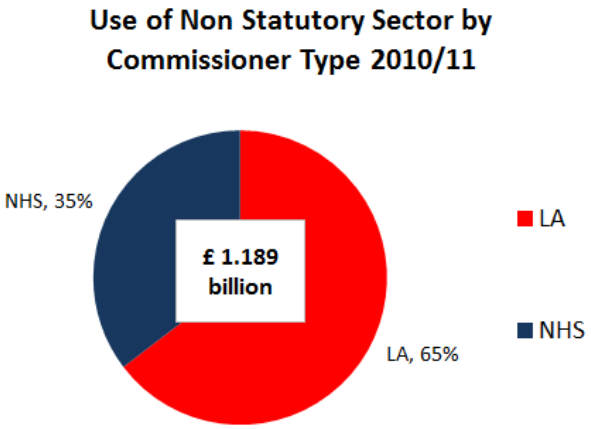
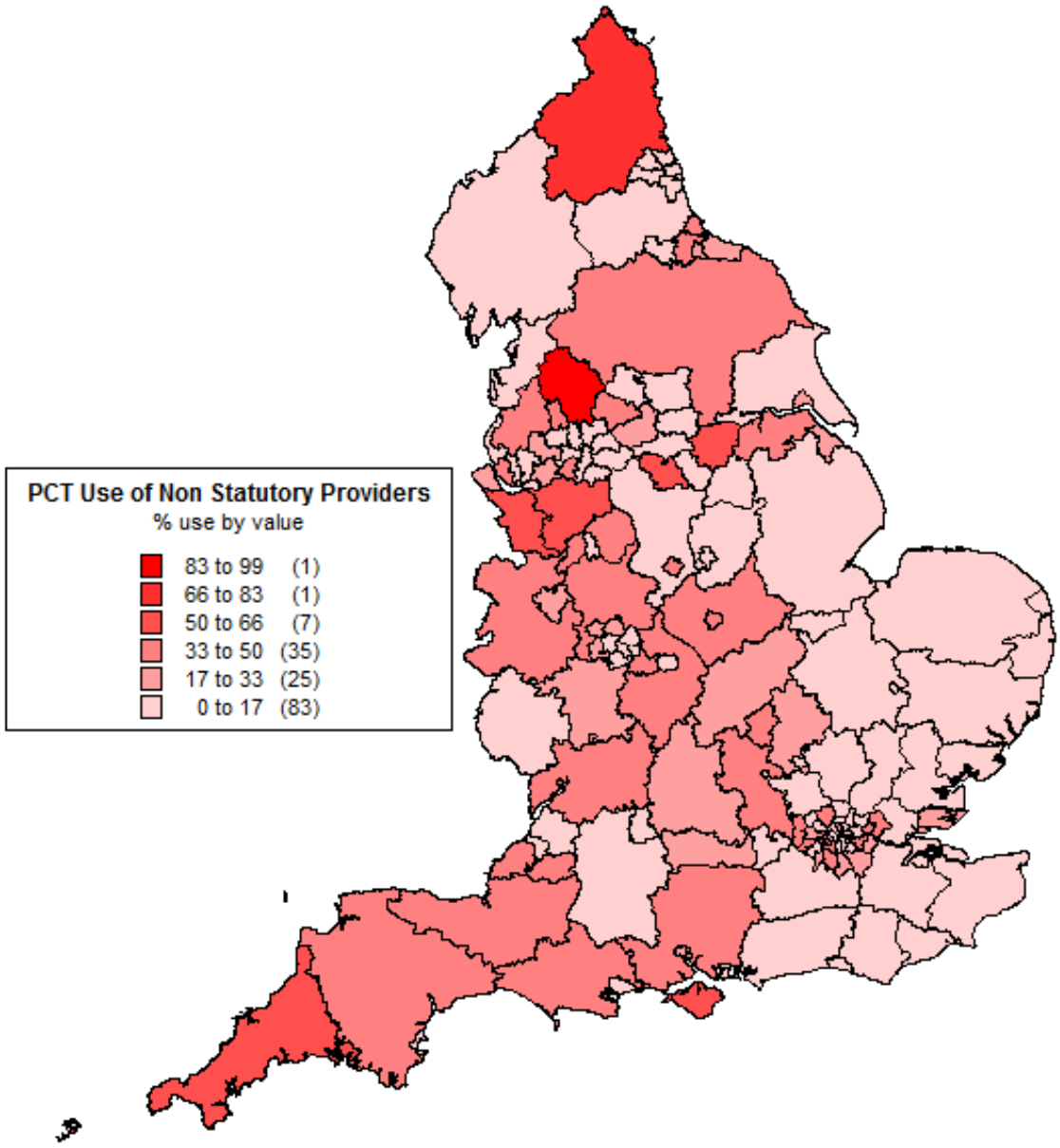
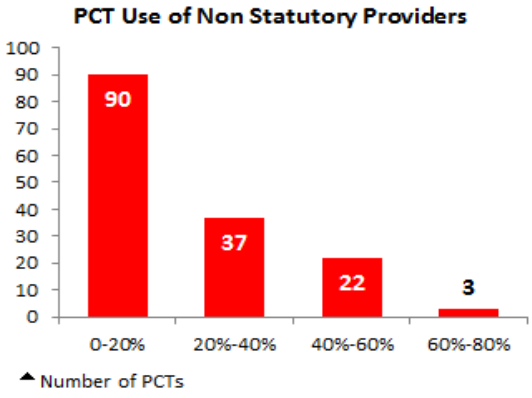


Figure 17: Map of PCTs OPMH Percentage use of Non Statutory providers



The above map shows percentage use in six investment bands of equal width where the difference between the top and bottom values in each range is the same.[3]

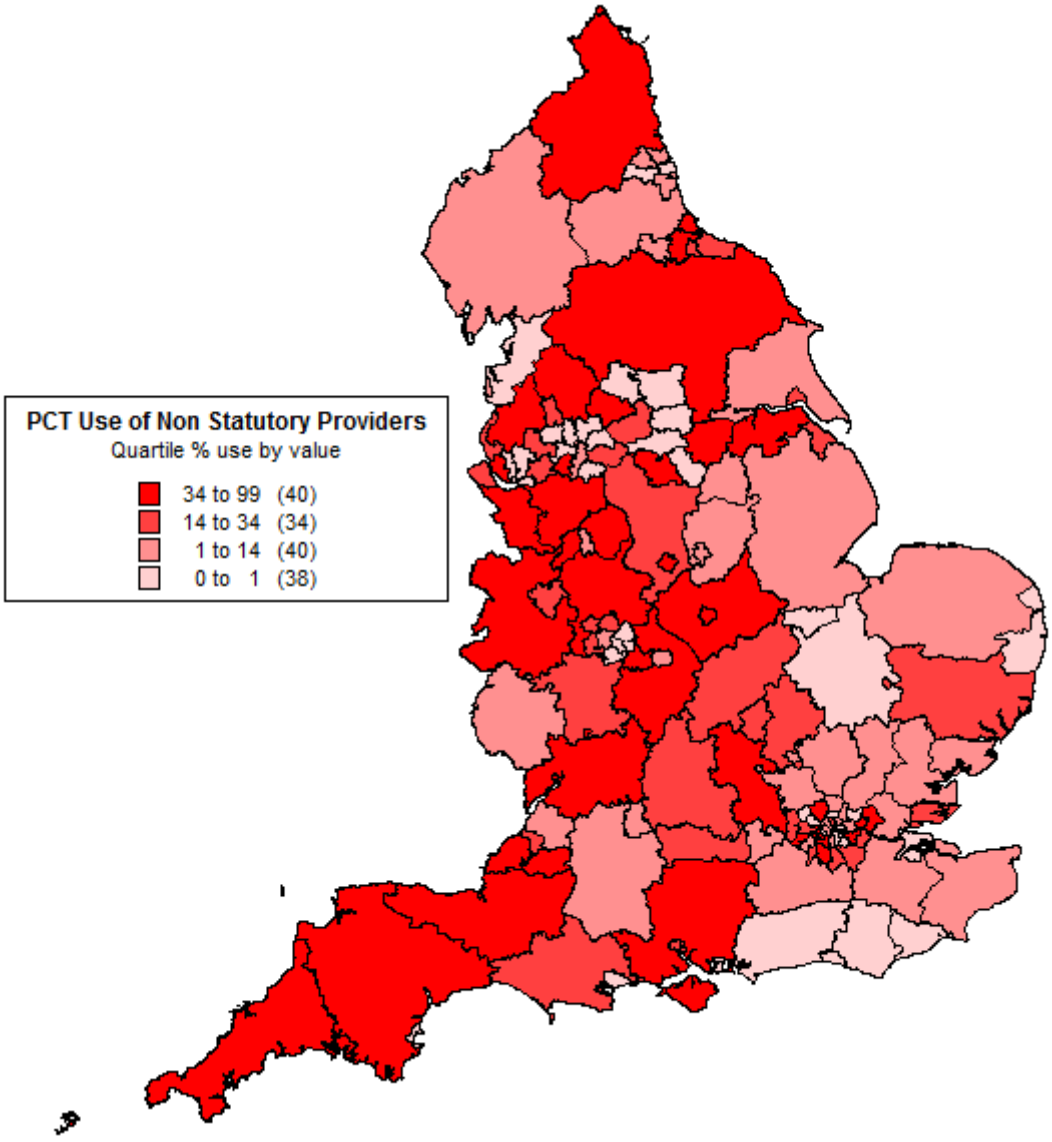
The histogram on the right illustrates that 90 PCTs spend 20% or less of their OPMH investment with the non statutory providers and a further 37 PCTs spend between 20% and 40% of their spend with them.



[3] The figures in brackets on the map legend indicates the number of PCTs

Again, examining the same figures for non statutory use but displaying them in four groups we in effect, get a Quartile picture where the darkest shading represents the top 25% of PCTs who invest the greatest percentage with the non statutory sector. Conversely the lightest shading identifies the 25% of PCTs who reported investing the least percentage of investment with the non statutory sector. See Figure 18.

Figure 18: Quartile Map of PCTs OPMH Percentage use of Non Statutory providers



Although these maps focus only on PCT commissioned investment, excluding the less reliable local authority investment, Figures 18 and 19 clearly draw attention to the differences nationwide.

3. CONCLUSIONS

The information available from financial mapping can help with understanding the amount and services to which mental health investment is being directed and is the basis for informed action; it is a key component of good management.

Individual organisations which have such informed knowledge will find it easier to identify how they compare to others and thus plan for the future to deliver service improvements. Nationally the Financial Mapping exercise facilitates effective monitoring of progress towards current aims and targets, and the development of appropriate new ones.

We now know, based on the reported information that:

- Total reported overall investment in OPMHS mental health services amounted to over £1.906 billion in 2006/07 rising to £2.859 billion in 2010/11
- Real term investment has increased 35.5% since 2006/07 and 3.8% since 2009/10 (see Figure 4)
- 63% of the OPMH services were commissioned by PCTs and 37% reported commissioned by Local Authorities
- The national investment per weighted head of population for 2010/11 was £344.7 based on the reported investment.
- Investment within SHA's varied from a low of £301 investment per weighted head to a high of £494 (see Figure 9), excluding West Midlands whose figure with a greater degree of estimation, was £261.

This report provides a useful framework for understanding the totality of investment in older people mental health, now that investment with social services and the non statutory sector is included, albeit on a provisional basis. This is based on the best information from local authorities although it is obviously more difficult for some authorities to accurately identify such investment.

Trusts and PCTs are now geared up for collecting OPMH finance data and this has been an acknowledged success. Local authorities are also gaining experience as shown by the increasing coverage of data by them in most years which rose from 72% to 88% between 2006/07 until 2009/10 and stands at a lower 79% for 2010/11.

Although the coverage of local authority returns fell in 2010/11 this is still a respectfully high return rate.

However further thought needs to be given on identifying the boundary for older people between mental health care and social care to make it easier for local authority data collection.

The period 2009/109 to 2010/11 has seen a reported real term increase of 3.8% in older people mental health services (OPMHS), after taking account of inflation. This demonstrates that despite financial pressures in many areas commissioners have continued to be committed to strategic development of national mental health services.

However the returns show that there remain areas to be addressed. The most prominent of these is the difference in investment per weighted head between SHA's. While the variances from the English average may be narrowing there are still inequalities in expenditure per head. The challenge that commissioners must address is to reduce health inequalities, improve services and ensure value for money.

Robust information is a key element of ensuring that these three objectives are achieved. The data collected in financial mapping provides this together with a clear basis for prioritisation of local objectives. It will allow better benchmarking and monitoring of progress against national and local priorities.

Organisations should use this document, together with the other elements of the annual review such as the individual LIT reports (circulated separately and containing both working age adult and OPMHS), to evaluate current arrangements and to help them in this task. We hope that this report will help stimulate debate between all of the stakeholders, increase transparency on adult mental health investment and contribute towards maximum benefit to patients.

The opportunity now exists to build on this successful framework and continue the collection of OPMHS financial data in future years.

APPENDIX ONE

CHANGES TO THE FINANCE MAPPING PROCESS FOR 2010/11

There have not been any major changes in finance mapping between 2009/10 and 2010/11. The information requested, together with the format in which it is required, is consistent with previous years. Guidance notes that are available on the Mental Health Strategies (MHS) web site were reviewed and updated to provide information and advice for those completing the returns. Support and advice was also available from MHS to answer specific queries raised by people during the completion of this information.

We extended the original deadline for returns, in recognition of the demands on organisations finance departments.

Apart from cosmetic changes to the Excel files and enhanced guidance notes, the changes involved:

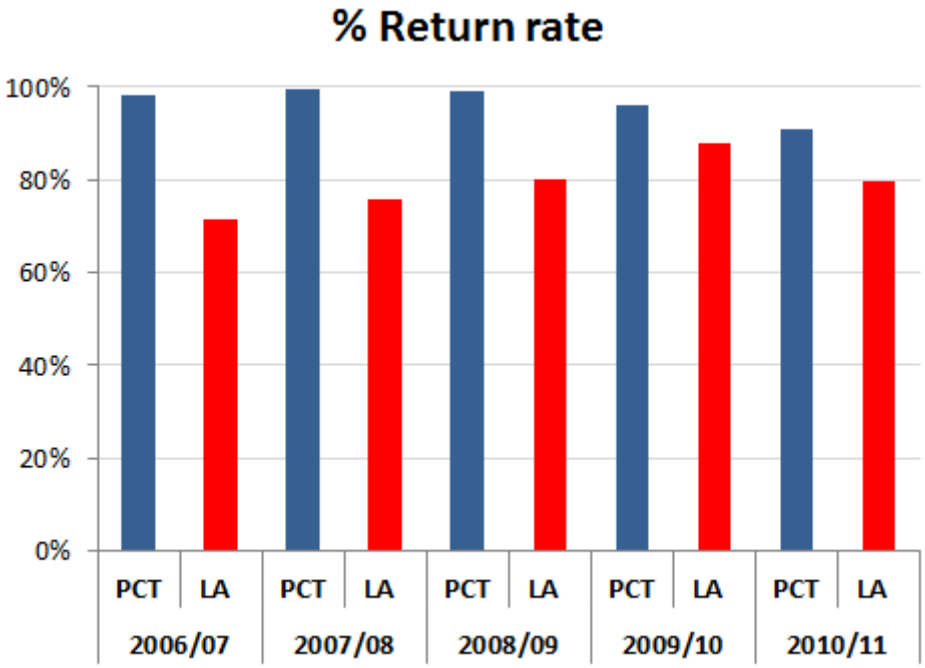
- Some simplification by merging of indirect costs and overheads into a single combined indirect costs/overheads category
- Updated name changes for Mental Health Trusts who acquired Foundation Trust status and PCTs whose preferred name changed e.g. Bolton PCT to NHS Bolton
- Updating of the weighted populations used to compare the relative financial investment between areas

APPENDIX TWO

COVERAGE OF OPMH COLLECTION

Overall Return Rates 2006/07 to 2010/11

The return rates for 2006/07 to 2010/11 are shown below.



	2006/07		2007/08		2008/09		2009/10		2010/11	
	PCT	LA	PCT	LA	PCT	LA	PCT	LA	PCT	LA
Number of LITs returning data	155	113	147	112	145	117	140	128	133	116
Total Number of LITs	158	158	148	148	146	146	146	146	146	146
Number of LITs not returning data	3	45	1	36	1	29	6	18	13	30
% Return rate	**98%**	**72%**	**99%**	**76%**	**99%**	**80%**	**96%**	**88%**	**91%**	**79%**

The proportion of PCTs within LITs who supplied data for the financial mapping has remained consistently high – and has never dropped below 91% despite the lack of data for the last two years from some West Midlands PCTs.

The provision of OPMH investment data from local authorities has consistently been lower than that of PCTs, reflecting the greater difficulty of collection by local authorities. Even so, the return rate from Local Authorities rose steadily to 88% in 2009/10 but fell to 79% in 2010/11.

The combined investment figures should therefore be treated with some caution as the both the coverage and relative accuracy of local authority supplied data is less than that supplied by PCTs.

This should be borne in mind when considering the results.

1. This year's collection has not been as complete as previous and has been undertaken during challenging and sometimes difficult circumstances.

2. 91% of PCTs and 79% of Local Authorities provided OPMHS returns. Overall a creditable return rate. Since some areas vary in size and investment, the (91% and 79%) return rates do not directly reflect the value of investment that is estimated.

3. Our estimate of the percentage unreported OPMHS investment for 2010/11 is tabled below.

	Percentage by Value	
sha	Reported	Estimated
NHS EAST MIDLANDS	100%	0%
NHS EAST OF ENGLAND	93%	7%
NHS LONDON	82%	18%
NHS NORTH EAST	72%	28%
NHS NORTH WEST	100%	0%
NHS SOUTH CENTRAL	96%	4%
NHS SOUTH EAST COAST	66%	34%
NHS SOUTH WEST	98%	2%
NHS WEST MIDLANDS	54%	46%
NHS YORKSHIRE AND THE HUMBER	100%	0%
Total	88%	12%

4. Some SHAs provided complete updated returns for their LITs in 2010/11. Others particularly those in the West Midlands and to a lesser degree South East Coast and North East did not.

5. Several West Midlands LITs did submit returns but Birmingham, Dudley, Shropshire, Solihull, Stoke on Trent and Walsall did not although others within the same SHA did. This is the reason for the high level of estimation within West Midlands.

6. The reason for the higher proportion of estimated investment in South East Coast was the lack of returns from East Sussex and Surrey LITs.

7. The basis of these estimates have been the last previous investment reported as part of financial mapping, uplifted for inflation using HM Treasury GDP rates. This is the methodology is in line with DH Financial policy.

8. Missing investment is not always easy to identify as there is no certainty that particular services which are commissioned in one particular year, will have continued to be unchanged in following years.

   Consequently, our approach has been to identify whether a particular service or group of services has not been reported, and if it was reported in the previous year; to take that previous years amount and add inflation using the latest GDP percentage to arrive at an estimated unreported investment Figure for 2010/11.

APPENDIX THREE

WEIGHTED POPULATIONS USED IN THE REPORT

WEIGHTED POPULATIONS USED IN THE REPORT

Weighted populations

An important benchmark remains the level of investment per head of weighted older people population. The weighting factor adjusts the actual aged 65 and over population to take account of relative mental health need within each LIT; it already reflects the higher cost of staff in areas such as London thus facilitating direct comparison.

The crude aged 65 and over population based upon the mid year estimates for 2008 kindly provided by the Office of National Statistics is weighted by:

- a market forces factor
- an emergency ambulance cost adjustment, and
- the mental health need index.

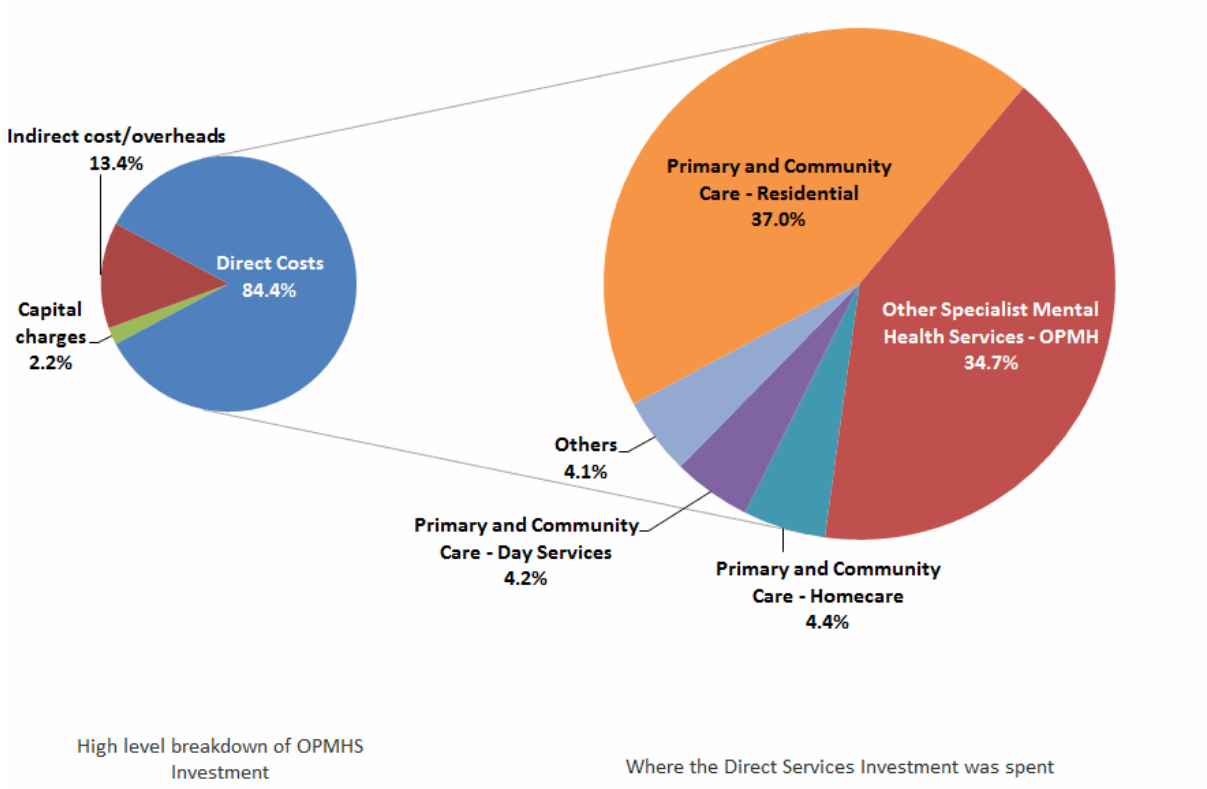
APPENDIX FOUR

DETAILED 2010/11 REPORTED INVESTMENT IN SERVICE AREAS

DETAILED REPORTED INVESTMENT IN SERVICE AREAS 2010/11

Total Reported investment in OPMHS for 2010/11 in £'000s = £2,859,041

This appendix lists the reported services by investment amount, firstly at a high level view – direct services cost, indirect costs/ overheads and capital charges and then breaks down the investment by individual service groups and service types. The data is presented in the form of pie charts followed by a supporting table.



High level breakdown of OPMHS Investment

Where the Direct Services Investment was spent

The left hand pie above shows that 84.4% of the reported OPMHS investment was spent on direct services. The right hand pie provides a further breakdown by percentage of what the direct services monies were spent on.

This clearly shows that the vast bulk of direct services investment was spent in two areas:

- Other specialist mental health services (34.7% of total and 41.1% of direct investment) - primarily inpatient care and integrated mental health teams for older people)
- Residential care in the community (37.0% of total and 43.9% of direct investment)
- Homecare and Day services together accounted for 8.6% total and 10.2% of direct investment.
- The remaining mix of other services accounted for 4.1% of total and 4.9% of direct investment.

The table below presents the total reported investment in detail.

ServiceGroup	ServiceType	Investment in £'000s	% of Total Investment	% of Direct Services Investment
Care and Repair - OPMH	Care and Repair Schemes - Older People	£ 403	0.01%	0.02%
Care for People in General Hospital -	Psychiatric Consultation Liaison Service - Older People	£ 9,607	0.34%	0.40%
Carer's Services - OPMH	Carers' Support Group - Older People	£ 1,051	0.04%	0.52%
	Carers' Support Service - Older People	£ 9,781	0.34%	
	Sitting Service - Older People	£ 1,769	0.06%	
Emergency Services - OPMH	A&E Mental Health Liaison - Older People	£ 4,188	0.15%	0.42%
	Rapid Response Service - Older People	£ 5,893	0.21%	
Intermediate Care - OPMH	Intermediate care - Older People	£ 19,938	0.70%	0.83%
Other Specialist Mental Health Services - OPMH	Inpatient care - Older Adult Acute Assessment	£ 394,734	13.81%	41.09%
	Inpatient care - Older Adult Continuing Care	£ 205,542	7.19%	
	Integrated Community Mental Health Team - Older People	£ 309,431	10.82%	
	Memory assessment service - Older People	£ 27,940	0.98%	
	Out Patients - Older Adult	£ 43,321	1.52%	
	Psychological therapy services for older people	£ 10,404	0.36%	
Primary and Community Care - Day Services	Day care at home - Older People	£ 12,209	0.43%	4.94%
	Day hospitals/ treatment services - Older People	£ 60,689	2.12%	
	Specialist day/resource centres - Older People	£ 46,304	1.62%	
Primary and Community Care -	Assistive Technology and Telecare - Older People	£ 4,655	0.16%	5.23%
	Home Care Service - Older People	£ 121,560	4.25%	
Primary and Community Care - PCS	GPs with special interest in mental illness in older adults	£ 555	0.02%	0.77%
	Graduate Primary Care Workers - Older People	£ 168	0.01%	
	Primary Care Mental Health Service - Older People	£ 17,909	0.63%	
Primary and Community Care - Residential	Care Home - Older People	£ 566,800	19.82%	43.88%
	Care Home (with nursing) - Older People	£ 491,973	17.21%	
Primary and Community Care - Specialist Housing	Extra Care Housing - Older People	£ 12,493	0.44%	0.71%
	Sheltered Housing Schemes - Older People	£ 4,701	0.16%	
Special Groups - OPMH	Services for older people learning disabilities and mental health problems	£ 10,456	0.37%	0.77%
	Services for older people with mental health	£ 5	0.00%	
	Services for young people with dementia	£ 8,128	0.28%	
Support Services - OPMH	Advice and Information Service	£ 1,897	0.07%	0.42%
	Advocacy Service - Older People	£ 2,757	0.10%	
	Befriending and Volunteering Scheme - Older People	£ 1,681	0.06%	
	Lunch Clubs - Older People	£ 272	0.01%	
	Older Person's Group	£ 772	0.03%	
	Self-help and Mutual Aid Group (for older people)	£ 2,748	0.10%	
TOTAL DIRECT COSTS		**£ 2,412,734**	**84.4%**	**100.00%**
Indirect costs or	Indirect costs- Older People	£ 383,977	13.4%	
Capital Charges -	CAPITAL CHARGES - OPMHS	£ 62,329	2.2%	
Total Reported Investment in £'000s		**£ 2,859,041**	**100.0%**	

The lengths of the coloured horizontal bars indicate the relative percentage of total direct OPMHS investment for that particular individual direct service type.

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APPENDIX FIVE

TREND ANALYSIS OF THE TOP 6 OPMHS DIRECT SERVICES AND MEMORY ASSESSMENT SERVICES 2006/07 – 2010/11

TREND ANALYSIS OF THE TOP 6 OPMH DIRECT SERVICES AND MEMORY ASSESSMENT SERVICES 2006/07 – 2010/11

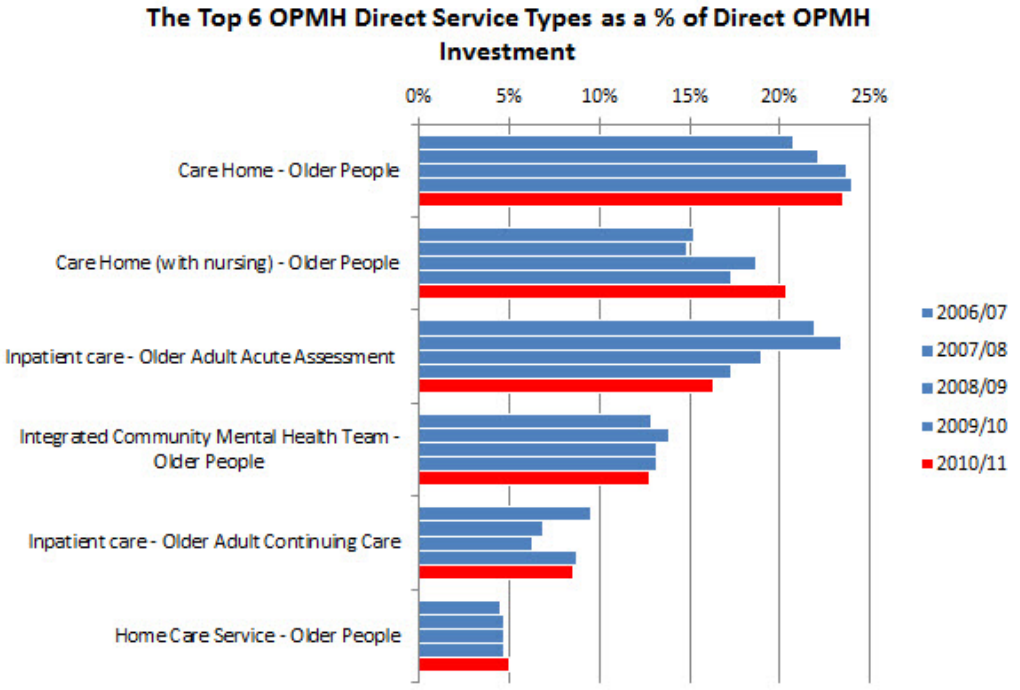
85% of investment is spent either on residential care (43.9%) or in the "other specialist mental health services group" (41.1%) which comprises principally inpatient, outpatient and integrated community mental health teams for older people. These two service groups thus currently account for over four out of five pounds of investment as shown in Figure 9 in the main document.

Figure 10 in the main report tabled the top 6 older people services by value for 2010/11.

The table and chart below shows the proportion of the reported OPMH direct services value spent on each of these 6 service types over the period 2006/07 to 2010/11.

Investment in the Top 6 OPMH Direct Service Types 2006/07 to 2010/11 as a Percentage of Value

Service Type	2006/07	2007/08	2008/09	2009/10	2010/11
Care Home - Older People	20.8%	22.2%	23.7%	24.0%	23.5%
Care Home (with nursing) - Older People	15.3%	14.8%	18.7%	17.4%	20.4%
Inpatient care - Older Adult Acute Assessment	21.9%	23.4%	19.0%	17.3%	16.4%
Integrated Community Mental Health Team - Older People	12.9%	13.9%	13.1%	13.1%	12.8%
Inpatient care - Older Adult Continuing Care	9.6%	6.9%	6.3%	8.8%	8.5%
Home Care Service - Older People	4.5%	4.7%	4.7%	4.7%	5.0%
Total % of Direct Services spent on these 6 service types	**84.9%**	**85.9%**	**85.4%**	**85.2%**	**86.6%**



The extent to which providers have classified their costs between direct and non direct costs may vary from year to year and may have a bearing on this table.

Memory Assessment Services

Investment in memory assessment services has increased significantly since 2006/07 to just over £27.9 million in 2010/11.

The reported amounts for each year, expressed in £'000s and as a percentage of the reported value of direct services for OPMH are shown below.

	Reported Investment in £'000s				
Service Type	**2006/07**	**2007/08**	**2008/09**	**2009/10**	**2010/11**
Memory assessment service - Older People	£9,444.20	£12,210.06	£15,205.72	£24,020.18	£27,939.88
Memory assessment service - Older People as a % of Value of Direct Services	0.6%	0.7%	0.8%	1.1%	1.2%

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APPENDIX SIX

SERVICE DESCRIPTIONS OF INDIVIDUAL OLDER PEOPLE MENTAL HEALTH SERVICES

SERVICE TYPE DEFINITIONS

These service definitions used in the Finance Mapping exercise for Older People and taken from the document "Everybody's Business" and are consistent with those used in the former Service Mapping.

Important Note - some staff in multi disciplinary teams or units e.g. Integrated Mental Health Teams for Older People, may be recorded under that particular team or unit, rather than under a particular staff type.

PRIMARY AND COMMUNITY CARE - PCS

Primary Care Mental Health Service

Primary care mental health services may be provided by a single worker, a group of workers or a cluster of staff who work as a team. Key characteristics of staff of primary care mental health services are that they may:

- support the delivery of brief, evidence-based interventions and self-help for people with common mental disorders of all ages
- be trained in brief therapy techniques
- provide mental health promotion
- develop links with community groups
- facilitate the development and training capacity within primary care.

Only record primary care mental health services where team members have received training in the care of mental illness of old age.

Graduate Primary Care Workers

Graduate primary care workers are staff trained in brief therapy techniques of proven effectiveness, employed to help GPs to manage and treat common mental health problems in all age groups. Roles and responsibilities of graduate workers will differ throughout the country and should be decided locally. Only record graduate workers if they work with older people with mental health problems.

GPs with Special Interest in Mental Illness in Older Adults

GPs who are contracted to provide specialist care for older people with mental health problems should be recorded here.

PRIMARY AND COMMUNITY CARE - HOMECARE

Home Care Service

Home care, also known as domiciliary care or community support, provides personal and domestic care to older people with mental health problems and their families. The service is provided by support workers who have particular training and/or expertise in looking after older people with mental health problems. Generic domiciliary services should not be included unless staff receive specific training in supporting people with mental health problems including dementia. Only staff with this training should be included in the staff count.

Services that are provided by workers attached to CMHTs should be recorded under the CMHT in the community support function column. Home support services provided as part of accommodation schemes should be recorded under the accommodation service.

Assistive Technology and Telecare

Assistive technologies and telecare includes a range of devices providing remote lifestyle monitoring solutions that help frail or disabled people live more independently with increased safety and confidence. The devices may include: reminders/voice prompts and/or dispensers to aid medication management; a programmed isolation switch to turn off the cooker if it is left on; a heat detector to alert to cookers overheating; sensors set to turn off taps left running; programmed lighting controls to ensure rooms are lit when someone is moving about; movement sensors and/or pressure mats that detect movement; timed door sensors on external doors. To be most effective, telecare provision should be linked to a local community response service that is available 24/7.

PRIMARY AND COMMUNITY CARE - DAY SERVICES

Day Hospitals / Treatment Services

The main aim of day hospital/treatment services is to offer intensive multidisciplinary assessment and treatment for older people with complex mental health needs in order to prevent admission to hospital or to aid recovery following admission. There should be a strong focus on rehabilitation, with people either attending on a sessional basis or receiving home based treatment. Interventions will generally be time-limited and will end when the person can be integrated into mainstream services or discharged back to the care of their GP. The range of treatment can also provide psychosocial interventions, an alternative to hospital admission, training and advice to carers and community outreach services. Outreach services may visit and treat people at home, in mainstream and specialist day centres or in residential settings.

Specialist Day / Resource Centre

Specialist day/resource centres provide care for older people with moderate and severe needs who may need specific personal support with day- to-day activities, including people with functional mental illness, such as depression, anxiety and schizophrenia, and people with moderate to severe dementia. The centres are usually multi-functional, offering a range of social, leisure and therapeutic activities. A wide range of services can be offered such as personal support, drop-ins, advice and information and programmes of practical, social activities and support for carers.

Resource centres which primarily provide a base for community teams of mental health professionals should be categorised under CMHT and the range of services provided should be indicated under functions. Resource centres which primarily provide NHS health care should be listed under NHS day care facilities or day hospitals.

Day Care at Home

Day care at home aims to help maintain older person's independent living skills by providing appropriate support in the home. It should be provided by support workers who have been trained to support people with a wide range of mental health problems. Their work may include the provision of practical help in engaging with chosen activities and personal support in meeting daily living activities and promoting independence. Primary and community care - specialist housing

PRIMARY AND COMMUNITY CARE - SPECIALIST HOUSING

Sheltered Housing Schemes

Sheltered housing provides easy-to-manage accommodation with additional services to enable a person to live independently. A warden or scheme manager is usually available on site, but sometimes a peripatetic warden service will visit regularly throughout the week to provide advice and support to the residents. Schemes may have communal facilities and services, and a fitted alarm system to provide reassurance that help can be called in emergencies. The accommodation may take the form of flats, bed-sits or bungalows. Different models of sheltered housing include almshouses and local Abbeyfield Societies.

Record only schemes that support older people with mental health problems.

Extra Care Housing

Extra care housing is also known as very sheltered housing, part two and a half, close care, assisted living, or retirement villages. Residents have their own flat or bungalow but the buildings will be designed with the needs of highly dependent

people in mind. Facilities include a laundry, restaurant/dinning room, domestic support, personal care, enhanced communal facilities and the capacity to offer extra care services, through dedicated care team support. Support should be available 24- hours a day.

Record only housing schemes that accommodate older people with mental illness.

PRIMARY AND COMMUNITY CARE - RESIDENTIAL

Care Home (with nursing)

Registered care homes (with nursing) are registered under Part II of the Care Standards Act 2000 to provide nursing care. They may be provided by voluntary or private organisations. Only homes making special provision for older people with mental health problems should be listed.

Care homes which are not registered to provide nursing care should be recorded as care homes in the accommodation service category.

Care Home

These are care homes registered under Part II of the Care Standards Act 2000 which are not registered for nursing care. Care homes can be provided by voluntary or private organisations. Only homes making particular provision for older people with mental health problems, including people with a diagnosis of dementia, should be listed.

Ensure there is no confusion with Registered care homes (with nursing) which are listed with continuing care services in the mapping.

INTERMEDIATE CARE

Intermediate Care

Intensive rehabilitation and treatment provided for a short period (normally no longer than 6 weeks) to prevent avoidable deterioration, enable patients to return home following hospitalisation or prevent admission to hospital or to long term residential care. Many, but not all services provide beds, they may have a base visited by clients, and most can also work in patients own homes.

CARE FOR PEOPLE IN GENERAL HOSPITAL

Psychiatric Consultation Liaison Service

Liaison psychiatry services provide psychiatric assessment, advice and training in general hospital settings. They address the psychiatric needs of older patients who are receiving health care for a general physical condition and who also present with mental

health problems. Assessments provided as part of the general on-call psychiatrist rota should not be included here. The service may provide psychiatric input to palliative care/ hospices.

Care should be taken to avoid duplication with A&E Liaison Services. Record only services which specialise in working with older people with mental health problems.

OTHER SPECIALIST MENTAL HEALTH SERVICES

Inpatient Care

Inpatient care for older people with mental health problems provides assessment, treatment and rehabilitation of older people with a range of diagnosis who cannot be cared for in the community or other settings due to the intensity and expertise of the care required. Inpatient wards may be on a general hospital site, part of a psychiatric hospital or in a purpose built separate unit or community facility. Wards should reflect the fact that although a clinical area, they may be a patients home for a variable length of time and facilities should be able to respond to the emotional, psychiatric, physical, social, spiritual and cultural needs of patients.

Psychological Therapy Services for Older People

Psychological therapy services for older people aim to alleviate psychological distress and promote the psychological well-being and health of older people with mental health problems, their families and carers either through direct client work or through training, education and supervision of other health and social care professionals. Psychological therapies include a wide range of interventions including psychodynamic, cognitive behavioural,arts-based and systemic approaches. They should be provided by appropriately qualified and accredited staff.

The service may be provided by health or local authority social services staff in a variety of settings.

Memory Assessment Service

Memory assessment services aid the early detection and diagnosis of dementia. They provide early intervention to maximise quality of life and independent functioning and to manage risk and prevent future harm to older people with memory difficulties and their carers. The memory assessment service should be able to offer home based assessment where requested, give pre-and post diagnostic counselling, make the diagnosis of dementia accessing specialist psychometric assessments and timely brain imaging where necessary, explain the diagnosis, give information about the likely prognosis and options for care, provide advice and support and provide pharmacological treatment of the dementia, follow-up and review.

If the memory clinic is provided within a CMHT, please record as a function of the CMHT and do not list as a separate service.

Integrated Community Mental Health Team

A Community Mental Health Team for older people is a multidisciplinary team offering specialist assessment, treatment and care specifically to older adults with mental health problems in their own homes and the community. They may provide a whole range of community-based services themselves, or be complemented by one or more teams providing specific functions.

Outpatient Clinics

Psychiatric outpatient clinics are staffed predominantly by doctors and occur usually in hospital and occasionally in community-based settings. Service users attend for appointments aimed at diagnosis and treatment planning or monitoring. Transport may be provided. This pattern of care is more common in adult mental health care.

SPECIAL GROUPS

Service for Young Person with Dementia

Young onset dementia services should offer a range of support and might include: information and advice; day services; psychotherapeutic group support; networks; support for carers; respite care; and long-term care. The service may be a dedicated younger persons dementia service or it may be an existing service that is used in innovative ways.

Service for Older People Learning Disabilities and Mental Health Problems

Specialist services for older people with learning disabilities and mental health problems may take a number of forms but will usually depend on partnership working between relevant agencies. All should be delivered through a person-centred approach, based on good individualised planning, commissioning and provision.

Service for Older People with Mental Health Problems in Prisons

In-reach psychiatric prison services that have a particular focus on the care of older people with mental health problems. They should be based on a partnership between prisons, health and social care providers to ensure parity with the care available in the wider community.

EMERGENCY SERVICES

A&E Mental Health Liaison

A rapid assessment service for older people with mental health problems who use an A&E Department. The service may be provided by a psychiatrist, mental health nurse or social worker. The characteristics of the service are that the patient will be seen rapidly, regardless of their place of origin and a risk assessment will be carried out. The service may provide follow-up care and treatment, or may refer to primary care or specialist mental health services.

Care should be taken that there is no overlap with psychiatric liaison services or emergency clinics. Cover of A&E by a duty psychiatrist alone should not be listed here. Cover by Integrated Community Mental Health Teams should be recorded under the ICMHT.

Rapid Response Service

A service designed to prevent avoidable acute admissions by providing rapid assessment/diagnosis for older people referred from GPs, A&E, NHS Direct or social services and (if necessary) rapid access on a 24-hour basis to short term nursing/therapy support and personal care in the patients own home, together with appropriate contributions from community equipment services and housing-based support services.

If the response is provided by another service, such as a home care service, extra care housing team or CMHT record rapid response as a function of that team.

SUPPORT SERVICES

Self-help and Mutual Aid Group (for older people)

These groups provide information and support for people who share a common interest or experience. They can fulfil a range of functions for older people with mental health problems, including informal support, social networking, counselling and information exchange.

Carers self help groups should be listed under Carers Support Groups.

Older Persons Group

Groups run by older people, sometimes with paid support, whose primary function is to represent user views in the planning, delivery and evaluation of services. They are often called User Forums. These groups may also provide members with informal support and social networks, but their primary function is self-advocacy. Patients Councils should be included here.

Befriending and Volunteering Scheme

Volunteering schemes aim to recruit, train and support volunteers to work with older people with mental health problems. In befriending schemes, volunteers befriend service users who are isolated by their mental illness, meeting them, or visiting them at home, on a regular basis by mutual agreement. Record only services which make specific provision for older people with mental health problems.

Advocacy Service

Advocacy services for older people and carers may be provided using a range of modelsof advocacy such as professional or citizen advocacy. They are characterised by the provision of an advocate who will support older people and/or carers to speak out for themselves or to represent their views as if they were their own. Where an older person lacks capacity to instruct, an advocate may act as an independent person, ensuring rights are met, wishes are considered whenever these are known, and the appropriate questions are being asked about the care and treatment they are receiving.

Advice and Information Service

Advice and information services for older people and/or their carers. The service may include a telephone advice line.

Only local services should be listed. Services with a national contact number such as NHS Direct, Age Concern England or the Alzheimer's Society should not be listed unless they have been specifically commissioned to provide an additional service for the local population. Advice and information lines run by statutory services as a discrete service should be included.

Lunch Clubs

Services providing a mid-day meal and social contact. Only include lunch clubs targeting people with mental health problems.

If the lunch club is part of the activities of a day centre, resource centre or sheltered housing scheme, it should be listed under that service.

CARERS SERVICES

Carers Support Service

Support services provided specifically for carers and families of people with mental health problems. These can include advice and information services, education and training programmes. Include only services providing for older people with mental health problems.

Carers Support Group

A support group for the carers of older people with mental health problems. The group may be facilitated by a mental health worker or paid facilitator or be self run. It may have a range of purposes such as selfhelp, support, training, social networks, advice and information.

If the group is run as part of the service provided by a Carers Support Service, do not record it here.

Sitting Service

A sitting service for older people with mental health problems enabling carers to have a break while their relative is cared for at home on an individual basis. The older person might be helped to engage in activities at home or may be taken out for a few hours if they prefer.

Record here only dedicated sitting services. If the service also provides other forms of support for carers, record it elsewhere under carers services.

OTHER

Care and Repair Schemes

Care and repair schemes support people who are at risk to continue to live in their own homes by carrying out emergency repairs quickly and by making the person safe. Their work may include installing and maintaining facilities such as alarms and monitor systems.

Include only services that specifically target older people with mental health problems.