

**HEALTH SCRUTINY PANEL**

**19 NOVEMBER 2008**

**EMOTIONAL WELLBEING & MENTAL HEALTH IN  
MIDDLESBROUGH – AN OLDER PERSON'S PERSPECTIVE**

**PURPOSE OF THE REPORT**

1. To update and inform the Health Scrutiny Panel of the work done and evidence gathered around the emotional wellbeing & mental health of older people.

**RECOMMENDATIONS**

2. That Members note content of this report and agree that it forms part of the evidential basis of the Panel's final report.

**CONSIDERATION OF REPORT**

3. Members will recall that at the start of this review, it was suggested that two Panel Members, with officer assistance, complete some research work into older people's mental health and report back to the Panel. That work has now been done and the purpose of this paper is to update and inform the Panel about that work.
4. Councillors met with the Department of Social Care's Head of Older People and Head of Mental Health & Learning Disabilities, to gather their views in relation to the topic of Older People's Emotional Wellbeing & Mental Health.
5. As part of the review into Emotional Wellbeing & Mental Health in Middlesbrough, the Panel wanted to have a section of the Final Report that focussed specifically on Mental Health issues for Older People. As such, the Panel asked a smaller group of Members to make contact with officers of the local authority and ask their views on the major challenges associated with keeping Older People in good mental health. The Panel also visited Pennyman House, a residential development in North Ormesby for Older People within a sheltered environment. The rest of this section documents the evidence

gathered by the Panel by speaking to Heads of Service and visiting Pennyman House.

6. In discussions, we were told that it is quite typical for a fairly high percentage of those in residential care to have depression, although it quite often goes undiagnosed and untreated. We heard that this can be for more than one reason. Firstly, symptoms of depression in older people are often confused with symptoms of dementia. Of course, some people may actually have both conditions, which can make it difficult to unravel people's circumstances and needs, but it is concerning that such assumptions might be made.
7. Secondly, we heard that at times some may view depression amongst older people as inevitable, simply because 'they are old'. Whilst it could be argued that such matters of losing spouses, friends and ill health may mean older people may be more predisposed to depression, we would reject such an assertion that it is inevitable or to be expected. We would hope that with appropriate actions put in place, as outlined later in this report, there is no reason to accept depression amongst older people as a mere inevitability of the ageing process.
8. We heard, nonetheless, that depression amongst older people is a real matter of concern. When one considers the demographics of the UK, with an ageing population, it is a problem for which approaches should be devised now. We heard that there are a number of reasons for depression amongst older people, although issues such as social isolation, loss of contact with familiar people/surroundings and inactivity would be significant causes.
9. We were interested to consider the role Residential/Nursing homes play in the town and the role they could play in promoting emotional wellbeing & mental health, given the large number of Middlesbrough residents that live in such locations. We heard that, ultimately, what happens in private residential and nursing homes, on a day to day basis, is up to the manager and proprietor. It is difficult, for the local authority to have a direct say on what happens in such locations. Nonetheless, we learned about a quality grading system that the Council employs in relation to residential and nursing homes that was agreed by the Executive on 19 December 2006 and rates facilities from grades 1 to 5. The tool developed for rating local establishments centres on four key components which are
  - 9.1 Physical aspects of the buildings/accommodation
  - 9.2 Quality of care received by residents, as they perceive it
  - 9.3 Quality of care perceived by family members
  - 9.4 Views of staff (via a survey)
10. It is important to note that carers, staff and residents all have an important say in what sort of rating an establishment obtains. In addition, we heard that the Department of Social Care completes regular visits to establishments, in a contract monitoring capacity and will include the views of family and carers when considering the performance of such facilities.

11. We heard that the Commission for Social Care Inspection (CSCI)<sup>1</sup> tends to focus its inspections on such matters as buildings and care plans. By having the star ratings, it was felt that Middlesbrough was going further in attempting to place a certain focus on 'softer' topics, such as the quality of staff. It was felt that there were still improvements that could be made around in capturing people's experiences and giving a richer picture in assessing the standard of residential and nursing homes in Middlesbrough. Nonetheless, it was felt that the grading system was a good step forward and would empower people to make more informed decisions about their care and where to live.
12. We learned that there is a piece of work for the Council to undertake to gather intelligence around the experience of people who pay for their own care, known as 'self funders'. It was explained that the Council has a lot more involvement and knowledge of a particular establishment if it pays for the care of people there, as it is required to undertake care management reviews of the individual's care, at least once a year. The Council is less able to understand matters from a self funders perspective and would like to increase this knowledge in the near future.
13. In addressing matters such as emotional wellbeing and mental health, it is widely reported that physical and mental activity can have a significant impact on people achieving, or maintaining, good mental health. On this point, we learned that national guidelines for the running of residential and nursing homes indicate that such facilities should have an activities co-ordinator, although it was felt that some activities co-ordinators can be better than others. Nonetheless, all staff should play a role in providing meaningful activities for residents.
14. We learned that the Council's role in advocating the sorts of activities it would like to see in residential and nursing homes is fairly limited. All such facilities are run at arms length from the Council, given their nature as commercial businesses. Further to that, the local authority is fairly limited as to what it can specifically demand in contracts in relation to activities for residents.
15. We learned that a key element in improving (or at least maintaining) good mental health in older people was in keeping as many people as possible out of residential and nursing care, to enable those people to lead as independent lives as possible, even if they are in need of care of some sort.
16. We learned that one of the best models of this sort of arrangement is Pennyman House in Middlesbrough. Pennyman House provides supported tenancies, in an environment that also provides care on a 24 hour basis. The service is managed and run by Tees Valley Housing, with services commissioned by the local authority. As part of this work, we visited Pennyman House.

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<sup>1</sup> The Commission for Social Care Inspection (the regulatory body) will be replaced by the Care Quality Commission in April 2009.

17. Pennyman House was opened by Tees Valley Housing Group in June 2007 and was built at a cost of around £5.8million<sup>2</sup>. It is an extra care facility, which offers a mix of independent and assisted living to people from across the Middlesbrough area. We heard that extra care offers independent living with additional assistance when needed and the tenants are older people from across the local area.
18. We found that the scheme has 11 one-bedroom apartments and 31 two-bedroom apartments. Residents of and visitors to Pennyman House have access to a number of communal facilities, including a restaurant, hairdressing facilities, faith room, assisted bathing and laundry.
19. On our visit it was confirmed that during the day, visitors have free access to the public areas, such as the restaurant and beauty salon, but cannot gain access to the private areas, which give access to tenants apartments. On our visit we noted that the security of the private areas was maintained via a security fob system, which was discreet but effective.
20. We were most impressed with what Pennyman House had to offer and the standard of accommodation was very impressive. We learned that people living there have tenancy agreements with Tees Valley Housing, which have to be respected like any other tenancy agreement, but any social care or nursing care is accessed via the appropriate agencies and available on site.
21. We specifically noticed what a hive of activity the communal areas were, where various classes and activities are run. On our visit, we could see the value of having such extra care available if it was needed by people. Its worth noting that it is also simply an address for some people, similar to living in a block of apartments, but with that extra support available should it be needed either temporarily or permanently. We could certainly see the value of this model, with people having their own front door, whilst having all necessary support under one roof.
22. In our discussion with the Department of Social Care, we also heard that it could be argued that there are too many 'homes' in Middlesbrough, whether that be residential or nursing, with a fairly high number of vacancies. Further, it could be argued that national policy is moving away from such models, towards more independent living type arrangements.
23. It was confirmed that people placed in residential or nursing homes are required to have a review of their status and needs once a year as a statutory minimum, where it is considered whether their current location is in the best interests of the individual. It was noted that there is no statutory requirement to complete a yearly assessment for people who are self funding, although such people can ask for one.
24. It was said that the Council is trying to encourage more and more people to live their lives in a way that may prevent poor mental health, as opposed to dealing

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<sup>2</sup> [www.teesvalley.org/newsdetails.php?newsid=171&source=list](http://www.teesvalley.org/newsdetails.php?newsid=171&source=list)

with its ramifications once it has arrived. The Council is trying to do this through such initiatives as the Independent Living for Older People Project (ILOP) by encouraging earlier intervention and proactive activities such as dance clubs, although it remains a challenge to provide/stimulate such activities.

25. In respect of older people's mental health services, we heard that the Tees Esk & Wear Valleys provides 3 full time community psychiatric nurses (CPNs) to provide services to residential and nursing homes across Redcar & Cleveland and Middlesbrough. We were interested to hear as to whether or not this was thought to be enough, given that there are around 1600 residential and nursing home beds in Middlesbrough alone.
26. The feeling was that it was probably not enough, although it represents an improvement on where the local health and social care system found itself a few years ago. It was felt that if a debate about improving the service and increasing capacity was to be had, it would need to involve the PCT very heavily, given their specific role in purchasing health services for the community it represents.
27. The role that Direct Payments can play in people's emotional wellbeing and mental health was emphasised. Direct Payments are fundamentally about choice in an activity or service to be accessed, that will enhance an individual's quality of life. An assessment of someone's need is made and if a need is established, Direct Payments will be made. This is something that an individual can take on and lead if they have the capacity, or assistance can be offered to deal with the administration of Direct Payments if people so wish. It should be noted that Direct Payments are not limited to what people would traditionally consider to be 'nursing' care, but can be used to fund activities as wide ranging as a golf club membership, or paying for someone to assist in going shopping.
28. As was noted in the Social Care & Adult Services Scrutiny Panel's Final Report into Direct Payments in 2004, there are a lot of people who can be quite reluctant to take on Direct Payments for a number of reasons. Nonetheless, it would seem that for those who have taken up Direct Payments, it has had a marked impact on their lives, for the better. It also clearly enhances people's feeling of self-empowerment and self worth. They become an active decision making partner in their care, as opposed to a passive recipient of a service they may or may not particularly value.
29. We learned that the Council offers day care services, at a number of day centres with the intention of giving carers a break and avoiding isolation.
30. On a national policy level, we learned that there is an argument to suggest that older people with mental health problems actually fall between the two stools of the Older People National Service Framework and the Mental Health National Service Framework. In addition, it would appear that recent national moves to increase the focus put on dementia do not seem to include substantial sections on depression. As such, it would appear that there is a policy gap in relation to Older People with Mental Health problems.

31. In terms of what could be done in the future, we heard that the local authority would be making great progress if it worked to fully implement the Older People's Strategy. It was also said that it would be of great benefit if the local health and social care system sought to intervene earlier, in an attempt to prevent the causes of such poor emotional and mental health in older people. Further, the view was also put forward that the town's older people would benefit from more extra care housing and less residential type homes.
32. It was also felt that it would be of benefit if the local health and social care system could give older people options about their care/living arrangements sooner in the process, as this would increase feelings of people having a degree of empowerment over their arrangements. It is often the loss of such empowerment/influence that can inspire depressive feelings.
33. We also heard of a challenge that is facing the whole country, not just Middlesbrough, pertaining to eligibility criteria for provision of services for older people accessing social care. Namely, budgets are increasingly challenged for older people's social care and eligibility criteria for Social Care reflect that reality.
34. The Government launched the Fair Access to Care Services (FACS) framework five years ago (in England), to address inconsistencies across the country about who gets support and to provide a more transparent system. The guidance incorporated important principles about
  - 34.1 Trying to ensure a needs led not a service led approach
  - 34.2 People with similar needs having similar outcomes, though not necessarily similar services
  - 34.3 Taking a non-discriminatory and human rights approach
  - 34.4 Ensuring carers' needs are taken into account
  - 34.5 The role of councils in supporting people who are not eligible with information, advice and alternative services
  - 34.6 Adopting a preventative approach
35. Importantly, the guidance reaffirmed that councils should take their own resources into account when settling eligibility levels locally (using the national framework it described). To clarify, FACS sought to increase consistency and transparency but within a discretionary system whereby each authority could determine its overall funding for adult social care.
36. Since then, however, the policy on personalisation has further developed, evidenced by the *Putting People First* concordat. In addition, increasing attention is being paid to promoting general wellbeing and to targeted prevention, i.e. investment to support people to prevent or defer the need for more intensive help. These policy developments, alongside councils' increasing tightening of their eligibility criteria in order to manage their budgets in a cash limited system, have together highlighted tensions between the

implementation of FACS and new approaches to prevention and personalisation.<sup>3</sup>

37. It does, therefore, raise a policy issue as to where the public purse allows the eligibility criteria to be set. Nonetheless, we heard that all national targets indicate that more should be done earlier in people's lives to prevent some needs becoming critical or substantial. As such, a challenge is presented to intervene earlier, before needs become "critical" or "substantial", when they are nearer "moderate" or "low" as outlined in the eligibility criteria.
38. Whilst budgets are an issue which will always be high on the agenda, we heard that the local authority could be extremely instrumental in assisting people with lower level needs by signposting them to other forms of appropriate support. We heard that Age Concern offers a programme called the Phoenix Project, which effectively provides a range of activities/classes, aimed at people over 55 to stay active and prevent social exclusion. As such, as budget pressures relating to eligibility criteria will probably always be an issue, a local authority should make it its business to know about as many local groups as possible offering relevant services, which people can be guided to. Following such signposting, a local authority should then follow up those individuals to ascertain the outcomes for them, following such advice.

## **BACKGROUND PAPERS**

39. Please See *Cutting the Cake fairly – CSCI review of eligibility criteria for social care*, October 2008.

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<sup>3</sup> Please See *Cutting the Cake fairly – CSCI review of eligibility criteria for social care*, October 2008. Executive Summary on Page 3 and 4.