

**Meeting:** **Adult Social Care, Health and Wellbeing Sub-committee**

**Date:** **5 October 2017**

**Title:** **Older Person's Mental Health**

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**Directorate:** People Based Commissioning

**Wards affected:** All

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## **1. Purpose of Report**

To update the Adult Social Care, Health and Wellbeing Sub-committee on the development and implementation of the Mental Wellbeing in Later Life Strategy 2017 – 2022.

## **2. Recommendations**

The Health & Wellbeing Sub Committee is recommended to:

- a) Acknowledge the ongoing progress made in terms of developing the Mental Wellbeing in Later Life Strategy; and
- b) review and provide comments on the draft Strategy.

## **3. Details**

### **3.1 Background**

The Mental Health Integration Board established a sub group to review older people's mental health and develop a strategy to outline support in this area, including addressing any shortfalls.

The impact of older persons mental health needs is wide ranging, having an effect on not only the person themselves but also their family, friends and carers. The demand for services is likely to increase given the predictions of demographic changes and higher prevalence of mental health problems in older people.

The priorities for older people living in North Tyneside include improving physical health, mental health and emotional wellbeing, reducing mortality and improving healthy life expectancy. Additionally North Tyneside wants to reduce avoidable hospital and care home admissions and also to support unpaid carers to enable the individual to continue to live in the community with the right support at the right time.

Broadly the actions that have been identified for further work in the Strategy fall into five key areas:

- Improving health and wellbeing
- Prevention and early intervention
- Community & Primary Services
- Secondary Provision
- Supporting Recovery & Long Term Care

### 3.2 Summary of the Key Issues

Below is a summary of the key issues that have been identified as part of the older peoples work and development of the strategy:

- The impact of an **ageing workforce** and the need for good age management practices to meet the needs of all staff;
- The need for **good quality housing** to support people to live independently for as long as they are able to;
- The impact of **loneliness and isolation**, in respect of mental and physical health;
- **Smoking, alcohol and drug misuse** in older people;
- **Inactivity** - encouraging the older population to take regular physical activity to lower the risk of a variety of conditions, including Alzheimer's and dementia, heart disease, diabetes, certain cancers, high blood pressure, and obesity;
- **Depression** - older people are much more vulnerable to factors that lead to depression, such as:
  - being widowed or divorced
  - being retired/unemployed
  - physical disability or illness
  - loneliness and isolation
- **Dementia** and the wide reaching effect on the lives of those living with the condition and also the people that care for them;
- **Co-morbidities** - there is the increased likelihood for those aged 65 and over to present with a number of both physical and mental health conditions;
- Older people with a **learning disability** - including the impact on family carers who are themselves ageing and require support;
- **Delirium** - is estimated to be present in 25-40% of patients presenting to A&E and also in around 50% of those aged over 70 in hospital. It represents the commonest complication of hospitalisation in the elderly, leading to increased length of stay, increased risk of discharge into institutional care and increased mortality;
- People providing **unpaid care** - most carers aged over 80 spend more than 50 hours a week caring; and
- **End of life care** – including recognition that people dying from advanced dementia are more likely to:

- die in an acute hospital ward or care home
- have uncomfortable aggressive treatments prior to death

They are also less likely to:

- be prescribed appropriate analgesia
- have their spiritual needs addressed
- have an advanced care plan.

### **3.3 Next steps**

Adult Social Care, Health and Wellbeing Sub-committee is invited to discuss and provide comments on the draft Strategy.

The final draft Strategy will be presented to the Mental Health Integration Board for approval in November 2017. Following this the draft Strategy will then be circulated for wider consultation in December and January.

An action plan is currently being developed to take forward the issues identified as part of this work.

It is anticipated that the Mental Wellbeing in Later Life Strategy and Action Plan will be published early in 2018.

The Health and Wellbeing Board has requested a further update on this work in March 2018.

## **4. Appendices**

Appendix 1: Draft Mental Wellbeing in Later Life Strategy 2017 – 2022.