

Caring for the mental health of older people



‘Towards a personalised service in South Gloucestershire’

Consultation October 2008 – January 2009

**We want your views on our proposals for a
Joint Commissioning Strategy
for Mental Health Services for Older People
by 31 January 2009
See inside for how YOU can have your say**

Foreword

This document has been produced by the Older Peoples Mental Health Project Board (OPMHPB) which is jointly led by South Gloucestershire Primary Care Trust (PCT) and South Gloucestershire Council (SGC). It first met in July 2007.

The OPMHPB agreed to uphold the three basic principles for the care of older people based on *'Valuing Experience'*, South Gloucestershire's Joint Strategy for Older People:

1. promoting healthy living to encourage involvement and independence
2. early intervention and diagnosis for those who need support
3. maximising services to sustain older people's independence.

These are the outcomes to which this joint commissioning strategy is directed.

Membership of the Board includes key service partners such as Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), Aspects and Milestones Trust, Princess Royal Trust Carers Centre, South Gloucestershire Senior Citizens Forum and the Alzheimer's Society. At least half the Project Board are people who are not members of SGC or the PCT. The Membership is:

Name	Position	Organisation
Amarjit Sing	Manager	Dhek Bhal
Audrey Lees	Member	South Gloucestershire Senior Citizens Forum
David Harwood	Non Executive Director	South Gloucestershire PCT
Debbie Spaul	Head of Psychology	AWP Mental Health (NHS) Trust
Guy Stenson	Service Manager, Strategic Planning & Partnerships	South Gloucestershire Council
Helen Vincent	Representative	Joint Parish Councils
Jane Meredith	Service Manager, Mental Health	South Gloucestershire Council
Jill Payne	Member	South Gloucestershire Senior Citizens Forum
Julie Warner	Head of Service	AWP Mental Health (NHS) Trust
Lorna Robertson	Branch Manager	Alzheimer's Society
Mel Akers	Chief Executive	Aspects and Milestones
Mike Hennessey	Joint Chair/Head of Strategic Support Services	South Gloucestershire Council
Roger Bullock	Clinical Director	AWP Mental Health (NHS) Trust
Roger Pedley	Joint Chair/Locality Director Kingswood	South Gloucestershire PCT
Rosa Hui	Manager	Bristol & South Gloucestershire Chinese Women's Association.
Tina Dean	Chair	South Gloucestershire Senior Citizens Forum

1. Why do we need a Joint Commissioning Strategy for Mental Health Services for Older People?

We need to ensure that services and support offered to older people with mental health needs are both sustainable and of a high quality. They need to offer people choice and control, and be personal to the needs of the individual and their carers. This will be achieved through a partnership between the PCT, SGC, service users and carers, and voluntary and independent providers.

The Government's *'Transforming the Quality of Dementia Care: Consultation on A National Dementia Strategy'* was published in June 2008. It reflects many of the local themes for long term conditions. Among other things, it emphasises early diagnosis and support for those with mental health needs and their carers, and encourages the strengthening and expansion of intermediate care provision. It restates the need to support independence, choice and maintaining people in their own homes, together with a reduced use of hospitals and residential care homes. All these features are included in this draft joint commissioning strategy. Any issues arising from the national strategy consultation will be incorporated into our local planning.

While dementia is a key feature of the South Gloucestershire approach to mental health services for older people, the commissioning strategy also caters for the full range of mental health needs, including depression and severe mental illness.

Consultation on future provision

The Project Board looked both at the range and performance of current services and at how money is spent in providing them. It also considered how this money might be spent differently in terms of the future needs of older people with mental health needs and their carers.

The proposals start from the basis that older people with mental health needs are older people first, and thus should be supported and assisted in using ordinary services which can be adapted. Where needed, there will be readily available access to specialist support.

This document has proposals for service improvements as the basis for consultation with service users, carers and stakeholders living in South Gloucestershire. Once the consultation process has been completed, amendments arising from it will be incorporated into a final strategy document. An implementation plan will be developed which will enable planned service development and delivery from 2009.

The questions for service users, carers and stakeholders are:

- 1. Do you think we have the right approach in redirecting investment from secondary care (i.e. hospitals and care homes) towards primary and community care?**
- 2. Do you think that our proposals for new investment are in the most effective areas?**

Please see page 16 for information about how you can contact us with your views.

2. The anticipated impact of mental illness on the older population of South Gloucestershire

Population and impact

The population of South Gloucestershire is currently (2008) about 252,000 of which more than 41,000 people are aged over 65 (a further 45,000 are aged between 50 and 65).

By 2015 the number of people over 65 is expected to have increased to 50,100.

We want to ensure that, as that population increases, we develop services that not only support the best possible quality of life but also promote involvement and equality.

As the population increases, so will the number of people living with dementia and depression.

Dementia and Depression in South Gloucestershire						
The figures in this table are based on:						
Dementia – research undertaken in 2002 indicates that 2.3% of 65 – 74 year olds, 7.2% of 75 – 84 year olds and 21.9% of people aged 85 and over will experience dementia						
Depression – it is estimated that at any one time, between 10 – 15% of the population experience depression						
	2008			2015		
Age Group	Age Group Total	Dementia	Depression	Age Group Total	Dementia	Depression
65 – 74	22,300	513	2,230 – 3,345	27,500	632	2,750 – 4,125
75 – 84	14,000	1,008	1,400 – 2,100	16,600	1,195	1,660 – 2,490
85+	4,800	1,051	480 – 720	6,000	1,314	600 – 900
Total	41,100	2,572	4,110 – 6,165	50,100	3,141	5,010 – 7,515

More recently, in 2007, a Dementia UK study estimated that, for the whole population, just over one person in a hundred lives with dementia and, for this local area, forecast the following rises in the prevalence of dementia:

Council	2008	2021	% increase
Bath and North East Somerset	2,219	2,833	28.0%
Bristol	4,125	4,364	0.5%
North Somerset	3,510	5,090	45.0%
South Gloucestershire	2,629	4,006	52.0%

Carers

Older people with mental health needs may have an increased requirement for care, and this is often provided by carers. A carer is a person who looks after someone - relative, friend or neighbour – who, through illness or impairment, is unable to look after her/himself. That person may be an adult, a child or a young person.

There are considerable and increasing demands on carers' physical and emotional health and well being. Caring also has a negative impact on carers' financial security, as they may have to reduce working hours or give up work altogether, with effects on both income and pensions.

Many carers are themselves older people. An Office of National Statistics study showed that one-third of carers have mental health problems. Furthermore, two-thirds of carers who provide more than 50 hours of care a week report that they have their own significant health problems.

In the 2001 census, 24,000 people in South Gloucestershire identified themselves as carers, with 8,000 people providing 50 or more hours of care a week. Given the above figures, this could mean that there are about 4,000 carers with their own mental health needs.



The scale of the projected increase, and particularly the expected need for support for people with dementia and their carers, highlights that South Gloucestershire has to be able to meet a significant increase in demand from an increasing number of people over the coming years.



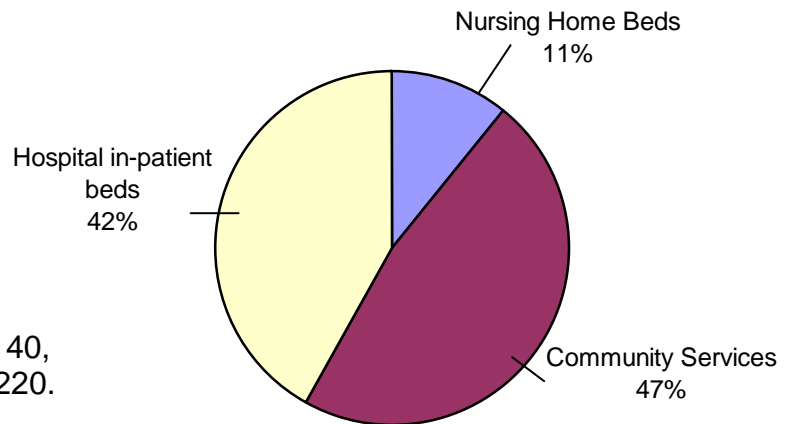
3. Current services and investment

In 2007-2008 combined investment in mental health services for older people in South Gloucestershire by the PCT and SGC was approximately £11m.

South Gloucestershire Primary Care Trust

This table shows the key elements of the PCT’s investment in mental health services for older people:

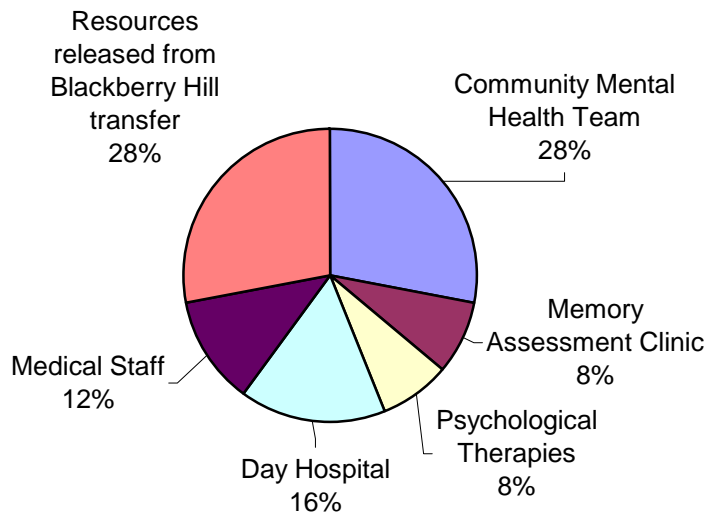
Service Element	£m
Nursing Home Beds	0.6
Community Services (see detail below)	2.6
Hospital in-patient beds	2.3
Total	5.5



A day in a residential home costs £120 - £140, and a day in a hospital bed costs around £220.

The Community Services investment of **£2.6m** is made up of the following:

Community Services	£m
Community Mental Health Team	0.7
Memory Assessment Clinic	0.2
Psychological Therapies	0.2
Day Hospital	0.4
Medical Staff	0.3
Resources released from Blackberry Hill transfer	0.7
Total	2.6



In October 2007 the wards at Blackberry Hill Hospital had to be closed for health and safety reasons. Provision was made for the emergency transfer of hospital beds from Blackberry Hill Hospital to Callington Road Hospital and Southmead Hospital. Service users and their carers were kept fully in the picture.

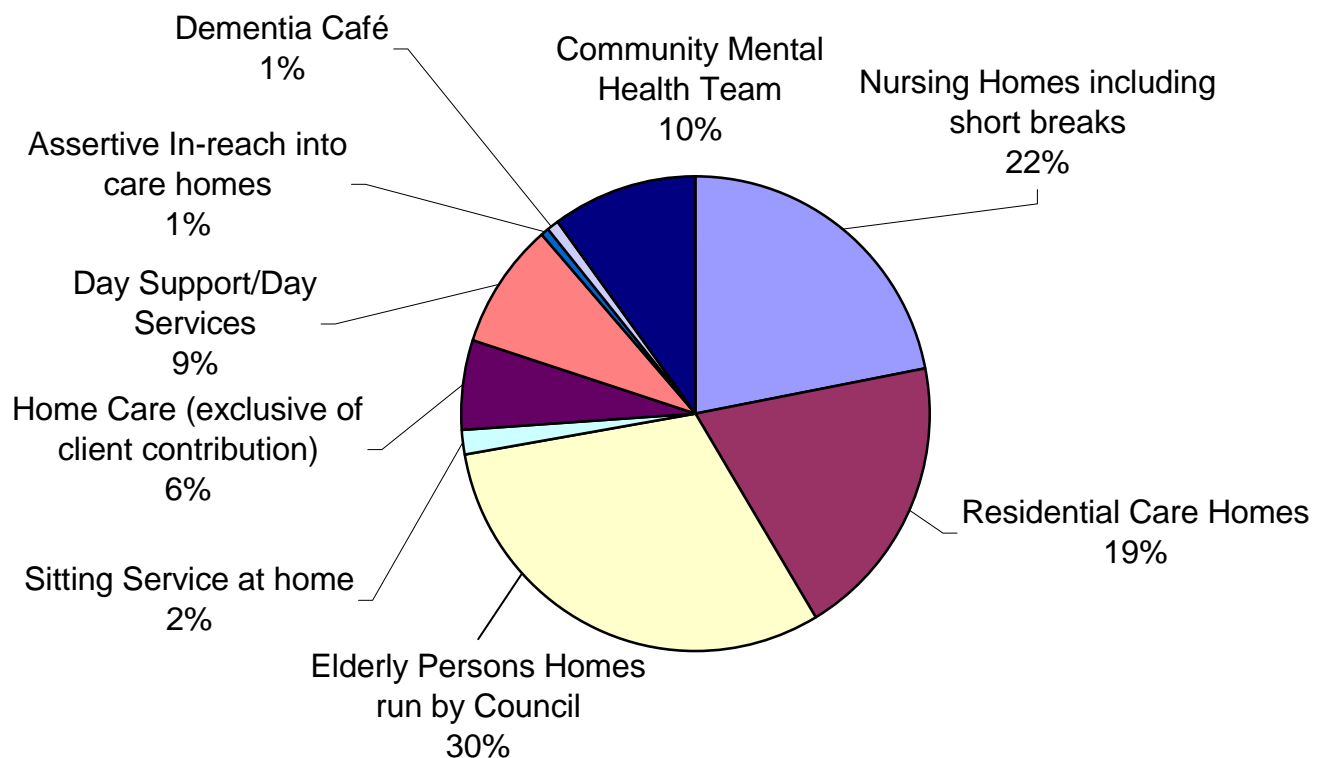
The emergency transfer released approximately £0.7m. Currently this is invested in additional interim community support in AWP services but will be available for investment in new services from April 2009 should this commissioning strategy be approved and the transfer of beds become permanent.

South Gloucestershire Council

Community care and housing services for older people with mental health needs and their carers are provided both directly by the Council’s in-house provider services and through services contracted from the independent and community sectors. The Community Care & Housing Department currently has a dedicated care management team working with older people with mental health needs. This team works closely with colleagues from AWP NHS Trust.

The Council’s investment in mental health services for older people is:

Service	£m
Nursing Homes including short breaks	1.30
Residential Care Homes	1.15
Elderly Persons Homes run by Council	1.82
Sitting Service at home	0.11
Home Care (exclusive of client contribution)	0.36
Day Support/Day Services	0.51
Assertive In-reach into care homes	0.03
Dementia Café	0.05
Community Mental Health Team	0.59
Total	5.92



4. Proposals for a new commissioning strategy

Comments on current services

Many people said good things ...

- The high quality in-patient care now available in Southmead and Callington Road Hospitals
- Dedicated staff in all the organisations
- The quality of service available at the Memory Clinic
- The approach and model of care provided by the Joint Intermediate Care Team of the PCT and SGC

... but users and carers said some things could improve:

- More choice and control
- Single point of access with the same route to both health and community care help
- Less of a wait for the Memory Clinic
- More information and support immediately after diagnosis
- Services to be more flexible and available at all hours
- More talking treatments
- More help for people with mental health needs who are admitted to Frenchay and Southmead Hospitals
- Short Breaks (respite) both pre-booked and urgent

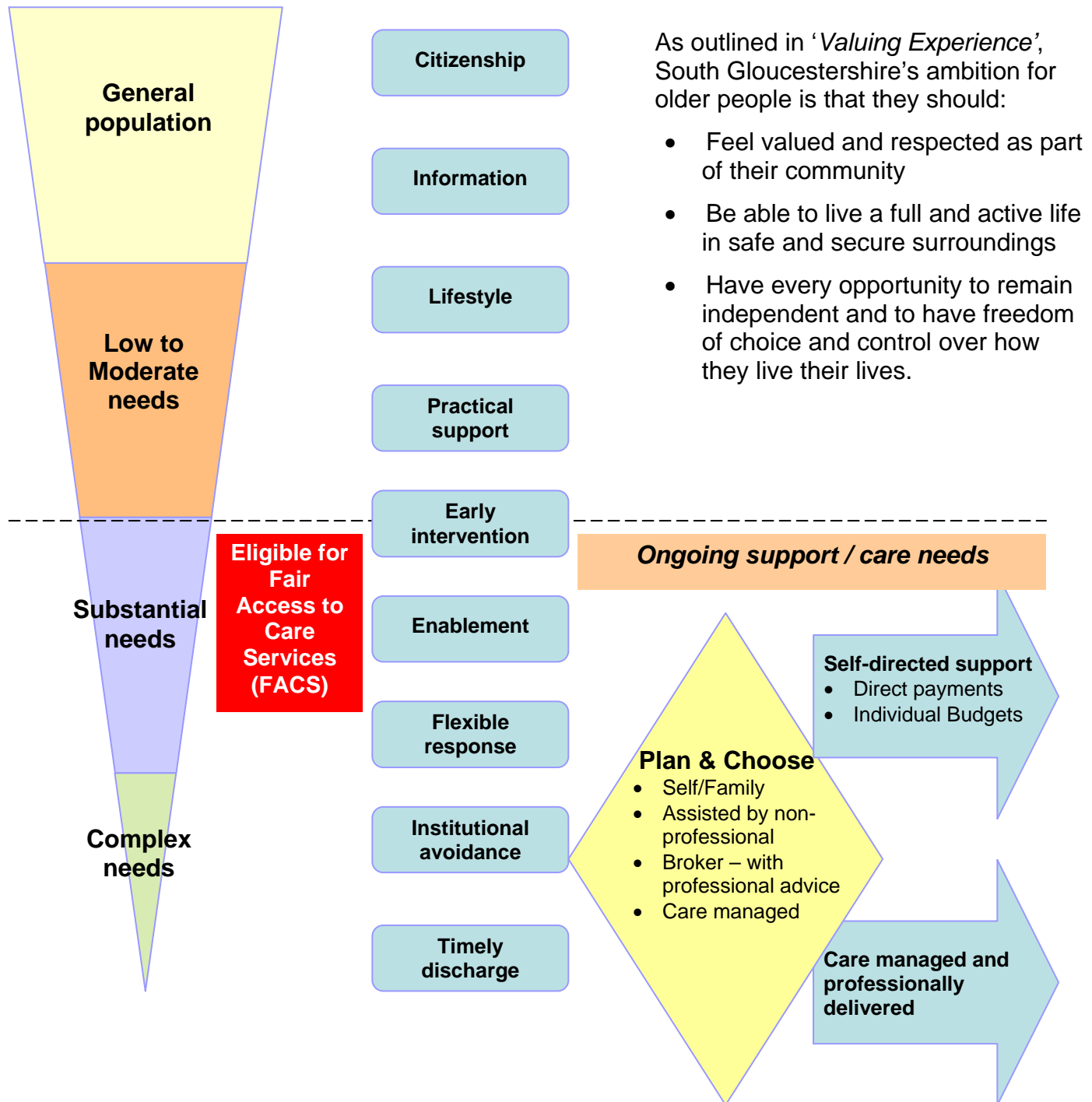
The proposed approach to commissioning

In response to these comments, a new commissioning strategy is being developed. Its aims are to:

- Enable more people with mental health needs and their carers to access a service
- Enable earlier access to diagnosis and support
- Provide more support at times of greatest need and crisis
- Provide practical help and information to maximise independence, choice and control
- Achieve less reliance on hospital and residential care.

This will require a significant re-distribution of investment from inpatient and residential care to community based support and services. There will also need to be better integration between primary care services, community services and the specialist providers.

‘Preventative’ interventions



As outlined in 'Valuing Experience', South Gloucestershire's ambition for older people is that they should:

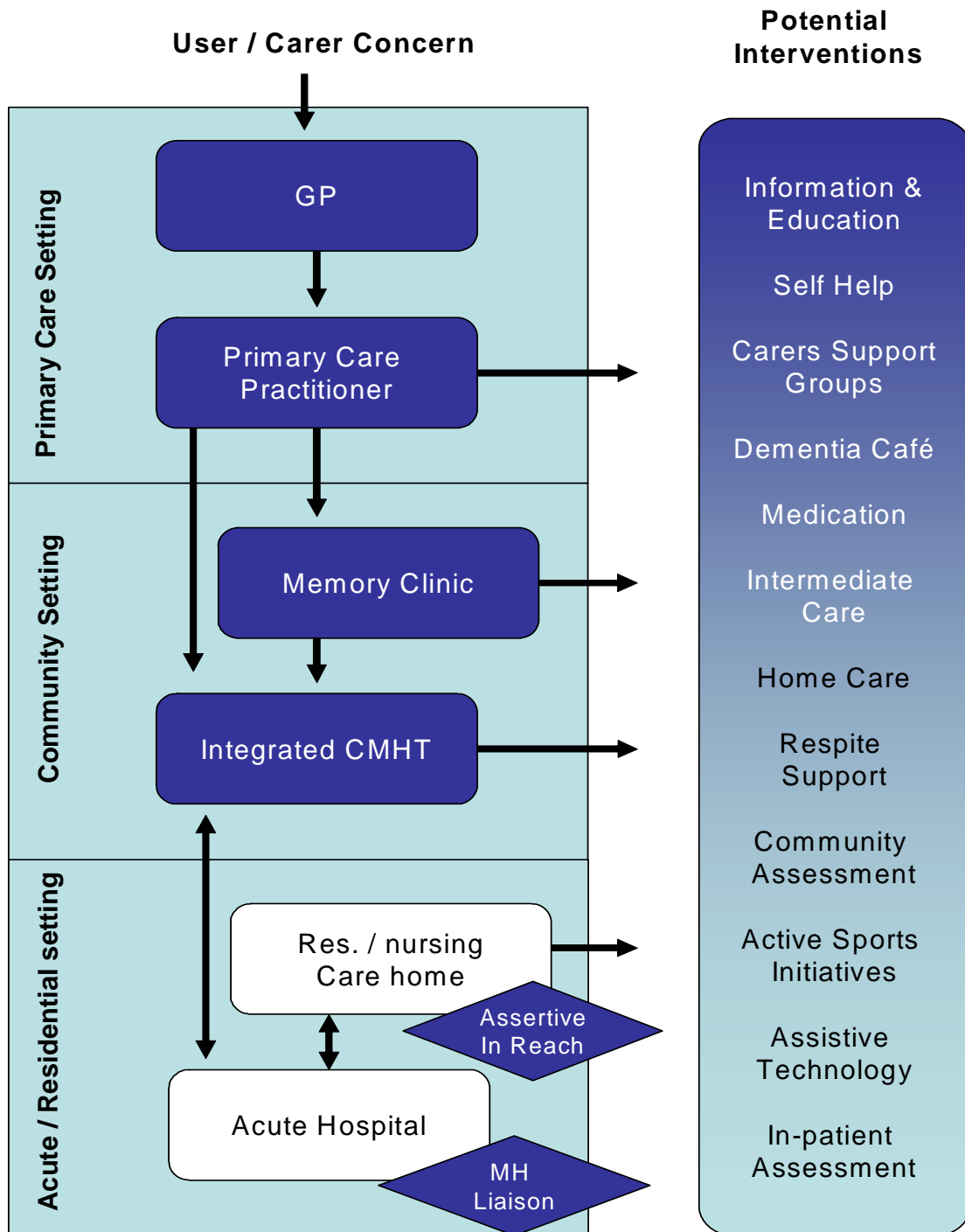
- Feel valued and respected as part of their community
- Be able to live a full and active life in safe and secure surroundings
- Have every opportunity to remain independent and to have freedom of choice and control over how they live their lives.

Currently most resources for older people are targeted at meeting the needs of a small number of people with the most severe needs. However, there is a clear need for the promotion of mental well-being in older people and for supplementing and extending existing general mental health services by training staff with additional skills. This will achieve South Gloucestershire's ambition to fulfil a consistently met programme for the mental health of its older residents.

The new service model is illustrated here and graphically illustrates the 'whole systems' approach which the strategy seeks to deliver.

The proposed approach to commissioning has three main elements. These would achieve a significant shift in the balance of investment from inpatient and residential care to early diagnosis and community support – features of personalised and local services. The elements are illustrated in the example of the care pathway for people with dementia shown here.

CARE PATHWAY



The three main elements of the new commissioning proposals

There are three main elements to the new commissioning proposals:

- Element 1: information, education and support
- Element 2: prompt help in the community
- Element 3: hospital and residential care

Element 1: information, education and support



The commissioning of services for this element will focus on targeting the entire population of South Gloucestershire through current organisations such as Age Concern South Gloucestershire, Dementia Care, the Alzheimer's Society and the Senior Citizens Forum.

Through the provision of practical and current information we aim to ensure that people are aware of and able to access the breadth of support, information, activities and opportunities available to all.

These might include befriending and transport schemes, which would be available to take people to and from events, sports centres, clubs and libraries. The Project Board wants to focus more significant resources in this area, engaging people in activities which promote well-being, and involving them in the wider community.

Proposal	Funding
As a first step, a dementia café (a source of informal support and high quality information for users, carers and workers), operated by the Alzheimer's Society and Aspects & Milestones Trust opened on 4 th August 2008 at the Greenfield Centre in Winterbourne. This is a voluntary sector contribution which has proved invaluable in other parts of the country.	SGC has invested £45,000 new money in this service
Further voluntary sector information capacity: ideas welcomed. The specifications for these information and support services will be drawn up by SGC and the PCT	£30,000 available from SGC in 2008-2009

Element 2: prompt help in the community



This second element envisages the commissioning of direct services from a range of organisations for assessing health and social care needs, providing early support and enabling people to maintain independence. This approach will be undertaken in a way that promotes choice for individuals, and social care will increasingly be provided through direct payments and individual budgets.

The most recent reports from Lord Darzi offer the potential for piloting individual budgets for health care. This commissioning strategy will enable SGC and the PCT to take early advantage of such an opportunity.

The areas of service that might be commissioned are practical support (e.g. increased home care and home sitting service), early diagnosis and intervention, enablement (e.g. through intermediate care) and flexible responses to individual needs.

Proposal	Funding
<p>Mental health triage and revised single point of entry to secondary care</p> <p>A new role would be developed to work alongside GPs and other health and social care staff, focussing specifically on the mental health needs of older people, particularly those with dementia.</p> <p>This role will act in a signposting capacity and be combined with the monitoring of prescribed drugs for dementia which would mean that (a) follow up is close to an individual's own home and (b) capacity is increased in the memory clinic services.</p> <p>Initially, AWP would employ and supervise these workers who would become a primary care based single point of access to mental health services in secondary care.</p> <p>The draft national dementia strategy holds workforce development and new kinds of worker as of significant importance. This suggested new role is a contribution towards that workforce change, and is a similar but more enhanced role than the Dementia Care Adviser discussed in the draft National Dementia Strategy.</p>	<p>Investment released from in-patient care could be directed towards this service. £180,000 in the first instance is suggested or about 5-6 practitioners.</p>
<p>Improved access to memory assessment services</p> <p>The PCT would commission improved access to the Memory Clinic, with a maximum waiting time of eight weeks in 2008-2009, six weeks in 2009-2010 and four weeks in 2010-2011 from the time of referral. The ultimate aim would be to</p>	<p>Investment released from in-patient care would be directed towards this service. An additional £100,000 in the first</p>

promote immediate access to memory assessment for a specialist opinion with a maximum wait of two weeks.	instance is suggested.
Proposal	Funding
<p>The PCT would appoint a Clinical Champion for Older Peoples' Mental Health from within Primary Care(a similar model to the Drugs Service).</p> <p>This is a theme discussed in the draft National Dementia Strategy and in respect of South Gloucestershire, such a role has been of immense benefit in the drugs service.</p>	Investment released from in-patient care would be directed towards this service. £20,000 is suggested in the first instance.
<p>Enhanced intermediate care services</p> <p>Commission an enhanced Intermediate Care and Day Service which is better enabled to meet the needs of all older people. This service would use the combined expertise of the current PCT provider arm, SGC, AWP and other skilled providers. Such a development will be linked to the development of extra care housing and the hub and spoke model for day services, and will include strengthening the support to residential and nursing homes to prevent admission to hospital. This is a key theme in the draft national dementia strategy, which emphasises the development of in-reach teams (already available in South Gloucestershire), and other services to work in the living settings of older people.</p>	Investment released from in-patient care (140k in the first instance increasing to 340k as the current 200k resources used to support a small number of residential and nursing placements following the move from Blackberry Hill becomes available).would be directed towards this service, combined with existing day resources commissioned by the PCT and provided by AWP (£345k).
<p>Integration</p> <p>SGC and the PCT are working together on a series of initiatives to integrate services for health and social care service users and carers. A major part of our integration programme is the development of a single point of access for health and social care with an aim of developing a common approach to assessment.</p>	Within wider integration and transformation plan for health and social care.
Development of 3 locality based hubs to provide a range of support and interventions to older people at all stages of dementia. These developments are linked to Extra Care Housing Schemes.	Funding for these schemes is associated with a range of funding streams for Extra Care Housing.

Element 3: Hospital and residential care



This element includes in-patient hospital care and residential nursing home care for people who require complex in-patient assessment or long term residential or nursing provision.

Proposal	Funding
<p>In-patient care</p> <p>In the short term the PCT will maintain the current level of investment in patient care. At present, 90-100 South Gloucestershire residents are admitted to in-patient care in Southmead Hospital and Callington Road Hospital each year.</p> <p>To plan for future expansion of demand, the PCT would commission 150 admissions to in-patient care each year. These admissions would be for assessing complex needs which cannot be managed in the community. The average length of stay for depression will be 42 days, and for dementia and other organic illness 84 days. This would require 20-22 beds</p> <p>At present the capacity available for South Gloucestershire is 30 beds. The commissioners would work with AWP to develop admission, in-patient and discharge practice and standards which move towards the provision of up to 22 beds. If this is achieved, further resources will be released for community-based provision. However, as there is a risk in this element of the strategy, the current investment and bed levels will be maintained until this is feasible.</p>	<p>Maintain and make permanent the current £2.3m investment in Callington Road Hospital and Southmead Hospital.</p>
<p>Psychiatric Liaison Service</p> <p>The mental health needs of older people admitted to acute inpatient hospital settings require more appropriate attention. In 2008-2009 PCT, with SGC support, will establish a psychiatric liaison service for mental health support and assessment within the acute setting.</p> <p>This is an element of service in which the non-statutory sector can play a significant role. The focus of the service needs to be on improving outcomes and reducing the unnecessary use of general hospital in-patient facilities.</p>	<p>Investment released from inpatient care started this service in 2008-2009 with the intention of expanding it in future years. £60,000 is suggested in the first instance, which will pay for up to two nurses.</p>

Proposal	Funding
<p>SGC currently invests significantly in residential and nursing home care in services commissioned from private or not for profit providers and in its own direct provision.</p> <p>Through the investments in elements 1 and 2, SGC envisages that between 2008 and 2011 it will reduce the level of investment in residential care, allowing more funding to be released and invested towards community solutions. Such community solutions will be directed towards the practical support required to enable people to live in independent accommodation.</p>	<p>Over 5 years, the council would aim to provide 20 fewer commissioned beds than at present which will release £340k pa for investment in services closer to peoples homes</p>



Callington Road Hospital

Related investment

Investment outlined above would only be the beginning. The PCT and SGC would seek to increase the level of investment in intermediate care, independent and supported housing and primary care in 2009-2010 and 2010-2011. The PCT has included £200,000 per year each year for those two years within its medium term financial plan.

Continuing Health Care

The Project Board advocates that recipients of Continuing Health Care payments are, as the first option, assessed for a care package in their own home which is consistent with the overall policy framework that promotes the enablement of people staying in their own home.

Housing

In addition to these services, both SGC and PCT recognise the importance of appropriate housing to support the needs of the population. There is an ambitious plan to increase the availability of extra care housing and a commitment to ensuring that the needs of people with dementia can be met within this. It is also the intention to develop, within the extra care schemes dementia resource centres to support the local community.

Assistive technology is increasingly being used to support people and help them maintain their independence in their own homes.

5. How you can get involved

This consultation document has been approved by the PCT Board and SGC for wider public discussion. A programme of events, information days and meetings will take place throughout South Gloucestershire.

The two key questions we are asking are:

1. **Do you think we have the right approach in redirecting investment from secondary care (i.e. hospitals and care homes) towards primary and community care?**
2. **Do you think that our proposals for new investment are in the most effective areas?**

Here are the ways you can tell us what you think:

- fill in the enclosed sheet entitled 'Your Views'. Please detach, fold where indicated and post. **You don't need a stamp the address is FREEPOST**
- email your form to **CCHengagement@southglos.gov.uk**
- phone our 24hour consultation line – **01454 862356**
- go to **www.southglos.gov.uk/consultation** and fill out the on line form

Please do this by the 31st January 2009

Both the PCT and SGC wish to have a wider debate on this commissioning approach and, if agreed, to move forward immediately with investment in the proposed areas of service and provision. If this approach and the early transfer of investment is approved, it will result in a phased implementation commencing in 2009-2010.

Further Information

If you want any further information please telephone our 24 hour message line 01454 862356 leave a message and we will get back to you as soon as we can, alternatively you can email your query to CCHengagement@southglos.gov.uk

APPENDIX 1 - Bibliography

Everybody's Business – Integrating mental health services for older adults. Department of Health November 2005

This document , sets out the Department of Health's National Policy to promote integrated mental health services for older people and how older people's mental health impacts far more widely than on specialist services alone. It promotes that everybody should have the basic skills to identify common older people's mental health problems – especially depression and dementia – and be able to meet low and moderate need. The National Dementia Strategy, due in October 2008, is expected to strengthen that message with reference to dementia – making awareness, early identification and public education the platform on which to create more responsive and timely care in all settings, with a particular emphasis on primary and acute care.

National Service Framework for Older People. Department of Health 1999

This document promotes the development of community services, improved integration of Health and Social Care provision and promotes good mental health care for older people in all settings.

Our Health Our Care Our Say: A new direction for community services. Department of Health December 2006

Published by the Government in 2006; this outlines the vision for the future of Health and Social Care in England. It promotes:-

- Arranging more Health and Social Care Services closer to people's homes.
- Promoting greater control for older people over how services are provided and how needs are assessed.
- A move away from traditional models of care and greater investment in preventive services to help maintain independence.

Putting People First. Department of Health December 2007

- Across South Gloucestershire, our shared ambition is to put people first through a radical reform of our services, where possible integrating the commissioning between the Primary Care Trust and the Council to enable people to live their own lives as they wish, confident that services are of high quality, are safe and promote their own individual needs for independence, well-being and dignity.

Valuing Experience, Independence and Opportunity in Later Life. South Gloucestershire Strategy for Older People 2008 – 2012. March 2008

Transforming the quality of dementia care: Consultation on a national dementia strategy. Department of Health June 2008

Useful words

Abbreviations

SGC – South Gloucestershire Council

PCT – Primary Care Trust

OPMHPB – Older Peoples' Mental Health Project Board

NHS – National Health Service

AWP – Avon and Wiltshire Partnership

Service users – members of the public who use our services

Stakeholders – a person or a group with a direct interest, or investment in something

Hub and spoke model – this is designed to support a programme of service transformation which will move from building centred services to services that are client focused, high in quality and community based.

Organic Depression – this is depression that comes from within the body, rather than from the situation a person lives with

Dementia Resource Centres – centre that supports people with dementia and their carers. Offering them support in their own home as well as at the centre

Clinical Champion – a specialist that provides support and advice to GPs and their practices on the subject they are a specialist in e.g. Mental Health

Direct Payments – this is money that the Council gives you to buy the services that you need (following an assessment)

Individual Budgets – this gives you even more flexibility with the money that you have to spend on services for your needs

Fair Access to Care (FACS) – this is the eligibility criteria for adult social care. In South Gloucestershire we can only offer you a service if you are assessed as having **critical** or **substantial** needs.

Intermediate Care – this is the type of care that promotes faster recovery from illness, prevents unnecessary acute hospital admissions, support timely discharge and maximise independent living.

Continuing Health Care - this is provided over an extended period of time to meet physical or mental health needs that have arisen as a result of disability, an accident or illness. The care can be provided in a variety of settings including a hospital, nursing home, hospice or the patient's own home

Assistive technology – this is a term used for equipment that assists or adapts your home to enable you to live more independently

Your Views

Please tell us what you think of our suggestions on the form below. Send it back to us by 31st January 2009. You can return it with no envelope and no stamp.

1. Do you think we have the right approach in redirecting investment from secondary care (i.e. hospitals and care homes) towards primary and community care?	YES / NO
If YES, please write any comments you would like to make here	
If NO, please tell us where would you prefer specific investments to be made	
2. Do you think that our proposals for new investment are in the most effective areas?	YES / NO
If YES, please write any comments you would like to make here	
If NO, please tell us where would you prefer specific investments to be made	

CUT ALONG THIS LINE

You do NOT have to complete this section, but it would be very helpful if you did as the information will help us to ensure that we reach as many people as possible. Please complete as many of the boxes below as you wish. You will never be identified.

Your gender: Male / Female	Please tell us if you are (tick all boxes that apply to you)			
Your age:	A carer	<input type="checkbox"/>	A service user	<input type="checkbox"/>
Your Post Code:	A relative of a service user	<input type="checkbox"/>	Other (please say what)	<input type="checkbox"/>
	A mental health professional	<input type="checkbox"/>		<input type="checkbox"/>
		<input type="checkbox"/>		<input type="checkbox"/>
I describe my ethnic origin as:				

Sending back your reply

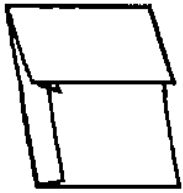
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NO ENVELOPE IS NEEDED.

All you have to do is fold this page along the lines, tuck in the flap as shown and post it to us.

NO STAMP IS NEEDED.

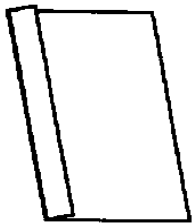
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Planning & Partnerships - OPMH
South Gloucestershire Council
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Emersons Way
Emersons Green
South Gloucestershire
BS16 7ZZ



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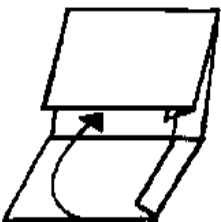
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Your views and comments really matter.

Please let us know what you think of the suggestions so that together we can care for the mental health of older people in South Gloucestershire.

Please return this form by 31st January 2009.



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