

**AGENDA MANAGEMENT SHEET**

<b><i>Name of Committee</i></b>	<b>Health Overview &amp; Scrutiny Committee</b>
<b><i>Date of Committee</i></b>	<b>18 October 2006</b>
<b><i>Report Title</i></b>	<b>Update on the Implementation of the recommendations arising from the review (first phase) into Adult Mental Health Services in Warwickshire</b>
<b><i>Summary</i></b>	The Committee to note the report.
<b><i>For further information please contact:</i></b>	Mary McGorry Assistant Service Manager Mary.McGorry@SwarkPCT.nhs.uk

DRAFT UPDATE FOR HEALTH OVERVIEW AND SCRUTINY SUB-COMMITTEE  
REPORT (1<sup>ST</sup> Phase) into ADULT MENTAL HEALTH SERVICES IN WARWICKSHIRE

**Recommendation 1.**

All Local Authorities, Primary Care Trusts (and Specialist Trusts) are required to submit on an annual basis information about what services are in their area. Information about Adult and Older Persons Mental Health Services has for the last 5 years been submitted to Durham University who compile a “service map” at local and national level. Public access to this information is via the website {insert website details}. In addition each agency has a delegated password holder who can access and amend the information locally. The delegated office for Warwickshire County Council is Simon Veasey. The Local Authority may wish to collate/add this information to the Warwickshire County Council service map on the Council website.

All NHS mental health services have to provide information about activity via a dataset called the Mental Health Minimum Data Set. In the last year services in North Warwickshire and South Warwickshire have continued to be in the top five (of 44 Trusts providing mental health services across England) for the quality of this data. Members know that we have fully integrated adult mental health services in Warwickshire, which means that the local authority RAP returns is also collected on behalf of the local authority by the NHS Trusts. The new Coventry & Warwickshire Partnership Trust will be responsible for maintaining this standard of data quality for Warwickshire.

This information, together with the “Durham Map” has helped both the local authority and PCTs to plan investment over the last three years. It will continue to be able to be used to help to inform commissioning decisions in the new joint commissioning arrangements that it is proposed the Council enters into with the new Warwickshire PCT. This information for Warwickshire can be accessed on <http://www.dur.ac.uk/service.mapping/amh>.

The Local Authority has responsibilities under Supporting People. A programme of work to improve performance is underway. Part of this includes much needed work to improve the needs analysis for special needs accommodation (including those with mental health problems), this will help the Council to put in place services that can improve some of the poor outcomes identified by the overview and scrutiny review.

**Recommendation 2.**

Attached is a hard copy of the Resource Directory just completed as a result of the Committee's support, and this is also available electronically. The Local Authority may also wish to collate/add this information to the Warwickshire County Council service map on the Council website.

Resource ‘Café Chat’ continues to be a valued information source, this could be made available to members as a routine circulation.

**Recommendation 3.**

To be reviewed in 2<sup>nd</sup> phase.

#### **Recommendation 4.**

The Community and Voluntary Sector Mental Health and Drug and Alcohol Compact has received the report and endorsed its support for the statutory sector and voluntary sector, providers and commissioners to improve links. Joint commissioning proposals are being developed by the Director for Adult, Health and Community Services and PCT partners.

#### **Recommendation 5.**

The PCTs and Local Authorities have completed this action. BME CDW posts will now be recruited in the North and Rugby to match the service in the south; jointly funded between the PCT's and Adult Social Care. Members are referred for information to a recent Department of Health letter, which reinforces the importance of local action in this regard. The work of overview and scrutiny has helped to underlie the importance of Warwickshire jointly taking this action.

#### **Recommendation 6.**

Across Warwickshire a new agreement supported by users and carers and professionals has resulted in a new partnership to profile health promotion in mental health. It has been developed through the Local Implementation Teams<sup>1</sup>. The terms of reference for this partnership can be made available to members. It will be accountable through its membership to both PCTs and Local Authorities.

Within Rugby PCT national funding was secured to improve access for people with mental health problems to ordinary community facilities, called PHEW it has been positively welcomed by service users.

Across Warwickshire partnerships with district councils are seeing an extension of the "prescription scheme" where GPs can prescribe gym access, swimming pool access etc as part of treating coronary heart disease can now be extended to include people with mental health problems.

Both North and South Warwickshire PCTs committed to the target to have smoke free in-patient mental health services by December 2006. This work has stimulated close working with the Warwickshire smoking cessation service for people with mental health problems who are living at home in the community.

Healthy Living initiatives are part of the work plan being developed by the Director for Adult, Health and Community Services with the PCT's and encompassing Libraries, Heritage and the Arts, plus Trading Standards, thus offering new opportunities for social inclusion and healthy living.

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<sup>1</sup> Local Implementation Teams are the multi-agency groups involving users, carers and professionals from the NHS, local authority and voluntary sector. They advise the PCTs and Local Authority on planning and commissioning mental health services.

## **Recommendation 7.**

The annual “World Mental Health Day” event resulted in a range of community based activities and press releases co-ordinated across the NHS, Local Authority and Voluntary Sector. The new partnership referred to under recommendation 6 will be a platform to build on this. Awareness Raising was also a large part of the launch event for the resource directory on 16<sup>th</sup> June, including the website [www.rethink.org/jess](http://www.rethink.org/jess) which is designed to help tackle stigma and help people to understand how to get access to local services that are right for them.

In North Warwickshire and Rugby a new primary care mental health service is now available in all GP practices. This service gives access to a specialist assessment in the GP surgery for mental health problems and delivers psychological treatment where this is the best option. People with common illnesses like anxiety and depression will be able to benefit from this – a group of people who have traditionally found it hard to get a service and/or have experienced long waits for psychological treatment.

Members also identified the importance of promoting good mental health for employees of the Council. There have been initial discussions with Adult Health and Community Services, Human Resources and Occupational Health in the first instance. This needs to be consolidated.

### Partnering for Social Inclusion

“A home, a job and a date on the weekend” has been the central message echoed by the Social Inclusion initiatives around the globe. Or, as the Prime Minister stated in his Foreword to the June 2004 Mental Health and Social Exclusion Report... “Millions of people suffer from mental health conditions some time in their lives. For a minority, these can be severe or long-lasting. Even now, with welcome new attitudes in society, those suffering from mental distress still find themselves excluded from many aspects of life the rest of us take for granted – from jobs, family support, proper health care and community life”.

The DICE initiative in South Warwickshire, (Diversity in Community Education and Employment, and Rethink Employment in North Warwickshire and Rugby have both been working in partnership with Education, Training, Employment agencies and Advisory bodies to increase the local opportunities for individuals who have experienced mental health problems.

Warwickshire Colleges, community and voluntary educational organisations, DEA, Job Brokers, Job search agencies, Council for Voluntary Organisations, Direct Voluntary organisations, Connexions and the Benefits Agency have been collaborating with Warwickshire’s Mental Health services to assess individuals training, educational and employment need and to create individual packages to enable them to achieve their goals.

The South service has been extremely successful with:

- 332 signposted to appropriate services in the community by DICE by the end of 2005/6 of which
- 34 individuals in either full or part time open employment
- 9 individuals on work experience in open employment
- 31 individual in voluntary work
- 40 individuals have engaged in work at Rushmore
- 2 individuals have completed University courses with a further 4 having commenced university courses.
- 62 individuals having undertaken either full or part time college courses
- 69 individuals have undertaken educational courses at Rushmore
- 3 individuals have undertaken tailored courses as Regenesis and
- 7 have undertaken courses at ETW

### Rethink and North Warwickshire and Rugby Employment Service

Please note figures are from April-September 2006 inclusive

- Initial Appointment within Service within two weeks of referral: 100% (compared with 62% in 2002 and 89% in 2005)
- 97% Satisfaction reported by Service Users accessing the service.
- Caseload 103 individuals (48 male 55 female)
- 28% of the caseload are subject to Standard CPA, 72% are Enhanced.
- Age 18-25 (16), 24-40 (44), 40-65 (43)
- Geographical Breakdown of Caseload: Nuneaton 31, Rugby 39, Coleshill 12, Bedworth 15, Atherstone 6.
- Caseload currently managed by Vocational Support Time & Recovery Workers Education (16), Volunteering (13), Crisis Contact (2), Work Opportunities Program (13).
- Employment Development Officer Caseload: Job Searching (9), Assisted into paid employment (10), Supported and stabilized in employment (5)
- Advice and Guidance Sessions Delivered: 1545
- Advice and Guidance Sessions to Carers Delivered 36
- Vocational Profiles/Action Plans Completed: 96
- In-Service Reviews Completed :132
- Service Users into Paid Employment 16% of caseload (against benchmark National Average of 9%)

### A Pathway to Employment – A working Partnership for young people who have experienced a psychosis.

Psychosis can be a debilitating illness which typically presents during adolescence and young adulthood which are important period for both social and emotional development. Around 3 out of every 100 young adults will experience a psychotic episode (EPPIC 2006); this can have serious implications affecting the individual's educational, vocational and social pursuits (DOH 2001). The development of Early Intervention Services for Psychosis were designed to provide a range of core features, which include anti-psychotic medication, psycho-social interventions and community based support whilst sensitively addressing the distinctive needs, cultural norms and social roles of this client group (SCMH 2003).

A partnership between South Warwickshire's Early Intervention for Psychosis team and Connexions has led to the development of a "Pathway to Employment" which in turn has demonstrable benefits for individuals accessing our services. The underpinning philosophy was to provide a specialist quality service that was accessible and actively engaged clients into mainstream vocational services thus normalising contact and maximising optimism for the service user.

This partnership work has been subjected to scrutiny in the form of a paper produced jointly with Coventry University and has demonstrated significant positive outcomes for EIPT services.

Three key findings can be drawn out. Firstly a fall in the percentage of clients who were unemployed and unoccupied from baseline 46 % (N= 13) to 15 % (N= 4) a fall of 31%.

The second finding shows a marked change with an increased number of clients who engaged in mainstream education. At baseline there was 7% (N= 2) at 9 months there was an increase to 26% (N = 7) a 19% rise.

The third finding highlighted the increase in the number who were employed, from a baseline of 11% (N=3) to 26% (N=7), an increase of 15%.

#### Warwickshire Substance Misuse Services Employment Services

In 2004-5 the South Warwickshire PCT Substance Misuse Employment Services successfully tendered for funding from Job Centre Plus European Social Funding provision of employment services for service users who suffered from alcohol dependency to aid in returning to meaningful employment.

Recruitment to the service was undertaken between January to March 2005 and the service became fully operational in April 2005. The main performance target of the service was a start rate of 300 clients per year with a percentage of those clients entering workplace settings.

Through the year the service has built on existing established links with numerous mainstream training providers across the district including Client Support Unit, Solutions, Covwise, ETW, CWT, Rathbone, JHP, Zenith, CVS Warwickshire and the. In addition to these providers we have long established links with the network of Colleges of Further Education across the district.

The Employment Service is a member of the Coventry & Warwickshire Chamber of Commerce which allows levels of contact with local employers both large and small which in turn provides the service with up to the minute information about the local labour market. The service is also a member of the Coventry & Warwickshire IAG Partnership and sits on the Coventry Drug and Alcohol Action Team Treatment Programme Delivery Group as well as membership of a Jobcentre Plus working group (a Creative Business Network) concerned with the provision of employment and employability of substance misusers in particular those clients who are claiming inactive benefits and are alcohol dependent.

**Recommendation 8.**

Members recommended an annual event involving Supporting People and users and carers because of the positive feedback from the event held as part of the scrutiny review. A possible theme for a joint event this year would be the launch of the Mental Health Accommodation Strategy.

**Recommendation 9.**

2<sup>nd</sup> Phase of the Review is welcomed.

**Recommendation 10.**

This recommendation has been welcomed. The regional agency CSIP has appointed a joint officer with the benefits agency to help to bridge the gap identified by members. She has been making good links with local implementation teams (where users and carers are represented) and local benefits officers.

**Recommendation 11.**

CVS and NHS colleagues have welcomed this recommendation. The new Director for Adult, Health and Community Services is implementing changes to strategic and joint commissioning which should assist making the recommended changes.

**Mental Health Panel (Phase 1)**

- 15 Recommendations [approved by the Health Overview & Scrutiny Committee on the 27<sup>th</sup> July 2005]**
- 15.1 Recommend that information on existing mental health resources available via 'Supporting People' and Durham Mapping (Durham University Website) be used to highlight what provision is available in Warwickshire. This information could be used alongside other health and well-being data in Warwickshire's 'Quality of Life Report', which is published annually by the Research Team in PTES. This information, if updated annually, would form part of the County Council's monitoring of health related issues. However, this will require a commitment from the PCTs and Social Services, as joint providers, with 'Supporting People' to contribute to this process.**
- 15.2 Recommend that a handbook or a CD-ROM about service provision for those with mental health needs be made readily available for community leaders (County, Borough and District Councillors, Vicars, etc.). Café Chat (Social Services publication) has a page devoted to contact information for mental health provision. Suggest that Social Services could be the lead body to take this forward.**
- 15.3 Recommend that the PCTs and Social Services review how information is provided to users and carers to reduce confusion in how the transitional arrangements are implemented and they ensure there is consistency in the information given. (To be reviewed in 2<sup>nd</sup> phase)**
- 15.4 Recommend that mental health providers link in with the community plans with the aim to improve mental health provision in the county.**
- 15.5 Recommended that both PCTs (North and South Warwickshire) with a responsibility with mental health provision continue with the mental health needs assessment of the BME population to encourage a better take-up of mental health services by the BME population.**
- 15.6 Recommend that the PCTs help promote healthy living activities to users and carers because there is a danger that other health concerns tend to be attributed to mental health problems. PCTs should be actively engaging in providing services such as smoking cessation or sexual health to users and carers. Also regular health checks should be encouraged such as blood pressure, blood sugar or cholesterol levels.**
- 15.7 Recommend that Warwickshire County Council and the Borough and District Councils hold a 'Mental Health Awareness Raising Day' to help employers and employees understand what it is like to suffer form mental health problems. Human Resources or Personnel Departments to take the lead.**



- 15.8** Recommend that an annual event is held with all mental health service providers, service users and carers. Supporting People are willing to take the lead, but they would need to discuss arrangements, funding and the way forward with other mental health service providers.
- 15.9** Recommend that the review continues to a 2<sup>nd</sup> phase of the review, which will include the areas not covered by the review and look more thoroughly at issues such as the transition arrangements such as children to adult and adult to older people services and the possible implications of the new Mental Health Act on provision (see paragraphs 4.2 & 4.3 in report).
- 15.10** The event highlighted that there are a number of providers in Warwickshire that support those with mental health needs such as housing, benefits, support in the workplace. Recommend that these providers evaluate their services to identify gaps in provision and where appropriate implement the key priorities raised at the event specified in section 5.
- 15.11** Recommend that benefits should be assessed by sympathetic and appropriately qualified staff and should be at accessible but inviting venues. Staff to be made aware of the difficulties in completing complex forms. Also having to travel long distances to uninviting venues can be daunting and expensive for those with mental health problems. The panel recognise there is a move towards providing information via 'one stop shops', however they want to ensure that staff have adequate training to help those with mental health needs.
- 15.12** Commissioning services for the voluntary sector on the basis of a contract for 3 years is too short. Recommend that a move to commissioning services for five years for smaller charities would help reduce staff time and costs. Initial discussions with the PCTs indicate that they would be happy to commission services for a longer period.