

HEALTH AND ADULT SOCIAL CARE OVERVIEW AND SCRUTINY COMMITTEE

19 AUGUST 2014

UPDATE ON PROGRESS IN RELATION TO IMPLEMENTATION OF MEDWAY TASK GROUP RECOMMENDATIONS

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Summary

This is an information report providing an update to Overview and Scrutiny Committee members about progress made in implementing the recommendations made in the report on the Review of Mental Health Services in Medway, undertaken by the Councillor Scrutiny Task Group during June-September 2013, and approved by Cabinet on 14 January 2014.

1. Budget and Policy Framework

- 1.1 The Council Plan sets out a priority for adults to maintain their independence and live healthy lives.
- 1.2 One of the five strategic themes of the Joint Health and Wellbeing Strategy is to improve physical and mental health and wellbeing across Medway. The Public Health England profile for Medway is attached as background paper 1
- 1.3 The 2014-2015 general fund budget for mental health social care held within Adult Social Care is around £4,400,000. This is composed of budget for the Adult mental health social work service, residential care for eligible users, statutory duties and commissioning functions. It does not include Public Health expenditure on mental health prevention, expenditure on social care for people with dementia or commissioned services.
- 1.4 Currently the combined annual direct expenditure on Medway Children and Adolescent Mental Health Services by Medway Clinical Commissioning Group (Medway CCG) and Medway Council is in the region of £1,850,000. This figure does not include Council and School expenditure in early intervention in schools or the current Public Health programmes.

2. Background

- 2.1 Mental illness is very common. Issues around it will directly affect one in four or one in five adults. Amongst people under 65 years, nearly half of all ill-health is mental illness. The most recent government strategy on mental health - *No Health without Mental Health* (2) - states that 60% of people who go on to develop a severe mental illness have experienced their first episode of mental illness by the age of 14 years. This strategy places particular emphasis on early intervention, particularly for children and young people. It also introduced the idea of *parity of esteem* - that mental health must have equal priority with physical health and that discrimination associated with mental health problems must end. This is the focus of a recent publication by NHS England, *Valuing Mental Health: A change of perspective in Kent, Surrey and Sussex* (3).
- 2.2 In contrast to other major health and illness categories, which have their greatest impact in the first months of life and then in older life, mental illness has its greatest impact between the ages of 15-25 years, with vulnerability to mental illness peaking at around 18 years of age. Mental ill-health is also associated with other illnesses. For example, a history of anxiety and depression is a long-term predictor of heart disease.
- 2.3 The most recent update of government strategy, *Closing the Gap: Priorities for essential change in mental health* (4) sets three particular priorities to support the mental health of young people: to support schools to identify mental health problems sooner; to improve support in transition from adolescence to adulthood; and to improve access to psychological therapies for children and young people. These priorities closely reflect a number of the recommendations made following the HASC Scrutiny Review of Mental Health Services in Medway (5).
- 2.4 As part of its 2012/13 Work programme, Medway Council's Health and Adult Social Care Overview and Scrutiny Committee wished to carry out an in-depth review of mental health services in Medway, with a focus on user and carer experience and the outcome of using services across all age groups. The review aimed to test the strengths and weaknesses across the whole system in Medway, including health, social care and housing.
- 2.5 The Scrutiny Task Group that carried out this review consisted of Councillors Wildey (Chair), Pat Gulvin, Igwe, Juby, Purdy and Cooper (substitute for Cllr Igwe).
- 2.6 The Scrutiny Task Group identified five areas requiring improvement:
 - 2.6.1. An urgent need to improve the quality of communication between organisations and professional groups; between teams working within the same organisation; and between services, service users and carers. More needs to be done to improve trust, avoid misunderstanding and improve information.
 - 2.6.2. An urgent need for better support to service users who have made some recovery but who, nevertheless, still require follow-up support.

- 2.6.3. A need to improve frontline non-specialist staff response to individuals experiencing mental health issues.
- 2.6.4. A need to improve effective liaison and joint working across teams with a common purpose around better mental health outcomes.
- 2.6.5. A need to improve the processes of transition from adolescence to adulthood for young people experiencing mental health problems.
- 2.7. The Scrutiny Task Group made 13 Recommendations. These were considered by Cabinet on January 2014. Cabinet approved the Report and recommendations. Actions to be taken were summarised as 12 decisions (Cabinet Decision numbers 1/2014 to 12/2014). The following section of this report summarises progress to date against each decision area.

3. Progress

Decision Number	Decision	Lead	Progress
1/2014	Cabinet agreed that an Appreciative Enquiry Conference be held in Spring 2014, hosted by Medway Council, to include all relevant agencies to establish a shared vision for the future of Mental health services in Medway. The event should be jointly supported and funded by the Council, Medway Clinical Commissioning Group (CCG) and the two NHS providers of mental health services in Medway.	Director for Children & Adult Services	<p>A user and carer event was held on 16 July at Brook Theatre, Chatham. Jointly organised by Medway Council and CCG, using the appreciative enquiry approach. The Mental Health & Wellbeing Clinical Strategy Group presented 5 key areas of work (emotional wellbeing of young people; primary mental health care; social isolation; dementia strategy; and experience of secondary mental health care) and one theme (improving communication with users and better information on support and services). These were examined using the appreciative enquiry method. 95 participants attended, of whom at least 80 were users and/or carers.</p> <p>A larger follow-up appreciative enquiry event, to include NHS Trusts, Councillors and senior officers from Council and CCG on 17 September at Corn Exchange, Rochester will report back on progress and define a common purpose and a shared vision.</p>
2/2014	The Cabinet agreed to task the Council's Mental health Commissioner to explore further the opportunity for social care to be included in the shared care arrangements being developed by Medway CCG and Kent & Medway NHS and Social Care Partnership Trust (KMPT).	Director for Children & Adult Services	<p>Three primary mental health care practitioners are seconded from KMPT to primary healthcare in Medway.</p> <p>Discussion has taken place at the Mental Health & Wellbeing Clinical Strategy Group to join up social care to these arrangements. It is agreed as one of the five key areas in the 2014/15 Work-plan.</p> <p>A Project Manager has been identified from the Mental Health social work team to implement operational arrangements with the CCG and KMPT to include social care input.</p>
3/2014	The Cabinet agreed to consider as part of the 2014/15 revenue budget preparations support for longer-term follow up mental health	Director for Children and Adults/Director of Public Health/Chief Finance Officer.	<p>No specific bid made in 14/15 budget preparations. Three initiatives will have an impact on improving longer-term support:</p> <ul style="list-style-type: none"> • Reconfiguration of MH Day Resources as a Programme

	support services, including role of Public Health and in partnership with Medway CCG.		<p>incorporating voluntary/third sector activities that are not subject to charging or time limits;</p> <ul style="list-style-type: none"> • Men's Health Group - Rethink; • Men in Sheds (from July 2014) - Sunlight.
4/2014	<p>Cabinet agreed that frontline staff should receive mental health awareness training.</p> <p>Training on mental health awareness should be offered to all Medway Schools.</p>	Director of Public Health Director for Children & Adult Services.	<p>Between January-July 2014, 56 frontline staff received 2-day Mental Health First Aid (MHFA) training. In the same period, 45 managers have attended line manager's mental health awareness training. 19 participants undertook the mental health module delivered by Public Health as part of the Better Medway Programme. In July, 17 participants took part in the 2-day ASIST (Applied Suicide Intervention Skills Training) course in Medway.</p> <p>Dates are set for a further 7 MHFA courses between July and December 2014 to reach another 84 participants. The September MHFA course is dedicated to frontline housing staff during protected staff training time to enable full engagement.</p> <p>Mental health awareness training will be delivered to 23 schools nurses in September 2014.</p>
5/2014	<p>Cabinet agreed that mental health awareness training could also be offered to other key service providers.</p> <p>Cabinet noted the Task Group's belief that there are important messages for commissioners and providers of CAMHS and universal services to children and young people, such as schools, in the feedback from service users and family carers.</p>	<p>Director of Public Health Director for Children & Adult Services.</p> <p>Democratic Services</p>	<p>The involvement of key service providers and community leaders has been incorporated in all of the training referenced above. Participants were drawn from the Voluntary sector, Probation, CAB, Home Start, Older Peoples Partnership and Councillors.</p> <p>Democratic services sent the Report to all Scrutiny Review participants, including Medway CCG and Sussex Partnership Trust. The Report was also published on the Council website.</p>
6/2014	Cabinet agreed to Medway Council mental health services adopting an approach of directly involving	Director for Children & Adult Services	Evidence of the adoption of this approach includes the incorporation of users and carers wishes, views, ideas and experience into the development and operation of the

	service users and carers in co-design and co-production of mental health services and through the work of the Partnership Commissioning Team to encourage this approach with partner commissioners and providers.		Programme approach in Day Resources; the development of the World Mental Health Day Activities for 2014; the development of the Men in Sheds service specification with Public Health; and the development of the Medway Youth Wellbeing Forum through Public Health. Providers including Rethink and Sunlight have also taken up this approach through the development of the Rethink Hope Group and the Medway Men's Health project. User and carer interest in direct involvement is evidenced through the large turn out at public mental health events, regular attendance at the bi-monthly Medway Mental Health Action Group meetings and involvement in Peer-led activities at MEGAN.
7/2014	Cabinet agreed to the identification of a Link Worker in Housing and for Adult Social Care Managers (in partnership with KMPT) to develop a support duty system to assist the Link worker deal effectively with Housing services clients with mental health needs.	Director of Regeneration, Community and Culture	A Link Worker, supervised by the Adult MH Social Work team and embedded in Housing services came into operation at the beginning of July 2014. The Link Worker is a qualified social worker with experience in mental health and substance misuse. Strong links have been made into the Community MH Team operated by KMPT at Canada House. The post is funded from Adult Social care for 4 months. Discussions are taking place about the longer term funding of this post on the basis of its effectiveness in improving outcomes for users.
8/2014	<p>Cabinet agreed that if services are to continue from Riverside One, improvements to the reception and waiting areas are made; if services are to be relocated that any new location is welcoming to customers.</p> <p>A copy of the report made available to KMPT to consider the feedback of users, carers and members of the task Group in relation to the Kingsley House reception and waiting area, taking action as appropriate.</p>	<p>Assistant Director, Legal & Corporate Services</p> <p>Democratic Services</p>	<p>To follow</p> <p>Democratic Services sent copy to KMPT. KMPT Community Mental Health Teams relocated to Canada House, Gillingham, which was refurbished to a good standard in advance of the relocation. In advance of the relocation, KMPT consulted with local neighbours over the use of the building, parking etc. The Refurbishment included upgrading the public areas of the building and waiting room areas.</p>

9/2014	<p>Cabinet agreed that the Assistant Director for Partnership Commissioning develop opportunities to strengthen dialogue with local young people's organisations, to harness the capacity of young people to raise awareness of mental health issues as a means of prevention, earlier intervention and peer support. In addition to work with Public Health to explore their role in helping to raise awareness of mental health issues within schools, to include the option of involving School Nurses.</p>	<p>Director for Children & Adult Services Director of Public Health.</p>	<p>A Youth Health and Wellbeing Community has been formed in partnership with Medway Youth Trust and includes some members of the Medway Youth Parliament. Members have received Time To Change anti-stigma training. This community will be supporting Medway Public Health to shape mental health promotion campaigns, including social media and other resources aimed at children and young people.</p> <p>Through the Public Health Child Health programme, two mental health promotion projects being delivered across six different schools in Medway until March 2015. Medway Youth Trust is delivering a resilience-based programme targeting Year 6 pupils identified by schools as children who will benefit from support during their transition to secondary school. This project is currently working with 5 Schools each with up to 9 children through transition.</p> <p>The second programme is SAFE (Suicide Awareness for Everyone) an evaluated and youth-led peer project which establishes a committee of 6th formers in three secondary schools to identify the most common and pressing issues and to act as mentors to younger pupils. Each school has a group of between 10 to 12 peer mentors. The SAFE staff support the groups and provide training for volunteer student mentors. The same steering group consisting of representatives from Public Health, CAMHS, school wellbeing services and the voluntary sector supports both projects.</p> <p>Public Health are currently working with the PSHE Association to carry out a review of PSHE delivery across 9 Medway secondary schools rising to all 17 within the next two years. The review will identify gaps in delivery and will be used to design a framework that can be used by all schools to ensure a good standard. Schools will be offered training to address gaps in knowledge funded by Public Health and delivered by PSHE Association. There are four themes the PSHE Association will concentrate on</p>
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10/2014	Cabinet agreed to task the Assistant Director of Partnership Commissioning and the Deputy Director for Children and Adults to evaluate the extent to which there can be more flexibility in services to maximise support for young people and their families during transition, whilst respecting the legislative, regulatory and statutory guidance.	Director for Children & Adult Services	<p>Improving transition from children to adults services has been set as an area of focus in the CCG 2014-16 operational plan, with initial priority given to SEND (special education needs and disabilities) and ADHD (attention deficit hyperactivity disorder).</p> <p>A Medway Mental Health Young Persons Transition Forum has been established, consisting of membership from Children services managers, managers from children and adult mental health trusts (KMPT and Sussex Partnership Trust) and the adult mental health social work team who meet every 6 weeks to review the needs of young people where there is a likelihood that they will need to transition to adult mental health services. To date Progress has already been made on improving the transition pathway of two young people. The role of the Transition Forum was presented in three workshop sessions during the Annual Medway Children Safeguarding Board conference in June 2014.</p> <p>KMPT and Sussex Partnership Trust have agreed to jointly work on a 2 year CQUIN (Commissioning for Quality and Innovation) target to improve the process of Transition. The local Transition Forum will make a strong connection to the CQUIN steering group.</p>
11/2014	Cabinet agreed to task the Assistant Director of Partnership Commissioning to raise, via. CCG, the concern regarding Section 136	Director for Children & Adult Services	<p>Since April 2014 the Place of Safety for Medway Children and Young People has been established at Littlebrook Hospital, Dartford. Children subject to Section 136 are taken to the Place of Safety Suite at Dartford, which is</p>

	arrangements for children and young people in Medway, and the Council's view that a more suitable arrangement to meet local need must be provided.		operated by KMPT. Sussex Partnership Trust provides care for the child or young person at the Suite.
12/2014	Cabinet agreed to task the Deputy Director for Children and Adults and the assistant Director for Partnership Commissioning to further improve Carer assessment arrangements and carer services, in response to feedback from Carers to the Task Group.	Director for Children & Adult Services	New Carers Services contract came into effect from June 2014, including Carers Support Payments and Carers Respite Service. These areas were previously not well taken up by mental health Carers and require marketing to mental health teams as well as directly to mental health Carers.

4. Analysis and advice

- 4.1. Progress has been made during the first six months following Cabinet decisions upon the Review, through the introduction of improved processes (e.g., Transition Forum; closer Section 136 Place of Safety arrangements; Programme approach to delivery at Day Resources); the introduction of training to improve mental health awareness and frontline staff capability (Mental Health First Aid; ASIST programme; SAFE project in Medway Schools) and the start of new initiatives (Housing Link Worker; Men's Health Group; the Appreciative Enquiry Event). No increase in expenditure was incurred through the activities that have taken place. Planning already undertaken by Public Health greatly assisted the progress made.
- 4.2. During this period a number of new strategic areas were identified as priorities for Medway, including the development of the Medway Dementia Strategy and two Public Health priorities in relation to Long-term Conditions and Social Isolation. These need to be reconciled with Scrutiny Review recommendations, so that there is no inconsistency in overall direction and or fragmentation of effort. The recent appreciative enquiry event included these topics and demonstrated that they can contribute to the purpose of improving mental health across the whole community. The Mental Health and Wellbeing Clinical Strategy Group is the clinically-led whole system group to ensure oversight of strategic development.
- 4.3. In addition to the progress noted, there has been progress in a number of related areas, including better engagement with the black and other minority ethnic (BME) communities in Medway, largely through the work of the Rethink Hope volunteers. Regular joint training has taken place between the Adult mental health social work team and KMPT's community mental health team with the aim of improving joint working and common purpose. There is also significant investment in clinical training for mental health and substance misuse practitioners in Dual Diagnosis to start in September 2014.
- 4.4. One area requiring more focus to gain improvement is in the assessment and support available to mental health Carers. While good progress has been made in identifying and supporting Carers who are supporting relatives with a Dual Diagnosis by Carers First, and the mental health social work team continue to carry out Carers assessments, this progress is at variance with nationally collected data, which shows that Carers of mental health clients receiving assessment is significantly lower in Medway against the national average (1). This will become more challenging when the new Care Act comes into force.
- 4.5. The longer-term sustainability of the Housing Link worker role requires financial resources to be agreed.

5. Risk management

- 5.1 Four key risks have been identified that must be mitigated to bring about improvement in the key areas while ensuring that key changes are sustained over the longer term.

Risk	Description	Action to avoid or mitigate risk	Risk rating
Assessment and support to mental health Carers not adequate. Risk to reputation as this is a lead Council role.	Significantly lower than average assessment of Carers needs in Medway against the England average. Less progress made against this Cabinet decision. This area is set to become more challenging with the new Care Act.	Increase identification of MH Carers through the mental health social work team and other council teams. Work with KMPT to ensure that family carers are not being missed on CPA. Review effectiveness of new generic carer contract in delivering services, including uptake of Carers Support payments and Carers Respite service by MH Carers.	High
Missing focus on needs of those with longer term, ongoing support needs.	Users and carers report most mental health services are arranged for short-term use only and do not address long-term needs.	Make strong links to the two Public Health strands looking at long-term conditions and social isolation. Consider findings from Public Health action research project on these conditions and the outcomes from Men in Sheds implementation. Improve routes for ongoing support without building a dependency culture or an unsustainable economic model.	High
Poor transition pathways for young people with mental health needs.	Transition happens at a vulnerable time for young people with mental health problems. Poor planning, lack of knowledge of local services and poor communications between teams exacerbates problems.	Make strong links between the Transition Forum and the CQUIN Steering Group. Improve liaison at primary mental health care level. Look at flexibilities of services to work across age demarcations on a case-by-case basis.	High
Housing link worker role unsustainable.	No revenue funding identified following preliminary resources identified through Adult Social Care.	Resolve by agreement between Adult Social care and Housing Support Services on basis of evidenced improvement of outcomes to housing customers.	High

6. Consultation

- 6.1 This update of progress has taken evidence from a broad range of stakeholders and organisations in addition to written evidence.
- 6.2 Medway Council must comply with its obligations to equalities under the Equality Act 2010, to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by this Act. It must advance

equality of opportunity and foster good relations between people. This involves removing or minimising disadvantages suffered by people, including taking steps to meet the needs of people from people who have a “protected characteristic” in the terms of this Act. It must encourage people from protected groups to participate in public life and other activities where their participation is disproportionately low. In order to comply with these equality duties, the Council is required to engage with service users, representative groups, staff and Trade Unions and to use the information and views gathered to assess the equality impact of any proposals made by the Council in relation to service provision.

6.3 Should a substantial change in the reconfiguration of services take place as a consequence of implementing the decisions of Cabinet in relation to the recommendations of the Scrutiny Review, this will require an Equality Impact Assessment and formal consultation.

6.4 To date no substantial change has been required to take forward the Scrutiny Review recommendations.

7. Financial implications

7.1 There are no financial implications arising from this report.

8. Legal implications

8.1. The council has duties under the Health and Social Care Act 2012 to improve the health of its population. It has a duty to have due regard to reducing health inequalities under the Equality Act 2010.

9. Recommendations

9.1 The Committee is asked to note this update on implementation of the Scrutiny Task Group recommendations, the areas of progress highlighted in this report and the mitigation of risk required in four key areas.

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Background papers:

1. Community mental health profile of Medway Public Health England (2014)
<http://www.nepho.org.uk/pdfs/cmhp/E38000104.pdf>

2. No health without Mental Health (2011)
https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/213761/dh_124058.pdf

3. Valuing Mental Health: A change of perspective in Kent, Surrey and Sussex
<http://www.england.nhs.uk/south/wp-content/uploads/sites/6/2014/07/ment-health-conf-rep.pdf>

4. Closing the Gap: priorities for Essential Change in Mental Health (2014)
[https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2 - 17 Feb 2014.pdf](https://www.gov.uk/government/uploads/system/uploads/attachment_data/file/281250/Closing_the_gap_V2_-_17_Feb_2014.pdf)

5. Task Group Review of Mental Health Services in Medway
<http://www.medway.gov.uk/pdf/5%20FINAL%20MENTAL%20HEALTH%20TASK%20GROUP.pdf>