

ROTHERHAM BOROUGH COUNCIL – REPORT TO MEMBERS

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| 1. Meetings: | Health Select Commission |
| 2. Dates: | 11 September 2014 |
| 3. Title: | Mental Health Scrutiny Reviews |
| 4. Directorate: | Resources All wards |

5. Summary

This report provides a brief overview of local mental health services to inform the work programme in 2014-15. It also provides Members with some potential issues to consider for the scope of the review of Child and Adolescent Mental Health Services.

6. Recommendations

That Members:

- 6.1 Inform the Chair if they wish to be part of the review group scrutinising Child and Adolescent Mental Health Services.**
- 6.2 Consider and comment on the issues outlined for the potential scope of the CAMHS review.**
- 6.3 Consider the issues outlined in the report and decide which other areas besides CAMHS to prioritise within the work programme.**

7. Proposals and details

7.1 Introduction

At its meeting in April 2014, the Health Select Commission (HSC) decided to focus its work around the theme of mental health and wellbeing during the 2014-15 municipal year. Further to this it was agreed in July 2014 that a review of Child and Adolescent Mental Health Services (CAMHS) be included in the work programme following a report from Healthwatch and a presentation from RMBC officers.

Mental health and wellbeing is a vast issue to consider, ranging from loneliness and isolation impacting on mental wellbeing, to depression, stress or anxiety, through to illnesses such as bi-polar disorder and schizophrenia, and cutting across all age groups. As such it is essential that HSC determines the specific areas to scrutinise during the year and the approach it wishes to take to each – review or initial report with follow up work if desired by Members.

Maintaining good mental health is important for the whole community and as with childhood obesity; wider policies need to support the mental health and wellbeing agenda. It is also essential to ensure that besides health professionals, other officers and workers are more aware of referral pathways and how to signpost people to support. These factors could underpin any review work by the HSC in addition to service specific questions.

Rotherham Joint Strategic Needs Assessment illustrates the prevalence and impact of mental ill health:

- 1 in 4 people in the UK experience a mental health problem in the course of a year
- People with serious mental health problems have their lives shortened by 14-18 years on average
- Mental health problems are often found coexisting with physical health problems

7.2 Strategic framework

National

No health without mental health, a cross-government mental health outcomes strategy for people of all ages was launched by the Government in February 2011, setting out its vision for improving mental health and wellbeing in England in the longer term based on six core objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support
- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

This was followed by the *Mental Health Strategy Implementation Framework* and *Suicide Prevention strategy* in 2012. In February this year *Closing the gap: priorities for essential change in mental health* was published by the Department of Health. This “seeks to show how changes in local service planning and delivery will make a difference, in the next two or three years, to the lives of people with mental health problems”. It identifies 25 areas where people can expect to see, and experience, the quickest changes (see Appendix 1).

Local

The Health and Wellbeing Strategy is due for refresh, presenting an opportunity to strengthen the focus on mental health. In his annual report the Director of Public Health recommended:

“Rotherham MBC should develop a Rotherham Mental Health Strategy outlining local action to promote wellbeing, build resilience and prevent and intervene early in mental health problems.”

“Mental health promotion messages should be an agreed theme within Making Every Contact Count (MECC).”

RMBC and Rotherham Clinical Commissioning Group are currently developing an Emotional Wellbeing & Mental Health Strategy for Children and Young People that is due to be signed off in November 2014 by the Health and Wellbeing Board.

Other strategies and initiatives include:

- Dementia Strategy
- Rotherham Less Lonely campaign
- social prescribing
- Mental Health First Aid training
- work on self-harm involving the Youth Cabinet
- work on suicide prevention including the *Care about Suicide* guide which follows the care principles of Concern, Ask, Respond, Explain.

7.3 Rotherham Doncaster and South Humber NHS Foundation Trust

Many organisations are involved in mental health and wellbeing service provision, with RDaSH being a major provider operating services in 200 locations across Rotherham, Doncaster, North and North-East Lincolnshire and Manchester. The trust employs over 3,700 staff and has more than 200 committed volunteers. It provides inpatient and community mental health and learning disability services and other community services, such as district nursing, with around 115,000 people accessing services each year.

The business divisions within the NHS trust are:-

- CAMHS
- Adult MHS
- Older People’s MHS (over 65s)
- Learning Disability
- Substance misuse – adults/young people
- Forensic MHS - mainly work with people with a mental illness who have been involved with the criminal justice system
- Doncaster Community Integrated Service – adults/children, young people and families (for information)

Members may wish to look at another business division as well as CAMHS or at a specific service or services within one of the divisions. Other potential issues Members may wish to consider are:

- transition from CAMHS to Adult MHS
- transition from Adult MHS to Older People’s MHS
- services for specific groups such as ex-armed forces personnel
- maternal mental health – highlighted in the Rotherham Director of Public Health Annual Report 2014 and currently an area of work for Healthwatch

Improving Access to Psychological Therapies

RDaSH is participating in the national initiative Improving Access to Psychological Therapies (IAPT) to offer people with depression and anxiety disorders more talking treatments. The Rotherham IAPT Service comprises a team of health professionals based in GP surgeries who are skilled in helping people to overcome emotional and mental difficulties, including:

- Depression
- Stress
- Anxiety and sleep problems
- Assertiveness problems
- Confidence and self-esteem problems

7.4 Rotherham Clinical Commissioning Group

The CCG commissions many of the local mental health services and recently engaged an organisation called Attain to carry out reviews of CAMHS, Adult MHS and Learning Disability Services. Potential changes regarding the Learning Disabilities Assessment and Treatment Unit and community services are being consulted on.

It has also worked closely in partnership with RDaSH to address some issues of performance and quality in their CAMHS. Through the implementation of a detailed action plan improvements have been made, with positive feedback from GPs.

7.5 Child and Adolescent Mental Health Services

Definition

The following is the definition of child and adolescent mental health services used in the new strategy:

Child and Adolescent Mental Health Services is commonly used as a broad concept that embraces all those services that contribute to the mental health care of children and young people, whether provided by health, education, social services or other agencies. As well as specialist services, this definition also includes universal services whose primary function is not mental health care, such as GPs and schools, and explicitly acknowledges that supporting children and young people with mental health problems is not the responsibility of specialist services alone.

Source – <http://www.everychildmatters.gov.uk/health/CAMHS/>

Scrutiny review

Members of the CAMHS review subgroup will be invited to a presentation and discussion on the findings of the review undertaken by Attain on behalf of the CCG. This should provide an overview of the key findings and recommendations that will be progressed and will assist in finalizing the scope of the scrutiny review.

Given the wide range of mental health and wellbeing services to support and treat children and young people HSC may wish to limit the review to specific services within the wider CAMHS provision, whether delivered by RMBC, RDaSH and/or other providers. Information presented at the HSC meeting in July covering CAMHS is included in Appendix 2 showing the tiered model of provision. Having determined which services will

be the focus of Members' attention, below is an indication of some potential areas to consider within the review, but this is not an exhaustive list.

- Numbers and demographic profile of service users
- Referral mechanisms and pathways
- Waiting times once referred
- 7 day access to services
- Getting support in a crisis
- Service quality
- Experience of service users/patients
- Experience of families and carers
- Complaints and results of satisfaction surveys
- Outcomes for service users
- Financial resources and budget allocation
- Targets and performance
- Access to wider counselling and support
- Awareness raising and breaking down barriers
- Information about services and how to access them

8. Finance

There are no implications arising directly from this report but any future recommendations from the Select Commission would require further exploration by the Strategic Leadership Team and partner agencies on the cost, risks and benefits of their implementation.

9. Risks and Uncertainties

Although mental ill health is very common, with 1 in every 4 people in the UK experiencing a mental health problem in the course of a year, stigma and barriers still persist. Mental ill health impacts on all aspects of people's lives and also has significant resource implications for service providers, hence the importance of early intervention and preventative work.

At borough wide level addressing the wider socio-economic determinants of health is vital but people will still need access to high quality physical and mental health services, information and support to help them maintain good mental health and wellbeing at all life stages.

10. Policy and Performance Agenda Implications

- Corporate Plan priority - Helping people to improve their health and wellbeing and reducing inequalities within the borough
- Health and Wellbeing Strategy

11. Background Papers

RDaSH website and Quality Account 2013-14

Healthwatch CAMHS report 2014

Rotherham Director of Public Health Annual Report 2014

Presentation to HSC July 2014 on draft CAMHS Strategy

Rotherham Joint Strategic Needs Assessment

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Appendix 1 *Closing the gap: priorities for essential change in mental health*

Increasing access to mental health services

1. High-quality mental health services with an emphasis on recovery should be commissioned in all areas, reflecting local need
2. We will lead an information revolution around mental health and wellbeing
3. We will, for the first time, establish clear waiting time limits for mental health services
4. We will tackle inequalities around access to mental health services
5. Over 900,000 people will benefit from psychological therapies every year
6. There will be improved access to psychological therapies for children and young people across the whole of England
7. The most effective services will get the most funding
8. Adults will be given the right to make choices about the mental health care they receive.
9. We will radically reduce the use of all restrictive practices and take action to end the use of high risk restraint, including face down restraint and holding people on the floor
10. We will use the Friends and Family Test to allow all patients to comment on their experience of mental health services – including children’s mental health services
11. Poor quality services will be identified sooner and action taken to improve care and where necessary protect patients
12. Carers will be better supported and more closely involved in decisions about mental health service provision

Integrating physical and mental health care

13. Mental health care and physical health care will be better integrated at every level
14. We will change the way frontline health services respond to self-harm
15. No-one experiencing a mental health crisis should ever be turned away from services

Starting early to promote mental wellbeing and prevent mental health problems

16. We will offer better support to new mothers to minimise the risks and impacts of postnatal depression
17. Schools will be supported to identify mental health problems sooner
18. We will end the cliff-edge of lost support as children and young people with mental health needs reach the age of 18

Improving the quality of life of people with mental health problems

19. People with mental health problems will live healthier lives and longer lives.
20. More people with mental health problems will live in homes that support recovery
21. We will introduce a national liaison and diversion service so that the mental health needs of offenders will be identified sooner and appropriate support provided
22. Anyone with a mental health problem who is a victim of crime will be offered enhanced support
23. We will support employers to help more people with mental health problems to remain in or move into work
24. We will develop new approaches to help people with mental health problems who are unemployed to move into work and seek to support them during periods when they are unable to work
25. We will stamp out discrimination around mental health

Appendix 2

CAMHS Tiered Model of Provision

Comprehensive Child & Adolescent Mental Health Services in Rotherham (CAMHS)

Commissioners
NHS England

Providers
Private Sector

Rotherham CCG

RDaSH CAMHS
(Sheffield Health & Social
Care, Nottinghamshire
Healthcare)

RMBC

Voluntary Sector

GPs, RFT.

RMBC

