



EAST STAFFORDSHIRE BOROUGH COUNCIL

REPORT COVER SHEET

Title of Report:	Mental Health Services review
Meeting of:	Cabinet
Date:	Monday 14 th August 2017
Is this an Executive Decision:	NO
Is this a Key Decision:	NO
Is the Report Confidential:	NO
If so, please state relevant paragraph from Schedule 12A LGA 1972:	n/a
<p>Essential Signatories:</p> <p>ALL REPORTS MUST BE IN THE NAME OF A HEAD OF SERVICE</p> <p>Monitoring Officer: Angela Wakefield</p> <p>Date Signature</p> <p>Chief Finance Officer: Sal Khan</p> <p>Date Signature</p>	

EAST STAFFORDSHIRE BOROUGH COUNCIL

Report to Cabinet

Date: 14th August 2017

REPORT TITLE: Mental Health Services Review

PORTFOLIO: Cllr Whittaker

HEAD OF SERVICE: Mark Rizk

CONTACT OFFICER: Michael Hovers Ext. No. x1776

WARD(S) AFFECTED: All

1. Purpose of the Report

- 1.1. This report sets out the findings of study undertaken by Health Scrutiny working group (chaired by Cllr S McKiernan) into the quality and availability of mental health services in East Staffordshire.

2. Executive Summary

- 2.1. There are a range of options available to residents of East Staffordshire who are in need of Mental Health Services. These are provided by the NHS, Primary Care and Voluntary services and cover needs from 'wellness' to 'crisis' to hospital care and living with ongoing conditions.
- 2.2. The range of services is very varied but most are concentrated in the Burton and surrounding areas, with Uttoxeter and the more rural areas having relatively little access. Even for acute care, the service is home based with beds being in Tamworth and Stafford.
- 2.3. For those known to the system, there are frustrations with the constant redevelopment of the NHS and contract changes to voluntary services. Having to travel for beds and even crisis assessment is not ideal. Not all people are able to benefit from structured rehabilitation and may fall out of the system.

- 2.4. For those experiencing crisis for the first time, it is not clear who they can turn to and those referred to the Crisis and Home resolution Team don't always meet the criteria and are rejected. Helplines and other agencies who can listen and counsel are not always known about by the general public or even front line staff.
- 2.5. It is recommended that the Council continues to work with Health and County Council Colleagues to ensure there is adequate provision of NHS and Voluntary Mental Health services across the whole of East Staffordshire. Services need to be advertised as widely as possible, via all media, especially at potential crisis points.

3. Background

- 3.1. As part of the annual work programme for East Staffordshire Health Scrutiny Committee the provision of Mental Health Services was identified as a topic of special interest from the Borough Health profile. Consequently, a small working group was formed consisting of Cllr S McKiernan Cllr A Legg, Cllr C Jones and Cllr S McGarry.
- 3.2. The methods used to gather information to support the research includes face to face interviews, visits to premises and professionals and the use of publically available data.

4. Contribution to Corporate Priorities

- 4.1. Protecting and Strengthening Communities- love where you live

5. Mental Health Services

5.1 Introduction

- 5.1.1 Adult mental health has been and remains in the foreground due to changes in mental health provision locally in favour of community services rather than hospital bed based care. Continually changing services and the closure of the Margaret Stanhope Unit in Burton have meant that not everyone knows where services are or how they can be accessed. For the purposes of this review, Dementia services were excluded.
- 5.1.2 From initial informal information gathering, it appeared that some people in crisis (people in distress who consider themselves in immediate need) were not able to access a service as:
 - They did not know who to call
 - Their symptoms did not fit the criteria for the Crisis and Home Resolution Treatment Team so were not accepted for immediate care
 - Some people felt there needed to be hospital beds in Burton for crisis care
 - Changes to mental health provision have not been fully communicated to potential service users

5.2 Main findings

5.2.1 There are a number themes reoccurring themes in mental health provision.

These are:

- Communications
- Lack of suitable safe spaces
- Integration of services across providers/agencies

5.2.2 Communications

Based on research conducted in this review target audiences are still being missed this despite the advent of social media and other technology.

Difficulties arise for individuals experiencing crisis for the first time. There are a broad range of options many of which are not clear to potential users. The NHS Mental Health Crisis system is designed to accommodate those individuals that have regular mental health episodes rather than people facing new crises. Therefore, people that are newly in crisis tend to revert to A&E or the Police. They are not always aware of services they can access to simply listen, especially at night, or voluntary services who can assess and prevent deterioration and keep people well. The services available need to be advertised more widely, not just in places which provide them. Social media should be used more to get messages across to those potentially at risk of self-harm. In particular the Council could print notices in Council toilets, in parks and on bridges and post links to agencies on the ESBC website.

5.2.3 Lack of suitable safe spaces

Within East Staffordshire individuals in crisis have limited options for immediate support. Those people in crisis in the Borough in the street may be taken to a police station to await a professional assessment. Although designated as a 'safe space', it is not a welcoming environment and people in distress may feel frightened rather than safe. Currently, no dedicated hospital 'safe space' is available in East Staffordshire with nearest being in Tamworth. For those who are needing a self designating 'safe space' but not in a hospital environment, the nearest is at Brendan House in Cannock. Again, this is not ideal and there is an ongoing campaign to provide a small 'safe space' in Burton.

5.2.4 Integration of services across providers/agencies

Across the Borough there are a number of provider/agencies delivering mental health services/support for residents. However, this tends to be in isolation or with niche client groups. The working group is of the belief that there are enough mental health services. However, there is a need to have a more joined up approach and reciprocal knowledge between different Commissioners and Providers of Health, Social and Voluntary Care. Also to work towards direct access to a Mental Health Professional for those in crisis who contact 111 or 999.

5.2.5 Uttoxeter

There are fewer services available in Uttoxeter or the more rural areas of East Staffordshire. Recent closures of 'Art & Soul', ending of the 'Changes' contract and uncertainty about the new 'Together' service and the 'Virgin

Care' out of hours service mean that people are less able to access crisis care immediately. Voluntary services are planning a drive to recruit more volunteers but more comprehensive services are needed to reach all areas equitably.

5.3. **Challenges and potential recommendations**

5.3.1 From the research the biggest challenge in the mental health system is helping people to become resilient and maintain their mental health before reaching a crisis point. Systems are designed to work for clients that have known mental health issues. People need pathways to access good quality mental health services when they need them to prevent deterioration.

5.3.2 Although communications can now take a variety of forms, some people do not seem to be able to access mental health services when in crisis. This could be partly a question of not identifying as 'mentally ill' and so not seeking help, or partly being overwhelmed by their crisis situation unable to see a way out. There are also those who see asking for help as a weakness and feel they have to find their own solutions.

5.3.3 However, efforts should continue to use a broad range of communications channels and where possible the use of new technology. One further option could be the promotion of services on other agencies and interested parties' websites.

5.4. **Potential recommendations**

- ✓ Take steps in conjunction with other mental health providers to advertise services more widely than at present. Efforts should continue to use a broad range of communications channels and where possible the use of new technology. Promotion of services on other agencies and interested parties' websites. Target messages to those at risk of self harm in ESBC locations where possible.
- ✓ Encourage Mental Health and other organisations to provide 'Safe Space' facilities within East Staffs both for those requiring statutory assessment and those seeking brief voluntary refuge.
- ✓ Encourage a more joined up approach and reciprocal knowledge between different Commissioners and Providers of Health, Social and Voluntary Care, including direct access to a Mental Health Professional for those in crisis who contact 111 or 999.
- ✓ Influence Mental Health providers to provide more comprehensive services across East Staffs to reach all areas equitably, including Uttoxeter.
- ✓ Influence Mental Health providers to design services for all residents to access good quality mental health services at the point of need, in order to prevent deterioration and to aid optimal recovery.

6. **Financial Considerations**

This section has been approved by the following member of the Financial Management Unit: TBC

- 6.1. There are no financial issues arising from this Report

7. **Risk Assessment and Management**

- 7.1. The main risks to this Report and the Council achieving its objectives are as follows:

- 7.2. **Positive** (Opportunities/Benefits):

7.2.1. Improves the mental health of East Staffs residents

7.2.2. Reduces the potential impact of demand on public sector service

7.2.3. Extended families will be less anxious about family members if services are clearly available.

- 7.3. **Negative** (Threats):

7.3.1. Mental ill health causes higher demand on the public sector.

- 7.4. The risks do not need to be entered in the Risk Register. Any financial implications to mitigate against these risks are considered above.

8. **Legal Considerations**

This section has been approved by the following member of the Legal Team: TBC

- 8.1. There are no significant legal issues arising from this Report

9. **Equalities and Health**

- 9.1. **Equality impacts:** The subject of this Report is not a policy, strategy, function or service that is new or being revised. An equality and health impact assessment is not required.

- 9.2. **Health impacts:** The outcome of the health screening question does not require a full Health Impact Assessment to be completed. An equality and health impact assessment is not required.

10. **Human Rights**

- 10.1. There are no Human Rights issues arising from this Report

11. **Sustainability** (including climate change and change adaptation measures)

11.1. Does the proposal result in an overall positive effect in terms of sustainability (including climate change and change adaptation measures) N/A

12. **Recommendation(s)**

12.1. Note the contents of the report.

12.2. East Staffs Borough Council and the Local Strategic Partnership (LSP) partners actively promote mental health services on their respective websites and social media.

12.3. East Staffs Borough Council to use day to day influence with local NHS providers and Staffordshire County Council voluntary sector funding Commissioners to improve timely, appropriate mental health provision across East Staffordshire.

12.4. East Staffordshire Health Scrutiny Group to engage with the local Clinical Commissioning Group (CCG) to examine the communication of mental health services by GP's.

13. **Background Papers**

13.1. **The NHS 5 year forward view for Mental Health, published in February 2016 :**

[Mental-Health-Taskforce-FYFV-final.pdf](#)

13.2 The Care Quality Commission (CQC) thematic review of mental health crisis care produced a summary report, 'Right Here, Right Now' in June 2015:

[righthere_mhcrisiscare_summary_3.pdf](#)

13.3 In March 2015, Staffordshire held its own crisis care concordat and produced an action plan:

[Staffordshire-and-Stoke-on-Trent-Concordat-action-plan-Final-Version.pdf](#)

<http://www.crisiscareconcordat.org.uk/areas/staffordshire/#action-plans-content>

13.4 SCC: **Working Group of the Healthy Staffordshire Select Committee** on 'Emotional Wellbeing and Mental Health Services':

<https://www.staffordshire.gov.uk/health/care/CommissioningStrategies/Mental-Health-Strategy-Booklet-2014.pdf>

13.5 CCG Patient Board Emotional well being:

[..\..\Health\Final EHWB report 2015.docx](#)

