Review of Mental Health Services in Medway

Prepared by a task group of the
Health and Adult Social Care Overview and Scrutiny Committee

November 2013

Medway Council
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MEDWAY MENTAL HEALTH SCRUTINY REVIEW TASK GROUP

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1. **FOREWORD**

Mental Ill-health is very common and issues around mental health and well-being directly affect many of us. Between one in four and one in five adults will experience a significant mental illness during their lives, leading to a medical diagnosis and (hopefully) onto treatment and support, and towards recovery. 60% of people who go on to develop a severe mental illness have their first episode of mental illness by the age of 14 years with a disturbing rise in self-harming among children and young people[1]. About one in five of all adults will have an episode of a common mental health problem in any year.

At any one time, 34,800 people in Medway are living with a mild to moderate mental health problems. About 800 people are living with psychosis, with conditions such as schizophrenia and bi-polar disorder. In older people, depression is still the most common mental health problem. It is estimated that 3,620 older people will be living with depression in Medway by 2015.

The World Health Organisation summarised the critical role of mental health with the slogan, *No health without mental health*. This was taken up as the title for the government's 2011 mental health strategy (1). If health is our primary measure of our own wealth and well-being, then mental health is of first order importance if we are going to live well and fare well. But we must tread carefully here, because although it is right to focus on mental health to improve outcomes, the particular personal experience of living with mental illness involves individual suffering, despair and misery (2). It takes courage to live with persistent mental health problems. Mental health deserves our attention, and everyone experiencing mental illness and their carers must have our respect. We thank users and carers for contributing their own experiences to this Task Group.

Mental health and mental illness is a subject not well understood. If you are experiencing a mental health problem you are likely to experience the pernicious impact of stigma: to be shunned by the wider community and also, perhaps, closer to home (3). Sometimes the impact of an episode of mental ill-health can last a lifetime: in the changed attitudes of employers, friends and families as well as in the loss of relationships, talents and skills that contribute wealth to society.

We must shed more light on mental health and illness - so that there is more understanding and less ignorance. This will, in turn, reduce the fear in families and communities. Mental health is everyone's business - because it affects every family in the land (4). Because it is everyone's business, we cannot reduce this to only being a specialist medical matter. For this reason, Medway Councillors came together in this cross-party group. We wanted to understand the current status of services and what is being done to improve outcomes and experiences for service users in Medway - and what more must be done.

[1] 22,000 children and young people were treated for self-harming in hospital last year. NHS figures show 18,037 girls and 4,623 boys aged between 10 and 19 harmed themselves. This was a rise of 11% on the previous year. Cases involving children aged 10-14 rose by 30%.

We were clear in our common vision: good quality mental health services for the people of Medway. For users of services, their carers and their children, families and communities. Timely, personalised community-based support, close to home, family and community, with better prospects for individual recovery and community resilience. Our challenge was to see *what good looks like*. We saw some of this during the course of our review - as well as the great dedication and commitment of many users, carers and staff. But we found pressing concerns and anxiety and, in places, an absence of belief and trust. This was in contrast to the optimism we saw elsewhere about overcoming problems and making progress. Much more needs to be done.

This report sets out our discussions, key findings and recommendations to contribute to further the improvements we believe are necessary. It is a contribution, not a complete blueprint. A thorough plan will require working together with many partners, with users and carers at the centre of this. Making things happen to bring about change in the right direction demands collaboration. The risks of getting this wrong are plain to see - less productive services and responses that do not fit with the current local experiences and the real needs of users and families. We hope that all of our recommendations will be taken up and implemented, to shape better more responsive outcomes to one of the greatest challenges facing us all: to live well and fare well.

Councillor Wildey (Chairman of the Task Group)

Cllr Pat Gulvin

Cllr Igwe

Cllr Juby

Cllr Purdy

Cllr Cooper

(appointed as a substitute for occasions when Cllr Igwe was unavailable to attend meetings of the Task Group)

2. **EXECUTIVE SUMMARY**

Background

2.1. As part of its 2012/13 Work programme, Medway Council's Health and Adult Social Care Overview and Scrutiny Committee wished to carry out a broad scrutiny review of Mental Health services across Medway, with a focus on user and carer experience and the outcomes of using services across all age groups.

2.2. To make the work of this Scrutiny Review manageable, it was decided to exclude some areas from this review, including Dementia as a mental disorder and Autism and Asperger's Syndrome without the presence of a learning disability. These areas warrant consideration in their own right, perhaps as subjects for future scrutiny work.

2.3. The Scrutiny Task Group aimed to review and test the strengths and weaknesses of current mental health services across system in Medway, including health, social care and housing.

2.4. The Scrutiny Task Group carrying out this review consisted of Councillors Wildey (Chair), Pat Gulvin, Igwe, Juby, Purdy and Cooper (substitute for Cllr Igwe).

Terms of reference

2.5. In June 2013, the Task Group was established with the following terms of reference:

-To investigate and determine what achievements have been made to improve outcomes and experiences for service users, their carers and the community of Medway across mental health services since 2010/11;

-To investigate what are the current outcomes and experiences for mental health service users and their carers;

-To make recommendations, with the aim of improving outcomes and experiences for service users and their carers, to feed in to future commissioning and delivery of services.

Conduct of work

2.6. A series of meetings took place between June and September 2013 with a wide range of stakeholders to gather evidence. This included meetings with service users and carers; Medway Citizens Advice Bureau; Healthwatch Medway; frontline staff and managers in NHS and social work teams; Medway Housing services; Rethink Mental Illness; Medway Clinical Commissioning Group (CCG); Kent and Medway NHS and Social Care Partnership Trust (KMPT); and Sussex Partnership NHS Trust.

2.7. The Task Group also visited another Trust delivering mental health services, Five Borough NHS Partnership Foundation Trust, whose headquarters is based in Warrington, Cheshire.

2.8. The review was supported by Medway Council officers, including:
-David Quirke-Thornton, Deputy Director, Children and Adult Services
-Richard Adkin, Principal Officer, Mental Health
-Dick Frak, Mental Health Social Care Commissioning Manager
-Teri Reynolds and colleagues, Democratic Services.

Context

2.9. Since the selection of mental health as a topic for an in-depth scrutiny review in September 2011, the Medway Health and Adult Social Care Overview and Scrutiny Committee recommended to Medway Council's Cabinet that the adult mental health social work team should remain in Council management and be reviewed again in 2016. Medway Council's Cabinet agreed this recommendation.

2.10. During the life of the Task Group, the NHS consulted the Joint Kent and Medway Health Overview and Scrutiny Committee upon a proposed reconfiguration of acute mental health inpatient services across Kent and Medway. This included a proposal to withdraw acute adult in-patient psychiatric bed provision in Medway, with the establishment of three "Centres of Excellence" for acute mental health services elsewhere in Kent, as an alternative. Medway's Health and Adult Social Care Overview and Scrutiny Committee referred the matter to the Secretary of State and an Independent Review Panel considered the matter. The Secretary of State determined that the reconfiguration shall proceed. Medway's Health and Adult Social Care Overview and Scrutiny Committee will consider the implementation plan submitted by the NHS at its next meeting.

2.11. The Council's Health and Wellbeing Board has been established as a Committee of the Council, providing a forum for Medway's health and social care system leaders and key stakeholders to meet together and provide collective leadership to improve health and wellbeing across Medway. Physical and mental health and wellbeing has been chosen as one of the key themes in Medway's Health and Wellbeing Strategy.

2.12. The Care Quality Commission (CQC) is responsible for monitoring the use of the Mental Health Act. On 30 October 2013, CQC visited Medway to carry out checks on arrangements for the assessment and application for detention under the Mental Health Act, discharge from detention, aftercare following detention and supervised community treatment and how these contribute to individual care pathways.

Legal framework, Council duties, obligations and accountabilities

2.13. Local authorities must ensure that the social care needs of adults, who are vulnerable because of their mental health are met, that effective safeguarding arrangements are in place and that the Council's legal duties are discharged.

2.14. Adult social care refers to the responsibilities of local social services authorities towards adults who need extra social support to remain living independently. Such services are not free at the point of delivery and may be subject to means-testing and charging. Primary care is the treatment and support provided by the NHS through General Practice. Secondary care is specialist treatment and support provided by the NHS through NHS Trusts, NHS primary and secondary care treatment and support is free at the point of delivery.

2.15. The legal framework for provision is complex. The main obligations are set out in following legislation:

- NHS and Community Care Act 1990; including S.47 - the Local Authority duty to assess;
- National Assistance Act 1948;
- Mental Capacity Act 2005 and the Deprivation of Liberty Safeguards (DOLS);
- Mental Health Acts 1983 (as amended 2007);
- Human Rights Act 1998.

2.16. In addition, Local Authorities must comply with their obligations to equal rights under the Equality Act 2010, to eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by this Act; to advance equality of opportunity and foster good relations between people. This involves removing or minimising the disadvantages suffered by people who have a 'protected characteristic' in the terms of the Act; encouraging people from protected groups to participate in public life and other activities where their participation is disproportionately low. Protected characteristics include persons with a disability, which is a physical or mental impairment that has a substantial and long-term adverse effect on a person's ability to carry out normal day-to-day activities.

2.17. In addition to the obligations set out above, Councils are required to apply thresholds for eligibility to social care services using Fair Access to Care Services (FACS). Medway Council has set the threshold for eligibility of social care at critical and substantial (5). 82% of councils operate at this threshold, with others operating at lower or higher thresholds.

Review findings

- Urgently improve the quality of communication

2.18. The Task Group's primary concern is about the need for improved communication between organisations and professional groups; between

services within the same organisation; and between services, service users and carers. The Task Group heard that steps were being taken to improve communication. However, much more must be done to improve trust, avoid misunderstanding and keep faith with service users and their families.

- Better follow up support

2.19. The Task Group believe there is an urgent need to enhance community-based support, for service users who have made some recovery from the severe impact of mental ill-health, but who nevertheless still require follow-up support. This finding is supported nationally in the most recent CQC summary of results for community mental health (6) where respondents cited that they needed more support with aspects of day-to-day living, including physical health; getting help with care responsibilities; finding and keeping work; finding and keeping accommodation; and help with financial advice and benefits. All of these points were made by users and carers to Councillors during this scrutiny review in Medway. This could be achieved through further provision of support from voluntary sector support groups. Service users praised the work of MEGAN and the positive peer support network established there, including for people with a condition of personality disorder who do not believe they have benefited from mainstream mental health services. Users and carers urged members to support more such initiatives, particularly for black and other minority ethnic (BME) groups.

2.20. The persistence of fear and stigma around mental illness and its impact of the lives of users and their families is a barrier to social integration and equal opportunities. Some steps are being taken to strengthen such support, such as the re-design of the day resources programme, to involve agencies such as the Citizens Advice Bureau, Winfield Chatham and others. Medway Clinical Commissioning Group intends to develop a hub of services and are establishing primary mental health specialists to work alongside GPs in collaboration with secondary care providers. The Task Group and the Health and Adult Social Care Overview and Scrutiny Committee look forward to seeing visible results and hearing about progress directly from users.

- Strengthening frontline staff response

2.21. The Task Group found that mental health awareness among counter, reception and frontline staff in the public sector locally could be improved, so they are better placed to identify and helpfully respond to individuals who may be experiencing mental health issues or mental health crisis. This includes being confident to support customers and also signpost individuals on to specialist support when necessary. This is consistent with the evidence contained in national report recently published by Mind and the Mental Health Foundation (7) which urged local authorities to ensure frontline staff across the community understand the importance of making every contact count. Medway's Public Health Team contains an accredited Mental Health First Aid Trainer, who could be deployed to help with this mental health awareness training, with priority given to frontline staff and those who work daily with members of the public, where the presence of a mental illness may come to light. Housing services, in particular, are likely to be contacted by individuals

experiencing mental health issues which may be presented as a risk to losing a tenancy or homelessness.

- Working across teams with common objectives for better mental health

2.22. The Task Group identified a gap in effective liaison between housing services and mental health services. Housing is one of the major services mental health service users and their families rely upon. It is arguable that, from a user perspective, housing and accommodation ("a home") is the most important need, over and above social care or health or other services. Those with mental health needs are at greater risk of losing their home. The Task Group heard how housing staff and managers struggle to obtain advice from mental health professionals. The Task Group recommend that these two Council departments and their NHS professional colleagues work together more effectively to meet the needs of mental health/housing service users, to reduce the risk of homelessness (8) and put measures in place to achieve effective, routine, closer working.

3. **METHODOLOGY**

3.1. The Task Group met on 26 June 2013 to discuss the scope of the review and determine its Terms of Reference (see 2.2. to 2.5 above). The group also considered the methodology for the review and agreed on key lines of enquiry, including the organisations it wished to meet and invite evidence from. The Task Group agreed to place an advertisement in the Medway Messenger and on the Council's website to invite views and comments from members of the public.

3.2. The programme of evidence sessions meetings carried by the Task Group is set out at Appendix 3. In addition to the work outlined above and evidence obtained from a review of documents available electronically and given as a Reference at Appendix 2, the Task Group also received written evidence from the Medway and Swale Advocacy Partnership; a local GP involved in providing the GP out of hours service, Kent Police and the Medway Council Public Health Team.

3.3. An advertisement was placed in the Medway Messenger on 26 July 2013. A message was posted on the Council's website and Twitter account, inviting views from all interested parties. Seven responses were received and were considered by the group on 13 August 2013.

4. SUMMARY OF EVIDENCE

National policy and guidance

4.1. At the Task Group's first meeting held on 26 June 2013, Members met with the Deputy Director, Children and Adult Services and the Mental Health Social Care Commissioning Manager to receive background information on current national policy and guidance relating to mental health contained within the National Mental Health Strategy (1) as well as information about relevant

local policies and priorities. The current context in which this Scrutiny Review was to be conducted was also discussed and took account of those matters set out above at 2.9 to 2.12.

Evidence sessions

4.2. Councillors met as a Task Group 14 times to obtain evidence from a range of stakeholders (see Appendix 3). A summary of key points made at each session follows below. A fuller note of each session is set out at Appendix 4.

4.3. Meeting with MEGAN service users on 15 July 2013

The Task Group met with approximately 25 service users at the Medway Engagement Group and Network (MEGAN). The Task Group used this opportunity to listen to the people using mental health services in Medway and invite views on how outcomes may be improved.

Service Users stressed the importance to them of Peer Support and regarded MEGAN as a lifeline. More follow-up support were necessary to make up for the overall lack of mental health community-based support for those who can no longer access statutory NHS and Social Services. There was a general view that services were withdrawn too early. In contrast, it was very difficult to access services again. There was little apparent communication and co-ordination between agencies from users' reported experiences, although one user gave a strong example of how services had been co-ordinated well to support her when her needs changed. There were long gaps between contact appointments with mental health workers, as well as long waits for specialist follow-up services, e.g., Personality Disorder therapeutic service.

Users generally felt GPs were not skilled to help with their mental health issues and needed more support. Communication skills among mental health workers generally needed to be more skilled. Users were very worried about a whole series of welfare reforms, including re-assessments of benefits and housing benefit.

4.4. Meeting at Carers First with Carers

The Task Group met with carers at the Carers First offices in Gillingham on 15 July 2013, when approximately 10 carers attended. The majority of the points raised by the service users at MEGAN were echoed by carers at this meeting.

Carers provided examples of poor communication between local mental health teams. There was also poor communication with carers about care plans and hospital discharge planning. This created suspicion and a general lack of trust. Some sensible guidance needed to be provided to mental health professionals about sharing information with carers, so there is a consistency of approach and carers know what to expect as a standard. Carers and family members often knew their loved one very well. Their insights should be taken into account and could be valuable in drawing up care and safety plans. It was generally felt that that the attitude and compassion of professional staff needed to improve and should be taken into account by their employing

organisations. Support by services was withdrawn too quickly for patients in recovery. There was little follow-up after hospital discharge. This withdrawal and poor follow-up had a detrimental effect, increasing the risk of relapse and crisis and hospital admission - a revolving cycle not broken. Short-term solutions were provided for long-term problems and this is a faulty method. Carers believe that GPs needed to be better resourced to support users in primary care and felt there should be a mental health lead in every surgery. Carers felt there was much room for improvement in the carers' assessments carried out by the mental health social work team, including the scope of the assessment in planning for the future.

4.5. Responses to advertisement in Medway Messenger

Seven submissions were received following the advertisement in the Medway Messenger. Six of the correspondents were carers and one correspondent was a service user. The correspondents were concerned about the problems they had encountered in accessing mental health services. Services appeared to be designed to address short-term mental health problems. Several carers were concerned that there appeared to be no services for people with long-term conditions. One carer explained that the family had developed their own coping strategies, but at times needed professional support, and this was no longer available. The carer said this had led them to attempt suicide.

All of the correspondents reflected the difficult economic times faced by service users as well as their families. In relation to public sector financial pressures, some thought there were short-sighted savings being made and responsibilities being passed from one service to another. For example, just as the benefits of counselling were starting to take hold, the sessions would come to a close with a new referral needed form the user's GP if they were to request more sessions. One correspondent thought that reducing the number of in-patient beds locally was "a travesty" and were fearful of its impact. Another correspondent felt that local in-patient availability is vital and the overall cost to society was in fact reduced. Where service users faced physical health as well as mental health issues they were often passed between services, with clinicians undecided about what was the root cause of the problem they faced and how treatments should be approached. Three correspondents remarked on the disrespectful behaviour their relatives had received from staff across services.

Written responses were also received from Medway and Swale Advocacy Partnerships, Kent Police, Mental Health Promotion within Medway Public Health Services, and the Clinical Lead at MedOCC (the Medway On Call Care GP service).

4.6. Task Group visit to Five Boroughs Partnership NHS Foundation Trust, Warrington

The Task Group visited a well performing mental health trust, based in Warrington, to try and establish what good mental health services look like and to bring back examples of good practice. In most of the Boroughs it serves, 5 Boroughs Partnership Trust provides both health and social care, although at least one Borough has now taken social care responsibilities back into Council management. The Task Group was recommended to visit this particular Mental Health Trust, as it had demographics comparable to Medway, with some areas of high levels of deprivation. The Trust also covered a large area, very much like the main provider of secondary mental health services across Kent and Medway. This also meant that the Trust was working with a number of partners, including five local authorities, five Clinical Commissioning Groups, five safeguarding boards and three Police Services. It also had large neighbouring cities (Liverpool and Manchester).

The Task Group heard that the presence of local services, including local in-patient acute beds in each Borough, was believed to be very important. The one acute in-patient Ward that the Task Group visited had 17 beds, all of which were occupied on the day of the visit: 12 patients were local, 4 patients where from other neighbouring Boroughs served by the Trust, and one person was an out of area patient. Only three patients were detained under section.

Wherever possible, 15 miles was the maximum distance a patient should be treated in an acute in-patient service in the view of the assistant Medical Director. The Trust reported a sharp increase in demand for services since January 2013.

The Task Group was impressed by evidence of good leadership, in the clear vision of the organisation's stated purpose and a consistent understanding of the aims and objectives across all of the teams visited. Levels of staff continuity were high. Staff members attributed this to job satisfaction.

The Trust demonstrated good business acumen by developing its own Young Person's in-patient Unit that was accessed and used by other NHS Trusts across the region. There was also evidence of innovation, such as the Skin Camouflage service, offered to users to disguise scars. This had a very positive impact on increasing confidence and users taking part in activities in public settings again.

4.7. Joint meeting with Medway Citizens Advice Bureau (CAB) and Healthwatch Medway

The Task Group met with The Chief Executive and staff of Medway CAB at their office in Gillingham on 7 August 2013. The Healthwatch Medway Operations Manager and the Engagement Officer also joined this meeting.

Medway CAB are at the frontline of helping people cope with problems. Last year Medway CAB received 37,000 enquiries, making it the busiest CAB office in England. It is aware of a high level of debt and domestic violence through its work. The impact of violence and abuse on mental health is well

documented. CAB believed 50% of people that suffer a mental health problem also have a significant debt problem. CAB caseworkers are often prompting clients to make appointments with GPs to seek help. However the experience of getting help for mental health issues, as related by CAB clients, is not good.

The CAB representatives felt welfare reforms were having an adverse impact on people, particularly those suffering with a mental illness. This includes the spare room subsidy. It is aware of the high use of sanctions, the means by which claimants are taken off Jobseeker's Allowance if they are believed to be in breach of any benefit conditions.

Medway CAB's view was that there was still a great deal of stigma attached to mental illness amongst black and other minority ethnic (BME) communities that may have an adverse effect on people coming forward to seek specialist support. CAB also reported that many community organisations were also under increased pressure in demand for support. It did not believe there was a sufficient, adequate supply of counseling services or tenancy support to meet demand.

Healthwatch Medway was established from April 2013. It is the new independent consumer champion for health and social care services. Healthwatch Medway aims to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in Medway and also to provide information to enable people to make choices about health and care services.

The Operations Manager and the Community Engagement Officer from Healthwatch Medway raised concerns about long waiting times for primary care psychological counselling services. They felt these services could play significant contributing factor to improving mental health and providing people with the tools and skills to weather crisis. Healthwatch also raised the need for better access to inclusive community activities, to provide ongoing or follow-up support, and to build community and service user resilience. This confirmed the views expressed by service users and carers the Task Group had met previously.

Healthwatch Medway believed work must be undertaken with local employers to raise mental health awareness and build better systems of support so people facing mental health issues are able to remain in employment.

4.8. Meeting with Medway Integrated Team (MIT) KMPT on 7 August

The team had been operational since April 2013, following a reorganisation of local KMPT teams. MIT is linked into many other KMPT teams and resources for Medway, but acts as the single point of entry into mental health secondary care. It accepts referrals for people aged 18 and over who are experiencing mental health problems. Referrals mainly come from GPs but other sources were accepted. The team is made up of psychiatrists, clinical psychologists, community psychiatric nurses (CPNs), occupational therapists, support time and recovery (STR) workers, along with administration and secretarial support staff. Staff and managers believe these new arrangements are working well. There is a better working relationship with community pharmacists and GPs have better access to a Consultant Psychiatrist on a 9am-5pm duty system during weekdays.

There is a high level of referrals into the team and this is challenging, since screening and assessment is only one function of the team. Care Plans with clients are now incorporating crisis plans, to support clients and GPs to better manage crisis. The move to “shared care” between secondary care and primary care is a move in the right direction, however getting this understood, accepted and operating effectively remains a challenge. The incidents of Personality Disorder in Medway was perceived to be high, and this raised particular challenges in treatment, care and support. Two specialist Personality Disorder practitioners joined the team in November 2013.

4.9. Summary of Meeting with Medway Housing Managers, Medway Council

The Scrutiny Task Group wanted to meet with Housing to understand the particular issues facing the service in supporting people who may have a mental health problem who access Housing Services. The Task Group met with the Housing Strategy Manager and the Housing Strategy and Partnership Manager on 7 August 2013 at Gun Wharf.

Housing is one of the most important elements in everyone’s life and it is often a particular issue for people suffering from poor mental health. Homeless people are also at greater risk of developing significant mental health problems (9).

Housing officers do not always know that they are dealing with an enquiry from a person with a mental health need. Some housing clients choose not to engage with health and social care teams. Some clients presenting to housing may have mild or moderate mental health needs, which means they are not eligible to receive mental health social work support or secondary health care. In these circumstances, housing officers find it very difficult to offer the client options to meet their needs. The housing service would welcome an opportunity to work with mental health and social work colleagues to raise the mental health awareness of their housing officers and reception workers and to establish strong joint working arrangements.

4.10. Summary of Meeting with Rethink Mental Illness

The Task Group met with two Rethink officers on 7 August. The Community Development Worker had worked closely with Black and other Minority Ethnic Groups (BME) across Medway for over two years. Mental health is still a difficult subject for BME communities, yet many community members were disproportionately affected by mental illness, with a higher incidence than in the mainstream community. Access was perceived to be a key problem. It was unlikely that BME citizens would approach statutory services for help and support. Community support was vital, and Rethink had done much to establish Community Champions. However the gaps in the resourcing and provision of voluntary sector led to a lack of support. Rethink believed it was also vital to build access to good quality information that frontline staff needed to have greater skills in mental health awareness.

The environment at Riverside One was perceived to be unwelcoming and could be better organised, so that if people simply needed to attend to provide information or documents, for example, they could be dealt with speedily. Waiting in an unwelcoming environment with many people who were angry or tense was very stressful and not good for mental health and wellbeing.

4.11. Summary of Meeting with Adult Mental Health Social Work Team

The Task Group met the Mental Health Social Work Team at its office base in the Compass Centre on 7 August.

The Team considered that their working relationship with KMPT colleagues had improved over the last year. The proposed closure of acute in-patient beds locally was a significant concern, because currently the team was aware of very high demands for in-patient acute admission. This had a direct effect on Approved Mental Health Professionals (AMHPs) who were required to wait until a bed is available for a person to be detained under a section of the Mental Health Act. It was also having an adverse impact on carers and families. There was also some evidence to suggest the rate of people being re-admitted to hospital was rising, which may be an indication of an earlier than ideal discharge, or lack of adequate planned support on the patient's return to the community. Currently there are also increasing pressures in relation to housing, and risks of homelessness. Staff want better links and working arrangements with housing colleagues.

4.12. Meeting with the Children and Adolescent Mental Health Service (CAMHS) provided by Sussex Partnership NHS Trust

The Scrutiny Task Group met with the CAMHS Service Manager on 21 August 2013. The service transferred to Sussex Partnership NHS Trust in September 2012. The service works with GPs and primary care, school nurses and educational psychologists and with the local Child and Adolescent Support Team (CAST) where a child or young person may have a mild to moderate Mental Health problem. CAMHS directly provides a service to children and young people with serious mental health problems, including severe depression, eating disorders and psychosis. An in-patient specialist psychiatric service is provided at Woodlands in Staplehurst, Kent.

There appears to be an increase in self-harming behaviours among children and young people in contact with CAMHS locally, reflecting nationally reported trends. There is also pressure upon in-patient acute psychiatric beds for young people, although these are used sparingly. The historic issue of long waiting times for psychiatric assessment has been tackled by the CAMHS service and while there is still some waiting to see a psychiatrist, the overall service response has improved significantly.

The new service has not yet developed a strong dialogue with young people locally. This could help improve mental health awareness, including recognising self-harming behaviour and the impact of obsessive thoughts earlier and the reality-evading potential of social media that may have a detrimental impact on well-being.

The transition of a young person from Children to Adult services is complex and there are structural difficulties related to the different thresholds for eligibility for service in Adult Services. In addition some services are not funded for in Adult Mental Health Services such as ADHD, and there is a perception among parents that this is a big problem. Children in Care and Looked after Children are at a greater risk of needing mental health services.

If a young person is detained with the intervention of the police on a Section 136, the nearest place of safety they will be taken to is Beckenham Hospital.

Making a strong connection and fostering a working relationship between youth groups such as; the Medway Youth Parliament, the Children in Care Council; Medway Challengers, the Youth Offending Team and CAMHS champions, was recommended.

4.13. Meeting with the Medway Clinical Commissioning Group (CCG)

The Scrutiny Task Group met the Chief Clinical Officer and Chief Operating Officer of Medway CCG, with their colleagues, on 23 August 2013.

Around 90% of mental health problems are managed and treated within a primary care setting. In recognition of this a recent pilot has been established to locate three mental health specialists, seconded from KMPT, into primary care health centres. Two workers will begin shortly, with the third specialist due to start in the New Year. It is anticipated that this approach will improve ‘shared care’ arrangements between primary care and secondary mental health care services. GPs want to obtain quicker access to specialist support when this is necessary, for example, by GPs having access to Consultant Psychiatrists. Monthly interface meetings have been established between GPs and KMPT managers and clinicians. Medway CCG wishes to develop a ‘Hub’ model, bringing local relevant services into the same office location, as this appears to have brought about a marked improvement in access to services to patients where this has been adopted in other areas.

More flexibility and responsiveness is sought from CAMHS and Adult Mental Health Services locally. Greater mental health awareness and skills in

recognition and support are needed among frontline staff in places such as Jobcentre Plus and Medway CAB.

There appear to be high levels of ADHD in Medway and ADHD champions are being sought. More work is also needed to establish and sustain a local Autism Strategy and to develop services to meet the needs of Children and Adults with these conditions in Medway.

4.14. Meeting with KMPT Chief Executive and senior clinical leads

The Task Group met the Chief Executive and senior clinicians of Kent and Medway NHS and Social Care Partnership Trust on 25 September 2013. This mental health trust had come into existence in April 2006 with the amalgamation of two previous mental health trusts. In April 2008 the employment of Medway Social Work staff was formally transferred to KMPT.

The Trust explained that work is currently under way on urgent pathways into acute mental health care with GPs, service users, families and other stakeholders. It was also working hard to strengthen "shared care" arrangements with primary care/GPs. To ensure that this process works well, it meets with local GP leads every month. Social care colleagues have recently joined these meetings. Three community psychiatric nurses have been seconded to work in primary care with GPs as primary mental health specialists. GPs also have access to support by telephone.

The Trust discussed how it was developing a wider range of mental health models and interventions, including: the development of a new service consisting of 10 high support community beds, to be located in Medway to provide intermediate care to support people with a condition of Personality Disorder; an intensive day treatment service, to be piloted shortly in Medway; and planning for a Recovery/Crisis House, also to be located in Medway to help divert people from unnecessary hospital admission and to also support people to "step down" from an acute hospital stay and move back into the community. Two Personality Disorder specialists for Medway have been recruited.

KMPT wants to see the development of a stronger shared vision for mental health across services and key stakeholders, including service users and families, and suggested that a local, strategic partnership group be established with this objective in mind.

The Medway Integrated Team (MIT) was established in April 2013 to combine the resources previously located in acute and recovery teams. It provides one point of entry into secondary mental health care for Medway. Emergency referrals are responded to within 4 hours; urgent referrals within 72 hours and routine referrals within 28 days. 80% of referrals to MIT come from GPs. The level of referrals to the team is high: 973 referrals received in the first four months.

KMPT is keen to take part in the delivery of mental health training to improve mental health awareness in front line services, to identify mental health issues and know where to refer people to for help when appropriate. Already a

monthly GP mental health training programme is being conducted at Medway by the Trust. It believes joint training will help ensure that there are reasonable expectations of specialist, secondary care mental health services and shared care arrangements can be broadened. Working with local housing colleagues will be helpful as people often present with complex issues to housing services.

5. **TASK GROUP DISCUSSION**

The following section summarises the key points discussed by the Task Group in determining its conclusions and recommendations.

- The quality of communication is what users and families are acutely observant about. These are critical if outcomes are to be improved locally. Several users and carers commented upon a lack of communication, and also poor communication skills, by staff across several local mental health services. Some appeared not to know about what services were available. Accessing services in crisis was reported to be difficult.

- Huge pressures put on in-patient acute units, with a current shortage of beds to meet local demand. The burden this creates on families, but also on community services. We hear it is a national problem from the providers - but we need a local solution from commissioners and providers to address this matter.

- We need mental health services to interact better with A&E and the Police. When people in mental health crisis attend A&E there needs to be a safe place where they can wait that will help them with their crisis and not exacerbate their crisis further.

- There also need to be places in the local mental health system that are recognised by the wider group of professionals across mental health, including acute services, housing, ambulance and the police as safe places to support and contain people experiencing acute mental health crisis. Although there may need to be only one clear route to access such a service. Proposals from KMPT on Recovery/Crisis House and Intermediate Treatment should be supported, but we need to have concrete plans with a timetable for implementation, so we can track real changes in outcomes for users. The concerns we hear from users and families are about the quality and availability of local mental health services and support here and now.

- Closer working is needed across CAMHs and Adult Mental Health Services around the process of transition from children to adult services. This is especially important because 60% of people who go on to have a long term struggle with mental health will do so by the age of 14 years. We need to support young people, through Medway Youth Parliament, the Children in Care Council; Medway Challengers, the Youth Offending Team as well as schools, to become directly involved with CAMHS in the design and delivery of services.

- We were concerned to hear that the nearest Place of Safety that was available for a young person to be taken to under Section 136 for mental health assessment was Beckenham Hospital. Sussex Partnership Trust need be told to make more local arrangements.

- The impact of economic hardship is reflected in the account provided by Medway CAB, who are at the frontline of helping people cope with problems.

- The message from the visit to Five Boroughs NHS Foundation Trust was that in-patient acute care is needed to be provided close to home (their furthest point is 15 miles). There was very little reliance on Out of Area Treatments (OATS) by this Trust. There were also some good examples of service innovation, e.g., the Skin Camouflage service and rebuilding of confidence; and the evidence of business acumen being applied in establishing a Young Persons in-patient unit.

- Showing respect was an important message from service users and carers. The fabric of buildings and reception areas and waiting rooms are important signals of whether or not respect is being shown. Services must also think about access and the reception for the deaf and blind and other disabled service users and carers. Creating a calming environment may be beneficial to service users as well as staff.

- The title 'Medway Integrated Team' appeared to be an aspirational term, since there is not currently an integrated team for Medway and it is only a part of what KMPT itself provide, which includes an Early Intervention in Psychosis Service and a dedicated Older Persons Mental Health Service.

- We heard that mental health services users had fluctuating needs and this is not always best served by services that only appear to be provided over short time-scales. Continuity of care and support has to take place across complicated sets of organisational boundaries, organisations with different priorities, objectives, funding regimes; and also measured in different ways. This is very difficult for professionals to grasp. How will service users and families, who are experiencing the traumatic impact of mental ill-health, be able to understand and negotiate this complicated terrain?

- Good access to relevant information and good communication was vital. However it would appear that some resources were underused, for example, the 24 hour mental health telephone helpline (Mental Health Matters) and the Live It Well website. Service users need good training opportunities to become computer literate. Services must remember that not everyone will be able to access information over the internet and provide other alternatives to keep communicating to service users and their families.

6. **CONCLUSIONS and RECOMMENDATIONS**

Scrutiny Task Group Members were encouraged by the evidence they gained of the commitment of staff across organisations to improve outcomes for mental health service users, their carers and families across Medway. There were a number of new local initiatives shared with the Task Group by Medway Clinical Commissioning Group (CCG) and KMPT, to support people with mental health problems and further support for people with a personality disorder condition. Members look forward to seeing these projects come to fruition without the dilution of existing areas of work, or staff shortfalls elsewhere in the system. The Task Group were also encouraged to hear about recent improvements in working relationships between mental health teams across KMPT and the Council, and the guidance provided to staff by a joint operations procedure (10).

However Councillors also heard about problems in trying to contact some services, long waiting times, and the early withdrawal of services, which concerned many service users and families.

Urgent improvement to the quality of communication is necessary

There is compelling evidence that communication across the system must be improved on several fronts, including communication between services and service users and carers; communication across different organisations with responsibilities for delivering mental health services; and communication between services operating in the same organisation. There also must be robust learning from Serious Incidents between NHS and Council and this vital learning distributed across teams.

We also need to raise awareness of good support that is already in place locally, but which was not known about by service users and carers, for example, the Live It Well Website (www.liveitwell.org.uk) and the Mental Health Matters Helpline (0800 107 0160).

There is evidence that more must be done to achieve a real “whole system” approach across Medway for mental health. The Task Group wish to see all agencies working together to address this issue.

RECOMMENDATION 1

Cabinet agree 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. This event should be jointly supported and funded by the Council, Medway CCG and the two NHS providers of mental health services in Medway.

Transition and signposting must be improved - so that there is better knowledge and understanding of what services across the whole system are able to provide. All services should review how transition from young people services to adult services is effectively achieved from a young person and family perspective, and also how transition between services, for example,

from hospital to community-based services operates effectively to improve service user experience and outcomes. Again, information and communication is a vital ingredient in getting this right. These are all areas that could form the agenda for the Appreciative Enquiry Conference, so organisations can work together more effectively to improve outcomes.

Strengthening Shared Care arrangements

Delivering good shared care between primary, secondary and social care services requires further strengthening. There is evidence of recent progress made by Medway CCG and KMPT in establishing three primary mental health workers across Medway. We hope that barriers between primary care and secondary care will be made more porous so that patients can move freely. Social care must be joined to these arrangements if care is to become truly shared and comprehensive. There appears to be scope for improved co-ordination and shared knowledge through the co-location of different professionals, for example, at primary care health centres/GP surgeries.

RECOMMENDATION 2

Cabinet 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 KMPT.

Better longer-term follow-up support

The Task Group believe there is an urgent need to enhance community-based support for service users who have made some recovery from mental health crisis, but who nevertheless still require follow-up support and who must not be left to cope without any support. Service users praised the work of MEGAN and the peer support it had established. Service users and carers urged Members to support more initiatives like this, including those designed to reach black and other minority ethnic (BME) groups.

RECOMMENDATION 3

Cabinet consider as part of the 2014/15 revenue budget preparations support for of longer-term follow-up mental health support services, including the role for Public Health and in partnership with Medway CCG.

Strengthen frontline staff response

We must invest seriously in public mental health and education so that future generations are healthier. As a starting point, greater Mental Health Awareness is needed across local services. Many frontline staff in the Council and within other public agencies are in daily contact with people with mental health needs who may require support as well as signposting onto other services. Councillors and local MPs will also benefit from mental health awareness training to help them deal with enquiries from residents who may have mental health needs.

RECOMMENDATION 4

Cabinet agree that frontline staff should receive mental health awareness training (for example: receptionists, Library and Community Hub staff, housing staff, Sure Start Children Centres).

This training could be provided by service users, carers, social workers, the Public Health Mental Health First Aid Trainer and KMPT staff; to ensure it is grounded in the lived experience locally and is directly relevant. This project could be taken forward as a stakeholder iniative, with the added value of relationship building.

RECOMMENDATION 5

This mental health awareness training could also be offered to other key service providers such as Medway's Job Centre Plus and Medway CAB.

RECOMMENDATION 6

The Task Group believe that these 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. A copy of the report will be made available to Medway CCG, Sussex Partnership NHS Trust and Medway Schools Forum in order that they can consider these issues further and take action, as appropriate, to help young people protect their mental health and to support their peers.

Greater involvement of service users and carers in design and delivery of local services

During the course of a visit to Five Boroughs Partnership NHS Foundation Trust, the Task Group saw good examples of work undertaken directly with service users and carers to enable them to contribute directly to design and delivery of services.

RECOMMENDATION 7

Cabinet agree to Medway Council mental health services adopting an approach of directly involving 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.

Strengthened working arrangements between housing and mental health services are necessary

On 3 September 2013[2] the Cabinet agreed that operational working arrangements between the Council's housing services, its adult mental health social work team and local NHS mental health teams should be strengthened to respond to the risk of homelessness to vulnerable adults with mental health needs.

To contribute towards the implementation of this Cabinet decision, the Task Group recommends that, in addition to frontline staff receiving mental health awareness training, there should also be a Link Worker post in housing services, to support clients who present with mental health needs. To complement this, it is also recommended that a duty system be developed, whereby a nurse or social worker is based with housing services on a regular basis, to assist the Link Worker to support and respond to clients with mental health needs, and via a support duty system.

RECOMMENDATION 8

Cabinet agree 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 to deal effectively with housing services clients with mental health needs.

Showing respect to users by improving Reception and Waiting Areas

Members noted the stark contrast in the quality of reception and waiting areas between the Medway CAB offices at Kingsley House which are well furnished, bright and welcoming, and the poor quality of the Mental Health Integrated Team reception and waiting area in the same building. Members felt the same poor environment concerns applied to Riverside One. It shows respect to service users and members of the public to ensure that reception and waiting areas are safe, clean, bright, well decorated and furnished. It is believed that such improvements could be made without significant expenditure.

RECOMMENDATION 9

Cabinet agree that if services are to continue to be provided from Riverside One that improvements to the reception and waiting areas are made; if services are to be relocated that the new location is welcoming to customers.

A copy of this report will be made available to KMPT, who can consider the feedback of service users, carers and Members of the Task Group in relation to Kingsley House reception and waiting area, taking action as appropriate.

[2] Link to Cabinet report and decision:
http://democracy.medway.gov.uk/ieListDocuments.aspx?CId=115&MId=2760

Mental Health Services for young people

The Task Group were concerned about the adequacy of current service transition arrangements and the need to enhance the working relationships with young people's groups and resources, such as Medway Youth Parliament, the Children in Care Council, Medway Challengers, the Youth Offending Team, in terms of early prevention, intervention and raising awareness of mental health and well-being.

RECOMMENDATION 10

Cabinet agree that the Assistant Director for Partnership Commissioning develop opportunities that strengthen dialogue with local young people's organisations, with a view to harnessing 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 consideration of the option of involving school nurses.

The Task Group also learnt that there were variations in terms of how services were provided for young people approaching transitional age. Some were more flexible about ages and services than others, for example, KMPT's Early Intervention in Psychosis service.

RECOMMENDATION 11

Cabinet agree that the Assistant Director for Partnership Commissioning and the Deputy Director for Children and Adults 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 limitations and requirements.

In addition, the Task Group also learnt that when young people were taken to a Place of Safety by the Police under Section 136 of the Mental Health Act, the nearest place of safety currently available was Beckenham Hospital. The Task Group believes this is too far from Medway to provide an adequate and safe service and this should be reviewed.

RECOMMENDATION 12

Cabinet task the Assistant Director for Partnership Commissioning to raise, via the CCG, the concerns regarding Section 136 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.

Carers

Task Group Members were deeply moved by the personal testimony of carers and wish to highlight their needs in particular, to support them and to respect them. It is encouraging to see a significant increase in the number of carer assessments in 2012/13 and so far in 2013/14, and the take-up of carer

support services. However, much more needs to be done to support carers and Members wish to see Medway Council Adult Social Care and Partnership Commissioning Team (with CCG) champion support for carers across sectors. This work should engage Medway's Carers Partnership Board so that developments are fully informed by and listen to the voice of carers. This work should also ensure that the voice of young carers is heard, respected and their needs met too. Medway's Health and Adult Social Care Overview and Scrutiny Committee will continue to take on active interest in carers and look forward to seeing developments in their best interests going forward.

RECOMMENDATION 13

Cabinet task the Deputy Director for Children and Adults and the Assistant Director for Partnership Commissioning to further improve carer assessment arrangements and cover services, in response to feedback from carers to the Task Group.

APPENDICES

Appendix 1: References

(1). Department of Health (2011) No Health without mental health: a cross-government mental health outcomes strategy for people of all ages.

(2). Centre for Economic Performance (2013) CEP Discussion Paper 1239: Mental Illness and Unhappiness. Accessed at: http://cep.lse.ac.uk/pubs/download/dp1239.pdf

(3). Thornicroft G (2006) Shunned: discrimination against people with mental illness. Oxford: Oxford University Press.

(4). Crisp A H (Ed) (2004) Every Family in the Land: understanding prejudice and discrimination against people with mental illness. London: Royal Society of Medicine Press.

(5).Medway Council FACS guidance can be accessed at:http://www.medway.gov.uk/healthandsocialcare/adults/fairaccesstocareservices.aspx

(6). CQC (2013) National Summary of the Results for the 2013 Community Mental Health Survey. www.cqc.org.uk.

(7). Mind and Mental Health Foundation (2013) Building Resilient Communities: making every contact count for public mental health.

(8). Homeless Link (2013) Commissioning For Mental Health and Homelessness: Opportunities in the New Health Landscape.

(9) Rethink Mental Illness (2013) Increasing access to primary care psychological services for BME communities in Medway.

(10). Medway Council and KMPT (2013) Joint Operations Procedure - Version 2.0. June 2013.

Other relevant documents:

(•) Rethink Mental Illness (2013) Young People's Mental Health in Kent and Medway. Written with the participation of Early Intervention In Psychosis Service, KMPT.

(•) Rethink (2012) "I am not mental": a report on community perspective of the emotional wellbeing of minority ethnic communities living in Medway.

(•) NHS London Health Programmes (2011) Mental health models of care for London. Paper 4: Summary: Models for People experiencing crisis and People with long term mental health conditions. Accessed at: http://www.londonhp.nhs.uk/publications/mental-health/models-of-care/

(•) Howard League (2011) The overnight detention of children in police cells. Summary Report.

(•) Medway Joint Health & Wellbeing Board (2013) Joint Health and Wellbeing Strategy for Medway.

Appendix 2: Sources of information and support

Mental Health Matters:

24 hour/7 days dedicated mental health helpline: 0800 107 0160, or from a mobile: 0300 330 5486

Live It Well:

A valuable source of mental health information, including information on local services:

www.liveitwell.org.uk

Samaritans: 08457 90 90 90 or email: jo@samaritans.org.uk

Information on mental health affecting children and young people and their families, including self-harm, ADHD: www.youngminds.org.uk

Self Help Leaflets

On Depression and Low Mood, Alcohol, Domestic Violence, Controlling Anger, Bereavement and other important topics

www.ntw.nhs.uk/pic/selfhelp

Appendix 3: **Programme of Scrutiny Group Review Meetings**

Date	Members in attendance	Other attendees	Purpose
26 June 2013	Councillors Pat Gulvin, Igwe, Juby and Wildey.	David Quirke-Thornton, Deputy Director, Children and Adult Services Dick Frak, Mental Health Social Care Commissioning Manager Teri Reynolds, Democratic Services Officer.	To discuss background to the review, review the scope and determine Terms of Reference.
15 July 2013	Councillors Pat Gulvin, Igwe, Purdy and Wildey	Service users attending MEGAN peer support groups Dick Frak Teri Reynolds.	To obtain views from service users about their experience of mental health services in Medway and how they may be improved.
15 July 2013	Councillors Pat Gulvin, Igwe, Juby, Purdy and Wildey	Carers invited to Carers First Richard Adkin, Principal Officer, Mental Health Teri Reynolds.	To obtain views from carers about mental health services in Medway and how they may be improved.
29 July 2013	Councillors Pat Gulvin, Igwe, Juby and Wildey	Officers as well as user and carer representatives from Five Boroughs NHS Partnership Foundation Trust. Dick Frak Ellen Wright, Democratic Services Officer.	To visit a well performing Mental Health Trust to learn what good looks like and understand their views on good practice.
31 July 2013	Councillors Pat Gulvin, Juby, Purdy and Wildey	Richard Adkin Dick Frak Teri Reynolds.	To reflect upon key findings to date.
7 August 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey	CE of Medway CAB and officers Operations Manager and Engagement Officer of Healthwatch Medway.	To obtain views on issues affecting service users and families facing mental health issues from CAB and Healthwatch perspective.

Date	Members in attendance	Other attendees	Purpose
7 August 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey	Managers and staff members from the Medway Mental Health Integrated Team, KMPT Dick Frak Teri Reynolds.	To understand how the Medway Mental Health Integrated Team (MIT) works
7 August 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey.	Rachel Britt, Housing Strategy and Partnership Manager Matt Gough, Housing Strategy Manager Teri Reynolds.	To gain information about how housing services work to support mental health service users and their carers and how this may be improved
7 August 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey.	Tad Taberer and Rethini Mills, Rethink Mental Illness Teri Reynolds.	To gain the view of the charity, Rethink Mental Illness, about mental health services in Medway and how these may be improved.
7 August 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey	Managers and staff members of the Adult Social Work Team Dick Frak Teri Reynolds.	To gain a more detailed understanding of how the Mental Health Social Work service works, the views of staff on mental health services in Medway as a whole and how these could be improved.
13 August 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey	Dick Frak Teri Reynolds.	To review the feedback received in response to the Task Group's advertisement in the Medway Messenger inviting views.

Date	Members in attendance	Other attendees	Purpose
21 August 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey.	Bob Lomas, Service Manager of the Child and Adolescent Mental Health Service (CAMHS) Dick Frak Rosie Gunstone, Democratic Services Officer	To meet with the service manager of the CAMHS service for Medway to discuss current services and how these may be improved.
23 August 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey	Representatives from Medway Clinical Commissioning Group, Medway Council Integrated Commissioning Team and Kent & Medway Commissioning Support Unit (KMCS). Dick Frak Rosie Gunstone	To meet with the Medway Clinical Commissioning Group and their colleagues across Commissioning to discuss current mental health services across Medway and how these may be improved.
25 September 2013	Councillors Cooper, Pat Gulvin, Juby, Purdy and Wildey	Angela McNab, Chief Executive, KMPT Dr Karen White, Medical Director, KMPT Marie Dodd, Director of Operations, KMPT Dr Soundararajan Munuswamy, Consultant Psychiatrist, Medway, KMPT. Richard Adkin Rosie Gunstone.	To meet with the Chief Executive and senior KMPT operations team to discuss current mental health services across Medway and how these may be improved.

Appendix 4: **Notes of Evidence Meetings held by the Mental Health Scrutiny Review Task Group to meet stakeholders and obtain evidence**

Councillors attended 10 meetings as the Task Group to obtain evidence from a range of stakeholders.

MEETING WITH SERVICE USERS AT MEGAN

The Task Group met with the Medway Engagement Group and Network (MEGAN) on 15 July 2013. Formerly known as the 'Mental Health Service User Engagement Project'. MEGAN provides opportunities for mental health service users, past and present, to share their views and experiences of mental health issues and services and participate in peer support.

The Task Group used this opportunity as a listening exercise to hear the thoughts and experiences of service users and to invite views on how to improve outcomes. Approximately 20-25 service users attended.

Key findings from this session were:

Importance of peer support

Support from MEGAN was a vital lifeline for service users who they felt there should be access to more varied forms of follow up support, particularly for those that can no longer access services because they no longer meet certain criteria through recovery.

Lack of support available in the community and voluntary sector

Users explained that there was an overall lack of support available from community groups and the voluntary sector. The organisations that did exist were already over-stretched, for example, the average waiting time for an appointment with Medway Citizen's Advice Bureau (CAB) was reported to be three weeks.

Impact of welfare reform

The welfare reform changes were of great concern among service users, with some people stated they were too frightened to open letters regarding changes to benefits. One person disclosed how they tried to take their own life because they had become so distressed after receiving letters about the reassessment of their welfare benefits. The Spare Room Subsidy was also a worry to service users, with the threat that they may have to move from settled accommodation. In some cases the extra room allowed Carers to stay when the person was in crisis.

Inconsistency in Support

There were also inconsistencies reported around the support provided by Housing Associations. Some employed staff that provided specific support around welfare reform, while others did not.

Support withdrawn too early and better co-ordination needed

People felt that support was withdrawn too early ("it feels like rejection"), with little co-ordination in community settings. The telephone to Kingsley House (Medway Integrated Team offices) was always engaged.

"Care's being taken away too early."

"If we had more back up from social care wouldn't be as ill for so long".

"It feels like you have to be at rock bottom before you are taken seriously."

"We are stuck in the middle of services."

"Long gaps of time between appointments."

"Not enough people outside hospital to support you."

"No one talks to anyone any more."

Quotes from service users

Users believed that GPs were their only back up, but did not have all of the necessary skills required to effectively support them in primary care and were not "joining up" with secondary care services. In addition, there seemed to be a concentration on treatment through medication, rather than other methods, such as talking therapies and other activities.

Some users did not feel well supported by the team at Kingsley House and gave examples of not being able to get through when in crisis ("can't get through") delays in responses to calls and communication skills (e.g., poor body language) that need to be improved.

Poor communication

Users shared experiences showed a lack of communication between community psychiatric nurses and social workers, as well as gaps in communication between different Council teams, for example, between housing and the adult mental health social work service.

Examples were also given of poor communication between staff and patients through long periods of time between appointments and also poor communication skills, with one example of "clock watching" given and that was read as a lack of compassion.

Some of these findings were also detailed in the report on 'Medway adult mental health social work: first year review and options for the future' which was presented to Cabinet on 3 September 2013[3].

[3] Link to report: http://democracy.medway.gov.uk/mgconvert2pdf.aspx?id=21167

Good examples

One service user spoke movingly of when things did work. She had experienced losing her sight and the health services that did support her did join up and it was clear to her that they were talking to one another and taking her needs into account.

MEGAN was praised by users as being a lifeline. Users spoke warmly of the peer support groups, including the group for people with a condition of Personality Disorder and the 'Walk and Talk' Group.

MEETING AT CARERS FIRST GILLINGHAM WITH CARERS

The Task Group met with carers in Gillingham on 15 July 2013. Approximately 8-10 carers attended. The Task Group used this opportunity to listen to their views and thoughts about mental health services and suggestions for improvements.

Key findings from this session were:

Poor communication

Examples were provided of poor communication between various organisations and departments and it was felt services needed to be more "joined up".

Examples were also provided of the lack of communication between various mental health services and carers about issues such as care plans, incidents, hospital discharge planning arrangements and transitional arrangements. This had resulted in a breakdown of understanding and trust.

It was felt sensible guidelines should be produced in relation to sharing information about a patient with their carer, including how this could be done sensitively when the service user did not want the carer to be involved.

Carers also needed to be systematically invited to provide their own account of service users' mood and behaviour. They often knew the individual best and this information could be vital for care and support planning.

It was also felt that the attitude and compassion of staff needed to improve.

Poor community support services

Overall carers felt community-based support services were poor and were withdrawn too quickly for patients in recovery, having a detrimental effect and heightening the risk of relapse, with poor follow up after hospital discharge.

It was felt that short-term solutions were given to users and families and this was "a faulty method."

Carers also felt that the community and voluntary sector lacked the capacity to provide ongoing up.

Primary care

GPs needed to be better resourced to support mental health users, for example, there should be a mental health lead within each surgery. In addition, it became apparent that six month reviews after discharge were not always being followed up routinely.

Carers' assessments

It was felt that there were still some improvements to be made with carer assessments carried out by the Council's Adult Mental Health Social Work Service. It was unclear whether all carers are offered or receiving one. It was suggested that the assessments should cover impact on the health of the carer and should also help develop what needs to be put in place when the carer is no longer able to provide support to their relative.

RESPONSES TO ADVERTISEMENT AND CALL FOR EVIDENCE

This advertisement was placed in the Medway Messenger on 26 July 2013, inviting people for their views regarding mental health services in Medway. This was also advertised on the Council's Twitter feed and the Council's website.

Seven responses were received from service users and carers in addition to detailed responses were received from Medway and Swale Advocacy Partnerships, Kent Police, Mental Health Promotion within Medway Public Health Services, and the Clinical Lead at MedOCC (Medway Out of Hours GP service).

This feedback proved helpful to the Task Group in gaining further evidence and much of the points raised were issues that had been raised at the service user and carer meetings, adding weight to that evidence.

<u>The key findings from this feedback were</u>:

Poor communication

Poor quality communication between services: "getting bounced" between different services and departments.

Shared care between primary and secondary services not ideal and a better interface is needed so that both play a part in improving care and reducing risk.

Listening and communication skills (including body language) need improving (poor "bedside manner" cited).

Carers and service users were fearful of changes to services as they assume this meant withdrawal.

Need for services to be local

People feeding back were critical of the acute mental health in-patient facility at the hospital but equally were clear that they wanted to access to acute in-patient services near to home. According to the responses received, the service being local was the most important thing for service users and their families/carers.

Issues relating to the use of Section 136[4] of the Mental Health Act

The written submission from Kent Police raised concerns relating to the high use of Section 136 which is the option of last resort. Police Officers will look for other alternatives wherever possible. At the time of the Police submission, the number of Section 136 orders taking place in Medway was not collaged. However, a new information system will record Section 136 use in Medway from October 2013...

Frequent staff turnover in police teams may create a lack of continuity in terms of mental health awareness. It is was also felt to be important to establish a good liaison between the Police and Medway mental health social work team and KMPT teams and, to increase trust and continuity between organisations. There are plans for joint mental health training to take place in October 2013 and other evidence was provided by the Police of progress being made to strengthen liaison with Medway mental health teams and service users.

Information Medway Council officers had obtained from KMPT showed that an audit of section 136s carried out in Kent and Medway found that many people detained using Section 136 powers were not detained following a mental health assessment. This is not to suggest that the Police should not detain under Section 136, but it does point to the fact that Section 136 is not an "automatic" route to hospital admission and psychiatric treatment is not always the result of a Section 136 detention.

A "Street Triage" service, jointly operated between the Police and KMPT over three days each week, has recently started as a Pilot in East Kent. The area covered by the pilot includes the whole of Kent, including Medway. Early results appeared to show that by working together, police officers and mental health nurses had been able to reduce the use of Section 136. The Pilot will be fully audited.

[4] **Section 136** is an order of the Mental Health Act that allows a police officer to take a person whom they consider to be mentally disordered to a "place of safety". This only applies to a person found in a public place. Once a person subject to a Section 136 police officers' order is at a place of safety, they are further assessed by mental health specialists and, in some cases, a treatment order is implemented.

VISIT TO FIVE BOROUGHS PARTNERSHIP NHS FOUNDATION TRUST

The Task Group visited this mental health trust, based in Warrington, on 31 July 2013 to see how good mental health services operated in practice and to bring back examples of good practice. The Task Group was recommended to visit this particular Mental Health Trust because it had demographics comparable to Medway, with some areas of high levels of deprivation. The Trust also cover a large area, very much like the provider of secondary mental health services for Kent and Medway. This also meant that the Trust was working with a number of partners, including five local authorities, five Clinical Commissioning Groups, five safeguarding boards and three Police Authorities. Five Boroughs operate is 300 acute in patient beds across 22 wards for a population of approximately 800,000 people. It has 5 Crisis Resolution and Home Treatment Teams, 5 Community Recovery Teams and a number of specialist services, including low secure services and specialist learning disability and forensic services.

During the visit, the Task Group met members of the senior management team across adult mental health and children and adolescent mental health in-patient and community services, crisis resolution and home treatment senior practitioners, Consultant Psychiatrists, and User and Carer representatives.

Key findings of the visit were:

Importance of local services close to home

The Assistant Medical Director of the Trust believed that patient recovery was at its best when services were provided locally. Each of the five Boroughs the Trust serves has its own assessment centre, which is open 24 hours a day, 365 days a year and each has a Recovery service attached. Wherever possible, 15 miles was the maximum a patient should have to be from home to access acute in-patient services. In Warrington, the assessment Centre was next to the A&E service.

Lower case loads

The Trust aimed to achieve caseloads for Community Psychiatric Nurses not exceeding 40 cases. Social worker caseloads average around 20 cases.

Increase in demand

The Trust reported an increase in demand for services since January 2013.

Good leadership and vision

The Task Group was impressed by evidence of good leadership in place at the Trust which was evidenced through the clear vision of the organisation and consistent understanding of aims and objectives across all of the team s visited. Levels of staff continuity were high the Trust stakeholders felt this was largely attributable to clear vision, set objectives and good leadership.

The Trust also demonstrated good business acumen. For example, the Trust had a young person's in-patient unit and had developed a skin camouflage service for self-harmers to improve their confidence and self esteem. The unit was successful and was being accessed by the trust and others.

Low reliance on of out of area treatment services (OATS)

The Trust places patients as locally as possible into acute in-patient be settings as it believes this directly contributes to recovery.

The in-patient acute ward the Task Group visited consisted of 17 beds, all of which were occupied: 12 by local patients, 4 by patients from other local authorities within the Five Borough area and one by an out-of-area placement, demonstrating that patients were local.

Strong transition arrangements for CAMHS patients into adult services

When young patients reached 17 years of age a meeting is held between the CAMHS service and a representative from adult services to work on transition issues. Liaison then takes place with the patient and their carer, along with other relevant agencies and services, to explain how and why their care plan might change.

Good service user and carer involvement

The Task Group were also impressed by the extent of user and carer involvement in mental health services and how they were involved in design and delivery of local services. One service user explained how she had formed her own business to deliver training to mental health staff employed by the Trust. One carer stated that she had originally been critical of the Trust and had been invited to become involved in improving the design of services and their response to carers. She had changed her mind about the Trust, but had also felt that her involvement had brought about a change in the views held in the Trust about carers.

Innovation

The Trust demonstrated good business acumen by developing its own Young Person's in-patient psychiatric unit that was accessed and used by other NHS Trusts across the region. There was also evidence of innovation, such as the Skin Camouflage service, offered to users to disguise scars. Users told the Scrutiny Task Group this had a very positive impact on increasing confidence in taking part in activities in public settings as well as going for education and job interviews.

VISIT TO MEDWAY CITIZENS ADVICE BUREAU (CAB) AND HEALTHWATCH MEDWAY

At the meeting Medway CAB on 7 August 2013, CAB stated that one in every three of its clients had a mental health problem, compared with one in six CAB clients nationally. It also stated that 50% of people that suffer a mental health problem will also have a significant debt problem.

The Key Findings from this meeting were:

-Impact of welfare reform

CAB felt that welfare reform was having a significant impact on people, particularly those suffering with a mental illness. Benefit sanctions placed on some claimants were sometimes harsh and very distressing for the people concerned.

-Mental illness stigma amongst black and other ethnic minority groups

CAB reported that there was still a great deal of stigma attached to mental illness amongst BME groups and they believed that this was having an adverse effect on citizens from BME communities seeking and accessing support.

-The capacity of support services in the community and voluntary sector needed to be strengthened

CAB reported that other organisations were also under increased pressure in demand for support.

The Healthwatch Medway Operations Manager and Engagement Officer also attended this meeting to provide their perspective. Healthwatch is the new independent consumer champion for both health and social care. Healthwatch Medway aims to give citizens and communities a stronger voice to influence and challenge how health and social care services are provided in Medway and also provides information or signposts people to enable them to make choices about health and care services.

At the meeting the Healthwatch Medway representatives raised a concern about waiting times for counselling services by KCA. They felt these were significant and a contributory factor for people finding themselves in crisis.

They also raised the need for better access to inclusive community activities to provide support, which appeared to confirm the views expressed at earlier meetings with users and carers. They also suggested that some employers needed to be better at supporting people in a flexible way who have a fluctuating need so these people can remain in employment.

MEETING WITH MANAGERS AND STAFF OR MEDWAY MENTAL HEALTH INTEGRATED TEAM (MIT)

The team had been in place since April 2013, following a reorganisation of local KMPT teams. It accepts referrals for people aged 18 and over who are experiencing mental health problems. Referrals are mainly made by GPs but referrals from other sources were accepted and the team also screens self-referrals. The team is made up of psychiatrists, clinical psychologists, community psychiatric nurses (CPNs), occupational therapists, support time and recovery (STR) workers, along with administration and secretarial support staff. The Task Group met members of the team on 7 August 2013 at their offices at Kingsley House, Gillingham.

Before the meeting took place the Task Group waited in the reception/waiting area and were struck by the poor quality of this reception environment compared to the CAB reception area in the same building, which had been inviting and welcoming. Members felt the MIT reception and waiting area had a cold, uncomfortable, dated feel, which did not provide a good atmosphere for people attending the office who were struggling with mental health issues. It is understood that the service will be moving to refurbished offices at Canada House, Gillingham, in November 2013.

Key findings from this meeting were:

Staff felt reconfigured service was a better way of working

The staff expressed the view that the new team was a better way of working. It was less complicated for staff and clients.

Staff reported they were being skilled up through shadowing, training and mentoring.

The team was organised into a series of smaller sub-team (known as “Pods”) consisting of a consultant psychiatrist, team leader and clinicians who worked closely together, held weekly meetings and more frequent progress meetings to ensure all team members were aware of key issues and developments.

Teams worked collaboratively around a single health care plan, to enable shared knowledge and a multi-disciplinary understanding of each client’s need.

Integration had improved the capacity of the service, but further resource investment would benefit the Crisis Resolution and Home Treatment Team.

Access to the service

People could self refer but they did need to meet the required criteria to access secondary mental health services. If they did not they were signposted on to relevant services for support.

There was a high level of referrals into the team.

Planning with clients

Crisis Plans were being developed with service users to ensure there is a plan in place if a client unfortunately found themselves having a relapse. Having these in place was helping clients with recovery. They were uploaded to the computer system (RiO) so that they were accessible by other teams, such as the Crisis Resolution and Home Treatment Team.

There was an intention for the control of Care Plans to be placed back with clients and their GPs, so that when a patient recognises the signs of their illness, their Care Plan was accessible and they were able to easily discuss their Care Plan and possible next steps with their GP.

Improved working with pharmacists and GPs

The team explained that they work closely with pharmacists in relation to medication. Pharmacists were also able to offer an independent assessment to clients who were concerned the consultant/GP has mis-prescribed.

GPs were now able to contact the team anytime between 9am and 5pm, where previously this had only been possible 12pm - 2pm. This enabled GPs to gain quick advice and therefore be more responsive to patients in clinic.

Challenges

Moving to a shared care approach between primary and secondary health care services was the direction of travel, but it is a challenge to bring this into routine practice.

Personality disorder was a challenge for Medway due to its particularly high prevalence among mental health service users in the locality with this condition.

MEETING WITH MEDWAY COUNCIL HOUSING DEPARTMENT

The Task Group met with the Housing Strategy Manager and the Housing Strategy and Partnership Manager on 7 August 2013 at Gun Wharf.

Housing is one of the most important factors in everyone's life and is often a particular issue for people suffering from poor mental health. It is one of the major services mental health service users and families look to the Council for support and those with mental health needs are at greater risk of losing their home. Plus homeless people are at greater risk of developing significant mental health problems.

There is also a particular link with homelessness and mental health need. Mental health problems are often found to be both a cause of long term rough sleeping as well as a symptom of the experience of being homeless. A report by St Mungo's in July 2013 found that mental illness is far more prevalent amongst homeless people than the general population, in particular personality disorder (60% compared to 5-15%), depression and schizophrenia (30% compared to 1-4%)

Key findings from the meeting were:

Uncertainty of the presence of mental health needs

It is very often unknown by Housing officers when they are dealing with a client whether or not they have a mental health need.

A number of housing clients with mental health needs choose not to engage with services such as statutory health and social care teams.

Some housing service users may have moderate mental health needs and therefore do not meet the required criteria to access support under Fair Access to Care Services (FACS). Signposting and support options for such clients were then unclear to Housing Officers.

Increase in homelessness

There has been a 52% increase of homelessness applications in Medway the last year. Of those homeless applicants accepted, 50% became homeless because parents, relatives or friends were no longer willing to accommodate. There has also been an increase of violence being cited as the main reason for homelessness. The impact of welfare reform is also having an impact.

Better partnership working with health and social care colleagues

Opportunities for joint working were being explored with Medway's Public Health team and Mental Health Social Work Service in May.

The housing service would also welcome liaising with those teams to deliver training on mental health awareness for staff.

MEETING WITH RETHINK MENTAL ILLNESS

Rethink Mental Illness are a registered charity that provide expert, accredited advice and information to people affected by mental health problems. The charity was a nationwide charity, which operated in Medway, particularly in supporting black and minority ethnic communities. The Task Group met with Rethink Mental Illness on 7 August 2013 at Gun Wharf.

The local Community Development Worker (CDW) explained that her role was to identify gaps in service provision through engagement with communities in order to understand their needs and wishes. The aim is to enable greater understanding and ownership of the issues facing people of Black and minority ethnic (BME) communities, including gypsies and travellers, East European migrants, etc. CDWs work with communities with regards to tackling stigma in relation to mental health issues and encourage them to seek help. Rethink work with communities in order to improve confidence with regard to using mental health services as well as signposting to relevant services.

Key findings from this meeting were:

Mental illness stigma amongst black and minority ethnic (BME) groups

Mental health is still stigmatised in BME communities. People from BME communities are unlikely to seek early treatment for mental health needs. This means that BME citizens get to mental health services late and some individuals from these same communities are six times more likely to receive a diagnosis of schizophrenia and to have longer stays in hospital.

Lack of support available through the community and voluntary sector

They felt there is a gap in community and voluntary sector based support, particularly for BME groups. This confirmed the message given by users and carers at earlier meetings.

Information

Rethink felt there was a need for a centralised information directory of organisations and support available in the community, particularly for those people requiring low level mental health services or follow up following crisis recovery.

To build capacity and to be able to support people better and quicker, organisations and agencies should work together more effectively in flagging up concerns, for example, when a client fails to respond to correspondence.

Frontline staff must be more mental health aware

Rethink recommend that relevant frontline staff should be trained in Mental Health Awareness as a method of better intervention and early intervention,

helping people immediately where they could and then “signposting” people on to relevant services or, alternatively, letting the relevant services know that they are working with someone with mental health needs.

Poor environment at Riverside One

One of the members of Rethink Mental Illness gave his own personal experience of using Riverside One, Chatham. He found it quite a stressful environment and explained how this would impact negatively on someone with mental health needs.

MEETING WITH MEDWAY ADULT MENTAL HEALTH SOCIAL WORK SERVICE

The Medway Adult Mental Health Social Work Service was established on 1 February 2012, following transfer of social care staff back to the Council from the Kent and Medway NHS and Social Care Partnership Trust (KMPT). The service consists of a Social Work team for adults of working age and older adults, the Day Resources team and the Community Support and Outreach team. The Task Group met with the team which one on 7 August 2013 at their offices at the Compass Centre, Chatham Maritime.

Key findings from this meeting were:

Working Relationships

Staff consider that relationships between the team and the Medway Mental Health Integrated Team are being rebuilt and improving.

Staff are still finding some barriers to accessing information held by the NHS but when this occurs the response of health colleagues is now helpful and workable.

Concern regarding the loss of local acute services

The proposed closure of the acute mental health in-patient bed service at Medway Hospital is a concern for staff. Increasing demand for acute in-patient beds is currently a nationwide issue and staff have had experience of there being no beds available countrywide.

This impacts on the work of the Approved Mental Health Professionals (AMHPs) as they were required to wait with a patient until a bed was found, which can take many hours.

Staff also expressed concern about the impact on carers and families in visiting their loved ones if in-patient services were not local and the detrimental impact this may have on the recovery of the patient.

Improvements needed in community based support and transition to such services from acute setting

Comment was made about the increase in re-referrals to acute services. Staff believe this is largely attributable to under-provision of community-based services and poor transition arrangements for patients transferring from acute services back home to receive support in the community.

The service is working to establish links with community and voluntary sector organisations to help carers come together and support each other.

Mental Health social care staff also want better links with housing services to support clients more effectively and speedily.

MEETING WITH THE CHILD AND ADOLESCENT MENTAL HEALTH SERVICE (CAMHS)

The Task Group met with the Service Manager of the Medway CAMHS service on 21 August 2013. The provider of CAMHS had transferred from KMPT to the Sussex Partnership Trust in September 2012 and it provides services for Tier 1, 3 and 4, which consists of the following elements:

Tier 1 - primary care, school nurses, educational psychologists;

Tier 2 - provided by the Child and Adolescent Support Team (CAST) - slightly higher level of need, with clinicians working with young people for a short time on issues like mild depression, anxiety, mild self harm, mild eating disorders and mild behavioural difficulties;

Tier 3 - complex treatment for more serious mental health problems: more severe depression, eating disorders, self-harm, obsessive compulsive disorder and psychotic illness such as schizophrenia;

Tier 4 - acute in-patient services which are based at Woodlands, in Staplehurst, although there have been recent issues obtaining access to beds because of pressures on this service.

The key findings from this meeting were:

Transition issues from CAMHS and Adult Mental Health services

There is no mechanism for feedback from service users if they move from CAHMS to adult services.

The criteria for adult services is very different from CAHMS and the entry level (or “threshold”) is a higher and mainly based on identified risks to the person or others.

Referring from CAHMS to adult services can be a challenge.

Information sharing across organisations

Electronic systems used are different across the various organisations dealing with CAHMS - but young people and children who are re-referred to the service are picked up.

There are some difficulties with information-sharing between organisations, because of confidentiality and information governance rules. However, there is an information-sharing protocol in place, particularly in relation to safeguarding issues.

Rises in particular need

Incidents of self-harming and obsessive fixations about death and suicide are increasing. It is believed that social media and TV programmes are contributory factors.

There is a perception by parents that Attention Deficit Hyperactivity Disorder (ADHD) is a big problem locally and they seek help for their children because they believe the condition is present. There are also challenges where a young person with this diagnosis, or where parents believe this is present, are at an age where access to Childrens Services is coming to a close and they may be transferring onto an Adult Mental Health Service, because the local Adult Mental Health service is not contracted to provide a service to persons with ADHD diagnosis[5].

Pressure on in-patient specialist psychiatric facilities

The young person in-patient psychiatric facility, as well as similar facilities out of area, are under great demand and pressure, making it much harder to find a bed when needed. Adult in-patient services are sometimes approached, but this has to be dealt with sensitively and as they too are under pressure. Where no bed can be found, the young person is supported intensively at home with home visits and telephone support offered to them directly and to their family.

A Home Treatment team is being established to help support young people at home.

Waiting times

The historic issue of long waiting lists for assessment is much improved but waiting times for treatment still pose challenges.

There is only one specialist Approved Mental Health Professional (AMHP) in Kent for CAMHS so there could be a considerable waiting time for a young person to be assessed due to the AMHP's travel time and capacity.

Communication

An improved dialogue is needed with young people's groups to help with outreach work and also as a prevention and early intervention method.

Appropriate place of safety

The nearest place of safety to take a Medway Young Person under section 136 is currently Beckenham Hospital.

[5] Information on ADHD is available at the Young Minds website (www.youngminds.org.uk)

MEETING WITH MEDWAY CLINICAL COMMISSIONING GROUP (CCG)

The Task Group met with MHS Medway Clinical Commissioning Group on 23 August 2013 at Gun Wharf. Representatives from the CCG that attended the meeting included:

-Chief Clinical Officer
-Chief Operating Officer
-GP Lead and Board Member for Mental Health
-Head of Mental Health Commissioning Support, Kent and Medway Commissioning Support Unit
-Associate Commissioner for Mental Health, Kent and Medway Commissioning Support Unit
-Head of Partnership Commissioning, Adult services, Medway Council
-Head of Partnership Commissioning Children services, Medway Council
-Assistant Director, Partnership Commissioning, Medway Council

NHS Medway Clinical Commissioning Group (CCG) is responsible for commissioning primary and secondary mental health services in Medway.

An Integrated Commissioning Plan for Medway is in place.[6], however, officers made clear at the meeting with the Task Group that the CCG did not want to be constrained by the document and wished to be flexible around the needs of the population of Medway. The CCG was in the process of consulting on its future commissioning priorities.

Key findings from this meeting were:

Prospect of a community hub

At the meeting the Task Group learned about a pilot in Sandwell in the West Midlands where a more integrated approach with link workers meant that any patient referred into the service could have all their needs dealt with in a seamless approach. This worked well for the many patients with complex health and social needs. The CCG is keen to see if such an approach could be beneficial in Medway. The Task Group considers that Medway could benefit from a similar set up.

Mental health care predominantly in primary care

Around 90% of mental health problems are managed and treated by primary care.

More complex mental health problems require complex multi-agency support and CCG is seeking quicker access for GPs to specialist advice directly from Consultant Psychiatrists.

[6] Link to Medway CCG Integrated Commissioning Plan: http://www.medwayccg.nhs.uk/about-us/our-plans-and-strategies/

Changes to care pathways

Consideration is also being given to care pathways for different categories of mental illness, in line with Payment by Results, in order to ensure standards for response and intervention in line with evidence based clinical guidance and best practice. This will see an improved response from services and make them more seamless.

Mental health workers are being seconded into some GP surgeries. Their role is to support people who have a long term mental health condition, however, are stable enough to be discharged from secondary care services with a fast track back when required. This care will be shared between primary and secondary care. To enable early detention and prevention the mental health specialist workers will also be able to provide advice and support to Primary Care for people who are presenting with mental health problems and where necessary liaise with other universal services and secondary care mental health services when required.

Mental health needs of children

In August 2013, Medway Council Youth Parliament and Young Commissioners attended a consultation meeting hosted by Medway CCG that focused on the development of future commissioning intentions. Young people were asked to put forward their views on what is needed in terms of mental health services for them and how their needs can best be met. The particular areas of focus shared by children and young people included the role of schools in identifying and supporting those with mental health needs and mechanisms to support those considering or experiencing self-harm. Opportunities to improve the Attention Deficit Hyperactivity Disorder (ADHD) pathway were also discussed. It is acknowledged that the levels of ADHD are high in Medway and that there are opportunities to support parents (i.e. Triple P Programme), support management of ADHD provided by Community Paediatrics Team and/or CAHMS, and improve transition into Adult Services.

Improved mental health awareness among frontline staff

As an early intervention and prevention method it was accepted that people could be sign-posted effectively from their contact with places such as Jobcentre Plus and the CAB, so long as staff had the relevant mental health awareness training and skill in recognition.

Ensuring quality of services

The CCG will be working using a value for money tariff, which would indicate whether a service is of good quality or not.

Information and communication are also important factors and these are addressed at GP monthly meetings.

Single-handed practices have access to networks to discuss issues about quality of care, which may not fall within their particular area of expertise.

Out of hours

Since 2011 an Accident and Emergency Psychiatry Liaison Team has been in place covering 9am to midnight. This service will screen people who have self-harmed and refer onto specialist services if this is appropriate. A bid has been made to extend the hours of this service so that it operates 24 hours every day.

The Ambulance Service has referred to repeat admissions from people who are not managing their condition during the night and who call the ambulance service in crisis. The Psychiatry Liaison Team can help in these instances too.

There is also a Mental Health Matters 24 hour helpline service available (details at Appendix 2). The Psychiatry Liaison Team work with the local Samaritans to ensure they contact people who have self-harmed within 24 hours of being discharged from hospital.

MEETING WITH KMPT CHIEF EXECUTIVE AND SENIOR CLINICIANS

The Scrutiny Task Group met with Kent and Medway NHS and Social Care Partnership Trust (KMPT) on 25 September 2013 at KMPT's offices at Farm Villa, Maidstone. The representatives of the Trust present at the meeting were:

-The Chief Executive
-Medical Director
-Director of Operations
-Medway Consultant Psychiatrist (Dr Munuswamy)

Key discussion points from this meeting were:

Shared vision for Medway

The Trust's Clinical Strategy was being 'refreshed' in conjunction with the NHS Medway Clinical Commissioning Group. It was agreed that colleagues in adult social care will be included into the planning sessions in future to ensure that integration happens across social care as well.

The Trust is looking at developing Urgent Care Pathways, plus work on planning for earlier intervention, supporting primary care, and developing a wider range of care approaches, such as intermediate care, including 10 short term beds for people with a Personality Disorder, an intensive day care service to be piloted in Medway, and a model of rehabilitation/recovery house for example. No venue has yet been determined for the intensive day care service. (Note: subsequent to the discussion KMPT have now confirmed the day service will be in the same building as the bed provision).

Consideration is being given to alternative models of care/care pathways for people with other mental health conditions such as depression and schizophrenia, to help and support a return to ordinary life. The aim is for delivery of integrated care around the patient. Reference was made groups of community mental health practitioners working around the needs of the patient, as a multi-disciplinary team, including consultant psychiatrist, nurses, occupational therapist, support, time and recovery (STR) workers and psychologists.

A suggestion was made by KMPT that possibly a more strategic group should be set up to consider a high level visionary look across mental health services, in addition to the Joint Operations Group, in order for there to be a focus upon how services should be delivered and integrated, looking at local service models, rather than only dealing with operational issues. It would be important to ensure that all the necessary people were invited to be part of such a group, including voluntary sector and support organisations to ensure that the voices of users and carers are included.

The new referral route used since April 2013 for accessing secondary care mental health services was through the Medway Integrated Team (MIT). More than 80% of referrals are from GPs to the service, the patients are then classified once assessed by the Medway Integrated Team as routine, urgent

and emergency. A duty consultant is available 9am to 5pm in the service and three Community Psychiatric Nurses (CPNs) are there to provide assistance. There is a high level of demand with 973 people having been assessed in the last four months. Of this group, around 600 needed to receive specialist care, while others were referred back to the GP.

Interface meetings are being held every month with GPs (recently social care colleagues have been invited) and there are GP leads on mental health present which gives an opportunity for any issues to be sorted out. Training in mental health was given and interest is being shown in this by other GPs. Three CPNs have been seconded to work primary care from other areas within the Trust. Emergency referrals will be responded to in 4 hours; urgent referrals within 72 hours and routine referrals are dealt with within a maximum of 28 days.

As part of the hospital discharge process, patients are now provided with information about resources where they can get support through a discharge care plan. If in doubt about medication they are informed about who to contact.

It was stated that there needs to be more awareness of what is available as far as support is concerned, as there are insufficient people who know that there is a 24 hour helpline service (Mental Health Matters) with contact details posted on the 'Live it Well' website, as well as useful support on the website itself.

Peer workers: the first cohort are about to be trained. They are individuals who have experienced mental health issues first hand and are able to empathise readily with service users. The Trust is part of a national project called IMROC (Implementing Recovery through Organisational Change) helping people to support themselves through their mental illness. The idea is being rolled out in Early Intervention Service (14-35 year olds) and Acute Inpatient Services. This idea is popular with service users. The voluntary sector has been helpful in developing this. Work with Hertfordshire and Devon has been taking place over new initiatives. Hoping to have at least ten people through that process to start with. Existing staff will need training to enable them to work closely with the peer workers.

Views and experiences of service users

Recovery steering groups work across the Trust and include the views of service users and carers, plus support organisations, such as MEGAN. Patient Experience groups have been set up, including one in Medway and their views are taken into account.

Some groups have expressed a desire to meet separately, as they feel that their views are not always heard, but it is accepted that users feel that carers should also be listened to and taken into account.

CQC Surveys

When results of surveys are received, the Trust addresses and work on the issues. The picture has improved over the last year. There were three areas last year where the Trust fell short, but this year only one. The improvements are in the areas where the Trust has been working. It is accepted that improvements still need to be made to care coordination: that the person knows who their coordinator is and how to contact them.

The introduction of RiO (the patient information management system) had helped to drive up quality. Staff are constantly reminded "what good looks like" - for example, the latest staff bulletin is about quality of reviews.

Issues for users around employment and settled accommodation have proved more difficult to address due to the current economic climate and the high level of housing demand.

Crisis Resolution and Home Treatment (CRHT) and community services

Two Personality Disorder specialist workers will start work on 1 October. It is also hoped to start recruitment and open new PD service in January 2014. It was stated resources would be for Medway and Swale residents.

The Trust anticipate recruiting a further five or so staff for the CRHT and it is hoped they will be in place by December 2013. The Psychiatry Liaison Service is also being enhanced. Confirmation of support has been received from Medway CCG for it to become a 24/7 service.

The Trust is seeking a suitable social housing provider to work in partnership.

The Custody Liaison service had been enhanced which will release some of the Crisis Resolution Home Treatment Team and it is anticipated that this will prevent the high number of section 136 applications by the Police. The street triage service with the Police, which is based in Canterbury, was has already shown some improvements and reductions in numbers of people being sectioned.

Mental Health Awareness Training

KMPT is keen to be part of the delivery of mental health awareness training, to help front line service staff identify problems and know where to refer people for help. It was felt joint training would be helpful to ensure that reasonable expectations are set out and people know how the system works together. Working with the Housing team at Medway would be helpful as people can often present with mental health issues there.

Services for people with a Personality Disorder condition

The plan is to site the above service in Park Avenue, Gillingham. It is hoped that this could operational by January 2014. Following a request from

Councillor Purdy, it was agreed that the Trust would work with her, Councillor Smith and Medway CCG to facilitate effective consultation with residents.

The Trust will try to deliver services in all care pathways as close as possible to people's homes. This house would provide short-term crisis accommodation (with 10 beds) for up to 72 hours and also deliver a Personality Disorder day programme from the same service. On this basis there would be people attending the day treatment programme and others who would join them, having been admitted in crisis.

Transition and local place of safety for Medway young people

It was stated that the responsibility for providing a local place of safety for Medway young people rests with Sussex NHS Partnership Trust who provide the CAHMS service and for reasons around risk it would not be possible for KMPT to offer any assistance in this regard. The lead commissioner (West Kent CCG) had confirmed that they would not expect KMPT to provide this service.

There are clear protocols in place for transition, starting the process around the age of after the young person's 17th birthday. If a young person presents for the first time at that age, the Early Intervention Service will often provide a service to them if they are presenting with an early psychosis, to work with them and their families. It was accepted there needs to be some age flexibility to allow for the differences in individuals to be catered for, as some people at that age are more mature and independent than others.

Work in schools and colleges was referenced in order to help young people and teachers to recognise the importance of mental health and wellbeing, and the approach a young person can take to support members of their peer group.

Strengthening admissions and successful discharge

In the light of the Care Quality Commission inspection at the end of the month it was stated that across the system questions would be asked about how admissions were handled to look at strengths and weaknesses.

It was accepted that there had not always been shared learning around Serious Untoward Incidents and it was hoped that the Medway Integration Team will help better shared learning to happen.

There will be some scrutiny around the appropriateness of applying the Mental Health Act and applying section 136s and the conversion of this to section 2 or section 3 of the Act by the Approved Mental Health Practitioners. The aim was to have the least restrictive method of managing the needs of the individual presenting with serious mental health issues.