Report of the Social Services, Health & Housing Policy Overview Committee 2012/13

Review of Adult Community Mental Health Services

Members of the Committee

Cllr Judith Cooper (Chairman)
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Cllr David Benson
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Chairman's Foreword

There is a vast array of mental health support and advice in the Borough – disseminated by an equally vast array of organisations and procedures/methods. The work itself is undertaken with considerable skill and sensitivity and many, though not all, service users told us how satisfied they were with the support they received – once it's in place. However, we heard about aspects of service that clearly need to be flagged up as areas of concern:

- Transition – between and within services.
- Crisis and particularly, that for the service users and/or family and friends, at the point of crisis the route into services is not clear.
- The Council web-site, which should offer an accessible menu of support and advice;
- A clear safety-net for those deemed to be "independent" and therefore ineligible for services,

The overwhelming impression is of committed and well qualified people working hard within services, but without a sufficiently clear map to help them ensure service users move effectively through services in order to maximise their potential recovery, or to maintain stability in their condition. Service users and carers are often inhibited by their own perception of the stigma associated with mental health issues which prevents 9 out of 10 of them from doing everyday things - including seeking help.

Mental health, like all areas of health & social care, is in a state of flux because of the NHS changes and the development of service lines, the recovery model and personal budgets. There are two trends with which Officers and Partners are very familiar and keen to improve – effective partnerships and a focus on commissioning for outcomes. Paradoxically, whilst the key to cohesive services is partnership working it also requires clear leadership. The increased role of the Local Authority in the preventative agenda gives us an excellent opportunity to give direction to the provision and monitoring of both our own services and those of our partners. Properly developed partnership and commissioning for outcomes have the potential to transform the lives of Mental Health Services Users and their families by ensuring excellent, accessible and timely services that meet their needs in crisis as well as in their day-to-day lives.

That is the challenge that this Committee has been seeking to articulate and to offer support through its recommendations.

Cllr Judith Cooper

Summary of Recommendations

This review examines adult community mental health services in Hillingdon. Following the evidence received, the Committee make the following recommendations.

To ensure that there is access to and accessibility of excellent outreach services in the community for all service users and their carers, we recommend that the Council and CNWL work in partnership through the Mental Health Partnership Board as follows:

Identifying needs and early identification

1. **Develops ways to improve early identification of mental health needs and increase access to mental health services. This will include utilising voluntary sector resources but also other services accessed by the public.**

2. **Review current arrangements to support service users and carers in a crisis and produce recommendations to provide an improved and integrated service.**

Information and Support for users and carers

3. **Promotes the greater and effective use of Assistive Technology (Telehealth) to support and enhance the daily lives of mental health service users and those with additional disabilities.**

4. **That the Council website and Directory of services are reviewed so that people seeking information about mental health and well-being can find the help they need.**

5. **Develop a mental health carers strategy reported to the Cabinet Member for approval, that improves services for carers in Hillingdon, including a commitment to needs and role of carers, clarity on services and improved communication.**

Enabling people make choices, balancing risks and community involvement

6. **Ensure procedures that CNWL and the Council have as employers, support people with mental health problems in returning to work.**

7. **Ensure that people leaving services are given clear information about how they can re-engage if they feel their condition worsening or becoming unwell again.**

8. **Ensures that people in the process of recovery are introduced to services that will continue to support them effectively through the transition as statutory support reduces.**

Partnership working

9. **That Cabinet welcomes the work to further improve the links between Mental Health Services and the Council's Housing Teams including:**

    - **identifying a link worker in each community team to work with housing lead officer.**
    - **establishing regular forums:- to discuss and explore appropriate housing options for those service users in the community who may have particularly challenging needs; and**
    - **Improving joined up working to sustain tenancies.**

10. **Identifies current informal support services in the Borough and develops mechanisms to support them in their task through publicity, advice and information.**

11. **Establishes a formal relationship between senior managers in libraries and leisure and Mental Health Services to ensure consistent and continued support of service users and carers in community settings.**

12. **Supports voluntary sector organisations to improve co-ordination and share best practice and recognise their valuable contribution to the safety net.**

13. **Produces a report for the Cabinet Member and then Committee on the views and experiences of mental health service users and carers and how they have been acted upon.**

Staff training and development

14. **Works with service users to more consistently challenge stigma against mental health service users and produce a realistic programme projecting positive images of mental health.**

15. **Ensure that staff, especially those officers that work in Supported Housing and Social Care who are in the first line of defence, have Mental Health First Aid Training delivered (from existing resources).**

Learning from best practice

16. **Identifies ways of ensuring a consistent / universal response from GP surgeries in relation to mental health issues. Consideration should be given to applying good practice models from across the country.**

Resources

17. **Welcomes the proposed 2013/15 Commissioning Plan as a basis for shifting resources towards community support and to reduce the reliance on high cost residential and nursing care (placements).**

Introduction

Reason for review and terms of reference:

There is a growing acceptance that the promotion of mental health and well being and providing support to aid recovery from mental illness are important issues for both national and local government and health services. Good mental health is central to our quality of life and to our economic success. It is interdependent with our success in improving education, training and employment outcomes and tackling some of the persistent problems of society. Mental health problems of some form may affect as many as 1 in 4 of the population over their lifetime. The associated costs of mental health problems to the economy in England have recently been estimated as £105 billion and treatment costs are expected to double in the next 20 years. [1]

Despite widespread prevalence there remain issues of stigma. It is a particular problem in most societies and can be a major barrier to the use and take–up of services. As a result, people with mental health problems too often experience isolation, poor opportunity, discrimination and a lack of acceptance by society. Addressing this issue will be an important element of this review.

The concept of recovery has been introduced to mental health in recent years, for many people this is about staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking.
Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

There is no single definition of the concept of recovery for people with mental health problems, but the guiding principle is hope – the belief that it is possible for someone to regain a meaningful life, despite serious mental illness. Recovery is often referred to as a process, outlook, vision and conceptual framework or guiding principle.

The recovery process:
-provides a holistic view of mental illness that focuses on the person, not just their symptoms

-believes recovery from severe mental illness is possible is a journey rather than a destination.

[1] No Health Without Mental Health – a cross government mental health strategy February 2011

-does not necessarily mean getting back to where you were before.

-happens in 'fits and starts' and, like life, has many ups and downs.

-calls for optimism and commitment from all concerned.

-is profoundly influenced by people's expectations and attitudes.

-requires a well organised system of support from family, friends or professionals.

-requires services to embrace new and innovative ways of working.

The Council and NHS commission and provide a wide range of community mental health services to meet the needs of people with mental health problems. Adult social care services are provided through a joint arrangement with Central and North West London NHS Foundation Trust (CNWL). It is one of the largest Trusts in London, offering a wide range of health and social care services across ten boroughs. CNWL specialises in caring for people with mental health problems, addictions and learning disabilities, as well as providing community health services to residents in Hillingdon and Camden and primary care services in a number of prisons. Social care staff are located in joint teams and are accountable to both managers within the Council and CNWL. This arrangement is underpinned by a formal partnership under Section 75 of the National Health Services Act 2006.

Current funding levels for social care mental health services in Hillingdon are in line with those of comparator councils[1]. The Council also spends similar proportions of its budget on mental health as other similar London boroughs.

Current spending on mental health services reflects a relatively traditional model of care with disproportionately high expenditure on residential care and nursing homes. This was explored in the September Committee meeting. There is a correspondingly low spend on home and community based solutions such as befriending, support to remain in employment, assistance to participate in education and leisure opportunities and guidance to learn budgeting , cooking skills and improve personal hygiene. This is where it is the lowest within the same comparator group. Work is already underway to rebalance care through reducing reliance on institutionalised care and support and developing a range of services including greater use of community options including personalised budgets supported housing and floating support for people within their own tenancies. The NHS spend on mental health services in Hillingdon is relatively low compared to similar health economies but has improved in recent years. A new joint commissioning plan emphasises the need to shift resources away from bed-based services towards greater support in the community.

[1] LIT Results of Financial Mapping 2011-12 – Hillingdon – Department of Health

This review offers an opportunity to learn more of what works well and recommend more systematic approaches to implementation across the Council.

The review sought to

To review and make recommendations in respect of supporting adults with mental health issues in Hillingdon.

Terms of Reference

1. To consider existing internal and external arrangements in the Borough in regard to adult community mental health services and any improvements that could be made;
2. To review whether the local processes in supporting adults in the community with mental health services are adequate, timely, effective and cost efficient;
3. To review the support that is currently available to assist people to remain in or return to employment
4. To review the guidance and support that is currently available from the NHS, voluntary organisations and the Council to these individuals and their families and carers;
5. To seek out the views on this subject from service users, carers and partner organisations using a variety of existing and contemporary consultation mechanisms;
6. To improve awareness and understanding of adult mental health issues for staff working in mainstream services arranged or provided by the Council including housing, leisure, libraries and adult learning;
7. To examine best practice elsewhere through case studies, policy ideas, witness sessions and visits; and
8. After due consideration of the above, to bring forward cost conscious, innovative and practical recommendations to the Cabinet in relation to adult mental health service arrangements in the Borough.

Lines of enquiry

To address the Terms of Reference, the Committee agreed the following lines of enquiry:

Identifying Needs and Early Identification

1. How people with mental health problems are currently identified and supported across the Borough and how can this be improved and standardised, including support in a crisis?
2. How good are local awareness, early identification and diagnosis?

Information and support for users and carers

3. What information, support and advice is available to those that may need it? How can this be improved?
4. What treatment and support and recovery services are available e.g. CNWL Recovery College?
5. What support is available for the carers of adults with mental health issues? Is this support sufficient/ how could this be improved?

Enabling people to make choices, balancing risks and community involvement

6. How are service users' and carers expectations and concerns reflected in local service delivery?
7. How are adults with mental health issues involved in their communities and civil society?
8. How are issues of supporting people to exert choice and control in their lives balanced against issues of potential risk the individual and wider community?

Partnership Working

9. How well developed are local strategies and partnerships with regard to adult mental health issues?
10. Are there any barriers to successful partnership working?

Staff Training and Development

11. What training is available to staff to properly assist them in support people with mental health difficulties?
12. How can education for professionals and carers be improved?

Learning from best practice

13. Which other areas/councils are recognised as successful in supporting people with mental health needs in their local communities?

Resources

14. What funding is available and how sufficient is this to meet the needs of the demand of the service required?

Methodology

To address the lines of enquiry, the Committee held three meetings in September, October and November which were attended by senior Council officers, representatives from CNWL and a variety of different stakeholders. In addition to its formal evidence collection, the Committee also conducted three site visits between early November and mid December. The final meeting in December was used by the Committee to consider its draft recommendations. Details of these meeting are described in Appendix 7 to this report.The next section of the report provides background on the main issues, and then presents the main issues arising in our evidence. The Committee then make recommendations to Cabinet, which it believes will address these issues.

Findings & Recommendations

1 Identifying Needs and Early Identification, Learning from best practice, Resources

Mental Health: An Overview

Mental health is a complex issue which has serious ramifications for the community. To support members in absorbing both national and local policy and practice the Committee were provided with six information packs at the outset of the review as a point of reference:

1. National Context – Summary of *'No Health without Mental Health'*
2. Contextual Information for Hillingdon – data informing the new Commissioning Plan
3. Performance Data
4. Access to Services
5. Organisational Structure
6. National examples of best practice

These information packs are included as Appendices 1 to 6 to this report.

Levels of Need in Hillingdon

Common mental health disorders, such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and social anxiety disorder, may affect up to 15% of the population at any one time.

The prevalence of individual common mental health disorders varies considerably. The 1-week prevalence rates from the Office of National Statistics 2007 national survey were 4.4% for generalised anxiety disorder, 3.0% for PTSD, 2.3% for depression, 1.4% for phobias, 1.1% for OCD, and 1.1% for panic disorder.

Estimates of the proportion of people who are likely to experience specific disorders during their lifetime are from 4% to 10% for major depression, 2.5% to 5% for dysthymia (low mood), 5.7% for generalised anxiety disorder, 1.4% for panic disorder, 12.5% for specific phobias, 12.1% for social anxiety disorder, 1.6% for OCD and 6.8% for PTSD. More than half of people aged 16 to 64 years who meet the diagnostic criteria for at least one common mental health disorder experience co-morbid anxiety and depressive disorders.

The Committee heard that the most common mental disorder in Hillingdon was anxiety and depressive disorders which affected a significant number of people with mental health problems.

Although the mental health need in Hillingdon was lower than England as a whole, the picture fitted with the national pattern of indicators and determinants that impact on mental health.

The profile for Hillingdon activity in 2010/11 shows

7.5% of those on the on the caseload of CNWL were admitted, 88.4% were treated in the community with, 4.1% receiving no care. For comparison, the average for all commissioners is approximately 8.1% admitted, 85.1% community, 6.8% no care. Also, the average for all PCT peers (6 Thriving London Periphery) is approximately 9.5% admitted, 87.8% community, 2.7% no care.

Based on data from NHS commissioners most admissions needing mental health treatment in Hillingdon came from the south of the Borough. These wards were predicted to have a higher population increase in areas already more densely populated and more deprived. On average, these localities showed higher numbers for the following social determinants:

- Lower educational attainment
- More unemployment
- More crime

Clearly, the scale of the challenge is set to escalate with the inequality gap widening in both life expectancy and quality of life.

The Provision of Services in Hillingdon

The Committee heard that clearer lines of reporting meant that existing resources could be used more efficiently to achieve the best outcomes for service users. The Committee noted that CNWL had been reconfigured into 11 Service Lines three of which have particular relevance for this report:

1. **Rehabilitation Service Line.**
2. **Assessment and Brief Treatment Service Line** – It is hoped that this reconfiguration will improve access to services.
3. **Community Recovery Service Line –** Focusing on supporting individuals in their recovery journey and developing support networks for service users.

CNWL reported that Liaison Services in the Acute hospital setting were a new service area which was being developed further with the aim of more effectively managing physical health and mental health needs reducing secondary health care needs for example with long term conditions.

This is a consistent format common to all the London Boroughs that the Central and North-West London Mental Health Foundation Trust (CNWL) serve.

Officers and representatives from Central and North West London Foundation Trust (CNWL) explained that community mental health services in Hillingdon were delivered jointly through an integrated health and social care service which included the following Joint Teams:

- A combination of Consultant psychiatrists and other medical staff
- Social workers
- Community mental health nurses (CMHNs)
- Psychologists
- Occupational Therapists
- Pharmacists

Initial referrals are made to an Assessment and Brief Treatment Team. Referrals can be made directly by the individual concerned, through a carer or through primary health services including GPs. Longer term support is offered where necessary through both Recovery and Rehabilitation teams. Although support is frequently provided in home settings service users are also assisted from three community bases in the Borough. These bases provide not just access to community mental health staff but also to specific services including drop in support.

Contextual Information for Hillingdon – data informing a new Commissioning Plan

The Committee heard that the priorities for NHS Hillingdon and the London Borough of Hillingdon included:

1. Promoting healthier lifestyles
2. Improved co-ordination of joint health and social care working
3. Safeguarding, prevention and protection
4. Community based, resident focused services
5. Promoting economic resilience
6. Preserving and protecting the natural environment
7. Reducing disparities in health

Commissioning of community mental health services was undertaken jointly by NHS Hillingdon and London Borough of Hillingdon and the commissioning officer was a joint appointment.

Members asked about outcomes based commissioning and the progress which was being made. In response, the Joint Commissioning Officer explained that the National (Mental Health) Strategy was outcomes focussed which was then progressed down to the local level. The Committee heard that in terms of service user outcomes, CNWL are in discussion with commissioners about using the recovery star system to track and monitor service user outcomes but currently use the National Strategy also incorporated HONOS (Health of the Nation Outcome Scales) to measure individual service user progress against performance targets.

The Director of Operations and Partnerships, confirmed that CNWL ensured that the 6 core strategy indicators included in the *No Health Without Mental Health* paper were aligned with CNWL's and the Council's commissioning goals.

In response to a question about the cost and value for money of interventions, the Committee heard that whereas everyone would like to know about efficiencies and the cost effectiveness of a service, mental health was one of the most difficult areas to measures outcomes. Eventual outcomes could be examined but tracking the service user journey was often a time consuming and complex exercise.

It was noted that a key challenge for the new Commissioning Plan would be the focus on the national context and a move away from dependency on secondary care to primary care. The commissioning plan would translate national policy into local practice. This particularly applies to moving more resources into prevention and early intervention and away from bed-based services. Based on their discussions, the Committee agreed with this approach.

Recommendation 17 – (The Mental Health partnership Board) welcomes the proposed 2013/15 Commissioning Plan as a basis for shifting resources towards community support and to reduce the reliance on high cost residential and nursing home care (placements).

Current Performance

CNWL representatives explained that in order to monitor performance and establish which service areas were going well and which required further improvement a number of performance targets were used. These included:

1. 7-day follow up
2. Care Programme Approach (CPA) reviews
3. Delayed Transfers of Care
4. Gate keeping all inpatient admissions
5. New EIS (Early Intervention Service-for first onset of a psychotic illness)Cases
6. NHS Data completeness
7. Home Treatment episodes
8. Self directed support/Personal Budgets
9. Placement reviews
10. Assessment waiting times
11. Carers assessments
12. Service Users receiving review

The Committee were pleased to learn that overall, performance had improved over the past 3 years and in particular work around home treatment and early intervention had gone well. However it was highlighted that self directed support, placement reviews, carers' assessments and social care reviews required improvement. The Committee welcomed the news that a series of action plans had been introduced to address these areas. Despite a relatively low NHS spend in Hillingdon, it was broadly meeting expected performance outcomes.

A key aspect of improving performance related to the organisational structure of CNWL, as described in the earlier section under "The Provision of Services in Hillingdon".

Early Intervention and Crisis Provision

MIND, a national charity providing specific advice and support to anyone experiencing mental health problems, defines an acute crisis as:

- suicidal behaviour or intention.
- panic attacks/extreme anxiety.
- psychotic episodes (loss of sense of reality, hallucinations, hearing voices).
- other behaviour that seems out of control or irrational and that is likely to endanger yourself or others.

Given the statistic that one in four people will experience some form of mental health issue in their lifetime, clearly there are other forms of mental health crisis which the person experiencing it may classify as a crisis but which may well not require crisis or acute mental health services. Examples of these may be the experience of emotions or behaviours that are difficult or hard to manage (e.g. depression, intense loss or bereavement, or self-harm).

The Committee heard that in some cases a mental health crisis might signify that a service users' current care or treatment might not be working and needed to be changed and if this were the case, it could have serious consequences if not managed well. However, it was accepted that crises could have good outcomes if handled well and if they were used as a transition point; whereby they gave an opportunity for a service user to reflect on the past, reassess the future and possibly take a new direction.

Officers explained that if a crisis was handled well, it could also provide valuable lessons as to how similar episodes could be prevented or resolved in future.

In relation to crisis provision, the Committee heard that local community teams could respond within office hours. Outside these hours provision included:

- The NHS - 111 - phone number for emergency and care services which were less urgent than 999 calls
- General Practitioner services
- Accident and Emergency services
- Emergency Out of Hours Team
- Crisis number provided by CNWL

The Committee heard that Early Intervention work was being conducted in partnership between the Council, CNWL and GP surgeries across the Borough to increase this support. It was noted that the Well-Being Centre had a role to play in signposting service provision, as well as providing a location for some services. It was acknowledged there were further opportunities to better promote well-being and signpost people into services. The valuable role the voluntary sector played in identifying need and especially early need was also emphasised.

In terms of early diagnosis and treatment of common mental disorders, Members heard that NHS Hillingdon commissions this. They are committed to creating more psychological support through GP practices .This is described as Improving Access to Psychological Services (IAPT), a national initiative with a goal of improving outcomes though access to a range of psychological treatments and therapies in primary care

Having heard about the importance of crisis management, the Committee were disappointed to learn that CNWL are not commissioned to provide a dedicated crisis team but instead were taking steps to enhance the current out of hours service and put in place a single telephone number to help people, thereby creating a more consistent service.

In relation to the current out of hours service, the Borough Director (and Service Director Assessment and Brief Treatment Service Line) CNWL

confirmed that service users were given details of a crisis number to call for advice and signposting which out of hours may be to Accident and Emergency or a Social Services Team. These outcomes are not tracked however, a new system to be operational in CNWL by February 2013, with a single helpline number covering the whole of CNWL, will have a process for tracking and monitoring outcomes.

Officer's confirmed that the Council's Emergency Duty Team did include mental health professionals or had access to them.

While noting the ongoing service development work which was currently underway, to compare and contrast other experiences of crisis, the Committee heard from service users at the November meeting. Service Users explained that if they were in crisis in the evening, they were more likely to contact the Samaritans than the Council or CNWL services because this was a readily available service with a single point of contact.

To ensure that service users and carers were equipped to react to any periods of future crises the Committee agreed that it was essential to:

Recommendation 7 - Ensure that people leaving services are given clear information about how they can re-engage if they feel their condition worsening or becoming unwell again.

It was noted that carers often played a vital role in assisting persons in crisis. However when the Committee met a group of carers in December they heard mixed experiences:

- Some service users appeared to have little or no support.
- The (carer explained) only way to access help was after a service user had been sectioned (hence no perceived Crisis Service). Prior to this there was no help available.
- Carers had been informed that care co-ordinators were only available to those service users who had been in hospital (i.e. a crisis was the trigger required to receive help in the future).
- To improve the crisis response it was essential that service users could contact staff they were familiar with.
- Offering practical advice and guidance over the telephone was essential.
- Carers sometimes experienced perceived language barriers which was an added complication which added to frustrations.

Whilst the views of the Carers group visited are very important, it should be acknowledged that they may not necessarily reflect the views of all the carers of the 6,400 people in contact with secondary mental health services.

In terms of prevention, the Committee heard that all service users were provided with crisis cards to reduce the likelihood of relapse which recorded some personal details and included information about whom to contact if the person was in crisis.

Based on their own experiences and from feedback received at Ward surgeries, Councillors noted that the current adult social care website was difficult to navigate and meant that it was hard to extract information about support for people with mental health problems. The Corporate Director of Social Care and Health acknowledged that the new website was experiencing teething problems. To enhance the information, advice and guidance available to all residents the Committee agreed that:

Recommendation 4 -That the Council website and Directory of services are reviewed so that people seeking information about mental health and well-being can find the help they need.

It was noted that the Hillingdon Carers were in the process of developing their own crisis card so, in the event of an emergency where they could not provide care; others would know what support was needed for the relative or friend they supported.

Recommendation 2 - Review current arrangements to support service users and carers in a crisis and produce recommendations to provide an improved and integrated service.

Members agreed that it was vital there was support immediately after a period of crisis to ensure the person felt able to return to work as quickly as possible. It was highlighted that working within the voluntary sector for a period of time could help build confidence and provide support networks to persons in recovery. As well as the role played by the voluntary sector, it was acknowledged that one of the greatest challenges in promoting recovery would be addressing the issue of how staff enable service users to fulfil their aspirations and encourage them to use the services and networks available to them.

Recommendation 8 - **Ensures that people in the process of recovery are introduced to services, that will continue to support them effectively through the transition as statutory support reduces.**

The Borough Director (and Service Director Assessment and Brief Treatment Service Line) CNWL explained that there were further opportunities for CNWL to engage with GPs and in particular to develop the commissioning role played by GPs. Members also highlighted that one of the key roles played by them was at an early stage, ensuring appropriate interventions and treatment in primary care, but requesting swift specialist services when needed. There was scope to enhance this area. On this basis and referring to the numerous

examples of national best practice cited in information pack 6 the Committee recommended that the Mental Health Partnership Board: Identified the following:

Recommendation 16 - Identifies ways of ensuring a consistent / universal response from GP surgeries in relation to mental health issues. Consideration should be given to applying good practice models from across the country

Members highlighted that one specific area which required further attention was the eating disorder groups which did not appear to have a voice at forum meetings. The Borough Director reported that access to psychologists in Hillingdon had improved which would help identify needs at an earlier stage.

The Committee welcomed the news that over the last 18 months, partnership working between the Council and CNWL had improved and that the new London Borough of Hillingdon Service Manager post would act as a focal point for liaison between the Council and CNWL to enhance joint working.

In response to a question about what aftercare was available to carers and the families of mental health patients following a suicide, CNWL said they will appoint a member of staff to liaise with the families, through a series of telephone calls, or, in some cases, through home visits, face to face contact. There were also a range of funded carers groups and Rethink offered a service particularly for people with mental health problems.

Members highlighted that the Well-Being Centre (located within the Boots Chemist on Uxbridge High Street) provided a fantastic service and there was an opportunity to publicise and promote what it did. The Borough Director (and Service Director Assessment and Brief Treatment Service Line) CNWL confirmed that the IAPT was based at the Well Being Centre and this needed to be expanded. Members highlighted the importance of promoting mental well-being through informal as well as formal outlets. They highlighted that that St Margaret's Church was also a valuable resource to people with mental health issues and it was important that services, information and guidance was available to service users at those locations. To support this request the Committee recommended that the Mental Health Partnership Board:

Recommendation 10 - Identifies current informal support services in the Borough and develops mechanisms to support them in their task through publicity, advice and information.

However, when the Committee heard from LINK in December, they outlined that they perceived not all parts of the centre of Uxbridge were so welcoming, citing examples of security staff in the Chimes not responding and addressing

the needs of people in the centre who clearly had mental health problems. This is picked up in Rec 15.

Through these concerns, the Committee suggested that staff in libraries and leisure facilities attend Mental Health awareness training identified that mental health awareness training for staff working in leisure and libraries might also be usefully offered to private sector agencies who have frequent contact with the public and recommended that the Mental Health Partnership Board:

Recommendation – 11 -Establishes a formal relationship between senior managers in libraries and leisure and Mental Health Services to ensure consistent and continued support of service users and carers in community settings.

Recommendation 1- Develops ways to improve early identification of mental health needs and increase access to mental health services. This will include utilising voluntary sector resources but also other services accessed by the public.

In response to a question about the possible ways in which the Council might assist CNWL deliver improved Mental Health Services, the following suggestions were proposed:

1. Implementing a new structure to deliver mental health services in Hillingdon, overseen by a post that would strengthen service provision;

2. Exploring further ways of working between CNWL and the Council's Housing Teams to look at housing needs and accommodation options;

3. Exploring those opportunities for CNWL to work in partnership with the Council's Sport and Leisure services to develop the inclusion and recovery agenda (especially looking at the work of libraries as local resources).

The first of these has now been delivered with the appointment of a full-time Service manager for mental health within the Council. In relation to the final suggestion, the Corporate Director of Social Care and Health confirmed that her Department had been working closely with Residents Services to look at ways in which services could be delivered in the future. It was noted that access to self help therapies either on line or in written form could be very useful. It was noted that the Council did not have a "books on prescription" service for example, but there were lots of instances where there were opportunities for greater joint working. The Joint Commissioning Manager from NHS Hillingdon confirmed that she was aware of a project called Getting into Reading and that Hillingdon MIND also ran a scheme.

In terms of engaging with volunteers and in particular those from ethnic minority backgrounds, Members heard that Hillingdon MIND were the leaders in this field and had successfully developed links across different communities.

Resources

The Committee learnt at the September meeting that Hillingdon Council spend on mental health services was in line with those of comparator councils. It also spends similar proportions of its budget on mental health services as other Greater London boroughs. For NHS spending resource allocation was relatively low compared to similar health economies but had improved in recent years.

To help improve patient outcomes and make the most of existing resources the Acting Chief Operating Officer, NHS Hillingdon reported that the Clinical Commissioning Group were looking at profiling the current spend to try and match resources to those areas which required additional funding. This is addressed in the Joint Commissioning Plan.

The Corporate Director, Social Care and Health explained that the Council were looking at an integrated approach to commissioning and that resources were focused on people in community based care rather than expensive residential care facilities.

Officers reported that the Mental Health Partnership Board, which consisted of Council and CNWL representatives, was looking at a 'whole family approach' to delivering Mental Health services in Hillingdon. In the current financial climate, it was acknowledged that any change programme would have cost implications and it was important that officers demonstrated affordability and efficiency savings.

The Acting Chief Operating Officer, NHS Hillingdon confirmed that when an assessment was being made about improving outcomes, NHS Hillingdon would examine both the required outcome and the timeframe to achieve this as well as the pathway.

The Mental Health Consultant reported that the recent change in the structure of CNWL had helped to support the shift towards supporting more people at home and fewer in institutional settings. Recent reviews undertaken in 2012 by the Rehabilitation Service as part of the Placement Efficiency Programme had highlighted that cost savings could be made by helping people move towards regaining their independence more quickly than they had in the past. The Placement Efficiency Programme, which in Hillingdon reports to the Mental Health Partnership Board, had identified where further appropriate transfers into the community could be achieved and also cost savings.

In relation to the size and efficiency of the Mental Health Services budgetary spend, the Committee were informed that historically this had not been as efficient as possible but there were clear plans to improve this. As well as the Placement Efficiency Programme, officers were looking at a range of innovative options through offering more personalised and tailor-made responses. People were given the opportunity to control more of their own care and receive higher levels of support at home rather than remain in residential care where there was less likelihood of regaining longer-term independence.

In relation to the topic of reducing stigma associated with mental illness, Members heard that at this stage, nothing had been done systematically across Councils. This is picked up in Recommendation 15.

In terms of future challenges, the Committee heard that moving away from risk averse practice and encouraging health professionals and service users alike to consider taking informed risks was a fundamental shift in practice.

2 Local Strategies – translating policy into practice, partnership working, enhancing joint working

Partnership Working

At the October meeting, the Committee heard from Rethink and Hillingdon MIND about the services they provided to assist people with mental health issues and how they worked in partnership with the Authority. The Committee also heard from officers within the Housing Department about the ongoing work which was being conducted between them and the Social Care department to assist people in transition.

Rethink

The Committee learnt that Rethink North West London Carer Support Service was an organisation which worked to support families and friends of adults experiencing mental illness in the London Boroughs of Hillingdon and Ealing.

The aim of the organisation was to aid the support and recovery of families and friends affected by mental illness. A key aspect of Rethink's remit was the work it conducted with carers in a variety of ways to enable them to cope better with their difficult situations. Its Objectives were shared at the October Committee meeting.

The Committee heard that Rethink Mental illness was in the process of launching a new Information System and had developed new carer support planning tools. Councillors emphasised the importance of supporting carers and from personal experience of the service praised the work that they did.

Hillingdon MIND – An Overview

The Committee heard that its vision was: *A society that promotes and protects good mental health for all, and that treats people with experiences of mental distress fairly, positively, and with respect.*

Hillingdon MIND comprised of a group of users and ex-users of mental health services, professionals and interested individuals who shared a concern about the lives of mentally or emotionally distressed people in the community. Hillingdon MIND took a overarching view of people's mental health and emotional wellbeing. Through projects and services Hillingdon MIND aimed to:

- prevent isolation,
- offer talking therapies,
- enable social inclusion,

- arrange housing opportunities,
- and provide services specific to different cultures.

Role and Activities included:

- A variety of training options
- run sports and leisure activities,
- Opportunities for volunteering, and can provide assistance to those with mental health needs arrested by the Police.

Hillingdon MIND recognised the diversity of Hillingdon's multi-cultural community and aimed to set examples of good practice by listening to service users and providing imaginative, innovative and quality services which met their expressed needs and help people gain some control over their own lives.

The Committee learnt that through a variety of clubs and activities they offered opportunities for people from all communities to avid serious mental illness and/or prevent one reoccurring. [2]

The Committee heard that Rethink and Hillingdon MIND had worked together in the past but did so less partly due to recent staffing changes. The Committee felt there was an opportunity to develop local partnerships to highlight what each organisation did and to bring residents and carers together.

Recommendation 12 – Supports voluntary sector organisations to improve co-ordination and share best practice and recognise their valuable contribution to the safety net.

In relation to a question about referrals and what the eventual outcomes were, the Committee heard that Rethink took a recovery based approach and considered the carers' role and what they did. One of their key roles was to provide assistance with housing issues. At present Rethink were looking at the Hayes Group and ways of diversifying this as well as investigating how the age and gender composition of this might be broadened. It was noted that very few men attended therapy groups.

Hillingdon MIND explained they had about 850 service users. In terms of outcomes, MIND offered service users a safe place to meet and gain confidence through projects such as food / catering training and mental health first aid. It also encouraged service users to become involved with voluntary work to gain further confidence and assisted them with the transition from voluntary work back to the work place.

[2] More information on the detail of the services can be found in the October 2012 Policy and Overview Committee report

Concentrating on outcomes and how each organisation measured success, Rethink explained that measuring success was not an exact science as service users often had a number of issues which could not be resolved in a single meeting. Based on their experience, Members heard that most service users were guided through a series of structured questions which could take up to six separate meetings. Following these meetings, and based on the responses received, an action plan would be drawn up which would then act as a monitoring tool so that personal development and progression could be assessed.

The Committee were informed that another indicator of success was how both organisations contributed to a reduced number of hospital readmissions and the role they played in ensuring that service users were registered with their local GP so that other health needs such as obesity or diabetes could be addressed. Rethink also referred to the databases they held to monitor service users progress and the service level agreements they had in place with the Council to ensure they delivered the services that Hillingdon residents valued. Officers confirmed that the Council was working with both Rethink and Hillingdon MIND on a number of carer assessments.

In response to partnership working with schools, the Committee heard that Hillingdon MIND had provided some teachers with mental health first aid training and that they had also held training sessions with 5th and 6th formers at some secondary schools.

Hard to reach groups within the community

Having heard about the valuable out reach work both organisations did, the Committee highlighted that they were aware there were a number of hard to reach groups and engaging with them had proved a challenge given some communities viewed mental health needs as a social taboo. To address these concerns, the Committee were encouraged to learn that Hillingdon MIND were actively working with Asian, Somali, Nepalese and Afghani groups and had been working with Somali groups for the last 18 months through partnership working with Surhan.

Members highlighted that it many cases, service users with mental health issues often had underlying physical health needs which needed to be addressed. To meet these needs, the Committee were encouraged to learn that Rethink were planning on inviting nurses to events in the future so that that basic health checks including weight, height and blood sugar levels could be conducted.

Housing
(Housing Needs and Options for persons with Mental Health Needs)

Members were encouraged to learn that CNWL were in regular dialogue with the Council and held frequent meetings. To ensure mental health services improved in the future, CNWL explained the focus was on pre-planning. The Committee heard that there was an emphasis on raising staff awareness, asking the right questions and ensuring that services became involved well before issues reached crisis point.

Recommendation 15 - Ensure that staff, especially those officers that work in Supported Housing and Social Care who are in the first line of defence have Mental Health First Aid Training (from existing resources) .

The Committee recognised that independence and the ability for someone to shape and control their own life were important factors for continued emotional well-being. As such it was essential that the review examined those measures the Council was taking to assist people with mental health issues live independent lives by looking at the transition within and between services. The Committee learnt that there were well-established processes to refer people from mental health services to Council housing advice services.

It was noted that the Housing Department offered a wide range of universal services which included:

- Advice – landlord/tenant, mortgage arrears, relationship breakdown, mediate within households, looking for accommodation
- Managing the housing register
- Homelessness assessments
- Visiting vulnerable customers at their home and liaison with hospital wards.
- Manage lettings to permanent, temporary or private sector housing.
- Access arrangements for supported housing

Details of further services provided by the Housing Department are listed in Appendix 8.

- More specifically, the Committee learnt that a series of assessments relevant to their housing tenure and need were available to service users with mental health needs. This also included signposting to additional services provided by other agencies.

The Committee were informed that in relation to Mental Health Supported Housing and Floating Support Services, there were:

- Currently a total of 66 units of supported accommodation for people with mental health needs.

- For short term support there were 25 units of short term support and 9 units of long term support provided by Look Ahead at Hayes Park Lodge, Hamlet Lodge and Hornbeam Road.
- 32 units of short and long term supported accommodation provided by Hestia at Hutchings House, Cowley Road, Myddleton Road, Sidney Close, Ivybridge Close and Brambles Farm Drive.
- 66 units of mental health floating support provided by Hestia to people living in independent accommodation across the Borough.

The Committee heard that an additional 42 units were planned and the Council was working in partnership with CNWL on placement efficiencies to develop a wider supported housing sector. In comparison with other London Boroughs, the Committee were encouraged to learn from the Director of Operations and Partnerships, CNWL that Hillingdon had more supported housing provision than neighbouring boroughs.

Having been informed about the housing options available to people with mental health issues, the Committee asked officers to provide further clarification about the reasons why rents arrears might accrue during a probationary tenancy period. Officers explained that service users not knowing how to access housing forms or understanding some of the questions were common factors. In some cases there were also ongoing issues around housing benefit claims.

To improve partnership working between Council departments and specifically between Mental Health Services and Housing the Committee proposed the following recommendation:

Recommendation 9 – That Cabinet welcomes the work to further improve the links between Mental Health Services and the Council's Housing Teams including:

Identifying a link in each community team to work with the Housing lead officer

establishing regular forums:-to discuss and explore appropriate housing options for those service users in the community who may end up being evicted due to mental health issues

improved joined up working to sustain tenancies

The Committee agreed it was vital to ensure there was sufficient assistance available to all tenants at the outset of their tenancy to ensure all parties were aware of their obligations (as tenants).

Members heard that the use of Telecare and Telemedicine, in conjunction with other community support, could assist some people both in terms of routine monitoring and assistance and at times of crisis. It was noted that there was greater potential for its use in relation to mental health. Based on the knowledge gained from their recent review on assistive technology the Committee were keen that the opportunities this could provide should be investigated for people with mental health needs:

Recommendation 3 - Promotes the greater and effective use of Assistive Technology (Telehealth) to support and enhance the daily lives of mental health service users and those with additional disabilities.

Concern was raised about the levels of support available to people with mental health needs across the Borough and whether or not there were some areas which had less support than others. In response officers explained that services were Borough-wide. Any issues about local access should be picked up in the new Joint Commissioning Plan and CNWL were looking at using existing community resources in innovative ways to ensure there was enhanced service provision.

The Committee enquired whether the community was necessarily the best place for recovery for someone with mental health needs. In response, the Councillors heard that many persons with mental health needs had been through the acute service and then had progressed to housing options as their health had improved. Clearly a balance needed to be struck between an individual's ability to cope and their housing needs it was agreed that finding the most appropriate form of accommodation was about making links between recovery and the community as a whole.

Concern was raised about those people with mental health needs which were non-compliant with their medication and whether there were ways of supporting them. The National Service Framework 1999 introduced the concept of assertive outreach and a model of service to engage and manage those who were hard to reach and difficult to engage, however, this service is now part of the three service lines. It was suggested that the Recovery College could play an important role in educating services users, carers and attendees of the importance of taking prescribed medicines at the allotted times however, it was recognised that there would always be some people who would be non-compliant.

Where possible, bed and breakfast accommodation is avoided. However, in those cases where there were no other short term options available, the Council seeks self contained bed and breakfast accommodation and ensure that housing officers and out reach support visit to assist them.

Areas for improvement

Clearly considerable efforts were being made through partnership working to assist those with mental health needs access the services they required. However the Committee noted that there were several areas for improvement and suggestions included:

- Improving existing links by identifying a link worker in each community team to work with housing lead officer.
- Establishing regular forums: to discuss and explore appropriate housing options for those particularly difficult service users in the community who may end up being evicted due to mental health issues, but who still require accommodation which is not supported or residential due to vulnerability.
- A greater need for joined up working to sustain tenancies.

3 Service Users / Partnership working

Clearly any review of adult community mental health services would not be complete without incorporating the views of service users. To ensure the Committee received a representative snap shot of how services were perceived, the Committee visited the social group run by Hillingdon MIND based at Mead House and also invited several service users to attend the November committee meeting. All the views recorded were anonymous.

For many at Mead House the general perception of service users which was that it was a popular service, providing structure to the day, which most users chose to attend several times a week. The Committee were encouraged to learn that Mental Health staff were well liked and respected by service users who knew that most staff would be conversant with their respective medical histories and so were best placed to provide timely assistance ,advice and support to them.

As well as being popular for providing hot lunches at reasonable cost, most service users acknowledged that Mead House provided them with a safe environment in which to meet people. It also enabled them to make new friends and develop support networks which were essential to overcoming the feelings of social isolation which accompanied many of the conditions people faced. Many of the opinions expressed were positive but there were of course some reservations as well.

In terms of general concerns, service users explained that they were often limited to attend their nearest adult community mental health resource centre because they only travelled by foot because they found using public transport too stressful. Another point of concern related to weekend provision. Many service users explained how they often found their health would decline over the weekend. Although some service users were aware there was weekend provision based at the Pembroke Centre in Ruislip Manor, many explained that, as this was located in the north of the Borough, it was difficult to get to as there were travel cost and timings issues to consider.

The Committee heard that in periods of crisis, many service users had high levels of contact with their key workers. However, when their condition had stabilised or their needs were not as acute there were often long periods without any contact. On this basis, some service users questioned how mental health professionals, key workers or care co-ordinators were able to monitor their health effectively or be in a position to note any changes to their mental health needs and as such were less likely to act in a preventative way to ‘triggers’.

The Committee noted that triggers were factors which might result in changes to mental health needs and could include:

- Anniversaries

- the Christmas holiday period
- apprehension about benefits or housing applications
- or the forthcoming changes to benefits

There were also contrasting views about the help available with housing provision and the opinion was expressed that if a person currently required assistance with Housing Needs, the onus was on the service user to request help. The Committee felt that if a change of mindset or cultural shift could be introduced and a basic assumption introduced that everyone needed help and all the service user needed to do was decline this, there would be less likelihood of people 'falling through the net'.

(The learning from Mill House about Recovery work, the Riverside Gym about physical well-being and the Bike Project – Uxbridge can be found in Appendix 9.)

Recommendation 14 - Works with service users to more consistently challenge stigma against mental Health service users and produce a realistic programme projecting positive images of mental health.

Service Users Experiences as shared at Committee

In addition to the site visits which were conducted in early November, the Committee also invited several service users to attend the November Committee meeting to share their views. At this meeting the Chairman invited each witness to express their views and experiences of service provision in Hillingdon and the following points were noted.
Services that were appreciated included:

- The range of day services at Pembroke House;
- Specific community mental health services for Asian communities
- Providing volunteer befriending services
- Aston House – in particular social activities, guitar classes and a gardening group
- Support networks through Café Mind
- Social groups through the Oak Tree Group at Christ Church
- Most service users they knew, had either a key worker of care co-ordinator that could be contacted if they felt unwell during the day; and
- The promotion of positive images of mental health through the Time for Change programme at Christ Church

Concerns expressed included:

- availability of weekend services
- a lack of a café facility at Pembroke House
- inadequate crisis services out of ordinary office hours

Responses from officers acknowledged:

- that better performance in relation to supporting carers was necessary
- more could be done to support leisure and library staff in supporting people with mental health difficulties;
- further consideration was necessary of improved weekend access at Redford House
- ensuring that the new joint commissioning plan is focussed on patient outcomes; and
- that demonstrating with precision value for money in preventative mental health services was difficult.

Officers agreed that leisure, libraries and adult education staff could benefit from awareness training so they were better equipped to direct service users to information, advice and guidance

Recommendation 6 - Ensure procedures that CNWL and the Council as employers support people with mental health problems in returning to work.

Carers' Views

Carers are highly valued and play a vital role in supporting family members who are sick, infirm or disabled. There can be little doubt that the families of those with mental health issues are affected by the condition of their near ones. Families are a source of practical help and personal care but also give emotional support to their relative with a mental health issue. Therefore the service is dependent on the carer, and their well-being is directly related to the nature and quality of the care provided by the carer.

At the Rethink Carer's Group meeting, the Committee heard that these demands often brought significant levels of stress for the carer and did affect their overall quality of life including work, socializing and relationships. Research into the impact of care-giving shows that one-third to one-half of carers suffer significant psychological distress and experience higher rates of mental ill health than the general population. In addition, the Committee learnt how being a carer could regularly raise difficult personal issues about duty, responsibility, adequacy and guilt.

Carers explained that caring for a relative with a mental health issue was not a static process as the needs of the care recipient altered as their condition changed. Moving forward, studies and research have shown that developing constructive working relationships with carers, and considering their needs, is an essential part of service provision for people with mental disorders who require and receive care from their relatives.

All carers in the group had relatives and loved ones who received mental health services. The group felt that community mental health provision could be improved. They explained that there were issues with communication and staff attitudes. They gave examples of situations where they felt mental health professionals could have been more helpful, sympathetic and courteous. They felt that written correspondence and telephone calls were often not responded too in a timely way. The framework of working together in partnership was often compromised by a culture of not sharing information due to confidentiality.

To improve adult community mental health services in the future, the Committee asked carers for their specific suggestions, these included: -

- Improved local services
- Crisis provision 24hours a day ,7 days a week
- A timely response to letters and telephone calls
- Improved links and communication with the mental health inpatient unit
- Better publicity of the groups and activities available at the mental health inpatient unit

The themes identified by Carers' are included as Appendix 11.

These issues are neither unique to Hillingdon nor unique to mental health. They are themes which have been reflected in a national patient survey in which all mental health trusts participate, where specific questions are asked about the quality of care. This can be broken down to a local level and would provide useful qualitative data on the quality and standard of care received in Hillingdon.

In Witness Sessions officers confirmed that health and social care staff had an opportunity to improve its engagement of carers and this had been included in action plans. It was acknowledged that carers had a vital role to play in reducing the number of admissions or readmissions to care services (and hence costs) and it was essential to better establish what the needs of carers and families were so CNWL could provide improved support.

Upon receiving this feedback CNWL suggested that the following actions could improve the experiences of Carers:

- Introducing mechanisms to capture more effective real-time feedback from carers as often their issues have built up over a long period of time and therefore make is very difficult to deal with.
- Assisting Carers in looking at ways to feel empowered and also contribute to service developments more than they do now.
- CNWL will work with Rethink to ensure that the contract reflects those outcomes needed to support carers.
- Consider recovery courses to support carers but also for them to contribute to staff training- involve carers in designing(we are already doing this)
- Ensure that a more coordinated approach to engagement as currently rather ad hoc and not joint.

To hold CNWL and the Council to account and to improve service provision in the future the Committee recommended that:

Recommendation 13 - Produces a report for the Cabinet Member and Committee on the views and experiences of mental health service users and carers and how they have been acted upon.

Recommendation 5 - Develop a mental health carers strategy for approval by the Cabinet Member, to improve services for carers in Hillingdon, including a commitment to needs and role of carers, clarity on services and improved communication.

….

Closing Word

Good mental health is essential to our quality of life and to our economic success. Given that statistically, a mental health issue is likely to impact on one in four persons in their lifetime, ensuring there is sufficient service provision is a significant challenge. To assess where some of these challenges lay, the Committee heard from a number of stakeholders and at this point, the Committee would especially like to thank those service users and carers who shared their personal journeys with us.

Our review highlighted just some of the work undertaken by the Council in partnership with CNWL and the voluntary sector to support people with mental health issues in their own homes and communities. While we commend this support, we found that in particular there was scope to improve crisis provision, transition arrangements within and between services and also strengthen partnerships with carers.

Our review makes a series of recommendations which address our lines of enquiry, and seek to ensure that current support is maintained and developed in the future. In particular, we saw the review as an opportunity to improve outcomes for people with mental health problems and those that care for them and sought ways of strengthening the Council's partnership with CNWL to help deliver more integrated services. (Subject to Cabinet's approval, these recommendations will be taken forward by the Council and CNWL and the progress made will be formally reported to POC).

Finally, the review identified that although a range of support is available, it can only be of use if service users and carers are aware such help exists. The communication and signposting of services are therefore vital and we welcome those improvements and actions which are currently underway across the Mental Health Partnership to ensure help and support are as accessible as possible. I remain concerned that because Mental Health is such a widespread issue, new information and evidence creates an ever-changing picture. This has qualified our confidence that we have covered all bases -either as a Committee or as a Council. I suggest, therefore that it will be necessary to monitor progress with the recommendations more closely than is our usual Committee practice.

Cllr Judith Cooper
Chairman

Background Documents

Appendix 1 to 6 – The information packs considered at the September 2012 meeting

1. National Context – Summary of *'No Health without Mental Health'*
2. Contextual Information for Hillingdon – data informing the new Commissioning Plan
3. Performance Data
4. Access to Services
5. Organisational Structure
6. National examples of best practice

Appendix 7 - Methodology

Appendix 8 – Asian Support Groups

Appendix 9 – Housing Support available to people with mental health needs

Appendix 10 – Site Visits held on 1 and 2 November 2012

Appendix 11 – Site visit to Rethink Carers Group meeting, 12 November 2012.

Appendix 12 – Witnesses and contributors to the review

Information pack 1.1 National Policy

The way forward: No health without mental health: A cross-government mental health strategy for people of all ages: Translating the vision into a reality:

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

The way forward: No health without mental health: A cross-government mental health strategy for people of all ages: Translating the vision into a reality:

1 More people have better mental health	2 More people will recover	3 Better physical health
Self reported wellbeing (PHOF) Rate of access to NHS MH services by 100,000 population (MHMDS) Ethnicity of detained patients (MHMDS) 1st time entrants into Youth Justice System (PHOF) School readiness (PHOF) Emotional wellbeing of looked after children (PHOF, Placeholder) Child development at 2-2.5 years (PHOF, Placeholder) IAPT: Access rate (IAPT Programmes)	Employment of people with mental illness (NHS OF) People with mental illness or disability in settled accommodation (PHOF) The proportion of people who use services who have control over their daily life (ASCOF) IAPT recovery rate (IAPT Programme)	Excess under 75 mortality rate in adults with severe mental illness (NHS OF & PHOF, Placeholder

4 Positive experience of care and support	5 Fewer people will suffer avoidable harm	6 Fewer people experience stigma and discrimination
Patient experience of community mental health services (NHS OF) Overall satisfaction of people who use services with their care and support (ASCOF) The proportion of people who use services who say that those services have made them feel safe and secure (ASCOF) Proportion of people feeling supported to manage their condition (NHS OF) Indicator to be derived from a Children's Patient Experience Questionnaire (NHS OF, Placeholder)	Safety incidents reported (NHS OF) Safety incidents involving severe harm or death (NHS OF) Hospital admissions as a result of self harm (PHOF) Suicide (PHOF) Absence without leave of detained patients (MHMDS)	National Attitudes to MH survey (Time to Change) Press cuttings and broadcast media analysis of stigma (Time to Change) National Viewpoint Survey – discrimination experienced by people with MH problems (Time to Change)

The way forward: No health without mental health: A cross-government mental health strategy for people of all ages: The vision:

The strategy aims to bring about significant and tangible improvements in people's lives. Achieving this for everyone will mean that;

1 Mental health has "parity of esteem" with physical health within the health and care system
2 People with mental health problems, their families and carers, are involved in all aspects of service design and delivery
3 Public services improve equality and tackle inequality
4 More people have access to evidence-based treatments
5 The new public health system includes mental health from day one
6 Public services intervene early
7 Public services work together around people's needs and aspirations
8 Health services tackle smoking, obesity and co-morbidity for people with mental health problems
9 People with mental health problems have a better experience of employment

Govt priorities:
£400m investment in NICE-Approved Psychological Therapies
Drive improvements in the quality of mental health services including development of a payments system based around the needs of people accessing services; quality and outcomes indicators will be embedded in this new approach; commissioners will ensure that providers assess and improve their services in line with relevant standards in relation to;
•User experience
•User involvement
•Clinical outcomes
Commissioners to develop levers to drive improvements in service quality

NHS Equality Delivery System will
•help NHS services address the needs of people with mental problems as an equality (disability issue)
•ensure that the mental health needs of Equality Act protected characteristic groups are understood and addressed
•ensure that all organisations meet their equality and inequality obligations in relation to mental health and that they ensure equality of access and outcomes for groups with particular mental health needs, which include the most vulnerable in society
For the first time the NHS has a duty to reduce health inequalities

Mechanisms will be developed for effective:
•commissioning
•monitoring (development of a national mental health dashboard)
of mental health services delivery

Mental health will be at the heart of the new public health system; Public Health England will:
•integrate mental health and wellbeing throughout all its key functions
•Provide local leadership in promoting better mental health for all

No health without mental health:

A cross-Government mental health outcomes strategy for people of all ages

A Call to Action

Mental health and wellbeing have a fundamental impact on our chances in life. Mental wellbeing increases longevity and the capacity to self care.

Mental health problems affect one in four of us at some time in our lives. As well as being a major cause of distress for individuals and their families, they cost society an estimated £105 billion every year though lost productivity and avoidable costs for the criminal justice system as well as the costs of care and support.

The signatories to this statement recognise there is an urgent need for co-ordinated action, starting from the earliest years in life that will improve the mental health and wellbeing of the population year on year, and the life chances and recovery rates of people who experience mental health problems.

To this end we pledge to work together to deliver these shared objectives contained in the Government's mental health outcomes strategy No Health without Mental Health:

1 More people will have good mental health

- More people of all ages and backgrounds will have better wellbeing and good mental health;
- Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well;
- More children will have the positive start in life needed to experience good mental health and wellbeing over the life course;

2 More people with mental health problems will recover

- More people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live;

3 More people with mental health problems will have good physical health

- Fewer people with mental health problems will die prematurely, more people with mental health problems will have better physical health and more people with physical ill health will have better mental health;

Signatories: Richard Webb, Joint Chair, **Mental Health Network ADASS;** Val Huet, Chief Executive Officer, **British Association of Art Therapists;** Faye Wilson, Deputy Chair, Mental Health Committee, **British Association of Social Workers;** John Hanna, Director, Policy Unit, Division of Clinical Psychology, **British Psychological Society;** Sean Duggan, joint Chief Executive, **Centre for Mental Health;** Dr Stephen Battersby, President, **Chartered Institute of Environmental Health;** Maggie Jones, Chief Executive, **Children England;** Genevieve Smyth, Lead Professional Affairs Officer, **College of Occupational Therapists;** Paul Burstow MP, Minister of State for Care Services, **Department of Health;** Professor Lindsey Davies, President, **Faculty of Public Health;** Helen Dent, Chief Executive Officer, **Family Action;** Andrew McCulloch, Chief Executive, **Mental Health Foundation;** Steve Shrubb, Director, Mental Health Network, **NHS Confederation;** Professor Carolyn Steele, Chair, **Mental Health Providers Forum;** Paul Farmer, Chief Executive, **Mind;** Jeremy Clarke, Chair, **New Savoy Partnership;** Paul Jenkins, Chief Executive, **Rethink;** Professor Helen Lester, mental health lead, **Royal College of General Practitioners;** Ian Hulatt, Mental Health Advisor, **Royal College of Nursing;** Professor Dinesh Bhugra, President, **Royal College of Psychiatrists;** Benita Refson, OBE, Director, **The Place2Be;** Martina Millburn, Chief Executive Officer, **The Prince's Trust;** Sue Baker, Director, **Time to Change;** Liz Felton, Chief Executive, **Together;** Angela Mawle, Chief Executive, **UKPHA;** Sarah Brennan, Chief Executive, **YoungMinds;** Barbara Rayment, Director, **Youth Access;** Fiona Dawe, Chief Executive Officer, **YouthNet;** Pam Webb, Head, **Zurich Community Trust.**

A Call to Action

4 More people will have a positive experience of care and support

- Care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment and should ensure that people's human rights are protected;

5 Fewer people will suffer avoidable harm

- People receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service; and

6 Fewer people will experience stigma and discrimination

- Public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

All the organisations who are signatories to this Call to Action are committed to working together to ensure a co-ordinated approach to policy making that supports delivery of the above shared objectives.

The Cabinet Sub-Committee on Public Health will oversee all the strands of work on mental health undertaken by government departments in order to raise the profile of mental health and to ensure appropriate action is taken, to help implement the strategy.

The Cabinet Sub-Committee on Social Justice will tackle many of the underlying issues which contribute to poor mental health. A Mental Health Strategy Ministerial Advisory Group of key stakeholders, including people with mental health problems and carers, will be established to work in partnership to realise the Strategy.

The strategy recognises that improved mental wellbeing and the reduction of mental ill health require the efforts of many agencies. It sets out the central role of local government and the NHS, as well as other public sector bodies, and the distinct contributions of the voluntary sector, employers and other groups in society that will all be crucial to the strategy's success.

All of us have a part to play in promoting the importance of good mental health and in challenging negative attitudes in our society.

Please note that the term 'people' is used as an inclusive term throughout this document to mean children, young people and adults.

Key areas of action for mental health

- Fewer people will suffer from stigma and discrimination as a result of negative attitudes and behaviours toward people with mental health problems by improving public and professional attitudes and reducing the institutionalised discrimination inherent in many organisations, including support services;
- Ensuring a good start in life;
- Promoting mental health across the life course;
- Ensuring mental health has parity of esteem with physical health in terms of public health and care services; reducing the social, economic and the wider determinants of mental ill health across all ages; reducing the inequalities that can both cause and be the result of mental health problems including, for example, social isolation amongst older people; promoting and supporting comprehensive and just housing policies which will provide the foundation for good physical and mental health and wellbeing;
- Identifying mental health problems and intervening early across all ages;
- Ensuring equity in access for all groups, including the most disadvantaged and excluded, to high quality appropriate services;
- Building care and support around outcomes that matter to individuals to enable them to live the lives they want to live, including good relationships, purpose, education, housing and employment;
- Offering people a choice of high quality evidence- and practice-based interventions, including psychological therapies;
- Ensuring people with severe mental health problems receive high quality care and treatment in the least restrictive environment, including inpatient and secure settings, in their homes and in alternative settings – when, for example, they are receiving care from crisis services;
- Fewer people with mental health problems should have poor physical health;
- Fewer people with mental health problems should die prematurely;
- Fewer people with physical ill health, including those with long-term conditions and medically unexplained symptoms, should have mental health problems;
- Services should be designed around the needs of individuals, ensuring appropriate, effective transition between services when necessary, without age-based, professional or organisational barriers and attitudes getting in the way;
- Wherever possible, services should listen to and involve carers and others with a valid interest and provide them with information about the patient's care, to ensure that 'confidentiality' does not become an obstacle to delivering safe services; and
- Improved services will result in fewer people suffering harm from the care and support they receive; fewer people harming themselves and others; and further progress on safeguarding children, young people and vulnerable adults.

The mental health strategy and supporting documents can be found at www.dh.gov.uk/mentalhealthstrategy

Published February 2011

HILLINGDON
LONDON

NHS
Hillingdon Clinical Commissioning Group

Information Pack Two
Data to support proposed
Joint commissioning plan for adults
2012 – 15

Hillingdon profile: Population profile and the health and social care needs of the population

Hillingdon Profile: Hillingdon Borough: Unique in terms of London/England

2nd largest London Borough covering 42 sq miles with 22 wards

3 demographic zones ranging from very deprived to very affluent; the north of the Borough is semi-rural with large sections of green belt land; the south of the Borough is more urban and densely populated with some areas falling in the most deprived 20% nationally

Boundaries with 3 London Boroughs and 3 Shires

Over half of the Borough is countryside including canals, rivers, parks and Woodland

266,100 estimated population (2010) with 8% increase 2002-10:
- 10% rise in under 15 yr olds
- 15.4% rise in those aged 75yrs and over

Heathrow airport sits within the Hillingdon boundary; with 2 immigration detention centres. The largest RAF airport is located at Northolt

Significantly higher proportion 15 – 19 yr olds compared with London and England

Significant diversity in the population with 30% from a black and minority ethnic background

The migration rate is 139 per 1,000 with annual movement in and out of the Borough of 35,000 and net annual migration of over 1,100 people

Figure 1: Location of London Borough of Hillingdon

Hillingdon: Health and social care organisation and issues

The Borough is divided into 3 localities:
Ruislip and Northwood: 86,148 population
Uxbridge and West Drayton: 86,139 population
Hayes and Harlington: 88,730 population

There is significant pressure on health and social care resources caused by:
- An increasing older population
- rising rates of dementia and frailty in the older population
- Increases in "lifestyle" conditions of childhood obesity
- Increases in alcohol related hospital admissions
- These do not impact consistently across the Borough

Hillingdon has 49 GP Practices

Hillingdon hospital gains the majority of its income from Hillingdon residents

Hillingdon Profile: Hillingdon Borough: Unique in terms of London/ England

vironment

llingdon has a considerable network of green spaces as well as rivers and canals. These natural vironments are essential to the diversity of the borough as well as promoting a healthy way of e and helping to mitigate the effects of climate change. Hillingdon's population is expected to ow and there will be increasing pressure on the natural environment to accommodate growth, d to manage the increasing human impacts.

isure

llingdon's borough's leisure facilities offer a variety of sports and fitness classes. Hillingdon orts and Leisure Complex in Uxbridge includes a new 50 metre pool, outdoor pool and sport cilities. Botwell Green Sports and Leisure Centre has a new 25m pool and sports facilities. uislip Woods covers 726 acres with footpaths and cycle paths. Ruislip Lido features a 60 acre ke, a narrow gauge railway, beach and watersplash area. There are four public golf courses in uislip, Northwood, Stockley Park and Uxbridge. Hillingdon's 17 libraries are being rebuilt or furbished to create a more relaxed way to enjoy books and become the centre of the local mmunity. There is also a mobile library which tours the borough.

onomy

llingdon has a strong local economy and strong potential for an improving position. The esence of Heathrow Airport provides considerable benefits for the local economy. Stockley rk and Uxbridge are established locations for major corporate headquarters. Hayes has major generation opportunities, and West Drayton also has potential in the longer term. nemployment has not significantly affected Hillingdon's economy to date. Hillingdon continues have relatively high proportions of economically active people.

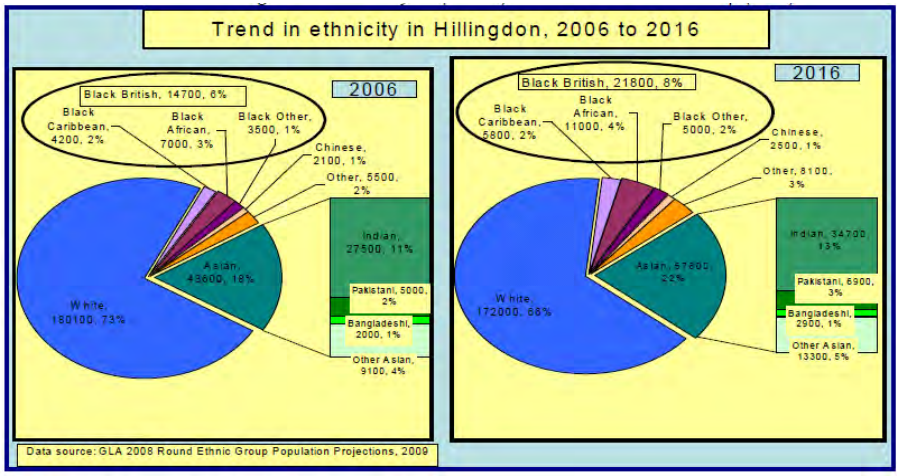
ansport

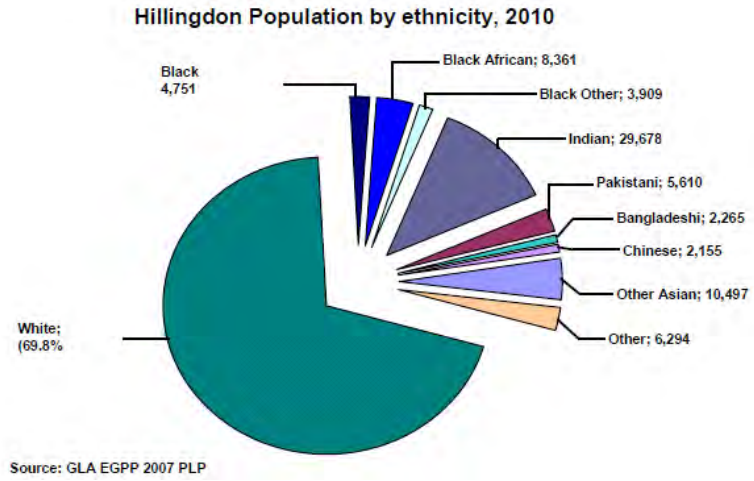
llingdon is directly served by three of the country's busiest motorways namely the M25, M4 d M40. The road network in Hillingdon is strongest from east to west with the A4 and M4 in e south, A40 running centrally and the A404 in the north east. Rail routes connect the borough ith central London, Thames Valley, Chilterns and the west-country. North-south traffic ovements in the borough are mainly served by the A312 Hayes By-pass, A437 - A408 Yiewsley /pass and M25, along the western perimeter. Journey times on north south trips can be nreliable, especially across the A40 but also between the A4 and A40. Public transport provision Hillingdon is also better when travelling east-west rather than north-south. Hillingdon's Core rategy seeks to address the challenge of poor north-south links. Hillingdon's carbon emissions om transportation are much higher than the London average. The number of people travelling to and out of Hillingdon is major contributing factor. It has also led to impacts on air quality, rticularly around Heathrow where hotels and office accommodation have been developed.

Hillingdon: Ethnicity of the population

In 2010 30% of the population was constituted of people from black and ethnic minority communities; this was a rise of 20% from 2001; a further 20% increase is projected to 2020

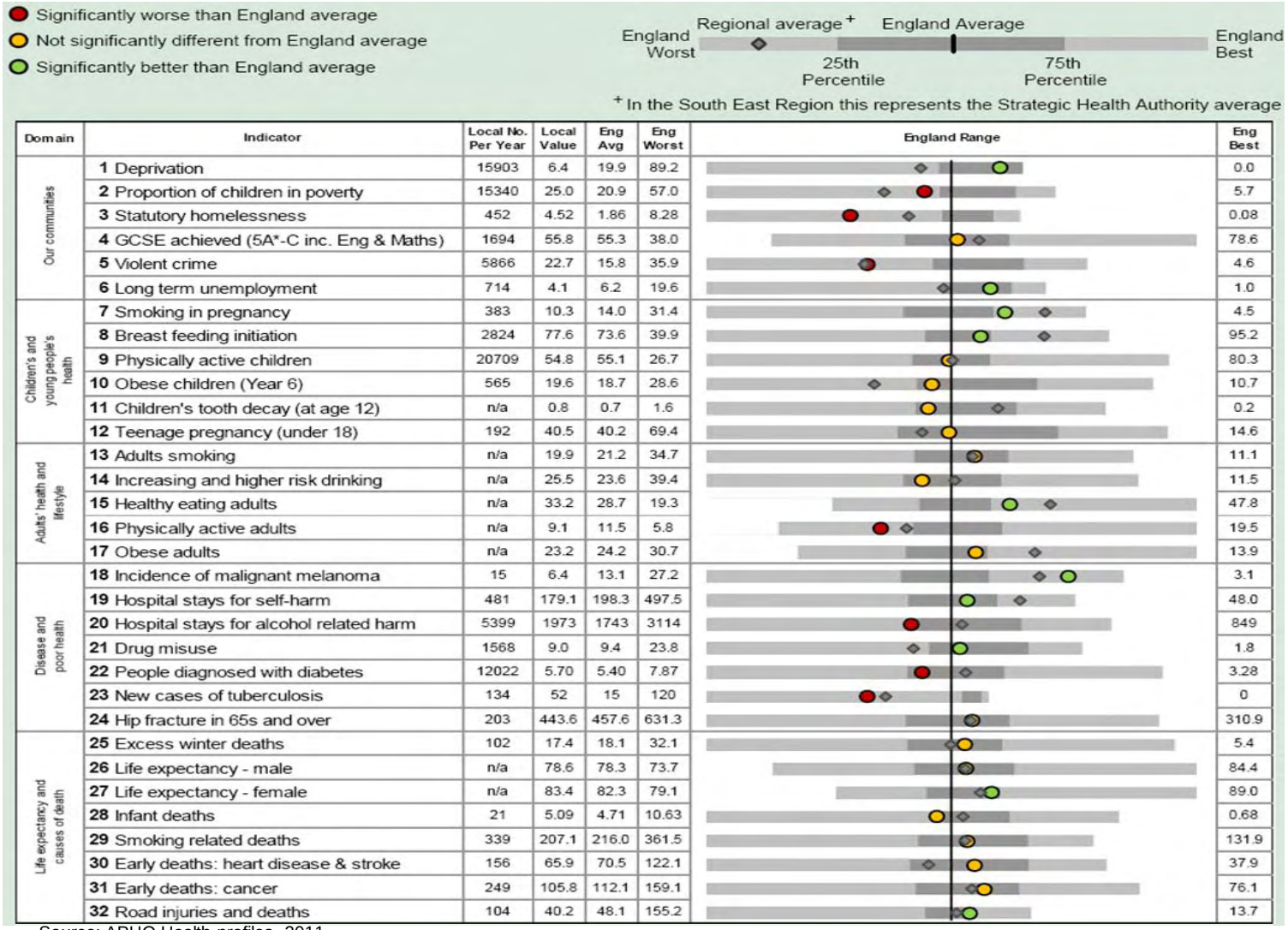
There are significant numbers of asylum seekers and refugees in Hillingdon; putting significant pressure on providers in terms of the need to understand and respond to cultural differences and the need to respond to individual behaviours





Hillingdon Profile: Health and social inequalities

Overview of Hillingdon (Hillingdon Health Profile)



Domain	Indicator	Local No. Per Year	Local Value	Eng Avg	Eng Worst	England Range	Eng Best
Our communities	1 Deprivation	15903	6.4	19.9	89.2		0.0
	2 Proportion of children in poverty	15340	25.0	20.9	57.0		5.7
	3 Statutory homelessness	452	4.52	1.86	8.28		0.08
	4 GCSE achieved (5A*-C inc. Eng & Maths)	1694	55.8	55.3	38.0		78.6
	5 Violent crime	5866	22.7	15.8	35.9		4.6
	6 Long term unemployment	714	4.1	6.2	19.6		1.0
Children's and young people's health	7 Smoking in pregnancy	383	10.3	14.0	31.4		4.5
	8 Breast feeding initiation	2824	77.6	73.6	39.9		95.2
	9 Physically active children	20709	54.8	55.1	26.7		80.3
	10 Obese children (Year 6)	565	19.6	18.7	28.6		10.7
	11 Children's tooth decay (at age 12)	n/a	0.8	0.7	1.6		0.2
	12 Teenage pregnancy (under 18)	192	40.5	40.2	69.4		14.6
Adults' health and lifestyle	13 Adults smoking	n/a	19.9	21.2	34.7		11.1
	14 Increasing and higher risk drinking	n/a	25.5	23.6	39.4		11.5
	15 Healthy eating adults	n/a	33.2	28.7	19.3		47.8
	16 Physically active adults	n/a	9.1	11.5	5.8		19.5
	17 Obese adults	n/a	23.2	24.2	30.7		13.9
Disease and poor health	18 Incidence of malignant melanoma	15	6.4	13.1	27.2		3.1
	19 Hospital stays for self-harm	481	179.1	198.3	497.5		48.0
	20 Hospital stays for alcohol related harm	5399	1973	1743	3114		849
	21 Drug misuse	1568	9.0	9.4	23.8		1.8
	22 People diagnosed with diabetes	12022	5.70	5.40	7.87		3.28
	23 New cases of tuberculosis	134	52	15	120		0
	24 Hip fracture in 65s and over	203	443.6	457.6	631.3		310.9
Life expectancy and causes of death	25 Excess winter deaths	102	17.4	18.1	32.1		5.4
	26 Life expectancy - male	n/a	78.6	78.3	73.7		84.4
	27 Life expectancy - female	n/a	83.4	82.3	79.1		89.0
	28 Infant deaths	21	5.09	4.71	10.63		0.68
	29 Smoking related deaths	339	207.1	216.0	361.5		131.9
	30 Early deaths: heart disease & stroke	156	65.9	70.5	122.1		37.9
	31 Early deaths: cancer	249	105.8	112.1	159.1		76.1
	32 Road injuries and deaths	104	40.2	48.1	155.2		13.7

Source: APHO Health profiles, 2011

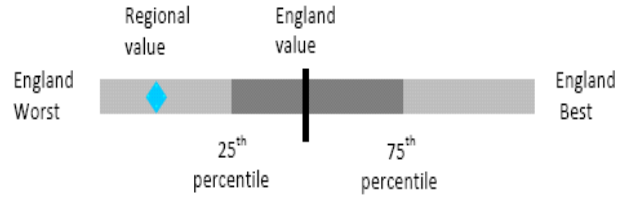
Hillingdon Profile: Health and social inequalities

Overview of Hillingdon

Marmot Indicators for Local Authorities in England

The chart below shows key indicators of the social determinants of health, health outcomes and social inequality that correspond, as closely as is currently possible, to the indicators proposed in Fair Society, Healthy Lives. Results for each indicator for this local authority are shown below. On the chart, the value for this local authority is shown as a circle, against the range of results for England, shown as a bar.

- Significantly better than England value
- Not significantly different from England value
- Significantly worse than England value



Hillingdon

	Indicator	Local Authority Value	Regional Value	England Value	England Worst	Range	England Best
	Health outcomes						
	Males						
1	Male life expectancy at birth (years)	78.6	78.6	78.3	73.7		84.4
2	Inequality in male life expectancy (years)	6.6	7.1	8.8	16.6		2.7
3	Inequality in male disability-free life expectancy (years)	9.1	9.1	10.9	20.0		1.8
	Females						
4	Female life expectancy at birth (years)	83.4	83.1	82.3	79.1		89.0
5	Inequality in female life expectancy (years)	6.3	4.7	5.9	11.5		1.8
6	Inequality in female disability-free life expectancy (years)	8.8	7.9	9.2	17.1		1.3
	Social determinants						
7	Children achieving a good level of development at age 5 (%)	59.8	54.7	55.7	41.9		69.3
8	Young people not in employment, education or training (NEET) (%)	6.1	5.8	7.0	13.8		2.6
9	People in households in receipt of means-tested benefits (%)	15.6	20.6	15.5	41.1		5.1
10	Inequality in people in receipt of means-tested benefits (% points)	27.5	30.1	30.6	61.3		2.9

Hillingdon Profile: Health and social inequalities

Hillingdon is 157th most deprived district in England (n= 326) and 24th out of the 33 boroughs in London

There are 15,340 children living in poverty in Hillingdon. The levels of tooth decay and physical activity among children are worse than the England average

Worse than England average rates for:
•Percentage of people diagnosed with diabetes
•Hospital admissions rate for alcohol-related harm
•The rate of new cases of tuberculosis

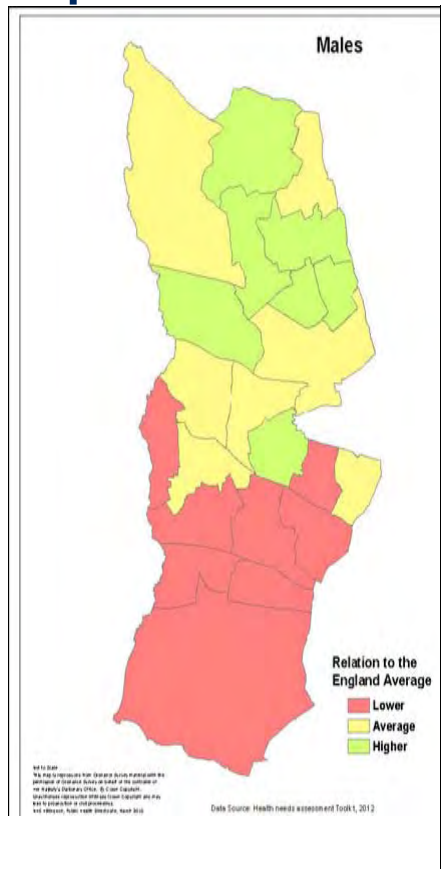
Rate of CDV and cancer mortality varies significantly within the Borough

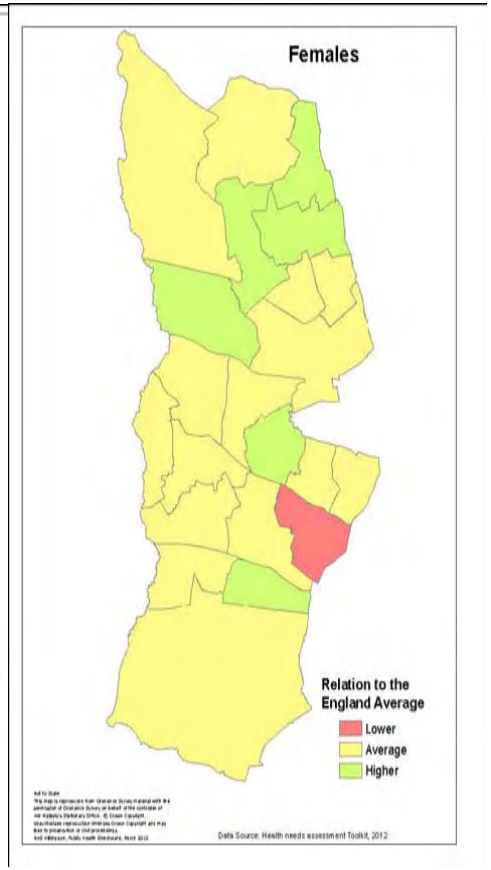
Over the last 10 years, the rates of deaths from all causes combined and of early deaths from cancer and from heart disease and stroke have fallen. With the exception of the death rate from all causes combined for women, which is now lower, the rates have remained similar to the England averages.

There is significant inequality in Hillingdon:
• Life expectancy can vary by as much as 8.1 yrs for men and 7.4 yrs for women
•For the most deprived communities the SMR has been worsening while the overall rate has been improving

The burden of disability is high with significant numbers of people needing support for physical disabilities, frail elderly etc

The standardised mortality ratio (SMR) for the Borough is similar to London and improving





Priorities for NHS Hillingdon and the London Borough of Hillingdon

HCCG and LBH recognise the connection between broader community, environmental and social factors and health and the connection between physical and mental wellbeing . The 2 organisations are therefore increasingly adopting a joint approach and agreement of . cross cutting themes and a joint vision:

Vision: To ensure that people who need health and social care treatment and support are empowered and supported to choose and commission services that will meet their specific needs, helping them to move towards recovery, regaining meaningful lives as individuals who are active members of the communities in which they live and work.

Priority themes for action from JSNA and joint LBH/NHS Hillingdon work:

1 Promoting healthier lifestyles

2 Improved co-ordination of joint health and social care working

3 Safeguarding, prevention and protection

4 Community-based, resident-focussed services

5 Promoting economic resilience

6 Preserving and protecting the natural environment

7 Reducing disparities in health outcomes

HCCG identified the following objectives for health care services:

•Demonstrate and evidence equality and consistency in access to services and health outcomes within Hillingdon that continues a reduction in health inequalities
•Development of primary and community based care that :

- Improves the quality care
- Improves access
- Reduces variation in clinical practice
- Improves patient satisfaction and reported outcomes
- Improves management of patients with LTCs

• Development of patient and public engagement that ensures public involvement
• Achieving financial balance and a viable local health economy within existing and future resources, with particular emphasis on robust contract monitoring across the entire contract portfolio
• An expectation that all providers will provide timely and robust quality assured data
•Commission clinically effective care, based on an evidence base
•Commission care in line with health needs as identified by the JSNA and in line with the health and wellbeing strategy
•Engender a culture of value for money underpinned by an understanding that all clinical decisions have financial consequences

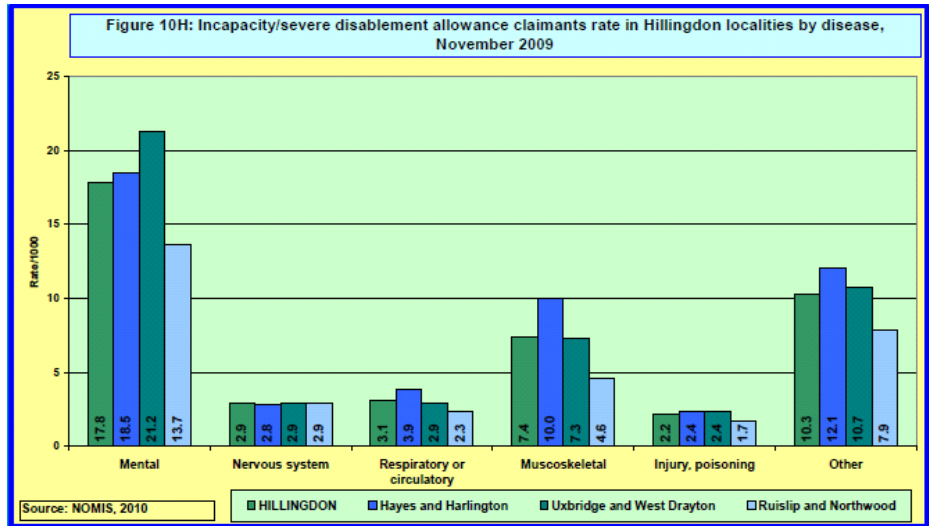
Arising from the desire to ensure the personalisation and localisation of services, LBH's aim is to ensure that people are empowered and supported to choose and commission services that meet their specific needs and help them to move towards **RECOVERY** so that they regain their lives as economically active members of the communities in which they live and work.

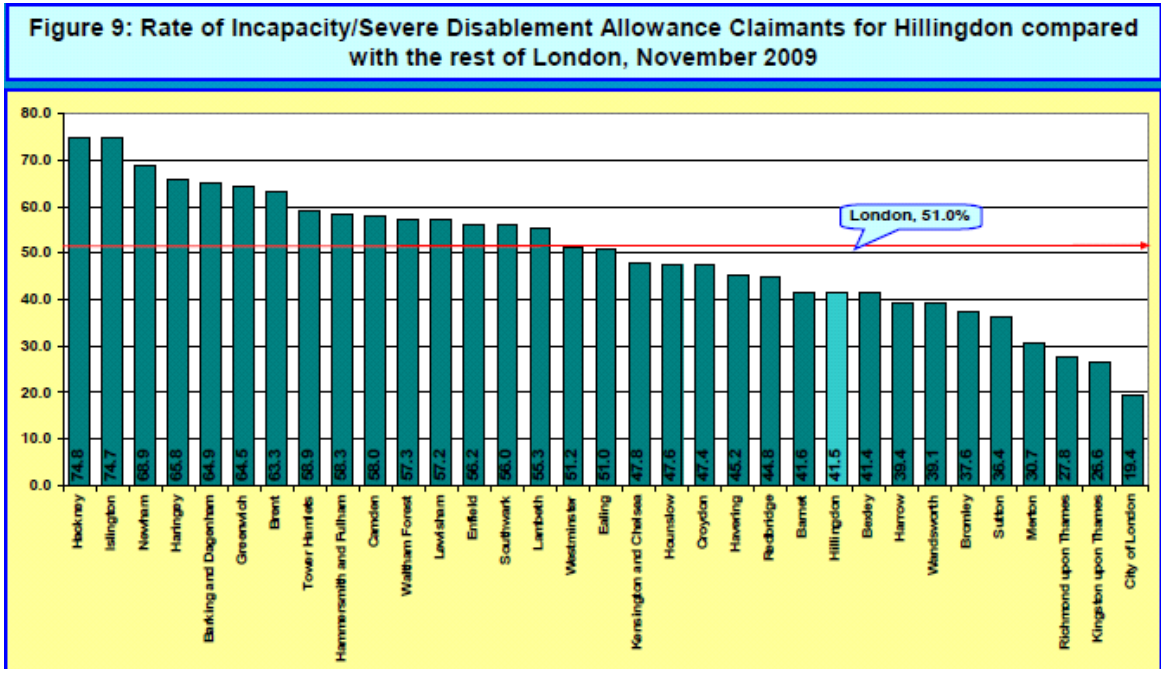
Currently LBH spends a significant proportion of its social care budget on residential care that is mostly delivered through institutionalised models. A key strategy for improvement therefore relates to re-commissioning of more individualised approaches to the provision of both accommodation and support. This will be achieved through "core and flexi-models of delivery".

Hillingdon Profile: Health and social inequalities: Long term conditions including mental health problems

Approximately 1 in 4 social care claimants live in wards in the south of the Borough; Hayes and Harlington has the greatest proportion of claimants with Uxbridge and West Drayton ranking second; there is a slight variation in age by locality but the primary reason for claims across the Borough is a mental health problem

There is a need to support people with long term conditions into employment, in particular, those with mental health problems



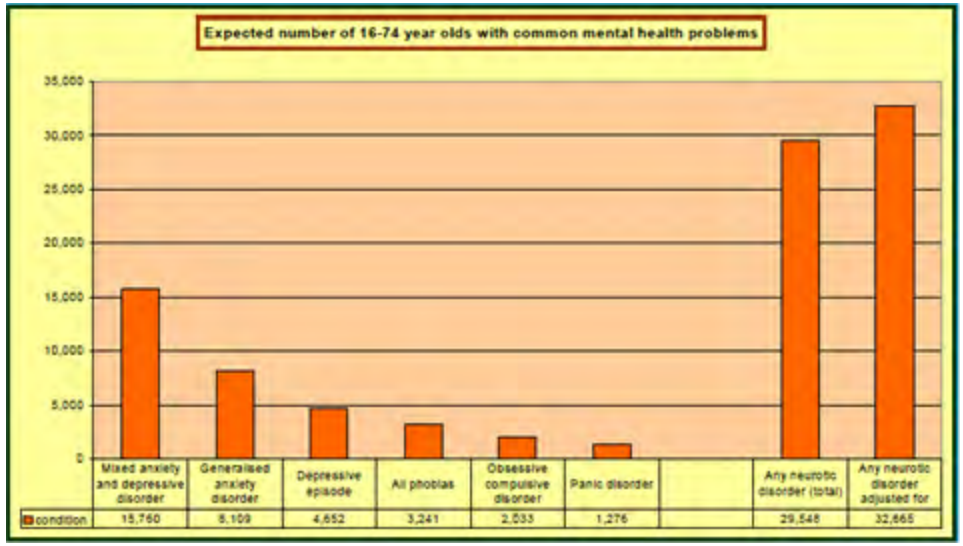


Hillingdon Profile: Mental health needs in Hillingdon

The most common mental health problem in Hillingdon is anxiety and depressive disorders which affect over 50% of people with mental health problems

It is estimated that in any given week, 10% of adults in Hillingdon will experience depression – higher than the England average (8%) but lower than the London average (11%)

Overall, the need for inpatient services for severe mental illness in Hillingdon is 20% lower than the national average 40%, whereas on average in London it is 60% higher



Although the mental health need in Hillingdon is lower than England as a whole, the picture fits with the national pattern of indicators and determinants that impact on mental health. Most admissions needing mental health treatment in Hillingdon come from the south of the Borough. These wards are predicted to a higher population increase in areas already more densely populated and more deprived. On average, these localities show higher social determinants:

- Lower educational attainment
- More unemployment
- More crime

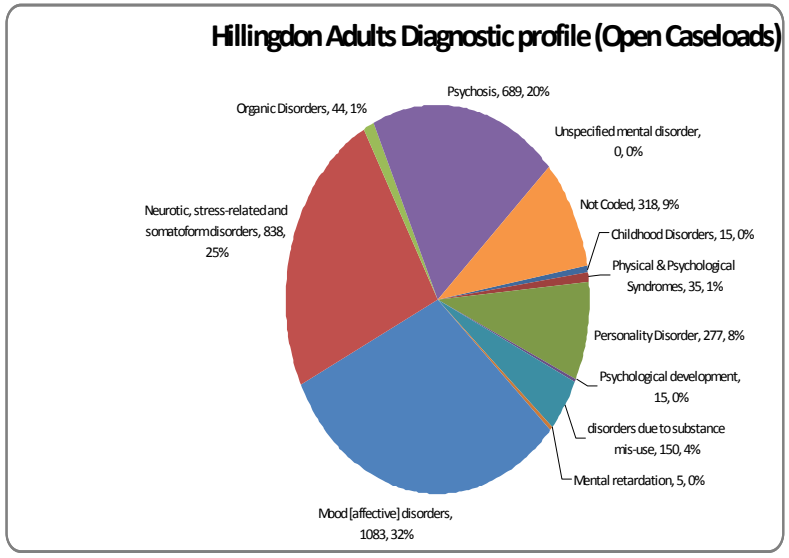
The scale of the challenge is set to escalate with the inequality gap widening in both life expectancy and quality of life

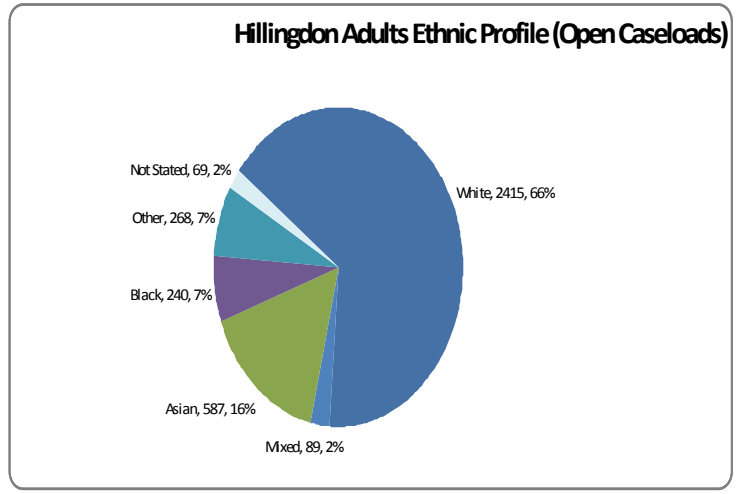
Current mental health services provision Hillingdon: Specialist mental health services profile: Central and North West London Foundation Trust

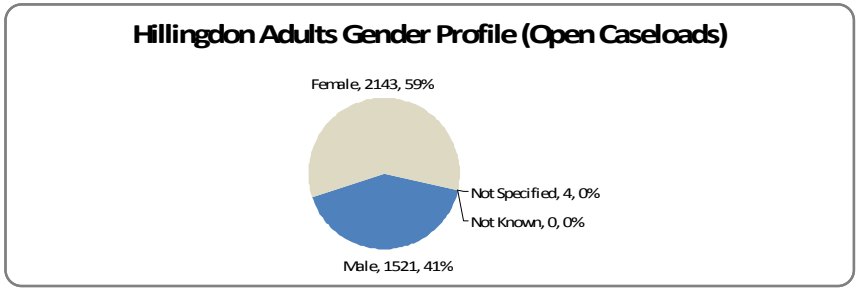
Central and North West London Foundation Trust is the main provider of specialist and community services for adults in Hillingdon:

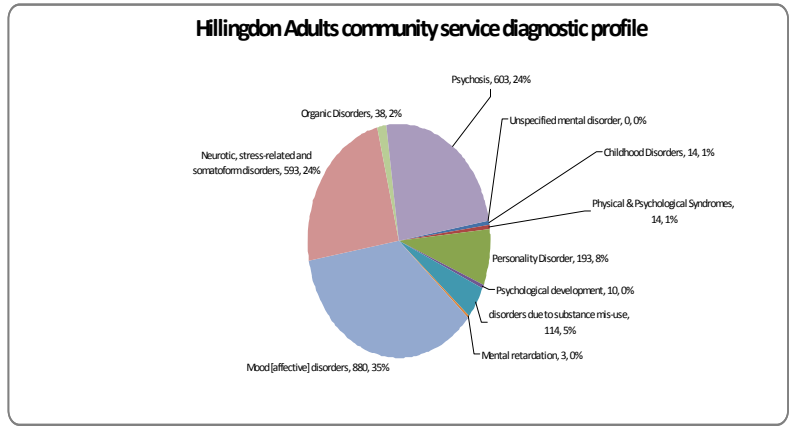
Community Services		
Early intervention service	Pembroke Centre	Multi-disciplinary teams
Assessment and brief treatment service	Mill House	Multi-disciplinary teams
Community recovery service	Mead House & Pembroke Centre	Multi-disciplinary teams
Inpatient Services		
Rehabilitation service	Colham Green Road	**15 beds**
Acute inpatient	Crane Ward Riverside Centre	18 beds
	Frays Ward, Riverside Centre	23 beds
	Total	**41 beds**
Psychiatric intensive care unit	Colne Ward, Riverside Centre	**8 beds**

Hillingdon specialist mental health services 2011/12: Profile of service users



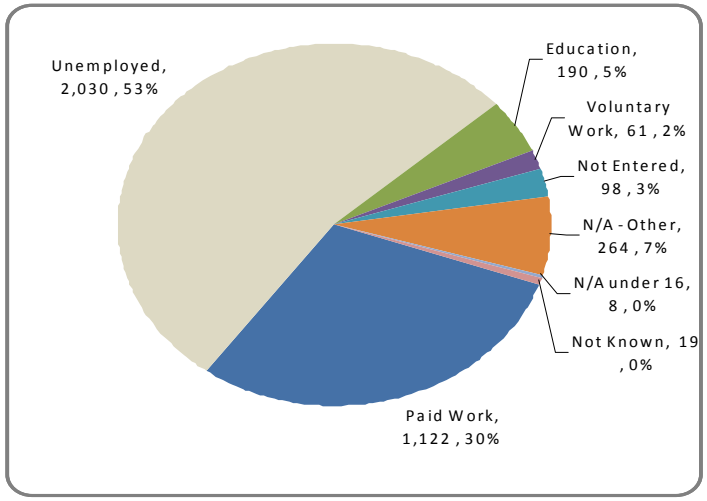




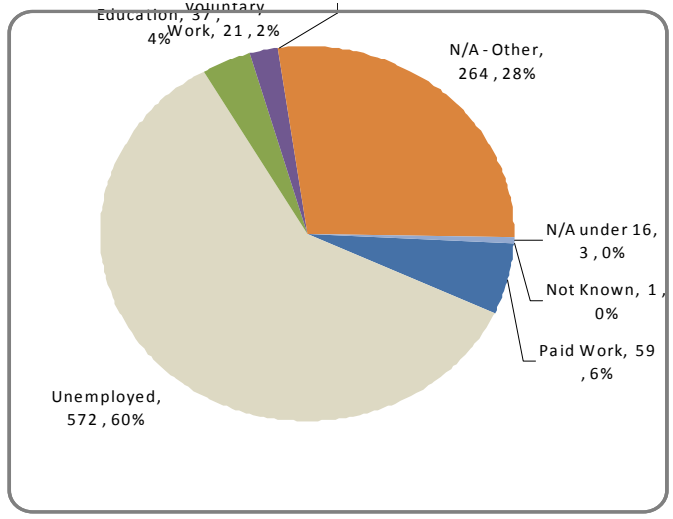


Hillingdon specialist mental health services performance April 2011 to June 2012: Profile of service users

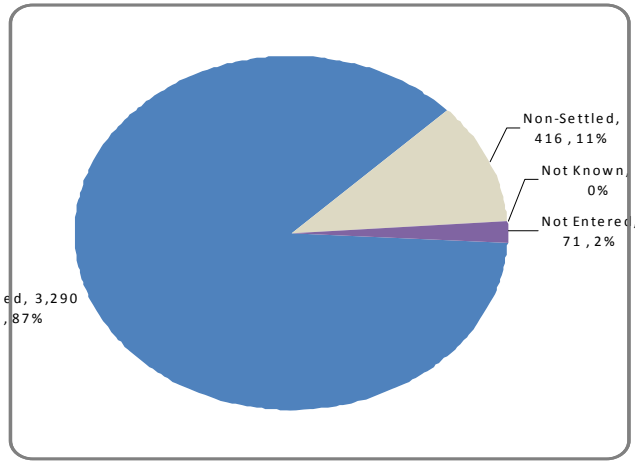
Employment status: total caseload



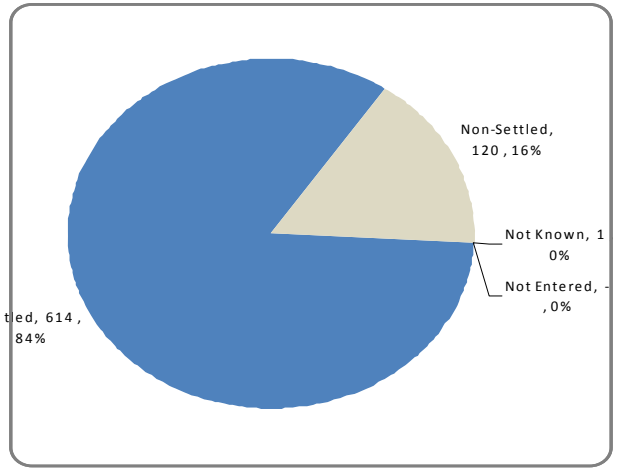
Employment status: CPA caseload



Accommodation status: total caseload



Accommodation status: Care Programme Approach CPA caseload



Information pack 3.1
Hillingdon Adult Mental Health – Key performance indicators

Hillingdon Caseload at 25/08/2012: 3817

Average Hillingdon Referrals per Week 2012-13 financial year: 193

Achievement of Performance Targets

Target Name	Target	2010_11				2011_12				2012_12	
		Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2
7- day follow up	**95%**	88	100	86	100	94	100	85	100	98	100
CPA Reviews	**95%**	94	97	96	96	99	97	98	98	97	98
Delayed Transfers of Care	**<=7.5 %**	19	23	11	13	18	19	6	5	14	8
Gatekeeping	**90%**	94	100	100	100	100	100	89	91	100	96
New EIS Cases	**38**	9	29	36	48	12	21	29	39	8	12
NHS # Data Completeness	**99%**	98	97	99	99	98	99	99	98	98	98
Home Treatment Episodes	**509**	182	372	572	658	147	260	394	546	120	159
Self Directed Support	**30%**	N/A	N/A	N/A	N/A	1	1.3	1.0	1.2	1.4	8.0
Placement Reviews	**100%**	N/A	N/A	N/A	N/A	83	61	66	72	N/A	69
Assessment Waiting Times	**60%**	29	32	36	65	53	67	67	75	54	48
Carers Assessments	**30%**	N/A	N/A	N/A	N/A	4	5	7	15	3	4
Service Users receiving review	**100%**	N/A	N/A	N/A	N/A	11	25	53	64	41	32

Headlines

Performance has improved over the past 3 years with targets usually being achieved consistently at quarter end.

Additional information is now collected in relation to Self Directed Support, Placement reviews, Carers Assessments and Social Care Reviews These are under-performing but action plans are now in place to address these.

Information Pack 3.2
Mental Health Budgets

BUDGET (£000's)			
Description	**Gross Exp**	**Income**	**Net**
Staffing			
Management	67.8	0.0	67.8
Ass & Care Mgmt Mead House	1,253.0	(83.2)	1,169.8
Ass & Care Mgmt Pembroke Centre	362.1	0.0	362.1
Ass & Care Mgmt Mill House	386.4	(27.6)	358.8
MHG - Crisis Team	172.4	0.0	172.4
MH - HOST	117.8	0.0	117.8
Ass & Care Man Com Drugs Team	278.7	(107.4)	171.3
Total Staffing	**2,638.2**	**(218.2)**	**2,420.0**
Residential			
P&V Nursing	291.5	(6.5)	285.0
P&V Residential	1,943.0	(16.5)	1,926.5
P&V Supported Accommodation	72.2	0.0	72.2
Look Ahead Block Contract	732.7	(26.8)	705.9
Adult Care Scheme	78.3	(27.5)	50.8
5 Hornbeam Road	16.4	(3.5)	12.9
Church Road	5.7	(4.4)	1.3
Total Residential	**3,139.8**	**(85.2)**	**3,054.6**
Community Support			
P&V Homecare	102.3	0.0	102.3
Direct Payments	47.6	0.0	47.6
P&V Day Care	19.1	0.0	19.1
No Recourse To Public Funds	50.0	0.0	50.0
Substance Abuse Placements	159.7	(5.5)	154.2
Total Community Support	**378.7**	**(5.5)**	**373.2**
Other MH Costs			
Grants to Voluntary Sector	17.1	0.0	17.1
Legal Costs	9.0	0.0	9.0
Total Other Costs	**26.1**	**0.0**	**26.1**
Management Contribution		50.0	50.0
Totals	**6,232.8**	**(308.9)**	**5,923.9**

CNWL Mental Health Budget 2012-13	BUDGET (£000's)		
Description	**Gross Exp**	**Income**	**Net**
Assessment and Brief Intervention Team	724	(20)	704
Community Recovery Team	1,390	(180)	1,210
Hillingdon Rehab	116	(49)	67
Total	**2,230**	**(249)**	**1,981**

Analysis of Hillingdon mental health services investment 2011/12: Outliers

	Hillingdon Investment by Direct provider type					Weighted investment per head			
Hillingdon Investment higher than comparator areas	**Investment £000s**	**HIL %**	**SHA %**	**ONS %**	**England %**	**LIT %**	**SHA £**	**ONS £**	**England £**
Accommodation *	4,216	17.9	13.8	12.7	9.6	24.6	23.4	20.2	15.8
CMHTs	4,104	17.4	13.2	11.1	13.8	24.0	22.3	17.7	22.6
Home support services	532	2.3	1.7	3.2	2.0	3.1	2.9	5.1	3.3
Psychological therapy services (non IAPT)	1,694	7.2	3.9	3.6	3.1	9.9	6.7	5.7	5.2
Hilingdon Investment lower than comparator areas	**Investment £000s**	**LIT %**	**SHA %**	**ONS %**	**England %**	**LIT %**	**SHA £**	**ONS £**	**England £**
Psychological therapy services (non IAPT)	**91**	**0.4**	**3.4**	**2.9**	**3.9**	**0.5**	**5.7**	**4.7**	**6.4**
Secure and high dependency	**2,875**	**12.2**	**17.1**	**21.3**	**19.2**	**16.8**	**28.9**	**33.9**	**31.6**

Table Supplied by NHS Hillingdon
* primarily Social Care expenditure

KEY
HIL = Hillingdon
SHA = Strategic Health Authority
ONS = Office of national Statistics

Investment in inpatient services (£4,459,000) is less per weighted head of population (£26.1) than the rest of London (£31.4), the Thriving London Periphery (£31.4) and the rest of England (£29.1)

Overall within health services Hillingdon is now 5th lowest funder of mental health nationally

Information pack 3.3 --Relative Performance

Health Service information supplied by NHS Hillingdon

Potential areas where Hillingdon is doing well in terms of its population's mental health

Hillingdon has a higher than average investment in counselling services

Hillingdon does well on some aspects of primary care of mental health problems e.g. a higher percentage of patient on CHD and diabetes registers have been screened for depression (89.5% compared to 88.5%)

Hillingdon has a higher than average investment in home support services i.e. community based support

Investment in inpatient services is less per weighted head of population than the rest of London, the Thriving London Periphery and the rest of England

The rate of readmission to inpatient services is low

For its population need, Hillingdon has a larger mental health employment scheme caseload than the London average

Service	Performance April 2011 – June 2012
Assertive outreach	Following agreement with commissioners that treatment should be provided by other teams within CNWL
Early Intervention service	Team caseload has been increasing and is now close to meeting its target of 38 new cases by year end. This is a cumulative annual target.
Home treatment service	The target for home treatment episodes was exceeded by 8% 2011/12. The team is continuing to exceed this target
	During Q3 and Q4, 89% of admissions to inpatient services were made via the home treatment team ("gatekept"). Through 2012/13, 100% of admissions have been gatekept. This is a cumulative target.
Inpatient services	The rate of readmission is well below target (11%) operating at 3% on an ongoing basis
	Delayed transfers of care from inpatient services have been decreasing: Mid 2011 at 10-12% Reduced to 4% in January 2012 Mid 2012 operating at 10-15% delays have been caused by delays within both health and social care
Community teams	DNAs for first appointment operated at 10% 2011/12 and have increased to 15% for Q1
	DNAS for follow up appointments operated at 10% during Q3 and Q4, 2011/12 and at Q1 2012/13 have increased to 17%

Potential areas of concern in terms of the mental health of Hillingdon's population

Hillingdon has a higher rate of people in contact with secondary care community mental health services compared to the London average

There are ethnic inequalities in admissions to adult psychiatric inpatient services in Hillingdon. The admission rate for white ethnic groups in Hillingdon is 30% lower than the England average for all ethnic groups but the admission rate for black ethnic groups in Hillingdon is 47% higher than the England average

Hillingdon has a higher admission rate for alcohol related harm than the London average

Expenditure on residential care is greater than Hillingdon's comparators

*Hillingdon has only a small investment in services that respond to the needs of people with depression and anxiety (Increasing Access to Psychological Therapies initiative)

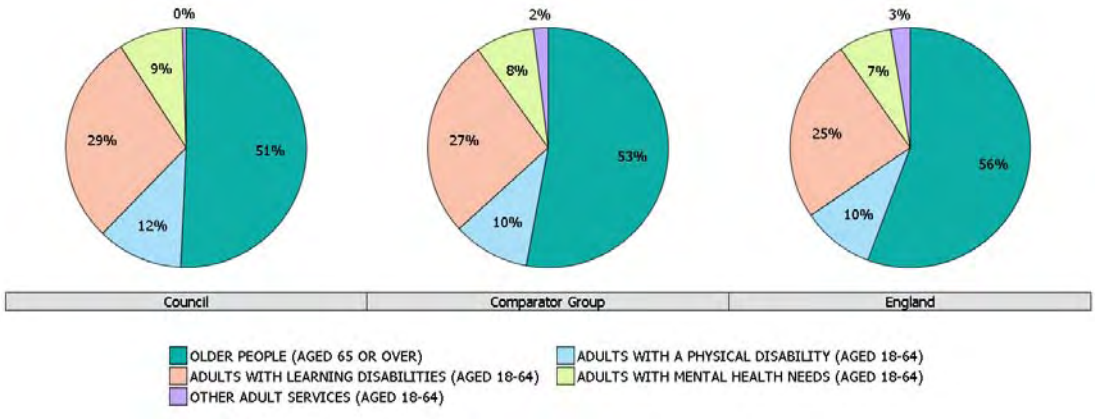
Hillingdon's use of secure and high dependency services is low

Hillingdon has no community team for eating disorder or for people with forensic needs

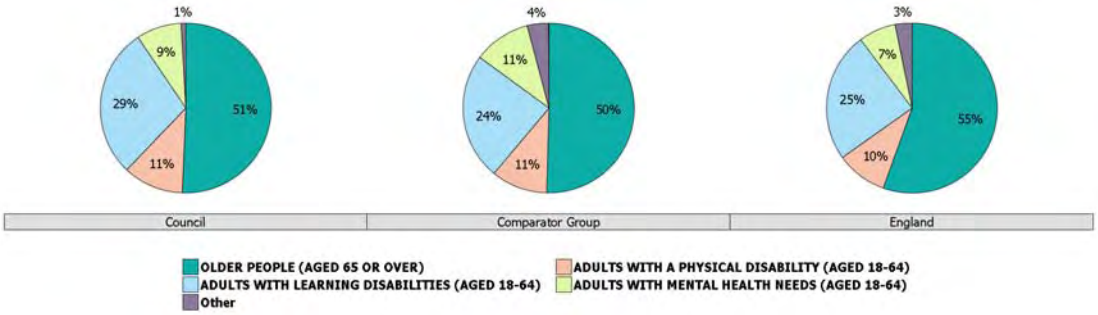
Information relating to Council Services drawn from the most recent national data

1: Percentage distribution of total gross current expenditure on adult social services by client group, 2010 -11

Hillingdon

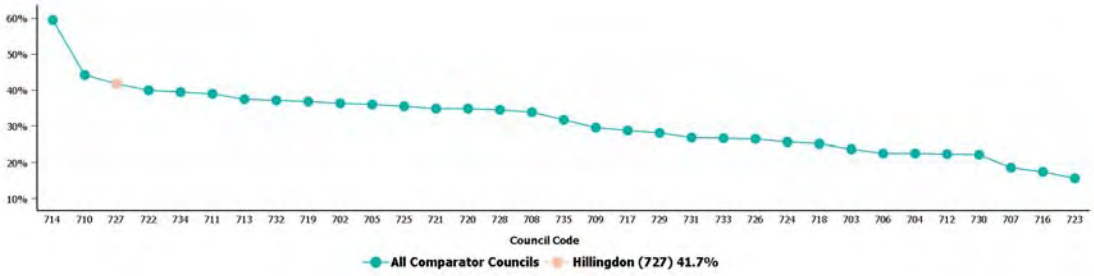


1. Chart 02: Percentage distribution of Total Gross Current Expenditure on adult social services, 2010-11
Hillingdon



Source: PSSEX1

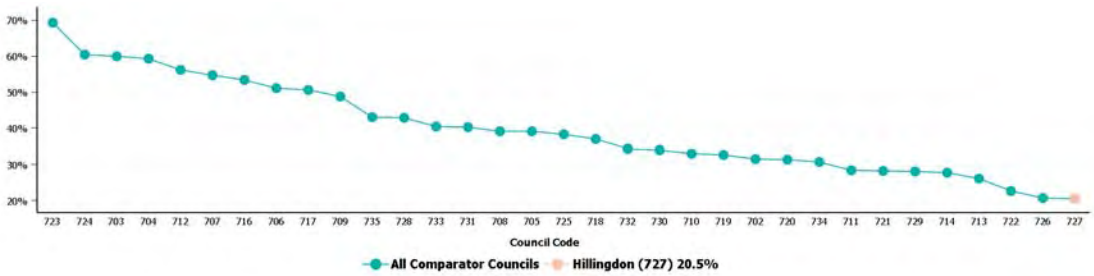
Hillingdon (727)
2a. Nursing and Residential Care: Proportion of Gross Current Expenditure across client types 2010-11
Chart 06 ADULTS WITH MENTAL HEALTH NEEDS (AGED 18-64)



Comparator Average 31.3% Comparator Max 59.5% Comparator Min 15.6%
Comparator Ranking: 3 of 33
Hillingdon (727)

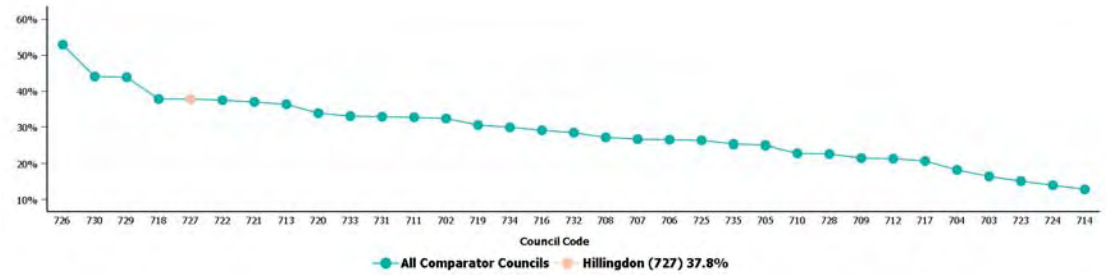
2b. Day and Domiciliary Care: Proportion of Gross Current Expenditure across client types 2010-11

Chart 10 ADULTS WITH MENTAL HEALTH NEEDS (AGED 18-64)



Comparator Average 40.9% Comparator Max 69.3% Comparator Min 20.5%
Comparator Ranking: 33 of 33

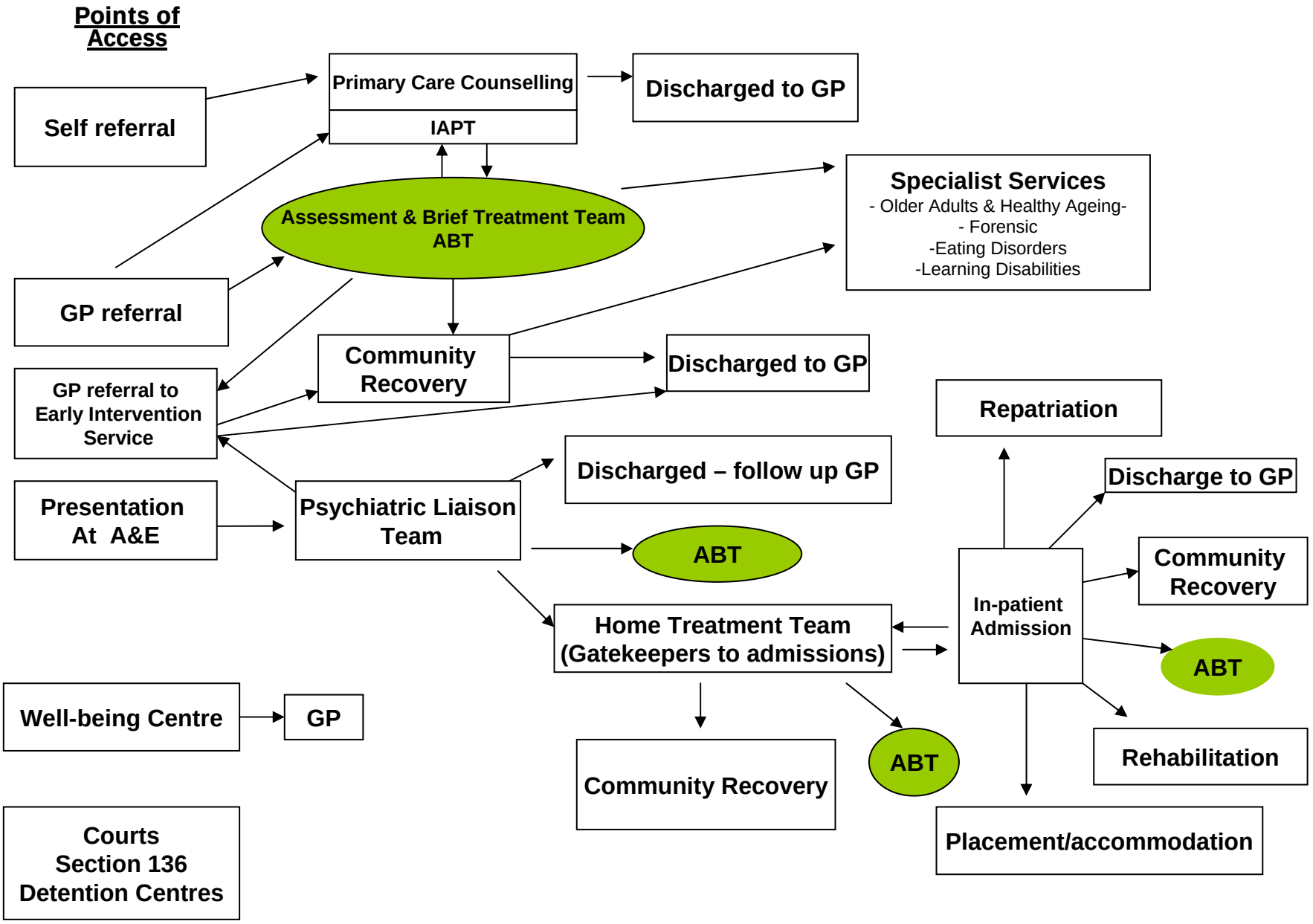
Hillingdon (727)
2c. Assessment and Care Management: Proportion of Gross Current Expenditure across client types 2010-11
Chart 14 ADULTS WITH MENTAL HEALTH NEEDS (AGED 18-64)



Comparator Average 27.8% Comparator Max 53.0% Comparator Min 12.8%
Comparator Ranking: 5 of 33

Source for all graphs and tables: NHS Information Centre - National Adult Social Care Intelligence Services (NASCIS) Published March 2012
All data relates to the year 2010-2011

Information Pack 4
Patient Pathway - POC



Information Pack Five – Organisational Structure

Community mental health services in Hillingdon are delivered jointly through an integrated health and social care service. Joint teams include a combination of Consultant psychiatrists, social workers and community psychiatric nurses (CPNs). Services are arranged under Service Lines – which is a consistent format that cuts across all the London Boroughs that the Central and North-West London Mental Health Foundation Trust (CNWL) serves. An overview diagram is provided on the next page. The Service lines of particular relevance to this Review are:

- Assessment and Brief Treatment - usually he first point of contact when a person is referred on by Primary care Services
- Community Recovery – the team responsible for supporting people following a hospital admission
- Rehabilitation – the team that supports people who are living in residential and nursing home care

The Service Director responsible for Assessment and brief treatment across the whole Trust is also the Borough Director for Hillingdon. Within each of the service lines there is a team manager and who has day-to-day management responsibility for the management of CPNs and Social Workers. They are supported by Team Leaders. Some are CNWL employees and some are employed by the Council

To support and oversee the professional and statutory responsibilities of the Council there a Service Manager which is a new post. Recruitment for this post is currently taking place.

Significant resources are invested in both the voluntary and independent sector s. These services are both preventative and support recovery. They include advice giving services, employment and skills support and leisure services that assist people back into everyday life. Significant resources are invested in residential and nursing home care. Please see Information Pack 3.3 for details of expenditure

HILLINGDON BOROUGH MENTAL HEALTH SERVICES 2012

Angela McGee, Service Director – **Acute Service Line** – Dr Con Kelly, Clinical Director
Frays Ward / Crane Ward / Colne Ward / HTT
Therese Cahir, Service Manager

David Dunkley, Service Director – **Rehabilitation Service Line** – Dr Andrew McDonald, Clinical Director
Colham Green Community Rehabilitation Team
Kam Rai Service Manager

Sandra Brookes, Service Director and Hillingdon Borough Manager – **Assessment & Brief Treatment Service Line** – Dr Julia Palmer, Clinical Director
ABT Team / Primary Care Counselling Service / IAPT / Wellbeing Centre
Jon Ruddock, Service Manager

Pete Raimes, Service Director – **Community Recovery Service Line** – Dr Sarah Marriott, Clinical Director
Community Recovery Team / EIS
Paul Russell, Service Manager

Kim Cox, Service Director – **Psychological Medicine Service Line** – Dr Steven Reid, Clinical Director
A&E Liaison / Health Psychology
Shaun Hare, Service Manager

Gail Burrell, Hillingdon Manager – **Addiction Service Line – HDAS** – Dr Jeffrey Fehler, Consultant

Addiction Service Director-Anette Dale-Perera ;Clinical Director – Dr Billy Shanahan

Natalie Fox, Service Director – **Older Adults & Health Ageing Service Line** – Dr James Warner, Clinical Director
Cedar Ward / Oak Tree Ward / CMHT
Bev Smith, Service Manager

Jackie Shaw, Service Director – **CAMHS Service Line** – Dr Mike McClure, Clinical Director
CAMHS Team

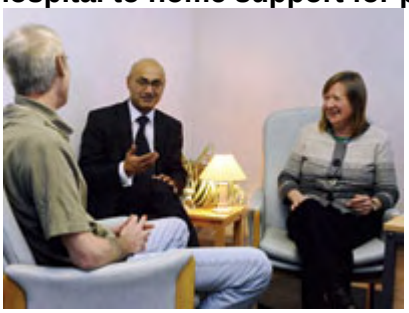
Richard Comerford, Service Director – **Offender Care Service Line** – Dr Farrukh Alam / Dr Annie Bartlett, Clinical Directors'
Court Diversion Nurse Steve Tutty, Service Manager

Jo Carroll, Service Director – **Learning Disabilities Service Line** – Dr Scott Galloway, Clinical Director

Information Pack 6.1
Some Examples of National Best Practice in Community Based mental health Services

The following examples are taken from the Health Services Journal national awards in mental health.

1. **Home Treatment Service - An award-winning project in Scotland is shifting the balance of care from hospital to home support for people with severe mental health issues.**



Service user Carl (see case study) below discusses progress with consultant psychiatrist Ihsan Kader (centre) and social worker Hilda Haddon, from NHS Lothian's intensive home treatment team (pic: Chris Watt/UNP).

Project details

● **Name of service:** NHS Lothian intensive home treatment team.

● **Aims and objectives:** To reduce admissions and readmissions to hospital and support early discharge.

● **Cost:** £1.6m since October 2008.

● **Number of staff:** 26, including nurses, psychiatrists, OTs and social workers.

● **Number of service users:** The team saw 1,588 people between October 2008 and December 2009, 543 of whom received intensive home treatment.

● **Outcomes:** 93% service users reported improvement during IHTT care and there was a 24% decrease in acute hospital admissions between October 2008 and December 2009.An award-winning project in Scotland is shifting the balance of care from hospital to home support for people with severe mental health issues, reports Louise Hunt

An alternative to hospital admission for people with severe mental health problems is helping to speed recovery and reduce pressure on health and social care services.

NHS Lothian's intensive home treatment team (IHTT) is Scotland's only 24-hour home support service. Last November it was named the Royal College of Psychiatrists' team of the year.

Launched in October 2008, it builds on the work of the intensive home treatment teams established in England, and embraces the ethos of treating people in the community. "Some people do need to be treated in hospital, but others, provided they are safe, can be maintained at home in a comfortable environment," says IHTT consultant psychiatrist Ihsan Kader.

This team provides a seven days a week. Service with a dedicated consultant input, Patients are seen within a day of referral,

The team of 26 consultants, doctors, nurses and two local authority employed social workers is spread over two sites. Most visits are done in pairs, depending on the expertise needed, and can take place up to three times a day, lasting an hour on average. The average length of contact is three-and-a-half weeks. "The team sees five to six people at any one time so you can build a good relationship with them," Kader says.

The treatment approach is making a significant difference to patient recovery times because it is less disruptive to their lives than hospital admission, adds Kader. The average length of stay in hospital for patients with severe mental illness is five to six weeks, and there is usually a period of readjustment when they return. However, those being treated by the IHTT can, to an extent, continue normal daily activities at home. Feedback surveys show most patients and carers are satisfied with the service.

Since the IHTT launch the balance of care has shifted from hospital to the community, resulting in fewer admissions and readmissions.

"We have managed to reduce the number of people being admitted involuntarily because there is another option," says Kader. "Two years ago they wouldn't have another option if they needed intensive mental health care."

When people are admitted to the Royal Edinburgh Hospital, the IHTT works with staff and patients to achieve early discharge, and has reduced by a week the average stay.

Although it will take some time before the cost savings from reduced admissions are quantified, the wards are already benefiting from being relatively quieter, which means better patient care.

The service is also having a positive impact on social services. The two IHTT social workers employed by Edinburgh Council attend daily meetings to discuss patients' needs.

David Hewitson, social work manager for Edinburgh Council and the IHTT, says the service is easing pressure on social services: "Crucially, the team is picking up people whose lives are in distress because of mental illness. Because they are picked up by a medical team and social workers, they receive lots of practical support, such as sorting benefits, that would otherwise have led to chaos and more likely a referral to community services."

2. How long would you wait? Cornwall Partnership FT

The initiative

The How long would you wait? campaign was set up to raise awareness of psychosis and urge family, friends and work colleagues to reach out to help by intervening early.

The campaign aimed to:

- Increase referrals to the early intervention team;
- Meet commissioners target for first episode cases;
- Create a psychosis health promotion post;
- Make links with relevant stakeholders to increase awareness of the service;
- Attend main public events to raise awareness;
- Set up rolling awareness programmes where possible.

A striking, two minute underwater film was filmed at a local swimming pool. The film was designed and produced by a crew of young men who have experienced psychosis. It features submerged characters waiting to be rescued, to symbolise the way in which a person’s reality can change when they experience an episode of psychosis.

The film was promoted virally through Facebook, Twitter and YouTube. It was also available on a standalone website — howlongwouldyouwait.com

A series of eight postcards were produced and distributed throughout the county to direct people to the website and provide referral contact details.

The campaign was also promoted with a radio feature and two hour phone in session with BBC Radio Cornwall on the

subject of psychosis.

Benefits

The campaign resulted in increased referrals to the early intervention team:

- Between August 2009 and March 2010 there were 91 referrals, whereas in the period August 2010 to March 2011 there were 146.

The PCT's target was 64 new confirmed cases for the campaign — in fact 73 cases were confirmed.

Financial implications

A financial incentive was applied by commissioners to meet the referral and confirmed cases target. The project's success earned the trust £150,000. After taking into account the set up and running costs, an 858% ROI (return of investment) was achieved giving an actual gain of £134,342.

3. **Proactive intervention to enhance recovery (PIER) project — engaging the web 2.0 generation about psychosis Surrey and Borders Partnership FT**

The initiative

The aim of the initiative was to involve young people (aged from 14–35 years) who are experiencing psychosis in designing and creating original resources — including a new online platform — to make information about the condition more accessible to this age group.

A recent survey of people who use the Early Intervention in Psychosis (EIIP) service and their carers reported a lack of easily accessible information about the help available in the local area and about psychosis in general. They also felt frustrated at not being involved as they could be in shaping their local service.

Our objective was to reduce the duration of untreated psychosis and cut the number of hospital admissions by making more young people aware of mental health issues and enabling them to make more informed decisions. We also wanted to improve the service user experience and embed leadership, innovation and user involvement within EIIP and the trust in general.

The PIER project addresses recommendations in the national mental health strategy, *No Health without Mental Health* that calls for a shared understanding between people who use services, carers, professionals and the wider community in relation to health promotion and early intervention

A group of people who use services, carers and professionals was recruited in May 2010 to meet on a bi-monthly basis to create and develop ways to make information about psychosis more accessible to the wider community.

Together they reviewed research evidence and literature on cultural health inequalities before discussing their creative ideas. The group decided on the microsite idea and developed the design style and content, even the text, with the in house team.

They agreed that videos with professionals from the team and people who use the service would be more personable, a "psychosis wiki" could explain some of the "jargon', and blogs would convey people's real life experiences.

Consent forms were drawn up and then case narratives and videos developed in partnership with students from the University of Surrey. Leaflets, posters and

exhibition display banners were produced to promote the site and in March 2011 the website went live.
The team distributed materials to local health, social care and community organisations and attended events such as the University of Surrey health fair.
In June a dissemination report was showcased at the PIER conference and videos uploaded on the site.

Benefits

Performance has been measured by completing a comparative study before and after the project to look at its impact on the number of referrals to EIIP; referral pathways and any changes to number of self referrals; duration of untreated psychosis; and hospital admission rates.
The number of referrals has significantly increased with a 50% increase in April 2011 as compared with April 2010. In addition, a 75% reduction in admissions to acute inpatient units has been achieved (with a 50% reduction in formal admissions — sections — under the Mental Health Act.)

Research carried out within EIIP showed that the average duration of untreated psychosis was 90 days (the general average is 98 days) but since PIER project's initiative this has fallen to an average of 35 days.

In the three years prior to launching the website, the service only received one self referral. We have already had three in three months. And while detailed feedback surveys are currently in progress, anecdotal feedback on the project so far has been positive.

Financial implications

There was no outright financial outlay from the trust, other than the time of those involved. The PIER project used in house experience and expertise to produce many of the resources, including the microsite itself.

Other items were funded from a £10,000 bursary from the National Leadership Council as one of six "Emerging Leader Projects'.

These funds were used to produce a follow up PIER project conference and items to promote the site — such as three promotional videos, leaflets (including one in Nepalese to meet local demand), posters, display banners, t-shirts, pens etc.

This was essentially a year long project, starting in May 2010 — with tangible results recorded by the PIER conference in June 2011 — although the website will continue to be updated so will continue to reap rewards for very little financial outlay.
While we don't have a figure for the saving to the trust in reduced admissions and enhanced recovery rates, we can say that peer reviewed studies show that less use of emergency
and inpatient services results in more cost effective illness management and can lead to up to £290m in annual savings at a national level.

Contact

4. Mental health gateway workers: promoting positive mental health

Cardiff and Vale University Health Board

The initiative

The aim of the gateway workers (GWW) is to bridge the gap between primary and secondary care utilising a stepped care approach. The GWWs ease access to and choice of effective psychological interventions with referral into specialist services if needed. Before the initiative was set up in 2008 primary care professionals felt their patients were getting a poor service from secondary care, and the community mental health teams (CMHT) felt referrals were sometimes inappropriate. Funding was secured to extend the existing primary care liaison worker

post into a dedicated service with three fulltime GWWs and a clinical nurse lead.
The service offers: • Triage assessments for routine mental health concerns; • Stepped care interventions; • Stress management courses' • Solution focused interventions.
The gateway workers needed a range of specialist skills to be able to undertake comprehensive assessment of mental health, recognise serious mental illness and ensure that people needing highly specialised care can access the appropriate service. A training programme was devised that included: • Motivational interviewing; • Solution focused work; • Bibliotherapy prescribing; • Accredited mental health first aid training; • Stress management training.
The client group is the combined adult population of 14 GP surgeries. Treatments are offered to adults and 16–18 year olds not in full time education who have been identified as experiencing mild to moderate mental health problems.

Benefits

GPs were asked to give feedback on the introduction of the GWWs, comments included:
• "The gateway service is easily accessible to both GP and patients. For patients it is a lot less daunting to attend a familiar place with staff known to them in their local area. As a result some patients who have always declined referrals to CMHT have been able to engage with the service";
• "The services are timely and save the wait for an appointment with the CMHT" .
Patient feedback included:
• "It was good knowing that I had a full hour's consultation. It gave plenty of time to explore some very difficult issues";
• "I attended an evening class run by a GWW, which I found very helpful, explaining ways to relax and prioritise everyday occurrences" .
• "The GWW had different ideas for me to try. I would not have got better without the support of the GWW"

Financial implications

Cost savings were difficult to measure over the short period that the pilot has been in operation. However, there was anecdotal evidence that GPs now only refer the most serious cases to the secondary services.

5. Advice on Prescription: a partnership approach to improving mental health and wellbeing

NHS Halton and St Helens

The initiative

Advice on Prescription is a joint initiative run by NHS Halton and St Helens, Halton and St Helens Health Improvement Team (HIT) and the Citizens Advice Bureau (CAB).
Many people when feeling a change in their mood go to see their GP seeking a medical approach when a problem solving approach may be more appropriate. The aim of the initiative is to fasttrack people visiting their GP who have mental health problems due to social welfare issues into more appropriate support services than psychological therapies. Upon identifying a suitable patient, the GP refers into CAB services. Within 24 hours of referral a debt advisor rings the patient to assess which CAB intervention is required.

The initiative was undertaken to improve patients' experience of service delivery when experiencing distress. It is often this distress that a clinician identifies with and may refer to secondary care mental health services. These services often have assessment and treatment waiting times, which can result in the patient's condition deteriorating into a more severe state along with their social welfare issue.

The health improvement team's mental health improvement specialist worked alongside the CAB to produce the necessary materials and to promote the pilot project to selected GP practices, single point of access staff and psychological therapies to ensure their participation.

Benefits

The initiative is ongoing in a number of selected GP practices but an interim evaluation has been undertaken between February and April 2010. Within this period 35 referrals for debt advice were made. Significantly, two people referred had been under the care of the crisis team due to suicidal intent. Through receiving debt advice and support their risk was eliminated.

The key benefits of the initiative are in:

• Reducing patients' anxiety/depression by offering a service that is responsive to their needs;

• Supporting primary care professionals during highly emotive consultations with a social prescribing problem solving, rather than a medical pharmaceutical, approach;

• Making full use of PCT funded debt advisors within the CAB to reduce mental health services costs. After the 12 week period ended we gathered qualitative feedback from staff who referred to the scheme. The general theme was about the time it saved practitioners and the appropriateness of it as an intervention:

• "Saves time, gives people the opportunity to speak to experts within that field";

• "Will make my work a lot easier — reduces time spent, chasing round researching what's available";

• "Knowing I could speedily refer my patient into CAB and then onto a depression group made me feel confident I had done my best as the main problems will be addressed and then the mental health work will probably have a bigger impact";

• "by accessing the scheme and support so quickly my gentleman went from being a suicide risk and needing crisis support to having no suicidal intent".

Financial implications

The PCT provided funding to the CAB for six debt counsellors for three years and resources for referral materials at a total cost of £300,000. The HIT team performed an analysis to determine whether the project had an impact on the level/step of mental health intervention their patients received (as a proxy for cash releasing savings). They found that within a 12 week period, 38% of referrals resulted in a step down of mental health intervention and that 50% of these were discharged from mental health services completely.

Information pack 6.2 – Local Best practice

The Community mental health teams in Hillingdon undertake a range of interventions to help people recovering form a severe mental illness. These make use of the Borough's leisure, library and adult education services. Through various individual and group activities staff support people back into main stream activity and make direct links between physical and mental wellbeing. Examples of these will be provided by officers at the September 11th meeting as well as the following:

1. CNWL Recovery College

Hillingdon patients are beginning to benefit form the new CNWL Recovery College. The College is based at Central and North West London NHS Foundation Trusts headquarters near Warren Street and is an innovative educational facility, providing recovery focused education for people with mental health issues and those in receipt of addictions and learning disabilities services, their supporters, families and Trust staff. The college operates a 'hub' and 'spoke' model and offers courses across five of the London boroughs that health services are delivered in.

The college first opened its doors in January 2012 and delivered a range of pilot courses in its first term. The success of the pilot has meant that the CNWL Recovery College was launched as a permanent fixture in April . The college has developed a curriculum of recovery courses which are co-produced and co-delivered by Peer Recovery Trainers (people with lived experience of mental health problems) and Recovery Trainers (mental health practitioners) in recognition of the value of both kinds of experience. Trust service users and staff will have a range of opportunities to learn alongside each other.

The College is part of the redesign of services that places greater emphasis on recovery and to put service users at the centre of our work. This is being achieved by having service users and staff co-producing, delivering and attending the courses together, learning together and, where applicable, challenging outdated practice and thinking".

Recovery describes the personal journey people with mental health problems take to rebuild and live meaningful and satisfying lives. A key feature of recovery-focused mental health services is the adoption of an educational and coaching model, rather than solely a therapeutic model of services. The aim of the CNWL Recovery College is not to replace opportunities and resources already available in the local area, but to complement them.

Waldo Roeg, a Peer Recovery Trainer at the CNWL Recovery College said:
"For me the chance to work in a truly co-productive way in the co-productive environment of the CNWL Recovery College has played a big part in my own recovery journey. I really believe it is the same for my peers and for the people who attend".

- Central and North West London NHS Foundation Trust (CNWL) is one of six demonstration sites for the national Implementing Recovery Organisational Change (ImROC) project developed by the Centre for Mental Health and the NHS Confederation to support mental health services to become more recovery focused.

- Educating people about their conditions and how to manage them are important components of National Institute for Clinical Excellence (NICE) guidelines and a core NICE standard of service user experience of adult mental health services.

Courses Available are as follows

Understanding mental health difficulties and treatment
Understanding a diagnosis of depression
Understanding self-harm
Understanding a diagnosis of psychosis
Introduction to personality disorders
Understanding your medication

Rebuilding your life
Introduction to recovery
Recovery and social inclusion
Taking back control
Introduction to managing stress
Introduction to mindfulness
Telling your story

Developing knowledge and skills
Employment: recovery in action
Getting the best from your ward round
How to organise and chair meetings
Better thinking about money
Personalisation in mental health

2. The Placement Efficiency Project

The CNWL Placement Efficiency Project (PEP) has been introduced into Hillingdon to help address:

- the continued over reliance on residential and nursing home care; and
- reduce the costs of institutional care where community options are not immediately appropriate for the individual

The project had already successfully made efficiencies on placements for 5 of its commissioners. The project was extended to develop an Adult Social Care Hillingdon work-stream to primarily make efficiencies on a prioritised named patient list in existing placements and improve systems and processes. The PEP had also been shortlisted for the health services Journal annual awards.

As well as financial efficiencies, the PEP has supported LB Hillingdon to achieve the following during the project year:

An ongoing system of planned and regular reviews of out of area and in borough placements.

Working towards a clear plan and outcomes for each placement.

Raised awareness of the costs and quality of placements as well gaps.

Supported the development of the Hillingdon Complex Care panel

Application of CFC in identified mental health placements

PEP specialist clinical resources identified to support the process.

Good working relationships between clinical and finance.

Monthly PEP/LBH meetings (Regular communication around placements between CNWL and LB Hillingdon through monthly monitoring meetings

The principal savings to date have been achieved through tighter and more structured reviews of current services users through a combined team of social workers and nurses. The intention is to expand into other areas necessary to sustain change, in particular supporting cultural changes in the approach of all front line staff to consider more rigorously alternatives to institutional care

The project is planning to make savings in Council-funded mental health placements of £336,000 in the current year. By the end of July it had achieved savings of £179,173 – 53% of its projected total.

Appendix 7

Methodology

First Committee / Witness Session: 11th September 2012

The first session (including an officer background report) provided an overview of adult community mental health services in Hillingdon. It also examined how services were delivered in partnership with CNWL. The witnesses included:

- Sandra Brookes - Borough Director CNWL
- Joan Vessey – Acting Borough Director, NHS Hillingdon
- Fiona Davies – NHS Hillingdon
- Alan Coe - Mental Health Consultant, working for the Social Care, Health and Housing Department

Second Committee / Witness Session: 9th October 2012

The second session examined the opportunities for enhanced partnership working with both external partners and also internally between different Council departments. The witnesses included:

- Sandra Brookes - Borough Director CNWL
- Fiona Davies – NHS Hillingdon
- Alan Coe - Mental Health Consultant, working for the Social Care, Health and Housing Department
- Angela Manners – Rethink
- Diego Duarte – Rethink
- Jill Patel – Hillingdon MIND
- Khalid Rashid (Housing, Customer Management Team – Manager)
- Herbie Mann (Housing Options – Team Leader)
- Sinead Mooney (Older People, Housing Services – Housing Manger)

Site Visit: 1st November 2012

During this site visit, the Committee visited the social group run by Hillingdon MIND based at the Mead House Adult Community Mental Health Centre resource. This provided Councillors with an opportunity to hear about local service provision from staff and service users in an informal setting.

The Committee also visited the Mill House Adult Community Mental Health Centre. CNWL staff provided the Committee with an overview of the ‘recovery journey’ and the services available to service users as well as the important on going work being conducted to provide service users with the necessary support and advice to assist them back into the workplace.

Site Visit: 2nd November 2012

During this visit, the Committee visited the gym at the Riverside Adult Community Mental Health Centre to hear about the relationships between physical and mental health and the types of activities which were available to service users.

The Committee also heard from the Uxbridge Bike project[4] about the skills this project developed as well as the positive social and networking skills this scheme provided.

Third Committee / Witness Session: 7th November 2010

The third session provided service users with an opportunity to provide their views on Adult Community Mental Health Resources and for the Committee to learn first hand about what was working well and where there was scope to improve services. The witnesses included:

- Witness A, a service user
- Witness B, a service user
- Witness C, a service user
- Robyn Doran - CNWL
- Sandra Brookes - CNWL
- Fiona Davies – NHS Hillingdon
- Linda Sanders - Director Social Care, Health and Housing
- Alan Coe - Mental Health Consultant, working for the Social Care, Health and Housing Department
- Dr Ellis Friedman – PCT / LBH Director of Public Health

Fourth Committee: 11th December 2012

The final meeting enabled the Committee to review a draft framework of the final report and to alter, amend and propose new recommendations to be included in the final draft report.

Site Visit: 12th December 2012

The purpose of this visit was to enable the Committee to hear the views of carers in relation to Adult Community Mental Health Provision. To do this the Committee visited the Rethink Carer's Group, based at Hayes Methodist Church, Hayes End.

Appendix 8

Asian Support Groups

Dosti: Asian Befriending Scheme
Volunteers provide 1-1 support in clients first language, e.g. Hindi; Punjabi; Urdu; Gujarati and Bengali

Aasra: A support group for women with Depression and Anxiety
Eevery Tuesday 10-12noon
Mead House
Hayes End Road, Hayes, UB4 8EW

Sahara:A support group for people with long standing Mental Health issues
Every Wednesday 10-12noon
Mead House
Hayes End Road, Hayes UB4 8EW

Sam-Milan: Drop-in for users and carers. We offer social contact, mutual support,information and advice.We conduct outings and celebrations of various cultural events.
Every Thursday 10-12noon
Pembroke Centre
90 Pembroke Road, Ruislip Manor, Ruislip.

Appendix 9

Housing Support Services and Provision

Housing Support

The service is designed to help clients with advice and support in the following areas:

- Help with setting up their new home
- Help to understand official letters and documents including their tenancy conditions
- Help maximising benefit claims, budgeting, paying bills including rent, arrears or any other debts
- Help to settle into their new community and to access local services including linking in with specialist support
- Helping clients to learn how to look after their home, including for some getting a handy person service
- And much more but it is NOT hands on personal, clinical or health care, or professional counselling.

Community Housing- Managing tenancies:

- Community housing provide support and advice as well as taking appropriate enforcement action to resolve any tenancy and neighbourhood issues
- Refer tenants onto appropriate services including ILSS, community safety team, social services etc; to ensure appropriate support is offered
- Joined up working with key services such as mental health.

Tenant Support

- 90% of tenants have a form of vulnerability
- Common causes for tenancy failure during the probationary period are rent arrears, ASB
- Probationary/secure tenancies
- New tenant visits
- Tenancy verifications.

Sheltered Housing

- Residents to have the choice to live safe, healthy, independent lives in supportive schemes
- Age 60 plus
- 21 sheltered schemes across the Borough
- Daily presence of a scheme manager
- Focus on activities and support

Extra Care Housing

- Residents have their own self-contained flat, with the reassurance of 24 hour on site care and support services
- Excellent shared facilities, including a café and dining area, lounge, garden, shop/kiosk, activity space, laundry and hairdressing.
- Independent living for over 55’swith a range of physical, sensory and learning disabilities

Appendix 10

Site Visits held on 1 and 2 November 2012

Mead House – Themes Emerging:

The councillors visited the social group run by MIND which they use the Mead House premises for.

General Perceptions

- Mead House (MH) was a popular service
- Most service users attended MH several days per week
- The service catered for a wide variety of age groups
- MH activities included a pool table and free wi-fi access to the internet
- MH staff and MIND staff were well liked and often knew service users histories and so service users felt confident to interact with them
- MH provided a safe environment in which to meet people and make new friends. This was extremely valuable, as mental health issues could make people feel socially isolated.
- The overriding feeling was that 'everyone was in the same boat'. There was no stigma attached to mental health amongst those attending MH.
- MH provided lunches and the proceeds from these covered costs. Any surplus money was saved towards activity days - i.e. hiring a mini bus

<u>Travel</u>

- Most service users travelled by foot, as they could not use public transport as this was too stressful. Others used Dial a Ride or taxis

<u>Weekend Provision</u>

- MH closed over the weekend. Most service users expressed the hope that MH could remain open over part of the weekend. However there were cost considerations and limited staff resources to consider
- Service users explained that their health could decline over the weekend due to feelings of isolation and minimal social contact. MH provided structure to some service users days when it was open during week days
- Service users were aware there was weekend provision based at the Pembroke Centre in Ruislip Manor. However this was difficult to get to as there were travel, cost and time issues to consider. Travelling to provision in the north of the borough was not an option for those service users which could not easily travel by public transport
- In addition, if a person was in crisis, service users were aware they could contact a key worker or a duty officer. Experiences were mixed and some of the advice provided to service users could have been more constructive.

Service User Experiences

- In periods of crisis there were high levels of contact with key workers.
- When service users were not in crisis there were long periods without any contact. Service users were concerned that this meant that key workers or care co-ordinators were less likely to be able monitor their health effectively or be in a position to note any changes to their mental health needs and be less likely to react to triggers

- Triggers were factors which might result in changes to mental health needs:
- Anniversaries, the Christmas holiday period, apprehension about benefits or housing applications or the forthcoming changes to benefits
- It was noted that currently if a person required assistance with Housing needs the onus was on the service user to request help. It was suggested that if this were changed and a basic assumption was made that everyone needed help and all the service user needed to do was decline this, there would be less likelihood of people 'falling through the net'.

Mill House – Themes Emerging

- **The recovery process** involves all mental health services. It is based in the community and involves the service user's family
- The recovery process can be likened to diabetes (as a physical issue) in the sense that mental illness is something someone may never fully recover from, it is lived through on a day by day basis but those affected can continue to live a full life
- The recovery process is service user led and the service user is encouraged to define what recovery means to them. Service users are at the centre of the process
- Whereas the medical model (to mental illness) is to suppress (control and manage) symptoms, the recovery model examines what the service user can do rather than what they cannot and looks at their skills, dreams and aspirations

The Recovery College

- Plays an active role. This based on a WRAP (Wellness and Recovery programme) group which began in the United States by a service user
- Staff are currently undergoing training but it is hoped courses will be running from the New Year on: introduction to managing stress, telling your story, getting the best from your ward round and 'a good nights sleep'. More courses will be run in the future.
- Recovery College training is available to all staff. Carers can go these courses too.
- The Recovery College and Well Being Group run a an 8 week course- run by Occupational Therapists from the Rehabilitation Unit, Nurses from Rehab and Service Users
- The purpose of the course is to assist service users put a recovery plan together. **Recovery plans** can be shared with friends, family and carers. These are useful tools as they can be used to:

1. spot early warning signs
2. they look at the resources required to manage the service users condition
3. look at relapse signatures.
4. the factors that have been helpful in past periods of crisis
5. post discharge conditions and the environment the service user will enter
6. assist service users with their CPA (Care Programme Approach)

- Each week, service users will meet in small groups to complete their recovery plans and speak to the group about how they are recovering and their recovery journey.

- CNWL know this approach is effective from service user feedback

Dual Diagnosis (drugs and alcohol)

- This is one of the largest challenges today as both are readily available and offer escapism (albeit for a very limited time). People with mental health issues are vulnerable and sometimes isolated and therefore can be easy targets for those who sell drugs. Joint working with HDAS and the dual diagnosis worker support these individuals
- Compliance / non-compliance with medication. Service users in crisis have been known to 'disappear' and reappear several days later with little or no recollection of events. The challenge is to improve the local support systems.
- Sometimes service users who have been well for long periods decide to stop their medication as they feel that they are better and no longer require the medication
- Members commented that a large part of the (recovery) challenge related to changing people's mindsets
- To help people move on - At present, the role of staff is to 'carry the hope' for the service user and help service users move from a pre-contemplative stage to contemplation
- In response to a question about whether there were enough mechanisms to help people progress. Members agreed that a number of small incremental steps were required to help people toward independence. However it was vital that there were support networks in place

Employment

- Individual Placement Support Model is used to help people back into paid roles. These are people who have previously worked, returned or are new workers
- The support CNWL provide to service users is not time limited
- CNWL liase with the Council, benefits team and other agencies to assist service users.
- CNWL also sign post useful services, can assist with ICT training and help service users access the resources at local libraries. CNWL encourage service users to incorporate positive statements into job applications highlighting the positive contribution the applicant can make and underlining the support networks they have. If a service user is successful and is invited to interview, CNWL staff can assist in role paying to enhance people's interview skills.
- A considerable amount of time and effort is spent by Occupational Therapy staff into preparing clients for work. Activities include: building service user confidence, anxiety management, graded returns to work and assistance with using public transport. The long term goal is paid employment.
- Numeracy and literacy are key skills. Often, these require some work as part of the service user's long journey back to work.
- Of 55 referrals by CNWL in 2011/12 – 14 had positive outcomes (paid employment, volunteering or returning to education – target was 12 outcomes).
- Since April 2012, there have been 21 referrals

- CNWL'S role includes building a relationship with The Job Centre and local partners including: Green Acres, OEA representatives, Rethink, Employment Link and linking the Chamber of Commerce to local colleges and Universities

Get into Reading

- Service users meet in small groups and read a short chapter / section from a book or a poem.
- The shared reading experience aims to link the issues highlighted in novels to real life events
- It is hoped these CNWL groups can restart from January 2013.
- Reading groups aid concentration and literacy skills and are also about using a medium of self-expression and providing a united experience. They also provide social networks.
- The aim is to have service user led groups in the community
- Other creative groups might include art, music and drama

Site Visits to Riverside Gym and the Bike Project, 02 November 2012

Members in attendance:
Cllr Sukphal Brar
Cllr Peter Kemp
Cllr June Nelson
Cllr John Jackson

Riverside Gym

- Time was spent discussing the benefits of the gym and the five-aside football teams the rehab service supports.
- Football offers not only a social activity, relieving isolation and encouraging fitness, but also a career path as a number of participants go on to qualify as football coaches

Bike Project – Uxbridge

- The re-cycle a bike project in Uxbridge centre is an innovative and creative scheme recycling and repairing bicycles.
- The workshop enables service users, local students and other unemployed people to become skilled in bicycle maintenance and repair and supports them to go on training courses.
- The project is integrated in the community and fulfils a much-needed role as there is no other specialist bike repair store in the town.
- The project has linked in with several local partners including the police, Brunel university and Healthy Hillingdon
- Both projects had funding difficulties. Members suggested ways in which the football teams might access various sources of funding to assist with pitch hire etc.
- The bike project has received funding from selling bikes, a market stall, fresher's fair at Brunel and the LCC (London cycling campaign)

- The bike project also has a location difficulty as it is situated in a very small rent free workshop. However due to its popularity the scheme has outgrown its premises as they have over a dozen volunteers working every afternoon. The project was hoping to get assistance to help find larger premises.

Further discussion points

- How to jointly work together to reduce the stigma of mental illness
- Promoting good mental health in all citizens in the borough
- Supporting those with mental health issues to integrate into the community and feel supported to do so by all staff. How we promote social inclusion in the borough.
- Provision of a range of venues throughout the borough to run Recovery courses.
- A central point in the borough for Recovery (our own satellite recovery college)

Appendix 11

Site Visit to Hayes Methodist Church, Rethink Carer's Group
12 December 2012

Social Services, Health and Housing Policy Overview Committee

Members in attendance:
Cllr Judith Cooper
Cllr Patricia Jackson
Cllr June Nelson
Cllr John Major
Cllr Mary O'Connor

Mead House – Themes Emerging:

The councillors visited the carer's group run by Rethink which they use the Church premises for.

The following views were expressed:

- Communication difficulties
- Lack of information on medication and side effects
- Attitude of psychiatrists
- Poor continuity of care
- Difficult to re-engage with the service
- Poor support in a crisis
- Good care co-ordinators highly valued
- Concerns and complaints receive no response
- Care co-ordinators not allocated
- Worry about care of loved ones after the carer has died
- Poor attitude of staff and lack of information in the inpatient unit
- High staff turn over
- Ineffective crisis service
- Better publicity of services

Appendix 12

Witnesses and contributors to the review

- Robyn Doran - The Director of Operations and Partnerships, CNWL
- Sandra Brookes – The Borough Director and Service Director Assessment and Brief Treatment Service Line
- Joan Vessey – Acting Chief Operating Officer, NHS Hillingdon
- Fiona Davies – Joint Commissioning Manager, NHS Hillingdon
- Dr Ellis Friedman – PCT / LBH Director of Public Health
- Linda Sanders - Director Social Care & Health
- Neil Stubbings – (then) Deputy Director Social Care & Health
- Moira Wilson – Deputy Director Social Care, Health and Housing
- Alan Coe - Mental Health Consultant, working for the Social Care and Health
- Andrew Theideman – Interim Service Manager
- Khalid Rashid (Housing, Customer Management Team – Manager)
- Herbie Mann (Housing Options – Team Leader)
- Sinead Mooney (Older People, Housing Services – Housing Manger)
- Angela Manners – Rethink
- Diego Duarte – Rethink
- Jill Patel – Hillingdon MIND
- Graham Hawkes – Hillingdon LINK
- Witness A, a service user
- Witness B, a service user
- Witness C, a service user
- Mead House Staff – Cherry Hall, Hillingdon MIND
- Service Users – Mead House
- Key Staff at Riverside Resource Centre – Nick Gore, Sports Technician
- Key Staff at Riverside Resource – Hannah Pall, Senior Occupational Therapist
- Nick – from the Uxbridge Bike Project
- Key Mill House Staff – Katherine Simms, Lead Occupational Therapist / ABT Service Line
- Key Mill House Staff – Brenda Proud, Specialist Occupational Therapist
- Key Mill House Staff – Kosar Khan, Senior Occupational Therapist
- Key Mill House Staff – Poonam Gadher, Occupational Therapist
- Members of the Rethink Carers Support Group, based at Hayes Methodist Church, Hayes End