

SLOUGH BOROUGH COUNCIL

REPORT TO: Health Scrutiny Panel

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WARD(S): All

PART I **FOR COMMENT & CONSIDERATION**

PREVENTIVE MENTAL HEALTH SERVICES IN SLOUGH

1. **Purpose of Report**

This report provides the Health Scrutiny Panel with information on local initiatives and commissioned services to promote mental wellbeing and prevent mental ill health. The report is submitted in response to a question raised by the Panel regarding the status of preventive services in Slough, as opposed to services provided in response to a crisis or established mental health need.

2. **Recommendation(s)/Proposed Action**

The Panel is requested to note and comment on any aspects of the report.

3. **The Slough Joint Wellbeing Strategy, the JSNA and the Five Year Plan**

Improving mental health and wellbeing is one of the key priorities within the Slough Joint Wellbeing Strategy 2016-20. The Strategy notes the prevalence of mental health problems, with 1 in 4 people likely to be affected at some point in their lives. It also highlights the growing trend of social and lifestyle stresses impacting upon wellbeing, with a corresponding increase in problems ranging from mild anxiety through to depression and psychosis. The Strategy also highlights the heightened risk of social exclusion, unemployment, poor housing, isolation and poverty for people with a serious mental illness, alongside the risk of poor physical health.

This report focusses on preventive services for adults, however, parental mental health and wellbeing is noted within the JSNA as providing a positive start to support children and young people to develop well.

Perinatal mental health identified as a key issue nationally and particularly relevant to Slough's population profile, with 300 women expected to require support each year.

Loneliness and isolation, particularly for older residents is noted as a key issue impacting upon health and wellbeing.

(a) Slough Joint Wellbeing Strategy Priorities

Slough Joint Wellbeing Strategy (SJWS): Priority 3: Improving Mental Health and Wellbeing.

The strategy notes the imperative to actively promote opportunities to improve mental wellbeing, particularly as a large proportion of residents do not seek help despite high levels of mental illness in Slough. Slough's ambitions to both prevent mental ill health developing, as well as respond effectively to any emerging mental health problems is noted as a key ambition.

(b) Five Year Plan Outcomes

Outcome 2 of The Five Year Plan 2017-21 describes how communities will be engaged in initiatives to support Slough residents to become healthier and to manage their own health, care and support needs. This will be done with recognition of inequalities which can impact upon health outcomes, as well as an understanding of the wider social determinants which can impact upon health and wellbeing.

4. Other Implications

(a) Financial

There are no immediate financial implications arising from this report, as it details services which are currently provided through existing commissioning arrangements.

(b) Risk Management

This report is for information only and there are no immediate risks to be considered.

(c) Human Rights Act and Other Legal Implications

There are no Human Rights Act Implications. All services are provided with respect to individuals' rights and preferences. Legal frameworks including Mental Capacity Act 2005 and Mental Health Act (1983, amended 2007) are applied where indicated.

(d) Equalities Impact Assessment

Equalities Impact Assessment is applied to all commissioned and established services where they are formally provided or commissioned by Slough Borough Council or Slough CCG.

(e) Workforce

An ongoing challenge to mental health service delivery is the shortage of appropriately qualified and /or registered health and social care practitioners, which is well known locally and nationally. Community and voluntary sector initiatives are a crucial element of the overall preventative offer in Slough and increasingly opportunities are being sought for joint approaches and innovative workforce solutions. Peer mentors and 'Experts by Experience' are also key roles within the new workforce.

5. **Supporting Information**

The importance of prevention in mental health

- (a) There is a spectrum of services available to Slough residents representing a mix of both reactive and preventative services. It is difficult to quantify the balance of such services as much preventive work is done at community level without reference to formal mental health service provision.
- (b) Prevention is a crucial factor in creating sustainable modern mental health provision and is seen as the only way lasting change can be achieved. Prevention is a key foundation of current policy and legislation including the NHS Five Year Forward View 2016 and the Care Act 2014.
- (c) NHS England Mental Health Taskforce notes that 75% of people experiencing mental health problems are not using health services. This may be due to stigma, inadequate provision and people using their own resources to manage their mental health. In many cases, solutions are likely to be best provided outside mental health services, and the development of 'mentally healthy communities' depends upon contributions from, for example, workplaces, families, community groups and schools, and importantly with involvement of people with lived experience of mental ill health.

6. **Prevention Initiatives: national and local**

- (a) A Prevention Alliance was convened by Public Health England (PHE) in 2016, representing a broad spectrum of voices, including a strong representation from community sectors and agencies. The Alliance will continue to evolve, and the Mental Health Foundation has been commissioned to summarise the available evidence in relation to preventive mental health.
- (b) Public Health England is also leading on the development of a Prevention Concordat for Better Mental Health. Similar to the Crisis Care concordat, this will involve multi-agency stakeholders, and a key set of actions across a local area which are selected on the basis that they can make a lasting impact to prevention and mental health promotion.
- (c) Locally, Slough Public Health team has promoted many initiatives including training in Mental Health First Aid, access to MH4Life materials, and some local workplaces have signed up to initiatives such as 'Time to Change' a movement aiming to address stigma and discrimination for those experiencing mental illness.
- (d) In line with the Care Act 2014, 'Prevention planning' has become a key element of adult social care and mental health care, with advice and signposting to individuals to address primary and secondary prevention. This includes asset based conversations and an increase in the use of direct payments and personal budgets. Slough has successfully introduced this methodology alongside the Recovery College and which has allowed for bespoke learning opportunities to be developed and delivered.
- (e) Suicide prevention is identified as a key area for focus. Berkshire's multi agency suicide prevention strategy was developed in 2017, in line with the

requirements outlined in the Five Year Forward View for Mental Health, which identifies an aspiration to reduce suicide by 10% in all areas. Berkshire Healthcare NHS Foundation Trust (BHFT) has committed to the 'Zero Suicide' initiative, implementing a raft of actions to avoid preventable death by suicide and ensure that there exists effective learning opportunities in all cases. PHE and Samaritans have published prevention and post-intervention toolkits in March 2017. Some of Berkshire's suicide prevention initiatives will be presented at the Regional Suicide Prevention and Intervention (SPIN) conference in September 2017.

7. **Formal support and intervention for mild mental health conditions: Primary Care and Talking Therapies**

- (a) Most people with mild to moderate mental health conditions such as stress, anxiety or mild depression who seek formal help via their GP will be seen within primary care in Berkshire, there is a Talking Therapies service (formerly known as improving Access to Psychological Therapies - IAPT), commissioned by the CCG and provided by BHFT at primary care level.
- (b) Talking Therapies in Slough: Talking Therapies is a free NHS psychological service available to provide support and treatment for people with low mood, depression, anxiety, stress and phobias. The service is provided by Berkshire Healthcare NHS Foundation Trust and offers a range of NICE recommended treatments including Cognitive Behavioural Therapy (CBT) and Counselling for Depression. To help ease of access, people can self-refer via the website, telephone, email or text or they can be referred by their GP or health professional. All clients are assessed within 2 weeks.
- (c) In order to promote the Talking Therapies service there are leaflets and posters available in GP surgeries, local libraries and other community settings. A recent joint initiative with the Slough library service uses stickers publicising our service on books that are promoted through the Books on Prescription scheme. Stress management workshops where people can walk in and attend are advertised in local surgeries, on BHFT website, schools and pharmacists and are held as a rolling programme.
- (d) The Talking Therapies service is extensively promoted across the Slough locality. Slough GP's and local community groups are informed of service developments via regular newsletters and community and GP outreach opportunities and talks to introduce the service. So far in 2017 the service has participated in the following events:
 - Samaritans Wellbeing event on 16th February,
 - Slough Senior Citizens event – 20th January
 - Chalvey Community Centre – 20th April
 - Slough Curve library for Mental Health Awareness Week – 10th May
 - Godolphin School – presentation to PTA – 25th May
 - Slough Senior Citizens Event – 21st June
 - People, Potential Possibilities – 23rd June
 - Future plans for World Mental Health Day (10th October) are currently being planned and there will be stands and activity in the town centre.

- (e) Talking Therapies has worked hard to promote access to the service that ensures the diverse cultures are represented within Slough and many of the therapists are multi-lingual and come from a range of diverse backgrounds.
- (f) The number of referrals that have entered treatment has increased over the past three years as follows (*numbers based on those registered with a Slough GP*):
 - 2014-15 - 1910 Slough patients entered treatment
 - 2015-16 - 2305 Slough patients entered treatment
 - 2016-17 - 2385 Slough patients entered treatment
- (g) New services delivered by Talking Therapies this year – 2017 include:
 - Integrated services for those clients with a long term physical health problem and a common mental health problem have started in some surgeries to relieve distress and help improve well being
 - Health Makers run peer led groups for people who have long term health problems. These are co-facilitated by trained clinicians and volunteers who also have a long health problem.

8. Slough Borough Council commissioned services for MH prevention

Slough Borough Council commissioned Hope Recovery College in 2015 in partnership with BHFT. Hope College includes four pathways however the service user (student) chooses the pathway which they think is best for them.

The pathways include:

- (a) Recovery – The pathway aims to help students understand their mental and physical health issues and treatment options, teaching them how to manage their own difficulties.
- (b) Life-skills – The pathway includes social based activities to link students with the local community. This includes a weekly activity timetable.
- (c) Working Towards Recovery – The pathway is all about links to paid employment. It introduces the students to the Employment service in Slough, workshops designed to increase motivation to work and signposting information to the local community.
- (d) Peer Support - Pathway to enable clients to become peer mentors, support with co-developing and co-facilitating courses within the college, includes a 10 week training course run three times a year.

The College goes from strength to strength and during 2016-17 there have been; 658 enrolments in the college, 91 courses delivered, 31 trained Peer mentors, and 53 people back to work through the Independent Placement Service (IPS).

9. Support to MH carers

- (a) Carer Café being held once every 2 months – support from other carers and mental health professionals, opportunities for training, information, signposting, pampering, time out from caring.
- (b) Carer training programme – occurring twice per year on average – carers attend sessions around psychoeducation, understanding medication, healthy

living, substance misuse, communication skills, dealing with challenging behaviours, problem-solving, relapse prevention, coping with stress and carers' rights and welfare.

- (c) Carers are encouraged to attend Hope College courses and get involved.
- (d) Carer database being developed for those who have given consent – carers are contacted about events, training, activities etc. that are relevant both in Slough and the wider Trust area, and are also encouraged to participate in training e.g. being co-facilitators etc.
- (e) We are also working with the Carer Partnership Board in Slough to promote greater attendance and participation by carers there, as this will give carers a greater voice.
- (f) Carer noticeboards and reception noticeboards regularly updated with information, events, training, advice etc.
- (g) Working with the BHFT Carer Strategic Development Group on implementing the Carer Strategy.
- (h) Triangle of Care action plan has been updated and is being followed to improve the outlook for carers.

10. **Earlier intervention**

- (a) Early intervention in Psychosis (EIP) service was established in Berkshire with new investment in 2016. There is clearly established evidence to show that earlier intervention with this group delivers improved clinical outcomes, and NICE compliant pathways now available to Slough residents experiencing a first episode of psychosis. The interventions include biological, psychological and social interventions to support service users and families to better understand and manage the condition and support recovery.
- (b) The Berkshire EIP Service provides assessment and interventions for individuals experiencing a first onset of psychosis, during the first 3 years of initial onset. EIP are commissioned to provide a community based service, with the flexibility to provide in reach into mental health wards as required. The service was initially commissioned to work with those aged 14 to 35; from October 2015 the service extended this from birth to 65 years following national mandate as part of the Five Year Forward View.
- (c) National service delivery targets for EIP service have been set by NHS England and Department of Health:
 - 50% of those referred to receive NICE compliant treatments by April 2016, increasing to 60% by 2020/21.
 - The new EIP Standards require all EIP teams to have the capacity and competency to deliver the following NICE interventions as follows:
 1. CBT for psychosis
 2. Physical Health Assessments

3. Family Interventions
4. Wellbeing support
5. Management of clozapine prescribing
6. Carer focused education and support
7. Education and employment support

(d) The remit of EIP service has also recently been further expanded with provision to those deemed to have an 'At Risk Mental States' (ARMS) in order to prevent the emergence of psychosis

(e) Predicted Prevalence rate for Slough is 30.7 new cases of psychosis per year.

(f) Referrals

2016/17 – Slough total referrals 23, April 2017/18 =17 referrals to date.

2016/17 – Service total referrals was 142 against a prevalence rate of 128.7

(g) Across the service 86% of all referrals are assessed, allocated and started on a NICE concordant care package within 2 weeks.

11. **Perinatal Mental Health**

Currently since the CSDF (Community Services Development Funding from 1.1.17) the Specialist Perinatal Mental Health Service provides (county wide): Assessment (either telephone triage or face to face assessment) for new perinatal (pregnant or up to one year post-partum) referrals into secondary care mental health services including those for: Pre-conceptual counselling (women at high risk i.e. bi-polar disorder) and Concealed Pregnancy.

The service offers:

- (a) Assessment most often in the home environment, signposting to other services including 3rd sector and IAPT and community follow up.
- (b) Perinatal CBT for women open to the perinatal service most often in the home environment.
- (c) Access to Perinatal Psychiatrist and maternity planning for high risk women.
- (d) Advice, support and gatekeeping for professionals or teams providing care for women who require admission to Mother and Baby unit (MBU).
- (e) Advice and guidance to other MH teams with women open to them coming under the perinatal remit and training to colleagues and 3rd sector.
- (f) Moderation on SHaRON, SHaRON is a safe and secure social networking website, designed to support mental health recovery and is being used for maternal wellbeing, partners and carers subnets and in due course to birth trauma subnet.

As part of the funding the service also provides:

- (a) Access to medication advice either with the psychiatrist or our perinatal pharmacist

- (b) Perinatal Nursery Nurses
- (c) Trauma pilot (active)
- (d) Development of complex needs pathway (in discussion)
- (e) Maternity clinic pilot (commenced at WPH 8.8.17)
- (f) SHaRON lead to recruit peer moderators for SHaRON and increase referrals to peer support
- (j) 113 Perinatal referrals during 2016/17 for Slough

12. **Crisis and secondary care treatment services**

- (a) Crisis Resolution and Home Treatment Team (CRHTT) is a 24 hour service which serves the purpose of providing an alternative to hospital admission to those individuals who have been assessed and found to be going through a mental health crisis which would have otherwise required an admission to an acute mental health ward. The team also works with individuals to resolve any mental health crisis which could have led to an admission being required within a week.
- (b) The East CRHTT service covers the three localities within East Berkshire: Slough, Windsor/Ascot/Maidenhead and Bracknell.
- (c) The service consists of a crisis hub which takes referrals from the Common Point of Entry, from other parts of the mental health service, direct referrals for patients who have been under the care within the last 6 months or from their relatives/carers. We also take referrals from police, drug and alcohol services, probation services, the liaison and diversion teams, Wexham Park Hospital A&E liaison service, other local and national A&E liaison services. Out of hours, when the Common Point of Entry is not in operation, the CRHTT becomes the first point of contact to local mental health services.
- (d) The other parts of the CRHTT are locality specific home treatment teams which assures the day to day care for the service user who is being home treated as an alternative to hospital admission. The HTT also provides an option of early discharge for those service users who have been admitted to our local mental health beds
- (e) Mental Health Liaison – development of service based at WPH enabled through - increased investment from 2017 to achieve Core 24 Compliant service by March 2018. The new investment will include a component to provide short term support following presentation at WPH to support access to appropriate follow up treatments and prevent re-attendance.
- (f) CRHTT/HTT had 515 referrals during the period January-June 2017 and with an average case load of 564 patients at any one time for Slough.

13. **Parity of esteem**

Progress has been made to raise the profile of issues and Crisis Care Concordat had 14 points to address:

- (a) Matching local need with a suitable range of services
- (b) Mental Health Crisis Services Response Times

- (c) Responsive Ambulance Times
- (d) Improve Access to Support via Primary Care
- (e) Social Services Contribution to Improved Emergency Duty response Times
- (f) Improve CAMHs Alternatives to Admission and Access to Tier 4 Beds
- (g) Improved Ambulance Response Times for S135 & S136 Detentions
- (h) Improved Training and Guidance for Police Officers
- (i) Response from Community Substance Misuse Service Providers
- (j) Review Police use of Places of Safety under the Mental Health Act 1983 and Results of Local Monitoring
- (k) Develop further Alternatives to Admission (NHS & Local Authority)
- (l) Use of Restraint
- (m) Primary care response
- (n) Monitoring Progress and Planning Future System Improvements, some investment has been made but needs continued focus.

14. The 5YFV has increased funding to MH services in Berkshire and there are further opportunities being explored through the Frimley Health and Care Sustainability and Transformation Partnership. A MH work stream was recently launched to increase the profile of MH in STP planning and initiatives. The STP provides us with opportunities to develop preventive MH services across the Frimley footprint, in particular opportunities to improve the mental health service interface with primary care and in the integrated decision making hubs.

15. **Comments of Other Committees**

This report has not been presented to any other committee.

16. **Conclusion**

There has been significant national attention in recent years on the importance of prevention and earlier intervention, as well as the vital role played by the community and voluntary sector. This has been reflected in legislation and policy guidance. Recent investment has enabled the development and expansion of primary care level and preventive services; however the growing demand will continue to require ongoing innovation and creative approaches. One such approach is the recovery focused Peer Mentors, experts by experience inclusion strategy for building community capacity and resilience. Slough has achieved a high level of engagement and with excellent outcomes with the development of Hope Recovery College. This approach supports independence and a route out of mental health services. Evidence suggests this area of service delivery has proved so successful and has created a problem inasmuch that demand outstrips capacity of the service. All the indicators are that more investment in this area is required and which allows for movement through the treatment system. Historically secondary mental health services had little to offer patients at this stage of treatment and as such had limited discharge options for some of the most complex patients. The chosen methodology has opened up so much potential for the client group and including 53 people supported back in to work over the last 12 months.

17. **Appendices Attached**

None.

18. **Background Papers**

None.