SLOUGH BOROUGH COUNCIL

REPORT TO: Hea	alth Scrutiny Panel DA	ATE: 18 th January 2018
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CONTACT OFFICER: Geoff Dennis, Head of Mental Health Services

(For all Enquiries) (01753) 690590

All

WARD(S):

<u>PART I</u>

FOR INFORMATION

RECOVERY COLLEGE - A PREVENTIVE MENTAL HEALTH SERVICE IN SLOUGH.

1. <u>Purpose of Report</u>

This report provides the Health Scrutiny Panel with information on a local commissioned service, which promotes positive mental wellbeing and prevents mental ill health. The report is submitted in response to interest raised by the Panel regarding the Recovery College as a preventive service in Slough.

2. <u>Recommendation(s)/Proposed Action</u>

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 also focusses on preventive services for adults which contribute to tackling loneliness and isolation, which 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) <u>Workforce</u>

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. <u>Supporting Information</u>

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. <u>Prevention Initiatives: national and local</u>

- (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. Slough Borough Council commissioned services for MH prevention

Slough Borough Council commissioned Hope Recovery College in 2015 in partnership with BHFT. A Recovery College is a place where service users can attend courses and workshops which are co-facilitated and co-created by people with lived experience, in order to learn how to better manage their mental health problems. It uses an educational paradigm which complements traditional treatment approaches (Ashcraft and Anthony, 2005). Recovery Colleges were born out of the recovery movement which has a strong focus on the service users own personal journey. This means that mental health professionals are required to focus less on symptom reduction and more to empower the service user to find a satisfying and meaningful life. Recovery is about an individual having a life which is no longer dominated or centred on their illness or disability. The person's life is determined by enabling them to reach their full potential. Hope College includes various pathways and projects within it which will be detailed below:

Life-skills

The pathway includes social based activities to link students with the local community. This includes a weekly activity timetable which runs throughout the year and includes sports sessions as well as support groups.

Recovery

This pathway aims to help students understand their mental and physical health issues and treatment options, teaching them how to manage their own difficulties. Courses and workshops include; 'planning your hope college journey' and 'improving self-esteem.'

Peer Support

This pathway enables clients to become trained volunteer peer mentors (VPM). This involves attending a 10 week training course which includes subjects such as understanding boundaries, confidentiality and communication skills. Once they have graduated they are then involved in co-developing and co-facilitating courses within the college, representing the CMHT and offering their own experiences to guide services and also they can work with service users on a one-to-one to offer mentoring support.

Working towards Recovery

The pathway is all about links to paid employment. It introduces the students to the Employment service in Slough. This uses the individual placement and support (IPS) model. The pathway includes workshops designed to increase motivation to work and access to an employment specialist who they can work with on a one-to-one.

Support for Carers

We are now privileged to have a full time carer pathway lead in post. Hope College is open to carers and family members of students and are encouraged to attend courses. The carer pathway lead is responsible for conducting carer assessments, offering 1-1 interventions and running carer workshops through Hope College. This involves delivering:

- A carer café which is held once every 2 months. This offers a relaxed atmosphere where carers can receive peer support from other carers, as well as mental health professionals. There are also opportunities for training, information sharing, signposting, and pampering.
- The carer training programme. This occurs twice per year on average. This is an evidence based training programme where carers receive psychoeducation around understanding medication, healthy living, substance misuse, communication skills, dealing with challenging behaviours, problem-solving, relapse prevention, coping with stress and carers' rights and welfare.
- A carer database has been developed for those who have given consent. This enables the team to contact carers about events, training, and any activities that are relevant both in Slough and the wider Trust area. They are also encouraged to participate in training e.g. being co-facilitators etc.
- The care pathway lead attends board meetings including the Carer Partnership Board in Slough which has the aim to promote greater attendance and participation by carers. They also attend the BHFT Carer Strategic Development Group which aims to implement the Carer Strategy across the Trust. Finally they sit on the Triangle of Care (TofC) action plan group. This aims to implement and adhere to the standards set by the TofC.
- The CMHT has a comprehensive carer noticeboard which is regularly updated with information, events, training and advice.

Outcomes from March 2015-December 2017.

Total Numbers
615
163
210
55
28

8. Comments of Other Committees

This report is based on a report submitted in August 2017 and which described preventative services in Slough, the report generated much interest about the Recovery College approach and a request was made for more a detailed report to be submitted for January 2018. The offer was made and accepted by the panel for Peer Mentors from the college to attend the meeting in January to give first-hand accounts of the actual experience they have personally had of the college and of treatment as a whole in Slough.

10. 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 and is included in the Slough Five year Forward View. The recovery model outlined in this report and with the focus on peer mentors, experts by experience, as a primary part of the inclusion strategy for building community capacity and resilience has proved to be a significant intervention. Slough has achieved a high level of engagement and with excellent outcomes with the development of Hope Recovery College, and this approach supports independence and a route out of mental health services. The chosen methodology has opened up so much potential for the client group and including fifty-five people supported back in to work over the last 12 months. We are currently developing a more comprehensive Social Prescribing service with our partners in the voluntary sector and with the intent of utilising peer mentors. The initiative will capitalise on the positive contribution peer mentors are making to the Slough community and support access to employment opportunities for the people involved.

All of the evidence to date suggests this area of service delivery has proved so successful and we are hopeful that we can further develop the college to meet the needs of older people currently in mental health services too. The further development of the approach does require more investment to continue with the positive outcomes that are being achieved and as we build a 'whole town' approach to positive mental health for all. The indicators of new investment this year are promising and when we compare the services we have developed with other areas it becomes clear we have grown services which are truly meeting the needs of our community.

11. Appendices Attached

None.

12. Background Papers

None.