

REPORT TO: Health Policy and Performance Board
DATE: 8th March 2016
REPORTING OFFICER: Strategic Director, People & Economy
PORTFOLIO: Health and Wellbeing
SUBJECT: Mental Health Champion Quarterly report
WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT

1.1 To provide an update to PPB on mental health related activity undertaken by Halton Borough Council (HBC) and NHS Halton Clinical Commissioning Group (CCG).

2.0 RECOMMENDATION: That

1) The contents of the report be noted.

3.0 SUPPORTING INFORMATION

3.1 It should be noted that Mental Health services in Halton are under huge pressure. Nationally the wait times and need for Mental Health services have risen to an all-time high. Halton is no different and we have a significant challenge to ensure our services (both preventative and treatment) meet National standards. Work has been undertaken to fully review all the adult services and older peoples in patient beds in line with parity of esteem. The report was completed December 2015 and the recommendations will set the scene for the creation of a more effective, responsive service. Our ongoing consultation and co-production of services will continue to help us shape service provision in partnership with users of services. However, huge strides have been taken, and below is an update of changes, updates and innovation underway.

3.2 Award winning innovation

Halton's Wellbeing Practice approach has gained National interest, recently winning a National Association of Primary Care (NAPC) award. The initiative has also won a national Health Service Journal award in 2015. This and other services offer a preventative approach to mental health, developing strategies for the public to improve their own resilience. The drive is to know incorporate parity of esteem, meaning we meet the psychological requirements of patients as well as their physical. Work is underway with partners to improve the input of low level mental wellbeing interventions in all primary care settings. Joint work is ongoing with providers of lower level mental health support commissioned by both CCG and HBC to help support achievement of the IAPT waiting times target by March 2016 (See 3.16)

3.3 Service Provision

Appendix 1 has summary of just some of the service provision across the age ranges, commissioned by Halton CCG and HBC.

3.4 New Governance Structure

In order to support delivery of the All age Mental Health Strategy for Halton and the supporting All Age Action Plan, a revised governance structure has been established to ensure robust oversight of delivery. The Mental Health Oversight Group chaired by the Local Authority Mental Health Champion has been established and continues to meet quarterly. This group holds to account the variety of other groups such as the Dementia Partnership Board, the Suicide Prevention group etc. for delivery of their respective elements of the Strategy and Action Plan.

3.5 Dementia Friendly Communities

Within Halton we have established a Halton Dementia Action Alliance (Halton DAA) in October 2014. This is in line with national dementia strategy recommendations and is an action of the Halton Dementia Strategy. The Halton DAA will work with services, organisations and individuals across all sectors to promote 'dementia friendly practice', to improve outcomes for people living with dementia and their carers. Current membership includes organisations in primary and secondary care, leisure services, trading standards, commissioned care provision, 3rd sector, CCG and HBC. The next meeting of the DAA is in March 16 and will be utilized to launch the Admiral Nurse Service

For more information about the Halton Dementia Action Alliance and Dementia Friendly Communities please click on the link below
<http://www.dementiaaction.org.uk/>

3.6 Admiral Nurses for Dementia

Admiral Nurses provide families with the knowledge to understand the condition and its effects, the skills and tools to improve communication, and provide emotional and psychological support to help family carers carry on caring for their family member.

An Admiral Nurse service has been commissioned and staff recruited to enable the service to mobilise in February 2016. Following an options appraisal process a hybrid model of the service being hosted by 5Boroughs Partnership mental health Foundation trust, but very much based within a primary and community setting, was selected as bringing the most benefits.

3.7 5 Boroughs Footprint Review

The review was completed in December 2015 and the report is currently being shared via a number of different groups and boards. There were 5 main 'big ticket' recommendations common

to all 5 CCG's

- Primary care/secondary care interface
- Establish the role and function of services/teams within the borough
- Services for personality disorder
- Out of area treatments and complex care
- Bed base proposal.

Each CCG has established task and finish groups to take forward the work streams within each borough with oversight of progress via the 5BP Footprint Review Steering Group and locally via the Halton Mental Health Delivery Group and the Mental Health Oversight Group.

3.8 Emotional Wellbeing services for children

The Tier 2 CAMHS Service has now successfully mobilized and is co located with the Tier 3 service to provide a single point of referral for CAMHS and an opportunity to direct support as most appropriate. The on line counseling element of support provided by KOOTH, has been well received and there is considerable uptake already.

3.9 The National Schools Pilot

Halton are one of approximately 20 national pilot sites for the Schools Link Project. Matched funding had to be provided by the CCG, to secure one of the national pilot sites for the schools link model. Ten local schools have signed up and are taking part in bespoke training from the Anna Freud Centre, London, and a named CAMHS Link worker will be funded to support the pilot. The first training session was held in December and the second will be in March. The national pilot will be evaluated and results shared.

3.10 'Future in Mind' (FIM) report and Transformational plans for CAMHS, including Eating Disorders

NHS Halton CCG submitted a transformational Plan as required in October and has secure pro rata funding for 2015/16 to support service transformation –and also funding for a specialist Eating Disorder Service which will be commissioned on a Mid Mersey footprint to ensure achievement of the critical mass of population that is required within the guidance (500k). A steering Group has been established and Merseyside Internal Audit have been commissioned to support the work and scope out the service requirements, specification, procurement support etc. The service will be commissioned during 2016/17.

There are a number of plans around increasing capacity in CAMHS to support Youth Offending Services, support for perinatal initiatives, a psychiatric liaison service at Warrington and Halton Hospitals Foundation Trust for under 18 years to name but a few,

There is slippage funding on the allocation and this has been utilised to support 17 projects on a non recurrent basis from a mixture of third sector, community groups and statutory organisations which will support the aims of the Future in Mind Report.

3.11 System Resilience Funding

Halton was awarded £81k of additional funding to ensure 24/7 provision of psychiatric liaison services in acute settings through the winter period. Plans are underway to ensure a full 24/7 service is available at Warrington and Halton Hospital Foundation Trust (WHHFT) and additional social work input provided to the service available at St Helens & Knowlsey Acute Trust.

3.12 The Mental Health Crisis Care Concordat

The Mental Health Crisis Care Concordat was published by Central Government in late 2013. The concordat aims to encourage all services which provide support to people with mental health needs across a wide area to work closely together to reduce the likelihood of people reaching a mental health crisis. This includes health services, the police, housing authorities, social services and the private and voluntary sectors, all of whom are required to sign a pledge to achieve the aims of the concordat, and then develop and implement an action plan. Locally, Halton has been working closely for some time with partners across the Cheshire footprint. A declaration has been developed and agreed across the partners, and an action plan is in development. Regular meetings are taking place to monitor progress. The overall process is being supported regionally by the Advancing Quality Alliance; a membership body consisting of Mental Health Trusts, CCGs and Local Authorities, and the Association of Directors of Adults Social Services is also actively promoting this work.

The local action from the Halton Crisis Care Concordat Action Plan have now been subsumed within the Adult section of the all age mental health action plan for ease of monitoring of progress.

3.13 Operation Emblem/ Street Triage

The Operation Emblem Service was being externally evaluated to demonstrate the benefits this scheme has brought to the wider system and patients. The report was shared in September 2015 and was very positive and as a result the service will be commissioned recurrently from 2016. Discussions are underway to lower the age range of cases handled by the service.

3.14 Liaison Psychiatry Service – Ward element

The extended Liaison Psychiatry Service was launched within Warrington and Halton Hospitals NHS Foundation Trust in August 2014. This service has been introduced to reduce waiting times in A&E, reduce length of stay and to reduce discharge to institutional care placements. The service has met with some challenges in becoming embedded within the hospital trust and so a workshop was held for senior stakeholders on 9th July. A way forward was agreed and steady progress has now been made. The commissioners are due to receive a final presentation on the pilot findings in March to understand if any additional investment or change of model is needed.

3.15 **IAPT – Halton Psychological Therapies Service**

The Halton Psychological Therapies service is now provided by 5 Boroughs Partnership NHS Foundation Trust and went live on 1st August 2014. The service was launched with a considerable waiting list, however, action plans and recovery plans are in place to reduce the list and early performance data indicates that the service has begun to increase the access and recovery rates for Halton patients. All initial appointments are now offered within a 2-3 week time frame of referral or 'opt in' by patients.

Considerable additional non recurrent funding has been provided into the service to clear any internal waits for treatments and recurrent funding has also been invested to increase capacity to meet referral numbers. The CCG is required to meet a 6 week access into treatment target, plus meeting 15% of prevalence and recovery rates of 50%. The service is on plan to achieve the access targets however the recovery rate remains a challenge – as it does nationally.

3.16 **Suicide Prevention Strategy**

The final draft of the suicide prevention strategy will shortly be presented for Board level approval. The public health team have engaged with a wide range of stakeholders in this process and a task and finish group has been formed. The suicide prevention initiatives outlined within the strategy focus on increasing protective factors and reducing risk factors for suicide within Halton.

Key areas for action to prevent suicides include:

- Improving the mental health and wellbeing of Halton residents
- Promoting the early identification and support of people feeling suicidal
- Reducing the risk of suicide in known high risk groups
- Reducing access to the means of suicide
- Providing better information and support to those bereaved or affected by suicide
- Evaluating interventions, data collection and monitoring progress

Key activities linked to the strategy to reduce suicides locally include:

- Developing a local multi-agency suicide awareness campaign plan
- Developing a local training plan to deliver suicide awareness training for community members, local community groups and key professionals who interact with known groups at high risk of suicide
- Ensuring those identified as being at risk of suicide can access immediate support
- Reducing access to the means of suicide locally
- Continued support of Operation Emblem
- Commissioning a post intervention service to ensure we have effective local responses to the aftermath of a suicide

This was in last time no update do we want it in or not??

3.17 **Support 4 Change**

The Warrington Criminal Justice Liaison Service (CJLS) is an integrated, multi-professional and practitioner led mental health service. The service acts as a link between Health, Social Services and all Criminal Justice Agencies in their work with adults who have mental health needs or a learning disability, who find themselves at any stage of the criminal justice system.

In September 2014, additional funding from NHS England was successfully sought/awarded to expand the Support 4 Change service to cover Halton and Warrington. In November 2014 Warrington Borough Council and HBC commenced working together to provide the Support 4 Change service across Halton and Warrington. The magistrates' court covers Halton and Warrington, as does the Probation court staff. Therefore it has previously been confusing for the magistrates and Probation staff to consider recommending a Community Order for one area and not the other.

The aim is to offer intensive, innovative and assertive CJLS support, coupled, where appropriate, with an element of compulsion provided by a formal court order, to engage these offenders and to help them turn their lives around.

Funding for Warrington was originally until March 15 but because of delays in receiving the funding in the first place the pilot only started running in October 2012 so Warrington will tie their work into the pilot in Halton and this will run up until to September 2015. Unfortunately due to a decision by NHS E the funding for the Support for Change service will cease end March 2016.

3.18 **Access targets for Early Intervention in Psychosis for First episode of psychosis**

In addition to the access target around IAPT services there is also a requiring for access to treatment within 2 weeks of referral to an EI service. The service will also have to accept clients who are 'at risk of mental state' and also extend the age range up to age 65yrs. A task and finish group has been established to work on the implications of achieving this target and the associated additional resource required given there is no 'new funding' being made available nationally. Self Assessment of state of readiness have been submitted and the process is closely monitored by NHS E. Additional staff have been recruited and NHS E are 'partially assured' at this time that 5BP will achieve the target in April 2016.

3.19 **Public Health, Mental Health posts**

Public health have invested in increasing capacity within the Health Improvement Team with dedicated staff to support the prevention and promotion agenda for young people, adults and older people.

3.20 **Social Work for Better Mental Health:** following the publication of national guidance in 2013 about the roles and functions of social workers in mental health services, the Department of Health is rolling out an implementation programme for localities around the country. Halton, in partnership with Sefton Council, has taken up the offer to be an early implementer of this programme, which will be starting early in 2016. The outcomes of this programme, which will involve partners in the NHS, will be a proper focusing of the work that social workers do within mental health services, and the development of effective service user feedback about the services that are delivered.

4.0 POLICY IMPLICATIONS

4.1 The activity outlined has been directed by the overarching Mental Health Delivery Plan and national mandates.

5.0 OTHER/FINANCIAL IMPLICATIONS

5.1 Any financial implications associated with the activity outlined has been/ will be highlighted through the appropriate reporting channels.

6.0 IMPLICATIONS FOR THE COUNCIL'S PRIORITIES

6.1 Children & Young People in Halton

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Emotional and mental health and wellbeing is a critical factor in supporting children and young people's social development, behaviour and resilience, educational attainment and achievement and life chances.

6.2 Employment, Learning & Skills in Halton

Good emotional and mental health and wellbeing is a vital factor for children, young people and adults accessing learning and future employment opportunities.

6.3 A Healthy Halton

Emotional and mental health services impact directly upon the health and wellbeing of adults, children and young people.

6.4 A Safer Halton

Those who do not experience good emotional and mental health and wellbeing are more likely to be subject to a range of risk factors that can impact negatively on community safety issues.

6.5 Halton's Urban Renewal

None identified at this time.

7.0 RISK ANALYSIS

7.1 Failure to ensure that appropriate services to support emotional and mental health and wellbeing is likely to impact negatively on outcomes and life chances for local residents.

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 None identified at this time.

9.0 LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972

None.

Appendix 1 – Examples of Service Provision

Young People

- Universal and Targeted Emotional Health and Well-being, educational sessions in youth clubs and community venues, across Halton.
- Tier 2 Emotional Health and Well-being service to all children and young people aged 5yrs to 19yrs.
- Emotional Health and Well-being service for Children in Care, through Barnardos.
- Young Addaction offer support to children and young people age 10yrs to 19yrs affected by parental mental illness.
- Multi-agency training on mental health, dual diagnosis and self-harm.
- Robust specialist services Tier 3 support for young people with complex issues.

Alternatives for Adults and Children

- Wellbeing Enterprises deliver the NACP award winning Community Wellbeing Practices initiative to all 17 GP practices in borough. Patients experiencing mild to moderate mental health problems are referred by the GP or health care worker for a personalised wellbeing review, which includes one to one tailored support to identify any social problems at the root cause of mental health distress. The reviews also aim to unlock patient's skills and talents in order to develop a personalised wellbeing plan - in which staff provide ongoing support to help patients to address underlying problems, achieve their goals and to connect with other sources of support available locally.
- The outcomes evidence that 56% of patients report a reduction in their depression symptoms and 64% of patients improve their subjective mental and physical wellbeing levels as a result of their intervention.
- Halton commission wellbeing enterprises to work in partnership with local Mental Health providers (e.g. 5 Boroughs Partnership NHS Foundation Trust) to ensure patients who have been admitted to hospital because of mental health problems also receive wellbeing and social support to ensure they are fully repatriated into their community and receive appropriate community support from their team and other partners.
- Wellbeing Enterprises provides the highly acclaimed 'Ways to Wellbeing' social prescribing programme. Social prescribing is about providing non-medical sources of support to patients with mild to moderate mental health conditions. The team delivers educational and social support groups based on life skills training, cognitive behavioral principles, relaxation classes, sleep hygiene courses, confidence classes and community events that teach people how to stay resilient during difficult times.

- Wellbeing Enterprises CIC have received three years of funding to develop the first, comprehensive wraparound service for children and younger people on waiting lists for CAMHs services because of mild to moderate mental health problems. Children and young people in the borough who are waiting for specialist services will have access to life skills training based on cognitive behavioral principles as well as mindfulness and confidence training as an adjunct to main stay treatment, which it is believed will better prepare younger people for clinical care and will improve outcomes. In addition to this there will be a series of community led projects run by and for children that enable them to share their stories of recovery and to train young people up as peer supporters with a view to creating an informal ecosystem of mental wellbeing support.

Marketing/Prevention and Anti-Stigma

- ‘Like Minds for better mental health in Halton’ was developed in partnership with the CCG, HBC and PPB to help tackle stigma associated with Mental Health.
- Drawing on the national Time for Change campaign, Like Minds took local people’s stories and discussed their experiences with mental health and what they did to help them overcome or work towards overcoming their issues.
- The campaign was launched via a mixed media approach in October 2013, with a second phase focusing on loneliness in the over 55s being launched in October 2014 to coincide with World Mental Health Day.
- To date we have disseminated 10,000 materials across GP surgeries, pharmacies and other community venues. We received mass press coverage in the local media and have delivered approx. 50 training sessions to health professionals, schools and colleges that encompass the Like Minds campaign. We are currently in the process of training all school teachers in self-harm using Sophie’s story as a training aide- this to be completed by March 2015.
- The website dedicated to Like Minds www.haltonlikeminds.co.uk has received positive feedback via the online feedback form in terms of changing opinion of mental health and feeling more inclined to talk about mental health than they did before seeing the campaign.

A quote from a member of public on the Like Minds campaign:

“I actually cried reading this, not because I was sad or upset. Seeing stories like this written down made me see where I was back then to where I am now. It was a happy cry, and the last time I cried like that was when my son was born, which made me cry more because I’ve gotten access to seeing him again. What I mean to say is thank you. I think it’s great, I really do”.

Like Minds For better mental health in Halton

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My name is David, I'm 30, from Halton View and I've felt suicidal.

I started seeing a GP in 2008, I started seeing getting worse in 2009 and I was thinking about suicide. I started to withdraw from friends and family and I was thinking about suicide. I started to withdraw from friends and family and I was thinking about suicide. I started to withdraw from friends and family and I was thinking about suicide.

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It's Time to Talk.
If you feel like David talk to somebody you trust or see your GP.
For David's full story visit www.haltonlikeminds.co.uk

Like Minds For better mental health in Halton

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My name is Sophie, I'm 18, from Halton Brook and I used to self-harm.

I started to really notice early on in 2008, I was 16 at the time. I started to notice early on in 2008, I was 16 at the time. I started to notice early on in 2008, I was 16 at the time. I started to notice early on in 2008, I was 16 at the time.

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It's Time to Talk.
If you feel like Sophie talk to somebody you trust or see your GP.
For Sophie's full story visit www.haltonlikeminds.co.uk

Like Minds For better mental health in Halton

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My name is Rob, I'm 45, from Halton and I suffer from post-traumatic stress.

I started to notice early on in 2008, I was 45 at the time. I started to notice early on in 2008, I was 45 at the time. I started to notice early on in 2008, I was 45 at the time. I started to notice early on in 2008, I was 45 at the time.

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It's Time to Talk.
If you feel like Rob talk to somebody you trust or see your GP.
For Rob's full story visit www.haltonlikeminds.co.uk

Like Minds For better mental health in Halton

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My name is Helen, I'm 31, from Sandymoor and I've suffered from postnatal depression.

I started to notice early on in 2008, I was 31 at the time. I started to notice early on in 2008, I was 31 at the time. I started to notice early on in 2008, I was 31 at the time. I started to notice early on in 2008, I was 31 at the time.

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It's Time to Talk.
If you feel like Helen talk to somebody you trust or see your GP.
For Helen's full story visit www.haltonlikeminds.co.uk

Loneliness and older people

- The Halton loneliness strategy aims to make Halton a place without loneliness. We aim to achieve this by working with communities and professionals to identify people who are lonely and then tackling that loneliness with a range of interventions.
- These include visits from professionals and volunteers to try and engage the lonely person in activities in the community, simple Skype like devices to enable people to keep in touch with friends and loved ones, linking with existing tele-friending services such as Silverline and Call in Time, and encouraging schools to twin up with local care homes.
- Dementia Navigator Service, for people living with dementia and their carers. Service provides a listening ear, someone who understands, getting to root cause of social issues and providing tailored support to help them improve wellbeing. We also signpost patients to various sources of clinical and non-clinical support.
- NHS Halton CCG and HBC are signed up as a Dementia friendly organisation and action alliance.