

Health Policy & Performance Board

Scrutiny Review of Mental Health Prevention & Promotion

**Report
March 2014**

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1. Topic brief
2. Summary of guest speakers
3. Report to Children & Young people's PPB – Independent Living Skills (report author: Jennifer John)

1.0 PURPOSE OF THE REPORT

- 1.1 The purpose of the report, as outlined in the initial topic brief (at *Appendix 1*) is to :
- Review existing mental health provision in Halton in relation to prevention and promotion.
 - Examine the effectiveness of current pathways/materials for mental health prevention and promotion.
 - Consider national best practice and evidence based practice in relation to pathways for prevention and the promotion of mental health issues.
 - Consider ways to continue to make improvements to promotional materials thus enabling Halton to reduce the social and economic cost of mental health issues, with a particular emphasis on reducing reliance on acute services.

2.0 STRUCTURE OF THE REPORT

- 2.1 This report is structured with an introduction, a brief summary of the methodology followed by evidence, analysis with findings/conclusions and recommendations.

3.0 INTRODUCTION

Reason this scrutiny review was commissioned

- 3.1 Significant numbers of people suffer mental health problems such as depression. Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life. Some associated statistics are outlined below:-

- One in four people attending GP surgeries seek advice on mental health.
- Deaths from suicides & undetermined injuries were **31** (2008-10) **Rate 8.2**(England 7.2, NW 9.07 per 100,000 population).
- The number of people diagnosed with depression is **11,924** (11.94% GP pop aged 18+). Regional prevalence is 13.3% and nationally 11.7%.
- Dementia: there is an estimated **1082 people aged 65+ compared to 634 people on GP register** (2010-11) with a diagnosis of dementia.
- The rate of hospital admissions due to self-harm for under 18s is high.
- The mental wellbeing of Children who have been in Care tends to be worse than children who have not been in Care.
- Stigma of mental ill health (more prominently in men) is a major factor in people not seeking help and support.
- Aligned with the above suicide is now recognised as the biggest killer of young men, higher than road traffic accidents. Stigma is reported to be the major influence of men refusing support.
- The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress. However, through a range of evidence based interventions to promote mental and emotional wellbeing the above are all amenable to change.

(Halton Health and Wellbeing Strategy : 2012-15)

Policy and Performance Boards (PPB)

3.2 This report was commissioned as a scrutiny working group for the Health Policy and Performance Board. The topic brief was also endorsed by the Children, Young People and Families Policy and Performance Board as there was a requirement for joint working on elements of this review and the Children, Young People’s Family review of wider mental health services. Members of the Children, Young People and Families Policy and Performance Board were regular members of this scrutiny topic group. This report will be presented, for information, to the Children, Young people and Families Policy and Performance Board.

Membership of the Scrutiny Working Group

3.3 Membership of the Scrutiny Working Group:

Councillor Ellen Cargill (Chair)	Dave Sweeny Operational Director, Integrated Care
Councillor Sandra Baker	Emma Bragger Policy Officer, Communities
Councillor Joan Lowe	
Councillor Geoff Zygadlo	
Councillor Mark Dennett	
Councillor Miriam Hodge	
Councillor Margaret Horabin	
Councillor Pamela Wallace	
Councillor Kath Loftus	
Councillor Geoff Logan	

Methodology Summary

3.4 This scrutiny review was conducted through a number of means:

- Information pack provided to Topic Group Members outlining statistics, national and local policy context, evidence based prevention/promotion interventions and emerging issues.
- Monthly meetings of the scrutiny review topic group;
- Presentations by various key members of staff (Summary of the presentations given to the Topic Group can be found in *Appendix 2*);
- Site visits, at which there was opportunity for service-user consultation.
- The final draft of this report was circulated to participating staff to check for accuracy.

4.0 EVIDENCE CONSIDERED BY THE SCRUTINY TOPIC GROUP

Mental Health Strategy

- 4.1 As part of the consultation process, the draft strategy was circulated to the scrutiny topic group for comments.
- 4.2 Halton's Health and Wellbeing Board has set the "Prevention and early detection of mental health conditions" as one of five priority areas to address to achieve its vision for the Borough. To progress this, Halton Clinical Commissioning Group and Halton Borough Council have developed a joint health, public health and social care Mental Health Commissioning Strategy during 2013, which sets key objectives and priorities to improve mental health in the Borough.
- 4.3 The Mental Health Strategic Commissioning Group has been established with a remit to develop and oversee the implementation of this overarching mental health strategy and action plan.
- 4.4 Halton Council and Halton Clinical Commissioning Group (CCG) have worked in partnership and established joint commissioning agreements for specific service areas. The strategy also adopts a life course approach that recognises that the foundations for lifelong wellbeing are already being laid down before birth, and that there is much that can be done to protect and promote wellbeing and resilience through early years, into adulthood and then on into a healthy old age.
- 4.5 The strategy and associated action plan complements other work programmes, including the local Dementia Strategy and the Suicide Prevention, Loneliness and Child & Adolescent Mental Health (CAMHS) Strategies which are currently in development

Conclusion

- 4.6 The promotion of positive mental health and wellbeing prevention activity, and the early diagnosis and provision of appropriate information and support, can mean that a good quality of life is possible. While the costs associated with responding to the challenges of mental health and wellbeing are expected to rise in coming years because of growing numbers of people affected, there is significant scope for spending money more efficiently and effectively and for changing how we respond to local need. Investment in prevention and early intervention, particularly in the crucial childhood and teenage years, can help to prevent mental illness from developing and mitigate its effects when it does.

Dementia Strategy and the implementation of the Later Life and Memory Service

- 4.7 Halton has refreshed the local dementia strategy in light of local service developments and national drivers, such as the Prime Minister's Challenge on Dementia. The strategy was developed by the Halton Dementia Partnership Board during 2013, and places emphasis on improving diagnosis rates, early intervention

and quality treatment and support. Eight Dementia Pledges have been devised to ensure that person centred outcomes are the focus of all treatment and support developments, including those for the carer. As part of the consultation process a draft of the strategy was circulated to the scrutiny topic group.

- 4.8 The Later Life and Memory Service has been operational since June 2013 in Halton, which includes the development of a Dementia Care Pathway for use by GPs.. The pathway is in place to promote early detection of dementia and improve diagnostic rates within the borough. Early diagnosis is a priority of the Halton Dementia Partnership Board, enabling those with a diagnosis of dementia, and their carers to access treatment and support at the earliest opportunity. Initial analysis by 5 Boroughs Partnership is positive, seeing an increase in referrals and a reduction in waiting times for diagnosis. Accessing appropriate support at an early stage can aid positive physical and emotional outcomes for both the person with the dementia diagnosis and their family and carers. The Dementia Care Advisor Service provides a range of practical and emotional support to both the person with the dementia diagnosis and their family and carers, aiming to maintain emotional and psychological wellbeing of those affected by a diagnosis of dementia – a business case is being developed to extend this service. Maintaining the Carer’s physical, psychological and emotional wellbeing is a priority of the revised Halton Dementia Strategy, with Carer’s health checks and Carer’s assessments forming a vital part of the support mechanism. It is envisaged that with the implementation of the Dementia Care Pathway the quality of the GP intervention will be consistent and improved.

Conclusion

- 4.9 With prevention, an early diagnosis and appropriate information and support good quality of life could be possible. While the costs of dementia are expected to rise in coming years because of growing numbers of people affected, there is significant scope for spending money more efficiently and effectively. The revised Halton dementia strategy outlines how this could be achieved.
- 4.10 Whilst it is early days for the pathway and memory service, evidence from the Wigan Pilot suggests positive outcomes in terms of reduced waiting times and increased diagnosis rates, which is reflected in initial findings from 5 Boroughs Partnership. The pathway aims to reduce waiting times for specialist assessment to a maximum of 10 days, with a 6 week waiting time from diagnosis from referral for assessment. This is significantly shorter than previous waiting times, where a diagnosis may take months, or even years to be agreed. An evaluation of the Later Life and Memory Service and pathway will be undertaken at the 6 month point.

Public Health

- 4.11 From April 2013, local authorities have had a statutory responsibility for delivering and commissioning public health services for children and adults. This includes prevention and early intervention services that address the key public health and wellbeing issues.

- 4.12 Mental health is a priority of the Health and Wellbeing Board and a mental health action plan has been developed to support the delivery of the Health and Wellbeing Strategy. This was circulated to the scrutiny topic group.
- 4.13 Information was provided on a variety of services and activities commissioned or overseen by the Public Health function of the Local Authority. In particular, information was provided on the School Nursing Service, as a key focus of the scrutiny topic group was on early mental health promotion, prevention and early intervention. School health services play a vital role in supporting children and young people in building resilience and the School Nursing Service delivers a variety of public health functions, as outlined in the national Healthy Child Programme. For children aged 5-19 years, this includes mental health prevention, promotion, early intervention and support for the management of mental health disorders.
- 4.14 The school nursing service is a universal service and is delivered to all young people, across all schools, regardless of whether they are under local authority, diocese or free school control. Information was provided on a current review of the School Nursing Service and members were invited to provide input on the development of the future specification. It is expected that the service will go through a procurement exercise in 2014 with a view to having a new service in place by September 2014.
- 4.15 The public Health Commissioner for Mental Health reported that there is anecdotal evidence from providers of the negative impact of welfare reform on mental health locally, but with a warning that actual statistical data would be hard to get as mental health is often attributable to more than one factor. However there is work underway by Public Health to look at trends against the timetable of the welfare reforms to see if there is a correlation between reforms and an increased demand on services. Currently, the Citizen's Advice Bureau(CAB) assess mental health pre and post their intervention and report that generally people feel less stressed/anxious after a CAB intervention. This information may provide insight to plan for the future.

Conclusion

- 4.16 Information provided on the school nursing programme in Halton schools highlighted that there was a lack of consistent understanding across schools and the wider community with regards to the service. The service provides universal, targeted and specialist activity for children, young people and their families (dependent on need) but this is delivered in different ways depending upon the relationship it has with the local school. This may be as a result of the different approaches to pastoral care within each school, and as a result there is a need to support the development of effective working relationships with the service. There is also a need to work alongside the wider health and social care, voluntary and community sectors to understand the impact of benefit reform on individuals and families.

Intergenerational Anti Stigma Campaign

- 4.17 Evidence was presented to the Topic Group by the Health Improvement Team about the national 'Time to Change' mental health prevention and anti-stigma campaign.

The evaluation of the national campaign highlighted the positive outcomes in terms of changing perceptions of mental health within communities and amongst professionals, and how the campaign could be adapted locally. The Health Policy and Performance Board endorsed the development of a local campaign in May 2013. The Mental Health Scrutiny Topic Group were consulted on the development of the local campaign where real life, local stories were used in a series of photographic case studies, materials, website and piece of art work. The campaign and website were launched on World Mental Health Day (10th October) 2013.

Conclusion

- 4.18 The Scrutiny Topic Group, and Health and Children, Young people and Families PPBs, welcomed the development of a local campaign aimed at reducing the stigma associated with mental health issues, and the promotion of talking about mental health. The resources developed to support the campaign, such as the posters, stands and comprehensive website are useful tools for members, professionals, the 3rd sector and the public to get the message out about breaking down the mental health taboo. The campaign should be promoted widely to maximise the outcome of the initial investment.

Improving Access to Psychological Therapies (IAPT)

- 4.19 Improving Access to Psychological Therapies (IAPT) is a national NHS programme being rolled out across England during 2008- 2015. The aim of the programme is to develop local talking therapy services that offer treatments for depression and anxiety disorders. Information was provided by the CCG Commissioning manager about what IAPT services provides in terms of brief to medium term interventions and uses a range of psychological therapies and/or signposting on to other services, were appropriate. The service includes prevention (such as brief interventions) accredited counselling and physical health wellbeing (physical health checks). The procurement for the IAPT service is being bought in from Halton Borough Council (HBC).

Conclusion

- 4.20 Procurement of the IAPT service via HBC was noted as being very successful due to close working relationships that have been developed between HBC and Halton Clinical Commissioning Group staff (Halton CCG).

Child and Adolescent Mental Health Services (CAMHS)

- 4.21 Evidence was presented by HBC and CCG Commissioning Managers as to the current CAMHS provision, and updates were provided on the Children and Young People's scrutiny review of CAMHS services that ran concurrently with this Health scrutiny topic.
- 4.22 Actions identified from an Emotional Wellbeing Pathway Planning Event held on 10th July 2013 , of which members of this scrutiny topic group attended, included

production of a Tier Guide so that member's and other professionals and public are clear on what CAMHS provision there is at each level.

- 4.23 Budget mapping is to be undertaken by CCG on what is spent on Tier 2 & 3 to identify total spend and where possible disinvestment might be warranted in order to fund investment in other parts of the CAMHS service. As at January 2014, the CAMHS review was nearing completion – recommendations will be included in CCG/LA commissioning intentions.

Conclusion

- 4.24 The scrutiny topic group raised concerns over the involvement of schools with CAMHS services, and the lack of control over Free Schools to ensure that they engage with CAMHS services.

CAMHS Tier 3 Services – Thorn Road Clinic, Runcorn

- 4.25 Councillors Cargill, Wallace, Loftus and Zygadlo and the supporting Policy Officer attended a half day visit to the Thorn Road Clinic in October 2013 to gain an insight into what CAMHS provision is delivered from the sight, positive developments and any emerging issues.
- 4.26 The visit included a presentation and question and answer session with a large number of clinical professionals and service managers from across the range of services delivered at tier 3 for Halton residents. This included psychologists, psychiatrists and a family therapist. There was also a current young service user present, and one of the employees who gave a presentation was also an ex service user. A tour of the facilities was conducted, and it was evident that the environment was light and welcoming, with examples of making the environment as comfortable as possible for the children and families that use the services. The entrance area had recently been refurbished to meet the needs identified by service users. There was a new touch screen feedback and comments console, a computer game station and television. Art work in the entrance area was created by service users and members of the 5 Star Forum (the service user group). Consultation and therapy rooms were private and well decorated, with toys and soft furnishings.
- 4.27 The site also housed some staff from the St Helens part of The 5 Borough's Partnership as part of the cost savings programme. It was also explained that some of the staff that deliver assessments are not based at Thorn Road, but when a Halton referral is made they undertake the assessments in Halton.

Information provided by clinical and non-clinical professionals included:

- 4.28 Referrals in to the service are categorised as Critical (assessed within 24hrs), Emergency (assessed within 72 hours) and Routine (assessed within 10 days). The response and assessment services have recently been extended to 9am-9pm, with on call service outside of these hours, with the view to improve early intervention.

Waiting times from referral, assessment and treatment are significantly below the national target of 18 weeks, with the maximum time between referral and assessment/initial intervention being 10 days (Routine referral).

- 4.29 Inpatient care (Tier 4) is provided at Fairhaven in Warrington. Service users requiring interventions at tier 4 have acute mental disorders which are the most costly to treat and manage. The average length of stay is less than 60 days, which is below the national average. Whilst there is no inpatient facility with the borough, there are some financial support mechanisms in place to provide transport to Halton families who have children at Fairhaven. In addition, there is a minibus that staff can use to take patients for home visits to maintain important family contact.
- 4.30 There is a MHAPS secondary school pilot (Mental Health Awareness Programme in Schools) taking place in Warrington, with a view to rolling out in Halton and across the 5 Boroughs Partnership (5BP) footprint as a whole. This involved a school liaison worker delivering awareness raising sessions as part of the Personal, Health and Social Education (PHSE) curriculum. This pilot is currently being delivered by an ex CAMHS service user, Hannah. There is a service called TAMS (targeted mental health in primary schools) being delivered in other parts of the 5BP footprint, but no longer in Halton.
- 4.31 CAMHS have a user group called 5 Star Forum, who have been actively involved in the development of a website and a short film about mental health awareness that was shown in local cinemas and is nominated for an award. The 5 Star forum have also contributed to the recent refurbishment of the entrance area.
- 4.32 CAMHS delivers skin camouflage for young people who self harm. 5BP is the only mental health trust in the UK who offers this. Staff explained that the service is offered to young people who have self harm scars, if, as part of their person centred treatment plan they have identified confidence and esteem issues related to appearance of their scars. Staff reassured that the service premise is not to show young people who self harm how to self harm in a more inconspicuous manner.

Conclusion

- 4.33 The Councillors were grateful for the number of professionals and staff who had made themselves available to take part on the visit, and were pleased that there were a broad range of services available from the site.
- 4.34 The visit highlighted positive developments in the waiting times and improvements in accessibility of the services through the new referral and assessment teams. It was noted that the MHAPS service should form an important part of the PHSE curriculum in schools to truly tackle stigma associated with mental health and raise awareness to improve early intervention and outcomes. There is currently no TAMS provision in Halton, therefore a missed opportunity to engage with primary school, in an age appropriate way, about mental health.

- 4.35 Currently, there is flexibility within the CAMHS tier 3 provisions to channel staffing resources as appropriate to avoid bottle necks in the system. The review of tier 2 will include the allocation of resources to be used in the most appropriate way to minimise service users in tier 3 services, who would be more appropriately served at tier 2, which could then have the potential to have a knock on effect on the throughput of patients at tier 3.

Ashley House Visit

- 4.36 Councillors Cargill, Lowe, Zygadlo and Wallace visited Ashley House in October 2013 to gain an insight into the links between mental health and substance misuse. Ashley House is a 24hr one stop shop for substance misuse services, located in Widnes, but offering support in both Widnes and Runcorn. Services include: advice, treatment, and information. Councillors reported that there was evidence that the staff were supportive in working with service users to get their lives back on track. A government programme crime reduction initiative is run from the centre
- 4.37 Members were given a part tour of the building, where staff explained about the variety of staff and services available and what happens in specific rooms. The building inside was warm and welcoming and not at all as Councillors expected. Pictures and activities such as a wish tree were in the foyer, a very positive theme and feeling welcome is given on entering.
- 4.36 There was good evidence of service user involvement and on the day service users were holding their group meeting and members were invited to attend. The group is made up of service users and staff, if invited. It is a formal meeting, with a set agenda, minutes and action plans. The meeting was chaired by a Recovery Champion (a service user who has become clean of his addiction, and now helps other service users on the journey to recovery).
- 4.38 There was evidence of a number of activities, alongside clinical treatment, that service users were involved in to aid their recovery by improving their general wellbeing and mental health by providing meaningful activity that the service user group have developed and providing alternative interests to prevent relapse.
- 4.39 There is a breakfast club, run by volunteers 9-11.30am each day, funded by a pot of money given to the group to use on such initiatives suggested by the members.
- 4.40 There is a market garden project, introducing users to a productive skill, the land was donated by Halton Borough Council and led by local Halton service users group CRI (Crime Reduction Initiatives). The group had also secured an allotment plot from Halton Borough Council to grow produce and learn a skill, led by another recovery champion.
- 4.41 The group discussed the edition of their newsletter, in which one member has designed logos and art work for publication. There was a discussion on a planned visit to the Lancashire Regional forum at Kirkum.

- 4.42 The group have started a new project called Happy Mondays, a session from 2.30-4.30pm themed on music, creative writing and other activities, ideas were asked for. The group are so successful, they visit other towns including Fleetwood and Moor. The group speak about the projects they are involved with, and about their journey to recovery.
- 4.43 The Chair of the group, explained they were going to do a presentation addressed at Magistrates based around the sentences given to users, and how referrals not custodial sentences can help, and how these projects influenced users to get their lives back and what good work was happening at Ashley House.
- 4.44 The service user group raised the issue that users can fall back into their habits when they go out socialising and often there is alcohol or drugs available. When asked what they would suggest, it was mentioned a vacant building near by would be an ideal venue that can be opened most days, where users could go to play pool, get training, a place to relax without the temptation of alcohol and drugs, serving soft drinks and snacks.

Conclusion

- 4.45 The ward Councillor, Councillor Wallace recommended that the service user group should speak to Ashley House management and if they were supportive they could do some work to get information, like who owned the building, how much for sale, etc. The Councillor also said she would support the fact finding work, but initially they need to speak to Ashley House management.

Awareness/anti stigma training for professionals (Mental Health Staff and non-clinical professionals)

- 4.46 The topic group received a presentation from the Head of Safeguarding and Public Protection and the Managers of both the Older People's Mental Health Liaison Service and Acute Liaison service at Whiston Hospital, on developments in relation to providing mental health assessments for patients and mental health awareness raising amongst staff. The group discussed the importance of ensuring that support in the community is in place, high quality and actually delivered once discharged from the hospital setting – the guests described how this is currently provided, acknowledging that more can be done via integrated care packages. The presentation also included information on training and two services– Older People's Mental Health Liaison Service and Acute Liaison service.

Conclusion

- 4.47 It was recommended that a focus should be maintained on discharge of care into the community and provision of appropriate, consistent and quality care delivered within the community.

Educational Psychologist Insight

- 4.48 The Principal Educational and Child Psychologist (the Principal Psychologist) attended a meeting to provide information on the role of the education and child psychology team. It was raised that the team are reliant on the use of locums, currently, to ensure a full complement of staff due to sickness absence. Schools are now required to purchase the services of the psychologists but this has NOT resulted in a drop off in demand. Wendy highlighted that in her opinion Open Mind is a really useful resource when working with parents.
- 4.49 The Principal Psychologist talked through the referral and prioritisation process and advised that a Parent Partner will be in place from January to support parents with statutory assessments and general schools advice (not Common Assessment Frameworks). Information was provided about the Critical Incident response Team, as result of a query from Councillor Wallace in relation to the suicide of a Halton pupil.
- 4.50 The Principal Psychologist informed the group that in her opinion Halton Council was very supportive of professional development and post entry training. Something which is not common place in other Authorities. This investment in professionals is important in providing a quality service. It was explained how this training is then implemented and shared through conferences and training within Halton.
- 4.51 In the near future the Educational and Child Psychology Service would like to offer its support to a multi agency ADHD pathway, in line with NICE guidelines.

Conclusion

- 4.52 Building emotional and psychological resilience in school age children should be considered a priority within schools and out of school provision of activities and family support, given the evidence base for positive psychological outcomes.

Clinical Psychologist Insight

- 4.53 A Clinical Psychologist working for the 5 Boroughs Partnership Recovery Team, attended to give an overview of his role and emerging strains on the service. Although there are 3 psychologists posts within the multi disciplinary team, they have never been fully staffed due to maternity leave.
- 4.54 It was highlighted that there was an issue with the waiting list that was inherited when the service redesigned. Assessment is fast, but then there is up to an 18 month waiting time for 1 to 1 psychological therapy and up to 6 months for Cognitive Behavioural Therapy.
- 4.55 The increase in referrals to psychological therapy was highlighted. Anecdotally this could be due to welfare reform, but also because people are more psychologically aware and willing to seek treatment.

- 4.56 It was raised that there is an emerging capacity issue at tier 4, as they are often seeing people who are really in need of tier 3 (this mirrors the feedback from the CAMHS visit. Lack of capacity in lower tiers is having a knock on effect in the acute tiers). Some clients at tier 4 could actually be seen more appropriately in primary care. This happens in some other boroughs such as Warrington.
- 4.57 The group were informed that patients can be discharged from the service if they display a lack of willingness to engage, however this is not done without careful consideration for the impact this may have on the individual.
- 4.58 There was discussion about how welfare reform has impacted on some people being reluctant to seek therapy or improve their condition for fear of how this may affect their benefits.

Conclusion

- 4.59 It was raised that currently family therapy is not provided by 5 BP – this is an area that he felt presented a gap in provision.
- 4.60 In the opinion of the presenting Psychologist, an investment in 1 or 2 band 7 (entry level) psychologist for 12 months would be able to clear the current waiting list backlog.

Local Authority Mental Health Challenge

- 4.61 Involvement in The Local Authority Mental Health Challenge was proposed to the scrutiny topic group. It is a national programme co-ordinated by leading mental health organisations to support and encourage local authorities to take a proactive approach to implementing the national mental health strategy and improving the mental health of their communities. All upper tier local authorities have been asked to take up The Mental Health Challenge which sets out ten actions that will enable councils to promote mental health across all of their business. As a first step, councils are asked to appoint a member 'champion' for mental health.
- 4.62 The role of champion will be defined locally but key activities might include:
- Raising awareness of mental health issues in the development of council policies and strategies, and in public forums;
 - Ensuring the overview and scrutiny committee has a view to mental health in their workplans;
 - Leading discussions on mental health issues with NHS organisations in the local area;
 - Speaking with schools, businesses and community groups about mental health;
 - Linking with mental health service users and voluntary groups locally to understand their needs and concerns;
 - Tackling myths and misperceptions about mental health in the local community.

Conclusion

- 4.63 As part of the work of the Mental Health Topic Group it may be useful to consider whether Elected Member/s would like to be a part of this challenge.
- 4.64 The Mental Health Challenge for Local Authorities was discussed at Communities SMT and accepted as a challenge we endorse and will drive. Should Halton sign up to the challenge the strategic push should be done through the Mental Health Board in order to maintain a multi disciplinary approach.

Joint Scrutiny with Children, Young People and Families

- 4.65 As part of the cross over with the Children, Young People and Families scrutiny review of CAMHS services, a number of meetings and visits to schools took place with the Lead Officer for Children, the chair of the Health PPB Mental Health scrutiny topic group and member of the Children, Young People and Families PPB scrutiny topic group.
- 4.66 The meetings and visits had particular focus on self harm and also children with Autism, in particular Independent Living for those children. The report of the findings of this scrutiny group visits can be found in Appendix 3

5.0 RECOMMENDATIONS TO HEALTH PPB, AS A RESULT OF THIS SCRUTINY REVIEW

- 1) A review of waiting times for from time of assessment to accessing 1-2-1 Therapies, including Cognitive Behaviour Therapy.** Review staffing levels against demand and current waiting times and make proposals of how, where waiting times are unacceptably long, this can be overcome by reconfiguration of current staff or service planning.
- 2) Mental Health Promotion, Anti Stigma and Awareness across the life course.** Consideration should be given to consistent key messages of optimism and connecting with others to help build resilience in any future public campaigns, as reflected in the Like Minds Campaign. This is in line with the 5 Ways to Mental Wellbeing. There should be greater emphasis on mental health awareness and promotion within schools. Monitor the MHAPS Pilot in Warrington and consider implementing in Halton schools, using the Like Minds resources and resources developed by CAMHS 5 Star Forum. Awareness raising activities to be coordinated through the Mental Health Promotion Sub Group of the CAMHS Board and the Mental Health Board.
- 3) Consider Elected Member involvement in the Local Authority Mental Health Challenge.** Further information from Public Health to be provided to the Health PPB for consideration regarding potential 'sign up' to The Local Authority Mental Health Challenge. The challenge sets out ten actions that will enable councils to promote mental health across all of their business, led by elected Member champion/s.

- 4) Assess the impact of welfare reform on mental health locally.** Public Health to report on work undertaken to establish any correlation of reform on impact on increased demand on mental health services locally. This will provide an evidence base and insight into the changing mental health needs of the population and will assist future commissioning and service development.
- 5) Educational and Child Psychology Service to offer its support to a multi agency ADHD pathway, in line with NICE guidelines.**
- 6) Mental Health Liaison Teams within Whiston and Warrington Hospitals.** This service should be continued beyond the pilot period to improve the experience of people with mental health conditions in a hospital environment, and increasing access to services.
- 7) Circulation of this report.** This report, with its recommendations, should be presented to Executive Board, Halton Clinical Commissioning Group, Bridgewater Community NHS Trust and 5 Boroughs Partnership.

6.0 OUTCOMES FROM THE MENTAL HEALTH SCRUTINY TOPIC GROUP

During the course of the scrutiny review, the topic group have actively supported and influenced the following outcomes:

- Endorsed, and been involved, in the development of the intergenerational Like Minds mental health awareness campaign
- Supported the 'life course' approach to mental health through joint scrutiny with Children, Young People and Families PPB
- The Mental Health Promotion Sub Group was developed as a direct result of the Like Minds campaign, and further supports/coordinates the life course approach to mental health awareness raising locally.

Appendix 1 - TOPIC BRIEF

TOPIC BRIEF

Topic Title: Mental Health

Officer Lead: Dave Sweeney, Operational Director, Integrated Commissioning

Planned Start Date: April 2013

Target PPB Meeting: March 2014

Topic Description and Scope:

This topic will focus on the Mental Health priority, specifically in relation to the prevention and promotion of services/issues. It will examine the interventions and materials that are already in place to address this key area and will look at their effectiveness in meeting the needs of the local population.

Why this topic was chosen:

Significant numbers of people suffer mental health problems such as depression. Mental Health problems account for the single largest cause of ill health and disability in the Borough and can have a significant impact on a person's ability to lead a full and rewarding life. Some associated statistics¹ are outlined below:-

- One in four people attending GP surgeries seek advice on mental health.
- Deaths from suicides & undetermined injuries were **31** (2008-10) **Rate 8.2**(England 7.2, NW 9.07 per 100,000 population).
- The number of people diagnosed with depression is **11,924** (11.94% GP pop aged 18+). Regional prevalence is 13.3% and nationally 11.7%.
- Dementia: there is an estimated **1082 people aged 65+ compared to 634 people on GP register** (2010-11) with a diagnosis of dementia.
- The rate of hospital admissions due to self-harm for under 18s is high.
- The mental wellbeing of Children who have been in Care tends to be worse than children who have not been in Care.
- Stigma of mental ill health (more prominently in men) is a major factor in people not seeking help and support.
- Aligned with the above suicide is now recognised as the biggest killer of young men, higher than road traffic accidents. Stigma is reported to be the major influence of men refusing support.

The current economic climate and welfare reforms are likely to increase the levels of people suffering from mental distress. However, through a range of evidence based interventions to promote mental and emotional wellbeing the above are all amenable to change.

¹ Halton Health and Wellbeing Strategy : 2012-15

Halton's Health and Wellbeing Board have chosen the '*prevention and early detection of mental health conditions*' as one of their five priorities for action during 2012-15.

Key outputs and outcomes sought:

- An understanding of existing mental health provision in Halton in relation to prevention and promotion.
- Examine the effectiveness of current pathways/materials for mental health prevention and promotion.
- Consider national best practice and evidence based practice in relation to pathways for prevention and the promotion of mental health issues.
- Consider ways to continue to make improvements to promotional materials thus enabling Halton to reduce the social and economic cost of mental health issues, with a particular emphasis on reducing reliance on acute services.

Which of Halton's 5 strategic priorities this topic addresses and the key objectives and improvement targets it will be help to achieve:

A Healthy Halton

- To understand fully the causes of ill health in Halton and act together to improve the overall health and well-being of local people.
- To lay firm foundations for a healthy start in life and support those most in need in the community by increasing community engagement in health issues and promoting autonomy.
- To respond to the needs of an ageing population, improving their quality of life and thus enabling them to lead longer, more active and more fulfilled lives.
- To remove barriers that disable people and contribute to poor health by working across partnerships to address the wider determinants of health such as unemployment, education and skills, housing, crime and environment

Nature of expected/ desired PPB input:

Member led scrutiny review of Mental Health.

Preferred mode of operation:

- Meetings with/presentations from relevant officers from within the Council/ Health Services and partner agencies to examine current practices regarding mental health prevention services and promotional materials.
- Review of existing pathways into Mental Health prevention services.
- Review of existing promotional materials etc. in relation to supporting those with mental health issues.

Appendix 2 – Summary of guest speakers and presentations given to the Topic Group

Guest	Organisation	Area	Date
Jen Brown	Health Improvement Specialist (Mental Health and Wellbeing), Health Improvement Team. Halton and St Helens Division Bridgewater Community Healthcare NHS Trust	Introduction to health prevention/promotion	2 nd July 2013
Jenny Owen	Commissioning Manager, Halton NHS CCG	Improved Access to Psychological Therapies	2nd July 2013
Gareth Jones, Sheila McHale,	Children’s Mental Health Commissioner HBC Commissioning Manager Halton NHS CCG	CAMHS Review update	6 th August 2013
Simon Bell	Public Health Commissioning Manager (Mental Health)	Overview of Public Health responsibilities, statutory duties and local mental health priorities	17 th September 2013
Phil Dearden Cheryl Connor Moira Byrom	Head of Safeguarding and Public Protection Whiston Hospital Manager Older Peoples Mental Health Liaison Service Manager, Acute Liaison Service	Overview of Whiston Hospital mental health awareness raising amongst staff, training and two services in relation to mental health – Older People’s Mental Health Liaison Service and Acute Liaison service.	15 th October 2013
Wendy Rydzkowski Andrew Holding	Educational Psychologist Clinical Psychologist insight		

Appendix 3

REPORT TO:	Children and Families Policy and Performance Board
DATE:	28 October 2013
REPORTING OFFICER:	Strategic Director, Children & Enterprise
PORTFOLIO:	Children Young People and Families
SUBJECT:	Scrutiny Topic – Independent Living Skills
WARD(S)	Borough Wide

1.0 PURPOSE OF THIS REPORT

1.1 To provide an update to the Board on the work undertaken on the scrutiny board to date.

2.0 Recommended that:

2.1 Board notes the update

2.2 Approves the recommendations proposed to date

3.0 BACKGROUND

3.1 A scrutiny group was established to undertake a review of how to further develop the effectiveness of the independent living skills taught to children and young people with ASD in Halton schools. The aim of the scrutiny group is to:

- Collect information on the experience of staff, children and young people;
- Identify good practice in the delivery of independent Living Skills in a variety of settings;
- Identify further opportunities to develop effective independent living skills for children and young people with ASD in schools utilising the existing skills and resources available.

3.2

The group have agreed that they need to adopt an approach that

focuses attention on what is valued most in the existing system and generate curiosity as to what the future may look like if these values are further developed. It is also aimed to highlight the schools and settings best attributes for staff and pupils so that positive practice can be shared and encouraged. Finally the group intends to explore how the acquisition of independent life skills could be improved for children and young people with social communication and autism.

4.0 **Progress to date**

4.1 The Group consists of number of elected members with a particular interest in supporting outcomes for children and young people with complex needs and Autism. The first meeting established the scope of the task and agreed an outline of plans of visit to a variety of settings, both in and outside of the Borough. The purpose of the visits was to understand the current practice and provision and listen to the views and feelings of both staff and children and young people.

4.2 Visits have already been undertaken to a number of settings. A summary of each visit is provided below.

Ashley School

4.3 Ashley school is now a fully accredited school designated to meet the needs of vulnerable higher functioning pupils with a diagnosis of ASC and those with identified Social communication difficulties. Aged 11-19.

4.4 The visit highlighted the impressive environment and knowledge and understanding of staff regarding their role in developing independence, confidence and social interaction in these pupils alongside progress in other curriculum areas.

4.5 The staff demonstrated huge enthusiasm for their work and pupils were extremely eager to talk about their role as well as their enjoyment in attending the provision. There was extensive use of environmental learning and development of independence skills. There was also significant emphasis upon the voice of the child and pupil views as well as strategic use of the School Council which is led by pupils. Pupils were confident in their communication with Councillors and happy to share their views and recommendations.

Brookfields School

4.6 Brookfields school is a Primary Special school catering for the needs of children with Complex need and Autism from nursery age to the end of key stage 2

4.7 There have been two visits to Brookfields School to date. The visits

were undertaken by two groups of Councillors. The school is fully accredited as a National Autistic Specific provision and has held and maintained this accreditation for a number of years.

- 4.8 The development of independence begins early in this setting and parent classes are held to share good practice with staff. Staff is responsive to parents and work to support parents in developing appropriate structures at home.
- 4.9 The pupils engage in environmental learning programmes and develop independence skills to equip them for enjoying social activities both at home and school.
- 4.10 The provision is acknowledged as outstanding and significant use of Pupil Council is also evident here. Pupils make known their requests for social and interactive activities and support local charities.

Wargrave House

- 4.11 Wargrave House is an Independent out of Borough Provision designated and accredited School for Children and young people with Autism. The Head teacher conducted the visit and there was no interaction with pupils .It is intended that a further visit is undertaken at Wargrave .

Cavendish School

- 4.12 Cavendish School is currently a Local Authority Day Special School. It is however looking to convert to academy status on 1st January 2014. It is designated to meet the needs of pupils with complex needs autism. The school has National Autistic Society Accreditation and meets a range of needs both physical and sensory from 11yrs.to 19yrs.
- 4.13 The visit was undertaken by Elected members and officers. The staff demonstrated enthusiasm for their work and pupils were eager to communicate about their interests as well as their enjoyment in attending the provision. There was extensive use of environmental learning and development of independence skills.
- 4.14 There was also significant emphasis upon the voice of the child and pupil views as well as strategic use of the School Council which is led by pupils. Pupils were confident in their communication with Councillors and happy to share their views and recommendations.
- 4.15 Independent travel instruction was in process and discussions with the tutor and pupils indicated the value, worth and enjoyment in this activity. Pupils were developing the skills to equip them to be able to engage in walks and travel on transport independently. The pleasure and pride experienced by these young people was

infectious.

Inglefield

- 4.16 The purpose of the visit to Inglefield was to view a unit in this provision that could extend provision and opportunities for further life skills teaching as well as overnight stays for pupils from Halton Settings. Councillors and officers and a Headteacher visited the provision and were extremely impressed with the possibility of providing support using this purpose built resource base. It is proposed that the possibility of this resource being commissioned by the school to provide extended experiences for young people as well as some element of respite for parents could be explored.

Simms Cross Primary School (ASC Resourced)

- 4.17 The visit to Simms Cross was undertaken by a range of Councillors as well as LA staff and Special School representatives. The group was encouraged to observe pupils with ASC and supported by the base, Integrate into mainstream class lessons with their chronological peers. They were well supported by additional staffing ratios, but encouraged to be as independent as their peers, The Inclusion and encouragement towards independence, in a safe environment was impressive and the pupils clearly enjoyed the process. Any concern or anxiety was dealt with swiftly and pupils were clearly happy and safe.
- 4.18 The visiting group was also enable to meet with the pupils in a smaller group and encouraged to engage with the children in order to understand pupil's voice. The guidance sheets prepared by the school enable the visitors to approach the pupils with some understanding of their likes and dislikes. This was helpful as it ensured that the visitors were aware of pupil sensitivities. This is essential to know when dealing with pupils having this category of need. Pupils were happy to engage and wanted to illustrate to the visitors things that they felt they enjoyed and how they felt more confident and able to do more for themselves.
- 4.19 The group of visitors then had the opportunity to meet with a parent of a current pupil and hear how attendance at the school had not only had a significant impact on his child's progress but had improved home life and confidence of both himself and his wife. It was a memorable and impressive visit.
- 4.20 The visiting group took suggestions and recommendations of ways in which the resource could be further developed to provide

additional support for Independent Learning.

Next Steps

5.0 The opportunities for:

- Residential experienced for pupils that could offer life skills training in a more domestic environment was a suggestion that occurred through many of the settings visited.
- Advantages gained from continuing with the Local Authorities Strategy of provide resources, as far as possible to both Widnes and Runcorn based pupils.
- Extended use of Independent travel training.
- Extended use of technology, particularly in form of iPads.
- Extended use of mobility training.

The above were recurring themes raised during the visits. Recommendations to date:

- To provide opportunities for children and young people with ASC and social communication difficulties to access extended independence opportunities close to their homes in both Runcorn and Widnes.
- To investigate the possibility of commissioning the Independent Living Unit at Inglefield, in order to provide opportunities for residential training and experience for pupils Key Stages 2,3,4 & post 16
- To investigate the opportunity to commission existing available residential resource that may be immediately available within our current special school provision, in the Widnes area.

Undertake further visits to mainstream resourced provision in Halton and compare with provision that may include residential provision in:

- Halton Provision in both Widnes and Runcorn
(See attached Provision Map for location of provision in Halton)
- Other neighbouring Authorities

5.2 The available data needs analysis in order to better understand the factors involved. Current service provision needs to be further developed to meet the needs of children and young people. There needs to be an agreed definition and understanding of Independent Living Skills and create a vision based on reflecting on what has already been successful and resulted in positive experiences for the children and young people. Need to identify how we can take into consideration the wishes of young people to acquire independent life skills particularly those young people with social communication and autism. Finally consideration needs to be made as to how the regional offer could be improved.

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children and Young People**

Ensuring provision meets need within the Borough as well as the locality.

Supporting Local Offer Requirements set out in Section 3 Children & Families Bill 2013

6.2 **Employment, Learning & Skills in Halton**

To ensure that young people with Autism and Social Communication difficulties have every opportunity to develop independence skills.
To enable them to access employment wherever possible

6.3 **A Healthy Halton**

To ensure that all young people in Halton have improved outcomes in particular Mental Health and well being
To ensure that these particular young people develop skills to understand how to look after their own needs wherever possible

6.4 **A Safer Halton**

To ensure that vulnerable young people have the skills to travel safely.
To encourage increased independence wherever possible

6.5 **Halton's Urban Renewal**

None

7.0 **RISK ANALYSIS**

7.1 Need to maintain, extend and further develop current provision to address increasing transport costs as well costs related to Out of Borough Provision.

7.2 Duty to respond to pupil and parent voice to ensure that young

people are given the opportunity to remain in their local community.
Need to improve outcomes for Children and young people with
Autistic Spectrum condition and Autism

8.0 EQUALITY AND DIVERSITY ISSUES

8.1 Ensure that Children and young people with Special Educational
Needs have their needs met locally

8.2 Providing Equal Opportunities having regard to the Equality Act
2010

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

Document	Place of Inspection	Contact Officer
Equality Act 2010	Rutland House	Jennifer John
The Green Paper 2011		
Children & Families Bill 2013		
Draft Code Of Practice for Special Educational Needs October 2013		