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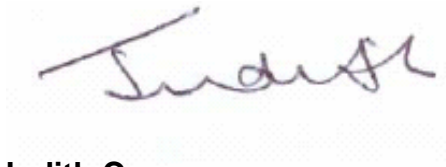
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Chairman's Foreword

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A handwritten signature in purple ink that reads "Judith".

Cllr Judith Cooper



DRAFT

Summary of Recommendations

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

Possible areas for recommendations

That the Mental Health Partnership: -

- 1. Produces a report for Councillors on the views and experiences of mental health service users and carers and how they have been acted upon.**
- 2. Identifies ways of ensuring a consistent / universal response from GP surgeries in relation to mental health issues. Consideration should be given to applying the advice on prescription model used by St Helen's.**
- 3. Produces plans to review ways to the effectiveness of the Well-Being Centre and identify ways to ensure improved early access to mental health services.**
- 4. Reviews current arrangements to support service users and carers in a crisis and produce recommendations to provide an improved and integrated service .**
- 5. Identifies current informal support services in the Borough and develops mechanisms to support them in their task through publicity, advice and information.**
- 6. That officers be requested to further improve the links between Mental Health Services and the Council's Housing Teams including:**
 - identifying a link worker in each community team to work with housing lead officer.**
 - establishing regular forums:- to discuss and explore appropriate housing options for those particularly difficult service users in the community who may end up being evicted due to mental health issues, but who still require accommodation which is not supported or residential due to vulnerability.**
 - Improving joined up working to sustain tenancies**
- 7. Establishes a formal relationship between senior managers in libraries and leisure and Mental Health Services to ensure consistent**

and continued support of service users and carers in community settings.

- 8. Uses the 2013/15 Commissioning Plan as a basis for shifting resources towards community support and to reduce the reliance on high cost residential care (placements).**
- 9. Works in partnership to more consistently challenge stigma against mental Health service users, and produce a realistic programme projecting positive images of mental health.**
- 10. Ensures there are effective mechanisms to enable Voluntary Sector Organisations to improve co-ordination and to share best practice.**
- 11. Promotes the greater use of Assistive Technology (Telecare and medicine) to support and enhance the daily lives of mental health service users.**
- 12. That the Council as an employer, identifies ways of better supporting people with mental Health problems (issues) back into work.**

Introduction

Reason for review and terms of reference:

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

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

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

Traditionally services were often hospital-based. Increasingly both social care and health services reflect a growing trend towards community-based options that emphasise the importance of helping people gain or regain the skills and confidence to help them live a life in the community where they can realise both their social and economic potential.

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

Current funding levels for social care mental health services in Hillingdon are in line with those of comparator councils². The Council also spends similar proportions of its budget on mental health as other similar London boroughs.

The balance of current spending on mental health services reflects a relatively traditional model of care with disproportionately high expenditure on residential care and nursing homes. There is a correspondingly low spend on home –based solutions such as support during the day including home care where it is the lowest within the same comparator group. Work is already underway to rebalance care through reducing reliance on institutionalised care and support and substituting greater use of community options including personalised budgets supported housing and floating support for people within their own tenancies.

Improved mental well-being does not and should not rely upon social care support alone. We need to ensure that people with mental health difficulties can access the full range of mainstream services that promote greater social inclusion. This requires a whole-system response from the Council and partners. This is reinforced by the Government's recent White Paper³ where it says leisure centres, libraries, day centres and community centres ...'should be open, inclusive and culturally sensitive venues. Promoting the innovative use of venues in our communities will help to reduce social isolation and increase connections.'

Already there are excellent examples of support provided through mainstream services. Routinely occupational therapy and other staff assist service users in accessing a range of facilities that would be used by anyone for work, education, leisure, personal or social activities. These include sports facilities, gyms, swimming pools, leisure centres, Uxbridge college, education resources, libraries, community centres, religious organisations, cafes, voluntary organisations, and women's centres.

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

² LIT Results of Financial Mapping 2011-12 – Hillingdon – Department of Health

³ Caring for Our Future – reforming care and support - HM Government July 2012

The review sought to:

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

Terms of Reference

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

Lines of enquiry

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

Identifying Needs and Early Identification

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

Information and support for users and carers

3. What information, support and advice is available to those that may need it? How can this be improved?

4. What treatment and support and recovery services are available e.g CNWL Recovery College?
5. What support is available for the carers of adults with mental health issues? Is this support sufficient/ how could this be improved?

Enabling people to make choices, balancing risks and community involvement

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

Partnership Working

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

Staff Training and Development

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

Learning from best practice

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

Resources

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

Methodology:

The Committee used three meetings to examine this issue. In September 2012, officers from Adult Social Care and representatives from CNWL provided a verbal overview on mental health services in Hillingdon and referred to the 6 information packs which were circulated in the agenda. The Committee also held three witness sessions to discuss and receive evidence relating to the review.

Meetings held in September and October with a further one in November involved taking evidence from a range of witnesses:

First Witness Session: 11th September 2012 (example)

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

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

Second Witness Session: 9th October 2012

This session examined

Third Witness Session: 7th November 2010

The final session examined

Site Visits:

- In addition to formal evidence gathering in the committee setting, Members also went on several site visits. These included;
- Mead House
- Mill House
- The Riverside Gym
- The Uxbridge Bike Project
- (*Hayes Methodist Church, Hayes End – visit to Carers supported by Rethink*)

The next section of the report provides background on the main issues, and then presents the main issues arising in our evidence. We then make recommendations to Cabinet, which we believe will address these issues.

Background

Mental Health: An Overview

Mental health is a complex issue which has serious ramifications for the community. According to the latest figures published in No Health without mental health, the total cost of mental illness in Britain is estimated to be about £100 million per annum but this does not include the human costs which is impossible to quantify. Statistically, mental illness will affect 25% of people at some stage in their lives and therefore most people will be affected directly or indirectly. For those affected, the effects can be catastrophic and range from someone losing their job, their home and or their independence. For these reasons it had long been argued that mental health should figure as a higher priority on the government agenda.

In most cases, persons with mental health issues are treated entirely by their GP. Usually treatment involves a course of medication and, in some cases some form of counselling which can assist most people to recover. However in more severe cases, specialist mental health services are employed and the way in service users receive and access these services has undergone massive changes in recent times.

Further background about recent developments leading to the No Health with Mental Health guidance..

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Levels of Need in Hillingdon - Details taken from information packs:

The most common mental health problem in Hillingdon is anxiety and depressive disorders which affect over 50% of people with mental health problems. It is estimated that in any given week, 10% of adults in Hillingdon will experience depression – higher than the England average (8%) but lower than the London average (11%). Overall, the need for inpatient services for severe mental illness in Hillingdon is 20% lower than the national average 40%, whereas on average in London it is 60% higher. Although the mental health need in Hillingdon is lower than England as a whole, the picture fits with the national pattern of indicators and determinants that impact on mental health. Most admissions needing mental health treatment in Hillingdon come from the south of the Borough. These wards are predicted to a higher population increase in areas already more densely populated and more deprived. On average, these localities show higher social determinants:

- Lower educational attainment
- More unemployment

- More crime

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

Information on acute admission rates and comparisons with other Boroughs.Hillingdon

Early Intervention

The Provision of Services in Hillingdon

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

Findings & Recommendations

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

We started our review by examining by looking at an overview of how mental health services are delivered jointly through the Council and Central and North West London Foundation Trust (CNWL).

A narrative to be inserted about the witness session discussions and arising recommendation/s

Minutes from 11 September included for reference

The Interim Deputy Director, Social Services, Health and Housing introduced the report and explained that the first witness session aimed to address the following lines of enquiry:

- Identifying Needs and Early Identification
- Learning from best practice
- Resources.

The witnesses in attendance were:

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

Sandra Brookes provided an overview of the six information packs which were included in the agenda. This was followed by a question and answer session. The following points were noted:

Information Pack 1 – National Context – Summary of No Health without Mental Health

- The way forward: No Health Without Mental Health: a cross-government mental health strategy for people of all ages: Translating Vision into Reality consisted of 6 elements which were:
 1. More People have better mental health
 2. More people will recover
 3. Better physical health

4. Positive experience of care and support
 5. Fewer people will suffer avoidable harm
 6. Fewer people experience stigma and discrimination
- Health and well-being was an important aspect of the strategy which linked a healthy body and mind together.
 - Referring to the IAPT⁴ recovery rate Programme, it was noted that access to physiological therapy and early intervention were vital to assist people with mental health issues to stay in employment, which in turn made a valuable contribution to reducing stigma and discrimination.
 - An evidence based approach was taken to mental health service provision. It was important to ensure that users and carer's experiences were incorporated into the services delivered jointly by the Council and CNWL.

Information Pack 2 – Contextual Information for Hillingdon – data informing a new Commissioning Plan

- The priorities for NHS Hillingdon and the London Borough of Hillingdon included:
 1. Promoting healthier lifestyles
 2. Improved co-ordination of joint health and social care working
 3. Safeguarding, prevention and protection
 4. Community based, resident focused services
 5. Promoting economic resilience
 6. Preserving and protecting the natural environment
 7. Reducing disparities in health
- A key challenge for the new Commissioning Plan would be the focus on the national context, and moving away from secondary care to primary care

Information Pack 3 – Performance Data

- In relation to the following performance targets:
 1. 7-day follow up
 2. CPA reviews
 3. Delayed Transfers of Care
 4. Gatekeeping
 5. New EIS Cases
 6. NHS Data completeness
 7. Home Treatment episodes
 8. Self directed support
 9. Placement reviews
 10. Assessment waiting times
 11. Carers assessments
 12. Service Users receiving review

⁴ IAPT - Improving Access to Psychological Therapies

It was noted that overall performance had improved over the past 3 years and in particular work around home treatments and early interventions had gone well. A series of action plans had been introduced to address Self Directed Support, Placement reviews, Carers Assessments and Social Care Reviews.

Information Pack 4 – Access to Services & Information Pack 5 – Organisational Structure

- It was noted that CNWL had been reconfigured into the following 10 Service Lines:
 1. **Acute Service Line** – including acute beds / care unit / home treatment – The aim is to provide intensive support to try and reduce hospital admissions
 2. **Rehabilitation Service Line** * - *a particular focus of this review*
 3. **Assessment and Brief Treatment Service Line** – It is hoped that this reconfiguration will improve access to services. * - *a particular focus of this review*
 4. **Community Recovery Service Line** – Focusing on developing functional social lives and support networks for service users. * - *a particular focus of this review*
 5. **Psychological Medicine Service Line**
 6. **Addiction Service Line**
 7. **Older Adults & Health Ageing Service Line**
 8. **CAMHS service Line**
 9. **Offender Care Line Service**
 10. **Learning Disabilities Service Line**

Liaison services were a new service area. These were being developed further with the aim of reducing secondary mental health care needs.

Hillingdon was unique amongst London Boroughs in that Heathrow Airport posed a series of challenges especially in relation to detention centres.

Crisis Provision

In relation to crisis provision, the Committee heard that a Community Team was in place if this was required within office hours. Outside these hours provision included:

- The NHS111 phone number for emergency and care services which were less urgent than 999 calls
- General Practitioner services
- Accident and Emergency services
- Emergency Out of Hours Team

The Committee were informed that Needs and Early Intervention work was being conducted in partnership between the Council, CNWL and GP surgeries across the borough to increase this support. It was noted that the Well-Being Centre had a role to play in signposting service provision, as well as providing some services, and it was acknowledged there were further opportunities to

highlight this resource. The valuable role the voluntary sector played in identifying need and especially early need was also emphasised.

It was noted that The Director and Interim Deputy Director were currently looking at a new structure for providing Mental Health Services across the Borough. The new Directorate structure introduced a new post of Service Manager Mental Health whose job it would be to ensure a more effective operational and strategic link between the council, NHS and voluntary sector partners.

Information Pack 6 – National examples of best practice

- Reference was made to a number of examples of best practice from across the country which had been highlighted in the Health Services Journal national awards in mental health. These included:
 1. *Home Treatment Service* – an award winning project in Scotland – shifting the balance of care from hospital to home support⁵ for people with severe mental health issues.
 2. *The ‘How Long Would You Wait’* initiative – pioneered at the Cornwall Partnership FT - a campaign raising awareness about psychosis and encouraging family, friends and work colleagues to reach out and provide assistance early on.
 3. *The Proactive Intervention to Enhance Recovery* (PIER) project – aiming to involve young people (aged 14 to 35 years) who were experiencing psychosis in designing and creating resources (including on-line resources) to make information about the condition more accessible to this age group.
 4. *Mental Health Gateway Workers: Promoting Positive mental health* Cardiff and Vale University Health Board – The aim of gateway workers was to bridge the gap between primary and secondary care using a stepped care approach
 5. *Advice on Prescription: a partnership approach to improving mental health and wellbeing* – based at NHS Halton and St Helens – an initiative aiming to fasttrack people visiting their GP who have mental health problems due to social welfare issues into more appropriate support services than psychological therapies.
 6. *The CNWL Recovery College* – Based at Central and North West London NHS Foundation Trusts headquarters near Warren Street. This was an innovative educational facility, providing recovery focused education for people with mental health issues and those also in receipt of addictions and learning disability services.

In relation to the IAPT programme, Members asked how the London Borough of Hillingdon compared to other London Boroughs in terms of resources. In response, Sandra Brookes explained that CNWL were moving resources into this area but CNWL were 2 to 3 years behind other boroughs

In terms of the early diagnosis of disorders, Members heard that CNWL could commission these services but that these services were special out services which were commissioned in.

During discussions about the out of hours in a crisis service, Sandra Brookes confirmed that service users were encouraged to contact an advice centre and signposting from here might include a referral to A & E or a Social Services Team. It was noted that CNWL did not have a crisis team but were taking steps to enhance the out of hours service and put in place a single telephone number to help people, thereby creating a more consistent service.

In response to a question about whether crisis calls and their eventual outcomes were tracked, Members heard that telephone calls were recorded but that outcomes were not tracked. Officer's confirmed that the Council's Emergency Duty Team did include mental health professionals or had access to them. With respect to the single telephone number for those people in crisis, it was confirmed that there was close liaison between the Community Nurse and Out of Hours Service in relation to these calls for assistance.

It was noted that carers often played a vital role in assisting persons in crisis. In terms of prevention, Members heard that all service users were provided with crisis cards which recorded some personal details and included information about whom to contact if the person were in crisis. It was noted that the carers in Hillingdon were in the process of developing their own crisis card so that, in the event of an emergency where they could not provide care, others would know what support was needed for the relative or friend they supported.

Members agreed that it was vital there was support immediately after a period of crisis to ensure the person felt able to return to work as quickly as possible. It was highlighted that working within the voluntary sector for a period of time could help build confidence and provide support networks to persons in recovery.

Sandra Brookes explained that there were further opportunities for CNWL to engage with GPs and in particular to develop the commissioning role played by GPs. Members also highlighted that one of the key roles played by GPs was at the early intervention stage and there was scope to enhance this area. Members were pleased to hear that progress on this front had been made at the Mental Health Delivery Group.

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

Officer's reported that over the last 18 months, partnership working between the Council and CNWL had improved and that the new Service Manager post

would act as a focal point for liaison between the Council and CNWL to enhance joint working.

In response to a question about what aftercare was available to carers and the families of mental health patients, Members heard that CNWL would appoint a member of staff to liaise with the family, either through a series of telephone calls, or, in some cases, through home visits. There were also a range of funded carers groups and Rethink offered a service particularly for people with mental health problems.

Members highlighted that the Well-Being Centre (located within the Boots Chemist on Uxbridge High Street) provided a fantastic service and there was an opportunity to publicise and promote what it did. Sandra Brookes confirmed that the IAPT was based at the Well Being Centre and this needed to be expanded. Members highlighted that St Margaret's Church was also a valuable resource to people with mental health issues and it was important that services, information and guidance was available to service users at those locations.

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

1. Implementing a new Council structure to deliver mental health services in Hillingdon, overseen by a new post would strengthen service provision
2. Exploring further ways of working between CNWL and the Council's Housing Teams to look at housing needs and accommodation options
3. Exploring those opportunities for CNWL to work in partnership with the Council's Leisure and Recreation services to develop the inclusion and recovery agenda (especially looking at the work of libraries as local resources).

In relation to the final suggestion, the Director of Social Care, Health and Housing confirmed that her Department had been working closely with the Planning, Education, Environment and Children's Services to look at ways in which services could be delivered in the future. It was noted that the Council did not have a books on prescription service for example, but there were lots of instances where there were opportunities for greater joint working. Fiona Davies from NHS Hillingdon confirmed that she was aware of a project called Getting into Reading and that Hillingdon MIND also ran a scheme.

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

Resources

In terms of resources, it was noted that Hillingdon was in the third quartile for spend and this was just below 2010 levels. However, there had been increased investment recently and NHS Hillingdon had become more outcomes focused.

Speaking in general terms, it was noted that set against NHS Targets, NHS Hillingdon was broadly meeting its outcome against spend.

Joan Vesey reported that the Clinical Commissioning Group were looking at profiling the current economic spend to try and match resources to those areas which required additional funding. However, this was not an easy task and involved redesigning patient pathways. Linda Sanders explained that the Council were looking at an integrated approach to commissioning and that resources were focused on people in community based care rather than expensive residential care facilities. Councillors would learn more about housing support services contributed to this shift next time. Officers reported that the Mental Health Partnership Board, which consisted of Council and CNWL representatives, was looking at a 'whole family approach' to delivering Mental Health services in Hillingdon. In the current financial climate, it was acknowledged that any change programme would have cost implications and it was important that officers demonstrated affordability and efficiency savings.

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

Alan Coe reported that the recent change in the structure of CNWL helped support the shift towards supporting more people at home and fewer in institutional settings. Recent reviews had highlighted that cost savings could be made by helping people move towards regaining their independence more quickly than they had in the past. The placement efficiency programme had identified where further appropriate transfers into the community could be achieved and also cost savings.

In response to a question about the size and efficiency of the Mental Health Services budgetary spend, officers reported that historically this had not been as effective as possible. However there were clear plans to improve this. Officers were looking at a range of innovative options through the personalisation programme so that persons in residential care home settings could consider alternative options to give them greater choice and control.

In relation to the topic of reducing stigma associated with mental illness, Members heard that at this stage, nothing had been done systematically across Councils. However, one of the outcomes of the review might be what Hillingdon could do as a Council and across partnerships to try and reduce this further.

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

Resolved –

That the evidence provided be used to inform the findings of the review.

DRAFT

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

A narrative to be inserted about the witness session discussions and arising recommendation/s

Minutes from 9 October

Alan Coe, Mental Health Consultant introduced the report and explained that the second witness session aimed to address the following lines of enquiry:

- *Local strategies – translating policy into practice*
- *Partnership working*
- *Enhancing joint working*

The witnesses in attendance were:

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

Both voluntary sector organisations provided presentations. This was followed by presentations from CNWL and the Housing Options Team. At the end of each topic a question and answer session was held. The following points were noted:

Rethink

Rethink North West London Carer Support Service is an organisation which works to support families and friends of adults experiencing mental illness in the London Boroughs of Hillingdon and Ealing. Aiding the support and recovery of families and friends affected by mental illness is a key aim. Rethink works with carers in a variety of ways to enable them to cope better with their difficult situations.

The objectives of Rethink are:

Objective 1: – To support recovery and social inclusion

1. To provide information, advice and support to carers of adults experiencing mental illness

2. To organise and facilitate carer support groups- Carer support groups help to reduce isolation and stress amongst Carers, improve social networks and provide access to information and support.
3. To organise and facilitate respite opportunities. –In the last 6 months Rethink have organised a number of respite outings for carers including:
 - a guided tour of the Palace of Westminster
 - pantomime visits
 - an organised tour of RAF Northolt
4. To develop participation and involvement of people using our service in the planning and delivery of activities.
5. To facilitate Carers Education and Training Programmes (CETP).
6. To ensure that our service is open to all and recognises diversity
7. To continue to work in partnership with other organisations and on new initiatives.

Objective 2: To combat the stigma and discrimination experienced by people affected by severe mental illness

1. To promote the service. -Rethink produce a regular newsletter, which contains useful information about mental health issues, caring and events taking place.
2. To signpost carers to other relevant organisations. A key role of Rethink is its regular work with Carers and Carers who are often referred to other services such as Hillingdon Carers, Citizens Advice Bureau and for a Carers Assessment. We also regularly invite other services to attend our groups to provide information to Carers about their services.
3. To promote Rethink membership and campaigns. This takes place on an on-going basis and has been promoted recently in the newsletter, as has the Time to Change anti-stigma campaign. New referrals to the service and anyone leaving the service, are also encouraged to become members so that they can become more involved in the work of Rethink Mental Illness and help everyone affected by severe mental illness.

Objective 3: To continue to develop a caring organisation that is dynamic, ambitious and fit for the future

1. To continue to develop staff and volunteers.
2. To ensure that our service runs on budget.
3. To monitor the impact and satisfaction of the service.

Planned Future Work

Rethink Mental illness is launching a new Rethink Information System and have developed new carer support planning tools. During the next six month period the service will be working on implementing these tools which we hope will enhance and add to the service we already provide.

Hillingdon MIND

Vision - A society that promotes and protects good mental health for all, and that treats people with experiences of mental distress fairly, positively, and with respect.

Hillingdon MIND comprises of a group of users and ex-users of mental health services, professionals and interested individuals who share a concern about the lives of mentally or emotionally distressed people in the community. Hillingdon Mind takes an overarching view of people's mental health and emotional wellbeing.

Through projects and services Hillingdon MIND aims to:

- prevent isolation,
- offer talking therapies,
- enable social inclusion,
- arrange housing opportunities,
- and provide services specific to different cultures.

Role and Activities include:

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

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

Clubs run by Hillingdon MIND offer:

- company, friendship and support for those feeling isolated, lonely or who are recovering from a mental health issue.
- access to computers, printers and a TV room
- various arts, crafts, and board games are available.
- outings and social events

Funded by Heathrow Community and Environment Awards. Café Mind is a new social enterprise scheme. The café is run by Hillingdon Mind's service users. This provides an opportunity to learn new skills in catering and customer care.

In relation to other schemes, Hillingdon MIND explained that the 'Better with Books' project based at Yeading Library had proved popular in the past and they were disappointed that this service had disappeared. It was noted that

Yeivwsley Library was currently closed for refurbishment but it was suggested that the new Hayes End Library might be used to restart this service,

The Committee heard that Rethink and Hillingdon MIND had worked together in the past but no longer did. Members felt there was an opportunity to develop local partnerships to highlight what each organisation did and to bring residents and carers together.

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

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

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

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

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

During the course of discussions, the Committee explained that they were aware there were a number of hard to reach groups and engaging with them had proved a challenge given that some communities viewed mental health needs as a social taboo. Members were encouraged to learn that Hillingdon MIND were actively working with Asian, Somali, Nepalese and Afghani groups. Hillingdon MIND confirmed that they had been working with Somali groups for the last 18 months through partnership working with Surhan?

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

CNWL

(How adult community mental health services use community facilities)

- Use of community facilities is historical and not new.
- Supports Recovery and Social Inclusion.
- Meets individuals occupational goals e.g. Social, Leisure, Vocational and Self care.
- Enables individuals to return to, and participate in, their community

What type of Facilities do we use?

- Anything and everything that meets an individuals Recovery goals.
- Aim is to support full participation in the community and life in general.
- We take a systems approach. Every person is seen as part of a system; including their community

Some examples of groups

- Football Group at Brunel University
- Sports group at Uxbridge Lido sports hall
- Fitness group at Bailey Hall in Uxbridge
- Individual gym sessions at Uxbridge Lido gym
- Wellness and Recovery group at Wellbeing centre
- Walking group in local parks and footpaths
- Batik group in the Compass Theatre in Ickenham
- IT group in Ruislip Manor library
- Men's group in Christchurch
- Anxiety management and Assertion and Self esteem groups in the Wellbeing centre

Some individual examples

- Libraries (an excellent resource)
- Shops
- Cafes
- Local employers
- Leisure and sports facilities

- Religious organisations
- College/ education facilities
- Voluntary organisations
- Green spaces
- Public transport

Challenges:

- These are minimal.
- Occasionally staff attitude within community facilities (rare - but has occurred).
- Cost of hire of community venues.
- Availability of suitable community venues for groups (more needed for the implementation of Recovery courses locally)
- Travel within borough.
- Cost of facilities for service users (reduced with a leisure link card)
- Bike project has outgrown current premises.
- Funding from council to develop bike project into a social enterprise

Partners:

Projects have been undertaken in partnership with for example:

- MIND
- HAVS
- Healthy Hillingdon
- Local libraries
- Brunel University
- Rethink and other carers groups
- Uxbridge College

Housing

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

What services do we provide?

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

Assessment of service users with mental health needs?

- Care plan & risk assessment – helps to establish threshold for independent living in order to inform accommodation options – temporary accommodation, private rented and social housing

- Bed & Breakfast – to avoid bed blocking
- Referral to floating support services - ILS, LookAhead and Hestia.
- Move on from supported housing (Hayes Park Lodge)
- Attend bed management meetings at Riverside
- Signpost to other appropriate agencies

Mental Health Supported Housing and Floating Support Services

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

Areas for improvement

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

Housing Support

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

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

Community Housing- Managing tenancies:

- Community housing provide support and advice as well as taking appropriate enforcement action to resolve any tenancy and neighbourhood issues

- Refer tenants onto appropriate services including ILSS, community safety team, social services etc; to ensure appropriate support is offered
- Joined up working with key services such as mental health.

Tenant Support

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

Sheltered Housing

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

Extra Care Housing

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

In response to a question about the number of supported housing units in the Borough, the Committee noted that 66 units were currently available for service users with very high support needs. Officers confirmed that an additional 420 units were planned and that the Council was working in partnership with CNWL on placement efficiencies to develop a wider supported housing sector. Robyn Doran confirmed that Hillingdon had more supported housing provision than neighbouring boroughs.

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

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

Concern was raised about the levels of support available to people with mental health needs across the borough and whether or not there were some areas which had less support than others. In response officers explained that occupational therapists worked borough wide and CNWL were looking at using existing community resources in innovative ways to ensure there was enhanced service provision.

Referring to the large number of services provided by the Housing Department, Members were pleased to learn that a single point of contact would be established when the client registered with the Department. In those cases where the resident had mental health needs, the Committee learnt that an assessment would be conducted by a panel of health professionals at the outset of the housing application to ensure the most appropriate housing service was accessed.

Given that the Housing Officer presentation cited that 90% of tenants had some degree of vulnerability, Members asked whether the community was necessarily the best place for recovery for someone with mental health needs. In response, the Committee heard that many persons with mental health needs had been through the acute service and then had progressed to housing options as their health had improved. Clearly a balance needed to be struck between an individual's ability to cope and their housing needs but finding the most appropriate form of accommodation was about making links between recovery and the community as a whole.

It was noted that Riverside and acute resource facilities provided clients with a controlled environment in which to take their medication. Concern was raised about those people with mental health needs which were non-compliant with their medication and whether there were ways of supporting them. In response, the Committee heard that CNWL were working with GP's and partner organisations towards a community programme? It was suggested that the Recovery College could play an important role in educating services users, carers and attendees of the importance of taking prescribed medicines at the allotted times however, it was recognised that there would always be some people who would be non-compliant.

Developing this theme further, it was recognised that there was a possibility that someone with acute issues might suffer a relapse and not be able to cope with A&E, medication or other underlying issues such as anti-social behaviour. Therefore moving persons in difficulty into emergency bed and breakfast accommodation might not be the best option. Officers explained that a clients Care Plan meant that where possible bed and breakfast accommodation would be avoided. However, in those cases where there were no other short term options available, the Council would seek self contained b&b accommodation and ensure that housing officers and out reach support visited to assist them.

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

Resolved –

That the evidence provided be used to inform the findings of the review.

DRAFT

3 Service Users / Partnership working

Minutes from 7 November 2012 – circulated

A narrative to be inserted about the witness session discussions and arising recommendation/s

4 Carers' Views – Visit to be arranged

A narrative to be inserted about the witness session discussions and arising recommendation/s

5 Final meeting – Draft recommendations (alternative heading)

At our final meeting, we examined

Closing Word

To be added.

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Background Documents

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