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Chairman's Foreword

There is a vast array of mental health support and advice in the Borough – disseminated by an equally vast array of organisations and procedures/methods. The work itself is undertaken with considerable skill and sensitivity and many, though not all, service users told us how satisfied they were with the support they received – once it's in place. However, we heard about aspects of service that clearly need to be flagged up as areas of concern:

- Transition – between and within services.
- Crisis and particularly, that for the service users and/or family and friends, at the point of crisis the route into services is not clear.
- The Council web-site, which should offer an accessible menu of support and advice;
- A clear safety-net for those deemed to be "independent" and therefore ineligible for services,

The overwhelming impression is of committed and well qualified people working hard within services, but without a sufficiently clear map to help them ensure service users move effectively through services in order to maximise their potential recovery, or to maintain stability in their condition. Service users and carers are often inhibited by their own perception of the stigma associated with mental health issues which prevents 9 out of 10 of them from doing everyday things - including seeking help.

Mental health, like all areas of health & social care, is in a state of flux because of the NHS changes and the development of service lines, the recovery model and personal budgets. There are two trends with which Officers and Partners are very familiar and keen to improve – effective partnerships and a focus on commissioning for outcomes. Paradoxically, whilst the key to cohesive services is partnership working it also requires clear leadership. The increased role of the Local Authority in the preventative agenda gives us an excellent opportunity to give direction to the provision and monitoring of both our own services and those of our partners. Properly developed partnership and commissioning for outcomes have the potential to transform the lives of Mental Health Services Users and their families by ensuring excellent, accessible and timely services that meet their needs in crisis as well as in their day-to-day lives.

That is the challenge that this Committee has been seeking to articulate and to offer support through its recommendations.

Cllr Judith Cooper

Summary of Recommendations

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

To ensure that there is access to and accessibility of excellent outreach services in the community for all service users and their carers, we recommend that the Council and CNWL work in partnership through the Mental Health Partnership Board as follows:

Identifying needs and early identification

1. **Develops ways to improve early identification of mental health needs and increase access to mental health services. This will include utilising voluntary sector resources but also other services accessed by the public.**

2. **Review current arrangements to support service users and carers in a crisis and produce recommendations to provide an improved and integrated service.**

Information and Support for users and carers

3. **Promotes the greater and effective use of Assistive Technology (Telehealth) to support and enhance the daily lives of mental health service users and those with additional disabilities.**

4. **That the Council website and Directory of services are reviewed so that people seeking information about mental health and well-being can find the help they need.**

5. **Develop a mental health carers strategy reported to the Cabinet Member for approval, that improves services for carers in Hillingdon, including a commitment to needs and role of carers, clarity on services and improved communication.**

Enabling people make choices, balancing risks and community involvement

6. **Ensure procedures that CNWL and the Council have as employers, support people with mental health problems in returning to work.**

7. **Ensure that people leaving services are given clear information about how they can re-engage if they feel their condition worsening or becoming unwell again.**

8. **Ensures that people in the process of recovery are introduced to services that will continue to support them effectively through the transition as statutory support reduces.**

Partnership working

9. **That Cabinet welcomes the work 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 service users in the community who may have particularly challenging needs; and**
    - **Improving joined up working to sustain tenancies.**

10. **Identifies current informal support services in the Borough and develops mechanisms to support them in their task through publicity, advice and information.**

11. **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.**

12. **Supports voluntary sector organisations to improve co-ordination and share best practice and recognise their valuable contribution to the safety net.**

13. **Produces a report for the Cabinet Member and then Committee on the views and experiences of mental health service users and carers and how they have been acted upon.**

Staff training and development

14. **Works with service users to more consistently challenge stigma against mental health service users and produce a realistic programme projecting positive images of mental health.**

15. **Ensure that staff, especially those officers that work in Supported Housing and Social Care who are in the first line of defence, have Mental Health First Aid Training delivered (from existing resources).**

Learning from best practice

16. **Identifies ways of ensuring a consistent / universal response from GP surgeries in relation to mental health issues. Consideration should be given to applying good practice models from across the country.**

Resources

17. **Welcomes the proposed 2013/15 Commissioning Plan as a basis for shifting resources towards community support and to reduce the reliance on high cost residential and nursing care (placements).**

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 in most societies and can be a major barrier to the use and take–up of services. As a result, people with mental health problems too often experience isolation, poor opportunity, discrimination and a lack of acceptance by society. Addressing this issue will be an important element of this review.

The concept of recovery has been introduced to mental health in recent years, for many people this is about staying in control of their life despite experiencing a mental health problem. Professionals in the mental health sector often refer to the 'recovery model' to describe this way of thinking.
Putting recovery into action means focusing care on supporting recovery and building the resilience of people with mental health problems, not just on treating or managing their symptoms.

There is no single definition of the concept of recovery for people with mental health problems, but the guiding principle is hope – the belief that it is possible for someone to regain a meaningful life, despite serious mental illness. Recovery is often referred to as a process, outlook, vision and conceptual framework or guiding principle.

The recovery process:
-provides a holistic view of mental illness that focuses on the person, not just their symptoms

-believes recovery from severe mental illness is possible is a journey rather than a destination.

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

-does not necessarily mean getting back to where you were before.

-happens in 'fits and starts' and, like life, has many ups and downs.

-calls for optimism and commitment from all concerned.

-is profoundly influenced by people's expectations and attitudes.

-requires a well organised system of support from family, friends or professionals.

-requires services to embrace new and innovative ways of working.

The Council and NHS commission and provide 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.

Current funding levels for social care mental health services in Hillingdon are in line with those of comparator councils[1]. The Council also spends similar proportions of its budget on mental health as other similar London boroughs.

Current spending on mental health services reflects a relatively traditional model of care with disproportionately high expenditure on residential care and nursing homes. This was explored in the September Committee meeting. There is a correspondingly low spend on home and community based solutions such as befriending, support to remain in employment, assistance to participate in education and leisure opportunities and guidance to learn budgeting , cooking skills and improve personal hygiene. This is 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 developing a range of services including greater use of community options including personalised budgets supported housing and floating support for people within their own tenancies. The NHS spend on mental health services in Hillingdon is relatively low compared to similar health economies but has improved in recent years. A new joint commissioning plan emphasises the need to shift resources away from bed-based services towards greater support in the community.

[1] LIT Results of Financial Mapping 2011-12 – Hillingdon – Department of Health

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

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 in 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 people with mental health problems are 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 to 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

To address the lines of enquiry, the Committee held three meetings in September, October and November which were attended by senior Council officers, representatives from CNWL and a variety of different stakeholders. In addition to its formal evidence collection, the Committee also conducted three site visits between early November and mid December. The final meeting in December was used by the Committee to consider its draft recommendations. Details of these meeting are described in Appendix 7 to this report.The next section of the report provides background on the main issues, and then presents the main issues arising in our evidence. The Committee then make recommendations to Cabinet, which it believes will address these issues.

Findings & Recommendations

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

Mental Health: An Overview

Mental health is a complex issue which has serious ramifications for the community. To support members in absorbing both national and local policy and practice the Committee were provided with six information packs at the outset of the review as a point of reference:

1. National Context – Summary of *'No Health without Mental Health'*
2. Contextual Information for Hillingdon – data informing the new Commissioning Plan
3. Performance Data
4. Access to Services
5. Organisational Structure
6. National examples of best practice

These information packs are included as Appendices 1 to 6 to this report.

Levels of Need in Hillingdon

Common mental health disorders, such as depression, generalised anxiety disorder, panic disorder, obsessive-compulsive disorder (OCD), post-traumatic stress disorder (PTSD) and social anxiety disorder, may affect up to 15% of the population at any one time.

The prevalence of individual common mental health disorders varies considerably. The 1-week prevalence rates from the Office of National Statistics 2007 national survey were 4.4% for generalised anxiety disorder, 3.0% for PTSD, 2.3% for depression, 1.4% for phobias, 1.1% for OCD, and 1.1% for panic disorder.

Estimates of the proportion of people who are likely to experience specific disorders during their lifetime are from 4% to 10% for major depression, 2.5% to 5% for dysthymia (low mood), 5.7% for generalised anxiety disorder, 1.4% for panic disorder, 12.5% for specific phobias, 12.1% for social anxiety disorder, 1.6% for OCD and 6.8% for PTSD. More than half of people aged 16 to 64 years who meet the diagnostic criteria for at least one common mental health disorder experience co-morbid anxiety and depressive disorders.

The Committee heard that the most common mental disorder in Hillingdon was anxiety and depressive disorders which affected a significant number of people with mental health problems.

Although the mental health need in Hillingdon was lower than England as a whole, the picture fitted with the national pattern of indicators and determinants that impact on mental health.

The profile for Hillingdon activity in 2010/11 shows

7.5% of those on the on the caseload of CNWL were admitted, 88.4% were treated in the community with, 4.1% receiving no care. For comparison, the average for all commissioners is approximately 8.1% admitted, 85.1% community, 6.8% no care. Also, the average for all PCT peers (6 Thriving London Periphery) is approximately 9.5% admitted, 87.8% community, 2.7% no care.

Based on data from NHS commissioners most admissions needing mental health treatment in Hillingdon came from the south of the Borough. These wards were predicted to have a higher population increase in areas already more densely populated and more deprived. On average, these localities showed higher numbers for the following social determinants:

- Lower educational attainment
- More unemployment
- More crime

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

The Provision of Services in Hillingdon

The Committee heard that clearer lines of reporting meant that existing resources could be used more efficiently to achieve the best outcomes for service users. The Committee noted that CNWL had been reconfigured into 11 Service Lines three of which have particular relevance for this report:

1. **Rehabilitation Service Line.**
2. **Assessment and Brief Treatment Service Line** – It is hoped that this reconfiguration will improve access to services.
3. **Community Recovery Service Line –** Focusing on supporting individuals in their recovery journey and developing support networks for service users.

CNWL reported that Liaison Services in the Acute hospital setting were a new service area which was being developed further with the aim of more effectively managing physical health and mental health needs reducing secondary health care needs for example with long term conditions.

This is a consistent format common to all the London Boroughs that the Central and North-West London Mental Health Foundation Trust (CNWL) serve.

Officers and representatives from Central and North West London Foundation Trust (CNWL) explained that community mental health services in Hillingdon were delivered jointly through an integrated health and social care service which included the following Joint Teams:

- A combination of Consultant psychiatrists and other medical staff
- Social workers
- Community mental health nurses (CMHNs)
- Psychologists
- Occupational Therapists
- Pharmacists

Initial referrals are made to an Assessment and Brief Treatment Team. Referrals can be made directly by the individual concerned, through a carer or through primary health services including GPs. Longer term support is offered where necessary through both Recovery and Rehabilitation teams. Although support is frequently provided in home settings service users are also assisted from three community bases in the Borough. These bases provide not just access to community mental health staff but also to specific services including drop in support.

Contextual Information for Hillingdon – data informing a new Commissioning Plan

The Committee heard that 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

Commissioning of community mental health services was undertaken jointly by NHS Hillingdon and London Borough of Hillingdon and the commissioning officer was a joint appointment.

Members asked about outcomes based commissioning and the progress which was being made. In response, the Joint Commissioning Officer explained that the National (Mental Health) Strategy was outcomes focussed which was then progressed down to the local level. The Committee heard that in terms of service user outcomes, CNWL are in discussion with commissioners about using the recovery star system to track and monitor service user outcomes but currently use the National Strategy also incorporated HONOS (Health of the Nation Outcome Scales) to measure individual service user progress against performance targets.

The Director of Operations and Partnerships, confirmed that CNWL ensured that the 6 core strategy indicators included in the *No Health Without Mental Health* paper were aligned with CNWL's and the Council's commissioning goals.

In response to a question about the cost and value for money of interventions, the Committee heard that whereas everyone would like to know about efficiencies and the cost effectiveness of a service, mental health was one of the most difficult areas to measures outcomes. Eventual outcomes could be examined but tracking the service user journey was often a time consuming and complex exercise.

It was noted that a key challenge for the new Commissioning Plan would be the focus on the national context and a move away from dependency on secondary care to primary care. The commissioning plan would translate national policy into local practice. This particularly applies to moving more resources into prevention and early intervention and away from bed-based services. Based on their discussions, the Committee agreed with this approach.

Recommendation 17 – (The Mental Health partnership Board) welcomes the proposed 2013/15 Commissioning Plan as a basis for shifting resources towards community support and to reduce the reliance on high cost residential and nursing home care (placements).

Current Performance

CNWL representatives explained that in order to monitor performance and establish which service areas were going well and which required further improvement a number of performance targets were used. These included:

1. 7-day follow up
2. Care Programme Approach (CPA) reviews
3. Delayed Transfers of Care
4. Gate keeping all inpatient admissions
5. New EIS (Early Intervention Service-for first onset of a psychotic illness)Cases
6. NHS Data completeness
7. Home Treatment episodes
8. Self directed support/Personal Budgets
9. Placement reviews
10. Assessment waiting times
11. Carers assessments
12. Service Users receiving review

The Committee were pleased to learn that overall, performance had improved over the past 3 years and in particular work around home treatment and early intervention had gone well. However it was highlighted that self directed support, placement reviews, carers' assessments and social care reviews required improvement. The Committee welcomed the news that a series of action plans had been introduced to address these areas. Despite a relatively low NHS spend in Hillingdon, it was broadly meeting expected performance outcomes.

A key aspect of improving performance related to the organisational structure of CNWL, as described in the earlier section under "The Provision of Services in Hillingdon".

Early Intervention and Crisis Provision

MIND, a national charity providing specific advice and support to anyone experiencing mental health problems, defines an acute crisis as:

- suicidal behaviour or intention.
- panic attacks/extreme anxiety.
- psychotic episodes (loss of sense of reality, hallucinations, hearing voices).
- other behaviour that seems out of control or irrational and that is likely to endanger yourself or others.

Given the statistic that one in four people will experience some form of mental health issue in their lifetime, clearly there are other forms of mental health crisis which the person experiencing it may classify as a crisis but which may well not require crisis or acute mental health services. Examples of these may be the experience of emotions or behaviours that are difficult or hard to manage (e.g. depression, intense loss or bereavement, or self-harm).

The Committee heard that in some cases a mental health crisis might signify that a service users' current care or treatment might not be working and needed to be changed and if this were the case, it could have serious consequences if not managed well. However, it was accepted that crises could have good outcomes if handled well and if they were used as a transition point; whereby they gave an opportunity for a service user to reflect on the past, reassess the future and possibly take a new direction.

Officers explained that if a crisis was handled well, it could also provide valuable lessons as to how similar episodes could be prevented or resolved in future.

In relation to crisis provision, the Committee heard that local community teams could respond within office hours. Outside these hours provision included:

- The NHS - 111 - 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
- Crisis number provided by CNWL

The Committee heard that 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 a location for some services. It was acknowledged there were further opportunities to better promote well-being and signpost people into services. The valuable role the voluntary sector played in identifying need and especially early need was also emphasised.

In terms of early diagnosis and treatment of common mental disorders, Members heard that NHS Hillingdon commissions this. They are committed to creating more psychological support through GP practices .This is described as Improving Access to Psychological Services (IAPT), a national initiative with a goal of improving outcomes though access to a range of psychological treatments and therapies in primary care

Having heard about the importance of crisis management, the Committee were disappointed to learn that CNWL are not commissioned to provide a dedicated crisis team but instead were taking steps to enhance the current out of hours service and put in place a single telephone number to help people, thereby creating a more consistent service.

In relation to the current out of hours service, the Borough Director (and Service Director Assessment and Brief Treatment Service Line) CNWL

confirmed that service users were given details of a crisis number to call for advice and signposting which out of hours may be to Accident and Emergency or a Social Services Team. These outcomes are not tracked however, a new system to be operational in CNWL by February 2013, with a single helpline number covering the whole of CNWL, will have a process for tracking and monitoring outcomes.

Officer's confirmed that the Council's Emergency Duty Team did include mental health professionals or had access to them.

While noting the ongoing service development work which was currently underway, to compare and contrast other experiences of crisis, the Committee heard from service users at the November meeting. Service Users explained that if they were in crisis in the evening, they were more likely to contact the Samaritans than the Council or CNWL services because this was a readily available service with a single point of contact.

To ensure that service users and carers were equipped to react to any periods of future crises the Committee agreed that it was essential to:

Recommendation 7 - Ensure that people leaving services are given clear information about how they can re-engage if they feel their condition worsening or becoming unwell again.

It was noted that carers often played a vital role in assisting persons in crisis. However when the Committee met a group of carers in December they heard mixed experiences:

- Some service users appeared to have little or no support.
- The (carer explained) only way to access help was after a service user had been sectioned (hence no perceived Crisis Service). Prior to this there was no help available.
- Carers had been informed that care co-ordinators were only available to those service users who had been in hospital (i.e. a crisis was the trigger required to receive help in the future).
- To improve the crisis response it was essential that service users could contact staff they were familiar with.
- Offering practical advice and guidance over the telephone was essential.
- Carers sometimes experienced perceived language barriers which was an added complication which added to frustrations.

Whilst the views of the Carers group visited are very important, it should be acknowledged that they may not necessarily reflect the views of all the carers of the 6,400 people in contact with secondary mental health services.

In terms of prevention, the Committee heard that all service users were provided with crisis cards to reduce the likelihood of relapse which recorded some personal details and included information about whom to contact if the person was in crisis.

Based on their own experiences and from feedback received at Ward surgeries, Councillors noted that the current adult social care website was difficult to navigate and meant that it was hard to extract information about support for people with mental health problems. The Corporate Director of Social Care and Health acknowledged that the new website was experiencing teething problems. To enhance the information, advice and guidance available to all residents the Committee agreed that:

Recommendation 4 -That the Council website and Directory of services are reviewed so that people seeking information about mental health and well-being can find the help they need.

It was noted that the Hillingdon Carers were in the process of developing their own crisis card so, 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.

Recommendation 2 - Review current arrangements to support service users and carers in a crisis and produce recommendations to provide an improved and integrated service.

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. As well as the role played by the voluntary sector, it was acknowledged that one of the greatest challenges in promoting recovery would be addressing the issue of how staff enable service users to fulfil their aspirations and encourage them to use the services and networks available to them.

Recommendation 8 - **Ensures that people in the process of recovery are introduced to services, that will continue to support them effectively through the transition as statutory support reduces.**

The Borough Director (and Service Director Assessment and Brief Treatment Service Line) CNWL 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 them was at an early stage, ensuring appropriate interventions and treatment in primary care, but requesting swift specialist services when needed. There was scope to enhance this area. On this basis and referring to the numerous

examples of national best practice cited in information pack 6 the Committee recommended that the Mental Health Partnership Board: Identified the following:

Recommendation 16 - Identifies ways of ensuring a consistent / universal response from GP surgeries in relation to mental health issues. Consideration should be given to applying good practice models from across the country

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. The Borough Director reported that access to psychologists in Hillingdon had improved which would help identify needs at an earlier stage.

The Committee welcomed the news that over the last 18 months, partnership working between the Council and CNWL had improved and that the new London Borough of Hillingdon 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 following a suicide, CNWL said they will appoint a member of staff to liaise with the families, through a series of telephone calls, or, in some cases, through home visits, face to face contact. 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. The Borough Director (and Service Director Assessment and Brief Treatment Service Line) CNWL confirmed that the IAPT was based at the Well Being Centre and this needed to be expanded. Members highlighted the importance of promoting mental well-being through informal as well as formal outlets. They highlighted that 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. To support this request the Committee recommended that the Mental Health Partnership Board:

Recommendation 10 - Identifies current informal support services in the Borough and develops mechanisms to support them in their task through publicity, advice and information.

However, when the Committee heard from LINK in December, they outlined that they perceived not all parts of the centre of Uxbridge were so welcoming, citing examples of security staff in the Chimes not responding and addressing

the needs of people in the centre who clearly had mental health problems. This is picked up in Rec 15.

Through these concerns, the Committee suggested that staff in libraries and leisure facilities attend Mental Health awareness training identified that mental health awareness training for staff working in leisure and libraries might also be usefully offered to private sector agencies who have frequent contact with the public and recommended that the Mental Health Partnership Board:

Recommendation – 11 -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.

Recommendation 1- Develops ways to improve early identification of mental health needs and increase access to mental health services. This will include utilising voluntary sector resources but also other services accessed by the public.

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 structure to deliver mental health services in Hillingdon, overseen by a post that 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 Sport and Leisure services to develop the inclusion and recovery agenda (especially looking at the work of libraries as local resources).

The first of these has now been delivered with the appointment of a full-time Service manager for mental health within the Council. In relation to the final suggestion, the Corporate Director of Social Care and Health confirmed that her Department had been working closely with Residents Services to look at ways in which services could be delivered in the future. It was noted that access to self help therapies either on line or in written form could be very useful. 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. The Joint Commissioning Manager 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

The Committee learnt at the September meeting that Hillingdon Council spend on mental health services was in line with those of comparator councils. It also spends similar proportions of its budget on mental health services as other Greater London boroughs. For NHS spending resource allocation was relatively low compared to similar health economies but had improved in recent years.

To help improve patient outcomes and make the most of existing resources the Acting Chief Operating Officer, NHS Hillingdon reported that the Clinical Commissioning Group were looking at profiling the current spend to try and match resources to those areas which required additional funding. This is addressed in the Joint Commissioning Plan.

The Corporate Director, Social Care and Health 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.

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.

The Acting Chief Operating Officer, NHS Hillingdon 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.

The Mental Health Consultant reported that the recent change in the structure of CNWL had helped to support the shift towards supporting more people at home and fewer in institutional settings. Recent reviews undertaken in 2012 by the Rehabilitation Service as part of the Placement Efficiency Programme 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, which in Hillingdon reports to the Mental Health Partnership Board, had identified where further appropriate transfers into the community could be achieved and also cost savings.

In relation to the size and efficiency of the Mental Health Services budgetary spend, the Committee were informed that historically this had not been as efficient as possible but there were clear plans to improve this. As well as the Placement Efficiency Programme, officers were looking at a range of innovative options through offering more personalised and tailor-made responses. People were given the opportunity to control more of their own care and receive higher levels of support at home rather than remain in residential care where there was less likelihood of regaining longer-term independence.

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. This is picked up in Recommendation 15.

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

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

Partnership Working

At the October meeting, the Committee heard from Rethink and Hillingdon MIND about the services they provided to assist people with mental health issues and how they worked in partnership with the Authority. The Committee also heard from officers within the Housing Department about the ongoing work which was being conducted between them and the Social Care department to assist people in transition.

Rethink

The Committee learnt that Rethink North West London Carer Support Service was an organisation which worked to support families and friends of adults experiencing mental illness in the London Boroughs of Hillingdon and Ealing.

The aim of the organisation was to aid the support and recovery of families and friends affected by mental illness. A key aspect of Rethink's remit was the work it conducted with carers in a variety of ways to enable them to cope better with their difficult situations. Its Objectives were shared at the October Committee meeting.

The Committee heard that Rethink Mental illness was in the process of launching a new Information System and had developed new carer support planning tools. Councillors emphasised the importance of supporting carers and from personal experience of the service praised the work that they did.

Hillingdon MIND – An Overview

The Committee heard that its vision was: *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 comprised of a group of users and ex-users of mental health services, professionals and interested individuals who shared a concern about the lives of mentally or emotionally distressed people in the community. Hillingdon MIND took a overarching view of people's mental health and emotional wellbeing. Through projects and services Hillingdon MIND aimed to:

- prevent isolation,
- offer talking therapies,
- enable social inclusion,

- arrange housing opportunities,
- and provide services specific to different cultures.

Role and Activities included:

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

The Committee learnt that through a variety of clubs and activities they offered opportunities for people from all communities to avid serious mental illness and/or prevent one reoccurring. [2]

The Committee heard that Rethink and Hillingdon MIND had worked together in the past but did so less partly due to recent staffing changes. The Committee felt there was an opportunity to develop local partnerships to highlight what each organisation did and to bring residents and carers together.

Recommendation 12 – Supports voluntary sector organisations to improve co-ordination and share best practice and recognise their valuable contribution to the safety net.

In relation 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.

[2] More information on the detail of the services can be found in the October 2012 Policy and Overview Committee report

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 of carer assessments.

In response to 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.

Hard to reach groups within the community

Having heard about the valuable out reach work both organisations did, the Committee highlighted that they were aware there were a number of hard to reach groups and engaging with them had proved a challenge given some communities viewed mental health needs as a social taboo. To address these concerns, the Committee were encouraged to learn that Hillingdon MIND were actively working with Asian, Somali, Nepalese and Afghani groups and had been working with Somali groups for the last 18 months through partnership working with Surhan.

Members highlighted that it 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.

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

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.

Recommendation 15 - Ensure that staff, especially those officers that work in Supported Housing and Social Care who are in the first line of defence have Mental Health First Aid Training (from existing resources) .

The Committee recognised that independence and the ability for someone to shape and control their own life were important factors for continued emotional well-being. As such it was essential that the review examined those measures the Council was taking to assist people with mental health issues live independent lives by looking at the transition within and between services. The Committee learnt that there were well-established processes to refer people from mental health services to Council housing advice services.

It was noted that the Housing Department offered a wide range of universal services which included:

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

Details of further services provided by the Housing Department are listed in Appendix 8.

- More specifically, the Committee learnt that a series of assessments relevant to their housing tenure and need were available to service users with mental health needs. This also included signposting to additional services provided by other agencies.

The Committee were informed that in relation to Mental Health Supported Housing and Floating Support Services, there were:

- Currently a total of 66 units of supported accommodation for people with mental health needs.

- For short term support there were 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.

The Committee heard that an additional 42 units were planned and the Council was working in partnership with CNWL on placement efficiencies to develop a wider supported housing sector. In comparison with other London Boroughs, the Committee were encouraged to learn from the Director of Operations and Partnerships, CNWL that Hillingdon had more supported housing provision than neighbouring boroughs.

Having been informed about the housing options available to people 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 were common factors. In some cases there were also ongoing issues around housing benefit claims.

To improve partnership working between Council departments and specifically between Mental Health Services and Housing the Committee proposed the following recommendation:

Recommendation 9 – That Cabinet welcomes the work to further improve the links between Mental Health Services and the Council's Housing Teams including:

Identifying a link in each community team to work with the Housing lead officer

establishing regular forums:-to discuss and explore appropriate housing options for those service users in the community who may end up being evicted due to mental health issues

improved joined up working to sustain tenancies

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).

Members heard that the use of Telecare and Telemedicine, in conjunction with other community support, could assist some people both in terms of routine monitoring and assistance and at times of crisis. It was noted that there was greater potential for its use in relation to mental health. Based on the knowledge gained from their recent review on assistive technology the Committee were keen that the opportunities this could provide should be investigated for people with mental health needs:

Recommendation 3 - Promotes the greater and effective use of Assistive Technology (Telehealth) to support and enhance the daily lives of mental health service users and those with additional disabilities.

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 services were Borough-wide. Any issues about local access should be picked up in the new Joint Commissioning Plan and CNWL were looking at using existing community resources in innovative ways to ensure there was enhanced service provision.

The Committee enquired whether the community was necessarily the best place for recovery for someone with mental health needs. In response, the Councillors 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 it was agreed that finding the most appropriate form of accommodation was about making links between recovery and the community as a whole.

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. The National Service Framework 1999 introduced the concept of assertive outreach and a model of service to engage and manage those who were hard to reach and difficult to engage, however, this service is now part of the three service lines. 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.

Where possible, bed and breakfast accommodation is avoided. However, in those cases where there were no other short term options available, the Council seeks self contained bed and breakfast accommodation and ensure that housing officers and out reach support visit to assist them.

Areas for improvement

Clearly considerable efforts were being made through partnership working to assist those with mental health needs access the services they required. However the Committee noted that there were several areas for improvement and suggestions included:

- Improving existing links by 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.
- A greater need for joined up working to sustain tenancies.

3 Service Users / Partnership working

Clearly any review of adult community mental health services would not be complete without incorporating the views of service users. To ensure the Committee received a representative snap shot of how services were perceived, the Committee visited the social group run by Hillingdon MIND based at Mead House and also invited several service users to attend the November committee meeting. All the views recorded were anonymous.

For many at Mead House the general perception of service users which was that it was a popular service, providing structure to the day, which most users chose to attend several times a week. The Committee were encouraged to learn that Mental Health staff were well liked and respected by service users who knew that most staff would be conversant with their respective medical histories and so were best placed to provide timely assistance ,advice and support to them.

As well as being popular for providing hot lunches at reasonable cost, most service users acknowledged that Mead House provided them with a safe environment in which to meet people. It also enabled them to make new friends and develop support networks which were essential to overcoming the feelings of social isolation which accompanied many of the conditions people faced. Many of the opinions expressed were positive but there were of course some reservations as well.

In terms of general concerns, service users explained that they were often limited to attend their nearest adult community mental health resource centre because they only travelled by foot because they found using public transport too stressful. Another point of concern related to weekend provision. Many service users explained how they often found their health would decline over the weekend. Although some service users were aware there was weekend provision based at the Pembroke Centre in Ruislip Manor, many explained that, as this was located in the north of the Borough, it was difficult to get to as there were travel cost and timings issues to consider.

The Committee heard that in periods of crisis, many service users had high levels of contact with their key workers. However, when their condition had stabilised or their needs were not as acute there were often long periods without any contact. On this basis, some service users questioned how mental health professionals, key workers or care co-ordinators were able to monitor their health effectively or be in a position to note any changes to their mental health needs and as such were less likely to act in a preventative way to ‘triggers’.

The Committee noted that triggers were factors which might result in changes to mental health needs and could include:

- Anniversaries

- the Christmas holiday period
- apprehension about benefits or housing applications
- or the forthcoming changes to benefits

There were also contrasting views about the help available with housing provision and the opinion was expressed that if a person currently required assistance with Housing Needs, the onus was on the service user to request help. The Committee felt that if a change of mindset or cultural shift could be introduced and a basic assumption introduced that everyone needed help and all the service user needed to do was decline this, there would be less likelihood of people 'falling through the net'.

(The learning from Mill House about Recovery work, the Riverside Gym about physical well-being and the Bike Project – Uxbridge can be found in Appendix 9.)

Recommendation 14 - Works with service users to more consistently challenge stigma against mental Health service users and produce a realistic programme projecting positive images of mental health.

Service Users Experiences as shared at Committee

In addition to the site visits which were conducted in early November, the Committee also invited several service users to attend the November Committee meeting to share their views. At this meeting the Chairman invited each witness to express their views and experiences of service provision in Hillingdon and the following points were noted.
Services that were appreciated included:

- The range of day services at Pembroke House;
- Specific community mental health services for Asian communities
- Providing volunteer befriending services
- Aston House – in particular social activities, guitar classes and a gardening group
- Support networks through Café Mind
- Social groups through the Oak Tree Group at Christ Church
- Most service users they knew, had either a key worker of care co-ordinator that could be contacted if they felt unwell during the day; and
- The promotion of positive images of mental health through the Time for Change programme at Christ Church

Concerns expressed included:

- availability of weekend services
- a lack of a café facility at Pembroke House
- inadequate crisis services out of ordinary office hours

Responses from officers acknowledged:

- that better performance in relation to supporting carers was necessary
- more could be done to support leisure and library staff in supporting people with mental health difficulties;
- further consideration was necessary of improved weekend access at Redford House
- ensuring that the new joint commissioning plan is focussed on patient outcomes; and
- that demonstrating with precision value for money in preventative mental health services was difficult.

Officers agreed that leisure, libraries and adult education staff could benefit from awareness training so they were better equipped to direct service users to information, advice and guidance

Recommendation 6 - Ensure procedures that CNWL and the Council as employers support people with mental health problems in returning to work.

Carers' Views

Carers are highly valued and play a vital role in supporting family members who are sick, infirm or disabled. There can be little doubt that the families of those with mental health issues are affected by the condition of their near ones. Families are a source of practical help and personal care but also give emotional support to their relative with a mental health issue. Therefore the service is dependent on the carer, and their well-being is directly related to the nature and quality of the care provided by the carer.

At the Rethink Carer's Group meeting, the Committee heard that these demands often brought significant levels of stress for the carer and did affect their overall quality of life including work, socializing and relationships. Research into the impact of care-giving shows that one-third to one-half of carers suffer significant psychological distress and experience higher rates of mental ill health than the general population. In addition, the Committee learnt how being a carer could regularly raise difficult personal issues about duty, responsibility, adequacy and guilt.

Carers explained that caring for a relative with a mental health issue was not a static process as the needs of the care recipient altered as their condition changed. Moving forward, studies and research have shown that developing constructive working relationships with carers, and considering their needs, is an essential part of service provision for people with mental disorders who require and receive care from their relatives.

All carers in the group had relatives and loved ones who received mental health services. The group felt that community mental health provision could be improved. They explained that there were issues with communication and staff attitudes. They gave examples of situations where they felt mental health professionals could have been more helpful, sympathetic and courteous. They felt that written correspondence and telephone calls were often not responded too in a timely way. The framework of working together in partnership was often compromised by a culture of not sharing information due to confidentiality.

To improve adult community mental health services in the future, the Committee asked carers for their specific suggestions, these included: -

- Improved local services
- Crisis provision 24hours a day ,7 days a week
- A timely response to letters and telephone calls
- Improved links and communication with the mental health inpatient unit
- Better publicity of the groups and activities available at the mental health inpatient unit

The themes identified by Carers' are included as Appendix 11.

These issues are neither unique to Hillingdon nor unique to mental health. They are themes which have been reflected in a national patient survey in which all mental health trusts participate, where specific questions are asked about the quality of care. This can be broken down to a local level and would provide useful qualitative data on the quality and standard of care received in Hillingdon.

In Witness Sessions officers confirmed that health and social care staff had an opportunity to improve its engagement of carers and this had been included in action plans. It was acknowledged that carers had a vital role to play in reducing the number of admissions or readmissions to care services (and hence costs) and it was essential to better establish what the needs of carers and families were so CNWL could provide improved support.

Upon receiving this feedback CNWL suggested that the following actions could improve the experiences of Carers:

- Introducing mechanisms to capture more effective real-time feedback from carers as often their issues have built up over a long period of time and therefore make is very difficult to deal with.
- Assisting Carers in looking at ways to feel empowered and also contribute to service developments more than they do now.
- CNWL will work with Rethink to ensure that the contract reflects those outcomes needed to support carers.
- Consider recovery courses to support carers but also for them to contribute to staff training- involve carers in designing(we are already doing this)
- Ensure that a more coordinated approach to engagement as currently rather ad hoc and not joint.

To hold CNWL and the Council to account and to improve service provision in the future the Committee recommended that:

Recommendation 13 - Produces a report for the Cabinet Member and Committee on the views and experiences of mental health service users and carers and how they have been acted upon.

Recommendation 5 - Develop a mental health carers strategy for approval by the Cabinet Member, to improve services for carers in Hillingdon, including a commitment to needs and role of carers, clarity on services and improved communication.

….

Closing Word

Good mental health is essential to our quality of life and to our economic success. Given that statistically, a mental health issue is likely to impact on one in four persons in their lifetime, ensuring there is sufficient service provision is a significant challenge. To assess where some of these challenges lay, the Committee heard from a number of stakeholders and at this point, the Committee would especially like to thank those service users and carers who shared their personal journeys with us.

Our review highlighted just some of the work undertaken by the Council in partnership with CNWL and the voluntary sector to support people with mental health issues in their own homes and communities. While we commend this support, we found that in particular there was scope to improve crisis provision, transition arrangements within and between services and also strengthen partnerships with carers.

Our review makes a series of recommendations which address our lines of enquiry, and seek to ensure that current support is maintained and developed in the future. In particular, we saw the review as an opportunity to improve outcomes for people with mental health problems and those that care for them and sought ways of strengthening the Council's partnership with CNWL to help deliver more integrated services. (Subject to Cabinet's approval, these recommendations will be taken forward by the Council and CNWL and the progress made will be formally reported to POC).

Finally, the review identified that although a range of support is available, it can only be of use if service users and carers are aware such help exists. The communication and signposting of services are therefore vital and we welcome those improvements and actions which are currently underway across the Mental Health Partnership to ensure help and support are as accessible as possible. I remain concerned that because Mental Health is such a widespread issue, new information and evidence creates an ever-changing picture. This has qualified our confidence that we have covered all bases -either as a Committee or as a Council. I suggest, therefore that it will be necessary to monitor progress with the recommendations more closely than is our usual Committee practice.

Cllr Judith Cooper
Chairman

Background Documents

Appendix 1 to 6 – The information packs considered at the September 2012 meeting

1. National Context – Summary of *'No Health without Mental Health'*
2. Contextual Information for Hillingdon – data informing the new Commissioning Plan
3. Performance Data
4. Access to Services
5. Organisational Structure
6. National examples of best practice

Appendix 7 - Methodology

Appendix 8 – Asian Support Groups

Appendix 9 – Housing Support available to people with mental health needs

Appendix 10 – Site Visits held on 1 and 2 November 2012

Appendix 11 – Site visit to Rethink Carers Group meeting, 12 November 2012.

Appendix 12 – Witnesses and contributors to the review