Report To:	**OVERVIEW (AUDIT) PANEL**
Date:	23 November 2015
Executive Member / Scrutiny Panel:	Councillor Kelvin Welsh – Chair to Statutory and External Partners Scrutiny Panel
	Councillor Brenda Warrington, Executive Member (Adult Social Care and Wellbeing)
Subject:	**REVIEW OF MENTAL HEALTH PATHWAYS**
Report Summary:	The Chair to Statutory and External Partnerships Scrutiny Panel to comment on the Executive Response (**Appendix1**) to the Scrutiny review of the Impact of Mental Health Pathways and the recommendations made to support future services – **Appendix 2**.
Recommendations:	That the Overview (Audit) Panel note the Executive Response to the recommendations detailed in section 9 of **Appendix 1.**
Links to Community Strategy:	This review supports the Community Strategy priorities relating to 'Healthy and Supportive Tameside' but also recognises links across all Community Strategy areas.
Policy Implications:	The review itself has no specific policy implications. Should the recommendations of this report be accepted by the Tameside Council's Executive, the relevant services will need to assess the policy implications of putting individual recommendations in place.
Financial Implications: **(Authorised by the Section 151 Officer)**	The Council currently invest revenue funds from Adult Social Care and Public Health funding envelopes of £2.6m in services for people with Mental Health needs. Work is ongoing through the Care Together programme with NHS colleagues to develop new integrated pathways which will lead to improvements in the quality of care and service user experience whilst also contributing to the local health and social care economy savings requirements.
Legal Implications: **(Authorised by the Borough Solicitor)**	The Council needs to ensure that it delivers effective and efficient services within a significantly reducing budget. Key to this will be the Integrated Care Organisation and joint commissioning.
Risk Management:	Reports of Scrutiny Panels are integral to processes which exist to hold the Executive of the authority to account.
Access to Information:	The background papers relating to this report can be inspected by contacting Paul Radcliffe by:
	☎ Telephone: 0161 342 2199
	🌐✉ e-mail: paul.radcliffe@tameside.gov.uk

Post Scrutiny - Executive Response

In Respect of: Scrutiny Review of Mental Health Pathways

Date: 8 April 2015

Executive Member: Councillor Brenda Warrington (Adult Social Care and Wellbeing)

Coordinating Officers: Mark Whitehead, Head of Service Delivery, Adult Services

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
1. As part of the integration programme, work is undertaken to identify and formalise any existing arrangements for the commissioning of mental health services, where possible.	Accepted	Although Phase 4 of the Integration agenda has been paused, we have met with Pennine and the CCG along with the Contingency Planning Team (CPT) to identify Pennine NHS Foundation Trusts role within the wider Care Together (integration) discussions. This will include joint commissioning and pooled budget arrangements between TMBC and the CCG.	Mark Whitehead	Ongoing subject to the Care Together project plan timetable
2. For Adult Services and Pennine Care to work together to address the balance of work across caseloads, with a need to improve timescales for the future recording and reporting of AMHP cases.	Accepted	Senior managers from Adult Social Care have met with Pennine senior managers to discuss our concerns re caseloads and the pressures being placed on the AMHP service and the statutory priorities and timescales for TMBC. These meetings are ongoing and subject to continuous review.	Mark Whitehead	May 2015

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
3. That a review is undertaken to estimate the resource demand and financial implications that will be placed on the Council as a result of the future risks associated with BIAs and DOLs.	Accepted	A comprehensive review has been undertaken and we now have an overview of the work that needs to be undertaken. We are currently developing a strategy over the next month which will enable us to clear the backlog of referrals we currently have in place and to ensure we have appropriate capacity to undertake assessments in the required timescales in the future. This is partly resourced by one off funding from central government. There still remains a financial pressure on the authority to meet the legal requirements of the BIA/DOLS going forward.	Michael Lee	May 2015
4. That Tameside Adult Services and Pennine Care establish clear monitoring arrangements for the success of care planning and equality of access across Primary, Secondary and community based interventions.	Accepted	Care Together will significantly impact upon the area of monitoring and structure of mental health services in future. To address this issue in the interim TMBC managers will meet Pennine managers to discuss monitoring arrangements in terms care planning and equality of access across Primary, Secondary and Community Based interventions.	Michael Lee	July 2015

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
5. That Public Health work with Mind to further develop and strengthen mental health awareness with schools and employers across the borough.	Accepted	Mind is a key partner in the work PH is leading on to ensure a co-ordinated approach to mental health awareness in schools. This intervention is funded by PH to the end of July 2016. Evaluation will support the business case for decisions about continued investment as part of an integrated pathway.	Kate Benson	Mar 2016
		Mind is also a key partner in work to promote mental health with employers. They promote and deliver workshops directly to businesses (at a cost). PH also commissions them to deliver workshops at no cost to employers and employees. Evaluation will support the business case for decisions about continued investment as part of an integrated pathway.	Pamela Watt	Mar 2016
		Mind is seen as a crucial partner and provider of effective services, so PH is keen to maintain an ongoing relationship and ensure Mind are part of an integrated pathway.		
6. To explore future options, capacity and benefits associated with the introduction of Active Monitoring, in line with the mental health profile of the borough.	Accepted	The role of GPs and primary care in addressing mental health is a key issue and needs to be addressed within a whole system review. This will happen as part of the process for Care Together. In the meantime, it is recommended that a strategic partnership, wider than the existing Commissioners Group, is set up to start looking at this issue.	Anna Maloney	Ongoing

Recommendations	Accepted/ Rejected	Executive Response	Officer Responsible	Action By (Date)
7. That work is undertaken across mental health services to engage with voluntary and community agencies to improve care planning and support social inclusion and independence.	Accepted	The Council's 'opt-in' service team work with individuals with mental health problems who may have difficulty accessing mainstream services and community groups. As part of this work they are in regular contact with the voluntary sector on an informal basis to assist individuals to gain independent living skills including access to education. We are about to commence a review of this team and this will include developing a recovery college to assist individuals with social inclusion through access to peer support, education and employment opportunities. The focus being upon helping individuals to stay well. TMBC also commission services from Tameside and Glossop Mind, and Making Space Community Support that provide a wide range of services focused on supporting social inclusion, independent living and skill development. As part of this work we will work with agencies to improve care planning and social inclusion.	Michael Lee	October 2015
	Accepted	With respect to children and young people (C&YP), there is a partnership group that is reviewing service provision, with funding provided by NHS England. Voluntary and third sector agencies are part of this group. The third sector is recognised as a key part of the whole system. An initial review and action plan will be developed by the NHSE funded project manager based with CCG.In addition, PH currently commissions an emotional wellbeing support service for C&YP from a third sector provider.With respect to adults, this issue could be strengthened by the proposed Strategic Partnership mentioned above.	Pamela Watt	December 2015

1. **INTRODUCTION BY THE CHAIR OF THE HEALTH AND WELLBEING IMPROVEMENT SCRUTINY PANEL**

1.1 I am very pleased to present this report of a review undertaken by the Health and Wellbeing Improvement Scrutiny Panel of Mental Health Pathways.

1.2 Mental health problems are very common, affecting around one in four people in Britain. There are a multitude of conditions and issues that can impact on a person's mental health and wellbeing (MHWB). Some are low level and require minimal intervention while others are more severe and can require intensive treatment.

1.3 It is important to understand and recognise the differences between mental health and wellbeing; and mental illness. Mental illness can range from moderate conditions such as stress and anxiety to more severe conditions such as schizophrenia.

1.4 Mental health and wellbeing is a wider concept with reference to the importance of the physical, emotional and behavioural aspects of a person's life. These factors can raise stress levels, anxiety, irritability and depression; and whilst they are not always diagnosed they can have a direct impact on quality of life.

1.5 Recent studies suggest that failure to effectively deal with poor mental health and wellbeing costs the UK around 4.5% of its GDP (OECD, 2014). Figures from the World Health Organisation have also shown that mental ill health is the single largest cause of disability in the UK, accounting for 22.8% compared with cancer (15.8%) and cardio vascular disease (16.2%).

1.6 With a range of mental health services provided by the Council and health partners it is important that effective care planning is undertaken to manage the transition between services. By developing the need for integrated care pathways this will allow individuals to access the right level of support to meet their needs.

1.7 On behalf of the Health and Wellbeing Improvement Scrutiny Panel I would like to thank all those who have participated in this review.

2. **SUMMARY**

2.1 Good mental health is vital for us all to live happy, productive and fulfilled lives. By improving the mental health of individuals within neighbourhoods and communities a range of benefits and positive outcomes can be achieved across health, social, educational and economic settings.

2.2 There are a lot of different ideas about the way mental health problems are diagnosed, what causes them and which treatments are most effective. It is important that integrated care pathways are developed; ensuring they are evidence based and person-centred to provide the right level of support to the right people.

3. **MEMBERSHIP OF THE PANEL – 2014/15**

Councillor J Sullivan (Chair), Councillor Y Cartey (Deputy Chair), Councillors Bailey, Ballagher, Bell, Bowden, Bowerman, Downs, Francis, Jackson, R Miah, Middleton, Reynolds and Whitley

4. TERMS OF REFERENCE

Aim of the Review
4.1 To explore how the Council and health partners are working to develop an integrated approach towards care planning; and to improve the equality of access to mental health services in the borough.

Objectives
4.2
1. To explore how residents gain access to mental health services
2. To understand how mental health services are commissioned and delivered in Tameside
3. To explore the range of mental health services and support mechanisms that are available in the borough
4. To examine the way that care planning is undertaken and the way transition is managed between services
5. To explore the work that is carried out by the Council, health partners and the community & voluntary sector to promote social inclusion, helping to address issues such as loneliness
6. To examine the work that is carried out to help improve awareness and reduce the stigma associated with issues relating to mental health
7. To produce workable recommendations to deliver sustainable improvements to Mental Health Pathways in Tameside

Value for Money/Use of Resources
4.3 It is important that Tameside residents are supported and that the right services are available to the right people. It is also important that integrated care pathways are developed; ensuring they are evidence based and person centred. Therefore, effective strategies creating positive and inclusive environments can help improve the way mental health services tie in with community health based services to improve both awareness and quality, resulting in a more healthy and supportive Tameside.

Equalities Issues
4.4 The effectiveness of services to support and improve mental health pathways can impact on all sections of Tameside's communities. The review will consider strategies that lead to inclusive and equitable environments, ensuring that access to services and effective care planning helps to further support people with mental health problems in the borough.

People and Place Scorecard
4.5 The following targets from the People and Place Scorecard relate to Mental Health Pathways.

Health	• All age all cause mortality (per 100,000 people) – MALE • All age all cause mortality (per 100,000 people) – FEMALE • Premature mortality (i.e. deaths before age 75 per 100,000 people) from all causes – MALE • Premature mortality (i.e. deaths before age 75 per 100,000 people) from all causes – FEMALE
Vulnerable Adults	• Vulnerable Adults – Early Help

5. METHODOLOGY

5.1   The working group met with Anna Moloney, Consultant in Public Health Medicine; and Pamela Watt, Public Health Manager to receive an overview of mental health services and outcomes in Tameside.

5.2   The working group met with Clare Parker, Mental Health and Learning Disability Commissioning Manager, NHS Tameside and Glossop Clinical Commissioning Group (CCG); and Dr Christina Greenhough, GP and CCG Board Member to look at the way mental health services are commissioned in the borough.

5.3   The working group met with Karen Maneely, Adult Services Manager, Pennine Care NHS Foundation Trust to receive information about the range of mental health services provided in the borough.

5.4   The working group met with Mark Whitehead, Head of Service, Service Delivery; and Mike Lee, Service Unit Manager Tameside MBC to receive information about the role of the Council in relation to the provision of mental health services.

5.5   The working group met with MIND (Tameside, Oldham & Glossop) to explore the range of support services that are provided to people living in the borough suffering from mental health problems.

6.   BACKGROUND TO THE REVIEW

6.1   The majority of residents with mental health problems are supported solely by GP's and other health and social care professionals working in Primary Care mental health services, for the treatment of common mental health problems. It is important that awareness is raised that looking after mental health is just as important as looking after physical health.

6.2   Mental health disorders do not just affect individuals but also their families, friends and colleagues. Data from Public Health England already shows that Tameside is significantly below the England average across a number of health and social indicators relating to deprivation, long-term unemployment, physical activity, smoking and alcohol related illnesses.

6.3   The review will explore the support available to residents with mental health problems and examine the integrated approach towards care planning to improve the equity of access to services.

7.   REVIEW FINDINGS

Background to Mental Health
7.1   There are many reasons why a person may begin to experience a mental health problem during their lifetime. It can be something that relates to lifestyle, past experience or it may be inherited from a family member. It can often be a series of life events which trigger the problems.

7.2   There is a reasonable amount of evidence to suggest that positive mental health has a measurable positive influence on:
- Physical health and longevity
- Health behaviours
- Educational outcomes
- Economic productivity
- Risk of criminality

- Social engagement

7.3   People who report higher levels of wellbeing also tend to:
- Be more involved in social and civic life
- Behave in environmentally responsible ways
- Have better family and social relationships at home
- Be more productive at work

7.4   There are many different conditions that are recognised as common mental health problems, with clear differences in the way support and treatment is administered through Primary and Secondary care. In most non-emergency cases, family members or a GP may voice concerns about a person's mental health. The diagrams below show the range of factors that can contribute to a person's mental health and wellbeing.

Figure 1: Factors contributing to MHWB (World Health Organisation: 2012)
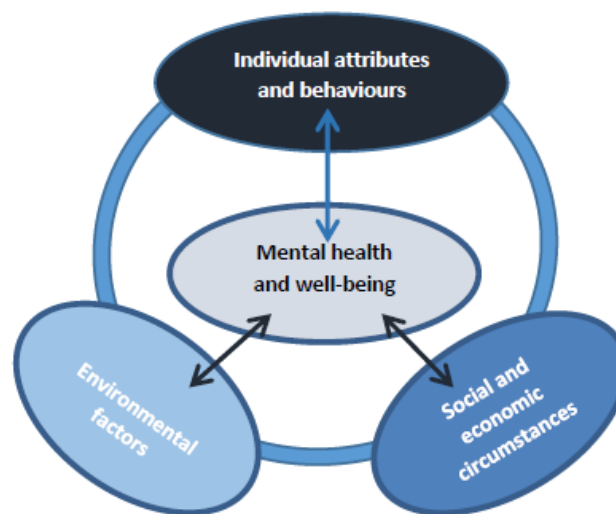
Table 1: Wider determinants for each factor (above)

Individual attributes and behaviours	Environmental factors	Social and economic circumstances
Age	Noise	Social cohesion/participation
Gender	Crime	Relationships, isolation and loneliness *(inc; intra- and extra-familial social contact; single-person households; parent/child relationships)*
Ethnicity		
Sexuality	Overcrowding	
Learning disabilities	Temporary accommodation	
Physical health *(inc: diabetes; COPD; cancer; limiting effect of long-term conditions; excess weight in adults and children)*		Employment *(inc; NEETs)*
		Economic (in)activity
		Earnings
Smoking prevalence		Poverty *(inc. children and fuel poverty)*
Substance misuse/treatment		Deprivation
Alcohol -specific hospital admissions *(adults and under 18yr)*		
		Armed forces veterans
'School-ready' children		Homelessness
Educational achievements		Offenders *(inc; youth offending)*

7.5   The Mental Health Act is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. In most cases when treatment

is required in hospital or another mental health facility this is agreed with the patient on a voluntary basis.

7.6   There are often times when a person can be detained (sectioned) under the Mental Health Act and treated without their agreement. When a person is detained there will be an urgent need for treatment relating to a mental health disorder and often a serious risk of harm to themselves or others.

7.7   A Mental Health Practitioner or a Consultant Psychiatrist may recognise early signs of a specific mental health problem such as depression or anxiety during the assessment process with a patient, prior to a formal diagnosis being made.

7.8   Only a qualified psychiatrist can make a formal diagnosis; nurses and social workers trained in mental health are qualified to identify problems through their assessment process which is often called a working diagnosis.

7.9   The figure below was developed by the World Health Organization and can be used to understand the relationship between the different types of care provisions, the levels of need and associated cost implications.

Figure 2: Organisation pyramid for an optimal mix of services for mental health
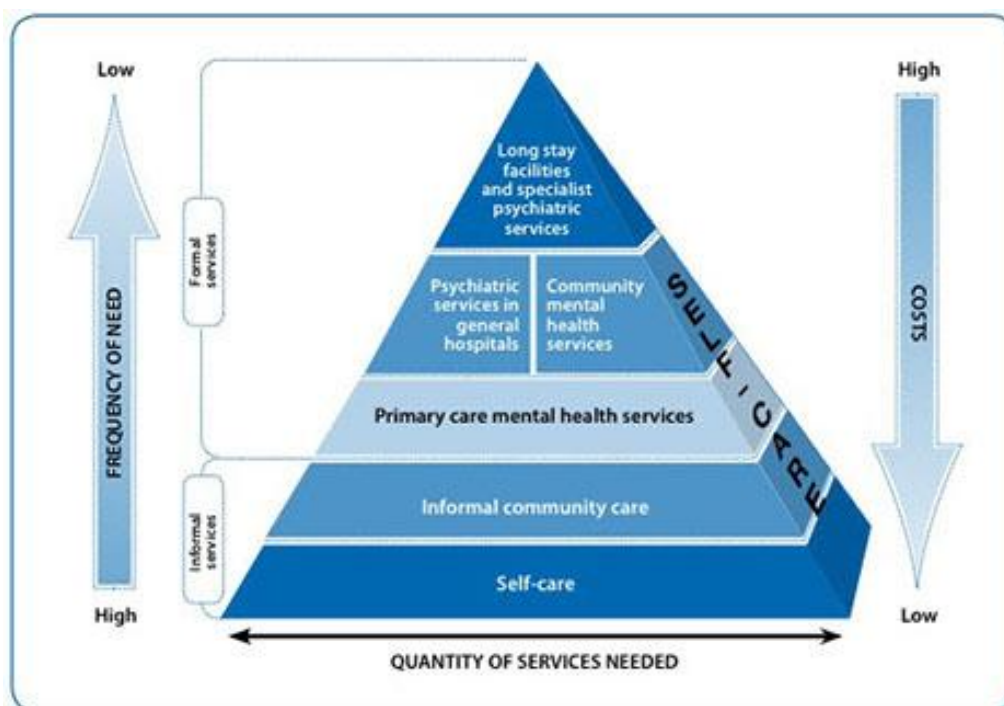
7.10   The association with the frequency of need, cost and severity of the disorder is apparent. Whilst there will always be a percentage of the population that require more intensive and costly treatments; the promotion and increased use of informal support services allows residents to manage their conditions effectively and reduces impact on daily life.

7.11   In order for mental health services to deliver the right level of support it is important that residents understand the importance of looking after their own mental health. Work in Tameside continues with Public Health engagement through the 5 ways to wellbeing initiative. The programme is aimed at promoting people to Connect, Be Active, Take Notice, Keep Learning and to Give.

7.12   It is also important that residents are able to gain access to the right level of mental health care and support they need. By ensuring that access to and pathways between services are smooth; and care planning is person-centred can help reduce long-term impacts.

Local Picture

7.13   Data from the Community Mental Health Profile for 2014 shows that compared with England averages Tameside has a:
- Higher prevalence and incidence of depression
- Higher levels of anti-depressant prescribing
- Higher number of people in contact with mental health services
- Fewer number of patients with a comprehensive care plan
- Higher attendance at A&E for a psychiatric disorder

7.14   There are three main agencies involved in the commissioning of mental health services in the borough; this includes Tameside Adult Services, NHS Tameside and Glossop Clinical Commissioning Group (CCG) and Public Health. Governance arrangements are provided by the Mental Health Joint Commissioning Group and meetings are held on a regular basis to review the management of mental health services in Tameside.

7.15   The CCG commission Primary and Secondary Mental Health Services in Tameside; and the main provider is Pennine Care NHS Foundation Trust. This arrangement forms part of the 'Pennine Footprint' which includes Tameside, Oldham, Rochdale, Bury and Stockport.

7.16   Services commissioned in Tameside provide residents with a single point of access for assessment and to determine their eligibility for services. There are two acute wards at Tameside Hospital, along with a day unit and jointly commissioned projects with organisations such as Age UK to support the 'step down' to community based treatments.

7.17   Pennine Care has created a psychiatry liaison service to provide more support to adult patients presenting at A&E with an identifiable mental health problem. The service is based on the Rapid Access Interface and Discharge (RAID) model developed by City Hospital in Birmingham. The model has proven to reduce patient bed days, support timely discharge and reduce readmissions.

7.18   The team will ensure that patients are safely discharged from A&E into suitable mental health services within 4 hours as well as providing follow-up appointments and next day home visits for patients that have self-harmed.

The Mental Health Stepped Care Model

7.19   The Stepped Care Model is a framework which underpins the different levels of support available within mental health services. The model illustrates which conditions are supported with primary and secondary care for mental health. Having a single point of entry is an integral part of the services provided by Pennine Care NHS Foundation Trust in Tameside.

7.20   The service offers a single access point for referrals from agreed primary care referrers for triage, assessment and sign-posting to the most appropriate services.

Figure 3: The Mental Health Stepped Care Model
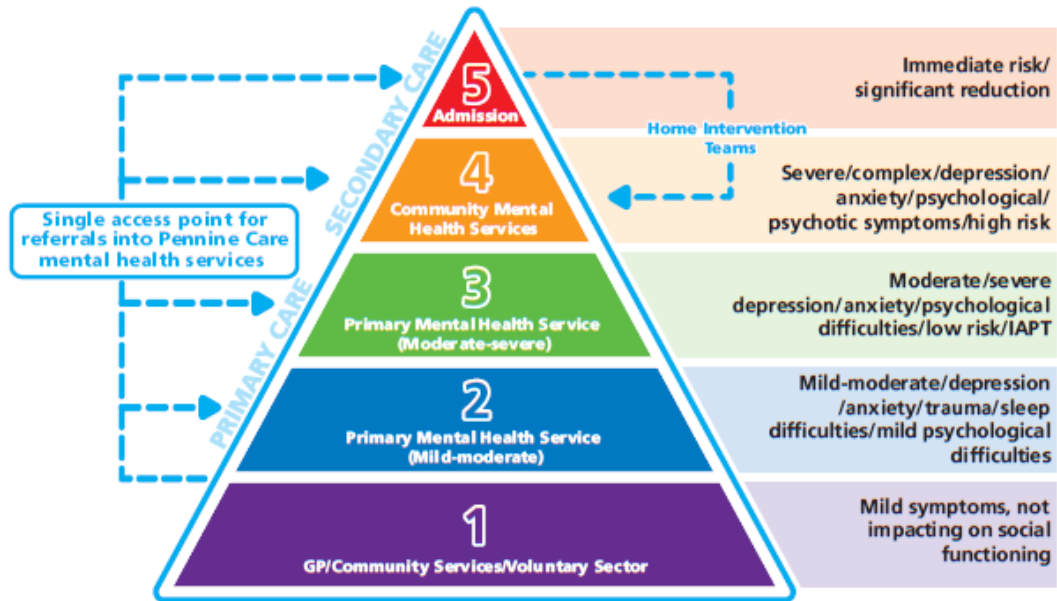
7.21 The Access and Crisis Service provides a 24 hour response service for residents aged between 16 and 64. The service has three key functions:
- A referral management service for all new mental health referrals
- A mental health assessment services
- A brief intervention service (up to three crisis follow-up appointments)

7.22 All new referrals are triaged appropriately on a daily basis by a multi-disciplinary team (MDT) of health and social care professionals. They are:
- An Access Service Manager
- A qualified Mental Health Practitioner (Mental Health Nurse/Social Worker)
- A Consultant Psychiatrist (when required)

7.23 All referrals received are logged onto Pennine Care's system and a letter is sent is sent to the referrer providing information.

Conclusions
1. The Mental Health Act sets out clear guidance for the way individuals are to be assessed and treated.

2. Mental health services in Tameside face significant local challenges in relation to the prevalence of mental health disorders and care planning.

3. The transition and integration between informal and formal services is essential to achieving successful outcomes.

Tameside Adult Services

7.24 Tameside Adult Services commission and provide mental health services in Tameside with a number of providers, but primarily with Pennine Care. The majority of the Council's mental health staff are based and directly managed on a day to day basis within Pennine.

7.25 The service provides Approved Mental Health Professionals (AMHPs) and employs a Mentally Disordered Offender post which also sits within Pennine. Many of the AMHPs and Social Workers are based across the Community Mental Health Teams (CMHTs), however Adult Services do provide social work resources to Drug and Alcohol Services and Dementia Services.

7.26 No formal Section 75 pooled budget arrangements are in place so Tameside Adult Services and senior manager from Pennine Care meet on a regular basis to discuss joint working arrangements and any difficulties or changes. There is currently no plan to enter into a formal agreement as this will be addressed through the wider integration work.

7.27 Tameside Adult Services have a number of statutory duties which are managed directly. These include:
- 24 provision of AMHPs, 7 days a week which includes out of hours provision
- Duties under the Mental Health Capacity Act (2005) including Best Interest Assessments (BIA) and to act as a Supervisory Body for Deprivation of Liberty Safeguards (DOLS). This covers the community, hospital and nursing/care home sector

7.28 Changes to Pennine Care funding and staffing arrangements have resulted in AMHPs having similar caseloads to nurses. With the need to carry out statutory duties in addition to the day-to-day management of caseloads this is having a direct impact on timescales for recording and reporting AMHP cases.

7.29 **Opt-In Service** - The Opt-in service focuses on the wellbeing and recovery of residents who have experience of mental health issues. It offers support for people to retain existing social roles, relationships and leisure activities. Opportunities are provided for people to engage with arts, education and community environmental projects. Access to the service is through self-referral for any individual that classifies themselves as in need of support.

7.30 By helping to combat social isolation and inclusion, the service offers support as a stepping stone between hospital or community mental health and integration into the local community. The support provided by staff and peers also helps as a preventative buffer against further or longer hospital admissions.

7.31 The service encourages self-development through education, volunteering and peer support. While individuals may not have full control over their symptoms emphasis is placed on having some control over personal growth and resilience. By developing key skills such as literacy, computing, social skills and responsibilities individuals can become more confident when working towards employment related goals.

7.32 The activities are based where possible in mainstream settings such as Guide Bridge Theatre, Tameside College, Park Bridge Heritage Centre, as well as local community and faith buildings.

7.33 **Community Mental Health Service** - Community mental health services provide more specialist care and treatment than can be provided by a person's GP and Primary Mental Health Care Services. The two teams (North and South) consist of:
- Social Workers
- Community Mental Health Nurses
- Community Support Workers

7.34 The teams have access to psychiatrists and psychological therapists. They work with residents between the ages of 16 and 65 that are living with moderate to severe mental illnesses. The teams offer assessment and care coordination to individuals within the community, assisting people to get well and remain well. The illnesses may include:
- Bipolar Disorder (Manic Depression)
- Schizophrenia
- Psychosis
- Depression
- Severe Anxiety
- Post-Traumatic Stress
- Obsessive Compulsive Disorder

7.35　Tameside Adult Services have 21 Social Workers (primarily AMHPs) and 8 support workers based within the teams. The Council also employs 3 members of staff that provide administrative support to the teams. A Team Manager is also based within each team who acts as an interface between the local authority and Pennine.

7.36　The Council also fund and employ a Mentally Disordered Offender worker who is positioned within the teams to support individuals with regards to the criminal justice system. The role involves attending court on a regular basis with individuals with a mental illness that have come into conflict with the law.

7.37　**Out of Hours Service** - Community Mental Health Teams operate on a Monday to Friday basis 9am to 5pm. Out of hours support is provided by the mental health unit at Tameside Hospital, this also includes rapid assessment services at Accident and Emergency.

7.38　Tameside provides an Out of Hours service each evening, night and weekend. The service covers all of Adult Services and Community Mental Health Services. It is provided by an AMHP who is trained and qualified to work with and apply mental health law, providing statutory assessments and the guidance in relation to the Mental Health Act.

7.39　Out of hours social workers are based in the Adults Emergency Control Centre at Dukinfield Town Hall along with the Children's out of hours service and community response services. The Council has statutory duties to provide AMHPs 24 hours a day, with this service forming the overall provision.

7.40　**Best Interest Assessment (BIA)** - Under the Mental Health Capacity Act there is a requirement to ensure that individuals that lack the mental capacity to make informed decisions are provided with an assessment to ensure that the decisions being made are acting in that person's best interest. The assessment is provided by specially trained Social Workers and AMHP's. BIA's are managed and coordinated via the Local Authority Mental Health Service.

7.41　Following several recent High Court judgments this area has become increasingly controversial, raising awareness across agencies about the wider risks associated with the Human Rights Act (1998) and Mental Health Act. The judgment means that a greater number of residents will require assessment; and where appropriate a DOLs implemented.

7.42　The Council is the supervisory body that authorise any required actions or decisions following an assessment. This includes residents that live in care homes across the borough and NHS services, including Tameside Hospital.

7.43　As a result of the judgment Tameside has experienced a significant increase in referrals, which is impacting on waiting times. Without having the ability to manage the demand, Tameside like many other local authorities across the country has to manage the ongoing risk to services of legal challenge from individuals and families who could claim they are illegally being restricted or detained.

7.44　**Day Services** - Tameside Adult Services commission and/or grant fund a number of other services that work with residents suffering with a wide range of mental illnesses. This includes Tameside and Glossop MIND who provide a range of health and wellbeing services. Adult Services maintain an approved day service provider list, which offers choice to residents that are suffering with mental illness.

7.45　**Supported Employment and Accommodation** – Routes to Work is the Adult Services supported employment service that assists vulnerable residents into voluntary or paid employment. The work aims to support individuals to improve confidence and build social networks. A further support mechanism that is commission by the Council and the CCG is

supported housing. The provision supports residents living with a mental illness, helping them to get well, stall well and gain independence.

7.46   Tameside currently funds 3 housing schemes which provide support to 30 people. The schemes also provide a 'step down' resource to help people coming out of more intensive support services, many of which might have been outside the borough.

Conclusions

4.   The Council has a number of statutory responsibilities for the provision of mental health services in the borough.

5.   Wider support work encourages self-development, social inclusion and assists with employment and housing needs.

6.   There are future risks and demands being placed on the decision making processes for BIAs and DOLs.


Recommendations

1.   As part of the integration programme, work is undertaken to identify and formalise any existing arrangements for the commissioning of mental health services, where possible.

2.   For Adult Services and Pennine Care to work together to address the balance of work across caseloads, with a need to improve timescales for the future recording and reporting of AMHP cases.

3.   That a review is undertaken to estimate the resource demand and future financial implications that will be placed on the Council as a result of the future risks associated with BIAs and DOLs.


Pennine Care NHS Foundation Trust

7.47   Pennine Care provides a range of mental health services in Tameside. This ranges from treatment for conditions such as depression and anxiety to more serious mental illness such as personality disorder and schizophrenia. A large percentage of treatments and support are delivered in the community. In order to treat residents with more severe conditions a mental health unit and wards are located within Tameside Hospital.

7.48   **Primary Care** - The Primary Mental Health Service provides a range of psychological therapies for people above the age of 16, with no upper age limit. Individuals will have presented with a mild-to-moderate mental health problem and are seen to be low risk to both themselves and others. The range of mild and moderate conditions can be seen below in figure 3.

Figure 4: Primary Care common mental health problems
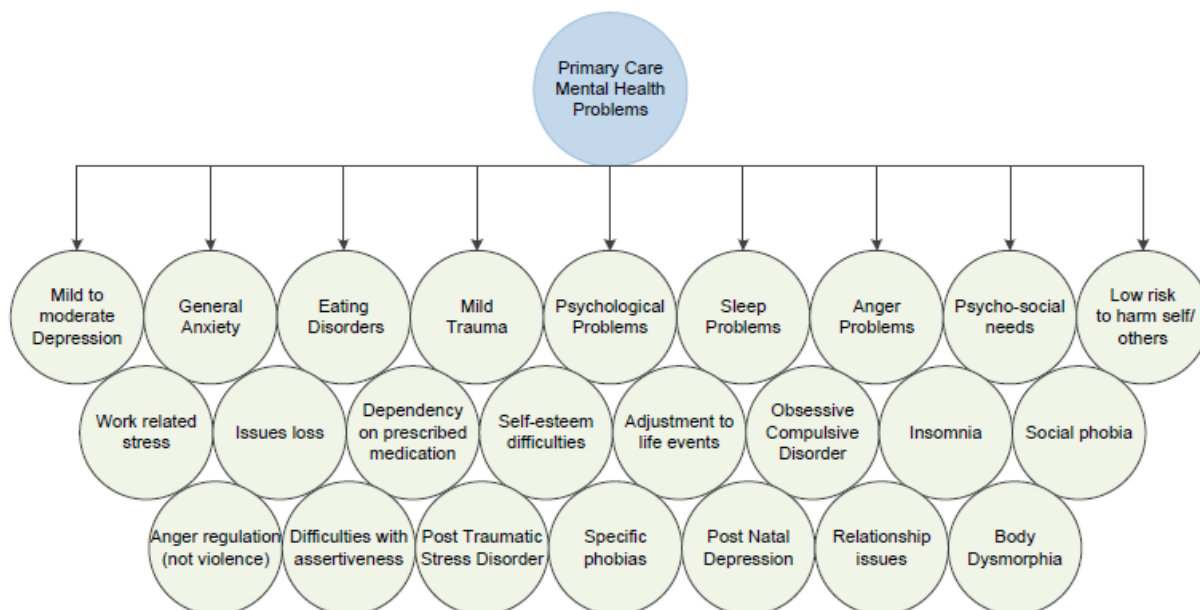
7.49   The treatment length can range from 4 to 20 sessions and vary between 30 minutes and up to 1 hour. The service has a skilled mix of:
- Psychological wellbeing practitioners
- Mental Health Practitioners and Cognitive Behavioural Therapists (CBT)
- Counsellors
- Clinical Psychologists

7.50   The service operates between 8:30am and 5pm, Monday to Friday and has an open referral system where any professional, service user or carer can refer direct; with all letters needing to go to the Access and Crisis Service for processing in line with the stepped care model.

7.51   **Secondary Care** - The Community Mental Health Team (CMHT) is a multi-disciplinary service that consists of a Team Manager, Mental Health Social Workers, support workers and a Consultant Psychiatrist that is linked with the team. The CMHT can only accept referrals from the Access and Crisis Service for residents that have been seen to require secondary mental health care services.

7.52   The team provides a specialist service for residents aged 16 to 64. Once a service user has been assessed they are allocated a Care Coordinator who will be a qualified Mental Health Nurse or Mental Health Social Worker. Work will then be undertaken to develop a care plan with the service user, to identifying his or her needs. Plans will also be made to regularly review progress and outcomes, as well as planning for transfer and/or discharge. The range of mild and moderate conditions can be seen below in figure 3.

Figure 5: Secondary Care mental health problems in line with the Stepped Care Model

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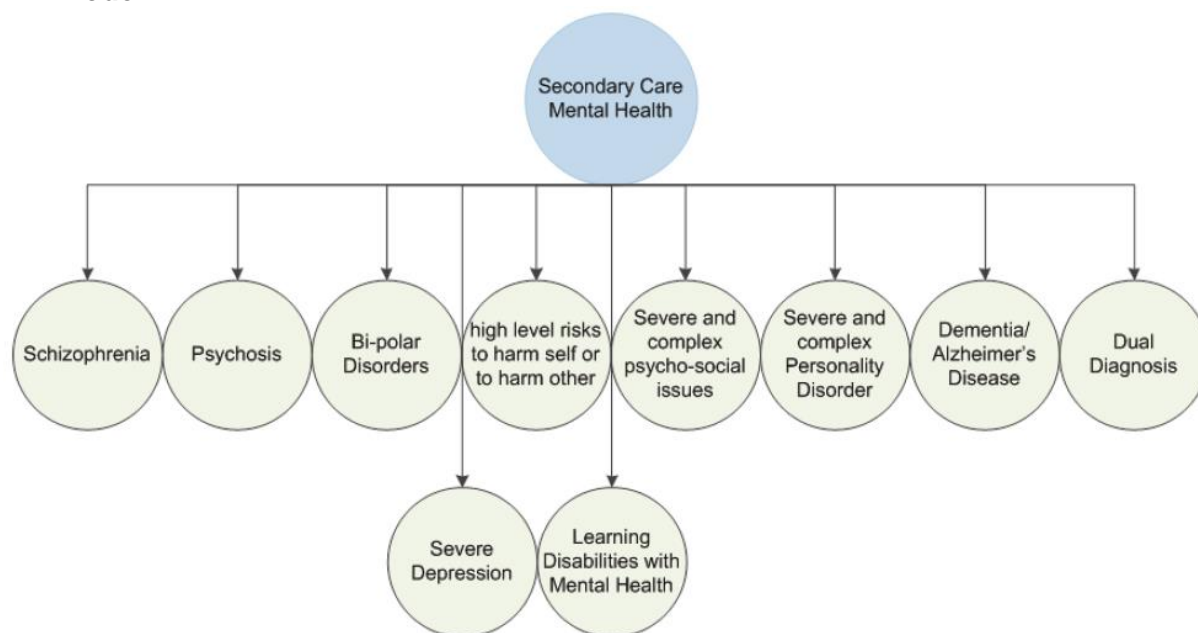
Conclusions

7.   A wide range of mild to moderate mental health problems are treated within Primary Care; with the appropriate treatments directed at the individual's needs.

8.   To ensure outcomes are maximised, care planning is an essential part of the transfer and discharge process.

Recommendations

4.   That Tameside Adult Services and Pennine Care establish clear monitoring arrangements for the success of care planning and equality of access across Primary, Secondary and community based interventions.

Mind

7.53   Research undertaken by Mind has confirmed that mental health is costly to employers, showing that:
- 1 in 5 people take a day off work due to stress
- 1 in 10 people have resigned a job due to stress and 1 in 4 have considered it
- 19% of people feel they can't speak to their managers about stress at work
- Over 50% of employers said they would like to do more to improve staff wellbeing but don't feel they have the right training or guidance.

7.54   As an organisation Mind provides helpful services, promoting the wellbeing and mental health improvements of its clients. Support is aimed at providing residents with tools to build self-esteem, make a positive contribution to the community and actively take control of their lives. Services include counselling, mindfullness and life-skill courses to help people come to terms with psycho-social or emotional issues.

7.55   Across a wide range of support services work is undertaken to ensure there is flexibility across all levels, in order to meet the needs of the individual. By providing a range of universal and bespoke counselling and self-help services this has allowed a range of early intervention and prevention outcomes to be achieved.

7.56   Residents that experience problems with their mental health can access services directly, with referrals also being made by GPs across Tameside. The organisation is in a unique

and fortunate position that alongside the paid staff a number of support services are delivered by a trained and dedicated group of volunteers. In addition to formal and informal support work has also been undertaken with social landlords, schools and private enterprise to improve Mindful Employer awareness. Residents can also visit the award winning wellbeing café, Topaz.

7.57   During 2013/14 a number of outcomes and innovative practices have been achieved.
- Worked with over 2,300 clients
- 8 new projects started
- Over 12,000 enquiries at the information centre
- 12,000 customer transactions at the wellbeing café
- Mental health awareness training delivered to 2,500 young people
- 201 volunteers delivered a wide range of services
- 93% of therapeutic clients felt that Mind helped them achieve a long term solution

7.58   Following a recent review a number of services have been restructured to become more business-like in order to meet local needs during this period of change and uncertainty. A paid counselling service has been introduced and work has been undertaken to raise mental health awareness with key individuals within communities such as Police, Teachers and business owners.

7.59   Active Monitoring is an immediate intervention service that works with someone as soon as they recognise they need support with emotional, behavioural or mental distress. With pilots in Glossop and Failsworth, the service has been based within GP surgeries and undertakes the duty of 'watchful waiting', by working with individuals face-to-face toprovide facilitated self-help.

7.60   The new service provides a range of tools, techniques and practical tips for individuals and their families to manage low mood. The aim is for this to be a standalone intervention with a step-up approach if needed. Information recorded from the people that completed the Active Monitoring service in pilot areas has shown that 30% went into recovery and 46% improved. With:
- 96% of clients finding the guided self-help exercises useful
- 85% having been able to successfully apply the techniques to everyday life

Conclusions
9.   Accessing self-help support at the earliest opportunity has a significant impact on individual outcomes and can reduce the need of further treatment.

Recommendations
5.   That Public Health work with Mind to further develop and strengthen mental health awareness with schools and employers across the borough.

6.   To explore future options, capacity and benefits associated with the introduction of Active Monitoring, in line with the mental health profile of the borough.

7.   That work is undertaken across Mental Health services to engage with voluntary and community agencies to improve care planning and support social inclusion and independence.

8.   CONCLUSIONS

8.1   The Mental Health Act sets out clear guidance for the way individuals are to be assessed and treated.

8.2   Mental health services in Tameside face significant local challenges in relation to the prevalence of mental health disorders and care planning.

8.3   The transition and integration between informal and formal services is essential to achieving successful outcomes.

8.4   The Council has a number of statutory responsibilities for the provision of mental health services in the borough.

8.5   Wider support work encourages self-development, social inclusion and assists with employment and housing needs.

8.6   There are future risks and demands being placed on the decision making processes for BIAs and DOLs.

8.7   A wide range of mild to moderate mental health problems are treated within Primary Care; with the appropriate treatments directed at the individual's needs.

8.8   To ensure outcomes are maximised, care planning is an essential part of the transfer and discharge process.

8.9   Accessing self-help support at the earliest opportunity has a significant impact on individual outcomes and can reduce the need of further treatment.

9.   RECOMMENDATIONS

9.1   As part of the integration programme, work is undertaken to identify and formalise any existing arrangements for the commissioning of mental health services, where possible.

9.2   For Adult Services and Pennine Care to work together to address the balance of work across caseloads, with a need to improve timescales for the future recording and reporting of AMHP cases.

9.3   That a review is undertaken to estimate the resource demand and financial implications that will be placed on the Council as a result of the future risks associated with BIAs and DOLs.

9.4   That Tameside Adult Services and Pennine Care establish clear monitoring arrangements for the success of care planning and equality of access across Primary, Secondary and community based interventions.

9.5   That Public Health work with Mind to further develop and strengthen mental health awareness with schools and employers across the borough.

9.6   To explore future options, capacity and benefits associated with the introduction of Active Monitoring, in line with the mental health profile of the borough.

9.7   That work is undertaken across mental health services to engage with voluntary and community agencies to improve care planning and support social inclusion and independence.