PLEDGE 90 – MENTAL HEALTH REVIEW REPORT

Final Report - March 2014

Contents

1. ACKNOWLEDGEMENTS

This report has been developed in partnership with a large number of individual stakeholders and organisations.

Without the support of everyone involved it would not have been possible to create such a comprehensive and wide ranging document.

We would therefore like to extend our thanks to all who have contributed information, evidence, thoughts, and opinions to the Pledge 90 Review.

2. GLOSSARY

AOS – Assertive Outreach Service

ASC – Adult Social Care

ASD – Autistic Spectrum Disorder

BME – Black and Minority Ethnic

CAMHS – Child and Adolescent Mental Health Service

CMHT – Community Mental Health Team

CPN – Community Psychiatric Nurse

Glenbourne – Psychiatric inpatient hospital

Healthwatch - Independent consumer champion created to gather and represent the views of the public

HTT – Home Treatment Team

IAPT – Improving Access to Psychological Therapies

MHFA – Mental Health First Aid Course

NEW Devon CCG – North, East, West Devon Clinical Commissioning Group

PCH – Plymouth Community Healthcare CIC

PIPS – Plymouth Involvement & Participation Service

Plymouth Options – Plymouth's IAPT service

PMHPN – Plymouth Mental Health Provider Network

POD – Plymouth Online Directory

POS – Place of Safety Suite (Section 136)

PTSD – Post Traumatic Stress Disorder

SQIP – Mental Health Strategic Quality Improvement Partnership

3. BACKGROUND AND INTRODUCTION

In May 2012 Plymouth City Council announced 100 pledges around the 10 priority areas identified in the Corporate Plan. Pledge 90 was to 'Conduct a wide ranging review of the adequacy of mental health services and support in the city alongside local mental health providers and charities'.

The review was overseen by the Portfolio Holder for Public Health and Adult Social Care and the delivery of this pledge was a central theme of 'Caring Plymouth'.

A Key Stakeholder Working Group was established to lead the day to day implementation of the Review. This included key representatives from PCC Joint Commissioning Team, PCC Office of the Director of Public Health and the NEW Devon Clinical Commissioning Group.

As the review commenced it became clear that there was already a lot of information available and that the stakeholders and partners in the delivering or mental health services were wide-ranging with a lot to say. We therefore committed to ensure that we use as much information currently available to avoid duplication and ensure a comprehensive picture is pulled together in one place and we also committed to reaching out widely to as many people with an interest in mental health as possible.

This Pledge 90 Mental Health Review Report summarises a number of different documents that have been created as part of the review. The main elements include:

- Strategic Context
- Mental Health Needs Assessment Refresh 2013
- Performance
- Service User & Carer Views
- Community & Stakeholder Views

4. STRATEGIC CONTEXT

4.1 Introduction

This report provides a summary of the current national and local strategy and policy impacting on Plymouth Mental Health Services. It also discusses the current governance structures for commissioning decisions and how these are informed through the local mental health strategic partnership.

4.2 National Strategy

Over the last 15 years the national policy context around mental health has evolved and developed significantly. The wider social impacts, recovery ethos, preventative and personalized approach to delivering holistic services have become increasing important. This journey is described through these summaries of key policy documentation:

4.2.1 1999 - National Service Framework for Mental Health

The 'National Service Framework for Mental Health' set quality standards for mental health services. It stated what they should aim to achieve and how they should be measured. The NSF aimed to combat discrimination against individuals and groups with mental health problems, make it easier for anyone who may have a mental health problem to access services and create a range of mental health services to prevent or anticipate crises where possible

The NSF created defined mental health teams and services consistently across the country. Significant progress was made around the treatment of mental health problems with defined health commissioned mental health teams still forming the foundation of mental health teams and services today.

4.2.2 2009 New Horizons: a shared vision for mental health

This policy document recognised the progress made under the NSF but started to place more emphasis on individual recovery, wider determinants and preventative approaches. It set out the vision using key themes such as; prevention of mental ill health and promoting mental health, early intervention, tackling stigma, strengthening transitions, personalised care and innovation. Although quickly superseded in 2011 New Horizons set a new direction in mental health policy.

4.2.3 2011 No Health Without Mental Health – a cross government mental health outcomes strategy for people of all ages

Mental health is everyone's business. This strategy states, 'good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential.' At any one time, roughly one in six of us are experiencing a mental health problem. While that is a staggering figure in itself, we are also faced with the fact that mental health problems are estimated to cost the economy an eye-watering £105 billion per year. It states that the title of the strategy, No Health Without Mental Health, perfectly captures the ambitious aim to mainstream mental health in England. The commitment to achieving parity of esteem between mental and physical health services was clear throughout the document. This strategy remains the current mental health strategy. It has six key objectives:

- More people will have good mental health
- More people with mental health problems will recover
- More people with mental health problems will have good physical health
- More people will have a positive experience of care and support

- Fewer people will suffer avoidable harm
- Fewer people will experience stigma and discrimination

4.2.4 July 2012 – No Health Without Mental Health Implementation Framework

This document aims to translate the vision of 'No Health Without Mental Health' into reality by setting out 10 priorities for action:

1. Mental health has 'parity of esteem' with physical health within the health and care
2. People with mental health problems, their families and careers are involved in all aspects of service design and delivery
3. Public services improve equality and tackle inequality
4. More people have access to evidence-based treatments
5. The new public health system includes mental health from day one
6. Public services intervene early
7. Public services work together around people's needs and aspirations
8. Health services tackle smoking, obesity and co-morbidity for people with mental health problems
9. People with mental health problems have a better experience of employment
10. We tackle the stigma and discrimination faced by people with mental health problems

4.2.5 Health & Social Care Act 2012

The Health & Social Care Act 2012 fundamentally changed the health landscape, both in terms of commissioning and provision. Key impacts on mental health include:

- The transfer of the responsibility for Public Health to local authorities
- The creation of local health and wellbeing boards. The boards are statutory and lead on the development of the Joint Strategic Needs Assessment and Health and Wellbeing Strategy. These boards are required to bring together key partners to ensure co-ordinated commissioning to secure better health and wellbeing outcomes, better quality care for patients and care users and better value for the taxpayer.
- Creation of Clinical Commissioning Groups – this new commissioning structure replaced the Primary Care Trusts in April 2013 and means that clinicians have lead responsibility commissioning of services.

4.2.6 National Outcomes Frameworks

There are three separate national outcomes frameworks for health, adult social care and public health. Together they provide a coherent and comprehensive approach to tracking national progress against an agreed range of critical health and social care outcomes. Although separate there is overlap across them reiterating the interdependencies of the three policy areas. The outcomes frameworks are not, as a whole disease-specific. They apply equally to mental and physical health (NHWMH, 2011). It is possible therefore to see how mental health policy and development is critical to the delivery of all of the three outcomes frameworks.

The outcome frameworks include generic measures that impact on mental health, e.g. all the wider determinants referenced in the PHOF impact on people with mental health issues and well as impacting on people's mental health. In the ASCOF "we know not only that some mental health problems are long term but also that the rates of mental health problems in people with long term physical illness are high. To improve quality of life for this group of people means that their mental health needs should be identified and met" (NHWMH, 2011).

There are also mental health specific indicators in each outcome framework which are reported in the Performance section of this report.

4.2.7 Preventing Suicide in England (DH, September 2012)

This strategy gives an expectation that key services, including mental health services will have a co-ordinated approach to recognising suicide risk and proactive processes for intervening and preventing suicide.

4.2.8 Care Bill 2013

The Care Bill was published on the 10th May 2013 and based on the White Paper Caring for our Future. It takes account of the Dilnot Commission Report into the funding of care and support and the Law Commission report to codify Community Care law into a single piece of legislation. The Care Bill is designed to create a new principle where the overall wellbeing of the individual is at the forefront of their care and support. It also places a new duty on Local Authorities to promote integrated care, mirroring the duties in the Health and Social Care Act 2012. The Bill makes it clear that this refers to; housing, health and social care delivery/commissioning and not just health and social care.

4.2.9 Welfare Reform

The Coalition Government has enacted a series of reforms to the welfare system, which are intended to make the system fairer, and support more people into work. The reforms include a simplification of the benefit structure, with the creation of the Universal Credit to replace a range of benefits and tax credits. The reforms also introduce a new Personal Independence Payment to replace Disability Living Allowance.

4.2.10 Closing the Gap: Priorities for essential change in mental health (DH, January 2014)

This document aims to bridge the gap between the Government's long-term ambition and shorter-term action. It seeks to show how changes in local service planning and delivery will make a difference, in the next two or three years, to the lives of people with mental health problems.

It therefore sets out 25 areas where people can expect to see, and experience, the fastest changes. These are the Government's priorities for action: issues that current programmes are beginning to address and where our strategy is coming to life.

Many are about mental health care and treatment, but others reflect the work done across the entire health and care sector, and indeed across government as a whole, to reduce the damaging impact of mental illness and improve mental wellbeing. In addressing these priorities, we will also continue to rely on the involvement of many partners across the voluntary sector – from national charities to local community groups.

4.3 Local Strategy

4.3.1 The Plymouth Mental Health and Well-Being Promotion Strategy 2011-2014

This strategy provides the framework for delivering improved mental health and well-being for the people of Plymouth. It emphasises the need for a whole systems approach involving all sections in the community.

4.3.2 Plymouth Mental Health Network Strategy – Whole Life Whole Systems

The strategy is called "Whole Life – Whole Systems". It focuses on the wide range of factors improving this city's mental health (work, housing, social contact) as well as the services available to provide specialist support. The strategy was developed by and with the local mental health community.

4.3.3 Improving the State of Our Minds – Emotional Wellbeing and Mental Health of Children and Young People in Plymouth (2009-14)

This five year joint commissioning strategy, which was developed in partnership across all agencies with supporting information/input from users and carers, aims to;

Improve all children and young people's mental health;

Develop a shared understanding and collective responsibility for children and young people's emotional wellbeing and mental health;

Ensure that agencies work in partnership to promote mental health, provide early intervention, and meet the needs of children and young people with established or complex problems;

Provide mental health care and support based upon the best available evidence, exceeds minimum core standards, is needs based and delivered by staff with the right range of skills and competencies.

4.3.4 Plymouth Health and Wellbeing Strategy (in development)

The Health & Social Care Act 2012 placed a duty on local authorities to lead a Health & Wellbeing Board (HWBB). One of the statutory duties of this board to develop a Health and Wellbeing Strategy.

In Plymouth the Portfolio Holder for Public Health and Social Care chairs the HWBB and the strategy is in development. The Strategy will use the JSNA to set priorities for the city that will clearly impact on the mental health sector and decision making. Initial developments indicate that mental health has been identified as a priority for the HWBS.

The Health and Wellbeing Board's vision is "Happy, Healthy, Aspiring Communities". The purpose of the Board is "To promote the health and wellbeing of all citizens in the City of Plymouth".

4.3.5 NEW Devon CCG Mental Health Commissioning Plan (in development)

This plan is currently in development. The strategy intends to be high level setting out national policy and direction of travel, and how locally this will be taken forward. The Pledge 90 Review will be key in informing local action against this strategy.

4.3.6 Commissioning Governance

Established in January 2012, the Joint Commissioning Partnership (JCP) is the central body for commissioning health and social care services in Plymouth. It is responsible for ensuring a coordinated and consistent approach to commissioning services on behalf of partner agencies. It aims to ensure a joined up approach to strategic planning and service delivery in order to maximise best use of public resources and deliver seamless services by working across organisational boundaries. Representation at the JCP includes Plymouth City Council (including Adult Social Care, Children Social Care, Community Safety, Social Inclusion, Director of Public Health), Police and Crime Commissioner, Clinical Commissioning Group and Probation Services.

The JCP has strong links with local partnerships and strategic groups ensuring the commissioning decisions are grounded and responding to the real time issues in Plymouth.

This Partnership provides a strong foundation for developments around more integrated and cooperative commissioning being driven by local and national policy.

4.3.7. Mental Health Strategic Quality Improvement Partnership (SQIP)

The Mental Health Strategic Quality Improvement Partnership (SQIP) is a crucial part of the 'strategic context' in Plymouth. The Partnership meets bi-monthly and is well attended bringing together a wide range of stakeholders. This includes:

- Providers - nominated through the local Plymouth Mental Health Provider Network to ensure comprehensive representation and communication of key issues.
- Service users and careers – again representing a wider group through PIPS,
- Commissioners across health and social care.

At a recent meeting it was agreed that more performance information would be provided at these meetings to help the MH SQIP identify key areas for further investigation with a detailed exploration of specific themes at each meeting.

4.4 Summary

Over the last 15 years the national policy context around mental health has evolved and developed significantly. The wider social impacts, recovery ethos, preventative and personalised approach to delivering holistic services has become increasingly important.

Within national strategy there is a clear intention to focus on transforming the way mental health services are commissioned, delivered and experienced with a particular emphasis on personalised approaches, earlier intervention and a shift towards greater use of community treatment.

In order to achieve the best outcomes from prevention and early intervention work it will be necessary to facilitate and develop integrated commissioning, provision and prevention.

There are 3 main local strategies currently driving activity in Plymouth across different elements of the mental health 'system' in Plymouth.

In addition the Health and Wellbeing Strategy (HWBS) and the NEW Devon Western Locality Clinical Commissioning Group Mental Health Commissioning Plan are in development and will hold significant influence going forward.

The Review has identified a well engaged and motivated mental health sector in Plymouth across providers, commissioners and service user / carer engagement. The mechanism for collectively identifying and responding to emerging issues is predominantly through the MH SQIP.

5. NEEDS ASSESSMENT

A comprehensive Mental Health Needs Assessment was completed in 2012. This has been reviewed in line with Pledge 90 and is included as Appendix 1 of this Report. Below is a summary of some of the key findings of the Needs Assessment.

5.1 Prevalence (2012)

Children and Young People (5-15)	
3,500	Mental health disorder
700	1+ Mental health disorder
Adults (18-64)	
26,000	Common mental health disorder
700	Borderline personality disorder
575	Anti-social personality disorder
650	Psychotic disorder
11,800	2 or more psychiatric disorders
Older People (65+)	
3,700	Depression
3,000	Dementia

5.2 Risk Factor Data

There are a number of risk factors that increase the prevalence of mental health conditions. The following table provides local data on how risk factors affect mental health in Plymouth.

Children and Young People (<19)	
1,500	Vulnerable families with 4+ risk factors identified in Health Visitor Survey
22.6%	Children living in poverty
> average	Number of children in care
> average	Numbers not in education, employment or training
> average	Numbers entering criminal justice system

Adults (18-64)	
10,000	Alcohol dependent
5,600	Dependent on drugs
Older People (65+)	
21,000	Living with a limiting long term condition

5.3 Demand Information 2012/13

6,700 residents receiving mental health services from PCH.

5,700 referrals to Plymouth Options (56% engagement).

100,000 individual contacts with services (37% adult community mental health team,15% older people community mental health team, 12% assertive outreach team, 6% memory service).

378 emergency mental health admissions.

1250 A & E attendances for self-harm (21% under 19).

Above average levels of prescribing for antidepressants, anxiolytics and hypnotics (could be due to greater need, prescribing practice or poor access to alternatives such as psychological therapies).

Rate of suicide above national average (10.3 deaths/100,000 compared to 7.9 deaths/100,000). However the numbers are small (average 25 per year).

5.4 Veterans Mental Health

The estimated local population of veterans in Plymouth is 18,900 – 20,300.

Mental health problems linked with alcohol dependence, depression and Post Traumatic Stress Disorder (PTSD).

Risk factors include:

- Low numeracy and literacy standards of recruits (often from areas of social deprivation).
- Exposure to combat.
- Transition to civilian life especially if no home and family to return to.
- Short Service Time - personnel leaving the service within four years are associated with a higher incidence of mental health problems.
- Hazardous alcohol consumption.
- Estimated that 10% of all Plymouth Options (Plymouth's 'Improving Access to Psychological Therapies' service) clients are veterans, reservists or serving armed forces personnel.

A comprehensive Veterans Health Needs Assessment incorporating mental health is currently in development.

6. PERFORMANCE

6.1 Introduction

The review has completed a critical analysis of performance information in relation to commissioned mental health services. This review has provided the opportunity to combine information for the first time and create a comprehensive picture of the information available and the interdependencies across services.

This summary performance section pulls together a range of performance information from different commissioners about specific mental health services.

6.2 Summary Supply Map and Approximate Spend

The Mental Health Needs Assessment 2012 contains comprehensive details of the wide range and extent of mental health services in the city.

6.3 Approximate Annual Spend

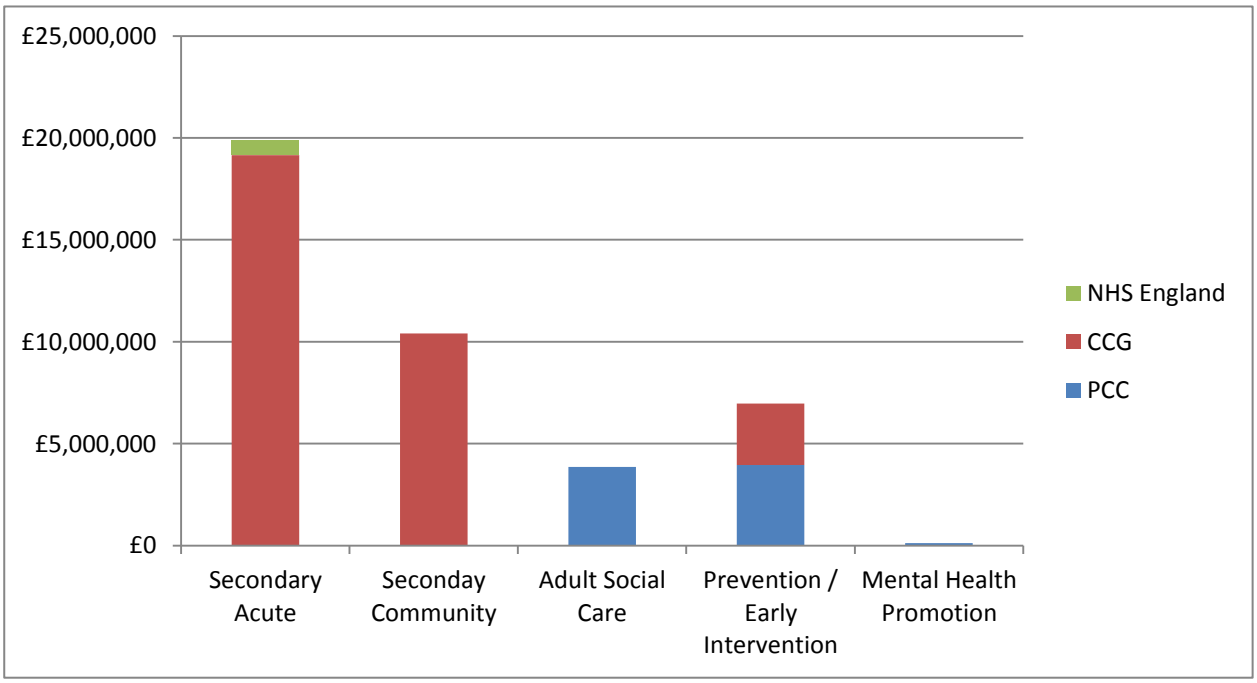
The below table attempts to summarise the approximate annual spend against the main mental health services commissioned across Plymouth City Council (PCC) the NEW Devon Clinical Commissioning Group (CCG), and NHS England.

Table 1

Service Category	Examples of services (some of these fall across the defined 'service category')	Commissioner	Approximate Annual Spend
Mental Health Promotion	Training, Plymouth Mental Health Network, Mental Health Promotion Strategy, Libraries	PCC	£125,000
Preventative / Early Intervention	Employment support, community development, Icebreak, Insight, IAPT	CCG	£3,013,129
	Floating support, supported accommodation, drop ins, recovery college, CAMHS	PCC	£3,953,817*
Secondary Mental Health Services – Acute / Inpatient	Glenbourne, Recovery Units, Home Treatment Team, Out of Area Placements, Individual Patient Placements, Continuing Healthcare	CCG	£19,145,259
	Lee Mill only – not just Plymouth (Specialist Commissioning Spend currently unknown)	NHS England	£731,786
Secondary Mental Health Services – Community Based	Assertive Outreach Service, Community Mental Health Teams, CAMHS	CCG	£10,407,136
Adult Social Care	Direct Payments, residential & nursing care, community services	PCC	£3,853,000

*This includes approximate apportioned spend on non specialist preventative services that work with clients who have mental health support needs.

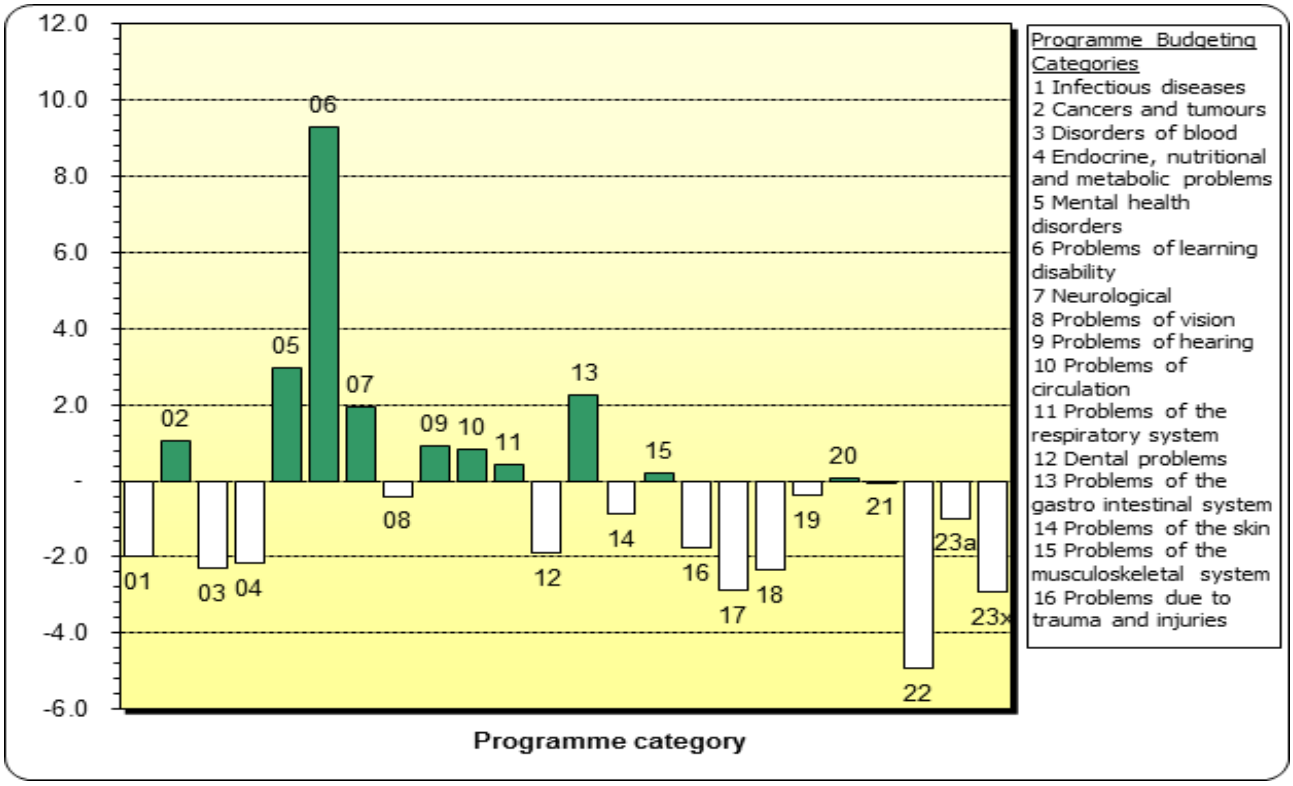
Figure 1 – Approximate Annual Spend Graph



6.4 How We Compare to Others

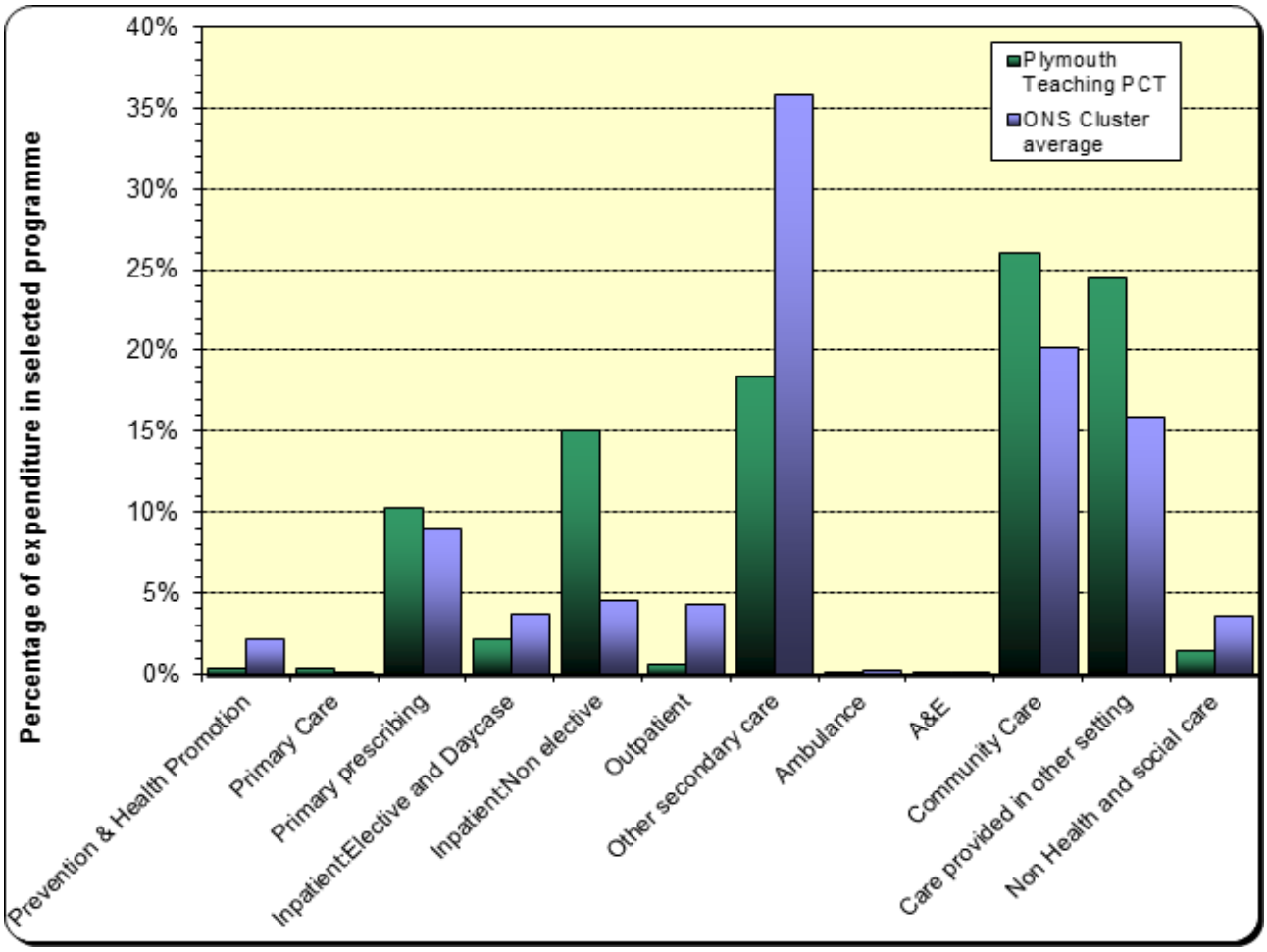
The NHS Health Investment Network has produced an interactive benchmarking tool that contains detailed information on PCT expenditure by health care condition. Although the boundaries are now different with the NEW Devon CCG covering a much wider area than the former Plymouth PCT this tool is helpful in enabling this review to compare historic spend. The benchmarking tool shows that in 2011/12 Plymouth PCT invested above average levels of funding into services for mental health disorders.

Figure 2



The benchmarking tool also indicates that in 2011/12 Plymouth PCT invested more than our ONS cluster on 'Community Care' and 'Care Provided in Other Setting', and less on 'Other Secondary Care'.

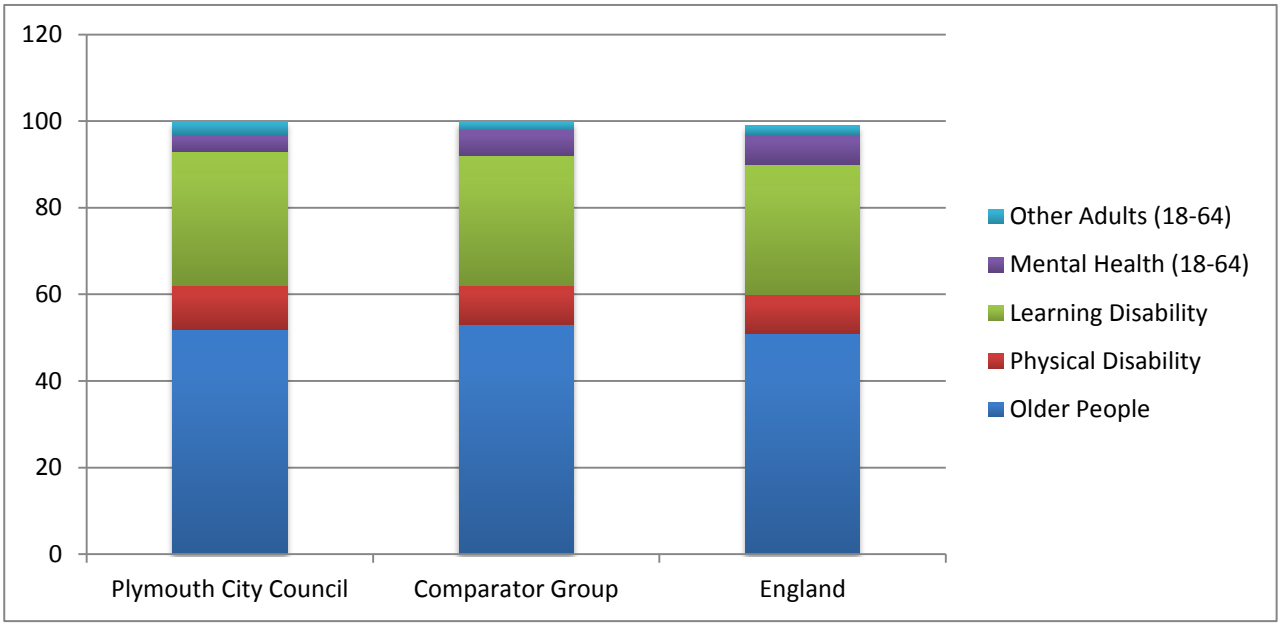
Figure 3



Adult Social Care is also able to benchmark the costs of care for adults with mental illness.

Figure 4 shows the % distribution of total gross current expenditure on Adult Social Services broken down by client group. Compared to our comparator group Plymouth invests a slightly lower proportion of total adult social care expenditure on Mental Health (18-64) (4.44% compared to approximately 6%).

Figure 4



Source: Use of Resources Report 2012/13 Plymouth, National Adult Social Care Intelligence Service

In Plymouth this expenditure is broken down as follows

Table 2

Client Group	Expenditure	Percentage
Older People	£45,414,000	52.38%
Physical Disability	£8,737,000	10.08%
Learning Disability	£26,746,000	30.85%
Mental Health (18-64)	£3,853,000	4.44%
Other adults	£1,943,000	2.24%
Total	£86,693,000	100%

6.5 National Outcomes Data

4.5.1 Adult Social Care Outcomes Framework

The Adult Social Care Survey is used to measure performance against a number of indicators in the Adult Social Care Outcomes Framework (ASCOF).

For the 2012/13 Adult Social Care client survey in Plymouth, 170 clients whose primary client group is Mental Health received a survey, of these 50 returned the survey (a response rate of 29%). This response rate compared to an overall response rate to the survey of 39.8%.

ASCOF 1B – The proportion of people who use services who have control over their daily life. Based on responses to the question 'Q3a - Which of the following statements best describes how much control you have over your daily life?' The proportion of people with mental health issues who use services who have control over their daily life is 84%.

The proportion of mental health clients who have control over their daily life is the same when all clients are considered, for all clients the percentage who have control over their life is also 84%.

ASCOF 3B
Based on responses to the question 'Q1 - Overall, how satisfied or dissatisfied are you with the care and support services you receive?' The proportion of people with mental health issues who are satisfied with the services they receive is 74%.

The proportion of mental health clients satisfied with the care and support they receive is higher than the proportion when all clients are considered, the satisfaction rate for all clients' stands at 68.5%.

Table 3 - Summary

Indicator	**Plymouth - All clients**	**England – All clients**	**Plymouth Mental Health Clients**
ASCOF 1B – The proportion of people who use services who have control over their daily life	84	75.9	84
ASCOF 3B – Satisfaction with care and support services	68.5	63.5	74

ASCOF 1F

Table 4 Proportion of adults in contact with secondary mental health services in paid employment

Area	2010/11	2011/12	2012/13
Plymouth	N/A	7.3	5.1
South West	N/A	9.3	8.7
Unitary	N/A	9.0	7.1
CIPFA Comparators	N/A	8.1	5.6

Source: Towards Excellence in ASC Performance Report (2013).

ASCOF 1H

Table 5 Proportion of adults in contact with secondary mental health services who live in their own home

Area	2010/11	2011/12	2012/13
Plymouth	N/A	53.6	53.3
South West	N/A	44.8	50.9
Unitary	N/A	52.8	53.4
CIPFA Comparators	N/A	56.4	50.1

Source: Towards Excellence in ASC Performance Report (2013).

4.5.2 Public Health Outcomes Framework

PHOF 1.18

Social isolation: the % of adult social care users who have as much social contact as they would like

Area	2010/11	2011/12
Plymouth	46.30	51.20
Southampton	41.00	43.30
Portsmouth	50.90	46.30
Sheffield	39.50	41.30
England	41.90	42.30

We have improved performance against this indicator going up from 46.30 to 51.20 and Plymouth performs significantly better than England overall.

PHOF 2.08

Emotional wellbeing of looked after children

Area	2010/11	2011/12
Plymouth	16.00	17.30
Southampton	15.40	No data
Portsmouth	14.50	13.70
Sheffield	15.40	No data
England	13.90	13.80

Data is collected from the 'strengths and difficulties questionnaire' (SDQ). We have a higher average SDQ score compared to our comparators and England for children in care for the last 12 months. A higher score on the SDQ indicates more emotional difficulties, with a score of 0 to 13 being considered normal, a score of 14 to 16 considered a borderline cause for concern, and one of 17 or more a cause for concern

PHOF 2.23

Self-reported well-being – percentage of people with a low satisfaction score

Area	2011/12
Plymouth	21.86
Southampton	24.42
Portsmouth	24.46
Sheffield	26.09
England	24.27

Plymouth has a lower percentage of people with a low satisfaction score, but this isn't significantly different to England's value.

Self-reported well-being – percentage of people with a low worthwhile score

Area	2011/12
Plymouth	18.96
Southampton	22.57
Portsmouth	24.24
Sheffield	21.13
England	20.08

Plymouth has a lower percentage of people with a low worthwhile score, but this isn't significantly different to England's value.

Self-reported well-being – percentage of people with a low happiness score

Area	2011/12
Plymouth	29.05
Southampton	29.49
Portsmouth	31.28
Sheffield	31.33
England	29.02

Plymouth has a lower percentage of people with a low happiness score compared to the comparators, but this isn't significantly different to England's value.

Self-reported well-being – percentage of people with a high anxiety score

Area	2011/12
Plymouth	42.81
Southampton	38.03
Portsmouth	37.00
Sheffield	42.27
England	40.11

Plymouth has a higher percentage of people with a high anxiety score, but this isn't significantly different to England's value.

The estimate of subjective well-being comes from the first annual experimental Annual Population Survey (APS) Subjective Well-being dataset (April 2011 to March 2012).

PHOF 4.10
Suicide rate

Area	2009 - 11
Plymouth	10.33
Southampton	9.72
Portsmouth	8.55
Sheffield	6.45
England	7.87

Plymouth has a higher rate of suicide and injury of undetermined intent; this is significantly higher than England's value.

PHOF Summary Table

Indicator	Latest Plymouth	England	Significant test
PHOF 1.18 Social isolation: the % of adult social care users who have as much social contact as they would like	51.20	42.3	Significantly better than England's average
PHOF 2.08 Emotional wellbeing of looked after children	17.30	13.8	N/A
PHOF 2.23i Self-reported well-being - people with a low satisfaction score	21.86	24.27	Not significantly different
PHOF 2.23ii Self-reported well-being - people with a low worthwhile score	18.96	20.08	Not significantly different

PHOF 2.23iii Self-reported well-being - people with a low happiness score	29.05	29.02	Not significantly different
PHOF 2.23iv Self-reported well-being - people with a high anxiety score	42.81	40.11	Not significantly different
PHOF 4.10 Suicide rate	10.33	7.87	Significantly worse than England's average

Source: Public Health Outcomes Framework (www.phoutcomes.info)

6.6 Early Intervention and Preventative Support

PCC and the CCG commission a large range of support services in the community that aim to intervene early and prevent the need for more specialist or acute service provision.

6.6.1 Supported Accommodation and Floating Support Services

Examples of these services include hostels and supported accommodation to support that 'floats' into an individual's own accommodation. The services aim to enable independent living by building the skills and mechanisms required based on individual need and circumstances.

Table 4 – this table shows the number of people with a primary or secondary client group of 'mental health' that accessed these services in Plymouth.

Year	Primary Client Group	Secondary Client Group	Total
2013/14 (Apr-Jun 13)	55	100	155
2012/13	143	322	465
2011/12	170	221	391
2010/11	245	219	464

This indicates that there has been a slight decrease in the number of people with a primary client group of mental and an increase in the number of people with mental health as a secondary client group. This is in line with a national trend around increasing common mental health issues.

However, clients who define themselves having a different 'primary' need may also require support with mental health issues. This is particularly relevant to people where they have a 'primary client group' of substance misuse, homelessness / rough sleeping, offenders, domestic abuse and young people. The following table indicates how many people completed a programme of support from these services where they had a need around mental health, and also whether that need was met by the services. The information indicates that an increasing proportion of people using services have a need around mental health – rising from 36% in 2010/11 to nearly 50% currently. The table also indicates that the services are consistently meeting the needs of these clients.

Table 5

	2010/11	2011/12	2012/13	2013/14
The total number of people completing a programme of support	2163	2026	2217	576
The number of people with a needs around mental health who completed a programme support	786 (36.34%)	812 (40.08%)	971 (43.80%)	282 (48.96%)
The number of people who had their mental health support need met	683	722	854	254
% of people who had their support need met	86.90%	88.92%	87.95%	90.70%

6.6.2 Other Commissioned Early Intervention and Prevention Services

PCC commission a range of other bespoke services accessible to people with mental health issues. These include drop-ins, advice and information services, advocacy services and volunteering support.

The varied nature of the above service models and different commissioning arrangements, means that performance monitoring is carried out on an individual contract basis. Often the information collected is not directly comparable or easy to aggregate. The following section provides some headline information against these services.

Crossroads – this service supports approximately 70-100 people a year. So far this year 20 people have moved on from the service in a planned way with improved recovery outcomes.

MIND Recovery College – this service had already supported 147 people through focussed courses between April-June this year.

Avenues – this service supports people with mental health issues to access volunteering opportunities. They work with over 60 people a year.

Advice Plymouth – this new service started on 01 October 2012. It provides an outreach service in Glenbourne and has been working closely with the mental health community to ensure its advice and information offer to people with mental health issues is of high quality and easily accessible. Performance figures indicate that approximately 800 people who self-define as having a mental health problem are supported with an enquiry in a 12 month period, however the numbers are likely to be much higher when including people with a mental health issue who don't 'self report'.

Plymouth Guild Mental Health Advocacy – this service works with approximately 120 people a year. Outcomes reporting show that a high proportion of people using the service have improved quality of life as a result of the service.

PAGES Advocacy – this service provides Independent Mental Health Advocacy to people subject to the Mental Health Act. The service is based at Glenbourne and supports approximately 112 people a year.

Active for Life – this service provides support for people with mental health issues to access opportunities for physical activity. As well as running specific sessions they also provide a buddy service to support people to access mainstream services. So far this year the service has worked with 351 individuals, provided 16 buddies, provided 9 taster sessions, 57 walks and 130 community activities.

Libraries – this pilot project creates health and social care information "hubs" in all libraries which carry out; 'Information Prescriptions', information and support from library staff including mental health, support to carers, specialist information sessions, 'Books on Wheels' service. Specific 'Feel Better with a Book' groups are also delivered. 35,061 interventions were carried out during the year comprising of health books borrowed, hits of health webpage, hits of health booklist webpage, staff-assisted enquiries. A questionnaire received 254 responses and indicated that 86% of people now knew more about their health condition.

Training – 4 people have been trained to deliver the Mental Health First Aid (MHFA) course in Plymouth, with 125 places available on both MHFA and MHFA Lite. 4 people have also been trained to deliver ASIST suicide prevention training, with course provision for approximately 60 people. In addition the development and running of a trainers network to support trainers delivering these courses and allow for peer support and sharing of best practice has been set up.

The CCG also commissions services that work with people in the community outside of secondary mental health provision. The below provides some further information on the type of services this includes. The schedule for monitoring these specialist providers varies dependent on the size and risk levels of the service delivered for most services this is quarterly but some maybe bi-annual.

Eating Disorder Service – a small charity providing community services to people with eating disorders. Monitoring is quarterly reviewing numbers of referrals / waiting times /people engaging with the service. There has been a rise in the numbers referred and the waiting times (most recent figures indicate 5 weeks from referral to assessment, and 9 weeks from assessment to treatment) which are anticipated to reduce with the recruitment of new staff. The service also provides a comprehensive annual report which includes patient feedback. This report shows that in 2012/13 the service saw approximately 40-50 clients per week, received 200 referrals, and 197 people completed a programme of support.

The Zone: Youth Enquiry Service

Monthly data sets are reported to the commissioners and meetings held quarterly.

Insight – early intervention for emerging psychosis (14-35 year olds) with up to 30 new clients taken onto caseload per annum depending on ability of the service to discharge, and clients worked with for up to three years. Numbers referred have increased slightly and the service has experienced some temporary staffing shortages recently which have resulted in increased waiting times we expect to be addressed with staffing levels returning to normal and staff engaging in processes for service redesign. The service supports a caseload of approximately 70-85 people at any one time and approximately 3 people complete a programme of support every month.

Icebreak – early intervention service for young people with an emerging personality disorder (16-25 year olds) with up to 30 new clients taken onto caseload per annum depending on ability of the service to discharge, and clients worked with for up to two years. This service is not designed to meet crisis need but should provide early intervention. Currently the Zone report that individuals are being referred in their early 20's rather than the lower end of the age range, similarly they are exploring if certain groups by demographic are underrepresented within the service. The service has seen a doubling of referrals since 2008 and whilst the numbers of individuals being worked with has also risen significantly there have also been staffing shortages in this service which has seen a rise in waiting times. Temporary funding has been made available to facilitate a reduction in the waiting times and work to reduce the age at which people are referred to facilitate early intervention. This will rely on the system overall seeking solutions for working across the PD pathway, as opposed to Icebreak working in isolation.

Race Equality Council – Community development worker BME communities. BME communities were under represented in mental health services the aim of the service is to work with BME communities and service providers to break down the barriers for people from the BME

community accessing M/H services. They report number of sessions undertake/ numbers of people supported / work with other organisations and emerging issues with the changing ethnic groups in the city.

CHIK – Community Health in Keyham

This project aims to address health inequalities including Mental Health in Keyham. They report on activities undertaken, numbers of people using the services and the outcomes for people using the service.

Huntington's Care Advisory Service

Provides support to individual's disease they report numbers of people supported and outcomes for individuals and families supported in an annual report.

Plymouth Involvement Participation Service (PIPs)

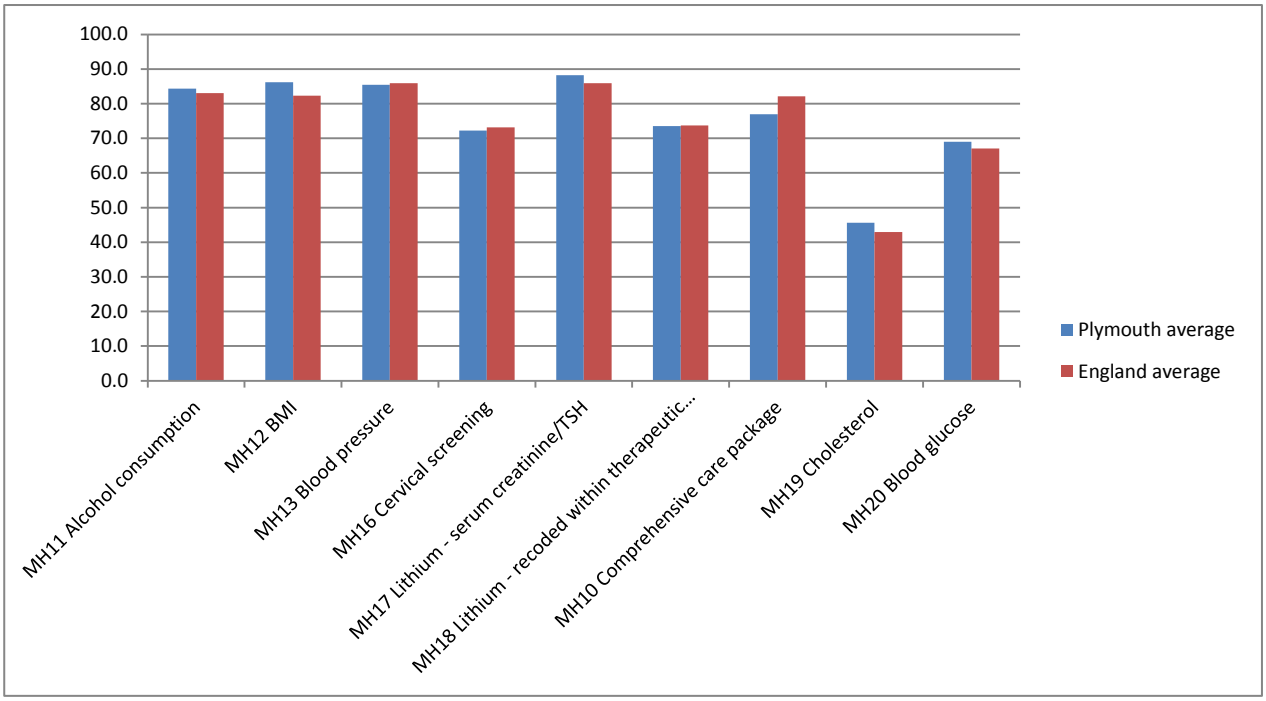
PIP's provide regular updates and reports re work undertaken at the Strategic Quality improvement partnership meetings including feedback and challenge about the quality of services being provided.

6.7 Primary Care

GP Practices are required to report Quality Outcomes Framework (QOF) information. There are 9 specific mental health QOF indicators (2012/13). This predominantly relates to whether GP's have carried out physical health interventions with patients who have a mental health condition.

Figure 6 shows the % of patients in Plymouth that receive the required interventions. This indicates Plymouth GP Practices are in line with the England average.

Figure 6 Average % of eligible mental health clients receiving QOF interventions (2012/13)



6.8 Adult Social Care

6.8.1 Number of clients

Table 6 – the total number of Adult Social Care clients with a RAP code of 'mental health' broken down by age and Dementia and compared to England (provisional 12/13 figures):

	Plymouth	England Average	Plymouth Rate per 10,000 population	England Rate per 10,000 population
Mental Health Clients aged 18-64	156	872	5	40
- Of which Dementia	15	14	0	0
- Of Which Non Dementia	141	858		
Mental Health Clients aged 65+	964	887	210	160
- Of which Dementia	829	521	180	89
- Of Which Non Dementia	135	366		
Total number of Mental Health clients	1,120	1,759		
- Of which Dementia	844 (75%)	535 (30%)		
- Of Which Non Dementia	276 (25%)	1,224 (70%)		

Source: Health and Social Care Information Centre.

In total 2012/13 there were 276 mental health clients (excluding dementia) who received a service commissioned by Adult Social Care. This figure of 276 compares to an average of 1,224 across all local authorities. Plymouth also has low numbers when compared against its CIPFA comparator group with 276 clients against an average of 935.

Initial investigation has identified potential reasons for this including; recording issues (e.g. some Local Authorities have partnership arrangements with Health providers meaning all clients are recorded), and increased reablement and preventative services which promote independent living and reduce the need for formal care and support. The figures also indicate that there is a significant variance across the country around the extent to which local authorities distinguish between mental health and dementia clients within this RAP code. Plymouth is strong at identifying Dementia clients with 75% of total mental health clients identified as having Dementia. Some local authorities are as low as 3%. This indicates that further investigation would be required to identify true performance comparisons.

6.8.2 Type of provision

Table 7 shows a breakdown of the type of services Mental Health clients (excluding Dementia) receive

Year	Number of Mental Health clients (excluding Dementia)	Number receiving Community Based Services	Number receiving Residential Care	Number receiving Nursing
2012-13	276	235	47	10
2011-12	292	248	50	11

Table 8 – the breakdown of community based service provided for clients with a RAP code of mental health (excluding Dementia)

Year	Total	Home care	Day care	Meals	Short Term Res	DP's	Prof Support	Equipment
2012-13	235	100	15	1	16	46	136	68
2011-12	248	65	22	13	20	42	166	93

6.8.3 Personalisation

Table 9 – the proportion of adults aged 18-64 with a RAP code of mental health using social care who receive self-directed support

Area	2010/11	2011/12	2012/13
Plymouth	37.1	28.8	37.8
South West	2.9	7.9	4.5
Unitary	8.8	14.0	16.8
CIPFA Comparators		17.6	33.8

Source: Towards Excellence in ASC Performance Report (2013).

This table shows strong performance against the comparator authorities.

6.9 Safeguarding and Serious Case Reviews

6.9.1 Safeguarding

Table 15 – the number of safeguarding alerts where the alleged victim has a RAP code of mental health (excluding dementia)

Table 10

Year	Total number of safeguarding alerts - Mental Health	Total number of safeguarding alerts – all client groups
2012-13	49	822
2011-12	103	1157

6.9.2 Serious Case Review

There is currently one on-going serious case review relating to mental health. Some preliminary issues have been identified that the review is looking into, they include:

1. Transition from adolescent to adult mental health services
2. Communication between professionals
3. 'Safety net' if patient is missing appointments
4. Meeting the needs of BME clients
5. Information sharing with family carers
6. Mental Health Act assessment - processes

6.10 Secondary Mental Health Services

The CCG commissions Plymouth Community Healthcare CIC (PCH) to provide secondary mental health services in Plymouth. These services include; inpatient services, Home Treatment Team, Assertive Outreach Service, Community Mental Health Teams, Plymouth Options - Improving Access to Psychological Therapies (IAPT), Community Forensic Team, Asylum Seeker and Refugee Service, Psychotherapy and Child and Adolescent Mental Health Services (CAMHS).

The performance data collected is mainly proxy data which serves to indicate changes in the system and prompt deeper investigations into services. Many of these data sets are nationally prescribed.

The data for Plymouth Community Healthcare (PCH) is monitored at monthly integrated provider assurance meetings (IPAM).

Appendix 2 provides an extract of some of the data collected through the IPAM Report. However the following narrative pulls out the main points and provides some context around current performance.

6.10.1 Access – Referral to Treatment

PCH consistently meets the nationally set 18 week 'referral to treatment' targets for most mental health services. Referral to treatment times (RTT's) are described as averages and therefore can be affected significantly by outliers.

Community Mental Health Teams (CMHT's) – there are 5 locality based teams all have seen a slight rise in waiting times but are well within the referral to treatment time (RTT) targets set by the NHS.

The numbers waiting and the mean length of wait show monthly fluctuations in all teams.

There are a number of small specialist team's such as the Community Forensic Team and Asylum Seekers Service. These services also show a fluctuation in waiting times and numbers waiting but remain within RTT targets.

Psychotherapy services have not been meeting RTT targets and services are the subject of a more detailed pathway review – these services encompass a range of therapy services the numbers waiting and waiting times vary within the service and for different therapies.

6.10.2 Improving Access to Psychological Therapies (IAPT)

This service is provided by Plymouth Options part of PCH. This service has been failing to meet the nationally set targets relating to access / waiting times and recovery rates. As a result PCH have put in place an action plan to meet the targets and this is monitored regularly at IPAM. Improvements have been made and it is anticipated that these will continue with targets being met in December 2013.

6.10.3 CAMHS

Performance monitoring highlights concern around access and waiting times against set targets, and improved outcomes for individuals using the service.

This service has had an extensive service improvement plan from PCH. This has been being closely monitored on a monthly basis with Commissioners. The original improvement plan is now coming to an end following evidence that practice has improved and Plymouth Community Healthcare has and is continuing to taken clear action to address concerns. A range of on-going monitoring has been agreed to ensure that service standards are reviewed through a regular "deep dive" contract monitoring processes that will ensure change continues to be implemented. Nationally CAMHS have experienced similar difficulties and the DH have been rolling out an extensive training package to ensure evidence based treatment options are available in CAMHS through its Children and Young People's Increasing Access to Psychological Therapies (IAPT).

6.10.4 Inpatient Admissions Gatekept

The data shows that the number of admissions to inpatient provision is staying relatively constant.

The percentage of admissions 'gatekept' by crisis resolution to ensure appropriate admissions are taken forward fluctuates. 2013/14 Year to date performance shows that 84% of admissions were gatekept against a target of 95%. Further investigation has identified differences in the way mental health Providers record this with PCH CIC including Section 136 patients which could distort the figures.

Additionally the changes are monitored by a Glenbourne redesign group which has service user/carer reps on it who provides feedback to the Strategic Quality Improvement Partnership group.

6.10.5 Individual Patient Placements / Out of Area

Changes to commissioning mean that NHS England is now responsible for commissioning and monitoring secure and specialist services, currently these are all located outside Plymouth although PCH do provide one of the services at Lee Mill (Ivybridge).

The CCG do commission in-patient acute services at the Glenbourne Unit and 4 Psychiatric Intensive Care Beds with Cornwall Foundation Trust (CfT) in Bodmin. PCH have a target to reduce use of Psychiatric Intensive Care Beds to only these four and work is on-going between PCH and CfT to improve the pathway between services both in and out.

In addition the CCG commissions 'Individual Patient Placements' (IPP). A snapshot from January 2014 indicates there were 28 IPP's for people with a primary mental health diagnosis within Plymouth and 22 outside of the Plymouth City boundaries. These will continue to be monitored with a view to increased repatriation.

6.10.6 Discharge

PCH has been re-designing its acute and recovery pathways in line with national policy. The progress and effect of this work is monitored at IPAM to ensure that the small reduction in acute beds does not result in greater use of out of area placements. The work intends to deliver a reduction in delayed discharges and a smoother pathway to recovery for patients whilst ensuring that beds are available when needed.

Performance figures indicate that the numbers of people being discharged from CPA are increasing.

Performance figures also indicate that 100% people discharged receive the required follow up within 7 days.

Where people are discharged from inpatient facilities approximately 93% receive follow up within 48 hours (against a target of 95%).

There are two CQUIN targets that have additional reporting (Commissioning for quality and innovation); one of them is to deliver improved links from CMHT's to GP surgeries.

6.10.7 Reviews & Outcomes

2013/14 year to date Performance information indicates that 78% of people have had a CPA reviews in the last 12months against a target of 95%.

2013/14 year to date performance information indicates that 79% of people have had a HONOS* assessment in the last 12 months against a target of 90%. National performance indicates a percentage of 84% in 2012/13.

There are two CQUIN targets which have additional reporting (Commissioning for quality and innovation), one is to trial the use of alternative patient outcome measures for services and use the reported outcomes to identify good practice and areas for improvement.

*In 1993 the UK Department of Health commissioned the Royal College of Psychiatrists' Research Unit (CRU) to develop scales to measure the health and social functioning of people with severe mental illness. The initial aim was to provide a means of recording progress towards the Health of the Nation target 'to improve significantly the health and social functioning of mentally ill people'.

6.11 Quality

6.11.2 Plymouth Community Healthcare CIC

The Care Quality Commission (CQC) inspected all PCH services in 2013. All standards are met across the organisation.

The latest CQC report for the Glenbourne Unit was published on 10 September 2013. All standards were met and some of the comments from the summary include:

Patients we spoke with who were staying at the Glenbourne Unit said that their care and welfare needs were being well met. We saw plenty of positive interactions taking place and patients looked relaxed and comfortable asking staff for advice or information.

The latest CQC report focussing on CAMHS and adult mental health services was published in 20 March 2013. All standards were met and some of the comments from the summary include:

People who used the services understood the care and treatment choices available to them. People we spoke with confirmed that they felt safe and supported by staff and had no concerns about the ability of staff to respond to safeguarding concerns. As a result of changes to the Child

and Adolescent Mental Health Services (CAMHS) risks had been identified about a decline in staff morale, increased sickness absence and stress.

At the start of 2013 PCH sent 850 people receiving community mental health services at The Community Survey 2013. 219 people returned the survey. The overall results were positive with all areas showing better or similar than average performance.

6.11.2 Residential Care

In March 2013 CQC completed a routine inspection of Balmain Care Home, Plymouth's largest residential care home for people with mental health issues. All standards were met with positive comments around staff and service user experience noted.

6.12 Mental Health Act Assessments & Section 136 / Place of Safety

2013/14 Year to Date figures indicate a total of 533 Mental Health Assessments have been carried out in Plymouth. Plymouth City Council is now monitoring the types, referral sources, and outcomes of Mental Health Act assessments. Although this is a new system it will be used in the future to identify trends and performance improvement across all agencies.

Section 136 is the section of the Mental Health Act that gives the police power to detain individuals who they suspect have mental health issues and pose immediate risk to themselves or others in a public place. Devon & Cornwall Police is an outlier nationally and their use of Section 136 is high. The majority of Section 136 patients (locally and nationally) are then not detained under part 2 of the Act following assessment.

A person detained under Section 136 should be taken to a 'place of safety' (POS). This can be for up to for 72 hours while waiting to be examined by a doctor and interviewed by an Approved Mental Health Professional (AMHP). The Code of Practice states that a police station should be used as a place of safety on an exceptional basis. For some of 2012 the POS suite at Glenbourne was closed, however, a new POS suite has recently opened at Glenbourne and is now operational, On-going monitoring of the new POS will identify how this impacts on the proportion of Section 136 detentions being taken to police cells.

The table below indicates that the total number of Section 136 detentions at Charles Cross and Glenbourne since 2010

Year	Number detained Charles Cross	Number detained Glenbourne	Total Number of Section 136
2010	183	156	339
2011	193	146	339
2012	269	8	277
2013	250	134	384

The Clinical Commissioning Group is working with Devon and Cornwall Police and the Home Office to pilot new schemes and options for responding to crisis situations, including a 'Street Triage Service', to reduce the use of Section 136 and ensure appropriate support and training is available to Devon and Cornwall Police.

6.13 Summary

The review has identified the following points.

6.13.1 Spend

That there is significantly more investment in acute and secondary provision than preventative services

In 2011/12 Plymouth PCT invested more on mental health services than comparator groups – both in total and in some preventative provision

Plymouth City Council spent a slightly lower % of total gross current expenditure on mental health (18-64) in 2012/13 than comparator groups.

6.13.2 Early Intervention and Prevention

That although there are increasing numbers of people with a need around mental health accessing low level preventative services those needs continue to be met.

6.13.3 Adult Social Care and Public Health Outcomes Frameworks

Plymouth is performing well in indicators relating to the proportion of mental health clients feeling in control, satisfaction with care and support, and people having as much social contact as they would like

Plymouth's performance relating to indicators around employment and mental health, emotional wellbeing of looked after children, and suicide rates is less positive.

6.13.4 Adult Social Care

Information from the Health & Social Care Information Centre indicates Plymouth City Council supports a lower number of mental health clients than comparator groups or England average. Initial investigation has identified potential reasons for this including; recording issues, and increased reablement and preventative services which promote independent living and reduce the need for formal care and support, a significant variance across the country around the extent to which local authorities distinguish between mental health and dementia clients within this RAP code. This indicates that further investigation would be required to identify true performance comparisons.

A higher proportion of mental health clients receive Self Directed Support than comparator groups and England average.

6.13.5 Plymouth Community Healthcare CIC

Performance information indicates strong performance against targets and quality requirements in the following areas:

- All patients discharged received the required follow ups
- All services meet the required CQC standards
- Positive feedback from the national community mental health survey

Performance information indicates improvement against some targets is required. Where this is identified the CCG is working closely with PCH to ensure resolution. The key areas this review has identified are:

- IAPT – access and recovery rates
- CAMHS – access / waiting time and individual outcomes
- Gatekept admissions

- CPA & HoNoS Reviews

6.13.6 General

The review has identified there are different levels and types of contract monitoring across different commissioners and services. This can create difficulty in trying to build a full picture of services and outcomes.

More outcome information across the services will be collected this year which will help demonstrate the difference services are making to individual lives and recovery.

7. SERVICE USER FEEDBACK

Plymouth has a well-established and proactive mental health service user and carer group called Plymouth Involvement and Participation Service (PIPS). PIPS is closely aligned to Healthwatch, ensuring that the wider community is also represented in the work they do.

This review commissioned PIPS to lead a process of gathering service user and carer feedback on mental health services. This arrangement, which was be led by services users, created a genuine ethos of meaningful feedback and consultation owned by the community themselves.

The approach adopted by PIPS was wide ranging both in terms of approach and scope. It involved meeting with key community groups across the City as well as gathering individual's views and feedback on mental health services from members of the public. PIPS reached a wide cross section of the population in terms of age, marital status and parental responsibility. The majority of respondents to the questionnaire were White British and there is a recognition that further work to identify feedback from the Black and Minority Ethnic community is required.

In addition specific client groups were targeted such as homeless, LGBT, children and young people with mental health issues, veterans and single parent carers.

Feedback was sought on a wide range of issues including awareness of services, accessibility of services and the quality of provision. There was also a series of questions around lifestyle with a particular focus on what would keep people well and what would assist with recovery.

7.1 PIPS Feedback – Consultation Event 19 August 2013

The full report of this event is included as Appendix 3, however the main points are summarised below.

7.1.1 What would you like to see provided for carers in the city?

The majority of feedback given was around respite, support groups and training. Other feedback received was that not everyone is an internet user, there needs to be better advertising of what support is available. Also the carers assessment needs to be improved and the process needs to be quicker and more readily available.

7.1.2 How do you make person centred care a reality?

Feedback was around attitude, relationships and flexibility. Other feedback received was to make it easier for service users to tell commissioners about bad service and Governance seems to be based on the needs of the organisation instead of the individual at the moment.

7.1.3 What suggestions do you have for improving mental health services?

The majority of feedback given was around communication, continuity of care, easier access and non-statutory support. Other feedback received was more training and up to date information for professionals, online directory of what services are available that is publicised and kept up to date and more acute beds to stop people from being sent out of county.

7.1.4 What level of support would be useful in maintaining good mental health?

Common feedback was around issues of social isolation, to have more drop-ins, using skype/email to support people and have a personalised service. Other feedback was to support low level need rather than waiting until people are in crisis and to have a single point of access.

7.1.5 How do we identify those that need intervention?

The majority of feedback given was around stigma, training and access. Other feedback received was to provide good quality services that people will want to engage in, to have mental health needs assessment in schools and colleges. Schools to have the knowledge to be able to signpost individuals to the appropriate service.

7.1.6 What would make the transition from children to adult services smoother?

The feedback offered was around working collaboratively, having a more planned transition and joining up child and adult services. Other feedback received was to have a flexible but consistent service, to intervene earlier so they don't need a transition to adult services and service involvement shouldn't be governed by diagnosis, more integrated service.

7.1.7 How would engagement and involvement in the commissioning and delivery in mental health services be improved?

Feedback given was around accessibility, widening the service user involvement and accountability. Other feedback received was agendas and minutes to arrive in plenty of time to prepare, better representation of transgender issues and to make better use of existing networks such as (MHSQIP) Mental Health Strategic Quality Improvement Partnership, PIPS, (PMHN) Plymouth Mental Health Network instead of continually reinventing the wheel.

7.2 PIPS Feedback – Questionnaire and Community Consultation

The full report of this event is included as Appendix 3, however the main points are summarised below.

7.2.1 Accessibility of Mental Health Services

There is a wide range of opinion about whether mental health services are accessible.

The majority of people would go to their GP for help with a mental health issue. Just under half respondents said they found their GP helpful with regards to mental health issues.

Users and carers had experienced delays in accessing CAMHS

7.2.2 Keeping Well and Promoting Recovery

The report demonstrates the importance of physical exercise, social contact including groups and activities in the community, and family / friends. PIPS members also felt that good information about services and prevention / early intervention are important.

7.2.3 Gaps / Further Development

Reponses indicate that a high proportion of new mothers were not informed about services for post natal depression, and that there was not enough help or information available.

A high proportion of parents were not aware whether their children have education about mental health and wellbeing at school.

7.2.4 Satisfaction with Mental Health Services

There is a wide range of opinion about how well mental health services in Plymouth are rated.

The transition process from children's to adult services received a large amount of feedback and suggestions for improvement.

Services were not always joined up or wrap around the person.

Carers felt that when a family member was suffering from mental health problems engagement with the carer needed to be improved.

7.3 Service User Feedback Summary

Both reports (appendix 3 and 4) provide a wealth of detailed information and feedback that form a crucial part of the Pledge 90 Review.

In terms of the future of mental health services there was a strong recommendation that there should be a far greater focus on prevention and early intervention. This is reflected in some of the specific recommendations

- Need to reduce the stigma of mental illness and raising awareness of mental health in the wider community

- Better mental health awareness training for frontline services, including GP's and Police

- A focus on tackling isolation especially amongst elderly and young people

- Improvements needed to the CAMHS and transition pathways

- Greater focus on person centred care

- More support required for carers, including easier access to respite services and recommended adoption of the 'Advance Statement of Wishes' and 'Triangle of Care' model

8. STAKEHOLDER FEEDBACK

8.1 Introduction

A stakeholder questionnaire was designed in partnership across the key stakeholder group overseeing the Pledge 90 Review.

The questionnaire was sent to all stakeholders with an interest in mental health, including; providers, community groups, businesses, strategic partnerships, networks, statutory partners and decision makers.

51 responses were received (including 9 service user / parents or carers)

8.2 Respondents

Table 11 shows the total number of completed questionnaires received was as follows:

Stakeholder Type	Number of responses received	% of total responses received
Community Group / Forum	2	4%
Partner Agency – someone who works for an organisation with an interest in mental health services/support (includes statutory, private or voluntary & community sector agencies and schools)	22	43%
Provider – someone who works for an organisation that provides mental health services or support **or** **Provider representative body**	18	35%
Service User / Carer / Parent	9	18%
Total	51	100%

8.3 How people 'rated' mental health services

People were asking to tell us the extent to which they agreed with the following statements:

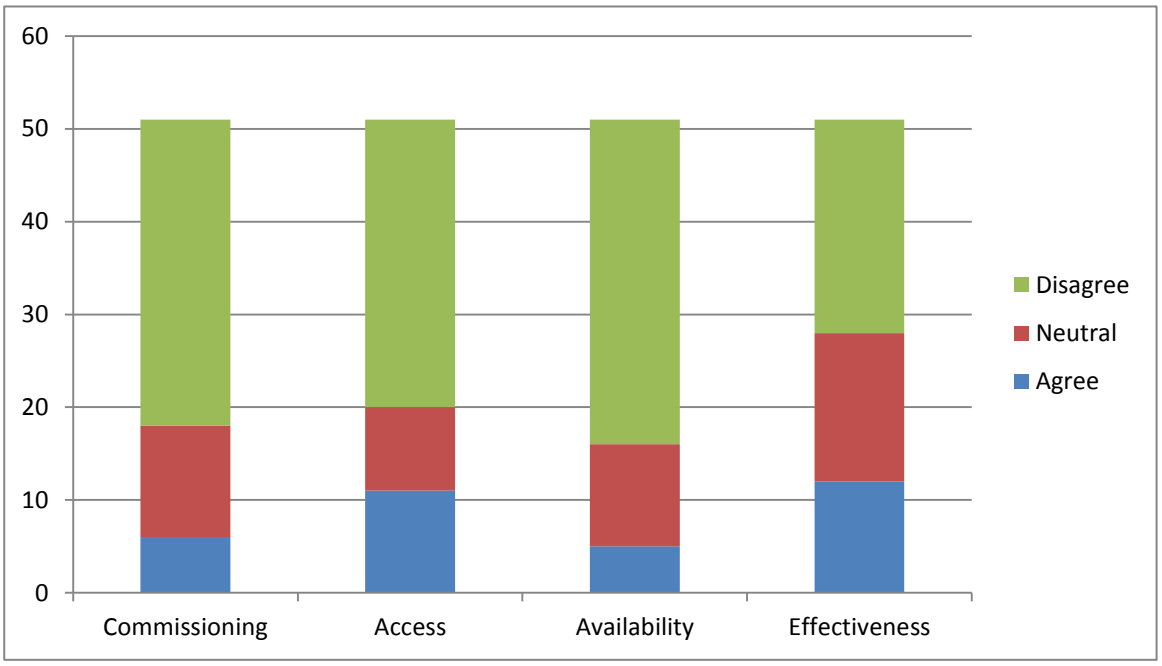
"Mental Health services and support are currently **commissioned** in ways which are efficient; provide good value for public money and which meet the needs of local people"

"Mental Health services and support are currently provided in ways, at times and in locations which make it easy for people to **access** the help they need"

"Mental Health services and support have **sufficient availability** so that people with a mental health issue can receive help when they need it, for as long as they need it"

"Mental Health services and support are **effective** in meeting people's mental health needs"

Figure 7 provides a summary of the extent to which respondents agreed or disagreed with the above statements.



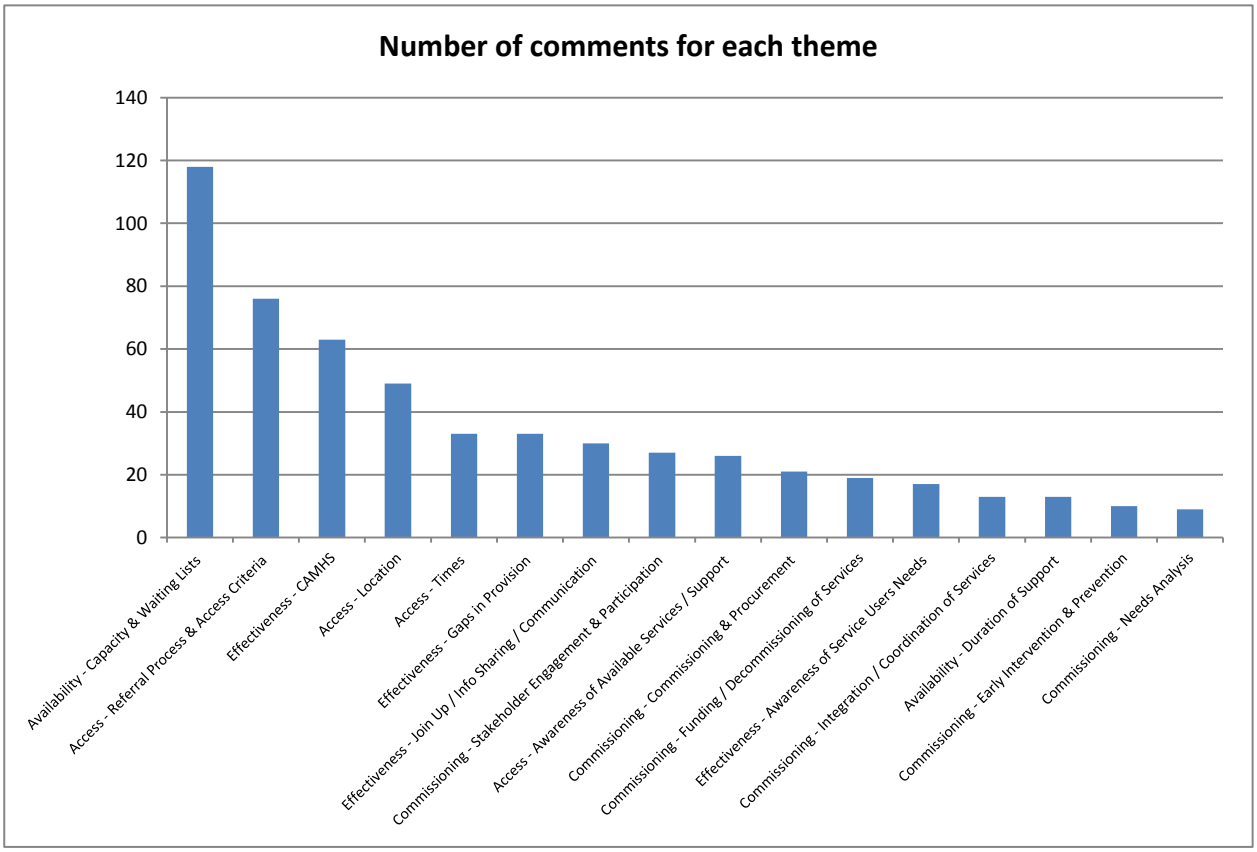
8.4 What people told us

Stakeholders were also asked to give reasons for their responses, and to outline any suggestions they had for improving the way in which mental health services and support are commissioned.

For the purposes of this report general themes have identified from the large number of comments about mental health services received.

Figure 8 provides a summary of the number of comments that were made against each theme. The comments made against each theme are described in more detail in the following section.

Figure 8



8.4.1 Commissioning

Theme a) Commissioning & Procurement Processes (21 comments)

- Some respondents questioned the need to tender services if they are performing well, and also highlighted that it can be unsettling for service users when providers change regularly. Longer contracts were seen as a positive.

- The financial and time-consuming cost of tender processes to both commissioners and providers was raised as a query.

- Respondents were keen to see Commissioners focus more on outcomes rather than inputs/outputs when developing specifications. There was a suggestion the Commissioners shadow frontline workers before developing service specifications to ensure targets are appropriate.

- People (including service users) want to be more involved in the monitoring of contracts performance. There was a clear message that Commissioners have responsibility to manage underperformance with suggestions around how to do this made, such as unannounced visits.

- Some comments suggest a perception that services are commissioned on the basis of least expenditure.

Theme b) Early Intervention & Prevention (10 comments)

- There was overwhelming support for prioritising early intervention and preventative services on the basis that it will save money, reduce crisis, and improve mental health in the long term.

The distinction was made between 'mental health services' and 'support' with the suggestion that more emphasis on 'support' would prevent the need for services.

- There was particular emphasis early identification and range of person centered interventions for young people.

- Theme c) Funding & De-commissioning (19 comments).

- Impact of decommissioning / reducing services was described in terms of increased stress levels for service users, maintaining adequate staffing levels, meeting increasing need.

- Comments called for greater investment in mental health services, specifically CAMHS, voluntary and community sector services, and working with the Police.

Theme d) Integration & Co-ordination of Services (13 comments)

- The comments indicate a sense that there is duplication and lack of co-ordination across the system.

- There is a suggestion that agencies across different sectors could work better together to maximise resources and improve outcomes for individuals.

Theme e) Needs Analysis (9 comments)

- The majority of comments in this section related to CAMHS with some suggestions about different ways Commissioners could identify need in the future e.g. rising birth rate, the new "SAE tool" from the Excellence Cluster, factor in number of occasions when schools have sought/received support elsewhere, not just the number of attempted referrals to CAMHS, forthcoming audit of emotional and social needs by the Plymouth Learning Trust Inclusion and Wellbeing Practitioners Group.

Theme f) Stakeholder Engagement & Participation (27 comments)

- Comments suggest confusion/lack of awareness regarding local commissioning processes and a need for greater transparency and 'real' consultation (not just tick box) to ensure everyone has a voice.

- Specific suggestions for more involvement with various stakeholders, throughout the commissioning process e.g.

- Community pharmacists (e.g. re support for service users to manage their medication).

- Service users (e.g. seek their views in designing services, and regularly seek their feedback on the effectiveness of existing services).

- Young people and parents regarding CAMHS (a Mental Health Board including lay people was suggested).

- Partner agencies (e.g. consultation regarding thresholds for referral to specialist services, to ensure services are accessible, responsive and people do not 'fall between the gaps'; consultation regarding where services should be located and targeted).

- Schools (e.g. CCG Commissioning Officer to meet annually with each school's designated person for child protection, re CAMHS).

- Providers (e.g. suggestion of a more "partnership approach", rather than specification, tender & contract approach to commissioning).

8.4.2 Access

Theme a) Location (49 comments)

- Having a variety of access points available was seen as positive (e.g. CAMHS can be accessed at Mt Gould, School, alternative places offered, general flexibility).

- There was a mixed response about whether city centre locations or neighbourhood / community based provision is preferred. Some comments indicate centres which are outside city centre require 2 bus journeys and can be difficult to access, whereas other comments ask for a focus on locality/neighbourhood/community based services rather than central location, very often encouraging co-location staff.

- Comments suggest a perceived lack of provision around drop-in centres/sessions – both for children and adults. The benefits of these session are described as increase engagement, decrease family stress, decrease stigma, support to manage a reoccurrence of a MH issue, implement coping strategies in order to help themselves, to increase engagement by those whose lives are stressed and/or are lacking in confidence and organisational skills.

- Comments also suggest a lack of provision around home visits which may be required for people who are unable to leave their homes due to their mental/physical health; some elderly people do not want to visit agencies, asking vulnerable families to go into clinical environments as a barrier to engagement, home visits provide a valuable opportunity to see the whole family in their environment.

Theme b) Times (33 comments)

- Wide variety of services, some can be accessed quickly and the use a variety of providers, including those in the VCS, offers flexibility in times.

- There was a lot of feedback provided about the need for both adult and children support services to be available outside of normal office hours (evenings and weekends).

Theme c) Awareness of Available Services / Support (26 comments)

- Several comments suggested a need for promotion and awareness raising of available services & support to a range of audiences (public, professionals/front line staff across all relevant agencies) by a range of methods: on-going in public arenas, leaflets, posters, promotion of POD/Council's webpage re MH/new MH Provider Network website and extend Local Directory of Services. One comment suggested considering whether more targeted advertising of services to specific groups would be beneficial. This is particularly true for children services where they want to make referrals for adults (9 comments).

- Awareness raising/training for GPs and Pharmacies to increase their understanding of available services & support and assist them to signpost/refer appropriately was suggested.

- Making best use of existing resources e.g. people taking medicines for should be encouraged to speak to their pharmacist for advice and support on most effective way to take medication, pharmacists are available for longer hours & usually at weekends for medicine related queries, to enhance their on-going support.

Theme d) Referral Process & Access Criteria (76 comments)

- A number of comments suggest need to do more to share clear criteria on eligibility and referral processes for services to avoid confusion, disappointment and raised expectations. This comment was made across both children and adult services.

- A number of suggestions were made to respond to the barriers people with mental health issues have in accessing services to improve engagement e.g. if a patient doesn't attend appointments or opt in s/he may be discharged despite still needing help. Suggestion for the support network around families to be made aware of appointments to ensure a better rate of attendance – both initially and for subsequent support sessions; CAMHS 'did not attend' cases followed-up and monitored so families'/children's needs didn't fall through the net, allow more time for staff to support other teams working closely with a child or young person who will not directly access mental health support.

- There were a number of comments about the thresholds different service operate which means that some people can't access services until their condition deteriorates.

- Specific feedback about CAMHS included:

General communication issues:

- Hard to refer / get an appointment for young people (e.g. complex, bureaucratic, unclear and inconsistent process), suggest joint screening / referral process, audit of current referral system suggested, CAF - where CAMHS attend these, referrals appear to be picked up more quickly and appointments subsequently honored.

- Suggestion for a duty CAMHS worker to be available or advice line which may reduce referrals.

- GPs are increasingly passing cases for (CAMHS) referrals to schools which is not our specialism (2 comments).

- Difficulty accessing support for 'looked after' young people who are in transition.

- Initial assessments could be offered earlier if done by staff trained in triaging referrals, or Primary Mental Health Worker rather than by CAMHS team;

8.4.3 Availability

Theme a) Capacity & Waiting Lists (118 comments)

- CAMHS - there were 45 comments received about the availability of this service e.g. long waiting lists – referral to assessment; long waiting lists – assessment to treatment; professionals are superb but they are stretched to the limit; lack of cover for staff sickness; lack of capacity to become involved in care of inpatients with MH issues, resources too low for level of need, leading to unmet need and escalation of need, sometimes to crisis levels;

- Counselling - there were 12 comments specifically relating to the lack of availability and long waiting lists for counselling services.

- Other services that were mentioned specifically by 1-2 people as having a lack of capacity, and/or long waiting lists were; Assertive Outreach Service, Cognitive Behavioural Therapy (CBT), Clinical Psychologists, Community Psychiatric Nurses (CPNs), Family Therapy, Glenbourne, GPs, Home Treatment Team, Psychotherapy, Schools/Education settings.

Theme b) Duration of Support (13 comments)

- The comments focused on the short term nature of available support and how support is sometimes needed for longer or means people relapse after discharge.

8.4.4 Effectiveness

Theme a) Awareness of Service Users Needs (17 comments)

- The way mental health services are commissioned and provided to respond to the individual needs of clients who have autistic spectrum disorders, dementia, BME clients, and people affected by welfare reform were commented upon. There was a suggestion of ensuring health and social care professionals receive specific training.

Theme b) Gaps in Provision (33 comments)

Individual respondents provided comments on services that they felt could be developed or were missing in Plymouth these ranged from:

IAPT Therapies specifically for people with autism (3 comments)

Assistive technology

Buddy System

Mental Health Carers Support Group

Support with Chronic illness / Medicines compliance

Crisis Line & Mobile Crisis Team – to work with Police

Crisis management

Counselling

Employment support

Homelessness

Huddersfield model (24/7 service and outreach available)

Parenting (2 comments).

Self-esteem/confidence

Self-harm

Support for families of young people with MH issues - residential beds

Soteria Houses (often see as a gentler alternative to Inpatient provision)

Triangle of Care model to be adopted in Plymouth (2 comments)

A variety/range of therapeutic interventions as alternative to antidepressants (4 comments).

Theme c) Join Up / Information Sharing / Communication (30 comments)

- This theme was raised again under this statement and reiterates the need for increased cohesion between health and social care organisations including statutory, voluntary and private sector to maximise resources and improve experience and outcomes for service users.

- The need to improve links between young peoples and adult services were also commented on. There were a number of comments relating to the need to ensure that services are delivered to whole families rather than individuals.

- Comments regarding information sharing and communication were consistently made. The benefits in terms of risk management, patient experience and outcomes were made.

Theme d) CAMHS (63 comments)

- There were 10 positive comments reflecting that once support commences with CAMHS it is an effective service. Other positive comments were received about TAMHS (CAMHS Targeted Mental Health in Schools Service), Plymbridge House and Terraces (Inpatient).

- There were a large number of comments and suggestions regarding the need for improved communication and joined-up working between CAMHS and other agencies including; colocation of staff, sharing information on what support is being delivered or what referrals are being made, single point of contact, mobile clinicians, responsibility for CAF's, joint visits, school clinics and, joint support planning.

- There were 3 comments on CAMHS administrative arrangements were appointments had been missed or double booked.

- There were a large number of comments regarding perceived inconsistency / gaps in CAMHS service provision. There were also a number of suggestions for improvement. These related to both support provided within a school setting as well as relating to links with inpatient care.

8.5 Summary

The analysis indicates that a majority of stakeholder responses disagreed with or felt neutral about the positive statements they were asked to rate around commissioning, access, availability, and effectiveness of mental health services.

The largest number of comments received related to:

- Capacity and waiting times
- Referrals process and eligibility criteria
- CAMHS
- Location and opening times of services

9. CARING PLYMOUTH – OVERVIEW & SCRUTINY

The Pledge 90 Review formed part of Caring Plymouth's annual work plan for 2013/14.

The purpose of this was to provide assurance that the requirements of Pledge 90 had been met and the Report was comprehensive and wide ranging.

Caring Plymouth received an initial presentation of the Pledge 90 Review in November 2013 and agreed to hold a Task & Finish Group to further consider the full draft Pledge 90 Review Report.

The Task & Finish Group was held on 4 December 2013. The Panel included five Plymouth City Council Councillors and a co-opted panel member from Healthwatch.

The Panel invited witnesses to cover each element of the review; Stakeholder Feedback, Service User and Carer Feedback, Needs Assessment, and Performance.

The Task & Finish Group discussions re-iterated and expanded on the information already included in the Pledge 90 review.

As a result of the Task & Finish Group Caring Plymouth was assured that the Pledge 90 review and subsequent report satisfies the requirement to 'conduct a wide ranging review of the adequacy of mental health service and support in the city alongside mental health providers and charities'.

Some of the specific recommendations that Caring Plymouth made as a result of the Task & Finish Group and in response to the information provided through Pledge 90 include:

1. early intervention and prevention of mental health problems should be delivered by a range of professionals. Identification and brief advice (IBA) training for all front line professionals would aid the identification of problems at an early stage, provide basic support and signposting / referral to most appropriate services;

2. promotion and communication of mental health services available to young people and adults should be undertaken through schools and GP surgeries;

3. awareness of mental health issues, particularly within hard to reach communities, is raised and adequate provision is in place;

4. the partnership approach to mental health issues should be strengthened to ensure that service provision is integrated, as all public services could have an impact on an individual's mental health;

5. a single mental health strategy is produced for the city and that it is resourced for delivery;

11. a mental health champion is identified from the Health and Wellbeing Board to provide support to the carers support network;

6. wider promotion by Public Health on health and wellbeing should include a focus on mental health awareness.

Task & Finish Group concluded that the requirements of Pledge 90 had been met and the full Caring Plymouth Report is included as Appendix 5.

10. SUMMARY & CONCLUSION

10.1 Strategic Context

The review sets out the policy journey from the National Service Framework (1999) to a mental health strategic context around wider social impacts, recovery ethos, preventative and personalised approach to delivering holistic services where mental health is everyone's business and there is parity with physical health.

There are 3 main local strategies currently driving activity in Plymouth, with 2 more in development. The majority of these either cover adults or children.

Locally the Review has identified a well engaged and motivated mental health sector in Plymouth across providers, commissioners and service user / carer engagement.

Opportunity:

To consolidate the strategic documentation and take a more holistic strategic approach to the life course

10.2 Needs Assessment

The comprehensive Mental Health Needs Assessment that was completed in 2012 has been refreshed and updated to ensure it remains relevant and accurate. This will ensure a clear picture of the population and prevalence of mental health issues within Plymouth's communities, as well as identifying protective and risk factors.

10.3 Performance

The review has mapped service provision across all aspects of mental health and wellbeing across the City including approximate spend and comparisons with other areas.

The review considers all available performance information across a range of preventative and specialist services, commissioners and providers identifying key areas of good performance as well as areas for improvement.

The review identified there are different levels and types of contract monitoring across different commissioners and services, often focussing on outputs rather than outcomes. This can create difficulty in trying to build a full picture of performance.

Opportunity:

To develop a performance dashboard of key information to be collected consistently and monitored through the SQIP to identify trends and problem solve performance issues.

10.4 Service & Carer Feedback

Plymouth has a well-established and proactive mental health service user and carer group called Plymouth Involvement and Participation Service (PIPS). PIPS is closely aligned to Healthwatch, ensuring that the wider community is also represented in any feedback and work they do.

PIPS lead the process of gathering service user and carer feedback on mental health services creating a genuine ethos of meaningful feedback and consultation owned by the community themselves.

A full Report has been developed and forms part of the Review.

Opportunity:

Use the Report to identify key areas of service improvement, solutions and decision making. In particular to:

- Reduce the stigma of mental illness and raising awareness of mental health in the wider community (e.g. by providing better mental health awareness training for frontline services, including GP's and Police)

- Focus on tackling isolation especially amongst elderly and young people

- Improve the service to children and young people through CAMHS and transition pathways

- Have a greater focus on person centred care

- Improve support for carers (e.g. including easier access to respite services and recommended adoption of the Triangle of Care model)

10.5 Stakeholder Feedback

Community and stakeholder views were gathered predominantly through a widely circulated questionnaire which asked respondents to rate how well they thought mental health services in Plymouth are; commissioned, accessible, available, and effective.

The responses have been analysed and form a key part of the review.

Opportunity:

Use the Report to identify key areas of service improvement, solutions and decision making. In particular to address:

- Capacity and waiting times

- Referrals process and eligibility criteria

- CAMHS

- Location and opening times of services

10.6 Caring Plymouth

The Caring Plymouth Task & Finish Group review process provides assurance that the requirements of Pledge 90 were met, and this Pledge 90 Report is comprehensive and wide ranging.

Opportunity:

Use the Caring Plymouth Report and recommendations to identify key areas of service improvement, solutions and decision making.

10.7 Conclusion

Plymouth City Council has worked in partnership with a large number of providers, stakeholders, service users, and communities to complete Pledge 90 and 'conduct a wide ranging review of the adequacy of mental health services and support in the city alongside local mental health providers and charities'. This review will be available for commissioner, decision makers, providers, service users, carers and all citizens of Plymouth to use for the purposes of improving mental health and wellbeing services for everyone.

10.8 Recommendations

To develop a single strategic response to the Pledge 90 Review across all partners in Plymouth that includes:

1. Development and monitoring of a single mental health performance dashboard

2. Raising awareness and reducing stigma of Mental Health

3. Increasing promotion, prevention and early intervention services

4. Remodelling the children and young people pathway for mental health services and support

5. Developing services to ensure carers are well supported

6. Developing understanding of mental health issues in the BME community

7. Working co-operatively with the local mental health community to drive commissioning decisions

8. Develop a more integrated approach to commissioning and service provision

9. Develop an understanding of the mental health and wellbeing needs of veterans, particularly in relation to the transition back to civilian life, and work in partnership to deliver the armed forces community covenant

10. Ensuring that Pledge 90 feeds into and supports the work of the Fairness Commission

10.9 Implementation

The Plymouth Health and Wellbeing Board has identified the Mental Health of the population as a priority in the Health and Wellbeing Strategic Framework and will be responsible for the taking forward recommendations of the Pledge 90 Review.

The Health and Wellbeing Board commission an Implementation Plan to ensure a consistent and comprehensive response to the findings of Pledge 90, bringing together all strategic plans and activity impacting on mental health and wellbeing. The Health & Wellbeing Board will monitor the implementation plan annually and by exception.

11. APPENDICES

Appendix 1 – Mental Health Needs Assessment Refresh

Appendix 2 – Secondary Mental Health Services Performance Scorecard

Appendix 3 – PIPS Consultation Event Report

Appendix 4 – PIPS Pledge 90 Service User and Carer Report

Appendix 5 – Caring Plymouth Pledge 90 Task & Finish Group Report