



# PLEDGE 90 REVIEW



A report of the Caring Plymouth Co-operative Review  
Scrutiny Group following a review of the Pledge 90 -  
Mental Health Review Report

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## FOREWORD

The emotional health and well-being of our citizens across Plymouth is a very important issue. In today's fast-paced, ever-changing society, people are faced with increasingly complex lives and a diverse set of challenges.

Pledge 90 was part of the 100 pledges announced by Plymouth City Council in July 2012. The purpose of 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'.

Mental health of the population has been and will continue to be a core theme for the Caring Plymouth Scrutiny Panel; as such we have undertaken a scrutiny review to ensure the requirements of Pledge 90 are satisfied and identify where there are any gaps in the information.

Through this review, City Councillors now have a greater understanding of the mental health pathway which will assist further scrutiny in the new municipal year.

Finally, I would like to thank all those people who have contributed to and supported this review. Without their assistance it would not have been possible.

Councillor Mary Aspinall

Chair, Caring Plymouth Scrutiny Panel



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## **I. SUMMARY**

- 1.1 The Caring Plymouth Scrutiny Panel agreed to hold a scrutiny review into the Pledge 90 – Mental Health, which was endorsed by the Cooperative Scrutiny Board on 27 November 2013.
- 1.2 A review of mental health services was undertaken and officers attended the Caring Plymouth panel to report findings in July and November. Following the November meeting the panel requested a further review to ensure that the review met the requirements of Pledge 90 and to identify whether there were any gaps in the information.
- 1.3 The panel, in analysing all of the information submitted by officers, witnesses and users of the mental health services, agreed that the Review had met the requirements of Pledge 90 and made a number of recommendations; these will be submitted to Cabinet via the Cooperative Scrutiny Board and are presented in section 8 of the report.

## **2. INTRODUCTION**

- 2.1 This report presents the findings from the Caring Plymouth Scrutiny Panel's Cooperative Review on the topic of the Pledge 90 – Mental Health Review.
- 2.2 The Cooperative Review took place on 16 December 2013.
- 2.3 Members appointed to the Cooperative Review were as follows:
  - Councillor Mrs Aspinall (Chair)
  - Councillor Bowie
  - Councillor James
  - Councillor Mrs Nicholson
  - Councillor Parker
  - Karen Morse - Healthwatch
- 2.4 Officers supporting the Cooperative Review were as follows:
  - Katy Shorten – Strategic Commissioning Manager
  - Craig McArdle – Head of Joint Strategic Commissioning
  - Candice Sainsbury - Lead Officer
  - Amelia Boulter - Democratic Support Officer

## **3. BACKGROUND INFORMATION**

### **3.1 Introduction**

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



## **4. COOPERATIVE REVIEW PROCESS**

### **4.1 Aims and Objectives**

The aims and objectives of the Pledge 90 – Mental Health Review were to consider all the findings to date and ensure all groups have been properly consulted. The panel reviewed –

- the needs assessment and supply of mental health services
- performance on mental health outcomes
- service user and carer views
- community and stakeholder views

### **4.2 Cooperative Review Methodology**

4.2.1 The review took place over one day to review background information and to hear from a number of witnesses.

4.2.2 Meeting dates –

- 16 December 2013

4.2.3 The witnesses who presented evidence to the Panel were –

- Carol Hannaford – Principal, Stoke Damerel Community College
- Anita Frier – Vice-Principle, Stoke Damerel Community College
- Sarah Miller – Stoke Damerel Community College
- Sharon Claridge – Plymouth Mental Health Network Chair
- Mel McMahon – Excellence Cluster
- Lisa Hartley – Excellence Cluster
- Alan Fuller – Educational Psychologist, Plymouth City Council
- Georgia Rose – Plymouth Involvement and Participation Service (PIPS)
- Chris Everratt – Plymouth Involvement and Participation Service (PIPS)
- Dot Throssell – Plymouth Involvement and Participation Service (PIPS)
- Sarah Lees – Public Health Consultation, Plymouth City Council
- Michelle Thomas – Director of Operations, Plymouth Community Healthcare
- David McAuley – Plymouth Community Healthcare
- Emily Street – Commissioning Manager, NEW Devon CCG
- Lin Walton – Mental Health Commissioner, NEW Devon CCG
- Rob Sowden – Policy Officer, Plymouth City Council
- Ian Bowden - Rethink

## **5. PROCEEDINGS FROM THE COOPERATIVE REVIEW**

5.1 The panel met on 16 December 2013 where they received an introduction from Katy Shorten (Strategic Commissioning Manager) and Councillor Sue McDonald, Cabinet Member of Public Health and Adult Social Care prior to interviewing a range of witnesses.



## 5.2 Stakeholder Feedback

- Early intervention and prevention was key in terms of mental health, children not identified early could develop serious and continuing mental health problems.
- It was essential that services are integrated and to look at the whole person, with clearer pathways to treatment. It was felt that the current system was not working.
- Low attendance of CAMHS at CAF or similar meetings was identified as a problem, leading to a child or young person losing days at school.
- More parents wanted support and the knowledge to access services, this need was increasing as more young people with mental health issues were being identified.
- Anecdotal evidence suggest that GP's awareness on mental health issues was low and where unaware of how to signpost those with mental health needs to the right services.
- There was a great deal of investment into secondary mental health services whilst there is minimal investment in looking at building mental health resilience in the community and raising awareness of mental ill health.
- Partnership working and revising mental health pathways could reduce the need for secondary services.
- People wanted to understand how they can look after themselves and their wellbeing.
- There was still a stigma around mental health issues.
- There were a significant number of children with hidden mental ill health problems in the city. This was having an adverse effect on their schooling and impact it had on their on families.
- The SHINE project aims to help teenage girl's recognise, with confidence, that they have worth, strength, choice and purpose and provides support to young girl's with eating disorders.
- One strategy was required for the city and all services should work towards that strategy.

## 5.3 Service and Carer Feedback

- Schools and GPs need more information on mental health illness and have a clearer pathway to access mental health support and services.
- The general public did not know how to access services and were unaware of how to get a referral to access other therapies such as Improving Access to Psychological Therapies (IAPT), counselling and social prescribing.

- An advanced statement of a person's wishes, which covers of the requirements a person may need during a time of crisis would be useful and should be highlighted as part of the review.
- Carers receive very little in the way of support and it was highlighted that there was no specific mental health carer group in the city.
- Plymouth Community Healthcare would firmly embed the triangle of care into the acute unit and roll out into the community.
- Anecdotal evidence suggested that many GPs did not have a great deal of knowledge on what mental ill health support was available. People who presented with physical and mental illnesses were not receiving the appropriate support as a result.
- Mothers were being sent home too early after giving birth and were not being properly discharged into the community where robust community care was required. Early transfers of mothers following delivery from hospital into the community required continued support to prevent post-natal depression.
- Black Minority and Ethnic (BME) groups were consulted with as part of this review, unfortunately this was minimal and further research was being undertaken.
- Carers were concerned that the transition from children to adult services seems to focus on age rather than need. It was felt that when a young person reached 18 years, they were overlooked or they were unsure on their continued support for their mental wellbeing.
- Those suffering with mental ill health were unaware of what services were available to them and clarity was needed on what services are available needs to be more clearly defined. There was still a stigma of being referred into mental health service.
- It was important to normalise mental health conversations and to get the message to the general public on the public health's 5 a-day promotion for wellbeing and looking after your own mental wellbeing should hold equal importance as physical health.

#### 5.4 Needs Assessment Feedback

- Plymouth Community Healthcare and MIND provide a programme of mental health training for frontline workers or volunteers within community or service provider organisations in Plymouth.
- The demographics of Plymouth with high levels of deprivation, unemployment and an ageing population meant a higher level of people suffering with mental ill health. However, Plymouth has a good environment to enable people to look after themselves and their mental wellbeing.
- Suicide prevention rates for Plymouth were above the national average.

- The Mental Health and Wellbeing Strategy, promotes mental health in three key areas – stigma, life transitions and transition through bereavement.
- Transition from children to adult services was sometimes unclear and some services difficult to access, there was a need for a clear pathway for young people to follow for continued support for their mental wellbeing.
- Veterans are a hidden population unless they identify themselves to the GP. There is an improved offer through 'Plymouth Options' looking peninsula wide at veteran's health. A stakeholder event taking place early 2014 would help identify the gaps and feed into the clinical commissioning group. Work was undertaken at the Armed Forces event 2013 and PIPs were involved in the work.

## 5.5 Performance Feedback

- Plymouth Community Healthcare had been through a long process to resolve the issues with the CAMH service. Changes were put in place such as additional clinics and in January 2015 patients would not have to wait longer than 6 weeks, to achieve this they will look at referral routes and have a clear plan in place. They were also considering early intervention and preventative support.
- Commissioning teams met with the CAMH service on a monthly basis to monitor performance and further action would be undertaken by the provider if they were not meeting targets.
- Medium secure placements were not located in Plymouth and a programme of repatriation was in place with a prioritised list of people returning to the city. One person did slip through the system, this was addressed and subsequently new processes were put in place to ensure this does not happen again.
- Glenbourne had undergone significant change and had shifted from beds focus to community focus. They were confident the model developed was followed NICE guidelines, it was also reported that the Home Treatment Team would be available for 24 hours day from April 2014.
- Since 2001, 'Rethink Plymouth' had provided community based support for low level mental health symptoms and were working over and above capacity to meet targets. Their biggest challenge was helping resolve people's needs quickly and to providing support so that they did not end up in secondary care services.
- There was good partnership working with the police liaison service with the courts, street triage and section 136 and young people's place of safety would be based in Exeter and there were concerns raised that young people would be transferred to Exeter.

The Chair thanked Officers for their responses to questions and attendance at the meeting.

## 6. CONCLUSION

6.1 In reviewing all of the witness evidence and analysing all of the data provided the panel identified that the report met the requirements of Pledge 90 and was correct but would benefit from the following additions –

- to include scrutiny as a chapter;
- further work to identify the needs of the BME community and hard to reach groups and awareness on mental health,
- data on out of area placements;
- additional information on eating disorders.

The panel felt reassured that the report reflected the views from the feedback received from the witnesses, although it was apparent the views from service users, stakeholders, commissioners and providers views of the CAMH service were different. The panel highlighted that CAMHS as an issue despite previous interventions by scrutiny and the need to highlighting other services available to children and young people as an alternative to the CAMHS service.

6.2 Healthwatch's response

- The review detailed various consultations and surveys that were used to collate the status of services and the views of their users. However, upon further questioning of those attending the panel, these respondents were white british in all but two cases. Healthwatch would recommend that targeted consultation of non-white british service users and their families is undertaken to ensure a comprehensive review, and would urge the use of PIPS to facilitate this as a separate piece of work.
- Mental Health Community Champions – Healthwatch recommends that the option of trained and supported individuals within communities is explored, to enhance front line services in a less formal way. Existing services such as PIPS and MIND could be commissioned to roll out this project.
- Healthwatch would like to see CAMHS involving service users and their families in a more meaningful way.
- Healthwatch recommends that in depth consultation is carried out regarding enhancing the transition from child/young people's services to adult services. Users of services should detail their experiences, how they feel they could have been enhanced and become involved in future work around improvements.
- CAMHS – Following the information presented to the panel, and that contained within the various reports, further work with CAMHS made a priority.

## 7. RECOMMENDATIONS

It is recommended to cabinet that -

- in reviewing all of the witness evidence and analysing all of the data provided, the panel was assured that the Pledge 90 review and subsequent report satisfies the requirement on the Executive to 'conduct a wide ranging review of the adequacy of mental health service and support in the city alongside mental health providers and charities', but would benefit from the following additions –
- to include scrutiny as a chapter;
- further work to identify the needs hard to reach groups and increase awareness on mental health,
- data on out of area placements;
- further information on eating disorders.

The panel highlighted CAMHs as an issue despite previous interventions by scrutiny and the need to highlighting other services available to children and young people as an alternative to the CAMHs service.

It is recommended to the Caring Plymouth Panel that the future work programme considers –

- the remodelling of the children and young people pathway for mental health services and support referred to in the Pledge 90 report recommendations;
- action plans to improve the current CAMH service in Plymouth, in particular plans to reduce waiting times to six weeks by January 2015;
- the provision on 'places of safety' for vulnerable people in Plymouth.

It is recommended to the Health and Wellbeing Board that –

- 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;
- promotion and communication of mental health services available to young people and adults should be undertaken through schools and GP surgeries;
- awareness of mental health issues, particularly within hard to reach communities, is raised and adequate provision is in place;
- 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;
- a single mental health strategy is produced for the city and that it is resourced for delivery;

- a mental health champion is identified from the Health and Wellbeing Board to provide support to the carers support network;
- wider promotion by Public Health on health and wellbeing should include a focus on mental health awareness.

# CO-OPERATIVE REVIEW PROJECT PLAN

## PLEDGE 90 – MENTAL HEALTH REVIEW



Background	
Chair:	Councillor Mrs Aspinall
Lead Officer:	Katy Shorten – Strategic Commissioning Manager
Democratic Support Officer:	Amelia Boulter
Membership:	Councillor Bowie Councillor James Councillor Parker
Relevant Cabinet Member:	Councillor McDonald
Date review approved by the Co-operative Scrutiny Board:	27 November 2013
Summary of subject to be reviewed:	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 service and support in the city alongside mental health providers and charities'.
Reason(s) and rationale for the review:	Improved Mental Health Services.
Objectives of the review:	To ensure the review has met the requirements of Pledge 90. To identify whether there are any gaps in the information.
What will the review look at?	To consider all the findings to date and ensure all groups have been properly consulted. To review – - the needs assessment and supply of mental health services - performance on mental health outcomes - service user and carer views - community and stakeholder views
Which areas will be excluded from the review?	Dementia Care
What City and Council Priorities does the review relate to:	Caring Plymouth and Pioneering Plymouth
Identify links to other Council policies, projects or strategies:	Health and Wellbeing Strategy, Carers Strategy, Joint Strategic Needs Assessment, Commissioning of Services.
Who will benefit from the review:	Service users, carers, family, friends, health providers and charities.



<b>Methodology</b>	
The method and approach of the review:	<ul style="list-style-type: none"> <li>• Document analysis;</li> <li>• Interviewing experts;</li> <li>• Interviewing witnesses and service users;</li> </ul>
Witnesses and experts:	<ul style="list-style-type: none"> <li>• Senior Managers/Chief Officers;</li> <li>• Service users;</li> <li>• External partners;</li> <li>• Voluntary and Community Groups;</li> <li>• Professional experts.</li> </ul>
Co-opted representatives:	Healthwatch
Documents and/or reports for analysis e.g. internal/external reports or legislation):	The panel to review existing work/consultations already taken place.
Site visits:	Not applicable.
Consultations/Research:	Work/consultation already undertaken.
Publicity:	To be discussed/agreed.
Evaluation method	<p>Evidence based</p> <p>The recommendations of the review will be provided to the Cooperative Scrutiny Board for review in January 2014; the Caring Plymouth panel will review the progress and the Caring Plymouth Panel will undertake a progress review later in the year.</p>
Resource Requirements:	Cost of Lunch and officer time.
Barriers and Risks:	No barriers and risks identified.

<b>Timetable</b>		
<b>Activity</b>	<b>Timescale / Date(s)</b>	<b>Intended Outcome(s)</b>
Meeting 1:	Monday 16 December 2013	To interview stakeholders and service users
Draft report:	Friday 20 December 2013	To submit draft recommendations.
Submit report to the Co-	Due to tight	To agree the recommendations.

operative Scrutiny Board Meeting:	timescales Chair and Vice-Chair to agree outside of Cooperative Board Meeting.	
Submit to Cabinet Meeting:	N/A	Keep Cabinet Member for Public Health and Adult Social Care informed of progress.
Submit to other bodies/organisations:	Thursday 16 January 2014	Health and Wellbeing Board – the review and any recommendations to form part of the Health and Wellbeing Strategy.
Scrutiny Panel to evaluate and track the outcomes of the Co-operative Review:		

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# GLOSSARY OF TERMS

## PLEDGE 90 – MENTAL HEALTH REVIEW



**PLYMOUTH**  
CITY COUNCIL

MIND	Provide advice and support to empower anyone experiencing a mental health problem and campaign to improve services, raise awareness and promote understanding.
IAPT	Improving Access to Psychological Therapies
PCH	Plymouth Community Healthcare
GPs	General Practitioner (Doctor)
NEW Devon CCG	Northern, Eastern and Western Devon Clinical Commissioning Group
CCG	Clinical Commissioning Group
PIPS	Plymouth Involvement and Participation Service
Rethink	Rethink helps millions of people affected by mental illness by challenging attitudes and changing lives.
Glenbourne Unit	Glenbourne is an acute hospital for people suffering from mental health problems aged between 18 - 65 who cannot be supported at home.
CAMHS	Child and Adolescent Mental Health Service
CAF	Common Assessment Framework
Section 136 'Place of Safety'	Section 136 of the Act gives police officers the power to remove a person with mental health issues from a public place who could be a danger to him/herself or to other people, to a "place of safety" where they may be assessed by a doctor.