

Health and Wellbeing Board

12 May 2015

These recommendations are presented by the Mental Health Sub-group based on the needs assessment and have been written in agreement with Delta Consulting. It's proposed that these recommendations form the basis of the vision and the delivery plan which will be presented to the Health and Wellbeing Board in July 2015. They are presented to the Health and Wellbeing Board for discussion and comment.

Mental Health Needs Assessment: Recommendations

This section uses the **twelve themes** agreed at events to provide structure to a series of **twenty-five recommendations**. These are presented in ranked order of the priority given to them by participants at the second event.

The action plan follows the recommendations

10.1.1 **THEME: *Overcoming isolation and low confidence; lack of availability of activities during the day and encouragement of self-help; lack of employment and volunteering opportunities***

Recommendation 1: People with mental illness in Barking and Dagenham need greater holistic support for their recovery. Commissioners across health and social care should explore service models offered in Sandwell and in Lambeth which offer support for finding work, getting into education, welfare benefits advice, accessing social and leisure activities and finding people with similar interests, and getting advice on housing and tenancy, to identify and implement an enhanced offer for Barking and Dagenham.

Recommendation 2: Vulnerable adults (those without a mental illness diagnosis) in Barking and Dagenham need greater support for their wellbeing so that problems relating to their social and economic situation do not 'tip over' into greater need. This recommendation should be embedded in the LA's current initiative around adult wellbeing, so that it takes account of the need to promote and protect positive mental health and wellbeing.

Recommendation 3: Meaningful and appropriately-supported service user and carer engagement should be a priority for the Mental Health Subgroup.

7.1.1. THEME: ***Lack of emphasis on prevention of mental illness and promotion of wellbeing in communities, addressing poor social and home environments***

Recommendation 4: Children and young people in Barking and Dagenham need greater awareness and tools for protecting their mental health, for promoting positive mental health, and for reducing stigma relating to mental health disorders. Commissioners across education, health and social care should ensure that promotion of positive mental health and, for example, the five ways to wellbeing, are embedded throughout local children and young people's strategies. It should be noted that the content of such development differs substantially from mental health first aid. Best practice in commissioning children's mental health services should be considered (Mental Health Foundation 2014) and efforts should be made to continue to engage with children and young people on mental health commissioning.

Recommendation 5: Action taken under the Emotional wellbeing, psychological wellbeing and resilience strategy for children and young people, 2011-2013, should be reviewed with a view to developing a new strategy.

See Recommendation 2 also.

7.1.2. THEME: ***Lack of peer support as a means of helping recovery and as additional capacity***

Recommendation 6: Commissioners across health and social care should agree to invest in the development and establishment of a peer support programme in mental health, seeking advice from Lambeth colleagues as appropriate. The programme should have sufficient capacity to offer meaningful access to mental health service users across the borough, and provide funded coordination and appropriate training and development for those in peer support roles.

7.1.3. THEME: ***Lack of consistency in GPs' and other primary care professionals' skills and knowledge; and poor coordination between primary and secondary care***

Recommendation 7: As part of the primary care improvement plan, GPs and other primary care professionals should be supported to undertake training and development in mental health. Ways of encouraging those who do not see that they have a specialist role in mental health should be identified, and a broad view should be taken of those professionals who

would benefit from such development. For example, practice nurses as well as GPs should attend training for clinicians, and other members of the primary care team such as practice managers should attend appropriate training such as Mental Health First Aid.

Recommendation 8: General practices with particularly low QOF recorded rates of depression and of SMI cases on the mental health register should be targeted for specific support and ongoing monitoring, highlighting likely numbers of patients with mental illness who may not be receiving adequate treatment. This activity should be embedded in CCG Corporate Objectives and commissioning plans, as appropriate; and reflected in commissioning of primary care, currently with NHS England.

7.1.4. **THEME: *People presenting in crisis at A&E with mental health problems (some known, some unknown), and lack of coordination between agencies after hours***

Recommendation 9: The support available for those with severe and enduring mental illness post-discharge from NELFT, and particularly on discharge from an inpatient bed, should be clarified for service users/carers, and across the health and social care system, including within the housing sector.

Recommendation 10: The audit of Barking and Dagenham patients presenting at A&E should be repeated, with the addition of qualitative data collection and follow up for those who have established mental illness diagnosis as well as those who are presenting for the first time with symptoms of mental illness, to understand better whether each patient's needs could have been met more appropriately elsewhere. The audit should cover both business hours and out of hours/weekends.

Recommendation 11: A systematic method of recording and monitoring the referral routes into BDAAT and the eventual pathways and outcomes relating to those who are not ultimately managed by NELFT services should be developed and implemented. This would include casemix and equalities monitoring. The objective would be to identify the needs of those who do not meet treatment criteria.

Recommendation 12: In order to raise awareness of different parts of the health and social care response to mental illness, and to break down silos, staff representatives from across the health and social care system (including housing) should be identified to form a learning network which would have scheduled face to face meetings to share information and approaches. This should be launched with facilitation but continue to self

facilitate. This should be linked to staff Continuing Professional Development.

7.1.5. **THEME: *Lack of agreed approach for children and young people moving into adult mental health services***

Recommendation 13: A local clinical pathway should be developed, implemented and publicised which identifies the care to be provided for the various CAMHS client groups, as they move into adult services if appropriate. This should include the support to be given during transition and clarify arrangements for those whose care will change as a result of transition. Service user and carer engagement should be central to the development of the pathway.

7.1.6. **THEME: *Lack of flexible and personalized approaches – standard care pathways seen as ‘one size fits all’***

Recommendation 14: Commissioning and provision of support for people with mental illness should recognise the importance of personalisation, choice and flexibility in care. Providers need to identify in which practical ways the principles of personalisation; choice and flexibility can be implemented into the care individuals receive.

Recommendation 15: Commissioning and provision of support for people with mental illness should recognise that people access services in different ways. For example, whilst initiatives such as Big White Wall are innovative and may suit the lifestyles of particular groups of people, many service users do not access internet-based interventions. In planning service developments, alternatives should be considered and agreed.

7.1.7. **THEME: *People with mental illness who have inadequate accommodation for their needs***

Recommendation 16: Where hostel residents are referred with conditions that do not necessarily meet criteria for immediate support from NELFT, there needs to be some support put in place. Commissioners and providers should explore the Sandwell and Lambeth models of holistic support (see Recommendation 1) to identify ways in which the needs of this population group can be met.

Recommendation 17: The potential for personal health budgets to assist with securing the most appropriate accommodation for a person's needs should be explored, and pursued.

- 7.1.8. THEME: ***Dual diagnosis – services for people who have both mental health problems and alcohol/drugs problems, both adults and children/young people***

Recommendation 18: The service response for those who have 'dual diagnosis' should be clarified and, if necessary, a clear care pathway developed, implemented and publicised across the health and social care system, including housing, and with service users, carers and the public.

Also see Recommendation 13.

- 7.1.9. THEME: ***Lack of support for those without diagnosable mental health problems (e.g. personality disorder, hoarding behaviour, socially isolated)***

Recommendation 19: Commissioners and providers should ensure that future holistic support offered to those with diagnosed mental illness is also accessible for individuals who do not necessarily have a mental illness diagnosis. The Sandwell Esteem Team principle of 'never turning a patient away' should be emulated by the future service offer in Barking and Dagenham.

See also Recommendation 1.

Recommendation 20: Commissioners and providers should consider developing a specific strategy to respond to those with personality disorder, as has been undertaken in North East Essex for example (North East Essex CCG 2014).

- 7.1.10. THEME: ***Lack of consistent information and awareness of services which respond to mental illness (both professionals and public)***

Recommendation 21: IAPT services should be publicised to the Barking and Dagenham community in a manner that normalises these services, and targets those population groups (men, older people and some BME groups - Black and South Asian populations - for example) who have relatively low referral rates. This campaign should have a presence across the health and social care system (including general practices, and housing). Ongoing

marketing of services should seek service user/carer input, particularly from those groups with low referral rates.

Recommendation 22: Commissioners and providers should ensure that all web-based and printed information regarding mental health services for adults and for children and young people is consistent and up to date. Consideration could be given to deploying 'mystery shoppers' (from the service user and carer community, and from youth forums) to check information and telephone numbers.

Recommendation 23: The *Time to Change* website and free resources should be promoted throughout the health and social care system, including on websites, and consideration should be given to using its logo on email footers.

See also Recommendations 4, 7, 12, 13 and 25.

Recommendation 24: The Mental Health Subgroup should identify how it can become *the essential forum* for strategic partners who are involved in responding to mental illness, right across the system, so that all who need to improve and monitor the system response are engaged consistently, together.

7.1.11. THEME: ***Inequality in levels of acceptance of mental illness/stigma in some minority communities, likely access problems in particular groups such as Black and Minority Ethnic groups, LGBT, armed forces and those without IT literacy***

Recommendation 25: LBBD should explore the potential for the new Council Mental Health Champion to work to reduce stigma across the Barking and Dagenham population, using opportunities through the local media for example. Support for this role should also be sought from the Centre for Mental Health (Centre for Mental Health 2013).

See also see recommendation 21