Public Audit Committee

Overview of Mental Health Services

Submission from Renfrewshire Council

Note: These comments relate to the social care aspect of mental health services.

Social work contribution to mental health services in Renfrewshire is through a range of involvements and services. Some of this is specialist involvement, other elements are part of a generic social work service, in which it is difficult to determine the proportion of time spent on mental health work.

The established two joint Community Mental Health Teams (CMHTs) provide a range of assessment, care management, treatment and immediate response services, and in addition to social workers, some of whom are Mental Health Officer’s (MHO’s) consist of Psychiatrists, Community Psychiatric nurses, Occupational Therapists, Psychologists and Support Workers from both health and social work. There is now a dedicated MHO service across Renfrewshire.

For older people there are social work staff attached to the Older Adults Community_Mental Health team, along with a dedicated team of staff providing a home care service (often in addition to the mainstream service) to this client group.

Social work staff in the area teams and other settings work with a range of people with mental health problems who are not appropriate for involvement with the CMHTs.

Mainstream home care and day care services for older people (both directly provided and purchased) provide a service to significant numbers of older people with mental illness.

A dedicated respite service has been developed in partnership with the voluntary sector that provides access to a respite flat and respite on an outreach basis.

The MHO service in Renfrewshire recently been reorganised. It now comprises a dedicated team of 3 MHOs, based at social work headquarters, whose sole workload is MHO work. This is supplemented by 13 dispersed MHOs who are located in other social work or joint teams. The MHO team is managed by the Coordinator (MHO and Adult Protection), who also coordinates the work of the dispersed MHOs.

The hospital resettlement programme in relation to Dykebar has now concluded, with all individuals requiring complex packages of care now receiving them. Additionally there are a range of other supported living services for people with mental health problems purchased from the independent sector.

In addition the Council supports financially local user and carer services and commissions advocacy services.
In the recent social work inspection agency report of Renfrewshire Council, inspectors noted that in relation to mental health many service users told them that staff had helped them become more independent and socially active, and praised the community based approach that services had adopted.

Specific issues

Many of these are specific to the health service, so comments are made in relation to those that have a clear social care or partnership component.

Accessibility of mental health services

The specific target for accessibility to services in social work is to have assessments completed assessments completed with 4 weeks. In 2008/09 84.4% of assessments in mental health met this target.

There are additional targets and standards which are statutorily determined by the Adults with Incapacity (Scotland) Act 2000 and the Mental Health (Care and Treatment)(Scotland)Act 2003 which are further supplemented by National standards for Mental Health Officer Services.

Purchased services work to service specifications which lay out targets for performance. Their performance is subject to evaluation and reviews as part of the Council’s Contract management Framework.

(b) What action are you taking to address services with long waiting times?

There are no waiting lists for social care services, and services are generally regarded as adequate for vulnerable groups.

The creation of the dedicated MHO team (see above) has assisted in the provision of a well targeted service. The service works within the statutory timescales of the Mental Health Care and Treatment Act and Adults with Incapacity; although there can be some delays in the allocation of an MHO in relation to planned pieces of work in relation to Adults with Incapacity. This reflects the increasing demand from this legislation both for MHO’s in preparation of reports but also in the continuing work after an application for supervision and acting as a delegated guardian.

(c) What are the current issues affecting vulnerable groups in your area—children and adolescents; minority ethnic groups; prisoners and ex-offenders; older people with dementia or Alzheimer’s disease?

Children and adolescents

It is acknowledged that there is an inequity of service across NHS Greater Glasgow and Clyde. Additional resources have been made available and work is in progress to develop enhanced services.
There continues to be a demand for longer term health and social care supports for young people as they move from child and adolescent services into adult services. Currently these demands are managed on a case by case basis and supports are identified between Mental Health, CAMH’s and Commissioning teams within Social Work. There is a lack of appropriate supported accommodation for this age group and where individual support packages are purchased it is difficult to sustain these financially in adult mental health services.

**Forensic Services**

The bed reduction programme at the State Hospital, Carstairs is welcomed, however it does pose significant challenges to existing mental health services when ensuring that individuals receive a service that is appropriate to their level of risk. No additional resource has come to local authorities to meet this new demand.

**Cross Care Group issues**

There are a small number of people whose needs may be best met by a joint support package. Boundaries and referral criteria do not support this approach. Particularly there is an increasing number of clients with alcohol related brain damage (ARBD) and there is no defined service for younger people with dementia; and people with addiction problems who may be difficult to manage in mental health settings. All these clients present particular challenges to the service and are currently managed on a case by case basis.

A sub group of the Alcohol Action Team has been implemented to look at the issues related to ARBD.

(d) Are current levels of service for vulnerable groups adequate, and what improvements if any are planned?

Please see above

**Delivery of mental health services**

(e) What is your performance against the four National Targets for Mental Health

The HEAT targets do not lend themselves easily to social work outcomes and are largely health focused targets.

(f) How helpful do you think these four targets are?

As previously stated these targets are health focused and whilst some have been integrated into the Single Outcome Agreement they are not easily translated into performance across the council or our other partners/providers who all contribute to the achievement of these targets.
(g) The suicide rate in Scotland is almost double the rate in England and Wales. What is the situation in your board area and what measures do you think will be effective in reducing the rate?

In Renfrewshire between 2002-2006 the deaths by suicide showed a decreasing pattern but in 2007 there 35 deaths by suicide with a slight decrease in 2008 to 34.

Renfrewshire is an active member of the national Choose Life network and is an active partner in NHS GG&C Suicide Prevention group, to promote suicide prevention, support staff and local communities to build skills, develop training, encourage people to seek help and support early and to encourage and improve partnership working and improved coordination between services. The Council has retained a dedicated budget to support the Choose Life agenda, including a full time coordinators post and two resource workers.

The local action plan has been updated and revised to reflect local priorities. The plan focuses on the themes of prevention, intervention and post – vention, and focuses on the following key areas:

- Training
- Staff Support
- Develop and Support of Post –Vention Services
- Use of Arts and Culture to support engagement with the Choose Life Agenda
- Locations of concern
- Communication and raising Public Awareness
- Development of suicide Intervention pathway across Renfrewshire
- Self Harm

(h) There has been a four-fold increase in the prescribing of anti-depressants since 1993/94. What is the prescribing policy in your area, and how is it monitored

Please see NHS GG&C submission

Prescribing of anti depressants and initiatives to reduce this can be supported by the promotion of health and well being across all local authority (not just social work) services.

(i) What work are you doing locally looking at prescribing patterns to determine whether anti-depressants are being prescribed appropriately, and what other treatments are available to people with depression such as psychological therapies, increased social support etc?

Please see NHS GG&C submission
There are currently few National Outcome Measures for Mental Health services. How are you monitoring and reviewing Mental Health services to ensure that your services are meeting local needs and have you included mental health issues in your single outcome agreement?

Services are monitored and reviewed on an ongoing basis through a range of mechanisms, such as data collection and analysis, evaluation, contract compliance systems and performance management reports through use of Covalent.

Deriving a range of appropriate national outcome measures for mental health that apply to social care services is a complex issue. The use of user defined outcomes (the Talking Points approach) will, while providing data that is softer than output data, still provides a good basis for reflecting the views of service users and carers. Measures relating to peoples ability to maintain a meaningful and productive role in the community could include numbers of people with mental health problems in employment.

There are measures in Renfrewshire’s Single Outcome Agreement and Community Plan such as the following:

- Contribute to the reduction of the suicide rate between 2002 and 2013 by 20%
- Train 50% of key frontline staff in mental health and substance misuse services, primary care and in accident and emergency in suicide assessment tools/suicide prevention programme by 2010
- One of the outcomes for 2017 under the Healthier Renfrewshire theme is "People in Renfrewshire enjoy good mental health and are supported when required".
- Under Strategic Objectives, Outcomes and Actions, we have, included "People in Renfrewshire enjoy good mental health and are supported when required"
- Under National Outcome 2 (We realise our full economic potential with more and better employment opportunities for our people) is the following statement: "mental health and musculo-skeletal disorders are the primary cause of worklessness for around 60% of the 11,000 people in Renfrewshire claiming incapacity benefit."
- Under National Outcome 6 (We Live longer, Healthier Lives) is the following context statement on: "There are currently more than 600 annual admissions to psychiatric specialities - 27% above the Scottish rate. Rates for patients prescribed drugs for anxiety and depression, those on incapacity benefit and those with limiting long-term illness are all slightly above average."
- Under "policy direction under National Outcome 6 we have the following:
- A strategy to modernise Mental Health Services in the NHS Greater Glasgow & Clyde area has been agreed and partners are working together to reduce the reliance on long-stay in-patients facilities by investing in Community and Primary Mental Health Services."
There is a target to reduce the annual rate increase of defined daily dose per capita of antidepressants to zero by 2009/10 and put in place the required support framework to achieve a 10% reduction by 2017 in antidepressants per capita (age 15+). This is a HEAT Target. The 2007-08 baseline is recorded at 36.9 and the 2009-10 target is 37.2.

There is a specific reference to the Delivery of Psychological Therapies Action Plan as a relevant document to this National Outcome.

Under National Outcome 7 (We have tackled the significant inequalities in Scottish society), there is the following statement under "Evidence": "The percentage of the Renfrewshire population receiving a prescription for anxiety, psychosis or depression (8.84%) is greater than the Scottish average."

(k) How does partnership working in your area operate in practice, and how effective is it?

Mental Health services in Renfrewshire are provided through the Renfrewshire Community Health Partnership (CHP), Renfrewshire Council, and a range of voluntary sector providers. The Community Mental Health Service is a joint NHS/Renfrewshire Council Service managed by a single manager.

There are good and close working relationships between the council and the CHP. The Chair of the CHP is also the leader of Renfrewshire Council, and he and the Director of Social Work are members of the CHP Committee.

The Joint management Group (JMG), comprising directors and heads of service of the CHP and social work service, is the overarching governing body of officers for all joint work and joint planning between social work and health in Renfrewshire.

The Mental Health Joint Planning, Performance and Implementation group (JPPIG) is jointly chaired by the head of mental health services for the CHP, and the head of community care for social work.

The Older Peoples JPPIG (which deals with older adults mental health) is jointly chaired by the Head of Community Care and the CHPs Head of Health and Community Care.

The Clyde Modernising Mental Health Services Programme Board is attended by the CHPs Head of Mental Health and there is a Renfrewshire elected member on this Board.

The Choose Life group in Renfrewshire is chaired by the Head of Community Care in the council.
(l) Mechanisms to deliver joined up services

Social work staff are fully integrated into the two community mental health teams in Renfrewshire. These are managed by a joint manager who manages the CMHTs and related services. The joint manager is managed through the CHP, has regular joint meetings with the head of mental Health services in the CHP and the council’s Head of Community Care, and is a member of the senior management teams of both social work and the CHP.

The Community mental health teams deliver services jointly with one point of referral, integrated screening and allocation systems; specialist shared assessment; integrated care management and multi disciplinary team review and integrated duty systems.

(m) How do work with prisons to ensure that prisoners with mental health problems in your areas receive the support they need while in prison and appropriate referral to community services once they are released?

In Renfrewshire we have the Community Forensics MHT - this is a tertiary service which manages offenders and restricted patients, but only those with chronic and enduring mental health issues. This service also provides a service to the court, where there are concerns regarding mental health issues. The difficulty is that this eligibility criteria means that those with personality disorders, or those with mental health problems which are not long lasting do not have access to either forensic psychiatry or psychology. Such clients often present the most complications for agencies working with them and they regularly end up subject to probation.

Where offenders are imprisoned the Scottish Prison Service ability to obtain specialist assessments is also very limited, often offenders are released without the required assessments and then become the responsibility of Criminal Justice staff.

(n) How do you work with educational psychology services to ensure that issues with children’s mental health are picked up in schools?

Every school in Renfrewshire has an Extended Support Team (EST) which is responsible for ensuring that children with additional support needs have these met. Educational Psychology is an integral part of the EST Framework where children’s needs are discussed by the EST multi-agency team as appropriate. Educational Psychology are therefore able to be involved in the care of some children or take responsibility to be involved in discussions around particular children and may become directly involved in the care of some children or take responsibility for ensuring that appropriate referral to other services such as CAMHS is undertaken. Other services in schools such as Pupil support Coordinators work closely with educational psychological services and also can refer children to other support networks.
2.3 Expenditure on mental health services

(o) How do you decide how much will jointly be spent on mental health services by NHS Boards and local authorities in your area?

Both NHS Greater Glasgow and Clyde and Renfrewshire Council have separate budgets but work in partnership to make wider strategic decisions about the direction of and investment in mental health services.

(p) Use of pooled or aligned budgets

The budgets are aligned.

(q) Are there barriers in the accountability or financial procedures to prevent delivery of better joined up services?

There are no perceived financial or accountability barriers to the delivery of services.

(r) How do you decide how much NHS resources will be transferred to councils in your partnership and how do you know that such money is being spent on mental health services rather than being diverted to other services provided by the council?

The Council does not decide how much NHS resource is transferred to the Council from the NHS. These formal decisions are subject to joint agreements relating to the level of resource transfer to be allocated to local authorities following bed closures.

(s) Knowledge of total amount of council spending on mental health

Renfrewshire Council is aware of the amount that it spends on dedicated mental health services but across the range of non mental health specific care services it is difficult to quantify the costs attached to improved mental health and well being, so therefore the total Council spend is greater than the recorded spend.

Renfrewshire Council can report that in 08/09 the budget spend for dedicated mental health services was £6.05M.

(t) Over recent years more resources have been directed into community services. What information do you have on the cost of community services and the effectiveness of these services? How are you monitoring the shift in the balance of care?

As noted above, there is accurate information on the cost of community services. Currently no outcome measures are used to evaluate the effectiveness of community services.
Within the last two years there has been a significant decrease in the number of hospital beds and in the average length of stay, leading to a shift in the balance of care in favour of those being cared for in the community.