

BARNSELY METROPOLITAN BOROUGH COUNCIL

OVERVIEW & SCRUTINY COMMITTEE

7th APRIL 2015

25. **Present:** Councillors Ennis (Chair), D. Birkinshaw, P. Birkinshaw, Brook, G. Carr, M. Dyson, Frost, Hayward, Johnson, M. Sheard, Sim, Sixsmith, Tattersall, Unsworth, Wilson, Worton together with co-opted members J. Winter and P Gould.

Apologies for absence were received from Ms K Morrith in accordance with Regulation 7 (6) of the Parent Governor Representatives (England) Regulations 2001.

26. **Declarations of pecuniary and non pecuniary interest**

There were no declarations of pecuniary and non-pecuniary interest.

27. **Previous minutes**

Minutes of the meeting held on 10th February 2015 were approved as a true and accurate record.

28. **Adult Mental Health Services in Barnsley**

The Chair welcomed the witness to the meeting, which included:

- Rachel Dickinson, Executive Director, People Directorate, BMBC
- Kyra Ayre, Head of Service, Mental Health/Professional Support Services, BMBC
- Alison Rumbol, Senior Commissioner, Adult Joint Commissioning), Barnsley MBC/ CCG
- Cllr Margaret Bruff, Cabinet Spokesperson - People (Safeguarding)
- Jill Jinks, Business Unit Manager, Specialist Mental Health Services, SWYPFT
- Heidi Baum, Operations Manager, Rotherham and Barnsley MIND
- Kim Fairhurst, Project Manager, Together Barnsley Mental Wellbeing Services

Members proceeded to ask questions as follows:

- (i) How are service user views sort and used to influence services?

It was advised that the service has an expert by experience group called 'Think On' who they work with to develop the services and implement commissioning plans. A recent example includes the development of the draft Mental Health Strategy.

- (ii) How do Adult Mental Health Services link with Child and Adolescent Mental Health Services (CAMHS)?

The group was informed that the SWYPFT (South West Yorkshire Partnership NHS Foundation Trust) service has policies and procedures in place for when

young people are aged 17.5 years to ensure that there is a smooth transition between services. The Adult Mental Health Service has an early intervention psychosis team which works with people aged 14 to 35 years. Also, CAMHS are included within the scope of the multi-agency mental health crisis concordat action plan. This is a national requirement which aims to improve local delivery of mental health crisis services

- (iii) What work is done to ensure employees of partner agencies have a good understanding of mental health issues, for example do they receive training in mental health?

Members were advised that there are links between and across a variety of Mental Health Services; in particularly the Police. An example of joint working is the pilot 'street triage' team that is operational between 6:00pm and 2:00am). In Barnsley there is a police officer who specialises in mental health issues. We are aware colleagues require more training and they will continue to get it.

Currently there is joint training with nurses and the Police and the recent CQC (Care Quality Commission) review highlighted this as being one of Barnsley's areas of good practice. It is necessary for nurses to have a better understanding of the criminal justice system, and similarly for police officers to appreciate the mental health issues that need to be considered. Some of the training has been carried out over the year less formally, however we're now looking to consolidate this through the concordat action plan.

- (iv) Should the Council be doing training with Berneslai Homes, Housing Associations and Housing Management Officers?

It was explained there is always the potential for offering further training, however there is already good work being done with Berneslai Homes and other Housing Associations. Three years ago a time limited Task and Finish Group looked into Mental Health and housing issues. This led to a number of specific awareness sessions being put on for both staff areas. This was beneficial to both Mental Health Staff and Berneslai Homes employees. It was suggested private landlords need to be included in the training, but recognised there could be insufficient resources to do this. The service suggested they could look at a refresh of the training to be rolled out.

- (v) Statistics from Kendray Hospital (Copy B, par 1.8) show that 71% of Section 136 detentions are made between 17:00hrs and 09:00hrs i.e. out of hours for the majority of Mental Health Services (including Community Mental Health Teams), we seem to have provision during the day however what about at night when most of the issues seem to arise?

The group was advised that the pilot 'street triage' team has been running since January, during its first eight weeks, six people were brought into Kendray whereas in the eight weeks prior to this, there had been twenty two people, therefore this team is having a positive impact on the services. This is currently a pilot scheme that runs until the end of April 2015. Once completed, a review will be done by the CCG (Clinical Commissioning Group) and a decision made as to whether the service will continue.

- (vi) Due to Steve Kirk leaving his position as the Barnsley Chief Executive of MIND are you now sharing a workload with Rotherham MIND?

It was explained to Members that MIND have no plans to move and their services remain unchanged. However, they are currently being restructured and are looking to share best practice from the operations of both services in order to make improvements.

- (vii) How effective is the collection and use of local data to predict service demand?

It was stated that all contracts are performance managed and information is received e.g. regarding referrals, waiting times etc. These comprehensive reports are then used to address issues should they arise through formal contract management procedures. A formal improvement notice has never had to be issued, and commissioners and providers work together to improve the services delivered.

Currently, there is a lot of national government and press interest with regards to access to Mental Health Services, in particular IAPT (Improving Access to Psychological Therapies) appointments and early intervention/prevention in psychosis services. Both of these services have national targets to be achieved by the end of this year. Barnsley is currently very close to meeting these targets and the CCG has provided additional resources to SWYPFT to support them.

Members requested site of this performance information, which the service advised they would provide for the committee.

- (viii) With regards to Copy C, par 2.16, how effective is the liaison between the hospital and the Psychiatric Assessment Team?

The group were advised that the intensive home based treatment team work in the community as well as at the hospital. Referrals can be made by any clinician and people are assessed within four hours; the system operates twenty four hours a day, seven days a week. A liaison service has been in place for a number of years which not all CCG/local authority areas have. This is good practice demonstrated by the CCG which the CQC recognise.

- (ix) What happens to people who attend hospital and require treatment for mental health?

Members were informed that the Liaison Team works across the hospital and ensures referrals are appropriate. The service is responsive and flexible and refers on as appropriate e.g. to IAPT or secondary services.

- (x) What is in place to meet the challenges of the introduction of the Care Act 2014?

The committee was advised there is training for all staff within the Mental Health Service. A team manager has been appointed for Social Care who is raising awareness at team meetings of the new Act and its implications in terms of service delivery.

- (xi) As a result of the reduction in budgets, will a good service be maintained?

Members were informed that this will prove challenging, but they will continue to provide a good service. There is good partnership working between BMBC, Barnsley CCG and SWYPFT who are working closely as SWYPFT undergo their transformation. There is currently a SPA (Single Point of Access) team pilot which should quickly identify/assess people's needs and ensure they are referred to appropriate services.

- (xii) Does the Multi-Disciplinary Assertive Outreach Team work with everyone in the community or only those in the criminal justice system?

Members were advised that this team works with a range of individuals who have certain factors in common and are usually known to the service. Some of these individuals are hard to engage with, hence taking an assertive approach. There may be some changes as a result of the SWYPFT transformation programme, however the outcomes of this are not yet known.

It was highlighted that medication reviews for individuals should be done through outpatient appointments and not through this team.

- (xiii) There are a number of reports in the media regarding shortages of in-patient beds, is this a problem in Barnsley?

The group were advised there are a number of beds locally at Kendray Hospital and it is unusual for someone in Barnsley to have to travel outside the area to receive treatment. This is rare due to the good support services we have to maintain people in their own homes in the community. This results in a relatively low admittance rate meaning there are usually beds available if necessary. Barnsley has a range of in-patient provision commissioned by the CCG including those for males, females, older people, as well as Mental Health intensive care beds.

- (xiv) If the existing grants remain it appears that you will be able to make improvements to services, if money was no object, how would you expand and improve services?

It was explained that we would want to seek support in early intervention and preventative services which we struggle to provide in the current climate, for example help to gain employment.

People with mental health problems tend to die 10 - 15 years earlier, of the same things that the general population die of. Smoking and consumption rates for people with serious mental illness are high; nationally it is estimated that around 47% of the nation's tobacco is smoked by people using secondary services. We recognise the clear links to mental ill-health and the wider determinants, for example if people are unemployed, don't have good housing and don't have good physical health then they are unlikely to have good mental health and well-being.

- (xv) There appears to be an increase in the number of people being sectioned by the police as a result of legal highs, is this causing additional pressures on Mental Health Services?

The service advised that they were not sure they had specific figures regarding this, however anecdotally they know that more people are being assessed who are using MCAT and legal highs. The service indicated it would be good to do some research into this.

- (xvi) What actions could be taken by Members to help improve Mental Health Services?

It was stated that the Mental Health Strategy outlines key priorities which Members could support including early intervention services such as employment schemes to help people with mental illness into work. As community leaders it is helpful for Members to raise awareness regarding mental health to help reduce the stigma so that people seek guidance and support from services. It is also important for Members to continue to challenge service performance.

The service advised they will provide a copy of the draft Mental Health Strategy to Members so they are aware of the key priorities.

- (xvii) Page 2 of the cover report states 41% are claiming incapacity benefit due to mental health and behavioural disorders', how do we compare both locally and nationally in respect of people who are on benefits and have mental health problems?

The service advised they did not have specific figures but know that we have higher numbers of people claiming benefit in Barnsley who have mental health problems.

- (xviii) Has any progress been made with the Job Centre in terms of them supporting people with mental health issues and not just removing their benefits which causes individuals further problems?

The group were advised that the Recovery College does considerable work with the Job Centre to help raise awareness of mental health issues. Courses are undertaken jointly which helps to nurture those working relationships.

- (xix) Is there evidence of services failing to help people with mental health problems which can then result in them committing suicide? If so, do we learn from these instances and how do our suicide rates compare within South Yorkshire?

It was advised there has been a national increase in suicides, however only 25% of cases involve someone who has had previous contact with mental health services. It was acknowledged that this is a wider issue Public Health issue, for example it is often middle aged men who commit suicide and they've not previously sought any help. The Public Health Department are aware of this and are in the process of drafting a suicide prevention strategy which is due for completion in autumn.

- (xx) Can SWYPFT learn from their practices adopted in West Yorkshire?

The committee was advised there is good practice in Barnsley, information is regularly shared between services areas and they work closely with local

commissioners. Barnsley commissioners also meet with other commissioners to share best practice and discuss areas of improvement and joint working.

- (xxi) The website for Mental Health Services in Barnsley is currently out of date with links that don't work, when will this be sorted?

The service advised that they are currently going through extensive changes, therefore the website will be updated in due course to ensure the information provided is correct.

- (xxii) Would having a walk in Health Service in the town centre benefit Mental Health Services?

Members were advised that the majority of people with mental health issues are seen either in their own home or at their GP surgery. Other large cities do have their own crisis centres, but this is not something that Barnsley has considered. The 3rd sector provides town centre services from the YMCA, which 30/40 people attend to receive practical support.

- (xxiii) Do GPs provide effective services to people with mental health issues?

It was explained to the committee that not everyone with mental health issues requires a medical response. There is currently a pilot scheme funded by the CCG to help people navigate through Wellbeing Services. Together Barnsley Mental Wellbeing Services and MIND won the contracts to support access to lower level services. Once complete, the pilot will be evaluated and the CCG will need to make a decision whether this services is commissioned in the future. The support that a GP can provide varies due to how long they have been in the post; also services are constantly changing therefore it is difficult for them to keep abreast of these. The SPA team is piloting extended hours to reflect GP opening hours, so that GPs can speak to a mental health practitioner.

- (xxiv) Do you get any direct referrals to Mental Health Services from people coming out of the armed forces and is financial assistance provided with regards to these?

Members were advised they receive a number of referrals from armed forces personnel, in particular to IAPT, however these referrals do not come directly from the army. There is a specific veteran's referral pathway scheme which enables them to be seen quicker, however no financial support is provided from the army.

The service also highlighted that veterans are one of the groups classed as those with 'protected characteristics' which means they are a minority group which mental health services can struggle to engage with but are aware that they need to be accessing services. MIND operates this service.

MIND advised that they do work in South Yorkshire as part of the 'Take 2' scheme which predominantly works with veterans.

- (xxv) Is there any data to support the media coverage linking schizophrenia and the use of recreational drugs as a cause of mental health problems?

The group was informed that such information is not recorded, as a person's assessment is more about their individual needs rather than the causal reason of them needing a service. The service will investigate if there is any national information on this and provide it for Members.

(xxvi) Should the public be educated in mental health issues to help to remove the associated stigma?

Members were informed that there are considerable myths and stigmas associated with people with mental health issues, meaning people are reluctant to admit to having problems and accessing services. It was noted that nationally, one in four people will suffer with mental ill health during their life. World Mental Health Day can be used as a platform to raise awareness of the issues. It is also important that Members help to reduce the stigma, challenging behaviour and promoting understanding and tolerance in their role as community leaders.

The Chair invited Moira Tombs who was in attendance at the meeting to speak. Moira is a former service user who currently participates in Barnsley Council's Expert Partnerships and has completed an investigation into interactions between South Yorkshire Police and Mental Health Service Users.

Moira explained that Mental Health patients are people who are unwell. Mental health is an illness, however, the symptoms differ to those when somebody is physically unwell, however mental health patients get stigmatised, particularly if the police are involved. It is important to understand that not all patients with mental ill health are drug and alcohol users.

Services need to understand mental health issues, for example it is not helpful when those experiencing mental health issues receive long letters from Housing Benefits which they are likely to find difficult to understand and it will only serve to further negatively impact on an individual's mental health.

It was highlighted that work could be done with Police Officers and 'Together Barnsley Mental Wellbeing Services' to ensure that officers received better training and understanding of mental health issues.

It was noted that Mental Health Service Users appreciate 'drop in' centres during the day, however there need to be better out of hours facilities provided. Service users also need care that is seamless where mental health and physical health problems are dealt with holistically.

It was also highlighted that volunteers spend considerable time and effort developing both the design and delivery of the service and appreciate this opportunity to be involved and receive training; however they need to be given help into paid employment and be able to set an example to other organisations.

The Chair thanked the witnesses and Moira for their contribution to the meeting.

29. Overview and Scrutiny Task and Finish Group (TFG) Reports

The Chair advised the committee that the reports of the 3 Overview and Scrutiny Task and Finish Groups had recently been taken through Cabinet and were well

received. The Chair invited each TFG Lead to outline their group's work and report.

- (i) Cllr Carr outlined the work of the Vaccinations and Immunisations TFG which looked at the strengths and weaknesses of current arrangements to ensure the take-up of vaccinations in the Borough.

It was highlighted that Vaccinations are a cheap and cost effective way of protecting the health of our population and help to reduce hospital admissions and deaths, therefore it is important that the uptake is maximised.

The TFG's recommendations are highlighted in the report and include the need for better data sharing between agencies. Also, that as a result of the recent national negative press with regards to the flu vaccine additional promotion is going to be required to ensure future uptake to prevent excess winter deaths.

- (ii) On behalf of Cllr Sixsmith who lead the Health Trainer TFG, the Scrutiny Officer gave an outline of the work of the TFG which was set up to investigate the poor performance of the Health Trainer Service identified in the Council's Corporate Performance Report.

Following an initial meeting it became apparent that it was a problem with reporting rather than actual service delivery, therefore the commissioner arranged for this to be changed.

The task and finish group recognised the importance of this service therefore looked at its performance in detail, met with service users and undertook work to promote the service whilst undertaking the investigation.

It was noted that Healthy Lifestyle Services are due to be re-commissioned under an integrated service, therefore the TFG made recommendations with regards to this.

- (iii) Cllr Wilson outlined the Work Readiness TFG's investigation into what is being done to help young people in Barnsley to be 'work ready'. It is recognised that academic qualifications are important, but for young people to be ready for work, soft skills are essential.

The TFG focused on the Council's IKIC (I Know I Can) programme which offers a variety of activities, ideas and services which can be accessed and utilised by e.g. schools to enable our young people to be 'work ready'.

The TFG undertook a number of visits to services and schools and were pleasantly surprised by the offer of the programme and the work that is taking place around this agenda. However the TFG found that the offer was not always consistent, therefore recommend that specific time is put aside for schools to discuss this agenda, share good practice and identify how they can access those who are 'hard to reach'.

It was also recommended that work is done to promote the 'I Know I Can' programme and make everyone better aware of the opportunities available through it. As a result of the work of this TFG, they hope to carry on their investigation to the next municipal year to consider what is being done to help adults to be 'work ready'.

The Chair thanked the TFG Leads and their groups for the investigations they had undertaken and the contribution they had made to improving local services.

ACTIONS:

- a) Mental Health Services to look at a refresh and roll out of the training to partner agencies with regards to mental health.
- b) Mental Health Services to provide performance data to the committee which is shared between SWYPFT and the CCG.
- c) Mental Health Services to undertake research into figures regarding an increase in assessment/treatment of those using legal highs.
- d) Mental Health Service to provide a copy of the draft Mental Health Strategy to Members.
- e) Members to utilise their role as community leaders and their positions on Area Councils to reduce the stigma of mental health and promote available services.
- f) Mental Health Service to ensure BMBC's Mental Health Services' website is up to date and that all links work.
- g) Mental Health Service to investigate if there is any data in relation to the numbers of drug induced mental health issues and provide it to the committee.
- h) Members to note the TFG reports and continue to support and promote the work undertaken in the investigations.