

**Report of the Executive Director Core Services
and the Executive Director Public Health and Communities,
to the Overview and Scrutiny Committee (OSC)
on 21st March 2023**

Adult Mental Health in Barnsley

1.0 Introduction

- 1.1 The purpose of this report is to update the Overview and Scrutiny Committee (OSC) on progress made in relation to adult mental health in Barnsley since the previous committee held on this subject in 2019.
- 1.2 This report will focus on the development of the local mental health strategy (Item 4b-attached), adult mental health crisis care and an update in relation to suicide prevention.

2.0 Background

- 2.1 In 2018/19 The Overview & Scrutiny Committee formed a Task & Finish Group (TFG) to look at Adult Mental Health, with a specific focus on crisis care. The following year the OSC agreed to continue this work and undertake a TFG investigation into early intervention and prevention in relation to adult mental health. Both groups made a series of recommendations for improvement and services responded in a timely way, outlining whether the recommendations were to be progressed or not.
- 2.2 In June 2021, Healthwatch Barnsley raised concerns in relation to adult mental health crisis care which linked back to the recommendations made by the Adult Mental Health Crisis Care TFG in 2018/19. Despite the services response to the recommendations made by the group, Healthwatch became increasingly concerned that several issues were still not being addressed, particularly relating to conveyancing, 24/7 crisis care, and the availability of data to hold partners to account.
- 2.3 Following subsequent investigations by the OSC, it was clear from discussions that all partners were committed and that much was being done to improve services, however the committee questioned whether enough was being done and at the right pace. As a result, the committee made a series of further recommendations to which the Mental Health Partnership responded, outlining the actions being taken to improve services at that time.
- 2.4 In December 2022, Barnsley's Mental Health, Learning Disability and Autism (MHLDA) Partnership met for the first time. The partnership brings together key partners from across Barnsley, who work collaboratively to drive improvements in health and wellbeing outcomes for residents living with a mental health condition, a learning disability and/ or autism spectrum disorder. The MHLDA Partnership is also focussed on preventing mental ill health occurring in the first place, by promoting mental wellbeing, adopting a public mental health approach and investing in early intervention and prevention.
- 2.5 The Barnsley Place MHLDA Partnership evolved from the previous Mental Health Partnership Board. The widening of the scope to include learning disabilities and autism, aligns the approach with that seen throughout the NHS – both nationally and within South Yorkshire. The MHLDA Partnership is part of the new integrated care arrangements and will report directly to the Barnsley Place Partnership Board and Barnsley Place Partnership Board Delivery Group.

2.6 The partnership is supported by a mental health delivery group (DG), which oversees delivery of the priorities outlined within the mental health strategy (further detail below). The DG also produces highlight reports detailing progress to the MHLDA Partnership. In addition, it works closely with NHS South Yorkshire ICB colleagues and partners across South Yorkshire on projects which benefit from a system-wide approach.

3.0 Current Position

Barnsley Mental Health Strategy 2022 – 2026

3.1 Barnsley's mental health and wellbeing strategy (2022 – 2026) was published in June 2022. The strategy takes a life-course approach to improving mental health and wellbeing in the borough, outlining our priorities across the spectrum of mental health and wellbeing from early intervention and prevention, through to mental health crisis and suicide prevention. The strategy is also focussed on tackling inequalities in mental ill health, including improving physical health outcomes for those with a Severe Mental Illness (SMI). A synopsis of the key ambitions and priorities outlined within the mental health strategy is included below, however Members are invited to read the full strategy (Item 4b – attached).

3.2 The strategy recognises the importance of the wider determinants of health (such as jobs, income, housing, transport, culture, access to green space and the opportunity to be physically active) in influencing our residents' mental health and wellbeing. We have therefore committed to ensuring that mental health outcomes are considered and included within all relevant local partnership strategies and policies, including the Barnsley Inclusive Economy Strategy, the More and Better Jobs Strategy, Housing Strategy and Transport Strategy.

3.3 The strategy commits to realigning resources to focus on early intervention and the prevention of mental illness. We are adopting a public mental health approach in Barnsley, by focussing on preventing the onset of mental illness and ensuring services are available to meet the needs of people who begin to display symptoms of mental ill health, at the earliest opportunity. By adopting this approach, we aim to reduce demand on acute and crisis services, through empowering our residents to live with good mental health and wellbeing.

3.4 Our strategy outlines ambitions for improving the mental health of children and young people. Whilst this area is not the focus of this report, a significant amount of work is being undertaken to improve outcomes and services for children and young people and the Committee is scheduled to look at this as part of their work programme at the beginning of the new municipal year.

3.5 Throughout the life course, the strategy commits to adopting the Community Mental Health Framework for Adults and Older People. By adopting this framework, they will ensure that people with mental health problems will be able to:

- Access mental health care where and when they need it.
- Manage their condition or move towards individualised recovery on their own terms.
- Contribute to, and be participants in, local communities.

3.6 To support the transformation of community mental health services, Barnsley submitted a three-year plan to NHS England to enable access to national funding. The plan developed focused on three, key national priorities (a prerequisite of accessing the funding), which were:

- Develop an all-age Eating Disorder Service
- Enhance local provision for people with Personality Disorders, ensuring those with personality disorders can access timely support.

- Enhance community rehabilitation services.
- 3.7 Secondary care, third sector partners and primary care are working very closely together to enable the transformation. We are already seeing improved outcomes, such as an increased uptake of physical health checks for people on the SMI register, improved provision for people with personality disorders and, for the first time in Barnsley, provision to support adults with eating disorders within their own community.
- 3.8 Similarly, our strategy is aligned to the aspirations contained within the NHS Long Term Plan, and we have also committed to the following:
- Improving physical health and wellbeing of those experiencing mental illness, with a particular focus on improving outcomes for those with an SMI.
 - Improving the quality of life for those with complex mental health issues.
 - Improving access to all services providing mental health support, advice and or treatment.
 - Improving Access to Psychological Therapies (IAPT).
- 3.9 We recognise the importance of mental wellbeing for older people, and whilst all of the ambitions outlined above contribute to people ageing well, we have included a specific section on improving mental health for older people. This includes the following commitments:
- Work with our local IAPT service to develop strategies to effectively engage older people in treatment.
 - Undertake an older people's mental health needs assessment to determine what our population needs are now and in the future.
- 3.10 Our strategy is bold and ambitious, with a range of commitments across the life-course (as outlined above). We have therefore collectively agreed our key priorities for the 2022/23 financial year, which are:
- Mental Health Crisis care – ensuring those experiencing mental health crisis are able to receive the right care and support (more detail on this below).
 - Develop an all-age eating disorder pathway;
 - Reduce levels of self-harm in the borough.
- 3.11 To deliver the ambitions set out within our strategy, we require the collective efforts of everybody on the Partnership. We are currently working on a delivery plan, which will break the strategy down into SMART targets. We plan to review our performance and the ambitions within the strategy on an annual basis. Our reviews will consider the relevant performance data and consider whether we need to realign our priorities for 2023/24.

National Mental Health Indicators

- 3.12 Data on local need in the strategy has been collated from Barnsley's Joint Strategic Needs Assessment and the Public Health Outcomes Framework (PHOF). This includes key indicators around population mental health and wellbeing as well as some of the wider determinants of mental health. A local mental health dashboard has been produced to monitor performance across the mental health system and identify any trends. The section below summarises a selection of the national data:

Mental Health and Wellbeing :

- There are around 35,000 adults living in Barnsley who have been diagnosed with depression. This number has increased year-on-year over the last ten-year period, following a similar trend to the national picture. Indeed, a recent report by the Joseph Rowntree Foundation has

found Barnsley to be in the top five places in the country for the number of anti-depressant prescriptions per 1,000 of the population.

- For adults aged 18+, Barnsley has a prevalence rate of 13.7% of the population being diagnosed with depression (for 2020/21). This is slightly higher than the Yorkshire and Humber average of 12.3%.
- Barnsley's mortality rate for adults with Severe Mental Illness (SMI) of 130.0 per 100,000, is significantly higher than the national rate (103.6) and is the second highest rate in the Yorkshire and Humber region.
- Barnsley has the highest rate of hospital admissions due to self-harm in the region. This rate increases in our more deprived communities.
- Barnsley rates for hospital admissions where drug or alcohol-related mental health and behavioural disorders are a factor are significantly above regional and national rates.
- Barnsley's 2018-20 suicide rate was 14.8 per 100,000. This is significantly higher than the national average (10.4). The suicide rate for males in Barnsley is several times higher than the female rate. However, provisional data from our local suspected suicide real time surveillance system shows us that suspected suicides in Barnsley have halved over the last three years, a trend not seen across South Yorkshire.

Wider Determinants:

- A key determinant of mental health is deprivation. Higher levels of overall deprivation and inequalities exist within Barnsley, with just under 22% of our communities being in the 10% most deprived in England.
- There is a high prevalence of behavioural risk factors in Barnsley including smoking, poor diet and exercise, and alcohol consumption. These factors are wider determinants of people's general mental health and wellbeing.
- There is clear evidence that good work improves mental health and wellbeing and protects against social exclusion. There is also evidence that unemployment is associated with an increased risk of ill health and premature death. For people with mental health problems, this can be a barrier to gaining and retaining employment. The gap in the employment rate for those who are in contact with secondary mental health services (aged 18 to 69), and the overall employment rate is 62.5%.

Crisis Care

3.13 As outlined above, improving the response to those in mental health crisis is one of the key priorities within our strategy. Since the OSC Task and Finish group which focussed on crisis care, significant progress has been made in Barnsley, including:

- We have opened the borough's first crisis alternative service, known as Barnsley Support Hub, which is located on Eldon Street, and is currently operational Thursday – Monday, between 18:00 and 23:00 hours. The service provides support to those experiencing mental health crisis, or those who feel a crisis is imminent. This service is already delivering improved outcomes for people in mental health crisis. In January 2023, the service supported 33 clients who required mental health support. Of which, two reported being suicidal at the time of accessing the service; 11 required immediate mental health crisis support and three required support due to being homeless.
- An all-age Mental Health Liaison Service has been fully established within Barnsley A&E.
- The children and young people crisis team (Intensive Home-Based Treatment Team (IHBTT)) has been enhanced to enable greater support within the community.
- Additional investment into the section 136 service has enabled the Adult IHBTT to staff the S136 Suite to reduce the potential of the S136 Suite needing to close.
- Rolled out use of the S12 App, which helps mental health professionals to efficiently complete Mental Health Act processes and therefore reduce Advanced Mental Health

Professional (AMHP) time spent on undertaking these processes, therefore enabling more time to care for patients.

- Commissioned a mental health crisis helpline, which has seen usage steadily increase since the service was established in 2020.

Suicide Prevention

- 3.14 In May 2021 Barnsley's Mental Health Partnership launched our Zero Suicide Ambition which aims to instil hope into individuals and communities that suicide is preventable and not inevitable. It also helps us collectively tackle the stigma associated with poor mental health and ensures people know where they can access help if needed in a variety of formats. We have a well-established Suicide Real Time Surveillance System in place across South Yorkshire with our partners in South Yorkshire Police. Having this system in place enables us to offer timely bereavement support to people who are affected or bereaved by suicide as we know that people bereaved by suicide are 65% more likely to attempt suicide themselves. We are also able to target high risk locations and monitor any trends or suicide clusters in order to put in place appropriate support measures. Barnsley did see significant increases in suicide rates in 2020 and 2021 but the provisional suspected suicide data for 2022 shows this has significantly reduced by around 50%. This reduction has not been seen from other areas across South Yorkshire.

4.0 Future Plans & Challenges

Strategy

- 4.1 To deliver the ambitions set out within our strategy, we require the collective efforts of everybody on the Partnership. We are currently working on a delivery plan, which will break the strategy down into SMART targets. We plan to review our performance and the ambitions within the strategy on an annual basis. Our reviews will consider the relevant performance data and consider whether we need to realign our priorities for 2023/24. In addition, we are working with partners to increase accessibility to mental health talking therapies and improve access to a range of services as per national targets from NHS England.

Emerging Issues and Priorities

- 4.2 Whilst partners have worked hard together to make significant improvements in the emotional health and wellbeing of the Barnsley population, there is still much to do. Demand for mental health services increased during the Covid-19 pandemic, with mental health professionals also reporting an increase in the severity of cases at a time when fewer people were able to access services. The impact of lockdown measures on some of the wider determinants of mental health, such as employment and social isolation, are likely to have a long-lasting impact. As people's experience of the pandemic has varied widely, existing inequalities in mental health are likely to be exacerbated, particularly as we emerged from the pandemic into a cost-of-living crisis. We know from previous experience that a squeeze on living standards, unmanageable debt and economic recessions cause a rise in mental health problems, demand for services and, sadly, are connected to a rise in suicides.

Crisis

- 4.3 Discussions are currently ongoing with South Yorkshire Police to develop a pathway directly into the Barnsley Support Hub, where the police are dealing with someone in mental health crisis but are not considering detaining them under s136 of the Mental Health Act.

- 4.4 Barnsley has been selected as the place within South Yorkshire to pilot developing the NHS 111 service so it can effectively triage calls from people in mental distress. This service is expected to go live in Barnsley by April 2023.
- 4.5 South Yorkshire currently has access to a single mental health response vehicle which is currently located within Doncaster. The vehicle is operated by Yorkshire Ambulance service and is designed to transport people in mental distress to appropriate services, without having to use inappropriate police vehicles or traditional ambulances. A second vehicle is imminent, and both vehicles will cover the whole of South Yorkshire. Currently the model of delivery is under review, to ensure this meets the needs of residents within Barnsley and across South Yorkshire.

Suicide Prevention:

- 4.6 Suicide prevention remains a priority within Barnsley, and there is more that can be done to prevent suicide. We aim to focus on the below emerging themes:
- Long Term Conditions & Chronic Pain
 - Dual Diagnosis of poor mental health and drug and alcohol use
 - Victims and perpetrators of domestic and sexual abuse
 - Men
 - Dads

5.0 Invited Witnesses

5.1 The following witnesses have been invited to attend the committee to answer questions from members:-

- Jamie Wike, Deputy Place Director for Barnsley, NHS South Yorkshire (Barnsley)
- Julie Chapman, Service Director for Adult Social Care & Health, BMBC
- Kwai Mo, Head of Service for Mental Health & Disability, BMBC
- Jerome Jackson, Service Manager for Transition, Mental Health, and Deprivation of Liberty Standards (DOLS), BMBC
- Diane Lee, Head of Public Health, BMBC
- Phil Ainsworth, Public Health Specialist Practitioner, BMBC
- Patrick Otway, Head of Commissioning (Mental Health, Learning Disabilities and Autism) NHS South Yorkshire (Barnsley) Integrated Care Board
- Adrian England, attending today in his capacity as Independent Chair of the Mental Health Partnership, also Chair of Healthwatch Barnsley
- Mark Smith, Deputy Chair, Healthwatch Barnsley
- Cllr Jenny Platts, Cabinet Spokesperson for Place Health and Adult Social Care
- Cllr Caroline Makinson Cabinet Spokesperson for Public Health & Communities

6.0 Possible Areas for Investigation

6.1 Members may wish to ask questions around the following areas:

- Are there clear lines of accountability between the partnership and the health and wellbeing board and how does the partnership fit in with the work of the ICS?
- How frequently does the partnership meet, are these the right people to make a difference, and do all partners contribute equally?
- What do you consider to be the strengths of the partnership and which areas need to be developed?

- What value has been added by widening the scope of the partnership? What tangible benefits will people with Autism see?
- What self-assessment tools, evidence-based research and best practice has been used to develop the strategy and influence local service delivery?
- How have people with lived experience been meaningfully engaged in shaping the strategy and monitoring its impact, and having a say in what service provision looks like? What other stakeholders have been involved?
- What are the critical success factors and what does quality look like? How will you know whether these have been achieved?
- When will the associated action plan be complete, how will it be monitored and where does overall accountability for the actions lie?
- Are there sufficient resources to successfully deliver the strategy and what are the barriers to success?
- Are there any barriers to the effective and timely sharing of information between organisations?
- How confident are local suicide prevention partners that the risk of people ‘slipping through the net’ has been considered and addressed?
- What safeguarding processes are in place when a person with poor mental health does not attend a healthcare appointment? How effective are those processes and how do you know?
- What impact has the ‘Zero Suicide Ambition’ and the #AlrightPal initiative had? How do you know?
- How are people with poor mental health considered when commissioning wider health services?
- What are the challenges associated with adopting a proactive approach whilst still responding to acute demand?
- What can elected members do to support the work of the partnership?

7.0 Background Papers and Useful Links

7.1 Item 4b – Barnsley Mental Health & Wellbeing Strategy 2022-26

8.0 Glossary

BMBC	Barnsley Metropolitan Borough Council
IAPT	Improving Access to Psychological Therapies
IHBTT	Intensive Home-Based Treatment Team
MHLD&A	Mental Health, Learning Disabilities and Autism
NHS	National Health Service
RTSS	Suicide Real Time Surveillance System (RTSS)
SMI	Severe Mental Illness – The phrase severe mental illness (SMI) refers to people with psychological problems that are often so debilitating that their ability to

engage in functional and occupational activities is severely impaired.
Schizophrenia and bipolar disorder are often referred to as an SMI

9.0 Officer Contact

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6 March 2023