

REPORT TO: Halton Health and Wellbeing Board

DATE: 17th January 2018

REPORTING OFFICER: Director of Adult Social Services

PORTFOLIO: Health and Wellbeing

SUBJECT: Update on developments in Halton Adult Mental Health Services

WARD(S) Borough-wide

1.0 PURPOSE OF REPORT

1.1 This Report provides the Board with an update on some of the changes to service delivery that have been taking place in Halton in the past two years.

2.0 RECOMMENDATION: That Board members note the contents of this report.

3.0 SUPPORTING INFORMATION

3.1 Context of local developments

3.1.1 Late in 2015, a whole-scale review of the ways in which mental health services were delivered across the footprint of the 5BoroughsPartnership NHS Trust (covering the local authority areas of Halton, St Helens, Knowsley, Warrington and Wigan) was commissioned by the combined Clinical Commissioning Groups covering that footprint. Although the 5Boroughs (now re-named as the North West Boroughs) was the main provider of specialist secondary care mental health services, the review was intended to be whole-system, across all key organisations, including the CCGs themselves, the local authorities and the voluntary and independent sectors.

3.1.2 The review – which became known as the Tony Ryan report, after the independent consultant who received the contract to do the work – covered both the Acute Care Pathway (which worked with adults with defined mental illnesses) and the Later Life and Memory Services, which largely support people with dementia and related conditions. It came up with sets of recommendations covering five key areas:

- The interface between primary and secondary care - the ease with which people could move between levels of service
- Services for people with personality disorders or complex emotional conditions – these were seen as people who often took up the greatest levels of resource and could have the highest levels of need and risk. This is reducing the numbers

of people who are admitted to hospital in the first place, and for those people who are admitted, their lengths of stay are being reduced

- Establishing a whole-service model with clear roles and responsibilities across all areas
- Stepping down from inpatient services (including people placed out of borough)
- The future bed base

3.1.3. These themes, and the recommendations that came from them, were largely accepted by the CCGs and their partner agencies, and work streams were therefore set up to put the recommendations into place. As a secondary issue, but no less important, there was a strong sense from the review that the services provided by the 5Boroughs were less responsive to local need than they should have been, and it was recommended that a firmer local management structure was put in place for each area.

3.2 Pan-North West Boroughs developments

3.2.1 Following the publication of the Tony Ryan Report, work took place across the North West Boroughs Trust footprint to develop a clear service pathway for people with personality disorders, to ensure that people with the most complex needs get the assessments and service responses that they need. This has now been implemented across the Trust.

3.2.2 A similar piece of work took place to review the use of inpatient beds across the Trust. As a result of this, the decision was taken to close the older people's mental health ward at the Brooker Unit, and transfer patients to wards at Hollins Park, Warrington, or to a new facility at Atherleigh Park in Leigh. This has caused some difficulties for family members and staff in terms of accessing these wards, but there is a facility for family members to be supported with their transport arrangements if necessary. The changes that have taken place are considered to be offset by improvements in service quality. In particular, older inpatients with mental illnesses are no longer having to share ward facilities with younger adults, and there is a greater level of professional expertise available in these new services, with an improved emphasis on individuals' physical health issues.

3.3 Halton developments

3.3.1 "Step up and step down services": considerable work locally has taken place to implement the recommendations of the Tony Ryan Report in a way which creates positive change for the people of Halton. NHS Halton Clinical Commissioning Group, supported strongly by Halton Borough Council, has led task-and-finish groups with all key partners to establish clear care pathways through the

mental health system. One group has looked specifically at early intervention and prevention, identifying the services and supports that can help to divert people from more intensive interventions; the second group has focused on services and supports which help people to step down more quickly from secondary care and regain their independence. This work has led to a clear understanding of the various processes and resources available to support both aims, and has clarified roles and responsibilities of the organisations involved in the processes. This in itself should result in greater efficiency for people with mental health needs in being able to access the help and support they need as quickly as possible.

- 3.3.2 Redesign of North West Boroughs services: Within the North West Boroughs NHS Trust, there has been considerable local redesign. A new local management structure has been developed which is specifically designed to relate more closely to local strategic and operational planning processes. Services which were previously shared with other boroughs – such as the Assessment Team – are now specific to Halton; there has also been a move to refocus the delivery of non-inpatient services on the two towns of Widnes and Runcorn, rather than covering the whole of the borough.
- 3.3.3 The delivery of mental health social work: Parallel to this, there have also been some changes to the delivery of social care services for people with mental health problems in the Borough. The social work service itself was previously delivered as part of a formal partnership arrangement with the North West Boroughs. Under this arrangement, social workers were full members of the multidisciplinary Recovery team in the Brooker Centre, delivering care and support to people with complex and long-term mental health needs. Social workers were acting as care co-ordinators under the Care Programme.
- 3.3.4 The partnership arrangement has now lapsed, and the opportunity was taken to review the way in which the social work service relates to the North West Boroughs services. Overall, there were many positives in the way in which health and social care services worked together to deliver effective services for people with complex mental health needs. There were some elements of the service, however, which were in need of improvement: the focus of social workers on the care co-ordination role, for example, meant that other core social work business was being diminished, and the need to enter client data on two different electronic systems – those of the council and the North West Boroughs – meant that there was a real risk that key information could be missed.
- 3.3.5 As a result, the social work service has withdrawn from acting as formal care co-ordinators, although all social workers are full members of the multidisciplinary teams and continue to work within the Care Programme Approach (the national framework for the delivery of care and risk management in mental health). Social

workers, too, now only use a single electronic recording system – that of the Borough Council. Clear care and referral pathways have been developed to ensure that there is no delay in accessing social care services, the teams continue to be located together, team managers from both services meet together regularly and joint work continues to take place. Social workers are, however, more able to spend time ensuring that people's social care needs are fully met, and are also able to engage more in early intervention and prevention.

3.3.6 The use of the Mental Health Resource Centre: An example of the continued strong working between the North West Boroughs and the Borough Council is shown in the next development: the redesign of the Mental Health Resource Centre in Vine Street, Widnes. Opened in 2006, this Centre was intended to be a multi-purpose mental health centre, and for a while contained the MIND day service, the Council's Mental Health Outreach Team and the Community Bridge Building Team, and a (then) 5BoroughsPartnership nursing team. Over time, however, as needs changed, both the NHS nursing team and MIND left the Centre, and for a time it was considerably underused.

3.3.7 Recognising this underuse, the Borough Council, along with NHS Halton CCG and the North West Boroughs, has invested capital monies to make better use of the Centre. The upstairs offices still contain the Mental Health Outreach Team and the Community Bridge Building Team, but the rooms have been adapted to allow flexible working, with the effect that half the mental health social work service is also based there. Downstairs, the building is being adapted to take in the North West Boroughs Assessment and Home Treatment Team, with clinic rooms for appointments with psychiatrists and other specialists, and with the development of a crisis room to support people who are in a mental health crisis but who do not immediately require inpatient treatment. This combination of community-based support services, social workers, mental health nurses and doctors will allow a real interchange of specialisms and quick and easy referrals and support between the services.

3.3.8 In relation to this, a new approach is being established to describe the way the services all work together. Instead of having a formal partnership agreement – which then requires the establishment of a Board to manage the agreement – three approaches are being put in place:

- A Statement of Intent, which describes how the organisations will work together and what they are trying to achieve
- A formal and refreshed Information-Sharing Agreement, which allows the safe and appropriate transfer of information between the organisations
- A lease arrangement, which describes how the council and NHS staff will work together in the buildings owned by the respective organisations.

This approach means that all key elements of working together will be described and agreed, whilst reducing the need to have costly and time-consuming Board meetings.

- 3.3.9 Redesign of the Mental Health Outreach Team: this team of skilled mental health support workers has for many years worked with people with severe and enduring mental health needs, supporting them to live in their own homes in the community. The focus of the work has been long-term, encouraging people to take increasing responsibility for the management of their own lives, and supporting them to remain as well as possible. Most of the client group – apart from a very small number of people who had been inpatients at the time of the closure of Winwick Hospital in the late 1990s – were also people who were involved with the psychiatric services at the Brooker Unit.
- 3.3.10 Although very well regarded as a service, over time it became clear that new developments in the delivery of mental health services – and social care services in general – were impacting on the way in which the Outreach Team was working. There were more opportunities for people with complex mental health problems to be supported in the community (such as the use of direct payments), and it became clear that the long-term service delivery approach should be reviewed.
- 3.3.11 At the same time, the Outreach Team set up a pilot programme with a small number of surgeries in Halton, offering more time-limited and focused interventions for people with less complex needs, with the intention of intervening at an earlier stage in their mental health pathway, and trying to prevent referral on to more specialist services. This pilot proved to be very successful for the people who used the service, and the GPs who were involved in the pilot were enthusiastic about it.
- 3.3.12 Given the success of this pilot, and following a more structured review of the operation of the Outreach Team, it was decided to redesign the team's work, to provide short-term, more outcome-focused interventions. People with less complex mental health needs, known only to primary care services, and those with much higher levels of need and with continuing involvement from the North West Boroughs, can all still be referred for support. The difference is that the interventions they receive will be focused more on what they want to achieve over a period of time to improve the quality of their lives, and a structured personal plan will be developed with them. For those people who require longer-term support, this will be provided by means of a care and support package identified through an assessment of need under the Care Act. This redesign has now taken place and positive results are being reported.

3.3.13 Other Halton issues:

- **Bed pressures:** as with all other areas of the country, there is considerable pressure on the use of inpatient beds for people with complex mental health needs in Halton. There are robust bed management processes in place in Halton, with full involvement of health and social care staff, which are designed to ensure that people do not stay in hospital unnecessarily, but can be discharged with levels of support in the community which are appropriate to their needs. In addition, the North West Boroughs has developed four more inpatient beds locally, which are intended to reduce some of the pressures on bed availability
- **Dementia:** one local target is that the dementia diagnosis rate for people known to primary care services should be 67%. For some time, Halton's performance has fallen below that figure, but changes in the way the single point of access for dementia works have now meant that the diagnosis rate is 75%. In essence, this means that more people are getting an earlier diagnosis of dementia, which in turn can lead to more positive interventions for them over time
- **Halton Women's Centre:** this small, but again very well-regarded service, has for over ten years provided support to women with lower level mental health needs in the Borough, and is the only one of its type in the North West. Recently, its parent organisation ceased business, and the service has been drawn in to the Borough Council on a temporary basis, whilst a review takes place. It is hoped that proposals will be developed which can support the Centre to develop and provide a wider service to local women

4.0 **POLICY IMPLICATIONS**

4.1 None identified

5.0 **OTHER/ FINANCIAL IMPLICATIONS**

5.1 None identified

6.0 **IMPLICATIONS FOR THE COUNCIL'S PRIORITIES**

6.1 **Children and Young People in Halton**

None identified

6.2 **Employment, Learning and Skills in Halton**

None identified

6.3 **A Healthy Halton**

Each of the measures described above is addressing the health needs of a large number of Halton residents, whether they are receiving specialist interventions from secondary mental health services, or are receiving less intensive lower-level supports from primary care services. The measures are designed to continue to manage people with the highest levels of need and risk, whilst providing increased support and earlier intervention to try to reduce the likelihood of people needing greater support.

6.4 **A Safer Halton**

None identified.

6.5 **Halton's Urban Renewal**

None identified

7.0 **RISK ANALYSIS**

7.1 None identified

8.0 **EQUALITY AND DIVERSITY ISSUES**

8.1 None identified

9.0 **LIST OF BACKGROUND PAPERS UNDER SECTION 100D OF THE LOCAL GOVERNMENT ACT 1972**

9.1 None identified