

REPORT TO: Health Policy & Performance Board

DATE: 23rd November 2021

REPORTING OFFICER: Strategic Director, People

PORTFOLIO: Health and Wellbeing

SUBJECT: Update on Mental Health Issues

WARD(S) Borough-wide

1.0 PURPOSE OF THE REPORT:

1.1 This Report provides a brief update on two developments within local mental health services: the current impact of the take-over by MerseyCare NHS Mental Health Trust of the former North West Boroughs (NWB) Mental Health Trust, and the implementation of the national Mental Health Breathing Space scheme.

2.0 RECOMMENDATION: that

- i. The Board note the contents of this Report and make comment as appropriate

3.0 SUPPORTING INFORMATION:

3.1 MerseyCare NHS Trust:

3.1.1 The formal arrangements for the full transfer of the delivery of mental health services from the NWB to MerseyCare were completed earlier in the summer. As a part of the interim arrangements – which are expected to last for twelve months – the NWB has become a sub-Directorate of MerseyCare. It is understood that few changes are likely to take place during this interim period, whilst a detailed assessment of the type and quality of service delivery for the former NWB footprint is undertaken.

3.1.2 Locally, it seems that there has been very little impact on front line service delivery. There have been some changes to the senior management of the local services, and this has made it more difficult to keep a consistent “conversation” between ourselves and the Trust. However, the local multi-agency mental health partnership board is being re-established imminently: MerseyCare will have a full part to play in this, which will make the transmission of information and service developments easier to maintain.

3.1.3 On the ground, the Council’s mental health social work team remains closely aligned to the local clinical teams within MerseyCare,

particularly the wards, the community mental health services and older people's mental health services. The staff are based – when Covid restrictions allow – in offices next to the key services in the Trust, and there is regular and effective communication between both services. There has not been a substantial change in either the rates of referral to the social work services, or the numbers of people being put forward for detention under the Mental Health Act, which are good indications that, at this stage at least, the high-level strategic changes have not led to a noticeable change in front line service delivery.

3.1.4 There had been concerns, as the takeover by MerseyCare of the NWB services progressed, that local residents may experience problems in accessing inpatient beds, particularly for older people: one of the main inpatient services for older people was Atherleigh Park in Wigan, and this was, as part of the changes, transferred to the management of Greater Manchester NHS Trust. An interim arrangement has, however, been set up for the continued use of this resource

3.1.5 In general, our front line services have not reported major difficulties in accessing beds when they are needed for Halton residents. The same wards as before are still largely being used, and, although some people have had to be placed in beds outside the MerseyCare footprint, this is not thought to be any more than before the merger took place. This is not to say that there are no problems, and there is of course a national problem of the adequacy of numbers of mental health beds; MerseyCare is not immune from this. This will be the subject of further discussion at the Halton Mental Health Partnership Board.

3.2 **Mental Health Breathing Space (MHBS):**

3.2.1 The Breathing Space scheme was introduced by central government earlier this year, and was implemented at the start of May 2021. The scheme aims to provide people who are in debt, and who qualify for the scheme, with a period of respite during which they cannot be pursued by their creditors until their debts have been addressed by a specialist debt adviser. There are two elements to the scheme:

- A Standard Breathing Space, for anyone with a problem debt; this can only be initiated by a Financial Conduct Authority-approved debt advisor or a Local Authority which has a debt advice service
- A Mental Health Crisis Breathing Space (MHCBS) (see below)

3.2.2 The MHCBS was set up for two main reasons:

- It is well known that problem debt can add to a person's stresses and can lead to a crisis in their mental health
- Equally, it is well known that people with complex mental health problems, and particularly those in mental health crisis, can find

themselves in considerable debt because of their condition

- 3.2.3 As with the Standard Breathing Space, the scheme puts in place a moratorium on creditors being able to take action to recover debts whilst the person remains in mental health crisis, or add interest to the sum of the debt, until a debt adviser has been able to fully support the person to manage their debts. It lasts for the length of time that a person is deemed to be in mental health crisis, plus an additional thirty days after the crisis has ended.
- 3.2.4 Unlike the Standard Breathing Space, the MHCBS can only be initiated by an Approved Mental Health Professional (AMHP); by dint of their training and professional expertise, they were seen as the most appropriate people to certify that a person is in mental health crisis and needs the help of a specialist debt advisor service. AMHPs are almost always extra-qualified social workers (in some places in the country, this has been extended to other professional groups as well) who have specialist mental health knowledge and can operate within the framework of the Mental Health Act.
- 3.2.5 The AMHP's role is to certify that the person is in mental health crisis, and to refer them on to a specialist mental health debt advisory service, Rethink, which has been appointed by central government to undertake this role. The circumstances under which a person with mental health needs would qualify for the scheme are:
- That they have been detained in hospital for assessment or treatment under the Mental Health Act or
 - They have been taken by the police to a place of safety under Section 136 Mental Health Act or
 - They are receiving any other crisis, emergency or acute care in hospital or the community from a specialist mental health services that relates to a serious mental disorder
- 3.2.6 As part of the referral process to Rethink for specialist debt support, the AMHP must identify someone who can act as a Nominated Point of Contact (NPC). This will generally be someone who has continuing professional involvement with the person concerned, such as a care co-ordinator or mental health nurse. The NPC is the link between the mental health services and the debt advisor service, particularly in terms of keeping the debt advisor informed as to whether the person is still experiencing a mental health crisis: the NPC will be contacted every 20 or 30 days by the debt advisor to establish whether this is the case.
- 3.2.7 For the MHCBS to work effectively, there needs to be close cooperation between all components of those mental health services which deal with people in mental health crisis, and a good knowledge of the role and function of the scheme. With this in mind, the following processes have taken place to try to raise awareness and knowledge

within the mental health system:

- All AMHPs were briefed and attended national electronic training
- A policy and procedures for the delivery of the MHCBS was developed and widely distributed around the adult social care directorate
- Considerable contact took place with a senior manager in MerseyCare, to ensure that awareness of the scheme was raised and to establish agreement as to who should act as the NPC. Front line staff have also taken steps to ensure that their colleagues in the health services are made aware of this new scheme.

3.2.8 Since the MHCBS was implemented, four referrals have been made to the specialist debt advisory service (at the time of writing this report in mid-October 2021). This is a low number and it is clear that more needs to be done to raise awareness and promote use of the scheme locally. However, it should be said that the national picture is, if anything poorer: nationally there have only been 80 referrals to the scheme, and 27 of these were from Lancashire County Council. In that light, Halton is one of the better achievers: there are many councils, including a lot which are substantially bigger than Halton, which have not processed any referrals at all.

3.2.9 It is clear that the awareness and understanding of the MHCBS within the social services element of mental health services is good, and whenever referrals do come through, they are referred on to the debt advisors quickly and efficiently. There is a national problem and work is going on centrally to raise awareness within Mental Health Trusts across the country, but more also needs to be done locally to promote awareness and use of the scheme. With this in mind, further work is to take place with MerseyCare senior management, to remind them of the scheme and to seek their cooperation in promoting it amongst their staff.

4.0 **POLICY IMPLICATIONS**

4.1 There are no policy implications arising from this Report.

5.0 **OTHER/FINANCIAL IMPLICATIONS**

5.1 There are no other or financial implications arising from this Report.

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

6.1 **Children & Young People in Halton:** there are no implications for Children and Young People in Halton arising from this Report.

6.2 **Employment, Learning & Skills in Halton:** there are no implications

for Employment, Learning and Skills arising from this Report.

- 6.3 **A Healthy Halton:** Halton's mental health services work with people with some of the most complex needs and highest levels of risk in the local community. The development of the MHCBS is a positive step towards supporting people in mental health crisis, and although it has got off to a slow start, it has the potential to make a considerable difference to the people it supports.

It is less clear at this stage what the take-over of the former North West Boroughs by Merseycare will mean for local residents. What is clear is that no substantial changes will be taking place in the near future, but there will need to be close collaboration between Merseycare and local partners to ensure that any future changes create a positive benefit for local people.

- 6.4 **A Safer Halton:** as with 6.3 above.

- 6.5 **Halton's Urban Renewal:** there are no implications for Halton's Urban Renewal arising from this Report.

7.0 **RISK ANALYSIS**

- 7.1 The formal take-over of the North West Boroughs by Merseycare poses potential risks to service delivery in the longer term, as the "ownership" of these services moves to an organisation which has no direct history of working closely with Halton partners. There are therefore risks to both the numbers and quality of services that are delivered for local people with complex mental health problems, and these risks will need to be carefully scrutinised by Merseycare's partner organisations.

- 7.2 The MHCBS has the potential to deliver considerable improvement to the lives of people who are in mental health crisis and who experience debt problems. The scheme has not yet met its full potential, either locally or nationally, and more work needs to be done to improve this. Without this, vulnerable people could be left without the support which could make a real difference to their lives.

- 7.3 A formal risk assessment is not required at this stage.

8.0 **EQUALITY AND DIVERSITY ISSUES**

- 8.1 There are no specific equalities issues arising from this Report.

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

- 9.1 There are no background papers under the meaning of the Act.