

Update to the recommendations made by the Wokingham Council HOSC Mental Health Task and Finish Group (2012) by Berkshire Healthcare Foundation Trust

David Cahill- Wokingham Locality Director- January 2014

** Please see updates in Blue below**

Health Overview and Scrutiny Committee's Mental Health Task and Finish Group Report on the Mental Health and Wellbeing provisions for over 16s in the Wokingham Borough: Recommendations on service access: the provision of information and information sharing: and case management.

Recommendations		Officer Response and Proposed Action (s)
5.1	<p><i>That the Council, in partnership with the statutory and voluntary sector, produce new and up-to-date booklets and leaflets with information directing and promoting users to all of the Mental Health services within the area. These booklets and leaflets should capture all the information in the WBC Mental Health handbook and should be updated on a regular basis and be promoted in everyday places such as supermarkets, libraries, children's centres, Town and Parish Offices, Post Offices, Schools, GP's Surgeries and convenience stores.</i></p>	<p>The handbook referred to was produced by the Primary Care Trust as a 'one-off' exercise by a dedicated postholder (mental health promotion lead). The post has since been deleted from the PCT's establishment. It is acknowledged that good timely information is key to ensuring first time users get the right access to services. The joint mental health service believes it provides a good range of information about local mental health services already. There is little evidence that the booklet offered real value beyond the information that is already available. It is unlikely that the Council would be able to find the dedicated resource to refresh this piece of work in the current financial climate, however the Council's adult social care information service (Wokingham Information Network), in conjunction with the joint mental health service will undertake to review the materials currently available and will report back to the Health Overview and Scrutiny Committee before the end of November of this year.</p> <p>With regard to information in supermarkets, libraries, children centres etc, whilst there may be some value in this, evidence from those contacting services does not point to the provision of leaflets in such places as the primary method of finding information. In addition there is a significant volume of other services – autism, learning disability, sensory impairment, older people's services – that could also lay claim to requiring such exposure, which would overwhelm notice boards and make accessing information more confusing. Targeted, rather than blanket</p>

		<p>coverage, is believed to be a preferable strategy, particularly when set against the costs of printing and management of information on such a scale.</p> <p>Head of Mental Health has made contact with WIN website manager and will add any additional information that comes from colleagues. Overall the information is fairly comprehensive. The contact for the Common Point of Entry is available which can be contacted for information.</p> <p>The handbook has not been reproduced due to resource availability and the fact that information is available on line.</p> <p>This year a Service User involvement Group has been established which is supported by WBC funding for a Part Time Service User Involvement Lead. This group has reviewed all the information available to patients attending the Old Forge made changes which included the prioritisation of what information which is already available is seen as most useful. They have also produced some leaflets themselves which is aimed at people in crisis who need support.</p>
<p>5.2</p>	<p><i>That the Council, in partnership with the statutory (for example Berkshire Healthcare Foundation Trust) and voluntary sector, considers refurbishing and reviewing the Wokingham Information Network web pages. It should aim to incorporate and utilise existing systems about Mental Health and create a one-stop-shop for Mental Health service users to be linked into Wokingham Direct, Berkshire Healthcare Trust and other providers.</i></p>	<p>Agreed. The WIN website should be reviewed with regard to materials, information and links. Development of the site should consider known best practice in terms of other services recognised nationally as best practice leaders. Hyperlinks to Berkshire Healthcare Foundation Trust (BHCFT), Royal College of Psychiatry and other useful sites can be included.</p> <p>Head of Mental Health has contacted the WIN Website Manager and requested that links for the Royal College of Psychiatry and Berkshire Healthcare NHS Foundation Trust are added to the information already available.</p>

<p>5.3</p>	<p><i>That the Council raise awareness about Mental Health, in partnership with the statutory (for example Berkshire Healthcare Foundation Trust) and voluntary providers, by holding an annual workshop/event incorporating stalls or information booths about services and provisions. This event should inform users of where they can access services and provide information on different providers available. The Council, together with the statutory and voluntary providers, should work in partnership with supermarkets, libraries, children's centres, Town and 12 Parish Offices, Schools, Post Offices, GP's Surgeries, convenience stores, and the local media to promote the workshop/event.</i></p>	<p>To a greater extent this is already done; the Mental Health Service already undertakes an annual event on World Mental Health Day in October each year, usually with a mental health stall in the market square in Wokingham. In addition the public are encouraged to become members of Berkshire Healthcare Foundation Trust so that they receive regular information and updates. A range of information on mental health problems, treatment and where to find it is already provided. The stall is staffed by mental health staff who promote mental health awareness through discussion and are available to answer questions. In the past, the Mayor and John Redwood MP have attended as well as a Director of BHFT. This year we are hoping to do this jointly with RETHINK and advertise the Service User Conference which will be taking place in late October. A service user lead has been appointed and RETHINK will be supporting the service user group going forward.</p> <p>A joint event with RETHINK took place on World Mental Health Day in October 2013. Staff and members from the Service User Involvement Group were also available to speak to the public and answer questions. Information was available and distributed. There were 3 sites in all at Asda Lower Early, Tesco in Wokingham and Sainsbury in Winnersh. The day was very successful and drew a lot of interest. The events were reported in the Berkshire Healthcare NHS Foundation Trust newsletter.</p>
<p>5.4</p>	<p>a) <i>The Council, in partnership with the statutory sector, considers creating a new transitional pathway for 14+ year olds with Mental Health illnesses to assist, direct, support and guide them through the transition process into adult social care.</i> b) <i>That the transitional</i></p>	<p>These recommendations will be taken forward as part of the council and its partners' response to recently issued national policy. The Mental Health Implementation Framework was published by the Department of Health in July 2012 .In addition the National Suicide Prevention Strategy has also just been published this week. The Implementation framework sets out what employers, schools, businesses, local authorities, housing organisations, voluntary groups and health and care organisations can do to promote good mental health, whether that is clinical</p>

	<p><i>pathway should start from the age of 14+ to ensure that there are no gaps between Children's and Adult Social Care. This service should be part of a 'virtual' multi-agency service offer for young people, providing information and outreach support in the community (for example social care, youth offending, housing and employment support).</i></p> <p><i>c) That there should be easily accessible preventative support and guidance, including clear signposting to available services for those aged 14-25 years old, with low to moderate Mental Health and Wellbeing needs, providing low cost, early intervention before their needs escalate.</i></p>	<p>commissioning groups appointing mental health leads, schools developing awareness programmes to help staff recognise pupils at risk, or employers supporting the mental health of their workforce. It also promotes the idea of having a mental health lead for CCG commissioning and a Member champion for mental health. The Children and Young Peoples Outcome Strategy published this summer has 4 key areas to address the mental health of younger people. Locally we will set up a mental health forum to address these with partners and stakeholders to include both children' social care and early intervention services.</p> <p>There is a protocol about to be signed off for joint working between Children' Services and Mental Health services .Under the '<i>No Health without Mental Health</i>' strategy the primary care mental health service will be extended to provide therapy to younger people in order to ensure that children's needs continue to be met post transition. This will be a commissioning role for the CCG.</p> <p>BHFT has a transition policy in place and Adult Social Care has the complex risk and management panel and policy for managing transitions and people at risk.</p> <p>16 years+ is, as NICE advise, the most appropriate age within the mental health framework to look at the need to transition. It is recommended that it is not in a child's interest to begin a transition into a service that is not appropriate for them- i.e. at 14 years children are still developing mental illness and the possible indication of emerging mental illness. It therefore does not merit starting a child on the journey into adult mental health at the young age of 14 years. We do however start to transition children with learning disabilities at 14 years but as stated it this would be inappropriate for other conditions.</p> <p>From November all children coming into CAMHS will have a Named Care Coordinator and a regularly programme of work; our 16+ will have a Care Programme Approach (CPA) which will</p>
--	--	---

		<p>address the need for a joined up approach</p> <p>Moreover, where a child is known to social care, they already have a responsibility for that child to be advocating and coordinating service provision. In the Trusts opinion it is this that needs to be enhanced and not the introduction of a new pathway.</p>
5.5	<p><i>That the Council gives consideration to a future joint premises approach with the Rethink organisation.</i></p>	<p>RETHINK has retained the lease funding it currently holds for the Reading Rd premises and are currently looking for alternative premises. Their style of work is to use ordinary community facilities to promote better integration and social inclusion for those with mental health problems. In addition, RETHINK already spend part of a day a week at the Forge for liaison purposes. They also have the offer to use interview rooms at the Forge. The drop in is currently running at Lower Earley as well as Wokingham. It is not intended therefore to consider any further joint premises approach with the council.</p> <p>The building at Reading Road is no longer used by RETHINK. They have office space at Molly Millers Lane and provide services from a wide range of community facilities across the borough such as the Bradbury Centre. RETHINK still has access to the Forge interview space and their staff attends the Forge regularly for liaison. Regular service contract monitoring is in place.</p>
5.10	<p><i>That the Common Point of Entry should hold up-to-date lists of all approved practitioners so that patients who wish to pay for services privately do not have to wait.</i></p>	<p>Generally the patient sees their GP who refers to the private sector services as they would to the common point of entry. As an organisation neither the council nor BHFT can promote one private practitioner over another and would refer people to the British Associations of Counselling and Psychotherapy for access to suitably qualified and registered practitioners</p>
5.11	<p><i>That the Common Point of Entry be advertised more widely with a more co-ordinated approach taken and consistent</i></p>	<p>The CPE service has produced a patient information leaflet for GPs about the service which has been available since end of September 2012. There is also a poster for GP waiting rooms to go with the leaflets which advertises the</p>

	<p><i>language used.</i></p>	<p>contact numbers. These materials were also made available for the World Mental Health Weeks annually in October and on stalls in Wokingham on World Mental Health Day to raise general awareness of Mental Health issues and local provision of services.</p>
<p>5.12</p>	<p><i>Talking Therapies That consideration should be given to removing restrictions to allow for the service and provision to be available to all 16+ year olds. This should include those in full time education and employment not just those who are excluded or unemployed</i></p>	<p>Currently, the Trust is contracted by our commissioners to deliver Talking Therapies as an Adult only 18years + service. The Trust does make some exceptions as follows:</p> <ul style="list-style-type: none"> • 16-18yr olds who self-refer and where the Trust conducts a triage and then signposts to young person's voluntary counselling services & self- help website and materials. If there are risks/ issues or safeguarding concerns the Trust speaks directly to CAMHS & GP's to ensure safe practice. This happens a few times a year but the need has reduced significantly with CAMHS/ CPE service. • Talking Therapies also co-works with CAMHS as appropriate to offer a service for young people who are nearly 18years old who would not receive a CAMHS service before their 18th birthday and who are appropriate for Talking Therapies.
<p>5.16</p>	<p><i>That the CAMHS look to address the long waiting times that exist within the service for users awaiting an initial assessment, to the time it takes to receive treatment.</i></p>	<p>CAMHs continues to work to manage the increase in referrals for all children and young people referred to the service. Children and Young people experiencing a mental health crisis or urgent need continue to be seen within 24 hours.</p> <p>The service has been working with the CCG commissioners towards improving both the outcomes for children and young people in receipt of service and the time children and young people begin an intervention with the service from point of referral to the Common Point of Entry team.</p>