

# **HEALTH OVERVIEW AND SCRUTINY COMMITTEE**

## **MENTAL HEALTH TASK AND FINISH GROUP**

### **REPORT AND RECOMMENDATIONS**

**AUGUST 2012**

**Task and Finish Group Members:**

**Councillor Charlotte Haitham Taylor (Chair)**  
**Councillor Kate Haines**  
**Councillor Philip Houldsworth**  
**Councillor Sam Rahmouni**

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## 1. INTRODUCTION

### Report by the Mental Health Task and Finish Group of the Health Overview and Scrutiny Committee

- 1.1 On 1<sup>st</sup> August 2011 the Health Overview and Scrutiny Committee received a training and refresher workshop aimed at -
- providing an introduction to health scrutiny for new members;
  - providing a refresher course for the more experienced members;
  - reviewing the functions and powers of health overview and scrutiny;
  - identifying the key challenges and good practices in the area; and
  - exploring the current national and potential future issues impacting health scrutiny.
- 1.2 Following the workshop the Health Overview and Scrutiny Committee established a Task and Finish Group to review the Mental Health and Wellbeing provisions for over 16s in the Wokingham Borough and to investigate how easy it was for first time users to access the services.
- 1.3 The Terms of Reference for the review were agreed by the Health Overview and Scrutiny Committee on 28 September 2011 and are attached at **Appendix A**. The key objectives of the review were:
- To understand and be made aware of the Mental Health provisions for first time users who are 16+ years old with common to moderate mental health and wellbeing needs; and to establish, from a user's perspective, how easy/difficult accessing or obtaining information can be when in need.
  - To raise awareness and signpost those potential first time users to useful information and support.
  - To create a portal for the 16+ year old age group whereby they can obtain the support and guidance necessary.
  - To provide a means of intervention to prevent 16+ year olds with common to moderate mental health and wellbeing needs transitioning through to acute and more severe and chronic mental health illnesses.

It should be noted that the review was not an exhaustive review of Mental Health provision. Nevertheless, the Panel felt that valuable evidence was received first hand from a variety of service users and providers.

- 1.4 The Task and Finish Group arranged a "fact finding" meeting on 31<sup>st</sup> August 2011 and invited Nick Buchanan (Commissioning Manager, Adult Mental Health NHS Berkshire West) and Christine Dale (Locality Manager, Community Mental Health Team, Wokingham Borough Council) to provide information relating to Mental Health and to answer questions of the Task and Finish Group regarding taboos and myths about Mental Health.

- 1.5 The meeting was also used as an opportunity to learn about the spectrum of Mental Health issues, including associated illnesses. Furthermore, the objectives for the Task and Finish Group and the desired outcomes, were established.
- 1.6 The Task and Finish Group was initially made up of five Councillors from the Health Overview and Scrutiny Committee:
- Andrew Bradley
  - Kate Haines
  - Charlotte Haitham Taylor
  - Philip Houldsworth
  - Sam Rahmouni

However, due to work commitments Andrew Bradley was replaced by Annette Drake. Annette was unable to attend any Group meetings and later withdrew from the Group on 20 December 2011.

Administrative support was provided to the Group by Charles Yankiah, Senior Democratic Services Officer.

- 1.7 The Group held 12 main meetings, including a group workshop, to gather information from organisations, agencies and individuals, including service users, who could assist to fulfil its terms of reference and objectives. 3 other meetings were held to “fact find”, to draw conclusions and collate draft recommendations at the very end. Meetings were held on:
- 31 August 2011
  - 12 October 2011
  - 01 December 2011
  - 15 December 2011
  - 19 December 2011
  - 09 January 2012
  - 17 January 2012
  - 02 February 2012
  - 13 February 2012
  - 21 February 2012
  - 27 February 2012
  - 29 February 2012
  - 08 March 2012
  - 12 March 2012
  - 13 March 2012

The witnesses who attended the meetings are listed in **Appendix B**.

- 1.8 It should be noted that the Task and Finish Group conducted its review during a period of change and transformation, both internally and structurally, with these changes affecting Wokingham Borough Council,

other partner agencies, and certain external agencies that contributed toward this review.

## 2. BACKGROUND

- 2.1 The Task and Finish Group focused primarily on psychiatric and psychological Mental Health.
- 2.2 There are approximately 50,000 people in the Berkshire area who already exist between levels 2 (Primary Care Mental Health Services; Talking Therapies Medication) and 3 (Moderate Mild Mental Health Problems Requiring a Mental Health Professional **(see diagram in Appendix A)**).
- 2.3 Of the 50,000 people, between 8,000 and 10,000 people reside in the Wokingham Borough.
- 2.4 Initially when the Task and Finish Group first met to “fact find” it was reported that the younger age group would be the easier to engage with as the older generation would not necessarily wish to be identified with Mental Health issues.
- 2.5 However, as the review continued it was discovered that the actuality was the total opposite – it was harder to engage with the younger generation as was evidenced by the lack of attendance from that age group at the Mental Health Workshop held on 13 February 2012 to gain user’s perspectives on the Mental Health service provision within the Borough. The older generation were quite happy to come forward and provide information.
- 2.6 Improving mental well-being is relevant in one way or another to everyone living or working in the Borough. Many of us suffer from some form of mental distress or else know someone who does – a family member, a colleague or someone in the neighbourhood. This suffering poses heavy costs on the community, both in terms of human misery and the burden of care and treatment.
- 2.7 Mental Health problems can develop from difficult life events, such as moving house, losing one’s job or the death of someone special. Prolonged heavy drinking or using illegal drugs can contribute to mental health problems, particularly in people who are already vulnerable.
- 2.8 Mental Health conditions can affect anyone, regardless of age, race, gender or social background. They can take many different forms and affect people in different ways. Mental Health conditions have been historically known to be more common in certain groups, for example, people with poor living conditions, those from ethnic minority groups, disabled people, homeless people and offenders. But recently, given the current economic climate and numerous health surveys conducted, there are a growing number of elderly, unemployed and young people who suffer from mental health issues. Women are more likely than men to have anxiety disorders and depression. Men are more likely to have drug and alcohol addictions and are also more likely to commit suicide.

- 2.9 Good mental health enhances the quality of life for individuals and the whole community, giving opportunities for achieving greater fulfillment. It is also beneficial to maximise the contributions that people can make through their integration within the community by reducing the harmful discrimination arising from adverse attitudes to Mental Health problems.
- 2.10 Mental Health has been described as how we think, feel and behave. Without care and treatment, Mental Health problems can have a serious effect on the individual and those around them.
- 2.11 Every year more than 250,000 people are admitted to psychiatric hospitals and over 4,000 people commit suicide – more than the annual number dying on Britain’s roads. One in four people in the UK have a Mental Health problem at some point in their lives that affects their daily life, relationships or physical health.
- 2.12 There are many treatment options, including medication, counselling, psychotherapy, complementary therapies, holistic therapies and self help strategies. It is important that people with mental illnesses are told about the options available so they can make a decision about what treatment suits them best.
- 2.13 There are also many support groups and charities that offer advice, confidential counselling and information about the types of treatment available and where to get help. **(Appendix C – list of organisations that were interviewed by the Mental Health Task and Finish Group).**

### **3. EXECUTIVE SUMMARY**

- 3.1 The Task and Finish Group was pleased to acknowledge that Officers, partners and key agencies were already addressing many of the issues raised in the review as a result of changes in the NHS and local procedures and practices.
- 3.2 The services for Mental Health provisions have been strengthened over the last 8 months, including the introduction of the Common Point of Entry/Single Point of Entry (CPE). The Common Point of Entry can refer people to urgent care services if appropriate, refer the individual to for further assessment and support if required. The CPE can offer advice and/or signpost people to other services or support groups should they not be eligible for secondary mental health service. Individuals can contact Common Point of Entry directly or be referred by their GP.
- 3.3 It may be too soon to gauge and measure the changes and proposed improvements until they are fully embedded, but the Group recognises the commitment of all involved to deliver the best possible service.
- 3.4 There are some areas where we think further improvement is possible, mainly centred on improved partnership arrangements with a co-ordinated approach to advertising and publicity, the development of a more flexible information sharing policy among the key stakeholders and reduced duplication of services.
- 3.5 There are numerous sources of help available to those in need, many services of which address the same issues. However, in some instances assistance is required to select the most appropriate treatment. This might be quite difficult for people already suffering from anxiety disorders, for example. For this reason the Task and Finish Group were of the opinion that contact with service providers is best done through the Common Point of Entry route.

## 4. INFORMATION GATHERING

### October 2011

- 4.1 At the meeting on 12 October 2011, 4 witnesses attended; including a Youth and Community Worker, a Volunteer Youth Support Assistant (previous user of Mental Health services), a Teacher from a Borough Secondary School (works with Children with Mental Health issues) and an ARC Co-ordinator (Counselling sessions to Young People).
- 4.2 Information was provided that revealed that funding had been cut to organisations such as ARC which resulted in less counselling sessions being available in general and in schools as well, with some schools having a long waiting list. It was also discovered that there is more demand for these sessions as families are facing tougher times through the current economic climate and through family breakdowns as a result of unemployment and redundancies.
- 4.3 There are also significant challenges with Child and Adolescent Mental Health Services (CAMHS) e.g. long waiting times of up to 6 weeks in one instance.
- 4.4 It was discovered that there are transitioning issues with going from CAMHS to Adult Services and this is not often smooth. The two services are totally different in their approach and one user reported staff at CAMHS had threatened that she would be referred to Adult Services if she did not improve (get better), this caused more problems with ill health.
- 4.5 The Task and Finish Group identified a lack of continuity of care once people were actually in the system. This caused further deterioration in health in some cases. One witness went 9 months in care without seeing her own assigned counsellor/key worker. Members felt that the services were very 9am-5pm orientated which if you were in need, was no good.
- 4.6 There seemed to be a lot of silo working, information not being shared, lack of communication, lack of joined up working. The Task and Finish Group recognised that there were some issues relating to data protection. However, they felt that in some cases there would be more benefits from sharing information and data which could lead to better Safeguarding for example.
- 4.7 The introduction of Trading Services has also caused problems for how Schools and the Youth Services work together. Schools can now not afford so many hours of Counselling, the procedures and protocols have made it harder to keep the personalised service.
- 4.8 There were some excellent people working in these services, however their hands have been tied by lack of funding and new protocols. Also,

there were serious problems with inconsistency and continuity for service users.

### **December 2011**

- 4.9 The Task and Finish Group had three meetings during December 2011 and interviewed a very wide ranging group of people representing many areas of the Mental Health services including:
- Children's and Adolescent's Mental Health Services (CAMHS)
  - Wokingham Borough Council's Safeguarding and Adult Social Care
  - Wokingham's Community Mental Health Manager
  - Wokingham Borough Council's Youth Services
  - Commissioning Manager for Adult Mental Health. Learning Disability and Substance Misuse, NHS Berkshire West
  - Wokingham's Locality Director, Berkshire Healthcare Foundation Trust
  - SHaRON Project– a web forum for people with Eating Disorders
  - The Samaritans
  - Talking Therapies
  - Bracknell and Wokingham College Student Services
  - Rethink
  - GP Consortia
  - Wokingham Counselling Services – Independent Counsellor
- 4.10 The Task and Finish Group have discussed and looked at many issues including resources, transitioning from CAMHS to Adult services, waiting lists, statistics, demographics, information sharing between services, ICT, and continuity in care.
- 4.11 Members felt that the Common Point of Entry (CPE) which was launched in November 2011 seems to have already made some significant improvements in access to services and reducing the time from referral to treatment in services such as CAMHS.
- 4.12 Wokingham is an area that is very poorly funded for Mental Health provision and there are some areas where provision is being stretched to full capacity. Difficult commissioning decisions are being made about what are the key priorities. This is not only true of the NHS but also the case for provisions such as the Youth Services at Wokingham Borough Council.
- 4.13 Members received information on new initiatives introduced into the area such as Talking Therapies. Talking Therapies dealt primarily with anxiety, phobias, moderate eating disorders, post traumatic stress disorders (one off referrals e.g. a young person involved in an accident). They did not deal with long term drug use, multiple incidences or complex illnesses. The Talking Therapists operated at Step 2 and Step 3 levels. Step 2 dealt with basic interventions for those 16 year olds and over who were not in education and Step 3

dealt with moderate to severe interventions for those 16 year olds and over who were not in education. This service had been extremely successful, which has unfortunately led to longer waiting times. Self referrals and GP referrals totalled 2,476 with only 1,894 opting for treatment. This service had filled a gap in provision for some of the earlier preventative work.

- 4.14 The Task and Finish Group heard how voluntary groups, such as The Samaritans were taking over 5 million calls nationally per year. They also supported the NHS services as they take statutory referrals as well as third party and self referrals.
- 4.15 There was an overwhelming feeling from some witnesses and representatives that it was difficult to communicate and build relationships with GP Practices. This included getting information out to patients via surgeries, keeping GP's informed of new services, and keeping GP's informed on the best practices for referrals.

### **February 2012**

- 4.16 With 7 meetings being held between January and February the Task and Finish Group continued to source information and clarify processes and procedures. It also began to start collating the information that was required for the draft final report as well as assessing if there were any gaps with information and evidence already received.
- 4.17 The Task and Finish Group hosted a successful Workshop event on 13<sup>th</sup> February 2012 which was aimed at attempting to gain an up to date users' perspective of Mental Health Service Provision within the Borough.
- 4.18 The event was advertised using a number of mediums to ensure that as many people as possible were aware of it. These included –
- **Advertising** – in the libraries, GP Surgeries and other public access points;
  - **Posters** – colourful posters were produced and distributed to Councillors, Libraries, Town and Parish Councils, Wokingham LINK and other partner agencies;
  - **Emails** – an email shot was sent from Wokingham LINK to over 300 individuals on their mailing list
  - **Social Network** – with the assistance of the Internal Council's Communications Teams the event was also advertised on Facebook, Twitter and the Borough Council's website
  - **Newspapers** – An editorial appeared in the Wokingham Times regarding the workshop on 1<sup>st</sup> February 2012
  - **Radio** – the event was also advertised on BBC Radio Berkshire
- 4.19 The Chair, Charlotte Haitham Taylor also conducted a Radio interview with BBC Radio Berkshire in relation to the Workshop and was able to

answer questions about the event and its purpose and publicise it at the same time.

- 4.20 The Workshop was facilitated by a representative of Samaritans and by members of the Task and Finish Group. It was well attended by councillors, members of the public and mental health providers who were given an opportunity to either exhibit at the workshop or be there to offer support and information to users about their services.
- 4.21 The data and information received from the workshop was compiled into a data analysis report that examined the age groups, the responses, the comments and the overall feedback. Members concluded that it had been a very beneficial exercise with numerous positives regarding the engagement process.

### **March 2012**

- 4.22 During March the Panel held three meetings to conclude the report and finalise the recommendations and to consider any other evidence the Task and Finish Group felt would assist in its findings.
- 4.23 The Panel also interviewed Paul Cassidy, a co-ordinator from ARC, which offered a free and confidential counselling service. Paul provided valuable evidence and information relating to ARC and the services provided and the funding issues that ARC were currently facing.
- 4.24 At one of the Panel's final meetings it met with and heard evidence from the Head of Customer Services and Administration, the Website Manager and the Business Systems Officer at Wokingham Borough Council. This meeting proved to be vital as it clarified a few misconceptions regarding the website and being able to access certain information electronically as well as certain protocols that already existed across the Borough among organisations.

## 5. RECOMMENDATIONS

### Wokingham Borough Council

- 5.1 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.

**Reason:** From feedback received from service users at the Mental Health workshop held on 13 February 2012, the Task and Finish Group established that whilst there was a lot of information regarding Mental Health services available it was not always easily accessible or entirely up-to-date. Also whilst the current WBC Mental Health handbook contained a lot of pertinent information which should not be lost, parts were out of date. Some service users had also indicated that they liked to be able to pick up information at everyday places such as libraries and that some GP surgeries displayed little or no information relating to Mental Health services. The Task and Finish Group were of the opinion that Mental Health information should be easily accessible and up-to-date to facilitate the process for service users.

- 5.2 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.

**Reason:** Mental Health service information is available via many different routes. It would be helpful for this information to be pulled together into one place. Increased accessibility of information would enable service users to make a more informed choice regarding their own care. The Task and Finish Group felt that better use could be made of Wokingham Direct, the Berkshire Healthcare Trust and other providers in the provision of information.

- 5.3 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

Parish Offices, Schools, Post Offices, GP's Surgeries, convenience stores, and the local media to promote the workshop/event.

**Reason:** The Task and Finish Group received a positive response from those service users and providers who had attended the Mental Health workshop on 13 February 2012. Members felt that an annual workshop on Mental Health services would be an effective means of improving partnership working between the Council and the various providers, both statutory and voluntary. In addition, it would help current and new service users identify services available to them.

#### 5.4

- a) 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.
- b) That the transitional 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).
- 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.

**Reason:** Currently there was a system in place only for those with severe and enduring needs and one which only started for those aged 16 years old. However, the Task and Finish Group would strongly recommend that consideration be given to undertaking more preventative work and working more intensively with the 14-25 year olds. It was vital that there was a smooth transition for those moving from Children's Social Care to Adult Social Care so as to prevent more young people's Mental Health and Wellbeing declining further and subsequently requiring more specialised and expensive treatments later.

- 5.5 That the Council gives consideration to a future joint premises approach with the Rethink organisation.

**Reason:** The Task and Finish Group felt that Re-think Mental Illness provided a vital support network for local residents with mental illness by improving their social integration and self esteem and helping them to build and improve their life skills. The Task and Finish Group understands that it is inevitable that Rethink would have to be re-located, due to the station-link road project. This would result in them having to move premises and they would potentially lose current customers and their drop-in facility. The organisation's current accommodation included

facilities such as a kitchen and a large communal sitting room in addition to a counselling room and office. Members were concerned that such facilities may not be available in the new accommodation and this would therefore potentially be less welcoming to users who value and regularly use these facilities.

### **General Practitioners**

- 5.6 That GPs consider promoting and utilising the public areas of their practices (such as waiting rooms) to promote up-to-date literature on both statutory and voluntary Mental Health services that are available to their patients. It is advised that the information that would be advertised should be worded and formatted in such a way as to ask questions and direct the patient to ask questions of their GPs. The Common Point of Entry details including phone number should be provided.

**Reason:** Through their information gathering the Task and Finish Group established the amount of information provided by GPs regarding Mental Health services within surgeries, varied, with some providing little to no information. Whilst Members noted that the Common Point of Entry was a fairly new initiative, they were concerned that many people were not aware of it. The Task and Finish Group were of the opinion that this service could be better promoted.

- 5.7 That GPs ensure that their Practice Managers/or a designated member of staff is responsible for keeping up-to-date with the Mental Health providers and services (including the voluntary sector, private providers, and other organisations) within the area that are available for their patients to access. This information should be shared regularly with all of the GPs in the practice and the practice ICT systems be kept up-to-date to reflect any changes.

**Reason:** To ensure that patients were made aware of the full range of services potentially available to them. Through their information gathering the Task and Finish Groups established that some GPs may not be completely aware of the entire range of services and organisations that they could refer their patients to. Members also established that surgeries kept details of Mental Health services on their ICT systems. It was therefore vital that these ICT systems were kept up-to-date so that the GPs were kept fully informed of what services they could recommend to patients.

- 5.8 GPs should refer patients to the Common Point of Entry Team where appropriate.

**Reason:** Where appropriate, to facilitate the accessing of Mental Health services in a co-ordinated way. This is particularly relevant for GPs and practices where there is not an in depth knowledge of local Mental Health service and provision. The Common Point of Entry offers these patients co-ordinated and supported access to specialised Mental Health services.

- 5.9 That an annual conference/training event be held for GPs in collaboration with both the statutory and voluntary services within the Borough in order that GPs are fully aware of the services provided locally as they are more often than not the first port of call for people seeking help and referral with Mental Health illnesses.

**Reason:** To raise awareness amongst GPs of the full range of services potentially available to those with Mental Health issues within the Borough.

### **Common Point of Entry**

- 5.10 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.

**Reason:** The Task and Finish Group established through its information gathering that not all private practitioners were available through the Common Point of Entry. However, there were a number of people waiting to access services through the statutory routes, some of whom might be willing to pay for private services in order to reduce the time they had to wait for services, but were unsure how to access these private practitioners. Members felt that the Common Point of Entry holding an up-to-date list of all approved practitioners, including private ones would potentially help to reduce waiting times and also improve the choice available to service users.

- 5.11 That the Common Point of Entry be advertised more widely with a more co-ordinated approach taken and consistent language used.

**Reason:** To ensure that the literature used to advertise the Common Point of Entry service was consistent in the information that it provided and was easy for all users to understand.

### **Talking Therapies**

- 5.12 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.

**Reason:** To ensure that this service be available to all 16 year olds and over.

### **Schools**

- 5.13 All Secondary Schools be recommended to offer free counselling services to their pupils and those who already are, are recommended to re-examine their provision to ascertain whether it is sufficient for the needs of their pupils.

**Reason:** All Secondary Schools within the borough had bought into between five and ten sessions of counselling per year. The Task and Finish Group felt that all Secondary Schools should consider whether their provision was sufficient to meet the needs of their pupils, particularly in those schools where there were waiting lists for these services. It was appreciated that resources were also a factor.

- 5.14 That Secondary Schools in the Borough be encouraged to invite appropriate organisations and agencies e.g. Samaritans, to assist them in raising awareness about services and provisions that may be available. Workshops/events for students on the subject of learning to improve listening skills amongst peers and within the family setting may be of assistance.

**Reason:** Schools should play a key role in educating students about mental health and wellbeing and dispelling the myths and taboos surrounding this area of health.

- 5.15 That consideration be given to reviewing the current level of funding to ARC, with a view to looking at all of their services and provisions that they currently provide.

**Reason:** From discussion with a representative from ARC it was noted that they currently have access to over 65 Counsellors both paid and voluntary, that they were already present in each Secondary School within the Borough and in 7 of the Primary Schools. ARC were keen to improve and increase their service provision to the wider community as there is currently very high demand for their services.

### **CAMHS**

- 5.16 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.

**Reason:** Through their information gathering the Task and Finish Group identified long waiting times, in one case up to 6 weeks for an initial assessment, which Members felt to be unacceptable. Whilst Members appreciated that resources were an issue they felt that further consideration should be given to the management of waiting times in order to meet the needs of service users and also to address potential safeguarding issues that delays in accessing services may cause.

## **FURTHER RECOMMENDATIONS FOR ALL AGENCIES**

### **Waiting Times and Referrals**

- 5.17 That service providers be recommended to consider reviewing how they managed wait times so as to better meet the needs of service users.

**Reason:** The Task and Finish Group identified that there were many areas, particularly within the statutory sector, where waiting times were longer than would be desired. Whilst this was fundamentally a resource issue, Members felt that service providers should look to manage this appropriately in order to meet the needs of service users.

### **Care Co-ordinators**

5.18)

- a) need to demonstrate that they are able to monitor and manage workloads and be fully equipped with the appropriate skills;
- b) need to be knowledgeable in all aspects of Mental Health provisions and available services;
- c) need to be able to direct users through to holistic methods where appropriate;
- d) need to be able to provide feedback, monitor progress and provide updates; and
- e) for the period of time from when a patient is initially assessed, to when they start treatment, there needs to be a named and designated care co-ordinator assigned to every patient to offer continued support (via email/telephone), in order to ensure that the patient does not require treatment sooner than was initially proposed.

**Reason:** From the feedback received from service users at the Mental Health workshop, Members identified that a lack of continuity in care could be issue for those once in the system. People sometimes felt they were being passed between services or one professional to another and found it difficult to gain access to the same person each appointment.

### **Information Sharing Protocols**

5.19 There is a need to further improve information sharing policies amongst the statutory, voluntary and private sectors including the Police, Youth Workers, private counsellors, Community Support Workers.

**Reason:** The Task and Finish Group agreed that information sharing between sectors where appropriate was fundamental. Members acknowledged the potential restrictions of Freedom of Information and Data Protection but believed that formalised information sharing protocols were a vital means of improving the experiences of Mental Health service users.

5.20 That the Council and its partners examine other safeguarding and sharing protocol models used across other authorities e.g. Liverpool (Community Safety) for examples of good practice.

**Reason:** To consider examples of good practice.

- 5.21 That the Shadow Health and Wellbeing Board are recommended to set up a task and finish group, with partners and statutory sectors to examine whether patients with Mental Health issues are adequately safeguarded and appraise what protocols are in place to ensure that information sharing between partners is satisfactory.

**Reason:** To ensure that the safeguarding of those with Mental Health issues is being adequately addressed and that adequate protocols are in place.

## **6. CONCLUSION**

- 6.1 The Task and Finish Group acknowledged that there were many different routes that people could enter the Mental Health services and many different services available to those with Mental Health issues. Members were of the opinion that there were a lot of good and valuable services available, both in the voluntary and statutory sector. However, they felt that these services were not always easily accessible and that first time users did not always know where to start. The Task and Finish Group agreed that whilst the Common Point of Entry was a good initiative, it needed to be better publicised within the community to assist first time users looking to access facilities. It was important that information on the available services were up-to-date and that GPs were kept informed of all services which could be offered to patients to help facilitate the process for service users. In addition the Task and Finish Group concluded that partnership working between the Council and the various statutory and voluntary providers could be further improved and that it was important that organisations were aware of what each other offered so as to better facilitate the experience for the service user.
- 6.2 The Task and Finish Group felt that it was integral that a transitional pathway should start from the age of 14+ to ensure that there are no gaps when young people moved between Children's and Adult Social Care. Members were concerned that should the transition between the two services not be smooth, young people would become at risk of further deterioration. The Task and Finish Group identified that free counselling was offered to some degree in the Borough's secondary schools and that Talking Therapies offered services to those over 16 and 16 year olds who were unemployed or excluded from education. Members believed that it was important that services were offered to all young people.
- 6.3 Members believed that the waiting times for services, particularly between the time of initial assessment and treatment were longer than desired and felt that this should be addressed. Nevertheless, the Task and Finish Group identified that there were potential resourcing issues within the various sectors. Members also felt that a lack of continuity of care, for those once in the system, was an issue for some, which needed to be addressed to avoid the further deterioration in the mental health of those involved. The Task and Finish Group noted that mental health issues did not just occur 9am-5pm and felt that that the re-examination of out of hours provision by service providers, would be helpful.

**MENTAL HEALTH TASK AND FINISH GROUP**

**TERMS OF REFERENCE**

To review –

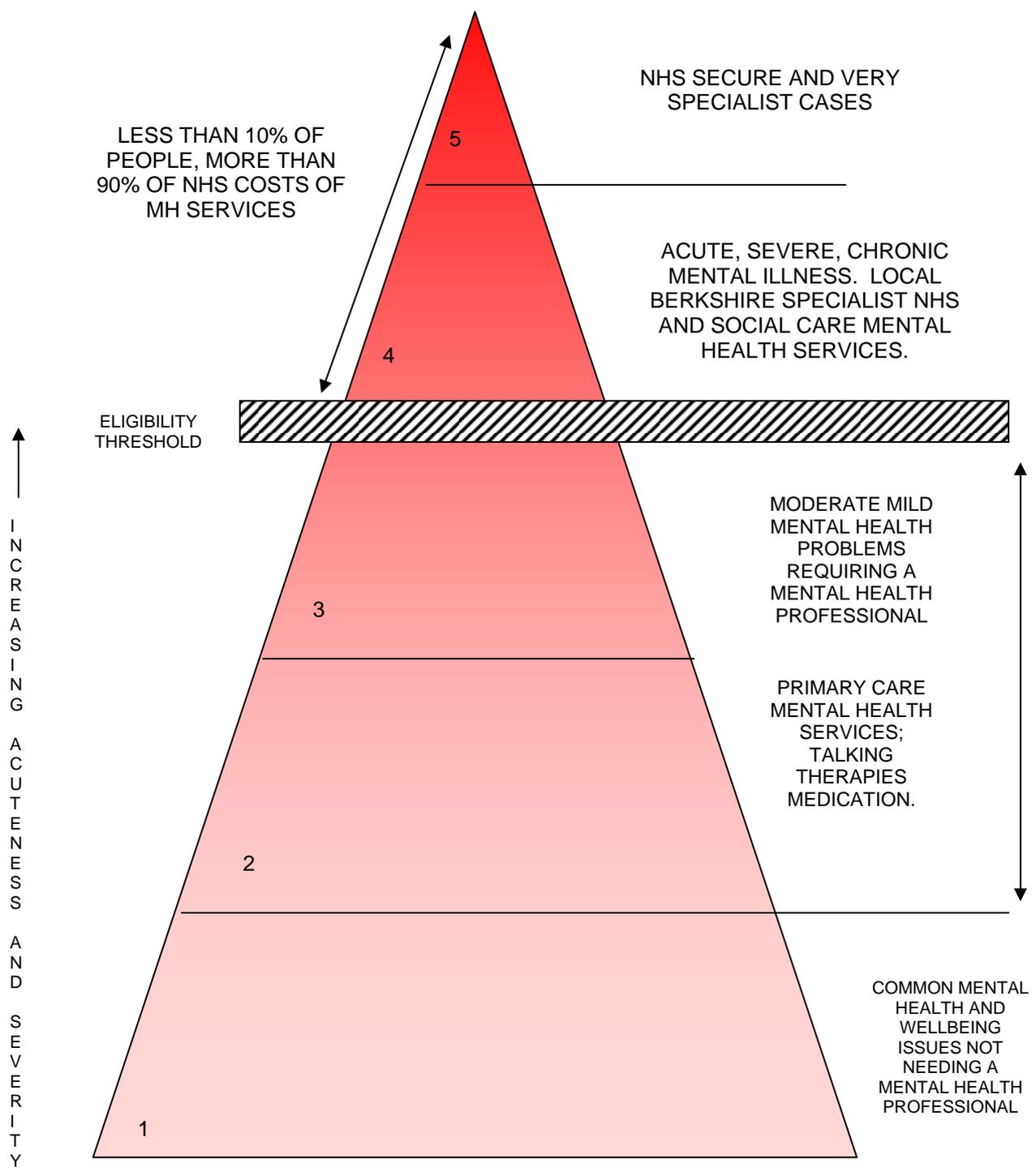
1. the Mental Health provision for 16 + year olds with common to moderate mental health and wellbeing needs within the Wokingham Borough; and
2. how easy it is for individuals to access the service for the first time in the Wokingham Borough.

**OBJECTIVES**

- To understand and be made aware of the Mental Health provisions for first time users who are 16 year old + age group with common to moderate mental health and wellbeing needs and to understand from their point of view how easy/difficult accessing or obtaining information when in need can be.
- To raise awareness and signpost those potential first time users to useful information and support.
- To create a portal for the 16years + age group whereby they can obtain the support and guidance necessary.
- To provide a means of intervention to prevent 16year olds+ with common to moderate mental health and wellbeing needs transitioning through to acute and more severe and chronic mental health illnesses.

**SCOPE OF WORK**

- Understanding the terminology in relation to Mental Health and the services and provisions available.
- Understanding the various tiers associated with Mental Health.
- How are potential first time users identified and then signposted for support and guidance.
- Are the services easy to access – for first time users
- Identifying what gaps may exist in service provision



**DIAGRAM OF MENTAL ILLNESS SERVICES AND NEED – NHS BERKSHIRE WEST**  
**31.08.2011**  
 THIS ILLUSTRATION IS TO HELP STRUCTURE DISCUSSION, RATHER THAN BEING A STRICTLY PROPORTIONALLY ACCURATE DIAGRAM.

**APPENDIX B****WITNESESS AND SCHEDULE ATTENDANCE**

<b>DATE OF MEETING</b>	<b>INVITED WITNESSES</b>
<b>31 August</b>	Nick Buchanan - Commissioning Manager for Adult Mental Health, Learning Disability and Substance Misuse, NHS Berkshire West Christine Dale - Head of Mental Health, Wokingham Mental Health Services
<b>12 October</b>	Due to the nature of the evidence being given this meeting was private and confidential and the attendees requested to remain anonymous - Youth Worker Volunteer Youth Assistant Teacher Counsellor
<b>01 December</b>	Susan Scupham – Wokingham Team Manager, Talking Therapies, Berkshire Healthcare Trust
<b>15 December</b>	Rebecca Senel – Bracknell and Wokingham College, Student Services Roland Mason – Rethink Stephen Madgewick – GP Consortia Simon Thomson – Sharon Project rep
<b>19 December</b>	Tracey Phillips – Wokingham Counselling Services – Samaritans – Iona - Director (volunteer)
<b>09 January 2012</b>	Judith Ramsden – Head of Safeguarding and Social Care Nigel Shaw – Head of Youth Service Barbara Jenkins – Community Mental Health Team Manager Julian Bushell – Social Inclusion Lauren Watts – Children in Care Rashida Baig – Social Work
<b>17 January 2012</b>	Nick Buchanan Clare Bright – Head of CAMHS at Berkshire Healthcare David Cahill Christine Dale Ian Mundy

<b>13 February 2012</b>	<b>Public User Forum – Workshop</b>
<b>21 February 2012</b>	Les Eke, Schools and Community Partnership Officer, (Wokingham Local Police Area/Loddon Valley Police Station)  Stuart Rowbotham, Strategic Director Commissioning
<b>27 February 2012</b>	Analysis of information received from Mental Health Workshop
<b>29 February 2012</b>	Discussion of possible recommendations
<b>08 March 2012</b>	Discussion of possible recommendations
<b>12 March 2012</b>	Paul Cassidy, Co-ordinator, ARC
<b>13 March 2012</b>	Sarah Barrow, Head of Customer Services and Administration, WBC Nick Spencer, Website Manager, WBC Glynn Davies, Business Systems Officer, WBC

**SUPPORTING ORGANISATIONS**

**Wokingham Borough Council**

**Berkshire Healthcare Trust**

**Samaritans**

**ARC**

**Rethink**

**GP Consortia**

**NHS Berkshire West**

**Berkshire Adolescent Unit**

**Child and Adolescent Mental Health Services**

**Wokingham Counselling Services**

**SHaRON Project**

**Thames Valley Police**

**Talking Therapies**

**Bracknell and Wokingham College**