

INTERIM REPORT - MENTAL HEALTH PROVISION (ACCESS AND CRISIS)

1. INTRODUCTION

- 1.1 The demand on mental health services and support has notably risen and while growing pressure was present prior to Covid-19, the pandemic appears to have heightened the overall complexity of need. There is a requirement to ensure residents in need of help are able to gain access to timely support and that collective efforts aim to mitigate the associated risks for individuals reaching crisis point.
- 1.2 The Council and Clinical Commissioning Group have key roles in supporting mental health across all ages. This includes promoting and maintaining good mental health, prevention work as well as statutory roles and responsibilities. Many local areas are maximising their opportunities by working innovatively with health and community partners, to promote good mental health and wellbeing.
- 1.3 With a variety of commissioning mechanisms in place to deliver a strong local offer across Public Health, the NHS and the voluntary and community sector (VCS), as a joined approach this can allow for vital contributions to be made. This happens through:
- System-wide leadership
 - Public health responsibilities to promote mental wellbeing and prevent poor mental health throughout the life course
 - Statutory duties and powers related to mental health for children, young people and adults
 - Commissioning of voluntary and community services that support good mental health
 - Provision of wider services that support wellbeing
- 1.4 Despite national efforts to make mental health a priority with an increased proportion of the NHS budget spent on services, the system remains fragile with ongoing challenges of demand, capacity and resourcing. The 2021 Health and Care Bill intends to enable local health and care leaders to pursue new and innovative ways of delivering services for residents and communities working as Integrated Care Systems (ICSs). It will be important to ensure that mental health has appropriate priority within the new arrangements.

2. SUMMARY

- 2.1 This report summarises interim activity undertaken by the Integrated Care and Wellbeing Scrutiny Panel. As part of the process to date, Scrutiny has:
- Met with Councillor Eleanor Wills, Executive Member, Adult Social Care and Health; Jessica Williams, Director of Commissioning; Lynzi Shepherd, Head of Mental Health and Learning Disabilities; and Emma Richardson, Pennine Care, to receive an update regarding the accessibility of local mental health services and responding to impacts of Covid-19 with regard to demand pressures and ongoing support for residents.
 - A working group of the Scrutiny Panel met with Lynzi Shepherd, Head of Mental Health and Learning Disabilities to receive additional detail on the transformation plan for access and crisis.
- 2.2 The report puts forward a number of recommendations to the Executive.

3. ACCESS AND CRISIS

Responding to the pandemic

- 3.1 The full impact of the pandemic on mental health for all ages is yet to be fully realised, with areas already experiencing a significant increase in demand on services. Added pressure is likely to come from an increase in referrals due to a delayed demand arising from restrictions and limited access to services over a prolonged period. The pandemic has placed added

strains on individuals and families due to factors such as job losses, financial insecurity, personal health, stress, anxiety and bereavement.

- 3.2 The Government published a Mental Health Recovery Action Plan (2021) in response to the mental health impact associated with the pandemic. This includes an expansion of Improving Access to Psychological Therapies (IAPT) and extra funding for the most deprived areas to pay for prevention work, including debt advice, youth projects and support to tackle loneliness and isolation.
- 3.3 Mental health problems are frequently associated with a range of other factors including poverty, poor housing, homelessness, disability and long-term illness and experience of violence or abuse. People of all ages and backgrounds can have mental health difficulties at any point in their lives.
- 3.4 The Council, NHS and VCS should work closely with partners such as housing, education and employers to improve the social determinants of poor mental health, creating a place-based approach to mental wellbeing. Studies have shown that the following functions have a role in promoting good mental health:
- Workplaces that support mental wellbeing – many councils have initiatives, such as awards, that encourage this
 - Schools, colleges and universities ensuring they are mentally healthy spaces, running programmes and direct interventions and providing training to promote mental good health
 - Asset-based approaches to community development – reducing isolation and identifying mental health problems early
 - Parks and the natural environment – exercise and green and blue spaces are associated with mental wellbeing
 - Sports, culture and leisure services such as swimming pools and libraries – opportunities for exercise and social contacts
 - Good standards of housing and support for those at risk of housing insecurity
 - Planning the built environment
 - Supporting the financial resilience and wellbeing of communities
 - Bereavement support
- 3.5 A number of councils have appointed councillors as mental health champions to support better mental health and tackle stigma. Support for this has been through the Mental Health Challenge, a network where councillors that can share ideas, seek advice and receive support with the aim of enhancing the mental health of their local communities.
- 3.6 With limited funding available, it is vital that investment decisions are based on evidence, support innovation and improve outcomes by tackling mental health inequalities. Councils and their partners can target investment in a way that best meets local needs and supports the shift to prevention. For example, dependent on data, some areas may focus on reducing suicide, some on tackling bullying in young people and some on men's mental health.

Local challenges and opportunities

- 3.7 Covid-19 has presented a range of additional pressures, with reduced capacity to monitor those with chronic serious mental illness. This has led to an increase in admissions and use of psychiatric intensive care units. Services have experienced a rise in presentations of trauma and there has been a delay in diagnosis for people presenting with cognitive impairment. Services have continued to work together and support a rapid move to digital provision that has helped to maintain a level of capacity and accessibility.
- 3.8 New funding has become available to support and transform services for people living with mental ill health, including a renewed focus to improve access, develop additional prevention support and specialist provision. There is however, ongoing and significant challenges of recruitment and retention across service providers.

- 3.9 The CCG has successfully increased spend on mental health services year-on-year. Themes set within a new transformation plan, wider neighbourhood offer, and prevention strategies aim to improve access and pathways to timely and appropriate support for residents.
- 3.10 The Tameside and Glossop Mental Health Transformation Plan 2021-23 aims to create a single strategy that focuses on the following themes:
- Population mental wellbeing
 - Supporting people to Stay Well – Live Well
 - Improving access and crisis
 - Improving care for those with highest needs
 - Co-production and provision that is safe, effective and high quality
 - Innovative use of resources and new investment
- 3.11 Positioned within and guided by a single strategy, the transformation work is to be underpinned by the growing need to improve access and crisis. This will be delivered by:
- Collaborative leadership, management and governance
 - Provision that is safe, effective and high quality
 - Lived experience and co-production
 - Innovative use of resources and co-production
- 3.12 Key priorities for service enhancement and development in the short and medium term are to:
- Improve experiences when in crisis
 - Provide better access to mental health services
 - Create a No Wrong Door approach to support across system-wide collaboration and accountability
 - Development of an effective and cohesive crisis pathway
 - Expanding the capacity within current services
 - Integration and system-wide support
 - Understanding the demand
- 3.13 The Council and CCG is working closely with Greater Manchester Health & Care Partnership to commission a wide range of mental health and learning disability services. There is a key focus to continue to build on our Living Life Well neighbourhood models to improve outcomes for patients and carers

4. INITIAL FINDINGS FOR FURTHER INVESTIGATION AND IMPROVEMENT

- 4.1 That the Council and partners monitor the effectiveness of existing platforms, local insight and intelligence to improve mental health awareness and that signposting is widely adopted across all customer-facing services. To focus on how well known such critical pathways and early access points are known within communities.
- 4.2 That improving and expanding access to mental health support will require a long-term and collaborative plan for the use of technology, digital and remote services. That options are explored to connect this with the Council's future digital offer and strategy for residents and customers.
- 4.3 That with a renewed focus on access and crisis, recent pressures associated with the pandemic may present a need to revisit existing strategies and priorities for areas such as suicide prevention.

4.4 That the Executive involve Scrutiny in development stages and any planned consultation as part of the transformation plan for local mental health services.