

**Health, Housing and Adult Services Scrutiny Panel  
Spotlight Policy Review 2012 – 2013**

**Accessing Mental Health Services in Sunderland**

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# 1 Foreword from the Scrutiny Lead Member for Health, Housing & Adult Services

It gives me great pleasure to be able to introduce the very first spotlight policy review carried out by the Health, Housing and Adult Services Scrutiny Panel around mental health pathways.



We often hear the phrase mental health, but what does that really mean to us? In truth, mental health is something that concerns everyone one of us and has a major influence on our lives. The importance of making the most of all life's chances be that with family, friends, in the workplace or community is in part down to mental wellbeing. It is the one of the key attributes to a fulfilling life.

Sunderland is well served by a number of organisations that provide services and support for people with varying degrees of mental health issues. In undertaking this review Members were able to see first hand the dedication and passion that many organisations and individuals have for mental health. It is important that there is a range of support options for people that are provided and delivered in a variety of ways to suit the individuality of need, which is further emphasised by the personalisation agenda.

The Government has also set out a vision for improved mental health and better support for individuals through the 2011 strategy, No health without mental health, which has gathered widespread support. The strategy focuses on the fundamental areas around mental health and comes with a commitment for substantial funding to expand the Improved Access to Psychological Therapies programme.

However, throughout the evidence gathering for this review the economic situation and welfare reform changes were recognised as influencing factors for both mental wellbeing and the delivery of mental health services in the future. The reductions in both public spending and other funding streams to organisations have added extra pressure to providers delivering support services across the city. The Council and its partners need to work together to ensure that these resources are used and supported by our communities and that those in need know where to go to get the support that can help them back to mental wellness.

Finally I would like to take the opportunity to thank my colleagues on the Health, Housing and adult services Scrutiny Panel for their support and involvement in this piece of work. It is through their commitment together with contributions from officers and key stakeholders that has helped to produce this report.

Councillor Christine Shattock, Scrutiny Lead Member for Health, Housing and Adult Services

## **2 Introduction**

- 2.1 The Scrutiny Conference provided a variety of scrutiny topics for potential review during the coming year. The Health, Housing and Adult Services Scrutiny Panel, commissioned by the Scrutiny Committee, agreed to undertake a spotlight review around mental health pathways.

## **3 Aim of the Review**

- 3.1 To understand and evaluate how people access and are signposted to mental health services and the impact of spending reductions on choice and availability of services.

## **4 Terms of Reference**

- 4.1 The title of the review was agreed as 'Accessing Mental Health Services in Sunderland' and its terms of reference were agreed as:
- (a) To understand what is meant by pathways to mental health;
  - (b) To gain perspectives of both service providers and users to the access and availability of mental health services;
  - (c) To evaluate the effect of the recent spending reductions on access, choice and availability of mental health services.

## **5 Membership of the Panel**

- 5.1 The membership of the Health, Housing and Adult Services Scrutiny Panel during the Municipal Year is outlined below:

Cllrs Christine Shattock (Scrutiny Lead Member for Health, Housing and Adult Services), Ellen Ball, Rosalind Copeland, Ronny Davison, Daryl Dixon, Alan Emerson, Jill Fletcher, Barbara McClennan, Lisa Smiles and Dorothy Trueman.

## **6 Methods of Investigation**

- 6.1 The approach to this work included a range of research methods namely:
- (a) Desktop Research;
  - (b) Use of secondary research e.g. surveys, questionnaires;
  - (c) Evidence presented by key stakeholders;
  - (d) Evidence from members of the public at meetings or focus groups; and,
  - (e) Site Visits.
- 6.2 Throughout the course of the review process the panel gathered evidence from a number of key witnesses including:
- (a) Neil Revely – Executive Director Health, Housing and Adult Services;
  - (b) Sharon Lowes – HHAS Lead Commissioner;
  - (c) Ann Dingwall - Strategic Commissioning Manager;
  - (d) Philip Foster – Head of Care and Support;
  - (e) Phil Hounsell - Service Development Manager;

- (f) Lynden Langman – Services for Older People Team Manager;
- (g) Hilary Cowburn - Assistant to the Deputy General Manager;
- (h) Kathy McKenna – Washington MIND;
- (i) Dorothy Gardiner – Sunderland MIND;
- (j) Tricia Doyle – Sunderland Headlight;
- (k) Christine Ritchie – Salvation Army;
- (l) Wendy Armstrong – Salvation Army;
- (m) Victoria Brown – Age UK;
- (n) Joanne Barraclough – Mental Health Matters;
- (o) Pauline Temple – Care and Support: Team Manager;
- (p) Julie Coxon – Residential Services Manager;
- (q) John Grabham – Fulwell Day Centre Manager;
- (r) Michelle Meldrum – Gentoo Living.

6.3 All statements in this report are made based on information received from more than one source, unless it is clarified in the text that it is an individual view. Opinions held by a small number of people may or may not be representative of others' views but are worthy of consideration nevertheless.

## 7 Findings of the Review

Findings relate to the main themes raised during the panel's investigations and evidence gathering.

### 7.1 National and Local Perspectives

- 7.1.1 It is estimated that approximately 450 million people worldwide have a mental health problem, with 1 in 4 families worldwide likely to have at least one member with a behavioural or mental disorder. The picture in the UK is very similar with one in four people in the UK suffering a mental health problem in the course of a year. Mixed anxiety & depression are identified as the most common mental disorders in Britain, with almost 9% of people meeting criteria for diagnosis. It is also worth noting that between 8-12% of the population experience depression in any given year<sup>1</sup>.
- 7.1.2 The cost of mental health problems to the economy in England have recently been estimated at £105 billion, and treatment costs are expected to double in the next 20 years. Mental health is high on the government's agenda, with a new strategy, 'No Health without Mental Health', published by the Department of Health in 2011. The strategy takes a cross government approach with a focus on outcomes for people with mental illness.
- 7.1.3 The Sunderland Community Mental Health Profile 2012 highlights that Sunderland is significantly worse than both the north east and national averages in terms of the wider determinants of health including working age adults who are unemployed. A similar situation exists in terms of the levels of mental health and illness, with Sunderland again being significantly worse than both the north east and national averages and in particular to the percentage of the population aged 18+ with depression. It is also worth noting at this point that the allocated average spend for mental health per head in Sunderland is not significantly different to both national and local levels.

### 7.2 The Policy Context

- 7.2.1 There have been a range of policies which have had significance to mental health and wellbeing. The 10 year National Service Framework for mental health<sup>2</sup>, which ended in 2009, identified mental health promotion as a key element. This was succeeded by New Horizons: Towards a shared vision for mental health<sup>3</sup> and formed actions based on improving the mental health of the population as well as improving the quality and access to services for people with poor mental health.
- 7.2.2 The Government's 2011 mental health strategy, No Health Without Mental Health, published in February 2011, received widespread support; setting out a vision for both improved mental health for all and better support for people with mental health problems. This strategy sets out six shared objectives to improve the mental health and well-being of the nation, and to improve outcomes for people with mental health problems through high quality services. It supports the Government's aim of achieving parity of esteem between physical and mental health. The interconnections between mental health, housing, employment and

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<sup>1</sup> The Office for National Statistics Psychiatric Morbidity report, 2001

<sup>2</sup> Department of Health National Service Framework for mental health. 1999

<sup>3</sup> Department of Health. New Horizons: A shared vision for mental health. 2009

the criminal justice system are also emphasised. **Appendix 1** provides an overview of the strategy.

- 7.2.3 According to the Kings Fund the strategy focuses on the right areas in relation to Mental Health. It captures issues of long-standing concern for people with mental health problems – such as the harmful effects of stigma – and also reflects the research evidence, for example, on the profound interconnectedness of mental and physical well-being.
- 7.2.4 The biggest commitment in the strategy, however, is the announcement of £400 million over four years to expand the Improved Access to Psychological Therapies programme to three new groups of people: children and young people; people with long-term conditions; and people with severe mental illnesses. However, there is considerable scepticism about the capacity of the proposed new health infrastructure and funding regime to deliver the strategy. In particular, the claim that £400 million is to be invested in psychological therapies has been questioned, as it appears that this money is already part of PCTs' budgets. Some doubt has been expressed, including by doctors' organisations, about the ability of GPs to commission for specialist mental health services. It will be important for local Health and Wellbeing Boards to monitor and ensure that the funding for increased IAPT services is used as intended.
- 7.2.5 The emphasis in the strategy on early intervention and early years support for young people with mental health problems, court diversion services and psychological therapies have also been broadly welcomed by mental health professionals and campaigning organisations.
- 7.2.6 The strategy is generally well regarded. It is widely agreed that it is important that there is a strategy, and the objectives are broadly supported. Knowledge of the strategy, however, varied with, for example, commissioners of services being less aware than providers. There is little evidence, as yet, that the strategy is being used systematically to guide local decision making; this is currently dominated by cost reduction, leading to reorganisation and cuts in service. In most areas priorities are not been driven by the strategy, among commissioners in particular. While there are examples of innovative thinking, in some areas the focus on cuts appears to be hindering work done to achieve the objectives set out in the strategy.
- 7.2.7 In determining the success of the strategy, much will depend on how well the NHS Commissioning Board, the Public Health Service and GP commissioning work and how responsive the latter are to the joint strategic needs assessments developed by health and wellbeing boards, to which the mental health strategy appears to assign a central role. Monitoring the strategy's effectiveness will depend on the ability of the new outcomes frameworks for health, public health and social care to capture improvements in mental health in sufficient detail.

### 7.3 What do we mean by Mental Health Pathways?

- 7.3.1 The Centre for Mental Health defines a pathway as, 'being the movement a patient makes from service to service on their way to eventual maximum mental health and social wellbeing'.<sup>4</sup> Based on national policy direction the city and its agencies are committed to support a range of people with mental health needs in daily living, often as part of recovery and rehabilitation pathways to improve their ability to live lives as independently as possible.
- 7.3.2 As part of the work undertaken by the Mental Health Strategy and Pathways Group, a diagrammatic representation of the 'Person Centred Pathway' has been developed. Figure 1 sets out the stages of the client journey from the point of early intervention and prevention to the formal process of reviewing and monitoring the needs of the individual against the outcomes that have been identified. A partnership way of working when supporting people with poor mental health is in place with statutory, private and Third Sector agencies and this is essential to success and is a strong theme of the evidence gathered.
- 7.3.1 In Sunderland a number of initiatives have been progressed that aim to develop and provide clear understandable pathways for people to ensure they can receive the most appropriate care and support at the most beneficial times. These initiatives include:

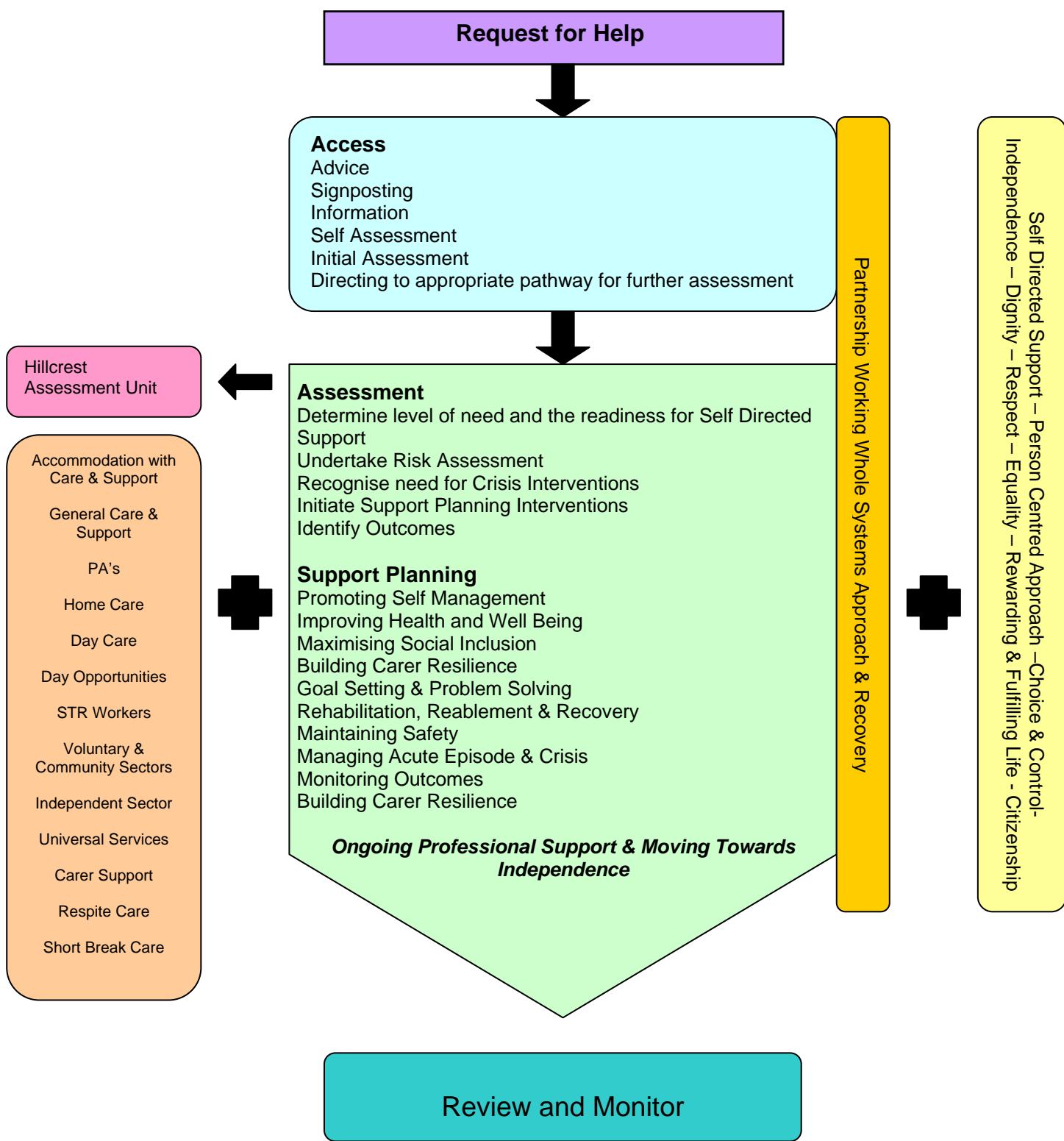
*Mental Health Model of Care Group* – this group brings together representatives from the NHS and Local Authority statutory bodies, GP's, independent providers and third sector organisations, professionals, individuals and their carers to re-design the delivery of mental health care across the South of Tyne and Wear area.

*Mental Health Strategy and Pathways Group* – was established within the Health, Housing and Adult Services Directorate to articulate the Mental Health Strategy in the context of personalised care and support. The group also looks at the customer journey both now and for the future and works with services users and the wider public of Sunderland in the development of the strategy and service model.

*New Horizons Partnership* – is a multi-agency mental health focused group, which is currently operated and chaired by the PCT, that looks to ensure the Emotional Health and Wellbeing Strategy & Action Plan is implemented in Sunderland.

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<sup>4</sup> Centre for Mental Health, 2011



**Figure 1:** Person Centred Pathway  
**Source:** Health, Housing and Adult Services

## 7.4 Choice and Availability of Support and Services



7.4.1 During the review Members recognised the importance of a partnership ethos across all sectors in supporting people through their journey. The council commissions a range of services, as well as signposting to provision available across Sunderland and also provides a number of in-house services and support. It was recognised that such services and resources play a crucial role in the pathway of individuals to mental wellbeing.

**Fieldwork & Assessment Teams**

7.4.2 The first point of contact can often be the most important and crucial to ensuring that a person receives the right support, advice or signposting at a very early stage. The Customer Service Network (CSN) is that first point of contact for many people who may be distressed or in crisis. CSN staff follow an authorised script which details a set of specific questions designed to assist with any decision for signposting to the third or private sector, offer advice or recommend referral to the mental health fieldwork and assessment team for further support. It was noted that the intervention timescales for someone being referred through the call centre was approximately 48 hours from contact to the call centre to allocation by a manager through to a social worker if required. A more urgent response would result in a shorter timescale.

7.4.3 CSN staff are also supported by a Senior Social Worker. Members were also informed that a social work duty system continues to be in place to deal with queries and support issues. Calls from the CSN team can be triaged to the Duty Social Worker who, through allocated timeslots, will respond to the caller and progress the issue that has been raised. It was noted that the current way of providing this initial response is under review as it has been identified that the customer journey could be improved by the Council streamlining the process, making better use of resources and ensuring people receive the right response in the most appropriate manner.

7.4.4 The structure of the mental health fieldwork and assessment teams is outlined in **Appendix 2** of this report. The team, with support from partners, work with people who have poor mental health through a rehabilitation and recovery model. This model represents a set of principles and a range of specific services. The principles of the team focus on the assessment of the needs of the person including a person’s social, spiritual and cultural environment to achieve the best possible clinical and social outcomes for that individual.

7.4.5 It is also interesting to identify and understand the numerous parties who seek advice or support from the Council in relation to mental health services. It can be seen from the data below that the principle contact source is a relative on both counts, interestingly the police are a strong presence too. It maybe that the police are called when there is no local family support network or the person has become distressed and their actions have raised concerns with the public. This highlighted to Members the importance of making people more aware of the signs of MH issues which supports the No Health Without Mental Health strategy around increasing the public understanding of MH issues.

Contacts for MH Clients		Contacts for MH Clients that progress to referral	
Contact Source Type	Total	Contact Source Type	Total
Relative	69	Relative	20

Police	54	Self	12
Not Recorded	48	Carer	10
Self	34	Health, Geriatric	9
Carer	30	Not Recorded	7
Other SSD Team	20	External Agency	6
Gentoo	19	Health, other	6

**Figure 2:** Source Contact Data for MH Enquiries 1<sup>st</sup> April 2012 – 17<sup>th</sup> July 2012  
**Source:** Health, Housing and Adult Services

7.4.6 The data above also illustrates the importance of a broad citywide agenda that ensures the council, key partners and stakeholders can provide advice, information and signposting that can lead to streamlined and improved access to MH services within the City. Members were also keen to see a multi-directorate approach to provide ‘triggers’ within the council’s own systems to enable access to further services. Members highlighted the potential to be able to identify the signs of isolation or MH issues in their own communities as part of their frontline councillor role.

### ***Day Care***

7.4.7 Day care, day opportunities and social activity groups for people with severe mental health needs are designed to provide opportunities to promote recovery in the community, including via access to cultural, social and leisure universal services, to prevent social isolation or exclusion.

7.4.8 As part of the review Members visited Fulwell Day Centre which provides access to activities and learning, with the focus on the inclusion of people with various disabilities within their local community. Members were informed that there had been a number of changes to mental health services over the past year including the integration of service users from centres in Bog Row and John Street into Fulwell, Washington and Grindon Centres respectively.

7.4.9 In terms of attendance across the three centres it was reported that there were approximately 60 to 62 people with mental health needs accessing centre services. Fulwell Centre staff work with those service users and the community to promote recovery and independence, as well as breaking down some of the barriers and stigmas associated with mental health issues.

7.4.10 It was highlighted that access to services at Fulwell Day Centre was by referral from a social worker following an initial assessment of their needs. With the varying complexity of need from people with mental health issues there are a range of interventions available from short course treatments to courses over longer periods. This variety in access to the centre very much depends on levels of need and the fluctuating nature of each individual’s illness.

7.4.11 It was acknowledged that there had been a decline in the number of referrals being made to the day centres. Research indicated that recent changes and options on offer, through the introduction of the personalisation agenda, could account for the decline with people opting for different resources available within the community. One emerging trend was seeing people seeking voluntary work or employment opportunities that were not offered in the current day service model. It was stressed that this current offer was being looked at and that services needed to fulfil service user demand and need. It was also highlighted that Fulwell Day Centre was costly and one of the harsh realities of personalisation and managing a budget was that

many individuals will look to maximise their financial resource through seeking out the cheapest or most cost effective options available.

- 7.4.12 Members enquired to current trends with the centres users and it was reported that users have increasingly complex needs that require more intensive one-to-one help and support. Other increasing trends include users who are suffering from drug psychosis and alcohol misuse. People suffering from milder mental health issues are being signposted to organisations such as Headlight and Mind.
- 7.4.13 The day centre model also promotes community engagement and this was evidenced on the panel's visit to Fulwell Day Centre. The centre's gym was used by both service users and the local community, along with the fitness room being used by various groups running classes such as Pilates and children's dance classes. This is all fits to the centres ethos to be part of the community and breakdown some of the barriers and stigmas associated with mental health issues. The centre looks to engage with the public and create a hub that does go some way to creating that feeling of community and belonging.
- 7.4.14 Social isolation can have a significant effect on people's physical and mental health and day centres can provide that social support that many mental health sufferers require. These services should be valued by health professionals with people be encouraged to try them, as they support the vulnerable and isolated often taking over the support role provided by hospitals. There is the danger that mental health day services will lose its service user base who will become, through personalisation, service commissioners operating in an unpredictable manner with perhaps no sense of commitment to the day centre model. The panel supported the evolving day centre model and stressed the importance of keeping services at Fulwell and Grindon. As already explored it will be important that day centres offer the types of support and service that users are looking for and it will be for centres and commissioners to stay current with the service demands and trends of its users.

#### ***Supported Accommodation & Social Landlords***

- 7.4.15 Hillcrest Assessment Service is based within the city centre and accommodates up to 7 individuals. Its aim is to assess people leaving long term hospital wards around their skills to maintain independent living within the community and to support those people to develop appropriate skills. Most cases involve people with serious mental illness rather than those with low level issues. Referrals are received from either the hospital or the community i.e. a primary service whereby a G.P would refer an individual to social services and a referral would come via a social worker. It would be the assessment that would highlight the requirement for supported accommodation.
- 7.4.16 Hillcrest provides a 24hr supported accommodation resource with an aim of looking at phased and planned programmes to move individuals into local communities and independent living. It was noted that staff were able to identify the triggers with residents to potential relapses or a decline in their mental health. Hillcrest provides a multi-disciplinary team around each individual due to the complex nature of need. It was important that people progressed in a timely manner, and the average stay was acknowledged as between 6 and 12 months.
- 7.4.17 Members were informed that it was often easy to find accommodation for residents, but the issue was more around the reasonableness of that housing offer. The importance of the environments that these potentially vulnerable people were put into needed to provide a feeling of safety and comfort. It was noted that there was a

strong commitment to ensuring that the residents of Hillcrest were enabled to live independently with their own tenancy in the local community. The importance of mental health awareness training was also highlighted and how this can help to create community capacity as well as breaking down barriers around stigma.

- 7.4.18 Members also visited Bodmin Square one of 3 'Core and Cluster' schemes across the city (others being located at Rennie Road and Torquay Road respectively). These are 24 hour staff based schemes supporting individuals within the core house and within properties within the local area (cluster properties). Bodmin Square has 10 apartments, of which 1 is the staff office/accommodation. Everyone living in Bodmin Square has a support plan and unlike Hillcrest there are no timescales and individuals can live here as long as they desire.
- 7.4.19 The aim of facilities like Bodmin Square is to provide independence and allow individuals to follow their own pathway to recovery ensuring a good quality of life. Again the importance of housing and independent living for people with mental health issues was highlighted. It was also noted that the community around Bodmin Square was very supportive and helped to make living there easier. The importance of the community and the surrounding environment cannot be underplayed in ensuring individuals are able to benefit from independent living.
- 7.4.20 In speaking with Gentoo Living it was noted that there were 160 properties distributed to a number of agencies to provide supported accommodation across the city. An issue for Gentoo was the often high turnover of such properties and the lack of information on tenancy moves or changes.
- 7.4.21 Gentoo as the largest social landlord in the city interacts with a large proportion of the residents and people of Sunderland. The biggest issues that Gentoo highlighted, linked to anti-social behaviour, are around alcohol, drugs and mental health. Gentoo has developed a support service with 2 dedicated support officers to assist with issues around mental health. It was also noted that frontline staff have all received mental health awareness training from the MIND organisation.
- 7.4.22 In speaking with Gentoo it was clear to Members that the organisation was very aware of the issues facing their tenants and communities and acted in a proactive way to address many of these, including mental health matters. Gentoo have developed an Australian initiative 'Men's Shed's', funded through the PCT, to bring together groups of single men who have disengaged from communities or live in social isolation. This would be through a single common interest and the aim would be to develop social relationships through the group and prevent or improve many of the low level mental health issues associated with social isolation including depression.

#### ***Direct Payments and Personalised Budgets***

- 7.4.23 Many of the opportunities available to people with mental health issues can be self-directed through Direct Payments, a means of people accessing finance to choose their own support, or through a Managed Budget, in which the council commissions this support. It was highlighted that 39% of people aged 18-64 with mental health needs and ongoing care plans had personal budgets (as at February 2012).
- 7.4.24 It is worth noting that the Government's Strategy clearly indicates that personalised budgets for long-term conditions are a way of giving people more choice and control over how their support needs are met. *A Vision for Adult Social Care: Capable communities and active citizens* makes it clear that personal

budgets, preferably delivered as direct payments, should be provided to all eligible people<sup>5</sup>.

7.4.25 It was highlighted through the panel's investigations and discussions that a personal budget was allocated as a direct result of an assessment of an individual's needs with the amount of money based on the 'eligible needs' of an individual. Members explored the term 'eligible needs' and it was defined as those needs which the local council's policy identifies as having a duty to support an individual with. It was noted that Sunderland City Council was one of only a very small number of councils nationally who continued to operate a 4 tier Fair Access To Care system of assessment. People's needs are assessed within four criteria of low, moderate, substantial and critical. By April 2013, all councils will be offering personal budgets to those eligible to receive support and that includes people with mental health needs.

7.4.26 Mind have identified some of the ways in which people using mental health services have chosen to use their Personal Budgets as the following:

- getting help with cooking, shopping and cleaning;
- having short breaks or a holiday;
- leisure activities, e.g. an art class or a walking group;;
- having driving lessons;
- buying specialist or computer equipment to make life easier;
- buying membership of a gym or sports club;
- finding a job or learning new skills; and
- having an aromatherapy massage or other alternative therapy.

7.4.27 Personal budgets cannot be used for anything that is not directly related to meeting an eligible social care need as well as anything the local council has prohibited i.e. gambling, alcohol, tobacco or anything illegal. The personal budget also does not replace the responsibilities that are the sole domain of the NHS, such as the provision of medication.

7.4.28 It was also acknowledged that all personal budgets were very closely monitored and reviewed on an ongoing basis to ensure the desired need was being met, and perhaps more importantly to ensure that they become independent and not dependent.

#### ***NTW NHS Trust***

7.4.29 The Northumberland, Tyne and Wear NHS Foundation Trust (NTW) is one of the largest mental health and disability trusts in the country, employing over 6,500 staff with an income of approximately £300 million of which £50 million is allocated to Sunderland. NTW is the major provider of mental health services in Sunderland providing adult mental health services, older peoples mental health services, memory protection service (1<sup>st</sup> April 2012), learning disability services, children and young people's services and a range of regional and national services that are also available to residents in Sunderland but are based outside of the city.

7.4.30 The panel recognised that Sunderland Primary Care and Wellbeing Service was delivered by NTW in partnership with Sunderland Counselling Service, Washington MIND and Sunderland MIND. This integrated model of Primary Care Mental Health and Improving Access to Psychological Intervention (IAPT) service, which is a newer development, are delivered by both statutory and third sector staff. This has

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<sup>5</sup> HM Government. No health without mental health. 2011

brought together the strengths of statutory and non-statutory providers in mental health provision.

- 7.4.31 Training for the new IAPT service has been delivered through Newcastle University and was noted as a very protocol driven piece of training. It was highlighted as a positive initiative that the team would include an Employment Support Advisor and Carer Support Advisor. Key features of the service included the referral to a single point and the improvement of access through self referral (approx. 30%) as well as the more traditional routes through GP's (approx. 70%). The triage facility, available by telephone, provided assessment and prompt therapy. It was noted that from triage to low level intervention was between 1 and 20 days, this can take the shape of guided self-help over the telephone or face-to-face support.
- 7.4.32 The Initial Response Team service has been in place since April 2012 and had received very positive feedback. It was noted that there were now 6 lines for incoming calls to be answered from the Cherry Knowle site and that this provided the facility to directly contact a Band 6 qualified nurse.
- 7.4.33 The 'Universal' Crisis Team incorporates a range of professionals and caters for the young, old and learning disabled who require urgent mental health support. In Sunderland, NTW provides all of these services, which works well as a whole system approach and eliminates the bouncing of referrals. It was confirmed in response to a query that information about the service was available from a number of traditional sources including doctors surgeries, the police, the wellbeing directory and through the website. It was felt important that this information should also be imparted to local leaders including members of the council. The service receives approx. 250-450 calls per week. Members acknowledged the marked difference that this service had made in Sunderland.
- 7.4.34 A range of low intensity (Step 2) interventions including psycho-education classes (depression, panic, sleepwell, relaxation and wellwoman workshop), computerised Cognitive Behavioural Therapy (CBT) and guided self-help were available to provide support to many mental health sufferers. It was highlighted that a GP referral was not required and individuals could contact NTW directly and sign up themselves. Also available were more intensive treatments including 1:1 CBT with a trained or Primary Care MH Worker with expert supervision. It was reported to Members that CBT therapists help fill the gap and address the paucity of clinical psychologists. It was highlighted that GP's were fairly selective in making referrals to access these services. It was explained, by a GP interviewed by the panel, that a number of patients require a series of consultations with a GP before they were willing to access CBT, this can often be 2/3 appointments. It is frequently about the patient understanding what CBT involves and what to expect.
- 7.4.35 In providing step 2 interventions it was recognised that one size does not fit all and it was important to provide a suite/menu of services. It was acknowledged that some people were still unaware of the range of services and support available and it was recognised that some people can be very hard to reach. The NTW Trust felt that the partnership arrangement with the voluntary and community sectors would be really important in looking to reach and develop relationships with these individuals. This was acknowledged as still a relatively new aspect of the service for Sunderland and the trust were still working on raising awareness.

### ***The Third Sector***

- 7.4.36 The third sector plays a pivotal role in the delivery of advice, information, support and rehabilitation to people suffering from mental health issues. Often these

services are delivered through people who have recovered from mental illness themselves and this can help to develop or maintain positive social networks and practical support as a key part of recovery.

- 7.4.37 The Director of Health, Housing and Adult Services reported to the panel that the Council was very keen to work with communities around strengthening and building resilience into communities. It was noted that the Council's operating model was built around prevention, as prevention leads to better outcomes for individuals and supports a more economic model. One key area for the Council and partner organisations is enabling and supporting local people to spot those early mental health signs in individuals to create more efficient pathways that can ultimately lead to a better use of resources in appropriate community settings.
- 7.4.38 The voluntary sector provides a real sense of community through working together and provides the opportunity for people to be able to use a variety of services and support groups. The issue is around how these voluntary services can interact with the statutory provision. Many of the voluntary organisations provide self referral systems which can eliminate the barriers to access and make it more likely for individuals to walk through their doors, as opposed to statutory services. It was also stressed that just the action of walking through the door was a big step for many people.
- 7.4.39 The Health Champions programme was highlighted as a good model to help and educate frontline workers to spot early signs and signpost people to services and support. This was recognised as a key issue around building that community capacity and resilience already mentioned, as well as helping to battle the stigma so often associated with mental health. It was also reported by key stakeholders that a lot of people were unaware of what services, advice or support was available. The review revealed that there was a new generation of people coming through who only recognise that they are struggling. Debt and the forthcoming changes to the welfare system were highlighted as major areas of concern for those working in the voluntary and community sectors.
- 7.4.40 The question was raised around GP's general awareness of what is available in the voluntary sector and if they signpost people to those services that can support and assist? It was noted that there was some close working with GP's in the Washington area that had established that GP's don't always know the assets that are available in the local area. It was identified as important to develop these links in moving forward and press the message to GP's around the range of local Mental Health services and support.
- 7.4.41 Sunderland and Washington MIND provide advice, information, support and counselling for those coping with or recovering from mental ill health. The organisations are funded by the Local Authority (Community Mental Health Partnership) for financial assistance, as well as funding from Charitable Trusts and other relevant funders to sustain the organisation. There was an average of 26 service users and clients per day attending and using the services. A high proportion of these people are homeless, living in basic accommodation or simply alone.
- 7.4.42 Sunderland and Washington MIND were both looking to work with employers to introduce Mental Health awareness sessions into the workplace as part of building community capacity and resilience. However MIND had contacted a number of employers to the possibilities of awareness training for their organisations, but employers are reluctant to take up offers even if there are no associated fees. Many

employers buy in their health care packages which covers all aspects of health including Mental Health, but only at a very superficial level. This was viewed as a barrier in trying to get employers on board and it was suggested that the Council had the potential to lead by example on this issue.

- 7.4.43 Headlight, a user led community organisation which operates a self-referral policy provides support through access to an array of services where service users feel safe, understood and supported to develop their skills to enable them to be productive in the community and in their day to day living. Members visited the Headlight organisation and recognised the fundamental ethos that underpins the service was one of community where people supported one another to develop coping strategies. Members saw how Headlight developed and nurtured its own staff through people progression from service user, to volunteer, to paid employee. It was clearly seen on the visit that service users have created a community within a community and a sense of belonging.
- 7.4.44 Headlight, like many organisations, were witnessing more clients requiring counselling services and in September 2012 offered 44 sessions; an increase of 175% over the previous 6 month period. There was also an influx of service users accessing the Advice and Advocacy service and again in September 2012, 75 sessions were offered which was a 226% increase over the previous 6 month period. The changes to welfare benefits were identified as having a major impact on MH service users and Headlight indicated that there was often a reluctance from MH service users to access traditional advice services.
- 7.4.45 The voluntary and community sectors do work well in conjunction with one another and this was typified when speaking with the Salvation Army who signpost and refer individuals to MIND and Headlight. The importance of continued partnership working was stressed by the Salvation Army particularly as budget and resources continue to decrease. The Salvation Army also highlighted to Members the importance of mapping the range, type and locality of services as well as visiting such services to gain a greater understanding and ultimately strengthening the commissioning process.
- 7.4.46 Mental Health Matters highlighted that those without a critical need are often getting left behind and it should be recognised that such individuals often need only minimal support to keep them well and avoid reaching or escalating to a crisis point. The Samaritans highlighted to the panel that there are a lot of lonely people living in the city who have no-one to help them, and that isolation is a big problem for many people facing Mental Health issues.

## **7.5 The User Experience and Engagement**

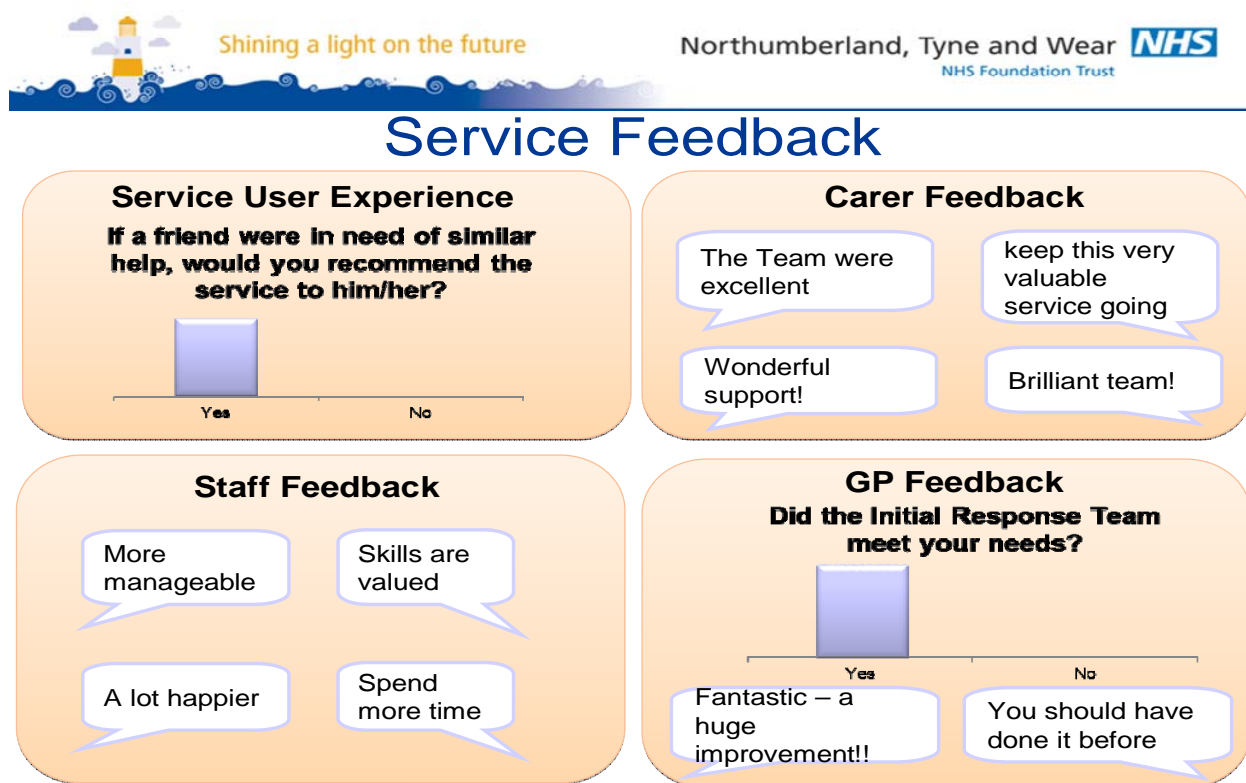
- 7.5.1 The views of individuals, their carers and close family networks are important in assessing the mental health services in the city. It helps to inform the Joint Strategic Needs Assessment which aims to provide an insight into the needs and preferences of people with varying forms of, and degrees of, mental health needs in terms of recovery or maintenance from illness. Engagement mechanisms employed to gather user views include surveys, user forums and 1:1 feedback sessions.
- 7.5.2 It is worth noting that high proportions of people reported that they were treated with dignity and respect across a range of individual services within the city. It was interesting to note that the majority of people already known to services would know where to turn for help in a crisis. Whereas long-standing engagement groups for



people with mental illness highlighted the need for more meaningful information about who to contact in the first instance.

7.5.3 Feedback from NTW service users highlighted that there was a relatively short wait time to access many of the services provided. It was also noted that the average drop out rate on the low level intervention courses was approximately 35%. NTW were proactive in contacting those who had dropped out to ascertain the reasons for this, it was noted that other options or more suitable courses of action were always offered.

7.5.4 NTW reported that in redesigning access to urgent care services the organisation had taken into account views from a number of key stakeholders around a number of issues and experiences. The redeveloped service for access to urgent care had received extremely positive feedback across a range of stakeholders including service users, carers, staff and GP's.



**Figure 3:** Access to Urgent Care Service Feedback  
**Source:** Northumberland, Tyne and Wear NHS Foundation Trust

7.5.6 In speaking with Headlight service users emphasised that there was a dependence on GPs signposting clients to services and it sometimes felt like a lottery in relation to the outcome. It was identified as important to look at how all GPs can be made aware of the variety of resources available across Sunderland, as they are often the first point of contact for the majority of people with mental health issues.

7.5.7 In discussing the experience encountered by young people with GP's research conducted in Brighton and Hove indicates that young people valued a GP who was friendly, approachable, caring, interested and above all listened. Interestingly the research also reported that young people valued a GP who offered a step by step process, alternative solutions and options, and a holistic approach to emotional and mental health. This is weighed against some of the negative views expressed

through the study that young people saw GPs as patronising and judgmental, with practice nurses frequently identified as being more caring<sup>6</sup>.

## **7.6 The Provider Awareness of the Mental Health Pathway**

- 7.6.1 The Health, Housing and Adult Services Directorate recognises the importance of maintaining relationships with providers and managing the market not just in a commercial sense but with the sharing of information about current provision and the council's ways of working.
- 7.6.2 The Strategic Commissioning Team, in partnership with operational colleagues meet with providers, those with contractual arrangements with the local authority, via formal contract management meetings. The agenda for such meetings extends wider than the discussion about service delivery against the contract and includes information about changes within the Council and the roles and responsibilities of the different teams within the Directorate. This forum also provides the opportunity for providers to raise issues, seek clarification about process or discuss ways of working within the Council. Members also understood that providers were aware that any queries could be directed to the Commissioning Team who would provide support to solve any query or issue.
- 7.6.3 Other forums in place for sharing information with providers include 1:1 meetings arranged with the Strategic Commissioning Team and provider forums. Providers are also often invited to the fieldwork and assessment team meetings to give presentations on the services and support they provide and to gain a better understanding of the customer journey once they reach the fieldwork and assessment teams.
- 7.6.4 The Directorate also has an important relationship with key partners such as NTW and the PCT to ensure that messages about the mental health pathway are communicated effectively to all providers offering services within the city.

## **7.7 Spending Reductions**

- 7.7.1 Evidence exists that cuts have been made to support for people with mental health problems across both the statutory and voluntary sectors. However, there is little evidence to suggest that mental health services are being reduced disproportionately, nor that they are being protected. The overall picture across the country appears to be inconsistent with severe reductions in some areas and additional investment being made in others<sup>7</sup>.
- 7.7.2 IAPT services do continue to receive extra funds from government as a result of which total psychological therapy investment is still rising. It is worth noting that people with mental health issues often use a number of different support services and it is the cumulative effect of reductions over a range and variety of services that could result in the biggest impacts. There is already anxiety from a number of voluntary organisations are the reduced availability of services to offer basic community support resulting in mental health service users needing to access more intense therapy.

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<sup>6</sup> Right Here Brighton and Hove. Young people's views and experiences of GP services in relation to emotional and mental health. 2011

<sup>7</sup> Centre for Mental Health, Mental Health Foundation, Mind and Rethink Mental Illness. The Mental Health Strategy, system reforms and spending pressures: what we know so far? 2012

7.7.3 Research gathered during this review indicates that cut backs are impacting on the voluntary and the statutory sector. Changes in the funding climate are proving difficult for the voluntary sector and the work they can deliver, resulting in some organisations in the community folding. In discussions with voluntary organisations it was further highlighted that the negative economic environment was impacting on all services, which creates a knock on effect on other organisations like the police who are identifying that they are working increasingly with individuals who have mental health issues. The impact on all services was noticeable, however the impact on the very core of communities, it was felt, could result in mental health service users not having their needs met as proactively, resulting in a decline in their mental well being and a potential increase in demand for Crisis Intervention.

7.7.4 A number of organisations have conducted individual surveys that illustrate the potential impact of spending pressures on services including:

- The Royal College of Nursing's Frontline First campaign has estimated the loss of 40,000 nursing posts (over 10%) across the UK across all specialities over next three years.
- The National Housing Federation surveyed members about cuts to Supporting People in January 2011. Although investment in Supporting People is being reduced by 12% in real terms respondents to the survey suggested that nearly three quarters of local authorities were planning cuts greater than 12%. They estimated that over 40% of local authorities were planning cuts greater than 20%. Respondents believed that the clients most at risk from cuts were older people with support needs, people with drug and alcohol and mental health problems and offenders.
- MIND carried out a "Cutswatch" phone survey of 95% of its members in February 2011. There was still a great deal of uncertainty at this time with a reduction overall of at least 4% anticipated.
- The British Psychological Society has undertaken a survey of managers of NHS psychology services, 56% reported reductions in staff and 47% downgrading of posts<sup>8</sup>.

7.7.5 One of the biggest concerns raised by a number of organisations and stakeholders through this review was around the impact of planned reductions in benefits and welfare reform for mental health service users and their families. A number of changes to the benefits system will affect claimants with mental health problems; including changes to incapacity benefits, housing benefit and Disability Living Allowance. This view was supported by Gentoo who are receiving feedback from their own Income Teams that welfare reform and under occupancy rules are beginning to take prominence in tenants. Gentoo have visited all tenants who are potentially under threat from new legislation around occupancy rules to begin to manage this issue.

7.7.6 Although when Members of the panel visited the Core and Cluster scheme at Bodmin Square it was reported that all residents paid their rent to Gentoo directly and were responsible for paying their own bills. The welfare reform changes would have an impact on the residents but it was reported that they would still be able to pay their rent and bills. All residents also had access to support in relation to money management matters. A similar situation was reported at Hillcrest where all residents pay a contribution from benefits to their rent and this is assessed on an

individual basis. The welfare reform changes were reported as being of concern and the staff are working with residents around the potential changes.

- 7.7.7 In conversation with NTW representatives the issue of Payment by Results (PBR) as a way of funding MH services was discussed. The Government is developing a system of Payment by results for adult mental health services. Initially the rates of payment or tariffs will be determined locally, although over time these will be determined nationally. Payment by results for children's mental health services will also be introduced, and a national CAMHS dataset is in development for collecting and analysing information that is already recorded at local level. The aim is that payments will progressively reflect the quality of the service as demonstrated through outcomes and other indicators. Payment by results, it is argued, will provide a much stronger incentive to maintain and raise quality of care<sup>8</sup>.
- 7.7.8 It was noted that the NTW Trust was currently conducting work on this issue and it was reported that the recovery in MH terms was very different to traditional recovery rates e.g. breaking an arm is a very physical injury that has a clear end result, the arm is repaired. It was identified that NTW was leading national work in this area, and supported the principles underpinning the care packages and pathways methodology.

## **8 Conclusions**

The Panel made the following overall conclusions:-

- 8.1 The term mental health pathways relates to an array of services, support and advice available from a number of public, private, voluntary and community sector groups. The source, availability and access may be bewildering but one thing is constant and that is at the centre of all these pathways is an individual with mental health needs. This is echoed by work conducted by the Mental Health Strategy and Pathways Group through the 'person centred pathway' which illustrates this very well.
- 8.2. A citywide agenda that allows the local authority and its key partners to improve access to services, advice and guidance in relation to mental health services is clearly important. As is developing and improving multi-directorate triggers within our own systems to ensure that mechanisms exist that allow services to link in to mental health services and support for individuals who may benefit from such access. It is also important that the Council's own website provides a fundamental overview of mental health issues and clear signposting and links to many of the services and support available not only in the council but across the city. Members undertaking this review also identified their frontline councillor role as a potential area for development to enhance their abilities to identify signs in their own communities.
- 8.3 Supported accommodation and the day centre facilities across the city provide a safe and community focused environment for people with mental health issues. These resources work throughout the city to help integrate people with mental health issues back into communities to live independently and reduce some of the stigmas associated with mental illness.
- 8.4 NTW is the biggest provider of mental health services across the city and offers an array of support, advice and resources to help people through all levels and states

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<sup>8</sup> HM Government. No health without mental health. 2011

of mental illness. There are also numerous public, private and voluntary sector organisations providing a range of resources that enhance and compliment NTW services. The information relating to many of these services and interventions is widely promoted across the city through a variety of mediums and the added collaboration between NTW and the Third Sector can only enhance this. However it was also felt that some of this information could be imparted to local councillors, community leaders and key local stakeholders to further augment the ability to signpost people to these services.

- 8.5 The panel acknowledged that the Mental Health Champions programme was a good point of reference. The Health and Wellbeing Strategy for the city, an asset based approach, and Mental Health training for key workers and community representatives would help to enable and get people thinking differently across the city.
- 8.6 Mental health awareness across the city was also highlighted as an important issue in developing awareness to the signs and issues associated with mental illness. Many of the Third Sector organisations struggle to engage with employers in order to introduce mental health awareness sessions in their workplaces. This is perhaps something that the local authority could look to lead upon through the development of awareness raising sessions for council members, employees and local communities.
- 8.7 The Voluntary and Community Sector have a huge knowledge and experience of working within their local communities. Many of these groups are well respected and have fostered excellent relations and reputations which have allowed them to work with groups often considered the most excluded or hardest to reach. Such groups and organisations can provide support to local people and help them to manage their mental health through peer support, user led groups and mentoring services. The Coalition Government's strategy also supports this view by stating that empowered and cohesive communities foster better mental health, and through greater choice, control and increased social action such services have a positive impact on mental wellbeing<sup>9</sup>.
- 8.8 Spending reductions and welfare reform changes are impacting on the voluntary and statutory sectors and there is clear unease among service providers that this will ultimately lead to reductions in support as organisations streamline operations, offer limited services or simply cease operation due to budgetary demands and pressures. Many of the organisations the panel contacted acknowledged the increased demand for counselling and advice services and the rise in depression rates related to financial and welfare reform issues.
- 8.9 The Government, through its own strategy, recognises the importance of mental health and through funding arrangements looks to expand the IAPT services across the country. While there are arguments around the nature and source of this 'new' funding panel Members agreed that the Health, Housing and Adult Services Directorate was well placed to monitor this situation, on behalf of the Scrutiny Committee, and evaluate the extent of additional funding to the IAPT service.
- 8.10 Access to the services and support offered is through a variety of means from the traditional routes of a G.P. or social worker to a variety of care and support packages through to self referral to a voluntary organisation that can provide peer, emotional and practical support as well as social activities for individuals.

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<sup>9</sup> HM Government. No health without mental health. 2011

However it is important that the knowledge around referral pathways is improved and that individuals can clearly understand the ways and means to access support and how this support promotes individual wellbeing. After all, as stated earlier, mental health pathways are all about the individual and their journey to improved mental health.

## **9 Recommendations**

9.1 The Health, Housing and Adult Services Scrutiny Panel has taken evidence from a variety of sources to assist in the formulation of a balanced range of recommendations. The Committee's key recommendations to the Cabinet are as outlined below:-

- a) To develop the frontline councillor role to enable elected members to identify the signs associated with mental illness within their own communities and enhance their understanding of the mental health pathway and services available for people with mental health problems in their own wards.
- b) To develop and implement an awareness-raising strategy to ensure that all stakeholders across the city understand the services available to people with mental health problems, including health practitioners, voluntary and community sector organisations and the Local Strategic Partnership.
- c) To look at raising the awareness of the signs and symptoms of mental illness among local authority employees through mental health awareness sessions, held in partnership with VCS organisations, and promoting the benefits of awareness raising to the wider audience of employers in Sunderland.
- d) To investigate an approach that ensures that all directorates operate in a way that is complementary to the access pathways to mental health services or support for potentially any individual coming into contact with local authority services, including the council website.
- e) That the Health, Housing and Adult Services Directorate looks at how it can actively involve frontline staff and service users in future service design and delivery of mental health services.
- f) That the Health, Housing and Adult Services Directorate, on behalf of the Scrutiny Committee, looks to monitor the appropriate use of the Government's additional funding prescribed for the expansion of the Improved Access to Psychological Therapies programme.

## **10. Acknowledgements**

10.1 The Committee is grateful to all those who have presented evidence during the course of our review. We would like to place on record our appreciation, in particular of the willingness and co-operation we have received from the below named individuals and organisations:-

- (a) Headlight Sunderland;
- (b) Fulwell Day Centre;
- (c) Hillcrest Assessment Centre;
- (d) Bodmin Square;
- (e) Age UK;
- (f) Health, Housing and Adult Services;

- (g) The Salvation Army;
- (h) The Samaritans;
- (i) Gentoo Living;
- (j) Caroline Wild – NTW Foundation Trust;
- (k) Neil Revely – Executive Director Health, Housing and Adult Services;
- (l) Dorothy Gardener – Sunderland MIND;
- (m) Kathy McKenna – Washington MIND;
- (n) Dr Ian Pattinson – Chair of the Clinical Commissioning Group;
- (o) Dr Roger Ford – Secretary of the Local Medical Council.

## 11. Background Papers

- 11.1 The following background papers were consulted or referred to in the preparation of this report:

The Office for National Statistics [Psychiatric Morbidity Report](#), 2001

Department of Health. [National service framework for mental health](#). 1999

Department of Health. [New Horizons: A shared vision for mental health](#). 2009

HM Government. [No health without mental health](#). 2011

Centre for Mental Health, Mental Health Foundation, Mind and Rethink Mental Illness. The [Mental Health Strategy, system reforms and spending pressures: what we know so far?](#) 2012

Right Here Brighton and Hove. [Young people's views and experiences of GP services in relation to emotional and mental health](#). 2011





## No Health Without Mental Health – Government Strategy 2011

### **The Six Shared Objectives**

1. *More people will have good mental health* - more people of all ages and backgrounds will have better wellbeing and good mental health. Fewer people will develop mental health problems – by starting well, developing well, working well, living well and ageing well.
2. *More people with mental health problems will recover* - more people who develop mental health problems will have a good quality of life – greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.
3. *More people with mental health problems will have good physical health* - fewer people with mental health problems will die prematurely, and more people with physical ill health will have better mental health.
4. *More people will have a positive experience of care and support* - care and support, wherever it takes place, should offer access to timely, evidence-based interventions and approaches that give people the greatest choice and control over their own lives, in the least restrictive environment, and should ensure that people's human rights are protected.
5. *Fewer people will suffer avoidable harm* - people receiving care and support should have confidence that the services they use are of the highest quality and at least as safe as any other public service.
6. *Fewer people will experience stigma and discrimination* - public understanding of mental health will improve and, as a result, negative attitudes and behaviours to people with mental health problems will decrease.

A companion document to the strategy, No Health Without Mental Health: delivering better mental health outcomes for people of all ages, describes in greater detail how mental health outcomes are intended to relate to the new health infrastructure proposed in recent government white papers and legislation, what 'good' looks like in terms of outcomes, and the underpinning evidence base for interventions. Specific commitments made in the strategy document include:

- making mental health a priority for the proposed new Public Health Service for England, for the proposed local health and wellbeing boards, in joint strategic needs assessments (JSNAs) and for directors of public health;
- a new national measure of wellbeing on which the Office for National Statistics is currently consulting;
- priority for early intervention across all ages;
- improved access to mental health services by 2014 for people in contact with the criminal justice system;
- a review of the models of service and practice for health visiting and school nursing;
- support for people with mental health problems to enter into and return to work;
- publication of a new cross-government suicide prevention strategy later this year.

**Mental Health Field Work and Assessment Teams**

