Mental Health
Report of Health Scrutiny Committee
May 2016
Members of Health Scrutiny Committee

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Executive Summary

1.1. Introduction

1.1.1 Mental health can have a serious impact on peoples’ lives, not just those who have mental health problems, but family and friends that support these individuals.

1.1.2 Waltham Forest Council and CCG’s Joint Adult Health Strategy makes clear the scale of people with mental health problems, with one in four people estimated to experience a mental health problem at some point in their lifetime. Illnesses involving psychosis, commonly referred to as “serious mental illness”, affect roughly 1 in 100 people nationally, but importantly people with serious mental illness are known to have much poorer physical health than the general population and often die younger, experience social isolation, stigma and discrimination.

1.1.3 The local Health and Wellbeing Board has made a firm commitment in its current strategy, which covers 2016 – 2020, to ensure: “Parity of esteem between mental and physical health, and an increased focus on mental wellbeing”

1.1.4 Services for mental health are delivered by a range of local partners, including the CCG, the North East London Foundation Trust, the MPS and the voluntary sector, and local authorities also have responsibilities with regard to mental health.
1.1.5 The Council approach to this is principally set out in the Health and Wellbeing Strategy that has been jointly agreed with Waltham Forest CCG, and Waltham Forest Council and CCG have prioritised the following services:

- Expansion of Improving Access to Psychotherapy Therapy (IAPT) Services
- Early Intervention in Psychosis
- Crisis Care Mental Health Concordat
- Extended Hours for Access Services
- Expansion of Memory Clinic

1.1.6 At the outset of this review it was clear that the Committee was not able to look in depth at every area of mental health provision within the borough - North East London Foundation Trust alone delivers 22 separate services for residents. This review therefore focuses on how national standards are being met, the discharge of new responsibilities through the crisis care concordat, and the Council’s work to promote mental health and wellbeing amongst children and young people.
1.2 Expansion of IAPT

1.2.1 Improving Access to Psychological Therapies (IAPT) is a national programme to roll out access to talking therapies for people suffering from depression and anxiety disorders.

1.2.2 The Committee was told that guidance introduced by NHS England in February 2015 set new national targets for mental health waiting times.

1.2.3 Waltham Forest CCG is meeting targets for commencement of treatment and showing a reliable recovery, it is behind on the quarterly access target. The CCG has a plan in place to improve performance and although performance has improved since April 2015, it is evident that more work is needed for this target to be met.

1.3 Access Services

1.3.1 Access Services are community health services for people with pressing mental health needs.

1.3.2 The Committee was told that in Waltham Forest there has been an expansion of access services through additional funding for Mental Health Direct and in particular the 24-hour Psychiatric Liaison Service based at Whipps Cross, which had previously only been available during winter pressures.
1.3.3 This service enables a prompt, efficient assessment to people who self-harm or have an identifiable mental illness to have access to psychiatric intervention and treatment without having to attend A&E, unless there is a physical need to do so.

1.3.4 We recognise the significant impact that the introduction of the Psychiatric Liaison Service has had in reducing presentation of people with mental health problems at A&E, and are pleased that this progress has also been acknowledged elsewhere.

1.3.5 The Mental Health Direct service is a 24 hour Telephone crisis line and is an integral part of NELFT’s Crisis Care Pathway that includes the Extended Hours Access Teams, Home Treatment Teams and the Emergency Duty Team.

1.3.6 The Committee was told that this has previously been a poorly resourced service which had not been as responsive as NELFT would have liked. Despite improvements and additional investment, concerns were raised about the effectiveness of this service and the quality of staff providing support.
1.4 Crisis Care Concordat

1.4.1 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis, setting out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

1.4.2 Waltham Forest CCG submitted a multi-agency action plan onto the national Mental Health Crisis Care Concordat website for improving Crisis Care in March 2015.

1.4.3 We were also impressed at the Street Triage service which is being trialled. This allows mental health professionals to provide on the spot advice to police officers who are dealing with people presenting with mental health problems with an aim to avoid the use of a Section 136, avoidance of unnecessary detention in police cells and reduction in the numbers of people being taken inappropriately to Accident and Emergency Departments.

1.5 Promoting Mental Health and Wellbeing

1.5.1 Half of people who experience a mental health problem at some point in their lives first experience symptoms by the age of fourteen. Mental Health problems in children and
young people have a profound effect on their family relationships, education, and future employment.

1.5.2 The Committee was told that the Council and the CCG gained approval for their joint CAMHS (Child and Adolescent Mental Health Services) Transformation Plan in November 2015.

1.5.3 One of the key themes of Waltham Forest’s Child and Adolescent Mental Health Services Transformation Plan is an increased emphasis on upstream intervention, to prevent milder issues of mental health and wellbeing from going unsupported and developing into more serious concerns.

1.5.4 This aligns with much other ongoing work across the local health, education and care system aiming to improve general wellbeing of children, and mental wellbeing in particular.

1.5.5 The CAMHS transformation plan will include:

- the creation of a wellness hub
- an anti-stigma campaign
- mental health first aid training
- reconfiguration of the present CAMHS from a tier to an i-Thrive Model
1.6 Conclusion

1.6.1 We welcome the work that is being done by the Council, CCG and other partners to improve services. There is much innovative work being undertaken that, if properly evaluated, will allow for creation of better mental health provision. The pro-active being undertaken to improve mental health and wellbeing of children and young people is especially welcome.
Summary of Recommendations

Recommendation One We recommend that the Council’s Mental Health Champion be invited to this Committee next year when progress in meeting this reports’ recommendations are considered.

Recommendation Two We recommend that in developing reporting benchmarks and mechanisms, the CCG look to incorporate the views of service users and their families/carers as an additional way of measuring impact beyond the ‘friends and family’ test.

Recommendation Three We recommend that the CCG provide an update to the Health Scrutiny Committee during the next municipal year about the impact of their work to improve IAPT access.

Recommendation Four We recommend that the Committee be provided with an update about the impact of the Open Dialogue pilot, and that the CCG and NELFT consider the potential application and benefits that Open Dialogue could provide.

Recommendation Five We recommend that the CCG provides an update to the Health Scrutiny Committee during the next municipal year about the continued impact of the Psychiatric Liaison Service, including the number of people using this service and what the outcomes were, and moves to expand its scope.
**Recommendation Six** We recommend that Waltham Forest CCG involves Waltham Forest Healthwatch in making improvements in this service and taking their views in further designing of this service to ensure that it is meeting the needs of Waltham Forest residents.

**Recommendation Seven** We recommend that the Portfolio Lead Member for Health lend his support to Waltham Forest CCG to ensure that this street triage service be designed jointly by the four CCGs.

**Recommendation Eight** We recommend that the Portfolio Lead Member for Health and Wellbeing write to the MPS asking for details about the security of this system in protecting vulnerable individuals’ personal data.

**Recommendation Nine** We recommend that Public Health carefully monitor the move to the i-Thrive model, and that an update is sent to the Health Scrutiny Committee next year on the impact this has had.

**Recommendation Ten** We recommend that after the Council's Mental Health Promotion Strategy has been approved, the Committee be provided with an update about its implementation.
Introduction

2.1. Background

2.1.1. This themed review looks at mental health services in Waltham Forest. We decided to undertake this review because of new responsibilities given to local authorities and the police through the Crisis Care Concordat, new targets on dementia and access to talking therapies put in place by the government and the proactive work being undertaken to improve the mental health and wellbeing of children being undertaken by the Council’s Public Health team.

2.1.2. The mental health charity Mind says that:

“Mental health problems can affect the way you think, feel and behave… and range from common mental health problems, such as depression and anxiety, to more rare problems such as schizophrenia and bipolar disorder. A mental health problem can feel just as bad, or worse, as any other physical illness – only you cannot see it.”

2.1.3. Mental health can have a serious impact on peoples’ lives, not just those who have mental health problems, but family and friends that support these individuals.

2.1.4. Services for mental health are delivered by a range of local partners, including the CCG, the North East London Foundation Trust, the MPS and the voluntary sector. Local authorities have the following responsibilities with regard to mental health:

- a statutory duty to promote mental health and emotional well-being,

- lead on public health, including public mental health. This includes commissioning responsibility for a number of services that have a role in delivering mental health prevention and support has shifted to local authorities, including school health, health visitors and drug and alcohol services,

- working with other partners ensure services are available for children and young people with special educational needs from 0 to 25,

1 http://www.mind.org.uk/information-support/types-of-mental-health-problems/mental-health-problems-introduction/about-mental-health-problems/?o=6289#.VvK4nNKLSUk
• membership of the Health and Wellbeing Board (HWBB) is the means by which the Council delivers its duties to improve the strategic co-ordination across local NHS, social care, children’s services and public health. Clinical Commissioning Groups (CCGs) will be required to consult with the HWBB when drawing up their annual plan on how they discharged their functions in the previous financial year.

2.1.5. How the Council takes these forward is principally set out in the Health and Wellbeing Strategy that has been jointly agreed with Waltham Forest CCG.

2.1.6. At the outset of this review it was clear that the Committee was not able to look in depth at every area of mental health provision within the borough - North East London Foundation Trust alone delivers 22 separate services for residents.

2.1.7. We therefore chose to focus on how national standards are being met, the discharge of new responsibilities through the crisis care concordat, and the Council’s work to promote mental health and wellbeing amongst children and young people.

2.1.8. We heard from Council officers and partners at three meetings of our meetings across the 15/16 municipal year to ensure that we could consider these areas properly:

• on 17th September the Committee heard from Waltham Forest Clinical Commissioning Group and the North East London Foundation Trust about provision of mental health services, including access to talking therapies and diagnosis of dementia where CCG performance is measured against a national standard;

• on 27th January the Committee heard from Waltham Forest Clinical Commissioning Group and the Metropolitan Police Service about progress towards meeting the crisis care concordat;

• on 15th March the Committee heard from the Council’s Public Health team about preventative measures being taken around mental health and wellbeing for children.

2.1.9. The recommendations we have made in this report are aimed not just at the Council but also at Waltham Forest CCG who have a clear commissioning role for mental health services. Where we have recommended that an update be given to the Health Committee on a particular service, we would anticipate that this is provided during the 16/17 municipal year which starts following the Council’s AGM on 19 May.

3 http://democracy.walthamforest.gov.uk/ieListDocuments.aspx?CId=694&MId=3893&Ver=4
4 http://democracy.walthamforest.gov.uk/ieListDocuments.aspx?CId=694&MId=3894&Ver=4
5 http://democracy.walthamforest.gov.uk/ieListDocuments.aspx?CId=694&MId=3895&Ver=4
Chapter 1: Why Mental Health Is Important

3. Waltham Forest Council and CCG’s Joint Adult Health Strategy makes clear the scale of people with mental health problems:

- one in four people will experience a mental health problem at some point in their lifetime,
- one in six adults has a mental health problem at any one time,
- among people under 65, nearly half of all ill health is mental ill-health,
- over a third of GP consultations relate to mental health,
- illnesses involving psychosis, commonly referred to as “serious mental illness”, affect roughly 1 in 100 people nationally, but importantly people with serious mental illness are known to have much poorer physical health than the general population and often die younger, experience social isolation, stigma and discrimination,
- around 1 in 17 people aged over 65 have dementia in England.

3.1. A lack of prevention or untreated mental ill health does not just lead to poorer clinical outcomes, but can impact on public services in a myriad of ways, including children being excluded from school, young people end up in costly institutions such as care homes, prisons, youth offender facilities, or acute and forensic mental health wards, or employers facing higher sickness absence and loss of productivity.

3.2. The local Health and Wellbeing Board has made a firm commitment in its current strategy, which covers 2016 – 2020, to ensure: “Parity of esteem between mental and

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7 https://www.england.nhs.uk/2015/02/geraldine-strathdee-8/
physical health, and an increased focus on mental wellbeing"⁸. As the strategy points out:

“mental ill health has not received the same level of attention or resources compared with physical ill health. Yet many people have both a mental and physical health problem at the same time, and having one can also make the other worse.”

3.3. We were pleased that the Council has appointed a Mental Health Champion for the borough. **We recommend that the Council’s Mental Health Champion be invited to this Committee when progress in meeting this reports’ recommendations are considered.**

Chapter 2: Services in Waltham Forest

4. There are a wide range of services commissioned by the CCG for Mental Health Services. The main provider for all secondary care Mental Health services is North East London Foundation Trust (NELFT). They provide a range of acute, psychological and community services as well as an adolescent unit, adult and older adult beds.9

4.1. As part of the move towards parity of esteem, Waltham Forest Council and CCG have prioritised the following services:

- Expansion of Improving Access to Psychotherapy Therapy (IAPT) Services
- Early Intervention in Psychosis
- Crisis Care Mental Health Concordat
- Extended Hours for Access Services
- Expansion of Memory Clinic

4.2. Taking these priorities forward has sometimes led to the creation and commissioning of a range of new services, for example Street Triage or the Psychiatric Liaison Service. In some cases these services had not been taking place for long enough for the CCG or NELFT to be able to demonstrate outcomes to the Committee. However, we are concerned that reporting of outcomes is often based on figures relating to the numbers of people accessing a service, or showing how the use of one service has resulted in another not being needed.

4.3. This method of demonstrating success can sometimes ignore the impact that mental health services have on individuals. We recommend that in developing reporting benchmarks and mechanisms, the CCG look to incorporate the views of service users and their families/ carers as an additional way of measuring impact beyond the ‘friends and family’ test.

4.4. The Committee focussed on three of these priorities, and heard from the Council, CCG, NELFT and the MPS about expansion of IAPT, crisis care Mental Health Concordat and Extended Hours for Access Services. Our observations on these are below.

4.5. **Expansion of IAPT Services**

4.5.1. Improving Access to Psychological Therapies (IAPT) is a national programme to roll out access to talking therapies for people suffering from depression and anxiety disorders.

4.5.2. The Committee was told that guidance introduced by NHS England in February 2015 set new national targets for mental health waiting times. For patients referred to talking therapies for common mental health problems:

- 75% should start treatment within 6 weeks and 95% within 18 weeks
- 50% of those ending treatment should show a reliable recovery
- nationally, the programme aims to treat 15% of the estimated 6 million people with common mental health problems each year. For each CCG, NHS England has calculated the number of people with depression and anxiety, and used this to provide a quarterly figure for the number of people locally that should be accessing IAPT.\(^{10}\)

4.5.3. Performance is monitored at a CCG level and performance for Waltham Forest in December 2015, the most recent month for which information is available, is set out in the table below. With regard to the access target, NHS England has estimated the prevalence of anxiety and depression for Waltham Forest to be 29,902 patients. This means that 4,485 people a year, or 1,121 people, should be accessing IAPT for anxiety or depression each quarter.\(^{11}\)

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<td>75% should start treatment within 6 weeks and 95% within 18 weeks</td>
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<td>50% of those ending treatment should show a reliable recovery</td>
<td>55.61%</td>
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<td>Quarterly IAPT access target of 3.75%</td>
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4.5.4. In September we were informed that although the IAPT access target was not being met, that the CCG has a plan in place to improve performance. Although performance has improved since April 2015, when it was 3.43%, it is evident that more work is needed for this target to be met. **We recommend that the CCG provide an update to the Health Scrutiny Committee during the next municipal year about the impact of their work to improve IAPT access.** This could be part of a wider update about performance against each of the national key performance indicators.

4.5.5. The Committee are also aware that a pilot for Open Dialogue is presently being undertaken by NELFT. Open Dialogue originated in Finland and seeks to place a patient’s family at the heart of the care provided, hopefully leading to better outcomes. **We recommend that the Committee be provided with an update about the impact of the Open Dialogue pilot, and that the CCG and NELFT consider the potential application and benefits that Open Dialogue could provide.**

4.6. **Extended Hours for Access Services**

4.6.1. Access Services are community health services for people with pressing mental health needs.

4.6.2. The Committee was told that in Waltham Forest there has been an expansion of access services through additional funding for Mental Health Direct and in particular the 24-hour Psychiatric Liaison Service based at Whipps Cross, which had previously only been available during winter pressures.

4.6.3. A&E is not a suitable place to carry out mental health assessments, as it can be distressing to the person presenting with a mental health problem and potentially for other patients as well. In order to reduce the number of occasions when this happens, a Psychiatric Liaison Service has been established which enables a prompt, efficient assessment to people who self-harm or have an identifiable mental illness to have access to psychiatric intervention and treatment without having to attend A&E, unless there is a physical need to do so.

4.6.4. We recognise the significant impact that the introduction of the Psychiatric Liaison Service has had in reducing presentation of people with mental health problems at A&E, and are pleased that this progress has also been acknowledged elsewhere.

4.6.5. The Psychiatric Liaison Service is currently seeking to expand its scope to cover:

- reduction in alcohol related admissions and A&E presentation
- reduction in admission of self-harm patients and personality disorder
- work with Residential Care Homes to reduce admission

4.6.6. We recommend that the CCG provides an update to the Committee about the continued impact of the Psychiatric Liaison Service, including the number of people using this service and what the outcomes were, and an update on the moves to expand its scope.

4.6.7. The Mental Health Direct service is a 24 hour Telephone crisis line and is an integral part of NELFT’s Crisis Care Pathway that includes the Extended Hours Access Teams, Home Treatment Teams and the Emergency Duty Team.

4.6.8. The Committee was told that this has previously been a poorly resourced service which had not been as responsive as NELFT would have liked. Additional funding from Waltham Forest, Barking, Havering and Redbridge CCGs has allowed NELFT to bolster this existing service with dedicated clinical staff so that the service can run robustly in regards to the volume of calls received and can provide the clinical skills required for complex crisis intervention.

4.6.9. However, Healthwatch have raised concerns about the effectiveness of this service and the quality of staff providing support. We recommend that Waltham Forest CCG involves Waltham Forest Healthwatch in making improvements.
in this service and taking their views in further designing of this service to ensure that it is meeting the needs of Waltham Forest residents.

4.7. Crisis Care Mental Health Concordat

4.7.1. The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis, setting out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis.

4.7.2. The Concordat focuses on four main areas:

- Access to support before crisis point – making sure people with mental health problems can get help 24 hours a day and that when they ask for help, they are taken seriously.
- Urgent and emergency access to crisis care – making sure that a mental health crisis is treated with the same urgency as a physical health emergency.
- Quality of treatment and care when in crisis – making sure that people are treated with dignity and respect, in a therapeutic environment.
- Recovery and staying well – preventing future crises by making sure people are referred to appropriate services.

4.7.3. Waltham Forest CCG submitted a multi-agency action plan onto the national Mental Health Crisis Care Concordat website for improving Crisis Care in March 2015. The action plan is comprehensive and was signed off by all agencies involved in mental health crisis care including the Council, LBWF, police, London Ambulance Service, Barts Health, the CCG and NELFT.13

4.7.4. Implementation of the crisis care strategy is bolstered by the Psychiatric Liaison Service and Mental Health Direct which seeks to reduce presentation of people with mental health problems at A&E. We were also impressed at the Street Triage service which is being trialled. This allows mental health professionals to provide on the spot advice to police officers who are dealing with people presenting with mental health problems with an aim to avoid the use of a Section 136, avoidance

of unnecessary detention in police cells and reduction in the numbers of people being taken inappropriately to Accident and Emergency Departments.

4.7.5. Although the number of section 136s in Waltham Forest have not decreased since the introduction of the Street triage project, evidence suggests that the level of section 136 has not increased to the same extent as areas not operating a street triage service. This approach will also provide a saving in terms of the time and resources of the MPS and CCG.

4.7.6. This service is jointly commissioned by Waltham Forest, Barking, Havering and Redbridge CCGs. The Committee was told that Waltham Forest CCG has agreed to recurrently fund this development and is supporting NELFT in negotiating with BHR CCGs to ensure the necessary level of on-going investment.

We recommend that the Portfolio Lead Member for Health lend his support to Waltham Forest CCG to ensure that this street triage service be designed jointly by the four CCGs.

However, we were concerned about the security of accessing the Street Triage phone number in a public place, and we recommend that the Portfolio Lead Member for Health and Wellbeing write to the MPS asking for details about the security of this system in protecting vulnerable individuals’ personal data.
Chapter 3: Promoting Mental Health and Wellbeing

2. A recent mental health needs assessment estimated that, within Waltham Forest, 5,615 children and young people (CYP) (aged between 0-19 years) may have some form of mental health problem, ranging from low-level issues of anxiety and depression, up to and including psychosis.

2.1. Half of people who experience a mental health problem at some point in their lives first experience symptoms by the age of fourteen. Mental Health problems in children and young people have a profound effect on their family relationships, education, and future employment.14

2.2. The Committee was told that the Council and the CCG gained approval for their joint CAMHS (Child and Adolescent Mental Health Services) Transformation Plan in November 201515. One of the key themes of this plan was an increased emphasis on upstream intervention, to prevent milder issues of mental health and wellbeing from going unsupported and developing into more serious concerns. This aligns with much other ongoing work across the local health, education and care system aiming to improve general wellbeing of children, and mental wellbeing in particular.

2.3. The CAMHS transformation plan will include:

- the creation of a wellness hub
- an anti-stigma campaign
- mental health first aid training
- reconfiguration of the present CAMHS from a tier to an i-Thrive Model

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2.4. We recommend that Public Health carefully monitor the move to the i–Thrive model, and that an update is sent to the Health Scrutiny Committee next year on the impact this has had.

2.5. Although focussing on young people, elements of this Transformation Plan will also have a positive impact on the mental health and wellbeing of adults and older people. We understand that the Council is currently preparing a Mental Health Promotion Strategy, and we recommend that after the Council’s Mental Health Promotion Strategy has been approved, the Committee be provided with an update about its implementation.
Conclusion

6.1 Mental health can have a huge impact on people’s lives, and we welcome the work that is being done by the Council, CCG and other partners to improve services. There is much innovative work being undertaken that, if properly evaluated, will allow for creation of better mental health provision. The pro-active being undertaken to improve mental health and wellbeing of children and young people is especially welcome.

6.2 The recommendations set out in the report should help the Council and its partners to take this support further, and ensure not residents enjoy better wellbeing and mental health, and that the services they may have to use will be able to properly able to meet their needs.
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