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Community, Leisure Services and Environment Overview and Scrutiny Committee

## Working Group's Summary

Mental Health has remained an important subject for Overview and Scrutiny Members at Maidstone Borough Council. During the 2012/13 Municipal Year the Committee had been involved in the Health and Well-being Strategy in responding to the Kent County Council consultation. The Committee also made a response to the Kent Community Health NHS Trust's Consultation on becoming a Community NHS Foundation Trust in October 2012.

Primarily the members wanted to ensure they were in the best position to remain informed on the significant changes to the structure of the NHS from April 2013 and also the period of transition that would follow.

Before embarking on this review inquiry, members of the Committee had been approached by residents informing them of their difficulties accessing treatment. The Committee therefore decided to investigate what services were available and how they

could be accessed. A Working Group was appointed to lead the review.

Members were aware that national and local media reports were reporting a growing number of people at crisis point. A Panorama programme broadcast on 12 September 2013 entitled 'Locked up for being ill' examined reports the police regularly detain mental health patients who should be dealt with by the appropriate medical professionals. It was stated approximately twenty five per cent of police time was spent in this way.

The Committee felt it was essential to an individual's long term mental well-being that services were easy to access and focused on early intervention; early intervention is important in the prevention of further deterioration of a condition. However members found their starting point was understanding how, why and if services were being accessed at the point of crisis.



Councillor Yates



Councillor Mrs Mannering



Councillor Mrs Grigg



Councillor Mrs Joy



Councillor Mrs Blackmore

## Terms of Reference

### The objectives of the review were identified as follows:

- To evaluate Maidstone's offer of Mental Health Services from the perspective of the Government's 'prevention' agenda and its 'No Health, Without Mental Health' outcomes Strategy – How has Maidstone and West Kent implemented its 6 objectives and is it achieving any outcomes as a result?
- To establish what profile Mental Health has in schools and within the police.
- Establish the role the Voluntary Sector plays in Maidstone.

- Establish how funding is available to Mental Health Services and how it is being used. Is it being used early enough? Is it funding crisis services or early intervention?
- What evidence is there of joined up working between schools, GPs, youth clubs, health providers, health commissioners, councils and other public bodies such as the police.

### The desired outcomes specified at the start of the review were:

- To ensure the Mental Health needs of Maidstone's residents are being met before the point of crisis in line with the Government's agenda for prevention and in an efficient, effective and holistic manner

and through adequate signposting.

- To put forward through the review recommendations to Kent County Council, the NHS and the West Kent Clinical Commissioning Group that will raise Mental Health awareness within the borough and to ensure Mental Health is part of the commissioning priorities for Maidstone residents.

## Introduction

Scrutiny members at Maidstone Borough Council began focusing on the Mental Health needs of residents in 2012. It was during the 2012/2013 Municipal Year that the Communities Overview and Scrutiny Committee responded to three consultations in this area reigniting its interest in this vital area of well-being within the Council's public health role.

The first consultation 'Achieving excellent care in a mental health crisis' in 2012 was run by NHS Kent and Medway and Kent & Medway NHS and Social Care Partnership Trust (KMPT). Members were supportive of the move away from the hospital setting and into the community via Crisis Resolution and Home Treatment (CRHT) teams. This was seen as a positive and key to the way in which services would be delivered in the future in order to achieve a more preventative and holistic approach to an individual's medical needs and overall well-being

The Committee also made a response to the Kent Community

Health NHS Trust's Consultation on becoming a Community NHS Foundation Trust in October 2012. Members were supportive of its four priorities for developing services that would be achieved through working with patients and families, local GPs and others working in health and social care in Kent. These included:

- To provide community-based services to stop people from becoming unwell; and
- To avoid the need for people to have to go into hospital and, if they do require hospital care to provide support so they can leave earlier.

The emphasis was on prevention.

Finally Kent County Council consultation on its Joint Health and Well-Being Strategy was taken into consideration. The strategy was to focus and deliver the outcomes for Kent, underpinned by the Joint Strategic Needs Assessment (JSNA).

The Joint Health and Wellbeing Strategy sets out Kent's vision to improve health outcomes, deliver better coordinated quality care,

improve the public's experience of integrated health and social care services, and ensure the individual is involved and at the heart of everything it does.

The strategy is the starting point for a long term partnership approach to improve health and care services whilst reducing health inequalities in Kent. It identifies five outcomes it wants to achieve for the people of Kent. These are:

- Every child has the best start in life;
- Effective prevention of ill health by people taking greater responsibility for their health and wellbeing;
- The quality of life for people with long term conditions is enhanced and they have access to good quality care and support;
- People with mental ill health issues are supported to live well; and
- People with dementia are assessed and treated earlier.

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Members interviewed the Director of Public Health Improvement at Kent County Council, Andrew Scott-Clark, in relation to the outcome for mental health. They identified there was a call for awareness of local mental health issues in order for the needs of Maidstone to met and improvements made to mental health provisions.

Maidstone is part of a two tier system of local government. Maidstone Borough Council sits below Kent County Council with a number of other district or borough Councils.

The NHS has undergone a major restructure. A number of significant changes took effect on April 1 2013. The changes affected how decisions about NHS services were made and how these services were commissioned. The local primary care trusts (PCTs) and strategic health authorities (SHAs) were replaced with the West Kent Clinical Commissioning Group. This gave local authorities a more influential role in respect of public health.

Health and well-being boards have a duty to encourage integrated

working between commissioners of services across health, social care, public health and children's services.

Local authorities are expected to work more closely with other health care providers. In addition local authorities are using their knowledge of local communities to tackle challenges.

Kent County Council and the NHS continue to work together to tackle some of the key issues affecting health and wellbeing. This is co-ordinated through the work of the Health and Wellbeing Board.



## Context

In the context of this review and the emphasis on resources the Committee feel should be placed on and invested in prevention and early intervention of Mental Health Services, the well reported statistics throughout this document regarding Mental Health are important:

**“One in ten children aged between 5 and 16 years has a mental health problem, and many continue to have a mental health problem into adulthood;”**

**“half of those with lifetime mental health problems first experience symptoms by the age of 14, and three-quarters before their mid-20s; and”**

**“Self-harming in young people is not uncommon (10-13% of 15-16 year-old have self harmed).”<sup>1</sup>**

The most recent Health Profile for Maidstone, published on 24 September 2013 by Public Health England, displays a very real warning sign in the area of mental health that has been substantiated by witness evidence as a problem in Maidstone. This is the indicator ‘hospital stays for self-harm’<sup>iii</sup>

The Government’s 2011 mental health outcomes strategy, No Health Without Mental Health clearly outlines the importance of understanding and looking after our mental health. The document states “good mental health and resilience are fundamental to our physical health, our relationships, our education, our training, our work and to achieving our potential. The document goes on to say the success of the Coalition Government will be assessed “not just on bringing about a healthy economy but also on the wellbeing of the whole population.”<sup>iii</sup>

The economic driver behind the way mental health is considered is extremely important and one that will be likely used in order to motivate and achieve the outcomes

detailed by Government across the country.

**“Mental ill health represents up to 23% of the total burden of ill health in the UK – the largest single cause of disability.”**

**“Estimates have suggested the cost of treating mental health problems could double over the next 20 years”**

**Sickness absence due to mental health problems costs the UK economy £8.4 billion a year and also results on £15.1 billion in reduced productivity.”<sup>1</sup>**

## Findings

In a report to the Kent Health and Well-Being board on 20 November 2013 Kent County Council's spend on mental health services across Kent was said to be £21.1 million. The report said £4.9 million of this was spent within the voluntary sector to provide a range of universal services and a further £9.8 million was spent on community services.<sup>iv</sup>

It seemed from the information accessed in the primary stages of this inquiry, such as the information available via the Kent Public Health Observatory (<http://www.kmpho.nhs.uk/>) in the form of its health and social care mapping of service provision, there was a fairly comprehensive level of mental health service provision available in Maidstone and across Kent.

This information was included as part of the agenda for the Committee's first evidence gathering session on 10 September 2013<sup>v</sup> at which it interviewed:

- A Service User;
- Dr Bob Bowes, Chairman of the West Kent Clinical Commissioning Group (CCG);
- Dr David Chesover, GP Member of the West Kent CCG;
- Meuthia Endrojono-Ellis, Head of Mental Health Commissioning, West Kent CCG;
- Jenny Walsh, Services Manager, Maidstone Mind; and
- Andrew Scott-Clark, Director of Public Health Improvement, Kent County Council (KCC).

Members felt at this stage in its investigations there was some disparity between the services they were told were on offer and the reality for someone trying to access a service.

### West Kent Clinical Commissioning Group

At this time the West Kent Clinical Commissioning Group felt there were gaps and challenges to be faced, a need to improve the quality of provision and to closely monitor services. It informed the Committee

it was working towards improvements by opening up access to services and reducing waiting lists.

The Committee established GPs provided a 24 hour, 7 day a week service through out of hours services and should be an individuals first point of contact. It was felt there was confusion as to whether the public were fully aware of this.

The Committee was very interested in the Street Triage Pilot Scheme<sup>vi</sup> funded by the Department of Health and backed by the Home Office and whether it had been considered for West Kent. Meuthia Endrojono-Ellis informed members that something similar was being developed in East Kent to support the Police. She explained the priority of the West Kent Clinical Commissioning Group was to work to improve crisis care. It wanted to shift care into the community as part of its 2014/15 community commissioning priorities.

It was established that mental health had not been handed over to the Clinical Commissioning Group from the Primary Care Trust (PCT) in good order and a team was being put in



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place to remedy this. It was confirmed waiting lists were a legacy of the April handover also but this was being tackled rapidly. GPs were working hard to ensure patients were seen within the timescales or would contact colleagues to make urgent provisions dependant on the problem. It was stated care would be individualised and their first duty was 'to do no harm' and ensure the patient was seen.

Members were informed a document was coming out in a few weeks time to all GPs detailing the mental health services available for referral, across child and adult services.

### Maidstone Mind

Jenny Walsh, Services Manager from Maidstone Mind informed the Committee on the challenges faced by the Voluntary Organisation. Individuals deemed 'fit for work' came to Maidstone Mind for support as well as those who had fallen through the gaps or been discharged from other services and could not access counselling or linking therapies.

Maidstone Mind was a charity reliant on funding but they had no security this would continue. Despite this they were being relied upon to pick up the gaps in service provision in Maidstone.

### Kent County Council Public Health

The Committee considered the role of Public Health in mental health services. Andrew Scott Clark, Director of Public Health Improvement at Kent County Council, informed the Committee he was commissioning services about understanding the local need and known triggers for mental health crisis included Welfare Reform and deprivation.

The Committee was informed there would now be a more joined up approach to commissioning with the role of Public Health and the Local Authority, post April 2013. It was confirmed joined up commissioning was starting to happen. Members were informed the Health and Well-Being Board's (HWBB) role was to establish the way forward by identifying priorities with partners.

The needs of the whole population in terms of mental health, including those in rural areas of the borough, were considered. Part of meeting this challenge included moving services into the community and maintaining the voluntary sector.

On **29 October 2013** the Committee interviewed:

- Assistant Chief Constable Paul Brandon, Kent Police;
- Chief Inspector Martin Wilson,
- Penny Southern Director of Learning, Disability and Mental Health at Kent County Council;
- Janet Greenroyd, District Supervisor for Maidstone Community Wardens; and
- Liz Lovatt, Community Warden from Boughton Monchelsea, Loose and Chart Sutton.

Members focused on understanding the role of the Police in mental health and its Street Triage Pilot. This immediately took the inquiry to the 'point of crisis' and understanding why individuals were in this position. The following points were highlighted:

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- An estimated 14,000 Mental Health calls were received per year, 1,300 detentions were made using Section 136 and of these the conversion rate to inpatient treatment was 20%;
- An assessment of calls received by Kent Police had been undertaken to establish how many involved mental health between 20 January and 13 June 2013. 6099 of these calls had been linked to mental health, with varying degrees of severity. Some calls were from other agencies regarding a person's safety;
- The Police were not trained to make clinical assessments; their primary priority was to protect life;
- Officers would not leave a vulnerable person or person at risk alone; they would contact the crisis team. However an increased amount of time was spent supervising;
- The shortest amount of time for a handover from the police to a medical team was 19 minutes; the longest was 19 hours and 41 minutes. The

resource involved was a minimum of one officer;

- More often than not taking a person to a 'place of safety' was a police cell which was not an ideal place for a vulnerable person; and
- The transportation of people to medical facilities was not a job for the police.

Concerns were raised over the lack of an assessment suite in the county. The Police could access suites at neighbouring authorities such as Sussex and had been offered suites as far a field as Yorkshire.

Training was considered. This was provided for those dealing with individuals in custody and training DVDs were being produced. There were also custody nurses available to provide advice to sergeants in custody suites. A reporting form was in development which would provide the Police with the ability to challenge its own procedures as well as identify gaps with other agencies, providing a record as well as measuring outcomes.

Kent Police had bid for funding for the National Street Triage Pilot Scheme but was unsuccessful. It had managed to provide the scheme from internal resources. Chief Inspector Wilson was the project lead on the 12 week pilot street triage project. It was a countywide resource. It involved a police officer and a mental health nurse going out three times a week on 10 hour shifts. It enabled both access to information from the police and the professional expertise of the nurse. It was reported that early indications were there had been a significant reduction in the number of S106 issued due to more informed decision making, with multi agency assessments taking place in the street.

The Committee was told the scheme was not a scalable concept. However, the police would be informed by what they had learned and it would be built into next year's business model, leading to better decisions.

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### Community Wardens

The Committee established the role of the Community Warden was to monitor changes in the community and make referrals to partnership agencies.

Members were provided with a case study demonstrating a Community Warden's level of involvement in the community. The incident involved a resident with an underlying mental health condition. It was revealed and addressed because of the level of engagement from the Community Warden. Community Wardens were not a statutory service and therefore not seen as a 'uniform'.

It was explained a lower level of mental health issues existed in the community not necessarily presenting themselves through crime. A person could be 'disruptive' within their community but there were not necessarily any interventions taking place. It was an issue raised at regular Community Safety Unit meetings by the Community Wardens.

The future funding of Community Wardens remained uncertain and was a concern of the Committee. Members felt it was important at this stage in their inquiry to show their support for this service in a letter to the Leader of Kent County Council, Paul Carter (Appendix A).

### Kent County Council

Penny Southern, Director of Learning Disability and Mental Health at KCC informed the Committee Social Care worked with the voluntary sector to prevent crisis. They worked with the Kent and Medway NHS and Social Care Partnership Trust (KMPT) on prevention through engagement with the community. She told the Committee joined up working was taking place and Kent County Council were currently looking at the potential redesign of the service. Kent County Council were closely aligned with Kent and Medway NHS and Social Care Partnership Trust (KMPT) and Clinical Commissioning Groups as commissioners.

On **12 November 2013** a police constable involved in the Street Triage Pilot Scheme gave an honest

and frank account of his preconceptions of mental health and the learning curve that joint working with the Kent and Medway NHS and Social Care Partnership Trust had provided.

Police Constable McMahon was invited to update the Committee on the Street Triage Pilot Scheme being undertaken by Kent Police in partnership with the Kent and Medway NHS Social Care and Partnership Trust (KMPT). It was made clear from the outset the opinions he was expressing were his own. He made the following points:

- The Police's main power was S136 of Mental Health Act, giving power to detain; and
- If someone was found in a public place by the police they would be taken to a place of safety i.e. a hospital or a police cell as still stated in legislation.

The officer described his positive experiences of working with health professionals. He gave an example of working with an ambulance crew and their ability to identify someone

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who was thought to be suffering from a mental health crisis was actually suffering from an aneurysm which enabled the correct treatment to be given. He explained that by going out with mental health trained staff as part of the pilot scheme, police had the ability to diagnose and identify the best treatments. It also provided access to the same tools available to NHS.

The officer spoke of the culture of both organisations and approaches to mental health being challenged through the pilot scheme with positive outcomes. NHS staff were given an insight into some of the crisis situations faced by the Police. As part of the pilot they would encounter someone at a crisis point, possibly under the influence of drugs or alcohol whereas they would usually encounter the person after they had calmed down.

It was confirmed the scheme was a countywide pilot and in addition:

- The police's responsibility ceased when the person was taken to a place of safety

(other than a police cell) and assessment began;

- The resources involved included five police officers and five mental health nurses covering a five week shift pattern on Thursday, Friday and Saturdays nights;
- In terms of cost, a hire car was used and the mental health staff were provided on overtime;
- For someone to be sectioned, 2 doctors were needed; and
- Time was currently lost with S136 teams having to travel across the county. A central unit or team would be preferable.

As a result of the initial 12 week pilot 18 people had not been issued S136 by the police because of the improved knowledge and understanding of a person's needs from working with a mental health professional. This offered a financial saving of between £1200 and £1400 per assessment that would have had to have been made and meant space was available for those most in need. However in some cases, it was

explained, S136 was the right course of action.

The Committee was informed the scheme was about building trust, establishing relationships and breaking down barriers between the Police and the NHS. This could be achieved further by extending the shift rotation period and involving more staff over a longer period of time, thus increasing involvement. With greater flexibility to have more staff involved, barriers could be broken down and knowledge could disseminate more quickly.

The following points resonated most with the Committee:

- That a central county assessment team or unit was needed to prevent time wasted travelling across the county; and
- A mental health helpline to the NHS for the police would be a sensible outcome of the Street Triage Pilot scheme.

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On **30 January 2014** the Committee held an informal meeting bringing together the following organisations:

- Jo Scott, Programme Director, Sussex Partnership NHS Foundation Trust, Children and Young People;
- Katie Latchford, Community Development Team Leader Community Development Team, Maidstone Borough Council
- Dr Chesover, Mental Health Clinical Lead for West Kent and Co-ordinating Mental Health Lead for Kent, West Kent Clinical Commissioning Group
- Dave Holman, Head of Mental Health Commissioning, West Kent Clinical Commissioning Group;
- Ivan Rudd, Public Health Specialist, Kent County Council;
- Sharon Dodd, Kent Integrated Adolescent Support Service Strategic Manager and lead on the Kent Early Intervention and Prevention Strategy, Kent County Council;

- Inspector Steve Seabrook, Kent Police;
- Karen Dorey-Rees, Assistant Director, Acute Service Line, Kent & Medway NHS and Social Care Partnership Trust; and
- Richard Webb, SAFE Project Coordinator Maidstone, Voluntary Action within Kent (VAWK)

The Committee was keen to revisit the issues that had initially been highlighted by the West Kent Clinical Commissioning Group following the changes to the NHS structure post April 2013 at the meeting it held in September 2013. Members had appreciated it would take some time for the Clinical Commissioning Group and others to establish their new roles and responsibilities as a result of the significant changes.

The Committee's final evidence gathering session served as a timely opportunity to bring together all the important themes it had explored and reach its conclusions.

The involvement of so many organisations in an informal Scrutiny

setting proved to be highly productive. It helped identify the way forward both in terms of what would be achieved within mental health services in Maidstone and as a forum for future and continued engagement.

### Young People

If early intervention and prevention in mental health was to be possible the Committee was aware it needed to happen at an early juncture.

Mention was made of the Common Assessment Framework (CAF), which is a four-step process whereby practitioners can identify a child's or young person's needs early, assess those needs holistically, deliver coordinated services and review progress.

With regards to Children and Adult Mental Health Services (CAMHS) which were being delivered by the West Sussex NHS Partnership Trust it was reported the Common Assessment Framework could be a barrier and caused a block in the pathway for some services for young people at the lower tiers.

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A child's cognitive ability was said to be developed by the age of eight. There was a definite agreement from all parties interviewed by the Committee that the primary school setting should be the focus for interventions such as coping mechanisms in order to prevent long term mental health conditions. Children suffering from anxiety at a young age would feel alone and would not have the ability to understand how they were feeling or why.

Dr Chesover from the West Kent Clinical Commissioning Group described the sense of failure felt by young people owing to exam pressures which continued into adulthood. It was identified that with the grammar school system in place in Kent, this pressure and need for coping mechanisms to be developed was a requirement for children in year 6, if not before.

Further issues identified were children living in unsafe environments, parents arguing and the insecurities that could develop from external pressures.

The Committee was informed of Kent County Council's 'Early Intervention and Prevention Strategy', being developed with Clinical Commissioning Groups and its 'Coping and Resilience Strategy'

Although the 'Early Intervention and Prevention Strategy' had been developed for 11-19 year olds, members were told strategies were being developed for younger age groups support and would be put in place earlier. Overall it was felt support and training in mental health was not yet in place in schools.

Importantly, the strategies described were being developed with young people and would also include the involvement of parents. Learning how to reach and inform parents was seen as key.

Further schemes in development from Kent County Council Public Health were included in Personal, Social and Health Education (PSHE) curriculums in local schools. Kent County Council Public Health were looking at adapting the Kent Early Intervention and Prevention Strategy. St Augustine's Academy in

Maidstone was piloting a new PSHE programme.

Members were extremely supportive of the work being undertaken. As this was clearly in its formative stages the Committee resolved it would write to the Corporate Director of Education, Learning and Skills at Kent County Council in support of their:

- 'Coping and Resilience Strategy';
- Adapting its 'Early Intervention and Prevention Strategy' to children of a primary school age, and;
- Personal Social and Health Education (PSHE) programmes raising awareness of mental health and well-being in schools.

### Stigma

The Committee considered the stigma associated with mental health and the way in which this could present a barrier to individuals accessing services. A piece of work undertaken by the Sussex NHS Partnership with young people in Kent and Hampshire involved



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renaming Child and Adult Mental Health Services (CAMHS) as Children and Young People Services as a way of removing the stigma associated with these services. The Committee was advised that an unfortunate by-product of this was that it made it difficult for users to access information about these services, especially via online searches.

### SAFE

The SAFE project was considered by members. This was a 6<sup>th</sup> form project being undertaken in a number of schools in the borough (see Appendix B for further details). The aim of the project was to spread awareness of mental health, creating 'safe spaces' within schools, students devising PSHE lessons. The Committee was informed a public event was to be held for local schools to raise awareness.

The project, commissioned by Maidstone Borough Council, was developed as a result of the high level of self harm identified in the borough by Maidstone's Health Profile<sup>vii</sup>

### Communication

Dr Chesover reported in an audit conducted over the period of a week that only two patients had heard of the Live it Well website<sup>viii</sup>. It was identified people only source information when they are unwell. The Committee considered what was needed to raise awareness of this established and valuable resource.

The Live it Well website is compiled by people working in the voluntary and statutory sector in Kent and Medway. The website has been designed as a source of information, help and guidance and is designed to promote wellbeing and better mental health in Kent and Medway for all and to help people connect with their local communities. It has also been designed to promote the Live It Well Strategy for Kent and Medway which aims to improve mental health in the next five years<sup>ix</sup>

The rebranding and marketing of 'Live it Well' was considered but a low level approach was considered to be the most effective, such as utilising the Borough Update. The Borough Update is a quarterly

magazine insert from Maidstone Borough Council. It is included in a local, free newspaper delivered to every household in the borough.

The Borough Update, 'In the stone' website and the Switch cafe<sup>x</sup> supported by Maidstone Borough Council were highlighted to the Committee as means of advertising projects like SAFE.

The Committee learned Kent County Council was also piloting an online resource for young people. It would be developed with young people and identify triggers affecting mental health and well-being and the resources available.

The Committee felt a low level, repetitive advertisement in the Down's Mail or similar publication drawing attention to issues which young people could be facing such as depression and anxiety without support would be an excellent starting point and would target parents and grandparents aiding their understanding.

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### Single Point of Access

The Committee was informed that eight months ago when the Clinical Commissioning Group took over, a single point of access for psychiatric patients was a priority. It was confirmed people still did not know how to contact out of hours services via the 111 number which was also preventing the single point of access goal being achieved.

### The Police

The Street Triage Pilot scheme has been of ongoing interest to the Committee. It demonstrated the benefits of joint working (between the police and the NHS) and established a positive way forward. Inspector Steve Seabrook confirmed to the Committee the scheme would be extended until March 2014. The benefit of good clinical advice had provided the following outcomes: a reduction in detentions; and speedier interventions. Inspector Seabrook informed members the role of the police was always as part of an emergency but helping vulnerable people was what policing was about.

### The role of the Voluntary Sector

The Committee had considered the role of the Voluntary Sector when it interviewed a representative from Maidstone Mind. It was disappointed the organisations faced continued future funding uncertainty despite the important role they played.

The Committee was informed of a Voluntary Service User Platform led by the Clinical Commissioning Group, on a regular basis and fed into its decision making.

The Clinical Commissioning Group reported the Voluntary Sector were a crucial element in future commissioning decision making. A project in West Kent was underway with the Locality Planning and Monitoring Group<sup>xi</sup> (LMPG) which was about ensuring the voluntary sector was an equal partner, receiving funding from the Clinical Commissioning Group and Kent County Council and ensuring good outcomes.

The Clinical Commissioning Group reinforced the role of the voluntary and charity sector further by

informing members at the present time they may not be able to provide the services required but it was about looking to the future, learning from this sector, forming a joint future.

The Committee was encouraged to refer any issues it had identified in the voluntary sector to Kent County Council Public Health.

## Summary of Recommendations

### Summary of Recommendations for Accessing Mental Health Services Before the Point of Crisis review report

1. That from July 2014 a joint mental health services meeting be held on a six monthly basis between Maidstone Borough Council, Kent County Council and the West Kent Clinical Commissioning Group to communicate and share information to ensure mental health and mental health services remain an on-going priority. This group to develop an action plan to include the following:
  - a. That a single point of access to mental health services is developed providing access to all cases of mental health and not just the more severe cases;
  - b. That the Maidstone Borough Council Community Development Team ensure there is continued engagement between the West Kent Clinical Commissioning Group, Kent County Council Public Health and the Community, Charitable and Voluntary sectors and Maidstone Borough Council to ensure mental health services are commissioned on a well-informed basis;
  - c. That the plausibility of a central county self-assessment team or unit for mental health be investigated with a view to providing a cost effective and viable service for Kent;
  - d. Building on the success of the Street Triage Pilot, that the above group work with Kent Police and NHS Mental Health Teams to provide access to a 24 hour mental health service advice line for all police officers;
  - e. That the Community Development Team promote the Live it Well website as a priority via its communication channels to ensure its profile is raised and maintained.
2. That Maidstone Borough Council's Community Development Team ensure professionals and the community can access information on child and adolescent mental health services provided by NHS Kent and Sussex via the Council's website 'In the Stone' and the borough update;
3. That the Maidstone Borough Council Community Development Team continue to support the Suicide Awareness for Everyone (SAFE) project via funding and their various communication channels, for example 'In the Stone' website;

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4. That Maidstone Borough Council's Community Development team together with their partners encourage prevention and early intervention in mental health and well-being by developing a pilot project aimed at primary school children and their parents to develop coping strategies when moving to secondary school;
5. That a letter of support from the Chairman of the Communities, Leisure Services and Environment is sent to Patrick Leeson, Corporate Director of Education, Learning and Skills at Kent County Council supporting the 'Coping and Resilience Strategy' and 'Early Intervention and Prevention Strategy' being adapted to include children of primary school age and PSHE programmes raising awareness of mental health and well-being in schools.

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## The Way Forward

The Government's mental health outcomes strategy, 'No health without mental health' published on 2 February 2011 remains one of the primary reference points and is overarching to the way in which policy will be delivered at a local level.

In many ways, in interpreting government policy and the long term outcomes for mental health, the terms mental health and well-being seems almost interchangeable or it would appear in the long term aim is that they will be.

The economic picture is presented as unmanageable if we are to continue the way we are with all health conditions. The emphasis therefore is on prevention and early intervention.

At a local level, the six steps for well-being as detailed in the 'No health without mental health' are being implemented.

Further information on the 'Six Ways to Wellbeing' Kent-wide campaign, and progress reports are available at [www.liveitwell.org.uk](http://www.liveitwell.org.uk)

Maidstone Borough Council's Public Health role in relation to mental health and well-being is being developed through the Maidstone Health Inequalities Action plan which feeds into overarching documents including Kent County Council's Mind the Gap Action Plan and upwards.

Overview and Scrutiny members will continue to be involved in health and well-being and will remain focused on outcomes for prevention and early intervention.

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## Thank you

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### **Maidstone Borough Council**

- Katie Latchford, Community Development Team Leader  
Community Development Team

### **West Kent Clinical Commissioning Group (CCG)**

- Dr Bob Bowes, Chairman of NHS West Kent CCG's governing body, CCG's lead on information management and technology;
- Dr Chesover, Mental Health Clinical Lead for West Kent and Co-ordinating Mental Health Lead for Kent, West Clinical Commissioning Group;
- Dave Holman, Head of Mental Health Commissioning, West

Kent Clinical Commissioning Group; and

- Meuthia Endrojono-Ellis, Head of Mental Health Commissioning (interim)

### **Maidstone Mind**

- Jenny Walsh, Services Manager

### **Kent Police**

- Assistant Chief Constable Paul Brandon;
- Chief Inspector Martin Wilson;
- Police Constable Shane McMahon; and
- Inspector Steve Seabrook

### **Sussex Partnership NHS Foundation Trust, Children and Young People**

- Jo Scott, Programme Director

### **Kent County Council**

- Andrew Scott Clark, Director of Public Health Improvement;
- Ivan Rudd, Public Health Specialist;

- Sharon Dodd, Kent Integrated Adolescent Support Service Strategic Manager and lead on the Kent Early Intervention and Prevention Strategy; and
- Penny Southern, Director of Learning

### **Kent and Medway NHS and Social Care Partnership Trust**

- Karen Dorey-Rees, Assistant Director, Acute Service Line

### **Kent County Council Community Wardens**

- Janet Greenroyd, District Supervisor for Maidstone Community Wardens; and
- Liz Lovatt, Community Warden for Boughton Monchelsea, Loose and Chart Sutton

### **SAFE project (VAWK)**

- Richard Webb, SAFE Project Coordinator Maidstone,



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