

HEALTH SCRUTINY PANEL

**Agenda
Item No.**

DATE: 18 August, 2005

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**REVIEW OF ACCESSIBILTIY OF MENTAL HEALTH SERVICES IN WALSALL
(JANUARY 2005) – ACTION PLAN**

Ward(s) All

Portfolios: Councillor Alan Paul

Background papers:

Report on the accessibility of mental health services in Walsall, presented to the Health Scrutiny Panel Action Plan April 2005.

Reason for scrutiny:

The report was commissioned by health Scrutiny and this Plan identifies the actions to be taken to address the recommendations.

Signed:

Executive Director: **David Martin**

Date:

Resource and legal considerations:

- Any resource needs will be managed within the budget and development monies. There are no legal considerations to be considered.

Citizen impact:

- Implementation will be positive for a number of service users and their carers.

Environmental impact:

- None identified.

Performance management:

- Several of the actions will make a positive contribution to the performance of the Council.

Equality Implications:

- There are specific actions which apply to women service users, members of the Black and Ethnic Minority communities and people with disabilities.

Consultation:

- Staff of the mental health service, commissioners and other stakeholders.

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1. **ACTION PLAN**

- 1.1.1 Further to the discussion on the Sainsbury Review of the accessibility of Walsall's mental health services, it was agreed at Health Scrutiny on March 15th that an action plan would be implemented to address the issues identified as recommendations. That plan went to Health Scrutiny on April 27th and this is an update on its progress.

2. **SUMMARY**

- 2.1 The attached plan responds to the recommendations as listed in the original report. Members will note that some areas of development are already being addressed. Timescales for the outstanding areas are included in the plan.

Recommendations	Actions	Timescales	Responsible	Update – July 2005
<u>Environment:</u>				
CMHT needs assessment to determine profile of service users.	CPA audit. Review of the role of CMHTs as recommended by Policy Implementation Guidance.	Completed. New duty system due for implementation in May 2005. Review will be ongoing throughout 2005/6.	General Manager for Service Improvement (KW) in conjunction with General Manager for Adult Mental Health (SF).	First phase implemented. Consultation on second phase in progress
Adaptations to Assertive Outreach base.	Included in current review of all accommodation .	Commenced. Due for completion by September 2005.	General Manager for Adult Mental Health (SF) and Associate Director of Estates (JR).	Resources secured for adaptations. Work scheduled for autumn 2005.
Separate admission wards for men and women at DPH.	Consultation with stakeholders prior to implementation.	June 2005.	Modern Matron (JS).	Consultation deferred until September. Will be progressed with support from NIMHE
PPI to investigate complaints procedure used at DPH. Improved awareness of procedure for inpatients.	PPI to respond to request. All inpatients to receive advice on procedure.	May 2005. Ongoing.	PPI Lead officer (JW). Modern Matron (JS).	PPI Group progressing this Posters in place, leaflets available on all wards
<u>Pathways to care:</u>				
Improved information and awareness raising about mental health, in partnership with others.	Identified key role for new Graduate Mental Health Workers, due to be recruited summer 2005.	Commencing July 2005 and ongoing.	Primary Care Team Manager (LB).	Recruitment completed. Post holders due to start September 2005.

Research patterns of access and use of services.	Recommendation to Public Health.	May 2005.	Director of Mental Health (MW).	Recommendation made
Single access point to services.	Will be established by new duty system.	June 2005.	General Manager for Service Improvement (KW).	Due to be in place when second phase of duty system in place – September 2005
Monitoring of opt in letters.	System already established for monitoring.	Existing.	Primary Care Team Manager (LB).	Opt in letters withdrawn from use
CMHT training to include evidence based training such as CBT.	CBT, BFT, and Solution Focused approach already available to CMHT staff. STORM risk assessment model to be implemented in 2005.	STORM training commences in May 2005 and will be ongoing.	Dr SA.	Storm training commenced. All staff to attend
Psychiatrists available at all CMHT bases.	All CMHTs currently have dedicated time from Consultant Psychiatrists and some will be introducing community reviews this year.	Existing and ongoing.	All Consultant Psychiatrists.	Community reviews commenced as a pilot
Training in accordance with 'Mainstreaming Gender'.	Local plans for delivering care to women are being developed in conjunction with NIMHE and the StHA.	Ongoing.	Women's lead officer (PB).	Ongoing

Assessment and Care Planning:

Service user involvement and ownership of care plans.	This is an existing requirement and is audited annually.	Ongoing.	CPA lead officer (LL).	Ongoing
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Ethnicity and cultural needs of service users must be recorded.	This is an existing requirement and was audited in March 2005 when there was 93% compliance.	Ongoing.	CPA lead officer (LL).	Ongoing
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Care plans should be monitored.	CPA reviews, which include Consultant Psychiatrists form on aspect of monitoring. The CPA team audit and report on the quality and outcome measures at least annually. Care plans have formed part of a recent Audit Commission programme and the Rowan Review.	Ongoing.	CPA lead officer (LL).	Ongoing
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Relationships and Communication:

Developing protocols should be monitored and evaluated.	This is included in the clinical governance process.	Ongoing.	Mental Health Senior Management Team.	Ongoing
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Training in mental health issues for non mental health staff – eg. general nurses.	We have recently established a joint training arrangement with The Manor Hospital which	Existing.	Lead Nurse for Mental Health (RM).	Joint training commenced
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	will meet this recommendation.			
Strategy on the management of dual diagnosis.	A working group will be established to address the issues relating to this.	June 2005.	Modern Matron (JS).	Group established
Involvement of BME community and other diverse groups in the planning of services.	The new Mental Health Partnership Board will include a broad representation from community groups and will have a specific sub-group focusing on diversity.	April 2005.	Director of Mental Health (MW) and lead officer for diversity (JW).	Walsall now signed up as an early implementer for St HA BME Strategy
Improve the liaison between teams and agencies.	The new management arrangements and change of roles will improve communication and liaison.	Completed.	General Manager for Adult Mental Health (SF).	
<u>Cultural Issues:</u>				
Prioritisation of services for the BME community.	Designated lead identified within the SMT.	Completed.	Social Care lead (JW).	
	Involvement of StHA development group. Partnership Board sub group to be established.	Commences April 2005. May 2005.	Social Care lead (JW). Social Care lead (JW).	Commenced and ongoing
Inclusion of BME needs in training strategy.	Agreed as a priority.	Ongoing.	Training lead officer (SU).	Included in training plan

Partnership working.	Links with agencies to be further developed.	Ongoing.	Social Care lead (JW) and Associate Director of Commissioning (PA).	Ongoing
Sustainable funding for voluntary organisations.	SLA funding to be reviewed and priorities agreed.	Commencing September 2005.	Associate Director of Commissioning (PA), Commissioning lead for MBC(DA) and Director of Mental Health (MW).	
The provision of child care is explored.	Home visits and the use of crèche facilities for appointments are already available. Further provision to be included in the day service review.	Commencing June 2005.	General Manager for Service Improvement (KW) and Social Care lead (JW).	Included in day service review
Estates audit.	Already underway.	Due to report September 2005.	General Manager for Adult Mental Health (SF) and Associate Director of Estates (JR).	
Nominated link for deaf and hard of hearing.	Strategic wide work being undertaken this year which Walsall is supporting.	Financial commitment made April 2005.	Associate Director of Commissioning (PA) and Director of Mental Health(MW).	
Address the needs of asylum seekers in collaboration with partner agencies.	MBC contractual arrangements	Ongoing.	Modern Matron (JS) and Social Care lead (JW).	Ongoing

Involvement in anti stigma campaigns.	for asylum seekers are undergoing change which may affect local demand. This will be monitored.	Ongoing.	Standard One lead.	Ongoing
	Participation in national. Regional and local health promotion events and other relevant campaigns.			
<u>Public Information:</u>				
Support the promotion of good mental health, including services outside of traditional health care.	Employment services, Broadway North, CMHTs and the Primary Care Team are actively involved in a range of programmes, many of which are not of a traditional model. These will be enhanced by the development of the Graduate Mental Health Worker and Community Development Worker roles.	Ongoing.	All managers.	Ongoing
Improved self help information for people with health care professional support.	The planned development of the Primary Care Team will include a range of approaches which will meet this	Ongoing.	Primary Care Team Manager (LB).	Commenced

Improve information to service users about medication and potential side effects.	recommendation. The introduction of specialist pharmaceutical advice for mental health will improve the current service.	September 2005.	Pharmacy lead officer (ER).	Recruitment planned
Information should be available in a range of formats and languages.	All current leaflets are printed in 5 languages, available by request in others and in Braille or large print. Staff will actively promote this.	Ongoing.	All managers.	New information strategy launched. All information available in any format by request.
Inclusive and culturally relevant awareness raising about mental health issues.	This will be a key feature of the strategic wide work we are part of. The PPI and Partnership Board sub group will also have roles in meeting this recommendation.	Ongoing.	Social Care lead (JW) and all managers	Ongoing
The development of a liaison and communication role for Community Development Workers, between providers and service users.	Facilitating communication will be a recommendation to the group responsible for introducing the CDW posts.	Commencing August 2005.	General Manager for Service Improvement (KW).	
Management Information:				
Mental Health services should produce regular information to	The Performance Management Group and the	Ongoing.	All managers.	Ongoing

enable planning and development.	Directorate Management Team receive monthly updates of information. This will now extend to the Partnership Board for Mental Health.	Existing.	All staff.	
Information should be available about who is and is not using the service, including gender and ethnicity.	This information is already available on those referred to and accessing the service. By a process of deduction, the profile of those not included can be ascertained.	Existing.	All staff.	
Staff should be trained in data collection and access to computers ensured.	There is an rolling programme of training with regular updates. In addition to the computers available in teams, there are facilities located around the Borough to enable staff to access their records, the internet and the intranet.	Existing.	Head of Information (FB).	
Waiting lists should be monitored.	Waiting lists are reported weekly to the relevant staff and managers.	Ongoing.	General Manager for Service Improvement (KW).	Ongoing
People refused access to services should receive an explanation and this should be	The			

recorded.

development of referral protocols and service criteria will clarify the roles of teams. Records of actions are currently recorded.

Existing.

Associate Director of Human Resources (JC).

Workforce data should be collected and targets set to achieve a representative workforce.

This is already a requirement and is reported to the Board quarterly.