

SOCIAL AND HEALTH CARE OVERVIEW & SCRUTINY COMMITTEE

Date of Meeting	Tuesday, 13 December 2016
Report Subject	The function and purpose of Flintshire Community Mental Health Teams
Portfolio Holder	Cabinet Member (Social Services)
Report Author	Chief Officer (Social Services)
Type of Report	Operational

EXECUTIVE SUMMARY

This report provides information to Scrutiny Committee on the function and purpose of the Community Mental Health Teams (CMHT). It also seeks to provide case examples typical of referrals received on a daily basis within this service.

RECOMMENDATIONS

1	Scrutiny are informed and aware of, in general terms, the structure of the service.
2	Scrutiny understand the referral process to CMHT and typical presentation of those being referred.

REPORT DETAILS

1.00	Explaining the Community Mental Health Service
1.01	All Community Mental Health teams are jointly funded and managed by Flintshire Social Services and Betsi Cadwalader University Health Board (BCHUB).

1.02	Referral Process Flintshire Community Mental Health Team (CMHT) is made up of four parts and based in two buildings, namely Aston House (Deeside) and Pwll Glas (Mold).
1.03	Eligibility for services falls into two main categories We have services that support people with mild to moderate mental health issues. This would include difficulties due to intermittent MH problems, with mild to moderate impact on wellbeing. The Local Primary Mental Health Services responds to these needs.
1.04	The Community Mental Health Team. This service supports people with severe mental health problems, resulting in a major risk to wellbeing and/or Mental Health Act intervention needed immediately and/or issues relating to capacity.
1.05	Any professional can refer to the service. In addition, under Mental Health measure, any person who used to receive a service can re refer themselves.
1.06	The Mental Health Measure was introduced by the Welsh Government to ensure standards are consistently applied across all of Wales.
1.07	CMHT services are for working age adults, although MH Act also applies to children.
1.08	The principles of the Social Services Wellbeing Act support the work of Mental Health Services in that we all seek to promote peoples' recovery, and in this aim we are now supported.
1.09	Service Structure – Appendix 1 There are a small number of vacancies for health staff within CMHTs. These are in the process of being filled. There are 2 Community Psychiatric Nurse posts being recruited.
1.10	The Local Primary Mental Health Support Service (LPMHSS) provides services to people with mild to moderate mental health issues, such as anxiety and mild to moderate depression. They use a cognitive based approach. The team covers the whole of Flintshire and is based at Aston House. They are the lowest resourced team per 1000 population of all 6 North Wales counties.
1.11	Secondary Care Team This is the team that supports people with more complex needs, for example they see people with severe and enduring mental ill health, schizophrenia, Bi-Polar Affective Disorder, severe depression and severe personality disorders.
1.12	Secondary Care team work on a three patches bases. Deeside/Connah's Quay area. Mold / Buckley area and Flint/Holywell.
1.13	These teams have access to the Home Treatment Team and the Community Rehabilitation Team. The Community Rehabilitation Team Supports people with enduring mental ill health and/or severe personality disorders on a

	'recovery' journey, usually from specialist hospitals to supported living in the community.
1.14	Team have access Psychological therapies, specialised services offered by psychological therapists and psychologists. There is also a specialist service for ex service personnel who have Post Traumatic Stress Disorder (PTSD).
1.15	For the psychological therapies we have two part-time therapists who mostly run groups sessions and have only a short waiting list.
1.16	However where there is a need for a psychologist, there is a long waiting list in excess of 18 months and referrals to the therapeutic groups for people with personality disorders are currently closed to new referrals and have been for about a year. This is the responsibility of BCU and has been raised as an area of concern.
1.17	Links with Third Sector We work in partnership with third sector organisations to support people who don't meet the eligibility for stator services.
1.18	PARABL offers counselling to people who would not meet the criteria for any statutory mental health service; this is also a gateway to access CRUSE and RELATE who offer specific help to those bereaved and with relationship difficulties respectively.
1.19	Caseload The Secondary care team have approx. 800 current open cases which has been consistent during recent years. There aren't any waiting lists although allocating is a struggle. In the main these are people who have severe and enduring mental ill health with diagnoses such as schizophrenia, bi-polar affective disorder and severe depression.
1.20	There are a significant number of people who have personality disorders and we are seeing an increase in the number of cases. This group of individuals can cause difficulties for other agencies such as the police and ambulance service. Examples would include multiple calls made to emergency services when no urgent need exists.
1.21	There are an increasing number of adults who have children being assessed for Autism Spectrum Disorders (ASD) and Attention Deficit Hyperactivity Disorder (ADHD) who are themselves asking to be assessed as they see the same traits in themselves. We accept these referrals which contribute to using capacity available. This is an area of unmet need as there is little to offer other than assessment and, where appropriate, a diagnosis and sometimes medication helps those with ADHD.
1.22	There are some people with Autism Spectrum Disorders who are unable to manage unaided in the community and we have had to look to outside agencies to provide the care and assistance needed to enable these people to move back to the community.

1.23	Single Point of Assessment and Allocation (SPoAA) All referrals to the Mental Health teams are screened by SPoAA. This takes place every morning and is attended by a combination of County Manager or Deputy, Duty officers, Older persons CMHT (CMHT(E)), Substance Misuse Service (SMS), LPMHSS, Psychiatrist, Psychology with admin support.
1.24	We receive approx. 4000 referrals per year. Just under half (45%) are offered an appointment with LPMHSS, (mild/ moderate service).
1.25	The remainder (55%) are for secondary care, CMHT, SMS as well as other services within health or the local authority. The Mental Health Measure requires referrals to be seen within timescales, depending on urgency of need e.g. high priority are seen on the same day. There are waiting times to see Consultant (new appointments) of 12 weeks.
1.26	In the main referrals come from GPs using an electronic form. If sent this way the referral is dealt with the following day at SPoAA and passed to one of the following:
1.27	Urgent referrals are followed up by the Duty Officer by contacting the referrer and the person concerned. A decision is made about how best to deal with the referral. Urgent referrals include people presenting with high suicide risk. These urgent cases will be seen by the Duty Officer either the same day or later after discussion with the person referred.
1.28	Referrals that require an assessment under the Mental Health Act will be passed to one of the Approved Mental Health Professionals (AMHP) based in the teams for action. The response time for seeing someone varies from within 3 hours when there is someone who has been placed under a police place of safety (s136 MHA). This is increasingly taking a day or more because of shortage of beds locally and nationally to which people can be admitted after the Mental Health Assessment.
1.29	BCU have the responsibility to source beds and often have to contact hospitals throughout England and Wales.
1.30	Routine referrals go to the appropriate team to be allocated. For the secondary care teams this is a weekly Multi-Disciplinary Meeting.
1.31	We work closely with GP practices and where possible we will visit the practice to carry out the assessments.

2.00	RESOURCE IMPLICATIONS
2.01	Social Services provide funding jointly with Betsi Cadwaladr University Health Board. There are concerns about the raising number of referrals to the team and the ability to support individuals within the available resources.

3.00	CONSULTATIONS REQUIRED / CARRIED OUT
3.01	CMHT undertake user surveys commissioning the third sector organisation 'Unllais'. People comment on positive relationships and achievement of outcomes. These are often linked to Mental Health support services too.
3.02	Flintshire Mental Health Support Services also undertake an annual survey of all users, this has been presented previously to Scrutiny by Rhian Evans.

4.00	RISK MANAGEMENT
4.01	CMHT operate within a high risk environment with service users often displaying challenging behaviours/threats/suicidal thoughts. There are occasionally serious incidents which are all investigated by BCU as reflective learning process.
4.02	There is good joint working in the community based services, which can help mitigate risk.
4.03	There remains a concern about the availability of in-patient beds for individuals who need hospital based MH assessment. This is has been recognised as an Issue by BCUHB.

5.00	APPENDICES
5.01	Appendix 1 – Service Structure
5.02	Appendix 2 – Example 1. This is a (real) typical example of a referral to LPMHSS from a GP.
5.03	Appendix 3 - Example 2. This is a referral to secondary services from a GP.

6.00	LIST OF ACCESSIBLE BACKGROUND DOCUMENTS
6.01	Contact Officer: Jo Taylor, Service Manager, Disability, Progression and Recovery – Adult Services Telephone: 01352 701341 E-mail: jo.taylor@flintshire.gov.uk

7.00	GLOSSARY OF TERMS
7.01	(1) Community Mental Health Teams – Social Services and health provided services for people with enduring and severe mental ill health.

	<p>(2) Mental Health Measure – Legislation introduced by Welsh Government to standardise/improve waiting times across Wales.</p> <p>(3) PARABL - Third sector organisation funded by BCU to offer counselling to people who would not meet the criteria for any statutory mental health service. They also act as a gateway to access CRUSE and RELATE.</p> <p>(4) CRUSE - Third Sector organisation who offer specific help to those who are bereaved or affected by bereavement.</p> <p>(5) RELATE - Third Sector organisation who offer specific support for those with relationship difficulties.</p>
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