

Health and Care Overview and Scrutiny Panel review of mental health

Draft recommendations
10 January 2022



Reasons for the review

- The impact of COVID and resulting lockdown measures disrupted many services and groups that support good mental health
- In July 2021, the Bracknell Forest COVID Community Impact Assessment reported that the pandemic had negatively affected the mental health of a third of respondents, and that pre-existing mental health conditions had worsened for many residents
- Partners have shared their concern about the increasing prevalence and complexity of mental health needs
- Residents identified mental health services as a particular priority in the “What matters most?” survey conducted by Healthwatch Bracknell Forest.



Aims

The review aims to understand:

- The impact of the pandemic on local demand for mental health services, and the ability of services to respond
- How people access support and any barriers to using the services
- How community support networks and services meet community needs and divert clients from higher level support services, and how effective they are
- Whether health inequalities are also present in mental health services

Background

Approach

The review focused on self-help and early intervention as the best ways to support the largest number of people in the shortest period of time. The Panel heard evidence from:

- Senior mental health partners from primary care
- Senior officers from Bracknell Forest Council People Directorate and the Executive Member for Adult Services, Health and Housing
- Talking Therapies - NHS providers of psychological therapies
- Public Health, Bracknell Forest Community Network and a social prescriber
- Involve - local support organisation for voluntary, community and faith groups
- Three voluntary sector providers of mental health support
- Five residents with experience of local mental health services



Impact of the pandemic

- Most services reported an initial decrease in demand at the very start of the pandemic, which is now starting to recover and to exceed previous levels.
- Services are seeing more users from younger age groups
- Primary care are now trying to proactively ensure that people access support earlier.

Services and access

The Panel found that:

- there is a large variety of services available with different ways to access them
- a wide range of professionals can signpost and refer, for example, GPs, social prescribers, PCN link workers, community nurses,
- most early intervention services accept self-referrals.

The main focus of the recommendations is therefore to help increase access to early intervention and voluntary sector services, and self-referrals in particular.

Improving engagement

- Witnesses reported they were more likely to approach a service if a personal element has been established, for example, a recommendation or an interaction
- Being able to see the service and connect with providers removes the fear of the unknown
- People are more likely to take the opportunity when the service comes to them, for example, outreach work

Barriers to self-referral

- Not knowing the service exists
- Uncertainty about the service and what it does
- A sense that there might be a 'right way' or correct pathway to follow
- Inertia and low motivation

The community map is a key resource to enable residents to access services

This review supports the measures in the draft Health and Wellbeing Strategy to update, improve and promote the community map.

Hard to reach communities

Several services noted that they had low take up from culturally and ethnically diverse communities, and described the plans they had in place to improve this. The Panel recognises that the communication opportunities identified above may help support this work.

Budget pressures

Demand for council mental health services has increased, but the cost of providing care has increased even more. Recruitment and retention also create challenges in a competitive jobs market.

The Panel recognises the difficulties of predicting a demand-led service, particularly during a pandemic where previous models may not apply.

Strong relationships and collaboration

Found good working relationships across the organisations who deliver mental health services.

This collaboration provide a good base to support continuous improvement of mental health services.

- ✓ **All users reacted positively to being involved in directing their care and recovery: ‘with’ people, not ‘to’ people.**

Services provided many examples of how they involve users and co-design their care. This is also reflected in the Frimley ICS Strategy 2019-2025.

- ✓ **Most services moved online to continue their support during the pandemic and are now reintroducing physical activities where they can.**

Several witnesses saw their blended service as an improvement, with online options offering greater capacity, more flexibility and removing geographical boundaries.

The following recommendations (1-4) support actions in the draft Health and Wellbeing Strategy. Target dates to align with the Health and Wellbeing Strategy action plan.

- 1. That the Health and Wellbeing Board ensures the following points are considered under the draft Health and Wellbeing Strategy action to explore the development of a public facing marketing and communication campaign to raise awareness of services available and how to access them:**
 - a. Help people to understand what the service might be like to remove the fear of the unknown
 - b. Create personal connections which encourage engagement, for example using photos and first person accounts
 - c. Include people with experience of the service as ambassadors to increase personal recommendations
 - d. Demonstrate how people can direct their own care and recovery, making choices about their mental health
 - e. Use accessible language so people understand the approach and feel included
 - f. More emphasis on the ability to self-refer
 - g. No right or wrong 'front door'
 - h. Outreach work
 - i. Offer a 'soft start' to services, for example, an invitation to simply have a chat or a cup of tea
 - j. Feed into councillor induction so councillors can also signpost
- 2. That the Health and Wellbeing Board ensures users are involved the draft Health and Wellbeing Strategy action to create and relaunch an improved version of the community map**

3. That the Health and Wellbeing Board ensures the training on the community map for providers (an action in the draft Health and Wellbeing Strategy) supports increased collaboration between providers, in particular between GPs/practice staff and the voluntary sector, to help them understand each other's work and improve signposting and referrals
4. That the Health and Wellbeing Board includes an event as part of the relaunch of the community map, to provide an opportunity to engage with the public to explain services and make connections.

The following panel recommendations (5 - 7) are outside the draft Health and Wellbeing Strategy and are made to the Executive and health partners for future activities:

5. That the Executive works with primary care and voluntary sector providers to increase the opportunity for services to be present in community spaces such as the Time Square Community Hub and libraries. *Target date to reflect prevailing COVID approach*
6. That the Executive works with primary care partners to review and update the council's current webpages on mental health. *Target date to be confirmed by Public Health*
7. That CCG partners signpost relevant mental health support as part of the initial telephone menu at GPs surgeries. *Target date to be confirmed by CCG*

Health and Care Overview and Scrutiny Panel review of mental health

Any questions?

