



4 March 2024

Agenda Item:

**REPORT OF THE CABINET MEMBER FOR ADULT SOCIAL CARE AND THE
CABINET MEMBER FOR COMMUNITIES AND PUBLIC HEALTH**

**ADULT MENTAL HEALTH SERVICES AND SUPPORT DELIVERED OR
COMMISSIONED BY ADULT SOCIAL CARE AND PUBLIC HEALTH**

Purpose of the Report

1. This report provides Adult Social Care and Public Health Select Committee with an overview of mental health service provision across the health and care system, confirms the Council's adult mental health service offer, and sets out some of the key challenges and opportunities for the Council in this area of work.

Information

2. Whilst the key role of diagnosis and treatment of mental health conditions lies with primary and secondary healthcare, both Adult Social Care and Public Health play an important role in providing and commissioning services aimed at promoting independence, harm reduction and mental health recovery. This supports the Council's Nottinghamshire Plan ambitions in *helping our people live healthier and more independent lives, and keeping children, vulnerable adults and communities safe*.
3. This report provides an overview of the services available to people to manage and treat mental ill-health, to respond to mental health crises, and to provide the care and support needed for recovery and to manage the wellbeing impacts of mental ill-health, including severe multiple disadvantage. A summary of this information is also provided in table format at **Appendix 1**. A summary of the support that Mental Health Social Care provide is included at **Appendix 2**.

Mental Health in Primary Healthcare

4. Protection, support, care and treatment of people's mental health is delivered through a complex combination of statutory and non-statutory services across health, local authority, and voluntary and community sectors.
5. For anyone concerned about their (or someone else's) mental well-being, the first point of contact with services should be with their GP. The GP's role is to make an initial

assessment based on thoughts, mood and behaviours, alongside current circumstances, stressors and events. Based on this assessment, a GP can:

- Offer advice about mental health self-care, healthy lifestyles and sleep. There are a number of helpful resources available to support people with good mental health self-care, including [5 Steps to Mental Wellbeing](#) and a range of apps to help manage sleep, self-harm, worry etc. More information can be found on the [Mind app library](#).
- Ask you to come back to monitor any change.
- Make a diagnosis of, say, anxiety or depression.
- Introduce you to Social Prescribing – a primary care-based service that has been developed in response to the high numbers of people who see their GP due to the impact on their health of wider social, economic and environmental factors, including loneliness, debt or low self-esteem. In Nottinghamshire, people have access to health coaches, link workers and mental health social prescribers, who can work with people to identify health and wellbeing goals and mechanisms to achieve these through links to wider services, volunteering opportunities, access to green spaces, community and social networks and more.
- Refer you to (or provide the details for you to self-refer to) Talking Therapies services. This is a free, short-term service for adults with common mental health problems such as stress, depression and anxiety. Therapists use counselling, Cognitive Behavioural Therapy and other approaches to allow people to explore and understand how they are feeling and develop helpful coping strategies.
- Prescribe medication.
- Refer on to more specialist, secondary mental health services.

Secondary Mental Healthcare

6. The Nottinghamshire Healthcare Trust provides specialist mental health services through Local Mental Health Teams located in each district across the County. Teams are made up of mental health nurses, occupational therapists, psychologists, psychiatrists, community support workers, peer support workers and employment specialists. These disciplines work together to offer people with more severe mental illness (such as psychosis) treatment, psychological and recovery support, assertive outreach support, community rehabilitation, Early Intervention in Psychosis services and employment support.
7. For people nearing or at crisis point, it is still an option to go to your GP, but there are additional options, which include some out of hours services:
 - Crisis Sanctuaries - voluntary sector run and are open to phone calls, drop-ins and appointments on any evening in Mansfield and Nottingham plus twice weekly in Worksop. They are staffed with Crisis Intervention Workers who can listen and provide recovery-focused crisis support in a safe space.

- A mental health crisis helpline is available 24 hours a day, 7 days a week.
 - If someone is already receiving the support of the Local Mental Health Team, then emergency help and treatment is available 24/7 from Crisis Teams. These teams also manage access to Crisis House accommodation, available for up to 7 nights to provide emotional and practical support and to avoid hospital admission.
 - Although often not the best place to get help, people can present at an emergency department in acute mental health crisis. Nottinghamshire Healthcare Trust provides Rapid Response Liaison Psychiatry services to support Emergency Department staff in these circumstances.
8. For people experiencing acute mental ill-health, Nottinghamshire Healthcare Trust provides Adult Mental Health in-patient and Psychiatric Intensive Care beds across two hospital sites at Sherwood Oaks and Highbury Hospital. It is an option to be admitted as a voluntary patient, where the conditions for admissions are met and the person consents to admission for treatment. Otherwise, **paragraphs 20 to 27** look at the role of the Approved Mental Health Professional in hospital admission.

Services Delivered or Commissioned by the Council

9. Where the healthcare system tends to focus on understanding and treating mental ill-health, the role of social care is to consider the impact that this might have on somebody's wellbeing. This could be to do with dressing appropriately, eating regularly, maintaining personal hygiene and a safe home environment, or carrying out caring responsibilities. If not being able to achieve key activities has, or is likely to have, a significant impact on wellbeing, then the Council's Adult Social Care staff will consider:
- What approaches and services might support the development of skills and confidence, to promote independence?
 - What broader social factors, such as social connection, housing and finances, are impacting people's well-being?
 - How can we build on people's abilities and assets, such as family and community, to enable people to live the life that they want to live?
 - How can we support positive risk-taking whilst retaining a focus on safeguarding?
 - What is the least restrictive way to support people to live their best life?
10. Social care teams do this using a Three Conversations approach, where:
- The first conversation will be about getting to know the person and understanding their world, and what is important to them.
 - The second conversation focuses on understanding and planning to address urgent challenges.
 - Once these conversations are complete, conversation three, if required, will consider what longer term support is needed to help people achieve their 'good life'.

11. In terms of promoting independence, the Council's Maximising Independence Service (known as MIS) provides reablement support to achieve independence goals, and reablement workers in the Living Well teams can work alongside other staff with this aim too.
12. The Council commissions a service known as Moving Forwards from an external provider, Framework Housing Association. They employ staff who are skilled and knowledgeable around housing and welfare benefits and can support people to resolve issues in these areas, as well as looking at goals around social connection, employment, and health management. This service supports around 400 people per year who are in contact with the Council's Living Well teams, Customer Service Centre, or health's Local Mental Health Teams. In addition, this service receives around 500 requests for support per year for people in contact with Crisis teams or in hospital (NB. Within this number there may be repeat users and cross-over with the 400 receiving community support.)
13. Social care staff will also look with people at the broader community and voluntary sector offer for how this might enable them to achieve goals. Although more limited compared with the past, there are a number of activity and support groups, often led by people with lived experience or with the support of organisations such as Self-Help UK, Beeston Community Resource and Mind.
14. Where it is established that people will need longer term care and support services, there is a range of options to be considered:
 - Direct payments can give people flexibility, choice and control by enabling them to purchase the services they need to meet their care and support needs in the way that they feel will work best for them.
 - Care and support at home can also be arranged by the Council.
 - Day opportunities – [Nottinghamshire's Day Opportunities Strategy](#) sets a clear vision for day opportunities to be proportionate and personalised in enabling people to develop social connection, build skills and connect with their communities.
 - Supported Living offers 24-hour support to people in specified accommodation settings. It is recommended where people require this level of supervision and support, not because people are homeless. The care and support provider will work with people to develop their skills and confidence, continue their mental health recovery and work towards moving to more independent accommodation.
 - Residential care is generally only considered when someone cannot be supported effectively or safely in their own home or in Supported Living.

The Council arranges care and support for around 1,300 adults with mental health needs.

15. The Council also receives a ring-fenced Public Health Grant from the Department of Health and Social Care (DHSC) for the purpose of improving health (mental and physical). Conditions governing its allocation stipulate that "the main and primary purpose of all spend from the grant is public health". This funding is utilised to commission a range of all age services that impact on mental health including children's 0-19 services, prevention,

reducing harm and treatment from drug and alcohol use, smoking cessation, physical activity and obesity prevention and public mental health promotion programmes.

16. Although only £241,701 (across all ages, including Wave 4 suicide prevention funding) of the Public Health Grant is spent directly on mental health, the main purpose of the Public Health Grant is to improve overall health and wellbeing of the population. Due to the strong independencies between good physical and mental health, this means that majority of the £44,567,373 grant in 2023/24 will have contributed towards improving mental health in some way. For example, Community Friendly Nottinghamshire use a community organising approach, where neighbourhood coordinators reach out, listen to and connect with residents, encouraging residents to take action on the things they care about most. This encourages good social connection to improve mental health, to create environments and communities that flourish and will indirectly support positive mental health.
17. Specific examples of mental health interventions led by the Public Health division include;
 - **Positive mental health promotion including a consistent approach to mental health promotion campaigns, including suicide prevention and awareness.** Adult Social Care & Public Health Select Committee will be consulted on the new Suicide Prevention Strategy in June 2024. This includes delivery of NHS funded Wave 4 Suicide Prevention Programme to commission: universal and targeted communications campaign; managing the Real Time Surveillance System and suicide awareness and prevention training to the Community and Voluntary Sector and to elected members. Between January and the end of August 2023, over 1,300 training places have been taken up by people working or volunteering across Nottinghamshire County.
 - **Leading work on Severe Multiple Disadvantage (SMD) and Making Every Adult Matter (MEAM).** SMD is a combination of three or more disadvantages, including: mental ill-health, homelessness, problematic substance use, domestic and sexual violence and/or abuse, and interaction with the criminal justice system. People experiencing SMD are amongst the most vulnerable to poor health outcomes within our population. In 2023, the Nottinghamshire MEAM Approach developed a dual operational and strategic multidisciplinary team to follow a small group of people experiencing SMD to understand how they experience our system. This is developing real insight and learning which we are taking forward to make tangible changes to the way we work together to improve outcomes for people experiencing SMD.
 - **Coexisting substance use and mental health services.** Public Health leads the 'Co-existing substance use and mental health group' with the aim of bringing together key partners to develop and support the co-existing pathway for people with both substance use and mental health needs. A baseline pathway model was funded via the Nottingham and Nottinghamshire Integrated Care Board and delivered by Nottinghamshire Healthcare Trust. This baseline pathway consists of:
 - Two mental health workers based within substance use treatment services (Change Grow Live (CGL) in the County and Nottingham Recovery Network (NRN) in the City)
 - Four substance use workers based within mental health inpatient wards at Highbury and Sherwood Oaks (two from CGL and two from NRN)

- Four substance use workers based within Local Mental Health Teams (two from CGL and two from NRN)
- Peer support workers with lived experience provided by Double Impact.

Plans to continue and expand this pathway are being submitted to the Office for Health Improvement and Disparities.

- **Your Health Notts health behaviour change service** supports Nottinghamshire residents to stop smoking, achieve weight loss and increase physical activity and this is underpinned by supporting and improving the mental wellbeing of clients. Improvements in mental wellbeing are measured using validated tools, between April and November 2023, over 1,000 clients reported an improvement in their mental wellbeing. In 2024, Your Health Notts will become an accredited training provider to deliver 'Making Every Contact Count' for Mental Health training. Your Health Notts is developing approaches to increase access for people with Severe Mental Illness (SMI) through a bespoke offer that is developed and informed by people with lived experience of SMI.
- **Public Health support work across the life course including work to support the emotional and mental health in children and young people.** To enact this, Public Health currently funds a range of services including the Schools Health Hub, the Tackling Emerging Threats to Children Team and the Healthy Families Programme. Public Health also hosts the Children's Integrated Commissioning Hub, which commissions health and care services for children and young people, including Mental Health services which are the commissioning responsibility of the Integrated Care Board.

Working together as System Partners

18. Although each part of the system works within a different framework and with a different set of responsibilities, it is the combined impact of all services that determines effectiveness in providing the right response at the right time, supporting people in the prevention of mental ill-health, recovery from unwell periods, and protecting people from harm.
19. System-wide approaches are needed to drive improvement in mental health across Nottinghamshire and embed a parity with physical health. NHS Nottingham and Nottinghamshire lead on a number of mental health transformation programmes, including for community rehabilitation and mental health services, inpatient pathways, and suicide reduction and bereavement support. The involvement of the Council, as well as broader system partners, is critical to success.

The Role of the Approved Mental Health Professional (AMHP)

20. The Local Authority has very particular duties that are set out in the Mental Health Act 1983, and enshrined in the role of the AMHP, who is most commonly a social worker (but can be Nurses, OTs, and Psychologists) and who has been approved by a social services authority to carry out certain duties under the Mental Health Act (MHA). The AMHP is critical to delivering better mental health services and outcomes, taking urgent decisions about the least restrictive options for people requiring care and treatment, protecting

people's human rights and promoting the principles of the Act, as set out in the Code of Practice:

- Least restrictive option and maximising independence
- Empowerment and involvement
- Respect and dignity
- Purpose and effectiveness
- Efficiency and equity.

21. The MHA is legislation governing the compulsory treatment of certain people who have a mental disorder. It is the main piece of legislation that covers the assessment, treatment and rights of people with a mental health disorder. The MHA represents a careful balance between the individual rights of patients and society's responsibility to protect them and other people from harm.
22. Section 13 of the MHA states that if a Local Authority has reason to think that an application for admission to hospital or a Guardianship application may need to be made in respect of a patient within their area, they shall make arrangements for an AMHP to consider the patient's case on their behalf.
23. Although AMHPs act on behalf of a local authority, they cannot be told by the local authority, or anyone else, whether or not to make an application. They must exercise their own judgement, based on social and medical evidence, when deciding whether to apply for a patient to be detained under the Act. The role of the AMHP is to provide an independent decision about whether or not there are alternatives to detention under the Act, bringing a social perspective to their decision, and taking account of the least restrictive option and maximising independence guiding principles.
24. The AMHP has a responsibility to organise and undertake an assessment under the MHA and, if the legal definitions are met, to authorise detention under the Act. AMHPs may make an application for detention only if they have interviewed the patient in a suitable manner, are satisfied that the statutory criteria for detention are met, and are satisfied that, in all the circumstances of the case, detention in hospital is the most appropriate way of providing the care and medical treatment the patient needs.
25. AMHPs are required by the Act to attempt to identify the patient's nearest relative as defined in section 26 of the Act. When an AMHP makes an application for admission under section 2 of the Act (for assessment – up to 28 days), they must take such steps as are practicable to inform the nearest relative and, if different, carer, that the application is to be (or has been) made and of the nearest relative's power to discharge the patient. Before making an application for admission under section 3 (for treatment), an AMHP must consult the nearest relative, unless it is not reasonably practicable or would involve unreasonable delay.
26. A properly completed application supported by the necessary medical recommendations provides the applicant with the authority to transport the patient to hospital even if the patient does not wish to go.
27. Further information on the role of the AMHP is attached at **Appendix 3**.

Challenges and Opportunities

28. This report demonstrates the complexity of the mental health service offer, which needs to match the broad range of people's clinical and social needs. When the balance of services offered is wrong, this prevents people from accessing what they need, when they need it and creates the risk that people experience worse health and independence outcomes. There is an opportunity, however, through working collaboratively with system transformation programmes, to create better understanding of the interdependencies between services, and plan together to achieve local system goals, such as 'no wrong door' to access community mental health support, prevention of avoidable hospital admissions, and robust wrap around care and support for people being discharged from hospital to community settings. The recruitment to two jointly funded (health and local authority) posts creates a great opportunity to drive forward some of this work together. Co-production with people with lived experience will also play a vital role, and additional resource has been allocated with the Council's commissioning team to work with health around co-production development. The Director of Public Health Annual Report was co-produced with people with lived experience of severe multiple disadvantage, with recommendations related to housing solutions, trauma-informed care, better ways to share information, use of language, and ensuring co-production is systematic and sustainable. [Director of Public Health Annual Report | Nottinghamshire County Council](#)
29. Across the health and care system, there are known workforce challenges. Recruitment and retention of skilled staff can make the task of planning the right balance of services more difficult. Staff turnover also means that progress made in ways of working can be lost and more work is required to achieve the improved outcomes sought. Further challenge is added by the growing complexity of issues that people are experiencing. In response, a number of opportunities are being pursued and created, including:
- Partnering with Think Ahead, a programme that offers paid training and employment as a mental health social worker.
 - Opportunities to influence workforce recruitment have been identified through the Integrated Care System strategy refresh 2023-2027.
 - Market factor supplements have been used to support the retention of the AMHP workforce.
 - Contractual uplifts have ensured that commissioned providers are able to maintain sufficiently attractive staff pay.
30. There is currently insufficient capacity in supported living services to meet the level of demand for this type of provision, including a shortage of supported living for people with enduring mental health needs and additional experience or history of, for example, substance use, Emotionally Unstable Personality Disorder or high frequency hospital admissions. Consequently, some people are supported in other ways, but some people spend longer in hospital and some people are placed in residential care until a supported living vacancy is available. A tender has been completed for a complex needs service in Mansfield, which should provide 11 new supported living flats from July 2024. A further

tender is also imminent, seeking up to 96 new units of accommodation for supported living purposes.

31. Further challenges present through changes in legislation and practice. Examples include:

- Right Care Right Person is a new approach that aims to ensure that people in mental health crisis are seen by the right professional, with the right training and skills to meet their needs, rather than relying on police attendance. It should assist police with decision-making when dealing with reported incidents involving people with mental health needs. This work is evolving, and it is still unclear what the police will respond to in Nottinghamshire going forwards.
- Social Supervision is a Mental Health Act power, undertaken by a mental health professional in respect of people subject to special restrictions and who are conditionally discharged from hospital, either by the Secretary of State or by the First-tier Mental Health Tribunal. This professional has a responsibility to report to the Secretary of State on the person's progress in the community. An anticipated new Toolkit will bring additional duties.
- Mental Health Act reform, which had been planned, is now on hold until after the end of this parliament.

32. Further opportunities:

- Partners have worked together to develop a new Suicide Prevention Strategy, which will be brought to Adult Social Care and Public Health Select Committee in June 2024.
- With the support of a Public Health Registrar, an AMHP data project is currently being undertaken, to review and support changes to data collection, storage and reporting. This work will support clearer intelligence and evidence of the activity and outcomes supported by the AMHP Team, which will be beneficial to system improvement work described above.

Statutory and Policy Implications

33. This report has been compiled after consideration of implications in respect of crime and disorder, data protection and information governance, finance, human resources, human rights, the NHS Constitution (public health services), the public sector equality duty, safeguarding of children and adults at risk, service users, smarter working, sustainability and the environment and where such implications are material they are described below. Appropriate consultation has been undertaken and advice sought on these issues as required.

Financial Implications

34. The services described in the report are funded through existing Adult Social Care budgets and the Public Health grant.

RECOMMENDATIONS

That:

- 1) Members consider whether there is any feedback they wish to give in relation to the information contained within the report.
- 2) Members consider how the Committee engages with the department to retain oversight of the services in the future.

Councillor Matt Barney
Cabinet Member for Adult Social Care

Councillor Scott Carlton
Cabinet Member for Communities and Public Health

For any enquiries about this report please contact:

Ainsley Macdonnell
Service Director, Living Well
E: Ainsley.macdonnell@nottscc.gov.uk
T: 0115 9772147

Constitutional Comments (LPW 21/02/24)

35. The recommendations fall within the remit of the Adult Social Care and Public Health Select Committee by virtue of its terms of reference.

Financial Comments (CMER 21/02/24)

36. There are no further financial implications to this report, other than the spending of the Public Health and Adult Social Care grants.

Background Papers and Published Documents

Except for previously published documents, which will be available elsewhere, the documents listed here will be available for inspection in accordance with Section 100D of the Local Government Act 1972.

[Director of Public Health Annual Report | Nottinghamshire County Council](#)

Electoral Division(s) and Member(s) Affected

All.

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