

scrutiny



EXTRACT FROM

**A Report of the:
Community and Adult Services Scrutiny Committee**

**Information, Advice and
Assistance (IAA) Services for
Mental Health Service Users in
Cardiff**

DECEMBER 2015



City of Cardiff Council

TERMS OF REFERENCE

- To investigate the work underway by statutory, voluntary and third sector organisations regarding:
 - Existing provision of information, advice and assistance services (IAA services) to existing and potential mental health service users in Cardiff¹
 - Preparing for the implementation of the information, advice and assistance requirements of the Social Services and Well Being (Wales) Act 2014 (The Act).
- To gather stakeholders' views with regard to existing provision and implementing The Act.
- To commission Scrutiny Research to undertake primary qualitative research with existing and potential mental health service users in Cardiff to gain their perceptions and views on the provision of these services.
- To explore relevant best practice in external organisations and other local authorities, which is transferable to Cardiff.
- To make evidence based recommendations to improve the way information, advice and assistance services for mental health service users are provided in Cardiff

Members of the Task & Finish Group were:

- Councillor Mary McGarry (Chair)
- Councillor Chris Lomax
- Councillor Eleanor Sanders.

¹ The IAA duties apply to all social services client groups. In order for an Inquiry on IAA to be achievable and timely, Members decided to focus on one client group. Members chose mental health service users given the increase in numbers in recent years in this client group as well as because people in other social services client groups have a higher likelihood of needing mental health services.

KEY FINDINGS

HEADLINE FINDINGS

- KF1. There are existing IAA services in Cardiff, provided by Health and Third Sector partners, which are designed specifically to meet the needs of mental health service users, their carers and families. On their own these are not sufficient to meet the requirements of The Act 2014.
- KF2. The review of good practice undertaken to inform this Inquiry found that the following factors are key in determining the effectiveness of IAA provision: accessibility; timeliness; content quality; usefulness; and the interface experience. In addition, it is important to improve co-ordination and signposting between information providers across professional boundaries, promote information sharing between all providers and involve service users in the design, implementation and evaluation of information advice and advocacy services.
- KF3. There is an opportunity to use the expressed willingness of Health and Third Sector partners to build on existing services to develop an approach to the provision of IAA services for mental health service users, their carers and families that accords with both the requirements of The Act 2014 and good practice.
- KF4. The Act 2014 builds on good practice and sets out that local authorities are required to secure provision of an IAA service that meets a national set of delivery standards, working with Health, the third sector and service users in the design, planning and development of the service and monitoring usage of the IAA service. This service will provide the primary entry point to the care and support system.

MAIN FINDINGS

Existing Provision in Cardiff

KF5. There is a multiplicity of mental health services available in Cardiff, provided by health services, adult social services and third sector groups.

KF6. There are several existing information, advice and assistance services available in Cardiff for adults with mental health needs. However, evidence presented to the Inquiry demonstrated that the existing services are not joined up, as they have tended to develop individually and in response to particular needs, in a reactive way.

Accessibility

KF7. GPs currently play a central role with regards to co-ordinating access to mental health services. However, Members heard that it is not appropriate to rely solely on GPs to provide IAA services for the following reasons: it risks over-medicalising the provision of IAA services for mental health service users and/ or their carers; it can be difficult to obtain a GP appointment in a timely manner; some mental health service users find it problematic waiting in a GP surgery; and some clients do not relate well to their GP and would need a different route for IAA service provision.

KF8. There are currently a number of issues that cause existing IAA services in Cardiff to be inaccessible for a number of people. Members heard that there are barriers preventing access to IAA services, including the stigma associated with mental health, concerns people often have about what will happen to their loved ones if Social Services becomes involved in their lives, language barriers and a lack of childcare.

KF9. In addition, the evidence shows that, even when people want to access IAA services, they often do not know how to access the available IAA services and do not know where to go to find help in accessing these services. 52% of those responding to the Scrutiny Research survey stated that they did not know where to go or how to find out where to go to get help.

Timeliness

KF10. Good practice regarding timely access to IAA is not currently evident in Cardiff, both in terms of being able to access IAA services at the right stage of the care pathway as well as being able to have quick access to IAA services. This links to the above finding that accessibility of IAA is poor.

Quality

KF11. Overall, once IAA services are accessed, the Scrutiny Research findings showed that approximately three quarters of service users have a good experience of these services, in terms of ease of understanding, the content quality, the relevance and the usefulness of the IAA provided.

Interface Experience

KF12. The evidence to the Inquiry demonstrated that the just over half of all respondents to our research felt they were treated positively. However, there was a breadth of respondent views on interface experiences, ranging from “compassionate” and “caring” through to “indifferent”, “rude” and “disrespectful”.

KF13. The range of interface experiences reflects the landscape described to this Inquiry, with regard to disparate provision, changing working place culture and patchy relationship building across teams, sectors and individuals. A practical example of this is the lack of a system in place to monitor the distribution of third sector information to mental health service users in hospital clinic settings.

KF14. Mental health care professionals recognised the picture described in the research report, and by other witnesses, and recognised the need to improve workplace culture. Members heard that work is on-going to achieve this by embedding the Recovery Model, which requires a person-centred approach, and a consequent enhancement in working practices and culture.

Effectiveness

KF15. With regard to the effectiveness of the IAA provision, nearly two fifths of research responses indicated existing provision is ineffective. The reasons given for this reflect the issues detailed above. In addition, responses highlighted that ineffective service could relate to low staff numbers, time restrictions facing IAA services and resource pressures.

The City of Cardiff Council's proposed approach to implementation of The Act

KF16. This Inquiry heard that there are four main strands to the City of Cardiff Council's proposed approach to meet the IAA requirements of the Act, which are: a directory of services; a 'first point of contact'; improving the Council's website to enable self-assessment; and using the Hubs to provide information and to signpost to advice, assistance and assessment.

KF17. The Council has decided to join the national directory of services, Dewis Cymru, and work is underway to upload local data in January 2016. The Directory will be available online, via Hubs and visiting officers will use it when assisting clients via handheld devices.

KF18. The first point of contact will be subsumed into the wider Customer Relationship Management process (CRM) as that is rolled out across the Council and will then include all customers and client groups including mental health.

KF19. The Stepiau website, jointly supported by Health and the Council, already provides self-assessment and self-referral for mental health service users in Cardiff and so the Council's website will not seek to duplicate this.

KF20. Hubs will be used to provide information, signpost clients and assist clients to access assessments.

Ensuring accessibility

KF21. This Inquiry heard that the accessibility of IAA services can be boosted or hindered depending on the language used to describe access, as terms can be confusing to service users, carers, families and professionals alike. Examples cited to the Inquiry were 'first point of contact', 'single point of entry' and 'gateway', which can be interpreted differently depending on one's previous experience.

KF22. The Inquiry heard that the Council's website and the Directory of Services will be available in English and Welsh, as would publicity materials to promote these. Members heard that the existing Stepiau website is already available in English and Welsh and will soon be available in eight of the most common other community languages in Cardiff.

KF23. Members heard that staff in Council Hubs already provide services in a range of community languages and this would continue, as would work with community groups.

Regional approach

KF24. Members heard evidence that there is work towards a regional approach, with discussions taking place as part of the 'readiness' work for implementation of the SSWB Act. The City of Cardiff Council and the Vale of Glamorgan Council are piloting differing approaches re IAA services with the aim of sharing learning.

KF25. Witnesses welcome a regional approach but take differing approaches to this to reflect the need of their service users and organisations. The final approach to regional working needs to enhance these rather than diminish this provision.

Service Design and Planning

KF26. Members heard clear evidence from all the external witnesses that the IAA requirements of The Act had not been raised or discussed with them by the Council. Indeed, several witnesses stated that the first time they were aware of the IAA requirements was when they were contacted by scrutiny officers to seek their participation in the Inquiry. For example, the Cardiff & Vale University Health Board (UHB) is focused on treatment in clinical settings and responding to changes in mental health service requirements. At the time of giving evidence to the Inquiry, they stated they had limited awareness of the requirements of The Act but expressed a readiness to work in partnership with the local authority to implement these requirements effectively.

KF27. All those currently involved in the provision of IAA services to mental health service users who gave evidence to the Inquiry demonstrated a clear willingness to work with the Council to design, plan and develop IAA services that meet the requirements of The Act. There is a clear plea not to re-invent the wheel but to use the knowledge and mechanisms that already exist.

Appropriate Training

KF28. Members heard time and again that it was critical for frontline staff to receive appropriate training, such as mental health first aid training, which is a step on from mental health awareness training. Members heard that the Cardiff and Vale University Health Board may have available funding for this training and that Cardiff Mind provides this training for a number of organisations in Cardiff, including the Cardiff and Vale University Health Board.

KF29. Diverse Cymru highlighted the need for staff to receive multicultural awareness training to ensure that the needs of minority ethnic mental health service users, their carers and families are recognised, understood and met appropriately.

KF30. Members note the willingness of the UHB's witness to use the evidence provided by the Scrutiny Research Report to redesign their staff training to ensure that the issues raised are incorporated and can be addressed.

Monitoring Requirements

KF31. The draft code of guidance sets out the monitoring requirements, which are: nature of the enquiry; which type of service the enquirer was signposted to; and core data. It also details data they recommend collecting to help with further service improvement e.g. customer feedback and the information exchange route used, such as website/ phone call/ visit.

RECOMMENDATIONS

These recommendations build on the Key Findings of this Inquiry and are designed to assist in ensuring the effective implementation of the IAA requirements of the Act. Members suggest that, on acceptance of the Cabinet Response to this Inquiry, the Act Implementation Plan is revised and updated to reflect recommendations that are accepted, to ensure work to implement these recommendations is captured and monitored. The Committee will then be able to use the Act Implementation Plan monitoring reports to track progress with implementing agreed recommendations, rather than requesting a separate progress report.

Implementation Approach

- R1. Hold a meeting, by end of January 2016, with the Cardiff & Vale University Health Board and relevant third sector organisations to:
- a. build on the awareness raising and goodwill evident from this Inquiry; and
 - b. to design, plan and develop IAA services for mental health service users and carers that meet the requirements of the Act.
- (KFs 1- 6 inclusive, KFs 16-20 inclusive and KFs 26-27)*
- R2. Seek assurance from the Welsh Government, by end of February 2016, that Cardiff Council's proposed approach to IAA services for mental health service users and carers is compliant with the requirements of the Act, including the proposed regional approach with the Vale of Glamorgan Council.
- (KF4, KF7, KF 16-20 inclusive and KFs 24- 25)*

Improving Accessibility

- R3. Ensure that the provision of IAA services for mental health service users and carers in Cardiff do not rely solely on accessing IAA services via GPs.
- (KF 7)*

- R4. As part of the IAA service provision for mental health service users and carers, use the existing Stepiau website and CAVAMH Directory of Services and signpost to these from the Council's website and Directory of Services.
(KF17, KF19, KF22 and KF27)
- R5. Develop a communication strategy to promote the IAA services that addresses the barriers to accessibility identified in this report, by:
- a. Addressing the stigma attached to mental health;
 - b. Addressing the myths and perceptions regarding Social Services;
 - c. Using the 10 main community languages of Cardiff to promote the IAA services;
 - d. Being culturally appropriate on every channel/ platform;
 - e. Providing 'easy read' versions of communications materials;
 - f. Using clear definitions.
- (KF4, KF8, KF9, KF10, KF21, KF22 and KF23)*
- R6. Work with the Cardiff and Vale University Health Board, CAVAMH and other relevant third sector organisations to:
- a. improve information sharing, coordination and signposting across sectors; and
 - b. put in place monitoring arrangements to capture whether information is reaching those that need it, in a timely manner.
- (KF2, KF9, KF10, KF13, KF17, KF18, KF19)*

Training

- R7. Within six months, put in place mental health first aid training and multicultural awareness training for all Hubs frontline staff and first point of contact staff and all Cardiff Council frontline staff involved in delivering IAA services.
(KFs16-20 inclusive, KF28 & KF29)
- R8. Within six months, investigate whether funding is available from Cardiff and Vale University Health Board and other routes to finance the mental health first aid training and multicultural awareness training for Cardiff Council frontline staff.
(KF28)

R9. Within six months, work with UHB to ensure the redesign of staff training for all integrated teams addresses the issues raised in the Scrutiny Research Report regarding working place culture are incorporated and addressed.

(KFs12- 14 inclusive KF30)

Monitoring

R10. By the commencement of the Act, put in place monitoring arrangements that meet the requirements of the Act.

(KF31)