Appendix 1

Mental and Physical Health Recommendations

The £3.8 billion Better Care Fund (formerly Integration Transformation Fund) was announced by the Government in the June 2013 spending round to ensure a transformation in integrated health and social care. The Better Care Fund is a single pooled budget to support health and social care services to work more closely together in local areas[1].

Haringey intends to focus on mental health Better Care Fund Integration Plan on mental health services in 2015/16. Whilst recognising that this is not new money, recommendations below are made with the opportunities this presents in mind.

Recommendation	Agreed/ Not Agreed/ Partially Agreed	Response
Leadership We support the following recommendations which are made in the '*Whole-person care: from rhetoric to reality Achieving parity between mental and physical health[2]'* report and recommend that the mental health partnership consider the following recommendations:		
"That Mental Health providers and Commissioners in Haringey should have the following aspiration:	Agreed	This aspiration will be incorporated into the emerging Mental Health Framework for Haringey.

[1] http://www.local.gov.uk/health-wellbeing-and-adult-social-care/-/journal_content/56/10180/4096799/ARTICLE#sthash.XD4CAk4F.dpuf

[2] Whole person care: from rhetoric to reality – Achieving parity between mental and physical health, Occasional paper OP88, March 2013, Royal College of Psychiatrists

'*People with mental health problems who are in crisis should have an emergency service response of equivalent speed and quality to that provided for individuals in crisis because of physical health problems'*		
Achieving Parity - The NHS Commissioning Board and CCGs should allocate funding in a way which supports and promotes parity. This should include ensuring that any person with mental health problems (including co-morbid mental and physical health problems) can expect the same access to services and the same quality of care and treatment as people who have only physical health problems".	Agreed	This will be a priority for the Mental Health Framework and for the Integration Management Board overseeing the development and implementation of the Better Care Fund in Haringey.
Smoking cessation		
Public Health should continue to make those with mental health needs a priority group for smoking cessation services. There should also be continued emphasis and strength placed on the recording of data by smoking cessation services.	Agreed	This work will be incorporated into the retendering process for smoking cessation services.

BEH Mental Health Trust should have a smoking cessation champion who is responsible for those who are in direct contact with mental health patients both in the community and in the acute setting. This person should be responsible for raising awareness of the high prevalence of smoking amongst mental health patients and of encouraging staff to record, undertake brief interventions and refer patients to appropriate services.	Agreed	The lead for implementation of this recommendation lies with BEH MHT. Public Health is working closely with BEH MHT in establishing better Stop Smoking services provision, which includes the implementation of a new patient referral system (via NCSCT) into the soon to be established specialist 'core' Stop Smoking service. .
Physical Activity		
Providers and commissioners should raise awareness of the benefits of physical health on mental health, specifically targeting service users, patients and carers.	Agreed for further exploration	The Sports and Physical Activity Framework is being finalised and it is proposed that the response to each of the Physical Activity recommendations be incorporated in the Framework and its implementation, which will be taken to the Health and Wellbeing Board. There is significant work across partners to take forward these recommendations and explore the capacity for implementation. It is proposed that work in this area is brought back to the Overview and Scrutiny Committee later in the year.

Where appropriate providers and commissioners should consider physical activity as an integral part of the treatment and recovery model for those with mental health needs.	As above	As above
Haringey Council should work with Fusion Lifestyles to raise awareness of the concessionary membership scheme for Haringey Leisure Centres.	As above	As above
BEH MHT should include a 'green gym' on their site in the St Ann's redevelopment.	As above	As above
Active for Life should continue to have a Key Performance Indicator to increase the number of referrals of people with mental health needs and this target is stretched as the programme progresses.	As above	As above
Weight Management		
BEH MHT should ensure that healthy eating options and dietary advice is available to everyone at St Ann's hospital and in Recovery Houses as an integral part of the services provided to patients.	Agreed	The lead for implementation of this recommendation lies with BEH MHT. There is scope, for example, for the community dietician service for example to be extended to areas such as the recovery houses.

Public Health should consider commissioning weight management classes specifically for people with mental health needs, which reflects the unique barriers which people with mental health needs may face when trying to lose weight, for example the impact of medication.	Partially Agreed	Public health will consider link with the Health Trainers services, which have vouchers for weight management services.
Cardio-Vascular Disease and Cancer screening (Health Checks)		
Public Health should review the lessons learnt from the community Health Check programme commissioned for mental health and investigate best practice examples to increase the uptake of Health Checks amongst those with mental health needs.	Agreed	The work to evaluate the Community Health Check programme is being undertaken in Public Health
Health Trainers & Health Champions		
Information on the Health Trainer and Health Champion service should be shared across mental health services, specifically those who are most likely to come into contact with mental health service users for example mental health social workers, Care Coordinators, Key workers.	Agreed	The Health Trainers & Health Champions service continues to develop, with increasing numbers of local residents both recruited to the programme, and accessing services. Information on the Health Trainers & Health Champions service will be

		made available to local mental health services.
Dual Diagnosis		
The dual diagnosis service should work more closely with GPs when those with dual diagnosis problems are discharged from hospital back into care in the community and where the mental health issues are minor. Processes should be put in place to ensure that this happens as standard.	Agreed	Joint work across a range of services for those with dual diagnosis including GPs will support better care in the community.
BEH MHT		
BEH MHT should review their Physical Healthcare Policy to include mechanisms to ensure that when someone is referred this is followed up by the patient and/or the service which the patient is referred to. Patients, Carers and Voluntary & Community Sector organisations should be actively engaged with the policy review.	Agreed	The lead for implementation of this recommendation lies with BEH MHT.
BEH MHT should roll out a systematic training programme for front line staff in the delivery brief interventions and	Agreed	The lead for implementation of this recommendation lies with BEH MHT

physical healthcare indicators.		
Primary Care		
We acknowledge the importance of continuity of care for people with mental health needs and recommend that Haringey CCG puts arrangements in place to ensure that as far as possible (and where appropriate) all mental health service users enjoy continuity of care with their GP from the moment of diagnosis. For example consideration should be given to those with severe mental health needs having a named GP, who is also a point of contact for other mental health services.	Agreed	BEH MHT and the CCG will review these recommendations through a Mental and Physical healthcare task and finish group.
Haringey CCG and BEH MHT should develop a system to increase the access of primary care on Wards for example; consideration should be given to a GP attending Haringey inpatient mental health Wards on a regular basis.	Agreed	As above.
That NHS England, in collaboration with Haringey CCG,	Agreed.	As above.

works with local GP practices who are under-performing in relation to Quality Outcomes Framework scores around care plans for people with serious mental illness e.g. blood pressure monitoring, documented comprehensive care plan in order to improve their performance.		
Communication between BEH MHT & GPs		
Haringey CCG and BEH MHT work together to explore best practice examples to develop ways to improve communication and joint case management of patients with mental and physical health needs.	Agreed	Need to agree simple protocols for sharing information that do not get in the way of communication and the exchange of information
BEH MHT should raise awareness of the benefits of the telephone advice for GPs and consideration should be given to the development of a two way advice line so that Psychiatric Consultants are also able to contact GPs for primary care advice.	Agreed	There does appear to be a significant amount of contact between GP's and psychiatrist often by telephone.
Role of pharmacies		
The Local Pharmaceutical Committee and Public Health	Agreed	It is agreed that this recommendation

should develop programmes as part of the Pharmacy Healthy Living Scheme to focus on the overlap between mental and physical health e.g. medicine use queries, smoking cessation services and prescription reviews. Where appropriate, mechanisms should be put in place to ensure that information is fed back to GPs.		is relayed to the Local Pharmaceutical committee and GP's.
Community Mental Health Teams		
That Physical healthcare training is given to Care Coordinators who do not have a medical background to ensure that they understand physical health care indicators.	Partially Agreed	Physical health care is the primary responsibility of the GP. This information should be fed in to the MH system when a patient is referred. If there have been issues around contact with primary care then referrals should be offered a health check
That as part of the Better Care Fund plans for 2015/16 consideration is given to learning from best practice examples, such as the Manchester model outlined in this report and the proposed Older People model in Haringey, with a view to running a pilot project on increasing the role of Community Mental Health Teams on the coordination of physical health. For example integrated teams around and	Agreed	As part of the Better Care Fund development, consideration will be given to a range of integrated options which improve outcomes for people with mental health needs. Best practice examples and evidence based solutions which better integrate a range of provision will be researched.

supporting groups of GP practices which enable a single point of contact for GPs to coordinate care of most complex and vulnerable patients.		
Recovery Houses		
BEH MHT should ensure that Physical Health checks are undertaken on admission to Recovery Houses, including referral and follow up where appropriate.	Partially Agreed	They should be attending their GP for a physical health check and the recovery house should be facilitating this
Within 72 hours of admission to a Recovery House patients should be offered registration as a temporary patient at the local GP practice.	Partially Agreed	This does not support continuity of care and should possibly only occur in circumstances where there the patient has no registered GP
Social Isolation		
We recommend that social isolation and loneliness are considered for a specific piece of project work for Overview and Scrutiny in 2014/15.	Agreed	This would be supported by the service as helpful.