

Executive**On 21st March 2006**

Report Title: **Response to the Scrutiny Review of Access to General Mental Health and Early Intervention Services in Haringey – One in Four of Us**

Forward Plan reference number (if applicable):

Report of: **Director of Social Services**

Wards(s) affected: **ALL**

Report for: **KEY**

1. Purpose

1.1 To respond to the recommendations of the Scrutiny Review – One in Four of Us.

2. Introduction by Executive Member

2.1 As Executive Member for Social Services and Health I have been fortunate enough to have a series of erudite scrutiny reviews that have clearly contributed to the improvements in Social Services we have seen over the last two years. This Mental Health Scrutiny Review is no exception. It manages to be comprehensive in its breadth yet specific in its recommendations. This Review coincides with our Mental Health Inspection and will therefore be a useful tool for both Members and Officers in delivering our action plan. I am pleased that yet again Members of Scrutiny have delivered a Scrutiny Review that clearly demonstrates Members' interest and engagement in social care issues.

A detailed action plan and timetable will be developed to complement the anticipated action plan following the Mental Health Inspection.

I look forward to working with Officers in delivering the recommendations and I am certain this will contribute to improving the mental health service we deliver to some of our most vulnerable residents in Haringey.

3. Recommendations

3.1 That Members welcome the recommendations of the Scrutiny Review.

3.2 That Members approve the detailed responses to the recommendations of the Scrutiny Review set out in Appendix A and agree the future actions.

3.3 That Members ask the Mental Health Executive to oversee the implementation of the actions and incorporate those outstanding into the action plan which will be prepared

following the Commission for Social Care Inspection report on mental health services.

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4. Executive Summary

- 4.1 The recommendations in this report are made following a thorough, wide-ranging review of aspects of mental health services in Haringey.
- 4.2 The recommendations take account of the national direction for adults social care as outlined in the recently published White Paper, *Our health, Our Care, Our Say: A new direction in community services*, and reinforce the current local development of services based within the community.
- 4.3 The Scrutiny review made 26 recommendations and the initial responses to these and subsequent recommendations for further actions are outlined in Appendix A.
- 4.4 It is proposed that the medium term recommendations are integrated into the action plan for mental health services which will be developed following the Commission for Social Care Inspection report due to be published in mid May 2006.

5. Reasons for any change in policy or for new policy development (if applicable)

- 5.1 All recommendations are compatible with the joint mental health strategy.

6. Local Government (Access to Information) Act 1985

- 6.1 Report of the Scrutiny Review – One in Four of Us – to Overview and Scrutiny Committee on 13th February 2006.

7. Background

- 7.1 The Scrutiny Review of Access to General Mental Health and Early Intervention services in Haringey was carried out in the second half of 2005 and early 2006.

- 7.2 The terms of reference for this review were as follows.

"To consider, both strategically and from a user's perspective, the provision of services for adults that seek to address the earliest symptoms of mental illness through early intervention and their effectiveness in helping individuals avoid acute illness or prevent

its reoccurrence and to make appropriate recommendations for improvement to local NHS bodies and the Council's Executive."

- 7.3 The panel received regular input from a user perspective via representatives from the Patient and Public Involvement forum and external advisers were appointed to the panel from the Sainsbury Centre for Mental Health.
- 7.4 Evidence was taken from the Executive Member for Social Services and Health, the Director of Social Services, Managers in Social Services, the Barnet, Enfield and Haringey Mental Health Trust (BEHMHT), the Haringey Teaching Primary Care Trust, Voluntary and Community Organisations and a GP. A variety of written sources were used and visits were also undertaken to a range of provision.
- 7.5 The Scrutiny Panel was advised by expert witnesses from the Sainsbury Centre for Mental Health who attended several of the Panel sittings, questioned witnesses and advised the Panel on follow up to responses.
- 7.6 The review report contains twenty six recommendations. They are aimed at the Council, Social Services specifically, the BEHMHT and Haringey TPCT. A number of the recommendations require joint action as services are provided in a partnership. Detailed responses to the recommendations are set out in Appendix A.

8. Description

- 8.1 The title of the report comes from the fact that one in four of us will at some point in our lives suffer from some sort of mental illness. Mental ill health can have severe and life long effects on people, affecting virtually every aspect of their lives. People can lose confidence, jobs, homes, prospects and social contact. Services therefore need to respond to the full range of needs that people have. There is evidence that intervention at an early stage can make a clear difference and help to prevent illnesses becoming worse or, at the very least, shorten their duration. In order for this to be possible, illness needs to be detected at an early stage. This is what makes ease of access to services so important.

Mental health has moved up the political agenda in recent years and this has coincided in major changes in the way that services are delivered. In particular, the National Service Framework for Mental Health (NSF 1999) and the NHS Plan set specific targets and priorities for mental health including addressing discrimination and social exclusion. Locally, mental health is a priority on the grounds of the high level of morbidity within Haringey.

Services are changing and provision is now being developed that is more responsive and comprehensive. There is a continuing move away from an institutional based model of care, where patients are treated away from the community, to a model where they remain within it. This allows more people to stay in their homes, to keep their jobs and to retain their social networks. In particular, it will help to combat the considerable stigma that still exists around mental illness.

9. Consultation

9.1 The Scrutiny Review undertook consultation with a very wide range of groups and individuals. The recommendations in this report have been made following consultation within the Mental Health Partnership and with appropriate departments of the Council.

10. Summary and Conclusions

10.1 The scrutiny review was both wide ranging and timely and has focused attention on key issues relating to mental health. Its work has contributed to reducing the stigma associated with mental illness and the implementation of the recommendations in its report will assist in the modernisation of the service.

11. Recommendations

11.1 See Appendix A for detailed recommendations in response to the Scrutiny Review of Access to General Mental Health and Early Intervention Services in Haringey – One in Four of Us.

12. Comments of the Director of Finance

12.1 The Director of Finance has been consulted. There are no specific financial implications identified as yet and these will need to be identified in detail for both Haringey and Health as the plan is further developed and implemented.

13. Equalities Implications

13.1 The Scrutiny report aims to reduce the stigma associated with those suffering a mental illness. Recommendation 19 specifically tackles issues relating to the Turkish/Kurdish community.

14. Use of Appendices / Tables / Photographs

14.1 Appendix A: Composite response to Recommendations of the Scrutiny Review of Access to General Mental Health and Early Intervention Services in Haringey – One in Four of Us.

Panel Recommendation		Response
Strategic Issues		
1	That the Executive Member for Social Services and Health be requested to bring the inadequacy of the current funding levels for Mental Health Services within the Borough and, in particular, the continuing change from institutional to community based care to the attention of both members of Parliament for Haringey and to request that they bring these concerns to the attention of the appropriate government departments (Executive Member for Social Services and Health).	<p>Agreed. Levels of need for mental health services are in the top band for London and historically, levels of institutional care have been high. Plans are in place and are being further developed to release funding from institutional care to increase Community Care but only those needs which are 'severe and enduring' can currently be met by Social Services.</p> <p>It is recommended that the Executive Member for Social Services and Health be given the necessary information to present to the Members of Parliament on the current funding position, the priorities for mental health and the gaps in funding.</p>
2	That the Mental Health Trust, the TPCT and Social Services collaborate to improve the level of data available, including the development of joint systems, in order to better inform commissioning of services and that an action plan be drafted to introduce improvements within a specific timescale. (Barnet, Enfield and Haringey Mental Health Trust/Haringey TPCT/Social Services).	<p>Agreed. It is acknowledged that data gathering and analysis needs to be improved across the Mental Health Partnership. Currently collaboration on data takes place through the Mental Health Performance Indicators sub-group of the LIT/Partnership board. This is chaired by the TPCT and includes officers from the BEHMHT and Social Services. Work is taking place to revisit the purpose, terms of reference and membership of this group.</p> <p>The group is producing a joint performance report on mental health issues aligned to the draft commissioning strategy and this will be finalised after the partnership's budget setting processes. This needs to become a more regular and consistent process and should become easier when the Trust's new IT system is introduced from December 2006.</p> <p>It is agreed that an action plan should be developed to improve the performance framework across the agencies and it is recommended that</p>

		the first one should be produced to cover the period April 06- March 07.
Primary Care		
3	That the enhanced service proposal from the TPCT involving the appointment of a lead GP on primary care mental health for each of the four commissioning clusters within the Borough be strongly supported and implemented within a specific timescale (Haringey TPCT)	Agreed. The proposal to develop a Local Enhanced Service (LES) for mental health services has been agreed at the Professional Executive Committee (PEC) January meeting in Haringey TPCT. This positive step towards improving primary care mental health services will be implemented from April 2006. The four lead GP's will be supported by a senior clinical post who will work within the PCT, ensuring that primary care development and the mental health trust work across the interfaces which will improve delivery of the services at the primary care level.
4	That, following the government's forthcoming announcement of an expansion of availability of "talking therapies", Social Services, the TPCT and the Mental Health Trust jointly investigate the possibility of improving the availability of such therapies to Haringey residents. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust).	Partially Agreed. All the agencies support the direction of travel indicated by the Scrutiny review. However, this cannot be implemented until suitable funding sources are identified. This will need to be considered as part of the 2007/08 budget process.
5	That a system is set up by the TPCT, in partnership with GP practices, to ensure that regular checks are taken to confirm that patients suffering from Mental Illnesses are obtaining repeat prescriptions and that where there are grounds to suggest that patients who are in contact with secondary services may not be taking their medication this be brought routinely to the attention of relevant mental health teams (Haringey TPCT).	Agreed. The Local Enhanced Services (LES) for mental health in primary care will support this development. Working with graduate primary care mental health workers, the GP leads for the LES will ensure that systems are in place across the interface between primary and secondary care to minimise any potential for patients to 'slip through the net'. In addition to this, the development of link workers for primary care in community mental health teams will progress a fast track access to secondary care services for patients who are generating concern at the primary care level. It is recommended that a report on progress on these developments be considered by the Mental Health Executive at the end of 2006/07.
Community Based Services		
6	That provision for a specific Early Intervention in Psychosis service, based on a model that is appropriate to the needs of Haringey, be	Agreed. Council Officers will be asked to continue to encourage NHS partners to prioritise the funding of this important service.

	included within the three year commissioning plan and implemented urgently. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust).	
7	That consideration is given, as part of the process for determining the three year commissioning plan, to improving liaison between mental health services and the North Middlesex Hospital in order to provide earlier detection of mental health needs. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust).	Agreed. Mental Health Liaison Services at the North Middlesex hospital were given additional resources of £80,000 (full year effect) by Enfield and Haringey PCTs in 2005/06, to fund services of a consultant within the NHS It is agreed that, this will require further enhancement and work is underway to consider how this can be achieved.
8	That the work undertaken by the Haringey Therapeutic Network since its opening is highly commended and that consideration is given to: <ul style="list-style-type: none"> • Expanding its capacity. • Basing some of its activities within neighbourhood centres and creating strong links with neighbourhood-based mainstream services. • Developing stronger links with appropriate community based mental health teams. (Haringey TPCT/Haringey Social Services). 	Agreed.
9	That action is taken to improve awareness of services provided by Alexandra Road Crisis Centre in order to ensure that it is fully used all of the time and that opportunities for respite care for carers, during periods of lower demand, are maximised. (Haringey TPCT/Haringey Social Services).	Agreed that we need to increase the support to carers of those with mental health problems. Officers will therefore undertake a feasibility study of how these needs can be met.
10	That an appropriate career progression scheme	In place. Social Services meets Department of Health Workforce Development

	for care staff in day care services be developed, including a specific NVQ. (Haringey Social Services).	targets and uses the Council's Performance Appraisal scheme to identify individual training needs. The annual People's Plan identifies training priorities.
11	That consideration is given to including provision for day care service users within the Council's future IT support contracts. (Haringey Council IT Procurement/Social Services).	Agreed.
The Role of the Voluntary Sector		
12	That a review be undertaken of the level of availability of independent mental health advocacy services with the Borough in order to establish whether current provision is sufficient and that provision for any shortfall that is identified be included within the three year commissioning plan. (Haringey TPCT/Haringey Social Services)	Agreed. A review will be undertaken of the current situation and detailed commissioning proposals will be developed having regard to the available resources.
Health Promotion and Prevention of Ill Health		
13	That the multi agency publicity produced on mental health services is welcomed and that information be regularly updated and publicised within relevant publications from the Council and its health partners. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust).	Agreed. Updating will take place at regular intervals, as funding allows.
14	That consideration is given to incorporating a mental health and well-being impact assessment process into the planning and implementation of regeneration programmes in order to ensure that appropriate policies, programmes and projects promote and protect good mental health. (Haringey Council).	Agreed. It is already partnership policy to incorporate 'Health Impact Assessment' into regeneration programmes, as part of the Health Impact Assessment Strategy 2004-2006 and it is envisaged that it will continue to be used as a mainstream tool.
15	That mental health services be linked into new	It is recommended that this proposal is developed further within the revised

	neighbourhood management structures with, where possible, appropriate provision being based in neighbourhood centres. (Haringey Council).	community strategy and that the Mental Health Executive be asked to ensure plans for future provision address the feasibility of this approach.
16	That a Council wide audit be undertaken, to mark the next world mental health day, of how services address mental health issues as part of their work on Social Inclusion. (Haringey Council).	Agreed.
17	That schools be encouraged to include mental well-being as an explicit part of their curriculum and that good practice should be shared between schools. (Haringey Council)	Agreed. As part of the Personal, Social and Health Education curriculum secondary schools have been encouraged to include a strand covering mental and emotional health. Elements of the programme include work on feelings, understanding and managing emotions, a particular focus on coping with stress and anger, what is good mental health, what is mental illness. In addition, the Health and Social Education Team (within Children's Services) has a library of resources available for loan to schools. Those schools involved in the Healthy School programme (over 50%) also receive guidance from the multi-agency HS team on reviewing and developing the 'Emotional Health and Wellbeing' strand of the Healthy School Standard.
18	That the needs of people who have suffered from mental illness be considered within the Adult Literacy Strategy. (Haringey Council).	Agreed.
Diversity		
19	That the research that has been commissioned by the Council and its partners on pathways into care for black and minority ethnic communities be welcomed and that its conclusions be acted upon to improve substantially mental health provision for them. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust).	Agreed. Working with the Research and Development team at St Ann's hospital we have developed a proposal for a 'rapid participatory appraisal of mental health needs in the Turkish/Kurdish community' which we will implement as a first task for community development workers. This work will substantially inform the development of appropriate mental health provision for this community. It is recommended that this research will be also be used to inform further developments.

Employment		
20	That the Council's work placements scheme is welcomed, the placement of people who have suffered from mental illness as part of the scheme be progressed speedily and the placements that are offered are flexible and sensitive to needs and aspirations. (Haringey Council).	Agreed. The work placements are currently being developed in the Council with Council contractors and specific services in the Council. People with mental health histories will be included in these schemes
21	That specific links be developed between the volunteer bureau that is being set up and the Mental Health Employment Team. (Haringey Council).	Agreed. The recruitment agency which will be providing an umbrella volunteering service anticipates a planned link with the Mental Health Employment Team when the volunteer bureau is up and running. Bids have been made for increased employment projects which will enable better co-ordination of mental health employment services. It is recommended that the Mental Health Partnership Board review progress on this issue in the Summer 2006.
22	That a report is submitted to Overview and Scrutiny Committee on specific measures taken by the Council to promote mental health well-being amongst its staff and the support that is offered to those who may be suffering from mental ill health. (Haringey Council).	Agreed that this will form part of the Healthier Haringey workstream within our Well-being agenda.
23	That the inclusion of benefits advice within the commissioning plan for the joint mental health strategy is welcomed and that current provision is reviewed to ensure that it is sufficient to satisfy demand. (Haringey TPCT/Social Services).	Agreed. Following the earlier Scrutiny review of Benefits take-up, a comprehensive approach to benefits take-up is being developed as part of the Council's Anti-Poverty strategy. This will be presented to Members in July 2006.
24	That consideration is given to the provision for front line Council staff of specific and appropriate training in engaging effectively with people who may be suffering from mental illness. (Haringey Council).	Agreed. This will be developed as part of our Customer Care initiative.

Housing		
25	That the adequacy of supply levels of housing that is suitable for people who have suffered a mental illness and need re-housing be reviewed and an appropriate action plan developed to ensure that demand can be met on a timely basis. (Social Services).	Agreed. A recently commissioned housing needs survey is due to report shortly and this will be used to inform our Housing strategy.
26	That clear links be developed by mental health partners to the new arms length management organisation for housing within Haringey. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust).	Agreed.