



Scrutiny Services

Report of the Scrutiny Review of Mental Health (Early Intervention)

February 2006

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Executive Summary

This Executive Summary outlines the key findings and recommendations contained in the report of the Overview and Scrutiny Committee's Review of Mental Health (Early Intervention).

This has been the first time that a Haringey scrutiny review has focussed in depth on mental health since the Council gained its powers in relation to health scrutiny. It is not just a matter for NHS trusts to deal with but has wide ranging implications for the whole community. It impacts on a wide range of services including many that the Council provides, such as social services, education and housing. In addition, mental health should be a key part of the social inclusion agenda.

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 intervening 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.

Services are changing the way that they work and are now developing services that are more responsive and comprehensive. They are continuing to 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 will allow 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 for mental illness.

The Panel has learnt a considerable amount about mental health during this review. We have developed links with a wide range of stakeholders, including user representatives. We hope that our work has generated debate locally about these important issues and helps to bring them into the mainstream.

The Panel reached a number of key findings and recommendations. The lead agency for each of the recommendations is referred to in brackets after each recommendation:

Key Findings and Recommendations

Strategic Issues

Our key findings:

- ▶ Levels of need are very high within Haringey and have been estimated to be the sixth highest within London.
- ▶ Services now aim to look holistically at the needs of people rather than just focussing on medical issues, as was previously the case.
- ▶ A joint mental health strategy has recently been agreed between the Council, Haringey TPCT, Barnet Enfield and Haringey Mental Health Trust and Voluntary Sector partners and this will be underpinned by a three year commissioning plan.

- ▶ There are recognised by joint commissioners to be specific issues in Haringey in relation to the availability of psychological or “talking” therapies, accommodation and employment and the joint strategy aims to address these issues.
- ▶ The development of improved community care is dependent on sufficient funding being freed up through a reduction in the amount spent on institutional care.
- ▶ Mental health has long been perceived as the poor relation of health and social care services and there has been a long legacy of under funding, particularly from within the NHS. Eligibility criteria have been used to manage demand, which can make establishing exact levels of need problematic. Whilst efficiency and cost effectiveness have been improved by measures such as pooling of budgets and better partnership working, overall funding levels are nevertheless inadequate.
- ▶ Data used by services needs to be improved as it is currently not easy to judge how well needs are being met by services. In particular, better information needs to be made available on how many people need services and how many they are provided for, together with analyses and comparisons with other local authorities. This will assist in the planning and development of services as well as providing evidence to back up requests for additional funding.

Our recommendation:

Recommendation 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)

Recommendation 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)

Primary Care

Our key findings:

- ▶ The vast majority of people with mental health issues – around 91% nationally – are currently treated within primary care. The consensus of opinion is that people should only be treated outside of primary care if absolutely necessary. In particular, institutionalisation can bring with it stigma, loss of independence and social exclusion. Good primary care services and early interventions can help people stay well enough to remain outside of the “system”.
- ▶ Whilst early interventions can help prevent illnesses getting worse, attention also needs to be given to detection as there is evidence that people are often not coming to the attention of services until they are having their second or even third episode of illness.

- ▶ The TPCT is working to enhance primary care provision by appointing a lead GP for mental health issues for each of the four commissioning clusters within the Borough. The lead GP will have particular responsibility for support and training. The clusters will work together to look at referral rates in order to develop consistency and equitable access.
- ▶ There are currently no additional resources available to develop the availability of talking therapies. However, the government will shortly be announcing its intention to develop services in this area and we would hope that joint commissioners will take advantage of this initiative at an early stage.
- ▶ Information held by GP practices on people with mental illness needs to be accurate and measures are being taken locally to ensure that this is the case. This should enable practices to monitor more effectively their patients and, in particular, enable systems to be developed to check that patients are obtaining repeat prescriptions. Where patients have been in contact with secondary services and there are concerns that they may not be taking their medication, they should be routinely referred to mental health teams for further investigation.

Our recommendations:

Recommendation 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)

Recommendation 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)

Recommendation 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)

Community Based Services

Our Key Findings

- ▶ Early Intervention in Psychosis is acknowledged to be very effective and can help patients to lead a normal life. However, there is as yet no conclusive evidence that having a specific team to address this necessarily makes a difference. There is, as yet, no specific service for the Borough although one is currently under development.
- ▶ Improved detection is also an important priority. Better liaison with local general hospitals could help services to intervene at an earlier stage.

- ▶ There are already some excellent services within the Borough, such as Antenna and HOST, that aim to work with patients to prevent them from becoming acutely unwell or to remain in good mental health. Although their caseloads are lighter than CMHTs, the intensity of support is greater. Their services are greatly valued by patients and can help to re-integrate them into the community.
- ▶ Day services are currently being reviewed and are aiming to become less based around buildings and more focussed on promoting social inclusion. They provide a wide range of services for patients to promote their rehabilitation and provide valuable social contact.
- ▶ Alexandra Road Crisis Centre and Haringey Therapeutic Network are both particularly relevant to early intervention and provide valuable services. The Crisis Centre is subject to peaks and troughs in demand and we feel that greater awareness of the service could help to ensure that it is fully used. The Therapeutic Network provides an excellent service that epitomises what modern community based services should be. However, its capacity is very small and funding arrangements give the impression of not being entirely secure.

Our recommendations:

Recommendation 6

That provision for a specific Early Intervention in Psychosis service, based on a model that is appropriate to the needs of Haringey, be included within the three year commissioning plan and implemented urgently. (Haringey TPCT/Barnet, Enfield and Haringey Mental Health Trust/Social Services).

Recommendation 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/Barnet, Enfield and Haringey Mental Health Trust/Social Services).

Recommendation 8

That the work undertaken by the Haringey Therapeutic Network since its opening is highly commended and that consideration is given to:

- 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)

Recommendation 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/Social Services)

Recommendation 10

That an appropriate career progression scheme for care staff in day care services be developed, including a specific NVQ. (Haringey Social Services)

Recommendation 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)

The Role of the Voluntary Sector

Our key findings:

- ▶ Voluntary Sector organisations play an important part in delivering services and mental health services need to work closely with them and provide support. In particular, they may have better access to hard to reach communities than statutory services.
- ▶ A wide range of services are delivered locally by the Voluntary Sector. A low percentage of these are directly commissioned by mental health partners. In particular, there are some services that are accessible to people who do not have a current Care Programme Approach (CPA) assessment, which are in short supply elsewhere.
- ▶ There appear to be insufficient levels of independent advocacy services within the Borough and current levels of provision should be reviewed and expanded if necessary. The voluntary sector would be the most appropriate place for such a service to be commissioned from.

Our recommendation:

Recommendation 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)

Health Promotion and Prevention of Ill Health

Our key findings:

- ▶ There is a clear need for comprehensive information to be made available to a wide range of people including patients, advocates, relatives and professionals. This has been addressed by partners. There needs to be a focus on promoting good mental health and some work is being undertaken with schools to promote this. Schools should be encouraged to include education about mental health within the curriculum.
- ▶ The impact of the Council's policies on mental health and well being needs to be considered. In particular, environmental issues can have a significant impact on mental health and this should be taken into consideration when regeneration schemes are being planned.
- ▶ Developing neighbourhood based services are both a government and a Council priority. This should provide an opportunity to de-stigmatise mental health services and ease accommodation pressures on them by linking them into neighbourhood structures and basing provision in neighbourhood centres.

Our recommendations:

Recommendation 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)

Recommendation 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)

Recommendation 15

That mental health services be linked into new neighbourhood management structures with, where possible, appropriate provision being based in neighbourhood centres. (Haringey Council)

Recommendation 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)

Recommendation 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)

Recommendation 18

That the needs of people who have suffered from mental illness be considered within the Adult Literacy Strategy. (Haringey Council)

Diversity

Our key findings:

- ▶ Our diverse communities have particular mental health needs but more work is required to determine the level of need and its nature. There are particular issues regarding culture, stigma and gender that need to be considered. There are particular concerns amongst professionals about the comparatively large numbers of Turkish and Kurdish young men that are coming into contact with services.
- ▶ Community organisations play an important role in providing services and have a level of access to the communities that they serve that statutory services do not. They are not always linked in to services and joint commissioners need to ensure that links are further developed.

Our recommendations:

Recommendation 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)

Employment

Our key findings:

- ▶ It is difficult for people who have been mentally ill to find work due to stigma and discrimination. Day services undertake work with people to improve their employability through increasing their skills and helping them to access further education. Efforts are also being made to engage with local employers and set up work placements. However, the Council has yet to provide such opportunities itself as an employer and, until such time as it does, its efforts in this area will lack credibility.
- ▶ Work placements need to be flexible and take into account the needs of patients. Full time employment may not be appropriate to some people and a range of options should be available. A volunteer bureau for the Borough is being set up and the Panel feels that links should be developed between this and employment initiatives for people who have had mental illness as this could provide a useful stepping stone into work for them.
- ▶ There is a need for good benefits advice. Whilst there is some provision available, waiting times can be long.

Our recommendations:

Recommendation 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 their needs and aspirations. (Haringey Council)

Recommendation 21

That specific links be developed between the volunteer bureau that is being set up and the Mental Health Employment Team. (Haringey Council)

Recommendation 22

That a report is submitted to Overview and Scrutiny Committee on specific measures taken by the Council to promote mental well being amongst its staff and the support that is offered to those who may be suffering from mental ill health. (Haringey Council)

Recommendation 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)

Recommendation 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)

Housing

Our key findings:

- ▶ It is not uncommon for people to lose their homes when they become ill. It can be difficult rehousing them, particularly if their needs are substantial. There is specific supported housing available through Supporting People programmes and this has been reviewed recently with sub standard providers being discontinued.
- ▶ The Vulnerable Adults Team will become the main conduit for all housing issues relating to people with mental health needs and this should improve responsiveness of services, which professionals have sometimes found difficult to access in the past. Adequate staffing levels should be established so that services can be provided in a timely manner.
- ▶ There have been delays in discharging patients from hospital due to difficulties finding suitable accommodation. The Panel is not convinced that current supply levels are adequate. In particular, a range of good quality provision needs to be available that reflects the differing levels of support that patients require.

Our recommendations:

Recommendation 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)

Recommendation 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 Heath Trust)

1. Background To Review

Introduction

- 1.1 The suggestion that the Overview and Scrutiny Committee undertake a specific review on mental health came from a number of sources including the Executive Members for Social Services and Health and Crime and Community Safety and the Patient and Public Involvement Forums for both the Mental Health Trust and the Primary Care Trust. In addition, several non Executive Councillors wished to follow up issues raised within Haringey Primary Care Trust's 2004 public health promotion report on mental health. The following objectives were agreed for the review when it was set up:
 - To develop well informed debate on the mental health needs of the local community
 - To generate a better local understanding of mental health issues
 - To develop further the relations between Overview and Scrutiny and local mental health advocates
 - To ensure that mental health issues are brought into the mainstream of the political process
 - To contribute to strategic policy for both the development of improved services for people with mental illness and the promotion of improved mental well being
- 1.2 Due to the complexity of mental health as a policy area, it was felt essential that the review focussed upon an area of manageable size and appropriate to the resources available. It was therefore felt that a particular aspect of mental health should be selected and that this should address the following overall objectives:
 - Expanding help for people with mental illness and their dependants
 - Improving the quality of the patient experience
 - Improving cross service approaches to mental health service delivery
 - Developing services to improve mental and emotional well-being
- 1.3 After discussion with stakeholders, the Panel decided that the review would focus upon early intervention and its effectiveness in helping adult patients to avoid acute mental illness or prevent its recurrence. This was felt a particularly appropriate area to focus on due to the comparatively high acute admission rates that the Borough has had and the cross cutting nature of the issue, as partnership working is an area that scrutiny may be particularly well placed to exert influence upon.
- 1.4 The review aimed to look strategically at the issues in question and focus on:
 - Illness prevention, early intervention and reducing the "revolving door" syndrome
 - Cross cutting themes and "whole system" approaches
 - Community engagement and addressing public perceptions and concerns
 - Issues of stigmatisation and ethnicity (double discrimination)
 - Local service development

Terms of Reference

1.5 The following terms of reference were approved:

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

Membership:

1.6 The membership of the review panel was as follows:

Councillors Jean Brown (Chair), Edge, Patel, Erline Prescott, Robertson and Santry.

1.7 In addition, the Panel would like to thank David Hindle and Dolphi Burkens from the Patient and Public Involvement Forum for Barnet, Enfield and Haringey Mental Health Trust who assisted us greatly with regular input from a user perspective.

Adviser to the Panel

1.8 In order to help inform the deliberations of the Panel and provide an independent perspective, external advisers were appointed to assist the Panel. These were Steve Clarke and Linda Seymour from the Sainsbury Centre for Mental Health which is a charity that works to improve the quality of life for people with mental health problems. The Panel would like to thank them for their very helpful input.

Evidence Gathering:

1.9 The review considered a wide range of evidence, both verbal and written. Further details of this are attached as appendices. In addition, Members visited a range of key local provision and spoke to staff and users.

2. Strategic Issues

Introduction

2.1 Mental health is a complex issue which has huge implications for the community. The total cost of mental illness in Britain is estimated to be £77 billion per year. In addition, there is a massive human cost. Mental illness will affect one in four people at some stage in their lives and most people will therefore be affected by it in some way, whether it is directly or indirectly through relatives or friends becoming ill. For those directly affected by mental illness, its effects can be catastrophic. For some people, it can mean losing their job, their home and their independence. It is for these reasons that it has been argued that addressing mental health should be a higher government priority than poverty.

2.2 Most people who have a mental health condition are treated entirely by their GP. A course of medication combined, if necessary, with some counselling, can help most people to recover. Specialist mental health services work with people with severe needs and the way that they receive these services has changed massively during the last ten years. The National Service Framework (NSF) for Mental Health in 1999 set out key priorities for change including addressing discrimination and social exclusion. The following years NHS Plan set out specific targets for improving services and this led to an increase in investment nationally from £3.3 billion in 2001/02 to £4.5 billion in 2004/05. Although this is a considerable increase in investment, it is felt by many to be insufficient to implement that NSF in full and to address longstanding issues, such as staff shortages. The Local Government Association, the NHS Confederation, the Sainsbury Centre for Mental Health and the Association of Directors of Social Services have just published a joint vision for the future of mental health services, which sets out a best case scenario for what it will be like to experience mental health problems in 2015. Their vision is of mental well being becoming a concern of all public services and an equal partnership between services and their clients. This has been viewed in some quarters as utopian but the report feels that, although the vision is ambitious, it is realistic.

2.3 The need to improve mental health and well being has been set a major public health priority for Haringey. In 2004, Haringey Teaching Primary Care Trust chose to report on the issue for its annual public health promotion report. It identified areas where action needed to be taken to improve mental health and well being. These were:

- Reducing stigma and discrimination
- Preventing mental illness
- Increasing the ability to cope with mental distress in life
- Improving the quality of mental health services
- Improving data and information systems

Levels of Need

2.4 The report highlighted the fact that the Borough had by far the highest acute admission rate in London at 854 per 100,000 people in 2002/3, compared with the lowest figure of 241 per 100,000 in Havering. There was also considerable variation in the rates between electoral wards as well as between ethnic

groups. The latest statistical analysis from the London Health Observatory shows Haringey is now within the cluster of Boroughs that have the highest levels of mental health need within London due to the comparatively high prevalence of illness locally. It is now estimated to be the sixth neediest Borough within London. Haringey has by far the largest number of refugees and asylum seekers in London and this has the additional effect of making the delivery of services more complex. Some refugees and asylum seekers have experienced torture and psychological trauma, which can make them particularly susceptible to mental illness and possibly suicide.

Early Intervention

2.5 Our review has specifically focussed on early intervention and we were made aware at an early stage that the term could have various meanings:

- Prevention/Promotion of well-being
- Early intervention - early in life
- Early intervention - early in course of illness
- Early intervention in psychosis - specific model of service provision

2.6 For the purposes of this review, we took a broad interpretation and concentrated on timely and appropriate access and re-access to services as we felt that this was the area we were currently best placed to attempt to influence and scrutinise strategically.

Strategic Issues

2.7 Local mental health services are commissioned by the Haringey Teaching Primary Care Trust and Social Services and delivered by a range of providers. The indicative cost of these services is as follows:

Barnet Enfield and Haringey Mental Health Trust	TPCT Commissioning spend
Community Mental Health Teams (CMHTs)	£3.065m
Crisis, Assertive Outreach Team, ERC, Liaison	
Acute Inpatient care	
Medium secure care	£1.889m
Rehabilitation inpatient	£8.693m
Psychological therapies	£7.370m
Child and Adolescent Mental Health Service (CAMHS)	£1.717m
Older people	£1.845m £2.653m £2.500m
London Borough of Haringey	Social Services spend
CMHTs	£1.555m
Residential care	£1.767m
Voluntary sector	£249k
Mental Health grant	£931k
TPCT	TPCT Spend
Graduate workers	£75k
Voluntary sector	£783K
LBH and TPCT Joint commissioned (Day Services, Crisis Unit Accommodation services)	TPCT £2.282m SSD £1.827m

2.8 80% of the staff in mental health work are from the NHS and, in the past, services could be dominated by the medical model of care. Services are now working towards treating patients holistically and taking a broader view of their needs. The links between NHS services and the Council are very important in taking this forward and, in particular, those with adults services, children's services and housing.

2.9 A joint health and social care mental health strategy for 2005 – 2008 was agreed last year by all relevant partners. It is within the overarching community strategy as agreed by Haringey Strategic Partnership, with accountability being to its Well Being Board, which includes membership from Haringey Council, the TPCT, Barnet, Enfield and Haringey Mental Health Trust and the voluntary sector. It will be underpinned by a three year commissioning plan which is currently nearing completion.

2.10 Beneath the Well Being Board are the Mental Health Executive and the Mental Health Partnership. The Mental Health Executive comprises the key senior officers of the statutory agencies i.e. Social Services, Haringey Teaching Primary Care Trust and Barnet, Enfield and Haringey Mental Health Trust. The Mental Health Partnership works alongside it and comprises all partner agencies, including users and carers and the voluntary sector. Together they will be responsible for ensuring the implementation of the mental health strategy and other key strategies across all the partners.

2.11 The strategy takes as its starting point the information in the Haringey Health Report 2004 and has a number of key aims:

- To make explicit the values and principles of a proposed model of care for primary and secondary mental health services for Haringey.
- To clarify the priorities for mental health services across a complicated system to achieve the vision for services in Haringey.
- To provide outline strategic frameworks for mental health services for older people and children and adolescents as a basis for further work by the relevant partnerships; to foster increased linkages across the theme boards for the Haringey Strategic Partnership; to develop cross over work at both a strategic level and in frontline services.
- To use the partnerships to act as an agent for change and to redress inequalities which contribute to poor mental health, in particular for high risk groups.

2.12 The development of the strategy involved a wide range of stakeholders and potential partners including service users, carers and the voluntary sector. It adopts an integrated approach which proposes comprehensive community based services for mental health that are incorporated into primary care, leisure and educational opportunities. It is based on the following principles;

- Promoting mental health and reducing the discrimination and social exclusion associated with mental health problems.

- Providing high quality culturally appropriate and competent co-ordinated mental health care in the least stigmatising setting possible.
- Establishing primary care as a key component of the mental health care system and community-based specialist mental health services as the pivotal point of a comprehensive mental health system.
- Delivering informed, person centred care, at the right time, in the right place and by the right person. Responding to the needs of patients and carers as identified through individual holistic comprehensive assessments of need to ensure access to the widest range of possible treatments and interventions, including physical health care.
- Working across agencies and different services so that service users can move through the system without duplication or multiple assessments
- Providing equitable access to service according to population need.

2.13 The Panel noted the evidence that was presented by service commissioners (the TPCT and Social Services) that there are particular challenges that need to be addressed locally and which the strategy aims to meet:

- An over reliance on outdated institutional forms of care across health and social care
- Underdevelopment of community based services
- A lack of coherent interfaces across the different parts of mental health care
- A failure to address the diverse population needs and marked differences in levels of need between east and west Haringey
- A lack of robust information across most areas of mental health provision
- Significant financial deficits across the local health and social care economy

2.14 In addition, there are recognised to be specific issues relating to the following:

- Waiting times for psychological therapies. These are undertaken by both voluntary sector and NHS providers. There are significant levels of demand and particular cultural and ethnicity needs. One particular initiative that is taking place is the development of a psychological therapies network.
- Housing for mental health clients. This is currently under a process of review and reconfiguration. People often have complex needs and lack of accommodation can delay the discharge of clients from hospital. There are, however, a number of supported housing projects in the community.
- Employment. Whilst there are a number of local initiatives, it has only been possible to place a very small number of people into employment and training.

2.15 The Panel came across the same issues in the course of its work.

2.16 The Mental Health Trust (MHT) is in the process of reconfiguring its services in line with the new service model and is considering, in particular, the capacity and location of services that they provide. The outcomes of this will be a key influence on the current moves to redevelop the St. Ann's Hospital site, which is where many of their services for Haringey are based.

2.17 The Panel noted the view of Social Services that funds that are tied up in paying for hospital beds cannot be used to provide enhanced community based care of the sort envisaged within the strategy. Resources will therefore need to be re-allocated in order to develop the sort of community services that can prevent people becoming acutely ill. The additional support that the local authority and others can provide to support this is conditional on sufficient funding being freed up through actions such as reducing the amount spent on hospital based care. Local NHS bodies are in support of this overall approach but also have financial pressures that require attention.

Eligibility

2.18 Mental health has long been perceived to be the poor relation of health and social care services. Services have had to be rationed by eligibility in order to manage demand and this can make establishing need difficult. It is nevertheless clear that there are very high levels of need within Haringey. Great efforts are being made by partners to stretch budgets further through pooling savings and the creative use of resources. Efficiency has been improved by re-organisations, collaboration and partnership working. However, there are limits to how far budgets can be stretched. The sort of modern community based services that seek to promote mental health and prevent illness cannot be achieved without extra funding and it seems clear to the Panel that overall levels are currently inadequate. We therefore recommend that appropriate representations are made to government funding agencies.

Data

2.19 The Panel noted that improved IT is a major strategic priority for mental health services and a national issue. NHS and local authority systems are currently not compatible. The majority of expenditure on IT in the NHS has historically been on acute hospital care which has left mental health at a low starting base.

2.20 The lack of data was referred to within the TPCT's previously mentioned 2004 annual public health promotion report. The Panel feels that there still is an overall lack of data to inform commissioning decisions and planning. In particular, it is difficult to determine levels of need within the Borough, how well they are being met and how performance compares with other local authorities. Each individual agency collects data on the use of its own services but there is an apparent lack of overall information. The Panel feels that the statutory agencies – the Mental Health Trust, the TPCT and Social Services – should collaborate to improve the level of information available and develop joint systems.

Recommendations:

- 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

- 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)

3. User Representative Views

3.1 The Panel met with various service users, carers and their representatives. We also visited St. Ann's Hospital where we met with the Patients Council. We heard a range of views on particular areas that these consultees felt needed addressing and would facilitate successful earlier intervention:

- It was felt that services could be accessed very quickly in the event of a severe episode. Access was less timely for cases which were not crises or when an initial GP referral was required and on re-admittance into hospital or community based provision.
- Low level intervention services needed to be expanded.
- There needed to be better information available on mental health services and this needed to be made available not only to patients, carers and the general public but also to professionals.
- There was variation in how GPs addressed mental illness and their awareness of services.
- Choice of treatment needs to be extended. The majority of people with less severe illnesses were treated with medication alone.
- It is often difficult for people to access "talking therapies", such as Cognitive Behavioural Therapy (CBT), at any stage of treatment.
- Most care appears to be focussed primarily on symptom stabilisation.
- Some people are likely to have long term needs and would therefore benefit from accessible help on how to manage their condition.
- Whilst the local authority had particular expertise in making services accessible to all communities, NHS bodies were not yet as adept. In addition, there are new challenges such as the continuing arrival of new communities.
- Day services needed to be accessible. They were not always appropriate to the needs of all patients, particularly younger ones. In addition, encouragement needed to be given for people to use mainstream facilities in order to help them to become more independent.
- There was a lack of services available for people who did not have a Care Programme Approach (CPA) assessment. These assessments were introduced as part of a government policy designed to improve the delivery of care to people with mental health problems and require health and social services, and other agencies, to work together with service users to provide an agreed programme of care.
- There was a lack of employment opportunities, including placements, for people who have been mentally ill.

- Having good benefits advice was important. Whilst there was some specific provision available for patients, there were often waiting times of up to a month for appointments.

3.2 In addition, representatives from the voluntary sector made the following additional comments on where they felt that services needed to be improved:

- There is a lack of general awareness of the early symptoms of mental illness.
- There needs to be more drop-in provision.
- There needs to be more funding for community and social centres so they can set up programmes that address mental health needs.
- More work is needed with homeless people.
- The environment within the Borough can have a negative effect on mental health and regeneration can help to improve this.
- People with disabilities can suffer from poor mental health due to isolation and can find it difficult to access services. Disability organisations do not currently have the resources to deal with such issues.

4. Primary Care

Introduction

- 4.1 The view that the Panel received from a wide range of sources was that people should only enter the mental health system if absolutely necessary and we would whole heartedly endorse this view. This is due to a number of reasons, particularly the stigmatisation, loss of independence and social exclusion that entering mental health services can bring. Nationally, 91% of people with a mental health condition are treated entirely within primary care. Good primary care and early interventions can help reduce the need for secondary services and keep people well enough to stay outside of the secondary system and acute services. If services are to prioritise well being and the prevention of mental health problems, then resources will need to be shifted to primary care.
- 4.2 The Panel heard evidence from patients who stated that the timeliness of interventions that require a GP referral needed to be improved. In addition, the Panel heard that there were lot of people with relatively less serious but potentially disabling illnesses, such as those with obsessive compulsive disorder and suffering from anxiety and depression, who currently do not receive services at all. There are also many people with mental health problems who do not visit their GP primarily with such symptoms but present instead with physical ailments that mask the mental health issue.
- 4.3 The Mental Health Trust's view was that, whilst early intervention could help prevent illnesses from becoming worse, better detection would be the most significant improvement that could be made to the ability of services to respond at an early stage. Signs and symptoms are not always recognised and many people only come to the attention of services when having their second or third episode. Primary care practitioners are probably best placed to address this issue. The Mental Health Trust felt that the ability of GPs to respond effectively was hampered by a lack of time and that their knowledge of mental health issues needs to be expanded.
- 4.4 GP practices in Haringey are characterised by long lists, inflated by the transient nature of the population. There are approximately 60 different GP practices in Haringey of which around half are single practices. A large number of GPs are due to retire within the next 5 years. It is clearly a lot more difficult for sole practitioners to gain the level of specialist knowledge that larger practices or medical centres have within them.

Developing Primary Care

- 4.5 The TPCT reported on how it was working with GPs to develop primary care. They were currently in the process of determining what practices were currently doing and what services patients were receiving. Practices have different thresholds for referring onwards and this results in variable levels of service. The intention is to seek to agree common thresholds and information is being obtained on the respective stages where patients are being referred.
- 4.6 The local enhanced service proposal from the TPCT involves a lead GP being appointed to each of the four GP commissioning clusters. The lead GP will take a specific lead for primary care mental health in the cluster and have particular responsibility for support and training. The clusters will provide

“critical mass” with 70 – 80,000 patients within each one. The model will bring together a key part of each cluster’s commissioning function for primary care mental health. Clusters will all be of similar size and cover a specific geographical area of the Borough. There will be a Community Mental Health Team (CMHT) and specific link workers allocated to each cluster and they will include provision for specific language and cultural needs. The aim is to provide equitable access to services. The Panel felt this initiative would have very beneficial effects on a number of aspects of mental health provision, and supported this development very strongly. It notes that there does not appear to be a timeline for completion of this process.

- 4.7 The TPCT reported that it is also working with GPs to help them detect better those people who need primary care led mental health interventions and those who need secondary services. In addition, people who have had a specialist package of care will re-access services through primary care. Services will work on the principle that there should be one main conduit into services and that this should be through the GP.
- 4.8 When people come off CPA programmes, there should be a plan of ongoing care and GPs should be provided by CMHTs with details of signs and symptoms to look for in the event of any relapse. Since 2004, there have been named consultants within the Mental Health Trust whose role is to link up with practices across Haringey. We noted that this was felt to be working well. This had improved communication in respect of the more serious cases but the TPCT felt that improvement was still necessary in respect of less urgent ones.
- 4.9 The TPCT accepts that provision for people with milder mental illnesses requires development. This is not merely an issue that affects Haringey – it is a London wide and possibly a national problem. They feel that there are currently some pockets of excellent practice within Haringey and are seeking ways of sharing this practice.
- 4.10 GP practices currently collect data in different ways and a huge change is required in moving towards working collaboratively. Clusters are now collecting anonymised data and this will enable comparison of rates of referral. Practices will be much more involved in the commissioning of new services and could look at switching investment to areas which were most effective, thus freeing up resources from elsewhere.

Resources

- 4.11 The Panel noted that there were no additional resources available for improving primary care and the TPCT would need to look at existing practice and determine if there were other ways of working that might free up resources that could be diverted to this area. They were nevertheless optimistic that a collaborative approach between GP practices would deliver results. It would facilitate earlier intervention and better detection as each practice would be able to compare its referral rates with others. There would also be a specific role for the TPCT in education and training.
- 4.12 The Panel was impressed with the TPCT’s enhanced service proposal and feels that it has the potential to make access to services more equitable, improve detection and treatment of patients and make re-accessing services easier.

Recommendation:

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)

Talking Therapies

- 4.13 In the case of “talking therapies”, the TPCT stated that it needed to be borne in mind that resources are limited. Consideration is being given to extending the availability of such services within practices, with the assistance of the graduate mental health workers. Some practices currently provide a range of therapeutic services including family therapy whilst others have a far smaller range and it is hoped that the new model will enable services to be spread more evenly.
- 4.14 There are currently four Graduate Mental Health Workers in post within Haringey and it is intended to increase this to seven by next year. The scheme is part of a national training programme and helps provide self help and guided interventions based on Cognitive Behavioural Therapy methodologies for people between the ages of 16 and 65.
- 4.15 The Panel is aware of the government’s intention to expand the availability of talking therapies through the NHS by, amongst other measures, the setting up of a network of specific therapy centres. This long heralded enhancement to services is likely to be announced shortly. We welcome this initiative although we would hope that sufficient additional resources will be made available so that it need not be at the expense of other services, particularly as the announcement is likely to generate raised expectations. We feel that local services should be proactive and take advantage at an early stage of any opportunities for service development that this new initiative may provide. Consideration should be given to delivering services in imaginative ways that help to de-stigmatise them, such as dispersal from specific centres to community locations and outreach work

Recommendation:

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 investigates the possibility of improving the availability of such therapies to Haringey residents. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust)

Medication

- 4.16 The GP that we spoke to stated that there is as yet no system for routinely checking that patients are obtaining repeat prescriptions. However, the monitoring of outcomes framework has given GPs some incentive to check up and has therefore increased the likelihood of it happening.

4.17 Registers of patients with mental illness that are held by GP practices are acknowledged as not always being accurate. The Mental Health Trust is undertaking an audit with the largest GP practice in the Borough which involves registers being cross checked with the CMHT database. The results of this exercise will be used to develop ways of improving information that is held by GP practices.

4.18 The issues associated with this are similar in many ways to those with other chronic long term conditions, such as diabetes and coronary heart disease. People who have a range of conditions can become ill or even die if they fail to take their medication. **There is evidence that a collaborative approach to work with people with long term conditions that involves patients in taking decisions on prescribing can increase the likelihood of them taking their medication as directed.**

4.19 The decision not to take medication could be argued to be a conscious one that people have the right to take. However, **it could also be argued that** the failure to take medication on the part of someone who is mentally ill may in fact be symptomatic of their illness. They may not necessarily be in a position to take the sort of conscious decision that they would if they were well. **The Panel feels that, at the very least, there should be an awareness amongst relevant professionals that patients may not be continuing to receive prescriptions and that, where appropriate, the issue should be brought to their attention.**

4.20 In cases where patients have been in contact with secondary services and there are concerns that they may not be taking their medication, this should be brought routinely to the attention of relevant mental health teams. We acknowledge that such a system would be dependent on the accuracy of information that is held by GP practices and welcome the audit that is currently being undertaken by the Mental Health Trust as a first step towards ensuring that this happens.

Recommendation:

That a system is set up to be 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)

5. Community Based Services

5.1 Community based services are generally for those patients whose needs are greater than those who are treated purely within primary care. They have advanced considerably in recent years. Their role has evolved and they are now placing a greater emphasis on prevention and rehabilitation. Most of these services are only available to people who have a current Care Programme Approach (CPA) assessment.

Early Intervention in Psychosis

5.2 There is very strong evidence that early intervention in cases of psychosis is effective. Early intervention services aim to promote a long-term recovery and to provide patients with a chance to live a normal life. We noted the findings of the Sainsbury Centre for Mental Health that there is clear evidence that intervening early can reduce the long term harm that people may experience. **A number of models of early intervention provision are available with some showing greater success than others.**

5.3 The Mental Health Trust reported that those who worked within specific early intervention teams tend to be convinced of their effectiveness but this view is not yet shared universally. The service that they typically provide is very well resourced and of the type that all mental health services should ideally be able to provide for all. However, this can only be provided during the first instance of illness and the care provided when patients transfer to CMHTs is not comparable due to fewer available resources. There are various alternative models of how to structure early intervention services.

5.4 The original National Service Framework (NSF) guidelines specified that there should be one early intervention in psychosis (EIP) team per half million of population. This would mean one team for the whole of Barnet Enfield and Haringey, which is unlikely to be adequate. An EIP service has already been set up in Barnet by the Mental Health Trust. The Mental Health Trust is currently developing, in consultation with commissioners, a specific early intervention in psychosis (EIP) service for Haringey. The intention is to develop a specific service that is suitable for the Borough's particular needs rather than adhering to any particular model which already exists.

5.5 The Panel feels that the development of a specifically designed EIP service for Haringey would be a desirable enhancement for mental health services in Haringey and would strongly recommend that provision for this be included within the three year commissioning plan

Recommendation:

That provision for a specific Early Intervention in Psychosis service that is appropriate to the needs of Haringey be included within the three year commissioning plan.

Detection

5.6 The Mental Health Trust considers that improved liaison with the North Middlesex Hospital should also be a high priority and that the need for support from mental health professionals in detection as patients enter A&E was

arguably even greater than the setting up of a discrete early intervention service. Such a service could provide a link between psychiatric services and A&E and the medical wards. Amongst other benefits, it would enable post natal depression to be detected and addressed at an earlier stage. The Panel notes this view and feels that the potential benefits of including this within the commissioning plan should be explored fully by partners.

Recommendation:

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)

Antenna and HOST

- 5.7 The Mental Health Trust currently has one particular service that is specifically aimed at early intervention. This is Antenna, which was set up in 1999 to try and divert African Caribbean young men from the mental health system, which they were finding themselves within in increasing and disproportionate numbers.
- 5.8 Antenna receives referrals from a wide range of sources including self-referral. It works with a range of external services and uses an assertive outreach model, which involves engaging proactively with individuals – going out to find them in their homes and communities. The service does not use day centres and instead aims to encourage patients to use mainstream facilities. Amongst other matters, they look at how patients can exit the system and find employment or go into further education and support them in doing so. In addition, they undertake mental health promotion work with the Peace Alliance, churches, and schools and work to promote a positive image for the community of keeping mentally healthy.
- 5.9 In addition, the Trust has an Assertive Outreach Team (HOST). This can be construed as a form of early intervention as it gives patients the opportunity to make a new start and works intensively with patients to reduce the risk of a relapse. HOST was set up in 2003 and takes a proactive approach towards patients who are not engaging with services. They go to patients and see them in their own environment. They aim to prevent re-admission or relapse and use a social inclusion model of provision i.e. they aim to get patients involved in community activities. They focus specifically on individuals who have been through the system of mental health care but where action has so far not yielded positive results.
- 5.10 The Panel noted that it had been suggested by some research findings that the assertive outreach model was not especially effective as it would not necessarily reduce hospital admissions. However, it tends to reduce the duration of hospitalisation as staff are able to detect relapses at an earlier stage. It is also able to improve the quality of life of patients who may not otherwise engage with services.
- 5.11 Both Antenna and HOST work with refugee and asylum seeker patients. They have the time and resources to address assertively a range of issues. The

work is intensive so that, although their caseloads are comparatively smaller than CMHTs, their workloads are not dissimilar. Patients are highly appreciative of their work as they are able to devote more time to patients than CMHTs.

Day Services

5.12 Day services can play an important role in helping to rehabilitate people who have been mentally ill and can also help to prevent people from becoming hospitalised. They have several key functions:

- They can provide support to patients during crises as an alternative to hospitalisation.
- They provide valuable social contact for patients.
- They can be used for therapeutic purposes.
- They can provide access to social and leisure facilities.
- They can help people develop the skills to help them remain in good mental health.
- They can help them to develop the necessary skills that may enable people to undertake further education or gain employment.

5.13 The Panel received evidence on the current review of the day care strategy for mental health. The aim of day centres is now to use mainstream facilities where possible. This helps people build up self confidence so that they are more likely to use facilities when they move on. The new strategy would be aimed at providing opportunities rather than care. The Panel visited a range of day care provision throughout the Borough.

The Clarendon Centre

5.14 The Clarendon Centre, like all other day care provision, is not a drop-in centre – all users are receiving secondary services and have either a basic or an advanced CPA (Care Programme). It caters for a wide cross section of clients with the full range of mental illnesses, though since the CPA is a pre-requisite, most users have experienced more severe episodes and conditions. A key objective of the Centre is to encourage clients to engage with others. Employment support is included within their services and this includes the services of two support workers. There are approximately 700 people registered with the Centre, of which around 320 are active users. There is no upper ceiling on the number of users who could be registered. There are about 70 to 90 clients who use the Centre per day. The Centre is funded by Social Services, the TPCT and mental health grant funding from the Department of Health. The Centre provides a range of services including an art studio, music studio, yoga, discussion groups and counselling and a café.

Six8Four

5.15 The Six8Four Centre provides a service for the whole of the Borough and patients can either use it or the Clarendon Centre. Unlike Clarendon, Six8Four does not have an out of hours service. It provides a service for people with a

severe and enduring mental health problem and has close links with Community Mental Health Teams (CMHTs). The Centre was run as a drop-in before its relocation to the current premises but this has proven problematic. It no longer has an open door policy and all patients need to have a CPA and a risk assessment. This has made the environment safer for staff and patients, but has placed criteria on entry to the service. The old centre was located in a church hall in Tottenham and could sometimes be intimidating, particularly for women. When we visited, the new centre had 150 patients on their books, with approximately 30 attending each day. 80% of clients are men. A lot of users come straight from hospital.

5.16 The new and highly impressive premises have been funded by a range of grants including revenue funding from Neighbourhood Renewal Funding. There is an extensive programme of group activities. In particular, the Centre can help patients to develop skills in catering and cleaning which they can use personally and to earn a living. They also aim to build the confidence of patients and can assist them in gaining college places. The objective is to facilitate recovery. People who come off a CPA are not immediately stopped from receiving services but gradually phased out. If they become ill again, they can be fast tracked back – a welcome feature. Support from the Centre can help avoid hospitalisation in some cases.

Haringey Therapeutic Network

5.17 Alexandra Road Crisis Centre and Haringey Therapeutic Network are particularly relevant services in terms of their role in early intervention. The Network opened earlier this year following the closure of the day hospitals. The Network provides assistance for 12 weeks and offers a wide range of activities. It is not always necessary to have a CPA to obtain a place and patients come with a range of conditions. It concentrates on non medical and holistic issues such as leisure activities and further education. The aim is to facilitate rehabilitation and then try to get patients out into the community as much as possible to use mainstream facilities. They aim to ensure that all patients are linked up to either employment or training after 12 weeks. It is therefore important that those patients referred to them are committed to making progress.

5.18 The Network occupies two rooms at the Canning Crescent Centre and can cater for 12 patients at a time. It is open four days per week and has an annual budget of £120k, which comes from the TPCT and, when we visited, was funded until April 2006. The Network stops taking referrals if the waiting list becomes more than 3 months long as the service is geared to provide short term assistance in rehabilitation and longer waiting times are not consistent with this aim. Strict eligibility criteria have been introduced in order to ensure that the service is targeted at those patients that are likely to gain most from it and to keep demand manageable.

5.19 It is a popular and highly regarded service, particularly with patients, and there are a large number of people on the waiting list. We received evidence that all permanent staff are currently temporarily seconded and that it is necessary to use a number of agency staff as, due to the uncertainty about the future of the service, it is difficult to recruit permanent staff. Since our visit, funding has been extended and we were assured by commissioning managers that it is secure. Its role is incorporated into the joint mental health strategy and commissioners

stated that they were committed to its future. However, our view is that funding arrangements are still not a secure as we would like them to be.

5.20 The Panel feels that the capacity of the Network should be expanded. It appears to embody exactly the ethos behind the joint mental health strategy. We feel that the use of neighbourhood centres for some of its activities and the inclusion of users in mainstream localised services at neighbourhood level should be explored and that closer links with **appropriate community based mental health** teams should be developed.

Recommendation:

That the work undertaken by the Haringey Therapeutic Network since its opening is highly commended and that consideration is given to:

- 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/Social Services/Barnet, Enfield and Haringey Mental Health Trust)

Alexandra Road Crisis Centre

5.21 Alexandra Road Crisis Centre can take people for a maximum of three weeks. It can be used as a place of safety and refuge for people in mental health crisis or as a preventative measure if it seems a person may be relapsing. It could also be used as a means of providing respite for carers. A CPA is not essential. Self referrals as well as referrals from GPs and from other support organisations are accepted. Clients between 18 and 65 are taken and need to have a predominantly mental health problem.

5.22 They provide a limited range of activities. The intention is to encourage clients to attend activities in the community so as not to create dependency. The service is staffed by residential crisis workers and managed by social services although part of the funding comes from the TPCT. It is the only unit of its type in the Borough. There are 8 beds and demand is subject to peaks and troughs. If waiting times go above a week, referrals are no longer accepted. Whilst there are times when this is the case, there are other times when demand is not as heavy. The Panel feels that there is need to increase awareness of this high quality service in order to ensure that it is fully utilised all of the time, and particularly that the respite service for carers is developed further to take advantage of times when demand is low to provide short bursts of residential respite for users.

Recommendation:

That action is taken to improve awareness of services provided by Alexandra Road Crisis Centre in order to ensure that it is fully utilised all of the time and that opportunities for respite care for carers, during periods of lower demand, are maximised. (Haringey TPCT/Social Services)

Assessments

5.23 The Panel heard evidence from several sources that CMHT assessments received by day services have sometimes had a tendency to be limited in scope, concentrating on medical issues rather than the wider social care and other needs of the person. In the absence of such necessary detail, it can be difficult for professionals to know how to address a person's particular needs. We received assurances from senior managers that this issue has now been addressed and assessments are now containing the full range of information that day care services require.

5.24 It is acknowledged that there needs to be more focus on getting patients to progress and that centres should not be seen as a long term option. However, some provision is specifically aimed at people with severe and enduring mental health problems and they may require long term support. The Panel noted that both the Clarendon Centre and Six8Four only take patients with a current CPA and a risk assessment. The view was that day centres were not equipped to deal with all eventualities and there needs to be a support network that they could turn to if required.

Other Issues

5.25 The Panel noted that there are no obvious career paths for care staff who work in day care services. Efforts have been made to develop an NVQ but these have so far not been successful. The Panel feels that good services are dependent on having high quality staff and that specific efforts should be made to retain the valuable services of care staff and develop their skills. Such jobs are not well paid and creative ways need to be considered to provide incentives for staff to stay and to progress within Haringey.

5.26 Users of day care services have access to IT training but this has proven to be costly. In particular, the Council's IT support only covers staff and not service users, which means that centres have to buy in support separately which has cost implications. We feel that consideration should be given to including provision for service users within the Council's IT support contract. The current arrangements are costly for our day care services as they have to be set up separately. We feel that there would be economies of scale in including provision within the Council's overall contract and that the additional cost of this may well be less than the amount that services are paying for separate IT support.

5.27 Centres are anxious to involve volunteers and, in particular, would like to include ex-patients. However, the need for Criminal Records Bureau (CRB) checks and the delay and cost associated with this has made this difficult to achieve. The Panel felt this issue and its resolution should be further explored and the obstacles removed to what would be a very useful initiative

Recommendations:

- That an appropriate career progression scheme for care staff be developed, including a specific NVQ. (Haringey Council)
- That consideration is given to including provision for service users within the Council's future IT support contracts. (Haringey Council)

6. The Role Of The Voluntary Sector

6.1 It was reported to the Panel that several voluntary sector organisations provide services to people in the early stages of illness. This includes the following:

- Pyramid Health and Social Care, who provide counselling
- Open Door Project who provide counselling, psychotherapy and consultation services for teenagers. It is either free or low cost, depending on circumstances. Self-referral is available.
- Mental Health Carer's Support Association which provides a range of services for carers including advocacy, advice, training and casework.
- Tulip Mental Health Group. This provides a range of housing related support.
- MIND, who provide a range of services including counselling, independent advocacy, housing and a drop in centre. A Care Programme Approach (CPA) assessment is not required to access their services. They receive referrals from a range of sources, including GPs.

6.2 There is a plethora of general services for people with less pressing mental health needs provided by the voluntary sector including ones that provide respite care, training, self-help and counselling. There are at least 42 of these in Haringey and a number of these specifically aim to intervene at an early stage. Only a low percentage are directly commissioned. The majority are grant aided and this is particularly true of black and minority ethnic organisations. This makes their existence always uncertain. There are many of these groups whose prime focus is not mental health but which nevertheless provide some mental health services. HAVCO play a strong strategic support role in procurement and help voluntary sector organisations to bid for contracts. The market is becoming increasingly competitive with private companies also involved.

6.3 There are not many services available for people who do not have a Care Programme Approach (CPA) assessment. MIND provides such services and are funded for this by the TPCT. However, the TPCT has a substantial financial deficit and had already given advance warning that there might be cuts.

6.4 We noted that many community groups organise events that might not immediately be considered as being relevant to mental health but help to promote well being through addressing isolation and building self-confidence. The voluntary sector also have better access to many hard to reach groups, such as refugee and asylum seeker communities, than statutory services.

6.5 The voluntary sector is felt by the joint commissioners to have a good mix of provision. We were pleased to note that a post of user development worker had been created by Social Services and part of their work would be to support voluntary organisations. The Panel noted that capacity within mental health commissioning to support voluntary organisations is limited. It feels that services need to work closely and support voluntary sector organisations providing relevant services. Assistance could also be given, where appropriate, in helping organisations who are not commissioned but provide a relevant and useful service to identify alternative sources of funding.

6.6 The Panel feels that there may be a shortfall in the provision of independent advocacy services within the Borough. It can be a difficult experience for a person with mental illness to attend meetings with groups of professionals and this, as well as their illness, may inhibit their ability to articulate their views and needs. We would concur with the view that an independent person is probably best placed to undertake advocacy. It was noted that MIND have two workers who can provide this and the Patient's Council are also able to provide a limited service but this may not be sufficient to deal with the level of demand. We would therefore recommend that current levels of provision be reviewed to determine whether there is any shortfall.

Recommendation:

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)

7. Health Promotion And Prevention Of Ill Health

7.1 The joint Mental Health Strategy states that particular priority will be given to promoting good mental health and preventing illness. This will include:

- Specific action aimed at children and parents
- Reviewing day services and employment schemes that are currently provided
- Exploring opportunities for increasing access to employment, especially employment of service users within statutory organisations
- Developing service to prevent of loss of employment, particularly working with community services and primary care

7.2 The Panel heard evidence from many sources that mental health promotion was an important area and requires specific attention.

Communication

7.3 The Mental Health Partnership has developed a communication strategy based on increasing public awareness of mental health as an issue and de-stigmatising it. It is acknowledged that there is also a need to work on promoting good health and reducing stigma and a particular need to work with children and young people. Social Services are working with schools and focussing on such messages as eating and acting healthily as well as other lifestyle issues. The issue is part of the well being agenda and work is also being undertaken with GPs in order that health issues can be addressed holistically.

7.4 Specific multi-agency publicity has recently been launched on mental health services. This will cover the whole range of services and include information on how to access help and additional information. The publicity will be available to professionals, patients and relatives and in GP surgeries, customer centres and other public buildings. It includes a comprehensive directory of services that has been compiled by the Mental Health Partnership in consultation with the voluntary sector.

7.5 The Panel welcomes this initiative. It feels that publicity should be ongoing and regularly re-visited and updated. Regular information on services should be included within Haringey People and other widely available publications produced by the Council and its partners. Such publicity should encourage people to seek help if they feel that they may be becoming unwell.

Recommendation:

That the multi agency publicity produced on mental health services be 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)

Environmental Issues

7.6 The Panel heard evidence from a range of people on the impact that the environment can have on mental health. Millions of pounds have been poured into regeneration programmes nationally. The money is targeted at people and services living in the most deprived areas of the Borough with a view to improving their quality of life, the services that they receive and reducing health inequalities. Success for these programmes is measured in terms of quantifiable outputs such as numbers of people receiving training, employment, and improved access to services. However, the major impact that programmes can have on people's mental health and well being has not previously been taken into account. The Panel noted that a mental health and well being impact assessment and indicator toolkit has been developed by partners in Lewisham as a practical framework for measuring this.

7.7 The Panel feels that the impact of the Council's policies on mental health and well being needs to be considered and would recommend that consideration be given to incorporating a similar process into the planning and implementation of regeneration programmes in order to ensure that policies, programmes and projects promote and protect good mental health. In addition, we feel that the that a Council wide audit should 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.

Recommendations:

- 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).
- 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)

Neighbourhoods

7.8 One particular action that could help to de-stigmatise mental illness is locating services in community settings which people use in their everyday lives, such as community centres, GP surgeries, leisure centres etc. This may help address some of the fear that the public feels about mental health services. Users should also be able to better access mainstream localised neighbourhood services. This is a social inclusion issue.

7.9 The government has emphasised the important role of neighbourhoods in increasing community engagement and improving the effectiveness and responsiveness of local services. The Council is rolling out a universal approach to neighbourhood management based on improved area based working and underpinned by strong community engagement. This approach reflects both the government's emphasis on neighbourhood management and the Council's Neighbourhood Renewal Strategy. The approach is based on three propositions:

- That neighbourhood management should be universal

- That the Council should promote area based working; and
- That community engagement and involvement are central to the way the Council does business

7.10 We feel that mental health services should be linked in strongly to this process with appropriate provision being accommodated in neighbourhood centres. This would help to make services more accessible to patients and help to address some of the stigma that exists for people with mental illness. It would also have the added advantage of easing accommodation pressures that some mental health services in the Borough face, particularly the CMHTs.

Recommendation:

That mental health services be linked into new neighbourhood management structures with, where possible, appropriate provision being based in neighbourhood centres. (Haringey Council)

Education

7.11 The Panel noted that work is currently being undertaken with schools to promote good mental health and welcomes this. We feel that schools should be encouraged to include mental well being as an explicit part of their curriculum and that good practice should be shared between schools.

7.12 Some people have suffered from mental illness since their early teens and this has limited their educational opportunities with the result that they have literacy problems. The Panel therefore feel that their needs should be addressed within the Adult Literacy Strategy.

Recommendations:

- 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.
- That the needs of people who have suffered from mental illness be considered within the Adult Literacy Strategy.

8. Diversity

- 8.1 The Panel noted that it is often difficult for people from minority ethnic communities to access appropriate help when they suffer from mental illness and that this is particularly true in the case of less serious illnesses. There are also specific issues in relation to detection.
- 8.2 The Mental Health Trust reported that there was over representation/under representation of particular cultural and ethnic minority groups in mental health services as well as specific needs of refugees and asylum seekers that need to be addressed.
- 8.3 The Trust reported that there is an over representation of African Caribbean young men in acute care, particularly amongst forensics (services for patients who have committed criminal offences whilst ill). **There are a number of possible explanations for this, such as socio-economic factors and the stigma that exists within the community towards mental illness which may make it less likely for people to seek help at an early stage.** There are also particular concerns about the comparatively large numbers of Turkish and Kurdish young people who are coming into contact with the CAMHS team and appear likely to graduate into adult services.
- 8.4 There is no specific team that deals with the needs of refugee and asylum seekers, although the Halliwick Centre has capacity to deal with post traumatic stress disorder. There are two specific voluntary sector organisations that, although located outside of the Borough, provide counselling and psychotherapy for a range of ethnic minority communities, including refugees and asylum seekers. These are the Refugee Therapy Centre in Archway and the Nafsiyat Intercultural Therapy Centre in the Holloway Road. However, waiting times for these can be long – in some cases up to a year.
- 8.5 The Mental Health Trust feels that effective engagement would be facilitated best by better liaison with primary care and a proactive approach by GPs. Their staff can be constrained by difficulties in accessing appropriate interpreters. There is some anxiety on what might happen after the closure of the asylum team in April.
- 8.6 We noted the view of Social Services that, due to the number and diversity of community within Haringey, the issues were far more complex than merely ensuring that the workforce reflects the local community. They stated that it is sometimes not possible even to get interpreters for some less common languages.
- 8.7 We noted that Haringey is to be a “focused implementation site” for developments through the government’s Delivering Race Equality in Mental Health programme and this is being led by the Mental Health Trust. The Panel welcomes this very much and looks forward to the outcomes of this work for our BME communities

Derman

- 8.8 The Panel spoke to Derman, an organisation that works with Turkish, Kurdish and Turkish Cypriot communities, who have been offering counselling to people in Haringey. They had initially been funded by the New Deal for Communities

(NDC) but this funding is coming to an end shortly and the HTPCT has stepped in to keep them going temporarily. They can offer only 6 hours counselling a week and have a budget of £8,000 for this. They do not promote the service as they cannot cope with current levels of demand. Their waiting list is currently three months and is closed if it becomes longer than this. Referrals are accepted from a range of sources including self referral and from GPs. They have also applied to the Council for funding but were turned down. One of the reasons given was that the majority of their work was in Hackney.

- 8.9 There is a stigma attached to mental health problems amongst the communities that they cover and many people will not accept that they have a mental health problem. People arriving in Britain are often traumatised and some need counselling and/or mental health support. A sizeable number of their clients do not speak Turkish or are illiterate in their mother tongue. Many people come from rural areas which have a traditional outlook and where many women are not sent to school. Adjustment to a different culture can put substantial strain on families.
- 8.10 It was difficult for Derman to estimate how much demand there is for counselling and family support within Haringey as there is little demographic information available on the community. In one year, the project had assisted 2,000 people from Haringey with health advocacy. Of these, 98% were Kurdish and it was felt that around 90% needed some sort of psychological help. Derman was able to assist with the less severe problems, but not with severe need.
- 8.11 They felt that research was required into the mental health support needs of the Kurdish community, which is the largest of the three communities that they cover within Haringey.

Ethiopian Community Centre

- 8.12 The Panel also received evidence from the Ethiopian Community Centre. There are about 2,000 members of the community within Haringey. Many people do not understand how the healthcare system works or that they needed to register with a GP. They go directly to hospital instead when ill. Many GPs refer patients to them for counselling and support and they have also assisted in CPA meetings.
- 8.13 There is also a stigma attached to mental health in this community which makes it very difficult for people within the community to admit that they need help. In Ethiopia, provision is only available for people who are acutely ill. People therefore do not seek help for depression and other less serious mental health problems or appreciate that mental illness is preventable.
- 8.14 They receive no specific funding for providing counselling. Mental health issues can be related to a range of issues e.g. trauma, unrealistic expectations, loneliness, isolation, HIV. People can access mainstream services with the assistance of community organisations, if need be. In a three month period, they had been aware of six suicides amongst members of the community in north London. There is little specific information on differences in suicide rates between different ethnic groups because death certificates in Britain do not routinely record ethnicity.

- 8.15 People were wary of psychiatrists and, due to their limited understanding of the requirements of the system, could easily feel that they were being oppressed. Education was very important because, if people are encouraged to seek help at an earlier stage, more serious problems and possibly suicides could be avoided.
- 8.16 There are some members of this community too who are highly educated. The person that the Panel spoke to happened to have a medical background and had trained at Guys Hospital and therefore was in a position to assist with counselling. This was a happy coincidence rather than planned provision. He also provided an alternative to the anti depressants that were normally prescribed by GPs and had assisted people from other communities. Most of the problems identified are likely to be common to other asylum seeker communities.

Conclusion

- 8.17 The issues facing these communities are almost certainly shared by others in a variety of configurations. The Panel noted and welcomed the fact that a piece of research on pathways into care for black and minority ethnic communities has been commissioned from Middlesex University. There is a clear need to determine levels and types of need within the Borough amongst its diverse communities. In particular, it is important that the issues that have affected young African Caribbean men do not recur amongst the Turkish and Kurdish communities and that the needs of refugee and asylum seeker communities are met fully. We feel that there needs to be close working with relevant community organisations as well as support for them if these issues are to be addressed successfully.
- 8.18 The Panel feel that that mental service provider partners should act upon the conclusions of the above-mentioned research and use it to review and substantially improve provision for BME and asylum-seeker communities of relevant mental health promotion and treatment services.

Recommendation:

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)

9. Employment

9.1 Employment is widely acknowledged as having a crucial role in maintaining and promoting good mental health and therefore can help people stay outside of the mental health system. It can play a particularly important role in helping recovery and rehabilitation. People who have suffered mental illness have the lowest employment rate of any disability group and this equates to around 900,000 nationally being economically inactive and around 8,500 to 10,000 locally. However, it is difficult to know how many of these would like to, or be able to, sustain a working life.

9.2 We received evidence of the particular barriers to accessing mainstream employment:

- Lack of engagement of major employers e.g. placement opportunities
- Lack of employment opportunities
- Attitudes of receiving staff
- Lack of flexibility and support in the workplace
- The “benefits gap”
- Low levels of education and skills

9.3 The Panel also noted that there were a number of things that major employers could do such as:

- Taking steps to reduce stigma and discrimination
- Healthy work place initiatives
- Placements

Local Initiatives

9.4 There are various local initiatives to help people who have been ill to gain employment. The Clarendon and the Six8Four centres run a joint programme offering training opportunities in catering, art, audio engineering and IT. Employment advice sessions are also provided at the centres by the Richmond Fellowship. Personal Development Planning has been established and is being piloted for mental health service users engaging in training and work initiatives. A Mental Health Employment Team (MHET) was started in Spring 2004. This is based at the Clarendon Centre and includes two employment support workers. The team's role is to support people in their efforts to gain and retain employment. This may involve identifying further study or training to enhance their employability or using work experience placements or voluntary work to develop work skills. Each person's interests, routines, skills and potential support needs are taken into account and their personal aspirations identified. The team continues to offer support once the client is working, studying or training and this can be either at the centre or at the place of work or study. 76 clients have shown interest in the service and 25 have made use of the job club. Of those that have used the service:

- 2 are now in full-time employment.
- 2 are in part-time work.
- 5 are on work experience.
- 4 are in voluntary work.
- 6 are in study or training.

- 9.5 In addition, College Link and Employment Link services are provided by Haringey Psychology service to provide supported re-entry to study and employment and the support provided by Haringey Therapeutic Network includes opportunities for employment.
- 9.6 In addition, Welfare to Work for the Disabled provides a limited number of supported employment opportunities. The Council's Welfare to Work Co-ordinator is currently involved in trying to place clients across the Borough. The Panel noted that it has only been possible to find work placements so far for a very small number of people. The service also works to raise mental health awareness amongst employers, thereby increasing employment opportunities. Around 50% of their clients have mental health problems.

Placements

- 9.7 The Council is a very large local employer and efforts have been made to encourage it to take placements but these have not yet been successful although it was noted that a scheme is soon to be implemented. The first priority group for work experience placements is currently year 10 pupils in schools. **People who have had mental health issues will be included within the scheme in due course.** This new scheme is to be launched in January. The Panel noted that the Mental Health Trust already offers work placements.
- 9.8 The Council's Welfare to Work Co-ordinator stated that he understood the reservations that some managers might have about work placements and that they would need to be convinced of their benefits. There needed to be structured support in place, such as support from a mentor for the beneficiary. It needed to be borne in mind that the Council received a lot of requests for placements but resources to support these were finite. The voluntary sector pointed out that the Council would have little credibility in this area until it was seen to be taking on people itself.
- 9.9 It was noted that the Council is working with HAVCO and Volunteer England to set up a volunteer bureau for the Borough and this would provide opportunities for people who were recovering from mental illnesses. It was hoped that a vetting and placement process could be set up that was commensurate with the nature and level of the work being done.

Developing Opportunities

- 9.10 The Panel feels that the numbers of people progressing from day centres into work is still comparatively low. Evidence was heard that, at the time of our visit, only one person from the Six8Four Centre had found work since its opening and he had then found that the benefits regime was such that it was likely that going into work would not yield much additional financial benefit.
- 9.11 We feel that a range of different employment options should be available to people according to their needs and aspirations. It is possible that ex patients might not be consistent so work placements might be a more appropriate initial response in order to get people back into the jobs market. In addition, we feel that strong links should be developed between the volunteer bureau that is being set up and the Mental Health Employment Team. This will give people the opportunity to take advantage of a wide range of opportunities and move

gradually, and at a pace they can sustain, from voluntary work onto part-time and possibly full-time paid work.

9.12 The Panel would concur with the view of the Voluntary Sector that efforts by the Council to improve employment opportunities for people who have suffered mental illness will have little credibility until it is seen to be practising what it preaches. We feel that the Council should take a leading role and lead by example in this area. We welcome the moves to introduce work placements and would hope that such opportunities are provided soon for people who have had mental illness. In addition, we feel that efforts should be undertaken to promote the mental health of the Council's existing staff and to provide support for those who may be undergoing some sort of mental health crisis. Provision of timely and appropriate support can enable people not to lose their jobs in the first place and help to reduce the risk of them becoming acutely ill.

Recommendations:

- That the Council's work placements scheme is welcomed, that the placement of people who have suffered from mental illness as part of the scheme be progressed speedily and that placements that are offered are flexible and sensitive to their needs and aspirations. (Haringey Council)
- That specific links be developed between the volunteer bureau that is being set up and the Mental Health Employment Team. (Haringey Council)
- That a report is submitted to Overview and Scrutiny Committee on specific measures taken by the Council to promote mental well being amongst its staff and the support that is offered to those who may be suffering from mental ill health. (Haringey Council)

Benefits Advice

9.13 The Panel noted that benefits advice for people with mental health problems has been commissioned on a historical basis, rather than as part of a comprehensive strategic plan. It is now to be included as part of the mental health commissioning plan being developed for joint strategy.

9.14 There is currently a contract with Haringey CAB (since around 1998) to provide advice, information and advocacy for mental health services users and their partners and families. This service is jointly funded by Haringey Council and the Mental Health Trust and is accessible on referral from either Health (including GPs) or Social Services on an appointment basis only. It is provided from St Ann's Hospital on Tuesdays and both Canning Crescent and Tynemouth Road Health Centre on Fridays. In addition, there is also advice at the Clarendon Centre. There is no limit on numbers being able to access the service. The service is very well used and valued by those that have used it. In addition, the Council offers comprehensive benefits advice as part of the charging process, which includes mental health service users. There is also a Welfare Support Officer who offers telephone support to staff and online information and leaflets for staff

9.15 Timely provision of benefits advice to mental health service users should be a priority. We are very concerned to hear that the waiting time for advice is currently in the region of 8 weeks and feel this is likely to compound problems for these users. We also feel that advice workers supporting this group of clients should benefit from specific training to ensure they can properly support them.

9.16 The Panel feels that the awareness of all front line staff of mental health issues should be developed so that services can increase their sensitivity to the needs of relevant clients. **Staff such as youth workers and teachers are particularly well placed to detect mental illness in its early stages.** It is also felt that staff could benefit from specific training in engaging effectively with people who may be suffering from mental illness. An example of the sort of training that could be considered is a package that has been developed in Scotland called Mental Health First Aid. The aim of this is to improve the confidence, knowledge and ability to help others of participants and reduce negative and stigmatising attitudes. After an encouraging pilot in 2004, the course has been rolled out across the country

Recommendations:

- 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/Barnet, Enfield and Haringey Mental Health Trust)
- 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)

10. Housing

- 10.1 Housing is a particular problem for many people who suffer mental ill health. Loss of housing can exacerbate a crisis and difficulties in re-housing patients can hamper rehabilitation. People can often stop paying their rent when they become ill and this can result in eviction. In some cases, people can damage their property and this can cause them to lose their accommodation as well as making them very difficult to re-house. Difficulties have been experienced accessing supported housing for patients.
- 10.2 The Panel noted evidence from the Mental Health Trust that there was a national lack of supported housing for people with mental health problems and there were issues with some providers being choosy about who they accepted as tenants. Mental health staff felt that efforts to re-house patients would be assisted by better information on what was available and contact details. In addition, there needed to be more awareness amongst Council front line officers of mental health issues. There was a particular need for provision with night time support as this was when many problems could occur. Some supported housing offered were time limited tenancies, which were not always beneficial to patients. Links with the vulnerable adults unit in housing had existed but their accessibility could be improved.

Supporting People

- 10.3 The Panel received evidence from the Supporting People Manager. This service provides supported housing to vulnerable groups of people and is aimed at assisting people at risk of social exclusion. It provides a level of support that enables vulnerable people to live independently. The programme is funded by the Office of the Deputy Prime Minister (ODPM). 25% of the schemes involve mental health issues and this represents 14% of expenditure. Within Haringey, there are 350 housing units that are linked to support for mental health and these cover 12 different providers. There are two different types of support; accommodation based and floating support. In respect of accommodation based schemes, they provided varying levels of support up to 24 hours/7 days per week. In the case of floating support, this is in mainstream housing and normally involves a support worker visiting on a regular basis. The schemes aim to prevent crises and are not designed to cope with them. The schemes can be accessed via a number of referral routes including self-referral.
- 10.4 The government has required local authorities to review all of their schemes by 2006 to ensure that they are providing value for money. Provision has been evaluated through a comprehensive research study commissioned in a partnership between the HTPCT the Council and the Mental Health Trust. This study is informing the service reconfiguration of the Supporting People mental health sector from April 2006, in line with the joint mental health strategy. This work also takes account of the needs of service users in hospital rehabilitation settings and service users who have lived long term in residential care and the support necessary to help people move into more independent community arrangements.
- 10.5 The Panel noted that there is now a housing worker in St Ann's Hospital working with clients transferring. In addition, there will be a dedicated project officer to work with CMHTs to enable service users to step down from

residential care into more independent arrangements including mainstream housing with floating support.

- 10.6 The Panel heard that the results of the review had been mixed. Whilst some services were found to be of a very good standard, a number of providers were considered to be some way below minimum standards or just below. Contracts will no longer be granted to providers who fail to meet the minimum standard and providers need to demonstrate that they are providing appropriate support and not just “warehousing” people. Some providers had action plans to bring their provision up to standard whilst others had had their contracts terminated.
- 10.7 People generally prefer to be provided with support in their own homes via floating support. However, there are difficulties in finding accommodation of the right quality in the right location. For example, most available one bedroom flats tended to concentrated on a few large estates.

Vulnerable Adults Team

- 10.8 The Panel noted that there were to be significant changes introduced in the way that housing issues are dealt with. There is to be a single conduit for all housing issues relating to mental health and this will be the Vulnerable Adults Team. In addition, particular emphasis would now be based on helping people to avoid homelessness. If interventions are made at an earlier stage, it is felt that homelessness could be avoided. The view of Social Services is that simply increasing the supply of housing is not necessarily the answer and consideration needs to be given on how to use resources better.

Delayed Discharge

- 10.9 Social Services feel that the Mental Health Trust sometimes wishes to move long term patients faster than resources are available. The Trust's view is that if patients are fit, they should be discharged as soon as possible. In particular, there is a risk of regression if they are not. It is acknowledged that a solution is needed to this issue and discussions are taking place on moving resources to support this process, in partnership with the HTPCT. There are currently approximately 20 patients ready to move that are not being moved out of hospital as quickly as the Mental Health Trust wants them to. In some cases, the resources needed to support them are substantial. Last year's figures for delayed discharges had been higher at around 40, so considerable progress is being made, but more needs to be done.
- 10.10 The Housing Service is currently in a period of transition and there is an acknowledgement that some areas require improvement. In the meantime, it is acknowledged that rates of delayed discharge may increase. It is possible that current provision for vulnerable people is not of the sort that people want but delayed discharges are felt to be driven more by the shortcomings in the process rather than the supply.
- 10.11 It will be important to establish a proper relationship with the embryonic arms length management organisation (ALMO) for housing in order to ensure that provision takes into account the needs of mental health users in public housing

Anti Social Behaviour Orders

10.12 It was noted that assurances had been received by the Executive Member for Social services and Health that people with mental illness were not being disproportionately subject to Anti Social Behaviour Orders. Around 20% of the people that the Anti Social Behaviour Team was working with were estimated to have a mental health problem. Action against them was not necessarily unreasonable. Assurances had been obtained that the figures were no higher than in other comparable Boroughs. The team had links with mental health services and were required to refer such cases to strategy meetings with relevant services. The Panel was reassured.

Conclusions

10.13 We noted that with concern that difficulties had been experienced by mental health professionals in contacting the vulnerable adults service previously and that they had spent a considerable amount of their time trying to identify appropriate housing for their clients. It was also noted that there are particular actions that mental health workers can undertake to ensure that the accommodation of patients is maintained, such as ensuring that there is regular contact with housing managers and the housing benefits department.

10.14 We acknowledge the fact that significant changes are taking place within the service and, in particular, that provision for vulnerable adults is to remain in-house as part of Social Services. We feel that it is appropriate that this team is the sole conduit for dealing with housing issues affecting people who have had mental illness and are hopeful that the new arrangements will improve accessibility and co-ordination.

10.15 The Panel is not convinced that the supply of housing that is suitable for people who have suffered a mental illness and need re-housing is adequate. Supply levels should be reviewed once the new arrangements for housing, including the establishment of the vulnerable adults team, are fully in place. We also feel that clear links need to be developed by mental health partners with the new arms length management organisation for housing so that they can be linked into the joint mental health strategy.

Recommendations:

- 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 appropriate action plan taken developed to ensure that demand can be met on a timely basis.
- That clear links be developed by mental health partners to the new arms length management organisation for housing within Haringey.
- In order that this very important issue does not slip down the agenda, we recommend an internal Social Services specific review of housing provision for mental health users in a year's time.

APPENDIX A

The following people were interviewed as part of the Review:

Siobhan Harper - Head of Joint Commissioning for Mental Health, Haringey TPCT/Social Services
Dr. Juliet Jensen - Consultant in Public Health, Haringey Teaching Primary Care Trust (TPCT)
Nick Bishop - Manager – Mental Health Carers Support Association
David Hindle - Barnet, Enfield and Haringey Patient and Public Involvement Forum (PPIF)/Haringey TPCT PPIF
Dolphi Burkens - Barnet, Enfield and Haringey PPI Forum)
Etta Kwaja - Haringey PCT PPIF
Peter Sartori - The Campaign Group
Deborah Cohen - Deputy Chief Executive/Director of Mental Health Services: Haringey, Barnet, Enfield and Haringey Mental Health Trust
Jackie Shaw – Locality Manager, Barnet, Enfield and Haringey Mental Health Trust
Bill Slade – Welfare to Work Co-ordinator, Haringey Council
Stanley Hui - Haringey Association of Voluntary and Community Organisations
Dermot Boyle - MIND
Stephen Wish – The Polar Bear Community
Dorian Cole – Nurse Consultant Haringey TPCT
David Fazey – Deputy Director of Primary Care Development, Haringey TPCT
Dr. Mayur Gor - GP and Chair of Haringey Professional Executive Committee
Matthew Pelling - Supporting People Manager, Haringey Council
Councillor Kate Wynne - Executive Member for Social Services and Health, Haringey Council
Anne Bristow - Director of Social Services and Health, Haringey Councillor
Kathy Hostettler – Mental Health Inspection Programme Manager, Haringey Council
Gavin Eastley – Manager, the Clarendon Centre
Diane Clark - Manager, the Six8Four Centre
Yvonne Biasio – Deputy Manager, Alexandra Road Crisis Unit
Emma Risheq - Haringey Therapeutic Network
The HOST and Antenna teams – Barnet, Enfield and Haringey Mental Health Trust
The Patients Council – St. Ann's Hospital
Mesfin Ali – Ethiopian Community Centre
Dilek Dogun - Derman

APPENDIX B

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