

HARINGEY BOROUGH PARTNERSHIP UPDATE

Borough Partnership Summary

- Significant progress in developing outcomes framework and monitoring arrangements for each life cohort board
- Highlights from partnership boards
 - Start well – new, co-produced primary school speech, language and communications pathway launched & each mental health provider presented to Start Well Board
 - Live well – large scale employment support programme targeting support for people with long term conditions being mobilised, inclusion health summit held on 14th September, operations group in place

Borough Partnership Summary

- Age Well – continued positive work on reablement capacity supporting people at home after discharge from hospital, outcomes framework developed, dementia friendly Haringey progressing, positive outcomes from the multi-agency care coordination team evaluation
- Neighbourhoods – very positive clinical lead progress for all neighbourhoods including:
 - MDT development for children and young people
 - Piloting addition to existing MDT teleconference to cover people with mental health concerns
 - Development of new digital offer for locality-based teams
 - Next community chest programme under development
 - Northumberland Park Hub refurbishment approved for feasibility, significant increases in footfall and utilisation
 - Wood Green business case approved by Whittington Health Trust Board, subject to final capital funding

Clinical Lead & Integration

Updates from the quarterly Workshop with health partners sharing the progress made on integrated and neighbourhood working across Haringey.

- Virtual clinics between primary care and the mental health trust to improve support on escalation/step down and medicine management
- New MDT meetings that ensure a holistic offer of support for residents with mental health conditions
- The new trusted referrer process that allows council staff and other non-clinical professionals to refer cases direct to the North London Mental Health Trust
- Implementing a new walk-in offer for CAHMS
- Developing an integrated paediatric service
- Frailty project aimed at supporting those with mild frailty
- Range of projects to address health inequalities
- Plans to become a dementia friendly Haringey
- The development our new digital offer for locality-based teams that will be extended to VCS partners



Borough Partnership Exec Highlights

- Right Care Right Person
- Children and Young People Mental Health
- Adult Mental Health



North London
Mental Health
Partnership



Barnet, Enfield and Haringey
Mental Health NHS Trust

Camden and Islington
NHS Foundation Trust

Right Care, Right Person

A new way of working with the Metropolitan Police Service

WHAT IS RIGHT CARE, RIGHT PERSON?



RCRP is an operational model that provides guidance on the way the **MPS responds to health related calls.**

RCRP is aimed at making sure the **right agency deals with health-related calls, instead of the police being the default first responder** where there is a concern about a person's physical or mental health.

RCRP CONTEXT



THE FOUR PILLARS OF RCRP

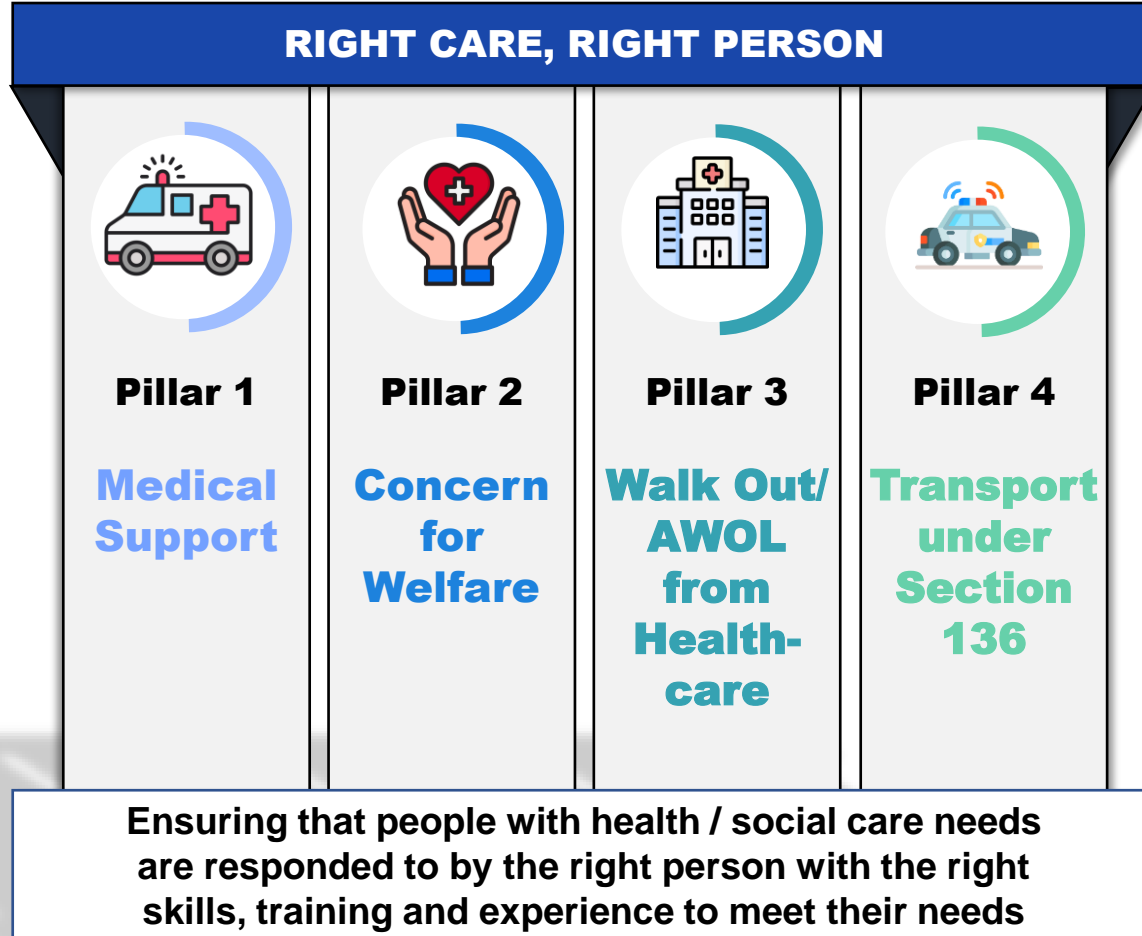
The MPS RCRP policy applies to four health-related pillars only

PILLAR 1: MEDICAL SUPPORT

When a member of the public requests medical support
Incidents in which police are already present when medical support is requested or required

PILLAR 2: CONCERN FOR WELFARE

When a member of the public or partner agency reports a concern for the welfare of a person and requests that police visit the individual



PILLAR 3: WALK-OUT / AWOL

When a person has walked out from a healthcare setting, has abandoned medical care / treatment or is absent without leave (AWOL) from mental health services

PILLAR 4: TRANSPORT UNDER S136

Transporting a person detained under s136 to a health based place of safety and undertaking a timely handover to a medical professional



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Right Care, Right Person

What are the issues and Risks?

Issues and Risks- Concerns, Myths and Legends??

- ✓ **Is this right time to introduce RCRP-** Our services are facing significant challenges in providing timely and quality care to our service users.
 - ✓ We are experiencing high levels of demand, staff shortages, funding cuts and bed pressures
 - ✓ We currently rely on the police to assist us in situations where there is a risk of violence, self-harm, suicide, or absconding and detain people under section 136 of the Mental Health Act when they are in a public place and appear to be suffering from a mental disorder. These powers are essential to protect the safety and dignity of people in mental health crisis and to facilitate their access to assessment and treatment.
 - ✓ Without police involvement, many people may not receive the help they need and will end up in worse situations. We are also worried that our staff will be exposed to increased levels of stress, violence and injury when responding to mental health calls without police backup.
 - ✓ The time scale is not enough time to prepare for such a radical change in policy and practice. We need more time and resources to implement the RCRP scheme effectively and safely.
 - ✓ We need to recruit and train more mental health professionals, develop new pathways and protocols, enhance our crisis resolution and home treatment teams, increase our community and voluntary sector capacity, and improve our communication and information sharing systems.
 - ✓ Having said this there are some things we can do to start to bring our house to order. We must be careful not to make changes that will impact elsewhere in the system. We need to work at pace, but we need to be measured and organised in our approach and fully engage our partners.
- Better Mental Health. Better Lives. Better Communities.**

✓ **Service users/ carers/ staff:** Doing nothing is not an option in this instance, The withdrawal of Police officers without mitigations in place could have profound impacts on community safety and safeguarding of individuals (both for staff, those who use our services and members of the public).

✓ **Financial implications:** There maybe both immediate costs (for security. Extra staffing, Data Improvement etc) to ensure safety of staff and others and longer-term costs which might fall out of changes to the system.

✓ **Legal and regulatory implications:** There may be immediate breaches by the police of the Mental Health Act. Failure to act by the partnership could be regarded as the trusts breach of their duty of care (and the Police).

✓ **Equality, diversity and human rights:** These unilateral changes could be regarded as a breach of human rights. An assessment will need to be carried out for each process or policy change. This report will affect racial groups, people of different ages, people with a disability or men and women differently/ reduce health inequalities/ promote good race relations

What we are doing to prepare?

AWOL Policy :

- We are working with the 9 other Mental Health Trusts in the London region to ensure our AWOL policies are standardised and each area is working from the same baseline. This is the first policy to be completed and includes detailed assistance for staff on what to do following an incident which leads to a possible AWOL on a ward or walk out from a health care facility.
- An Quick read flow chart will be available over the next week supported locally with RCRP Cascade Training via webinars delivered by your local management teams

Welfare checks SOP:

- We are working with the 9 other Mental Health Trusts in the London region to ensure our Welfare Check policies are standardised and each area is working from the same baseline.
- The working group will be made up of a wide group of stakeholders and partners (Adults and Childrens Social Care/London Ambulance/The Fire and Rescue Service and the voluntary sector) . This is likely to be developed over the next 3 to 4 weeks. Once completed we will again roll out Cascade Training for staff via Local Management Teams

Section 136:

- Major changes will be taking place to the way people are admitted to Health Based Places of Safety from Monday. A new support hub and telephone number for police will open to help officers make a considered decision about “sectioning” or diverting to alternative resources.
- This will have few changes for staff on 1st November but we intend to keep you fully updated at this time of major change.

Key Messages

- RCRP goes beyond just how we seek police assistance to support our staff in crisis. It starts to address some fundamentals about how we change our approaches to Mental Health and well being
- It challenges us to look at the concepts of how we decriminalise Mental Health and properly distinguish between anti social behaviour, our understanding of the psycho social elements of health and well being and organic mental illness
- It drives us to review the skill sets of our multi agency and multi skilled work force and encourages us to specify what skills are needed when and where
- It demands better communication and Partnership working at a borough level by promoting better outcomes for individuals but avoiding territorialism
- Partnership boards will be key to monitoring how and what we do we people are in crisis
- Training and will be critical at a local level ensuring that we enable staff to accurately risk assess crisis situations and people without prejudice and in line with the human rights act and, core policing responsibilities

Borough Partnership Response

- X2 daily pace-setter calls to monitor impact and respond – all partners will be able to feed in and will be made aware of any emergent issues
- Organisations need to reach frontline staff to clarify new process and procedures, particularly in relation to people who go missing and welfare checks
- This is in progress, BP exec identified this will happen within organisations, a system-wide group will oversee updates, particular need to connect with primary care, public and voluntary sector staff.
- Agreed to establish task-and-finish to ensure within local system organisations, policies and processes are in place, consider operational implications and understand how impact is being measured

Children and Young People's Mental Health

Summary

Early identification and support for children's mental health is one of the key priorities for Haringey Start Well, along with autism and SEND. It will be a key focus for 24/25.

We will replicate some of the intense focus we have used in 23/24 for SEND in order to:

- Build a deeper, shared understanding of the areas of strength and weakness in our current mental health provision for children and young people
- Listen and be visible, talking to children, schools, providers, parents and understanding the needs of different communities. Undertaking audits and notes reviews to deepen shared knowledge
- Build connections to increase insight into the impact of targeted and mainstream initiatives (e.g. inequalities fund schemes), local visibility of NCL investment and to inform key planned developments, like Single Point of Access.
- Define a clearer whole system offer including SEMH support in schools, population level support and specialist CAMHS services, raise awareness of offer through all agencies' websites & communications

There is a lot of development within Haringey, across BEH and across NCL around CAMHS. A new senior management team is in place in Haringey CAMHS, with all posts filled, and a tri-borough division in BEH transforming services across all 3 boroughs. This is now mobilising and change starting to take effect.

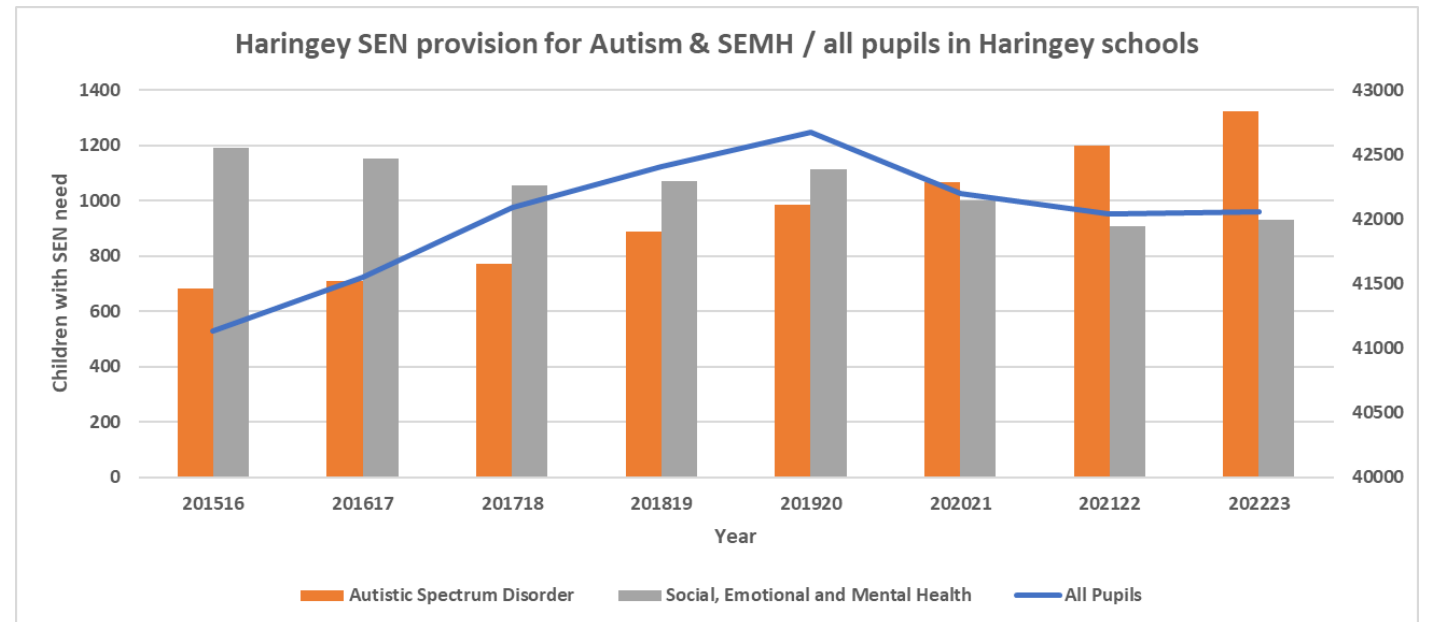
Profile of Haringey

In the 2021 Census, there were **59,800 children and young people** aged 0-19 in Haringey, a fall of 5.7% since 2011.

There are 62 primary, infant and junior schools in Haringey, and 12 secondary schools. **42,060 children go to school in Haringey.**

It is estimated that around **4,800 children and young people aged 5-15 years have a diagnosable mental health condition**, and around **5,700 young people aged 16-24 years** have a diagnosable common mental health condition in Haringey.

Since 2015/16, Special Education Needs data shows Social, Emotional and Mental Health (SEMH) provision* has fallen by 28%, whilst Autism provision has risen by 95%



* 'Provision' = SEN support in schools or a statutory education, health and care plan.

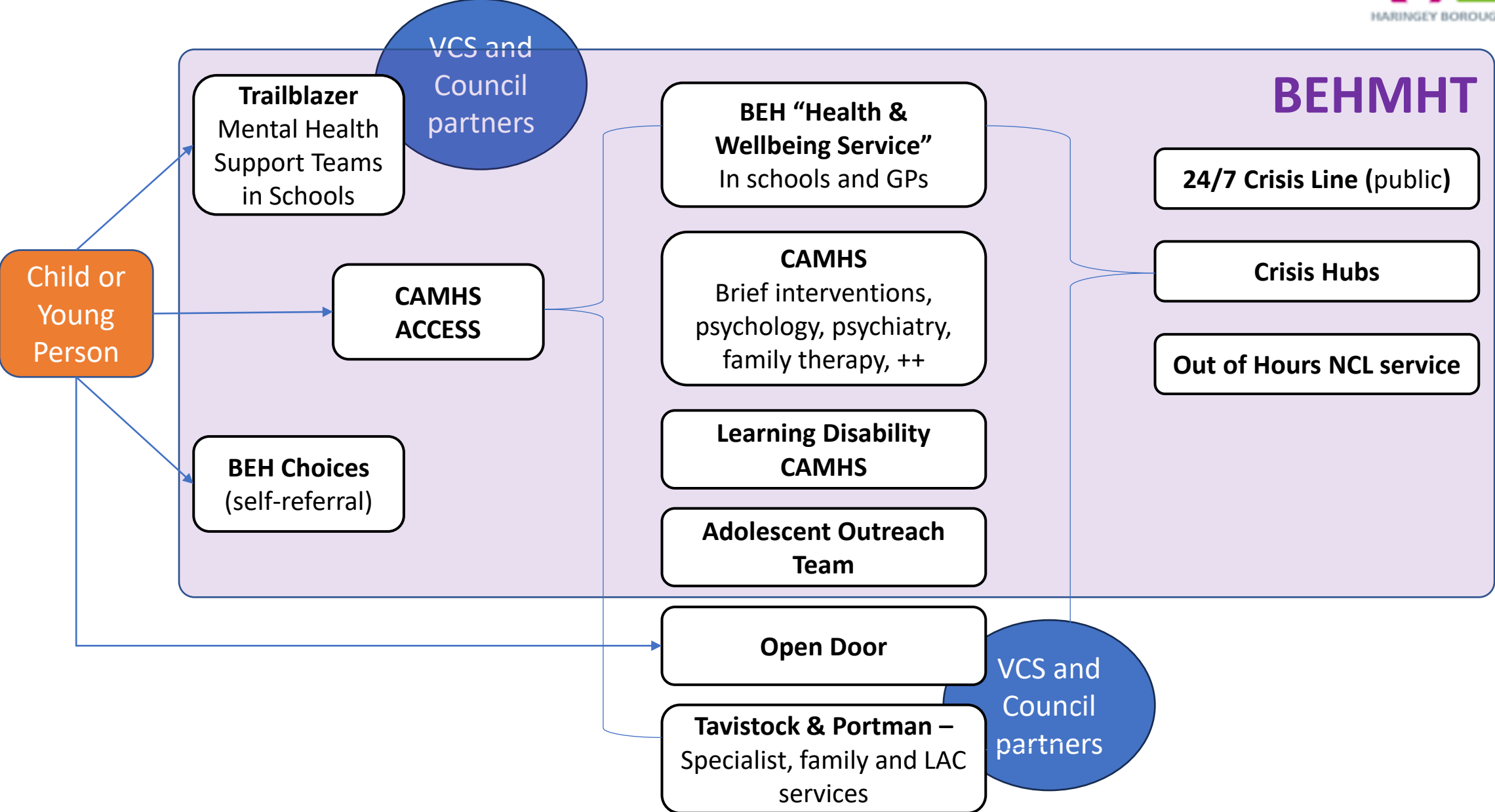
Provider profile

Haringey has 4 main providers of CAMHS services and a range of voluntary sector organisations plus Council activity.



Barnet Enfield and Haringey MH Trust	Tavistock and Portman NHS Trust	Open Door	Royal Free NHS Trust	Whittington NHS Trust	Haringey Council	Other VCS
Community and inpatient CAMHS services, including schools teams, general teams, crisis teams and specialist services. ADHD pathway	Specialist family services including foster/adoption support, and embedded service in the Looked After Children team. Autism pathway for 12+	Local charity providing psychological support 12+, including family work and expertise in neuro-diversity	NCL wide community and in patient eating disorder service. NCL wide crisis service in-reaching to acute wards	Parent –infant specialist team, now expanding as part of Family Hubs. Autism pathway 0-11	SEND services including Education Psychology in schools and funded school support. Anchor Approach for whole school change	A range of smaller services in partnership with the larger organisations, including drama therapy, sports inclusion and schools / community work.
~1000 caseload	~500 caseload	~900 / year				~250 / year

Overview of Haringey's Children & YP MH services



NCL have agreed to focus on 6 priorities for CYP MH



1. Primary prevention

through building **mental health literacy**, **targeted** to reach out to parts of our communities that traditionally access services at a lower rate than average/where **inequalities** are stark, together with **targeted early intervention through** e.g. identification of families with complex needs with children at risk of developing mental health problems.



2. Digital innovation

including support for **self support and navigation**, **AI to support referral management and segmentation**, and therapeutic treatment via **digital apps**. Looking to test use of **'Waiting Room'** app to complement patient held records.



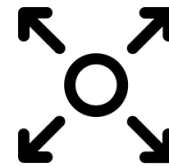
3. Standardisation of the clinical model

informed by **evidence and best practice**, with initial focus on the **'front door'** and **standardised triage**, screening and access into pathways. Establishing the **system wide PTL** will both drive and support this. We will **review the current service configuration** to address fragmentation.



4. Developing the workforce model

including new roles that meet the needs of CYP and complement 'hard to recruit' roles.



5. Expanding and establishing services to increase capacity

reduce waiting times and support effective **treatment in the community** (reducing pressure on crisis, emergency and inpatient services.) Priorities for 2023/24 include roll out of **Home treatment teams across NCL**, and further investment into core community services. **Resources will be directed to address historic under-investment** in northern boroughs.



6. Further developing the research and evidence base

particularly around **prevention**.

NCL ICB investment in CAMHS 23/24

NHS services benefiting Haringey

In 2023/24, NCL ICB plan to additionally invest the following recurrent SDF/MHIS funded schemes:

- **Waiting times to 1st appointment in 4 weeks** should improve; across NCL an additional 3,149 CYP will be seen from £5.6m funding.
- **£260k in Haringey for looked after children (LAC) to address gaps in provision, reduce crisis presentations, placement breakdown** and increase total young people supported and seen within target timeframe, addressing health inequalities.
- £1.2m for a full NCL wide roll out of the **intensive home treatment/hospital at home provision (HTT)**, 8am-8pm x 7 days to see 85 young people, reducing inpatient bed usage and address over-representation of identified inpatient (gender, LD&A, ethnicity) groups, delivering a saving of £431k per year to the system.
- **£180k to north of NCL to assess and respond to CYP in MH crisis** including consultation to professionals between 8pm and 8am daily. This will contribute to addressing the gaps in the NHS Long-Term Plan target for a 24/7 CYP MH crisis response pathway in NCL.
- **£700k split across Barnet, Enfield, and Haringey to fund central point(s) of access / integrated front door approach for north NCL CYP MH.** This will address inequalities in access, outcomes, and experience e.g., in BAME groups, reduce crisis presentations, and contribute to an increase in CYP MH access of 1769, and over 85% waiting less than 4 weeks to 1st appointment.
- **£580k (£685k FYE from 24/25) for ‘Tri-borough Early Years (0-5)’ provision in Barnet, Enfield, and Haringey,** to address gaps in the pathway, increasing MH access by 500 CYP per year, improving performance against waiting times (Barnet, Enfield, and Haringey), and addressing adverse childhood experiences (ACEs), child protection, LAC, physical/MH integration.
- **£125k to embed co-production** for NCL with CYP and families, to drive and sustain THRIVE maturity for the NCL CYPMH system. This collaboration focused quality improvement will enable benefits, improving equity of access, experience, and outcomes.
- Neurodevelopmental disorder diagnosis – **review the NDD hub impact** and plan to address continued waits and fragmented pathway(s).
- **Eating Difficulties** and ARFID (EDAS) – understand and address identified pressures on the service from increased demand Vs capacity.
- **0-25 system maturity** – focus on meeting the needs of the full CYPMH age range including ‘0-5’ early years and ‘16-25’ young adults.

Funding related priorities for the year ahead:

THRIVE: Getting Advice - Single Point of Access

Barnet Borough
Integrated Front Door 24/25

Enfield Borough
Integrated Front Door 24/25

Haringey Borough
Integrated Front Door 24/25



THRIVE: Getting Advice BEH SPA 'No Wrong Front Door'

24/7 functionality SPA linked to Crisis Line and NHS 111.

Triage, intake, clinical assessment undertaken quickly to identify needs early to include 1st assessment, Extended assessment and up to 6 sessions brief intervention. Specialist ND triage. Advice, guidance and support for CYP, their families and other professionals working with CYP.

Online referral form, integrated with EMIS and with IA technology to support screening.

Signposting to service according to Thrive needs-based grouping. Outcome scores and clear SOP's to inform decision making.

Getting Help
Pathways in all 3
divisions

Getting More Help
Pathways in all 3
divisions

Getting Risk
Support/
Enhanced Care

Urgent and
Emergency Care
In Patient

Tri Borough/NCL
wide ND
Assessment
pathway

What is new?

Single point of access for all divisions with one contact number aligned to crisis number. Digital referral form, CAMHS Triage team carrying out assessments/Triage/signposting supporting referrers and self-referral. Principle of no wrong front door. Patient facing service delivering assessment and brief intervention. Centralised collation of outcome measures and scoring used to determine pathways in conjunction with Shared Decision Making. New walk-in clinics. Choose and Book.

Haringey CAMHS Good News Stories



1. Developed a **Walk-in Clinic**, starting in Clinic in Bounds Green GP surgery – on Thursdays to offer combination of drop and early access to CAMHs including signposting and initial screening and triage.
2. Successful **recruitment of borough Clinical Lead** to support depth and strengthen of clinical leadership, modalities of treatment, clinical expertise and robust oversight of psychological therapies. The role will embed a more sustainable level of clinical leadership in Haringey CAMHs and support the wider alignment across the tri borough division.
3. **Single Point of Access Haringey** stakeholder event held on 18th Sept to support GAP analysis of Mental Health modelling and where BEH could interface or sit with resourcing an integrated from door model across the borough and BEHMHT.
4. **Trailblazer (MHST) roll out to West of borough with 8 primary schools and 5 Secondary schools offered an assigned trainee/practitioner to provide targeted interventions and whole school approach.** Secondary school receive a full day and half a day for primary.
5. **Haringey CAMHs participated in recruitment campaign** specifically for CAMHs and following up on recruitment the expressed interest in roles from over 79 attendees and engaged in interview rounds and selection for a range of roles.

Open Door's 22/23 annual service evaluation found -

- 78% showed improvement on clinical outcome measures, which compares very well with internationally reported outcomes.
- Most showed improvement in other aspects of their lives including relationships, educational engagement and social isolation.
- 95% reported progress in at least one Goal Based Outcome
- 99% agreed that the help they had received had been good.

<p>Key Challenges</p>	<ul style="list-style-type: none"> • Recruitment of Consultant Psychiatrists, of 5.1 establishment posts, 2.9 are vacant and 2.3 locum • Limited workforce capacity to deliver short term interventions, (6-8 sessions). The average minimum wait to access this is 3 months. • Similar challenge for CYP that require specialist disciplines – the average minimum wait is about 8 months. • 8 cases of longest waits are for ADHD assessment, currently 12 months with average of 9-10 months
<p>Mitigations</p>	<ul style="list-style-type: none"> • The ADHD waiting list are offering weekend digital access - 12 patients assessed per month supported by an additional locum Consultant Psychiatrist to clear the backlog, anticipate this will be cleared by Autumn 2023. • Psychology roles out to recruit or onboarding which in time will reduce waits once capacity is in. • Group work has been implemented to reduce the waiting time for intervention. • Major recruitment campaigns and open days leading to falling vacancy rate.
<p>Next Steps</p>	<ul style="list-style-type: none"> • Continued support and collaboration with Council's Family Hub development • Further recovery in the ADHD pathway and wider partnership resilience • Implementing the CAMHS transformation care pathways • Mobilisation of 23/24 investment across Borough and BEH • Developing a sustainable workforce strategy • Maintaining local staff wellbeing initiatives • Strengthening QI within the service to improve flow and patient experience

Start Well and Haringey Perspective on Key Challenges and Opportunities

Key Challenges	<ul style="list-style-type: none">• Perceptions and relationships between CAMHS and the community, schools and Council services• SEND system seeing high level of rising demand from SEMH need• Rising levels of emotionally-based school avoidance• Variation in offers across Haringey in different schools, neighbourhoods• Financial constraints across all services – s75 review needs to optimise available funding• Move away from joint commissioning to aligned commissioning – also an opportunity?
Key opportunities	<ul style="list-style-type: none">• A strong VCS, with contracts needing to be reprocured to start April 25 – a chance to strengthen our approach and implement a sustainable early intervention and prevention model• The SEND Safety Valve programme includes projects to develop the SEMH / Inclusion Pathway in schools, and the introduction of Resource Hubs for children with SEMH• To hear more from children to shape our next phase – e.g. Beewell census?

Borough Partnership Response

- Endorsement for Start Well focus on children and young people's mental health and wellbeing
- Recognition of the need to be clearer for residents about what is available
- Strength of VCS offer recognised
- Recognition and appreciation of new senior leadership team within CAMHS under North London Mental Health Partners
- Discussion of particular challenges facing CAMHS e.g. workforce challenges and contribution to waiting times, clarity on inclusion/exclusion criteria

Adults and Older Adults Mental Health 2023-25

Haringey Adult Mental Health

Haringey has been putting in place borough plans for many years as it seeks to balance high need and low historic investment patterns.

Through the NHS long term plan investment, NHS services have grown significantly seeing investment and capacity to transform community services. This is resulting in unprecedented **growth of NHS capacity in Haringey and diversification of the model to include peer support, employment support and VCS teams as well as new clinical roles.**

As part of the ICS transition from central planning to borough delivery, this work has now been translated into a borough programme. Over 22-23 Haringey has been integrating this with the joint & Council led work on early help and prevention, public health and adult social care priority areas to form a single programme.

This can and will iterate over time but **starts to provide the foundation for an integrated programme of work in Haringey going forward.**

The Executive are invited to **explore the plan and its prioritisation and actions, but also to consider areas on slide overleaf as topics for development of exploration.** The board may want to consider how the new structures in commissioning support redesigning services and addressing budget challenges.

2023-25 Adult Mental Health Delivery Plan for Haringey

Background & Context

The Haringey Borough Partnership has identified mental health the priority area of focus in recognition of the level of need and feedback from residents. The COVID pandemic amplified long-standing inequalities impacting on access, outcomes and experiences for groups of our community, in particular people from black and other minority ethnic groups.

This 2023/25 Haringey Adult Mental Health Programme builds on progress made to date and reflects feedback from engagement events with system partners, patients and residents. It describes Haringey’s Borough Partnership approach to completing delivery of the NHS Long Term Plan for community mental health, and the mental health NHS core offer and our borough improvement in prevention, wellbeing and adult social care.

The objectives for improved mental health include but are not limited to:

- Improved early identification and early support particularly for those who are ‘rising risk’.
- Improved experience of crisis pathways
- An offer that residents feel is accessible to them and easy to navigate.

These objectives align with the NCL Integrated Care System Population Health & Integrated Care Strategy and the associated Population Health Outcomes Framework for working age adults, as well as the priorities set out in the Council’s Borough Plan.



NCL Population Health Outcome Framework- Live Well

Live well

Early identification and improved care for people with mental health conditions



Reduced racial and social inequalities in mental health outcomes



Improved physical health in people with serious mental health conditions



Reduced deaths by suicide

Reduced early deaths from cancer, cardiovascular disease and respiratory disease



Reduced prevalence of key risk factors: smoking, alcohol, obesity



Improved air quality



Early identification and improved treatment of cancer, diabetes, high blood pressure, cardiovascular disease and respiratory disease

Reduced unemployment and increase in people working in fulfilling employment

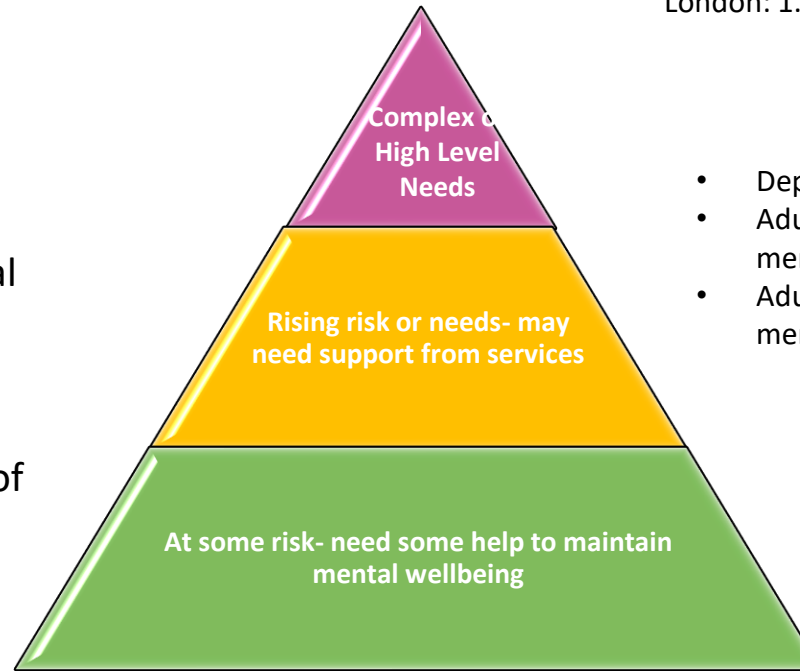


People are supported to stay in jobs, including mental health and musculoskeletal services



Increased employment of local people in anchor institutions, including those with mental health illness, physical disability, and learning disabilities, and increased level of “buy locally”, including using social value-based commissioning and contracting

- Significant health inequalities exist including significant disparity by ethnicity – the black population are higher users of acute MH services, with 27% of admitted patients being black, though representing 11% of the NCL population.
- Over 50% of people with SMI have one or more Long Term Condition
- Half of patients admitted to mental health hospital care are unknown to services; particularly high among black population groups
- Dementia diagnosis rates vary significantly - 67% of the estimated population with dementia have a diagnosis in Haringey, compared to 88% in Enfield
- Haringey is the 4th most deprived Council area in London, and 49th of the 317 in England (IMD, 2019)



- **50 deaths** from suicide were reported in Haringey in 2019-21, a rate of 7.2 per 100,000
- SMI in Haringey: **1.3% or 4,143 people** (compared to London: 1.1% and England, 0.9%)
- Depression prevalence (18yrs+): **9%**
- Adults entering drug treatment identified as having a mental health treatment need: **63%**
- Adults entering alcohol treatment identified as having a mental health treatment need: **78%**
- Adult population: **191,300 residents aged 15 to 64yrs** (2021 Census)
- **27,700 residents aged 65+** (2021 Census)
- Adults reporting social isolation: **46%**
- Adults reporting loneliness: **34%**

Development of Borough Adult Mental Health Plans for 2023/24 onwards

Listening sessions and co-production

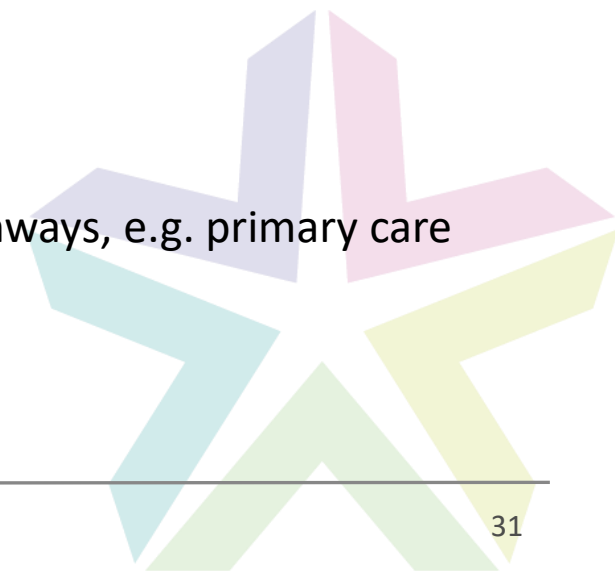
The Council has reviewed its **adult mental health offer**

Borough partners undertook **gap analysis reviews against the ICS Core Offer**. They reviewed this alongside their **population needs**, non-NHS service provision and local operational priorities in engagement sessions with local system partners facilitated by the ICB PMO and LBH Public Health Team

Borough used the outputs to develop plans with mental health trust

The Haringey plan set out the delivery requirements for 23/24 and beyond, including

- Ongoing mobilisation of existing Long Term Plan (LTP) / Core Offer implementation
- New priorities
- Related change projects supporting delivery of transformed mental health service pathways, e.g. primary care integrated team changes, interfaces with IAPT, co-delivery of VCS services.



Themes and Issues from Engagement Events



Focus on early help and prevention

- Good mental health cannot exist without addressing the **wider determinants** of mental health, i.e., physical health, housing, strong familial networks, employment and income security etc and the **disparities faced by people from black and other minoritized groups**
- Use of **digital wellbeing apps** to support self-management and sustain wellbeing
- Need for **clear accessible information and care navigation** on the mental health offer
- **Mental health stigma** is a barrier to people seeking help
- **Services are fragmented** and difficult to access. Need for a '**No Wrong Door**' approach- based on **inter-agency MDTs at neighbourhood/PCN level** to prevent residents 'bouncing between services', or '**falling through gaps,**' and repetition of narrative
- **Needs for the provision of more culturally appropriate/informed talking therapies, treatment and services,** – not one size fits all.
- Co-ordination and working together including **strengthening links with grass-roots organisations**



Improve access to mental health care and treatment

- People experience **long waits** when seeking help- reduce waits; implement '**while you wait offers**'
- Concern about **the disproportionate use of anti-psychotic medication** and the **Mental Health Act** detentions- young black men.
- More psychological therapies and improved access to other socially prescribed opportunities.
- **Reducing handoffs** and re-referrals
- **High level of Adult Social Care mental health spend** when benchmarked against comparators
- **Safety netting** in the form of dynamic step up/step down arrangements, case management and key working to **prevent and resolve crisis as well as**
- Current offer could benefit from increased holistic MDT response.
- **Mental Health Liaison Services and MH CAS-** Historic challenge to meet Core24 in the north
- There remains a **lack of trust in statutory services** in BAME communities resulting in crisis presentations
- Provide **more community-based alternatives** to hospital admission/AE & crisis presentation



Theme- Focus on early intervention and prevention



2023-25 Priorities

- Collaborate with the Council to co-design and develop **locality based integrated multi-disciplinary hubs** to improve access to help- ‘**No Wrong Door**’ approach.
- Expand access to crisis and hospital alternatives -**Crisis Café and Crisis Prevention House** interface with **BEHMHT CHRTT, AEL, LAS etc**
- Relocate and integrate the Crisis Prevention House, Crisis Café and Clarendon Recovery College at the **Roger Sylvester Centre @ Canning Crescent**
- Maintain and maximise **inequalities focus** including within Inequality Fund
- Remodelling and recommissioning of **early help and prevention services** run by the VCS to support . We will do this in partnership with the council, patients, residents, clinicians etc.
- Review and update of information about the **mental health offer** available in borough and promoting digital apps to support self-management
- **Funding and mental health training** provided to community organisations to increase their capacity and confidence to offer help to members of their communities
- Preventing homeless and implementation of a ‘**Home First**’ approach to hospital admissions and discharges
- Expand support available to residents to **find and keep work**
- Expand access to evidence-based and culturally appropriate **talking therapies and trauma informed practice and interventions.**



<p>Excellence for service users <i>(Patient experience care in areas that matter most to them)</i></p>	<p>Empowerment for Staff <i>(Staff are valued and developed.)</i></p>
<p>Partnership with others <i>(Least intensive and clinically appropriate care closer to home)</i></p>	<p>Innovation in Services <i>(Support more people with SMI in our communities)</i></p>

2023-25 Priorities

- Implementation and integration of **PCN based Mental Health Practitioners (ARRS)** to support clients who previously fell into a gap between primary care, IAPT and secondary care.
- Recruiting more clinicians to reduce number of admissions and keep more people with SMI in their communities and ensure effective and timely review of **anti-psychotic medication**
- Rapid access to mental health services **providing treatment within 4 weeks** including to social care by undertaking **timely Care Act assessments**, Mental Capacity assessments etc.
- Holistic personalised care plans for all service users using **Dialog +**
- **Physical health** screening and support for people with Severe Mental Illness
- Involve system partners in completing the **Patient and Carers Race Equality Framework (PCREF)** and **develop an improvement action plan** to address findings.
- Roll out **NHS 111** for mental health and monitor impact on crisis access in light of **Right Care, right person** – in response to crisis
- Develop and implement ‘**Trusted Referral**’ model, a **direct referral** pathway from community organisations into Core Community Teams without the need for a GP referral to reduce handoffs and delays to accessing mental health treatment
- Pathways development and implementation for **Complex Emotional needs (Eating disorders, Personality Disorders. Autism), community rehabilitation, young people (16-25s)**

Summary of Issues and Potential Discussion Areas

The adult mental health plan includes some areas which will require **additional investment or activity across partners** which are **not within current resource plans** and the Board may wish to consider the appetite and mechanism for further development of these, including: -

1. The analysis here indicates a disproportionate spend on MH from adult social care. This may be connected to a lack of **step down / admission avoidance accommodation for people with care and support needs**. Do we need to consider steps to increase alternatives to admission and implementing a '**Home First**' approach to reduce homelessness and delayed transfers of care?
2. System partners will **continue to focus on workforce recruitment and retention** strategy, for e.g., social workers, psychologists etc to support delivery of the plan.
3. **Income, home, relationships all drive mental wellbeing and ill-health** and rely on actions beyond mental health services and require greater work on how best to maximise and **fund prevention and target inequalities within the system**
4. Consider **facilitation of system leadership and operational coordination** across the partnership to build shared vision, understand our own capacity and resourcing in order to develop a shared transformation programme
5. Access to **low-cost office spaces in GP practices, libraries and locality/neighbourhood hubs** including robust IT infrastructure to improve co-location and integrated working
6. An **information and content management post to gather, curate and promote the wealth of service and community information about mental health and wellbeing** targeting residents and workforces. This would be a single online repository and newsletter supported by physical and community outreach at neighbourhood.
7. Service user and resident experience are key in shaping services and helping us to really understand how pathways are experienced. We should have a small **budget for coproduction, rewards and recognition**.

Borough Partnership Response

- Borough mental health plan was endorsed and recognised significance of having system wide mental health plan
- Recognised challenges contributing towards mental health and wellbeing and the need to work as a system to respond e.g. pressure on housing limiting scope to respond optimally to need; workforce pressures and impact on waits; risks of right care right person creating additional capacity pressures; transitions to adult mental health and meeting needs particularly for people who are neurodiverse
- Noted the need for a discussion re resources dedicated to this programme which will be taken forward

US – A Service Users Documentary

THE STORY OF ‘US – A SERVICE-USERS DOCUMENTARY’.

Tim Mercier is a local filmmaker who has struggled with his mental health for decades. He proposed a six-month film storytelling ‘co-production’ to the trust, a film made with other service-users like himself, about ‘the service-user experience’.

Tottenham Talking, a community mental health project in the St. Ann’s neighbourhood became the project’s base. All of us, the participants in the project, agreed to name the film ‘US’ - yet also agreed that there should be no “them and us” - because our stories are about all of us.

We came to the making of the film from diverse backgrounds, perspectives, and motivations for joining the project, some of us happy to be identifiable in the film, others wanted to contribute their story but preferred to remain anonymous.

Creativity was at the centre of the telling of each of our stories, each bringing ideas for how our stories might be told, aspects of our lives and parts of ourselves around and beyond our mental health challenges: camping and other outdoor ‘play’ activities; costume making; drawing and painting; hairdressing and nail art; poetry; music; mental health activism and more. For all of us, it was the process of working together with a common cause, building trust and friendships with one another that became as important as any outcome.

The film is layered with the wealth of our lived experience. It speaks to the impact of childhood and adulthood trauma, the stigma that is experienced in living with a mental illness in familial, work, healthcare, social and societal environments. It speaks to gender issues too, the impact of racism in our healthcare systems, the influence of a person’s culture on their lives, the impact of war, poverty, border control and related traumas, and of our experiences, good and bad, while accessing mental health services. The film is full of fun, hope and triumph too - and while the journey has been full of challenges for us, and has taken over a year to complete, we are so proud that our film is now ready to share with you.

Our film is designed to deepen reflection and widen conversations about mental health and its challenges, within both mental health trusts and in the wider community. We really hope that viewers remember the vulnerability we risked by deciding to be part of the project, and the courage it took for us to share such intimate and personal stories of suffering and challenge. We also hope that by sharing our views and perspectives in this way, we might open up opportunities for vitally important conversations amongst those who watch the film, whether they be mental health professionals or everyday people like us, about mental health.

We therefore invite viewers to remember, better still be inspired by the bravery we have shown by sharing our stories with you, when offering and sharing your reflections and questions in discussions or workshops after a screening of the film. We also invite viewers to be as creative in their response to the film as we sought to be in making it. The film link and password are shown below and there are contact details for you to connect with your thoughts on the film and how it might be used to assist further discussion within mental health

Video Link: (Hold down Ctrl and place cursor over link below to click into it)

<https://vimeo.com/854487392?share=copy>

Password FILMUS01