



Mental Health System

Executive Summary

Key Areas Identified in the Review

Following the review undertaken by Haringey Adult Social Services and 31Ten, on the position of the Mental Health Service with the Trust, several key themes with partners in Haringey were identified (these are key areas of focus for Haringey):

- Utilisation of the workforce
- Lack of clear pathways
- Services reflecting the Community
- Control of care purchasing budgets

Throughout the review and engagement, unclear roles and responsibilities and the lack of well understood formal agreements to be a barrier to wider collaboration. The focus of generic care coordination completed by the mental health social workers was in contrast the authority expectations and job descriptions. This was corroborated through the need for clear line management and a 'no wrong front door approach' that would limit the amount service users are re-directed around the system to find the right point of care.

1. Roles and Responsibilities
2. Whole System Approach
3. Equality, Diversity and Inclusion
4. Closer Budget Allocation and Scrutiny

System wide understanding of role of the Mental Health Social Worker:

- There is a need for a system wide agreement on the role of Social Workers in the local MH system
- There is a lack of clarity on roles and expectations on what people are expected to do within the system
- Cases being passed around system creates un-necessary delays for residents who need to access services

A structured Strengths Based Approach is difficult to embed:

- Assess the individual holistically, adopting a strengths-based approach
- Develop a personalised approach to care, based on the individuals input and desired support
- Understanding the role of Care Act Assessments and need to explore alternative models of support for individuals to help meet need
- Helping residents to build support networks for themselves rather than reliance on finite and time limited statutory services

Develop Clear Pathways

Develop Clear Pathways

- Create a shared understanding of what support is available across the system, within each tier
- Provide clear guidance and information on how to access the support in the various tiers
- Work with each sector to develop a clear pathway between the different types of support
- There's a need to develop clear prevention framework
- Requirement for a GP referral to MH services creates a blockage in the system

Services reflecting the Community

Services reflecting the Community

- Focus on connected communities, multi-agency working and wider support of voluntary community
- Develop a broader, interconnected understanding of wider issues such as housing, employment, poverty, social isolation etc. For example, increased use of complex needs panels.
- Provide a more flexible approach to support, that doesn't involve sign-posting the individual to multiple different services
- Move to a localities model and delegate funding to targeted areas
- Need to have a shared front door between BEH and LBH social services

Control of care purchasing budgets

Care purchasing budgets

- Due to the current set up agreeing placements, with the Trust and Haringey. A large portion of the placements impacting on the ASC Mental Health budget, are primarily health placements and fewer ASC only eligible cases.
- This consistently adds additional pressure on the Mental Health budget, resulting millions pressure above the allocated care purchasing budget.
- The Mental Health care purchasing budget has consistently been between £11m - £12m, due to the weight the Trust has on deciding what placements could be made in the Mental Health service. This directly impacts the actual spend per year, resulting in an overspend on average £3.5m - £4m per financial year.
- The NCL average spend is £10m and the National average is £11.5m.

Recommendations

The review has shown some significant areas of opportunity for Haringey and our recommendations are designed to help move the MH system towards a model that is:

- Focused on the challenges of residents
- Delivering the best value possible for the current levels of investment within the system
- Working in partnership to deliver joined up services to meet needs
- Able to articulate system goals and outcomes for residents

It's shocking to see the difference of understanding between different roles and what they're expected to do

Passing the issue to someone else in the system means further delays for the individual, more risks and more time wasted

There's a need to have more control over our workers. We pay salary and on costs, but we see no visible benefits

Recommendations



There needs to be clear understanding of the roles and responsibilities across the system to enable an efficient collective response to meeting Mental Health needs.

1. Develop a clear workforce strategy to support MH needs in LBH.

Next steps	Timescale	Lead(s)
Use the MH baseline provided to complete a demand analysis across the MH system in Haringey.	1 month	?
Undertake a whole system gap analysis to a) the right people b) the right number of people c) in the right place, are able to manage demand efficiently. This should include agreement on what roles are required across the system to support MH outcomes.	2 months	?
Develop clear line management structure and procedures to improve operational oversight	1 month	?

2. Develop clear governance arrangements

Next steps	Timescale	Lead(s)
Develop a clear S75 (or similar) arrangement that clarifies roles, responsibilities and spend regarding MH in Haringey. This should include: <ul style="list-style-type: none"> - Increased transparency around finance and performance information across the partnership - Robust QA mechanisms to ensure the work being undertaken is delivering for residents 	6 months	?

Key principles

There are a number of key principles that should underpin the workforce strategy and next steps in Haringey:

- Professionals should be supervised by staff who have suitable professional registrations
- All partners should be willing to review the required skills mix to develop MH support in Haringey
- There is a need to standardise reporting systems across the MH system to align performance measurement and reporting. This does not necessarily mean all professionals using the same system however professionals with the same job roles should be maintaining records in a standardised way.
- Future workforce plans need to clearly align with the emerging locality model in LB Haringey.

- Develop a clear workforce strategy to support MH needs in LBH.
- Develop clear governance arrangements.
- Take control of Mental Health placement agreements, ensuring Care Act eligible needs are met and not Health needs.

Recommendations

Develop an interconnected whole system approach that includes clear pathways

- Develop a clear service offer
- Develop prevention offer
- Develop single front door
- Join up commissioning strategies across partnership
- Increase personalisation

Conclusion

Having the Mental Health workers under direct control of the LA and working within agreed frameworks, would allow consistent quality strength base assessments, ensuring residents are receiving the right level of care at the right time, through their care journey.

Reducing the Trust work would mean the service could undertake our annual reviews in a timely manner, which in term will increase the identification of savings. The current model doesn't align to locality working, staff morale is impacted and inability to retain staff (perm/agency).

This will enable the Mental Health services to be effective and fully managed internally. Bringing the service back in-house, would provide more robust budget/workforce decision making and scrutiny of cases (not funding cases that should be covered by health funding), this would result in a reduction in care purchasing.