NHS Haringey and Haringey Adult Services

MOVING FORWARD

JOINT MENTAL HEALTH AND WELL-BEING STRATEGY FOR ADULTS

2010-2013

NHS Haringey and Haringey Council Adult Services -
MOVING FORWARD - JOINT MENTAL HEALTH AND WELL-BEING STRATEGY 2010-2013

Introduction

Our Joint Adult Mental Health and Well-Being Strategy for Haringey has been developed following a stakeholder consultation event in April 2008; further engagement at subsequent Mental Health Partnership Board meetings and the Well Being Chairs Executive; and the publication of the New Horizons consultation.

Our 2005 Joint Mental Health Strategy resulted in some specific service improvements, in particular, more comprehensive primary and community mental health services and additional psychological treatment and support. The aspirations of our last strategy remain relevant, and contribute to the shared vision for adult mental health set out below

This is an exciting time in mental health services, *New Horizons: towards a shared vision for mental health*, was published in October 2009, which aims to promote good mental health and well-being, whilst further improving the quality and accessibility of services for people who have mental health problems. It seeks to take forward what works in the 1999 *Service Framework for Mental Health (NSF)*, reinforce commitment to key mental health policy aims and support the delivery of the NHS Next Stage Review (the Darzi report) with its vision of local commissioners working with providers, the public and service users to devise local approaches to mental health services.

Our shared vision is to improve the mental health and wellbeing of the people living in Haringey. We will do this by ensuring we commission ***comprehensive, integrated and personalised*** services which

- Support people in maintaining and developing good mental health and wellbeing;
- Give people the maximum support to live full, positive lives when they are dealing with mental health problems;
- Help people to recover as quickly as possible from mental illness.

The key themes underpinning this vision are:

- Personalised care, Prevention, Well-being and Access;
- Commissioning modernised Mental Health Services through world class acute mental health services with more community based care;
- Ensuring the right accommodation at the right time.

This strategy 'Moving Forward' is the Joint Mental Health Strategy for Haringey and describes the specific key priorities and commissioning intentions for the next three years. Any service changes as a result of this work will be fully consulted with Haringey service users, carers and the wider public as appropriate.

1.1 Key strategic priorities for 2010-2013

The key themes above underpin the strategic priorities for adult mental health services in Haringey, for each of the next three years covered by this strategy.

2010/11 strategic priorities – we plan to:

- Implement agreed plans for modernising mental health services by shifting balance of care from hospital to primary and community based services
- Implement plans to integrate mental health within polysystems
- Review and re-model a range of community services to ensure increased access to a wide range of services
- Implement a personalisation pilot project in mental health services including self assessment, personal budgets and support planning
- Improve access to mainstream education and employment opportunities through implementation of re-modelled day opportunity services
- Ensure access to a range of services to newly arrived BME communities that support their integration into the UK

2011/12 strategic priorities – we plan to:

- Continue implementation of agreed plans for shifting the balance of care from hospital settings and increasing capacity in community services
- Continue implementation of plans to further integrate mental health within polysystems
- Continue implementation of re-modelled community services
- Implementation of personalised social care budgets across Mental Health Services.
- Implement proposals for improving access to community based rehabilitation and recovery model of care.
- Work with the new Supporting People Mental Health Providers in re-modelling services to ensure move-on to independent living.

2012/13 strategic priorities – we plan to:

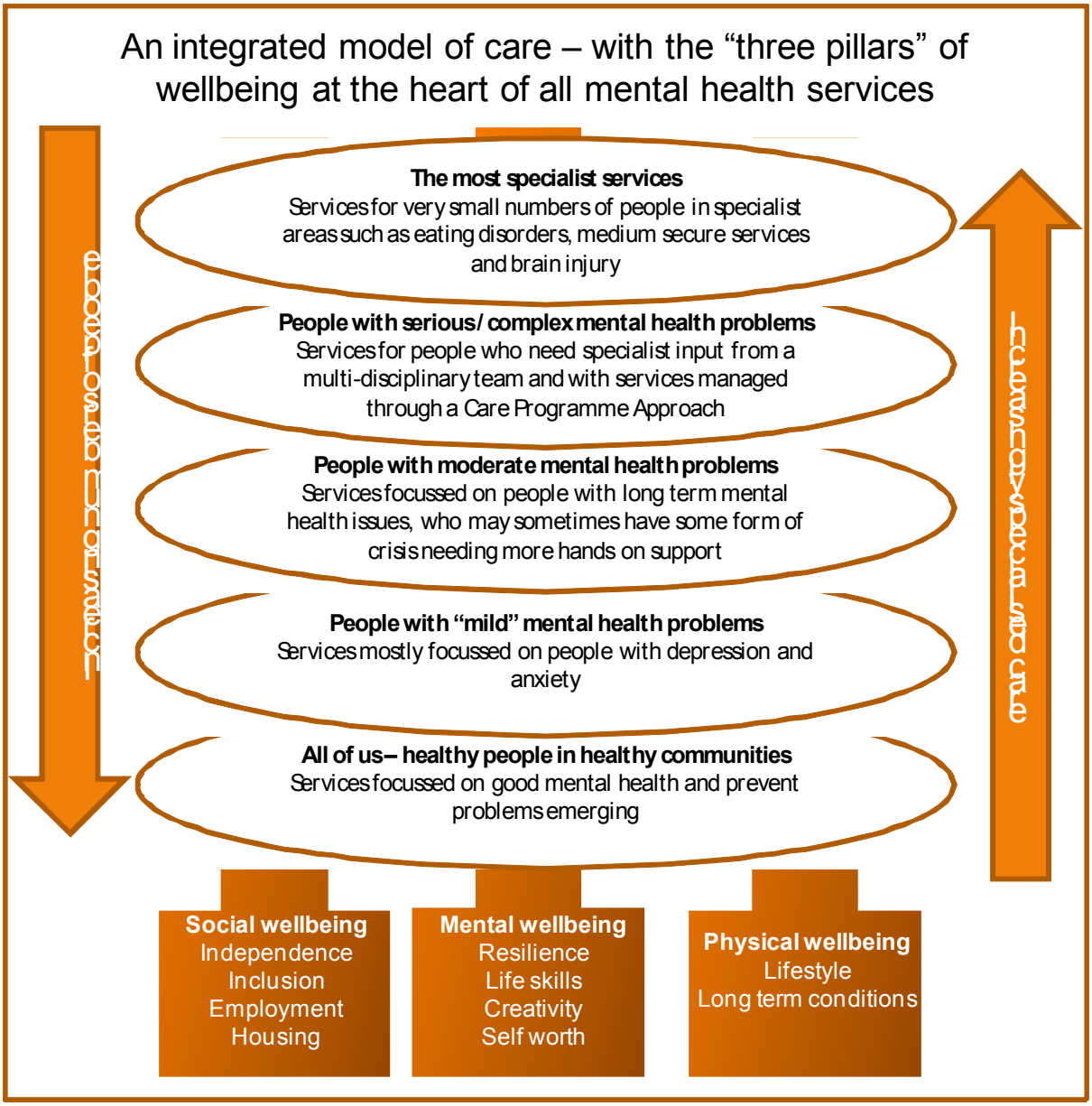
- Continue implementation of agreed plans for shifting the balance of care from hospital settings and increasing capacity in community services
- Continue implementation of plans to further integrate mental health within polysystems
- Continue implementation of re-modelled community services
- Implement places to integrate mental health promotion into existing services (including a review of our approach to addressing non-medically explained conditions)

1.2 NHS commissioning

There are key changes in the way the NHS commissions mental health services. To continue to improve local services NHS Barnet, Enfield and Haringey have strengthened mental health commissioning by implementing a single approach to commissioning with the main local NHS Mental Health provider - Barnet Enfield and Haringey Mental Health Trust (BEH MHT). In addition, NHS Enfield and Haringey have developed an overarching Joint Adult Mental Health Strategy supported by the relevant local authorities.

Each borough and PCT will continue to have its own local mental health strategy and joint commissioning arrangements. These are linked to the overarching Joint Adult Mental Health Strategy and commissioning arrangements but are specific plans for each area.

Table 1: The strategic direction and model of care in the overarching Joint Adult Mental Health Strategy



2. Strategic context

The Joint Mental Health Strategy for Haringey is set in the context of existing plans, ie Well Being Strategic Framework, Sustainable Community Strategy and the Strategic Plan for the PCT. These are detailed more fully section in section 9 and appendix two along with other relevant national policy guidance. The relevant local strategies which are relevant to the commissioning and delivery of modern mental health service set out below.

2.1 Personalisation and person centred care

The concept of Personalisation and self-directed care is described as the biggest change to the delivery of health and social care since the Community Care Act. The Green Paper "Independence, Well being and Choice (2005)" and the White Paper "Our Health Our Care, Our Say (2006) proposed a vision of social care services that included personalisation. In December 2007 "Putting People First" a multi agency concordat including Central Government, Local Authorities and the National Health Service sets out shared aims and values to guide the transformation of adult social care and support the governments commitment to independent living for all vulnerable adults. This concordat emphasises the importance of the relationship between health, social care and wider community services such as Culture, Leisure and Adult Education as well as the benefits of employment, in order to develop a local partnership based system-wide transformation of social care which is fair, accessible and responsive to the individual needs of those who use services and their carers.

In January 2008 the Department of Health (DH) issued guidance to support the Transformation of Social Care. It covers:

- The history, policy context and future direction of a "personalised approach to the delivery of adult social care"
- The development of a programme to support local authorities in delivering this approach. The Social Care Reform Grant was introduced in April 2008 to facilitate the transformation
- References to further information and tool kits to help personalisation based on the outcomes of national pilots

Outcomes from this process of transformation are expected to support the DH's three strategic objectives of:

- Promoting better health and well being for all
- Ensuring better care for all
- Better value for all

The guidance emphasises the need for working in partnership across housing, benefits, leisure, transport and health and with partners from private, voluntary and community organisations "to harness the capacity of the whole system".

The timescale for achieving this transformation is between 2008 and 2011. The DH expects significant improvements to be evidenced during this period.

The major area for development and commissioning in 2009 is self-directed care and Personalisation. Personalisation is taken to mean – "the way in which services are tailored to the needs and preferences of citizens. The overall vision is that the state should empower citizens to shape their own lives and the services they receive". Self directed care means that choice and control passes to the vulnerable citizen so that each stage of the pathway to support is in their control. This vision is central to London Borough of Haringey's programme of coordinated projects and work streams on the Personalisation agenda. Opportunities to deliver specific plans within mental health services are under development and may be potentially delivered through plans on Day Opportunities (please see section nine)

2.2 NHS Haringey Strategic Plan 2009-14

The NHS Haringey Strategic Plan 2009-14 is the plan for improving the quality of healthcare services and health and well-being of residents. The **vision** of this Plan is to enable people to have:

"Long, happy, healthy lives in Haringey"

The strategic plan **emphasises the importance** of:

- **"Going local"** – bringing care closer to home through our polysystems
- **delivering good quality, cost effective services** across Healthcare for London's (HfL's) eight pathways
- **safeguarding** children and adults
- **partnership working** with greater emphasis on joint commissioning of services and improving health and well-being

It details the vision, goals, outcome measures and values and explains wide ranging initiatives to deliver these goals are based on the Healthcare for London (HfL) pathways and includes: **maternity and newborn, long term conditions, acute care, planned care, end of life care, C&YP, staying healthy and mental health and well-being.**

Haringey's response to delivering these was developed by reviewing the progress on the 2008-12 Strategic Plan, the Joint Strategic Needs Assessment ((JSNA) (Phase 1 and 2) and performance information as well as taking account of the views of patients, public, clinicians and local partners. This plan supports and works in alignment with the North Central London (NCL) Sector Strategic Plan and, in particular, with the NCL Sector Polysystems Working Group.

This document takes account of the need to implement the Healthcare for London pathways at the local level and in the context of the North Central London (NCL) Service and Organisation Review

The Healthcare for London pathways include the following areas:

- Complex Needs/ Co-occurring disorders
- Dementia
- Medically Unexplained Symptoms
- The psychological impact of physical illness & surgery

Focus of outcomes

- Prevention/ promoting health
- Identification
- Assessment
- Evidence based interventions, access, quality, safety
- Recovery & social inclusion

The main strategic emphasis for mental health care is to establish upstream, preventative and early treatment models of care based in primary and community settings. This involves commissioning across the whole system of mental health care including the Third sector and to modernize mental health services by realigning commissioning from secondary and tertiary service models into primary and community services.

2.3 New Horizons - Commissioning for Well Being

New Horizons" is a new national strategy published in October 2009 that promotes good mental health and well-being, whilst improving services for people who have mental health problems. It builds on the National Service Framework for mental health - widely acknowledged as the catalyst for a transformation in mental health care over the last ten years – which came to an end in 2009.

New Horizons heralds a new approach to whole population mental health. The focus on prevention and maintaining good mental health is particularly relevant today with people leading more hectic lifestyles and going through the economic downturn.

The key themes in the new national strategy include:

- **prevention and public mental health** – recognising the need to prevent as well as treat mental health problems and promote mental health and well-being
- **stigma** – strengthening our focus on social inclusion and tackling stigma and discrimination wherever they occur
- **early intervention** – expanding the principle of early intervention to improve long-term outcomes
- **personalised care** – ensuring that care is based on individuals' needs and wishes, leading to recovery
- **multi-agency commissioning / collaboration** – working to achieve a joint approach between local authorities, the NHS and others, mirrored by cross-government collaboration
- **innovation** – seeking out new and dynamic ways to achieve our objectives based on research and new technologies
- **value for money** – delivering cost-effective and innovative services in a period of recession
- **strengthening transition** – improving the often difficult transition from child and adolescent mental health services to adult services, for those with continuing needs.

2.4 Improving well-being in Haringey and the Well-being strategic Framework

Haringey's Well-being Strategic Framework (WBSF) is an overarching strategic framework for local action, incorporating priorities and strategies from existing local and national plans and strengthening partnership working to further the well-being agenda.

Based on the seven *Our Health Our Care Our Say* (OHOCOS) outcomes, its objectives, priorities, actions and targets are linked to each OHOCOS outcome to aid strategic direction towards the prevention agenda and delivering local well-being outcomes.

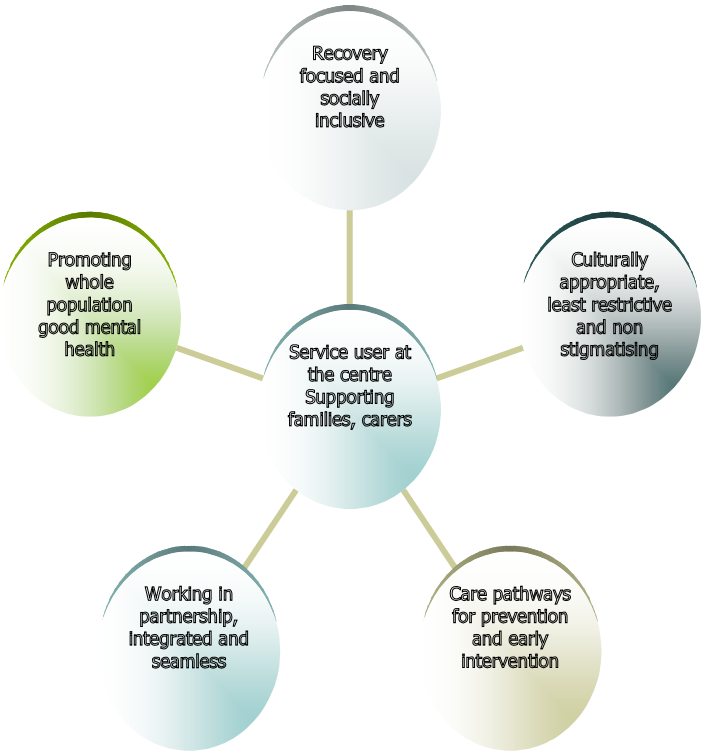
The aim of the Framework is: To promote a healthier Haringey by improving well-being and tackling inequalities.

The vision for Haringey by 2010 is that: All people in Haringey have the best possible chance of an enjoyable, long and healthy life. Goal one is '**To improve health and emotional well-being'** for Haringey people.

For other relevant policy guidance, procedures and strategies please see appendix two

3. Strategic principles

Figure 1- Strategic principles



Good mental health care in Haringey will be delivered using the following principles. These principles have been developed in consultation with service users, carers and stakeholders and take account of best practice and evidence based interventions:

- Service users at centre, supporting families, carers and significant others;
- To promote good whole population mental health, challenging and eliminate discrimination;
- Culturally appropriate, least restrictive and non-stigmatising – as close to home as possible;
- Care pathways for prevention and early intervention;
- Recovery focused and socially inclusive;
- Integrated seamless services working in partnership.

3.1 Keeping People Safe

Keeping people safe is a key priority for all service commissioners and providers. In Haringey the Safeguarding Adults Board takes the lead in ensuring that along with other care groups, mental health service users are protected from harm or abuse. The Safeguarding Adults Board operates through three supporting subgroups offering Training, Prevention, Quality Assurance, a Champions Forum and Serious Case Review. The Safeguarding Board oversees the work of these groups – to ensure that training is provided, referrals are at expected levels and monitored and that safeguarding is prioritised with partners and service providers. There are appointed safeguarding leads in all local NHS and Local Authority providers as well as related partner organisations.

With the new policy drivers and the focus on personalisation there is a need to empower people to recognise and manage, rather than avoid risk. Policies on safeguarding should be fit for this new environment and there is a need to enhance the legislative provisions around safeguarding adults.

3.2 Monitoring serious incidents

Commissioners undertake their responsibilities to ensure safe, effective care and quality standards with the main local provider for mental health services through the contractual arrangements with BEH MHT. The Joint Clinical Integrated Governance Group (JCIGG) monitors incidents across the whole organisation, which feeds into each individual organisations' Board reporting structures.

In Haringey, in response to specific serious incidents which occurred across primary and secondary care services, an independently chaired Joint Serious Incident Group (JSIG) was established. This group provided a multi-agency assurance process to the necessary improvements and service changes required to learn from serious incidents and avoid their recurrence through a multi-agency action plan. This multi-agency action plan is now being monitored through the JCIGG for secondary care actions and NHS Haringey for primary care actions.

3.3 Partnership working

Mental Health in common with other prevalent local issues is everybody's business. Whilst improving mental health is a clear concern for the health and social care community in Haringey it is also important that other partnerships take account of mental health issues in their strategic plans and commissioning to ensure their contribution to the strategic aims and desired outcomes for this strategy. As mental health commissioners we will work through the partnership structures to highlight and champion this approach.

The Haringey Strategic Partnership (HSP) sets the main priorities for public services in Haringey. Five thematic partnership boards are tasked with co-ordinating the delivery of the Haringey Strategic Partnership's priorities. The thematic boards are:

- Children and Young People Strategic Partnership
- Better Places
- Enterprise
- Well-Being
- Safer Communities Executive Board
- Integrated Housing Board

The Mental Health Partnership Board (MHPB/Local Implementation Team (LIT)) and the Mental Health Executive are the two key bodies within the borough partnership structures. These both report to the Improved Health and Emotional Well-being subgroup of the HSP Well Being Board. Please see appendix one for details on these partnership structures.

The Mental Health Partnership Board (MHPB/LIT) has the role of maintaining the involvement of all key stakeholders of mental health services in the development and delivery of priorities and work programmes. The membership comprises of people with key roles within Haringey's Mental Health structures, the chairs and/or vice chairs of Mental Health sub-groups and seats designated to service users and carer representatives. Please see appendix one for an explanation of these structures. The Partnership Board is jointly chaired by the Director of Mental Health Commissioning (NHS Haringey) and Assistant Director of Adult Services (Haringey Council).

The MHPB (LIT) has the responsibility to:

- Draw together stakeholders concerned with all aspects of mental health service delivery within the London Borough of Haringey (LBH);

- Ensure that there is proper service user and other stakeholder participation on all the subgroups of the MHPB;

- To oversee the local strategic and operational priorities as outlined in the Joint Mental Health and Well-Being Strategy in Haringey, through thematic reviews in order to advise and monitor the implementation of the subsequent commissioning plan;

- To improve the experience of services for users and carers;

- Recommend decisions on the use of resources within the strategy implementation to the MH Executive. Support opportunities for new funding streams for statutory mental health services;

- Respond as a partnership to new initiatives of Government and local priorities;

- Monitor and evaluate safeguarding adult practice, reviewing quarterly trends to inform strategic commissioning planning. Safeguarding lead to present report quarterly.

The Mental Health Executive is an officer group which reviews strategic commissioning plans and monitors their delivery at the operational level within the Mental Health partnership. Our approach integrates health and social care planning in support of the whole system of mental health care. Detailed financial and commissioning implications for health and social care partners are shared and further plans are agreed through this forum.

3.4 Reducing stigma and increasing awareness on mental health issues

The impact of stigma was a major concern expressed by service users in the borough at a consultation event in 2008. We intend to examine in more detail through the Joint Strategic Needs Assessment part 2 (see section five) as well as make good use of current national campaigns on the issue.

We also utilise formal Equalities processes to ensure that action to combat stigma and discrimination due to mental health conditions is incorporated into our planning and commissioning of services. These include

- Equalities Impact Assessments
- Equalities in Business Planning
- Equalities Monitoring and Equalities Performance Indicators - with specific attention to monitoring equalities issues in services we commission.
- Putting on Equalities Commemorations and celebrations such as events for World Mental Health Day on October 10th every year.

3.5 Working in Partnership to improve whole population general mental well being

Building community resilience to poor mental health and promoting the wider protective factors of maintaining good mental health is also a key principle for this and future strategies**.** Improving the mental health of the population has the potential to contribute to far-reaching improvements in physical health and well-being, a better quality of life, higher educational attainment, economic well-being and reduction in crime and anti-social behaviour. This focus on public mental health is supported by a rapidly developing evidence base on the protective, risk and environmental factors associated with mental health problems and of the interventions that can promote mental well-being at an individual and social level. It is clear that this requires action in health, social services, housing, education, neighbourhood renewal, employment, voluntary and community services, community cohesion, culture and sport.

The Department of Health is currently developing guidance that reflects this policy and thinking to support the development of commissioning strategies, partnerships and activities in order to improve health and well-being. It supports the implementation of the vision outlined in the *Commissioning Framework for Health and Well-Being,* which identifies mental well-being as a central and essential stand of overall well-being.

The importance of addressing mental well-being as a central strand of a comprehensive approach to mental health is now recognised internationally. This builds on the understanding that mental well-being is more than the absence of mental illness and is a state *"in which the individual realises his or her own abilities, can cope with the normal stresses of life, can work productively and fruitfully, and is able to make a contribution to his or her community"*[1]. Mental health problems are common; they have a significant impact upon health and that they present a high cost to individuals, families and society[2]. There is a need to build and strengthen the resilience of individuals in the wider community, including those who may be particularly at risk.

Action to strengthen mental well-being needs to recognise the diversity within communities and that individual well-being is an interplay of individual, social, cultural, community and environmental factors. The task for commissioners therefore is to continue to refocus commissioning strategies from services primarily focused on illness to include the promotion of mental well-being as a priority.

A further example of technique we will promote to evaluate our strategic plans is a Mental Well-being Impact Assessments (MWIA). The MWIA toolkit developed by South London and Maudsley NHS Trust uses tested Health Impact Assessment methodology combined with evidence around what promotes and protects mental well-being. It enables people to consider the potential impacts of a policy, service or programme on mental health and well-being and can lead to the development of stakeholder indicators. It identifies four key areas that promote and protect mental well-being namely:

- Enhancing Control
- Increasing Resilience and Community Assets
- Facilitating Participation
- Promoting Inclusion

The toolkit helps participants (managers and those to be effected by the policy/service) identify things about a policy, programme or service that impact on feelings of control, resilience, participation and inclusion and therefore their mental health and well-being. It also leads to identification of indicators to monitor progress against actions identified as necessary against each of these domains, which can include measures around achieving relevant local area agreement targets. In Haringey we have undertaken a MWIA on the Northumberland Park Time-Bank and

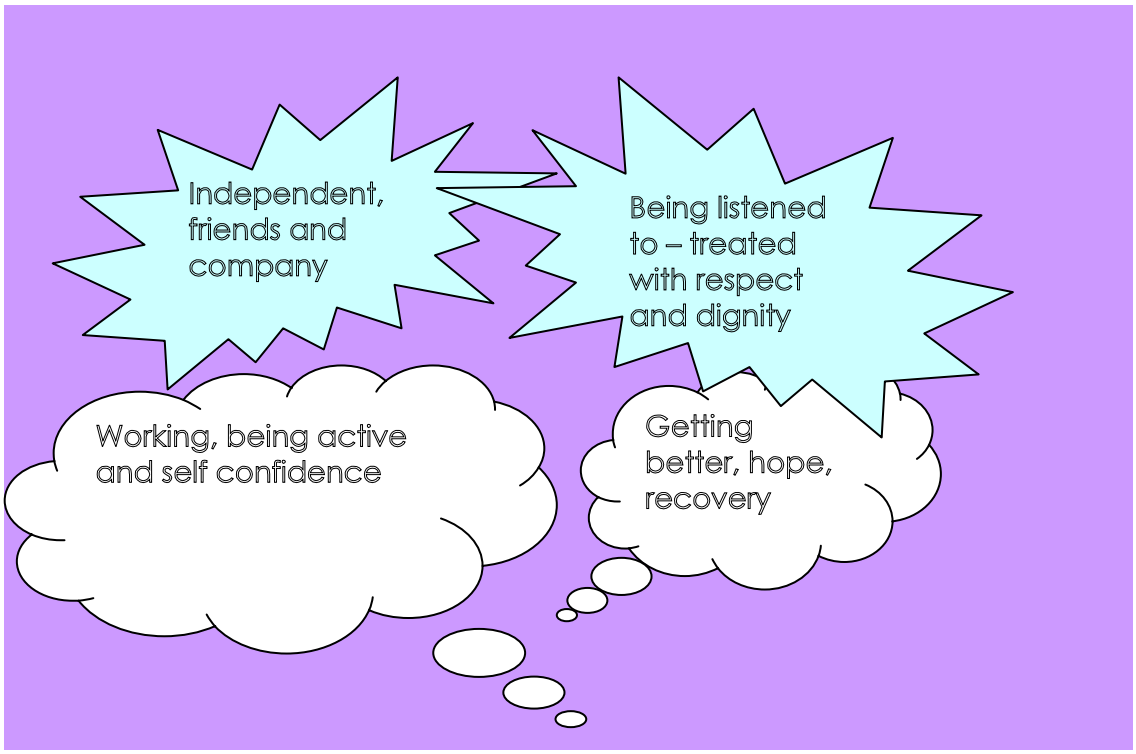
[1] WHO, 2004, p.12 as cited in Keyes, C. 2007, "Promoting and Protecting Mental Health as Flourishing: A Complementary Strategy for Improving National Mental Health", *American Psychologist*, vol. 62, no. 2, pp. 95-108.

[2] South East Regional Public Health Group: Information Series 8 (2007). Promoting well-being for people at risk of mental health problems. http://www.swpho.nhs.uk/resource/item.aspx?RID=29114

plans are in development to disseminate the learning across commissioning organisations.

4. What service users have told us is important

'Being listened to' was a key outcome that service users and carers wanted from an experience of using mental health services.



Following a full consultation event in April 2008 with service users the following outcomes were gathered to be taken forward in future plans and monitored at the provider level.

- Assessments to be inspirational and consider the whole person
- To become well and recover
- Participating in daily activities
- Promoting independence
- Considering faith and spirituality
- Service user control and review
- Individual's participation, however small
- Inclusion of carer perspective
- Achievable individual outcomes
- Links with social network including family and friends
- Offer hope and promote self confidence
- Individual involved in activities with interest to them
- Befriending – formal and informal
- Personalised care plans
- Use of social inclusion outcomes to measure effectiveness, e.g. return/work retention and numbers off of benefits following treatment
- Treat individuals with respect and dignity

- Recognise that individuals are more complex than someone with an illness
- Offer empathy and time to listen
- Medication for treatment, not containment
- Solution based approach to care

We want to commission for the delivery of key outcomes. Many of these outcomes are already built into contractual arrangements with providers – for example how many people with mental health problems are supported into the workplace. Increasingly we expect to monitor services on the basis of the outcomes achieved for service users.

5. Demographic Trends and Needs Analysis

- According to official (ONS) estimates, Haringey had a population in 2008 of 226,200. This makes Haringey the 17th most populated borough in London.
- The same estimates suggest that Haringey's population grew by 4.5% or 9,693 people between 2001 and 2008. This is a little below average for London as a whole (6.7%), and far below the fastest growing boroughs, like Westminster, 30.2% (54,714 people) or Camden, 19% (37,680 people).
- In Haringey there are approximately 600 more males than females, with 113,400 males and 112,800 females in 2008. Over the last 5 years the male population has increased slightly. 30.9% of the female population and 31.4% of the male population are aged less than 25 years. 10.6% of the female population and 8.1% of the male population are aged over 65 years
- Haringey has a similar age profile to London as a whole, with 31.2% of Haringey residents aged under 25 years (compared with 31.2% in London). 21.8% of residents are aged between 25 and 34 years. Over half the population is aged less than 35 years.
- The population aged 65 and over has declined slightly as a proportion of the total population, from 9.8% in 2001 to 9.3% in 2008. This is consistent with London as a whole, the population of which has declined over the same period from 12.4% to 11.6%.
- According to 2001 Census, 34.4% of Haringey's population were of Black and Ethnic Minority origin (BME). In 2007 the experimental ONS figures suggest, the largest ethnic groups in Haringey were White British (49%), White Other (13.5%), Caribbean (7.9%) and African (8.7%).
- Between 2001-07, the largest growth in Haringey was seen in the Pakistani (61.3%), Chinese (43.2%), and mixed White and Asian (20.2%) categories. Haringey's population is expected to comprise 36.1% Black and Ethnic Minority Groups by 2026.
- About 160 languages are spoken in the borough
- It is estimated that 10% of the total population is made up of refugees and asylum seekers, although Home Office published information in June 2009 suggesting that Haringey has 140 Asylum seekers in receipt of subsistence only support and 240 supported in accommodation. http://www.homeoffice.gov.uk/rds/pdfs09/immiq209.pdf
- Haringey's population is projected by the ONS to expand by 9.5% (21,500 residents), between 2006 and 2029, whereas Haringey's population is projected by the GLA to grow by 24.8% (57,312 residents) over the same period.

- As of July 2009 there are 9.634 people claiming Job Seekers Allowance. This is 6.1% of the working age population. This compares to a figure of 4.4% for London and 4.2% for England.

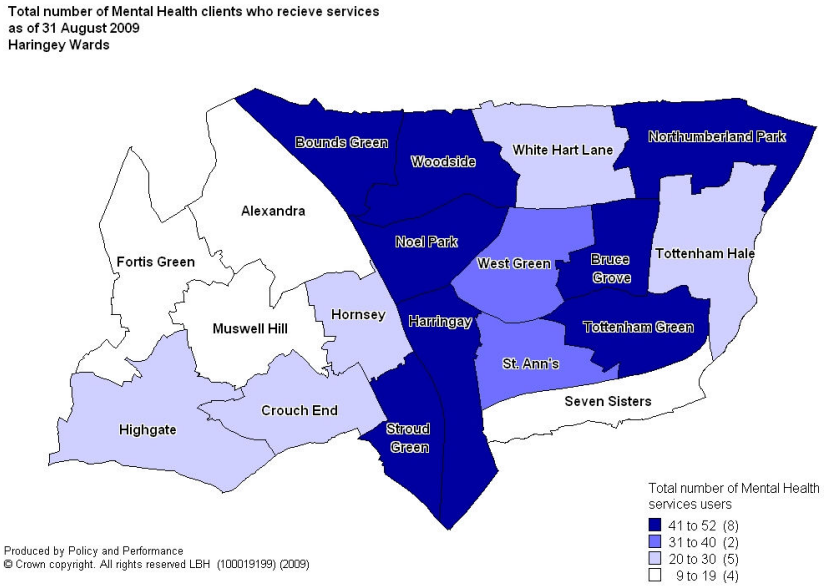
5.1 Joint Strategic Needs Assessment

Joint Strategic Needs Assessment (JSNA) is the process by which Primary Care Trusts (PCTs) and local authorities describe the future social, health, care and well being needs of local populations. The duty to undertake JSNA is set out in Section 116 of the Local Government and Public Involvement in Health Act (2007).

JSNA describes a process that identifies current and future needs of the community, and informs future service planning, while taking into account current evidence of effectiveness. It identifies the big picture needs of individuals. Local and national data on patterns of health and the burden of disease, evidence of the effectiveness of available interventions to address the needs identified, information about services currently provided and information about the community will be used to develop the JSNA.

5.2 Mental Health in the JSNA

Mental health needs are difficult to measure. We frequently report on service use or illness (including hospital admissions) at the more severe end of the mental health spectrum as a proxy for mental health. The figure below illustrates the number of mental health clients who received social care services in Haringey by ward.



The Care Services Improvement Partnership developed a tool to estimate common mental illness based on data from the Office of National Statistics Psychiatric Morbidity Survey. Table 2 describes how these figures relate to the Haringey population. Figures are expected to be even higher due to the demographic mix.

Table 2: Estimated weekly prevalence of common mental health problems in people aged 16-74, by type of mental illness.

Condition	**Estimated Number**
Mixed anxiety and depressive disorder	15,547
Generalised anxiety disorder	7,565
Depressive episode	4,475
All phobias	3,173
Obsessive compulsive disorder	2,022
Panic disorder	1,202
Total	28,757

Analysis of suicides in Haringey between 2001 and 2004 shows that an average of 35 Haringey residents commit suicide each year - approximately 50% higher than the national average. Around three-quarters of people who committed suicide in Haringey had no contact with mental health services in the previous 12 months.

Mental health in children is similarly difficult to measure. Estimates based on an ONS survey[i] suggest that 2,568 children aged between 5 and 16 are likely to have some kind of mental disorder (see Table 3).

Table 3: Estimates of number of children with mental health disorders in Haringey

Condition	**5-10 year olds**	**11-16 year olds**	**All children**
Emotional disorders	333	602	926
Conduct disorders	492	868	1344
Hyperkinetic disorders	222	322	538
Less common disorders	111	98	209
Any disorders	1015	1540	2568

5.3 Joint strategic needs assessment phase two

Despite a number of individual pieces of work and various data sources we still have key gaps in our understanding of mental health needs of Haringey population. In addition there are key issues for service users and stakeholders in our consultation event in April 2008 about access to services due to associated stigma and discrimination amongst the public and within specific cultural groups.

A more detailed piece of needs assessment work in Stage 2 of the Haringey Joint Strategic Needs Assessment is now underway. This work includes the following analysis:

- Review and summary of work already done to date - enabling an analysis of gaps in quantitative data;

- Areas of unmet need - particularly re. primary and community care and in context of well being;

- Barriers to access - stigma and discrimination - through focus group qualitative work;

- Taking account of the wider determinants of poor mental health, inequalities and protective factors such as employment – Mental Health Impact Assessments and how to promote community resilience;
- Projections about future need.

This work will inform our plans for Haringey's specific concerns – in particular the need to realign services to be upstream, clinically effective models of care focused in the community maximising linkages with other strategies and new service models and in particular future work on whole population mental health promotion.

Once the final report is published the recommendations will be reviewed as part of the strategy implementation.

6. Current Provision

We commission from a whole range of providers for mental health services. By far our the biggest providers are NHS providers, but we also commission significant levels of services from London Borough of Haringey and a whole range of independent and voluntary organisations.

- Barnet, Enfield and Haringey Mental Health NHS Trust is the main provider of nearly all specialist mental health services. The Trust provides specialist mental health support through a range of community and hospital based services in Haringey.

- Haringey Council providing social worker input to Community Mental Health services, two day services and a crisis house.

- Third sector (some residential care, supported housing, advocacy and information)

- Third sector managed day services.

- The independent sector – residential care, some specialist forensic services and housing services.

The average overall spend per head of population is £367 in Haringey (using un weighted population figures, ie ones that have not been adjusted for age and socio-economic circumstance). Table four demonstrates the currents levels of investment by health and social care commissioners in Adult Mental Health Services in Haringey and is sourced from the autumn 2008 Department of Health Financial Mapping returns.

Table 4: Haringey spend on adult mental health services (Autumn 2009)

Working age adult mental health services	**Haringey £'000**
Access and crisis services	4,304
Accommodation	6,035
Carers services	129
Clinical services	9,769
Community MH Teams	5,811
Continuing Care	1,877
Day Services	1,510
Direct Payments	22
Home support services	52
Other professional teams/specialists	281
Personality Disorder services	1,276
Psychological Therapy services	1,951
Secure and High Dependency Provision	10,514
Services for Mentally Disordered Offenders	326
Support Services	374
Total Direct Costs	44,231
Indirect costs (e.g. overheads)	7,227
Total spend	**51,458**

6.1 Approach to the provider market.

A flourishing provider market encourages innovation and new services. One of the key ways to leverage improvements in services is through selective market testing. While there will be many circumstances where the current providers are offering excellent and good value care we also need to ensure that this is regularly tested. We will actively seek to increase the number of providers we work with including voluntary organisations and the independent sector. Equally we will seek to promote strong relationships of co-operation and development with our existing providers.

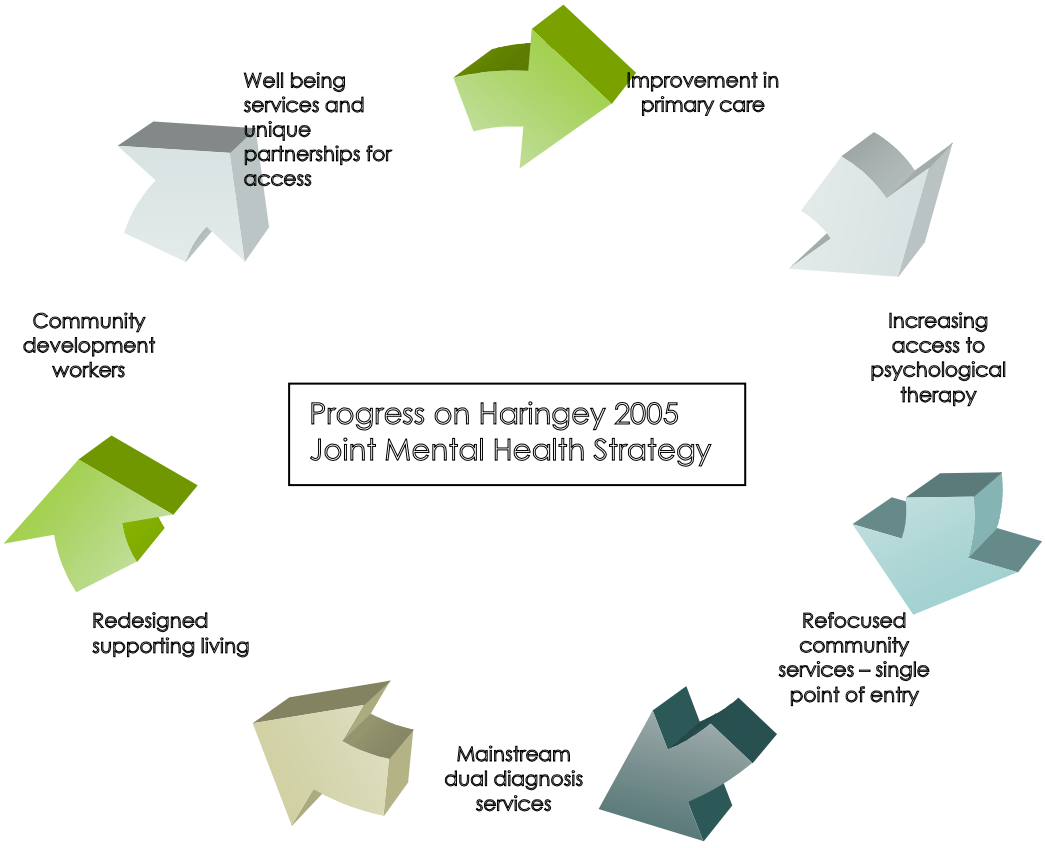
Haringey Council has developed a commissioning framework for personalisation, which sets out the principles for commissioners of adult social care, in facilitating a 'transformed' social care market place. These principles include:

- People at the heart of commissioning – through having a range of methods to engage and consult and in particular for engaging with 'hard to reach' communities;
- Market and workforce development – with commissioners moving into a facilitative role, working with providers to ensure readiness to meet the needs/demands of service users with personal budgets;
- Develop new ways of contracting – deliver transformed market place that is able to provide the kinds of services that users will wish to purchase;
- Exploit opportunities through increased joint commissioning with NHS Haringey;
- Learning and improvement, eg ensure systems are in place to analyse services purchased by people so as to inform future commissioning intentions.

7. Improvements since 2005 Strategy

This document takes an opportunity to evaluate progress on service improvement since the 2005 Joint Mental Health Strategy and against the National Service Framework for Mental Health.

Figure 2: progress on 2005 Joint Mental Health Strategy.



Primary care:

- Appointed a Clinical Specialist in Mental Health in Primary care;
- Four lead GP's across the primary care collaboratives appointed to lead on the improvement programme with colleagues in primary care;
- Agreed shared care protocol and agreed pathways for referral and discharge between primary and secondary care in place;
- The primary care guidelines on the treatment and management of mental illness in primary care have been revised and the relevant training and support provided to general practice;
- Successful application for Increasing Access to Psychological Therapy programme (IAPT) – introducing significant additional treatment capacity for common mental anxiety and depression to Haringey.

Community Mental Health Services:

- A single point of referral to the mental health service;
- Comprehensive single assessment with integrated psychological therapies;

- The creation of a long term care service to prioritise recovery and independence with service users with long term needs;
- Medical staffing on specific clinical settings implemented;
- More people being treated at home or in the community and increased efficiency.

Information technology:
- Significant investment in infrastructure;
- Improved availability of reliable data.

Dual Diagnosis service:
- Mainstreamed within all adult Community and Inpatient teams;
- Providing 'hub and spoke' specialist consultation and liaison;
- 'Hub' is now managed within drug services also promoting the sharing of mental health expertise into the wider drug and alcohol services.

Expansion of Haringey Therapeutic network and Graduate Mental Health Worker service:
- Achieved though the Area Based Grant managed by the Haringey Strategic Partnership;
- A preventative approach and promotion of well being incorporated into the new IAPT service.

Community Development Workers:
- Working to increase MH awareness and a more active role for BME community in providing training to services;
- Meeting with the faith community and developing further partnerships with the voluntary sector;
- Community engagement - to begin to look at how to tackle issues like stigma and stereotype and the positive promotion of mental health;
- Better information - monitoring ethnic information, this is ongoing;
- Feeding back of information, concerns and views both from service users and community organisations;
- Using events to raise awareness and provide information to the public.

Supported Housing:
- Restructured housing-related support services for people with significant mental health problems in 2009 with new contracts from January;
- To improve service delivery and outcomes for service users and to focus resources on higher levels of housing related support;
- Provide more intensive support, with a greater level of involvement and more targeted help that enables local residents achieve their life goals and aspirations.

Universal services - Preventative and well being Initiatives

We have also maximised mainstream access to universal services for people with mental health issues through examples of good partnership working across traditional boundaries.

Health in mind - to focus on mental health, physical activity and diet and nutrition in the most deprived Super Output Areas. It provides:

- *1:1 and group support for people with mild to moderate mental health problems*, including listening, goal setting, problem solving, sign-posting and onward referral, relaxation skills and guided self-help.
- The *Active for Life physical activity referral scheme*, assisting inactive individuals with long-term conditions to become more physically active; to support long-term behaviour change, evidence-based and best practice approaches have been adopted. A volunteer-led group Health Walks programme has also been established which is open to all local residents. This includes people with severe mental health problems.

Haringey has been allocated a grant under the Choosing Health Agenda Communities for Health (CfH) Programme, run by the Department of Health (DH) to deliver community based programmes with clear links to Haringey's Local Area Agreement (LAA).

The CfH Grant funds current projects focusing on the following outcomes:

- **Tackling Obesity** – overcoming barriers to physical activity and healthy eating;
- **Improving Sexual Health** – raising awareness of how to access sexual health services and supporting people to adopt safer sexual practices;
- **Improving Mental Health** – address stigma experienced by people with mental health problems and their carers and community based mental health promotion - Haringey Time-bank recently recommended for continued funding.

8. Gaps in local provision

We have established these areas as gaps in local services through consultation with service users, carers and other stakeholders in Haringey and through the development of the overarching Joint Mental Health Strategy.

- ***We do not have strong enough community based services, supporting people living in their own homes.*** We need to build comprehensive local services which provide maximum support to people with mental health problems in developing independent lives and realising their potential.

- ***Too many people are being treated/supported in too restricted and institutionalised settings.*** Many people are currently cared for in hospitals and in registered nursing home settings who could live more independent lives, better integrated into local society. We need to release the resources tied up in these services to allow us to invest in stronger services in the community.

- ***Service users do not experience their care as being integrated enough.*** This is a particular issue in transition between different kinds of services – whether from hospital inpatient setting to primary care, or from children's to adult services.

- ***Users and carers find it too hard to find and access the services they need.*** We need much better information about services, and more support for people to identify them and use them. All health and social care staff working with service users need to be much better informed about the range of possibilities available.

- ***We do too little to support positive mental wellbeing and prevent mental ill-health.*** Our resources are tied up in providing services for people who are already experiencing mental ill-health, and mostly for those with the most complex needs. We must of course continue to support this group, but we also need to do more to stop people experiencing mental health problems in the first place.

- ***We need to offer a wider range of services supporting the recovery model.*** We need people to have real choice over the services they use that best meet their needs in developing their mental wellbeing.

9. Haringey Objectives for change

We have developed the following commissioning intentions as a result of the analysis of the following areas as described in this document

- Views and concerns of service users, carers and stakeholders
- National policy guidance and strategic direction
- Shared strategic vision for improved community services and less restrictive models of care
- Needs assessment information
- Current provision
- Progress on 2005 –08 Joint Mental Health Strategy
- Gaps in services

Some of these initiatives are more developed than others, although *any* service changes emerging as a result of these initiatives will be formally consulted on as appropriate.

9.1 Personalised care, Prevention, Well-being and Access

We know from our understanding of local need and service gaps as well as from new national policy drivers that this strategy requires a clear emphasis on services that are individually tailored, preventative and responsive in nature. This means thinking about new ways of delivering mental health interventions that are about early access to effective treatments as well as about good information and 'whole population' good mental health.

There are relationships between key strategic initiatives and services which provide an opportunity to think creatively about new ways of providing mental health support, advice and treatment. These are:

- **NHS Haringey Strategic Plan** – integrated care closer to home and out of hospital through the delivery of Polysystems and Healthcare for London Care Pathways;
- **Transforming social care (Personalisation) and Access in Adults, Culture and Community services LBH –** the introduction of personal care budgets, self assessment and advice services;
- **The continued development of Increasing Access to Psychological Therapy (IAPT) in Haringey** - an upstream, preventative and early treatment model of therapy based in primary and community services;
- **Suicide Prevention and Mental Health Promotion** – it is proposed to establish an Improving Health and Emotional Well Being Sub-group (reporting to the Mental Health Partnership Board) with a focus for taking forward a refreshed approach.

Commissioners for these initiatives need to work together to maximise opportunities for new models of service that offer more comprehensive and coordinated approaches to helping people with mental health needs. People need to be supported to access the services they require and services need to be available to offer prompt and early treatments. People with mental health issues should be able to access support for other long term conditions (e.g. diabetes, CHD) in the same way that someone with a long term health problem should be able to access mental health support. There is considerable evidence on the prevalence of hidden mental health issues as a reason for referral to general medical services. Mental Health should form part of the assessment of everyone's health.

Good mental health and well-being for all is at the heart of our strategy. Building on our achievements in rolling out Improving Access to Psychological Therapies (IAPT) we want mental health to be a core service in primary care. We will deliver the strategy through working closely with the Mental Health Trust and other partners to ensure that we provide world class services locally. This will be achieved by refocusing commissioned resources on developing and sustaining services in primary and community care.

We need to commission services differently is to meet these needs. Guidance from the Department of Health on Commissioning for good Public Mental Health is expected. A good example of such a service model locally is the Haringey Time-bank. The challenge is to develop new care pathways that cut across traditional service boundaries and for good mental health to be a consideration of all commissioners.

9.1.1 Personal Budgets in Mental Health Services

Haringey Council Adult Services is now in year two of three getting ready for the implementation of personalisation across all adult social care groups by April 2011. Pilots are underway in Physical Disabilities, Learning Disabilities and Older People's Services, with a pilot project in Mental Health starting in 2010/11. Planning for the pilot is now well underway. This will be an opportunity for service users to test out completing their own self assessment, having access to a personal budget and be able to arrange their own care and support in a way that best meets their outcomes.

Key to the successful implementation of personal budgets in mental health services, and to make sure we focus on personalised care, we need to think about day opportunities for people with mental health problems in a different way. We need to build on the review undertaken of day opportunities services, as a workstream of the 2005 Joint Adult Mental Health Strategy. The review needs to be refreshed in the context of personalisation, and the opportunities this gives us in giving more choice and control to service users to maximise their opportunities to:

- Access a range of services that are able to deliver on user led outcomes, through for example social firms and social enterprise, with commissioners working closely to develop the social care market to support these developments;
- Maximise access to mainstream opportunities in education and employment;
- Maximise opportunities for recovery and ensure social inclusion;
- Ensure linkage with other services for people with mental health issues such as Supporting People Floating Support.

Some service users may want to continue with traditional day opportunities services, whilst others will want to take advantage of emerging opportunities to get more involved in the running of the services they use, such as the user-led weekend service that is now in place at the Clarendon Day Opportunities Service.

Below is a summary of current day opportunities services in Haringey

- **BEHMHT - Haringey Therapeutic Network** - 12 week therapy and social inclusion based model, using mostly mainstream provision to provide therapy sessions;
- **Voluntary sector - MIND in Haringey Activity Centre** - Drop-in, low support, safe place to be;
- **LBH - Clarendon Day Centre** - People who have accessed tertiary services and have a Care Programme Approach Plan, providing a range of training, drop-in, out of hours service, socialisation opportunities;
- **Voluntary sector - Psychiatric Rehabilitation Association** (**PRA)** have two Sheltered Workshop Provisions;
- **LBH 684 Centre** - Centre for people who experience high levels of disability as a result of complex mental health issues, who may also be hard to engage.

Mental Health Commissioners will need to work closely with service users as well as current providers of day opportunities services with regard to the kind of service they currently offer to make sure it is 'fit for purpose' in the future. We anticipate that it will be less likely that 'traditional' day centre services will be needed in the future. The overarching principles of a future model of day opportunities in mental health services will need to include:

- Ensuring clear pathways into day services, between day services and 'out' into mainstream activities e.g. education training and employment;
- Being person centred; recovery based with personal goal setting;
- Ensuring increased user led social support, befriending, and exploring opportunities to develop self assessments and self-directed care in the future;

- Using a socially inclusive model, such as initiatives with Tottenham Hotspur and the A team, currently in development as a social firm (also runs groups and training opportunities).

The future of day opportunities in Haringey would need to include building on what works well now and is valued by service users, and re-modelling what is not valued by service users. Some of our ideas are set out below, based on what service users in the review during 2007-2008 told us, and also what is now emerging as we better understand what personalised care in the future might look like for service users with mental health issues, exercising more choice and control over their lives and the services they wish to purchase to support them with personal budgets.

Clarendon – proposed future model of service

- Clarendon will provide services to individuals based on assessed need. Support plans will be needs led and flexible. Staff will offer individual assessments and work with service users to devise their own person centred plans and reviews, focusing on key skills required for personal development and recovery;
- The centre will work in partnership with Supporting People providers, including specialist support workers, to enable individuals to be supported to a point where they feel ready to consider mainstream options;
- Development of Self Assessments and Individual budgets as a pilot project at the Clarendon;
- Clarendon will engage with the social enterprise strategy development and help promote the continuing development of social firms, particularly when ideas or need arise from service users, promoting the development of one of its projects (Artworks) into a social firm and working with service users to run the out of hours and weekend activities at the centre.

Social Enterprises/Social Firms

- We will consider commissioning a social enterprise to support the development of emerging social firms and foster the development of additional capacity of this type. A range of options to enable people who have experienced mental health problems to access work. Work in the open market is extremely difficult to access but models which support progression include support and work with service users and entrepreneurs to develop social firms.

Specialist Support to access Mainstream settings

- We think it is important to enable access to specialist support workers who will identify and work towards personal goals with individuals and promote social networks within mainstream provision. We would need to partner with Supporting People for this provision, utilising more fully floating support provision;
- The re-commissioning of Mental Health Services in Supporting People gives us this opportunity with a planned increase in the availability of intensive floating support to deliver recovery focused outcomes for service users, including access to mainstream services.

Drop-in's

- Drop-in's for social support led by service users available around Haringey to promote access, in a variety of community bases, which would be open to everyone;

- Providers such as Haringey Therapeutic Network, Haringey User Network and the 684 centre could be engaged to support the development and continuation of user led groups and user led drop-in's around the borough.

Befrienders

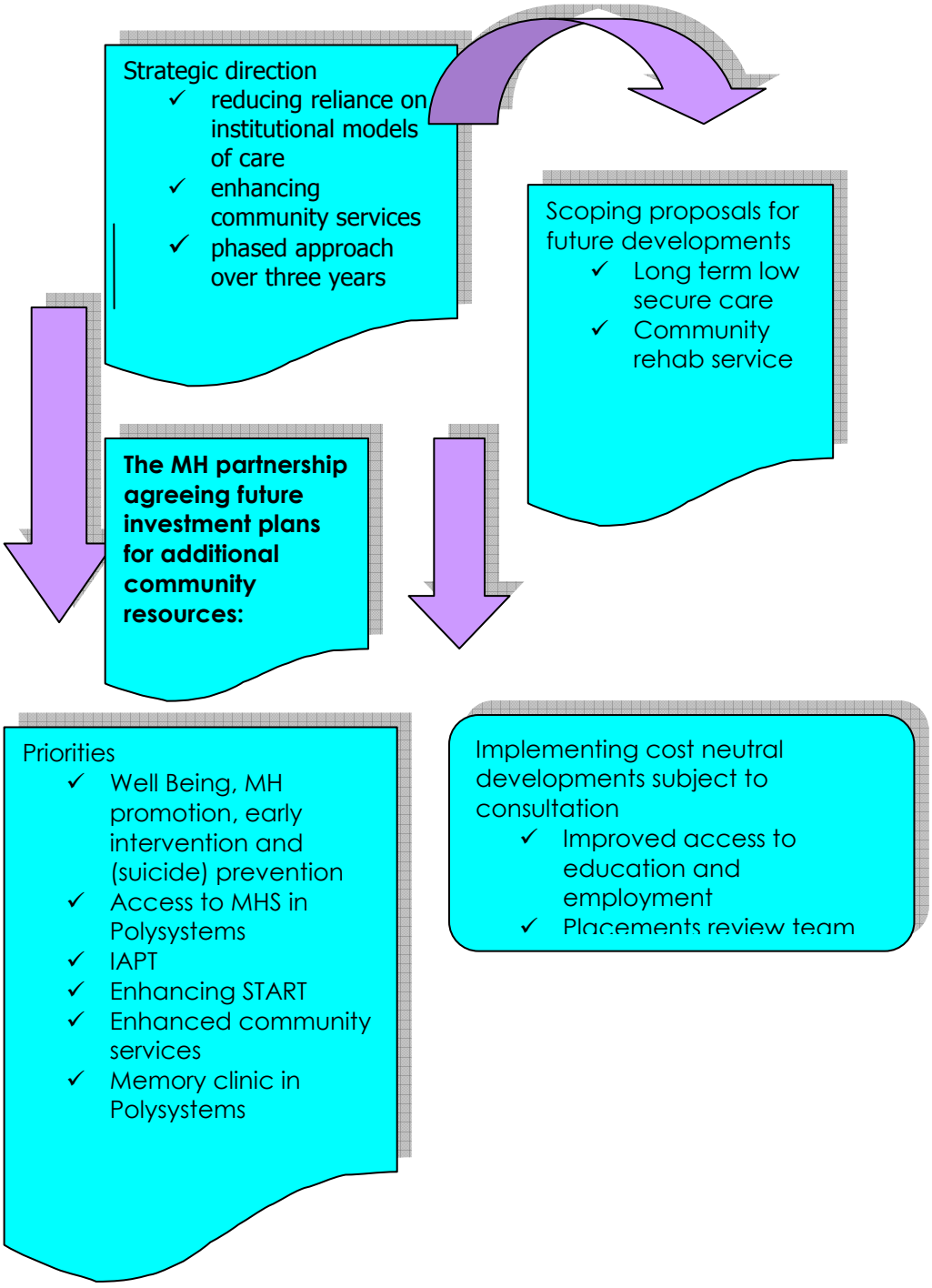
- A befriending service could be developed.

There will be implications for current providers. We need to work with current providers to make sure their services are focused on outcomes around maximising access to mainstream day to day activities and working to ensure good mental health for services users.

Some of our providers have a traditional focus to they way they deliver services to their service users - we will need to work closely with these providers to ensure they are able to deliver to the principles set out above, and will be ready for the implementation of personal budgets in mental health services from 2011. This includes Mind in Haringey, PRA Etcetera and N17 Studios, as well as reviewing the Clarendon.

9.2 Modernising Mental Health Services in Haringey

The overarching principle to modernise mental health services by increasing the availability of primary and community based services to support the reduction in the over reliance on institutional models of care requires whole systems thinking and planning. In line with this there are a number of current work-streams either in train or in the initial planning stages that involve the statutory partners as both commissioners and providers of services.



9.2.1 Primary and Community services

The main strategic emphasis for mental health care is to establish upstream, preventative and early treatment models of care based in primary and community settings. This involves commissioning across the whole system of mental health care including the Third sector. A competitive process to introduce new community mental health services in the borough should not be ruled out.

9.2.2 Mental Health Services in polysystems

Polysystems provide an alternative care setting for many services that have traditionally been delivered by acute care providers in acute hospital settings. To support the Going Local vision, NHS Haringey has built three NHCs (polyclinics) to deliver local health services and reduce health inequalities. These centres provide a range of community-based services to help people to lead healthy lives. A number of GP practices are based in the centres, with other nearby practices referring their patients to their local health centre when necessary.

NHS Haringey supports practice based commissioning in four geographical areas, known as neighbourhoods, each of which has its own GP-led commissioning team: West, Central, North East and South East. The neighbourhood commissioning teams are the key mechanism to take forward the local changes needed in primary and community services ands will deliver the NCL Sector approach to the HfL pathways and develop polysystems.

Integration is a key element to the success of the model. Working across professional boundaries increases collaboration and reduces duplication across the patient pathway. The polysystem model will enable us to promote a culture of quality improvement through the use of evidence based care pathways, delivering on improved patient satisfaction and clinical outcomes. It is anticipated that there will be increased ownership and accountability for the use of resources.

One of the key initiatives within this work programme is to identify how improved integration between primary, community and mental health care can be implemented through the use of polysystems.

We want mental health services to be a core service within primary care and foster an holistic approach of integrating mental health and physical health needs. The development of services in polysystems will involve the re-modelling of care pathways in line with the Locality Commissioning Plans and with local involvement of lead mental health GPs.

We plan to develop memory clinics as our inaugural pathway which will provide early diagnosis and treatment. We also plan to provide psychological treatments for medically unexplained conditions in primary care polysystems to reduce the number of unnecessary GP appointments and acute outpatient appointments for exploratory investigations.

9.2.3 Community services

Community services in Haringey will need to be re-evaluated as the developments above begin to emerge; additional capacity in the whole system may enable existing services to be re-commissioned. Our strategy is to increase the capacity of primary and community mental health services **to promote early intervention, community treatment and recovery** and to cater for the anticipated demand emanating from the reduction in the more traditional models of service. Some of the gaps in local services could be addressed through this process.

Community mental health services will be commissioned to:

- Provide 'service navigation' – support for people to access the right help in the right place enabling service users to access the full range of services they need;
- Offer seamless, highly effective coordinated care across a system of statutory and non statutory agencies;
- Deliver principles of promoting independence, well being and choice should be fundamental to the service model;
- Use flexible and creative approaches to delivering support, which place people using services at the centre of decision making;
- Improve quality of life, confidence and self-esteem for people with mental health problems;
- Increase ability for people with mental health problems to manage own mental distress using coping strategies including involvement of families and friends as requested;
- Increase ability to manage crises in the community due to availability of preventative and responsive support;
- Support the development of meaningful social networks and personal relationships;
- Promote the economic well-being of people using the services, including addressing their welfare rights and money management;
- Maintain the good physical health and well-being of people experiencing mental health issues, including developing their leisure and recreational opportunities;
- Prevent homelessness and access and maintain stable accommodation;
- Develop training, education and employment opportunities;
- Ensure the use of the least restrictive models of care – promoting community alternatives to inpatient care, residential care and other institutionalised models of service;
- Create strong working links within the borough, particularly with local community organisations in order to increase service uptake from often deemed "hard to reach" communities;
- Meet the needs of service users from all ethnic and social backgrounds, including recognising and understanding cultural, faith based and religious differences.

9.2.4. Perinatal Mental Health Service

Peri-natal Mental Health is being looked at across the North Central London Sector to ensure effective pathways are developed across the Acute Trusts. At a local level the

inclusion of Mental Health in polysystems will mean early identification and intervention for vulnerable women. We are developing a clear pathway between Maternity Services and polysystems to ensure needs are fully met. Those women who do not meet the threshold for referral to Community Mental Health Teams will be picked up through the polysystem.

9.2.5 Rehabilitation and Recovery and Local low secure care

Haringey has a high number of service users placed in residential care services, a high number of people staying in hospital for longer than is required and a high number of people admitted to the care of low and medium secure mental health services.

The MHT has established a Placements Review and Treatment team in partnership with Adult Services in London Borough of Haringey. This has been achieved within existing resources and focuses on recovery, rehabilitation and appropriate move on for service users in residential care settings and high supported housing. This team will enable efficient and appropriate use of supported accommodation and residential care in the community. There is already significant pressure on commissioning budgets to support community placements and it is critical to ensure best value from this resource.

An identified service gap is the need for a local care pathway for low secure care for service users. Currently service users with this level of need are managed on a case by case basis often being placed in high cost resources which are out of borough and more often also out of London. Options to develop a more local solution are being reviewed as a specific project. In addition to this Trust–wide inpatient rehabilitation services are under review in the MHT. There are significant NHS resources invested in these existing care arrangements which are historical rather than commissioned on the basis of good analysis. In examining the way resources are currently deployed, there is an opportunity to consider the development of both a local low secure service and a community rehabilitation team for Haringey residents. These developments need to be worked through in detail and again must ensure that sufficient resources across the whole care pathway, from admission to discharge into the communit, are aligned by commissioning partners to support their success.

9.2.6 Reducing over-reliance on acute in-patient beds

The modernisation of mental health services through a reduction in the number of inpatient beds will take account of internal efficiencies and additional capacity that may be needed in primary and community services in order to ensure that service users' needs are met, carers are not over-burdened and commissioning resources are sufficient to match this change in service delivery.

These efficiencies include reducing the average Length of Stay and Delayed Transfers of Care; improving Bed Occupancy and Re-admission rates and aligning In-patient admissions with population needs. Benchmarking against national best practice and existing service models will continue to inform our modernization plan.

Longer inpatient hospital stays tend to lead to patients becoming institutionalised and less capable of longer term recovery. Patients in hospital experience a fundamental lack of choice in all aspects of their daily lives and the longer they stay in hospital the more likely it is that links with home and their community and work might break down.

The MHT has focused on improving practice in Haringey to shorten lengths of stay to similar periods to those found elsewhere in London. People are now discharged from hospital more promptly. Such efficiencies make better use of inpatient capacity and reduces the number of inpatient beds required

9.2.7 Supported Accommodation and Housing

As described earlier, supported accommodation in Haringey funded by Supporting People has recently been re-commissioned. This has been a major change to a fundamental aspect of a modern mental health system and requires support and attention from the Supporting People team and other stakeholders to 'bed down'. Supported accommodation is a significant resource in any system of mental health services and its efficient and successful operation is a key priority.

Access to and the availability of secure and stable housing is also critical in supporting people with mental health problems in the community and enabling people to live as independently as possible**.**

The Haringey Housing Service has a vital role in ensuring that mental health service users are accessing housing and being supported through the process. As more community mental health services develop all statutory partners must ensure that there are effective and adequate links between mental health service providers and Housing – both in terms of services on the ground and for strategic planning purposes.

10. Issues picked up by related strategies / frameworks

10.1 Older People's mental health (including dementia)

NHS Haringey and Haringey Council are also developing a joint strategy for Older People's Mental Health, with emphasis on implementing the National Dementia Strategy, published in February 2009. Younger people with dementia will be covered in this strategy, which is due for publication in Summer 2010. Haringey has a population of around 21,000 older people over the age of 65. Below is a summary of emerging key priorities.

10.1.1 Functional mental health in older people:

It is estimated that up to 3,000 older people experience depression at any given time in Haringey, with some 1,000 of these experiencing a severe depression. Psychosis is recognised as more common in older than younger people, with approximately 20% of over 65's developing psychotic symptoms by the age of 85. It is recognised that older people's functional mental health needs are different to younger people, therefore a re-modelling of current service provision is key to delivering:

- Targeted mental health promotion and prevention in older people, including age appropriate early diagnosis and intervention;
- Increased access to crisis resolution - similar to home treatment teams;
- Support to care homes – through a care home liaison function;
- Increased access to psychological therapies;
- Personalised social care services, including developing care homes and domiciliary care providers with specific expertise in working with people with severe and enduring functional mental health problems.

10.1.2 Dementia

It is estimated that in 2010, in Haringey around 1,350 people over the age of 65 are predicted to have a dementia, rising to 1,650 by 2025. Of the numbers of older people projected to have dementia 55% will be in early stages (or mild) of dementia; 32% will have moderate dementia, and 13% will have severe dementia. The number of adults under the age of 65 with a dementia is estimated to be around 74 people in Haringey as at 2010. An emerging issue is the number of people with a learning disability with dementia; some 22% of people with a learning disability are also diagnosed with a dementia.

The National Dementia Strategy 'Living well with dementia' was published in February 2009, and is supported by the 'Joint Commissioning Framework for Dementia' published in June 2009. The national dementia strategy sets out 7 objectives, with the National Implementation Team's top priorities forming the key focus in Haringey's local older people's commissioning framework. These are listed below:

- Developing a joint commissioning strategy;
- Access to early and good quality assessment and diagnosis;
- Informed and trained workforce;
- Care homes providing care of high quality and promoting dignity;
- Personalised and specialist social care services, including domiciliary care;
- Support to carers;
- Improved quality of care in hospitals.

We plan to develop memory clinics as our inaugural pathway in polysystems which will provide early diagnosis and treatment in response to the Dementia Strategy. The focus will be on early intervention, reducing waiting times for treatments and improving the quality of care. Additionally we want to support our residents in maintaining independence and recovery, making use of telecare technology and ensuring our providers are treating people with dignity and care.

10.2 Advocacy

Access to competent advocacy services is an important component of modern mental health care. Advocacy services operate within a number of models – these include professional and independent advocacy for individual care groups, peer support and increasingly a new role is emerging for advocacy within the context of the Transformation of Social Care – in particular to support service users in being able to navigate through a transformed social care system, including getting the necessary support in choosing and accessing a range of available services.

In Haringey we currently commission the following types of advocacy:

- Patients Council – peer support/advocacy model;
- Haringey User Network – peer support/ advocacy model;
- Citizens' Advice Bureau – specific professional advice for service users in the community;
- Mind In Haringey – advocacy services for service users in hospital;
- Carers Advocacy – from the Mental Health Carers Association;
- Advocacy service under the duties of the Mental Capacity Act 2005 from Rethink in a partnership with Barnet and Enfield Commissioners.

Since April 2009 we have also extended advocacy services to ensure further duties under the new Mental Health Act are fully met in line with national requirements.

An advocacy framework is under development, which will set out the principles for NHS Haringey and Haringey Council Adult Services in commissioning appropriate advocacy for Haringey residents that covers the range of advocacy needed, from low-level information/advice giving through to specialist advocacy, including that required to support the implementation of personalised care services. Improved access to advocacy to people who do not speak English is also required.

10.3 Carers

A revised Carers Strategy 2009-14 for Haringey was agreed across the Haringey Strategic Partnership in Summer 2009. This includes the needs of carers of people with mental health problems. The strategy includes a delivery plan, to be monitored by the Carers Partnership Board.

The aims of this Strategy are:

- to identify and support Haringey's unpaid carers in their caring role and in their life apart from caring;
- to provide culturally appropriate support for all Haringey's diverse carers throughout their caring lives;
- to harness the resources of all the partners;
- to make the views of local carers the cornerstone of local policy developments;
- to implement carers' participation in all aspects of commissioning services.

Haringey Carers Strategy:

- will improve support and services;
- meets the aspirations of Haringey carers and the people they care for;
- meets the requirements of the National Carers Strategy 2008;
- is consistent with personalisation.

Overview and Scrutiny have been undertaking a review of support to carers across all client groups, which started in October 2009 and is due to report back to Committee in March 2010. The review heard from carers of people with mental health problems and organisations who work with them.

11. Developing joint commissioning intentions

NHS Haringey and Haringey Council Adult Services are now considering how we can jointly commission quality mental health services for adult mental health in the borough. Our key priorities for action for each year of this strategy are set out in the table below.

11.1 Personalised care, Prevention, Well-being and Access

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
Future community service development Service users in recovery Service users in employment Service users in independent living arrangements	**Improved Access to Psychological Therapies (IAPT)** To support the roll out of the full service To ensure that IAPT targets for numbers offered treatment are delivered	Achieve targets for numbers of Haringey residents offered treatment Supported to recovery including return to work	NHS Haringey: Head of IAPT services, Joint Mental Health Commissioning Team.	2008/09 - £650k invested, recurrent in 2009/10	Consider additional capacity – linked with the development of primary care strategy (NHS Haringey) and personalisation (Haringey Council)		
	Implementation of Personalised Budgets in Mental Health Services Improving access to education and employment through re-modelled day opportunities	Pilot within mental health services, self assessment, support planning and personal budgets tested Increase choice and nos. of service users accessing education and employment opportunities	Haringey Council Adult Services, and Barnet Enfield and Haringey Mental Health NHS Trust Haringey Council Adult Services, and NHS Haringey	Scope of Pilot Project finalised Consult on proposals	Implementation of Pilot project Subject to consultation, take forward implementation of changes	Implementation of personalised budgets across adult mental health services	

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
	Refreshed Mental health promotion and suicide prevention approach	Review of existing actions to promote mental health and wellbeing to identify gaps and promote co-ordination. Explore opportunities to integrate mental health promotion and suicide prevention into existing services. Use the outcomes from the Mental Health Needs Assessment to guide actions To work within existing resources - any additional costs to be determined	NHS Haringey – Public Health NHS Haringey Director of Mental Health Commissioning Haringey Council AD Adult Services & Commissioning	Review to be complete by end March 2010	Develop commissioning intentions to integrate service model into existing services		

11.2 Modernising Mental Health Services in Haringey

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
Mental Health services in Polysystems	Identify how improved integration between primary and mental health care can be implemented through use of Polysystems Review current resources; develop transition plan for re-modelling of current service provision across whole patient pathway	Integrated mental health services in polysystems Perinatal mental health care	NHS Haringey Director of Mental Health Commissioning, PBC Commissioners Haringey Council AD Adult Services and Commissioning	Develop Locality Commissioning Plans	Implement Memory Clinic in Hornsey Central Yr 1 of transition plan implemented	Further implementation re-modelled services	Further implementation re-modelled servicess
Community Services	Review current resources; develop transition plan for re-modelling of current service provision across whole patient pathway	Enhanced community treatment services	NHS Haringey Director of Mental Health Commissioning Haringey Council AD Adult Services and Commissioning		Yr 1 of transition plan for re-modelled services implemented	Further implementation re-modelled services	Further implementation re-modelled services

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
Rehabilitation and recovery Developing local low secure services and community rehabilitation services	Specification agreed	Community rehab team – single site for rehab beds	MH Lead commissioner	Proposal completed by April 2010	Proposal implemented		
Reducing over reliance on inpatient beds	Review current resources; develop transition plan for re-modelling of current service provision across whole patient pathway	Modernised Mental Health Services in Haringey	NHS Haringey Director of Mental Health Commissioning Mental Health Lead Commissioner NHS Haringey Director of Mental Health Commissioning	Initial scoping and transition plan developed Feb 2010	Yr 1 of transition plan implemented	Further implementation re-modelled services	Further implementation re-modelled services
Ensure appropriate services for BME communities, particularly newly arrived communities	Complete needs assessment of the mental health needs of BME communities, including newly arrived communities	To ensure that future planning is informed by robust understanding of: • Local need • Unmet need • Future	NHS Haringey: Public Health and Joint Mental Health Commissioner	Complete needs assessment by March 2010			

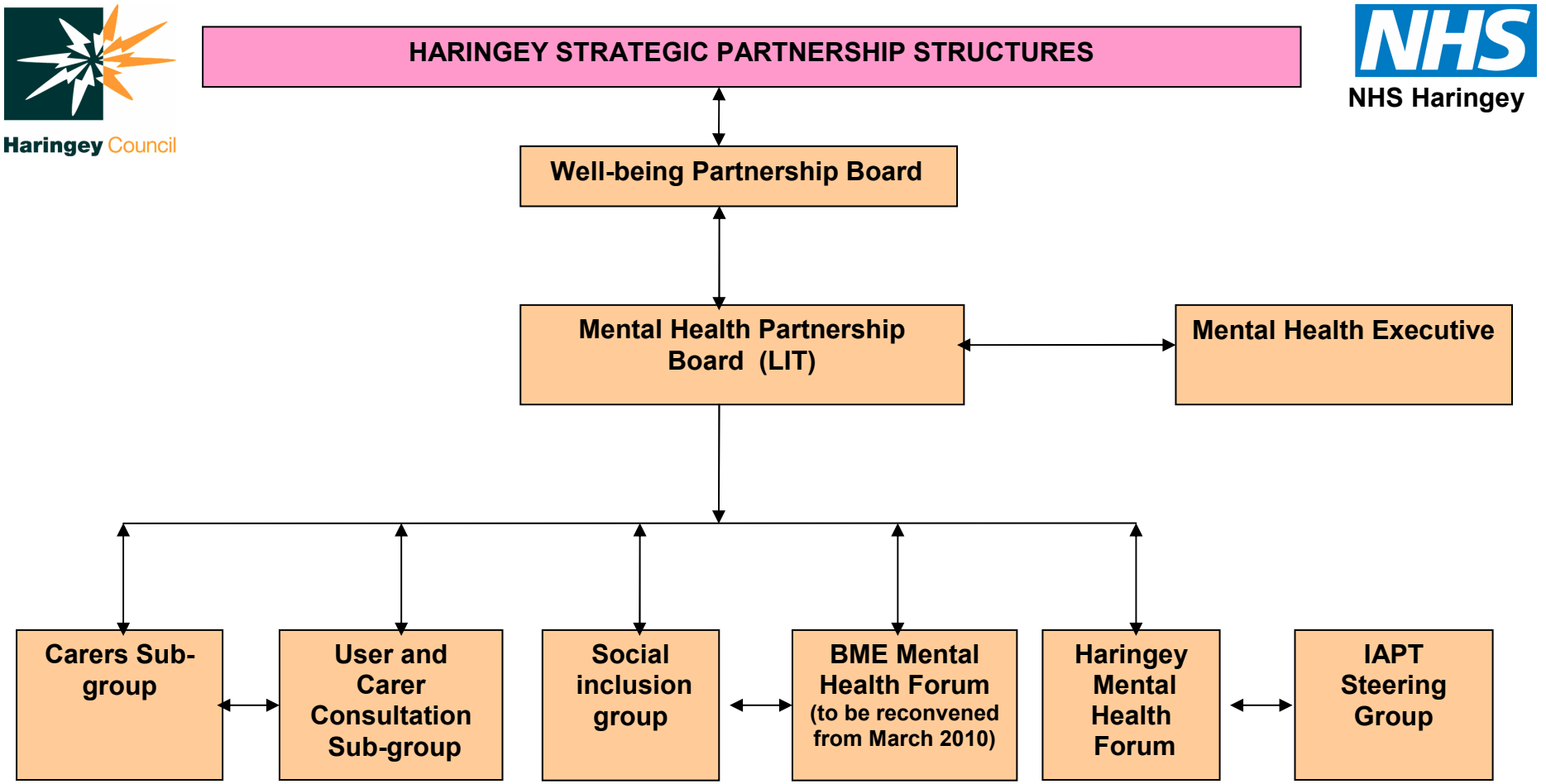
Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
	Review current commissioning of services to newly arrived communities to ensure appropriate provision	projections of need	Joint Mental Health Commissioner		Complete review and agree commissioning intentions where appropriate		

11.3 Ensuring the right accommodation at the right time

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
Review current service users in placements	Review Team to reassess users in residential settings for step-down and explore potential repatriations of service users placed out of borough	Increase nos. of service users who can move on into more independent in-borough accommodation including general housing	BEHMHT Haringey Borough Director Mental Health Services, and Haringey Council Adult Services – Head of Commissioning	Team established July 2009. Reviews of service users in high cost residential placements – 70 by 31st March 2010	Reviews ongoing, and move-on to independent living where appropriate		
Supported Housing Accommodation and support being available when people are clinically ready for	Implementation of new Supporting People funded mental health contracts. Continue to work with new providers to	Increase the nos. of people with mental health problems supported to live independently (NI 141)	Haringey Council AD Safeguarding and Strategic Services (including Supporting People	Contracts implemented 1st April 2009, transition period until March 2010 for providers to re-model	Full implementation of re-modelled services from April 2010		

Service Area	Actions	Outcome	Lead Agency	2009/10	2010/11	2011/12	2012/13
discharge from hospital or to step down from higher levels of support	ensure the safe transition for service users into new contractual arrangements		Programme), and Joint Mental Health Commissioner	services to meet specification			
Access to mainstream Housing including 'social care' stepdown	Establish working group with Strategic Housing	Improved pathways into appropriate general needs accommodation, and increased numbers of people with mental health problems supported to live independently (NI 141)	Haringey Council Adult Services Service Manager for Mental Health, and Head of Housing Strategy	Establish 4 step-down flats for mental health users in Council sheltered accommo-dation	Borough Capital Investment Plan, setting out housing priorities for borough for period 2010-2015		

Appendix one



Appendix 2 – National & Local Policy Context

National Context:

- **New Horizons: A Shared Vision for Mental Health (December 2009)**

New Horizons is a cross government programme of action to improve the mental health and well-being of the population with the twin aims to:

- improve the mental health and well-being of the population
- improve the quality and accessibility of services for people with poor mental health.

New Horizons describes factors that affect well-being and some everyday strategies for preserving and boosting it. It also sets out the benefits, including economic benefits, of doing so.

- **The Mental Capacity Act Deprivation of Liberty Safeguards (April 2009)**

Part II of the Mental Health Act 2007 (MHA 2007) made amendments to the Mental Capacity Act 2005 (MCA) by the introduction of deprivation of liberty safeguards (previously referred to as "Bournewood" safeguards). These came into force on 1 April 2009.

The safeguards apply to anyone: aged 18 and over; who suffers from a mental disorder or disability of the mind – such as dementia or a profound learning disability; who lacks the capacity to give informed consent to the arrangements made for their care and / or treatment and for whom deprivation of liberty (within the meaning of Article 5 of the ECHR) is considered after an independent assessment to be necessary in their best interests to protect them from harm.

The safeguards cover patients in hospitals, and people in care homes registered under the Care Standards Act 2000, whether placed under public or private arrangements. They are design to protect the interests of extremely vulnerable service users and ensure people can be given the care they need and avoid unnecessary bureaucracy.

- **Mental Capacity Act (October 2007)**

The Mental Capacity Act 2007 came into force in October 2007. It amends the earlier Mental Health Act 1983 as well as the Mental Capacity Act 2005.

The Act provides a much clearer legal framework for people who lack capacity and those caring for them by setting out key principles, procedures and safeguards.

A person's capacity to make a decision will be established at the time that a decision needs to be made. A lack of capacity could be because of a severe learning disability, dementia, mental health problems, a brain injury, a stroke or unconsciousness due to an anaesthetic or a sudden accident.

The Act also makes it a criminal offence to neglect or ill-treat a person who lacks capacity.

- **Mental Health Act (July 2007)**

The Mental Health Act 2007 amends the earlier Mental Health Act 1983 as well as the Mental Capacity Act 2005. It also introduced "deprivation of liberty safeguards" through amending the Mental Capacity Act 2005 (MCA); and to extend the rights of victims by amending the Domestic Violence, Crime and Victims Act 2004.

The Mental Health Act (MHA) is designed to protect the rights of people in England and Wales who are assessed as having a 'mental disorder'. The act uses this term to describe a range of mental health conditions, including dementia.

- **The Future of Mental Health: a vision for 2015 (January 2006)**

The Local Government Association, the NHS Confederation, the Sainsbury Centre for Mental Health (SCMH) and the Association of Directors of Social Services produced a vision of what mental health will be like in 2015. This includes:

- By 2015 mental wellbeing will be a concern of all public services.
- There will still be people who live with debilitating mental health conditions, but the focus of public services will be on mental wellbeing rather than mental ill health.
- The balance of power will no longer be so much with the system, but instead there will be more of an equal partnership between services and the individuals who have used or even choose them.

- **Health care for London (2007)**

This is a framework for strategic planning on a London wide basis. Recently a work stream on mental health care has begun to look at the following areas:

Proposed Pathways:

- Complex Needs/ Co-occurring disorders
- Dementia
- Medically Unexplained Symptoms
- The psychological impact of physical illness & surgery

Focus of outcomes:

- Prevention/ promoting health
- Identification
- Assessment
- Evidence based interventions, access, quality, safety
- Recovery & social inclusion

This agenda is consistent and compatible with the local borough based direction and we will ensure that the relevant planning opportunities are maximised.

- **Our Care, Our Say: A New Direction for Community Services (DH, January 2006)**

The White Paper '*Our Health, Our Care, Our Say,'* sets out the Government's vision for more effective community health and social care services. It promotes a shift from treatment to prevention and from care provided in acute hospitals to care provided in community settings (including general practice), and indicates that there will be specific targets to shift resources in these directions. It confirms the vision set

out in the Green Paper *Independence, Well-being and Choice* that people should have more control over their lives.

- **Commissioning framework for health and well-being (DH, March 2007)**

This recently published draft framework identifies eight steps to more effective commissioning from 2008/2009:

- Putting people at the centre of commissioning
- Understanding the needs of populations and individuals
- Sharing and using information more effectively
- Assuring high quality providers for all services
- Recognising the interdependence between work, health and
- well-being
- Developing incentives for commissioning for health and well-being
- Making it happen – local accountability
- Making it happen – capability and leadership

- **Section 75 of the National Health Service Act (2006)**

This act sets out the legal framework and lead arrangements for integration of health and social care services. In England, Section 31 of the Health Act 1999 has been replaced by Section 75 of the National Health Service Act 2006. The new provision is in exactly the same terms, and existing Section 31 arrangements will continue as if made under the new powers.

- **National Service Framework for Mental Health – Five years On (DH, December 2004)**

This document looks at the first five years of the National Service Framework for Mental Health and sets out the framework and national deliverables for 2005-2010. 'Five Years On' shifts the focus from the needs of those with a severe and enduring mental illness to the promotion of mental health for the whole community; to primary care provision; to the provision of psychological therapies; to meeting the needs of carers and of those with a dual diagnosis.

- **Mental Health and Social Inclusion (ODPM/ SEU, 2004)**

This report focused on two key questions; firstly what more can be done to enable adults with mental health problems to enter and retain work and how can adults with mental health problems secure the same opportunities for social participation and access to services as the general population. It contains a 27-point Government action plan.

- **Choosing Health – Making Health Choices Easier (DH, 2005)**

This White Paper recognises the link between people's mental health and good physical health. Improving mental health is a priority area for action in the development of effective prevention services.

- **Delivering Race Equality in Mental Health Care – An Action Plan for Reform Inside and Outside of Services (DH, January 2005)**

This document sets out a five year action plan for reducing inequalities in Black and minority ethnic patients' access to, experience of and outcomes from mental health services; and the Governments' response into the recommendations made by the inquiry into the death of David Bennett.

- **High Impact Changes for Mental Health Services (CSIP, June 2006)**

This paper highlights ten areas of service improvement in mental health that have the greatest positive impact on service user and carer experience, service delivery, outcomes, staff and organisations. They can be used to guide any service improvement activity through 2006 and beyond.

- **The National Framework for NHS Continuing Healthcare and NHS-funded Nursing Care (July 2009 (revised))**

The first national framework was published in 2007 and was reviewed in 2008. This is the revised guidance as a result of this review. It sets out the principles and processes of the National Framework for NHS continuing healthcare and NHS-funded nursing care. It focuses on eligibility for NHS continuing healthcare, the principles of care planning and dispute resolution relevant to that process.

Local context:

- **NHS Haringey - Developing World Class Primary Care Strategy (May 2008)**

NHS Haringey developed a strategy to address the issues of quality, accessibility, equity and integration of services in primary care. This proposed to provide networked GP services, community health services, diagnostic testing and healthy living support services. There are implications and opportunities for the delivery of mental health services within this strategy.

- **Barnet Enfield and Haringey Clinical Strategy (2007)**

This strategy proposes options for a major re-organisation of emergency care, unplanned and elective care across the acute hospital system within the three boroughs. Whilst largely about district general hospital care, there are potential implications for the commissioning of emergency/liaison mental health services in both A&E and within general hospital inpatient care.

- **Local Area Agreement (2008 – 2011)**

One of the key drivers to help focus, measure and improve performance is Haringey's Local Area Agreement (LAA) was signed off by ministers in July 2008. It is a three year agreement between the Council, its statutory and voluntary sector partners and central government; which runs from 2008 – 2011. The LAA describes the Haringey 'Story of Place'; key challenges facing the borough and the outcomes and targets to be achieved over the three year period. It is essentially the medium term delivery vehicle for the borough's sustainable community strategy.

- **Haringey's Well-being Strategic Framework (HSP, 2007 – 2010)**

The Well-being Strategic Framework (WBSF) identifies the strategic priorities for improving well-being locally. It incorporates priorities from existing plans and strategies to bring together the diverse initiatives taking place to improve well-being in the borough. The aim of the Framework is: To promote a healthier Haringey by improving well-being and tackling inequalities.

The WBSF is to be reviewed in 2010 in light of changing priorities and to link in with more recent agendas.

- **Community Engagement Framework (HSP, 2009)**

Community Engagement Framework was agreed by the Haringey Strategic Partnership (HSP) in April 2009. This Framework outlines key principles to be used when organisations carry out community engagement activities in Haringey and aims to enable the HSP 'to engage with local communities and empower them to shape policies, strategies and services that affect their lives'. The principles as laid out in the framework are:

- Work in partnership to join up our engagement activities
- Engage when it will make a difference
- Be clear about what we are asking
- Be inclusive and aim to engage with all communities
- Communicate the results of our engagement activities
- Build capacity of communities to take part in engagement activities

- **Strategic Commissioning Programme (2010 – 2014)**

Haringey Strategic Commissioning Programme will review our approach to commissioning including Mental Health Services. The Programme will help address and understand different commissioning challenges; will build on existing commissioning processes and expertise; and aims to ensure residents receive excellent, value for money services.

Other relevant strategies and related documents:

- Carers Strategy 2009-2014 (see section 10)
- Haringey Multi-agency Safeguarding Adults Policy and Procedure 2008
- Life Expectancy Action Plan 2007-10
- Barnet Enfield and Haringey Suicide Prevention strategy 2007 -10
- BEH MHT Mental Health Carers Strategy
- Sport and Physical Activity Strategy 2006-10
- Supporting People Strategy 2005-2010
- Welfare to Work for the Disabled Strategy 2005-15
- Worklessness Statement (2007)