

Agenda item:

**[No.]**

**Cabinet**

**On 20<sup>th</sup> April 2010**

Report Title. Joint Mental Health and Well-being Strategy for Adults 2010-2013

Report of:

Mun Thong Phung, Director of Adult, Culture and Community Services

Signed :

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Wards(s) affected: **All**

Report for: Key

**1. Purpose of the report**

1.1. The purpose of this report is to set out the Haringey Joint Adult Mental Health (AMH) strategy for modernising and improving mental health services in the borough for the period 2010-2013, including the action plan contained within the strategy document.

**2. Introduction by Cabinet Member**

2.1. I support this report to proceed and the Joint Adult Health and Well-being Strategy 2010-2013. The joint strategy:

- Sets out the shared vision of the Council's Adult Services and NHS Haringey.
- Will continue to be consulted on and reflects priorities of people who use services expressed through key forums such as the Mental Health Partnership Board
- Is a joint strategy and will deliver against the Well-being Strategic Framework
- Will be owned by all partners including Barnet Enfield and Haringey Mental Health NHS Trust.

### **3. State link(s) with Council Plan Priorities and actions and /or other Strategies:**

- 3.1 The strategy contains details outlining the modernisation of mental health services through the remodelling of services across the whole client /patient pathway which will have resource implications, including investment in community based care services across health and social care through disinvestment in institutional based care (hospital and residential care home) as appropriate to need. Key to the success of the strategy is good quality and well coordinated service delivery within available resources.
- 3.2 This Joint Adult Mental Health and Well-being Strategy has been developed following a stakeholder consultation event, with further engagement of stakeholders undertaken through Mental Health Partnership Board meetings and sub-groups, and other fora.
- 3.3 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 services in Haringey.
- 3.4 It is recognised that there is still much to do within mental health services in Haringey. This new strategy sets out how mental health services will be delivered over the next three years.
- 3.5 The timing of the new strategy has been strongly influenced by the publication of ['New Horizons: towards a shared vision for mental health'](#) October 2009.

### **4. Recommendations**

- 4.1. That Cabinet endorse and approve the revised Haringey Joint Adult Mental Health Strategy 2010-2013 and the actions contained within the strategy.

### **5. Reason for recommendation(s)**

- 5.1 The strategy recognises the need to shift the balance of care from institutional settings to community based services, and ensuring community services are available and responsive to the needs of the residents of Haringey. The

development of services in polysystems will involve remodelling of existing mental health care pathways in line with the Locality Commissioning Plans and with local involvement of lead mental health GPs. The central planks to delivering a successful strategy from 2010-2013 include:

- Decreased reliance on inpatient provision
- Increase capacity of primary and community mental health services with a specific focus on early intervention and crisis resolution;
- Develop low secure rehabilitation and improved access to rehabilitation and recovery models of care;
- Improved access to education and employment through remodelled day opportunities;
- Personalised mental health services – Adult Services will be starting a pilot project in 2010/11, including self assessment, personal budgets and support planning;
- Decreased reliance on residential and nursing care, with improved access to supported and general needs housing, working with Supporting People funded specialist floating support services to ensure move-on to independent living;
- Developing memory clinic care pathways which will provide early diagnosis and treatment for people with memory problems and early onset Dementia;
- Improved access to psychological therapy including the provision of psychological treatment as one of the facets in the treatment of medically unexplained conditions.; and
- Strengthening early intervention in BME communities.

## **6. Other options considered**

6.1 Not applicable.

## **7. Summary**

7.1 The vision statement set out in the draft strategy is to improve the mental health and well-being of people in Haringey, by ensuring we commission comprehensive, integrated and personalised services.

7.2 Our vision is to:

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

7.3 The key themes underpinning this vision are:

- Personalised care, Prevention, Well-being and Access;
- Commissioning world class acute mental health services with more community based care;
- Strengthening community rehabilitation and ensuring the right accommodation and the right time; and
- Reducing reliance on institutional models of care and providing care closer to

peoples homes.

- 7.4 The strategy sets out strategic priorities for the three year period from April 2010, and includes work already underway in 2009/10. The strategic priorities will build on current successes in how we deliver mental health services in Haringey. The strategic priorities also recognise areas for development within mental health services.
- The draft strategy recognises the need to shift the balance of care from institutional settings to community based services, and ensuring community services are available and responsive to the needs of the residents of Haringey. The development of services in polysystems will involve remodelling of existing mental health care pathways in line with the Locality Commissioning Plans and with local involvement of lead mental health GPs.
  - This will be supported and underpinned by a rolling programme of strategic needs assessments (led through the Joint Strategic Needs Assessment Steering Group), including reviewing the mental health needs of BME communities, including newly arrived communities, and understanding the impact of transition (from Children to Adults Services). Public Health are finalising the detailed needs assessment with a publication date planned for March 2010, which will be incorporated into the finalised joint strategy. Other detailed needs assessments will be key to the re-shaping of services in the future.
- 7.5 The New Horizons national strategy covers a number of areas to better address people's mental health and well-being and these include:
- Making everyone's mental well-being better;
  - Helping everyone to understand mental health problems and not to treat people with mental health problems unfairly;
  - Spotting mental health problems early;
  - Providing services and treatments in ways that meet people's individual needs;
  - Working with councils, the NHS and others to make sure people get services that look after all their needs;
  - Making it easier for young people to keep getting help after they are 18;
  - Carry on making services better and using resources effectively; and
  - Making it easier for people to find and get the help they need.
- 7.6 It is also of importance to note there are key changes in the way the NHS commissions mental health services. To continue to improve local services Barnet, Enfield and Haringey PCT's have strengthened mental health commissioning by implementing a single approach to commissioning the main local NHS Mental Health Provider – Barnet Enfield and Haringey Mental Health Trust, delivered through a three PCT Adult Mental Health Strategy titled *Better Mental Health and Wellbeing for All*.
- 7.7 There are three key aspects of effecting *Better Mental Health and Wellbeing for All*. Resourcing – shifting investment from services focused on hospitals and inpatient facilities, to promoting wellbeing and developing stronger services based in the community. Partnership Working and Governance – to continue to work effectively across the 3 PCTs. Approach to the Provider Market – to ensure a

- flourishing provider market which encourages innovation and new services.
- 7.8 It is recognised and acknowledged that residents, mental health service users and their carers, as well as third sector partners have historically been concerned about the way in which NHS Haringey and the Council work towards achieving the broad strategic aim of modernising mental health service by shifting the balance of care from institutional settings to primary and community based settings. Commissioners need to work through proposals with service users and carer groups to understand their concerns and to ensure that there is confidence in changes we propose; particularly that there is capacity in community services as we move away from more traditional models of care.
- 7.9 The strategy also gives a high level outline of plans by the Council's Adult Services to roll out personal budgets in mental health services, from Spring 2010 with a pilot. It is expected that the pilots will begin to shape not only the way traditional social care is delivered for mental health users and their carers, but also how day opportunities are shaped in the future including services delivered by the Council, NHS Haringey and third sector.
- 7.10 This strategy to Cabinet on 20<sup>th</sup> April 2010 is accompanied by an Equalities Impact Assessment, which is being finalised with the strategy.

#### **8. Chief Financial Officer Comments**

- 8.1 Detailed financial modelling is required to be undertaken by both Haringey Council and NHS Haringey in order to understand fully any investment requirements that flow from this strategy and future savings that may arise as the service becomes more community based.
- 8.2 Agreements will need to be in place as to how these future investments are to be funded before this strategy can be agreed for full implementation.

#### **9. Head of Legal Services Comments**

- 9.1 This is primarily a commissioning strategy and therefore the statutory/legal requirements of the commissioners will require assessment prior to implementing any proposed changes to services and Corporate Legal Services should be consulted at the appropriate time.
- 9.2 The need for effective partnership working is particularly important in ensuring that the statutory requirements contained within the Mental Health Act and related legislation is complied with.

#### **10. Head of Procurement Comments**

- 10.1 Not applicable.

## **11. Equalities & Community Cohesion Comments**

- 11.1. An equalities impact assessment was carried out as an integral part of the strategy development. An EIA identifies potential impacts of the strategy on different groups people segmented by age, disability, gender, race/ethnicity, religion/belief and sexual orientation.
- 11.2. Our findings were there is an under representation of people from black and minority ethnic communities in early intervention and primary care services. For example the people from some BME communities admitted to hospital were not registered with GP's.
- 11.3. There was confusion between the role of the voluntary and statutory sector in reducing suicides and mental illness. There is a lack of public information on care options. Few patients had much idea about personalised budgets and how it will affect them.
- 11.4. Availability of recovery based day opportunities to meet the needs of young adults. Accessing services both in terms of physically getting to premises and continuing mental health care were problematic.
- 11.5. The role of stigma whether real and perceived remains a barrier especially to men as we found that women tend to use services more than men.

## **12. Consultation**

- 12.1 The strategy was presented to the Mental Health Partnership Board for consultation in December 2009.
- 12.2 There was a public service user needs assessment consultation event on 02 December 2009 where service users and the public were asked for comments and views on the strategy.
- 12.3 The strategy was presented to the service users and carers subgroup in November 2009 for comments and feedback.

## **13. Service Financial Comments**

- 13.1 The strategy contains details outlining the modernisation of mental health services through the remodelling of services across the whole client /patient pathway which will have resource implications, including investment in community based care services across health and social care through disinvestment in institutional based care (hospital and residential care home) as appropriate to need. Key to the success of the strategy is good quality service delivery within available resources.

## **14. Use of appendices /Tables and photographs**

- 14.1. Haringey Joint Mental Health strategy

## **15. Local Government (Access to Information) Act 1985**

- 15.1. Haringey Wellbeing Strategic Framework  
[http://www.haringey.gov.uk/index/social\\_care\\_and\\_health/health/well-being\\_framework.htm](http://www.haringey.gov.uk/index/social_care_and_health/health/well-being_framework.htm)
- 15.2. Haringey's Local Area Agreement  
<http://www.haringey.gov.uk/index/council/hsp/local-area-agreement.htm>
- 15.3. NHS Haringey Strategic Plan 2009-14  
[http://www.haringey.nhs.uk/world\\_class\\_commissioning/documents/strategies\\_and\\_plans/index.shtm](http://www.haringey.nhs.uk/world_class_commissioning/documents/strategies_and_plans/index.shtm)
- 15.4. New Horizons (2009)  
<http://www.newhorizons.dh.gov.uk/index.aspx>
- 15.5. Putting people first (2007) - [Click here to download document](#)