

**EXECUTIVE****On 13<sup>th</sup> June 2006**

Report Title: **Mental Health Strategy 2005 to 2008**

Report of: Anne Bristow Director of Social Services

Wards(s) affected: ALL

Report for: Non Key

**1. Purpose**

1.1 To brief CEMB and the Council Executive on the progress in implementing the joint health and social care Mental Health Strategy.

**2. Introduction by Executive Member**

2.1 The Executive asked, last year, for a progress report and this is the follow up report for noting.

**3. Recommendations**

3.1 To ask CEMB and the Executive to note the current position in the implementation of the Mental Health Strategy.

Report Authorised by: Anne Bristow, Director of Social Services

Contact Officer: Siobhan Harper, Head of Joint Mental Health Commissioning LBH and Haringey TPCT

#### **4. Executive Summary**

- 4.1 The Council Executive agreed the Mental Health Strategy in December 2005. Haringey TPCT also agreed the Strategy in January 2006. The Executive requested regular feedback on the progress of implementation and this report forms the first of such reports.
- 4.2 There has been considerable work undertaken with regards to the development of the Joint Commissioning Strategy, which supports the implementation of the overall vision of the Strategy. However, there have been some obstacles to progress due to the financial constraints across the Mental Health Partnership. In addition there has been a delay in the formal feedback from CSCI following the outcome of the Mental Health Inspection though relevant recommendations will be incorporated into the commissioning strategy. The Mental Health Scrutiny Review recommendations will also be incorporated though many of these were in line with the planning. A new timetable for the completed commissioning strategy is under discussion within the MH Partnership.
- 4.3 This report summarises the current focus for service developments within the Mental Health services across the partnership and outlines the agreed priorities.

#### **5. Reasons for any change in policy or for new policy development (if applicable)**

- 5.1 This is a new strategy that does have policy implications in that it proposes a model of care to individuals with Mental Health problems that is substantially different to our existing services.
- 5.2 The changes made here do not substantially change the original strategy put forward for consultation but it does add more emphasis in certain areas such as a more clearly stated set of aims, clarity on the partnership role and the need to build on preventing mental ill health in childhood.

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

- 6.1 The Joint Health and Social Care Mental Health Strategy 2005.
- 6.2 National Service Framework for Mental Health 1999  
The Mental Health Policy Implementation Guide 2002  
Community Care Act 1990  
Health & Social Care Advisory Service – Review of Haringey Mental Health Services 2002/3.
- 6.3 Mental Health Unified Action Plan 2003

## 7. Description

- 7.1 The Commissioning Strategy for Mental Health Services is being developed within a challenging financial context across the statutory sector. The local picture for Haringey TPCT is documented within the Haringey Teaching PCT Financial plan. The predominant concern as with all NHS organisations is to achieve financial balance within 2006/7. Barnet Enfield and Haringey Mental Health Trust also has a long standing underlying financial deficit which must be in balance within 2006/7, as well as achieving the targets associated with national issues. There are also pre agreed efficiency savings within the Social Services Directorate. All these issues have been incorporated into a draft joint action plan, which the Mental Health Executive is discussing within the context of the overarching strategy.
- 7.1.1 The overall principle applied by the TPCT across all organisations is to ensure that efficiencies are delivered with minimum impact on services. In Mental Health Services the focus here is on the reduction in the use of hospital-based services, which is in keeping with the vision agreed in the Mental Health Strategy.
- 7.1.2 There will be a need for increased activity in the Crisis Teams to support people at home wherever possible. Community Mental Health Teams will also be examined to increase productivity and efficiency. This will be achieved largely through the rationalising of systems and management arrangements. Robust review arrangements are also to be developed in the service.
- 7.1.3 Building on the current philosophy of promoting independence, community services will develop robust and comprehensive systems for the review of service users and discharge back to the care of the G.P. This will be supported by the development of a Local Enhanced Service for Mental Health in Primary Care agreed by the TPCT for implementation in 2006 as described in 7.1.5.
- 7.1.4 Increased integration of Health and Social care in the delivery of services e.g. day services are also being proposed in order to improve service user experience and increase efficiency. This is also likely to be a recommendation in the feedback from CSCI Inspection of Mental Health Services.
- 7.1.5 Despite the considerable pressure within the statutory sector there is work in progress across the partnership. As already referred to the TPCT is committed to the development of a Local Enhanced Service for Mental Health in Primary Care (LES) which will support G.P.'s in delivering a comprehensive, quality and appropriate mental health service to Haringey residents in the community. The development will fund four G.P.'s working at the enhanced level and a skilled mental health professional that will support the wider implementation of initiatives such as the Shared Care protocol.
- 7.1.6 There is also a strategy for modernising day services across Health and Social Care, is being issued for consultation in June 2006. The new service model

proposes that services widen social inclusion and improve access to mainstream services.

- 7.1.7 Work between Supporting People commissioning and health and social care commissioning is underway following the findings of the Housing Needs study. Discussions are focused on the increased availability of high support, supported housing and access to extra care sheltered housing for service users with multiple needs as a first priority. This work will be subject to further more detailed reports for CEMB and the Executive.
- 7.1.8 There is also further work being undertaken within the partnership to have a more detailed and shared understanding of the issues regarding Delayed Transfers of Care in St. Ann's Hospital.

## **8. Consultation**

- 8.1 Further consultation will take place to help develop the Day services and Housing elements of the Strategy.

## **9. Summary and Conclusions**

- 9.1.1 CEMB and the Executive previously received a fairly comprehensive report on the principles of the Mental Health Strategy and the impact that this will have in relation to commissioning and re-commissioning of existing services to reflect the model of care being advocated. This now needs to be understood within the current context detailed above, across the Partnership.
- 9.1.2 There is progress within key areas, which is in keeping with the overall message within the Strategy.

## **10. Recommendations**

- 10.1.1 That CEMB and the Executive note the work within the partnership, which is committed to delivering the commissioning strategy and the model of care, agreed in the Mental Health Strategy.

## **11. Comments of the Director of Finance**

- 11.1 This paper does not include any estimates of the costs of the strategy and these will need to be developed as the details of the strategy are further developed. However, these need to be developed within the context of the current financial position across both the local authority and health.
- 11.2 In terms of the local authority position, while the budgets for Mental Health Service were balanced in 2005/06, the budgets for external commissioning has ongoing commitments into 2006/07 of approximately £300k. In addition, mental health has efficiency targets of £221k to meet as part of its three year strategy to reduce overall provision in residential care while enabling independent living.
- 11.3 The PCT budget for Joint Commissioning underspent by £180k in 2005-06. This underspend has been taken by the TPCT as a contribution to savings to balance its budget. The Trust has ongoing financial deficits.

- 11.4 In this context, detailed financial implications need to be developed as a matter of urgency to ensure that the financial and service targets across both sectors are achieved.

## **12. Comments of the Head of Legal Services**

- 12.1 There are no legal implications to the proposed new strategy.

## **13. Equalities Implications**

- 13.1 A local needs analysis of mental health in Haringey shows that the incidence of mental ill health in Haringey is higher than in surrounding boroughs and across London. The Mental Illness Needs Index (MINI), which calculates the relative need for mental health services based on a range of indicators such as social isolation, deprivation, housing quality and unemployment, shows the highest level of 116.5 compared to the national average of 99.5. In assessing the high incidence of mental health needs in Haringey, consideration is being given to the over representation of people from black and minority ethnic (BME) communities and a high prevalence of alcohol and drug misuse. More specific provision for women also needs to be considered.

### 13.2 Mental Health Strategy Action for Change

Barnet Enfield and Haringey Mental Health Trust are leading the implementation of Delivering Race Equality for Mental Health and we will work in partnership to deliver this agenda. The objectives of this work include:

- The reduction of significant and unacceptable inequalities in the access of mental health services and the experience and outcomes for black and ethnic minority communities.
  - The involvement of black and ethnic minority communities in the commissioning and delivery of services.
  - Community development activity to form a coherent whole and meet demonstrable gaps in services.
  - The introduction of Community Development Workers (CDW) to support the delivery of the framework. We have commissioned a research study into the mental health needs of the Turkish/Kurdish community in a partnership with HarCen which will be the first task for the CDW.
- We continue to have a black and ethnic minority network in Haringey to provide a forum for these communities to influence the commissioning and delivery of services.

- Further work includes exploring the need to extend women only services for all cultural groups and work across adult social care groups to maximise accessibility of services for people with other disabilities and mental health problems.

#### **14. Use of Appendices / Tables / Photographs**

14.1 None.