

Report Title: Commission for Social Care Inspection of Haringey Mental Health Services

Report of: Anne Bristow Director of Social Services

Wards(s) affected: All

Report for: Non key decision

1. Purpose

1.1 To receive the Inspection report and agree the recommendations detailed below.

2. Introduction by Executive Member

2.1 The CSCI Inspection has provided a very useful analysis of Haringey's Community Mental Health Services. The recommendations from the inspection provide the basis of a substantial work programme over the coming months. The recommendations and the responses to them are set out in the action plan and will be addressed jointly by the Council; Barnet, Enfield and Haringey Mental Trust; and Haringey Teaching Primary Care Trust. I am pleased that some of the targets have already been achieved and will be monitoring the progress being made on the implementation of the remaining actions in conjunction with the relevant officers.

3. Recommendations

3.1 To agree the action plan developed by the service in response to the CSCI Inspection

3.2 To support increased integration of statutory service provision as a priority

3.3 To sanction closer strategic planning with partners across the health and social care economy whilst maintaining a high profile for social care and the wider council perspective

3.4 To agree a comprehensive review of the practice, procedures and processes of community mental health services

3.5 To agree the action plan as a means to modernising and improving the service, building on its successes in the context of a complex system which requires support to improve further.

Report Authorised by: Anne Bristow Director of Social Services

4. Director of Finance Comments

4.1 The Director of Finance has been consulted and notes the content of the report. A detailed plan needs to be developed that will address both the issues raised by the inspection and the ongoing financial pressures faced by the sector.

5. Head of Legal Services Comments

5.1 This CSCI inspection report appears to have been produced under S.80 (2)(b) of the Health & Social Care (Community Health & Standards) Act 2003 which gives the CSCI power to conduct reviews of the provision of any English local authority social care service, in which they must take account of the national standards contained in statutory guidance (see Appendix A of their report)

5.2 Although the inspection report identifies various weaknesses in the service and states “that the capacity for improvement is uncertain”, the CSCI has not identified the service as “failing” under S.81 of the same Act. If it considers that a local authority is failing substantially to discharge its functions then it must give the authority notice of the respects in which it is failing (and recommend special measures to the Secretary of State); if it considers that the failure is not substantial then it may give such notice.

5.3 In this instance the inspection report states that the Council will prepare an action plan to address the report’s recommendations. Members are asked to agree that action plan and other measures set out at paragraph 3 above.

6. Local Government (Access to Information) Act 1985

6.1 CSCI Inspection Report of Haringey Mental Health Services

6.2 Haringey Mental Health Strategy 2005 – 2008

7. Strategic Implications

7.1 Social Services will continue to provide sufficient senior management input to the Mental Health Partnership and Executive to ensure that the agreed strategic aims reflect a visible social care perspective. Operational services also require dedicated management support in increasing formal integration with Health to maintain the value of social care as well as ensuring that social services requirements on standards of care, access to services and performance management are met with quality. Strategic commissioning of services is also a priority in order to achieve a greater quality in service user/carer experience and value for money. Working jointly with health partners to develop strategic plans to modernise services remains the focus and requires increased emphasis to obtain service standards in line with national developments. Frontline staff require support through change and further examination of working practice and culture in order to adapt to increased expectations.

8. Financial Implications

8.1 Pre Business Planning processes are already being utilised to consider the development of functions which will enable the modernisation of the service. This is on an invest to save basis in order to stimulate progression, social inclusion and ambition in the service amongst all practitioners. Mental Health budgets are already under considerable pressure and whole system change is required to utilise resources more effectively.

9. Equalities Implications

9.1 The Inspection confirmed work to engage Black and Ethnic minority groups in planning processes as a strength in the service and work with people whose English is not a first language. However, areas of concern were the over-representation of young black African/Afro-Caribbean men in the service and insufficient women only services. These are also areas identified for improvement in the agreed Joint Mental Health Strategy; a comprehensive Equalities Impact Assessment was completed on the Strategy.

10. Consultation

10.1 The action plan has been developed and agreed with health partners and has been agreed in the context of two other related work streams: the Care Service Improvement Programme for the CMHTs in the Mental Health Trust and the recommendations of the Joint Clinical Service Improvement Group that considers clinical governance issues, including actions required as a result of serious incidents.

11. Background

11.1 The CSCI Inspection of Mental Health Services took place in February 2006. The outcome of this inspection is that the Haringey service was assessed as 'serving some people well' and capacity to improve as 'uncertain'.

11.2 The Inspection Report identified a number of strengths, for example a consistent approach to business planning at service level; the quality of some Day Services that are valued by service users; and the strength of partnership arrangements.

11.3 The report reflects issues about the service which are related to the complexity of the mental health system. Formal integration between health and social care in the operational part of the service has been a relatively recent development and is not compatible with the national picture. There is goodwill between partners to increase this formal integration and consider the use of Health Act Flexibilities to establish pooled budgets for the operational part of the service. Pooling budgets for commissioning mental health services has also not extended beyond the use of a section 28 transfer of Health funding to be managed by Social Services. Expanding on these developments has not always been practicable given the very particular internal demands in each of the partner organisations. Obtaining partner agreement on a joint commissioning strategy to underpin the agreed joint mental health strategy has been particularly challenging this year.

- 11.4 There are also very specific concerns about the commissioning capacity in Social Services and that budget decisions on individual cases are too removed from operations. The action plan and subsequent reorganisation of the department will address these concerns.
- 11.5 The other significant areas of concern within the report focus on the work of the community services, particularly community mental health teams. Assessment and care planning were felt to be of poor quality with risk assessments also being incomplete or not easily accessible in service users' files. This is a central issue which resulted in a recommendation of a comprehensive review of practice and procedures within Community Mental Health Teams (CMHTs) under the Care Programme Approach. There has been a considerable amount of organisational change within CMHT's during the last twelve months; nonetheless effective care coordination is a central tenet of good community mental health care and priority will be given to improve this.
- 11.6 Some members of the Mental Health Partnership Board (Local Implementation Team - LIT) felt concerned at a lack of purpose and influence in their task. A review of this partnership board has been undertaken.
- 11.7 Service users felt that services were often crisis led and services did not offer holistic care. These issues will be addressed by the overall review of practice.
- 11.8 Issues regarding advocacy, direct payments and access to work/volunteering opportunities were also highlighted and work is already underway in these areas.
- 11.9 The recent Healthcare Commission Mental Health Improvement Review (October 2006) evaluated Haringey Mental Health Services as 'satisfactory' overall. Particular strengths were identified in the provision of services for diverse communities and weaknesses were identified within the service user experience of the service and care coordination. These findings are consistent with findings of the CSCI Inspection.

12. Conclusion

- 12.1 The Inspection Report presents a reasonable account of the service locally and many of the highlighted issues are compatible with local priorities for improvement. The Action Plan will be implemented jointly by the Mental Health Trust, Primary Care Trust and Local Authority. The Executive is asked to agree the Action Plan and support the service in its desire to improve further.

13. Use of Appendices / Tables / Photographs

The Inspection Action Plan is attached as an Appendix