

Mental Health Inspection 2006 Action Plan

Recommendation	Action	Led By	Target Date	Progress as at 27/03/07
National Priorities and Strategic Objectives				
1. Social services and partners should ensure that front-line team plans reflect service strategies and incorporate measurable targets and objectives through which staff and front-line managers can measure continuous improvement	All teams to complete team plans for 2006/07 (and subsequently, annually) which include measurable targets	Service Manager Mental Health/Performance manager trust/AD Community services (Council and Mental Health Trust)	30 June 06	ACHIEVED All teams have team plans reflecting the relevant strategies and targets.
2. The Council should work with partners to ensure that the configuration, terms of reference and operation of the Local Implementation Team are acceptable to all stakeholders and that it continues to contribute positively to the inclusive development of mental health services	To review the membership, terms of reference and operation of the Mental Health Partnership Executive and the Partnership Board (LIT) in liaison with the relevant stakeholders and ensure effective linkage with the Well Being Partnership	Joint Commissioner (Council)	30 November 06	ACHIEVED The review took place during 2006.

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Cost and Efficiency				
3. Social services and HTPCT should review the Section 28 Agreement and the Commissioning Arrangement Agreement for the mental health service ensuring that these agreements are current, reflect current service structures and are reviewed regularly	To update the Section 28 Agreement and the Commissioning Arrangement Agreement in line with the recommendation and develop further the bi-annual reviews through the Joint Services Priorities group.	Joint Commissioner & Director of Strategy (Council & PCT)	31 January 2007	ACHIEVED Services covered by S28 Agreement reviewed regularly. Agreement itself updated and revised wording agreed by LA and PCT. Agreement to be reviewed again prior to its expiry in March 2008.
4. Social services, partners and stakeholders should review the multi-agency panel process to ensure efficient, effective and consistent operation	<ul style="list-style-type: none"> • New processes implemented • Care reviews linked to new processes • Evaluate first year's operation 	Joint Commissioner /Finance Manager/ AD Community services (Council & MHT)	31 January 06 31 July 06 28 February 07	ACHIEVED ACHIEVED ACHIEVED Main panel working

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				<p>satisfactorily. Review panel requires additional impetus to achieve the purpose for which it was established. Review social worker role created to bring to the panel cases where there is little active involvement.</p> <p>Panel arrangements across all client groups will be reviewed in April/May 2007 to ensure consistency of approach and decision-making.</p>

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5. Social services and health should ensure that commissioning budget responsibility is closely aligned with operations and that appropriate training and support is in place	<ol style="list-style-type: none"> 1. Develop proposals to commission services at operational level. 2. Put in place the infrastructure within the community teams to ensure successful implementation. 	<ol style="list-style-type: none"> 1. Joint Commissioner /Finance Manager/ AD Community services AD of Social Services (Council & MHT) 2. Director of MH Trust/AD Community services AD of Social Services 	By January 07 for implementation 1 April 07	In the light of the reconfiguration of Community Mental Health Services, it is proposed to defer putting the action here into effect until April 2008.
Effectiveness of Service Delivery and Outcomes for Service Users				
6. Processes should be put in place to ensure that front-line mental health staff are operating effectively in protecting adults from abuse within the multi-agency policy and procedures	<ol style="list-style-type: none"> 1. To continue the current training programme and promote the profile of adult protection within Mental Health teams. 2. To review the use of POVA procedures by Mental Health staff as part of annual reporting to Adult 	<p>Adult Protection Manager/AD Community services (Council & MHT)</p>	<ol style="list-style-type: none"> 1. Ongoing 2. September 07 	<p>ACHIEVED Cross departmental Adult Protection training continues and is attended by Mental Health staff.</p> <p>Adult Protection training has been included in Mental Health team plans as</p>

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	Protection Committee.			<p>mandatory. Trust has nominated a lead for Adult Protection.</p> <p>There has been a significant increase in the number of Adult Protection investigations from Mental Health over the past year, from 4 in 2005/06 to 21 in 2006/07.</p>
<p>7. Social services should take action to increase the use of Direct Payments by people experiencing mental health difficulties and ensure their participation in future scheme developments and monitoring</p>	<p>A plan to be developed to increase the use of Direct Payments to the average in the Barnet, Enfield and Haringey Trust area and work with service users, carers and voluntary sector organisations to increase awareness in advocating for direct payments for users.</p>	<p>Direct Payment Officer/AD Community services/Joint commissioner (Council & MHT)</p>	<p>1. Plan to be developed by 30 November 06</p> <p>2. Average to be reached by June 07</p>	<p>Training sessions have been held for social workers in CMHTs. More are planned, with surgeries to follow.</p> <p>One CMHT Team Manager has been designated as the lead on Direct Payments within the Service.</p> <p>New policy for Direct Payments in Mental</p>

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				<p>Health drafted, based on good practice elsewhere - to be launched in May 2007.</p> <p>Possible new Direct Payments cases being reviewed but expansion in numbers has been inhibited by need to control expenditure strictly.</p>
<p>8. The Council should ensure that it is demonstrably acting as a positive role model in promoting the employment of disabled people, including those with mental health issues</p>	<p>To consider as part of the Council's work force strategy.</p>	<p>Head of Personnel (Council)</p>	<p>January 07 Review September 08</p>	<p>ACHIEVED Adult, Culture and Community Services Directorate has agreed to a target to provide 10 work placements within the Directorate in 2007/08. The scheme will be implemented in partnership with the Richmond Fellowship. Corporate HR has agreed to propose adoption of a work</p>

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				placement scheme across the Council.
9. An early intervention service should be established	To explore funding options for consideration by Mental Health Executive.	Commissioning Managers in Health & Social Care	January 07	Invest to Save bid made to Treasury - unsuccessful. The PCT, Council and MHT have agreed that an Early Intervention care pathway should be incorporated into the new Intermediate Care Service so that by the end of 2007-08 there will be a nascent service that can underpin future developments.
10. The needs of carers within the mental health service should be identified, recorded and appropriate services developed within a stronger performance management framework	<ul style="list-style-type: none"> Develop a plan to implement Carers Strategy in respect of MH service users. 	Carers Manager/AD Adults/Senior manager planning & comm. (Council/ MHT/PCT)	November 06	ACHIEVED Mental Health Trust has drawn up a Trust-wide Carers Strategy.

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	<ul style="list-style-type: none"> Progress against milestones to be monitored. 		March 07	Milestones to be drawn up to facilitate implementation. Performance targets set for Mental Health Teams for 2007/08. Monitoring takes account of work with carers undertaken by both LA and NHS staff. Carers' lead roles will be designated as part of reconfiguration of Community Mental Health Services.
Quality of Service for Service Users and Carers				

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<p>11. The Council and partners should undertake a comprehensive review of the Care Programme Approach (CPA) process and the review should:</p> <ul style="list-style-type: none"> - involve service users, carers, staff and other stakeholders; - seek to understand the shortcomings in the existing CPA and learn from best practice, and - result in improved documentation, effective care co-ordination, relapse identification and contingency planning, quality assessment, care planning and review 	<p>The Council has requested formally that the Trust (in its capacity of holding delegated responsibility for service provision) undertake a comprehensive review of the degree to which the new Care Programme Approach (CPA)/ Care management policy is working within Haringey.</p> <p>Areas to be tackled under the heading of clinical practice include: quality of assessments, outcome focussed care planning and review, standards of documentation, effective care co-ordination, relapse identification and contingency planning. Progress will be monitored via the Well Being Board</p>	<p>Director of MH Trust/Joint commissioner (MHT/Council)</p>	<p>31 January 07</p>	<p>Existing practice reviewed. Team based multi-disciplinary training, using learning from Serious Untoward Incidents, sourced for implementation at end of April 07. Audit of service users experience of CPA commenced in January 2007.</p> <p>Supervisors training - Reflective Practitioner-commissioned for April.</p> <p>Team-based training on role of care co-ordinator scheduled for April 2007.</p> <p>Lead nurse meeting with community teams regularly to review clinical governance issues.</p>

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				<p>6-weekly forum established with Children's Services to look at cases where parents have a mental health problem.</p> <p>Full implementation of changes will take place as part of the reconfiguration of Community Mental Health Services in Autumn 2007.</p> <p>Note: Dept of Health are reviewing CPA. Trust has submitted comments. Outcome of DoH review will affect content of training in future.</p>
12. The Council and partners should review the quality and effectiveness of case file recording and auditing	1. Supervision to be used to undertake detailed work on the quality of files	AD Community services/ AD Adults specialist (Council & MHT)	1. By 31 December 06	Overall quality and structure of case files reviewed. Recommendations

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	<p>2. Case file audits to be standardised across the teams and carried out systematically</p> <p>3. Six monthly reports to be provided to Director of Social Services and Adult Services Clinical Governance Group on number of audits carried out in each team, their findings and subsequent action to be taken</p>		<p>2. By 31 December 06</p> <p>3. First report by 31 March 07</p>	<p>made for change to joint files – to be standardised across the Trust. Costings prepared for storage of joint files. Archiving of old files to commence in April 2007. Work continuing on balance of use of electronic and paper files in the context of the use of, and interface between, RIO, the new IT system for Mental Health Services, and Framework-i. Proforma drawn up for case audits. Target for number of audits to be set.</p> <p>Reflective practitioner training referred to under Rec 11 will help to promote good quality practice.</p>

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13. The Council and partners should strengthen quality assurance processes	The Mental Health Executive to consider appropriate quality assurance processes across the partnership and oversee implementation plan	Joint commissioner /Performance Managers (Council/MHT/ PCT)	Implementation Plan developed by January 07	<p>ACHIEVED</p> <p>The issue relates to the extent to which spot contracts are monitoring. Procedural guidance has been issued regarding the monitoring of spot contracts across Social Care generally. In addition, specific monitoring visits have been made to many spot providers of residential care for people with mental health problems. These have resulted in the identification of service users who are ready to move, as well as, in some cases, a reduction in cost.</p>
14. Social services should ensure that risk alerts relating to individual	1. Further training to be provided on risk alerts and	Project Officer adults/AD Community services	1. 31 June 06	ACHIEVED

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cases are given prominence on the electronic case records system	<p>Framework-I</p> <p>2. Sampling mechanisms to be established to ensure compliance</p> <p>3. To be reviewed when RIO is being established</p>	(Council & MHT)	<p>2. By 30 November 06</p> <p>3. 1 April 07</p>	<p>ACHIEVED</p> <p>Sampling mechanisms in place. New version of Framework-I will have increased functionality around warning notes and alerts.</p> <p>Managers in Council and Trust are examining interface issues between RIO and Framework-I, drawing on learning from elsewhere. For the majority of Community Mental Health Services RIO will be implemented during 2007/08.</p>
15. The Mental Health Service Directory should be more widely distributed across public access points in the	1. Continue to ensure the website information on mental	Information management officer (Council/PCT/ MHT)	1. Twice yearly: April & October	ACHIEVED Website information

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borough	health services is updated on regular basis 2. Update directory 3. Distribute directory		2. March 07 3. June 07	reviewed in accordance with timescales. Clarendon Centre will manage the updating of the directory. This will be done as part of a service user training project. Directory to be made widely available following update.
Fair Access				
16. Partners should ensure that eligibility criteria and access to the Crisis, Assessment and Treatment Team and Alexandra Road Crisis Unit are clearly understood by service users and all staff involved in mental health services and are consistently applied	1. Review the information provided on the eligibility criteria and access	Information management officer Joint commissioner/ Director of MH Trust (Council/MHT)	1. 31 December 06	ACHIEVED Current arrangements are that Alexandra Road's Statement of Purpose outlines eligibility criteria and referral process. This forms part of the user packs given to clients.

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	<p>2. Review the performance of the Crisis Teams and the relationship with Alexandra Road and develop, if necessary costed proposals for service change</p>		<p>2. January 2007</p>	<p>Leaflets sent to other organisations include eligibility criteria and information on how to make a referral. Information distributed to GP surgeries. Working protocol drawn up with Homelessness Outreach Support Team (HOST). New packs prepared and issued to professionals and users contain additional information on how referrals can be made.</p> <p>Independent report being commissioned to review Alexandra Road and the changes since the opening of the Crisis Teams, to review other models in other parts of London and to</p>

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				make recommendations. Report expected in September 2007.
<p>17. The Council should work with partner agencies to ensure that opportunities for single gender services are developed and that all services take demonstrable steps to ensure that environments and services are fully inclusive.</p>	<p>Review current single gender services and identify opportunities to increase inclusion within the Day Services strategy implementation</p> <p>NRF funding enabling wider implementation of the Haringey Therapeutic Network.</p>	<p>Day service managers (Council)</p>	<p>By 31 December 06</p>	<p>ACHIEVED</p> <p>At 684 and Clarendon Day Centres, a variety of single gender activities are currently provided and are successful attended.</p> <p>Across the 2 centres there are 6 gender specific groups that meet regularly (4 for women, 2 for men). In addition, there are specific events such as the celebration of International Women's Day, women's open days as well as men's and women's football teams.</p>

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				<p>Attendance registers are monitored and the value of these services are regularly discussed and reviewed at team meetings and at the community meetings.</p> <p>Support is also provided to access other services by working in partnership with the Woman's Forum to give female service users the opportunity to integrate with woman outside of the centre.</p> <p>The healthy living centre approach, proposed within the Day Opportunities Strategy, will mean flexibly tailored support can be identified for users. Staff are employed on a session basis which allows the</p>

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				<p>service to be more responsive to changing needs.</p> <p>The NRF funding enables continuous preventative work in Bruce Castle, Northumberland Park and Noel Park areas of the East of the Borough. The capacity of the Therapeutic Network has increased from 12 to 20 places.</p>
<p>18. Partners should ensure that availability and choice of advocacy support for service users and carers is increased</p>	<p>A review of existing advocacy services has begun and funding for any additional advocacy services to be considered in 2007/08 budget process</p>	<p>Joint commissioner (Council & PCT)</p>	<p>By 31 January 07</p>	<p>Contract review with advocacy providers took place in Feb 07, to ensure they are fulfilling the requirements of their contracts so that existing capacity is maximised. Possible retendering to be considered in Autumn 07.</p>

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<p>19. Partners should ensure that service users and carers are aware of their rights to access interpreting services and the complaints procedure</p>	<ul style="list-style-type: none"> Brief all care co-ordinators on complaints, translation & interpreting services. Continue to provide initial information packs containing information on these issues Hold session with carers to explain the complaints procedure and how to access translation and interpreting services 	<p>AD Community Services All care co-ordinators Carers Manager</p> <p>AD Community Services</p>	<p>November 06 initially, then ongoing</p> <p>Ongoing</p> <p>December 06</p>	<p>ACHIEVED</p> <p>Ongoing briefings on complaints provided via Trust managers meetings. Trust has recently received information on a new translation and interpreter service.</p> <p>Trust and Council guides both provide good information re complaints. Translation and interpretation less fully covered. To be addressed via update of carers handbook.</p> <p>Assistant Director Community Services still to meet with carers. Complaints officers and Translation and Interpretation unit present at Carers</p>

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	<ul style="list-style-type: none"> Finalise arrangements for new translation and interpreting service following tendering process and brief care coordinators accordingly. 		April 07	<p>Rights Day in December 2006 to advise carers.</p> <p>PCT currently writing specification for new Translation and Interpretation Service.</p>
<p>20. Primary Care: (SCRUTINY REVIEW) The council to work with partners to support implementation of the Local Enhanced Service for Mental Health in TPCT.</p>	<p>Work with TPCT clinical lead in agreeing referral & discharge procedures. GP link working.</p> <p>Work underway – LIT sub group to lead on agreeing shared care agreement</p>	<p>AD Community Services LES Clinical lead PCT</p>	<p>December '06</p> <p>Expected Dec. 2006</p>	<p>Referral and Discharge protocols to be reviewed and finalised as part of the Mental Health Trust's reconfiguration of Community Services, to be implemented in the Autumn of 2007.</p> <p>3rd draft Shared Care Agreement complete – final consultation in place.</p>

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	<p>LES team in the TPCT in post.</p> <p>Specific work to provide Primary care team basic mental health understanding training in progress</p> <p>Specific work re improving the use and effectiveness of SMI registers in progress.</p>		<p>Commence February 2007 then ongoing</p> <p>Rolling programme during 2007/8</p>	<p>Training programme in place – 3 events taken place in Feb/March. Specific Practice Based Commissioner training events planned for May/June/July.</p> <p>Process for reviewing primary care clinical guidelines and older adult guidelines set for June.</p> <p>Implementation of the LES programme – two lead GPs appointed along with clinical specialist to lead the overall programme development. 2 further GPs being interviewed in March 2007.</p> <p>LES programme targeting lower performing surgeries based on QOF[Qualities,</p>

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				<p>Outcomes, Framework] outcome data. Specific surgery reviews on SMI [Severely Mentally Ill] registers underway.</p> <p>Graduate mental health primary care service running 'Health in Mind' Primary Care mental health service from Central and Marcus Garvey Library as well as specific service from 10 GP surgeries based in the east of the borough.</p>
<p>21. Mental Health Liaison (SCRUTINY REVIEW) The Council to work with partners in improving Mental Health Liaison Services at the North Middlesex Hospital.</p>	<p>To ensure Mental Health Service reconfiguration allows services to be improved at North Middlesex.</p>	<p>Haringey & Enfield Joint Commissioners</p>	<p>April 07</p>	<p>Enfield PCT has picked up outstanding funding shortfall. PCT Commissioners will work with MHT and North Middlesex partners to assess the relevant activity data for the future</p>

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				development of the liaison service.
Capacity for Improvement				
22. The Council and partners should ensure that performance management, monitoring and measurement systems are robust and operating effectively at all levels within integrated services	Further develop performance management systems to enhance the capacity of the integrated service	Performance managers (Council/MHT/ PCT)	Full implementation of revised system by 31 March 07	<p>ACHIEVED</p> <p>Performance management arrangements reviewed and enhanced. Monthly callover meetings held involving managers and performance staff. Targets set and agreed. Action plan put in place for problem areas. From April 2007, performance callover meetings will deal with both social care and health performance indicators.</p>

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<p>23. The Council should work with its partners to:</p> <ul style="list-style-type: none"> - ensure that the profile of social services is well promoted; - demonstrate that social care is valued within the integrated services; and - consult widely to gain a good understanding of stakeholder perceptions regarding social care profile, the reasons for them and how to address these 	<ol style="list-style-type: none"> 1. Senior manager – ASW post created & filled. 2. Increase visibility of Council managers in BEHMT at joint management briefings. 3. ASW training reviewed 4. Develop the role of the Professional Head of Social Work to further action this recommendation 	<p>Assistant Director of Social Services (Council)</p>	<ol style="list-style-type: none"> 1. July 06 2. June 06 3. June 07 4. April 07 	<p>ACHIEVED</p> <p>ACHIEVED</p> <p>ACHIEVED</p> <p>Bi-annual ASW refresher training continues. Training retendered – new provider from November 07. Training for new ASW's provided by Hertfordshire University. 3 new ASW's trained in recent months.</p> <p>Under consideration as part of the current work on restructuring of Adult Social Care.</p>

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24. The Council and partners should continue to develop a fully integrated service, underpinned by co-located teams, integrated practices and infrastructural support	Further develop the service so that it is fully integrated by 1 April 2008	Assistant Director of Social Services / Director of MH Trust (Council/MHT)	By 1 April 08	Not scheduled for implementation until 2008. To be reviewed/addressed following the reconfiguration of the Mental Health Trust's Community Services.
25. An operational protocol to guide staff and managers through working across the interface between mental health and learning disability services should be developed, implemented and regularly evaluated to ensure effectiveness	Develop a learning disability/mental health protocol to complement the terms of reference of the complex needs panel and review on a biennial basis	Service manager Learning Disabilities/Joint commissioner (Council/MHT)	Complete by 31 January 07	Protocols relating to in-patient care completed. Protocol covering Mental Health Assessments for people with learning disabilities while at home to be completed in April 2007.
26. (SCRUTINY REVIEW) The Council to continue to support the Social Inclusion Agenda for Mental Health Services through the Well Being Agenda and mainstream	To ensure Mental Health is incorporated into the planning agenda on a Council wide basis.	Well Being Officer Group/Joint Commissioner All Theme Boards.	April 07	ACHIEVED The Well-Being Partnership board is developing a strategic

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access and supported employment.				<p>framework which will recognise “improve mental health” as a priority for 2007-10. In addition, the LAA has identified a target to “increase the number of residents on Incapacity Benefit for 6 months or more helped into work of 16 hours per week or more for at least 13 weeks” many of whom are people who have experienced mental health problems.</p> <p>Initiatives to meet this target are monitored by the Welfare to Work Partnership Board which is facilitating work placement schemes and employment for people with mental health problems (and others). The LIT also has an</p>

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				Employment Focus Group.