



Report for:	Health and Wellbeing Board	Item Number:	
Title:	Mental Health and Wellbeing Framework		
Report Authorised by:	Jeanelle De Gruchy, Director of Public Health		
Lead Officer:	Tamara Djuretic, Assistant Director of Public Health		
Ward(s) affected: All	Report for Information		

1. Describe the issue under consideration

1.1 There is a need locally to bring together all of the existing strategies and articulate a clear vision for improving mental health and wellbeing of Haringey's residents from early years throughout adulthood and older age. Our existing Health and Wellbeing Strategy started to set the direction of travel and strengthen partnership working. We now need to scale up our ambition and develop the Framework to strengthen this priority and clearly articulate our strategic integrated commissioning plans for future years.

1.2 Health and Wellbeing Board (HWB) Outcome 3 Delivery Group: Improving mental health and wellbeing agreed to initiate development of joint Haringey CCG and Haringey Council Mental Health and Wellbeing Framework that will feed into refresh of HWB Strategy 2015-2019. Public Health Directorate is providing strategic leadership, jointly with the CCG in development of the Framework.

2. Cabinet Member introduction

2.1 Haringey has a high level of mental illness and that can impact on any sphere of life: family, employment, education, social interactions. Tackling this issue is a priority for the Council and therefore I welcome partnership approach to developing the Framework.

2.2 Recent years have seen some significant improvements in supporting people to have good mental health, in particular, our investment in a range of public mental



health interventions. However, we do need to be more ambitious and aspire to commission and deliver the best mental health services for our communities in partnership with the CCG, voluntary sector and service users.

3. Recommendations

3.1 The HWB is asked to note Mental Health and Wellbeing Framework scoping document and approve the process for developing the Framework.

3.2 Draft Framework to be presented to the Health and Wellbeing Board in April 2015.

4. Alternative options considered

4.1 N/A

5. Background information

5.1 Mental ill health represents up to 23% of the total burden of ill health in the UK – the largest single cause of disability. Nearly 11% of England's annual secondary care health budget is spent on mental health. Estimates have suggested that the cost of treating mental health problems could double over the next 20 years. More than £2 billion is spent annually on social care for people with mental health problems. In Haringey, there is a high level of mental health need. An estimated 3,160 children have mental health problems in the borough and this is predicted to rise. Estimated 34,000 adults locally live with anxiety and depression and over 3,000 suffer from severe mental illness. Haringey's suicide rates are higher than London and England, especially in men 30 to 45 years of age.

5.2 'No Health without Mental Health: The cross government mental health outcomes strategy for people of all ages' published in 2011 sets out clear objectives for improving mental health and wellbeing and emphasises the importance of mental health being 'everyone's business'. It goes on to say that mental wellbeing is crucial for individuals and the country's social and economic status, identifying good mental health and resilience as "fundamental to our physical health, our relationships, our education, our training, our work and achieving our potential" and stated that "our objectives for employment, education, training, safety and crime reduction, reducing drug and alcohol dependence and homelessness cannot be achieved without improvements in mental health.

5.3 Our current local offer of services for people with mental health problems focuses on highly specialised hospitalised services, few beds for recovery and rehabilitation and a high cost supported accommodation. This offer creates a community that is highly dependent on the services and is seldom supported to move on and have fulfilling, independent life.



5.4 Furthermore, current emphasis on the treatment at the severe end of illness results in costly and inefficient commissioning of services that are often reactive and have limited impact on health outcomes. Current economic climate that is resulting in reduced budget in public services and also has an impact on individual's mental wellbeing; and increasing local mental health needs due to population growth; is making the current approach and model of service that both, Haringey Clinical Commissioning Group (CCG) and Haringey Council commission and/or provide, simply not sustainable. It is therefore an imperative to work in partnership across local health and social care economy and the third sector to design good quality and efficient service offer designed around service users and carers. This can only be achieved if we work closely with those who know what they need most.

5.5 Proposed Framework (Appendix I) will bring together a range of stakeholders and experts (Reference Group) across local health and social care economy who will first start developing a high level joint vision and ambition for mental health and wellbeing state of Haringey and work towards developing a set of outcomes and specific priorities that would underpin implementation of the vision. The Framework will have delivery plan with a set of outcomes that will be regularly monitored.

5.6 Reference Group had its first workshop in mid-September where draft vision and priorities started to emerge. Initial suggestions for priorities were around scaling up prevention and early help offer in a more integrated way and also focusing on delivering integrated pathways for recovery. Recovery, as defined by the reference group, is about providing flexible and personalised support to enable people with mental ill health to live and fulfil their potential as an equal member of local community.

5.7 More details on the scope of the Framework and process for developing the Framework are described in Appendix I.

6. Comments of the Chief Finance Officer and financial implications

6.1 There is no additional funding for the delivery of this strategy although as the report shows there is already substantial investment across the local authority and the NHS in Mental Health services including £9.3m of Adults Services budget. All work arising out of the development of this framework will need to be funded from within these existing budgets.

7. Comments of the Assistant Director of Corporate Governance and legal implications

7.1 The Assistant Director of Corporate Governance has been consulted about this report. There are no legal implications arising from the report.



8. Equalities and Community Cohesion Comments

8.1 The public sector equality duty consists of a general equality duty, which is set out in section 149 of the Equality Act 2010 itself, and the specific duties which came into law on the 10th September 2011. In summary, those subject to the equality duty must, in the exercise of their functions, have due regard to the need to:

- Eliminate unlawful discrimination, harassment and victimisation and other conduct prohibited by the Act.
- Advance equality of opportunity between people who share a protected characteristic and those who do not.
- Foster good relations between people who share a protected characteristic and those who do not.

The Act also states that having due regard for advancing equality involves:

- Removing or minimising disadvantages suffered by people due to their protected characteristics.
- Taking steps to meet the needs of people from protected groups where these are different from the needs of other people.
- Encouraging people from protected groups to participate in public life or in other activities where their participation is disproportionately low.

The protected characteristics are: age, disability, gender reassignment, pregnancy and maternity, race, religion or belief, sex and sexual orientation. Public authorities also need to have due regard to the need to eliminate unlawful discrimination against someone because of their marriage or civil partnership status.

8.2 As part of the development of the framework, an impact assessment should be undertaken to identify any issues and put into place an action plan as necessary.

9. Head of Procurement Comments

N/A

10. Policy Implication

10.1 Mental Health and Wellbeing is one of the Health and Wellbeing Strategy 2012-15 Outcome and is articulated as a priority in the Corporate Plan.



Haringey Council

11. Use of Appendices

Appendix A: Mental Health and Wellbeing Framework – scoping document.

12. Local Government (Access to Information) Act 1985