



Producing the Joint Mental Health and Wellbeing Framework for Haringey

GET INVOLVED

1. WHY ARE WE DEVELOPING THE FRAMEWORK?

- 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 commissioning plans for future years.
- 1.2 We hope that the Framework will set out our ambition for transforming mental health services locally. This will require cross-partnership response which seeks to address the causes of poor mental health, tackle stigma and discrimination, offer early help and engage fully with those affected by mental illness, their families and communities. There needs to be a greater focus on shifting the care from inpatient settings to provision of integrated services in the community.
- 1.3 Over the last few years we have seen some real improvements locally on how we support people with mental illness to access adequate interventions and treatment and we now need to reach more people and scale up our offer for recovery. By recovery, we mean providing support to people to live independently (wherever possible) and to have meaningful social relationships, maintain good quality housing, get back to work and live a satisfying life, even if there are some limitations caused by their condition.

2. WHAT ARE THE NATIONAL AND LOCAL DRIVERS FOR CHANGE?

National drivers

- 2.1 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.
- 2.2 '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:
 - 1) More people will have good mental health
 - 2) More people with mental health problems will recover
 - 3) More people with mental health problems will have good physical health
 - 4) More people will have a positive experience of care and support
 - 5) Fewer people will suffer avoidable harm
 - 6) Fewer people will experience stigma and discrimination
- 2.3 The strategy emphasised the importance of mental health being 'everyone's business' and 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."

Local drivers

- 2.4 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.
- 2.5 Estimated 34,000 adults locally live with anxiety and depression and over 3, 000 suffer from severe mental illness.
- 2.6 Haringey's suicide rates are higher than London and England, especially in men 30 to 45 years of age.
- 2.7 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.
- 2.8 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.

3. HEALTH AND WELLBEING STRATEGY 2012-2015

- 3.1 One of the three outcomes of the current Health and Wellbeing Strategy is to improve mental health and wellbeing in Haringey and the current vision is:

'We want all residents to enjoy the best possible mental health and wellbeing and have a good quality of life – a greater ability to manage their own lives, stronger social relationships, a greater sense of purpose, the skills they need for living and working, improved chances in education, better employment rates and a suitable and stable place to live.'

- 3.2 During development of the Framework, we would like to review this vision together with the wide range of stakeholders and the public to ensure that it is ambitious, achievable and owned across local communities, primary and community services and other health and social care services.

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3.2 As we start developing the Framework, it is important to reflect on the current Strategy, evaluate its progress and identify further challenges. Here are some of the main achievements of the HWB Strategy: Improving mental health and wellbeing, ongoing concerns and issues for consideration:

Achievements

- Implemented all primary school approach to emotional wellbeing run by Young Minds;
- There has been a reduction in the number of young people not in education, employment or training (NEET)
- Recorded crime is down by 40%
- 320 adults and 100 young people have been helped to find job; of those one third sustained jobs after six months;
- The Clarendon Recovery College has been established as has a community based initiative which, working with the third sector, is designed to break down the social isolation of people aged 50 years and over.
- Welfare hubs (Citizen Advice Bureaus) set up in four general practices across the borough;
- Delivered Mental Health First Aid Training to over 150 staff working in Haringey including police, housing association, Council officers, primary care and Councillors;
- Additional capacity provided to the BEH MHT to support smoking cessation
- Housing Related Support re-commissioned 185 mental health units;
- Nine projects commissioned under anti-stigma campaign/public mental health umbrella and early evaluation and feedbacks on the individual projects are encouraging.
- Drugs and alcohol services re-commissioned to ensure they meet needs of the local population.
- Three Overview and Scrutiny reviews recently completed focused on mental health and physical health, mental health and accommodation and mental health and community safety. Recommendations of these reviews can be found at <http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=128&MId=6266>

Issues for further consideration

- Attainment is low in the early years and, developmentally, many children are not ready for school
- High numbers of children have behavioural problems
- Depression is under-detected in primary care but over-represented in acute settings; levels of severe mental illness are significantly higher than other places, and disproportionately based in the east of the borough
- Over 30% of offenders have mental health problems
- A low number of people with a severe mental health problem are in employment or settled accommodation

4. DEVELOPING THE FRAMEWORK

Process

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- 4.1 The Framework will set out the strategic vision for Haringey CCG and Haringey Council, describe current service provision and funding streams, define outcomes deliverable across the partnership and produce a set of key actions underpinning the outcomes. The outcomes will be measured regularly to monitor progress on the Framework implementation over the next four years (2015-2018).
- 4.2 The local framework will incorporate the following papers: a) Adult and older people mental health services in Barnet, Enfield and Haringey Commissioning Strategy 2013-15, b) Haringey's Overview and Scrutiny Reviews on mental health and physical health, mental health and accommodation and mental health and community safety; c) Health and Wellbeing Strategy Outcome 3 Delivery Plan; d) LBH service mapping; e) Housing Related Support Commissioning Plan 2012-17 and e) 2014 JSNAs.
- 4.3 The Framework will reflect 2015/16 commissioning intentions for BEH Mental Health Trust and wider mental health services that will be developed between September 2014 and January 2015. It is envisaged for the expert reference group to be involved in informing high level commissioning intentions at an early stage.
- 4.4 Details of the governance and process for the framework development is set out in Appendix I.
- 4.5 We envisage starting the wider engagement on the Framework in November 2014.
- 4.6 It is proposed to develop a Framework Delivery Plan that will underpin a refreshed Health and Wellbeing Strategy. Governance for monitoring the Framework will be via the Outcome 3 Delivery Group alongside both, Children's and Adults Partnership Board and the governance structure beneath that (including expert reference groups).

Scope

- 4.7 It is envisaged for the Framework to cover the following:
 - Emphasise the importance of wellbeing and assets in the community
 - Life course approach to mental health (from early years to older age) including children's mental health and relevant services, transition from child and adolescent mental health services (CAMHS) to adult services and transition from adult services to services for older adults who are physically frail and/or for those with organic illness.
 - Cohort of people with dual diagnoses needs such as those with mental health problems who also have dementia, substance misuse, learning disabilities or autism.
 - Focus on developing integrated pathways covering prevention and early intervention, primary and community services, hospital and social care and support for independent living in the community.
 - Services and interventions to be co-produced with service users: Having control over own life is associated with better physical and mental health. This also means ensuring that people with mental health problems are able to plan their own route to

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recovery, supported by professional staff who can help them identify and achieve the outcomes that matter to them and their families and carers, at the centre of their care by listening to what they want, giving them information, involving them in planning and decision-making, treating them with dignity and respect, and enabling them to have choice and control over their lives and the services they receive.

- Value-based commissioning of evidence based services: Including North Central London work on value-based commissioning focusing on outcomes defined by service users. This approach will facilitate commissioning of integrated services with physical and mental health and mental health recovery.
- Specialised, tertiary services commissioned by the NHS Specialised Commissioning Group.

4.8 Due to specific complex needs that require a separate strategic and commissioning approach, the following groups of people and services they require will be excluded from the Framework on Mental Health and Wellbeing:

- Older people with dementia and frailty;
- People with learning disabilities;
- Adults with autism.

4.9 Proposed sections of the Framework are:

- a) Vision
- b) Executive summary
- c) National and local policy context
- d) Case for change (including needs assessment)
- e) Service mapping
- f) Funding and resources
- g) Outcomes and priorities for action
- h) Implementation plan and monitoring arrangements
- i) Appendices

Outcomes

4.10 It is envisaged that local outcomes defined in the framework will be aligned with the national mental health strategy's outcomes (see 2.2). Each of these outcomes will need to be underpinned by a set of priorities that are tailored to local needs. These priorities will be identified during the engagement process with various stakeholders and expert reference group.

5. HOW CAN YOU GET INVOLVED

5.1 We would like to hear your views on the proposed process for developing the Framework, and to invite you to shape the Framework by either expressing your interest to be part of the Expert reference group or wider consultation planned for autumn 2014.

Appendix I: Development process and governance framework

This paper sets out the process for developing the Mental Health and Wellbeing Framework and how the process will be governed. The final framework will be approved by the Health and Well Being (HWB) Board which has senior representation from the council, Clinical Commissioning Group (CCG), Healthwatch and the voluntary sector. Before the final framework is sent to the Health and Well Being Board, we are planning the following process:

1. A draft framework will be co-produced by an **expert reference group**. The expert group will consist of one or two representatives from the following groups:
 - Users of mental health service and carers of people with mental health needs (representatives drawn from the Adult Partnership Board and its sub-groups).
 - Local voluntary sector organisations that specialise in mental health care
 - Clinicians from the Barnet, Enfield and Haringey Mental Health Trust
 - GPs or other primary care practitioners as providers of primary care and GPs as commissioners
 - Public health
 - Senior council officers managing social workers in the Mental Health Teams
 - Commissioning managers from the council
 - Commissioning managers from the CCG

The expert group is expected to meet 2-3 times to develop the draft framework.

2. The draft framework will then be **consulted on more widely** in the following ways:
 - Commissioners will write to all local providers of mental health services and other services commonly used by people with mental health needs and ask them to comment on the framework.
 - Commissioners will meet with wider groups of carers and service users to get their comments.
 - The draft framework will be taken to the CCG's Governing Body and Cabinet Member for Health and Adult Services for agreement that the document can be taken to Adults and Health Overview and Scrutiny Committee
 - The draft framework will then be discussed at Scrutiny before being sent to the HWB Board for final approval.
3. The process will be overseen by a Council and CCG officers' group (called the Health and Well Being Outcome Three Group) chaired by the Director of Commissioning at the CCG. The role of this group is to:
 - Ensure that the process described above is followed.
 - Review the draft framework to ensure that it is aligned with existing council and CCG strategic priorities and deliverable within available resources.

The process and governance is shown as a diagram below:

Figure 1: Governance of the development of the Haringey Mental Health and Wellbeing Framework

