

Report for: Adults and Health Scrutiny Panel, 5th November 2015

Item number: 9

Title: Mental Health and Wellbeing updates

Report

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Ward(s) affected: All

Report for Key/

Non Key Decision: Non key decision

1. Describe the issue under consideration

- 1.1 Haringey's Overview & Scrutiny Committee has commissioned a series of reviews on mental health and wellbeing over the last eighteen months. Recommendations from completed reviews informed the priorities and implementation plan for the Haringey CCG and Haringey Council Joint Mental Health and Wellbeing Framework published in March 2015.
- 1.2 The Framework sets out four priorities and this paper provides brief update on progress made under each Priority.

2. Cabinet Member Introduction

- 2.1 Mental illness is a key priority for Haringey and one that we have recognised by making it a focus in the Haringey Health and Wellbeing Strategy. Mental health problems can impact on any sphere of life: family, employment, education, social interactions and tackling this issue is a priority for the Council and therefore I welcome the partnership approach to developing and implementing the Framework.
- 2.2 I note the progress that has been made over the last six months since the Framework was published. We can look forward to future initiatives, in particular the development of enablement model and the implementation of Children and Adolescent Mental Health Services (CAMHS) transformation plan.

3. Recommendations

- 3.1 The Panel is asked to note the overall progress on the implementation of the Mental Health and Wellbeing Framework;
- 3.2 The Panel is asked to agree that a more detailed update, specifically related to Priority 2 and the Overview & Scrutiny CAMHS transition review recommendations, is scheduled for March 2016.

4. Reasons for decision

N/A

5. Alternative options considered

N/A

6. Background information

- 6.1 **Priority 1: Promoting mental health and wellbeing and preventing mental ill health across all ages** – The actions under this priority are intended to ensure that universal and community targeted (e.g. for specific ethnic groups or geographical areas) interventions are in place across the whole population which de-stigmatise mental health, raise awareness of mental health issues and promote resilience from an early age. This priority is led by public health.

Key progress so far:

- Contracts aimed at improving mental health and wellbeing were re-tendered in order to embed further community engagement approach and ensure that interventions are sustainable going forward. Four contracts including mental health and wellbeing education for all schools, mental health awareness training for frontline staff, Time Bank model and Thinking Space contracts started on 1st September;
- Suicide rates in Haringey have significantly decreased over the last few years. Official statistics published in September 2015 suggest that, looking at annual rates, Haringey has moved from 3rd highest to 23rd in London. Borough-wide suicide prevention group led by MIND and Prof David Mosse was established and draft action plan produced. This development signalled a new ways of working where the Council facilitated and supported community to lead on a priority identified by themselves, secure some external funding and bring various stakeholders together to develop local action plan.
- Mental Health and Wellbeing Survey is now completed and final report is due in November.

- 6.2 **Priority 2: Improving the mental health outcomes of children and young people by commissioning and delivering effective, integrated interventions and treatments and by focusing on transition into adulthood** – Haringey CAMHS Transformation Board was set up across the whole system partnership to lead transformation of local CAMHS services. The

Haringey Mental Health Review and Transformation Plan was completed in September 2015 and was submitted to NHS England for validation in October, following Health and Wellbeing Board sign off. Approval of the plan will release funds of £500k per annum for implementation of recommendations for five years (including 15/16).

The CAMHS Review has identified a number of areas which will require a project group. Transition is one of these areas and will be picked up by a subgroup of the Haringey CAMHS Transformation Board. This subgroup will incorporate recommendations from O&S review on CAMHS transition and since, this subgroup has not been established as yet, it is proposed to present progress update on O&S recommendations in March 2016. In the interim, Appendix I provides high level summary on progress against each recommendation put forward by the O&S Panel review on CAMHS transition.

Haringey CAMHS Transformation Board has overseen in-depth CAMHS review that has recently concluded. Key recommendations are:

- The development of joint commissioning arrangements to facilitate coherent pathways across health, social care and education.
- Services need to be more focussed on outcomes, using evidence based approaches.
- There is a relative lack of early intervention support, this should be expanded.
- Peer support and digital solutions should be developed as part of this model.
- There is a lack of out of hours support around crisis presentations and we need to work with other boroughs to scope a new model.
- Targeted services should be enhanced for vulnerable children and young people such as Looked After Children, children with learning disabilities and/or autistic spectrum disorders, youth offenders and young carers.
- Recommendations as regards improving transitions for children in CAMHS. Officers have already responded to the Scrutiny Panel review of CAMHS transitions and it is recommended that the CAMHS review in its entirety is brought to Scrutiny Committee for comment.

The CCG has also been successful in two bids for £150k worth of monies to develop schools initiatives to support children with poor mental health.

6.3 Priority 3: Improving mental health outcomes of adults and older people by focusing on the three main areas: meeting the needs of those most at risk; improving care for people in mental health crisis; improving the physical health of those with mental-ill health and vice versa – The actions under this priority are to ensure that we address the needs of people with a severe mental illness, including those with complex co-morbidities/ social issues which could include substance misuse, learning disabilities, offending histories and homelessness. The actions should address physical health needs which are relatively poor for this cohort.

Key progress so far:

- Haringey, with Barnet and Enfield CCGs, has submitted an action plan to NHSE in accordance with Mental Health Crisis Care Concordat guidance which sets out national standards for local partners for preventing and responding to

mental health crisis (for example, response times for mental health professionals and emergency services). The action plan involves BEH Mental Health Trust, acute services, the police, the London ambulance service and the council. It has been informed by consultation with service users and lead GPs.

- The plan includes measures to ensure the responsiveness of the BEH Crisis Resolution Home Treatment Team and the AMHP service and the availability of appropriate places of safety for adults and children when they are found in a public place and the police believe that mental health treatment may be required (Section 136). The plan is due for refresh at the end of October and is being submitted to the Community Safety Partnership in January 16.
- Other actions are captured within the other priorities, especially priority 4.

6.4 Priority 4: Commissioning and delivering an integrated enablement model which uses individuals, families and communities' assets as an approach to support those living with mental illness to lead fulfilling lives – The actions under this priority underpin our vision for mental health services which is about 'supporting people to meet their potential to live independently, to have meaningful social relationships, maintain good quality housing, find and/or maintain employment and live a satisfying life.'

The enablement strand of the mental health framework was formally launched on 14th July at an event attended by a wide range of about forty stakeholders including service users and clinicians. Stakeholders discussed the individual and system outcomes they would like to see from enablement.

Resource for a joint CCG and council enablement lead has been agreed to ensure oversight of the programme of work required to deliver on this priority. A stakeholder steering group is being set up to agree implementation.

Key progress so far:

- A significant amount of work to support an enablement approach is already underway in Haringey. At a primary care level, welfare advice and alcohol harm reduction support is being provided in primary care settings to pilot whether this model is effective in delivering holistic support that reduces stress and anxiety and improves mental well being.
- At a secondary care level, BEH Mental Health Trust has moved back to borough based services to improve integration with local pathways. The Trust is testing a number of measures which will make services more enablement focussed, such as implementing the Wellness and Recovery Action Plan (WRAP) model in the recovery houses (which are currently under review). Using the WRAP approach, courses delivered from the Clarendon Recovery College provide skills development and confidence building to service users to support earlier discharge. The new Recovery and Enablement Track in community mental health services offers intensive but shorter term interventions with the aim of maximising independence and reducing the need for secondary care interventions. The CCG is working with BEH to take the learning and evaluation from these pilots to inform new models of care. BEH is also appointing a local enablement lead to work with the council and CCG to support implementation.

- To complement the work taking place within BEH Mental Health Trust, the council and CCG have been working with local clinical and managerial leads to improve access in the two crucial areas of accommodation and employment.
- A local steering group chaired by the Head of Housing Commissioning has drafted an accommodation pathway for people with mental health needs, the roles and responsibilities of key agencies involved, and developed a guide for care co-ordinators which will be launched in November. The aim is to ensure effective and timely assessment, access to least restrictive housing options and move on which maximises independence for people with mental health needs. The group is also developing an accommodation pathway dashboard to monitor improved outcomes for service users.
- The council is also piloting a new accommodation pathway for very people with very complex needs called 'Housing First'. Under this approach, the traditional pathway of a two year period in supported housing with 24 hour support followed by an independent tenancy with a weekly visit is no longer followed. Instead, the individual is offered independent and permanent accommodation straight away and receives intensive support which can be flexed in accordance with fluctuating need. This model will be evaluated to determine effectiveness.
- In relation to employment, regional funding has been secured to embed local workers into clinical teams to provide support for people with a severe mental illness into employment and assist with maintaining that employment. This model is strongly supported by the national evidence base. Discussions are underway to explore options of providing a similar model for people with a mild or moderate mental illness based within IAPT services. Since July, 35 people have used the service and 5 people have entered employment.

7. Contribution to strategic outcomes

Mental Health and Wellbeing Framework is underpinned by Priority 1 and Priority 2 of the Corporate Plan and Health and Wellbeing Strategy Ambitions 7, 8 and 9.

8. Statutory Officers comments (Chief Finance Officer (including procurement), Assistant Director of Corporate Governance, Equalities)

Finance and Procurement

This is an update report for noting and as such there are no recommendations for action that have a direct financial implication.

Legal

This is an update report for noting and, as such, there are no recommendations for action that have direct legal implication.

Equality

The framework sets out proposals for reducing health inequalities and also delivering 'parity of esteem', the principle that mental health services should be commissioned on a par with physical health services. An individual equality impact assessment have been undertaken as part of mental health commissioning process such as commissioning of Housing First pilot project.

Protected characteristics such as age are being addressed through the focus on reforming the CAMHS service and ensuring effective transitions into adulthood. Furthermore, protected characteristic of 'disability' is being addressed through targeted services for children and adults with learning disabilities, autism and complex co-morbidities.

9. Use of Appendices

Appendix I – Transition from Child Mental Health Services to Adult Mental Health Services – Response to Conclusions and Recommendations of Adults and Health Scrutiny Panel Project Report

10. Local Government (Access to Information) Act 1985

Mental Health and Wellbeing Framework

<http://www.minutes.haringey.gov.uk/ieListDocuments.aspx?CId=771&MId=6848&Ver=4>

Health and Wellbeing Strategy 2015-2018

Haringey's Corporate Plan 2015-2018

<http://www.haringey.gov.uk/local-democracy/policies-and-strategies/corporate-plan-2015-18>

Appendix I - Transition from Child Mental Health Services to Adult Mental Health Services – Response to Conclusions and Recommendations of Adults and Health Scrutiny Panel Project Report

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| Overall comments on the report | | | | |
| <p>NHS Haringey Clinical Commissioning Group (CCG) and the Council (LBH) welcome this report as a positive contribution to addressing the issue of transition from child to adult mental health services. It outlines a number of key areas for further work and exploration and some tangible recommendations for how to do this.</p> <p>The CCG and Haringey Council are currently in the process of reviewing all child and adolescent mental health services. This work fits within the context of the national taskforce on CAMHS and the local development of a Haringey Mental Health and Wellbeing Framework. It will provide a stock-take of current provision and support the development of a local transformation plan to ensure improved access and high quality evidence based provision. Work is currently going on with stakeholders to map and evaluate services and to develop a sustainable model for the future. The outcomes from this Scrutiny Panel Report are extremely timely and will feed into this work.</p> | | | | |
| Update November 2015 | | | | |
| <p>The Haringey Mental Health Review and Transformation Plan was completed in September 2015 and was submitted to NHS England for validation in October, following Health and Wellbeing Board sign off. Once it has been agreed it will be published on both the Council and CCG website. The CAMHS Review has identified a number of areas which will require a project group. Transition is one of these areas and will be picked up by a subgroup of the Haringey CAMHS Transformation Board. Additionally consultation on NICE guidance for Transition from child to adult services has just closed, so we are awaiting publication of these standards and a supporting quality standard to inform developments in this area.</p> | | | | |
| | Recommendation | Draft response (Agreed/ Not Agreed/Partially Agreed) | Who and When | Update November 2015 |
| 1 | In view of the absence of a shared electronic client record system across mental health and social care, the panel recommends that a clear process for information sharing across agencies is developed. | <p>Agreed.</p> <p>We recognise that solutions to these interface issues need to be considered in order to assist integrated care planning. This is a challenge not unique to mental health services and one which forms a plank of work within the Health and Care Integration Programme.</p> | <p>In order to define the parameters of the information required we will ensure this is on the agenda for the workshop outlined in recommendation 4c.</p> <p>We will discuss what information is required and the process by which that is shared to ensure timely notification of children that are likely to require support post 18 and joined-up planning.</p> <p>Any IT or process issues not specific to CAMHS will be taken forward by the Integration Board as part of its work on systems Integration</p> | <p>Under the work being coordinated through the Health and Care Integration programme Haringey is currently scoping interoperability between all health and social care systems. The intention is look at solutions so that information can be shared more easily in the context of the current systems used. Initial scoping is due to be completed by the end of 2015.</p> |

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| 2 | <p>The panel recommends that a piece of work is undertaken to look at what data is available, and is required, across health and social care agencies. This could be used to analyse trends, understand why young people drop out of services, and to identify the most appropriate ways to support discharge planning. This information could help tailor the help offer to prevent escalation of need and re-entry at a later point.</p> | <p>Agreed.</p> <p>We believe we need to:</p> <ul style="list-style-type: none"> • Establish what data is currently available across various agencies around young people transitioning from CAMHS • Establish what data is required around transition to enable the planning and commissioning of services • Begin to gather and report this information so that it can be used as outlined. | <p>As part of the multi-agency workshop outlined in recommendation 4C we will identify what data is currently held that will support this work and what the gaps are within the system in terms of data.</p> <p>Robust data will need to be gathered as part of the 'Heads Up for Haringey Pilot' to support our understanding of the transition pathway. We can then establish what data is required on an ongoing basis and commissioners will work with relevant providers to implement.</p> | <p>Work has started with providers to understand the volume of children and young people reaching 18 within CAMHS, and their pathways. This should be completed by April 16.</p> |
| 3 | <p>The panel recommends that a coordinating and overseeing role is identified at the commissioning and operational level to ensure that no young people fall through the gap due to their housing needs and situation and to prevent young people from becoming homeless.</p> | <p>Partially Agreed.</p> <p>The coordinating and overseeing role for children and young people leaving care is fulfilled by the Young Adult Service. However we recognise the need for local mental health services to support those returning to Borough through effective transfers of care from other mental health services that have been providing care to the young person while they were out of</p> | <p>LBH Young Adult's Service to provide coordination for care leavers and link with mental health providers to address any issues around individual young people.</p> <p>LBH to ensure the youth strategy and the mental health framework implementation groups map and address any broader links between mental health problems and homelessness.</p> <p>LBH & CCG Commissioners to ensure contractual mechanisms are in place</p> | <p>There are significant recommendations within the CAMHS Review relating to Looked After Children and Care Leavers. We will be piloting 'bridging' treatment services for children and young people who are not settled or are in transition between placements.</p> <p>The Council is developing a homelessness strategy, of which prevention will be a part. Both CAMHS and adult mental health services have a role as stakeholders in this work.</p> |

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| | | Borough. Homelessness or unsettled accommodation should not be a barrier to accessing mental health support. | to support seamless access to mental health services for this group- September 2015 | |
| 4 | <p>(a) The “Heads up for Haringey” model should be adopted for young people in Haringey on a partnership basis. In the first instance this should be on a pilot basis working with young people. This pilot could then be built on and expanded taking into account lessons learnt and feedback from young people and their parents and carers. (Dr Nick Barnes, BEH Mental Health NHS Trust, has offered to oversee this)</p> <p>(b) A scoping exercise should be completed by CAMHS providers to understand the number of children and young people approaching transition.</p> <p>(c) A multi-agency workshop should examine how the pilot would be resourced, implemented and evaluated.</p> <p>(d) Intelligence from the pilot should be</p> | <p>Agreed.</p> <p>We will complete a scoping exercise to look at developing a transition model for young people in Haringey. This will need to be completed as a pilot initially to gather information on the transition pathway. This will need to be a multi-agency piece of work and we have already had interest expressed by BEH and Tavistock and Portman to be involved.</p> | <p>LBH/CCG Commissioners to organise a multi-agency workshop to examine pilot development by July 2015. The outcomes from this workshop will inform the CAMHS Review and can be included in the local transformation plan. Timescales will be determined at that point.</p> <p>BEH to support the development of this pilot.</p> | <p>Transition was a key area considered through the CAMHS Review and discussed with broad stakeholder engagement. It was recognised that we need to commission and deliver services that are more focussed and promote enablement, this will entail incorporating a step down approach. Within our CAMHS Transformation Plan we have included some resource to develop and evaluate a creative life skills course with young people aimed at 14-21 year olds who have ongoing mental health needs but who will not meet the threshold for adult mental health services.</p> <p>We are currently gathering data on the number of young people accessing CAMHS at transition age to look at how we take this broader pilot forward.</p> |

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| | used to inform future commissioning intentions and service developments. | | | |
| 5 | <p>The panel recommends that a “Heads up for Haringey” guide be developed and presented to young people as they are referred to this mental health service. This guide should be developed with input from young people and carers and include:</p> <ul style="list-style-type: none"> - Information on local services which may be accessible to the young person - Referral forms - Pages for useful information which the young person can add to - Information on useful websites and Apps | <p>Agreed.</p> <p>We will look at improving information for families accessing CAMHS or seeking to access CAMHS. The format for this should be determined through work with young people.</p> | <p>The CAMHS Review will look at how this can be developed and whether a similar resource is required for professionals/referrers. This will then form part of the local transformation plan.</p> | <p>The CAMHS Transformation Plan includes resource to begin to pull together a clearly articulated local offer to support mental health clinicians and families to find the right service. Better information for families is an area which was highlighted in the Review and we will be looking at how we can co-produce improved information with young people and parents. We are also looking at developing resources for professionals within universal services so they can better support children and young people to access the right support.</p> |
| 6 | <p>The panel recommends that there is a multi-disciplinary and multi-agency meeting a minimum of once per month to discuss the cases of young people who are due to move across into the Heads up for Haringey service and those who are in the new Heads up for Haringey service to ensure the needs of young people are being met.</p> | <p>Partially agreed.</p> <p>Whilst we agree that regular multi-agency case discussion meetings would be useful, we would like to review this in the context of other transition planning arrangements and allow the frequency to be determined by need. The CAMHS Transition process needs to be considered within the wider 0-</p> | <p>The existing transition panel will be reviewed to see if this is an appropriate forum or if this work can be learnt from. Transition planning arrangements will be taken forward as part of the pilot development. LBH/CCG</p> | <p>This will be considered by the working group on Transition that will be established as part of the CAMHS Transformation Plan process.</p> |

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| | | 25 offer agenda and as far as possible the processes need to dovetail. | | |
| 7 | The panel recommends that consideration is given to the merit of placing an adult trained mental health social worker in the young adult service and a social worker with child mental health experience in the adult mental health team. | Agreed. We recognise the benefits of working across children and adult services. We will look at this recommendation in the broader context of solutions for closer working between CAMHS, adult mental health services and social care. We would like to consider this option amongst other opportunities for working across services which may include joint training/joint case planning etc. | BEH, LBH and the CCG to consider and take forward | This will be considered by the working group on Transition that will be established as part of the CAMHS Transformation Plan process. |