

Executive**On 20th December 2005**Report Title: **Mental Health Strategy 2005 to 2008**Report of: **Director of Social Services**Wards(s) affected: **All**Report for: **Key Decision****1. Purpose**

- 1.1 To advise The Executive of amendments made to the Mental Health Strategy as a result of consultations that have taken place.
- 1.2 To seek approval and endorsement of the new joint Mental Health Strategy attached as Appendix 1.

2. Introduction by Executive Member

- 2.1 The profile of mental health needs in Haringey illustrates how important this strategy is. Haringey has:
- the fourth highest hospital admission rate in the country for schizophrenia;
 - the highest acute admission rate in London in 2003-2004;
 - an excess of diagnosed schizophrenia in the British African Caribbean population;
 - suicide levels are 50% above the national average.
- 2.2 This strategy represents the increased importance of partnership working when delivering services to our residents with mental health needs and concerns. It highlights the importance of partnership working with the NHS and with the voluntary sector in reducing the inequalities which increase the risk of developing mental health concerns in certain high risk groups.
- 2.3 This strategy also allows for a stronger relationship to be developed between primary and secondary care services for mental health and reflects work already being undertaken in Haringey.
- 2.4 A key principle guiding this strategy is the expressed need to deliver informed, person centred care, at the right time, in the right place and by the right person. This strategy acknowledges the importance of all mental health services to be able to respond to the needs of patients and carers as identified through individual holistic comprehensive assessments of need to ensure access to the widest range of possible treatments and interventions, including physical health care.

2.5 As Members we must continue to monitor the effectiveness of this strategy and ensure that not only is it implemented but that it continues to reflect the very complex needs of this diverse borough. I recommend to Members that we report back on implementation progress in six months' time.

3. Recommendations

3.1 To ask The Executive to approve the amendments made to the Mental Health Strategy.

3.2 To ask The Executive to approve the Mental Health Strategy

3.3 The Executive to agree that a first report on progress will be received in June 2006, and reports will be presented quarterly thereafter.

Report Authorised by: **Anne Bristow, Director of Social Services**

Contact Officer: **Siobhan Harper, Head of Joint Mental Health Commissioning LBH and Haringey TPCT**

4. Executive Summary

4.1 The Consultation paper for the Mental Health Strategy was considered by The Executive on 26th July 2005. Having now considered all the feedback an updated and completed draft has now been produced for approval.

4.2 The amendments made do not substantially change the purpose and direction of the strategy as previously outlined but add to and enhance the key ambitions for this service.

4.3 This Strategy is scheduled to be presented to the relevant PCT Board on the 11th January 2006 for approval.

5. Reasons for any change in policy or for new policy development (if applicable)

5.1 This is a new strategy that does have policy implications in that it proposes a model of care to individuals with Mental Health problems that is substantially different to our existing services.

5.2 The changes made here do not substantially change the original strategy put forward for consultation but it does add more emphasis in certain areas such as a more clearly stated set of aims, clarity on the partnership role and the need to build on preventing mental health in childhood.

6. Local Government (Access to Information) Act 1985

6.1 National Service Framework for Mental Health 1999

6.2 The Mental Health Policy Implementation Guide 2002

6.3 NHS and Community Care Act 1990

6.4 Health & Social Care Advisory Service – Review of Haringey Mental Health Services 2002/3.
6.5 Mental Health Unified Action Plan 2003

7. Description

7.1 The additions made to the strategy that the Executive needs to be aware of are:

- 7.1.1 A description outlining ‘what good mental health is’, this articulates what we are ultimately aiming to achieve.
- 7.1.2 Clearer links between the provision of mental health services and the potential re-development of St Ann’s Hospital.
- 7.1.3 Strengthened the key aims as outlined in the box below.

This Strategy has a Number of Key Aims:

- ❖ To make the values and principles of a proposed model of care for primary and secondary mental health services for Haringey explicit.
- ❖ To clarify a number of priorities for Mental Health Services across a complicated system to achieve the vision for services in Haringey
- ❖ To provide outline strategic frameworks for mental health services for Older People and Children and Adolescents as a basis for further work by the relevant partnerships to foster increased linkages across the theme boards for the Haringey Strategic Partnership to develop cross over work at both a strategic level and in frontline services
- ❖ To use the partnerships to act as an agent for change and to redress inequalities which contribute to poor mental health, in particular for high risk groups.

- 7.1.4 A number of respondents felt that the link to Children’s service was particularly important and that the strategy needed to build in more around preventative measures.
- 7.1.5 With the development of the infrastructure and governance arrangements changes have occurred to the names and numbers of themed partnership sub groups – now reflected throughout the document.

8. Consultation

- 8.1 As outlined in the previous report to The Executive, extensive consultation has taken place to help develop this strategy. On analysing the feedback from the circulation of the last draft there were a number of issues that came up that influenced the amendments that have take place.

9. Summary and Conclusions

- 9.1 On 26th July 2005, The Executive received a fairly comprehensive report on the principles of this strategy and the impact that this will have in relation to commissioning and re-commissioning of existing services to reflect the model of care being advocated. It highlighted that to achieve the vision, resources within Mental Health Services, as a whole will need to be redistributed. This will be a challenge to

the statutory sector as the need to achieve financial balance is a key performance target.

- 9.2 The amendments being proposed to this strategy do not alter this message if anything it re-emphasises the importance of having a strong multi-agency commitment and processes to delivering our joint ambitions.

10. Recommendations

- 10.1 That CEMB accept the amendments to and approve the new Mental Health Strategy.

11. Comments of the Director of Finance

- 11.1 The Director of Finance has been consulted in the preparation of this report. There are no financial implications on which to comment at this stage. The financial implications of this policy initiative will need to be developed jointly with Health and included within the business planning process.

12. Comments of the Head of Legal Services

- 12.1 There are no legal implications to the proposed new strategy.

13. Equalities Implications

- 13.1 A local needs analysis of mental health in Haringey shows that the incidence of mental ill health in Haringey is higher than in surrounding boroughs and across London. The Mental Illness Needs Index (MINI), which calculates the relative need for mental health services based on a range of indicators such as social isolation, deprivation, housing quality and unemployment, shows the highest level of 116.5 compared to the national average of 99.5. In assessing the high incidence of mental health needs in Haringey, consideration will be given to the over presentation of people from black and minority ethnic (BME) communities and a high prevalence of alcohol and drug misuse. Women are under-represented in services.
- 13.2 Haringey has:
- The fourth highest hospital admission rate in the country for schizophrenia.
 - The highest acute admission rate in London in 2003-2004.
 - An excess of diagnosed schizophrenia in the British African Caribbean population.
 - Haringey suicide levels are 50% above the national average.
- 13.3 Equalities Performance Indicators for April 2005 show that the average number of people attending Day/Drop in services, including employment and training, was 2,574 per month.
- 13.4 Forty women attend the women-only day session at the 684 centre.
- 13.5 In the same period the number of crisis admissions to Alexandra Road Crisis Unit rose to 16.
- 13.6 93.20% had no physical disability. 94.90% had no communication need.
- 13.7 37% of the 294 referrals made in a year were white British with 13.27% from a Caribbean background and 7.14% were from an African background, which is an over-representation.

13.8 As a result of the equality impact assessment of existing policy and data collection at the unit the service will be promoted to community groups, particularly Chinese and Kurdish groups, which are underrepresented in the service.

13.9 39 clients were on the delayed discharge list at St. Ann's hospital in April 2005. Males outnumber females by 50%, half the group is aged 25-44 and 72% were from ethnic minorities.

13.10 Mental Health Strategy Action for Change

As a result of an analysis of equalities information and other information including the Annual Public Health Report on Mental Health need in Haringey there are a number of priorities that will be explored:

- The considerable demands for Language/advocacy/cultural competence within service provision.
- The needs of refugees and asylum seekers.
- Barnet Enfield and Haringey Mental Health Trust is leading the implementation of Delivering Race Equality for Mental Health and we will work in partnership to deliver this agenda. The objectives of this work include:
 - The reduction of significant and unacceptable inequalities in the access of mental health services and the experience and outcomes for black and ethnic minority communities.
 - The involvement of black and ethnic minority communities in the commissioning and delivery of services.
 - Community development activity to form a coherent whole and meet demonstrable gaps in services.
 - The introduction of community development workers to support the delivery of the framework. We wish to understand the needs of the Turkish/Kurdish community as a first wave priority.
- We have begun the development of a black and ethnic minority network in Haringey to provide a forum for these communities to influence the commissioning and delivery of services.
- We will work with the COMPACT for BME community groups in Haringey to ensure maximum impact in this area as well as linking with National Initiative such as the Breaking the Circles of Fear.
- Explore the need to extend women only services for all cultural groups.
- Work across adult social care groups to maximise accessibility of services for people with other disabilities and mental health problems.

14. Use of Appendices / Tables / Photographs

14.1 Haringey Joint Health and Social Care Mental Health Strategy