

**HARINGEY JOINT HEALTH AND
SOCIAL CARE
MENTAL HEALTH STRATEGY
2005 -2008**

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1. Executive Summary

1.1 National Context

The Haringey Joint Health and Social Care Mental Health Strategy has been developed in the context of national policy relating to:

- modernising mental health services (National Service Framework, Policy and Implementation Guidance)
- improving ethnic minority patient experience (Delivering Race Equality)
- reducing stigma associated with mental illness (From Here to Equality)
- promotion of social inclusion and adoption of a recovery model for mental health (Mental Health and Social Exclusion report)
- changing role of adult social care with greater emphasis on maintaining independence and preventing problems (Independence, Wellbeing and Choice)

1.2 Local Context and Partnership Working

This strategy is set within the overall context of the Haringey Strategic Partnership (HSP). The Haringey Community Strategy (2003 – 2007) sets out five priority areas that have been signed up to by Partner Agencies in the borough.

- ❖ To improve services – by providing modern, better quality, accessible services for everyone who needs them, particularly health and social care.
- ❖ Narrowing the gap between the East and West of Haringey – by improving the most deprived neighbourhoods.
- ❖ Safer Communities – creating safe and confident communities where there is less fear of crime and the ability to prevent crime and resist the committing of crimes.
- ❖ A Better Environment – by creating a cleaner, greener environment with better transport and leisure opportunities
- ❖ Raising achievement in education and creating opportunities for life long success.

This agenda is managed through a number of Theme Boards, which report into the HSP Board.

- ❖ Well Being
- ❖ Children and Young People
- ❖ Better Places
- ❖ Safer Communities
- ❖ Enterprise

Key statutory partners within the Mental Health agenda in Haringey are

- ❖ Housing
- ❖ Supporting People
- ❖ Regeneration and New Deal for Communities
- ❖ Metropolitan Police
- ❖ Probation Service
- ❖ Drug and Alcohol Action Team

- ❖ Welfare to Work
- ❖ Children's services
- ❖ Social Services/Care
- ❖ TPCT
- ❖ NHS Local Acute Trust

Links to the national and local Community Strategy priorities and theme boards are highlighted in this document to demonstrate where there is a current or potential contribution to be made through partnership working. Delivery of the mental health and well-being strand of *Choosing Health in Haringey* will be an important contribution to the delivery of this Strategy.

1.3 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.

1.4 This Strategy is Based on the Following Key Guiding Principles:

- ❖ Promote mental health and reduce the discrimination and social exclusion associated with mental health problems.
- ❖ Modernise health services in keeping with the National Service Frameworks, Policy Implementation Guidelines and evidence based practice, including NICE guidelines.
- ❖ Provide high quality culturally appropriate and competent co-ordinated mental health care in the least stigmatising setting possible.
- ❖ Establish primary care as a key component of the mental health care system and community-based specialist mental health services as the pivotal point of a comprehensive mental health system.
- ❖ Deliver informed, person centred care, at the right time, in the right place and by the right person. 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.
- ❖ Work across agencies and different services so that service users can move through the system without duplication or multiple assessments

- ❖ Provide equitable access to service according to population need.

1.5 The Model of care

1.5.1 The Care Pathway:

- ❖ **Prevention** to promote mental health and well being to the general public and to promote health and well being for those with a mental illness.
- ❖ **Early Intervention** to develop an approach across all providers which offers a service to individuals to prevent an escalation of mental health problems
- ❖ **Single point of Referral** wherever possible to simplify the access routes to services for service users, families and carers and referrers.
- ❖ **Comprehensive Single Assessment** taking full account of the individual's social and health care needs, including physical, psychological and occupational needs. To include the needs of carers and families within this assessment. Services to work across boundaries to ensure that service users can move through the system without unnecessary duplication or multiple assessments
- ❖ **Range of Evidence Based Treatment Options** to respond to the needs of patients and carers as identified through individual comprehensive assessments of need in a way that ensures access to the widest range of possible treatments and interventions

1.5.2 Service Settings and Ethos

- ❖ **To promote rehabilitation and recovery** services are to work within an ethos of recovery and rehabilitation.
- ❖ **Least stigmatising and least restrictive settings possible** to ensure that primary care is a key component of the mental health care system working closely with community-based specialist mental health services.
- ❖ **Socially inclusive** to reduce the social exclusion associated with mental health problems.
- ❖ **Challenging stigma and discrimination:** to address the stigmatising views and behaviours of the public at large. To raise the level of knowledge and understanding about mental illness to reduce the fairly high levels of ignorance and discriminatory views held by some communities.
- ❖ **Culturally appropriate:** to provide high quality culturally appropriate co-ordinated mental health care. The need for culturally competent services in Haringey is critical. There are significant populations in Haringey from a variety of ethnic backgrounds: first and second generation settled communities and newly arrived refugees and asylum seekers as well as those with less secure status in the U.K.
- ❖ **Involving service users:** to put service users at the centre of care planning so their views are heard, and that their needs are understood and addressed wherever possible. To work with service users and

those who for are not currently accessing services to identify services that require change.

- ❖ **Involving carers:** to recognise the vital role that carers play in supporting the people that they care for and to establish and act on the views of carers in care planning and in strategic service planning. To support carers to continue caring and to recognise when they are unable to continue doing so.

1.6 Agreed Priorities

1.6.1 Prevention Of Mental Ill Health – Children And Young People

- Focus on how to deliver a targeted and strategic approach to prevention of mental ill health within the Children and Young People's Partnership developed at a strategic level and on the ground.
- Work in schools is a priority in order to minimise the incidence of mental illness in later life. Difficulty in educational attainment can be a strong indicator of difficulties in adult life. Focus on high risk and disadvantaged groups where there are known links between difficulties in school and mental well being in later life.

1.6.2 Parenting

Parents often have histories of being inadequately parented themselves, family violence, breakdown of relationships, mental health problems and these issues can also increase the incidence of mental illness in later life.

There are a number of areas where there is relevant work in prevention which needs to be targeted and joined up. These include:

- Early Years and Play Services
- Surestart
- Parental and Community Involvement
- Health Visiting

Mellow parenting which is multi-agency evidence based, structured parenting group intervention for families with young children where there are severe parenting difficulties. This is currently under evaluation and ongoing arrangements for work with parents will consider the results of this work.

1.6.3 Perinatal Mental Health Care

Perinatal mental health care is for women who are pregnant or who have infants (up to 12 months) where mental health problems develop as a result of pregnancy/birth, women with ongoing severe mental illness and who become pregnant and women who are pregnant and at risk of developing/develop mental health problems.

Gaps in current provision include:

- No specialist service provided for these parents and infants in Haringey

- No specialist Mother and Baby inpatient provision across the North Central London Sector though is within the work plan for Specialist Mental Health Commissioning across the sector.

Local providers of Maternity and Obstetric services have highlighted the need for mental health care for women at risk. This will be addressed in part by the development of a comprehensive Mental Health Liaison Team at the North Middlesex Hospital.

1.6.4 Child and Adolescent Mental Health Services (CAMHS)

In order to invest in Tier 3, and into Primary care, Health Visiting and other children's services (Tier 1 and 2) there needs to be a redistribution of the overall resources in all Mental Health services. Investment in Tiers 1, 2 and 3 will contribute to the overall prevention agenda and improve mental health outcomes for children and young people and ultimately reduce the expenditure at Tier 4.

Primary Care:

- Strategic work needs to be done, in part across the North Central sector, to ensure and prioritise a joined up approach to prevention, building on these initiatives locally, including primary health care services, specialist mental health practitioners, education, social services and health promotion.

Tier 4

- To reduce the spend on Tier 4 complex needs placements by tighter management of placements. A placements manager will be appointed by the Mental Health Trust to review the therapeutic inputs to complex placements.

Tier 3

- To increase referrals management by developing a single point of access to CAMHS services. There are current long waiting times for CAMHS which may be alleviated through partnership working across CAMHS providers.
- Enhance the Adolescent Outreach Team (AOT) to increase its capacity to work with young people in crisis.
- The AOT to work with Adult services and the voluntary sector in the development and implementation of a 'hub and spoke' Early intervention providing the treatment for young people with first-episode psychosis with particular emphasis on vulnerable groups such as refugee young people.
- Ensure arrangements are in place for emergency and out of hour's provision, for children and young people requiring urgent assessment and/or intervention.

- Develop an accommodation strategy for young people.
- To identify appropriately equipped offices and buildings for clinical work based in community settings taking account of expanded workforce and the need for services to be locally accessible in a range of settings.

1.7 Adult services

1.7.1 Primary Care

Improve the interface between primary and secondary care to ensure that service users with serious mental illness receive high quality mental and physical health care.

- Develop clinical criteria for accessing services and development mechanisms to improve the appropriateness of referrals to secondary care services.
- Develop protocols for referral and the transfer of patients between primary and secondary care and vice versa. To include reviewing Social Services eligibility criteria for access to services from primary care.
- Develop and maintain practice based registers for all service users with serious mental illness on the practice list, noting which service has clinical responsibility for the patient.
- Ensuring that GP alignment for specialist community teams is strategically integrated with the development of practice based commissioning.

1.7.2 Support Primary Care in the management of common mental illness and manage the high demand for Psychological Therapy Services so that services are provided according to need.

- Co-ordinate and increase accessibility of social support functions at a cluster level across Haringey and identify gaps in current service provision.
- Develop a clinical network of Psychological Therapies to deliver training and supervision for primary care and facilitate liaison with specialist services. Network to consider a single point of access for primary care and other referrers using agreed clinical protocols.

Enhance our services to Refugee and Asylum seeking communities.

- Develop a primary care mental health strategy: review the availability of treatment services in primary care. Establish the need to develop a short-term psychological treatment service based within primary care in accordance with recent NICE guidance, aligned with the graduate primary care mental health workers and the existing Primary Care Psychology service provided by BEH MHT.

1.8 Community Mental Health Services

1.8.1 To develop clustered co-ordinated specialist community teams accessible to primary care and inpatient services as the hub of specialist mental health provision.

- Continued integration of Community Mental Health Teams combining and simplifying the management of work between Health and Social Care staff. Review of current accommodation and location of new premises for one of the Tottenham teams that is currently located across three places. Also need to review premises for the Teams on the Western half of the Borough.
- To undertake a skill mix review of the teams looking at the roles and contributions of the disciplines working in the teams: medical, nursing, social work, OT and psychology and to develop the teams in line with the findings of the review.
- To monitor CMHT caseloads and develop and agree standards to facilitate the liaison between CMHT and primary care including Link workers.
- Standardise duty system across the borough, ensuring that the pathway to care is clear for service users, carers and GPs for urgent and emergency work
- Review the pathway of care between Primary Care, Crisis Assessment and Treatment, CMHT and Assertive Outreach services and inpatient services including the number of sectors and the alignment to primary care clusters within the borough to deliver the functions required for the pathway to recovery.
- Agree what are the key functions that each team should deliver and when are more specialist services indicated.
- Improve IT infrastructure across the community building on implementation of Framework I (Social Services) and national NHS plans for Information Technology.
- Introduction of an Early Intervention in Psychosis (EIP) Service for Haringey working with existing services that offer early intervention across

adult and child and Adolescent services, across both the statutory and voluntary sector through collaborative working.

- Support approach of early detection and treatment in the borough across many partner agencies, particularly Education, Primary care and young people's services.

1.9 Community Support

The availability of comprehensive community support is critical to the success of community orientated mental health services. This is supported on a national basis by a number of policy initiatives: Well Being, Choosing Health, Social Inclusion and Welfare to Work where the significance of purposeful activity in recovery and in staying well is described.

Community services that need to be available in modern mental health day services include:

- Time limited crisis day support
- Specific therapeutic interventions and opportunities for development
- Social/peer support and social contact, including ongoing supportive counselling
- Support to access ordinary social and leisure activities in the community
- Support to access open employment, education and voluntary work
- Sheltered work and education opportunities (Pro social economy-social firms, social enterprises).

2. Dual Diagnosis

All mental health service users who significantly abuse drugs or alcohol should receive appropriate, skilled assessment and treatment services to enable them to better manage or eliminate their dependency simultaneously with the assessment and treatment of their mental health problems.

- A proposed reconfiguration of the current Dual Diagnosis service to widen this input to community mental health teams and crisis teams. Service users in medium secure inpatient and outreach care would also benefit from the input of specialist dual diagnosis staff as would many voluntary sector mental health providers.

There is also the need to foster more mental health work within Drug (DASH) and alcohol services (HAGA) as part of a wider strategy.

2.1 Housing, Accommodation, Rehabilitation, Residential and Supporting People

Building on the earlier studies a comprehensive research study commissioned in a partnership between HTPCT, LBH, Supporting People and BEH MHT (to report in December Autumn 2005) will inform decisions to:

- Enable service users in hospital rehabilitation settings to be supported in a community setting.
- Reconfigure existing Supporting People services to support service users with complex mental health needs including dual diagnosis and forensic issues in the community.
- Enable service users who have lived long term in residential care to move into more independent community arrangements.
- Establish where the SP grant is inappropriate or inadequate and there is need for additional high support supported accommodation or residential care to be commissioned particularly for service users with dual diagnosis needs.
- Consider the development of a community rehabilitation team to support service users in the community and enhance the quality of care provided.
- Deliver the redevelopment proposals for St Ann's Hospital and the additional commissioning capacity required to enable services users who do not need to be in hospital to move into community settings.

2.2 Inpatient Services

To reduce the reliance on hospital based care in keeping with the strategic aim of developing community based services and to improve the quality of care provided within inpatient services.

- Review current the level and configuration of inpatient services in the context of proposed development of primary and community mental health services and the current work to produce a strategic outline case for the redevelopment of Mental Health services linked to the redevelopment of the St. Ann's site.
- Re-designation of existing capacity to fill current gaps in services. This includes developing long-term low secure provision for service users with complex needs who do not meet the threshold for medium secure services, or who are inappropriately placed in medium secure care.
- Increase the range of therapeutic interventions available in inpatient services.

- To include in mainstream inpatient services the skills and resources to work with service users with dual diagnosis of mental illness and substance misuse.
- Increase the availability of rehabilitation services across inpatient and community settings. To increase the range and type of providers of these services outside the statutory sector, including the provision of culturally-specific services and increasing choice for service users.

2.3 Emergency Services and Mental Health Liaison

- To review the emergency access to mental health services and develop a comprehensive range of service responses building on the work of current services (crisis assessment and treatment, crisis house at Alexander road, A&E, ERC at St Ann's).
- Review of options to develop a single point of access to services in emergency situations (through A&E departments at local acute hospitals) supported by effective mental health liaison service and a range of community and bed based rapid assessment and treatment options. The focus of the services should be support people in community settings as far as possible and avoid prolonged hospital admission wherever possible / appropriate.

2.4 Medium Secure Care

Medium secure services are not the most appropriate form of care for many service users who require some degree of security. we will determine the need for two new components of provision from 2006:

- Services for people who need continued NHS care but do not require medium or maximum security.
- Services for people who require long term secure care but not medium or maximum security.

We are exploring these initiatives in the context of the work of the Rehabilitation inpatient service. A community rehabilitation team could have a role in identifying service users in long-term placements who could benefit from rehabilitation in appropriate security – this model needs to be explored in more depth.

2.5 Mental Health Care of Older People

- Ensuring a whole systems approach to provision is achieved by delivering better co-ordinated services with integrated mental health community teams by early 2006.
- The commissioning of more MHSOP residential beds via the Community care strategy for Older people (LBH)

- Reconfiguring in-patient services across acute and continuing care to meet change in demand including full consideration of relocating continuing care services to a community setting.
- Development of Memory assessment services to improve cohesiveness with other services aimed to support people with similar needs.
- Development of plans for a trust wide specialist service for adults with young onset dementia.
- Development of plans to develop a psychiatric liaison service to support older people within acute settings.
- Continued support for carers through the Admiral Nursing service.
- Agree transition protocols across health and social care between Adult and MHSOP services based on need not age.
- Explore the move towards greater alignment with Older Peoples services.

2.6 These are the overarching strategic priorities for Mental Health Services in Haringey. Commissioning intentions and plans for Haringey TPCT and London Borough of Haringey are being developed in accordance with the principles of this document. To achieve this vision, resources within Mental Health Services as a whole will need to be redistributed.

The St Ann's Redevelopment process also provides a framework for the further redistribution of resource across care groups and from the inpatient setting into the community to be delivered by the relevant partners and will be agreed at the Mental Health Executive.

2. Introduction

2.1 What Is Good Mental Health?

Good mental health is not just the absence of mental health problems.

Individuals with good mental health:

- are aware of others and empathise with them
- play and have fun
- use and enjoy solitude
- laugh both at themselves and at the world
- develop emotionally creatively intellectually and spiritually
- try to sustain satisfying personal relationships
- face problems resolve them and learn from them
- are confident and assertive

The Mental Health Foundation 2005

Good mental health is a state in which a person is able to fulfil an active functioning role in society, interacting with others and overcoming difficulties without suffering major distress, abnormal or disturbed behaviour. Our mental health enables us to form and sustain relationships and to manage our lives. It also affects our capacity to cope with change and transitions, such as having a baby or losing a loved one. Mental health is central to our health and well-being because how we think and feel also has a strong impact on our physical health.

Haringey Annual Public Health Report (APHR) 2004

2.2 Mental Illness in Haringey

Mental Health is a community issue linked with deprivation and inequalities. Mental illness is a significant problem for the health and well being of people in Haringey as described in Haringey Annual Public Health Report 2004. Mental Health is a key priority for Haringey Teaching PCT and Haringey Local Authority.

2.3 Local Population

Haringey is a deprived area with most of the deprivation in terms of employment, household income, levels of homelessness and social housing concentrated in the East of the Borough (APHR 2003). It is one of the most ethnically diverse boroughs in London, 35% of the population being Black, African, Caribbean or Asian (census 2001) and an estimated 10% or more of the population are refugees or asylum seekers (*APHR 2004*).

Official figures suggest that 20% of women and 14% of men in England have some form of mental illness. This translates to at least 18,000 women and 12,000 men in Haringey (APHR 2004). The strong association between poor mental health and deprivation both at an individual and population level is found in Haringey and described graphically in the recently published Annual Public Health report on mental health (*APHR 2004*).

It has been estimated that around 90% of mental health care (all types of mental distress) is provided solely by primary care. Around 30% of people who see their GP have a mental health component to their illness. Approximately 25% of people with a severe mental illness in the UK are managed entirely by primary care services. Approximately 5% of people with mental health needs will be seen solely by specialist secondary care services, predominantly those with a severe and enduring mental illness.

This Strategy is built around a vision of a comprehensive community-based service that is culturally sensitive and appropriate for the needs of the diverse communities that live in the Borough of Haringey. This will require the delivery of complex incremental change across all services both within Health and Social Care.

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 at 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.

3. Strategic Context

3.1 National

- The National Service Framework (NSF), NHS Plan (2000) and NSF policy implementation guidance (2002) specify what the people of Haringey can expect to see delivered locally. The NSF 5 year review has identified ongoing national priorities for action.
- National NHS policy published in the last year that has implications for how we plan to deliver improved mental health for Haringey's population include: From Here to Equality, Mental Health And Social Exclusion Report, Choosing Health, Delivering Race Equality, Chronic Disease Management and plans for practice based commissioning.
- Recent Social Care policy: "Independence, Wellbeing and Choice" has the key objective to increase partnership working between providers of services for adults as well as users and carers and the associated changes around the implementation locally of the Best Practice Guidance on the Role of the Director of Adult Social Services.
- NICE guidelines have been published around some key areas of Mental Health Care.

Mental Health NSF 1999	<p>Mental health promotion</p> <p>Primary care and access to services</p> <p>People with severe mental illness (SMI)</p> <p>Carers</p> <p>Suicides</p>	<p>Promote health for all Combat discrimination, promote social inclusion</p> <p>Needs to be assessed Access to local services</p> <p>Written care plan & access to services Timely access to appropriate bed/place in least restrictive environment consistent with need and as close to home as possible</p> <p>Annual assessment of needs Written care plan implemented</p> <p>Suicide reduction strategy</p>
NSF 5 year review (2004)	<p>Access to psychological therapies</p> <p>Specialist mental health services</p> <p>Dual Diagnosis</p>	<p>Capital investment, New models of inpatient provision – acute, rehabilitation, crisis admission and specialist treatment, Improve integration with CMHT</p> <p>AOT, Collaboration, Training, Prevention drug misuse</p>

	Carers Information systems 'New ways of working'	
From Here to Equality	anti-stigma programme	
Delivering Race Equality	Improvements in ethnic minority patient experience, including abolition of the unacceptable inequalities in use of Mental Health Act	
Choosing Health	Importance of well-being and work place initiatives to reduce occupational stress	
Chronic disease management (LTC)	Primary care expertise/secondary care flexible division of responsibilities, self-care, better care-management (reduced emergency admissions), physical/mental co-morbidity	
NICE Guidelines	Schizophrenia, bi-polar disorder, anxiety and depression, violence, anti-dementia treatment	
Mental Health And Social Exclusion Report	Responsibility of PCT and Social Services to commission locally range of community services that promote social inclusion of people with mental illness	
Independence Well Being and Choice	The adult social care Green Paper. 10 –15 year programme of transition, services to help to maintain independence of the individual, emphasis on preventing problems	

3.2 Local

St Ann's Hospital redevelopment	Strategy and business case to redevelop specialist mental health services currently provided on the St Ann's Hospital site. The site plan will also include plans of the partner agencies that currently use the site.
Community Strategy	Regeneration initiatives NDC, NRF, Welfare to work
Drug and Alcohol strategies	Adult Drug Treatment Plan 2005/6, Haringey Alcohol Harm Reduction Strategy 2005-8
Forensic	North Central London Sector wide strategic developments
Crime and Drugs Prevention Strategy,	Mental Health has been identified as a priority area for development within this strategy
Delivering Race Equality	There is multi- agency partnership of local PCT's, SHA and MHT to deliver this agenda locally. This is particularly important due to the local diversity and will build on existing consultation fora regarding the shape of services for local communities.

Long term conditions strategy	Depression and Mental Health has been agreed as a clinical priority area for this emerging strategy
Older Peoples strategy	Leaver Report 2003 commissioned by HTPCT to review MHSOP and develop a Strategy for these services. LBH Community Care Strategy.
CAMHS strategy	
Carers Strategy	
Supporting People 5 year Strategy	Mental Health is a key priority area.

3.3 Partnerships in Mental Health services

Under the 1999 Health Flexibilities Act there is a duty of Partnership for Health and Social Care to plan, commission and deliver Mental Health Services together. This policy is reflected locally through formal joint commissioning arrangements between Haringey Primary Care Trust and London Borough of Haringey Social Services Department.

There is formal integration of Health and Social Care in the provision of Community Mental Health Teams, which have managers jointly appointed in a partnership between Barnet Enfield and Haringey Mental Health Trust (BEHMHT) and London Borough of Haringey Social Services Department). There are also current plans to include the delegation of care management budgets in to this partnership arrangement.

BEH MHT is an organisation which delivers services across three boroughs. We therefore need to work in partnership with neighbouring Primary Care Trusts and Local Authorities in Barnet and Enfield. This is of particular significance with Trust wide services (e.g. Forensic and Child and Adolescent Mental Health Services) and initiatives (e.g. Delivering Race Equality in Mental Health).

3.4 Wider Partnerships and Joined Up Working

This strategy is set within the overall context of the Haringey Strategic Partnership (HSP). The Haringey Community Strategy (2003 – 2007) sets out five priority areas that have been signed up to by Partner Agencies in the borough.

- To improve services – by providing modern, better quality, accessible services for everyone who needs them, particularly health and social care.
- Narrowing the gap between the East and West of Haringey – by improving the most deprived neighbourhoods.

- Safer Communities – creating safe and confident communities where there is less fear of crime and the ability to prevent crime and resist the committing of crimes.
- A Better Environment – by creating a cleaner, greener environment with better transport and leisure opportunities.
- Raising achievement in education and creating opportunities for life long success.

This is managed through a number of Theme Boards and networks, which report into the Partnership these are:

- Well Being
- Children and Young People
- Better Places
- Safer Communities
- Enterprise

The key service agencies and programmes work across the Mental Health agenda and are represented on each of the theme boards and considered within individuals commissioning and planning processes. These include:

- Housing
- Supporting People
- New Deal for Communities
- The Metropolitan Police
- Probation Services
- Drug and Alcohol Action Team
- Welfare to Work
- Children’s services
- Social Services/Care
- TPCT
- The NHS Local Acute Trust

Mental Health is a key issue for a number of Neighbourhood and Regeneration based programmes such as the Bridge New Deal for Communities.

There are some good planning links between Theme Boards and partners and some good operational links between services. This strategy requires the participation of all the Theme Boards in delivering the priorities of improvement of mental health services, targeted cross agency preventative work, reducing inequalities and the impact of deprivation on mental health. Links to the national and local Community Strategy priorities and theme boards are highlighted in this document to demonstrate where there is a current or potential contribution to be made through partnership working. Delivery of the mental health and well –being strand of Choosing Health in Haringey will be an important contribution to the delivery of this strategy.

This strategy will be the overarching plan for Mental Health Services in Haringey for Health, Social Care, the voluntary sector and other relevant

partners. Detailed mental health commissioning plans and intentions of the statutory sector are currently in development in accordance with the agreed priorities for services in this document. The two key groups to oversee the implementation of the strategy are the Mental Health Executive and the Mental Health Partnership Local Implementation Team (LIT). The Executive is comprised of senior officers of the key statutory agencies. The LIT partnership board is a key forum where users, carers, the voluntary sector, police, probation, and key partners are able to influence the local Mental Health agenda. There are a number of subgroups for either strategy development or consultation forums where more detailed work is undertaken.

Implementation of the strategy will be monitored by the Executive and the Partnership Board and will be overseen by the Well-Being Theme Board under the overarching Haringey Strategic Partnership.

Planning for the Redevelopment of the St Ann's Hospital Site has already begun. A Strategic Outline Business Case (SOC) is being prepared for presentation to the North Central Strategic Health Authority for agreement to move to a Full Business Case. The SOC is due for completion by December 2005 and is being drafted in accordance with the principles and direction for services as agreed in this Strategy. Though the scope of the SOC is largely focused on the future for the St Ann's Hospital site it also will act as a tool to enable decisions about the pattern of investment in services. There is a recognition that as the move away from institutional models of care continues there needs to be an increase in the capacity of primary and secondary mental health services to offer community support and treatment. The scope of this development requires partnership working across the PCT, Local Authority and the Mental Health Trust and across all care groups.

3.5 Partnership Working With the Voluntary Sector.

We aim to improve and coordinate our commissioning of voluntary and charitable organisations to deliver our priorities and to support increased capacity within the voluntary sector. We will work with HAVCO, HARCEN and within the framework of Compacts with the voluntary sector and with Black and Ethnic Minority Communities.

Service user organisations and Carers of people with mental health problems are integral partners to the delivery of this strategy.

3.6 Vision for the Future - Principles of the Strategy

This Strategy is based on the following key guiding principles and provides the framework to:

- ❖ Join up prevention strategies across health education and social care

- ❖ provide equitable access to service according to population need taking account of the impact of health inequalities and deprivation
- ❖ promote mental health and reduce the discrimination and social exclusion associated with mental health problems across all partnerships
- ❖ modernise health services in keeping with the National Service Frameworks, Policy Implementation Guidelines and evidence based practice, including NICE guidelines
- ❖ provide high quality culturally appropriate and competent co-ordinated mental health care in the least stigmatising setting possible
- ❖ establish primary care as a key component of the mental health care system and community-based specialist mental health services as the pivotal point of comprehensive mental health system
- ❖ deliver informed, person centred care, at the right time, in the right place and by the right person. 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
- ❖ work across agencies and different services so that service users can move through the system without duplication or multiple assessments

3.7 Model of Care

The model of care sets out the components of care, the settings in which care is provided and the approach services need to take with people.

The whole care pathway is defined as the journey that someone takes to recovery, receiving services at the right time, in the right place and delivered by the right people, taking account of appropriate transition into services. It is important to remember that pathways can be complex for individuals with diverse and changing needs.

3.7.1 Components of Care Pathway:

- **Prevention** to promote mental health and well being to the general public and to promote health and well being for those with a mental illness.
- **Early Intervention** to develop an approach across all providers which offers a service to individuals to prevent an escalation of mental health problems.

These components can be seen as the basis of mental health being understood by partners as a whole community issue and are everybody's business.

- **Single Point of Referral** wherever possible to simplify the access routes to services for service users, families and carers and referrers. To develop agreed multi-agency care pathways for particular groups e.g. pregnant women.
- **Comprehensive Single Assessment** taking full account of the individual's social and health care needs, including physical, psychological and occupational needs. To include the needs of carers and families within this assessment. Services to work across boundaries to ensure that service users can move through the system without unnecessary duplication or multiple assessments.
- **Range of evidence based treatment options** to respond to the needs of patients and carers as identified through individual comprehensive assessments of need in a way that ensures access to the widest range of possible treatments and interventions.

3.8 Mental Health Service Settings and Ethos

- ❖ **To promote rehabilitation and recovery** services are to work within an ethos of recovery and rehabilitation.
- ❖ **Least stigmatising and least restrictive settings possible** to ensure that primary care is a key component of the mental health care system working closely with community-based specialist mental health services.
- ❖ **Socially inclusive** to reduce the social exclusion associated with mental health problems.
- ❖ **Challenging stigma and discrimination:** to address the stigmatising views and behaviours of the public at large. To raise the level of knowledge and understanding about mental illness to reduce the fairly high levels of ignorance and discriminatory views held by some communities.
- ❖ **Culturally appropriate:** to provide high quality culturally appropriate co-ordinated mental health care. The need for culturally competent services in Haringey is critical. There are significant populations in Haringey of a variety of ethnic descent: first and second generation settled communities and newly arrived refugees and asylum seekers as well as those with less secure status in the U.K.
- ❖ **Involving service users:** to put service users at the centre of care planning so their views are heard, and that their needs are understood and addressed where ever possible. To work with service users and those who for are not currently accessing services to identify services that require change.

- ❖ **Involving carers:** to recognise the vital role that carers play in supporting the people that they care for and to establish and act on the views of carers in care planning and in strategic service planning. To support carers to continue caring and to recognise when they are unable to continue doing so.

These are our principles because they are what people want and because they are in line with national policy.

4. The future for Mental Health services

Services will offer users and carers holistic assessment and treatment options, which meet their cultural and preferred needs. Services will be focused on recovery for users and to minimise stigma and social exclusion. Partnership working will improve our ability to prevent mental illness, reduce stigma and discrimination, provide education and self help to the public.

4.1 Adult services

Primary care will be the heart of mental health care providing access to a range of support services fundamental to delivery of appropriate care for people with mild, moderate and severe mental health needs.

Specialist community mental health workers are the hub of specialist mental health care for people with serious mental illness. Specialist teams should work closely together to become 'cluster teams' aligned to the developing clusters of GP practices in order to manage the multiple interfaces and divide up the workload. The team of specialist mental health workers are expected to co-ordinate care for people with severe mental illness, alongside their colleagues in primary care, facilitated by access to:

a range of primary care talking therapies.

self-care and community resources via a single point

a range of specialist community support services including day services and accommodation

Specialist inpatient mental health care will be provided where all community based options for care have been exhausted.

The crisis component of specialist community teams will continue to be an access point for inpatient care. The need for an additional short term 'holding' assessment function to support the crisis teams in treating people in the community is under discussion.

Specialist inpatient mental health care will be focused on Recovery with a range of psycho-social interventions being made available to facilitate this. Timely discharge will be facilitated by close working with the specialist community mental health workers accessing both community resources and a range of specialist community support services.

Long-term secure provision will need to be made available for service users with complex needs who do not meet the threshold for medium secure services. Medium secure mental health care will only be provided for the small minority of service users that meet the threshold for this level of care.

4.2 Children and Young People

Services should be offered as near to home as possible and in a number of settings to take into account the needs of infants, children, young people and their parents and carers.

Services for children and young people are pivotal to the model of care, which promotes prevention, early identification, and treatment of mental ill health. There a number of agencies involved in the care, support and education of children and young people who need to work closely together to achieve a the focus of prevention and early intervention to maximise the opportunities of young people. There are good examples of this interagency cooperation in Haringey and a move towards a joined up approach to prevention of poor mental health between Education, Health and Social Care is under discussion within the Children and Young People Strategic Partnership. This work needs to focus on groups at high risk of developing mental health problems in later life, e.g. unaccompanied minors, children with parents with serious mental illness and ethnic minority groups with problems with educational attainment. Joined up work between child and adolescent mental health professionals, schools, parents, Early Years services, Surestart and Health visiting can help to target those most at risk of mental health problems.

4.3 Mental Health Services for Older people

Mental health services for older people will actively promote mental health and well-being through innovative partnerships with older people, their carers and agencies to deliver accessible high quality services, based on need and that place a high value on equity, prevention, self-care and the independence of the older person.

The Community Mental Health Teams for Older People will become the central access to a wider system of health and social care services. These services will work together to ensure that older people have their needs met in a timely manner, which will increase their longer-term independence.

4.4 The Voluntary Sector

There is a robust and established voluntary sector in Haringey. We wish to build on existing good links and to stimulate further joint working with the voluntary sector in the provision of mental health services. The voluntary sector is often best place in meeting the strategic aims of the statutory sector; service users often prefer to use services in the voluntary sector. The

voluntary sector provides community based services that people value and this can enrich the choices available locally.

5. Current Work and Agreed Priorities For Action

5.1 Prevention of Mental ill health – Children and Young People

Current work in the prevention of mental ill health is led by Mental Health Promotion Haringey TPCT in partnership with Education. Work in schools is a priority in order to minimise the incidence of mental illness in later life. Difficulty in educational attainment can be a strong indicator of difficulties in adult life. There is also a need to focus on high risk and disadvantaged groups where there are known links between difficulties in school and mental well being in later life.

Work to date includes:

- Training needs analysis to find out needs of schools in relation to mental health
- Link with CAMHS to investigate possible training opportunities
- Provide training to schools
- Embed Healthy Schools into CAMHS Tier 1
- Assessment of current counselling provision in schools
- Link with CAMHS to share information on current counselling provision
- Schools to review how they address emotional health and well-being in order to meet new Healthy School Status

Further consideration of how the 'Extended Schools' programme can contribute to the prevention of mental ill health will be undertaken.

5.2 Parenting

The impact of parenting on one's mental well-being is significant. Parents often have histories of being inadequately parented themselves, family violence, breakdown of relationships, mental health problems and these issues can also increase the incidence of mental illness in later life.

There are a number of areas where there is relevant work in prevention being delivered. These include:

- Early Years and Play Services
- Surestart
- Parental and Community Involvement
- Health Visiting

There is increased focus on how to deliver a targeted and strategic approach to prevention of mental ill health within the Children and Young People's

Partnership. Linkages with Mental Health will need to be explored and developed at a strategic level and on the ground between services as this strategy emerges.

Current parenting initiatives include Mellow Parenting which is a multi-agency evidence based, structured parenting group intervention for families with young children where there are severe parenting difficulties. This is currently under evaluation ongoing arrangements for work with parents will consider the results of this work.

5.3 Perinatal Mental Health Care

Perinatal mental health care is for women who are pregnant or who have infants (up to 12 months). This care is concerned with mental health problems that develop as a result of pregnancy/birth, women with ongoing severe mental illness and who become pregnant and women who are pregnant and at risk of developing/develop mental health problems. Surestart do provide a training course for non-mental health professionals to cascade mental health expertise to help families rather than referrals are made to secondary care services. However, this is not sufficient. This is a gap in current provision as there is no specialist service provided for these parents and infants in Haringey. There is also no specialist Mother and Baby inpatient provision across the North Central London Sector though this issue is within the work plan for Specialist Mental Health Commissioning across the sector.

Local providers of Maternity and Obstetric services have highlighted the need for mental health care for women at risk. This will be addressed through the development of a comprehensive Mental Health Liaison Team at the North Middlesex Hospital (see point).

5.4 Child and Adolescent Mental Health Services (CAMHS)

There is recognised concern that much of the investment in CAMHS services is focused on a small number of children and young people with complex health, social and educational needs which cannot be met in local services (Tier 4). This means that the capacity of CAMHS community services (Tier 3) to manage demand is limited. In order to invest in Tier 3, and into Primary care, Health Visiting and other children's services (Tier 1 and 2) there needs to be a redistribution of the overall resources in all Mental Health services. Investment in Tiers 1, 2 and 3 will contribute to the overall prevention agenda and improve mental health outcomes for children and young people and ultimately reduce the expenditure at Tier 4.

5.4.1 Priorities:

Primary Care: Three Primary Mental Health Care workers funded through the CAMHS grant managed by LBH Children Service. Links with Health Visitors and Surestart are limited by geographical restrictions and service is not

equitable across primary care. There are some GP practices that provide services for children and families though again these are not equitable across the borough.

Strategic work needs to be done, in part across the North Central sector, to ensure and prioritise a joined up approach to prevention, building on these initiatives locally, including primary health care services, specialist mental health practitioners, education, social services and health promotion.

Tier 4

- To reduce the spend on Tier 4 complex needs placements by tighter management of placements. A placements manager will be appointed by the Mental Health Trust to review the therapeutic inputs to complex placements.

Tier 3

- To increase referrals management by developing a single point of access to CAMHS services. There are current long waiting times for CAMHS which may be alleviated through partnership working across CAMHS providers
- Enhance the Adolescent Outreach Team (AOT) to increase its capacity to work with young people in crisis.
- The AOT to work with Adult services and the voluntary sector in the development and implementation of a 'hub and spoke' Early intervention providing the treatment for young people with first-episode psychosis with particular emphasis on vulnerable groups such as refugee young people.
- Ensure arrangements are in place for emergency and out of hour's provision, for children and young people requiring urgent assessment and/or intervention.
- Develop an accommodation strategy for young people
- To identify appropriately equipped offices and buildings for clinical work based in community settings taking account of expanded workforce and the need for services to be locally accessible in a range of settings

National and Local Strategic Planning Priorities and Context for Partnership Working:

- ❖ Community Strategy:
 - Improving services
 - Safer Communities – particularly the impact of Domestic Violence and Drug and Alcohol issues (Drug and Alcohol Action Team and National Treatment Agency)
 - Narrowing the gap by improving the most deprived neighbourhoods
 - Raising achievement in education and creating opportunities for life long success

- ❖ The Children's National Service Framework
- ❖ Children and Young Peoples Partnership

5.5 Adult Services

Agreed early priorities to deliver the Model of care within adult services:

5.5.1 Primary Care

Improve the interface between primary and secondary care to ensure that service users with serious mental illness receive high quality mental and physical health care.

Develop clinical criteria for accessing services and development mechanisms to improve the appropriateness of referrals to secondary care services.

Develop protocols for referral and the transfer of patients between primary and secondary care and vice versa. To include reviewing Social Services eligibility criteria for access to services from primary care.

Develop and maintain practice based registers for all service users with serious mental illness on the practice list, noting which service has clinical responsibility for the patient.

Ensuring that GP alignment for specialist community teams is strategically integrated with the development of practice based commissioning.

Support Primary Care in the management of common mental illness and manage the high demand for Psychological Therapy Services so that services are provided according to need

Co-ordinate and increase accessibility of social support functions at a cluster level across Haringey and identify gaps in current service provision.

Develop a clinical network of Psychological Therapies to deliver training and supervision for primary care and facilitate liaison with specialist services. Network for to consider a single point of access for primary care and other referrers using agreed clinical protocols.

Enhance our services to Refugee and Asylum seeking communities.

Review the availability of treatment services in primary care. Establish the need to develop a short-term psychological treatment service based within primary care in accordance with recent NICE guidance, aligned with the graduate primary care mental health workers and the existing Primary Care

Psychology service provided by BEH MHT. Primary care mental health service needs to be coordinated and work coherently with secondary care provision with formalised support structures and training to maximise effectiveness.

5.5.2 Community Mental Health Services

To develop clustered co-ordinated specialist community teams accessible to primary care and inpatient services as the hub of specialist mental health provision.

- Continued integration of Community Mental Health Teams combining and simplifying the management of work between Health and Social Care staff. Review of current accommodation and location of new premises for one of the Tottenham teams that is currently located across three places. Also need to review premises for the Teams on the Western half of the Borough.
- To undertake a skill mix review of the teams looking at the roles and contributions of the disciplines working in the teams: medical, nursing, social work, OT and psychology and to develop the teams in line with the findings of the review
- To monitor CMHT caseloads and develop and agree standards to facilitate the liaison between CMHT and primary care including Link workers
- Standardise duty system across the borough, ensuring that the pathway to care is clear for service users, carers and GPs for urgent and emergency work
- Review the pathway of care between Primary Care, Crisis Assessment and Treatment, CMHT and Assertive Outreach services and in patient services including the number of sectors and the alignment to primary care clusters within the borough to deliver the functions required for the pathway to recovery
- Agree what are the key functions that each team should deliver and when are more specialist services indicated
- Improve IT infrastructure across the community building on implementation of Framework I (Social Services) and national NHS plans for Information Technology.
- Introduction of an Early Intervention in Psychosis (EIP) Service for Haringey working with existing services that offer early intervention across adult and child and Adolescent services, across both the statutory and voluntary sector through collaborative working. Provide core 'hub'

provision for specialist early intervention work, supported by these established links, which will be developed further and enhanced. Link to BEH MHT trust wide provision across Barnet and Enfield.

- Support approach of early detection and treatment in the borough across many partner agencies, particularly Education, Primary care and young people's services.

National and local strategic planning priorities and context for partnership working:

- ❖ Community strategy:
 - Improving services
 - Narrowing the gap
 - Raising achievement in education and creating opportunities for life long success
- ❖ Wellbeing
- ❖ Voluntary sector/HAVCO
- ❖ St Ann's Redevelopment
- ❖ National Service Framework for Mental Health
- ❖ NHS plan

5.5.3 Community Support

The availability of comprehensive community support is critical to the success of community orientated Mental Health Services. This is supported on a national basis by a number of policy initiatives: Well Being, Choosing Health, Social Inclusion and Welfare to Work where the significance of purposeful activity in recovery and in staying well is described.

Community services that need to be available in modern mental health day services include:

- Time limited crisis day support
- Specific therapeutic interventions and opportunities for development
- Social/peer support and social contact, including ongoing supportive counselling
- Support to access ordinary social and leisure activities in the community
- Support to access open employment, education and voluntary work
- Sheltered work and education opportunities (Pro social economy-social firms, social enterprises)

(Redesigning Day Services, London Development Centre et al, 2005)

A spectrum of provision is needed to operate across and in support of the hub of specialist community mental health services. Support in the community needs to offer a sense of purpose and progression for service users, the

promotion of recovery and social inclusion within services, which enables service users' participation in regular community activities.

A more detailed supporting strategy for community support 'One Step Beyond' will be available for discussion in December 2005. This work has identified gaps within current provision and areas for development.

Time Limited Crisis Support/Specific Therapeutic Interventions and Time Limited Support are:

- Currently 12 places available in the Haringey Therapeutic Network with a growing waiting list. There is a need to increase access.

Social/Peer Support and Social Contact

- No community user led support groups, voluntary work that promotes a network of support and limited advocacy services
- Lack of information to inform people of service provision

Support to Access Mainstream Social and Leisure Activities within the Community

- No specialist support to enable people with mental health problems to access mainstream sport activities, such as through Haringey Leisure Services
- No specialist vocational workers to help people access mainstream community opportunities for those people who may need support to do so
- Limited use of Direct Payments to fund opportunities
- Access to services governed by eligibility criteria which negates preventative work

Employment and Training

- Limited availability of specialist advice and support for people with mental health problems
- Provision of time limited training within specialist mental health services to build up self esteem

Sheltered Workshop and Employment Opportunities

- Support for social firms to develop
- Ongoing assessment of peoples developmental needs within sheltered workshops
- Provision in line with need

In order to commission a range of services to meet the borough's requirements and those of national policy the following areas will be proposed in more detail in the 'One Step Beyond' document.

- ◆ Consider the review of effectiveness of services (e.g. Employment Improves your Mental Health)
- Explore opportunities for increasing access to supported employment for service users, especially within statutory organisations in line with the Welfare to Work Strategy 2005

- Ensure that a whole systems assessment is agreed and used by all mental health service providers and it that promotes recovery and achievement of people's aspirations
- ◆ Develop a service to prevent of loss of employment, particularly working with community services and primary care
- Maximise partnership working and opportunities with Supporting People floating support services to enhance the accessibility of community based services in accordance with the policy of social inclusion
- Maximise linkages and partnership working with local mainstream services, for example CONEL and Sport and Leisure facilities.
- Use Direct Payments in order to promote choice
- Consider the development of a Healthy Living centre accessible to the community, to maximise the network approach to individual person centred community support, increase preventative work and can be used by the community for training and support.

National and local strategic planning priorities and context for partnership working:

- ❖ Community Strategy:
 - Improving services
 - Narrowing the gap
 - Better environment – better leisure opportunities
 - Raising Achievement in education and creating opportunities for life long success
- ❖ Supporting People Five Year Strategy
- ❖ St Ann's Redevelopment
- ❖ Well Being and Better Places
- ❖ Voluntary sector/HAVCO

5.5.4 Dual Diagnosis

All mental health service users who significantly abuse drugs or alcohol should receive appropriate, skilled assessment and treatment services to enable them to better manage or eliminate their dependency simultaneously with the assessment and treatment of their mental health problems.

Given the high proportion of dual diagnosis patients seen in mental health care services, dual diagnosis services need to be 'mainstreamed' as recommended by the Department of Health Good Practice Guidance. This means that

- the mental health service will ensure that all service users, whichever service(s) they are using receive support from staff who are informed and skilled in the assessment and treatment of substance abuse or who are closely supervised and supported by staff that have a high level of expertise in this area.

and

- the mental health service will have an ongoing and comprehensive substance abuse education and training programme for all staff, tailored to the needs of different staff groups.

The mental health service will maintain 'core' of specialised staff trained and skilled in all aspects of dual diagnosis that will monitor prevalence, provide training and provide specialised support through the key worker as necessary. The 'core' service would not take on direct casework as per DoH guidance. Services need to offer flexibility and reduce the potential for service users to slip through gaps between drug and alcohol services and mental health services. Dual Diagnosis expertise is required interchangeably between drug and alcohol and mental health professionals.

A proposed reconfiguration of the current Dual Diagnosis service provided by the Mental Health Trust has been agreed to widen this input to community mental health teams and crisis teams. Existing services with dual diagnosis input include inpatient services and assertive outreach teams. Service users in medium secure inpatient and outreach care would also benefit from the input of specialist dual diagnosis staff as would many voluntary sector mental health providers.

There is also the need to foster more mental health work within Drug (DASH) and alcohol services (HAGA) as part of a wider strategy.

Access to detox arrangements need clarity and protocols with drug and alcohol services need development for service users with mental health problems.

National and local strategic planning priorities and context for partnership working:

- ❖ Community Strategy
 - Improving services
 - Narrowing the gap
 - Safer Communities – on the interface between mental health, drugs and associated crime through the Haringey Mental Health Forum, this includes membership of Police, Probation, Housing, Mental Health services
- ❖ Work with Drug and Alcohol Action Team (DAAT) to ensure mental health services users can access treatment for drug problems (National Treatment Agency)
- ❖ St Ann's Redevelopment
- ❖ Voluntary sector

5.5.5 Housing and Accommodation, Residential, Supporting People and Rehabilitation Services

Where people live is critical to the success of community based mental health care. There have been two comprehensive pieces of work in the borough which have informed developments to date

- **The Mental Health Accommodation Review (G.Atkinson 2003) which identifies gaps in local services and promotes a recovery and rehabilitation model and**
- **The Delayed Discharge Research Study (Atkinson, Leavey and Harvey 2005) which identified many issues related to the difficulties for services users in hospital discharge.**

Partnership work between Housing, Supporting People and Mental Health services has already achieved a number of successes. These include:

- Tenancy sustainment for service users in hospital through the deployment of floating support resources at St Ann's
- Dedicated Housing worker in St Ann's to facilitate more efficient discharge for service users
- Development of the Vulnerable Adults Team to manage nominations to Supporting People providers
- Dedicated project officer to work with CMHTs to enable service users to step down from residential care or supported housing into mainstream housing with floating support

The effective use of the Supporting People sector is critical in sustaining community-based models of mental health care in Haringey. Building on the earlier studies a comprehensive research study commissioned in a partnership between HTPCT, LBH, Supporting People and BEH MHT (to report in December 2005) will inform decisions to:

- Enable service users in hospital rehabilitation settings to be supported in a community setting
- Reconfigure existing Supporting People services to support service users with complex mental health needs including dual diagnosis and forensic issues in the community
- Enable service users who have lived long term in residential care to move into more independent community arrangements.
- Establish where the SP grant is inappropriate or inadequate and there is need for additional high support supported accommodation or

residential care to be commissioned particularly for service users with dual diagnosis needs.

- Consider the development of a community rehabilitation team to support service users in the community and enhance the quality of care provided.

This work will inform the redevelopment proposals for St Ann's Hospital and the additional commissioning capacity required to enable services users who do not need to be in hospital to move into community settings.

National and Local strategic planning priorities and context for partnership working:

- ❖ Community Strategy
 - Improving services
 - Narrowing the gap
 - Safer Communities
- ❖ Wellbeing and Better Places
- ❖ St Ann's Redevelopment
- ❖ Supporting People strategy Five Year Strategy
- ❖ Housing
- ❖ Voluntary sector/HAVCO
- ❖ National Service Framework for Mental Health

5.5.6 Inpatient Services

To reduce the reliance on hospital based care in keeping with the strategic aim of developing community based services and to improve the quality of care provided within inpatient services.

- Review current the level and configuration of inpatient services in the context of proposed development of primary and community mental health services and the current work to produce a strategic outline case for the redevelopment of Mental Health services linked to the redevelopment of the St. Ann's site.
- Re-designation of existing capacity to fill current gaps in services. This includes developing long-term low secure provision for service users with complex needs who do not meet the threshold for medium secure services, or who are inappropriately placed in medium secure care.
- Increase the range of therapeutic interventions available in inpatient services.
- To include in mainstream inpatient services the skills and resources to work with service users with dual diagnosis of mental illness and substance misuse.
- Increase the availability of rehabilitation services across inpatient and community settings. To increase the range and type of providers of these services outside the statutory sector, including the provision of culturally-specific services and increasing choice for service users.

National and local strategic planning priorities and context for partnership working:

- ❖ Community Strategy
 - Improving services
 - Narrowing the gap
 - Safer Communities
- ❖ St. Ann's Redevelopment
- ❖ Supporting People Five Year Strategy
- ❖ National Service Framework for Mental Health

5.5.7 Emergency Services and Mental Health Liaison

- To review the emergency access to mental health services and develop a comprehensive range of service responses building on the work of current services (crisis assessment and treatment, crisis house at Alexander road, A&E, ERC at St Ann's).
- Review of options to develop a single point of access to services in emergency situations (through A&E departments at local acute hospitals) supported by effective mental health liaison service and a range of community and bed based rapid assessment and treatment options. The focus of the services should be support people in community settings as far as possible and avoid prolonged hospital admission wherever possible / appropriate.

National and local strategic planning priorities and context for partnership working:

- ❖ Community Strategy
 - Improving services
 - Narrowing the gap
 - Safer Communities
- ❖ St Ann's Redevelopment
- ❖ National Service Framework for Mental Health
- ❖ NHS Plan and work with Acute Hospitals

6. Medium Secure Care

There has been a significant increase in our use of medium secure Mental Health services in recent years. There are a number of contributory factors to this, for example dual diagnosis issues, increased detection services in Prisons and gaps in local services. There is also a general increase in the relationship between crime and drugs in the population.

Focusing on the care pathway, we have commissioned a six month pilot Community Forensic Nursing Service to operate in Haringey police custody.

We want to increase the opportunity for early treatment for offenders with mental health problems and to evaluate the possible impact on the care pathway particularly for people from black and minority ethnic groups. The Haringey Mental Health Forum will oversee this evaluation.

We recognise that medium secure services are not the most appropriate form of care for many service users who require some degree of security. Through assessment of current service users we will determine the need for two new components of provision from 2006:

- Services for people who need continued NHS care but do not require medium or maximum security.
- Services for people who require long term secure care but not medium or maximum security

We are exploring these initiatives in the context of the work of the Rehabilitation inpatient service. A community rehabilitation team could have a role in identifying service users in long-term placements who could benefit from rehabilitation in appropriate security – this model needs to be explored in more depth.

There is also a need to incorporate the needs of service users within medium secure services into mainstream day services and employment opportunities, though this can require considerable work regarding stigma and anxiety about risk.

Other work includes:

- Increased clinical liaison led by North London Forensic Services (NLFS) with stakeholders within the borough.
- Development of a database for medium secure services across NLFS in order to track the patient experience throughout the care pathway
- Work to provide services for patients with dual diagnosis issues
- Work to identify services for people with personality disorder who are cared for within secure settings led by the Specialist Commissioning Team for the North Central Sector.

Local strategic planning priorities and context for partnership working:

- ❖ Community Strategy
 - Improving services
 - Narrowing the gap
 - Safer Communities – particular to support multi agency working with service users with history of risk and/ or offending formally with the Multi - agency Public Protection Panel (MAPPA) and through the Haringey Mental Health Forum

- ❖ St Ann's Redevelopment
- ❖ National Service Framework for Mental Health

7. Mental Health Services for Older people

The Leaver Report commissioned by the TPCT in 2002/3 scoped the required improvements for Mental Health Services for Older People in Haringey.

Our current work for Older People has focused on the integration of health and social services within Community Mental Health Teams and an integrated management structure. There is agreement to undertake further work across health and social care to confirm joint future strategic priorities. Areas for development include a focus on prevention, crisis intervention and admission avoidance.

Developments for Older People are dependent on redistributed investment within the overall resources in mental health services. The St Ann's Redevelopment will provide further scope for this process to take place. Partnership working between the statutory sector to determine the future model for services is also required. There will also be the need to review existing service application of Continuing Care Criteria in line with recent guidance from the Strategic Health Authority.

Agreed priorities include:

- Ensuring a whole systems approach to provision is achieved by delivering better co-ordinated services with integrated mental health community teams by early 2006.
- The commissioning of more MHSOP residential beds via the Community Care Strategy for Older people (LBH).
- Reconfiguring in-patient services across acute and continuing care to meet change in demand including full consideration of relocating continuing care services to a community setting.
- Development of memory assessment services to improve cohesiveness with other services aimed to support people with similar needs.
- Development of plans for a trust wide specialist service for adults with young onset dementia.
- Development of plans to develop a psychiatric liaison service to support older people within acute settings.
- Continued support for carers through the Admiral Nursing service.
- Agree transition protocols across health and social care between Adult and MHSOP services based on need not age.
- Explore the move towards greater alignment with Older Peoples services.

National and Local strategic planning priorities and context for partnership working:

- ❖ Community Strategy
 - Improving services
 - Narrowing the gap

- ❖ St Ann's Redevelopment
- ❖ Supporting People Five Year Strategy
- ❖ National Service Framework for Older People
- ❖ LBH Community Care Strategy
- ❖ Older People's Partnership
- ❖ Voluntary sector/HAVCO

8. Cross Cutting Issues

8.1 Challenging Stigma And Discrimination

While many mental health promotion interventions are targeted at vulnerable groups of people/ individuals, there is also a need to address the stigmatising views and behaviours of the public at large.

Our ongoing work includes:

- link with national anti-stigma campaign and promote locally
- Involve the service users and carers in developing work around stigma

National and local strategic planning priorities and context for partnership working:

- ❖ Community Strategy
 - Improving services
 - Narrowing the gap
 - Safer Communities
- ❖ Better Places and Well Being
- ❖ Children and Young People
- ❖ Faith communities and churches
- ❖ Community engagement networks
- ❖ Voluntary sector HAVCO/HARCEN

8.2 Carers

Our priorities for the continued development of carer's workers in Haringey include:

- Work with Mental Health Carers Association to ensure that Carers who are not linked with CMHT staff can access services generated by an assessment undertaken by MHCA on behalf of the Local Authority. Move toward a system of Direct Payments from Carers budget for Mental Health to fund services for carers and establish need and model of respite care.
- Proposal for a Carers Worker for the Turkish/Kurdish Community, to work jointly with a new Turkish/Kurdish Community Development Worker, to promote support for carers and offer psycho educational support.

- Undertaking assessments for carers of people who are receive outpatient services only.
- Raising awareness/promoting opportunities for carers to have information about support available.
- Develop respite care services for carers.
- Implement the agreed action plan for the Carers Strategy.

8.3 Service Users

Service users are at the heart of this strategy. We want to hear their views on the case for change in services and how services can promote Recovery and Social Inclusion.

- Utilise the experience of previous service user research undertaken by the Matrix Research User Group to develop user focused monitoring of all commissioned services.
- Establish a User Network as designed, consulted and agreed by the User Sub group of MHPB LIT to promote effective representation of Users views across the borough at all levels.

8.4 Diversity and Culturally Competent Services

Within the secondary mental health services in the statutory sector the most recent initiative to address the issues for ethnic communities in services is the Race Equality Framework for Mental Health, which pulls together earlier work including the NIMHE strategy for Black and Ethnic minority communities, 'Inside Outside' and recommendations following the Rocky Bennett Independent Enquiry.

The North Central London sector has been successful in bidding to become an Early Implementer site for the framework and BEH MHT are leading this work on behalf of the sector.

The objectives 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 implementation of community development workers to support the delivery of the framework.

We have developed 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 Circles of Fear.

Haringey is also an early implementer site for the Community Development Workers in partnership with the London Development Centre for Mental Health. We are developing proposals for community development workers to work within the Turkish/Kurdish and the African Caribbean communities in a partnership with HARCEN and the voluntary sector.

Implementation of the framework is to develop strategic partnerships across the statutory and voluntary sector to lever investment, build capacity and drive change and improvements to services. Issues of language support will be incorporated into this, building on the local work already undertaken by the Primary Care Trust regarding appropriate language support.

We will undertake a Race Impact Assessment on the overarching Mental Health Strategy and will work with the network in this process.

8.5 Advocacy Services

There is an advocacy service commissioned to work within St Ann's Hospital with Black and African Caribbean services users. The Patients Council also undertake advocacy for inpatients. However, there is concern that this is not sufficient. There is also a concern at the lack of independent advocacy in the community.

The Mental Health Carers Association provides advocacy services to carers of people with mental health problems. There is a need to secure the future funding for this service.

We are developing a proposal for advocacy for the Turkish/Kurdish communities in partnership with voluntary organisations and there will be further plans to enhance the overall ability of advocacy services in the borough.

The need for advocacy will also be considered in the context of the new Mental Health Bill.

National and local strategic planning priorities and context for partnership working:

- ❖ Community Strategy
 - Improving services
 - Narrowing the gap
- ❖ National Service Framework for Mental Health
- ❖ Voluntary sector working /HAVCO/HARCEN

8.6 Learning Disability

This area requires further work on:

- The availability of specialist assessment between MH and LD services for service users with dual diagnosis issues
- Examination of the use of inpatient beds at St Ann's hospital which is being considered through the St Ann's Redevelopment
- Establish clarity on local arrangements for people with Aspergers syndrome.

8.7 Personality Disorder

There are a number of London wide specialist provision/services under development for people with personality disorder following the DoH launch of 'No longer a diagnosis of exclusion'. There are plans to develop a Liaison post for adult inpatient services linked with the Halliwick Day Hospital, a beacon service in Haringey for personality disorder.

We are also exploring the role of the Halliwick expertise with the prevention agenda as regards young people with personality disorder and we will link this with Leaving Care services, the Youth Offending Service and the Anti Social Behaviour teams.

9. Implications for the Commissioning Of Mental Health Services

Current expenditure in Mental Health Services is focused on high cost and low numbers of services and individuals. This is a pattern recognised across all care groups and across Health and Social Care. As services begin to move towards a more community based model of treatment and care there will be opportunities to redistribute resources to support the strategic priorities laid out in this document. This will need to be managed across a number of competing demands. The Mental Health Executive and Partnership Board (LIT), the Children and Young Peoples Partnership Board and the Older People's Partnership Board will be central to the decision making in this process.

Commissioning intentions and plans for Haringey TPCT and London Borough of Haringey are being developed in accordance with the principles and order of priorities as agreed in this strategy.

In order to achieve this 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 as a Key performance target.

10. Getting There – What to Do and In What Order?

10.1 Changes to happen from December 2005:

Adult services

- **Inpatient services:** evaluation of the impact of Crisis Teams on the number of admissions in order to release resources to support priority developments.
- **Enhance Psychiatric Liaison Services at North Middlesex Hospital:** particularly to the inpatient services with a view to planning a full service as a priority for redistributed resources.
- **Community Support:** the proposed model for future community services across Health, Social Care and the voluntary sector will be available for wider discussion in December 2005 and plan for implementation agreed by April 2006.
- **Accommodation:** the Needs Assessment for Housing for people with mental illness will be complete in December 2005. This research will inform the Tender process for Supporting People contracts in April 2006. Gaps in services appropriate for social care commissioning will also be identified through this work, particularly for service users in long term hospital care who could be in a community setting. This work will also be incorporated into the longer term commissioning plans for the statutory sector in regard of the St Ann's Redevelopment.
- **Primary Care:** Referrals management work, clinical protocols between primary and secondary care, establishing the need for enhancing the available provision in primary care to combine as the strategic priorities for Haringey TPCT.
- **Psychological Therapies:** referrals management and network development across statutory and voluntary sector providers to maximise efficiency in the system and evaluate how to meet increased demand 2005- April 2006.
- **Early Intervention in Psychosis service:** wider discussion of proposed model for implementation in September 2006.
- **Dual Diagnosis service:** reconfiguration proposals for the Maple Unit agreed for implementation in 2006.
- **Increased integration of Older People Community Mental Health Teams** by April 2006.

CAMHS services- by December 2006

- Adolescent Outreach Teams to have increased capacity
- Single point of access and referrals management work
- Transition protocols

10.2 Longer-term Changes

Adults and Older People

St. Ann's Hospital; the outline business case for the redevelopment of the St Ann's site is due for completion by December 2005 and is informed by this strategy. This work proposes the numbers for inpatient provision for the future and also takes account of the need for community based provision. The SOC considers the types of care provision; acute care, intensive care and continuing care for both adults and older people as well as how inpatient services should be organised e.g. by diagnosis. This work will also incorporate the need to provide step down care for service users returning to local services from medium secure care and the development of local long-term low secure services.

This process provides a framework for the further redistribution of resources across care groups and from the inpatient setting into the community to be delivered by the relevant partners and will be agreed at the Mental Health Executive.

10.3 Ongoing Improvements

Information Needs

At present the basic health and management information systems across all elements of mental health services are limited. There has been considerable investment in Local Authority I.T. though there are issues of duplication at the team level in integrated services. There are some difficulties ensuring the availability of reliable and timely information. Improving accurate and reliable data collection and the use of information to support strategic planning, commissioning and quality of care improvements is an important strategic priority that involves:

- A major investment in ICT infrastructure and information systems. The Trust is working on a business case within the framework of "Connecting for Health" that if approved would enable the Trust to modernise its ICT so that it could support the Electronic Care Record.
- Some interim investment into the current system, PIMS would bring big improvements in reporting and the more routine generation of information both for clinicians and managers/commissioners.
- Improved data entry and collection within the integrated teams to inform service planning and gather information on need in the borough.

11. Implementation

The Mental Health Executive will oversee the implementation of this strategy and agree the future commissioning plans. The Mental Health Partnership LIT and its associated subgroups will deliver and monitor the strategy implementation on the ground working alongside the Executive.

MHP LIT Subgroups
Social Inclusion – the aim of this group is to consider how to drive up the integration of people with mental health issues within the community through more effective use of employment and educational opportunities and day services.
Primary Care/Community Care – to ensure that care provided to clients within the community is effective and links in with other forms of Mental Health provision and covers the work done by the Community Services group and the Primary Care and Psychological Therapies group and GP representatives from both sides of borough.
Secondary Care – to ensure that Inpatients and Emergency services are providing a high level of care to those clients who are in need of intensive intervention. This would cover the work of the former Inpatients group.
Users – to develop the effective involvement of Service Users in Mental Health structures and to provide feedback on Mental Health strategy and implementation.
Carers - to develop the effective involvement of Carers in Mental Health structures and to provide feedback on Mental Health strategy and implementation.
Housing – to maximise the relevance, availability and integration that housing has within Haringey’s mental health structures. This group will cover Supporting People issues as well as more general operational and strategic issues. This group will also specifically consider rehabilitation services as a key area of accommodation for people with mental health issues.
BME – to consider and address BME issues within Haringey’s Mental Health services.
Performance – To monitor performance and address identified issues.
Providers – a forum for providers of mental health services within Haringey to share information and good practice.
Mental Health services for Older People.
Mental Health Forum – MHS, Police, NLFS, Probation, Housing
Dual Diagnosis – to consider and address mental health issues where they relate to substance misuse

We will utilise pilot approaches and planning tools (service re-design, PDSA) in partnership with all agencies to deliver incremental service change so that services are not de-stabilised and to minimise disruption to service users and carers.

Implementation of this Strategy requires multi agency ownership and partnership working across the Theme Board of the Haringey Strategic Partnership.

It will be important to ensure community engagement and sign up to the Strategy. There needs to be confidence across the public and professionals in the robustness of community services and sufficiency of the back up of hospital services.

12. Children and Older People

We have included work on Children, Young People and Older People within the scope of this work. The respective partnership arrangements will need to take on the identified priorities. Commissioning arrangements within the statutory sector may need to change to reflect this. It is also important that these services remain linked with the Adult strategy and services.

13. Communications

Information about available services, needs to be co-ordinated and in one central point of access. There are a number of websites, information centres, and leaflets available and a service directory is currently being produced for professionals, service users and carers. Service users may be interested in coordinating this function in the borough in the future.

We will also provide a communication plan to support the implementation of the strategy and ensure staff, service users and carers are aware of the changes.

14. Performance Management Framework

We will utilise and enhance existing current joint performance management processes to incorporate targets developed in line with this strategy. Key performance frameworks relevant to this strategy are:

- HTPCT Local Delivery Plan and NHS Performance Rating
- Social Services Performance and Assessment Framework
- Community Strategy floor targets
- Social Services Delivery and Improvement Statement
- National Service Framework for Mental Health Annual Review
- NTA targets for treatment
- Children's National Service Framework
- BEH MHT Performance Rating

15. References:

Dr Foster, 2003 Availability of mental health services in London A report for the Mayor of London

Haringey Teaching Primary Care Trust, 2003 Annual Public Health Report

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McCrone, P and Jacobson B, 2004 Indicators of mental health activity in London: adjusting for sociodemographic need.

Authors

Siobhan Harper, Head of Joint Mental Health Commissioning HTPCT and LBH
Dr Juliet Jensen, Consultant Public Health, HTPCT.

Membership of Leads Strategy Group

Mandy Ansell – CAMHS commissioning lead HTPCT
Alan Beaton – MHSCOP service manager BEHMHT
Helen Brown – Director of Strategy and Performance HTPCT
Sheena Carr- Health Promotion HTCPT
Deborah Cohen – Deputy Chief Executive/Director of Haringey MHS, BEH MHT
Dr Anne Marie Connolly – Director of Public Health, HTPCT
Dr Katrin Edelman – Adult Consultant Psychiatrist, BEH MHT
Dave Fazey – Head of Primary Care, HTPCT
Jim Foyle – AD, specialist MHS BEH MHT
Gillian Lacey – Day services service manager LBH
Bev Jenkins – AD, Joint commissioning substance misuse
Angela Neblett – Specialist Commissioning, HTPCT
Dr Michael Payne – Consultant Psychiatrist MHSOP, and Haringey Clinical Governance Lead, BEH MHT
Jackie Shaw – AD, Community services, BEH MHT
Janice Woodruff – Senior Manager, HTPCT

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The Haringey Local Implementation Team Membership
Dr Dave McCoy – Specialist Registrar Public Health, HTPCT 2003 -4

Appendix 1

1. Existing Local services

Our main local provider of statutory mental health services is Barnet, Enfield and Haringey Mental Health Trust. Within Haringey the Trust provides inpatient services: acute beds, rehabilitation bed and Psychiatric Intensive Care beds for adults as well as admission beds for assessment and treatment, continuing care and a day hospital for older people. Admission beds for adolescents are provided on a Trust-wide basis.

There are four Community Mental Health Teams, two in the East and two in West Haringey. These 4 teams are organised into 8 mini teams covering sectors, which are aligned to inpatient services by sector. The sectors are defined by GP practice within a defined geographical area of the Borough. This means that individuals are referred to services on the basis of the location of their GP rather than where they live.

Recent service developments have established Crisis Assessment and Treatment Teams and Assertive Outreach teams, one in both the East and West of the Borough.

CAMHS services include the Adolescent Outreach Team and Tier 3 community team operating across the borough. There are two community teams for Older People, one in East and one in West Haringey.

The Trust operates an emergency walk in clinic on the St Ann's site and provides a limited Psychiatric Liaison service to Accident and Emergency services at the North Middlesex Hospital.

In addition the Trust provides a variety of specialist psychological therapy services in Haringey: Primary Care Psychology Services, Brief Therapies, a longer term service and a specialist Personality Disorder service. Psychology services for service users with serious mental illness are more limited.

The Trust provides a Dual Diagnosis service as well as a service for drug users, DASH.

The Trust is also a specialist provider of Eating Disorder services and Forensic services that are commissioned through a variety of arrangements with local and London based Primary Care Trusts.

Haringey Social Services are also a provider as well as a commissioner of local mental health services. The Social Work service is delivered through the Integrated Community Mental Health Teams and this service is also provided through Assertive Outreach Teams. The social work input to CATT teams is being developed. The Local Authority also provides CAMHS services through

the CAMHS grant and the Tavistock and Portman provide Haringey's Looked After Children CAMHS service.

Social Services also provide two large day services and a community based Crisis unit for adults, which are all commissioned jointly with Haringey PCT. These are currently outside partnership arrangements.

The joint commissioning arrangements extend to five block contracts with the voluntary sector for residential care and high support supported housing. In addition to these services, Social Services also commission a number of voluntary sector agencies to provide psychosocial support to specific ethnic communities, benefits advice, advocacy and services to support service users and carers.

Haringey Primary Care Trust also commissions mental health services within the voluntary sector, contributing to day services, services for service users and carers. The PCT also commissions a range of same language psychological therapy services and limited services for refugees and asylum seekers within the voluntary sector and with other specialist NHS providers.

The PCT is also a provider of mental health services through the services of GP's and also recently the introduction of Graduate Primary Care workers with a number of practices. The PCT also hosts a significant project funded by the London Development Agency to deliver employment to service users.

There are an established number of voluntary sector providers offering some excellent services in Haringey. This is an area we are keen to develop and coordinate through this strategy, and to increase the community orientated focus within new and existing services.

2. Indicative Funding Of Local Services

<i>Barnet Enfield and Haringey Mental Health Trust</i>	<i>PCT Commissioning spend</i>
CMHTs	£3,065m
Crisis, AOT, ERC, Liaison	£1,889m
Acute Inpatient care	£8,693m
Medium secure care	£7,370m
Rehabilitation inpatient	£1,717m
Psychological therapies	£1,845m
CAMHS	£2,653m
Older people	£2,500m

London Borough of Haringey	SSD spend
CMHTs	£1,555m
Residential care	£1,767m
Voluntary sector	£249k
Mental Health grant	£931k
PCT	PCT Spend
Graduate workers	£75k
Voluntary sector	£783K
LBH and PCT Joint commissioned <i>(Day Services, Crisis Unit Accommodation services)</i>	PCT £2,282m SSD £1,827

Source: NSF Financial mapping return 2004