Report for: Joint Health and Wellbeing Board and Community Safety

Partnership Board

**Title:** Mental Health and Wellbeing Framework 2015 – 2018:

Overview of achievements and what next?

Report

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# 1. Purpose

This joint meeting of Haringey's Health and Wellbeing Board and Community Safety Partnership is an opportunity to bring together system leaders to think collectively about improving the mental health and wellbeing of Haringey's residents.

As we are coming to the end of implementing Haringey's Mental Health and Wellbeing Framework 2015 – 2018, it is important to take stock of significant progress made and identify future areas of focus where working more closely together can add value. <a href="http://www.haringey.gov.uk/sites/haringeygovuk/files/mental\_health\_and\_wellbeing\_framework\_document\_pdf\_2803kb\_0.pdf">http://www.haringey.gov.uk/sites/haringeygovuk/files/mental\_health\_and\_wellbeing\_framework\_document\_pdf\_2803kb\_0.pdf</a>

### 2. Describe the issue under consideration

Since the publication of the Joint Mental Health and Wellbeing Framework in March 2015, significant progress has been made in building strong partnerships and governance across the whole local system, in an enhanced focus on prevention and public mental health, the implementation of recommendations under the four main priorities, and in improving outcomes for residents.

Since the Framework, key developments have been the development of the Haringey and Islington Wellbeing Partnership and the North London Partners in health in care and its Sustainability and Transformation Plan (NCL STP). These two entities now give defined principles and priorities for delivering improvements in mental health and wellbeing at the different geographical areas and providers' landscapes, beyond borough boundaries.

Consideration should be given to utilising those opportunities to progress areas that were less developed in the Framework such as crisis care pathways. Particular attention should be given to the whole pathway of crisis care including preventative aspects, which will support local delivery of national NHS priorities in mental health.

The national context in mental health has changed since the development of the framework, including.

- The NHS Five Year Forward View for Mental Health, with its implementation overseen by Claire Murdoch, CEO of Central and North West London NHS Foundation Trust, who is seconded to NHS England
- The establishment of Thrive London, a pan-London programme on public mental health supported by the Mayor of London and led by the London Health Board
- Establishment of new mental health academic research programmes and funding

#### 3. Recommendation

The Board is asked to:

- Note progress made over the last two and a half years in relation to the recommendations from the Joint Mental Health and Wellbeing Framework
- Discuss and propose ways of working together and across the partnership in order to strengthen delivery of an integrated crisis care pathway
- Note the intention to develop a three year Haringey adult mental health commissioning plan, to succeed the current Framework
- Approve the 2017 Refresh of the Child and Adolescent Mental Health Services (CAMHS) Transformation Plan subject to the national assurance process.

# 4. Background

Following publication of the Framework, Haringey CCG and the Council enabled delivery and implementation of its main recommendations through:

- Creation of joint commissioning posts for both the children and young people and adult mental health portfolios;
- Establishment of 'Section 75' Joint Commissioning Partnership Agreement in September 2016 which includes adult mental health and CAMHS budgets, as well as Adult Learning Disability, Violence Against Women and Girls and Better Care Fund budgets. This brings together commissioning for joint public health, adult social care and local NHS outcomes in these areas;
- Establishment of strategic partnership groups in the Mental Health Executive Group (adults), and Children and Adolescent Mental Health Services Transformation (CAMHS) Board.

Below is a brief description of specific progress made against each of the Framework's four priorities.

### Priority 1 – Promoting Mental Health and Wellbeing

The first Haringey Mental Wellbeing Survey was undertaken in summer 2015 to gain a greater understanding of the mental health and wellbeing in the borough. The results provided a baseline, with the specific aim of increasing the average Warwick-Edinburgh

Mental Wellbeing Scale (WEMWBS) score by 2018. These measurements are now part of the forthcoming residents survey planned for early 2018.

Haringey CCG and LA contributed funding to the development of *Good Thinking*, a quality-assured prevention and early intervention digital service available to all people in London 24/7 which uses targeted marketing to direct Londoners who self-identify as having issues around sleep, anxiety, low mood and stress towards personalised digital interventions (NHS-assured). It is 'prevention at scale' with the potential to improve the mental wellbeing of all Londoners and could also reduce pressure on local services.

Good progress has been made on recommendations related to emotional and mental health wellbeing in schools. At present, every school in Haringey has access to a range of training activities in relation to bullying, reducing self-harm and overall improvement in mental health and wellbeing.

Project Future (MAC-UK) is in its third year and has seen over 200 young people who are offenders and have mental ill health. Of those, over 40% have entered education and training and their mental health and wellbeing has significantly increased. This project won a national, prestigious Health Services Journal award in November 2016.

The Haringey Suicide Prevention Plan was published in 2016 and a multidisciplinary Suicide Prevention Group was established, chaired by a trustee of Mind in Haringey and national expert in suicide prevention. Latest data suggests that suicide rates in Haringey have decreased over the last three years.

Improving mental health and wellbeing and preventing mental ill health is being embedded across other priorities and pathways. For example, Haringey has signed the London Health and Care Devolution Memorandum of Understanding agreement to be a pilot site for a mental health and employment project. This intervention aims to support people who develop mental ill health to maintain their employment and prevent further long-term unemployment.

# Priority 2 – Improving the mental health outcomes of children and young people by commissioning and delivering effective, integrated interventions and treatments, by focusing on transition into adulthood

Since the publication of Future in Mind in 2015, significant investment has gone into child and adolescent mental health services. In Haringey, we have viewed CAMHS in the widest context, and have invested in training for the broader children's workforce as well as increasing the workforce within our mental health providers. We are implementing a Thrive model which focuses on outcomes for children and young people through the delivery of CAMHS provision rather than on the types of services being offered at different tiers. We have rebalanced provision towards earlier intervention and help, recognising the disproportionate numbers of children who were accessing more intensive mental health services. As part of this approach, we have developed innovative services such as CHOICES which takes self-referral from children, young people and parents and an enhanced CAMHS in General Practice pilot. We have also targeted resources at those groups known to be vulnerable to poor emotional wellbeing and mental health, such as children in care and those in the youth justice system

The Haringey CAMHS Transformation Plan attached as Appendix 1 outlines our successes, such as improving the numbers accessing support, but also our challenges,

the biggest of which are the waiting times across our specialist provision. The plan is refreshed annually and assured by NHS England. This document is currently going through this process and is therefore subject to change, as required by NHS England. Following this process, it will be published on the CCG and Council websites.

We are also aware of a number of other challenges including involving parents more effectively in all aspects of CAMHS provision; ensuring that our current range of services at Tier 2 – or, in the Thrive language, 'for those in need of advice and of some help' – is most appropriately commissioned and delivered, and listening to the voices of children and young people. We are acutely aware of the length of time some children and young people wait for CAMHS provision and also that some families do not feel it is appropriate for them, reflected in underrepresentation of some children and young people from BAME backgrounds in CAMHS provision, for example.

We welcome the emphasis in the new Green Paper on working with all schools in a local area to improve mental health and wellbeing and on reducing waiting times, challenging though this may be locally.

Responding to the recent Joint Targeted Area Inspection will be an issue not just for CAMHS provision but across the system and is one of our key priorities for the immediate period.

# Priorities 3 and 4 - Improving mental health outcomes of adults and older people; Commissioning and delivering an integrated enablement model.

Following the agreement of the Framework, a joint commissioner post was created to lead the implementation of the Enablement programme in adult mental health. This post has now been replaced by a permanent Lead Commissioner for Adult Mental Health to embed joined up commissioning of all adult mental health services under the Section 75 Joint Commissioning Partnership Agreement.

The following are highlights of progress which has been in implementing the recommendations in the Framework relating to commissioning standards and quality standards in specialist provision: -

- Financial modelling on how future demand can be managed through changing the current model of care, which will shape the commissioning plan to be developed for 2018 onwards.
- Implementation of London Section 136 suite ('place of safety') guidelines and refresh of local joint protocols in line with the new standards
- Implementation of the NHS Five Year Forward View standards in relation to access to mental health services, specifically for Early Intervention in Psychosis services
- Dedicated areas for mental health assessment in A&E and 24 hours psychiatric liaison service

Some highlights of work with the third sector includes: -

 Commissioning of a specialist employment service ("Individual Placement and Support") which is integrated into the adult social work and specialist mental healthcare teams. This has supported 52 people with severe mental illness into work to date.

- Design and procurement of a 'network' of services to be provided by the third sector to go live in July 2018, which will achieve
  - o a stepped approach to mental health interventions beginning in primary care,
  - o asset based personal support and community development,
  - o peer support and co-production,
  - o integrated pathways within the third sector, and between the network and statutory partners.
- Continuing the commissioning of Welfare Hubs, offering welfare advice in GP surgeries, which we are now extending into secondary mental health teams.

Though not managed under the Enablement programme, the Supported Housing Transformation Plan, and the commissioning of services that address Violence Against Women and Girls, is aligned to and strongly contributes to mental health and wellbeing outcomes.

Under the NCL STP arrangements, Haringey now benefits from: -

- A North Central London-wide perinatal mental health service, focusing on treatment and support of the 5% of expectant mothers with the most serious mental illness
- A women's Psychiatric Intensive Care ward in North Central London, meaning that we no longer have to send women into the private sector, out of area (on average two women from Haringey are receiving such treatment at any one time)
- A pilot which extends and adapts the 'IAPT' talking therapies service to support people with long term physical health conditions, specifically diabetes and chronic obstructive pulmonary disorder, and which will see at least 250 residents in the first year.

Work is ongoing on some of the underlying partnership and contract structures that drive integration, such as 'cluster' based payment mechanisms and care packages in NHS contracts, and an agreement to cover the provision of adult social work within integrated mental health services.

#### **Proposed next steps**

Three outstanding areas where we are looking to accelerate work on the Framework priorities in 2018 are the crisis pathway, the interfaces with the criminal justice system and responses to the recent Joint Targeted Area Inspection on neglect, including developing a more "Think Family" approach where appropriate.

Exploring the first two priorities will include considering alternatives to clinical crisis interventions, which could reach people earlier and reduce harm, and exploring opportunities such as the emerging Serenity Impact Mentoring programme, which supports people who are high frequency users of health and police services whose needs are not adequately met by the current system.

A Joint Targeted Area Inspection on neglect was conducted in Haringey in November 2017 and usefully highlighted the fundamental importance of addressing emotional wellbeing and mental health across the whole system. The Inspection letter, published in January 2018, contained specific findings related to the

commissioning and provision of both adult and child and adolescent mental health services and suggested that these could be enhanced to deliver a stronger "Think Family" approach in the borough, with benefits to children, young people and families. The findings also highlighted current gaps in access to counselling services, particularly for those not reaching the threshold of formal CAMHS provision but in need of early help services. The lack of a coherent approach to parenting was also highlighted and it is recognised that mental health services are an important element of supporting effective parenting, but are not the only answer.

The Joint Strategic Needs Assessment needs to be refreshed with a particular focus on mental health and the needs of people in specific vulnerable groups, most at risk of developing mental ill health. This needs assessment will then inform a strategic commissioning and implementation plan going forward. The plan will need to emphasise a whole system approach to an 'at scale' transformation of services that will build on the success of the Framework. It will also include reference to the main priorities articulated in the NCL STP Mental Health workstream plan.

# 5. Contribution to strategic outcomes

Priority 1 and 2 of the Corporate Plan 2015-18, Health and Wellbeing Strategy 2015-18 Outcomes 8-10, Joint Mental Health and Wellbeing Framework 2015-18.

# 6. Statutory Officer Comments (Legal and Finance) –

#### Legal

Section 195 of the Health and Social Care Act 2012 (duty to encourage integrated working) provides that, a Health and Wellbeing Board must, for the purpose of advancing the health and wellbeing of the people in its area, encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner. The recommendations are in line with the Board's responsibilities to promote and coordinate joint commissioning and integrated provision between the NHS, social care and related children's and public health services in Haringey.

Partners in the Board should consider whether there are likely to be changes in services provided to residents in the Borough as a consequence of the CAMHS Transformation Plans across NCL. If so, the nature and extent of the changes and the need for public consultation, in particular, if there is likely to be an adverse impact on existing services to residents. Partners should also consider the implications on existing contractual and other partnership arrangements for example Section 75 Health and Social Care Partnership Agreements. Partners must ensure that they seek the required authority from their respective decision making body on future changes in service provision arrangements.

### Chief Finance Officer

Presently in its current form, there are no additional financial commitments proposed in this report.

However, whilst the framework in itself does not commit the council to an additional level of resources, agreed in the medium term financial strategy, the development of services going forward will need to give consideration to the financial implications of any proposed longer term strategy at the earliest stage in the process.

# 7. Environmental Implications –

N/A

# 8. Resident and Equalities Implications -

The Council has a Public Sector Equality Duty under the Equality Act (2010) to have due regard to the need to:

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

The three parts of the duty applies to the following protected characteristics: age, disability, gender reassignment, pregnancy/maternity, race, religion/faith, sex and sexual orientation. Marriage and civil partnership status applies to the first part of the duty.

The aim of this report is to ensure that partners are informed of progress and retain an ongoing commitment to the Mental Health and Wellbeing Framework. This will benefit protected groups – including children, older people, and certain ethnic minority groups – who are disproportionately impacted by such health problems.

### 9. Appendices

Appendix 1 – Haringey's CAMHS Transformation Plan Refresh