

MUNICIPAL YEAR 2014/2015 REPORT NO. 113

MEETING TITLE AND DATE:
**Cabinet – 12 November
2014**

REPORT OF:
Ray James – Director of
Health, Housing and Adult
Social Care

Agenda – Part: 1

Item: 7

Subject: Enfield Joint Adult Mental Health
Strategy

Wards: All

Key Decision No: 3938

Cabinet Member consulted: Councillor
McGowan

Contact officer and telephone number:

Bindi Nagra – Assistant Director

E mail: Bindi.nagra@enfield.gov.uk

1. EXECUTIVE SUMMARY

The Government has put good mental health and resilience at the heart of the country and individuals' economic and social wellbeing. Mental health is therefore identified as being "everybody's business" and mental and physical health and wellbeing are to be given equal status.

The Enfield Joint Adult Mental Health Strategy, revised following a 14 week public consultation, is submitted to the Cabinet for sign off.

Improving the mental health and wellbeing of adults living in Enfield has therefore been prioritised by Enfield Council (the Council) and NHS Enfield Clinical Commissioning Group (the CCG).

In line with No Health Without Mental Health, the national mental health strategy, the Council and the CCG have agreed 2 strategic goals:

1. To improve the mental health and wellbeing of the population.
2. To improve recovery for adults with mental health issues.
3. To develop the mental health care system

The strategy addresses the needs of adults with mental health issues aged 18 years or over including transition to and from these services. It also addresses the needs of adults with a learning disability and/or autism and adults who abuse drugs and/or alcohol who also have a mental health problem. The mental health and wellbeing of all carers and support for carers of adults with mental health issues is included in the strategy. A Children and Adolescent Mental Health Service (CAMHS) Strategy.

The strategy identifies the need for improved efficiency and productivity in Mental Health Services in the context of a difficult financial settlement for both the Council and CCG. Both the Council and NHS Enfield CCG get less funding due to grant damping which continues to have a negative impact on the value of our allocation from Central Government.

2. RECOMMENDATIONS

Cabinet is asked to:

- approve the strategic direction, priorities and objectives for adult mental health care in Enfield, as detailed in the Joint Enfield Mental Health Strategy attached at **appendix 1**: and
- Note the strategy is also being considered by the Enfield CCG Executive Team prior to submission by the Governing Body in October 2014.

3. BACKGROUND

- 3.1 The Government has put good mental health and resilience at the heart of the country and individuals' economic and social wellbeing. Mental health is therefore identified as being "everybody's business" and mental and physical health and wellbeing are to be given equal status.
- 3.2 Improving the mental health and wellbeing of adults living in Enfield has therefore been prioritised by Enfield Council (the Council) and N H S Enfield Clinical Commissioning Group (the CCG).
- 3.3 In line with No Health Without Mental Health¹, the national mental health strategy, the Council and the CCG have agreed 3 strategic goals:
1. To improve the mental health and wellbeing of the population.
 2. To improve recovery for adults with mental health issues.
 3. To develop the mental health care system
- 3.4 6 key outcomes are identified in the national mental health strategy:
- More people will have good mental health.
 - More people with mental health issues will recover.
 - More people with mental health issues will have good physical health.
 - More people will have a positive experience of care and support.
 - Fewer people will suffer avoidable harm.
 - Fewer people will experience stigma and discrimination.

The strategy addresses the needs of adults with mental health issues aged 18 years or over including transition to and from these services. It also addresses the needs of adults with a learning disability and/or autism and adults who abuse drugs and/or alcohol who also have a mental health problem. The mental health and wellbeing of all carers and support for carers of adults with mental health issues is included in the strategy.

Enfield Council and CCG have jointly commissioned separate Children and Adolescent Mental Health (CAMHS) Strategy. The joint strategy will set out the way in which Enfield will commission a comprehensive and integrated Emotional Wellbeing and Child and Adolescent Mental Health Service and improve outcomes for children and young people in Enfield ensuring the links between children and adults through transition pathways and joint working are integral to our strategic commissioning approach.

- 3.5 The number of adults with mental health issues is likely to rise by 3% by 2020 as a result of the projected growth in the adult population.

¹ No health without mental health: a cross government mental health outcomes strategy for people of all ages, DH, 2011

- 3.6 In line with the national strategy, a life course approach to service delivery will be adopted, with pathways and services organised and accessible by need rather than age. Care will be better co-ordinated and seamless. The transition from child and adolescent mental health services to services for adults with a functional mental health problem to services for older people who are physically frail, depression and anxiety that starts in later life and/or who have an organic illness (including dementia) will be improved. The needs of families where there is an adult with a mental health problem will also be addressed.

- 3.7 The strategy addresses the following key areas of concern in Enfield:
- Deprivation is a risk factor and proxy indicator of mental health issues in a community. As there are significant areas of deprivation in Enfield with 10 wards being in the top 20 percent most deprived wards in the country and 3 wards being in the top 10 percent most deprived wards nationally, a substantial number of people in Enfield are at significant risk of developing mental health issues.
 - Ensuring that the mental health needs of the significant numbers of people from black and minority ethnic (bme) communities are identified and appropriate support is offered; 39 to 55% of the population is estimated to be from a bme community and it is well established nationally that bme people are over represented in Mental Health Services.

- Supporting the significant numbers of adults in touch with secondary care mental health services who are unemployed to find meaningful occupation or employment; only 4 percent of this group is in work. Evidently this rate is extremely low and must therefore be addressed. However, it should be noted that the average rate of employment for this group nationally is only 6 percent.
- Giving equal priority to mental and physical health; similar to other areas, investment in mental health services in Enfield is significantly lower than for physical health care services per head of population.
- Ensuring a greater focus on supporting adults with mental health issues to recover; this is a challenge faced by most mental health services nationally. Significant action is needed to achieve the joint vision and enable adults with mental health issues to maximise their potential to live independent meaningful lives.

3.8 A number of other priorities for improvement have been identified as required if the vision for improved mental health in Enfield is to be achieved:

- Improving the quality of acute care; inpatient and community based support including in a crisis, inpatient rehabilitation, psychiatric liaison and support on and after discharge.
- Developing the community mental health services infrastructure; training and support to primary care, housing and flexible support, support to find meaningful occupation and/or employment and to maximise income. [Wider determinants of good mental health]
- Ensuring early intervention to support the development of personalised self-management strategies, including access to psychological therapies for those with common mental health issues.
- Challenging stigma and discrimination.
- Improving mental health and wellbeing. Ensuring that care is well co-ordinated/ integrated.
- Ensuring effective transition from child and adolescent to adult mental health services and to older adult mental health services.
- Addressing (mental) health inequalities; in particular those experienced by black minority and ethnic communities and those of lesbian, bisexual, gay and transgender individuals.
- Supporting carers of adults with mental health issues and ensuring the mental health and wellbeing of all carers.

The CCG and the Council have agreed 8 strategic objectives to address these:

Strategic Objectives 2014- 2019

| A To improve the mental health and wellbeing of the population. | |
|--|--|
| 1. | 1. To promote mental health and wellbeing and prevent mental illness. |
| 2. | To reduce inequalities in mental health. |
| 3. | To improve access to mental health assessment, treatment and support. |
| 4. | To improve the mental health and wellbeing of all carers and improve support for carers of adults with mental health issues. |
| B To improve recovery for adults with mental health issues. | |
| 5. | To ensure that mental health care is provided as close to home as possible, personalised, recovery orientated and focused on outcomes. |
| | To improve the quality* and efficiency and therefore outcomes from secondary mental health services. <i>*safety, effectiveness, patient experience</i> |
| C To develop the mental health care system. | |
| 6. | To develop a strong partnership between mental health services, commissioning and providers and ensure that communities, service users and carers are involved in service improvement and planning |
| 7. | To improve the commissioning of mental health services |

- 3.9 In order to support more adults with mental health issues in the community in a preventative capacity, the relationship and interface between primary and secondary care will need to change. We will build on the strengths of the existing model of community support and seek to develop a network model. Effective working relationships between GPs and secondary and statutory Mental Health Services will be established as part of this. Support and training will be provided to GPs, Voluntary & Community Sector and secondary and mental health services. The potential to transfer resources from secondary to primary care to enable this new network model of community focussed care will be assessed in terms of benefits modelling and realisation.

- 3.10 The strategy incorporates the commissioning priorities identified in the mental health commissioning strategy 2013-15 for the boroughs of Barnet, Enfield and Haringey (BEH).
- 3.11 Enfield CCG is currently working with commissioners in Barnet and Haringey and the current tri-borough Mental Health Service Provider to develop a mental health services investment plan as part of its strategic planning processes. These take account of the financial challenges faced by the health and social care system and will address the significant increase in mental health admissions experienced during 2013-14. It will also seek to improve productivity and ensure that localised performance is in line with national benchmarks for the performance of mental health services.
- 3.12 It appears that there may be additional scope for improved efficiency and effectiveness and re-investment across the mental health and social care system by:
- Transferring resources from secondary to primary care based mental health services to support early intervention and diagnosis.
 - Bringing people back to Enfield from out of area placements.

Any proposal for development will be subject to the approval of a business case by the respective Boards of each organisation (Health and Care). Commissioners will bid for national funding where appropriate, and will support the voluntary sector to bid for national charitable and government funds to develop community services.

- 3.13 The strategy will be delivered by the Mental Health Partnership Board and the Mental Health Strategy Implementation Group working in partnership. An initial 2 year work plan will be agreed to support delivery of the strategic goals and objectives.
- 3.14 The current provider of Mental Health Services is the Barnet, Enfield and Haringey BEH Mental Health Trust (BEHMHT). They are commissioned by the 3 Clinical Commissioning Groups on a tri-borough basis. BEHMHT are contracted by BEH CCGs to deliver secondary mental health care and community focussed psychological interventions such as the IAPT services. BEHMHT also provides an integrated health and care service in partnership with the Council. This arrangement is formalised through a section 75 agreement. Similar levels of partnership arrangements are operating in Barnet and Haringey and are considered as a typical model of integrated health and care services for people with mental health issues. The Strategy is relevant to BEH Mental Health Trust as the current provider but would also be relevant to any new provider during the course of

the strategy, should there be a change in all or some of the provision.

4. Consultation on the Strategy

4.1 The Council and the CCG consulted on the draft strategy for 14 weeks from 21 November 2013 to 24 February 2014. 202 people who were considered representative of all stakeholder groups and key organisations participated. Two methods were used to secure feedback during the consultation period:

- A survey questionnaire hosted on the Council, CCG and the current mental health service providers website
- 2 half day public consultation events on 7th and 21st of January 2014 were held on with a focus on the 3 key areas:
 - o Employment
 - o Accommodation
 - o Community focussed mental health services

These topics were set in the wider context of the overall strategy and the attendees of the events were asked to identify priority objectives within each topic.

4.2 Following consultation a detailed report was prepared on the finding and the following amendments to the strategy were made:

- The action that the Council and the CCG will take is more clearly articulated with objectives prioritised and more clearly stated. Timescales for delivery have been refined and are clearly linked to measurable outcomes. However, further development is still required and this will be completed as part of the process of strategy implementation.
- The priority already given to the development of a strong partnership with service users and carers and other stakeholders is given even greater priority and this commitment is stated more clearly throughout the strategy.
- Although already considered as a high priority, ensuring that individuals are supported to engage in meaningful occupation and to secure employment is now the top priority in terms of the direct action needed to improve recovery and enables greatly the development of self-esteem. The wording of this objective has been changed to reflect concerns conveyed during the consultation the possible detrimental impact on some people's wellbeing by talking about the benefits of employment in a generalised way. The very prospect of this [being in employment] may be perceived as unattainable to some. The wording now reads 'meaningful occupation, employment and training'.

- Objective 1 has been amended to read: 'to promote mental health and wellbeing and prevent mental illness'.
 - Objective 3 has been amended to read 'to improve access to mental health assessment, treatment and support'. It includes:
 - Ensuring that there is a clearly defined pathway to services and clearly defined care pathways for each condition.
 - Improving access to information, advice and signposting.
 - Developing an online directory of services including access to self- help materials and guided support.
 - Exploring the potential benefit of a (mental) health and wellbeing centre to support achievement of this and the other objectives.
- 4.3 In order to address concern that the consultation may not have fully reached excluded and disadvantage groups, Objective 1: to promote the mental health and wellbeing of the population and 2: to address inequalities in mental health have also been prioritised, although they received the least support.
- 4.4 The strategy has also been amended to take account of the outcome of the contract negotiations with the current Mental Health Service Provider.

5. ALTERNATIVE OPTIONS CONSIDERED

- 5.1 The Strategy sets out how a) care pathways will be reshaped and b) services and support will be improved for Mental Health Service Users and Carers in the future. It also supports the Council and NHS Enfield CCG to work in partnership. It proposes an approach to commissioning and developing services for mental health service users and carers that are consistent with current legislation and guidance, and is in line with existing Council and NHS Enfield CCG strategies.

6. REASONS FOR RECOMMENDATIONS

- 6.1 The strategy is intended to meet the government's key objectives for the delivery of mental health services and to improve mental health service locally. A Joint Strategy between the CCG recognises the inter-dependency of health and social care and the impact of wider determinants of good mental health.

7. COMMENTS OF THE DIRECTOR OF FINANCE, RESOURCES AND CUSTOMER SERVICES AND OTHER DEPARTMENTS

7.1 Financial Implications

The Strategy identified the need for improved efficiency and productivity in Mental Health Services in the context of a difficult financial settlement for both the Council and CCG. Transferring resources from expensive secondary services to primary care and social care will be imperative if this strategy is to be fully delivered.

The CCG have identified investment requirements for acute activity, psychiatric liaison and Increasing Access to Psychological Therapies.

There are no specific additional funding requirements for the Council in this report.

7.2 Legal Implications

Section 2B (1) of the National Health Service Act 2006 imposes a duty on each local authority to “take such steps as it considers appropriate for improving the health of people in its area”. The actions which may be taken in furtherance of this duty are set out at Section 2B (3) and are very wide, including “(g) making available the services of any person or any facilities”.

In addition, Section 195 (1) of the Health and Social Care Act 2012 imposes a duty on a Health and Wellbeing Board to “encourage persons who arrange for the provision of any health or social care services in that area to work in an integrated manner” “for the purpose of advancing the health and wellbeing of the people in its area”. Section 194 (1) of the same Act requires a local authority to establish a Health and Wellbeing Board for its area.

The proposals set out in this report comply with the above requirements.

8 KEY RISKS

- 8.1 There are no significant risks identified as a result of this strategy and its implementation. Any risks identified whilst implementing the strategy will be included on the Mental Health Partnership Board risk register and managed by the Implementation Group through existing risk management arrangements.

9 IMPACT ON COUNCIL PRIORITIES

9.1 Fairness for all

The Joint Mental Health Strategy recognises the significant BME population in Enfield. Only 4% of those with mental health issues in contact with secondary mental health services are in work.

Deprivation is a risk factor and proxy indicator of mental health issues in a community. As there are significant areas of deprivation in Enfield with 10 wards being in the top 20 percent most deprived wards in the country and 3 wards being in the top 10 percent most deprived wards nationally, a substantial number of people in Enfield are at significant risk of developing mental health issues.

By providing a clear strategic direction for the development of health care and support to people with mental health issues Enfield Council and the NHS will be greatly contributing to the reduction of these inequalities for service users and carers.

9.2 Growth and Sustainability

The Joint Mental Health Strategy highlights the need for people with mental health issues to be supported into employment. By working in partnership with Jobcentre Plus, the Mental Health Trust and other providers the Council and NHS will implement the Strategy to provide opportunities for training, skills workshops, employment advice and information.

9.3 Strong Communities

The Strategy aims to provide a stronger focus on supporting adults with mental health to recover, develop meaningful relationships and participate in the communities in which they live and work. Providing secure and settled accommodation with a job and support to maximise their income will all contribute to building a stronger community.

10 EQUALITIES IMPACT IMPLICATIONS

It is acknowledged that people with mental health issues will have less stable accommodation, be significantly more likely to be unemployed and living in areas of deprivation. To ensure equal access to information and services partnership working is required between the Council, Health Services and voluntary groups and BAME specific groups in the community to minimise cultural and language barriers.

11 PERFORMANCE MANAGEMENT IMPLICATIONS

The strategy will be delivered by the Mental Health Partnership Board and the Mental Health Strategy Implementation Group working in partnership. An initial 2 year work plan will be agreed to support delivery of the strategic goals and objectives and will be monitored by the Health and Wellbeing Board.

12 PUBLIC HEALTH IMPLICATIONS

This Strategy is designed to maintain, and improve, the health and wellbeing of people with mental health issues. At least 1 in 4 adults will experience a mental health problem at some point in their lives and 1 in 6 adults is likely to be experiencing a mental health problem at any one time. People with mental health issues are also much more likely to experience higher levels of physical ill health.

The Strategy ensuring that there is a strong focus on mental health promotion and prevention, early intervention, addressing the wider determinants of mental health and wellbeing, building community resilience and ensuring that equal status and priority is given to mental and physical health and wellbeing. They are also committed to ensuring that there is full scrutiny and accountability across the mental health care system.

**Background
Papers**
None