

THE EXECUTIVE

Tuesday, 19 October 2004

**Agenda Item 5. Moving Forward Together - A Mental Health Strategy
for Barking and Dagenham (Pages 1 - 51)**

Appendix B (attached) is the 'Moving Forward Together - A Mental Health Strategy', which has been circulated separately to Members of the Executive and is available in the Members Rooms, at Public Libraries and via the Internet.

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APPENDIX B

Moving Forward Together

A Mental Health Strategy

for

Barking & Dagenham

2004

Section 1 Introduction and Summary

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Section 1 Introduction and Summary

1.1 Introduction

This strategy has been prepared by the small business group that reports to the Mental Health Board in Barking and Dagenham, and in consultation with a wide range of stakeholders. The Strategy covers services for adults – generally those aged 18 – 65. It addresses the overlaps with Children and Young People’s services including Child and Adolescent Mental Health Services (CAMHS) and with Older People’s Services, but it does not detail those services, which are covered by different planning and delivery systems.

A map of the current planning structure for mental health services in Barking and Dagenham is attached to this document at *Appendix 1*.

A comprehensive consultation “Towards a Mental Health Strategy for Barking and Dagenham” was prepared in October 2003, and was consulted on widely. Written and verbal comments received are summarised in a separate document. We aimed to set the direction of travel for the development of mental health services in Barking and Dagenham for at least the next 3-5 years with an eye to the longer term. We will have an annual review by the Mental Health Board.

Mental health is taking a higher priority in Barking and Dagenham. In 2003/4 there was additional investment from the Local Authority Social Services Department (SSD) and Primary Care Trust (PCT) in local services and further investment in 2004/5 from Social Services to develop a foundation for Early Intervention in Psychosis services. This strategy is intended to form the basis for developing a modern, user centred service that develops services from the low base they were at in 2002 to services that meet national minimum standards and local needs.

The framework is a whole system approach to mental health care and treatment. It sets out a vision for a range of different services to be available, with individual service elements working together to provide a holistic and coherent care plan for individual service users. This vision will not be achieved in the short term. However, priorities for service developments will be set within this context. The strategy provides a route map for getting from where the borough was to where it wants to be. It has to balance a range of needs, views and priorities within a low, but increasing resource base.

We asked questions related to specific issues in the consultation and have taken responses to these and other contributions offered in developing the strategy. The strategy is stronger for the time and trouble that people took to take part in the consultation and the authors would like to thank those individuals and organisations, particularly HUBB (the service users’ advocacy organisation) which took particular time and care to consult a range of service users.

Section 1 Introduction and Summary

1.2 Summary - What this document is about.

This is a summary of the main issues covered in the strategy and the main recommendations arising:

Section 1 – this section – describes the strategy document and its development.

Section 2 describes the background and context. Mental Health services cannot develop in isolation, society in general and Barking & Dagenham in particular is changing rapidly. We need to take account of a range of national drivers for change and local factors. To a lesser or greater extent, these will all influence the direction and pace of change. We have listed our key principles (our shared vision and values) and the groups who have a stake in improving mental health services. We have highlighted factors such as funding – capital and revenue, partnerships, performance, workforce and IT as well as the assessment of need or demand for mental health services locally. We have described in some detail how we are developing plans and how we work in partnership with users, carers and a range of organisations.

Section 3 describes current services and how they will develop over the next few years. Most people with common mental health problems in Barking and Dagenham will have services provided within a primary care setting. We will be increasing the capacity within primary care services to deliver more effective treatments for common mental health problems, facilitate access to specialist advice when required, and improve the physical health of people who require greater support.

We have reviewed arrangements in secondary or specialist mental health services for the small proportion of people who need specialist assessment and sometimes ongoing care and treatment. Most of these people will live in the community with varying levels of support. They will continue to need primary care services; in fact there is considerable evidence that people with mental health problems have poorer physical health than the general population.

Most people who require ongoing care and treatment will be referred to secondary services for assessment and will receive services that are delivered or coordinated by the North East London Mental Health Trust (NELMHT) in partnership with Barking and Dagenham Social Services Department. The aim of most adult services will be to maintain and promote independence and we will be making a number of specific changes to improve services to enable people to recover from the effects of serious mental health problems. We recognise, however, that some people will require services for an extended period and changes need to happen at a pace that suits them.

In **Section 4** we describe how we propose to measure the success of this strategy and conclude with an action plan to make the strategy real.

Section 2 - Background and Context

2.1 Our Vision and Values

This strategy is underpinned by a shared vision and set of values. We have identified the following principles that should apply to the development of services

1. Everyone's mental health and wellbeing matters. We will work with others to raise awareness of this and the importance of the environment, economy, employment, inclusion, housing and education for the mental health of people in Barking and Dagenham. We will also contribute to lessening the stigma of mental illness where we can. We aim to build prevention, early intervention, primary and community services in the borough, both for our existing population and the new population expected as part of Thames Gateway.
2. The system of mental health care should meet the aspirations as well as the range of needs of people. Primary Care Mental Health services should be available for people with less serious common mental disorders as well as those suffering with acute crises or severe mental ill-health. Wherever possible services should be provided in people's own homes
3. Treatment and social care interventions should be of good quality, known to be effective, non-discriminatory and meet a range of needs. Services, including Inpatient services, should meet modern standards of privacy, dignity and care, promote recovery and independence, and should be provided as close to home as possible.
4. The aim of services is to offer choice and service users taking control of their own lives. Service users should be involved in the development and planning of services, the day to day running and operation of individual services with which they are involved, and in the design of their individual care plan. They should be supported in this.
5. Families, friends and neighbours are all linked to mental health and we will take account of this in our work with people, including considering the needs of children and the needs and contribution of carers. Carers should be involved in the design of services. Carers should all be offered individual plans that support them in their caring role. With the agreement of service users they should be involved in the design of individual care plans.
6. Staff who deliver services should be supported and receive high quality training. The system of mental health services should minimise risk to service users, carers, staff and the community. Services should be well co-ordinated with constructive partnerships between service users, carers, staff and all relevant agencies

Section 2 - Background and Context

2.2 Stakeholders

The main groups who will be affected by this strategy are represented on the Mental Health Board:

- Service users (including those in specialist settings)
- Carers
- People who work in mental health services and people who work in other services that people with mental health problems need
- Groups and organisations who advocate on behalf of mental health service users and black and minority ethnic groups
- Groups whose primary aim is to raise mental health issues
- Commissioners, planners and funders of services
- The independent sector

There are other people and organisations that have a stake in mental health services who have supported the development of the strategy and will have an important say in the way that services develop:

- Local authority Councillors and PCT Board Members
- NELMHT
- Primary care and surgery patient groups
- Local acute hospitals providing accident and emergency services.
- Older Peoples Services
- Children and Family Services
- Substance Misuse Services
- The London Ambulance Service
- The Police
- The Probation Service

And of course the community – all current and future residents of Barking and Dagenham.

2.3 National Policy and Requirements

There is no shortage of government direction and guidance for mental health services. Over the past 4 years government has set ambitious targets for improvements in mental health services generally, recognising that we were starting from a low baseline. Most significantly the National Service Framework for Mental Health was published in 1999 followed by more detailed guidance on the size, skill-mix, and function of individual teams and services; and this is added to on a regular basis. More detail of the national guidance concerning frameworks, commitments to future funding, legislation and detailed guidance on service models is attached at *Appendix 2*.

New funding has been provided for mental health services through the NHS and although some has been used for other priorities there has been significant investment in mental health services across the country.

Section 2 - Background and Context

However, in many areas services were at a low baseline and did not have the capacity to develop rapidly following a long period of under investment. Specifically:

- Many buildings, hospitals, clinics, were in a poor state of repair and not fit for the delivery of modern community based services. They will require significant amounts to maintain and bring them up to a reasonable level or to be replaced.
- A significant expansion of the workforce is required to reach acceptable staffing levels and to implement new developments, but there is a long lead in time to train new staff, and a chronic retention problem particularly in the London area with low wages and the high cost of housing.
- The Mental Health Bill has been delayed due to opposition from many groups to the detailed proposals. At present there is no date for a revised Bill to go before parliament and no clear idea of a timescale for implementation.
- There has been considerable organisational change both in integrating social and health care and in the NHS itself at a national and local level with time and energy diverted to the development of new organisations and structures.

As a result developments in mental health services have been slower than many anticipated and implemented in a piecemeal fashion.

2.4 Planning and Delivery Structures (How we plan services and influence improvement)

In common with the rest of the country, all the statutory organisations in Barking and Dagenham, (Social Services, the Primary Care Trust and NELMHT) are expected to meet targets set by government designed to measure progress towards meeting the core standards of the National Service Framework for Mental Health. This is to be done through collaboration and the establishment of a Local Implementation Team (LIT).

The Mental Health Board in Barking and Dagenham incorporates the function of the Local Implementation Team. The Mental Health Board also considers other developments in mental health services not covered by the NSF that have an impact on service users, carers and others. The planning and service delivery structure for the borough has been organised to ensure appropriate accountability, to be as flexible and responsive as possible, to ensure that the links with Children's, Older People's and substance misuse service are effective, and to deal with a large development workload. It is designed to support the commitment of partners to work together to improve mental health services in Barking and Dagenham. (*See Appendix 1*)

Section 2 - Background and Context

Action Point 1

We had many comments during consultation on developing a more systematic and formal approach to representing service user and carer involvement in the work of the Board. During 2004/5 we will work to establish a more formal service user committee, informed by surveys and focus groups.

The main driver for Mental Health performance is monitoring against the key requirements and targets in the NSF. These were also the focus of priority investment by Social Services and the PCT in 2003/4 and 2004/5. Each target is “traffic lighted” rated red, amber or green. New targets in addition to the existing ones come into being each year.

2.5 Minimum Standards and Performance

Performance in mental health is measured through a number of different routes:

- As mentioned, the main driver for Mental Health performance is monitored against the key requirements and targets in the NSF. New targets in addition to the existing ones come into being each year. The LIT reported 13 red lights in autumn 2002’s National Service Framework stage four review. This had reduced to 10 in autumn 2003 and a plan is in place to achieve green status for each. Some of these are dependent upon additional investment. In addition to the NSF targets, Barking and Dagenham has local goals to improve the safe and therapeutic care in in-patient services that may also have a call against resources.
- In the first year that PCT’s have been subject to “star ratings” Barking and Dagenham PCT has been awarded a zero star rating. This has led to an ambitious recovery plan with a focus on the Key Performance Indicators for PCTs. These largely focus on improving access to primary care services and have meant that for the early years of this strategy mental health is unlikely to be the main priority of the PCT.
- Social Services has a clear ambition to achieve radical improvements over the next few years both to improve performance in its own right and to contribute to the Council’s overall Comprehensive Performance Assessment. In spring 2003 it was awarded one star. The Finance and Commissioning Intentions for the Department are based on improving performance through modernising services and investing in priority areas. As mentioned, this includes additional investment in mental health services. Mental Health services are also measured in the Social Services Department’s Performance Assessment indicators, including the numbers of people with mental health problems helped to live at home, how many people receive Direct Payments, unit costs and a range of measures of the quality of care management, including waiting times for assessments and care packages, carers’ assessments and statements of need given.

Section 2 - Background and Context

- The North East London Mental Health Trust (NELMHT) came into being as a specialist mental health trust in 2001. It was awarded two stars in both 2002 and 2003 and has received an encouraging review by CHI. However, NELMHT inherited a large underlying financial deficit from its parent organisations and is required to achieve financial balance which will mean substantial efficiency savings over the next few years.
- The new Commission for Social Care Inspection has merged the functions of the Social Services Inspectorate, the National Care Standards Commission and the Audit Commission's Social Care functions. There are already national minimum standards for residential and home care and the Commission regulates and inspects establishments, foster care etc. It will be developing national minimum standards for day services in the future.

Action Point 2

We are committed to improving performance and meeting then exceeding minimum standards. We will implement the NSF action plan and contribute to the performance requirements of all of our partner agencies. Where we commission or contract for services these will be in line with these requirements.

2.6 Service Users and their Families and Carers

It is very important that the voices of users and carers are properly heard in the development and review of services for the individuals concerned, for service units and teams and for the mental health system as a whole. It is also important that users and their families and carers are provided with adequate support and advocacy in order to make their views known. There was much comment on how to develop the range and quality of users' and carers' involvement and services during the consultation on this strategy.

In 2003/4, involvement and services were as follows:

- HUBB (the local mental health users' group) and Carers of Barking and Dagenham are both represented on the Mental Health Board (Local Implementation Team).
- The revised Care Programme Approach framework seeks to enhance the experience of receiving services for users and carers and assessments and care plans should set out their needs and views. The NSF and Social Services Performance Frameworks measure some of this.
- The Carers' Grant has allowed us to recruit a mental health carers' support worker and has put increased resources into respite care. This was in recognition of low performance in relation to carers assessments and carers services
- The HUBB user group continues to provide advocacy for users both in hospital and in the community. It is likely that demand for this service will increase especially if the role of advocacy is enhanced in a new Mental Health Act.

Section 2 - Background and Context

- Although in Barking and Dagenham HUBB already allow for some payments to users, as users and carers are increasingly involved on a consultancy and training basis, local PCTs and NELMHT will need to plan for more consistent and fair payments for users and carers for such services.
- The Translation and Interpreting Service of B&D provides mental health advocacy for people from ethnic minorities who for language or cultural reasons cannot be best helped by HUBB.
- All NHS Trusts are required to have in place a PALS (Patient Advice and Liaison Service) and to engage with Public and Patient Involvement
- There are formal complaints procedures for NHS Trusts and the Local Authority.
- The PCT and Social Services have developed a Patient, Service User and Public Involvement Strategy, but it is not yet published and people have not yet been aware of it.
- During 2003 all Barking and Dagenham statutory organisations (Local Authority, police, probation and all local NHS Trusts) examined how well they undertook their responsibilities to safeguard children and involvement in the Area Child Protection Committee. In addition, Chief Executives and Chief Officers have met to ensure that both their own organisations and their collective responsibilities to protect children are met. NELMHT has appointed a new designated Child Protection Professional.
- The new Children Bill sets out a formal responsibility for organisations to ensure that in delivering their services they also safeguard children and promote their wellbeing. (A Safeguarding Children Audit was undertaken on a multi-agency basis). This set out a number of areas of good practice and areas for improvement. Action plans are in place and will be implemented and monitored.

Action Point 3

In response to consultation, we will, in 2004/5, undertake work with HUBB, carers organisations and other groups to establish a service user committee. We will also develop a policy on surveys and focus groups can inform the work of units and centres and the Mental Health Board in Barking and Dagenham.

Action Point 4

We will continue to promote a user focussed approach to care planning within the framework of the Care Programme Approach.

Action Point 5

We will work with CMHTs and the Carers' Worker to increase the number of carers' assessments offered and provided

Action Point 6

We will support the implementation of the Safeguarding Children action plans and the new responsibilities set out in the Children Bill

Section 2 - Background and Context

2.7 The Population Needs of Barking and Dagenham

The 2001 census found the London Borough of Barking and Dagenham has a population of 164,000 of which 48% are male and 52% female.

85% of the resident population are said to be White with, 5.1% Asian, 7% Black and 1.9% mixed race. The minority ethnic community population is gradually increasing in the borough. In addition there are an increasing number of refugees and asylum seekers.

Although set at the edge of London, the Borough faces many of the challenges commonly associated with the inner city:

- Families face significant poverty with income levels reported to be amongst the lowest in London.
- The numbers of unemployed, permanently sick or disabled, or otherwise economically inactive are all above the national average.
- Many adults have missed out on good schooling and literacy and numeracy levels, and people with a further or higher qualification are very low compared nationally. However, education in the borough has improved significantly in the last ten years.
- Domestic violence and patterns of drug and particularly alcohol misuse are of concern.
- The numbers of the population that report a subjective sense of being 'in good health', places B&D residents at joint bottom of a survey of all London Boroughs (together with Tower Hamlets and Newham).
- The proportion of lone parent households with dependent children is 10% compared to a national average of 6%. Teenage pregnancy and parenthood is high
- Housing costs are low compared to the rest of London and housing, compared to other parts of London, has been available. This has meant that some inner London Boroughs have placed homeless families or those with high needs in the borough

Barking and Dagenham is at the heart of the Thames Gateway, one of London's largest regeneration sites, with a major growth planned over the next 2 decades. It is predicted that the population of Barking and Dagenham will grow by 16,000 to 180,000 by 2010 and by 65,000 to 229,000 by 2020: an increase of 39%.

Barking and Dagenham has high rates of psychiatric morbidity compared to other similar boroughs as measured by the MINI (Mental Illness Needs Index) index.

In February 2004, the London Development Centre for Mental Health, together with the Institute of Psychiatry and the London Health Observatory published a report: "Indicators of Mental Health Activity in London: Adjusting for Sociodemographic Need". This showed that for Acute Admissions per 100,000 adjusted for need Barking and Dagenham was the 11th lowest in London, for bed-days per 100,000 adjusted for need it was the lowest, for enhanced CPA numbers adjusted for need it was the fifth highest, and for the % 28 day re-admission rate adjusted on the same basis it was the 6th lowest.

Section 2 - Background and Context

Taken together these results indicate that mental health services do well with scarce resources. Most people with severe mental health problems are maintained in the community most of the time. If people do need admission to hospital then generally they only stay there for a comparatively short time.

The Mental Health strategy will need to take into account future population growth and changing patterns of need as well as taking account of current factors.

Action Point 7

A Mental Health needs assessment across the four outer North East London boroughs served by NELMHT is being undertaken now, led by the Strategic Health Authority, and due to report in August 2004.

However, we already know already there is a current low baseline of services, the requirements of the National Service Framework for new services and the London context of high demand.

2.8 Funding and Commitments

2.8.1 Revenue

Funding for services comes from the Primary Care Trust and Local Authority Social Services, these are the two main commissioning bodies. In addition, Supporting People Grant funds housing related support services for people in their homes and in some schemes. There are also some comparatively small grants from Neighbourhood Renewal Fund and charity sources available.

The statutory agencies involved in planning and delivering mental health services in Barking and Dagenham share significant financial challenges that have and will affect the pace of some new developments. However, both the PCT and Social Services are committed to funding mental health services to a level with other parts of London over time.

Application of the current funding formulas for Barking and Dagenham Primary Care Trust (PCT) indicated that local health services are underfunded by £24 million. Although nationally this is being addressed and there will be a gradual adjustment, it will be 20 years before this shortfall is totally eradicated.

Social Services were funded by the Council to the full Formula Spending Share (the calculation made by government of Social Services spend taking account of government grant and Council Tax) for the first time in 2003/4 and this has continued for 2004/5. In making this increase, councillors increased the spend on children's and mental health services for both years.

Section 2 - Background and Context

However:

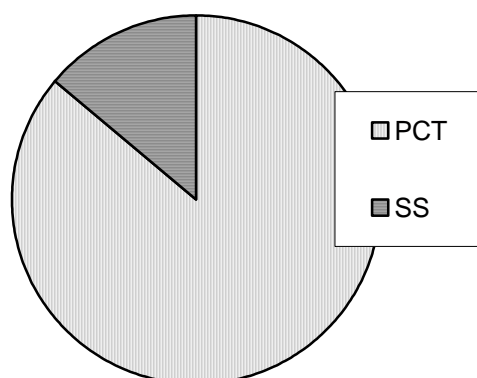
- The Dr Foster Survey that compared the amount spent on mental health services in each borough across London found Barking and Dagenham's mental health services to be amongst the most poorly resourced.
- The mental health services within B&D have been identified as the most poorly resourced across NELMHT. The Commission for Health Improvement of (NELMHT review 2003) expressed concern about the lack of equity in service provision across the four boroughs that NELMHT serves.

The PCT and Social Services made commitments of increased investment in mental health in 2003/4, and Social Services for 2004/5. This included funding for developments in a new Crisis Resolution Team (details below), service development and additional staffing provided for the Assertive Outreach Team to enable a comprehensive service.

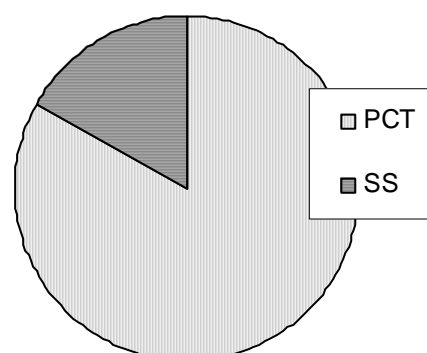
However there remain financial problems within the health economy as a whole with both NELMHT and the PCT facing underlying funding shortages for core services.

2.8.2 Budgets

The following diagrams show spending and budgetary commitments on mental health services in Barking & Dagenham over the past 2 years. The figures for health spending and the budget for the North East London Mental Health Trust are not straightforward. Barking & Dagenham PCT commission a number of services from North East London Mental Health Trust including older peoples', children's mental health and substance misuse services. In addition the configuration of North East London Mental Health Trust (the boroughs it provides services to) has changed, and continues to change, since it was formed with some services contracting which has had an impact on costs.



2003/04		
Gross Expenditure by agency		
PCT	£ 21.6m	86%
SS	£ 3.5m	14%
Total	£ 25.1m	

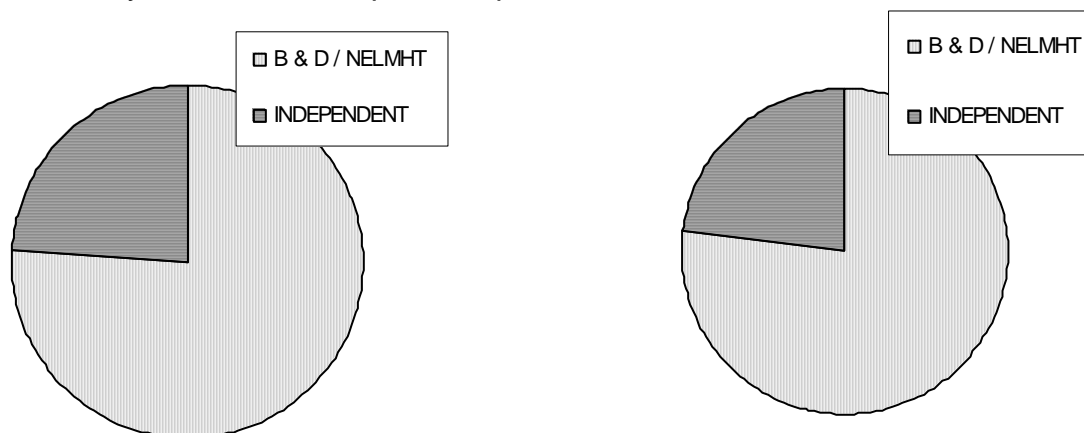


2004/05		
Gross Expenditure by agency		
PCT	£ 18.6m	83%
SS	£ 3.9m	17%
Total	£ 22.5m	

Section 2 - Background and Context

Expenditure

The following charts show expenditure on mental health services in Barking & Dagenham. A considerable amount of funding for mental health services is spent in the voluntary sector and independent placements.



2003/04		
Gross expenditure by provider/type		
B&D/NELMHT*	£ 19.1m	76%
Independent sector	£ 6 m	24%

2004/05		
Gross expenditure by provider/type		
B&D/NELMHT	£ 17.4m	77%
Independent sector	£ 5.1m	23%

*= **NELMHT expenditure contains £3m of non-recurring items in 2003/04**

The PCT has not been able to submit its Finance Map for the annual Autumn Assessment for the last two years. Action on this will be key for the next five years.

Action Point 8

We will produce a detailed finance map for mental health services, to include PCT and Social Services funding, NELMHT expenditure, Neighbourhood Renewal, Supporting People for the annual Autumn Review in 2004.

2.8.3 Capital and Premises

Current premises for primary and community services are, in general, cramped, poorly located and are not good environments to promote mental wellbeing. There is no capacity within them for new service developments and there are a number of “temporary or short-life solutions”. Mascalls Park in-patient services must move off their current site in the next three years.

There are a range of programmes and possibilities to address this.

- There are plans for Primary Care premises to be transformed through the LIFT (Local Investment and Finance Trust) over the next five years. There are opportunities for some community mental health services to benefit from the new build programme through integration with primary care centres and early planning is taking place to explore options

Section 2 - Background and Context

- The council has a capital programme which includes some provision for social services. In relation to mental health, this includes some provision for re-providing services currently on the Barking Hospital site. Early planning is taking place between Social Services, NELMHT and the PCT to review feasibility and options, particularly the scope for developing a Mental Health Resource Centre to include CMHT, Crisis Resolution, Assertive Outreach and potentially some day, rehabilitation or nursed bed facilities.
- Mascalls Park is being re-provided and will provide in-patient services for Barking and Dagenham residents from the Oldchurch Hospital site. The business case, which is based on calculations of the community infrastructure and the new population is now approved.
- We have some immediate issues to resolve such as overcrowding for Community Mental Health Teams and Assertive Outreach Teams, no Dagenham CMHT base, the Crisis Resolution Team being in temporary accommodation, the closure of the Ripple Road continuing care facility and a drop-in service being in poor accommodation
- The Barking Hospital site is under review by the PCT and the Acute Trust. There may be opportunities for making better use of NELMHT owned premises here and elsewhere with capital investment from the Local Authority. Options are being considered.

Action Point 9

Reviewing our capital and premises will be a key requirement for the delivery of services over the next five years. Growth in services and staff requires additional premises. Capital sources are limited but the Borough has some opportunities through LIFT and the capital programme. It remains our long term ambition to improve services by providing them in better quality environments for both service users and staff; to rationalise them and provide them in a less piecemeal way: to co-locate services to improve communication and sharing of expertise, information and staffing resources; to improve pathways for service users.

Action Point 10

In the long term it remains our ambition to develop a mental health resource centre in either Barking or Dagenham, to cover Community Mental Health Team, Assertive Outreach and Crisis Resolution, day hospital and some local crisis and rehabilitation beds. This would be complemented by a base in the other location for the second CMHT. We will be working on this ambition and putting forward capital bids but inevitably we will need to make some short term contingency arrangements to meet immediate needs

2.9 Mental Health Promotion and Social Inclusion

There is considerable evidence that some mental health problems such as depression are linked to factors such as poor housing, employment, educational opportunities, becoming a parent – especially a single parent, and the environment, including crime, anti-social behaviour and drugs.

Section 2 - Background and Context

In addition, people with mental health problems may lose their employment (and then lose income, struggle to pay bills and perhaps then lose their housing) or need help to parent their children.

We also know that having meaningful activity such as a job, further education, or involvement in community activities and stable accommodation contribute to recovery from a mental health breakdown.

Specialist mental health services cannot work in isolation from local and national initiatives in Barking and Dagenham if they are to help people with mental health problems.

In order to meet the needs and aspirations of the community and service users this strategy therefore includes a commitment to tackling stigma and increasing opportunities in the wider community. This includes "health promotion" activities traditionally within the arena of public health to combat levels of common mental health problems such as depression and stress as well as taking steps to improving opportunities and support for people in employment and in maintaining tenancies. Government is currently consulting on mental health and social inclusion through the ODPM and is due to report in the summer.

The Council has a lead role in developing strategies and initiatives that improve and revive the community and it does this through the following measures:

- The Local Authority's Corporate Objectives,
- Vision for the Borough 2020
- The Community Strategy,
- The Social Inclusion Commission
- The Health Inequalities Commission
- The Crime and Disorder Strategy,
- Neighbourhood Renewal Strategy
- Anti- Social Behaviour Strategy
- Regeneration Strategy,
- Sure Start and Children's Fund work
- Drugs and Alcohol Plans

There is a mental health social inclusion co-ordinator who works across Havering and Barking and Dagenham mental health services and a Regeneration and Community Partnerships Manager. We think this area of work is underdeveloped.

Action Point 11

We are developing and publishing a mental health promotion and inclusion strategy. We will consult on this separately during 2004 and it will, in future, be integrated with this strategy.

Section 2 - Background and Context

2.10 Suicide

Government expects annual reductions in the rates of suicide within the population. Although there are high rates of self-harm associated with certain forms of mental illness, there are also high rates amongst particular age groups in the population – particularly young single men. In order to achieve this goal there will need to be measures that address mental distress in the general population as well as a focus on steps to reduce risks to people in contact with mental health services.

Action Point 12

We are completing an audit of suicides in Barking and Dagenham, establishing systems so that we can examine local trends in a more informed fashion and will develop an action plan based on the outcomes of the audit.

Section 3 – Services for People with Mental Health Problems

3.1 Partnerships, the Organisation and Management of services, and Local Interfaces

Mental Health services are provided by a range of statutory and independent providers. This strategy provides a framework for individual service elements in the mental health system to work with each other to provide a systematic approach to the care and treatment of individual service users. *Appendix 3* shows the interface between universal, primary and specialist services.

The majority of specialist mental health services is provided by NELMHT in partnership with Social Services who deliver both NHS, and (by a range of single and joint management processes), social care services. This is a well established partnership and we are seriously reviewing whether we can further strengthen it through a formal “s.31 agreement”. This is a formal partnership under the Health Act and may further clarify lines of accountability, increase security for the future, allow further integration of services, may help to resolve some staffing issues (for instance, Social Services not being able to employ nurses without it) and further improve staff relationships.

We have developed protocols for clear pathways between primary care and secondary services and pathways into specialist services which may be provided by other health trusts, and back to community services when appropriate. There need to be clear arrangements between Child and Adolescent Mental Health, Older Peoples Mental Health and Adult Mental Health services to ensure that people receive care and treatment from the most appropriate service.

There is evidence that children of people with mental health problems often require additional support. They have their own needs that may require input from Children and Family Services or as young carers. Some service users will be disabled and require support from other specialist services. There will need to be clear arrangements for working together with other specialist statutory services to deliver co-ordinated packages of care.

There are critical interfaces between mental health and substance misuse services both because people with mental health needs may also misuse substances and because substance misusers also often experience mental ill health.

We will keep all of these under review as new services such as Early Intervention are developed.

Currently services are commissioned in partnership by the PCT and Social Services Department. A joint commissioning manager is in post to facilitate this.

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Action Point 13

We will develop transitions protocols between adult mental health, CAMHS and Older People's Services to guide and govern working arrangements

Action Point 14

During 2004, we plan to review the arrangements for the organisation and management of services and to consider whether we might be more effective by setting up a formal integration including pooling of budgets through Health Act section 31 arrangements.

3.1.2 Workforce

Delivering existing and future services is entirely dependent upon having enough staff with sufficient skills to be effective in their role. This is true for the NHS, Local Authority and independent sector.

There have been difficulties in staff recruitment and development for at least the last five years, with the commencement of some new services delayed because of this.

Action Point 15

We are developing a Workforce Plan to address the future needs of the service. This is due for completion in 2004.

3.1.3 Information Sharing, Records and IT

The NHS is investing nationally in Electronic Patient Records. However, currently people may have multiple NHS records kept on a range of systems, although NELMHT will keep all records of mental health treatment. Social Services have recently updated its records system for both service user and management information, and this is the basis of its electronic record. This is complicated for staff and service users, with a degree of confusion about where records are held, confidentiality, information sharing and the collation of statistics for planning and required performance returns. Barking and Dagenham Social Services and the PCT have drafted an information sharing protocol. Social Services and NELMHT will work further to develop something similar. This will need to be included within the framework of the s.31 partnership agreement referred to above

Action Point 16

Developing coherent electronic records systems is significantly dependent upon national funding and support and is a continuing process. However, NELMHT, the PCT and Social Services will continue to find means of integrating performance and planning data, maintaining confidentiality and sharing information with service users consent.

Action Point 17

NELMHT and Social Services will develop an information sharing protocol

Section 3 – Services for People with Mental Health Problems

3.2 Existing Services and Service Development

There are a number of different ways of describing a system of prevention, care and treatment. For the purposes of this strategy we decided to do this from the perspective of someone who might or does use the services. Where possible the following sections are structured around the pathway through services.

3.2.1 Primary Care

“Most mental health problems are managed in primary care. One in four GP consultations is with people with mental health problems. So improving these services will have a major impact on the health and well-being of the population.” (NHS Plan).

The Government is keen to see improvements in the capacity of primary care services ability to diagnose, manage, and treat common mental health problems. There also needs to be earlier recognition of more serious problems and clear routes for access to help when required.

Enhanced Primary Mental Health Care

Detailed guidance has been issued describing the roles of additional primary care staff who could offer short-term treatment interventions, and improve access to and liaison with secondary mental health services. In addition there are incentives for GPs to take a special interest in mental health issues and a lead role in planning and delivery of services. Currently counselling services are only available from about a third of GP practices in Barking and Dagenham.

Developments are planned between 2004 – 2006 to introduce additional services to enable a model of enhanced primary mental health care to be implemented. (See flow chart Appendix 4)

This will require the introduction of new posts and functions:

Graduate workers – these are intended to be new posts who will provide short-term evidence based psychological treatment in a primary care setting. The post holders might be training for a career in psychology. Barking and Dagenham could need four to five of these staff but options are being kept open to have fewer but with higher skills. They will supplement the existing counselling service and we are reviewing how to fund and rationalise this development mindful that there will need to be a significant overall expansion of service to meet local need across all GP practices.

Gateway Workers – are also envisaged as additional posts who will work in a primary care setting and A&E departments to provide an experienced triage function ensuring those with the most serious problems receive appropriate help quickly.

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These new staff will be dealing with vulnerable people and will need to make important clinical judgements. They will act as “gatekeepers” to services assessing who is best helped in Primary Care enhanced services, who needs more specialist services and who, in fact, just need some one-off advice and “signposting” to mainstream supports and facilities.

In addition there are a number of recent or planned developments at a primary care level:

Practitioners with Special Interest – The Department of Health has produced updated guidance to describe the role that GPs and nursing staff can play in improving mental health care and treatment in a primary care setting. In addition there are financial incentives through the new contractual arrangements for GPs if they wish to provide enhanced services for people with mental health problems. As part of the new GP contract, the PCT is currently examining how it might develop a local Enhanced Mental Health Service. This would provide help to people with common mental problems of a complexity that cannot be managed with confidence in the primary care setting alone but are not appropriate for referral to specialist mental health services. We will work with G.P.s and other Primary Care professionals to review the development of this role in the PCT.

Walk-in Centres are being promoted as a way of improving access to health care, providing treatment for minor injuries and illnesses seven days a week. The PCT is currently developing these. It intends that the Walk-in Centres have staff with the skills to provide assessment and advice for people with MH problems.

The combination of the above will provide a model of **enhanced primary care**. This will add a service that is intended for people with a common mental health problem who have received at least one intervention at Primary Care level, in line with the Barking and Dagenham guidelines, without significant benefit to the individual, who have an inability to function satisfactorily in various areas of their lives and who cannot be managed with confidence in primary care, and are not appropriate for specialist mental health services.

In Barking and Dagenham we have an insufficient number of GPs and practice nurses working from a range of poor premises. There have been serious difficulties meeting government targets for basic needs; for example, waiting times for access to a primary health care health professional. There is a programme of recruitment and reprovision of surgeries but this will take some time to bear fruit. However the initiatives described above will allow primary care services to focus on solutions to core problems.

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These developments will provide:

- Equitable provision of counselling across the borough, with value for money
- A model that delivers GPs with Special Interests, Gateway Workers, and Graduate Primary Care MH Workers, which are all national targets
- Improved/advanced access
- Appropriate professionals to meet the need
- Reduced waiting time scales for users
- Users benefiting most of all by being able to access the care they need
- Stopping 'revolving door syndrome'
- Voluntary agencies benefiting
- Improved communication from user – GP right through to voluntary organisations
- Improved education to Primary Care
- Better use of CMHTs that can be freed up to work with SMI and high risk patients and develop stronger Dual Diagnosis function.

Action Point 18

We will work closely with primary care to develop and implement a model of Enhanced Primary Health Care with additional capacity in the form of Graduate Primary Care Workers, Gateway Workers, and Practitioners with Special Interests

Action Point 19

We will work with primary care to review and rationalise counselling services.

Action Point 20

We will help with training and support for Walk In Centre staff to deal with mental health problems

3.3 Specialist Mental Health Services

This section describes services that are sometimes called secondary or specialist mental health services. Most of the people who use these services will be on the Care Programme Approach (CPA). They will be in touch with a psychiatrist and they will have a care co-ordinator who is responsible for organising and monitoring their care and treatment package.

3.3.1 Co-ordination of care and treatment in the community - Community Mental Health Teams (CMHTs) and Assertive Outreach

- **Community Mental Health Teams**

These are often the first point of contact with specialist services for patients referred by GPs and will usually be for people with mental health problems that seriously impact on their daily functioning. We have 2 CMHTs providing services to different geographical areas; one covers Barking and the other Dagenham. However both are based at the Hedgecock Centre on the Barking Hospital site in fairly cramped conditions.

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The teams are multi-disciplinary comprising nurses, social workers, OTs, psychologists and psychiatrists. About half the people in touch with mental health services will have a care co-ordinator who will be one of the members of the team.

In Barking and Dagenham the CMHTs have a caseload of approximately 1000 at any one time. New service developments may affect these figures but we do know that there is significant population growth forecast in Barking and Dagenham over the next 20 years. The impact of this growth on local health and welfare services is currently being considered and we may need to plan for an additional team in future. In the meantime, we are looking for opportunities to move one of the teams to a base which will help to make the service more accessible to people in Dagenham.

New developments will allow CMHTs an opportunity to re-focus their services on the priority areas of serious mental illness and people with high risks and very complex mental health problems. In doing so, the CMHTs will develop a more focussed rehabilitation function and will do fewer screening assessments of people with common mental disorders.

Action Point 21

In the context of the developments in Primary Care, we will review the criteria for CMHT involvement. We will increasingly work to improve the services offered by the CMHTs to ensure that they achieve best performance in relation to indicators, including waiting times for assessments and care, statements of need given, reviews and carers' assessments.

Action Point 22

We think that CMHT services are best provided near to the communities they serve and we think it is reasonable for staff to expect to work in decent premises. We are looking for new accommodation for at least one of the CMHTs as a priority. In the future we would like to see one of the teams based in the mental health resource centre referred to above.

- **Assertive Outreach**

Some people need additional help and support in order to keep in contact with mental health services. Assertive Outreach teams provide a flexible, intensive, extended hours service for a small number of people with complex needs.

In Barking and Dagenham we have a core Assertive Outreach service and additional investment has been provided to ensure the team is able to meet local needs and is compliant with national guidance.

The CMHTs and Assertive Outreach Team in Barking and Dagenham will continue to be the platform for co-ordinating care and treatment in the community.

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- **Direct Payments**

Direct payments are a means by which people who have been assessed as needing social care services can receive a payment in order that they can arrange and pay for their own service rather than it being arranged for them. There are a number of conditions set down nationally about the level of payment, what it can be spent on and how it must be accounted for, but it is a means for people to be more in control of how their service is delivered and by whom. Barking and Dagenham currently has a contract with the Independent Living Agency. To provide support for people in order for them to take advantage of this option and we are recruiting to a Direct Payments Officer post who will co-ordinate increases in the number of people using direct payments across social services.

Action Point 23

In May 2004, Direct Payments were not used by people with mental health problems. We intend to increase the numbers of people with mental health problems using Direct Payments over the next few years and to review contracting arrangements for support services to cover this increase.

3.3.2 Early Intervention in psychosis

There is evidence that early identification and treatment of some kinds of mental illness – notably schizophrenia – improves outcomes and speeds recovery. For many people the onset of the symptoms of mental illness happens between the ages of 14 and 35. We do know that many of our current services are not acceptable to young people and this, together with the stigma around mental illness puts many people off seeking treatment.

The NSF sees the development of specific “Early Intervention Teams” as a priority. There is obviously a critical mass required of potential referrals and clinical expertise and for Barking and Dagenham (as in most London boroughs) the model developed by NELMHT and agreed by the LIT is based on the Gloucestershire Partnership Trust model, with strong interfaces to local services, including Children’s Services and with shared staffing across the NELMHT area with a small team based locally.

The pace of development of the service will depend on the commitment of additional investment from the 4 PCTs that cover the NELMHT area. Barking and Dagenham Social Services have committed additional funding for 2004/5, the PCT has not been able to match this year. However, there is considerable enthusiasm across the LIT and the Children’s Services Strategy Group and from responses to the consultation on this strategy to engage in more detailed planning to review how the service might make functioning links with local Education Psychology, Behaviour and Education Support Teams and Social Services in order to build up local critical mass to make the service viable.

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Action Point 24

Funding for 2004/5 will be used to develop the Early Intervention Service and provide some direct work, albeit with a limited group of young people, as a pilot for the service. This will be kept under review and the PCT's funding contribution sought to provide a full service for Barking & Dagenham as soon as possible.

3.3.3 People who require help urgently - Crisis Resolution Services

Barking and Dagenham developed a Crisis Resolution Team (CRT) staffed by nurses, social workers and medical input during 2003/4. The team provides an urgent response to people in mental health crisis 24 hours a day, 7 days a week. It is in temporary accommodation for the next 2-3 years

We also have 3 places in a unit based in Romford that can be used by people who need a short break away from their home environment. We are aiming to link this resource to the new CRT in Barking and Dagenham to provide an alternative for some people who might otherwise need hospital admission in the shorter term and to review whether this can be provided locally in the longer term, together with a permanent base for the team. This requires close support from the staff of the Crisis Resolution Team who will act as the gatekeepers for the service.

Service users will also be able to access other services whilst they are experiencing a crisis, including treatment, and psychological therapies while they live at home.

Action Point 25

We will support the new CRT to become fully established and to make links with services for people needing a short break away from their home environment. We will review accommodation for both of these and seek better and more permanent accommodation

3.4 Employment and Meaningful Activities – Day Services

In Barking and Dagenham we have a range of centre-based services providing daytime activity, and some services providing support and a pathway to employment. Mental health day services are gradually becoming less centre-based and more integrated with mainstream activities including employment, education and leisure, and in Barking and Dagenham we intend to move increasingly in this direction.

3.4.1 Pathways to Employment

Consultation has indicated that we should review support for employment. Given that employment is so key to good mental health, we intend to develop a range of levels of employment support:

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- Help to access Benefits Agency Disability Employment Advisors
- Skills development – both through access to mainstream Life Long Learning and through supported learning
- Integration with and extension of Welfare to Work
- Potential engagement with neighbourhood renewal, co-operatives and local employment and trading schemes
- Supported employment – mainstream employment with support
- Sheltered employment

Current services are as follows:

Workskills opportunities are provided by The Shaw Trust to the residents of Barking and Dagenham and Havering. This includes:

- The Millennium Unit at Harold Hill providing computer training, personal development training and various business projects such as picture framing, light industrial packing and crafts. (Approximately 60 people attend).
- Wellgate Farm located in Marks Gate
- Horticulture based at Havering College, Harold Hill.
- Carpentry. Located temporarily at Wellgate Farm.

Approximately 30 people attend the last 3 schemes.

Rethink Employment Service provides vocational activities, a not for profit scheme and runs a job club and seeks to find real employment for people and to support them in it.

We think these services provide a fragmented level of employment support even though they are valued services.

Rethink Befriending Service is a volunteer befriending service for people with mental health problems who might otherwise be isolated.

3.4.2 Mental Health Day Services

The **Porters Avenue Resource Centre** (PARC) provides a range of activities for people with mental health problems. The building is due for redevelopment as part of a wider LIFT project and the future location and nature of the service is currently being planned and consulted upon. The service will need to continue to meet current need while developing services that will be empowering and inclusive and will need a base from which to function and provide activities. Opportunities for the Porters Avenue Day Service to strengthen partnerships with other providers of Day Services will need to be explored to maximise benefits and efficiencies. We would like the service to have a clearer focus on rehabilitation and recovery.

Drop-in Centres - The Dagenham Association for Mental Health has run two less formal drop-in centres in the borough. The aim has been to provide a user led service that is accessible with an emphasis on socialisation and mutual support for people who might otherwise be isolated. The service

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model has been revised and has a stronger emphasis on empowerment and user involvement and the service is being tendered in 2004. Whilst the William Bellamy Centre has recently been extensively refurbished, the Jessie Dixon drop-in centre in Barking has inadequate premises. Planning for the future of that centre will need to consider partnerships with other providers of day services to maximise benefits and to be viable and efficient.

The **Travelling Day Hospital** operates across Barking and Dagenham and Havering and provides a service 4 days a week on Thames View Estate. It provides some support and structure to service users with long-standing mental health problems.

We are looking to develop a more permanent Day Hospital locally, which would provide structured programmes of treatment, and psychological therapies while service users lived at home and which would complement and support other community based services.

Commissioning Day and Employment Services for the Future

Good practice and planning for a range of needs has indicated that we should plan for a range of day and employment services that support people to be part of mainstream community activities and which meet the needs of a range of people. Currently our day services are fragmented with identified gaps in some instances for parts of the employment support spectrum, for women, younger people and people from minority ethnic communities.

Consultation on this strategy and on other pieces of work over 2002 – 2003 has told us that existing service users can be very concerned about possible change, even when involved in discussions two or three years ahead of those planned changes, and that many who currently do not use services do not do so because they do not see them as meeting their needs.

Action Point 26

We will review employment and day services to develop a more comprehensive range of support and employment opportunities and we will continue to engage with and involve service users and potential users in developments.

Action Point 27

We are currently tendering for day and drop-in services and will develop Service Level Agreements with the successful organisation/s to ensure that user and potential user involvement is central, that robust quality assurance is in place and that they contribute to a spectrum of services as set out above.

Action Point 28

We will review how mental health services can engage more with Welfare to Work models, and with Neighbourhood Renewal and other initiatives through the Mental Health Promotion and Social Inclusion Strategy.

Action Point 29

We will review how premises can best be improved, and how services can be better integrated and located in the context of our work on capital and premises

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3.5 Accommodation, Support at Home and Residential and Nursing Care

Most people with mental health problems live in their own homes and require only occasional or minimal support to maintain their accommodation. For people who require support there is a range of provision available ranging from floating support and Supporting People to 24 hour nursing care.

There is a variety of supported living resources in the borough from Social Services and voluntary sector providers. There is increasing demand for these arrangements.

3.5.1 Supporting People

The Supporting People Programme aims to help people with mental health problems remain independent within the community and prevent the need for more institutional arrangements.

LBBB Supporting People Grant currently funds support for:-

- Community Accommodation Team - 31 people
- LBBB Intensive Outreach Team - 10 people
- Rethink Floating Support - 25 people
- Knights Close (provided by Look Ahead Housing Association) – an accommodation based service for 14 clients
- Outlook Care, 18 people in 3 accommodation based schemes.

There may be other people with mental health problems who live in schemes where the predominant referral route has been through other teams, for instance those with a physical or learning difficulty, those who are elderly (sheltered housing) or homeless.

The new Fred Tibble Court extra care unit is designed for elderly people with dementia or similar diagnosis.

The total direct Supporting People funding is close to £1 million. This is an important contribution to the welfare of this group and is a positive indicator of the way provision can be positive and life enhancing. Supporting People Reviews introduce a Quality Assessment Framework which looks at the nature of the support, ensures standards and determines value for money.

3.5.2 Residential and Nursing Care

Although there has been a successful development of supported living settings in the borough as a more empowering alternative which has increased the range of options available we will still need to be able to offer some residential and nursing care places both for long term or continuing care, and for rehabilitation or in times of crisis.

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A number of schemes providing residential care in Barking and Dagenham are managed by Outlook Care. A small number of people are still placed outside of the area. The management of placements in residential care will continue to be through the Accommodation Panel with the principle being that placements should be made locally wherever possible.

Social Services and the PCT fund a small number of independent places in residential or nursing homes for people who cannot be supported in more independent settings yet do not need to be in hospital. The ultimate goal of all these placements is increased independence, but the pace is dictated by individual need.

There are currently 19 placements funded by either the PCT or the Social Services Department. The cost of these is approximately £671,000 per annum. The majority of these clients have a diagnosis of Schizophrenia although a small number have early onset dementia, which represents about 25% of this total.

In addition to the above, the PCT and Social Services Department further contract with Outlook Care Ltd to provide care for 14 people at Dagenham Road and Maplestead Road. The cost is approximately £543,000 per annum.

Ripple Road Nursing Home, following a period of closure, will change function from continuing care to a rehabilitative model and integrated with the other rehabilitation services provided by NELMHT.

3.6 Community Therapies

There is a variety of therapeutic (mainly psychological) services for people in Barking and Dagenham including the Becontree Psychotherapy Centre, psychology sessions within the CMHTs, and a limited amount of counselling in some GP practices. The organisation of psychology and counselling services is currently under review.

Counselling for ethnic minority groups including mother-tongue provision for refugees and asylum seekers is currently provided through NELMHT resource at the CMHT and through purchased provision in the independent sector. The intention is to improve the targeting of this service and to move it away from the CMHT to a more directly therapeutic community setting.

3.7 Substance Misuse

Currently the strategy for providing care and treatment to people with a Dual Diagnosis (Mental Health and Substance Misuse) Strategy is underdeveloped. There is likely to be a need for additional resources and for ensuring services for people with Dual Diagnosis are properly integrated. There are currently satisfactory arrangements for spot purchasing of in-patient addictions services.

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Action Point 30

Mental health services are focussing work initially on improving co-ordination and care for people in in-patient services with substance misuse problems. We will develop core principles and apply these to new developments in the community.

3.8 Inpatient Services

Mascalls Park

Inpatient services for people from Barking and Dagenham are provided by NELMHT at Mascalls Park – based on the old Warley Hospital site. NELMHT has to move provision from this site due to other plans for its use. A small number of beds continue to be provided at Goodmayes. The current provision does not meet modern standards, is not ideally configured, and is located a long way from the local community.

NELMHT has prepared a plan (an Outline Business Case) for addressing these issues proposing a new modern unit on the site of Oldchurch Hospital which aims to achieve the following:

- Service provided “closer to home”
- Co-location of under and over 65’s inpatient provision to achieve the best use of medical and other therapeutic support and to ensure best use of academic facilities.
- Same site or close to a District General hospital.
- Modern Mental Health inpatient design standards including single sex provision
- Flexible capacity to deal with future changes in demand.

These plans are currently being consulted upon and have taken into account the projected population growth in Barking and Dagenham. They include increased capacity, additional intensive care beds on site, and a co-ordinated approach to the rehabilitation service. Given the costs of running inpatient services we think it makes sense to share these facilities with other neighbouring areas. The longer term ambition for a mental health resource centre in Barking and Dagenham is based on the assumption that the plans for the re-provision of Mascalls Park will go ahead. Details of the proposals are provided in *Appendix 5*.

The new service will include additional inpatient staffing and in the interim NELMHT would like to increase staffing levels on the inpatient wards in order to enhance patient safety.

Action Point 31

The LIT has supported the Mascalls Park re-provision as set out in the OBC and will continue to support its implementation

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Specialist Commissioning, Individual Service Agreements and other specialist non-local services

Barking and Dagenham PCT has various contracts and agreements with out of area NHS providers of specialist mental health services including high secure and special hospitals, eating disorders etc. Barking and Dagenham PCT will continue to collaborate with neighbouring PCTs in the commissioning of specialist mental health services to achieve efficiencies and to avoid unnecessary ISAs, (which are individual contracts taken out where no existing commissioned arrangements can meet an individual's needs).

Some mental health services will continue to have to be provided outside the borough for simple reasons of efficiency and clinical effectiveness. These include services such as forensic mental health in-patient services, in-patient eating disorder services, mother and baby units and a range of other services. The intention is that patients should not be unduly inconvenienced by the location of these services and that local arrangements for liaison with local services are strong.

3.9 Services for Black and Ethnic Minority groups

The communities in Barking and Dagenham are becoming more diverse, particularly in recent years and this will increase further in the future. In addition to existing communities, over the last five years there has been a growing number of asylum seekers and refugees, many of whom are resourceful and resilient, but many of whom have very specific mental health needs because of their experiences.

The DoH published "Inside Outside", an overview of the current responsiveness of mental health services to the needs of people from black and ethnic minority communities in 2004. Concerns have been raised about institutionalised racism in some public sector organisations and there is evidence that some groups (particularly young black men) are over represented within mental health services where there is a greater degree of coercion; and that other groups are under represented. A considerable amount of research has been undertaken which has found that some groups tend to be wary of approaching mental health services due to stigma within their own communities and suspicion about the outcome.

We think all mainstream services should be sensitive to the needs of people from black and ethnic minorities and develop specific initiatives to make their services accessible and which cater for specific ethnic and cultural needs. In addition there needs to be a range of specific services specifically targeted at black and ethnic minority communities in Barking and Dagenham which are presented in an acceptable form and facilitate access, where appropriate, to mainstream services.

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We currently have a small number of services specifically designed to facilitate access to mainstream services including:

- The Translating and Interpreting Services - provided via TIS
- The Mental Health Advocacy Service for ethnic minorities – also provided via TIS
- Some mainstream services have developed specific initiatives:
- NELMHT provide an ethnic minority counselling service
- Day services provide specific groups and activities for their own ethnic minority members

We also currently provide a small amount of “capacity building” funding to EMPA who run small supportive groups.

Action Point 32

We will monitor employment and access to services and increasingly target services on a transitional basis to the needs of particular communities, until their needs are represented in the mainstream. We will adopt a flexible approach to the amount and shape of services for black and ethnic minority communities so that we can respond to the changing population of the area, including evaluating current services and reviewing in light of the changing population. Every service, regardless of provider, will be asked to review services in 2004 – 2006 to ensure that the needs of all of our communities can be met

3.10 Services for Women

The DoH has recently published detailed Implementation Guidance on services for Women *Mainstreaming Gender and Women’s Mental Health* which pulls together the result of an extensive consultation exercise and with previously published standards for inpatient services identifying the requirement of single sex areas on inpatient units. There are no gender specific or women only specialist mental health services in Barking and Dagenham at present. Any provision is confined to women’s groups in mental health day services. There were mixed views during consultation, with a balance that there should be choice for women.

There is some evidence that sometimes women would prefer a single sex environment for a variety of reasons, and that sometimes they do not feel safe in mental health services. There are some examples in other areas of female only provision such as single sex supported accommodation, women’s crisis houses and women only days in day centres. We think all mainstream services should be sensitive to gender issues and provide a safe and welcoming environment for women, but that further work needs to be undertaken to assess the level of demand for women only services and how this provision can be made, for instance with women only groups, areas or days.

Action Point 33

Every service, regardless of provider, will be asked to review services in 2004 – 2006 to ensure that options are available for gender specific services

Section 4 – Measuring Success and Implementation

4.1 Measuring Success

We think it is important to measure the success of this strategy. Some of this will be apparent in:

- New and changed services being up and running
- Having a full complement of staff
- Increased resources – both mainstream and from other sources
- Having more systematic and representative service user and carer involvement
- Services meeting the needs of women and minority ethnic groups
- Improvements in our NSF scorings
- Improvements in star ratings for NELMHT, Social Services and the PCT (although PCTs do not have key indicators relating specifically to mental health services)

We would like to evaluate these changes and their relative value for money and also to start to measure outcomes for our service users and for the population as a whole. We anticipate that the needs assessment referred to earlier in this document will start to point to ways we can do this. The Children's Green Paper "Every Child Matters" pointed to five key outcomes for children: being healthy, staying safe, enjoying and achieving, making a positive contribution and economic well being. We think that actually these are just as likely to apply to us as adults, and will review how they might be incorporated.

In addition we will monitor:

- **Improvements in the psychological health of the population.** (measured by the National Psychiatric Morbidity Survey),
- **Suicide rates.** By a reduction in suicide rates within the borough.
- **Social Inclusion** by tracking progress against a programme of work to combat discrimination and the social exclusion of people with mental health problems and to promote mental health in schools, workplaces and neighbourhoods: for individuals at risk; and, groups which are most vulnerable
- **A Health Impact Assessment.** A Health Impact Assessment can be defined as "a combination of procedures and methods by which a policy, programme or project may be judged as to the effects it may have on the health of a population". The Social Inclusion Co-ordinator will work with colleagues in Regeneration and Public Health to devise and undertake a Health Impact Assessment

Action Point 34

We will monitor the impact of this strategy through NSF and NELMHT, PCT and Social Services' performance improvements. We will evaluate individual service developments and their effectiveness and value for money. In addition, we will develop some outcome indicators over 2004 – 2006.

Section 4 – Measuring Success and Implementation

4.2 Conclusions and Actions

There have been and continue to be significant developments in Mental Health Services in Barking and Dagenham. Within the borough there are:

- High levels of need
- Significant needs for prevention, mental health promotion and social inclusion
- Very committed staff, service users and voluntary groups
- A need to build on this commitment and develop more systematic involvement processes
- Low levels of investment including revenue funding, staffing levels and premises. The PCT is significantly under capitation and is having to address priority improvement and investment in acute general services and primary care in the short term
- Key performance and minimum standards issues
- Significant success in helping people to stay at home through the CPA and enhanced CPA, with low bed usage
- Fragmented services across the whole system, with a need to co-locate and modernise services
- Significant needs to rationalise and update/ re-build premises

The strategy has set these out in order to describe a vision for the whole mental health system for the borough. This is a long term plan, initially for 3-5 years with annual review.

4.3 The following summarises the key actions by issues raised:

User Involvement

1. *We had many comments during consultation on developing a more systematic and formal approach to representing service user and carer involvement in the work of the Board. During 2004/5 we will work to establish a more formal service user committee, informed by surveys and focus groups.*
3. *In response to consultation, we will, in 2004/5, undertake work with HUBB, carers' organisations and other groups to establish a service user committee. We will also develop a policy on surveys and focus groups can inform the work of units and centres and the Mental Health Board in Barking and Dagenham.*
4. *We will continue to promote a user focussed approach to care planning within the framework of the Care Programme Approach.*

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Performance

2. *We are committed to improving performance and meeting then exceeding minimum standards. We will implement the NSF action plan and contribute to the performance requirements of all of our partner agencies. Where we commission or contract for services these will be in line with these requirements.*

Carers

5. *We will work with CMHTs and the Carers' Worker to increase the number of carers' assessments offered and provided.*

Children

6. *We will support the implementation of the Safeguarding Children action plans and the new responsibilities set out in the Children Bill.*

Needs Assessment

7. *A Mental Health needs assessment across the four outer North East London boroughs served by NELMHT is being undertaken now, led by the Strategic Health Authority, and due to report in August 2004.*

Funding

8. *We will produce a detailed finance map for mental health services, to include PCT and Social Services funding, NELMHT expenditure, Neighbourhood Renewal, Supporting People for the annual Autumn Review in 2004.*

Premises

9. *Reviewing our capital and premises will be a key requirement for the delivery of services over the next five years. Growth in services and staff requires additional premises. Capital sources are limited but the Borough has some opportunities through LIFT and the capital programme. It remains our long term ambition to improve services by providing them in better quality environments for both service users and staff; to rationalise them and provide them in a less piecemeal way; to co-locate services to improve communication and sharing of expertise, information and staffing resources; to improve pathways for service users.*
10. *In the long term it remains our ambition to develop a mental health resource centre in either Barking or Dagenham, to cover Community Mental Health Team, Assertive Outreach and Crisis Resolution, day hospital and some local crisis and rehabilitation beds. This would be complemented by a base in the other location for the second CMHT. We will be working on this ambition and putting forward capital bids but inevitably we will need to make some short term contingency arrangements to meet immediate needs*

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MH Promotion and Inclusion

11. *We are developing and publishing a mental health promotion and inclusion strategy. We will consult on this separately during 2004 and it will, in future, be integrated with this strategy.*

Suicide

12. *We are completing an audit of suicides in Barking and Dagenham, establishing systems so that we can examine local trends in a more informed fashion and will develop an action plan based on the outcomes of the audit.*

Liaison and Partnership

13. *We will develop transitions protocols between adult mental health, CAMHS and Older People's Services to guide and govern working arrangements*
14. *During 2004, we plan to review the arrangements for the organisation and management of services and to consider whether we might be more effective by setting up a formal integration including pooling of budgets through Health Act section 31 arrangements.*

Workforce

15. *We are developing a Workforce Plan to address the future needs of the service. This is due for completion in 2004.*

Information

16. *Developing coherent electronic records systems is significantly dependent upon national funding and support and is a continuing process. However, NELMHT, the PCT and Social Services will continue to find means of integrating performance and planning data, maintaining confidentiality and sharing information with service users consent.*
17. *NELMHT and Social Services will develop an information sharing protocol.*

Primary Care

18. *We will work closely with primary care to develop and implement a model of Enhanced Primary Health Care with additional capacity in the form of Graduate Primary Care Workers, Gateway Workers, and Practitioners with Special Interests*
19. *We will work with primary care to review and rationalise counselling services.*
20. *We will help with training and support for Walk In Centre staff to deal with mental health problems.*

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Community Mental Health Services

21. *In the context of the developments in Primary Care, we will review the criteria for CMHT involvement. We will increasingly work to improve the services offered by the CMHTs to ensure that they achieve best performance in relation to indicators, including waiting times for assessments and care, statements of need given, reviews and carers' assessments.*
22. *We think that CMHT services are best provided near to the communities they serve and we think it is reasonable for staff to expect to work in decent premises. We are looking for new accommodation for at least one of the CMHTs as a priority. In the future we would like to see one of the teams based in the mental health resource centre referred to above.*
23. *In May 2004, Direct Payments were not used by people with mental health problems. We intend to increase the numbers of people with mental health problems using Direct Payments over the next few years and to review contracting arrangements for support services to cover this increase.*
24. *Funding for 2004/5 will be used to develop the Early Intervention Service and provide some direct work, albeit with a limited group of young people, as a pilot for the service. This will be kept under review and the PCT's funding contribution sought to provide a full service for Barking & Dagenham as soon as possible.*
25. *We will support the new CRT to become fully established and to make links with services for people needing a short break away from their home environment. We will review accommodation for both of these and seek better and more permanent accommodation*

Day Services

26. *We will review employment and day services to develop a more comprehensive range of support and employment opportunities and we will continue to engage with and involve service users and potential users in developments.*
27. *We are currently tendering for day and drop- in services and will develop Service Level Agreements with the successful organisation/s to ensure that user and potential user involvement is central, that robust quality assurance is in place and that they contribute to a spectrum of services as set out above.*
28. *We will review how mental health services can engage more with Welfare to Work models, and with Neighbourhood Renewal and other initiatives through the Mental Health Promotion and Social Inclusion Strategy*

Section 4 – Measuring Success and Implementation

29. *We will review how premises can best be improved, and how services can be better integrated and located in the context of our work on capital and premises.*

Substance Misuse

30. *Mental health services are focussing work initially on improving co-ordination and care for people in in-patient services with substance misuse problems. We will develop core principles and apply these to new developments in the community.*

Inpatient Services

31. *The LIT has supported the Mascalls Park re-provision as set out in the OBC and will continue to support its implementation*

Equalities

32. *We will monitor employment and access to services and increasingly target services on a transitional basis to the needs of particular communities, until their needs are represented in the mainstream. We will adopt a flexible approach to the amount and shape of services for black and ethnic minority communities so that we can respond to the changing population of the area, including evaluating current services and reviewing in light of the changing population. Every service, regardless of provider, will be asked to review services in 2004 – 2006 to ensure that the needs of all of our communities can be met.*
33. *Every service, regardless of provider, will be asked to review services in 2004 – 2006 to ensure that options are available for gender specific services.*

Outcomes

34. *We will monitor the impact of this strategy through NSF and NELMHT, PCT and Social Services' performance improvements. We will evaluate individual service developments and their effectiveness and value for money. In addition, we will develop some outcome indicators over 2004-2006.*

Section 4 – Measuring Success and Implementation

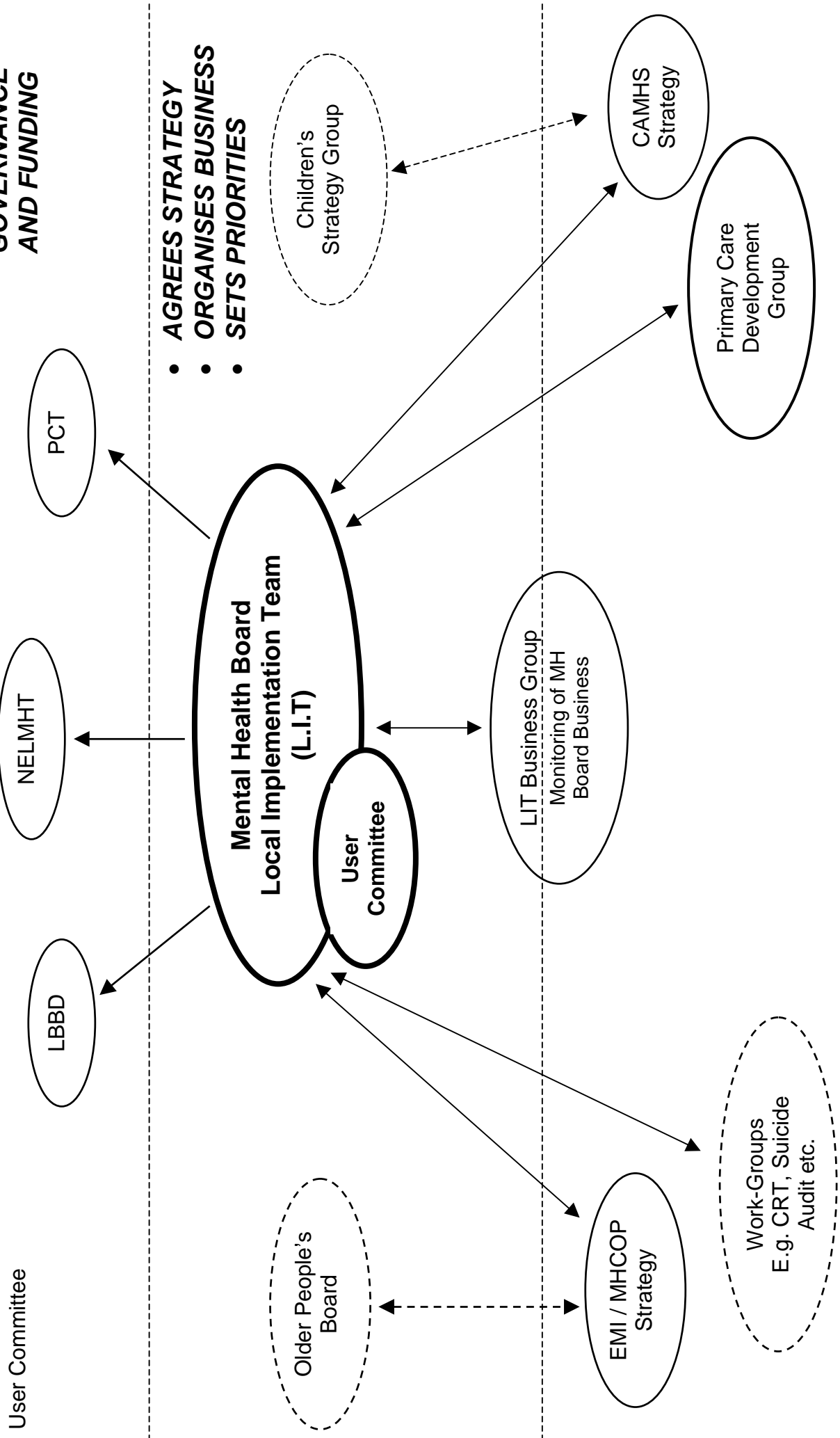
Glossary

ACPC	Area Child Protection Committee
AOT	Assertive Outreach Team
ASW	Approved Social Worker under the Mental Health Act
CAMHS	Child and Adolescent Mental Health Services
CHI	Commission for Health Improvement. This became CHAI – the Commission for Health Audit and Inspection from 01.04.04
CMHT	Community Mental Health Team
CPA	Care Programme Approach
CRT	Crisis Resolution Team – For Barking and Dagenham this also includes the Home Treatment service
DAMH	Dagenham Association for Mental Health
DoH	Department of Health
EIP/ EIS	Early Intervention in Psychosis/ Early Intervention Service
GPCW	Graduate Primary Care Workers
HTS/HTT	Home Treatment Service/ Home Treatment Team
ISA	Individual Service Agreement – for specialist services for individuals that cannot be provided locally
JDC	Jessie Dixon Centre
LBBB	London Borough of Barking and Dagenham
NSF	National Service Framework
NELMHT	North East London Mental Health Trust
ODPM	Office of the Deputy Prime Minister
PARC	Porters Avenue Resource Centre
PCT	Primary Care Trust
PIG	Planning and Implementation Guidance – issued by the Department of Health
SLA	Service Level Agreement – a contract
SSD	Social Services Department
SSI	Social Services Inspectorate – the Commission for Social Care Inspection from 01.04.04
StHA/ SHA	Strategic Health Authority

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APPENDIX 1

GOVERNANCE AND FUNDING



- **AGREES STRATEGY**
- **ORGANISES BUSINESS**
- **SETS PRIORITIES**

- **IMPLEMENTS STRATEGY**

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Appendix 2

The National Policy Context

The current government has presented its mental health policy in a number of documents and initiatives, including those listed below. This list is by no means exhaustive but these act as reference points for the strategy.

Modernising Mental Health Services set the broad direction for safe, sound and supportive mental health services, with clear guiding principles.

The National Service Framework for Mental Health set out a ten-year programme to put in place new standards of mental health care.

The NHS Plan (chapter 14) reinforced the message of the NSF and announced new resource, and new roles – including 1000 new graduate mental health workers for Primary Care

The Policy Implementation Guide gave, (and in its supplements continue to give), detailed guidance on implementing the NSF and NHS Plan. The Guide and its supplements now address: Crisis Resolution, Assertive Outreach, Early Intervention, Primary Care, Mental Health Promotion, Adult Acute Care Inpatient Provision, Dual Diagnosis, Gateway Workers, Community Mental Health Teams, Services for People who are Deaf, Developing Services for Carers and Families of People with Mental Illness, Graduate Primary Care Mental Health Workers, Support, Time and Recovery (STR) Workers, Personality Disorder, and Workforce Design and Development. Consultation documents addressing Mental Health Care for Women, and Black and Minority Ethnic Communities have also been issued.

Saving Lives: Our Healthier Nation includes mental health as one of its four key areas. It sets out a 'national contract for mental health' and establishes the target of reducing the suicide rate by at least one fifth by 2010.

National Suicide Prevention Strategy for England, which sets six goals including monitoring progress toward the Saving Lives target.

Improvement, Expansion and Reform: the next 3 years priorities and planning framework (2003 – 2006) reaffirms mental health as one of the government's four clinical priorities, across all sectors.

Schizophrenia: core interventions in the treatment and management of schizophrenia in primary and secondary care (NICE Clinical Guideline 1). This presents an overview of the way individuals suffering with schizophrenia should be treated within the context of a modern mental health service.

Liberating the Talents stresses the important part to be played by nurses in Primary Care in delivering the NSF and the NHS Plan.

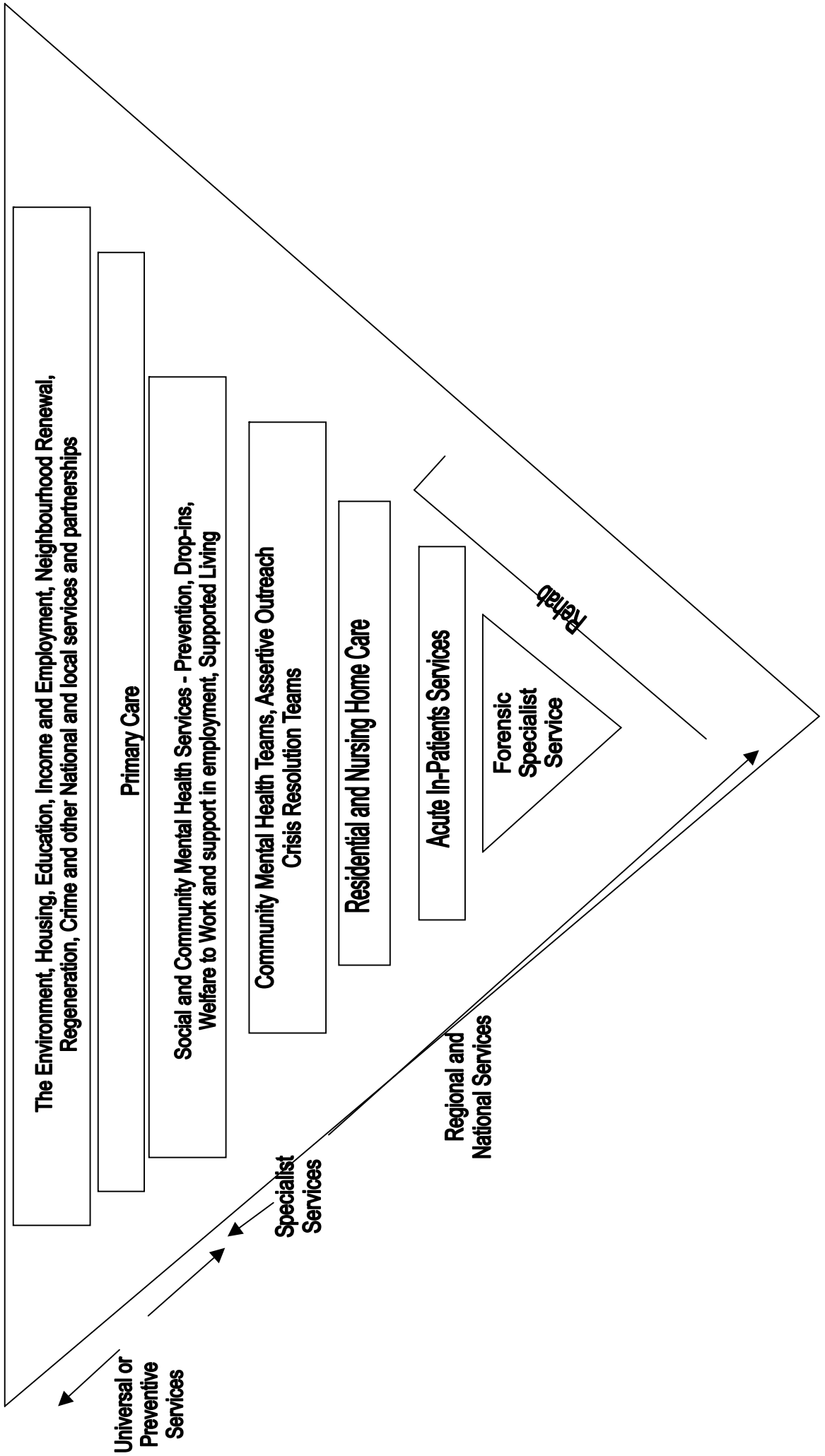
Practitioners with Special Interests. This initiative builds on Liberating the Talents by creating the opportunity to recruit nurses and GP's with special interest in mental health.

Safety Privacy and Dignity in Mental Health Units Guidance on single sex accommodation in inpatient units intended to provide separate areas for women

Women's Mental Health: Into the Mainstream Consultation document on the development of gender specific services

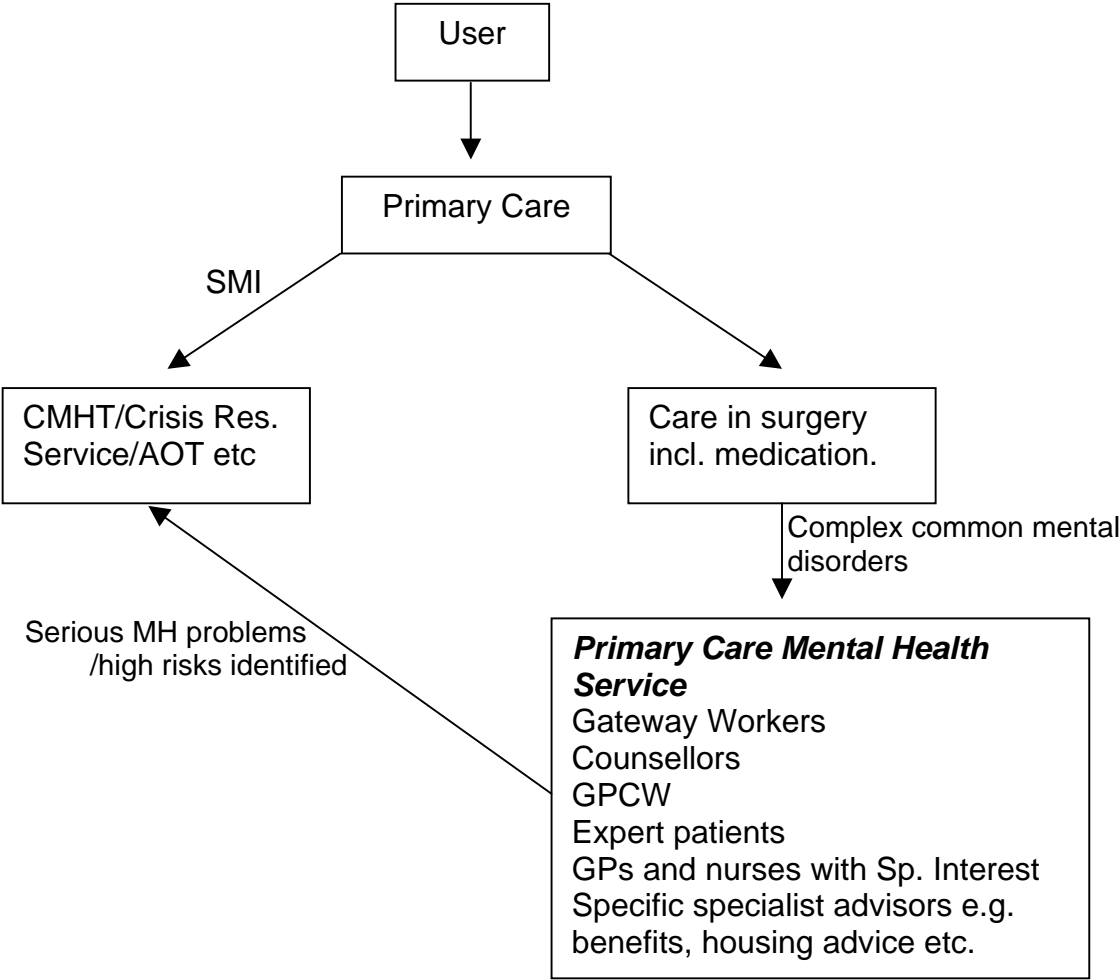
Mainstreaming Gender and Women's Mental Health Implementation Guide following the above consultation covering a range of women's mental health issues including mental health promotion, primary care services and developing gender specific services in specialist settings.

Mental Health Services



Appendix 4

Primary Care Mental Health Pathway



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Appendix 5

Moving on from Mascalls Park

It is recognised that the current staffing on acute inpatient wards is insufficient to provide a safe and therapeutic setting. It is intended to increase staffing levels and ensure appropriate multidisciplinary skills mix to remedy this.

NELMHT's OBC proposes the reprovision of the current Mascalls Park Hospital consistent with commissioning requirements of:

Inpatient capacity

The B&D inpatient capacity has the following components:

	Current	Proposed	Comments	Action
Adult Acute	31	31.5	The 0.5 bed is on account of overall figures being calculated with Havering's and overall bed no's increase from 79 to 80. Proposed number appears realistic.	For LIT to confirm agreement on Adult Acute bed no's on this basis.
Over 65s Acute	16	16	Whether some development of community options would be preferable has not yet been decided to satisfaction of Social Services. There seems scope for some of the proposed provision to be community based. However, current use and throughput of over 65s acute is high.	To validate current over 65's acute usage. For LITs/PCT boards to confirm agreement on over 65's acute beds on this or revised basis.

	Current	Proposed	Comments	Action
Under 65s Rehab	9	4	The change of existing 12-bed continuing care provision Ripple Road, Barking to a rehab model is allowing community rehab model to be developed. Some debate still continues around whether all Rehab reprovision should be community based. However, consultation concluded a mix between hospital and community would be best. Furthermore, the development of low secure rehab provision (see below) and community rehab team provision will support reduction in Mascalls Park under 65s rehab in-patient provision.	NELMHT's consultancy to scope need and report by end of June 2003. For PCT boards to confirm agreement on under 65's rehab beds on this or revised basis.
PICU (Psychiatric Intensive Care Unit)	1.2 (on basis of 3 beds shared with Havering)	4	MINI index indicates need for proposed 4 beds but current usage does not. Possible option for B&D PCT to commission fewer PICU beds (e.g. 2), Havering to commission at the higher level they prefer and for NELMHT to provide spare capacity for income generation and future flexibility.	NELMHT's consultancy to scope need and report by end of June 2003. For LIT/PCT boards to confirm agreement on PICU beds on this or revised basis.

Low Secure Rehab

There is currently no NELMHT contracted low secure rehab provision. There is a recognised need for this and B&D PCT is supporting NELMHT'S developing business case for low secure rehab on the Goodmayes site. Exact details and costs awaited.

Medium Secure Forensic

Barking and Dagenham PCT has a contract with East London and City Mental Health Trust (John Howard Unit, Hackney) for inpatient medium secure forensic treatment plus some associated community linking and support. Currently, B&D and Havering share 11 beds but activity is high with 14 beds being used, mainly by Barking and Dagenham. This additional activity is absorbed within a risk share agreement with the provider.

A FBC for further development of the Hackney site has been approved and aims to deliver the following benefits:

- Need to improve inpatient facilities including enhanced security and women's services.
- Need to move patients from High Security (special Hospitals) to medium security
- Reduce ISAs
- Develop sectorised model that will allow better co-ordination with local community teams.

Barking and Dagenham PCT is not making any additional financial contribution to the developments and there will be no additional capacity for B&D arising from the developments.

However, there will be some additional capacity developed on the site allowing B&D to negotiate access at a later date if necessary as seems quite likely given that current usage of medium secure forensic is so high.

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