

**LONDON BOROUGH OF BARKING AND
DAGENHAM ADULT MENTAL HEALTH SOCIAL
CARE REVIEW**

February 2017

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SUMMARY

This Review of the Mental Health Social Care offer in Barking and Dagenham was undertaken between October 2016 and January 2017, in order to understand the processes and quality of current services, with a particular focus on Social Care outcomes and how these are met through integrated multi-disciplinary teamwork, as well as through wider commissioning arrangements.

The key findings of the Review were as follows:

1. In many areas Barking and Dagenham already has a version of ‘what good looks like’ in mental health. There is evidence of many areas of good practice, local initiative and strengths across Adult Mental Health Services. The challenge is to make this sustainable with clear Care Pathways that reflect the priorities and direction of travel for the Local Authority and keep pace with rising demand and complexity.
2. Social Care outcomes are not as clearly articulated as Health Care outcomes in the current integrated arrangements. These Social Care outcomes are not addressed as a priority in the current arrangements and shortfall in the delivery of the Social Care Local Authority Statutory functions are dealt with reactively.

3. During the course of the Review immediate concerns around Safeguarding and AMHP provision and staffing had to be immediately addressed. The AMHP Service was placed on the Trust risk register as red and the LBBB Corporate Risk Register

4. Implementing effective change will require:

- Implementation and development of the Joint Mental Health Strategy through effective channels.
- Ensure that the Local Authority's statutory duties under the Mental Health 1983 (as amended 2007) and the Care Act 2014 are fully and effectively discharged and that the organisation and delivery of the AMHP Service is strengthened.
- Ensure that there is a stable critical mass of staff with sufficient experience and leadership and managerial input from LBBB within Mental Health Social Care. Further ensure that recruitment, retention and forward planning are given strategic consideration and embedded in operational practice.
- Mental Health Social Work identity, culture and practice to be reclaimed, rather than the Social Work staff undertaking the generic role of Care Management or the Health role of Care Coordinator.
- Provide assurance that all Safeguarding referrals are properly dealt with and recorded. Continue the audit on the Safeguarding function.
- Agreement on reform of integration across statutory mental health services, to bring Social Work nearer to the front of the system and at the interface between primary and secondary care. This in part will require a clear pathway for Mental Health Social Care including involvement with Community Solutions and developments with GP's in particular.
- Consideration of the Older Persons Mental Health Team being part of the LBBB Integrated Care Management Team.
- Focus on supporting people living with long-term conditions in the community.
- Further application of Reablement and Personalisation for improved prevention and recovery and promoting choice and control.

- Stronger Council direct working relationship with Users and Carers of Mental Health Services and the Voluntary Sector to make progress on co-production and peer support and support a richer Voluntary Sector.
- Strong focus on prevention and earlier access to help for children and young people and protecting what is already working well for key vulnerable groups.
- A Strategy in place for addressing the mental health needs of the BaME communities in Barking and Dagenham.
- Revisit the Section 75 agreement that reflects meeting the needs of the Community of Barking and Dagenham and delivering the Local Authority's responsibilities under the Care Act.
- An Implementation Delivery Plan to be drawn up that provides a framework for taking forward recommendations that are accepted by Senior Officers at LBBDD from this Review.

1. INTRODUCTION

1.1 The purpose of this Review is to understand the current Social Care offer, in the context of Barking and Dagenham residents experiencing or living with mental health issues and mental illness. The Review was commissioned by the London Borough of Barking and Dagenham and has mainly focused on Adult Services.

1.2 The method of enquiry is described in the Terms of Reference (Appendix 1+2). It is based on an analysis of information from published documents; interviews with a sample range of stakeholders: including Service Users, Health and Social Care practitioners and managers, LBBDD Commissioners, Senior Managers of the Council, Barking and Dagenham Clinical Commissioning Group, Barking and Dagenham Public Health, North East London NHS Foundation Trust and the Voluntary Sector, and shadowing staff (see Appendix 3). In addition to interviews, I have also observed and participated in a number of meetings in the course of this Review, and made visits to several community sites in Barking and Dagenham where mental health and wellbeing services are delivered.

1.3 This Review has focussed its enquiry, as it has progressed, more on the current Social Care offer and Social Care outcomes, since these are the areas the Council is accountable for, must lead upon and report to national government departments. These are the outcomes the Council must account for to the residents of Barking and Dagenham.

1.4 Because of time constraints, there were some limitations to the scope of this Review. The focus was Adult Mental Health Social Care rather than a whole life course approach. Some providers did not engage, although I did obtain a sense of their views. I only undertook a desktop review of some areas like the Dementia Strategy and did not engage with Substance Misuse Services, Forensic Services, Learning Disability/Mental Health, GP leads, CAMHS and Young People's Services-All of which are crucial and are an integral part of the developing Mental Health Strategy.

1.5 The integrated nature of operations in secondary mental health care sets a challenge in disaggregating Social Care outcomes and responsibilities from Health Care. There are strong arguments for looking at Social Care and Health Care as an integrated single arrangement. This is widely supported by national policy and across professional groups, including Social Work. These arguments were alive in Barking and Dagenham.

1.6 In contrast, recent policy messages have come to prominence with the introduction of the Care Act 2014, where Councils must make arrangements using a single national threshold for access to Social Care provision, the duty to promote well-being in undertaking care and support functions, prevent or delay the need for care and support; and drive forward personalisation and safeguarding. In recent years, many Councils have come away from previous long-standing arrangements of seconding Social Care staff to Mental Health Trusts in response to other priorities, financial pressures, disengaged Social Care Staff, or poor provider Trust performance on Social Care outcomes.

1.7 This Review has taken the issue of integration fully into account in getting under the skin of the local Social Care offer.

2. BACKGROUND

Demography

2.1 Barking and Dagenham has a population of almost 202,000 which is comparatively young, mobile and ethnically diverse. The population has grown 13.4% since 2001 and is expected to rise to 275,000 by 2037. Barking and Dagenham is densely populated and also has a deprived population in relation to other London Boroughs and English authorities. It is a disadvantaged population with poor outcomes. In the 2015 Indices of Multi Deprivation, LB Barking and Dagenham is the 9th most deprived Borough nationally and the 2nd most deprived Borough in London.

2.2 The population of Barking and Dagenham is diverse. Since 2001 the proportion of the population from a minority ethnic background has increased from 15% to 50%. This is predicted to increase to 62% over the next 25 years.

2.3 The population is young. There is the highest proportion of under 16's of anywhere in the UK (54,912). 10% of the population is aged 0-4 and that is a 50% increase since 2001.

2.4 The Strategy and Programme Team (LBBD) is currently undertaking a consultation process for an Equality and Diversity Strategy that will be produced by the Spring of 2017. The Strategy is aligned to the wider ambitions of the Local Authority.

2.5 In 2014/5 according to the JSNA, between 1097 and 1542 Adult Barking and Dagenham residents who were registered with GPs were on the severe mental illness (SMI) register. This is considered to be an underestimate and the Borough sees high levels of severe and enduring mental illness. Numbers in contact with Mental Health Services appears relatively low compared to other Boroughs.

Always start with a strong opening line!

Barking and Dagenham Mental Health Strategy 2016 - 2018

2.6 The Mental Health Strategy supports and aligns with the Council vision of '*One Borough; one Community; London's growth opportunity*'. It provides a specific Barking and Dagenham perspective on the wider planning processes that are underway across North East London, as part of the development of the Sustainability and Transformation Plan for the area.

2.7 The vision for the Mental Health Strategy 2016 – 2018 is for people to be active citizens, to live a meaningful life and make positive contributions to the community that they are part of. Services and support must focus on promoting wellbeing and enabling people who have experienced a mental health problem to be independent, with more people choosing the support they want and a greater range of services to choose from; to support people to achieve their aspirations such as returning to work, living well in suitable accommodation and keeping active.

2.8 The Strategy is predominately focused on adults, but highlights the significance of promoting and protecting the emotional health and wellbeing of children and young people to prevent mental health problems in adulthood. Actions to do this are being taken forward through the *Barking and Dagenham Children and Young People's Mental Health Transformation Plan*, which includes consideration of improved transitions to adult services.

2.9 The Strategy promotes Community Solutions, which will be an early resolution and problem-solving service to help residents to become more self-sufficient and resilient. It is intended that Community Solutions will tackle the multiple needs of households in a joined-up way and at an early stage. It will comprise multi-disciplinary and multiagency teams that will collaborate closely with partners in the voluntary and statutory sectors to deliver early intervention and preventative support based in 3 localities.

2.10 The key theme of prevention runs throughout the Mental Health Strategy and the Borough's Prevention Approach is an inherent aspect of LBBB overall future ambition. The growing prevention agenda promotes the development of a more resilient community, where individuals are empowered and supported to take positive steps towards managing their own wellbeing.

2.11 The four priorities are:

Priority one: preventing ill health and promoting wellbeing

Priority two: housing and living well

Priority three: working well and accessing meaningful activities

Priority four: developing a new model of social support

2.12 This fourth priority provides a focus on more creative, innovative ways to co-produce a new system of mental health care and support, including maximising the benefits of creating a digital front door to advice and support. The role of Social Work and Social Care in this new model needs to be developed, to allow the particular skills and unique contribution of Social Workers to be used to their full benefit in creating a sustainable and responsive approach in the Borough.

2.13 As part of the future design of the Council, Community Solutions will take a holistic approach to providing early intervention and support and will develop responses that will incorporate links to mental health support as required. The new Service will be developed to encourage self-help. The development of 3 Localities being initially rolled out from April 2017 will not directly include Mental Health Social Care per se at the outset, given the complexities of mental health provision and the challenge of establishing and stabilising a new model of delivery. There are 2 GP Federations in Barking and Dagenham. A new Disability all-age will be rolled out in Barking and Dagenham from April 2017.

2.14 The proposed next steps for the Mental Health Strategy 2016 - 2018 are as follows:

- Deliver upon the action plan, monitored and supported through the Mental Health Subgroup.
- Establish and enhance links with other strategies to support the principle of parity of esteem for mental health.
- Continue to develop the Mental Health Strategy 2016 - 2018 to align with and support the implementation of the Growth Commission and Ambition 2020 along with the *NHS Five Year Forward View for Mental Health*.
- Completion of a suicide audit and the development of a local suicide prevention plan in line with Public Health England's on-going programme of work to support the government's suicide prevention strategy. The local plan will link with the Mental Health Strategy 2016 – 2018.

2.15 Integrated commissioning and provision within Barking and Dagenham and across the wider Health and Social Care system is at the heart of the Mental Health Strategy 2016 – 2018. The Strategy further confirms integration priorities that have been identified as part of the BHR system wide approach to Mental Health and developed through the work on devolution. It also reflects the mental health priorities identified as priorities within the work to develop *the North East London Sustainability and Transformation Plan*. These priorities have been developed to reflect the national *Five Year Forward View for Mental Health*, ensuring that there is a link through from nationally identified priorities through to borough and locality level delivery. The development of the Strategy has been supported through the Mental Health Subgroup of the Health and Wellbeing Board whose membership consists of a wide range of partner organisations from across the local Health and Social Care economy including Service Users representatives.

Health and Wellbeing Strategy

2.16 This Strategy will further support the following priorities in the Joint Health & Wellbeing Strategy:

- Increase the life expectancy of people living in Barking and Dagenham.
- Close the gap between the life expectancy in Barking and Dagenham with the London average.

- Improve Health and Social Care outcomes through integrated services.

Barking and Dagenham Mental Health Voluntary Sector

2.17 Barking and Dagenham does not seem to have a strong Voluntary Sector fabric that puts it in a good position to support social inclusion. Unlike a number of other Boroughs it does not have much in the way of well-established community organisations that have a specific interest in mental health or directly support mental health Service Users. The 3rd Sector can also offer non-directive advice, information and signposting through the mainstream/universal services and resources, and to personal budgets to those adults who are eligible to purchase services and access to activities to protect and improve their wellbeing and assist recovery.

2.18 The general Voluntary Sector provision in Barking and Dagenham is likely to remain places where unmet mental health need emerges, for example where individuals are seeking advice and assistance because of housing or welfare issues. This is particularly true of the BaME community. There seems to be a need to engage BAME and marginalised groups on cross-borough engagement events to identify key considerations for promoting and protecting the mental health and wellbeing of Black and Asian minority ethnic and other marginalised groups in Barking and Dagenham as there are indications of hidden mental health problems. Future mental health services for BAME and other marginalised communities could be commissioned through dedicated community-based support services delivered using: Information and Advice; Peer Support; Faith Groups; Community Networks; Self Management; Befriending and Social Inclusion.

2.19 The contract for Healthwatch for Barking and Dagenham ends on 31st March 2017. This has been extended to the end of June 2017 as a contract will be procured for a local Healthwatch and put out for competitive open tender.

Public Health

2.20 Barking and Dagenham Public Health Team are located with LBBD Commissioning Team and provide good data and health intelligence that has informed the Mental Health Strategy, The spend directly on Mental Health is relatively low about 330k. There are Mental Health Promotion activities that are well regarded. For instance in October 2015 the London Borough of Barking and Dagenham (Public Health) re-commissioned Big White Wall to provide the Support Network to local residents. Residents via either postcode self-referral, or a

prescription referral from the IAPT service can access the Big White Wall. Since the initial launch in 2013 to 1st October 2016, Big White Wall has supported 1284 Barking and Dagenham residents, with 561 registering during the 2015/2016-contract year.

2.21 The data below summarises the registrations, demographics and user activity over the 12-month contract period from 1st October 2015 to 1st October 2016.

- 69% of Barking and Dagenham members are female
- The largest proportion of members are aged 25-34
- 15% of members are 'lone parents' and 16% live 'alone'
- 37% of members are in 'full time employment' and 21% are 'unemployed'
- 57% of members heard about Big White Wall via the IAPT service

2.22 Barking and Dagenham members make good use of the SupportNetwork. In the months between October 2015 and October 2016 the average active member in Barking and Dagenham logged in 11.4 times and viewed 131.4 pages. They are active in 'TalkAbouts' and creating 'Bricks', part of Big White Wall's art and writing therapies. On average members in Barking and Dagenham create 4.8 posts (either Bricks, Brick comments or TalkAbouts) and utilise various resources within 'Useful Stuff'.

2.23 Public Health are supporting the development of the London Digital Mental Wellbeing to pilot a digital service that helps Londoners improve and maintain good mental wellbeing. It is based on research that too many people are suffering alone with common mental health. The Service will be rolled out in phases and investigate innovative ways of helping people online create a suite of unique digital products that continually evolve to meet needs. At the outset it will allow local people to:

- Assess their own mental health
- Get information about how to look after their own wellbeing and access support in their communities
- Help them connect with others - including mental health professionals.

This will all be available 24 hours a day seven days a week, and to be initially launched in May 2017.

2.24 Going forward, there will need for clarity over the role Public Health play in relation to prevention for targeted mental health cohorts and for a stronger relationship with Commissioners. The JSNA is a key responsibility along with Health promotion but the impression gained was that more could be spent by Public Health more directly on Mental Health when there is such great need.

Commissioning Arrangements

2.25 Social Care Mental Health Commissioning arrangements for Adults with Mental Health issues are carried out by the Council. A Section 75 agreement is in place with NELFT for the operational delivery of the Local Authority functions. This Section 75 Agreement is monitored through a monthly meeting with Senior Officers from LBBB Commissioning and Operations and NELFT. Concern has been expressed that the Agreement needs more constructive challenge and a rewrite; that it preserves the status quo and does not address the rapid changes happening in the Borough. Changes particularly relate to cultural needs of the growing population or requirements to be delivered under the Care Act. In addition LBBB Commissioners have lead responsibility of developing a Strategy for Mental Health as well as a Market Position Statement. LBBB Commissioners must also take account of Social Care approaches and ensure that all commissioned services supply relevant mental health activity data, including those required for the Adult Social Care Outcomes Framework submission for Councils, with Adult Social Care Responsibilities. These are annual returns through which the Council's performance is measured.

2.26 Nationally, Health and Social Care Services have been challenged to work closely to deliver more effective and joined up and affordable services. Under *the Sustainability and Transformation Plan (STP)*, Improvement Plans for the next five years are being developed in order to improve the health and wellbeing of the local community and tackle the growing demand for high quality health and care services. Within the North East London STP, Barking and Dagenham have developed into an Integrated Care Partnership with Havering and Redbridge.

2.27 The content of *the Better Care Fund revised plans for 2016/7* for the Borough takes into account the development of revised locality delivery networks based on population needs, which is at the heart of the transformation programmes. One of the work streams from the BCF Plan is to clarify the locality model based vision of the Mental Health Strategy and utilisation. Re-tendering is taking place for services to support people into employment and education in order to build resilience and wellbeing. Several Senior Officers have echoed what is being recommended in the Mental Health Strategy about the need for Joint

Commissioning. *The Barking and Dagenham CCG Operating Plan 2017/9*, which does have major saving requirements confirms taking forward integrated mental health commitments. However, some Senior Officers expressed the view that overall locally there was a lack of aligned and joined up commissioning intentions.

Mental Health Adult Social Care Survey Return for 2015-6

2.28 Mental health Users in Barking and Dagenham made returns to the most recent Survey (2015/6). There were 45 respondents of people with mental health issues, made up of 23 males and 22 females of whom 13 are black and 4 are Asian. 38 of the sample were aged 18-64 and the remaining 7 over 64. It is a comparatively small representation of the number of adults living with serious mental health problems in Barking and Dagenham and caution should be exercised about interpretation, but the information should still be given weight:

- *Quality of life as a whole*: 42% said it was satisfactory or poor
- *Control over life*: 86% reported some control,
- *Care and support*: 64% were very satisfied with their support. 2% were extremely dissatisfied.
- *Clean and presentable in appearance*: 14% of the mental health group reported for less than adequate, for not being clean and presentable
- *Home*: 9% were not comfortable or clean enough or not comfortable or clean at all.
- *Safety*: 7% of the sample did not feel safe.
- *Advice and support*: 26% found it not easy or difficult to get information about advice, support and benefits.

These are a reflection of what needs to be done in assuring that User Social Care outcomes improve to achieve social inclusion and quality of life.

Barking and Dagenham Children and Young People's Mental Health Service

2.29 Most mental health problems have their origin in childhood, and half of all mental disorder first emerges before the age of 14 years and three quarters by the age of 25 years. Young people aged 12-25 years have the highest incidence and prevalence of mental illness across the lifespan. In contrast to physical health, which is at greatest risk at the start of life and in old age, mental illness vulnerability peaks at 18 years of age - just at the point where young people are moving into adulthood, and where, typically, service access arrangements change because of age boundaries and legal responsibilities.

2.30 Mental health national policies set clear expectations around meeting the needs of young people, the importance of prevention, early help and intervention and a focus on key transitions is key to reducing the risk of young people developing longer-term mental health problems, with their significant impact on education, employment and quality of life. Transitioning to Adult Services in Barking and Dagenham has been reported as problematic, in spite of the same Mental Health Trust provider delivering CAMHS and Adult Services.

2.31 Another important element of local young people mental health services is Early Intervention in Psychosis which has a good account, The family intervention rate is positive, which is important in relation to wellness and recovery. Currently the CAMHS Strategy has been recently signed off through the Health and Wellbeing Board. This Strategy is encompassed within the Joint Mental Health Strategy. It is intended for a Wellbeing Hub to be established for young People in order to have greater access and early intervention. There are a number of vulnerable groups that need to be reached. For instance *the Adult Psychiatric Morbidity Survey (September 2016)* undertaken by the National Centre for Social Research, highlighted that sexual violence, childhood trauma and pressures from social media were contributing to young women aged 16-24 being identified as a high-risk group.

3. ORGANISATION OF STATUTORY ADULT MENTAL HEALTH IN BARKING AND DAGENHAM

North East London NHS Foundation Trust

3.1 North East London NHS Foundation Trust (NELFT) provide a range of integrated community and mental health services for people in the London Boroughs of Barking and Dagenham, Havering, Redbridge and Waltham Forest and community services in South West Essex. NELFT has an annual budget of £340m and provides care and treatment for a population of 2.5 million people. NELFT is predominantly not a Mental Health Trust and roughly 30% of NELFT work is around Mental Health.

3.2 NELFT was inspected by the Care Quality Commission between the 4th-8th April 2016 and the Report was published in September 2016. CQC rated the Trust as “Requiring Improvement” and served a warning notice in relation to acute mental health wards and Children and Adolescent Mental Health Wards. Training in the Mental Health Act was found to be not part of mandatory training for staff and diversity information not routinely captured. The Trust was providing good access to physical care and was found to have good overall systems and processes for managing safeguarding children and adults at risk. Community Mental Health Services across the 4 Boroughs were rated as good for effectiveness, caring, responsive and well led. Safety in Community Mental Health Services required improvement.

3.3 During the Review the Trust declared an Internal Critical Incident from the 10th to the 14th November 2016 when the mental health wards were closed to new admissions and the Section 136 Suite closed. With a bed availability of 99 beds there were 127 people needing an inpatient bed. There was an intense period of multidisciplinary work to support people in the community at risk of admission or discharge people back to residential accommodation or back home etc. The Trust is reviewing the entire acute care pathway and introduced a new escalation process for bed management. The Trust performs well in a number of areas in relation to other London Trusts such as crisis contact and follow- up and low admission rates. See Appendix for some performance comparisons from *the London Mental Health Dashboard-Summary Report December 2016*.

Mental Health Social Work

3.4 The workforce is made up of:

Adults

1 AMHP/Social Care Lead

3 Senior Social Workers

12 Social Workers

2 Support Workers

2 Admin Staff

Older Persons

1 Senior Social Worker

2 Social Workers

1 Community Case Worker

3.5 1/3 of the qualified staff are locums including 4 AMHP locums out of 8, and 2 of the 4 Seniors are locums. There is little role diversity in the range of staff e.g. there are no OT's undertaking a reablement function. The staff members are spread between Services Based predominantly in the Community Recovery Team and Home Treatment Team and Older Persons Team. There is only 1 locum worker in the Intake and Access Service. The staffing levels and seniority and range of staff does not compare favorably with similar London Boroughs like Southwark and Newham (see Appendix 4) where there is such provision as reablement programmes to support people coming out of hospital and prevent potential admissions and a universal offer to provide access and prevention. Staffing numbers though are difficult to quantify meaningfully until there is clarity, for example, around the role, organisation and duties of the Mental Health Social Care Service in Barking and Dagenham.

3.6 The Older Persons Mental Health Team is managed by an experienced Health Manager who is a qualified Social Worker. Their remit includes the Memory Service, which also covers younger people. The Group Manager for Integrated Care Management signs off the personal budgets for this team. The view was expressed that that team members in the Older persons Mental Health Team did not feel part of the Local Authority.

3.7 There are issues of recruitment and retention of qualified Social Work staff in Mental Health for LBBB and some sickness in the Team. There needs to be stronger Social Care Management arrangements and staffing in place, as the lead Social Worker currently reports to a NELFT Service Manager who has a wide span of predominantly health responsibilities. There is not a sense of key Social Care Outcomes, for instance around personalisation or Carers' assessments, employment, education and training for Users being embedded or given priority. Carers' assessments have dropped further in November 2016 and continue to fall. Social Care staff have collectively and individually strongly expressed dissatisfaction about the current secondment arrangements, though some have also expressed that they do not feel that they belong to Adult Social Care Social Care and that the Social Care direction has been handed over to the Trust. The roles of the Social Care staff are better described as that of a generic care coordinator function that is organised around Care management and the Care Programme Approach (CPA) rather than the professional role with protected title. There is a legacy of a period of 4 years where there was no Social Work lead until the current post holder came into post 2 years ago.

3.8 There is a need for a Senior Social Care Manager to oversee the Social Care delivery and champion the profession and the needs of people and their families where there are Mental Health issues. There needs to be stronger experience of Mental Health delivery within the Local Authority. Input is needed from a Principal Social Worker for Adults, as are in place in a number of Authorities, to raise standards and provide focus of core social Work tasks.

Consideration also needs to be given to the role of Consultant Social Workers being developed and also succession planning. *The Think Ahead Programme* provides a fast track mental health Social Work scheme across the country. Several Authorities have committed to this scheme with a Consultant Social Worker/Practice Educator overseeing the work of the trainee Social Workers. It is positive that there is one Social Work student on placement.

3.9 LBBB Target Operating Model sets out how Adults' Care and Support (AC+S) will be shaped going forward to 2020 in order to meet the needs of local people, and reflects key decisions made including the planned delivery of Community Solutions. The Model sets out a vision for AC+S, which is in line with Care Act requirements that Mental Health Social Care, should play a part in. This includes "making best use of valuable Social Work time" and envisages the introduction of Care Navigators and unqualified staff to release Social Work time. There is positive Senior Officer commitment within LBBB to transform Mental Health Social Care with a Social Care workforce also wanting to establish a stronger Social Care Offer.

Options

3.10 Some options options for reform are:

- a) Maintain the current arrangements with NELFT. However this does not address the necessary reform nor address the poor Social Care outcomes.
- b) Maintain presence in NELFT but the Social Care staff managed directly by a Social Care Group Manager, with consideration of Social Care staff not acting as generic care coordinators but working with those people who are assessed as being eligible for Social Care needs.
- c) Consideration to be given to the Older Persons Mental Health Team, given the small size of the Team and overlap, being assimilated within the LBBB Integrated Care Management Teams.
- d) Establish a Social Care base at least for the mid term, with staff directly managed within a robust Social Care Management structure with a strong commitment to the multidisciplinary partnership, integrated working and colocation particularly with NELFT; and to bring Social Work nearer to the front end of the system at the interface between primary and secondary care.

London Borough of Barking and Dagenham Approved Mental Health Practitioner Provision

3.11 The AMHP service is managed by the London Borough of Barking & Dagenham Social Care/AMHP lead for all Social Care staff in the mental health teams within Barking and Dagenham i.e. Barking and Dagenham Recovery Services, Home Treatment Team, Older Adult Mental Health Team and Barking and Dagenham Access and Assessment and Brief Intervention Team. The AMHP Manager reports to the Assistant Integrated Care Director for Mental Health and Learning Disability Services. Both the Assistant Integrated Care Director and AMHP Manager take a lead role in operational and professional management of the Social Care workforce within Mental Health Services, All professional issues are further escalated through the Section 75 Executive Steering Group through key performance indicator reporting.

3.12 The London Borough of Barking & Dagenham has a S75 Partnership agreement for North East London NHS Foundation Trust to coordinate the Out of Hours Emergency Duty Social Work Service for vulnerable adults, which includes people who may require assessment under the Mental Health Act within Barking and Dagenham. A North East London NHS Foundation Trust Manager oversees the day- to-day operational management of the Out of Hours service, however, the local AMHP Manager still retains the overall responsibility. The EDT Service covers the 4 Boroughs, Waltham Forest, Redbridge, Havering and Barking and Dagenham. Some people interviewed questioned whether the Service offered value for money but it is a challenging Service to run.

3.13 The London Borough of Barking and Dagenham currently commission AMHP training through the North East London AMHP Consortium, who provide all pre-AMHP training, professional AMHP training and on-going refresher training. The training, which is a one-year programme, is subject to rigid entry requirements, including a pre-AMHP course, due to the intensity and complexity of the training that is operated at a Masters level. There are four AMHP places per year from the Consortium, but these have not been utilised fully by LBBDD. All AMHPs and trainees meet fairly regularly at an established AMHP forum. The forum invites guest speakers, chaired by the AMHP Lead and takes place every 6 - 8 weeks.

3.14 The North East London NHS Foundation Trust, through the Section 75 agreement, operationally manages the Mental Health Social Care workforce. LBBDD Mental Health Social Work Staff are seconded and located into NELFT integrated teams in community mental health and other service settings since 2000, through a National Health Service Act 2006 Section 75 Agreement. North East London NHS Foundation Trust and London Borough of Barking & Dagenham have a bi-monthly staff engagement forum for all Social Care workforce within Mental Health Services.

3.15 Access to legal and professional advice is supported by both the North East London NHS Foundation Trust and the London Borough of Barking & Dagenham. All staff have access to professional advice through the AMHP Manager and Assistant Integrated Care Director. Front line staff have access to the North East London NHS Foundation Trust's Mental Health Act Administrator and NELFT Social Work Professional Lead who supports Social Work across the organisation.

3.16 In terms of context there is a national issue of shortfall in AMHP's and increase in demand. An NHS Digital Report (Nov 2016) reported that detentions under the Mental Health Act in 2015/6 were up 9% from the previous year with a significant 18% increase in NHS based Place of Safety. Community Care Research (Andy Nicholl September 2016) highlighted that AMHP Numbers dropped 7% from the period 2013/4-20115/6.

3.17 In February 2016 the Chief Social Worker wrote to Directors of Adult Services to ensure that each Local Authority had "effective workforce management and succession planning to enable on-going sufficiency of AMHP's and good workload management." A report was sent to the Chief Social Worker giving an undertaking that the AMHP Service in Barking and Dagenham was fit for purpose. However effective workforce management and succession planning, to enable on-going sufficiency of AMHPs and workload management is a challenge. There are 10 AMHPs currently practising during daytime in London Borough of Barking and Dagenham. 7 are permanent staff and 3 are locums. A Community Mental Health Nurse undertook AMHP training but did not complete the training. Recruitment of qualified and experienced AMHPs into vacant social work posts, has presented a problem. In 2015 mental health services recruited into three vacant Social Work posts and one Senior Practitioner post. Whilst specifying on the person specification that AMHP qualification or willingness to train was essential, the Service was unsuccessful in securing qualified AMHPs at this recruitment event; instead four newly qualified Social Workers were recruited and joined Mental Health Services. All are subject to ASYE training and will be eligible for AMHP training in 2017.

3.18 An Acute Crisis Assessment Team filters all Community requests for a Mental Health Assessment. However the Service appears to be too thin and vulnerable in terms of sustainability. The work is demanding and requires detailed working knowledge of the Mental Health Act/DoLS/the Mental Capacity Act/the Human Rights Act etc. There are obstacles like the forthcoming impact of the Crime and Justice bill, bureaucratic delay in gaining a Section 135 warrant from the Court for powers of entry, a need to book in Police involvement, ambulance delays (which is being addressed by the Trust) and no Section 12 Approved Doctor rota during the working day- meaning that the duty Section 12 Approved Doctor at Snaresbrook is called upon after hours by the day time AMHP's who have to work into the evening. The AMHP Manager has recently advertised a further 3 Social Work/AMHP

vacancies, which have arisen this year. The failure to recruit AMHPs into these posts has resulted in AMHP rota slot vacancies. There is a shortage of AMHPs and reliance on locums in Barking and Dagenham. The legal responsibilities of the Local Authority are detailed under Section 114 of the Mental Health Act 1983 (as Amended 2007).

3.19 There is no central base or support for the AMHP Service in terms of coordination and administrative support, screening of referrals (Acute Crisis Assessment Team aside) and prioritising. A rota is distributed with first on call and back up and AMHPs receive referrals directly at their Team base. This is potentially isolating and non supportive of what is a key statutory function. Stronger managerial, administrative and consistent supervision is needed because of the extreme pressures. Recruitment and retention of AMHP staff is problematic. The AMHP Service was recently made Red on the Trust Risk Register, though a positive summary of AMHP delivery had been sent to the Chief Social Worker. Statutory provision was also put on LBBB Corporate Risk Register. Too many trainee AMHPs have not moved on to practising as an AMHP. The current AMHPs are dissatisfied with their caseload and the amount of sessions on the rota.

3.20 As part of the Review, the Reviewer shadowed the AMHPs on duty and spent time at the Community Mental Health Team. Access to AIS was limited on site and did not seem part of Practitioner practice. The AMHP information folder needed updating systematically and comprehensively particularly given the number of AMHP locums. Overall a radical review is needed on this statutory provision, as there are risks around the Local Authority meeting its statutory obligations and risks around recruitment and retention of key staff.

Options

3.21 There is a need for a stronger core structure for the day-time AMHP Service i.e. Managerial leadership and availability and support availability, administrative back up screening referrals and a core central base. Consideration needs to be given to the following:

- Increase full time cover of AMHPs on the rota to reduce burden of rota'd AMHPs.
- Reduce the current caseload of AMHPs.
- Attract more AMHPs with a positive support offer e.g. the Think Ahead Scheme. This could include health professionals training to be AMHPs who would need a small financial incentive and support of the Trust to operate as AMHP.

- Establish a central base as soon as is practical, with Admin and Management Support with proactive screening and prioritising taking place for the statutory AMHP provision.
- Formally raise with NELFT the non-availability of a daytime rota for a Section 12 approved Doctor.

Visit by the Chief Social Worker

3.22 Lyn Romeo (the Chief Social Worker for Adults) visited, presented to and met with the Senior Managers and Adult Social Work staff at LBBB on 8th December 2016. She promoted Social Workers as lead Professionals in ensuring personalised and integrated care and support for individuals, families and their communities. She stressed the importance and ways at looking at the recruitment and retention of staff and the need for leadership. The duties under the Care Act were reiterated around assessment, eligibility, application of legislation, care planning etc. It was a positive visit, enabling reflection and dialogue around practice and providing context for the operation of the profession. Themes developed in recent Department of Health, the former Social Work College and Parliamentary Working Group Mental Health Guidance etc. (see References and Appendix) were further articulated by the Chief Social Worker.

3.23 The Older Persons Mental Health Social Workers attended the visit by the Chief Inspector but unfortunately there was no attendance or awareness of the event by the Adult Mental Health Social Workers or Managers. This was a missed opportunity.

Residential Care

3.24 There are currently around 104 people from Barking and Dagenham living with longer-term severe mental illness in residential and nursing care. 87 are in Borough and the remaining are out of borough placements. There was a major review programme 2 years ago with the setting up of a Review team to look at the appropriateness and cost of all the placements. There was a budget overspend, and the budget has now been brought under control. This process has been overseen and monitored by the RAMP Panel. Some members have reflected that there could be more positive risk taking with people moving on. There is good input in some provision with STAR Floating Support Workers. LBBB Commissioning are developing a stronger pathway where there is a gap for step down and step up. Feedback from Users at 2 Units were very positive about the support that they had received throughout their pathway towards recovery.

3.25 In terms of Delayed Transfer of Care the figures remain strong and performance is above target. This is in contrast to other Borough areas using the Goodmayes Unit. The Brokerage Team, on the Adult Integrated System, now records all placements. LBBDCommissioning is considering a remodeling of Mental Health Supported Accommodation and Floating Support. Prior Information Notices have gone out to the market to ascertain whether the proposed plan is deliverable and to gauge providers' responses in relation to price and service delivery models.

Safeguarding

3.26 At the early stages of the Review there was no assurance via the Section 75 Meeting or meeting with the AMHP/Social Care Lead for Mental Health that Safeguarding Processes were compliant. There had been a recent crisis when there were only 2 SAMS in the Adult Mental Health Service before several Senior Workers were reactively rushed through training.

3.27 A deep dive audit of Safeguarding Practice had been organised via Corporate Services but failed to produce a Report earlier in 2016. The NELF safeguarding audit was undertaken from the beginning of December 2016 and lead by the Quality Assurance and Safeguarding Adult Board Manager for Adult Social Care LBBDC, scrutinising a sample of cases with the Social Care Lead for Mental Health.

3.28 One of the main problems, as apparent from the outset, was that the actual enquiry information was recorded on the Health system RiO and not on the Local Authority system AIS. The Lead Social Worker needed to retrospectively retrieve information from RiO recorded for instance on CPA Reviews and Progress Notes, to put onto AIS. 9 Cases looked at, as part of the audit, were not particularly Making Safeguarding Compliant (MSP) thereby raising a training issue around how people record or understanding the Procedures. No Mental Health cases were going beyond Strategy Meetings. There was a high proportion of NFA's. One case recorded as NFA in reality was taken through actual enquiry to closure with actions carried out and multi agency involvement. It was just incorrectly recorded as NFA.

3.29 Recording was not explicit in following the multi agency procedure (see Appendix 5 *London Multi Agency Adult Safeguarding Policy & Procedures, 2015*) that has been signed up to by both organisations. Examples of shortfall were recording who the SAM was, who the Enquiry Officer was, what outcomes from the process the adult wanted and whether these were achieved, did the person have capacity, how was risk recorded, the Safeguarding Conference and Plan based on the Adult's desired outcomes, and Review and Closure giving details of how any ongoing risks will be managed etc. In the progress notes on RiO there was evidence from the audit sample of reasonable recording, within timescale with no

outstanding alerts. The Quality Assurance and Safeguarding Adult Board Manager will work closely with the Social Work Lead rolling out the audit tool and training up the Seniors and cascading to front line staff with a focus on making safeguarding personal. The Quality Assurance and Safeguarding Adult Board Manager will be attending the February NELFT Management Meeting.

3.30 AiS IT system will be replaced by Liquid Logic in the future and may offer greater interconnectivity between the Health and Social Care systems; but the current arrangements around safeguarding practice are muddled and flawed. NELFT currently do not have the resources to input onto both systems.

Budget

3.31 From the outset the Review is not about making savings but reviewing to gain a stronger Social Care offer. The Adult Mental Health Social Care budget comprising of assessment and care management staff costs; residential contracts; direct payments and personal budgets etc. As of October 2016 some of the key total net sums by Cost Centre are:

Mental Health Support £2,232,400

Older Persons CMHT £175,270

MH Commissioned Services £303,300

MH Vocational Support Services £110,900

Home Treatment/Crisis Resolution £160,340

Community Mental Health Team £659,960

Assertive Outreach £96,510.

3.32 Investment was made in the last 2 years to review all residential placements and cost effectiveness. The budget overspend has been brought under control by the reviews along with a strong Members' and Senior Officer steer and maintained through the RAMP Panel and commissioning of new Services. Some work is needed on a Section 117 Policy (duty to provide Aftercare) and establishing comprehensively and accurately who is on the S117 Register that sees people coming off S.117, as this is a potential significant financial liability for the Local Authority and CCG. If Choice and Control and personalisation take up was alive in Barking and Dagenham there would be potential further cost pressures.

4. FINDINGS

Some Layering

4.1 The method of service development over a number of years appears to a degree to have been ad hoc, in the absence until recently of an overarching jointly developed mental health and wellbeing strategy. There has been an accumulation of services with comparatively little decommissioning. There is a large operational Trust structure across all client groups covering a large population, which is positive in addressing parity of esteem and whole life course, but this is weaker on the Council's Borough-wide focus and delivery of Social Care outcomes for mental health.

4.2 The mental health system is complex to navigate and does not provide a clear, integrated pathway for users, families, primary care or other key professionals, e.g. GP's. There is a risk that layering behaviour continues.

Section 75 Arrangements

4.3 Robust governance assurance is necessary and this must be sustained. This can be provided through an agreed joint strategy; clear commissioning intentions and resource allocation; routine senior officer contact; annual review against performance, and routine performance reporting against Social Care outcomes, including personalisation, safeguarding, Carers' assessments, and the demand and performance of AMHP and other services. Clear recovery and mitigation if Social Care outcomes are not achieved, are required. The Section 75 Meetings do not fully address the challenges. Without this governance assurance process, tensions are likely to arise when new policy must be acted on (e.g., implementation of Care Act 2014 or potential initiatives from the London Mayor's Office such as the *Thrive Initiative*) or when previous resource levels cannot be sustained.

Integration

4.4 There is support across Barking and Dagenham, particularly by NELFT and the CCG, for an integrated mental health offer. There is a desire by the Local Authority to improve the benefits of the integrated arrangements. Service Users in Barking and Dagenham have said they wanted care and support to come from as few places as possible and this care and support to be coordinated.

4.5 The advantages of an integrated Health and Social Care offer are presented as the single pathway to secondary care services; the durability of existing work practices over time;

good professional inter-disciplinary relationships and information flow; informal learning; relaxing of professional boundaries, allowing Social Care work to be undertaken by nursing colleagues around personalisation. An argument was made that integration has worked for the benefit of the larger Social Care agenda in Barking and Dagenham, through the influence of Social Workers' contribution to multidisciplinary working and there were warnings from Health Senior Officers on any potential impact of disaggregation.

4.6 Other advantages of integration were presented as being better than the alternative. This was based on people's previous experiences and concerns about potential adverse consequences if an alternative approach were implemented. It included concerns about the double-running of assessment processes and information systems in Health and Social Care, which appears to go against government-sponsored guidance; more distant staff working relationships, with potential for professional disagreement and discord if a 'task-based' work focus were established; the risk of Users and families falling through gaps in delivery; and the reaction of NELFT as a large health provider. While there was support for integration, the quality of existing arrangements was generally agreed as requiring improvement.

4.7 The Social Care offer was perceived as subsumed into the larger and more dominant health delivery priorities at the Trust. There needed to be a better balance of Social Care and Health care goals and outcomes, so that Social Care could be reclaimed in integrated teams, consistent with LBBD's vision for Social Care. Many stakeholders struggled to understand what Social Care outcomes were.

4.8 There were other views, particularly from the Local Authority Senior Managers and front line Mental Health Social Care Staff that the sum of benefits currently derived from integration were intangible and hard to define. It was also hard to recognise the Social Care elements of current integration arrangements. Social Work was not in the foreground of work with Service Users and their families on initial assessments. The current arrangements were perceived to be a medical model and health orientated. Concerns were expressed that some Trust colleagues appeared annoyed when Social Care needs were raised; and that the scope of Social Care was narrowly defined as consisting of either residential care *or* a personal budget.

Partnership with Community Voluntary Sector

4.9 Good working relationships are vital in the context of significant welfare reforms and their impact on people and families living with severe mental health difficulties. Voluntary sector organisations spoke of their desire for a partnership with the Council, but felt that their potential contribution was not valued.

Personalisation

4.10 Because of the current location of Barking and Dagenham Adult Mental Health, there is an assumption that everyone in secondary care mental health is eligible for a Social Care Service. This is different from the eligibility test applied in other Adult Social Care Services. A second working assumption that follows is that, to apply and be assessed for a personal budget, the person must be open to a secondary care team. Given the number of people registered with Barking and Dagenham GPs with severe mental illness who are not open to secondary care, this puts this group at an unequal disadvantage. Non compliance within the Care Act eg around non assessment, when there is eligibility to be assessed, exposes the Local Authority to risk of legal challenge for failure to assess and failure to address the requirements to deliver strong Social Care outcomes and deliver prevention and wellbeing for Barking and Dagenham citizens.

4.11 There was a sense of frustration expressed by Senior Officers in the Local Authority that there had been a significant training and development programme lead by the respected specialist, Ian Winter, 2-3 years previously, that had produced some sound publications but the training had not embedded or maintained within the Mental Health Social Care Workforce.

5. REFLECTION

What would good look like?

5.1 In many areas Barking and Dagenham already has a version of this, but a refocus is needed to strengthen prevention and early intervention etc. The focus needs shifting if it is to remain relevant and fit for purpose.

Signs of safety

5.2 The Social Care offer must have strong signs of safety. These must be evident and understandable at key points in the person's journey to recovery. For example at the point of transition for those leaving care, because of the increased risk of experiencing poor mental health alongside a complex set of changes.

5.3 Hospital, nursing and residential care are all intermediate steps in managing crisis and making a good mental health recovery. One of the main ways to contain the high costs associated with these services is to improve outcomes around resettlement into ordinary community living with or without support. The current reality is that, already, most people living with significant longer-term mental health conditions live in the community and not institutional settings. Previous consultations have received a clear message from Users that they want to manage crisis without returning to hospital. NELFT, until the recent episode, had a good track record locally of managing their bed numbers and making community follow up.

5.4 The experience of Service Users reported in research and guidance and Carers spoken with suggest that they believe an unequal share of risk falls to them outside institutional settings. This will be especially important to those being resettled into the community with long-term conditions, with potential to provide confidence to weather crisis without recourse to hospital.

The Social Care offer is accessible, clearly articulated and advertised and straightforward.

5.5 For Mental Health Service Users, their Carers, families and supporters, the Social Care offer is not clear. It is mainly located in a complex secondary care system. It is hard to pick out the Social Care elements clearly in the mix.

5.6 Local Voluntary Sector partners want to make personalisation work in Barking and Dagenham, but struggle with its requirements, are not clear on the criteria applied for a personal budget payment; and the logistical difficulties of forming group activities using personal budget payments.

Social inclusion

5.7 Social inclusion is entirely consistent with Council's intention. This is an important Council issue in relation to making progress in enabling social inclusion become a reality for the most vulnerable citizens with long-term mental health conditions, living well in the community and beyond intermediate institutional settings.

Social Work to the front of the system and into Locality Teams

5.8 Social Work is the core discipline for Social Care; it is regulated, practised and supervised as a distinct, professional discipline. To be most effective in integrated, multi-disciplinary settings, it must retain its distinct professional identity and be located where this can have greatest benefit. To have greatest benefit, Social Work needs to be positioned at the front of secondary care mental health settings rather than deep within it, so that it is integrated into baseline, preliminary assessments. Unless this happens, it is increasingly difficult to introduce it later to promote social change and development.

Positives

5.9 There are a number of strengths in the system.

- The Resource Allocation Management Panel (RAMP) is well run and a good example of LBBB Housing, LBBB Commissioning, NELFT (Health and Social Care) working well together as partners with collaborative understanding and sharing in challenging and complex situations. Actions are acted upon from the Panel with an update at the next meeting. Care packages, placements, personal budgets have all been brought in within budget.
- I observed effective working that placed Users at the heart of the process, with positive user feedback, of resettlement work being undertaken by LBBB Commissioning with NELFT input.
- The Suicide rate is one of the lowest in London and the delivery of the Suicide Prevention Strategy, which is being updated, has had in part contributed to this rate.
- The CCG commission NELFT to deliver Talking Therapies as part of the IAPT provision which has a good reputation with positive outcomes though some professionals have commented that the Service needs to target more BAME referrals.
- The Care and Support Hub is funded by LBBB Council and offers information and advice about care and support services for anyone in the Borough who is over 18 and thinks they need some help to live independently. It is also for people who are caring for someone. The website is designed to help people find information about care and support, and search for local groups, activities and services. There is a link page for Mental Health that encourages accessing Services via the person's GP. It is a recognized and well-respected Service which had 6,000 sessions recorded for November 2016.

- The Big White Wall, along with SuppotNetwork and the planned London Digital Wellbeing, provide access and support to a relatively younger range of people who would not necessarily engage with Services.
- The Memory Service is respected with timely and reflective practice.
- The Carers' Centre, with limited funding, is providing much needed services. For instance they run a Peer Support Group for Carers of people with mental health problems, and also provide advocacy, signposting and information and support for Young Carers.

5.10 These are all fit for purpose, show good examples of innovation and are forward thinking, anticipating some of the issues Barking and Dagenham have and will face.

Three interconnecting areas

5.11 The Barking and Dagenham Joint Mental Health Strategy has the purpose to set direction and commitments, predict and shape, and reduce a reliance on being reactive. The Health and Wellbeing Board have signed off the Strategy. The Strategy is in its infancy and needs strong Senior Commissioning leadership to take forward wider partnership working and the aspirations of the Strategy.

5.12 The absence of a focus on Social Care outcomes within Adult Mental Health Services puts the delivery of a Social Care offer at a disadvantage in relation to Health. This introduces several problems, including lack of assurance to London Borough of Barking and Dagenham and limiting the opportunities to mental health Service Users to become full citizens.

5.13 Making delivery fit for purpose i.e. having strong signs of safety, social inclusion and opportunity, community not institutional site for intervention, prevention agenda, and moving in the direction of parity of esteem between mental and physical health from a Social Care perspective.

Challenges

5.14 The current challenges are:

- Same or increasing demand, with smaller resource envelope going forward, requires a rethink of supply and capacity.

- To protect what's good and what works and change what is less effective, mainly as a result of repositioning in the integrated arrangement.
- The opportunity for improvement with cost reduction, is in having better community support for long-term conditions replacing institutional living and stronger prevention, earlier intervention, greater accessibility and better transitions.
- Direct negotiation with the health provider is required in order to seek agreement on reordering the sites of integration, whilst maintaining strong partnership and reformed integration.
- The reordering of integration will reveal that there is shortfall at an operational level in Social Care Leadership in Mental Health and potentially a shortfall in a stable workforce and over reliance on locums.
- Resetting the working relationship with local Voluntary Mental Health Sector through commissioning and operations management, because of the value and skills these partners can bring into new supply arrangements around personalisation, peer support and safe environments.

6 RISKS

Issue	Description	Mitigation	Risk Rating
6.1 Relationship with the CCG	Implementing the Review will test durability of partnership between the Council and the CCG in relation to delivering change involving a large strategic provider.	Meet with CCG to review recommendations and seek their support in making integration reforms. These are consistent with CCG objectives, since it brings Social Work to the front of the primary care-secondary care interface in the management of complex care.	Medium
6.2 Negative response from the MH Trust	NELFT may perceive integration reform as a threat to its interests and to the running of safe service delivery and incurring extra costs. There may be resistance and limited capacity for change.	Direct negotiation by Council with MH Trust seeking full partnership on integration reform in the context of reviewing the Section 75 agreement and CCG supporting this. NELFT realigning their structures in line with locality developments.	High
6.3 System homeostasis	System Reform introduces disruption to an already changing landscape (including presentation by the Trust to the CCG of additional health costs as a result of reform) and impact of other London Boroughs that NELFT work with. There could be challenges around Information	Communication of mental health strategic direction through a worked-up Joint Mental Health Strategy. An Implementation/Delivery Plan is required to order and manage pace of change and with a Reference Group including CCG, MH	Medium

	sharing and risk if the process is not managed collaboratively in partnership.	Trust, Voluntary Sector and Primary Care and Service Users and Carers.	
6.4 Mental Health Social Care Budget	Reform must be achieved within context of further significant Council budget reduction at a time of the impact of austerity and a challenging financial climate. Successful take up of personal budgets and direct payments will bring additional cost pressures	Budget saving must be achieved. This Review is not intended to be part of a cost saving exercise. An area of cost reduction is potentially in accommodation, which is currently being reviewed and Section 117 liability.	Medium/ High
6.5 Unmet need	Despite benefits of system reform to bring about better user outcomes, there is unlikely to be sufficient resource capacity to address unmet need and rising demand. The hidden needs of the BaME Communities should be better identified and addressed.	Presence in the development of working more closely with GP's and Community Solutions as a route to developing fuller understanding of local community and neighbourhood resources, so that these can be deployed to support wellbeing, prevention and recovery and also identify gaps.	Medium
6.6 Social work skill set and leadership and staffing levels	Funding will be required to strengthen Social Care leadership and staffing levels and ensure stability. Reform will be reliant on workforce deployment based on the relevant knowledge, process, skills and experience at the right points in the service system.	The Implementation/Delivery Plan needs to include a review of current skills set to support improved outcomes around reablement, personalisation, community crisis support, AMHP Service, Safeguarding, family interventions and Carers' assessments and primary care interface. A strong workforce-training plan will be needed.	Medium/High

7. RECOMMENDATIONS

7.1 These recommendations are intended to enable the Council and its partners to focus on strengthening the local Mental Health Strategy; reform integration; make stronger arrangements with providers around mental health service delivery; and to stimulate further service innovation around co-production and peer support. The overall purpose to be achieved is that more Barking and Dagenham people have good mental health and tenure in the community in its broadest sense.

7.2 It is recommended that the Council:

- Implement and develop with NHS Barking and Dagenham CCG the Joint Mental Health Strategy providing Senior Commissioning leadership.
- Renegotiate with the Mental Health Trust the sites of integration and the deployment of seconded Social Care workforce, within the defined resource envelope, towards the front of secondary care and at the interface with primary care.
- Give consideration to the Older Persons Mental Health Team becoming part of the LBBB Integrated Care Management Services.
- Maintain a strong commitment to proactive partnership working with NELFT.
- Bring focus to bear on supporting people living with long-term conditions in the community, through closer work with for example LBBB Housing Team and assurance around reablement and crisis support in partnership with the Mental Health Trust.
- Strengthen User and Voluntary Sector working relationships.
- Address the immediate priority “back to basics” findings in this Review around the AMHP Service/Safeguarding/Staffing retention and leadership and implementing the Care Act.

7.3 The key findings of the review were as follows:

- 1** In many areas Barking and Dagenham already has a version of ‘what good looks like’ in mental health. There is evidence of many areas of good practice, local initiative and strengths across Adult Mental Health Services. The challenge is to make this

sustainable with clear Care pathways that reflect the priorities and direction of travel for the Local Authority and keep pace with rising demand and complexity.

- 2 Social Care outcomes are not as clearly articulated as Health Care outcomes in the current integrated arrangements. These Social Care outcomes are not addressed as a priority in the current arrangements and shortfall in the delivery of the Social Care Local Authority Statutory functions addressed reactively.
- 3 During the course of the Review immediate concerns around Safeguarding and AMHP provision and staff recruitment and retention have had to be prioritised for robustly being addressed.

7.4 Implementing effective change will require:

- Implementation of the Joint Mental Health Strategy through effective channels. Consideration needs to be given to strengthening the Mental Health Sub Group and have some facilitated sessions at the outset to map out the firm development of the Strategy ambition. The Mental Health Sub Group should be Senior Commissioner-led given the scale, complexity and importance of the task.
- Ensure that the Local Authority's statutory duties under the Mental Health 1983 (as amended 2007) and the Care Act 2014 and other key legislation are fully and effectively discharged.
- Ensure that there is a critical mass of staff with sufficient experience and leadership and managerial input within Mental Health Social Care. Strengthen recruitment, retention and forward planning and strengthen the Social Care identity. There is a need for a comprehensive training and learning programme to support the skilling of staff to undertake the required roles and to promote team development. The workforce needs to be valued and be stable.
- Stronger championing of Mental Health delivery and ownership and direction from within the Local Authority.
- Provide assurance that all Safeguarding referrals are properly dealt with and recorded. Continue the audit on the Safeguarding function. Resolving the impasse of recording on 2 different IT systems, which are not integrated.

- Agreement on reform of integration across statutory mental health services, and to bring Social Work nearer to the front of the system and at the interface between primary and secondary care.
- Be party at an early stage to the development of locality provision for instance with GP's and a universal offer through Community Solutions.
- Focus on supporting people living with long-term conditions in the community.
- Stronger application of Reablement and Personalisation for improved prevention and recovery.
- The Council to have more direct working relationship with Mental Health Users and the Voluntary Sector to make progress on co-production and peer support and support a richer Voluntary Sector.
- Strong focus on prevention and earlier access to help for children and young people and protecting what is already working well for key vulnerable groups.
- A Strategy developed for addressing identifying and meeting the mental health needs of the BaME Communities in Barking and Dagenham.
- Revisiting the Section 75 agreement with NELFT that reflects meeting the needs of the Community of Barking and Dagenham and delivering the Local Authority's responsibilities under the Care Act.
- The Local Authority moving towards integrated commissioning with the CCG.

Way Forward

7.5 An Implementation Plan is required that takes forward accepted recommendations from the Review within a prescribed timetable. Immediate concerns around Safeguarding, AMHP Provision, staff recruitment and retention, level of staff provision, composition of staff group, and strengthening Senior Social Care Leadership should as a priority be immediately addressed. Stronger forward planning is needed and a refocus of delivering a transformed personalised Mental Health Social Care offer under the Care Act.

8. SOURCES AND REFERENCES

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17. NELFT /LBBD v2 2016 Section 75 Agreement.
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20. Children and Young People MH Plan -Barking and Dagenham October 2016.
21. Local MH CAMHS Transformation Plan-Dec 2015.
22. Closing the Gap: Priorities for Essential Change in Mental Health 2014.
23. The Adult Psychiatric Morbidity Survey (September 2016).
24. NHS Digital Report (Nov 2016) Detentions under the Mental Health Act 2015/6.
25. London Mental Health Dashboard 2015/6.

9. APPENDICES

1. Terms of Reference
2. Background brief note re Review
3. People interviewed and Meetings attended etc.
4. Staffing Levels-LBBD and sample of similar Local Authorities
5. Care Act-Safeguarding summary
6. Key themes from BASW paper
7. London Mental Health Dashboard 2015/6-some key points

Appendix 1**LB BARKING AND DAGENHAM MENTAL HEALTH REVIEW
TERMS OF REFERENCE****1. Background**

The London Borough of Barking and Dagenham is responsible for the quality of mental health social care outcomes for the local authority area, including meeting its statutory requirements, The Council must be assured that appropriate safeguarding arrangements are in place for all residents. The Council must ensure sufficient and tangible social care value for LBBD residents from the investment the Council makes in meeting local mental health needs.

A review of the current social care offer for mental health social care, primarily for Adults, has been commissioned by the Council and is being undertaken to understand the processes and quality of current services and ensure that this is consistent with the direction of travel of the Local Authority. There will be a particular focus on social care outcomes, such as safeguarding and personalisation, and how these outcomes are met through integrated multi-disciplinary teamwork in partnership with North East London NHS Foundation Trust, as well as through wider commissioning arrangements.

With the introduction of the Care Act 2014, Councils must make arrangements to use a single national threshold for access to Social Care provision. A Social Care approach is at the heart of the Care Act 2014 with the core principles of promoting wellbeing through prevention, reduction and delay in the need for higher levels of intervention, support and care and stronger mobilisation of individual, family and community capability.

There is a backdrop of immense financial challenges in local government particularly at this point in time, but no overall savings are being sought in the Review and in the transformation of the Social Care offer.

2. Principles of Mental Health Social Work Practice and Role

The College of Social Work (*The Role of the Social Worker in Adult Mental Health Services- Dr. Ruth Allen April 2014*) have articulated five key areas of practice that frame the function of social care delivery. The role categories are:

- Enabling citizens to access the statutory social care and social work services and advice to which they are entitled, discharging the legal duties and promoting the personalised social care ethos of the local authority.
- Promoting recovery and social inclusion with individuals and families
- Intervening and showing professional leadership and skill in situations characterised by high levels of social, family and interpersonal complexity, risk and ambiguity.
- Working co-productively and innovatively with local communities to support community capacity, personal and family resilience, early intervention and active citizenship.
- Leading the Approved Mental Health Professional Workforce.

3. Scope of the Review

To review the opportunities available to improve the local offer to LBBB residents by:

- Reviewing the current operational model and the extent to which it meets safeguarding and social care needs through delivering mental health social care outcomes;
- Reviewing current commissioning arrangements and the extent to which these meet strategic priorities in relation to delivering mental health social care outcomes;
- Reviewing value for money in relation to LBBB's expenditure in relation to mental health.

4. Key areas of focus of the Review

The focus of the Review will include:

- Considering the Section 75 Agreement with North East London NHS Foundation Trust for the operational delivery of integrated statutory mental health services and the deployment of social work skills.
- Reviewing the effectiveness and priorities of the Section 75 Agreement in discussion with Barking and Dagenham Clinical Commissioning Group in achieving broader mental health partnership commissioning arrangements.
- Looking at Safeguarding practice and governance arrangements and lessons learnt from serious incidents.
- Reviewing transitions into Older Persons Mental Health Services and Children and Young People's transitions into Adult Mental Health Services.
- Considering the interfaces between Adult Mental Health, Substance Misuse Services, Housing, Complex Need and CLDT, particularly in relation to supporting people with a Dual Diagnosis.
- Ensuring that there is alignment with other Council and Partnership Developments for instance Community Solutions, reorganisation of clusters, Barking and Dagenham Ambition 2020 Programme etc.
- Looking at the provision and retention of LBBD AMHP's and the relationship with the Out of Hours Service. Giving consideration to the over representation of Black and Minority Ethnic groups being formally detained.
- Assessing quality of the current LBBD mental health and accommodation system, including nursing care, residential care, supported living, supported housing and community-based floating support services and its effectiveness in managing crisis and supporting tenure and wellbeing in the community.
- Articulating and looking at the effectiveness of key social care outcomes such as personalisation, carers' assessments, employment etc. and considering the current thresholds for engagement with the Mental Health Social Work resource, and the potential benefits of increasing community and preventive support.
- Determining Care Act compliance around a range of areas including prevention, early intervention and access and thresholds, wellbeing and promoting co-production with users and carers.
- Reflecting on the development of the Voluntary Sector for stronger and safer communities and BaME provision.

5. Governance

Sponsorship:

Tudur Williams- Operational Director: Adult's Social Care | Service Development & Integration

Mark Tyson- Commissioning Director, Adults' Care and Support.

Overview of Review:

Tudur Williams Operational Director: Adult's Social Care | Service Development & Integration

Undertaking of the Review:

Review Co-ordination and Project Management: Richard Adkin.

6. Methodology

Views to be sought from key stakeholders, including:

- Service users, carers, families and their advocates;
- LBBD mental health practitioners
- Barking and Dagenham CCG;
- North East London NHS Foundation Trust
- Other Council Departments, including Housing
- Senior officers in LBBD Social Services and Elected Members
- Other key stakeholders e.g. Healthwatch and the Voluntary Sector.

Analysis of performance data in relation to mental health social care outcomes, including benchmarking where possible.

To take account of previous reports, including, JSNAs and, Barking and Dagenham Mental Health Strategy 2016-8;

Impact of legislative and national and local policy change including The Care Act 2014 implementation, the NHS “5 year Forward View”, ADASS “Distinctive, Valued, Personal-Why Social Care Matters-The Next 5 Years” and Parity of Esteem.

Relevant background papers eg BASW paper-“Report of the Inquiry into Adult Mental Health Services in England BASW All-Party Parliamentary Group on Social Work September 2016” and “Social Work for better mental health” DOH 2016.

7. Key Review outcomes

To advise the Council on key risks and recommend how these may be mitigated.

To advise on gaps in meeting needs in relation to safeguarding and social care.

To make recommendations on improving the LBBB mental health social care offer.

To provide assurance that there is sufficient social care resource in terms of quantity and quality and located where it can most effectively be delivered.

To provide assurance that LBBB is meeting its statutory duties under the Mental Health Act 1983 (as amended 2007) as well as the Care Act 2014.

8. Reporting timetable

17th October 2016-Completion of Review Date.

Week 1-Brief introductory background paper agreed.

End of Week1-Draft Terms of Reference- and agreed with Sponsors beginning of week 2.

Weeks 2-7 - Interviews, visits, policy and report reading etc.

Week 8 - Initial Report drafting, analysis and checking out lines of enquiry.

Week 9 - (Week beginning 12th December 2016)-Draft Paper to the Operational Director.

Week 11/12 - Finalised paper to the LBBB Management Board.

Richard Adkin 27th October 2016

Appendix 2

LB BARKING AND DAGENHAM ADULT SOCIAL CARE MENTAL HEALTH REVIEW

The London Borough of Barking and Dagenham is responsible for the quality of mental health social care outcomes for the local authority area, including meeting its statutory requirements, The Council must be assured that appropriate safeguarding arrangements are in place for all residents. The Council must ensure sufficient and tangible social care value for LBBB residents from the investment the Council makes in meeting local mental health needs.

A review of the current social care offer for mental health social care, primarily for Adults, has been commissioned by the Council and is being undertaken to understand the processes and quality of current services and ensure that this is consistent with the direction of travel of the Local Authority. There will be a particular focus on social care outcomes, such as safeguarding and personalisation, and how these outcomes are met through integrated multi-disciplinary teamwork in partnership with North East London NHS Foundation Trust, as well as through wider commissioning arrangements.

With the introduction of the Care Act 2014, Councils must make arrangements to use a single national threshold for access to social care provision, the duty to promote well-being in undertaking care and support functions, prevent or delay the need for care and support.

An important part the Review is meeting and hearing the views of staff, and key partners and stakeholders such as users and carers.

An initial draft report will be produced for the Operational Director of Adults Care and Support.

I have a number of years experience working in Mental Health at a senior level in Social Care, Health, The Voluntary Sector and Regulation and will be undertaking the Review commencing on 17th October 2016 for 3 days a week.

I look forward to hearing from you.

Richard Adkin

Social Care Mental Health Review Coordinator-LBBB

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Richard.Adkin@lbbd.gov.uk (email)

19th October 2016

Appendix 3

**STAKEHOLDER ORGANISATIONS, GROUPS AND PARTICIPANTS MET IN RELATION TO THE
REVIEW**

Users of mental health services in Barking and Dagenham

Rowney Road residents

Knights Close residents

LBBB

Cllr. Worby-Portfolio Holder Social Care, Adults and Children and Health Integration and Leisure.

Anne Bristow-Strategic Director/Deputy Chief Exec

Tudur Williams-Operational Director Adults Care and Support LBBB

Mark Tyson-Commissioning Director LBBB

Louise Hider-Principal Commissioning Manager

Michael Fenn-Integrated Commissioning Manager

David Millen-LBBB Commissioner Lead

Stefan Liebrecht- Service Manager Adults

Cathie Kelly-Integrated Commissioning Manager

Lewis Snell Drake- Integrated Commissioning manager

Andrew Hagger-Health and Social Care Integration Manager

Glen Oldfield –Equalities Lead

Angela York-Intake Manager

David Murray-Project Director Interim Solutions

Gordon Hastie-Quality Assurance and Safeguarding Adult Board Manager ASC

LBBB/NELFT

Kevin Sole-Assistant Integrated Care Director LBBB/NELFT

Olu Oye-Bamgbose-Social Work Lead LBBB/NELFT

LBBB AMHP's

LBBB-Mental Health Social Work Staff

NELFT

Melody Williams- Director of Integrated Services (B and D)

Jenny Redpath-Service Manager Older Adults Mental Health

CCG

Sharon Morrow-Chief Operating Officer LB Dagenham CCG

Sarah De Sousa-Deputy Chief Operating Officer

Public Health

Sue Lloyd-Consultant Public Health

Michael Williams-Senior Public Health Commissioner

Voluntary Sector

Lorraine Goldberg-Carers in Barking and Dagenham

Meetings

Section 75 Executive Steering Group Mental Health-attendance at 2 meetings

Resource Allocation Management Panel X 2 involving Housing, NELFT, LBBB

Mental Health Sub Group

Visit by the Chief Social Worker for Adults, Lyn Romeo, to meet the LBBD Social Workers and Senior officers. 8/12/16

Meeting with LBBD AMPH Group

Meeting with Mental Health Social Workers-Older Persons and Adult

Meetings with Safeguarding Team and NELFT x2 re concerns around safeguarding

Health and Wellbeing Board 31/1/17

Shadowing AMHP Service- day with Duty AMHP's and Community Mental Health Team
18/1/17

Appendix 4

MENTAL HEALTH SOCIAL CARE STAFFING LEVELS IN COMPARATIVE LONDON BOROUGHES

LB Newham Population 332,800	
Service Manager	1
Principal Social Worker	1
Team Managers	4
Admin	4
Practice Managers	3
Senior Practitioners	7
Social Workers	20
Senior Support Workers/enablers	2
Specialist Support Worker (No Recourse)	1
Support Workers / Enablers	13
Total	56

LB Southwark Population 308,900	
Assistant Director (16)	1
Service Development Manager (14)	1
Service Manager (14)	1.6
Team Manager (12)	4
Deputy Manager (11)	3
Advanced Practitioner (11)	4
Social Worker (10)	15
Occupational Therapist (10)	6
Business Manager (8)	1
Assistant Practitioner (8)	4
Business Support Officer (6)	3
Apprentice (4)	1
Total	44.6

In addition-Substance Misuse Team is now integrated with Mental Health Adult Social Care Principal Social Worker for Adults also supports staff development.

LB Barking and Dagenham Population 202,000	
Joint Assistant Integrated Care Director-NELFT/LBBD	0.5
Lead Social Worker	1
Senior Social Workers	4
Social Workers	14
Community Case Worker (OP)	1
Support Workers	2
Admin Staff	2
Total	24. 5

Adults and Older Persons MH - LBBD

Based predominantly in the Community Recovery Team and Older Persons Team with only 1 Social Worker in Intake and Access Service and Home Treatment Team

- 1 AMHP Lead and Social Care Lead
- 3 Senior Social Workers
- 12 Social Workers
- 2 Support Workers
- 2 Admin staff

Older Persons:

- 1 Senior Social Worker
- 2 Social Workers
- 1 Community Care Worker

1/3 qualified staff are locums including 4 AMHP locums out of 8 AMHP's and 2 of the 4 Seniors are locums.

Appendix 5

The Care Act - Care and Support Statutory Guidance (updated October 2016)

<https://www.gov.uk/government/publications/care-act-statutory-guidance/care-and-support-statutory-guidance>

Care Act Guidance 2016 on roles & responsibilities:

14.10 - The Care Act requires that each local authority must:

- Make enquiries, or cause others to do so, if it believes an adult is experiencing, or is at risk of, abuse or neglect. An enquiry should establish whether any action needs to be taken to prevent or stop abuse or neglect and if so, by whom.
- Co-operate with each of its relevant partners (as set out in section 6 of the Care Act) in order to protect the adult. In their turn, each relevant partner must also cooperate with the local authority.

Local Authority's role in carrying out enquiries

14.78 - The purpose of the enquiry is to decide whether or not the local authority or another organisation, or person, should do something to help and protect the adult. If the local authority decides that another organisation should make the enquiry, for example a care provider, then the local authority should be clear about timescales, the need to know the outcomes of the enquiry and what action will follow if this is not done.

14.81 - Professionals and other staff need to handle enquiries in a sensitive and skilled way to ensure distress to the adult is minimised. It is likely that many enquiries will require the input and supervision of a social worker, particularly the more complex situations and to support the adult to realise the outcomes they want and to reach a resolution or recovery. For example, where abuse or neglect is suspected within a family or informal relationship it is likely that a social worker will be the most appropriate lead. Personal and family relationships within community settings can prove both difficult and complex to assess and intervene in. The dynamics of personal relationships can be extremely difficult to judge and rebalance. For example, an adult may make a choice to be in a relationship that causes them emotional distress which outweighs, for them, the unhappiness of not maintaining the relationship.

14.82 - Whilst work with the adult may frequently require the input of a Social Worker, other aspects of enquiries may be best undertaken by others with more appropriate skills and knowledge. For example, health professionals should undertake enquiries and treatment plans relating to medicines management or pressure sores.

When should an enquiry take place?

14.93 – Local Authorities must make enquiries, or cause another agency to do so, whenever abuse or neglect are suspected in relation to an adult and the local authority thinks it necessary to enable it to decide what (if any) action is needed to help and protect the adult. The scope of the enquiry, who leads it and its nature, and how long it takes, will depend on the particular circumstances.

Who can carry out an enquiry?

14.100 – Although the Local Authority is the lead agency for making enquiries, it may require others to undertake them. The specific circumstances will often determine who the right person is to begin an enquiry. In many cases a professional who already knows the adult will be best person. They may be a Social Worker, a housing support worker, a GP or other health worker such as a community nurse.

The local authority retains the responsibility for ensuring that the enquiry is referred to the right place and is acted upon. The Local Authority in its lead and coordinating role, should assure itself that the enquiry satisfies its duty under s.42 to decide what action (if any) is necessary to help and protect the adult and by whom and to ensure that such action is taken when necessary. In this role if the Local Authority has asked someone else to make enquiries, it is able to challenge the body making the enquiry if it considers that the process and/or outcome is unsatisfactory.

London Multi Agency Adult Safeguarding Policy & Procedures, 2015:**Role of the Local Authority:**

The Local Authority should decide early on in the process who is the best person/organisation to lead on an enquiry. The local authority retains the responsibility for ensuring that the enquiry is referred to the right place is acted upon. If the local authority has asked someone else to make enquiries, it is able to challenge the organisation/individual making the enquiry if it considers that the process and/or outcome are unsatisfactory. In exceptional cases, the Local Authority may undertake additional enquiry e.g., if the original fails to address significant issues.

The information in some referrals may be sufficiently comprehensive that it is clear that immediate risks are being managed, and that the criteria are met for a formal s42 enquiry. In other cases some additional information gathering may be needed to fully that the three steps are met. Decisions need to take into account all relevant information through a multi-agency approach wherever possible, including the views of the adult taking into consideration mental capacity and consent (see best practice). The degree of involvement from the local authority will vary from case to case, but at a minimum must involve decision making at the conclusion of the enquiry about what actions are required, ensuring data

collection is carried out, the quality assurance of the enquiry has been undertaken. The manager acting in the role of the SAM at the time makes the decision on how the enquiry is progressed.

4.3.4 Role of the Enquiry Officer:

An enquiry officer is responsible for undertaking actions under adult safeguarding. In some instances there is a lead Enquiry Officer supported by other staff also acting as enquiry officers, where there are complex issues or additional expertise is required. The lead enquiry officer will retain responsibility for undertaking and co-ordinating actions under s42 enquiries.

4.3.5 Role of Safeguarding Adults Manager (SAM):

The Safeguarding Adult Manager is the member of staff who manages, makes decisions, provides guidance and has oversight of safeguarding concerns that are referred to the Local Authority. In the majority of cases, unless it is safe to do so each enquiry will start with a conversation with the adult at risk. The SAM should ensure if conversations have already taken place and are sufficient. The adult and/or their advocate should not have to repeat their story.

In many cases staff/organisation who already knows the adult well maybe best placed to lead on the enquiry. They may be a housing support worker, a GP or other health worker such as a community nurse or social worker. While many enquiries will require significant input from a Social Care practitioner, there will be aspects that should and can be undertaken by other professionals.

Appendix 6

BASW Paper-“*Report of the Inquiry into Adult Mental Health Services in England-BASW All-Party Parliamentary Group on Social Work, September 2016*”

Key themes from the BASW paper considered in this Report

- Impact of austerity on people’s vulnerability and mental health.
- Putting co production and personalised support at the heart of the mental health system.
- Service systems are becoming more complex, fragmented and harder to navigate.
- The role and identity should be developed as “Social Worker” rather than “Care Coordinator”.
- Early intervention, flexibility around transitions, tackle social determinants of mental health problems.
- Focus on work with Carers and families.
- Respond more cogently to dual diagnosis.
- Address inequalities around access.
- Stronger workforce planning and a greater need to look after the valued workforce.
- Innovative integration needs to be progressed (but is not defined). Local solutions promoted.
- CCG’s need to be delivering on bed and detention reductions.

Appendix 7

London Mental Health Dashboard-Summary Report December 2016

Some Key Points.

NHS Barking and Dagenham

North East London NHS Foundation Trust

The Comparator is with the 9 London Mental Health Trusts and 32 London Clinical Commissioning Groups:

The data for Barking and Dagenham shows that people in contact with Mental Health Services is below the London average for Barking and Dagenham.

The percentage of people completing the GP patient survey who report a long-term mental health problem was by far the lowest of the London Boroughs.

IAPT referrals were below average but the percentage of IAPT referrals who entered treatment within 28 days of referral was the highest for London.

The Community Contacts by specialist Mental Health Community Teams per 100,000-registered population was above average.

Percentage of Service Users on CPA in employment was average.

Percentage of Service Users on CPA in settled accommodation was well above average.

Admissions to inpatient care was below average and average under the Mental Health Act.

Women accessing perinatal community services was 200 which is far the highest of the 32 London CCG's –with average perinatal admissions.

The Dementia diagnosis rate is below average and the rate measures the number of people on Dementia registers against the estimated prevalence in that area.

NELFT figures for the Boroughs it serves are stronger on community contacts, Crisis Resolution and Home Treatment contacts.

NELFT have by far the lowest Adult Acute beds per 100,000 registered population and lowest acute admissions and length of stay and low Adult Acute total staff per 10 beds.