The Mental Health Subgroup of the Health & Wellbeing Board has been working bringing together a number of proposed developments around mental health services, including approaches to prevention, awareness-raising and improving access to generic support. This picks up on a number of requirements, including responding to the Mental Health Needs Assessment, ‘Closing the Gap’, the scrutiny review of mental health and austerity and the Crisis Care Concordat.

In addition, the Council has initiated a process for reviewing the model of delivery of the mental health social care services, currently in an integrated arrangement with North East London NHS Foundation Trust, in part in response to a significant overspend in the delivery of these services. At the same time, the Better Care Fund Joint Executive Management Group is seeking to initiate a review of services relating to its ‘mental health outside hospital’ scheme to inform future commissioning approaches.

Taken together with the challenging financial position of health and social care services, this presents a complex set of demands which will take some careful consideration to address. A clearer strategy across partners for the development of mental health support would be beneficial. It is proposed that the summer period (August) is used as an opportunity to take some time out to address these challenges in partnership. This report presents the proposed approach, together with a paper which seeks to set people thinking about the areas covered by the work.

**Recommendation(s)**

Members of the Health and Wellbeing Board are recommended to:

i. Note the proposed approach to strategy development outlined in the report, which will conclude with the Mental Health Subgroup being tasked with the development
of a partnership mental health strategy for consideration by partners and the Board;

ii. Encourage the participation of member organisations and partners in the summer strategy development sessions, and in particular to encourage an open and creative engagement with the challenge of rethinking mental health services in line with the various policy directives set out, and to use this thinking to shape a future partnership mental health strategy.

iii. Note that the product of the work will be reported to the October meeting of the Health & Wellbeing Board and confirm that the Forward Plan is to be amended accordingly.

Reason(s):

There is widespread national concern about the attention given to mental health services relative to services which address physical health. With a number of opportunities to improve mental health services presenting themselves at the same point, it is imperative that we take a coherent view of the future direction for these services.

The resulting work will support the Council to achieve its vision, ‘One borough; one community; London’s growth opportunity’ through all three priorities: enabling social responsibility, encouraging civic pride, and – through opportunities for new service development – potentially also ‘growing the borough’.

1. Background, and work to date

1.1 Local work to develop mental health strategy sits within a framework set by a range of national policy announcements, including the national mental health strategy, ‘No Health Without Mental Health’ from 2011 and ‘Closing the Gap: Priorities for Essential Change in Mental Health’, announced in 2014. Central to ‘Closing the Gap’ is the concept of ‘parity of esteem’ between mental health services and physical health services.

1.2 Both the Council and the Clinical Commissioning Group have worked to develop a future vision for mental health services. In the case of the Clinical Commissioning Group, this is in part covered in other reports on this agenda. In particular, the Barking and Dagenham, Havering and Redbridge CCGs agreed a commissioning framework for mental health services in September 2014, which shapes their approach to the future development of mental health services in response to national policy.

1.3 It is clear that there is a considerable amount of positive, and joined-up, work underway to improve mental health services. The intention behind this paper is to suggest a process whereby we might improve the coherence of these many different strands through the development of a partnership mental health strategy.

The Crisis Care Concordat

1.4 The Mental Health Crisis Care Concordat is a national agreement between services and agencies involved in the care and support of people in crisis. Agreed in February 2014, it sets out how organisations will work together better to make sure that people get the help they need when they are having a mental health crisis. A
local action plan is required to set out how the partnership will respond to the commitments set out in the Concordat.

**Mental Health Transformation for London**

1.5 The NHS in London has come together to agree five joint priorities for mental health for 2015/16 and beyond to address these demands and issues for the benefit of our patients. These are, broadly:

- Address the gap in life expectancy between those with mental ill health and the rest of the adult population;
- Reduce the variation and improve quality, access and co-ordination for people in crisis and meet the crisis care concordat, as set out above;
- Strengthen mental health in primary care;
- Improve access to meet new standards for mental health services as outlined in the *Forward View*, with particular emphasis on early identification and access to psychosis services, perinatal mental health, and Improving Access to Psychological Therapies (IAPT);
- Improve the use and sharing of data and information.

1.6 The Clinical Commissioning Group is seeking to address these priorities through its commissioning framework, alongside the work detailed above on the Crisis Care Concordat. The companion paper on the agenda for this meeting provides further detail.

**Mental Health Needs Assessment**

1.7 A Mental Health Needs Assessment has been undertaken by consultants commissioned through the Public Health service. This set out to review our current position relative to some of the national policy announcements summarised above.

1.8 The needs assessment included data review, policy analysis and work with service users and carers to inform a set of recommendations for the development of future services. Individual responses to the recommendations were developed, but review by the Mental Health Sub-Group highlighted the need for a wider strategy within which to set these activities.

**Work of the Mental Health Sub-Group**

1.9 The Mental Health Sub-Group of the Board has responsibility for developing plans for the joint improvement of mental health treatment and care services in Barking and Dagenham, and the Needs Assessment sought to provide the background information to define the vision and to inform the delivery plan.

1.10 The Group considered the needs assessment described above, together with:

- The Crisis Care Concordat;
- The Health & Wellbeing Strategy, just refreshed;
- The CCG’s work on developing a framework to guide its commissioning intentions for mental health services;
The policy document set out above, which informed the needs assessment work.

1.11 As a result, the Sub-Group of the Health and Wellbeing Board agreed a set of 25 recommendations, and a substantial set of individual actions which arose from the various pieces of work.

1.12 On review, the group felt that a more coherent strategy was required to give focus to the set of actions that had been collated. Rather than an emphasis on a series of projects, it is therefore suggested that the partnership would benefit from the development of a more over-arch ing joint strategy for mental health. This would provide a framework within which the delivery plan, proposed in response to the mental health needs assessment (see separate paper elsewhere on the agenda) would sit alongside other agency and partnership priorities.

The Integrated Mental Health Service and Section 75 agreement between North East London NHS Foundation Trust and the London Borough of Barking & Dagenham

1.13 As agreed by the Board towards the end of 2013/14, a Section 75 agreement is in place between the Council and North East London NHS Foundation Trust to govern the integrated delivery of health and social care services for people with mental health problems.

1.14 At the regular review meetings (the Executive Steering Group), there has been concern for some time that the budgets for social care placements have been overspending to a considerable degree. In response, a review of the data on demography and service demand was initiated, and following discussion of this information the Council indicated a desire to undertake a piece of work to think about future models for delivery of the services. It was recognised that, irrespective of the issue with finances, a ‘stocktake’ on thinking about models of delivery of mental health services was overdue.

The Better Care Fund ‘Mental Health Out of Hospital’ scheme

1.15 Of the 11 schemes within the Better Care Fund, one concerns mental health support outside of hospital settings. It includes the work currently delivered by the Richmond Fellowship, contracted to the Council on behalf of the Council and CCG together, for employment, vocational and peer support. It also includes the mental health social workers placed in the six Integrated Care cluster teams and intended to address those with mental health problems who may not reach the threshold for secondary mental health care management, but are nonetheless regular attenders at A&E and other parts of the urgent care system.

1.16 As part of this scheme, it has been agreed that a review of the current work will be undertaken to inform future commissioning, most significantly on the retendering of the services currently provided by the Richmond Fellowship.
2. Proposal

2.1 Initially, a piece of work was requested to focus on the model of service delivery in secondary mental health services, to take place through August when there are fewer other meetings running. However, this was set alongside the volume of recommendations from the needs assessment and other pieces of work undertaken, which suggested that a wider view was going to be required. Therefore, to support the development of clear strategy around mental health, the following proposal is made for a set of summer workshops.

2.2 In particular, the workshops would seek to encompass the work needed on:

- Developing a clearer vision for the future of mental health services;
- Reviewing out of hospital mental health services as part of the Better Care Fund, principally vocational and peer support currently provided by the Richmond Fellowship;
- Reviewing broad options for the future provision of secondary mental health services in order to meet the priorities identified by commissioners.

The backdrop for the work would be the challenging financial position for health and social care services. The intention is to ensure that a strategy is in place before major service development is undertaken, such as the Council’s thinking on the future of its mental health social care services.

2.3 It is proposed that there be three workshops, roughly a half-day each in length, to take place over the month of August. The theme will be ‘My Life, My Home, My Care’, with one session on each of those themes. The objectives of the programme overall are, broadly:

- To think through the requirements for a mental health service configuration fit for 2020, including provision across the broad categories of service, service user expectations and the impact on universal services, and to respond to:
  (i) A challenging fiscal position for health, social care and the wider public sector (including welfare support to residents);
  (ii) Increasing demand, reflective of the increasing population of the borough, including different needs and expectations;
  (iii) Assessing shifts in how people expect to access services, and how we can encourage online access to support, self-care and other modern approaches

2.4 The elements of the programme, under the headings ‘My Life, My Home, My Care’ would be as outlined below. In all cases, the intention is not to develop the finalised strategy, it is to get consensus on the principles that should underpin a local approach to mental health services.

- My Life: to set priorities for the development of services and support to help people stay healthy, resilient and engaged in their communities when mental health issues develop, to improve awareness of mental health problems, and to support integration, employment and training of people with mental ill-health;
- My Home: to review how housing options are provided for people with mental health problems, to propose reconfiguration of services for supporting people
into independent living, and to consider how the Council and other partners can use their resources to change the options for people with mental health problems;
- My Care: to challenge and rethink models of service delivery for mental health services, both specialist and more generalist, to ensure that cost-effective services can be in place, both residential/inpatient and community-based, that prioritise prevention, resilience and personalisation.

2.5 It is proposed that these three sessions have tailored attendance, which is to be scoped by the Executive Planning Group and the Mental Health Sub-Group. Dates will then be set in August to best accommodate the diaries of those deemed essential 'core' parties to the discussion.

2.6 It is further proposed that a fourth session be set up, as a commissioner-only discussion, to consider the outputs from the work (alongside the Mental Health Sub-Group) and ensure that sound commissioning plans result from the deliberations.

2.7 The further information to be provided to support the running of the sessions, and the further shaping of sessions, will be undertaken by the Executive Planning Group and the Mental Health Subgroup.

2.8 Board members are requested to identify attendance for the sessions in August.

3. **Starting the thinking**

3.1 A starting point for discussion is attached at Appendix 1. This is intended to provoke discussion and reflection, rather than presenting any answers, and some of the data is contested. The Mental Health Needs Assessment identified that local data availability was patchy, and therefore a number of national data sources have been used to provide the context. It is very much the intention that these data will provoke discussion and may not ‘stand’ as a final picture of mental health services in the finalised strategy. Equally, the case studies are intended to be illustrative or areas where there may be scope for improvement, but are not attempting to present a comprehensive account of how services are currently arranged.

3.2 Early thoughts on a strategy framework are included in the attachment, on the final page. This is very much a first representation of the priorities that arise from the work that the Mental Health Subgroup has considered so far, and it is intended that it will adapt as the work develops in partnership.

4. **List of Appendices:**

   Appendix 1: Mental Health ‘Scene Setting’ paper