

Report Title: **Response to the Scrutiny Review of Access to General Mental Health and Early Intervention Services in Haringey – One in Four of Us - Update Report**

Report of: **Interim Director of Adult, Culture and Community Services**

Wards(s) affected: **All**

Report for: **Non-Key Decision**

### **1. Purpose**

1.1 To update the Committee on the progress made in implementing the Scrutiny Review of the Mental Health Service completed in March 2006.

### **2. Introduction by Executive Member**

- 2.1 I would like to echo the comments of the previous Executive Member for Health and Social Services when the Scrutiny Review was published a year ago. The review was comprehensive in its breadth but produced many specific and valuable recommendations to improve services for people with mental health problems.
- 2.2 The mental health agenda over the past year has been substantial, and will continue to be so for the foreseeable future. The implementation of the recommendations of the Commission for Social Care Inspections (CSCI) Inspection of Mental Health Services is a major priority, as is the need to have a continued focus on improving performance. The Mental Health Trust is in the process of reconfiguring its own services which is a significant focus for the managers and staff within the services affected. All this is taking place within a challenging financial context.
- 2.3 In looking at the attached template, it is clear that, whilst a considerable amount has been achieved, a number of recommendations are still to be fully implemented. I will be asking officers for regular progress reports on the outstanding issues, both in order to monitor what is happening, and to provide political support where appropriate.

### **3. Recommendations**

3.1 That the Committee note the progress made.

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#### **4. Executive Summary**

4.1 The Scrutiny Review of Mental Health Services - One in Four of Us - was completed in March 2006. The Executive endorsed fully all except one of the Review's 26 recommendations, which was partially agreed. Some of the recommendations have been incorporated into the Action Plan drawn up to respond to the CSCI Inspection of Mental Health Services, reported to the Executive on 31<sup>st</sup> October 2006. A detailed summary of the progress made against each of the Scrutiny Review Recommendations is set out in the attached Scrutiny Update Template.

#### **5. Reasons for any change in policy or for new policy development (if applicable)**

5.1 Changes in policy and practice were identified as part of the original Scrutiny Review.

#### **6. Local Government (Access to Information) Act 1985**

6.1 Report of the Scrutiny Review – One in Four of Us – to Overview and Scrutiny Committee on 26th February 2007.

#### **7. Background**

7.1 See Executive Summary.

#### **8. Description**

8.1 See Executive Summary and attached Template.

#### **9. Consultation**

9.1 Input from other relevant departments and agencies has been sought in compiling the update.

#### **10. Summary and Conclusions**

10.1 The progress already made will be built on over the coming year or so, at the end of which it is expected that all recommendations will have been implemented - or where they are longer term or dependent on additional funding - strategies will be in place to address them.

#### **11. Recommendations**

11.1 The Committee is asked to note the progress made in implementing the Scrutiny Review of Mental Health Services.

#### **12. Comments of the Director of Finance**

12.1 The Director of Finance has been consulted and there are no specific financial implications included within the report. Recommendation 1 of the service update plan identifies the strategy that has been put in place to manage the financial pressures in

Mental Health. Members should note that the council's medium term financial plans includes an efficiency savings target of £450k to be achieved over two financial years from 2008/09 in relation to this strategy. The achievement of this target will be monitored through the council's normal budget management process.

**13. Equalities Implications**

13.1 These were incorporated into the original Scrutiny Review.

**14. Use of Appendices / Tables / Photographs**

14.1 Scrutiny Update Template - attached.

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## SCRUTINY UPDATE

Scrutiny Recommendation and Executive Decision	Target Implementation Date	Who Responsible	Implemented?	Service or Performance Improvement Measurable outcomes
		(who and what)	<b>Yes/No*</b>	<i>This must be completed</i>
<p><b>Recommendation One</b></p> <p>That the Executive Member for Social Services and Health be requested to bring the inadequacy of the current funding levels for mental health services within the Borough and, in particular, for the continuing change from institutional to community based care, to the attention of both Members of Parliament for Haringey and that they be asked to bring these concerns to the attention of the appropriate government departments. (Executive Member for Social Services and Health)</p> <p><i>(Agreed)</i></p>	June 2006	<p><b>Sue Evans/Veronica Pereira-Bryan</b></p> <p>The Executive Member for Health and Social Services wrote to the Secretary of State for Health in March 2006 regarding PCT funding reductions for 2006/07.</p> <p>Levels of need for mental health services are in the top band for London and historically, levels of institutional care have been high. Plans are in place as part of the Council's Budget Strategy 2007/08 - 2010/11 to shift the emphasis in service provision away from institutional care towards supported housing.</p>	Yes (partly)	<ul style="list-style-type: none"> <li>• Modernised services delivered within existing resources</li> <li>• All opportunities for additional funding will be pursued</li> </ul>
<p><b>Recommendation Two</b></p> <p>That the Mental Health Trust, the TPCT and Social Services collaborate to improve the level of data available, including the development of joint systems, in order to better inform commissioning and monitoring of services, and to agree an action plan to introduce improvements within a specific timescale. (Barnet, Enfield and Haringey</p>	Ongoing	<p><b>Sophie Johnson</b></p> <p>Currently collaboration on data takes place through the Mental Health Performance Indicators sub-group of the LIT/Partnership board. This is chaired by the TPCT and includes officers from the BEHMHT and Social Services and Bi-Monthly</p>	Yes	<ul style="list-style-type: none"> <li>• <b>PAF C31</b> – A project is currently being undertaken to ensure that all clients receiving day opportunity services as well as those receiving professional support services have actual data recorded, to improve performance for Adults with mental health problems helped to live at</li> </ul>

Mental Health Trust/Haringey TPCT/Social Services)

joint performance meetings are convened.

Joint reports are produced by the MH Trust, which go to the Mental Health Executive.

Early work surrounding establishing PI's between health and social care via the SLA has begun.

S117 Register establishing accurate funding responsibility for the commissioning of service is being established.

D41, To reduce the levels of non acute delayed discharge at St Ann's and put in place clients care packages

Discussion with the Mental Health Trust are taking place, about how best Adult Community Care can get our systems ( FWi/ Rio), to "talk to each other", so that our respective information and recording requirements are met without duplication. An options action plan will then be presented to the Mental Health Executive Board, which will have to decide the appropriate pathway.

Monthly performance callover meetings are held involving CMHT managers and performance staff. As a result of these meetings, action plans are developed to address problem areas. Whilst performance in some areas needs further

home. If this is achieved it should place us in the top performance banding 5

- **PAF D55 (Part 1)** As at January 2007, we provided over 67.5% of contact assessments within 48 hours from the initial contact (this performance places us in the performance banding 2)
- **PAF D55 (Part 2)** As at January 2007, we undertook over 50% of assessments of clients needs within 28 days which places us in band 1 for completed assessments.
- Currently contact and referral data is collectively maintained on both Social Services and the Trust's systems for data monitoring purposes until the Trust's new IT system is implemented. This will be a key focus area for the reconfiguration of the CMHTs which will take place in 2007
- **PAF D40** As at January 2007, we undertook 61% of reviews of clients and we are confident that we should reach the target of 65% by the end of the reporting year.
- S117 (Mental Health After Care) register will ensure clients are reviewed and, where appropriate, S117 orders ceased.
- Non acute delays are being

(Agreed)		improvement, significant progress has already been made (e.g. for reviews).		<p>monitored by the service to address any delays in discharge of patients.</p> <ul style="list-style-type: none"> <li>Single access point - proposed as part of the reconfiguration of CMHTs - should reduce duplication of data entry</li> </ul>
<p><b>Recommendation Three</b> That the enhanced service proposal from the TPCT involving the appointment of a lead GP on primary care mental health for each of the four commissioning clusters within the Borough be strongly supported and implemented within a specific timescale (Haringey TPCT)</p> <p>(Agreed)</p>	<p>June 2007</p> <p>June 2008</p>	<p><b>Dorian Cole (TPCT)</b> Implementation of this service has begun with two lead GPs appointed along with clinical specialist to lead the overall programme development. 2 further GPs expected to be appointed by April 2007.</p> <p>A 3-phase training programme for staff in general practice has commenced.</p> <p>LES working closely with Mental Health Trust on the Trust's reconfiguration of services.</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>4 GP's appointed</li> <li>Improved knowledge, understanding and assessment skills, within general practice relating to people with mental health problems.</li> </ul>
<p><b>Recommendation Four</b> That, following the government's forthcoming announcement of an expansion of availability of "talking therapies", Social Services, the TPCT and the Mental Health Trust jointly investigate the possibility of improving the availability of such therapies to Haringey residents using, wherever possible, imaginative and non-stigmatising delivery mechanisms. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust)</p>	<p>Review in January 2008</p>	<p><b>Siobhan Harper/Jackie Shaw</b> Psychological Therapy providers have had detailed contract reviews to ensure waiting times are kept to a minimum NHS targets for maximum 18 week waits for treatment are being discussed in regard to 'talking therapies'. Psychological Therapy Network continues to promote good inter-agency working for providers to maximise appropriate referrals.</p>	<p>No</p>	<ul style="list-style-type: none"> <li>Provides quality assurance system checks</li> <li>Improved access to psychological assessment timescales for</li> </ul>

(Agreed)

*Executive Decision*

*- Partially agreed. All agencies support the direction of travel indicated by the Scrutiny Review. However, this cannot be implemented until suitable funding sources are identified. This will need to be considered as part of the 2007/08 budget process.*

**Recommendation Five**

That a system is set up by the TPCT, in partnership with GP practices, to ensure that regular checks are taken to confirm that patients recovering from mental illnesses continue to have access to the care and medication required for their recovery, and that where there are grounds to suggest that may not be the case, this be brought routinely to the attention of relevant mental health teams, who can then provide the requisite care

April 2008

Mental Health Trust's reconfiguration of services aims to improve compliance with NICE Guidelines relating to service users with severe and enduring mental illness having assessed to psychological therapies. Current psychological therapies will be integrated into the new team structures. Aim is to specialise in CBT as a treatment, improve reflective supervision, and train all staff in basic 'interventions'.

There is no new money within the NHS locally for the expansion of talking therapies. It may, however, be possible that this type of service could be developed in due course via primary care resources.

**Dorian Cole**

The Local Enhanced Services (LES) for mental health in primary care will support this development. Working with graduate primary care mental health workers, the GP leads for the LES will ensure that systems are in place across the interface between primary and secondary care to minimise any potential for patients to

No

assessments agreed

- Primary Care Local Enhanced Service fully established.

<p>management and other support. (Haringey TPCT)</p> <p>(Agreed)</p>		<p>'slip through the net'.</p> <p>This recommendation will be more fully addressed over the next year, following the recruitment of all 4 LES GPs, the implementation of the training programme for General Practice and the reconfiguration of the Mental Health Trust's own community services.</p>		
<p><b>Recommendation Six</b></p> <p>That provision for a specific Early Intervention in Psychosis service, based on a model that is appropriate to the needs of Haringey, be included within the three year commissioning plan and implemented urgently. (Haringey TPCT/Barnet, Enfield and Haringey Mental Health Trust/Social Services).</p> <p>(Agreed)</p>	<p>April 2007 onwards</p>	<p><b>Siobhan Harper</b></p> <p>A funding bid for Invest to Save finance from the Treasury has been made.</p> <p>EIP service development is a investment priority for Haringey PCT and the PCT's budget plans for 2007/08 include part-year funding provision for this service if the Treasury bid is unsuccessful.</p>	<p>No</p>	<ul style="list-style-type: none"> <li>EIP delivering reduction in duration of untreated psychosis to 12 weeks</li> </ul>
<p><b>Recommendation Seven</b></p> <p>That consideration is given, as part of the process for determining the three year commissioning plan, to improving liaison between mental health services and the North Middlesex Hospital in order to provide earlier detection of mental health needs presenting themselves at the hospital. (Haringey TPCT/Barnet, Enfield and Haringey Mental Health Trust/Social Services).</p> <p>(Agreed)</p>	<p>Proposals by June 2007</p>	<p><b>Siobhan Harper</b></p> <p>Existing services at North Middlesex liaison are being maintained by both Enfield &amp; Haringey PCTs. Further developments will be considered after the reconfiguration of local NHS is complete.</p>	<p>No</p>	<ul style="list-style-type: none"> <li>Mental Health needs of patients on general medical wards are met</li> </ul>
<p><b>Recommendation Eight</b></p>		<p><b>Siobhan Harper/Jackie Shaw</b></p>		

<p>That the work undertaken by the Haringey Therapeutic Network since its opening is highly commended and that consideration is given to:</p> <ul style="list-style-type: none"> <li>• Expanding its capacity, and securing its future.</li> <li>• Basing some of its activities within neighbourhood centres and creating strong links with neighbourhood-based mainstream services.</li> <li>• Developing stronger links with appropriate community based mental health teams. (Haringey TPCT/Haringey Social Services/Barnet, Enfield and Haringey Mental Health Trust)</li> </ul> <p>(Agreed)</p>	<p>Achieved</p>	<p>The extended service of HTN focuses on preventative work and has enabled the capacity of service users to grow from 12 to 20 places at any time for the whole of Haringey. HTN has also been able to extend to making links with neighbourhood managers in Bruce Grove, Noel Park and Northumberland Park. Groups and individual work is held within community venues, i.e. Wood Green Library, Tottenham Leisure Centre and Northumberland Park Community Centre.</p> <p>There are good links with the CMHTs, Crisis Team, Clarendon, 684 Centre, and Alexandra Road Crisis Unit. Also leisure centres, libraries and more.</p> <p>Currently, two year NRF funding is in existence. Day Services Implementation will be secured for continuous and current funding.</p> <p>Further funding would give opportunity for an increase in HTN services.</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Approximately 200 service users have been through the HTN</li> <li>• Increase numbers of service users from East of the borough using HTN</li> </ul>
<p><b>Recommendation Nine</b></p> <p>That action is taken to improve awareness of services provided by Alexandra Road Crisis Centre in order to ensure that it is fully used all of the time and that opportunities for respite care for carers, during periods of lower demand, are maximised. (Haringey TPCT/Social Services)</p>	<p>February 2007</p>	<p><b>Yvonne Biasio</b></p> <p>Meeting are currently undertaken with other services, e.g. HOST, the mental health liaison nurses at North Middlesex Hospital, to discuss joint working.</p> <p>Discussions with Carers'</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Currently admissions into the crisis unit are monitored through a local PI, which is reported monthly.</li> <li>• <b>PAF C62</b> – Further awareness should lead to an increase in service provision for carers and will contribute to the <b>PAFC31</b> “help to</li> </ul>

<p>(Agreed)</p>	<p>July 2007</p>	<p>Development Manager to discuss raising awareness of the service among carers</p> <p>Significantly less referrals from the east of the borough are made to the centre. GP's are being contacted and brochures are being sent out.</p> <p>Meeting has taken place with the PPIS group to discuss the unit and raising awareness amongst users.</p> <p>Community groups have being contacted and information in relevant languages are sent to promote the service to under-represented BME groups.</p> <p>Role of Alexandra Road as part of "Crisis" provision within the Borough is under discussion.</p>		<p>live at home" by providing respite breaks</p> <ul style="list-style-type: none"> <li>• Performance indicators to be developed to ensure further client groups are captured</li> </ul>
<p><b>Recommendation Ten</b> That, in the light of the expected increase in provision of mental health services with para and semi-professional workers, as well as professionals, an appropriate qualification and career progression scheme for care staff in primary and day care services be developed, including a specific and progressive NVQ. (Haringey Social Services)</p> <p>(Agreed)</p>	<p>In Place</p> <p>Ongoing</p>	<p><b>Philippa Morris</b></p> <p>There is an NVQ Certificate in Mental Health for Mental Health Workers, Volunteers, Users and Carers.</p> <p>Further development of training opportunities for people working in the mental health field to be considered as part of the Annual People Planning process.</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Staff working in mental health are appropriately trained and qualified.</li> </ul>
<p><b>Recommendation Eleven</b> That consideration is given to including</p>	<p>In Place</p>	<p><b>Julia McClure</b> Public access PCs is available to</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• To development and support service</li> </ul>

<p>provision for day care service users within the Council's future IT support contracts. (Haringey Council IT Procurement/Social Services)</p> <p>(Agreed)</p>		<p>service users at Council provider sites,</p> <p>These PCs are currently purchased and maintained by ITS on a time and materials basis. ITS is currently reviewing the best way to support public access PCs and Mental Health site PCs will be included in any recommended proposal.</p>		<p>users</p>
<p><b>Recommendation Twelve</b></p> <p>That a review be undertaken of the level of availability of independent mental health advocacy services with the Borough, in particular for BEM communities, in order to establish whether current provision is sufficient and that provision for any shortfall that is identified be included within the three year commissioning plan. (Haringey TPCT/Haringey Social Services)</p> <p>(Agreed)</p>	<p>Ongoing</p>	<p><b>Siobhan Harper</b></p> <p>Contract reviews with existing advocacy providers taking place to ensure they are fulfilling the requirements of their current contracts to that capacity is maximised. Possible re-tendering to be considered in Autumn 2007.</p>	<p>No</p>	<ul style="list-style-type: none"> <li>Existing capacity to provide advocacy maximised</li> </ul>
<p><b>Recommendation Thirteen</b></p> <p>That the multi agency publicity produced on mental health services is welcomed and that information be regularly updated and publicised within relevant publications from the Council and its health partners. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust)</p>	<p>Update by October 2007</p>	<p><b>Liz Marnham</b></p> <p>The Directory of Mental Health Services in Haringey, produced in partnership by the Trust working with Tulip, was produced in late 2005.</p> <p>There are now plans for the Clarendon Centre to take on responsibility for maintaining and updating the directory as one of their service user projects offering admin training.</p> <p>Due to spending restrictions, there</p>	<p>Yes</p>	

(Agreed)			<p>are currently no plans to reprint the directory, but the present version has always been available on the Haringey website with links to it from partners' websites. This process can be continued with any future revised editions.</p>
<p><b>Recommendation Fourteen</b> That consideration is given to incorporating a mental health and well being impact assessment process into the planning and implementation of regeneration programmes in order to ensure that appropriate policies, programmes and projects promote and protect good mental health. (Haringey Council)</p> <p>(Agreed)</p>	<p>Implemented</p>	<p><b>Bill Slade</b> One member of the employment and skills team (Bill Slade) has been trained in short "health impact assessments". This member of staff has direct responsibility for the welfare to work for disabled people agenda and chairs that partnership board, and also chairs a sub group of the mental health partnership board that considers mental health and employment. Therefore considerations of MH issues are carried in to the employment and skills team, and we work to ensure that all regeneration employment programmes are cognizant of and sensitive to, the issues and needs of potential beneficiaries with mental health issues.</p> <p>The current SSCF funded programme tackling worklessness (Haringey Guarantee) has a 17% disability quota, and we work with the mainstream providers to ensure they understand and are equipped to deal with issues of disability including MH offering support and awareness training.</p>	<p>Yes</p> <ul style="list-style-type: none"> <li>• The results of the impact of this work is picked up in various fora, and where it has to do with the Haringey Guarantee, in the monthly monitoring of that programme. <ul style="list-style-type: none"> <li>• MH awareness training to be delivered to Jobcentre plus specialist incapacity benefit advisors,</li> <li>• Brokered meetings with the local graduate mental health workers (TPCT) to ensure they have an active and supportive relationship with the IB advisors and thereby secure better outcomes following job focussed interviews.</li> </ul> </li> </ul>

<p><b>Recommendation Fifteen</b></p> <p>That a Council wide audit is undertaken, to mark the next world mental health day, of how services address mental health issues as part of their work on social inclusion and that this audit includes a review of how each directorate contributes to the mental well-being of its staff. (Haringey Council)</p> <p>(Agreed)</p>	<p>January 2008</p>	<p><b>Gerry Atkinson</b></p> <p>This will be discussed within the context of the new Well-Being Framework which is under development in Adult Services. Work is taking place to introduce the HSE's Stress Management standards and there is a project group who are taking this work forward. This work is designed to ensure that managers routinely engage staff around issues of stress. The Council's Performance Appraisal and competency framework is an effective means of monitoring.</p>	<p>No</p>	<ul style="list-style-type: none"> <li>• Support at work for staff with Mental Health problems in place.</li> <li>• Service users in employment.</li> </ul>
<p><b>Recommendation Sixteen</b></p> <p>That a range of mental health services be linked into new neighbourhood management structures with, where possible, appropriate specialist and mainstream inclusive services being delivered from neighbourhood centres. (Haringey Council)</p> <p>(Agreed)</p>	<p>Review Position in January 2008</p>	<p><b>Deborah Cohen</b></p> <p>The Mental Health Trust is currently reconfiguring its 4 Community Mental Health Teams and 3 Complex Case Teams. The Intermediate Care Team will provide a single point of access into secondary mental health services, as well as enhancing considerably collaboration between primary care and mental health services. The opportunities for linking in with Council neighbourhood management structures can be reviewed once the reconfiguration is in place.</p>	<p>No</p>	<ul style="list-style-type: none"> <li>• Improve user access to mental health services.</li> </ul>
<p><b>Recommendation Seventeen</b></p> <p>That schools be encouraged to include mental well being as an explicit part of their</p>	<p>Ongoing</p>	<p><b>Janette Karklins</b></p> <p>Positive mental health in primary schools is supported through the</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• By 2009 in our Children and Young People's Plan – Changing Lives we</li> </ul>

curriculum and that good practice should be systematically shared between schools. (Haringey Council)

Department for Education and Skills, Social Emotional Aspects of Learning (SEAL) Programme. Currently 50 primary schools, 2 children centres and 3 special schools are engaged in this programme. Good practice is shared via SEAL Sharing days and the Haringey Learning Website.

Separate centre-based training is offered to both primary and secondary schools on “A whole school approach to mental health and emotional well-being” by the Healthy Schools team in partnership with CAMHS.

Healthy Schools programme has supported two projects in local secondary schools-working with vulnerable young people and boosting self esteem in Alexandra Park Secondary school-“The 3 Es- embrace, encourage, energise”, and developing peer mentoring and befriending project in Hornsey School for Girls.

Individual school activity takes place for example in schools-peer mediation programmes and through buddying schemes.

- Anti-bullying was conference held in November 2006.
- Pyramid Clubs for vulnerable young people are in place in schools providing after school and holiday provision.
- A competition with primary schools to mark World

have committed to achieving 20 priorities, Priority 6 is around preventing mental health problems.

- **Priority Six** – We will prevent young people from developing mental health problems by strengthening their emotional wellbeing and self esteem and improve service to those who have metal health needs.

Specifically we will:

- Reduce the number of children and young people being referred for emotional and behavioural difficulties outside the school system by supporting schools to develop more effective school- based programmes that support emotional literacy and by strengthening the work of the integrated services to children and families.
- Improve the quality and timeliness of service for children and young people with mental health needs by delivering better focused treatment and by reducing year on year the number who require in-patient treatment, and work with young people to achieve a Kitemark for local mental health service.
- Improve access to the Child and Adolescent Mental Health Service (CAMHS) through a single point of contact, and especially for children with learning difficulties.
- Achieve the Child and Adolescent Mental Health Service Standard in

(Agreed)		Mental Health Day which included a full pack of support materials was sent round to each school.		response to the action plan and as part of the implementing of the National Service Framework for Children, Young People and Maternity Services.
<p><b>Recommendation Eighteen</b></p> <p>That the needs of people who have suffered from mental illness be considered within the Adult Literacy Strategy. (Haringey Council)</p> <p>(Agreed)</p>	October 2007	<p><b>Diana Edmonds</b></p> <p>Haringey Libraries will review and expand the services which they currently provide for people who have suffered from mental illness, specifically:</p> <ul style="list-style-type: none"> <li>• In relation to developing a skills base within the Skills for Life programme.</li> <li>• Haringey Libraries will provide additional services for people who have suffered from mental illness to support their return to work.</li> </ul>	No	
<p><b>Recommendation Nineteen</b></p> <p>That the research that has been commissioned by the Council and its partners on pathways into care for black and minority ethnic communities is welcomed and that its conclusions are acted upon to improve substantially mental health provision for them. (Haringey TPCT/Social Services/Barnet, Enfield and Haringey Mental Health Trust)</p> <p>(Agreed)</p>	<p>Ongoing</p> <p>April 2007</p>	<p><b>Siobhan Harper</b></p> <p>Learning from the research project will be disseminated through the services by the MHT; possibly on or around World Mental Health Day.</p> <p>The Council continues to have meetings to discuss race equality issues with the MH Trust. The Trust is currently advertising for a Turkish/Kurdish community development worker as part of the Delivering Race Equality Action plan.</p>	<p>No</p> <p>Yes</p>	<ul style="list-style-type: none"> <li>• The Council has given £14.5k as part of the youth opportunities fund to train some young people from the youth service and Antenna, mental health and outreach service working with African and African Caribbean youth to develop an after school programme for Northumberland Park school.</li> </ul>

<p><b>Recommendation Twenty</b></p> <p>That the Council's work placements scheme is welcomed, the placement of people who have suffered from mental illness as part of the scheme be progressed speedily and have high priority, and the placements that are offered are flexible and sensitive to their needs and aspirations. (Haringey Council)</p> <p>(Agreed)</p>	<p>By 2009</p>	<p><b>Bill Slade</b></p> <p>The major program delivering work placements in the borough is commissioned by the Council but being delivered by HAVCO and its partners. This is delivered under the SSCF funded Haringey Guarantee program initiated to pilot innovative ways of tackling Worklessness. It is meant to deliver 150 voluntary work placements and has a 17% disability quota. Realistically this will probably deliver around 6 placements for people with MH problems. Work is taking place with some directorates to ensure that some of these are within the Council.</p> <p>The Council has a partner voluntary organisation called Richmond Fellowship Employment and Training (RFET) running a three year programme which looks specifically at the employment needs of people with Mental Health problems. This has a voluntary work placement component meant to deliver 158 voluntary work placements around half of which are planned to lead to some form of employment (not necessarily with the placement). Further work is needed to ensure that the Council is an active participant in this programme.</p>	<p>Yes</p> <p>Yes</p>	<ul style="list-style-type: none"> <li>• Increase in service users</li>   <li>• One new job brokerage focusing specifically on mental Health</li> <li>• Delivery of 158 work placements over 3 yrs</li> <li>• Mental Health Commissioning will provide the continuation of funding for Richmond Fellowship</li> <li>• 108 jobs over 3yrs ( out of 226 contacts)</li> </ul>
<p><b>Recommendation Twenty One</b></p> <p>That specific links be developed between the</p>	<p>By 2009</p>	<p><b>Bill Slade</b></p> <p>The team mentioned has been</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Increase numbers of service users in</li> </ul>

<p>volunteer bureau that is being set up and the Mental Health Employment Team. (Haringey Council)</p> <p>(Agreed)</p>		<p>superseded in function by the <b>RFET</b> program, and links to all voluntary work placement and volunteering opportunities are being vigorously explored by the <b>RFET</b> team who are based in the <b>Clarendon Centre</b>, a council run mental health resource centre. <b>RFET</b> have only been operative in this borough since October 06 and are funded for three years by the LDA.</p> <p>A“pick up “of funding by MH commissioning dependent on achieving targets has now been negotiated.</p>		<p>employment</p>
<p><b>Recommendation Twenty Two</b></p> <p>That a report is submitted to Overview and Scrutiny Committee on specific measures taken by the Council to promote mental well being amongst its staff and the support that is offered to those who may be suffering from mental ill health. (Haringey Council)</p> <p>(Agreed)</p>	<p>October 2007</p>	<p>To be part of a Healthier Haringey Workstream within the Well-being Agenda. This area of work has yet to be addressed.</p>	<p>No</p>	
<p><b>Recommendation Twenty Three</b></p> <p>That the inclusion of benefits advice within the commissioning plan for the joint mental health strategy is welcomed and that current provision is reviewed to ensure that it is sufficient, to satisfy demand. (Haringey TPCT/Social Services)</p>	<p>December 2007</p>	<p><b>Siobhan Harper</b></p> <p>Benefits advice is being incorporated into the Advocacy Review.</p> <p>More generally, a mapping exercise, which will form the basis of an income maximisation strategy, is nearing completion. This is part of a number of pieces of work on improving benefits advice. To be</p>	<p>Yes</p>	<ul style="list-style-type: none"> <li>• Increased access available</li> </ul>

(Agreed)		reported to the Executive early in 2007/08 financial year. The report will include proposals on establishment of a welfare rights team and maximisation of internal and externally commissioned activity. Implementation of proposals to take place within 6 months of decisions being made.		
<p><b>Recommendation Twenty Four</b></p> <p>That consideration is given to the provision for front line Council staff; including those provide advice on benefits, of specific and appropriate training in engaging effectively with people who may be suffering from mental illness. (Haringey Council)</p>	In Place	<p><b>Philippa Morris</b></p> <p><b>Council Wide Training programmes:</b></p> <ul style="list-style-type: none"> <li>It is important for all staff to understand symptoms, implications of mental health issues. Our customer service training addresses mental health issues – and what to expect and how to respond to people who may be suffering from mental illness.</li> </ul> <p><b>Social Care Training Programmes:</b></p> <ul style="list-style-type: none"> <li>Regular one day training in general mental health awareness for all staff is in place. Inclusion of service users and awareness that having a mental illness does not preclude working- service users are involved in this training.</li> <li>NSF guidelines and priorities (guideline 7, reducing number of completed suicides). Suicide</li> </ul>	Yes	<ul style="list-style-type: none"> <li>Awareness in MH illness is provided to staff</li> <li>Awareness of staff's personal MH issues can be identified and appropriate support provided for the well-being of staff.</li> </ul>

<p>(Agreed)</p>		<p>and self harm risk, risk management training, in place.</p> <ul style="list-style-type: none"> <li>• Increasing availability psychological and talking therapies: counselling skills and CBT introductory and advanced training in place. These are not accredited courses but enable staff in all settings to offer skilled support.</li> <li>• Outcome based care planning – to increase staff understanding that service users should have their say in what they would like, in line with the recovery model. More training is planned for this</li> <li>• An understanding that staff can have mental health issues. Introduction of new course, The Reflective Practitioner, for staff who supervise others (pilot day due in June).</li> </ul>		
<p><b>Recommendation Twenty Five</b> That the adequacy of supply levels of housing that is suitable for people who have suffered a mental illness and need re-housing be reviewed and an appropriate action plan developed to ensure that demand can be met on a timely basis.(Social Services)</p> <p>(Agreed)</p>	<p>May 2007</p>	<p><b>Denise Gandy</b> A quota was agreed in late 2006 but this is insufficient to deal with demand arising from discharges from hospital and “move on” requirements. Possible solutions are under discussion at present between the partner organisations.</p>	<p>No</p>	<ul style="list-style-type: none"> <li>• People with mental health problems housed on a timely basis</li> </ul>
<p><b>Recommendation Twenty Six</b></p>		<p><b>Siobhan Harper</b></p>		

<p>That clear links be developed by mental health partners to the new arms length management organisation (ALMO) for housing within Haringey. (Haringey TPCT/Social Services/ Barnet, Enfield and Haringey Mental Health Trust)</p> <p><i>(Agreed)</i></p>	<p>September 2007</p>	<p>This action will be followed up by the partner agencies.</p>	<p>No</p>	
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