

CORPORATE DIRECTOR

EXECUTIVE RESPONSE TO THE HEALTH IN HACKNEY SCRUTINY COMMISSION REPORT ON PREVENTING DEPRESSION AND ANXIETY IN WORKING AGE ADULTS	
CABINET MEETING DATE	CLASSIFICATION
20 July 2015	
COUNCIL MEETING DATE	Open
25 November 2015	
WARD(S) AFFECTED	
All Wards	
CABINET MEMBER	
Cllr Jonathan McShane Health, Social Care, and Culture	
KEY DECISION	
No	

Kim Wright, Corporate Director of Health and Community Services

1. Introduction

- 1.1. Within the last year a joint mental health needs assessment of residents in the City and Hackney was completed and published. The assessment drew upon epidemiological and comparative data, and stakeholder views captured through interviews and workshops, in order to identify mental health need in the two areas governed by our Health and Wellbeing Board.
- 1.2. In many ways the report highlighted what we already know, that mental health needs are higher than average in our communities and that those that mental health issues touch are in greater need of the kind of support local bodies can provide. This need is one that is fully appreciated and the commitment to deal with it to the best of our abilities exists at both the Council and amongst our public sector partners.
- 1.3. As the report completed by the scrutiny commission shows there is much that is being done already, but it also indicates that there is more that we can do. However as I hope the response indicates our teams who deal directly with residents with mental health needs are not complacent, and are constantly seeking new ways of working and training staff to ensure that we can help those who most need it.
- 1.4. The scrutiny report also highlights our new Integrated Mental Health Network. The IMHN will be a crucial development that will better ensure that the needs of service users are central to the work we, and our partners, undertake. Amongst the services that the IMHN will provide include early interventions for those who start to experience difficulties; recovery and social inclusion services for people with severe or enduring mental health needs; and support and activities to help people access education, training and employment.
- 1.5. I commend this report to the Council.

2. Recommendation

2.1 Council is asked to approve the content of this response.

3. Executive Response to the Scrutiny Recommendations

3.1. The Integrated Mental Health Network

Recommendation One

The Commission requests the Health and Wellbeing Board to ensure that with the roll out of the Integrated Mental Health Network (the IMHN) from 1 February 2015 that:

- Talking therapies, particularly culturally specific, one-to-one, therapies provided by BME community organisations, do not lose out to solely generic provision.
- b) Any funding gaps arising from the creation of the IMHN which impact on the prevention and early intervention stages are addressed so that those who are unable to make progress via group therapy are also catered for.
- c) Consideration is given to whether the provision of IAPT might include a BME voluntary sector element.
- d) The role of BME organisations in delivering preventative services which are wider than direct mental health support is better acknowledged as they are providing services to service users who provide difficult to reach for mainstream providers and are thus contributing to wider social capital.
- e) Local health and social care partners examine how they might actively recruit staff or volunteers from local BME communities, such as Turkish/Kurdish, with a view to training them or encouraging them to qualify in the health and social care professions.
- f) Preventative programmes are better co-ordinated with local health partners and commissioners do not act in isolation when making changes aimed at delivering on their own cost saving programmes.
- g) Although the focus of these services is on helping people to become well and able to function in society, there needs to be a range of services to allow people to

The Council has commissioned the Integrated Mental Health Network which will provide to our residents a mental wellbeing prevention service, and a recovery and social inclusion service.

As part of its oversight of the contract the Council will be expressly seeking evidence that the network is able to meet the cultural, faith and language needs of Hackney's diverse community, and offer equal access to services through a Single Entry Process.

Therefore it is expected that the contract provider will deliver some of the services through sub-contracting arrangements with other providers and partners in order to deal with specific issues relating to our diverse community, such as those highlighted by the Commission.

access continuing support after an initial period of therapy.

We will be expecting evidence of this implementation in the 6 month update.

3.2. Housing related issues

Recommendation Two

The Commission recommends that the Council's Housing Needs Service jointly with Hackney Homes and ELFT:

 a) Expand on the existing initiative on mental health awareness training for staff. This needs to build on existing best practice and focus on clear pathways that staff know will work.

b) Ensure that frontline workers are kept up to date on the available care pathways, the resources open to them in giving support to vulnerable residents, and that clear escalation procedures are in place. This needs to include dealing with complaints from neighbours about erratic or anti-social behaviour.

c) Consider how they could work with Registered Housing Providers to develop a joint crisis line to which clients with mental health problems could be referred. The Council's Housing Needs team is working with colleagues in Adult Social Care in order to develop and roll-out a suitable training programme for staff. This will be designed to better increase awareness to understand the requirements residents with mental health needs in order to provide greater assistance. This programme should be finalised for delivery in the Autumn.

The Care Act explicitly includes housing providers and housing advice agencies amongst those who have a core role in providing care and support. As such the Council's Housing teams are now viewed as a health related function, particularly with regard to the prevention, delay, and reduction in care and support needs.

The Housing Needs Team have expanded their engagement with the Adult Social Care and jointly they have developed robust protocols that will ensure front-line housing staff are kept regularly informed on Social Care developments, including with regular training sessions. These protocols will reflect those already successfully put in place with the involvement of the Children's Social Care team

The Council and Hackney Homes have in place a number pathways whereby registered housing providers can escalate concerns including relating to general housing matters and rent arrears on behalf of their tenants with mental health issues.

With the increase in awareness that will arise from the training and closer relationship with Adult Social Services these pathways should become even more effective.

Recommendation Three

The Commission recommends that the Cabinet Members for Housing and for Health Social Care and Culture ensure that the opportunities created bν management of Hackney Council's housing stock coming back in-house after 31 March 2016 are harnessed to foster closer working relationships between the management of Hackney's housing stock and the health and social care staff in Hackney. A good model here is the success of the joint working on anti-social behaviour between Hackney Homes and the Council departments. It is suggested that having a mental health worker as part of the Hackney Homes team would represent a useful first step here.

Agreed. There is a commitment to ensure that the new opportunities that will be available when the management of the housing stock returns to Council control next year will include improved working protocols between the Adult Social Care team and the teams that will manage Hackney's Homes

This will ensure that the needs of our residents with issues related to mental health are better understood and better dealt with.

3.3. Move-on accommodation and hospital discharge issues

Recommendation Four

The Commission recommends that the Cabinet Members for Housing and Health Social Care and Culture review the provision of move-on accommodation for those in the mental health supported housing pathways. This would involve looking at whether the current Nominations Agreements between the Council and Registered Housing Providers are working in the best interests of tenants with mental health needs and in particular provide the stability which can help prevent crises. These tenants often move in and out of short-term supported housing, typically have fluctuating conditions and their needs often get addressed only when they reach crisis point.

Officers of the Council are mindful of the additional needs of tenants with Mental Health requirements and relevant teams have a good record in intervening and responding.

In particular the Housing Needs team works closely with the Supporting People team to address needs and identify appropriate referral arrangements are in place. The Supporting People team have commissioned Supporting People Providers to provide floating support to those with fluctuating conditions, particularly those with mental health issues, and it remains a priority within the commissioning process undertaken by the Supporting People team who also work closely with colleagues in the Homerton Hospital on issues like this.

There is a commitment to a wide review of the nominations process as part of the homelessness strategy.

Recommendation Five

The Commission recommends that ELFT reviews planning for discharge for mental health patients in the Homerton Hospital's Mental Health Unit. In particular, housing issues need to be identified at the admissions stage and acted upon through the provision of housing advice in the hospital wards/at GPs' surgeries, as appropriate. Furthermore, the Commission requests that this issue be picked up in the 'Hackney Vulnerable People's Protocol' being developed in Hackney in response to the Care Act 2014

ELFT work closely with the Council and there is a pilot in place where the Housing Needs team have had an officer based at Homerton Hospital since December.

Initial feedback has been very positive with staff indicating that this approach has already seen improvements in providing access to early interventions and has led to much better liaison and information sharing ensuring a more efficient, effective and sensitive approach is being taken

This pilot will be fully evaluated at the end of the year.

3.4. Co-ordinating Floating Support

Recommendation Six

The Commission requests the CCG and the Council to consider a proposal from City and Hackney Mind to establish a steering group of the Floating Support Providers in the borough so as to assist in better co-ordination of services and to improve communication.

Agreed. The Council and the CCG will consider the City and Hackney Mind proposal.

3.5. Job Retention issues

Recommendation Seven

The Commission requests the Council and the CCG to explore with Job Centre Plus and the Council's own Ways Into Work team the commissioning of services to help people with mild to moderate mental health support needs to either retain their jobs and or find new employment. This acknowledges the significant proportion of people in the borough who are workless because of mental illness.

Agreed. There is an understanding and appreciation that mental health issues impact employment status.

The Council's Ways Into Work team, who work directly with our residents and local employers, in part by dealing with each prospective employee as an individual with individual needs and requirements, has been looking at how better to assist residents with mental health

needs to seek and retain jobs. This includes working with public sector colleagues.

Further to this the new Integrated Mental Health Network is also specifically designed to provide employment support and training to help residents with mental health issues move into the workplace and to sustain recovery.

3.6. Improving mental health in the workplace

Recommendation Eight

The Commission suggests that the public sector employers should aim to lead the way in developing practices to ease the path back into work for those who are suffering from depression and anxiety, if the overall cost to society is to be reduced. The Commission requests that Council's HR and Organisational Development department and the Council's Public Health department as well as the HR departments of the local NHS Trusts and the CCG publish information explaining what initiatives they have in place to improve mental health in their own work environments (e.g. anti-bullving. stress management) and how they currently support individuals with lower level mental health problems to remain in work and to plan for a managed return to work after periods of sick leave.

The Council, and its partners already make information about their initiatives available to the public. There is a strong commitment across the public sector to staff with mental health needs and there is a commitment to continuing to improve the services that are offered.

The Council makes an around the clock, and confidential, service available to all its staff via the Employee Assistance Programme supplied by Workplace Options.

This programme provides practical information, resources, and counselling services on a wide range of issues that can impact on employees' professional and personal life. This specifically includes anxiety and depression, but also bereavement, debt and other issues such as elder care and relationships.

Council staff can contact this 24 hour service by phone, email, and the website www.workplaceoptions.com

3.7. Improving access for BME residents

Recommendation Nine

The Commission requests that the CCG's Mental Health Programme Board report back on how it will work with local providers to tackle the ongoing challenge of under-

Agreed. The Clinical Commissioning Group's Mental Health Programme Board will report back to the Scrutiny Commission on how they are dealing representation of BME people, particularly black men, with mental health issues in primary care settings and their over representation as in-patients. The Commission acknowledges that this is a long term issue but seeks assurances that it does not fall down the agenda in a climate of fiscal constraint.

with the under representation of BME residents.

3.8. Service user input to commissioning

Recommendation Ten

The Commission requests that the Council and the CCG demonstrate how they are including the 'user voice' in commissioning services for lower level mental health issues

The voice of the user is already an important part of the commissioning process and the Clinical Commissioning Group (CCG) is committed to working closely to engage and involve patients.

The CCG has established the Patient Participation Involvement Subcommittee. The primary role of the committee, which is directly accountable to the CCG Board, is to ensure the participation of patients and the public, so that their views and voices influence every stage of the clinical commissioning cycle, including the commissioning of services related to mental health.

In addition Healthwatch Hackney, who are statutorily responsible for ensuring that the voice of the consumer is strengthened and heard by commissioning bodies, are active members of the Health and Wellbeing Board and involved in the commissioning process with the Council's Public Health Team.