
Meeting	Health and Well-Being Board
Date	19 th September 2013
Subject	Tri-Borough Mental Health Commissioning Strategy
Report of	Chief Officer, Barnet Clinical Commissioning Group
Summary of item and decision being sought	<p>The Barnet, Enfield and Haringey Clinical Commissioning Groups have developed a 2-year tri-borough mental health commissioning strategy. The Strategy aims to ensure that local mental health services will support people in maintaining and developing good mental health and wellbeing; give people the maximum support to live full, positive lives when they are dealing with their mental health problems and help people recover as quickly as possible from mental illness.</p> <p>The Board is asked to note and comment on the tri-borough Mental Health Commissioning Strategy.</p>

Officer Contributors	John Morton, Chief Officer, Barnet CCG Temmy Fasegha- Joint Commissioner Mental Health
Reason for Report	The Board is asked to note and comment on the tri-borough Mental Health Commissioning Strategy
Partnership flexibility being exercised	None
Wards Affected	All
Enclosures	Appendix 1 – Adult and Older People Mental Health Services in Barnet, Enfield and Haringey Commissioning Strategy 2013/15
Contact for further information	Temmy Fasegha, temmy.fasegha@barnet.gov.uk , 0208 359 2841

1. RECOMMENDATION

- 1.1 That the Health and Well-being Board notes and comments on the tri-borough Mental Health Commissioning Strategy.

2. RELEVANT PREVIOUS DISCUSSIONS AND WHERE HELD

- 2.1 Health and Well-Being Board- held on 25th April, 2013 agreed the Barnet Clinical Commissioning Group Integrated Strategic and Operational Plan 2013 - 2015

3. LINK AND IMPLICATIONS FOR STRATEGIC PARTNERSHIP-WIDE GOALS (SUSTAINABLE COMMUNITY STRATEGY; HEALTH AND WELL-BEING STRATEGY; COMMISSIONING STRATEGIES)

- 3.1 The draft Mental Health Commissioning Strategy is aligned with and supports the delivery of the aims of the Barnet Health and Wellbeing Strategy, 'Keeping Well and Keeping Independent', the Barnet Clinical Commissioning Group Integrated Strategic and Operational Plan 2013 – 2015.

4 NEEDS ASSESSMENT AND EQUALITIES IMPLICATIONS

- 4.1 Barnet's Joint Strategic Needs Assessment (JSNA)¹ shows that people with mental health problems experience significant health risks including obesity, diabetes, heart and respiratory diseases as well as lower life expectancy. In addition, they are much more likely to be socially excluded making up over 45% of Incapacity Benefit claimants.

- 4.2 The JSNA goes on to highlight a number of priority areas that the draft strategy seeks to address including:

- Improving identification and treatment of the physical health needs of people with severe mental illness;
- Promoting better access to work and other mainstream vocational opportunities;
- Undertaking local health initiatives aimed at engaging with the wide range of diverse groups, in particular those from BMER groups, to promote early identification and treatment of mental health conditions.

- 4.3 Detailed Equality and Health impact assessments will be undertaken for all specific commissioning projects arising from the implementation of the Mental Health Commissioning Strategy.

5. RISK MANAGEMENT

- 5.1 The Transformation Board is to be formed to oversee the implementation of the strategy including the development of a detailed action plan, which will be delivered within a project management approach, entailing completing, updating and reporting on risk logs and other project documents

6. LEGAL POWERS AND IMPLICATIONS

- 6.1 Section 12 of the Health and Social Care Act 2012 introduces section 2B to the NHS Act 2006. This imposes a new target duty on the local authority to take such steps as it considers appropriate for improving the health of people in its area. Steps that may be

¹ Barnet Joint Strategic Needs Assessment- 2011

taken include providing information and advice, providing services or facilities designed to promote healthy living, providing services for the prevention, diagnosis or treatment of illness, providing financial incentives to encourage individuals to adopt healthier lifestyles, providing assistance (including financial) to help individuals to minimise any risks to health arising from their accommodation or environment, providing or participating in the provision of training for persons working or seeking to work in the field of health improvement, making available the services of any person or any facilities. In public law terms this *target* duty is owed to the population as a whole and the local authority must act reasonably in the exercise of these functions. Proper consideration will also need to be given to the duties arising from the Equality Act 2010 as mentioned above.

Due regard must also be given to the general public law duty set out in s149 of the Equality Act 2010.

7. USE OF RESOURCES IMPLICATIONS- FINANCE, STAFFING, IT ETC

- 7.1 Barnet CCG invests an estimated £35 million for the provision of mental health services in Barnet. Approximately £31 million of this investment is tied up in contracts with NHS trust providers including the Barnet, Enfield and Haringey Mental Health Trust.

8. COMMUNICATION AND ENGAGEMENT WITH USERS AND STAKEHOLDERS

- 8.1 The Barnet Mental Health Partnership Board (MHPB), a multi-agency partnership arrangement bringing together people experiencing mental health conditions, family carers and professionals from the Council, NHS, voluntary sector and other mainstream services has played an important role in shaping and developing the mental health strategy. The MHPB hosted two workshops sessions in May and July to review earlier drafts of the strategy and to comment on and identify key commissioning priorities. Members from the other four partnership boards were invited to the workshop sessions and a separate briefing session was held with members of the Older Adult Partnership Board in July. The Council's Adults and Communities Delivery Unit senior management team were briefed about the strategy in May and have commented on recent versions of the strategy.

9. ENGAGEMENT AND INVOLVEMENT WITH PROVIDERS

- 9.1 The strategy has been shared widely with secondary mental health providers and at the last CCG public meeting held on 25 July 2013. Significantly, the strategy also reflects many of the priority areas identified in the CCG's Integrated Strategic and Operational Plan 2013 – 2015 presented to this Board on 25 April 2013.

10. DETAILS

- 10.1 The draft Mental Health Commissioning Strategy for adults and older people considers the delivery of mental health services in Barnet, Enfield and Haringey for the period of 2013-15. It sets out a number of key messages and commissioning priorities that will direct the delivery of services in the future. Reflecting the tri-borough commissioning arrangements across the Barnet, Enfield and Haringey CCGs, it also takes account of the different boroughs joint commissioning arrangements and local priorities. The strategy reflects the aims of Barnet's Health and Wellbeing Strategy focusing on prevention and early intervention, integration and personalised care provided closer to home.

- 10.2 The strategy aims to address the concerns raised by GPs, people using mental health services, borough partners and wider stakeholders about mental health services. In particular, the need for timely access to and good information about services and improved mental health support in primary care. Given the financial challenge faced by public sector services, the strategy also aims to ensure innovative, integrated, cost-effective and evidence-based services that meet the growing need of Barnet's population.
- 10.3 The strategy describes mental health provision in terms of a planned, stepped pathway approach. It recognises that improved effectiveness of early support and intervention in primary and community settings will reduce the dependency on more costly secondary and acute services. The stepped care approach is reflected in the 4 main tiers or themes:
- Health Promotion and Prevention
 - Primary Care and Community Care
 - Secondary mental health services
 - Tertiary Services
- 10.4 The main commissioning priorities in the strategy include:
- development of integrated and enhanced primary care mental health services;
 - Improving access to evidence based psychological therapies;
 - improving Memory Clinics, care at home and in Care Homes for people with dementia, spanning early diagnosis and end of life care;
 - ensuring effective care pathways and services for people with co-morbid conditions, for e.g. Autism, Attention Deficit Disorder and Personality Disorder;
 - developing a local rehabilitation model for people requiring a prolonged period of hospital admission to reduce the current reliance on out-of-area placements;
 - working collaboratively with partners, providers and the Council to prepare for the introduction of mental health Payment by Results in 2014/15.
- 10.5 The 3 CCGs have agreed to set up a 'Transformation Board' with representation from the Barnet, Enfield and Haringey Mental Health Trust, the CCGs and the London Boroughs of Barnet, Enfield and Haringey. The Transformation Board will be responsible for ensure the implementation of the commissioning strategy including the Mental Health Trust's Clinical Strategy published in the summer.
- 10.6 It is intended that the Transformation Board will establish four sub-groups with a range of representatives including people who use services mapped to the key themes of the strategy:
- Prevention and Health Promotion – Local Authority lead
 - Primary Care and Community Services – GP lead
 - Secondary Care –CCG lead
 - Tertiary Service –Trust lead
 - Recovery

11 BACKGROUND PAPERS

- 11.1 None attached.

Legal – JH
CFO – LC