

Tower Hamlets Mental Health Strategy: Action Plan 2017-2019

Duration	2017-2020
Related strategies/action plans	Tower Hamlets Mental Health Strategy 2014-2019 Health and Wellbeing Strategy 2017-2020 Tower Hamlets Multi-Agency Suicide Prevention Strategy 2017-2020 Children and Young People Mental Health Transformation Plan 2016- 2019 Ageing Well Strategy 2017-2020
Responsibility for governance	Health and Wellbeing Board
Ownership	Mental Health and Joint Commissioning Team
Implementation date	October 2017
Review date	October 2018

High Quality Treatment and Support

No.	Actions	Lead(s)	Timeframe	RAG	Expected Outcome	measurement
1	We will review current community pathways for older adults with a functional mental health problem, in the context of our developing plans for integrated care in the borough.	MH commissioning and ELFT	August 2018 – August 2019		Improved service user experience	TBD
2	<p>We will review the current in-patient services for older adults with continuing health care needs related to dementia to ensure that where appropriate we are able to reduce the length of a hospital stay.</p> <p>We will achieve this by ensuring there is adequate and appropriate community services and care homes able to meet the needs of people with dementia</p>	MH commissioning and Older Adults Commissioning	March 2018 – March 2019		More people with dementia access nursing and care homes within the Borough and there are fewer long hospital stays for this group of people	<p>Average length of stay of older adults with dementia in specialist CHC hospital beds.</p> <p>No and % of commissioned beds for those with continuing health care needs related to dementia in the community v inpatient</p>
3	We will ensure that waiting times for mental health services are minimised, and we will publish waiting times for key services as part of our partnership dashboard	MH Commissioning	2017-2019		People are able to access and receive treatment from services in a timely manner	Various waiting times and access performance rates for mental health services
4	We will expand our Primary Care Mental Health Service to increase the number of people with serious mental illness supported in primary care versus secondary care. We will pay particular attention to increasing the number of older people able to access this service.	MH commissioning	Oct 2017 – April 2019		People receive services in the community and from primary care where appropriate	No and % of people accessing and receiving treatment in primary care services.
5	We will remodel and recommission our model of talking therapies to ensure an increased uptake of psychological therapies in the Borough. We will seek to improve access to talking therapies for older people and people from BME communities. We will also seek to ensure that more people feel that a talking therapy treatment has contributed to their recovery.	MH commissioning	March 2019		Increased number of people access talking therapies and there is a greater take up by BME communities and those over 65.	<ul style="list-style-type: none"> • No accessing therapies • % of BME communities • % of over 65 • % reporting services have contributed to their recovery
6	We will ensure that people experiencing a first episode of psychosis are able to access early Intervention services in a timely manner and that these services meet national standards of good practice designed to support recovery.	MH Commissioning	April 2018 – April 2019		People will be able to access good quality services able to meet their needs within a timely manner.	% of People able to access services within 2 weeks of a first episode of psychosis.

						Services meet the standards of the fidelity model.
7	We will seek to ensure mental health knowledge and expertise is firmly embedded in primary care by developing a rolling programme of training for GP's and other primary care staff on specific aspects of mental health	MH Commissioning	June 2018		More people will receive a service able to meet their mental health needs in a primary care setting	No and % of people supported in a primary care setting.
8	<p>We will examine the specific needs of adults attending A&E who are in mental health crisis, including those who have attempted suicide, or have self-harmed.</p> <p>We will map the existing pathways and address any gaps to strengthen the pathway where required. We will specifically explore options to develop an emotional place of safety as an alternative to the current A&E provision.</p> <p>We will also work to ensure increase the availability of intensive home treatment, particularly out of current operational hours, as an alternative to hospital.</p>	MH Commissioning	Oct 2017 -Mar 2018		<p>More people will feel in control of their mental health and be able to access support in an appropriate setting in times of crisis.</p> <p>More people will receive appropriate follow up support from mental health services.</p> <p>A reduction in suicide attempts and deaths by suicide.</p>	<p>No. of people who present to A&E in a crisis.</p> <p>No of mental health admissions</p> <p>No. of people who receive follow up from mental health services following a presentation.</p> <p>No. of suicide attempts and deaths by suicide.</p>
9	We will review our referral and diagnostic pathway for people with ASD who are not eligible for mental health services, expanding access to those with a prior diagnosis in need of support as well as more firmly embedding the peer support offer.	MH Commissioning	Dec 2017- Mar 2018		More adults will receive a formal diagnosis of ASD and a package of post diagnostic support, including support with finding employment if desired.	<p>% of adults receiving a formal diagnosis of ASD.</p> <p>% of adults with an ASD diagnosis supported into employment</p>
10	We will review existing perinatal mental health pathways and improve access to specialist perinatal mental health services.	CAMHS commissioner	Sept 2017- Sept 2018		More vulnerable women will access specialist mental health support during and after pregnancy	No. of women accessing evidenced based specialist mental health care.
11	<p>We will deliver the Children and Young People Mental Health Services Transformation Plan, implementing new workforce initiatives with East London Foundation Trust that will improve waiting times and the number of appointments available for young people.</p> <p>As part of this work we will ensure that children in need of treatment for eating disorders can receive treatment in a timely</p>	CAMHS commissioner	July 2017 – July 2018		<p>An increased no. of CYP will be diagnosed with a mental health condition and be provided mental health services.</p> <p>Those in need of urgent need will be able to access treatment within one week of referral and 4 weeks for routine cases.</p>	<p>% of CYP in treatment against the 33% NHS target.</p> <p>% of CYP able to access treatment for eating disorders within national targets.</p>

	manner We will also commission specialist CAMHS input for Tower Hamlets children placed out of borough, starting with Bowden House school in Sussex					
12	We will improve the specialist support available for those young people who experience abuse by mapping and strengthen referral routes for emotional support following assessment at a new NEL STP hub for Child Sexual Abuse	CAMHS commissioner	October 2017 – March 2018		More young people who experience abuse will receive specialist support	No and % of young people receiving support from specialist services
13	We will review and improve our crisis response for children and young people	CAMHS commissioner	October 2017 – March 2018		More Young people will feel in control of their mental health and be able to access support in an appropriate setting in times of crisis.	No. of young people who present to A&E in a crisis. No of mental health admissions for young people

Living Well with a Mental Health problem						
No.	Actions	Lead(s)	Timeframe	RAG status	Expected Outcome	Measurement
1	<p>We will commission services to ensure that more people with serious mental illness are able to find and sustain employment to support their recovery.</p> <p>We will pay particular attention to increase the availability and take up of individual placement support for those who wish to return to the work place.</p>	MH commissioning	Oct 2017 – April 2019		More people with serious mental illness will be in paid employment and the number of people able to access individual placement support towards this goal will have increased.	No and % of people in secondary mental health services in full time or part time paid employment. No. of people accessing individual placement support.
2	We will pilot an employment service embedded within our talking therapies provision to provide support for those with mental health problems wishing to maintain or return to employment	MH commissioning and Compass Wellbeing	December 2017 - December 19		More people with mental health issues will be supported to access and sustain employment.	No and % of people in secondary mental health services in full time or part time paid employment.
3	We will work with partners including Work path, Compass Wellbeing, East London Foundation Trust and the Working Well Trust to review and fresh the model of support and current pathways for those with mental health issues who are seeking employment	MH commissioning, Work path, ELFT and Compass Wellbeing	December 2017 – June 2018		More people with mental health issues will be supported to access and sustain employment.	No and % of people in secondary mental health services in full time or part time paid employment.
4	We will ensure that advocacy services are available so that people with a serious mental health issue who use our services know what choices are available to them locally, what they are entitled to and who to contact when they need support.	MH commissioning	Oct 2017 – April 2019		More people feel empowered and report that they know their rights, where to access services and feel supported	No and % of people that access advocacy services
5	<p>We will work with the Homeless Service and East London Foundation Trust to ensure that where we are placing adults in temporary housing and accommodation outside of the borough, we have effective protocols for ensuring those with mental health needs who are under the care of statutory services, are appropriately supported.</p> <p>We will also ensure that all front line housing staff receive training in mental health first aid and suicide prevention.</p>	Housing, ELFT and MH commissioning	April 2018 – April 2019		<p>Front line staff feel confident to recognise signs of mental illness</p> <p>Fewer deaths and self-harm incidents will occur in temporary housing.</p> <p>Those place in accommodation outside of the borough receive the appropriate health and social care services.</p>	No. of people known to MH and social care services places outside of the borough who receive a follow up.

6	<p>We will prioritise the commissioning of peer support as an integrated part of all commissioned services.</p> <p>We review our grants programme for user led groups to consider how it can better support opportunities for peer led provision.</p>	MH Commissioning	2017-2019		<p>More people will be report satisfied with the support they receive.</p> <p>More people will receive support from a peer.</p>	No. of services with a formal peer support offer
7	We will pilot the use of personal health budgets for both adults and young people using mental health services, including those in receipt of continuing health care funding and those subject to section 117 of the Mental Health Act.	CCG	2017-2019		More people will make decisions about the best way to provide their care and support.	No. of people in receipt of a personal health budget
8	We will review our service user involvement structures against the NICE Quality Standard and work with service users, Health watch, and voluntary sector groups to identify and provide opportunities to support service users who wish to become more involved in planning mental health services in the future	MH Commissioning and Community Options	April 2018 – December 2019		<p>More people will be report satisfied with the support they receive.</p> <p>More people will receive support from a peer.</p> <p>There will be greater opportunities for people who use services to shape their development and delivery</p>	No. of services with a formal peer support offer
9	We will develop a range of respite options appropriate for people with dementia, for carers to choose from	Older Adults Commissioning	April 2018 – December 2019		TBD	TBD
10	We will work with providers of home care and day care to improve mental health and dementia awareness with their staff	Older Adults Commissioning	April 2018 – December 2019		TBD	TBD
11	We will seek to improve the physical health care for people with serious mental illness by ensuring the effective local implementation of the Improving physical health care toolkit.	MH Commissioning	April 2018- April 2019		The life expectancy for both men and women in contact with mental health service will steadily improve with more people accessing physical health checks and interventions	No and % of people with serious mental illness accessing evidence based physical health checks and interventions.
12	We will review the existing model for day provision and information and advice community services including the Recovery college considering the overall pathways and relationship to internal day provision as well as options to	MH Commissioning	July 2018 – July 2019		Reduced hospital admissions and reduced crisis presentations (A&E)	

	increase personalisation and also integration of mental and physical health. The review will inform future model and pattern of services.					
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Building Resilience: Mental Health and Well Being for all						
No	Actions	Lead(s)	Timeframe	RAG status	Expected Outcome	Measurement
1	We will work with housing providers to improve mental health awareness with staff who work in and around housing. We will pay specific attention to Housing Providers and front line housing office staff in the roll out of Mental Health First Aid training and suicide prevention training.	Public Health	2017-2019		Staff will feel more able to recognise mental health issues and be competent in knowing where and when to access support	No of staff trained in mental health awareness and suicide prevention
2	We will ensure all staff are trained in Making Every Contact Count; promoting the Five Ways to Wellbeing, a set of simple actions people can take to maintain good wellbeing.	Public Health	2017-2019		TBD	No of trained staff
3	We will continue to work with GP's and the wider community to raise awareness of dementia. We retain a specific focus on commissioning services to raise awareness within our BME communities.	MH Commissioning	2017-2019		Increased number of people with a formal dementia diagnosis receiving support services	Dementia Diagnosis rate
4	We will improve access to early intervention and preventative services for children and young people, adults, and older people, by maintaining our new web based directory of services (In the Know) and ensuring the Tower Hamlets website provides information on a wide range of local mental health and wellbeing services.	MH Commissioning	2018-2019		Increased number of people will access our preventative services	No. of people accessing web based directory. No. of people accessing recovery college and recovery and wellbeing services
5	We will continue to support and implement the commitments of the Mental Health Challenge and Time to Change Pledge. We will develop an Employers Forum to bring together wider partners (council, NHS, police, Queen Mary's university, CVS, Canary Wharf Group, housing associations) to take action on mental health in the workplace and become mindful employers.	Public Health	2017-2019		TBD	TBD
6	We will, across the Council and the CCG, as the two main public sector commissioning bodies in the borough, use the Time to Change pledge and London workplace Charter to encourage our	Public Health	2017-2019		TBD	TBD

	suppliers to adopt an Emotional First Aid programme for their employees.					
	We will continue to work with our statutory and voluntary sector partners within the Borough to further roll out both Mental Health First Aid Training , Making Every Contact Count training and Suicide Prevention training.	Public Health	2017-2019			
7	Develop and deliver the multi-agency suicide prevention plan a key focus of which will be the roll out of a specific training programme to ensure we have a network of staff and residents trained in suicide prevention able to recognise people at risk of suicide and apply the four step suicide alertness model – TALK, tell, ask, listen, keep safe.	Public Health	2017-2019		The number of suicide attempts and deaths will decrease	10% reduction in suicide against baseline of 8.6 per 100,000 2013-2015
8	We will work across the Partnership to develop an anti-stigma and awareness raising campaign specific to children and young people. This will include raising awareness of eating disorders in young people.	CAMHS commissioner	2017-2019		TBD	TBD
9.	We will work with the Youth Service to commission stronger assessment and support for CYP in contact with the criminal justice system	CAMHS commissioner	October 2017 – April 2018		TBD	TBD
10	We will continue to embed our Mental Health Training programme for schools, increasing the number of frontline staff, support staff and school Governors who are trained in mental health.	CAMHS commissioner	October 2017 – April 2018		TBD	No of training programmes No of trained staff
11	We work to develop our plans to tackle loneliness, with a particular focus on older people	Older Adults Commissioner	2017-2019		TBD	TBD
12	Strengthen interventions to promote attachment and positive mental health in early years through the provision of the TH CAMHS Parent infant mental health pilot project.	CAMHS commissioner	April 2017- April 2018		TBD	TBD