

Mental Health

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Reflections and achievements

- **Strong partnerships** - working across our system with our Partnership Board to oversee action. To meet, discuss and learn together.
- **Deepening our relationship with social care** across adult mental health and learning disabilities. This includes opening learning and development opportunities to each other and supporting each other around CQC inspections.
- **111 crisis line roll out** – supporting people to access care where and when they need it.
- The move towards an **ageless mental health support** offer within neighbourhood mental health teams has been very successful (removing the boundary between adults and older adults' services)
- **Tower Hamlets Talking Therapies** continue to be extremely successful at increasing access to more residents with anxiety and depression, with a particular focus on improving outcomes for minoritised communities and all Service Users
- **Strengthening the partnerships and integrated working across Children and Young people services:-**
- The **Joint Neuro-variance Diagnostics Group** is developing a shared approach to sustainable, timely and high-quality diagnostic services for neuro-variance - including Social Communication, Developmental Language Delay, Autism, ADHD and Learning Disability.
- **Tower Hamlets Education Welfare Service (THEWS)** is providing evidence-based interventions which include 1:1 work; group-work; workshops for staff, students and parents (various topics); Whole School Approach.
- **CAMHS are embedded within Tower Hamlets Children's Services,**
- Crisis, Home Treatment and Eating Disorder Services rolled out.

Priorities for 2024/25

- **Improved Staff Experience** – ensuring there are a range of developmental opportunities and well-being initiatives to boost retention and support wellbeing
- **Continuing community transformation –piloting new models of open access, 24/7 neighborhood mental health care** – we hope to be successful in responding to a national funding opportunity but will pilot aspects of the model irrespective of funding.
- **Improving the experience of care** by moving towards prevention and embedding continuity in services by working closely with Tower Hamlets community partners as a system around the person..
- **Improving and sustaining mental health inpatient care**
- **Reducing inequalities** – continued roll out of cultural awareness training to all staff, provided by the Islamic Centre; a focused workstream on primary care health checks with voluntary sector partners.
- Delivery of our mental health **prevention and promotion** plan through our Public Health Team – improving mental health awareness, resilience and challenging stigma
- **Refreshing our joint strategies** for adult mental health, autism and learning disability and launching our learning disability partnership
- **For children and young people** - We will be working together to **deliver Accelerate**, the Tower Hamlets Children and Families Partnership Strategy 2024-2029 priority 3: support for mental health and wellbeing, through the Children and Young People's Mental Health Group
- **Implementation of the 'Thrive' framework** as the cornerstone of our partnership approach to mental health services for young people. We will work as system partners to expand and invest in early intervention and prevention, and work towards integrated referral pathways.
- **Improve mental health support** for children and young people with SEND and with learning disabilities, those we look after, children in trouble with the law or children who are bereaved.
- **Improve well-being for all our children and young people** by introducing the evidence-based 'five ways to wellbeing' into play, youth, leisure and culture services.
- Ensure more children, families and professionals are aware of how to support mental health

Ongoing pressures and challenges

Inpatient mental health services have seen a sustained pressure in recent times, impacting on urgent care pathways across Tower Hamlets and resulting in increased A&E waits compared to 2022. Driven by growing numbers of new presentations, increased complexities and longer inpatient stays. Homelessness and NRPF are significant factors which also make it difficult to discharge and offer after care support.