

MENTAL HEALTH SERVICES IN HILLINGDON

Relevant Board Member(s)	Robyn Doran
Organisation	Central and North West London NHS Foundation Trust
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Papers with report	Appendix 1

1. HEADLINE INFORMATION

Summary	To update the Health and Wellbeing Board on changes to the provision of mental health services in the Borough.
Contribution to plans and strategies	Joint Health & Wellbeing Strategy
Financial Cost	None
Relevant Policy Overview & Scrutiny Committee	N/A
Ward(s) affected	N/A

2. RECOMMENDATION

That the Health and Wellbeing Board note the report.

3. INFORMATION

Supporting Information

What are we doing?

Led by our Medical Director, Dr Alex Lewis, CNWL is leading an ambitious, three year programme to redesign all our current services so that we can make services better for our patients and their carer's, design them so that they are delivered in the most cost efficient and effective manner and ensure that they are sustainable in the years to come.

Why are we redesigning our services?

Our mental health services have seen increasing demand over the past few years. The changing demographics suggest that this is likely to continue to increase. At the same time, investment from commissioners has not kept pace with rising demand and in a number of boroughs; the funding has been decreased in real terms. For Hillingdon, CNWL receives in the region of £19.5m from Hillingdon CCG to provide all the mental health services in the borough.

To meet the reduction in funding and increased demographic demand, savings in the region of 8% are required in 15/16.

Our current local service model is therefore unsustainable and cannot be delivered within the current resources received. As a result, we need to review the number of buildings we operate from and the number of teams that we have.

Equally, our current model needs to change so that it can offer a more joined-up and responsive service to our patients with access into our services through a 24 hours per day, 7 day per week clinically-run single point of access.

We need to work in new ways such as using more technology and introducing mobile working, to reduce bureaucracy and release time and resources to front line staff in line with growing patient expectations.

How are we approaching this?

Ideas are being generated by our staff, our patients and carers and stakeholders including local authorities, CCGs, GPs etc., at a local level within each of our boroughs. Best practice from across the country is being collated with visits being made to other organisations to review some ideas in practice. Some elements of the redesign such as the 'Single Point of Access' are being implemented across all of CNWL in order to avoid unnecessary duplication and to realise effective economies of scale.

However, the vast majority of the changes are being led locally at an individual borough level involving local staff, partner organisations, patients and carers with solutions being designed and tailored to meet the different individual borough needs.

A summary of the various strands of the service redesign can be found in Appendix 1. The first phase of the 3 year programme in adult mental health will focus on the implementation of a single point of access and a redesign of the community mental health teams.

What is the single point of access, (SPA) and how will this affect Hillingdon?

The 'SPA' will be a 24hour per day, 7 day per week service which will be staffed by a multidisciplinary clinical team of staff that will act as a single point for referral, advice and support for our adult mental health services. They will process emergency, urgent and routine referrals and will be able to book appointments. They will signpost to appropriate services either within CNWL or to other statutory or third sector providers in the relevant borough. All patients and carers will be able to contact the SPA through one phone number. The SPA will be able to access and input information to the CNWL clinical system as well as the different local authority systems where we have shared health and social care teams operating.

We are introducing this as feedback from our patients and our referrers suggests that our current referral pathways are confusing, patients have to repeat their story frequently to different CNWL teams and there is a lack of provision of out-of-hours services. The SPA will ensure that referrers and our patients receive an efficient and timely response. GPs will be able to contact a team of clinical staff (including a psychiatrist) to discuss potential referrals or shared care arrangements. The SPA will also support the pledges within the Mental Health Crisis Concordat (2014).

The SPA will incorporate our current urgent advice line which will be further extended to a 24/7 hour facility for the benefit our service users and their families.

We are intending to roll-out the implementation of the SPA in a phased manner. Hillingdon is intended to be the first borough to 'go-live' in September 2015. Staff working in Hillingdon were keen for the borough to go first as other planned changes to our services are pivotal to the successful implementation of the SPA. Local teams were also keen to inform how the SPA will operate in practice and ensure that it supports and meets the needs for the Hillingdon Borough services.

What does service redesign mean for Hillingdon and how will services change?

CNWL will continue to provide integrated (health and social care) adult mental health services in Hillingdon.

Over the last 3 months, we have run two co-production workshops in Hillingdon. Each have been well attended by our staff, patients, carer's, Healthwatch Hillingdon, partners including the CCG, GPs and the London Borough of Hillingdon and voluntary sector partners. The workshops have been held to ask the views on what works well and what works less well in our Hillingdon adult community mental health services. These local workshops have been the foundation of our plans to redesign our services and have been carried out in the true sense of co-production.

The foundation for change has been based around considering what our patients would want so that we move from a paternalistic model of care to a more self-directed model of care where we ask our patients, "what matters to you?" and not "what is the matter with you?"

We have also considered national changes such as the Care Act and how we will need to adapt to better support the increased demand in the social care function and statutory duties of our social workers.

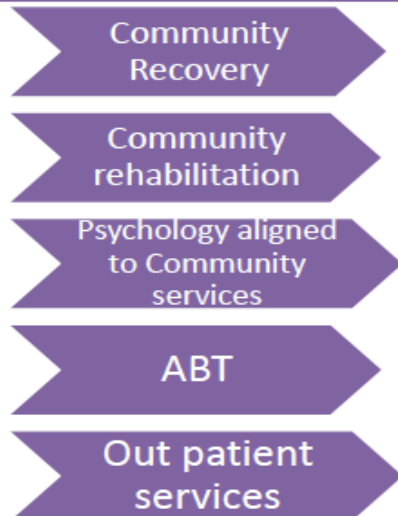
Some of the current suggestions are:

- Operating a 24 hour, 7 days a week Home Treatment Rapid Response Team
- Increased operating hours
- A reviewed skill mix to include peer support workers
- Increased productivity
- Reduced bureaucracy

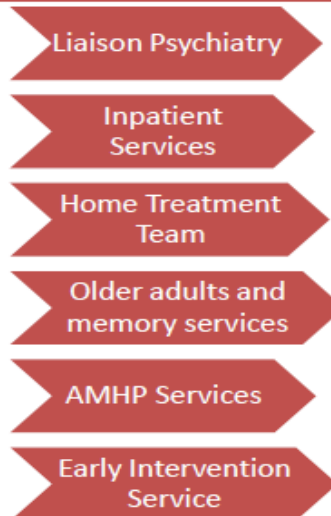
As part of the community service redesign in Hillingdon, it was decided which of the adult mental health services are in scope as part of the first phase of transformation. This is summarised below:

What services are in and out of scope?

Included



Not included



As can be seen above, adult community mental health services have been operating in a number of specialist teams, at Trust-wide level for some time. With the clinical services in CNWL now being completely re-focused on individual borough delivery, it is necessary to review the local Hillingdon configuration of services in order to design a model that delivers both an improved service for local patients and a more cost effective one.

This has also provided the opportunity to review how we may consolidate teams and estates so that they are able to operate more efficiently.

Estates



Currently have three community MH bases.

Plan to move to two

Co production event agreed Pembroke Centre and Mead House would be the most suitable locations.

Dependant on some refurbishment, but not much.

The detailed model is currently being worked through following feedback at the workshops. However, at a high level, the new model in Hillingdon will include:

- Consolidation of the current 3 community teams to two integrated community mental health teams; 1 located in the north of the borough and one in the south. The staffing of the teams will be weighted to match the demand and prevalence in the borough.
- Delivery of core services between the hours of 9am to 5pm with some services also operating on a Saturday morning and at least one evening per week and one early morning opening per week.
- All services to be aligned to the SPA to improve access for patients
- Implementation of one comprehensive risk assessment with immediate access to services which will reduce the number of different interactions for the patient.
- Streamlined pathways between assessment and treatment
- Productivity and efficiency measures to be built into the new service model
- Introduction of zoning of cases/risk rating of cases with a multidisciplinary virtual round daily.

We will need to work with our patients and carers to enable the smooth implementation of this new model. In some cases, service users may need to attend a different location than previously and we will need to support this change on a case by case basis; offering the site closest to home. However, overall service users will receive an improved offering by attending a site with services co-located and operating as part of a full integrated Hillingdon MH community team.

What do we think will be the benefits of the new model to local Hillingdon patients?

We believe the new model will offer improvements in a number of ways:

For our Patients	For CNWL and others
Improved experience of our services with more regular reviews	Increase in staff satisfaction
More responsive and reduced waiting times	Improved efficiencies
Single assessment process to avoid repetition	Future proofing for 7 day working
Recovery focused approach	Increased operational hours
Increased opportunities to be seen at home	Improved responsiveness out of hours if heading toward crisis
Single location for specialist input with easier access to increased support if needed	Financial savings with more cost efficient operating model and consolidation of estates
Increase in treatment options	

When will this take place?

The new SPA will be implemented in a phased approach commencing in September 2015 with Hillingdon being the first borough to join the SPA.

For the full adult mental health services community redesign, more detailed plans will need to be worked up and a full staff consultation will be required prior to implementation. It is hoped

that this can take place in late summer with a planned 'go-live' date for the implementation of the new model by 1st January 2016.

Further work is required jointly with our commissioners to implement a full 24/7 Home Treatment and Rapid Response service in order to deliver more community/home based services and reduce reliance on inpatient beds. Discussions are underway with our health commissioners in relation to this and this work will run in parallel once those negotiations have concluded.

Next Steps

Recruitment to the SPA is now underway and detailed clinical and operational protocols are being developed to enable commencement. Hillingdon borough will be the first borough to 'go-live' in September 2015 which provides an opportunity to test the model and adapt it to meet Hillingdon's needs prior to the wider roll out.

The detailed workforce plan to support the new model is being worked through and the final plan will be shared with stakeholders over the next month ahead of the commencement of the formal staff consultation in late summer/early autumn.

A detailed communications plan will be agreed as part of the changes and stakeholders will be invited to feed in and shape this to meet local requirements.

Designing the New Model for Adult Mental Health

