

# TACKLING MENTAL HEALTH ISSUES IN HILLINGDON

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<b>Organisation</b>	Central and North West London (CNWL) Hillingdon Health and Care Partners (HHCP) NWL CCG – Hillingdon
<b>Officer Contact(s)</b>	Vanessa Odlin, Director for Hillingdon & Mental Health, CNWL
<b>Papers with report</b>	Not applicable

## HEADLINES

<b>Summary</b>	This report provides the Board with the latest update on the progress towards tackling adult, children and young people's mental health in Hillingdon.
<b>Contribution to our strategies</b>	This contributes to the Health and Wellbeing Strategy, NWL Clinical Commissioning Group (CCG) Operating Plan and individual organisational strategies for Hillingdon Health and Care Partners (HHCP).
<b>Financial Cost</b>	Not applicable
<b>Relevant Ward(s)</b>	All Wards

## RECOMMENDATION

That the report be noted.

## EXECUTIVE SUMMARY

The aim of this paper is to update the Health and Wellbeing Board on the current developments on tackling mental health in Hillingdon. The paper highlights key areas of development and updates on previously reported initiatives. Updates on:

- **First Response Service** offering 24/7 assessment to our residents, wherever they are in the community
- **"The Cove"** crisis haven for Hillingdon population, 365 days a year for non-clinical evening offer
- **Central Flow Hub** will find a suitable bed in a timely way and is supporting the elimination of the use of beds out of area through external providers (Out of area placements – OAPs) via improved flow management
- Inpatient admission is supported by new investment embedding **Trauma Informed Approach** and the **See, Think, Act Framework** on wards
- Develop and improve our **Home Treatment Team** (HTT) model
- **Expansion of Primary Care Mental Health Teams**
- **Development of a Complex Emotional Needs Service (CENS)**

- Enhance the **older adult mental health services** through the community framework
- Develop a **0-25 pathway**
- Enhance the **High Intensity User (HIU) Service**
- Enhance the early intervention and early support offer for children and young people (CYP)
- Access to Child and Adolescent Mental Health services

Working with the Hillingdon Health and Care Partners (HHCP), CNWL is leading on transformation programmes consisting of Mental Health, Learning Disability and/or Autism and Children and Young People.

### **Key Matters for the Board**

- The Board is asked to note the strategy and updates on mental health services in Hillingdon, which are outlined in this paper.
- Note how the findings of the Integrated Early Intervention prototype pilot are being embedded within new Service models.
- Note the establishment of the Children and Young Peoples Dynamic Support Register (DSR) and the collaborative approach to supporting young people with Autism, Learning Disability and both Autism and a Learning Disability in crisis.
- Note the increasing presentations of CYP with mental health conditions and the steps being taken to support the increase in access to support.

### **Background and Overview**

Since the December Board, a number of services were discussed using Long Term Plan and locality investment, these have continued to be developed in spite of further lockdowns as a result of the COVID pandemic.

We are continuing to see an impact on the population with regards to mental health issues. We are reviewing the current situation and are considering how we move forward with developments in a way that delivers best value and meets the needs of the population.

We continue to see heightened periods of activity across Hillingdon Mental Health services but we are able to see benefits from the provisions and services we are putting in place.

### **Local Vision and Clinical Objectives**

Our aim is to ensure that people with mental health needs (including learning disabilities and/or autism) are able to live longer healthier lives. We will expand the scope of the new model of care to support people living with mental health challenges and/or people with learning disabilities and/or autism at a neighbourhood level.

We will work across partners to offer support early to prevent crisis but also to ensure that, should crisis occur, we have the right response in place to provide timely and appropriate support. We will offer a range of crisis alternatives to support both early intervention and those going through crisis. We will widen the offer of community support availability with the development of mental health and remodelled community mental health teams including primary care, additional roles reimbursement scheme.

We will work with partners to prevent the numbers of suicides in Hillingdon and to offer support to those who are bereaved.

CNWL and the HHCP have established two transformation boards in order to provide strategic direction. There is good representation on board memberships from across the system. The transformation boards are gaining ground and are now secure and stable.

Transformation Boards:

- HHCP Mental Health, Learning Disability and/or Autism.
- HHCP Children and Young People

CNWL recognise the impact that COVID has had on the system and the transformation boards commenced to provide oversights and push forward with the transformation of mental health in Hillingdon.

CNWL has conducted a community strategy review since March 2021. There was a need to look at the long-term plan in the respect of COVID. There is a need for better integration of community health services and mental health services. CNWL is committed to building family centres from PCN's and neighbourhoods.

#### **CNWL and the HHCP are using Long Term Plan and locality investment to take forward:**

- **New First Response Service** offering 24/7 assessment to our residents, wherever they are in the community which enables quicker access to support
  - The first response service remains a new service currently.
  - We have been coming through the COVID pandemic and activity remains erratic. We are currently analysing the patterns to see how these change over time.
- **“The Cove”** crisis haven for Hillingdon population, 365 days a year for non-clinical evening offer (as above)
  - The coves are now open and actively receiving referrals.
  - The data shows that the coves, from the current position, the utilisation is dropping off and it is not clear why. We are currently investigating the root cause for this and will take appropriate action.
- If a bed is required, a new **Central Flow Hub** will find a suitable bed in a timely way and is supporting the elimination of the use of beds out of area through external providers (Out of area placements – OAPs) via improved flow management:
  - We can see that bed usage is reducing, in line with the number of referrals decreasing. DTA is consistently being recorded and the average time from DTA to admission is reducing.
- Inpatient admission is supported by new investment embedding **Trauma Informed Approach** and the **See, Think, Act Framework** on wards. This will support the clinicians' understanding of the patient's life, emotions and psychology to shape and influence safe individualised co-produced care and treatment within the hospital.
  - The See, Think, Act framework has been piloted at the Riverside centre.
  - The framework has been successfully implemented and embedded with a sustainability plan in place.
  - CNWL continues to review the data and ensure quality governance.
  - Internal audits continue on a fortnightly basis and this model has been a success and will now be implemented in other areas of CNWL.
- Develop and improve our **Home Treatment Team (HTT)** model to:
  - Refocus function to ensure fidelity to a recommended model that offers a genuine alternative to admission, 24/7, 365 days a year.
  - Make HTT responsible for staying within their local bed allocations and enabling HTT to in-reach to wards to facilitate early discharge.

- Data shows us that, in the last 26 weeks, 70% of inpatients have been discharged to HTT with a 97% follow up in 72 hours.
- 72% of patients were gatekept face to face, with an average of 7 contacts per episode.
- **Expansion of Primary Care:** The Primary Care Mental Health Team has been expanded to enable alignment to the PCNs. The team is made up of Registered Mental Health Nurses (RMNS), senior support workers (SSW) and Occupational Therapists (OTs). The team will take over all initial assessments for routine non-complex mental health referrals (this means that the patients' needs as such require an assessment within 28 days (20 working days)).
- **Complex Emotional Needs Service (CENS):** It has been increasingly recognised that patients who have a primary diagnosis of Personality Disorder do not always receive the right care and treatment from mental health services. As a result, Hillingdon Mental Health Services are moving forward with a new model of care. This will include individual and group work; psychological therapies tailored to specific needs and are drawn from empirical research and an increasing evidence base.
- **Community MH Transformation / ARRS**
  - This project will oversee the reconfiguration of the Adult Community MH Teams model to better align services to PCNS. There are two workstreams one is the Community Model and two is developing and embedding the ARRS (Additional Roles Reimbursement Scheme) roles working in integration with Primary Care
- **High Intensity Users:** To build on the High Intensity Users (HIU) service in Hillingdon to support people who are presenting to A&E on multiple occasions
  - After reviewing the current remit of the HIU (High Intensity Users), the decision has been made to progress with the British Red Cross Model to align with other parts of the Central and North West London NHS Foundation Trust.
  - This model has multiple purposes to focus on the High Re-admission Group, prevent someone from becoming part of the HRG, to assist with the section 136 and to support High Intensity Users.
- **Older Adults (OA) Mental Health (MH):** Building on investment in partnership working in 2021/22 for the OA, the aim is for OAMH services to PCNs, work more collaboratively with the VCSE sector to enhance the offer for older people. There are three key workstreams to this:
  - Optimising Inpatient Care, CNWL have recruited a discharge co-ordinator and continue to recruit to VCSE posts.
  - Crisis and Inpatient Alternatives.
  - Integrated working with Physical Health and Care Homes, we are currently implementing the people safely home pilot.
  - CNWL is currently utilising additional Memory and Assessment Service funding to recruit a fixed term contract to support waiting times within this service.
- **16-25 Improvements:**
  - CNWL is in the process of developing the new 16-25 Young Adults Service, to better bridge the gap between CAMHS and adult mental health services.
  - The requirements and scoping phase is now complete. There has been engagement with a range of stakeholders from different sectors such as local authorities, the voluntary sector, education, care leavers and service users from both CAMHS and AMHS. We have also now employed the operational and clinical lead doctor for the service.
  - Next steps will be the design of a service model, first draft due for discussion at the YA Mental Health Programme Board on 30 August 2021.
  - The new model includes multi-agency YA triage meetings with a flexible interface

between services tailored to need not age led, support for young adults moving from CAMHS to AMHS, extension of support to 25 for LAC and Health & Justice, Young adult focused therapies and an improved wellbeing and recovery support for young adults on waiting lists and post-treatment.

## **Hillingdon Health Care Partners and London Borough of Hillingdon**

Working with the Hillingdon Health Care Partners (HHCP) and the London Borough of Hillingdon CNWL is chairing the HHCP Mental Health, Learning Disability and/or Autism Transformation Board consisting of four key workstreams:

1. Early Intervention & Support
2. Community Transformation
3. Urgent & Emergency Care
4. System Integration / Alignment.

Highlighted Projects:

- **Community MH Transformation / ARRS**
  - This project manages the reconfiguration of the Adult Community MH Teams model to better align services to PCNS. There are two workstreams one is the Community Model and two is developing and embedding the ARRS (Additional Roles Reimbursement Scheme) roles working in integration with Primary Care.
- **Physical Health in Serious Mental Illness**
  - Improve the Physical Health of patients with Serious Mental Ill-health and Complex Common Mental Health problems.
  - Provide proactive case management for these patients, supported by an Annual Bio-Psycho-Social 'Recovery & Staying Well Plan' with patient contact throughout the year to review progress.
  - Ensure that the patient benefits from high quality care, delivered as close to their home as the stability of their mental health allows.
  - Prevent or reduce unnecessary referrals and admissions to specialist services and Secondary Care.
  - Address health inequalities and recovery needs that have arisen from the COVID pandemic.
- **Drugs, Alcohol and Mental Health**
  - Vision is to offer a joined-up approach for people with drug, alcohol and mental health problems which is collaborative and facilitates shared treatment and care plans and joint management when appropriate.
  - The approach will facilitate a shared understanding of a person's needs, and lead to increased service user support.
- **System Wide Resource Mapping, Status Review**
  - In May 2021, the CNWL Rehabilitation Services launched a transformation programme to focus on pathways and its critical role in the wider system.
  - It was recognised that the changing commissioning landscape, transformation of Acute and Community pathways and the move to Integrated Care Systems provided an opportunity to take stock and consider how the services can continue to meet the needs of local patients, in the least restrictive environment.
- **Crisis Pathway**
  - We are currently undertaking review to look to see if we need to adapt the model that we have got on offer in Hillingdon to better meet the needs of the people.
  - We have taken stock of some of our approaches, and we are recognising the need to rethink our crisis work.

- The aim is to provide support to the population in Hillingdon, reduce admissions to the acute, provide service users with more appropriate resources and ensure that we are servicing mental health demands in the community.
- We are looking at evidence based best practice and performing outreach to other parts of England. Exemplary crisis models have been seen in Northamptonshire and Kingston.
- Best practice crisis model suggest significant system savings are to be gained.
- This work links with the One Stop Shop and Coves already mentioned as well as scoping the opportunity for a Crisis House in Hillingdon and piloting an innovative project – Wellbeing Wheels. The aim for this would be to provide mobile outreach to the population, enabling wellbeing access for people across the borough.

## Children and Young People Mental Health and Emotional Wellbeing

Since the Board last met, the HHCP CYP Transformation Board has been established and met monthly since late 2020/21. This Board is co-chaired by the Director of Social Care and Health (LBH) and the HHCP Lead Director in recognition of the shared aspiration to develop a system that brings together Education, Health and Social Care to give a single approach for CYP and their families. This paper will update on the CYP MH performance and projects previously brought to the Board which are being brought together under the remit of the Transformation Board.

### Early Intervention and Prevention

The Early Intervention Multi-Agency care and support pilot brought together CAMHS, P3 (a voluntary group) and the Multi-Agency Safeguarding Hub (MASH) to provide advice to the professionals involved and triage of cases, using multi-disciplinary assessment. The pilot ran from May 2020 to June 2021.

During that period, monthly complex case meetings were held and:

- A total of 394 referrals were discussed.
- 30 referrals (7.6%) were accepted by Specialist CAMHS following additional information being provided by the network.
- 28 referrals (7.1%) were accepted by Early Intervention CAMHS (e.g., Child Wellbeing Practitioners, Goal Based Interventions [GBI] via Healios, etc) (these services have now ceased).
- A total of **336 referrals were signposted to other agencies**, in most cases to more than one organisation.

The work to include GDPR statements on referral forms stalled due to the pandemic so families haven't been able to consent to the sharing of information with other agencies as required.

There have been a number of significant changes since December that have impacted on the project; the wellbeing practitioner service ended (the national Mental Health School Team model will take on this role from Feb 2022). The Local Authority has redesigned its early help and prevention offer and is implementing a collaborative multi agency approach, this has seen Local Authority teams involved in the prototype being refocused and staff roles changing. The six Primary Care Networks (PCN), with the support of the GP confederation, are now established and taking on their roles and responsibility in the Borough, and NWLCCG came into being on the 1 April 2021.

To ensure that the achievements and learning from the prototyping are adopted into the new and

emerging local system and structures, a number of developments have taken place. The group continue to meet monthly and triage and review cases. The project lead has recently joined the Safeguarding Board Early Help group and will work with the group to determine how to offer early mental health and wellbeing support to support the local aspiration of having a complete and joined up suite of services across Early Help, through education, health and social care.

PCN Children and Young People Virtual MDT's have now been held in 2 PCNs, these bring together members of the prototyping group with a wider group of professionals to review cases. It is envisaged that these will continue to take place in all PCNs to support practitioners working with CYP and families.

### **Children and Young People in Crisis - Dynamic Support Register**

Hillingdon has seen a significant increase in the number of Children and Young People in crisis presenting to A&E and/or seeking urgent support from the Local Authority and the NHS to maintain their placement.

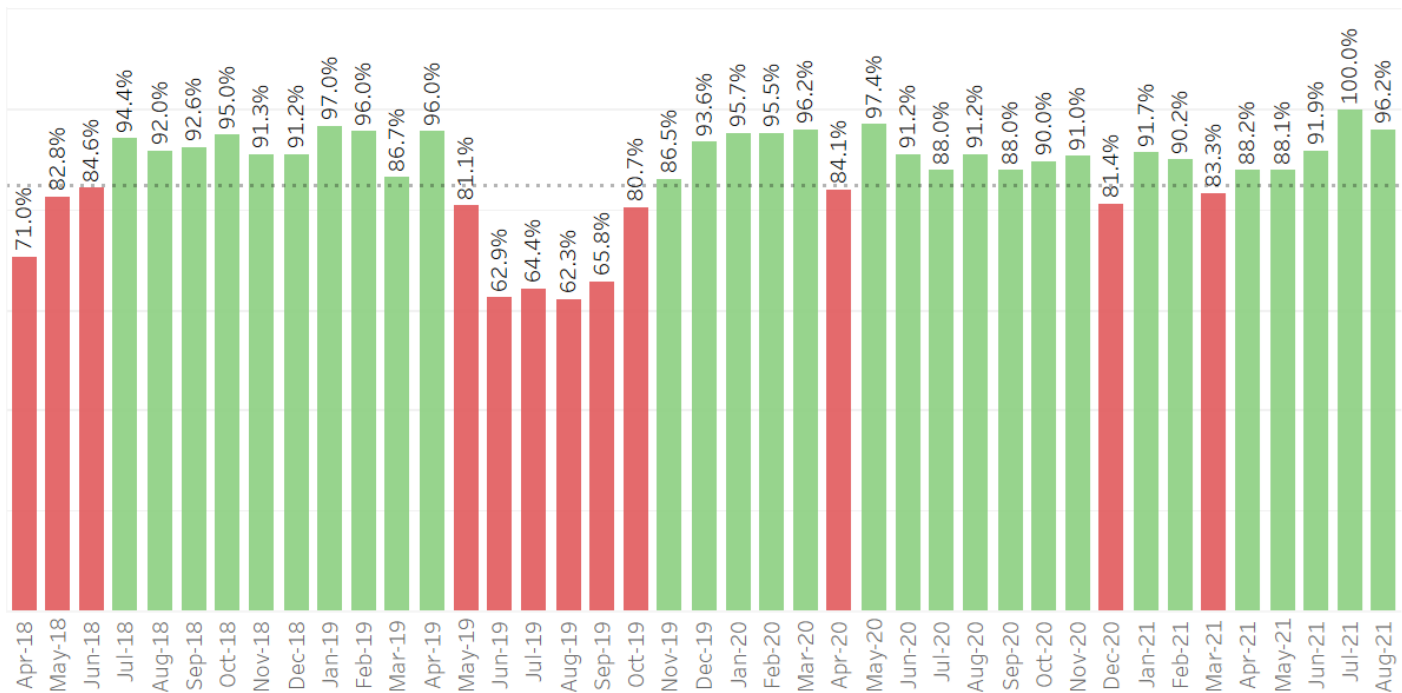
The Dynamic Support Register for CYP with a Learning Disability, and Learning Disability and Autism was set up in 2019. This group is a multi-agency group that meets to agree how to coordinate the best support for young people in Hillingdon who have additional needs and are at risk of their placement at home or school breaking down. Responding to the increase in the number of CYP with Autism in crisis and in recognition that there are different teams involved with these CYP, an 'Autism only' DSR was established in March this year. Although the group has supported earlier identification of cases and collaborative approaches to support families and CYP, there is more work to be done to raise awareness of the DSR across all relevant teams and services.

The DSR is rag rated with red rating identifying those at greatest risk of placement breakdown. Currently there 20 young people on the DSR (18 Autism Only) and two Young People rated as Red, (both Autism only) at high risk of placement breakdown. The DSRs are relatively immature and the NWL CCG Hillingdon Borough team continue to work with partners to supporting their development.

Kooth, the online counselling support and advice service for 11 – 19-year-olds continues to grow from strength to strength. The new NWL CCG contract, of which Hillingdon is a party, is currently being mobilised. This will see the local service continue with additional communication and awareness raising activity across the Borough including websites, communications, and schools.

### **Hillingdon Core CAMHS Service**

As reported nationally and reflected by the work of the DSR, the 'Core' CAMHS service has seen significant increase in referrals and crisis presentations. The services received additional funding to support the delivery of the Long Term Plan, i.e., to increase in access to 35% of CYP with a diagnosable mental health condition being seen within 18 weeks. The funding has been used to expand the capacity of the CAMHS team and this is having a positive impact on performance. The table below shows the 18 week access target performance achieved from Aug 2020 to July 2021. Early signs are that the service is on track to deliver and sustain the target.



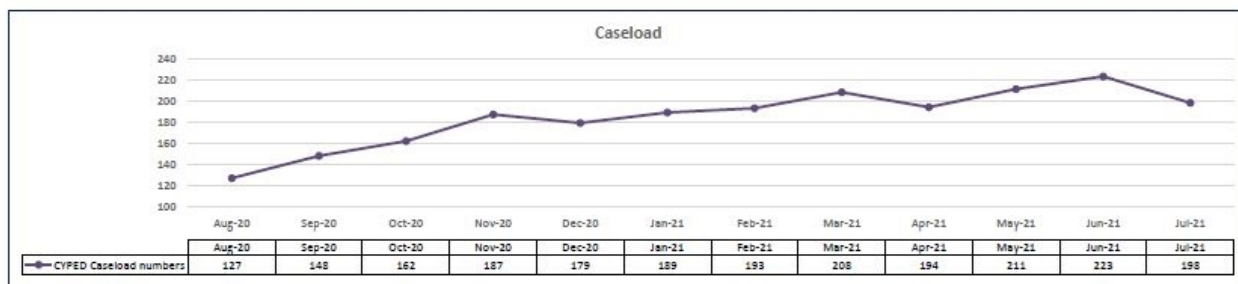
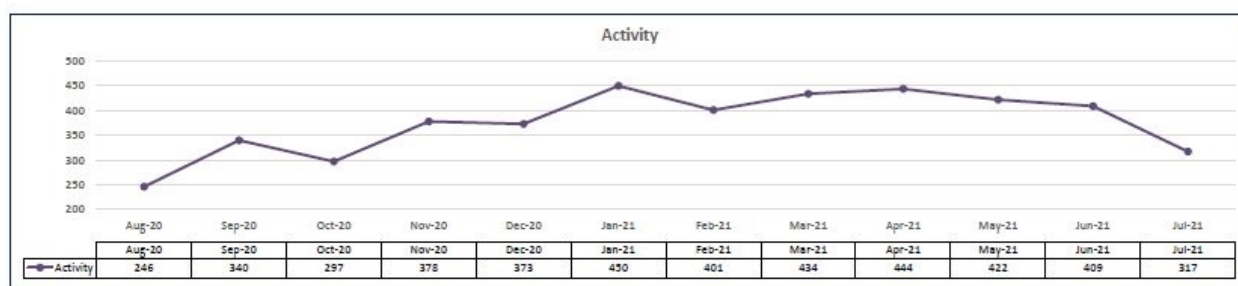
Graph 1: RTT 18 week performance

The Core Teams caseload has increased from 977 in August 2020 to 1,391 in July 2021; we will continue to monitor this closely and work with partners through the HHCP CYP Transformation Board to offer a comprehensive pathway of support for CYP and their families.

The Eating Disorder service performance shows that: we are not currently reaching targets, there has been a significant increase in referrals and the waiting list; additional resources have been made available however staff turnover and staff recruitment taking longer than anticipated has impacted on the waiting times.

**CAMHS ED Waiting Times**

Target Description	Target	Aug-20	Sep-20	Oct-20	Nov-20	Dec-20	Jan-21	Feb-21	Mar-21	Apr-21	May-21	Jun-21	Jul-21
Waiting times - Routine	95%	87%	84%	90%	85%	84%	42%	69%	72%	38%	94%	85%	80%
Waiting times - Urgent	100%	100%	89%	100%	100%	70%	80%	100%	100%	33%	88%	75%	57%



Graph 2: CAMHS ED performance – Activity and Caseload



Via the CAMHS Provider Collaborative, CNWL is in the process with West London NHS Trust to jointly develop an ICS wide model of Intensive Community Eating Disorder Treatment for children and young people (delivered by both Trusts). The service will offer a holistic approach and will work with highly complex young people (and their families) at risk of admission or who need additional support to facilitate step down and prevent relapse. The key outcomes of this service are reduced admissions and LOS/OBDs and developing further capability and capacity to provide more intensive care outside of hospital. The plan is to have the service in place in January 2022.

### **Provider Collaborative CYP Mental Health Crisis Expansion**

CNWL and West London MH Trust work together as the NWL provider collaborative to support children who needs are above that supported by Core CAMHS. The collaborative was awarded funding for the remainder of 2021 to 2023 from the CAMHS Provider Collaborative to expand several services to meet increased demand, acuity and qualitative targets across the Crisis & Urgent care pathway. Anticipated go-live when posts are recruited for each scheme is January 2022.

**ACTS the community complex MH team.** The proposed service expansion allows for 3 additional posts across a range disciplines which will impact positively system wide with benefits realised by partners and stakeholders in other sectors such as social care and education.

- Improved patient and carer experience.
- Reduction in admission rate and fewer out of area admissions with CYP.
- Support for timely discharge of young people from inpatient units (Reduction in length of stay, fewer bed days in GAU).
- Improved school reintegration coordination and planning held in the community.
- Improved relationship with system partners such as local authority, education and acute trusts and integration around safeguarding issues with greater opportunity to share and learn from joint working.
- Reduction in staff turnover and improved job satisfaction.

**UCT** The expansion of the CNWL Urgent Care Team will enable recruitment of an additional CAMHS professional in each borough (with the exception of Hillingdon which will benefit from two) and fits to meet the Trust's, North West London Provider Collaborative & National Priorities by:

- Avoiding T4 admissions and reducing length of stay for YP admitted to T4 beds.
- Building capacity and capability for CAMHS clinicians to manage YP in crisis in the community and, if necessary, admitting YP close to home.
- Offering more intensive community input to prevent deterioration in mental state
- Decreasing the number of young people detained under the MHA.
- Decreasing the number of emergency presentations (particularly for young people known to CAMHS).

### **Outcome Measures**

A collaborative effort by HHCP partners has enabled the ongoing development of key outcome metrics for the joint health and wellbeing strategy. This enables us to ensure that we evidence the impact of initiatives and projects. KPI's and metrics enable us to see progress and ensure that trends and analysis are escalated appropriately and overseen by the respective transformation boards. The key outcome metrics are going through finalisation through the transformation boards.

## **Considerations and Next Steps**

CNWL seeks close working and support from membership of the Health and Wellbeing Board as we move forward with the described approach. This will include a continuation of the transformation work outlined above and close working with the GP confederation, Primary Care Networks, London Borough of Hillingdon, The Hillingdon Hospital, Hillingdon Health Care Partners and Hillingdon CCG.