

## Central and North West London Update Work undertaken over the last six months



Central and  
North West London  
NHS Foundation Trust

### Adult Mental Health

#### *Community Hubs*

The move towards Community Mental Health hubs is part of a national direction of travel to bring together primary and secondary care mental health services providing a more joined up and seamless experience, both for people receiving services and their carers. As such we have went live with our new model in Hillingdon in May.

Under the new model, the Hubs, will promote community resources working together as one team, centred around local Primary Care Networks, to deliver care based on the needs of the population. They will provide access to a range of mental health specialists, such as GPs, nurses, therapists, social workers, pharmacists and employment support and navigators, all of which will work together to help people on their journey to recovery by providing interventions-based care (like psychosocial interventions, medicines management, and more).

The model is set up to promote simple routes for GPs to obtain mental health advice and support for patients, as well as triage led by highly-qualified mental health staff to make sure patients get to the right person first time. This closer working with local GPs will help to share learning, improve communication and avoid siloed care, and builds upon the work done by the previous Community Mental Health Teams (CMHTs).

#### *The Lighthouse*

In August, CNWL have opened The Lighthouse at Hillingdon Hospital. This is a seven day a week service, open 8am to 8pm and run by a dedicated team of clinical and non-clinical staff including support from the third sector through Hestia who also deliver our Crisis Cove offer. The lounge has a capacity of up to four service users at any one time. There are four individual waiting rooms with additional bathroom/shower facility, tea/coffee point and a shared lounge with TV and seating for four.

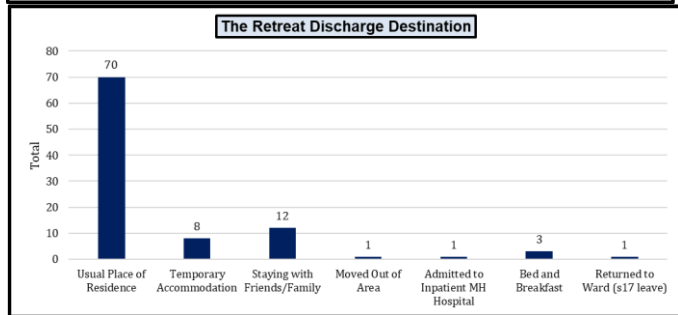
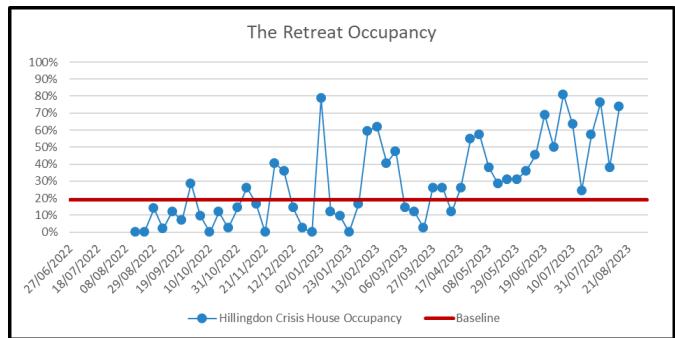
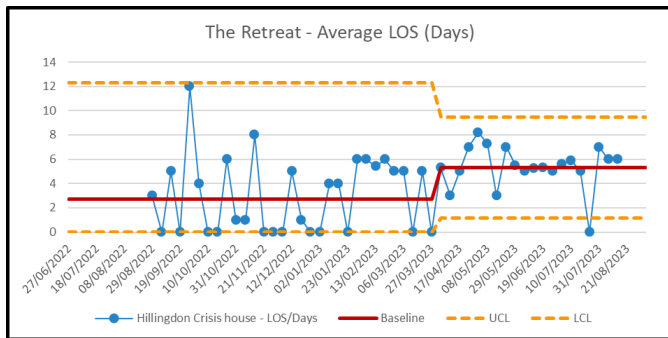
The purpose of the Lounge is to offer a range of therapeutic interventions in an appropriate space near Hillingdon's Emergency department (ED) to provide people with mental health needs the opportunity to access a more prolonged and informed assessment of needs and/or risks. The Lounge aims to identify the right onward community support to meet patients' needs, where feasible it aims to:

- Provide a less stimulating environment for assessment of mental health needs; and to facilitate referrals to The Retreat, HTT, the Coves, and other community support agencies (via Hestia) as determined
- While not a waiting area for those awaiting admission to a bed or Mental Health Act assessment, it will ultimately reduce admission (mainly informal) and occupied bed days through diverting patients and getting them the right support in the community early as possible
- Discharge at least two thirds of referrals to the community or to relevant community services rather than admission into inpatient services

- Reduce 0-7 days admissions
- Reduce demand in ED

The Crisis Café move

We deliver a Crisis House in Hillingdon, The Retreat, which opened in August 2022 and a Crisis Café, a drop-in service where residents of Hillingdon can go if they are experiencing a mental health crisis. Feedback from service users has been that the location of the café is not ideal and potentially limiting the number of people attending. The organisation that delivers the café, Hestia, moved the service in August to a new site located at the back of the Crisis House near West Ruislip train station. These provides a much more accessible and a better environment as well as much better synergies with the Crisis House.



*New Health Based Place of Safety (HBPoS)*

We are also expanding our Health Based Place of Safety (HBPoS) from two to three which will increase our capacity to support people detained under a Section 136. The estates work has now been completed and we are installing IT with the aim to open in September.

Year of The Child



CNWL has been running our Year of The Child across 2022-23. This 12-month programme celebrates and promote our large portfolio of children’s services who touch the lives of children from before they are born until they leave for college – from mental health, learning disabilities and immunisations through to sexual health and young offender services. We held a Neurodisability conference at Brunel University in June

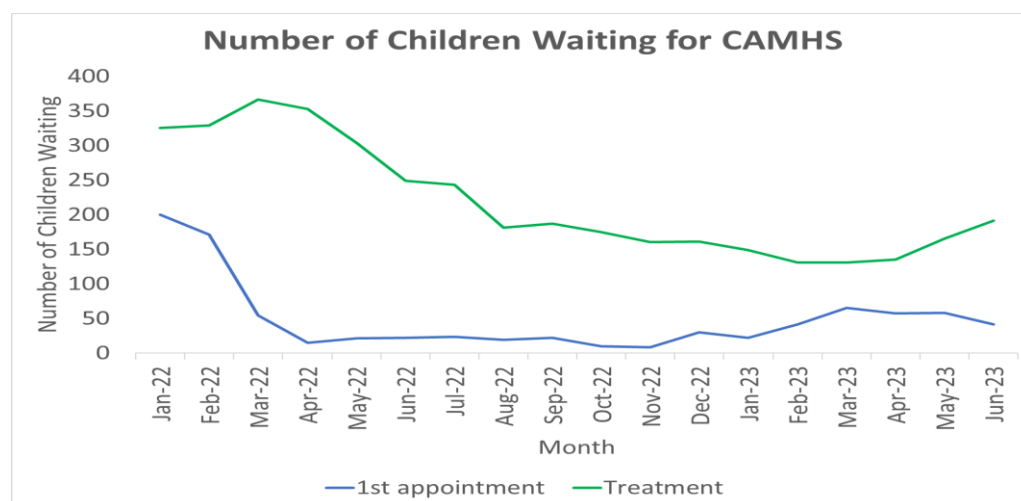
which brought together services from across the Trust to share best practice and reflect on how they can improve the care they deliver. It was chaired by Hayel Watermberg, Cofounder of Word on the Curb with the keynote speaker Professor Francesca Hope who myth busted about

autism in females and unconscious bias. We had presentations from service users including one who said about their Psychotherapist; “She was so real. She helped me realise so many things and suggested that I wasn’t allowing myself to feel my emotions because I was trying to hide my ASD.”.

We have also recently focused on sharing the experiences of people who have been in care, substance use and harm minimisation for young people, and engaging with young people exploited into county lines and gang culture.

Children’s Mental Health

We have also expanded our core CAMHS offer with increases in the number of children accessing CAMHS, significantly reducing our waiting times and working with our system partners to embed Thrive across the system. In January 2022, there were 200 children waiting for their first appointment with a further 325 children having had their first appointment but waiting for their treatment to start. We have undertaken significant work to reduce these numbers through weekend working, skillmixing to ensure we utilise our CWP’s (Child Wellbeing Practitioners), Quality Improvement schemes and partnering with Healios to provide additional capacity. We now have only 41 children waiting for their first appointment (80% reduction) with 191 children waiting for treatment to start (41% reduction).



We have also been exploring new models for children who are experiencing a social care crisis with associated mental health needs. This cohort of children would not meet the need for mental health inpatient admission and often become stuck in emergency departments awaiting a placement with a private provider. We have partnered with Brent Local Authority on behalf of all eight Local Authorities in North West London to pilot a solution with an organisation called Positive Behavioural Support Consultancy (PBSC). PBSC are working with private residential providers to build their confidence in supporting this cohort of children. When a referral is received, PBSC would work with a provider, the child and the Local Authority to ensure the provider is comfortable receiving the referral and would build a package of care around the child to support them which would include support from CNWL’s crisis team for CAMHS, ACT’s. We are also working with Brent LA to bring together health and social care data to build a solution which can predict earlier when a child might be going into crisis so we can put in place a preventative package of care earlier and support the child.

## Young Adult New Models of Care

Over the last eighteen months we have been radically improving our offer to young adults aged 16 to 25 years of age. We have worked with service users to design and setup a range of changes to service provision. We have established a New Young Adults Partnership Forum / Panel in Hillingdon which aims to better manage young adults transitions from children's to adult's mental health services. Our work identified a number of gaps in service provision to this age range and have therefore setup a range of new services including navigators lead by Mind, peer support, AMBIT (Adolescent Mentalization-Based Integrative Treatment) and carer leaver focus.

We also acknowledge the importance of partnership working and have such worked really closely with voluntary sector and university / college partners to introduce a number of schemes. CNWL have therefore used part of our investment monies from the Mental Health Investment Standard to invest and pilot schemes with Universities and voluntary sector organisations which could benefit this age cohort. We have partnered with Brunel University to fund a men's mental health campaign with resources, Buckinghamshire New University on positive psychology peer support and wellbeing groups, and Uxbridge College on a new in-house counselling service. We have also funded the voluntary sector to pilot a range of schemes in Hillingdon which includes schemes with Arts for Life, P3, Hillingdon Autism Care Support, Centre for ADHD and Autism, and Brentford Football Club. We plan to work with all these organisations to measure the successes and outcomes of the schemes to understand what benefits they could have to young adults going forward.

We held a Hillingdon partnership event in June at the Civic Centre which was very well attended and brought together staff from across Hillingdon to share experiences and develop relationships with the aim of ensuring more integrated, joined up working. Partners said being in a room with other services/professionals was inspiring and made them feel less alone as an organisation and part of something bigger. We have also gone live with our Parent / Carer Advisory Board, with one parent sharing their story at the Hillingdon partnership event.

## Physical Health

There are three key areas of work which we are currently focusing on in our physical health services which align to HHCP key priorities. They are:

- Integrated Community Nursing at Neighbourhood level – this aims to bring together teams at neighbourhood level to work as one multi-disciplinary team wrapping individualised care around patients based on their need
- EOL services – this work aims to bring together End of Life services through an integrated coordination hub that will act as a single point of access
- Integrated MSK – this brings together services from THH, Primary Care and in an integrated model that starts with the First Contact Practitioners based in Primary Care Networks feeding through to community and acute MSK teams.

We are working with key partners at pace to deliver all three requirements against agreed timeframes.

## CYP Eating Disorders

The Arc CYP Day Programme is a collaboration between CNWL, West London and Best For

You and due to open in September. It is an outpatient clinic based ‘Day Hospital’ service which will support children and young people with Eating Disorders from across North West London. The core aim of the Day Programme will be to offer children and young people a broader range of options than currently available, supporting the principles of care closer to home and treatment in the least restrictive environment. It will target CYP at the threshold of requiring Tier 4 inpatient bed admission, who would currently be admitted due to lack of other provision, and who would benefit from the Day Programme providing them and their carers a higher level of support and thus helping prevent the need for inpatient admission. This model combined with the support from Home Treatment teams will provide a much more flexible set of interventions and would likely help prevent readmission.

Hillingdon Wellbeing Bus

Following a piece of work with communities in Hillingdon, we have identified that some areas are not accessing health services because of their geographical location in the borough. We are therefore currently developing a wellbeing bus which can support communities in Hillingdon who are hard to reach, or geographically not near current health provision such as GP practices, pharmacies or clinics. We are planning to pilot one day a week, starting September in the Heathrow Villages. The bus itself will be provided by LBH and we are planning to work collaboratively with communities to design an offer on the bus which meets their needs. We already have services committed to being on the bus including our Talking Therapies team and are exploring options to have primary care representation as this is an early of need that has been identified in discussions with communities so far. If successful then the bus can be rolled out to other areas in the borough who can struggle to access healthcare services with Harefield and Asylum Seekers both being identified as potential areas of demand.

**Targets and Performance**

Within the NHS Long Term Plan there are a number of targets which NHS organisations are expected to deliver against. For children’s services this predominately focuses on the number of children accessing CAMHS and CAMHS waiting times, both of which we have been achieving in Hillingdon as per the table below through the additional capacity we have put into our children mental health teams.

**Children and Young People (CYP)**

CAMHS Referral received to Treatment <18 Weeks	85%	96.6%
CYP U18 Access Monthly with 1 contact (Rolling 12 months)	1463	4182

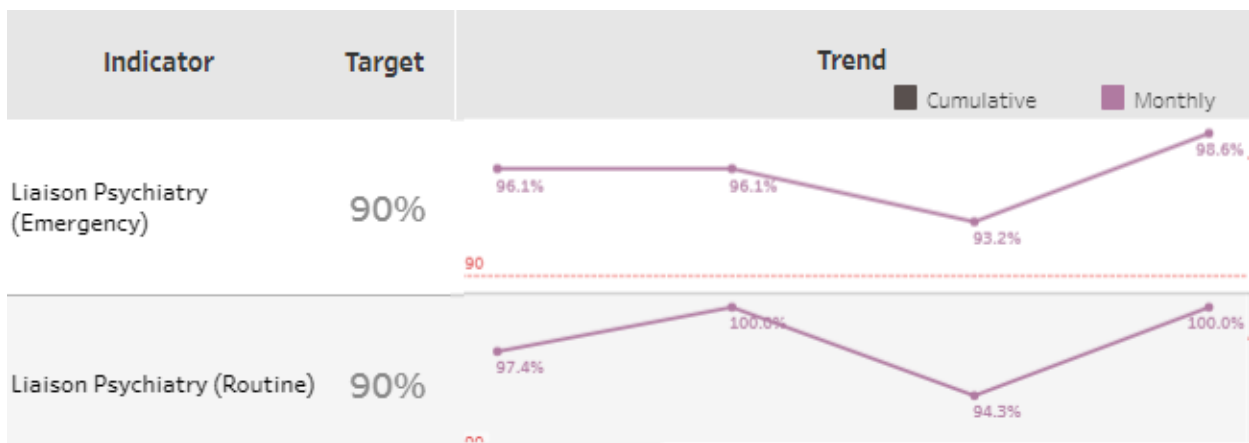
Our Talking Therapies team (IAPT) have to increase the number of people accessing their service year on year which was delivered last year, including waiting times for six- and eighteen-week targets. We have seen a slight decrease in performance against the access target in the last two months due to less referrals being received and an increase in inappropriate referrals who were signposted to more appropriate services. The service is

working on a number of different areas to raise awareness and increase appropriate referrals coming into the service.

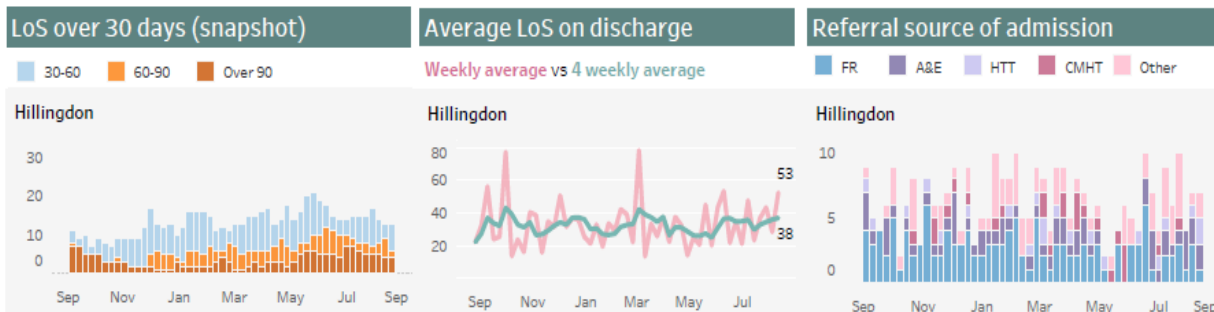
Indicator	Target	YTD Performance
IAPT Access	25%	17.9%
IAPT 6 Weeks Wait	75%	100.0%

IAPT 18 Weeks Wait 95% 100.0%

Our contribution to crisis and acute pathways is monitored closely and we have been delivering on our Psychiatric Liaison response times in THH emergency department.

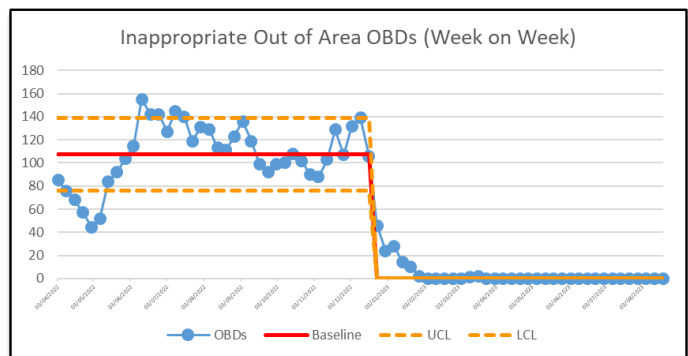
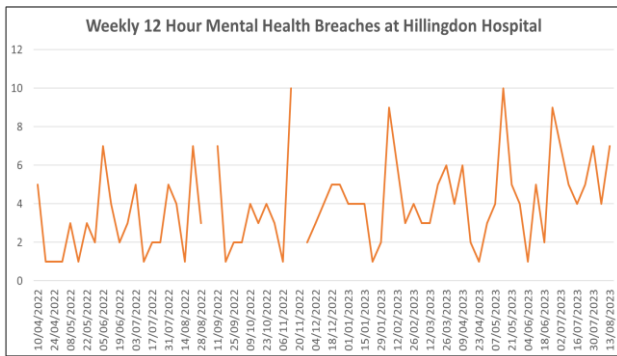


Ensuring we have availability and flow in our acute mental health beds is integral in ensuring we are able to respond quickly to patients needs in crisis, including in A&E departments. We therefore closely track length of stay and as demonstrated in the graphs below have really managed to reduce our average length of stay, and those patients staying for 60-90 days, and over 90 days.

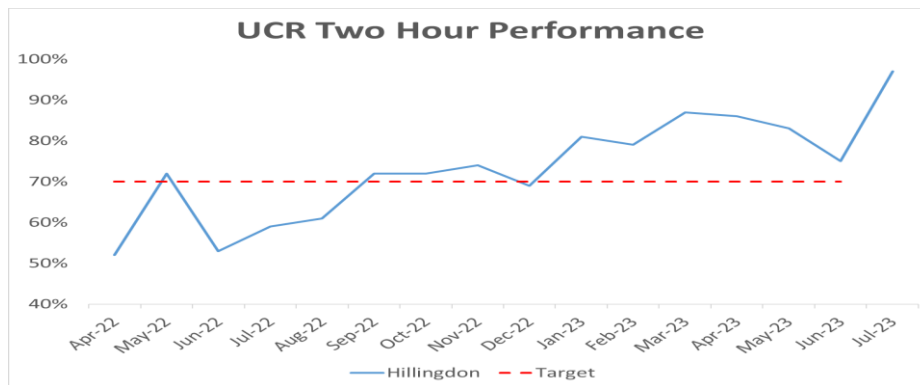


Through a combination of crisis alternative provision, timely responses within A&E and reducing our acute mental health beds length of stay, we have managed to ensure that the number of 12

hour breaches and patients being admitted to beds out of area has remained low over the winter period despite increases in demand during this period, particularly in February when we normally see peak attendances for people in mental health crisis.



Outside of mental health, our Urgent Community Response teams (previously called Rapid Response) have a target of seeing all referrals within two hours. As per the graph below this target has been achieved regularly and we are keen to continue this upward trend in performance over the next twelve months and see more patients inside two hours.



Our children’s services continue to deliver well against their targets across our 0-19 and Children’s Integrated Therapies (CIT’s) teams, and compare well when measured against other London boroughs. The table below outlines performance against 0-19 checks that the Health Visiting team are required to deliver.

Area	Target Description	Target	Jan-23	Feb-23	Mar-23	Apr-23	May-23	Jun-23
Hillingdon 0-19 service	Percentage of births that receive a face to face NBV within 14 days by a HV	85%	88%	90%	88%	90%	90%	88%
	% of mothers who received a Maternal Mood review in line with the local pathway by the time the infant is 8 weeks old	95%	88%	94%	91%	90%	91%	89%
	Percentage of children who received a 12 month review by 12 months	75%	72%	82%	83%	80%	82%	85%
	Percentage of children who received a 24 month review by 30 months	70%	72%	74%	80%	81%	82%	80%





