

REPORT FOR: HEALTH AND WELLBEING BOARD

Date of Meeting: 17 March 2016

Subject: **INFORMATION REPORT** – CNWL
Community Services Redesign
Jointly Funded CCG and LA Services

Responsible Officer: Report of the Harrow Borough Director,
Central North West London NHS
Foundation Trust

Public Yes

Enclosures: Harrow Community Mental Health
Team Operational Policy – To follow

Section 1 – Summary

This report outlines CNWL's plans to redesign Mental Health Community services within Harrow.

Planned date to go live is 14th March 2016

FOR INFORMATION

Section 2 – Report

In line with the commissioner led 'Like Minded' strategy, CNWL's Community Redesign Programme has focused on three main ambitions for the population with 'serious and long term mental health needs'. These have guided what the future models will deliver to improve outcomes for this population and their personal support network; ensure equity of access to services; and achieve parity of esteem between mental and physical health; it aims to:

- clarify and simplify the pathways for people with serious and long-term mental health needs
- develop new community-based care and support models that will improve the quality of care and outcomes for people with serious and long-term mental health needs
- Rebalance resources from inpatient facilities to innovative community based support.

The outline future model of care consists of a whole systems community based model and urgent care pathway. The Community Services have been redesigned across CNWL's five main London Boroughs and have been complimented by Trust-wide developments around a Single Point of Assessment (SPA) and new Rapid Response Teams in all areas.

Case for Change:

In December 2014 Harrow Mental Health Services returned to Borough based management. The subsequent review of local services identified some issues requiring improvement that included:

- Delays in the assessment pathway with many clients having to wait longer than 28 days from referral to assessment
- Interface issues between Borough teams which included between Assessment and Brief Treatment (ABT), Community Recovery Team (CRT) and Community Rehabilitation Team (Com Rehab) which caused unnecessary delays in delivery of appropriate care.

The review also acknowledged that whilst teams within the Borough are all very busy, with high levels of activity, there is not necessarily a good flow through the system, nor are resources being used in the optimum way ensuring the most relevant clinicians see clients at the right point in their care pathway. A good level of care is being provided in most instances; however these blockages in the system leave some clients, carers, staff and stakeholders such as GPs feeling frustrated.

The Community teams currently work out of 3 separate community bases, which were not all easy to access. The clinical environment of these bases is not of an appropriate good quality.

Current position.

The Trust's SPA (Single Point of Access) is now operational 24/7 with assessment slots available for both East & West for routine and routine plus assessments.

The Harrow Rapid Response team is in place providing support throughout the twenty-four hour period, seven days a week.

The psychiatric liaison services continue to function twenty-four, seven in the hospital.

The planning process and stakeholder engagement work for the redesign of the Harrow Community Teams has been underway for a year now involving several public meetings, staff consultation meetings as well as specific Task and Finish Groups to enable co-production of both the overarching Community Recovery Pathway and specific policies.

The Recovery Pathway is supported with key operational principles around Assessments, Care Co-ordination and Shifting Settings of Care.

The fourth draft of the Operational Policy is attached as Appendix 1.

This is the results of co-production with Key Stakeholders including Service Users & Carers.

Consultation events were held between March – June 2015, with attendees including:

CNWL Staff

Trade Unions

Harrow Clinical Commissioning Group (HCCG)

London Borough of Harrow

Wiseworks

Harrow MIND

The Bridge Day Centre (Rethink)

Harrow User Group

Carers from Rethink and Harrow Carers

Independent service users and carers.

These events generated useful discussion and feedback for consideration in the new model.

The feedback received from stakeholders identified issues with transitioning between service lines and the changes in clinical staff due to this, the lack of input with physical health care needs of service users and the significant gap in provision of services for those service users with personality disorders.

Stakeholders were keen that the redesign should consider providing better crisis care, better availability of clinicians. Clearer communication with stakeholders and more services to engage service users. They wanted better

trained staff, a service that was recovery focussed with clear discharge process's from secondary care.

Stakeholder representatives were included on a number of Task and Finish Groups to work out the details of the new model. Drafts of the new model were presented and refined within these groups. Staff consultation ended in November 2015. Staff have now been assigned to the new structure which is due to go live in March 2016 when the new community base is ready.

Team included in the redesign process:

In scope:

Harrow Assessment and Brief Treatment Team (HABT), Honeypot Lane
Harrow Community Recovery Team (HCRT), Atkins House
Harrow Assertive Outreach Team (HAOT), Bentley House
Harrow Community Rehab Team, Bentley House

Out of Scope:

Harrow Acute Services; inpatient wards, Home Treatment Team, Psych. Liaison (including A&E)
Older Adults Services; OACMHT, Memory Service, Greenview
Forensic Community team
Harrow Personal Budget team
Primary Care Mental health Team, Honeypot Lane

Proposed model.

Details can be found in CMHT Ops Policy (Appendix 1)

The new team structures have been agreed, creating two Community Mental Health Teams for Harrow, East & West, across a total of 6 GP peer groups. Both teams will be based at Bentley House, located near train and bus stations to improve access to the service. At present the new premises are being developed with a planned move date in early March 2016.

Operating from a single location allows for greater effectiveness in shared resource, flexibility in responding to changing assessment and treatment needs along with quality communication, training and supervision to continuously improve the service we offer.

New Teams

The 2 CMHT's will provide the routine and routine plus assessments for the referrals received via the SPA from the peer groups aligned to them, they will also take internal referral's from within CNWL from Acute services, Early Intervention in Psychosis and Child and Adolescent Services (CAMHS), IAPT service.

Multidisciplinary Team meetings (MDT) will occur each morning where all new assessments will be discussed and allocated to the appropriate place within one working day. Any service users in crisis or in need of increased support

can be discussed by the teams during the morning meeting and appropriate support considered. This will allow for quicker multidisciplinary decision making and better transition through the pathway.

The specialist teams Harrow Mental Health Services had when in Service Lines will now be integrated into the wider East & West teams.

The new community model provides a far more streamlined pathway through a treatment system which is aligned to the service users primary care service.

It will provide a team approach with shared knowledge of the service users needs and allow for more multidisciplinary working and have access to increased intervention if the service user is in crisis.

Those service users traditionally seen in an out-patient clinic by a psychiatrist will be managed by other clinicians where appropriate which will free up capacity for medical staff to be more available to see those in greatest need when they need it and to be more available for advice and support for primary care services when required.

Whilst the psychological therapy resource has not increased there will be closer working and a quicker referral process, decreasing duplication and bureaucracy.

There has been an increase of one member of staff in the psychotropic medication and physical health clinic allowing for better support with physical health care issues.

There will be an increase in employment and housing specialist workers to support the recovery model.

The model recognises that each individual's recovery is personal and for some people who have been engaged with secondary mental health services for extended periods there may well be a need to reflect this in the discharge planning process. The Primary Care liaison Team and Green card reflect this (see operational policy p24)

The new model will enable Harrow to deliver services to a wider audience, in a timelier manner, with reduced repetition and less transfers of care, reducing the risk of patients "falling through the gaps"

Community Teams working alongside the CMHTs:

Psychology, OT & Psychotherapy (POP)

This team will work closely together to continue to deliver one to one and group therapies.

The POP model will enable a greater level of co-production and delivery between the members of the POP team, utilising individual talents to greater effect and ensuring Harrow can deliver more options of support, of a higher quality, to meet the individual needs of more service users.

Primary Care Mental Health Service (PCMHS)

PCMHS is a team of six nurses aligned to the six peer groups who support service users transfer back to Primary Care, by supporting them for up to six months in the primary care setting post discharge from secondary care. If during this period it is felt the service user needs further support or transfer back into secondary care this can be swiftly facilitated.

Psychotropic Medication and Physical Health Clinic

This service will run as a shared service between both East & West CMHTs. It provides support for clients on antipsychotic medications, provides depot injections and provides point of care blood testing for clients on Clozapine. It also carries out basic physical health checks such as weight, blood pressure etc.

Section 3 – Further Information

See attachment of:
HCMHT Ops Policy

Section 4 – Financial Implications

The redesign of service was required to meet the agreed financial envelope available.

Changes to staff:

Roles	Previous model	March 2016	Variance	Comment
Medical - Consultant	5.5	5	- 0.5	0.5 WTE Transferred to Forensic Service
Medical - Other	8	7	-1	1 transferred to a Harrow CNWL Acute
Team Manager	2	2	0	
Senior Practitioner (Supervisor)	6	5	-1	1 WTE vacant post deleted
AMPH Lead (Supervisor)	1	1	0	
Care Coordinator (Nurse/ Social Worker/ OT)	29	25	-4	2 nurses transferred to specialist medication clinic 2 vacant posts

				deleted
Primary Care MH Nurse	3	5	+2	Recruited Jan 2016
Specialist Nurse (Clinic)	2	4	+2	
Phlebotomist	0.5	0.5	0	
Housing Specialist	1	2	+1	To be advertised April 2016
Employment Specialist	1	2	+1	Second post is fixed term externally funded
Carer Support Worker	1	1	0	
Support Worker	1.6	1.6	0	
Administrator	16	12	-4	3 staff transferred to other Harrow CNWL services 1 retirement: post deleted
Occupational Therapist Mgr	0.5	0.5	0	POP
Occupational Therapist	1.8	1.8	0	POP
Psychotherapy & Psychology	4.3	4.3	0	POP
TOTAL	84.2	79.7	-4.5	

Section 5 - Equalities implications

Was an Equality Impact Assessment carried out? Yes (see below)

The relevant protected characteristics covered in this summary are: **Age, disability, gender reassignment, pregnancy and maternity, race/ethnicity, religion or belief, gender/sex, sexual orientation.**

How we contribute in a positive way to eliminating discrimination, harassment, victimisation and any other conduct that is prohibited by or under the Equality Act 2010 ;

Our change process will be undertaken in line with the Trust's change management policy. The changes are necessary to bring about improved patient care and patient experience.

How we ensure we are advancing equality of opportunity between persons who share a relevant protected characteristic and persons who do not share that characteristic.

There has been an opportunity for all staff to discuss the impact of the proposals on themselves at a one to one meeting with managers.

How we foster good relations between persons who share a relevant protected characteristic and persons who do not share that characteristic.

As well as one to one meetings all staff have had an opportunity to attend group consultation meetings to discuss the proposals with managers and to raise common concerns that can be considered in the consultation process. This will create transparency and openness. Staff will have also had the opportunity to provide individual and group responses to the consultation proposal.

All stakeholders have been invited and involved, initially in two large stakeholder meetings where issues and concerns regarding the current services were discussed and better ways of working considered and a second meeting where the provisional model was discussed. Then service users and carer representatives have been invited to attend the smaller task and finish groups.

Have any of the stakeholder views been taken on board or included in the report.

The changes that have been proposed have been made to support the North West London boroughs which work in line with the guidelines relating to Human Rights and any protected characteristics.

There is no evidence that the subject of this EHRIA is at risk of unlawfully restricting an individual's human rights.

Provide information on how you intend to monitor for actual adverse impact in the future

Equality and Human Rights Impact Assessment Action Plan

The following actions will be undertaken as a result of the Equality and Human Rights Impact Assessment to address identified adverse impact: Why 2017?

Adverse impact identified	Action to be taken	Timescale	Responsible manager
<i>The race and ethnic make-up of the teams to be benchmarked annually</i>	<i>Benchmarking activity to take place repeated annually</i>	<i>January 2017</i>	<i>All Borough Service Managers with support from Business Manager and HR</i>
<i>The disability make-up of the teams to be benchmarked annually</i>	<i>Benchmarking activity to take place repeated annually</i>	<i>January 2017</i>	<i>All Borough Service Managers with support from Business Manager and HR</i>
<i>The gender make-up of the teams to be benchmarked annually</i>	<i>Benchmarking activity to take place repeated annually</i>	<i>January 2017</i>	<i>All Borough Service Managers with support from</i>

			<i>Business Manager and HR</i>
<i>The gender reassignment make-up (if applicable) of the teams to be benchmarked annually</i>	<i>Benchmarking activity to take place repeated annually</i>	<i>January 2017</i>	<i>All Borough Service Managers with support from Business Manager and HR</i>
<i>The sexual orientation make-up of the teams to be benchmarked annually</i>	<i>Benchmarking activity to take place repeated annually</i>	<i>January 2017</i>	<i>All Borough Service Managers with support from Business Manager and HR</i>
<i>The religious or belief make-up of the teams to be benchmarked annually</i>	<i>Benchmarking activity to take place repeated annually</i>	<i>January 2017</i>	<i>All Borough Service Managers with support from Business Manager and HR</i>
<i>The age make-up of the teams to be stratified and benchmarked annually</i>	<i>Benchmarking activity to take place repeated annually</i>	<i>January 2017</i>	<i>All Borough Service Managers with support from Business Manager and HR</i>
<i>The 'Pregnancy and Maternity' make-up of the teams to be benchmarked annually</i>	<i>Benchmarking activity to take place repeated annually</i>	<i>January 2017</i>	<i>All Borough Service Managers with support from Business Manager and HR</i>

Section 6 – Council Priorities and CCG priorities?

The Council's vision:

Working Together to Make a Difference for Harrow

Making a difference for the vulnerable in our community. Clear and simple transfer process between Primary and Secondary care. Consistency in clinical relationships and easy access back into secondary care when in crisis.

Making a difference for communities by strengthening our links with 3rd sector partnerships.

Making a difference for families & carers. Service users and carers involved in all key Task & Finish Groups. We have maintained the “think family” approach, taking into consideration children’s needs when dealing with parents who have mental health issues.

STATUTORY OFFICER CLEARANCE

Not required

Ward Councillors notified:	NO
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Section 7 - Contact Details and Background Papers

Contact: Tanya Paxton Borough Director. Email:
tanya.paxton@nhs.net

Background Papers:

Equality and Human Rights Impact Assessment Form
CNWL Community Mental health Team (CMHT) service Framework Draft 4 –
December 2015
Care Act 2014