REPORT FOR:	**HEALTH AND WELLBEING BOARD**
Date of Meeting:	12 January 2017
Subject:	**Transforming Models of Care for Adults with Serious and Long Term Mental Health Needs**
Responsible Officers:	Garry Griffiths, Assistant Director, Harrow CCG NHS Harrow Clinical Commissioning Group Jane Wheeler, Deputy Director, Mental Health & Wellbeing, Collaboration of North West London CCGs
Public:	Yes
Wards affected:	ALL
Enclosures:	The Like Minded Case for Change

Section 1 – Summary and Recommendations

This report sets out the ambition of the proposed new model of care for adults with Serious and Long Term Mental Health Needs for the period 2016/17 to 2020/21, and describes the potential impact on health and social services in during that period. The H&WB Board should note that whilst all eight NW London CCGs have signed up to supporting the principles of the Model of Care, local work has yet to be finalised and no decisions have been made to implement the model at the borough-level. NW London Councils have been involved in the work developing the business case this year.

Recommendations:

This report is for information to provide the Harrow Health and Wellbeing Board with an opportunity to be briefed on the Serious and Long Term Mental Health Model of Care prior to approval by the CCG Governing Body.

Section 2 – Report

Background

1. The Like Minded 'case for change' was approved by the eight North West London CCGs in October, 2015 and endorsed by the 8 HWBBs. The 'case for change' describes the vision for health and social care treatment and support for Serious and Long Term Mental Health Needs (SLTMHN) in 2021. This vision complements current NHS England plans for a 'whole systems' approach to the delivery of health and social care services that embodies a holistic view of health and wellbeing and an integration of treatment and support centred around the patient.

2. Drivers for this work include:
   - The Five Year Forward View for Mental Health - NHSE
   - Implementing the Mental Health Forward View – NHSE
   - The North West London Sustainability and Transformation Plan
   - The Like Minded Case for Change

Current situation

3. Work is currently underway to 'localise' the NWL Model of Care and analyse the financial and activity implications of implementing at borough level. Health and Social Care Working Groups have been established with representatives from the CCG, LA, Trusts and Service Users[1] to determine the subset of the SLTMHN patient cohort that would benefit from treatment in less intensive community settings, and propose a list of community-based alternatives to acute beds.

Why a change is needed

4. Treatment as an inpatient on an acute ward is not always the best intervention for people with Serious and Long Term Mental Health Needs. Currently a significant proportion of patients in acute mental health wards – estimated at c10-20% - would either have benefited more from a community-based alternative to an inpatient admission or from an earlier discharge to community-based treatment and support.

Main options

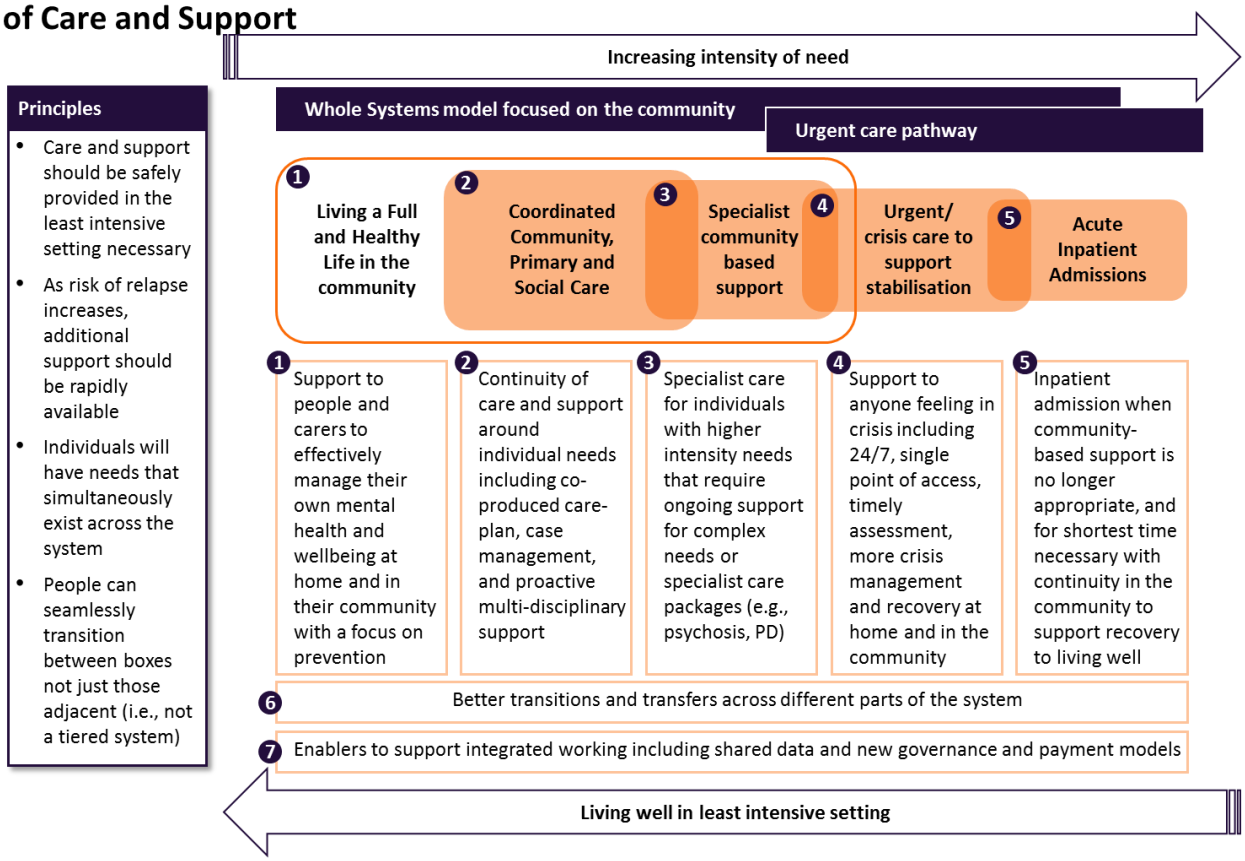
5. Like Minded's Case for Change identified three ambitions for the support and treatment of SLTMHN that follow the principles of 'patient-centred care', 'treatment in the least intensive settings' and 'whole systems integrated care'; these ambitions are:
   - clarify and simplify pathways
   - develop new community-based care and support, and improve the provision of Primary Care Mental Health Services
   - rebalance resources from inpatient facilities to holistic community-based support

[1] See section below on 'Co-production'

Other options considered

6. The Model of Care involves five settings of care:

On the 23rd October 2015, the Transformation Board approved the Model of Care and Support



7. The initiatives under these five settings are:

		Initiatives
Whole systems community based model	Living a full and healthy life in the community	**Navigation service** - Maintain a database of available system-wide services and make this information available to people, carers and care providers, supported by community navigators
	Coordinated community, primary and social care (WSIC)	Longer **GP appointments** to assist in case management and care planning
		Increased **Primary Care Mental Health (PCMH)** multi-disciplinary resources, working as a wrap-around team
	Specialist community based support	**Technological Advancement** – utilising technology in any area of the model to improve quality of care, efficiency and/or other areas of performance (e.g. using data analytics to centrally schedule community team visits and minimise the time spent on non-face-to-face activities)
		Specialist pathways– implementing specialist pathways in the community, reflecting NICE guidelines and evidence-based care
Urgent care pathway to living well	Urgent/crisis care in the community	**CRHT teams** – Expanded resourcing or other development of urgent/crisis care to further meet national standards of best practice and the recommendations of the Crisis Care Concordat, in order to provide as much intensive home-based care as possible to minimise the need for admission
		Step up/step down facilities in the community, to provide preferred alternatives to inpatient care units (Crisis House)
	Inpatient admissions	**Admission avoidance and earlier discharge** – Development of 'alternative' provision to reduce admissions to acute hospitals and facilitate earlier discharge
		Discharge planning - Greater collaboration on discharge planning between acute inpatient teams and on-going community-based care teams
		Closer **post discharge follow-up**

Implications of the Recommendation

Considerations

8. Over the Five Year Programme successful implementation of the model will reduce the need for acute beds. At a North West London level, the SLTMHN Model of Care suggests that if all the initiatives were to be implemented, by 2021, the eight North West London CCGs would require fewer occupied (acute) bed days (OBDs).
9. However, the current high occupancy rates in Harrow show mental health acute services in Harrow are subject to pressure; and this pressure needs to be alleviated before any reallocation of resources to community-based treatment and support can take place. The impact of this will be to slightly delay – current estimations suggest by one year – the realisation of benefits from investment in community-based alternatives to acute beds. Transition funding will be required for a period of 'dual-running', to fund investment in community-based alternatives to acute beds without any reduction in contract costs for mental health acute services.
10. The SLTMHN business case for investment suggests that following the implementation of community-based alternatives by Quarter 4 of Year 2 of the Five Year Programme, Trusts will see a reduction in the number of occupied bed days commencing in Year(s) 4-5 (allowing for the alleviation of current pressures on acute beds). This will be achieved through reductions in the average length of stay and averting some admissions to acute beds through the availability of community alternatives.
11. The table below illustrates the projected reduction in occupied bed days following implementation of the SLTMHN Model of Care (*note that has not yet been adjusted to take into account the current pressures and high occupancy rate in Harrow and elsewhere*).

CCG	**Optimum bed usage - OBDs**	**2015/16 Outturn**	**Potential reduction in bed usage - OBDs**
NHS Brent	18,600	25,900	-7,300
NHS Central London	17,900	23,000	-5,110
NHS Harrow	12,800	16,400	-3,650
NHS Hillingdon	12,400	16,400	-4,015
NHS West London	20,400	27,300	-6,935
Sub Total CNWL	**81,990**	**109,000**	**-27,010**
NHS Ealing	23,700	29,900	-6,200
NHS Hammersmith & Fulham	13,500	21,200	-7,700
NHS Hounslow	13,900	17,200	-3,300
Sub Total WLMHT	**51,100**	**68,300**	**-17,200**
Total	**133,090**	**177,300**	**-44,210**

Business case considerations

12. Although final figures have yet to be agreed upon, our financial analysis is nearing completion and shows that a small saving can be realised from reducing the number of occupied bed days by investing in more effective community-based treatment.
13. More importantly, however, reallocating investment in community-based alternatives will deliver improved patient outcomes and consequently create efficiencies by reducing the number of related A&E presentations and unplanned admissions, in addition to reducing related social and law and order costs, as people with serious and long term mental health needs receive better, more effective care. Evidence shows that more appropriate community-based treatment and support reduces the incidence of crises amongst this patient cohort.
14. The model assumes the requirement to ensure the right social work input – across the model, recognising the connected health and social care needs of most individuals.
15. Improving services and patient outcomes by implementing the SLTMHN model of Care is necessary for Commissioners and Trusts if they are to continue to meet future demand on services. Projecting trends in current acute bed usage by people with SLTMHN demonstrates clearly that continuing with the current mix of treatment and support weighted towards investment in acute settings is not sustainable in the near future under current budget constraints.
16. Realising efficiencies and savings in the provision of treatment and support for people with SLTMHN is not the key or most important consideration for this Model of Care, although ensuring sustainable services is of paramount importance.
17. *The ambitions and focus of this work are about improving patient outcomes by making available more appropriate treatment and health / social care support in the least intensive settings.* To provide a framework for discussions it has been convenient to refer to a potential reallocation of resources from acute settings to community based support and treatment; by estimating a possible reduction in Occupied Bed Days, we have sought to provide a sense of the size of the potential investment in community alternatives.

Co-production

18. The 'MAD Alliance' (standing for Making A Difference) have received training and an introduction to the Like Minded Programme, and sit on the Health and Social Care Working Groups to give a voice to service users and ensure the Model of Care is co-produced. Further co-production work involving wider stakeholders is planned for the implementation stage (i.e. once the business case has been agreed); but, before this other service user groups and voluntary sector organisations will be briefed on the Like Minded ambitions and plans for Serious and Long Term Mental Illness so our strategic intentions are transparent.

Resources and development of services

19. Analysis is underway to determine the indicative costs of Harrow CCG's investment and the savings to be released through a potential reduction in Occupied Bed Days. The 'roadmap' below describes Harrow's current plans to develop services in each of the five SLTMHN settings:

For Year	Living a Full and Healthy Life in the Community	Coordinated Community, Primary and Social Care	Specialist Community Based Support	Urgent / Crisis Care to Support Stabilisation	Acute Inpatient Admissions	Expected Benefits (sequencing of potential reduction in fewer OBDs)
2016/17	Complete pilot of navigators	PCMH Service launched initially with PCNs	Trust to scope design of community specialist pathways	Single Point of Access CMHT / CRHT HTTs	Community-based Alternatives to Acute Beds Proposed & Evaluated	Reduction in OBDs = '0'
2017/18	Develop Navigation Service with MH Navigators	Enhance GP Provision (TBC) PCMH expanded to include Team Manager Psychological Assistants. An Independent Prescriber Admin Support Access to a Consultant Psychiatrist	•CMHT service with changing profile of patients – more complex and high intensity support levels •New ways of working implemented •Delivering NICE compliance services	Greater provision of CRHT services to support those in crisis and those stepping down from inpatient environment 9 months of 'new' service	Development of alternative services	Reduction in OBDs = -0
2018/19	Enhance navigation service with MH navigators Investment in this setting is complete	Further expansion of PCMH provision, with: 'upgrade' of team manager to Band 8a Access to a Consultant Psychologist Social Worker support Investment in this setting is complete with these enhancements	Enhanced CMHT service – provided for full year **Investment in this setting is complete**	Enhanced CRHT service – provided for full year **Investment in this setting is complete**	Community-based alternatives to Acute Beds implemented	Reduction in OBDs = Phased commencing 18/19
2019/20	No further service change	No further service change	No further service change	No further service change	No further service change	Reduction in OBDs
2020/21	No further service change	No further service change	No further service change	No further service change	No further service change	Reduction in OBDs

Staffing/workforce

20. Implementing the Model of Care will have implications for the development Primary Care Mental Health workforce and workforce associated with community-based alternatives to acute beds in the public, voluntary and private sectors. At the same time workforce in secondary care acute health settings will be dealing with a more complex caseload, with the need for professional and clinical staff to divest themselves of non-specialist and administrative duties and functions. There may be implications also for social care staff and the duties they perform to support the treatment of SLTMHN patients in community-settings.

Equalities impact

21. The Like Minded Equality and Human Rights Impact Assessment, Sept 2015, examined the programme's anticipated impact on several of the protected characteristics (see below).

Legal comments

22. There are no immediate legal implications for the model of care. Development of the community-based alternatives to acute beds may involve, at a later date, the transfer of funding from CCGs to the Local Authority, in which case a Section 75 agreement will be utilised. No closure of beds is proposed, so there is no need for any formal public consultation.

Community safety

23. Community safety will not be compromised. Provisions will be put in place to ensure community safety and the safety of service users treated in the community:
    - The provision of Crisis House(s) could provide an alternative Section 136 place of safety to made available to police;
    - Provision of low-level floating support will mitigate the risk of neglect and social issues arising from treatment in community settings;
    - Protocols and procedures are place for primary and secondary care professionals to risk assess patients prior to referral or discharge.

Financial Implications/Comments

24. By 2021 the transfer of SLTMHN patients' treatment and support from secondary care settings to community-based alternatives to acute beds will involve fewer admissions to hospital and a reduced average length of stay. Although the scale of this impact on social care provision and Local Authority finances is not yet evaluated, it is anticipated that this will increase budgetary pressures on adult social care; this will be off-set partially by the transfer of health resource via Section 75 Agreements

Legal Implications/Comments

25. Existing Section 75 and Section 117 arrangements will need to be re-evaluated.

Risk Management Implications

26. The Health and Social Care Working Groups, in addition to the work of the Like Minded Programme, will evaluate the impact on health and social care services. Regular reporting to the Harrow Health & Wellbeing Board, during the implementation stage, will report on delivery and risks to health and social services.

Equalities implications

27. Was an Equality Impact Assessment carried out? Yes – an initial screening was completed and is summarised below (there will need to be an addition EqIA carried out at the local level)

- Age: The programme is expected to have a positive impact on health outcomes in all age groups.
- Disability: There are approximately 37,500 people in NWL who have either a Severe Mental Illness or a Complex, Longer Term mental illness. The programme directly addresses this group and is expected to have a positive impact on their health outcomes.
- Gender Reassignment: No disproportionate impact on this group is anticipated.
- Marriage / Civil Partnership: No disproportionate impact on this basis is anticipated.
- Pregnancy / maternity: The programme can be expected to have a positive outcome on this group, as being looked after in lower intensity setting is expected to facilitate normal family life.
- Race: The programme is not anticipated to have a disproportionate impact on basis of race. Indeed, being looked after in lower intensity setting, or indeed at home or closer to home, should reduce the stigma that many communities associate with mental illness.
- Religion / Belief: No disproportionate impact on basis of religion is anticipated; again, as with race, the principles of the model of care would support caring for the person closer to home where there religious needs and customs can be fully maintained.

- Sex (Gender): No disproportionate impact on basis of sex is anticipated. Being looked after in a lower intensity setting may reduce trauma for people who have found acute settings quite challenging.

- Sexual Orientation: No disproportionate impact on basis of sexual orientation is anticipated.
- The programme has worked together with a dedicated service user and carer group, the Making a Difference Alliance, who represent some of the protected characteristic. Going forward, this group, together with Mind, will continue to scrutinise our plans, and will seek to bring representative and diverse opinions to better inform the impact analysis of the business case. In planning the following year's work as the business case enters the implementation planning phase we will explicitly:
- Engage stakeholders with an interest in the protected characteristics in gathering evidence or testing evidence
- Engage stakeholders in testing and challenging the programme proposals
- Look to include protected groups in our planning and expand their participation in public life
- Ensure that all services offered are unbiased and non-judgemental and accessible to all groups sharing the protected characteristics
- Seek to create a more representative working group, for example pro-actively include service users who share the interests of those with protected characteristics
- Make arrangements to share the findings of the Equality Analysis
- Aspire to lowering health inequalities
- We anticipate that our work above will also foster and promote good relations between the different protected groups.

Council Priorities

28. The work described implementing the SLTMHN Model of Care also constitutes part of **Delivery Area 4a in the Harrow Sustainability and Transformation Plan** and is therefore aligned with the Council's priorities.

Section 3 - Statutory Officer Clearance (Not required)

Ward Councillors notified:	**NO**

Section 4 - Contact Details and Background Papers

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Background Papers:
Like Minded Case for Change
https://www.healthiernorthwestlondon.nhs.uk/sites/nhsnwlondon/files/documents/CaseForChange%20MAIN%20FINAL.pdf