Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

THE DEVELOPMENT OF MENTAL HEALTH SERVICES – 2010 to 2015

NEXT STAGE DISCUSSION PAPER

'CHANGING FOR GOOD'
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1. INTRODUCTION

The paper builds upon the Trust's paper produced in October 2009 outlining the drivers for change in the provision of local mental health services and launching the 'Changing for Good' programme, the Trust's overall process for planning and implementing service changes over the next few years.

The paper develops the principles for change outlined in the first 'Changing for Good' paper and sets out some possible step changes in services over the next five years. It is important to emphasise that this paper is intended as a discussion document. No changes have yet been agreed and there will be a process of discussion and engagement before any final decisions are made. However, as detailed in the first 'Changing for Good' paper, it is clear that there will have to be significant changes to both how and where many services are provided, in response to the pressures for change facing the Trust, in particular, the major financial challenge ahead for the whole of the NHS.

This paper is the next step in the joint planning process involving the Mental Health Trust, PCT Commissioners, the local authorities and other stakeholders, particularly service users and carers. A number of key issues need to be worked through, in particular the financial resources available to the Mental Health Trust from PCT Commissioners and specifically the availability of any transitional funding to help facilitate the changes. This will be an iterative process over the coming months, and the Trust is committed to ensuring that it is open and that stakeholders are involved as it is developed.

2. SUMMARY OF KEY THEMES

The overall direction of travel of local mental health services is reasonably clear. It reflects both national strategy (as set out in the recent 'New Horizons publication) and the local PCTs' three year Mental Health Strategy. From recent discussions with a wide range of stakeholders, including service users and carers, Overview and Scrutiny Committees, local authorities as well as PCTs, there is general support for the broad direction of travel, with most stakeholders recognising the pressures for change and the benefits for service users. However, there are concerns from a number of stakeholders to understand the practical milestones and, in particular, to be assured that the transition process is properly planned and resourced. These concerns are real and legitimate and the Trust is committed to working with its partners to help address them.

The major changes to local mental health services which are envisaged over the coming years are summarised below and then explained in more detail in the following sections.

The key changes are:

- **Providing more services more locally in the community**
  The Trust will continue the development of more services close to service users' homes, including a broader range of alternatives to inpatient admission such as Crisis Houses and more mental health services provided within primary care, including integrating mental health services into Polysystems.

- **Consolidation of remaining specialist services**
  As more services are decentralised closer to service users' homes, the remaining highly specialist services are likely to need to be consolidated together. In particular, as more localised alternatives to admission are developed, fewer inpatient beds will be needed and those that continue to be needed are likely to need to be consolidated into larger units based on fewer sites.

- **Developing services for older people**
  Services for older adults will be a particular focus, as the age profile of the local population becomes older and related mental health needs increase, particularly for dementia services. The new National Dementia Strategy sets out a series of improvements to services which the Trust will be working on with PCT Commissioners, local authorities and others.

- **Increasing early intervention**
  There is significant evidence about the effectiveness of early intervention, particularly for young people with emerging mental health problems. If problems can be detected early and service users given appropriate support, they generally are able to recover more quickly and stay well for longer.

Each of these is discussed in more detail in the following sections.

3. PROVIDING MORE SERVICES MORE LOCALLY IN THE COMMUNITY

The most significant changes in the provision of mental health services across the country in recent years has been the increasing developing of more services based in the community to allow more services users to be cared for at, or close to, home, where this is clinically appropriate. National policy is that this will continue over the next few years.

In Barnet, Enfield and Haringey there has not been a consistent approach to developing community based services as alternatives to inpatient care. Although the usage of inpatient beds has reduced by around 25% over the last few years as other community based services have been developed, the Trust is not yet leading edge, compared to other parts of the country with similar demands for services which operate with proportionally fewer inpatient beds. This is largely because the development of a full range of alternatives has been limited until recently. The Trust, working with its PCT Commissioners and others, is now actively seeking to develop the range of community based alternatives to inpatient care, which will, over time, reduce reliance on inpatient beds further.

It is recognised that, before current inpatient services are reduced further, stakeholders, particularly service users and their carers, rightly want to see alternatives in place and functioning effectively. The key community based developments that the Trust, with Commissioners and others, will be focusing on over the next few years are:

3.1 Establishing Crisis Houses

The Trust is actively considering the development of Crisis Houses as a key alternative to acute inpatient wards. Initially, it is likely that one Crisis House per borough will be developed and this may be increased over time as required. Crisis Houses that have been established elsewhere across the country vary considerably in their size and approach, but most are around 8 to 12 beds each. The target group for Crisis Houses are adults experiencing a mental health crisis who are not clinically appropriate for home treatment, but want an alternative to admission to an inpatient ward.

The development of Crisis Houses has been demonstrated to be beneficial to service users' recovery. Where they have already been introduced around the country, they have been shown to reduce the number of admissions to inpatient beds and reduce service users' lengths of stay, by providing an alternative when they no longer clinically require care on a ward. A recent audit undertaken in the Trust identified 18% of service users currently admitted to inpatient wards could have received a service in the community if a Crisis House had been available.

It is envisaged that the Crisis Houses are likely to be provided in partnership with the voluntary sector. It is likely that the voluntary sector would run the Crisis Houses with referrals coming through the Trust's Crisis and Home Treatment Teams, who may be based in / close to the Crisis Houses, so that they can more actively manage service users' recovery and return to normal life. The Trust is also keen to explore the potential for other services to be co-located, such as advice and counselling services around housing, employment, personal finances and other key issues which are important to supporting service users' recovery.

The Trust is working with the local PCTs to agree a clear timetable for commissioning one fully operational Crisis House in each borough over the coming year. These will be introduced on a phased basis and expanded further as required.

3.2 Strengthening Home Treatment Teams

Over the last few years, the Trust's Home Treatment Teams (HTTs) have been strengthened and developed. The Teams were introduced in response to national policy in the Mental Health National Service Framework. HTTs support people needing acute care who traditionally would be admitted to an inpatient ward, but can be cared for at, or close to, home by HTT staff visiting them on a regular basis.

At present, HTT staff can only make a limited number of home visits to service users, but as resources are reallocated between inpatient and community services, HTTs will be able to make more visits to service users, allowing more patients to receive care at home and providing more support for carers. As the HTTs are developed, they will also broaden the

scope of services they provide, increasingly providing services previously provided in inpatient settings.

3.3 Developing services in primary care, including greater presence in Polysystems

The prevalence of mental health problems in the local population is far higher than the number of people seen by the specialist services provided by the Mental Health Trust. 90% of people with mental health needs are seen within primary care.

The Trust already has a number of initiatives to develop services in primary care and is working with the PCTs to build on these. Already, a number of primary care practices have direct links with Consultant Psychiatrists for support and advice. These are currently being formalised and strengthened, with the aim that each GP practice across Barnet, Enfield and Haringey will have a named Consultant or senior Specialist contact within the Trust to seek advice and information about referrals or other mental health related issues.

A range of Trust staff are already working within primary care premises with GPs and other primary care professionals. This is being extended so that more Mental Health Trust staff are embedded within primary care. The Trust is working with the three local PCTs to plan for significantly greater presence of mental health services in the future Polysystems being planned as part of 'Healthcare for London'. The Trust is working with the PCTs with the aim of integrating mental health services into at least one Polysystem per borough over the coming year.

It is envisaged that these developments will deliver:

- Specialist advice and support to GPs and other primary care professionals to enable them to improve quality of care and support more mental health patients in primary care.
- A single point of access to mental health services for service users, carers and referrers. This is a key issue, at present, there are a number of varied routes into services and the Trust will standardise and simplify these.

3.4 Functionalising Community Mental Health Teams

At present, Community Mental Health Teams (CMHTs) cover a wide range of roles and support a wide range of service users. Over the coming year, it is planned that CMHTs will become more functionalised, developing more specialised expertise and focusing on particular groups of service users / diagnoses, allowing them to improve the support to service users and their carers. This will involve developing more standardised care pathways across the Trust, so that service users receive consistently high quality care.

3.5 Providing more support for carers

The Trust recognises that while many service users and carers support the overall direction of travel set out above, there are legitimate concerns about the implications for service users and, in particular, for some carers. The Trust is very aware of the vital importance of input from carers to service users' recovery and seeks to work in close partnership with carers. There are a range of services and support networks already established for carers,

however, the Trust will work with its other statutory partners, particularly PCT Commissioners and local authorities, to strength the support available to carers.

3.6 Management of services by Service Line

From January 2010, the way the Trust's services are organised and managed has changed. Instead of being managed in geographical units, services are now managed in units that relate to service users' care pathways.

This change is key to delivering the changes outlined in this paper and to ensuring consistent, high quality, services and support for carers across the Trust. It is also important in preparing for the introduction of the new funding mechanism in mental health due to begin from 2011/12. This will mean the Trust receives payment for patient activity, not a block amount of money each year. In advance of this being introduced, the Trust has to make sure all its services are operating to the same standards across the organisation, and Service Line Management will help ensure this.

4. CONSOLIDATION OF REMAINING SPECIALIST SERVICES

Evidence from elsewhere in the country is that as other community based alternatives are developed, the need for inpatient beds will reduce over time. It is clear that there will continue to be a need for some patients to be admitted to an inpatient ward for clinical reasons. However, the numbers of service users requiring admission and lengths of stay of those admitted are both expected to continue to reduce as further alternative services are developed.

The current North Central London NHS Review (looking at NHS services in Camden and Islington as well as Barnet, Enfield and Haringey) is focusing primarily on the future of acute hospital services, however, it is also considering the long term future of mental health services in the Sector. One particular issue under consideration is the number of acute inpatient mental health units in the Sector. There are currently eight mental health inpatient units across the whole Sector and it is likely that the clinical and financial viability of this many units will become increasingly questionable in the medium to long term. The Trust is engaged in the Sector Review and will need to respond to the key recommendations as they emerge over the coming months.

Any changes in the configuration of inpatient units are likely to be considered major service variations and likely to require formal public consultation. This would need long term planning and therefore would have to be phased over the coming years. However, the Trust has to plan for the future and it therefore has to consider the optimal potential future configuration of its key inpatient units.

Over the coming months, the Trust will work with its key partners to review the options available and the optimal solutions, both in terms of clinical and cost effectiveness, quality of the existing facilities and the patient environment, and key considerations such as geographical location and accessibility for service users and their carers. The Trust will also need to consider the direct and indirect costs associated with any potential relocation of services.

5. DEVELOPING SERVICES FOR OLDER PEOPLE

Although dementia does not exclusively affect older people, the significant rise in the number of older people with dementia, which is set to increase with the aging population, is a major challenge for mental health services nationally. The Department of Health recently published the National Strategy for Dementia Services – *Living Well with Dementia: a National Dementia Strategy*. The Strategy, together with the earlier publication, *Everybody's Business,* will impact on the way in which care is planned and delivered for those suffering from dementia.

The Mental Health Trust already provides a range of services for older people. These services range from acute inpatient wards, through continuing care units, to community services delivered by older people's mental health teams. Over the next few years, services for older people will increasingly be developed in community settings, in the same way as other adult services. Many services which have traditionally been provided in inpatient settings can be provided more locally, closer to patients' homes and this will be developed further. This is often particularly beneficial for older people.

The Trust will be working with PCT Commissioners and local authorities to develop more community based services and, as part of this, to appropriately manage the increasing demand for older people's services, particularly dementia services.

Some of the specific developments envisaged, which need to be worked up and agreed with PCTs are:

- Developing early intervention services for older people in all boroughs, providing capacity to see all new cases of dementia in each locality and in partnership with other key agencies.
- Developing specialist dementia / older people's Home Treatment Teams, as part of the functionalisation of the HTTs outlined earlier.
- Reviewing the provision of continuing care services and focusing on helping older people to receive care in the most appropriate settings, which is often not a hospital based environment.
- Expanding memory treatment services, including the introduction of more nurse prescribers, to address increased demand.
- Further developing psychiatric liaison services to acute hospitals, ensuring a multi-disciplinary approach to mental health care, particularly for older people, either through in-reach or acute hospital-based teams.

6. INCREASING EARLY INTERVENTION

Early intervention services have been demonstrated as being able to make a difference for a significant cohort of service users, particularly young people, but also early onset of dementia. They can mean that instead of becoming long term users of mental health services, service users' mental health problems can be overcome and they can regain a significant amount of normal functioning and be discharged from specialist mental health

services to the care of their GP. The Trust is committed to developing early intervention services as part of the PCTs' long term strategy for mental health across all three boroughs. This is not only because they have been demonstrated to improve outcomes for individual service users, but also because it is expected that they will reduce pressure on specialist services in the future when NHS resources will be seriously limited.

There has been a differential development of early intervention services across the three local boroughs, based partly on the speed at which PCT Commissioners have been able to fund developments but also differences in the model of service that individual groups of clinicians have developed.

Under the Trust's new service line management arrangements, early intervention services will be managed together across the Trust for the first time. In this way, a common approach and consistent quality assurance process can be developed. A project plan has been developed to assess current early intervention services and deliver a consistent service model across Barnet, Enfield and Haringey.

7. SUMMARY

This paper has outlined some of the major changes to local mental health services envisaged over the coming years. It is intended as a discussion document and it is important to emphasise again that that no specific changes have yet been agreed. The Trust is committed to discussion and engagement with its partners and other stakeholders through its 'Changing for Good' programme before any final decisions are made. However, the pressures for change, particularly the future NHS financial position, are significant and major changes to both how and where services are provided will be required. It is therefore important to start to plan these changes, in a collaborative way, now, in order to continue to develop local services to meet the needs of local people as clinically and cost effectively as possible in the future.

Barnet, Enfield and Haringey Mental Health NHS Trust
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