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Briefing for Haringey Overview and Scrutiny Committee - Barnet, Enfield and Haringey Mental Health Trust.

Haringey Overview and Scrutiny Committee have requested a briefing note on Trust plans to build capacity and increase earlier access to mental health interventions.

The following highlight current plans in development which will require the engagement and support of GPs and other stakeholders in order to be realised:

Earlier Intervention in Dementia Care

Service development proposals within this financial year related to early intervention in dementia care include the establishment of two new services in Haringey; a Memory Assessment Service and a Dementia Home Treatment Service

Memory Assessment Service

This service will provide early diagnosis for people with dementia and post-diagnostic counselling and support, including support to family carers. The service will provide expert assessment and diagnostic services with capacity to see all new cases of people with suspected dementia in Haringey. Early diagnosis and intervention has been shown to improve the quality of life of people with dementia and has positive effects on the quality of life of family carers.



A brief programme of carer support and counselling at diagnosis alone has been demonstrated to reduce care home placement by 28%, with a median delay to placement of 557 days compared with those not receiving the intervention.¹

¹ Healthcare for London (2009) Appendix 6: Investigation into the cost of dementia in London and the savings needed to ensure investment in memory services is cost neutral

Dementia Home Treatment Service

This early intervention service will work with people with dementia in an acute mental health crisis and provide an alternative to admission to an acute mental health ward for older people. This service moves care closer to home for the patient and their family and early provision of support at home during a crisis can decrease institutionalisation by 22%. The service will have capacity to respond rapidly and work intensively with a small caseload of patients to provide effective case management, which has also been demonstrated, in the Healthcare for London investment appraisal report, to reduce admission to care homes by 6%.

Developing Capacity in Acute Care Services

Recovery Centres / Increased capacity in Home Treatment

Service development proposals related to increasing the Trust's capacity for treatment outside of hospital includes the establishment of a recovery centre in each borough, in addition to developing increased capacity within existing home treatment teams by a 25% increase in resources over the lifetime of our five year business plan.

Aims and objectives of the recovery centre

The recovery centre will provide a high standard of treatment and care in a safe and therapeutic setting for service users with an acute mental health crisis.

The centre will offer a range of therapeutic, psychosocial, culturally sensitive, person centred interventions and treatments, which protect the safety of the service user in an appropriate and modern environment to support recovery. The team will focus on maintaining and improving quality of life as well as promoting independence.

The service will operate within the framework of the acute care pathway.

BEHMHT Crisis Resolution and Home Treatment staff (who will manage the Recovery Centre users care programmes) will provide appropriate education and support for carers and relatives, 24 hours a day, 7 days a week.

The recovery centre will be flexible & responsive to the individual needs of service users with severe mental illness, who require more support than a Home Treatment Team can offer out in the community, but who do not need the level of support of an inpatient setting. The centre will enable self-management within a community setting as soon as possible:



The centre will offer:

- An alternative to hospital admission, accepting service users who do not need the high-intensity clinical intervention or security of a typical acute environment
- 24 hours a day support for people with mental health difficulties - available to their carers as well
- Provide support both with and without the use of beds, for instance guidance and support by day therapy and face-to-face interviews
- Deliver a range of interventions, therapeutic and non-clinical as prescribed or agreed by the home treatment team, in order to allow service users to identify their own solutions
- Build on the existing care plan to address needs, to enable the individual to gain optimum functioning in the least restrictive setting
- Identify any other needs including physical, psychological and social and ensure effective care plans are in place to address identified needs in collaboration with the home treatment team
- Include the service user and their carers in developing an appropriate treatment plan based on the identified needs
- Explain the care plan to the service user and carer.
- Liaise with other Trust services regarding aftercare arrangements.
- Liaise with primary care, describing the diagnosis and treatment plan
- Promote access to advocacy support and advice

The centre will also provide a rapid response service, including accommodation and a therapeutic day setting; a step-down service to enable earlier discharge from hospital and 24 hour supported therapeutic accommodation within the community for people with a lower level need than inpatient services but who cannot be discharged to independent care in the community.

Developing Capacity in Psychosis Services

Increased capacity in home treatment teams

It is envisaged that recovery centres will enable the Trust to work towards reducing its length of stay for hospital inpatients to within the national norm of 28 days.

This will in turn facilitate a review of the Trust's inpatient bed numbers and allow for the investment of released resources into the existing home treatment teams to allow an increase in Home Treatment contacts of up to 50% over the 5 year period.

Early Intervention in Psychosis Services

The Trust is building on the three existing teams in the boroughs to further develop the Early Intervention in Psychosis Service.

Early Intervention in Psychosis teams are specifically focussed on identifying people experiencing a first episode of psychotic illness and working with them intensively to support their family, social, educational and employment networks.

The Trust has recently appointed a Trust-wide service manager to develop a consistent model across all three boroughs which have historically invested disproportionately in this service.



For Haringey the focus will be upon:

- Enhancing the staffing within the team in Haringey and in particular focussing on ensuring clients have access to a range of psychological therapies.
- In line with New Horizons and the LA Personalisation agenda focus upon a recovery based model of care that delivers evidence based interventions with measurable outcomes.
- Developing staff to ensure that they understand the need to promote a range of services that allow the client to build on existing skills; in particular training and employment. This means that we will be developing a workforce plan that looks at training and development of staff as a priority.
- Out-reaching into the community to ensure that clients are identified before they require admission to hospital, as examination of our current caseload shows that too many clients have had their first contact with the service as an emergency admission.
- Ensuring that the service is seamless from 14- 35 years. This will need development over the coming months.
- Developing services that the meets the cultural and diverse needs of the population of Haringey.
- Developing a workforce that has specific expertise in early intervention that encompasses a range of approaches that fits with individual, personal choices.

Wellbeing Clinics

Haringey has led the way in piloting Wellbeing Clinics for service users who do not require full care co-ordination but who benefit from continued support from a mental health service.

This client group includes those who benefit from continued mental health and medication monitoring along with medication and physical health management.

This model allows clients to move on in the recovery pathway whilst allowing some aspects of their care to be managed by skilled mental health staff.

It is proposed to:

- Increase staffing in this service over the next few months to enable more service users to access the service.
- To develop this pathway to meet the needs of the clients as they move out of services onto full recovery.
- Co-locate these clinics within a primary care setting. This will enable greater integration with primary care, enhancing skills across the workforce and allowing individuals with stable conditions to meet their recovery goals unencumbered by stereotypical stigma.

Tier 4 CAMHS

In-patient services for Children and Adolescents are currently under review and proposals are being developed to adopt a similar approach as for adults and older adults. It is envisaged that an option for treatment at home will be developed where the family can be involved in developing effective, collaborative interventions which negate the necessity for a number of young people to be admitted to institutionalised care.

This should build capacity in the system. Nationally, the introduction of Home Treatment services for adults has reduced reliance on in-patient admission by 30%. More importantly, and especially important for young people is the model of care which maintains individuals within their network, effects a whole system, collaborative, solution and avoids early stigmatisation of young people which introduces dependency and maintains an ongoing relationship with mental health services.

Referral Pathways

Intake

New referral pathways for any referrer are being piloted to improve response times to referrers to ensure individuals receive a timely assessment of needs and are accurately and appropriately signposted to the most effective service to meet their needs.

Primary Care Support

Similarly a new programme of Primary Care education, based on an internationally developed model, is being consulted with GPs and future commissioners as to how mental health services can best educate and support primary care to offer optimum care and recovery services to individuals with mental health issues. This model is being developed with GPs and primary care colleagues to ascertain the most effective interventions for the healthcare economy.

Conclusion

The Trust is committed to working with partners and stakeholders to find the most clinically effective and cost effective interventions to deliver the best outcomes for people requiring a service from the Mental Health Trust. We would aim to reduce the stigma and barriers to individuals wishing to exercise their rights and controls as individual citizens.

Yours sincerely



Maria Kane
Chief Executive