

THE NHS IN NORTH CENTRAL LONDON	BOROUGHES: BARNET, CAMDEN, ENFIELD, HARINGEY, ISLINGTON WARDS: ALL
REPORT TITLE: AN UPDATE ON THE MENTAL HEALTH WORK PROGRAMME	
REPORT OF: Caroline Clarke, Director of Strategy & Transformation, NHS North Central London.	
FOR SUBMISSION TO: North Central London Joint Health Overview & Scrutiny Committee	DATE: 19 November 2010
SUMMARY OF REPORT: <p>This report provides a general update of the work taking place in the mental health work programme. In addition to the work that is taking place at a sector level, a separate Barnet Enfield and Haringey Mental Health Transformation Programme has been established, which is a joint arrangement between Barnet, Enfield and Haringey Mental Health Trust and the three local commissioners (NHS Barnet, NHS Enfield and NHS Haringey). This has a shorter timescale and sets out to facilitate whole system change to improve local services, whilst also establishing cost efficiencies. An update on this work will be provided at the next meeting.</p> <p>Camden & Islington NHS Foundation Trust are undertaking a savings programme in conjunction with their commissioners NHS Camden and NHS Islington. They are shortly to undertake a formal consultation under s.244 of the NHS Act 2006 into a proposal to both close inpatient beds and reduce the number of inpatient sites. An update on this work is attached as appendix one.</p> <p>CONTACT OFFICER: Kate O'Regan Programme Manager (mental health) NHS North Central London Kate.OREgan@islingtonpct.nhs.uk Tel: 020 7685 6236</p>	
RECOMMENDATIONS: The Committee is asked to note the content of this report and to raise any concerns or queries and to give their views on the work that has been taking place to improve local mental health services. . <p>Attached is Appendix one, An update on the proposed statutory consultation in Camden and Islington.</p>	
SIGNED:  Caroline Clarke Director of Strategy & Transformation NHS North Central London DATE: 10 November 2010	

AN UPDATE ON THE MENTAL HEALTH WORK PROGRAMME

What is the mental health work programme about?

The Mental Health Programme Board started in July 2009 and was in existence for a year. The group consisted of provider trust Chief Executives and Medical Directors as well as lead commissioners from the primary care trusts. A work programme was established and the key achievements include:

- The development of clinical model which was approved by the Clinical Advisory Group (CAG) in May 2010;
- The completion of a mental health section in the overarching case for change document. This was refreshed and submitted to NHS London in September 2010;
- The establishment of a number of subgroups (December 2009) which have focused on the development of sector-wide care pathways;
- The completion of a mental health communications and engagement strategy (July 2010);
- A specification for the completion of a bed modelling exercise to establish the demand and capacity requirements for inpatient beds required for the sector (work in progress);
- Some initial estates scoping work (May 2010) to explore opportunities for site rationalisation i.e. providing inpatient services from fewer sites.

In August 2010 a decision was made to stand down the NCL Service and Organisational review, including the mental health Programme Board. This has been replaced by work in Barnet, Enfield and Haringey and in Camden and Islington recognising specific local issues. Also each provider trust has a different set of organisational priorities. Barnet, Enfield and Haringey Mental Health NHS Trust is currently in the process of completing an Integrated Business Plan as part of its application to become a foundation trust. There will shortly be clarity about whether the trust will be able to proceed with their application.

The change in government has led to a number of policy changes as set out in the NHS White Paper. More specifically there is the need to undertake further engagement activities and to test the review work done to date in mental health against the four criteria identified by the Secretary of State. These are:

1. Clarity about the clinical evidence base underpinning the proposals.
2. Support of the GP commissioners involved.
3. Genuine promotion of choice for their patients.
4. Genuine engagement of the public, patients and local authorities

The mental health communications and engagement strategy has been re-drafted to take account of these changes. The different engagement and communications activities are outlined further below.

Why do we need change?

We need to re-design the sector's mental health services as there is a need to both improve quality and safety, and also to deliver services in the future within a projected funding shortfall. More specifically inpatient services have been identified as a particular area where improvements need to be made.

As well as improving the quality and accessibility of mental health services, there will be a shift in focus around improving the well-being of local populations in line with recent policy guidance. A national mental health policy is currently being consulted on and it is clear that the main policy drivers match those in the 'New Horizons' guidance issued by the previous government. Improving quality will include the implementation of the personalisation agenda, which supports further individualisation in the delivery of care.

What will happen to the patients currently receiving the affected services?

There will be a number of important changes in the way that care will be provided in the future. This includes the identification of new care settings which support the move of care out of hospital settings, which will mean that service users receive care nearer to home. This is in line with a national trend to reduce inpatient provision and both the main provider trusts in NCL have plans to make further reductions and develop community services.

At a sector level work is underway to further develop new care pathways. These will be designed to deliver integrated care packages to meet both mental and physical health needs and improve outcomes. There will be a clearer focus on the treatment that service users can expect and a single point of access to all services. All provider mental health trusts are re-organising their services along 'service lines' in preparation for a new payment system. This is called 'Payment by Results' and follows a system used in other parts of the NHS where provider organisations are paid for by their activity i.e. the actual work that they do rather than via a block contract. A draft tariff (for payment) will be developed over 2011/12 and local prices need to be in place by 2013.

Two priority areas have been identified for further care pathway development work which will include working across other areas including general hospitals and primary care settings. These are:

- Alcohol
- Dementia
- Meeting the needs of people from Black and minority ethnic (BME) groups

Who will benefit from our proposal?

All current service users will benefit from the proposed service improvements. Access to specialist mental health services will also increase as community services will be re-designed to offer an enhanced assessment service. This will mean that more people will be seen by specialist mental health services.

Will this save money?

Yes. Moving care out of high cost hospital settings will save a significant amount of money. This will enable some reinvestment to take place in community services.

Are the other services as safe and high quality?

National concerns exist about the safety of mental health inpatient services. Service users also prefer to be treated in community settings. People who require care in hospitals will always be able to access this.

Public Consultation and Engagement

A range of communications and engagement activities have taken place about mental health services in NCL. These include:

1. The completion of a mental health communications and engagement strategy for NCL and ongoing working group;
2. A service event attended by 30 service users from across the sector on the 20th July 2010 with a subsequent event planned for early 2011;
3. An ongoing series of meeting with the NCL service user network (at which all borough user groups are represented) and publication of a regular newsletter for service users (to be completed);
4. The start of a dialogue with local GPs about mental health including discussion at a GP event on the 7th October 2010. Mental health has been identified as their third highest priority after unscheduled care & long term conditions;
5. A workshop was held for local commissioners on the 29th September 2010 and a follow up meeting was held on the 21st October 2010. A series of further meetings has been arranged;

6. A meeting was held with the designated lead Director of Adult Social Services (for mental health) Mun Thong Phung, Director of Adult, Culture and Community Services from Haringey Council. An outcome of this meeting was that a local authority commissioning representative has been co-opted to join the NCL mental health commissioners' group.

Your views

We would like your views on the work that we have been doing to improve local mental health services.

If residents of your boroughs have any questions about the work or would like to receive further information or information in another format, please contact:

APPENDIX ONE

Changing hospital mental health services in Camden and Islington – update for NCL JHOSC

1. Consultation background

Following improvements in community services, C&I now provides over 97% of its services outside an inpatient setting. This is due to the development of a host of initiatives, including:

- Daytime intensive treatment
- Crisis beds and flats
- Intensive home treatments
- Extension of many of these services to older people

In addition, much work has been put into making assessments, referrals, access to treatment and discharge from hospital quicker and smoother.

It is in the position of having a large and growing number of bed vacancies, and is consulting over reducing the number of inpatient sites from four to two, in order to remove overhead costs and allow future focus on community services.

This consultation is being conducted jointly with NHS Islington and NHS Camden, the local commissioners.

2. Current consultation position

The current consultation is in its pre-consultation stage. Discussions are being held with stakeholders regarding readiness to proceed to formal consultation. The changes being proposed are deemed to be a substantial variation of the 'substantial variation' of the provision by the Trust of protected goods and services.

The Trust is consulting the Overview and Scrutiny Committees in both Camden and Islington as part of the pre-consultation process. The Committees will also consider the consultation paper during the formal consultation period.

3. Next steps

Discussions are currently being held with NHS London on when the consultation will proceed to formal consultation stage.

C&I plans to keep the JHOSC updated on progress, but to formally work through the two local OSCs through the consultation process and to work up its final recommendations with the local OSCs.