Update on Mental Health Commissioning and Transformation Programme

1. Introduction

The overall direction of travel of local mental health services is reasonably clear. It reflects the national strategy, the local commissioner's three-year Mental Health Strategy and Barnet, Enfield and Haringey Mental health Trust's "Changing for good" programme. Although it should be noted that this strategy has not been formally signed off within Barnet

All of these documents set out the same broad strategic direction a development of mental health services across the three boroughs:

1. Services based on the recovery model
2. Greater development of community services and reducing reliance on in-patent care
3. Providing the most clinically and cost effective, value for money services
4. Working in partnership to develop and implement an ongoing change programme

In order to deliver these strategies NHS Barnet, NHS Enfield, NHS Haringey and Barnet, Enfield and Haringey Mental Health Trust have agreed to work together to deliver a mental health transformation programme that delivers the strategic direction.

From discussions with a wide range of stakeholders, including service users and carers, Overview and Scrutiny Committees and local authorities 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 how the strategy will be delivered

This document will demonstrate how the individual projects that make up the mental health transformation programme support the agreed strategic direction of mental health services across the three boroughs.

2. Summary of Strategies

a) National Context

The Department of Health launched New Horizons: towards a shared vision for mental health" a formal consultation on the development of mental health services in England over the next few years.

The key themes it raises are:

- Prevention and public mental health, promoting mental well-being as well as treating mental health problems
- Reducing stigma and promoting social inclusion
- Early intervention to improve long term outcomes
- Personalisation of care, leading to individuals' recovery
- Multi-agency commissioning / collaboration
- Innovation, greater use of research and new technologies
- Value for money, delivering greater cost effectiveness

- Strengthening transition from child and adolescent services to adult services.

These themes have then been reflected in the local strategies

b) Current service provision

Although there are many examples of excellence in the services as currently provided. We know that there are areas that we could improve. In the past, services for people facing mental health problems have been focused on a narrow area – providing specialist help to people with the greatest needs often within a very institutional model. Rather than helping people to integrate into society we have been all too ready to take them out of it, focusing on large inpatient hospitals.

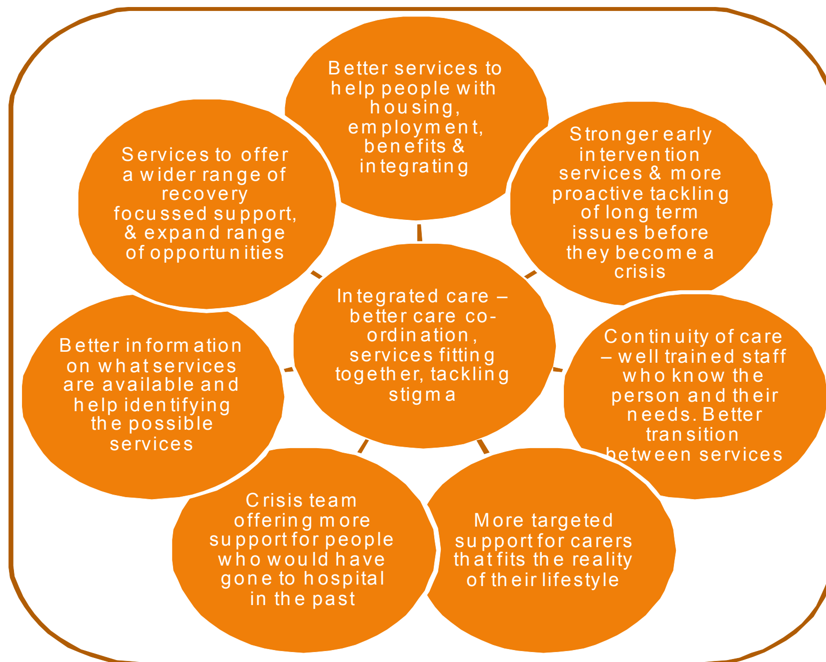
These have provided a secure and safe environment, but have limited people's overall recovery, particularly their integration into their local communities and developing their independence. Services have also been very separate, arranged in different ways by different providers, often with poor communication between them – so people have experienced care as being disjointed, and not centred on their personal needs.

We have come together to develop this strategy because we are determined that local people should have services that are driven by individual need, help them to live their lives to the full and enable them to maximise their potential. This means we have to focus not only on services for people who are already facing mental health problems, but also on preventing mental ill-health and promoting wellbeing.

Therefore we need to develop and structure our community based mental health services to best support those with mental illness to recover and to promote mental wellbeing. Our services are still too focused on inpatient healthcare at the moment, and are not fully comprehensive or sufficiently "joined up" to meet the full range of needs of individual patients.

This is supported by what we have heard from service users and carers through our various engagement mechanisms, including the Mental Health Trust's "Changing for Good" programme

Some of the key messages that we have drawn from what service users, carers and local people have told us about the changes they would like to see are summarised below.



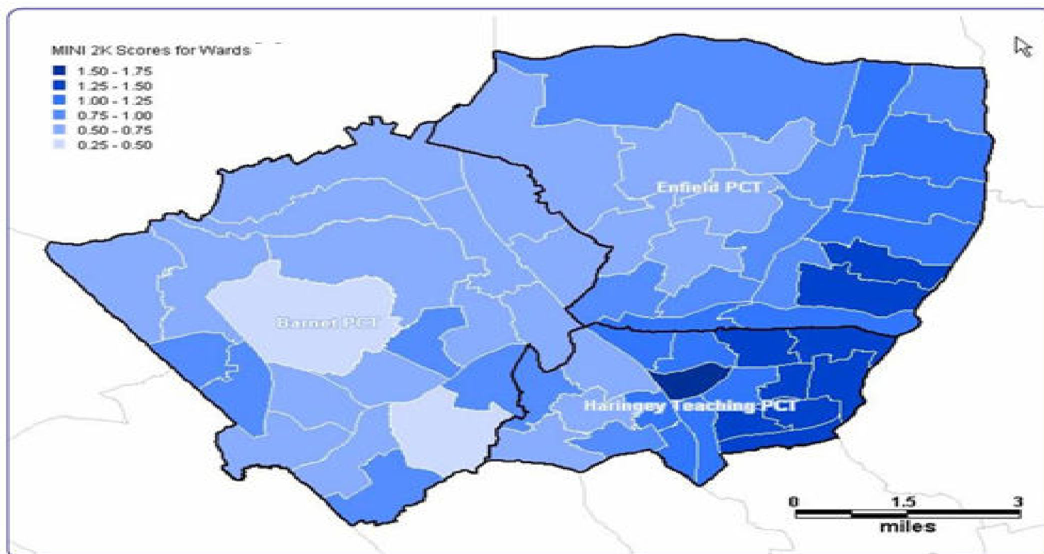
c) Local Health need

Assessing mental health need is very challenging. We know that many people with mental health problems do not access mental health services. This is for many reasons including the fear of stigmatisation.

We do know that need increases in areas with a high degree of social deprivation, and that prevalence of mental illness is higher than average for people who leave school early, are economically inactive, have disabilities, are unemployed, have more than one physical illness, and who are lone parents.

One way commonly used to assess mental health need is the MINI 2000 index which identifies the likely prevalence of mental health problems based on a number of socio economic indicators.

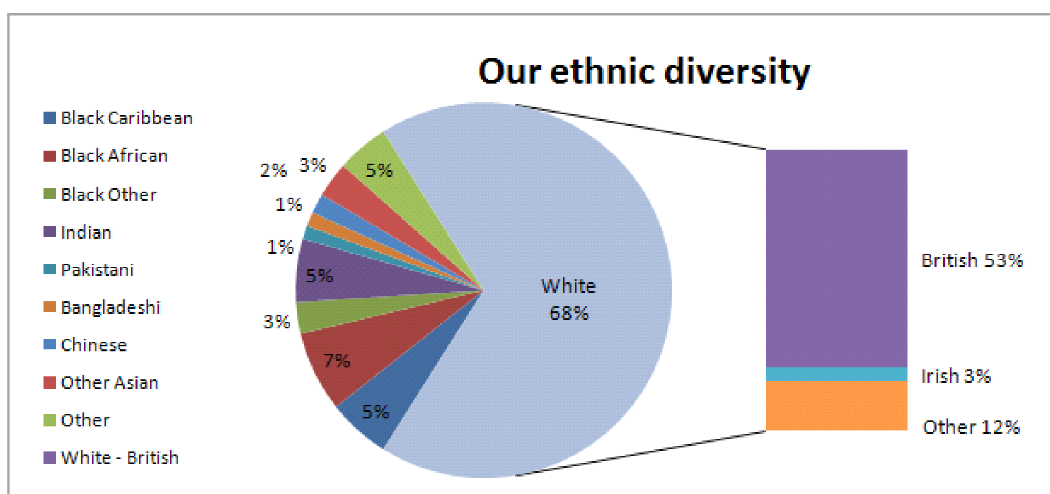
The map below shows how need for mental health services varies across Barnet, Enfield and Haringey. The darker the colour the higher the likely need.



Most of the areas with the greatest level of need are in the East of Haringey and Enfield, particularly within Haringey, which has the highest proportion of localities with above average needs.

We also know that age and ethnicity also affect the need for mental health services. Not only is the population of our local boroughs expected to grow considerably, albeit it a different rates across the three boroughs, but the age profile and ethnic mix is also going to change over the next five years.

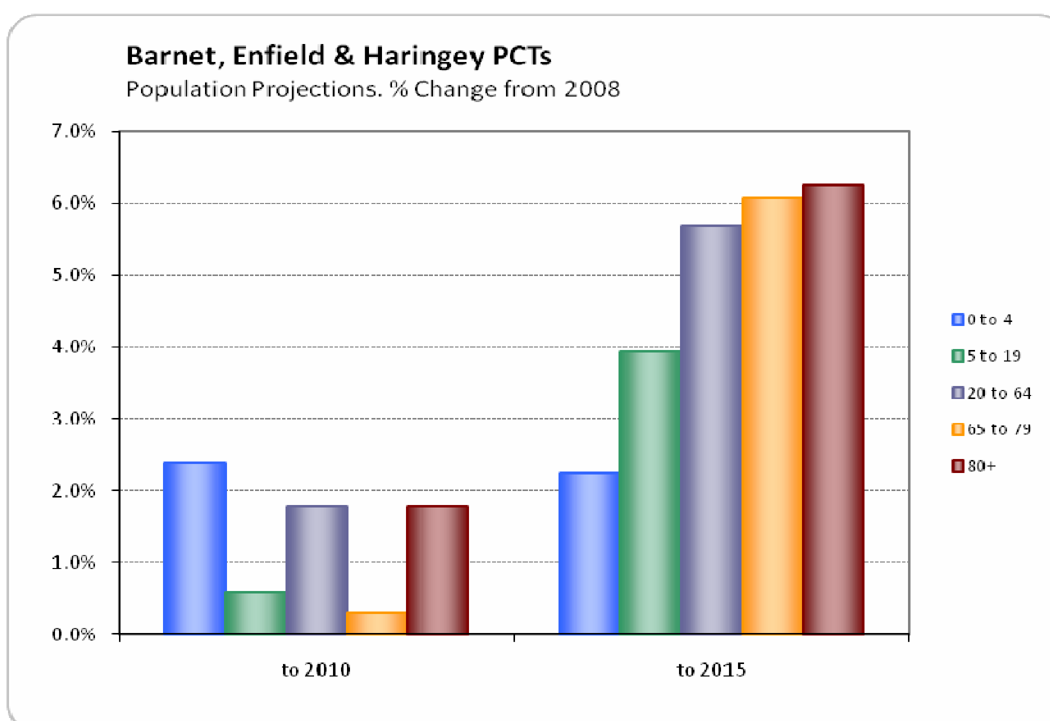
Across the three boroughs we have one of the most diverse populations in the UK as illustrated below. We estimate there are at least 25 languages regularly used within our three boroughs.



In considering our diversity it is also important to note that we have a relatively high proportion of "other white residents". In Barnet this group represents 11% of the population, 13% in Enfield, and 16% in Haringey. These are mostly Turkish, Cypriots and Eastern Europeans.

The populations are changing too. Not only will the ethnic mix change (with a gradual reduction in the proportion of the population who are white in Barnet and Enfield (between 3 and 4%) with a very slight decrease in Haringey), but also the age balance within the populations. Overall, the three boroughs will see an increase in population size – from around 840,000 in 2008 to around 884,000 in 2015. However, the vast majority of this growth will be in Barnet, with a small increase in Haringey, and the population in Enfield being almost static.

The chart below shows how the population as a whole is expected to change in terms of age balance between 2008 and 2015.



This means that the needs of the different populations will be very different across the three boroughs, and between different areas in the same borough, because there are wide variations in levels of deprivation.

In headline terms the key differences in need between the boroughs, driven by their different populations, are:

- Haringey has the greatest level of need within adults of a working age – this reflects its relatively high level of deprivation. It also has a higher proportion of people from the black community, and this group is a relatively high user of mental health services.

- Barnet has the largest Asian population – and as a group this community tend to make less use of mental health services. However, the age of its population (and the population growth in older age people in Barnet) means that services will need to be focussed more on older people, and particularly on the problems of dementia.

In conclusion, although we will be seeking to standardised access to and ensure consistency of the quality of services across the three boroughs we will also ensure that the very different needs of the boroughs are effectively met.

d) Financial constraints

Since the Comprehensive Spending Review we know that the broad financial implications are for circa. £20billion cost reductions in NHS spend over next four years.

The NHS, local authorities and other parts of the public sector are strongly advised to plan on the basis of very significant financial challenges over the coming years. A recent authoritative joint report from the Kings Fund and the Institute of Fiscal Studies ('How cold will it be? Prospects for NHS funding: 2011-17', July 2009) emphasise that, after significant real growth in NHS funding over recent years, future NHS funding looks tight. The report considers a number of potential scenarios for NHS funding over the next few years and suggests that the NHS could see very little real terms growth or even real terms funding reductions (compared to average annual growth of 7% over recent years).

Another recent report from the NHS Confederation ('Dealing with the Downturn', June 2009) suggests the NHS in England is facing real terms funding reductions of 2.5 – 3 % per year after 20011/12. This would equate to a very severe contraction in NHS finance of £15 billion in real terms over the five years from 2011. The NHS Confederation report predicts that given likely continued demographic growth and increasing demand for health services (particularly from older people and for mental health services in a recession), it is very likely that the whole of the NHS will face unprecedented financial challenges over the coming years.

Both of the above reports strongly advise that the NHS should be planning now for this financial position, in order to achieve continued quality improvements with efficiency increases and cost reductions that do not damage patient care or compromise long term health improvement.

In conclusion, the financial environment the NHS finds itself in is significantly challenging. The need to dive up quality and improve value for money is paramount. We recognize that by working together we will deliver more than we can individually and this programme is how we intend to work together on both strategic direction and the need to improve value for money.

e) Changes to services

In order to deliver the new ways of providing mental health services, meet the increasing needs of the population, whilst improving the cost effectiveness and value for money both the commissioners and provider organization identified similar proposed changes to how services could potentially be changed, as these extracts from both the provider and commissioner strategies demonstrate:

The key service changes that are identified within the Commissioner Mental health strategy are as follows:

- Improved community based crisis services – expert support to prevent people needing hospital treatment and crisis houses.

- Increased access to psychological therapies – building on existing investment to provide a range of treatments in mainstream settings.

- Better signposting and care navigation services – helping people get to the services they need.

- More services that support inclusion – more choice than traditional day services.

- Reduced length of stay in hospitals – moving people on when they need to.

- Preventing unnecessary admissions to hospital settings – ensuring safe and secure care is available outside of hospital.

- Minimising the use of hospital beds for patients who need long term care – developing alternative community provision.

The key service changes that are identified within the Provider Mental Health Strategy "Changing for good" are as follows:

- Creating fewer, more centralised, specialist units where clinically appropriate e.g. psychiatric intensive care unit (PICU), serving the whole of Barnet, Enfield and Haringey.

- Continued reductions in lengths of stay on adult inpatient wards (through better care co-ordination) and redeployment of resources released from inpatient services to develop adult crises and home treatment teams and other services, such as practical support teams and dementia support teams based in the community.

- Developing new alternatives to inpatient admission, such as locality based Crises Houses.

- Developing community based mental health services for older people and reducing the need for inappropriate inpatient admission of older people

- Building capacity in community mental health teams to support and direct the Recovery pathway back to social inclusion.

- Improving the care pathway for service users through the reorganisation of crises and home treatment and inpatient services to deliver a functional model of care.

- Reviewing the provision of traditional rehabilitation services and developing specialist, community based, active rehabilitation services and the creation of more centralised, more specialist, inpatient rehabilitation facilities, likely to serve the whole of Barnet, Enfield and Haringey.

- Looking for opportunities to develop new services not currently provided, e.g. a new, non Forensic, low secure unit, serving the whole of Barnet, Enfield and Haringey.

As can be seen from the above extracts from the strategies there is a high degree of consistency between both the local commissioners and providers in terms of the service changes that they would expect to see in the coming years. These changes can be consolidated and summarised in one set of consistent service changes as follows:

- More specialized units serving all three boroughs
- Reducing the need for in patient beds
- Developing Community health services
- Improve rehabilitation services
- Re-organising Crisis service
- Improved access to Psychology services
- Support inclusion and recovery
- Repatriation of out of area work to more local services

3. The Mental Health Programme

A whole system approach to these changes in service provision is planned, with all three PCTs and the Mental Health Trust working together, alongside our local authorities and other partners, service users and carers.

The Programme consists of nine projects which can be grouped into two broad areas:

1. **Developing community services**
   a. Community Mental Health Teams (CMHTs)
   b. Developing Recovery / Crisis House capacity
   c. Children & Adolescent Mental Health Service (Tier 4)
   d. Dementia Care Pathway
   e. Continuing Healthcare

2. **Specialist services**
   a. North London Forensic Service (NLFS)
   b. Brain Injury Rehabilitation Unit (BIRU)
   c. Substance Misuse and Alcohol patients
   d. CAMHS and Eating Disorder Services (EDS)

However, it is important to differentiate between the service elements of the projects and the impact these projects might have on the estate. It is not intended to formally consult on the service changes as individually they do not represent a significant change in service. As these are all stand alone schemes together they do not amount to service reconfiguration or significant service changes. The resulting impact on the estate might have significant issues for the estate and if that is the case then full consultation will be undertaken.

3.1 Developing community services

a Community Mental Health Teams

Project description

In order to ensure that the community services are able to meet current and future demands this project reviews how they currently operate, move from generic teams to teams based around functions e.g. psychosis and ensure that the work they are undertaking could not be more appropriately done elsewhere. This work brings services in line with the new service line structure and enables services to be delivered in line with the future requirements of mental health payment by results.

Impact on service provision

The impact on service of provision is that patients should benefit from a more integrated service, which will deliver more consistent care. Although there will be a reduction in the number of community mental health teams, there will be no reduction in overall staffing number or service provision as a result of this project. There may be different people doing different things. There will be no adverse effect on any of the other projects or any other service provision

Consultation

Whilst there will be engagement with key stakeholders, it is not intended that there will be any formal consultation as all the activity that is currently provided will still

be provided albeit in a different way. BEHMHT has already completed a staff consultation. It is intended that this project will be completed by March 2012

b Child and adolescent specialist services (Tier4)

Project description

The overall aim of this project is to review the existing care pathway and develop a new care pathway for children and young people admitted to in patient psychiatric units or those at risk of an in patient admission. In particular it will consider how community services can be improved to improve the quality of care and reduce the requirements for inpatient beds.

Impact on service provision

The services provided at Northgate and New beginning adolescent inpatient units will be brought together to provide a service based on one model and similar to that of a few years ago as the changes made have not provided the anticipated improvements. It is anticipated that there will be a reduction in the number of beds, which will fund an integrated community service and release savings. This is a stand alone project and has no impact on any other project.

Consultation

There will be due engagement with staff and whilst there will be engagement with key stakeholders, it is not intended that there will be a formal public consultation. This is because this is not a significant change in service provision. Northgate and New Beginnings are on the same site and are currently situated adjacent to each other at Edgware Community Hospital. Therefore there would be no loss of service from that site. The project will be completed by March 2012

c Recovery Centres

Project description

The overall aim of this project is to provide a Recovery Centre in each of the three boroughs. These houses will provide a better therapeutic environment for supporting individuals who require more than just community services, but who would not benefit from an inpatient bed.

Impact on service provision

It is intended that all assessed patients will be better supported through the Home Treatment Teams in this non-clinical environment, rather than an in patient ward. This also means that there will be increased clinician contact time less disruption to the lives of those patients thought suitable to benefit from this treatment approach. There will be no reduction of beds overall, but there will be a change in who provides theses beds and the therapeutic input into them will be increased. This is a stand alone project and has no impact on any other project.

Consultation

There will be due engagement with staff and whilst there will be engagement with key stakeholders, it is not intended that there will be a formal public consultation. This is because it is not a significant change in service provision. Although there will be a change in sites, in the first instance there will be an increase in beds therefore it is not proposed to formally consult on this change. However it is envisaged that the variation on the model of care proposed for offering inpatient treatment will lead towards less hospital beds being required for the future. Plans

for the reduction of inpatient beds that will no longer be required will be consulted upon approximately one year after implementation to allow enough time to review the impact that the changes have made.

The Recovery Centres project is expected to be completed by March 2011

d Dementia Care

Project description
We know that demand for dementia services is going to grow in the future as a result of an increasingly elderly population. This project is about looking at the whole of the care pathway from assessment to end of life care to ensure we have appropriate services in place.

Impact on service provision
This work has not been fully scoped yet; therefore it is too early to identify what the impact on service provision is likely to be.

Consultation
There will be engagement with key stakeholders and a formal public consultation will be undertaken if required. The project will be completed by March 2012

e Continuing Health Care

Project description
Both providers and commissioners have agreed that continuing care is not part of the core services of BEHMHT. Therefore these types of patients will no longer be admitted in BEHMHT in-patient wards. Those that are already in existing beds will be reviewed. If it is agreed that these individual's needs are best met in a non hospital, nursing home type setting rather than a ward environment, then they will be transferred to more appropriate accommodation. It is planned that all patients who it is appropriate to transfer to a different environment will have been transferred by Spring 2011.

Impact on service provision
There will be no reduction in the number of beds funded by the NHS overall for this client group although it is anticipated that there will be less NHS provided beds. More beds will be provided in the independent sector. These changes will not take place without involvement from patients and their families. The project will also review the requirement to invest in community services to support more people in the community. Although this will not be from the CMHT's therefore this is another stand alone project. .*The proposal is that Elysian House would then become one of the recovery houses (see recovery houses above)*

Consultation
As this is about the best care for individuals, it is not intended to consult formally on these service changes; however there will be full engagement with patients, carers and staff. Any subsequent estates issues will be formally consulted upon.

3.2 Specialist services

a Forensics

Project description

At the present time there are a number of expensive placements in institutions that are not based locally. The aim of the project is to repatriate as many of these out of area placements more locally and under the care of BEHMHT.
This project will review each out of area placement individually and ensure that the individual concerned is placed in the most suitable environment to support recovery and inclusion as appropriate.

This project will also review the current care pathway as individuals go through it. And identify new improved care pathways.

Impact on service provision

It is not intended to reduce the current number of beds, but rather use them more effectively, which may result in the designation of some of the beds changing from medium to low secure

Consultation

It is not intended to undertake a formal consultation on this project. It is intended to have everyone who is suitable to be repatriated by December 2010 and have a new pathway in place by April 2011

b Brain Injury Recovery Unit (BIRU)

Project description

It has been agreed by both providers and commissioner that the BIRU is not part of the core services of BEHMHT. This is highly specialised work and is commissioned across the whole of London by the specialised services commissioning group. The service is not currently fully utilised and treats very few residents of the three boroughs being a pan London based service.

Impact on service provision

At the present time the service is not working at full capacity. There are no Enfield or Haringey patients and only two Barnet patients in the unit. This services needs to be considered by the London Specialist Commissioning Group; however the project has no impact on any other projects

Consultation

If a consultation is required, the London Specialist Commissioning Group will be required to lead the consultation process

c Substance Misuse

Project description

Last year NHS Enfield tendered their substance misuse services as provided by BEHMHT. This project will manage the process of NHS Barnet and NHS Haringey tendering their services. NHS Barnet will be completed by March 2011 and Haringey will complete March 2012

In addition the project will also look at whether or not investment in alcohol services can reduce the number of admissions into acute hospital settings. This work will be completed by June 2012.

Impact on service provision
As this project is about improving the price paid for services it is not anticipated that there will be major service changes which arise as a result of this project. However if there is an overall reduction in levels of central funding this position will have to be reviewed and any changes will be agreed by the multi agency DAT group. This is a stand alone project and has no impact on any other project

Consultation
It is not intended to undertake formal consultation for this project as there are no major service changes and the anticipated reduction in funding will be managed through the normal annual contracting process like any other contract.

d Child and Adolescent Eating Disorders Service

Project description
The overall aim of this project is to review the existing care pathway and develop a new care pathway for children and young people with eating disorders. In particular it will review existing outpatient services which are provided by the Royal Free Hospital, as well as looking to develop viable alternatives to expensive out of area placements.

Impact on service provision
The main impact of this project will be to invest in an outreach service integrated with the current out patient service to provide more services locally which will reduce the need for expensive out of borough placements. This is a stand alone project and has no impact on any other project.

Consultation
Whilst there will be engagement with key stakeholders, it is not intended that there will be any formal consultation as this does not represent a significant service change. The project will be completed by March 2012.

How each of these projects support the planned services changes as outlined in the table below:

Planned Service Change	1a	1b	1c	1d	1e	2a	2b	2c	2d
Specialised units	√		√			√	√		√
Developing Community Services	√	√	√	√	√	√		√	√
Rehabilitation Services	√	√				√	√	√	
Crisis Services	√	√						√	
Psychological Services	√			√					
Inclusion and Recovery	√	√	√	√	√	√		√	√
Repatriation	√			√			√	√	

4. Conclusion

The NHS in general and mental health services in particular is facing significant challenges in the forthcoming years. There is a great synergy between all the existing strategies of how these challenges should be met. They are all consistent in describing their direction of travel and have identified the same planned changes in service provision. The nine projects that make up the mental health programme are critical in delivering the service changes required to implement these strategies.