Barnet, Enfield and Haringey NHS
Mental Health NHS Trust

Summary

Consultation on the Reorganisation of Community Services and the Relocation of Beds

The Trust is undertaking a series of consultations on how its community services can be more effectively organised to deal with the current and future needs of people with mental health problems. In particular, how these teams will focus on the needs of the seriously mentally ill while at the same time supporting primary care (mainly GP practices) to handle those people who do not require the services of a specialist mental health provider. In addition, the Trust is proposing to relocate in patient beds to the communities that they serve and ensure that in-patient capacity is matched to need.

A consultation in Barnet has already been completed and similar exercises will be taking place in Enfield and Haringey. These plans have been discussed in detail with local Primary Care Trusts (PCTs) and are consistent with their commissioning strategies for mental health. The plans are also in accord with the Trust's own strategies, service and financial plans and cost improvement plans all of which have been agreed with local PCTs.

Increasingly service users who were once treated in hospital are now cared for in the community and these changes are part of this trend. The Trust is a specialist provider of mental health services and as such it should deal with those patients who are at the highest level of need. The majority of people who have a mental illness (90%) are seen in primary care and it is necessary to build capacity here to enable primary care to meet demand. These consultations cover a number of key issues for the organisation of services over the next year:

- Reorganisation of Community Mental Health Teams to provide an improved interface with primary care

- The reconfiguration of Assertive Outreach Services work to work more effectively with Community Mental Health Teams (Barnet and Enfield)

- Review of Adult Day treatment services to ensure that they are focused on those with the greatest need and are modernised to improve choice and access (Barnet and Enfield).

- The transfer of in-patient beds for Edmonton (Enfield) service users from St Ann's (in Haringey) to the Mental Health Unit at Chase Farm.

- Work on the integration of CMHT's for older people and the reduction of 16 older people's continuing care beds (Ivy House, Enfield) – in line with transfers to Hertfordshire and the required level for meeting meeting NHS continuing care criteria (Enfield).

At a recent stakeholder event the Trust launched the Community Service Improvement Programme (CSIP) and this programme will be the focus for the continuing re-design and modernisation of the provision of mental health care across community and primary care over the next 18 months.

The need for the Trust to work as effectively as it can within the income it receives is a legal imperative and these proposals will ensure that the Trust can continue to meet its financial duties in the future. No compulsory redundancies are envisaged at present as a result of these changes.

These plans are accompanied by renewal of the Trust's patient information systems and ICT infrastructure, improvements to premises and facilities and the continuing development of a better skilled and trained workforce.

Consultation timescales

	Barnet	Enfield	Haringey
Public Consultation issued	17th May 2006	7th August 2006	7tthAugust 2006
End of public consultation	17th July 2006	29th September 2006	29th September 2006
Trust Board consideration	11th September 2006	11th September 2006	11th September 2006
PCT Board	26th July, 2006*	27th September 2006 tbc*	27th September, 2006 tbc*
PPIF	24th May, 2006	26th July, 2006	tbc
Overview and Scrutiny	5th June, 2006	12th September, 2006	12th September 2006 tbc

*providing a summary of responses at this meeting

Alongside this process will be a separate process of staff and staff representation consultation for those staff affected by change.

For further information and if you wish to arrange meetings to discuss these proposals please contact:

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Papers are available on the Trust's web-site at www.beh-mht.nhs.uk.

Written comments can be sent to Alf Jackson, Director of Strategy and Performance: c/o Communications Office, Trust HQ, Avon Villa, Chase Farm Hospital, Enfield EN2 8JL or e-mailed to gemma.williams@beh-mht.nhs.uk

Consultation Q&A

Q.1 Is this a cost cutting exercise - what will happen to the money saved by these changes?

A.1 These proposals are driven by the need to have a more effective service. The model of service proposed is more cost effective and will enable the Trust to keep within the funding it receives.

Q.2 Will there be compulsory redundancies?

A.2 It is the Trust's policy to avoid compulsory redundancies wherever possible. There will be a separate consultation process for staff once it is decided if this closure is to go ahead.

Q.3 What evidence is there for Primary Care mental health teams?

A.3 Attached are examples from primary care mental health teams that are operating successfully in other areas of the country. In addition to this, a research review of interventions to improve referrals from primary care to secondary care found that providing a second opinion for the GP before referring to specialist services, or enhancing services provided before a referral (e.g. providing access to other health professionals) improves the referral process.

Q.4 Will the GP's and other primary care professionals be flooded with referrals back from secondary care mental health services? Will all individuals on standard Care Programme Approach (CPA) be transferred back to GPs?

A.4 Most people receiving services from existing secondary mental health providers should be identified on a level of the Care Programme Approach (CPA). This is to easily identify the complexity of their care needs. People on an enhanced level have needs that are met by complex packages of care or the involvement of a range of professionals. The proposed model does not change the existing criteria for CPA as laid down in the current CPA and CMHT policies which have been agreed by the local PCTs and local authorities following extensive consultation last year. With the introduction of the primary care mental health teams it is likely that the confidence of GPs and allied primary care professionals to manage a range of mental health needs, will grow. Rapid access to consultation and advice from mental health workers and psychiatrists will support surgery staff to participate in the shared care of service users with mental health needs.

Q.5 Where will medical responsibility lie with the introduction of these proposals?

A.5 The notion of responsibility for psychiatric service users has changed with the advent of multidisciplinary working. This has been addressed by the Department of Health document on *New Ways of Working for Consultant Psychiatrists (DOH 2005)*. The anxiety that if service users are not directly referred to a Consultant, there will be no accountability for their care is appropriate and understandable. The Mental Health Trust will be responsible and accountable for the quality of care given and for the timeliness of its responses, via the Trust's Clinical Governance structures. GPs will remain responsible for making appropriate referrals and for communicating these in an appropriate way. The proposed reconfiguration, does not give GPs any additional responsibilities for service users. Indeed it creates system for better and more timely management of service users referred to psychiatric services.

Q.6 What happens if service users do not wish to move to Enfield?

A.6 Service users will not be compelled to move. However it is not anticipated that service users would not wish to take advantage of relocation to a newly refurbished Unit closer to family and friends.

Q.7 Is there a plan to turn Highgate Ward into a locked ward, to provide low secure accommodation?

A.7 There is no such current plan. However Primary Care Trust Commissioners across the 5 boroughs that comprise North Central London Sector have been considering the need for such a Unit. However, it will be for commissioners to decide who the provider of the service should be and where it should be located. It is the local view that there is a need for access to such a service and that this would considerably strengthen the range of services. However it is unlikely that a whole service for just the Borough of Haringey is required.

Q.8 Is this just an exercise in shifting costs to partner organisations?

A.8 These proposals are being undertaken with the support of partner organisations. The intention is not to shift costs but to get the best outcome for service users for the resources available.

Q& A Appendix 1
Examples of Primary Care Mental Health Teams

Leeds PCMHT (Saeidi and Wood 2005)

An evaluation report of Leeds North East Primary Care Mental Health Team describes the outcome of the 558 service users (57%) who accessed the service in the year 2004-2005 (Saeidi and Wood 2005). The remaining 43% of referrals were either discharged, did not attend or cancelled their appointments, or were inappropriate referrals or seen only for an assessment.

Clinical Outcome

Of those who accessed the service and who completed the CORE pre and post treatment (78 cases), the mean score post-intervention was below the non-clinical cut-off, compared with a pre-treatment mean score higher than a normal control sample.

Service User Comments

The majority of service users who accessed the service attended between 1 and 6 sessions of individual treatment (e.g. brief intervention, guided self help), and found the intervention that they were offered satisfactory for their needs (over 90% reported an improvement in their symptoms). 80% stated that the waiting time for assessment and treatment was prompt or reasonable, and most felt that the service was accessible and were pleased with the availability of therapy services in primary care.

Great Yarmouth Linkworker Service (Unpublished)

Service User Comments

Preliminary findings from Great Yarmouth for the year 2005-2006 found that over 90% of service users were satisfied with the Linkworker service, and thought that the service helped them to receive the support that they needed. Over 90% also felt that appointments were in a convenient location, and that the waiting time to see a linkworker was reasonable.

GP Feedback

Feedback from healthcare professionals using the Linkworker service was also positive. Over 90% said that they were able to access the service quickly, and felt that the service was efficient and helped to fill an unmet need in services. A similar majority felt that the service had made their job easier, and had been a positive development in local health service provision.

Eastern Surrey PCMHT (Integrated Mental Health in Primary Care: PCMHT Working Paper 2005)

Service User Comments

A pilot introducing Gateway workers into primary care found that of the service users referred to the service who completed and returned a satisfaction questionnaire, 90% were either satisfied or very satisfied with the new service. The same percentage found the care and support they received either useful or very useful (Integrated Mental Health in Primary Care: PCMHT Working Paper 2005).

Feedback from Health Professionals

Of surgery staff who completed and returned a satisfaction questionnaire (33 people in total), 85% were either satisfied or very satisfied with the new service, and 77% felt that the new service was an improvement or a great improvement. 86% thought that the treatment provided within the new service was appropriate or highly appropriate, with the remaining people believing it to be adequate.

14 members (78%) of the Community Mental Health Teams completed a satisfaction questionnaire. Of these, 64% were either satisfied or very satisfied with the new service, and 70% felt that the new service was an improvement or a great improvement. 60% thought that the treatment provided within then new service was appropriate or highly appropriate, with 24% describing it as adequate and 8% (1 person) believing it was inadequate.

Limavady CMHT, Northern Ireland (Brady and McDonnell 2005)

In 2001 Limavady CMHT appointed a primary care facilitator to assess all non-urgent CMHT referrals at local health centres. The introduction of this post led to a highly significant decrease in mean waiting time from date of assessment to date of first appointment (65 days in 2000 compared with 16 days in 2002), and a greater percentage of people being referred back to their GP or to other agencies (Brady and McDonnell 2005). As a consequence referrals to the CMHT dropped from 78% to 46%. The majority of service users assessed by the primary care facilitator were satisfied with the waiting time for an appointment and with the location of their assessment, and found the assessment procedure a positive one. The majority of GPs felt that the new assessment process had improved service user access to mental health services, and also their own access to secondary care services. 68% felt that it had improved communication between primary and secondary care, and the same percentage thought that the process improved their confidence in managing mental health difficulties within primary care.

Primary Care Intermediate Mental Health Service in Ipswich – study commissioned by the Sainsbury Centre for Mental Health (Hague and Cohen, 2005)

An Intermediate Mental Health Team was set up in January 2005 in Ipswich to provide care for people who have common mental health problems which cannot be managed with confidence in Primary Care but

who are inappropriate for specialist mental health services (Hague and Cohen, 2005). Following the establishment of this team, there were 10% fewer referrals to the CMHT than before it was in place (over the same period of time, referrals to CMHTs in the neighbouring area rose by 23-33%, so it could be predicted that there might otherwise have also been an increased referral rate to this CMHT).

Hague and Cohen cite an independent economic appraisal by Ipswich PCT of the benefits of the Primary Care Intermediate Mental Health Team, which suggested that there would be considerable economic and social benefit from such a scheme (Ranzetta, 2005)

According to Hague and Cohen (2005), Waltham Forest, and Barking and Dagenham PCT were scheduled to begin introducing a similar stepped care model, and there were potential developments in Southampton, Wakefield and Liverpool.