

MENTAL HEALTH SERVICES - UPDATE

Summary

Mental Health Services in Haringey have been available in their current structure since the reconfiguration of community teams in October 2007.

Following wide ranging consultation, stakeholders, partners and commissioners agreed to the implementation of a modernisation programme which would streamline and refocus community services.

The aims of the service redesign were to improve accessibility to services, streamline care pathways, reduce waiting where possible, improve the clinical focus by developing specialism within teams and improve communication across services, particularly at the primary and secondary care interface.

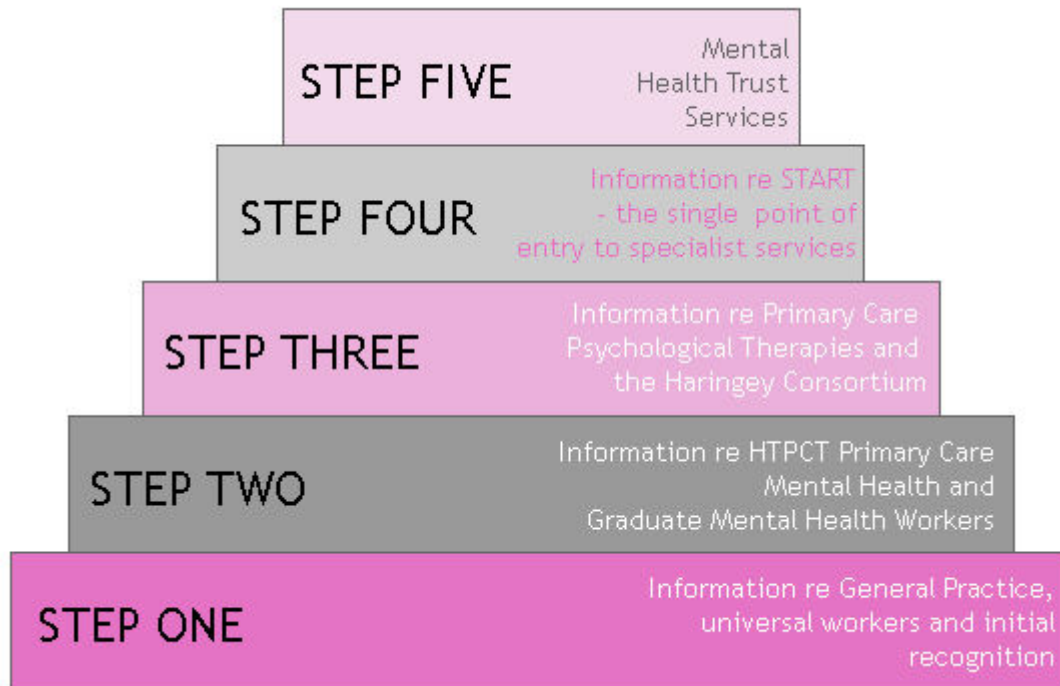
Specific targets included the implementation of a single point of access to secondary care services and to deliver improved access to and availability of psychological therapies to inpatient and community users.

While these specific aims have been achieved, the reconfiguration also enabled the development of a number of other services such as the Early Intervention in Psychosis Service, to work with young people experiencing a first episode of psychosis, and the Community Development Worker programme, to work specifically at improving access and building capacity for BME and Faith Groups.

Structure of Services

Services in Haringey are described by the 'tiered' or 'stepped' approach whereby access to more and more specialised services become available to people with higher levels of need or more specialised treatments.

Haringey TPCT website describes the following



Primary Care Mental Health Service

Local Enhanced Service

Mental Health Services in Haringey are underpinned by a range of primary care led and delivered services that support people with the management of common Mental Health problems, such as anxiety and depression.

A network of 4 GPs and a clinical specialist lead on the development and provision of Mental Health Services at Primary Care 'Tier One' level. The core purpose of this Local Enhanced Service (LES) is to create an infrastructure that strengthens individual GP surgery abilities and builds confidence and competence to assess and provide quality interventions for their patients with mental health difficulties. The LES supports the following objectives of the mental health strategy:

- Improve the interface between primary and secondary care so that service users with serious mental illness receive high quality mental and physical health care.
- Support primary care in the management of common mental illness.
- Help manage the demand for specialist psychological therapy services so that services are provided according to need.
- Address current inequity in provision and access to primary care based mental health services needs to be addressed.
- Increase the availability of evidence based talking therapies available to primary care in line with NICE guidance

Primary Care Mental Health Team

The Local Enhanced Service is supported by the Primary Care Mental Health Team. The key purpose of the team is to help GP's meet the needs of the majority of people who are suffering with mental health problems who do not require the specialist services of secondary mental health care.

Primary Care Mental Health Workers support GP surgeries and provide direct services, through one to one and group interventions and via direct access to residents in local libraries through the Health in Mind Programme.

Availability of Services across Tiers 2 & 3 of the stepped model will continue to increase with new investment from the PCT as part of the Improving Access to Psychological Therapies (IAPT) programme.

Haringey has just been approved as an Improving Access to Psychological Therapies Transition site for this new initiative, which aims to dramatically increase the availability of psychological therapies for the larger proportion of the population who experience common mental health problems and where an earlier intervention approach could prevent a worsening of the condition and reduce the requirement for specialist interventions.

Specialist Mental Health Services

'Specialist' or 'Secondary Care' services are largely provided by Barnet Enfield and Haringey Mental Health Trust.

Although there is collaboration and joint working with Primary Care at Tiers 1, 2 & 3 and particularly with regard to developing the IAPT programme, services at those levels are predominantly provided directly by the PCT or by other 3rd sector providers commissioned by the PCT or Local Authority.

The Mental Health Trust is the predominate provider of services for people with more complex mental health needs and begins providing services when GPs or the Primary Care Mental Health team require additional advice or support.

Entry into 'Specialist' or 'Secondary Care Services' in Haringey is through the START (Short Term Assessment and Recovery Teams) at Tier 4 of Haringey's model

Short Term Assessment and Recovery Team - START

The START team accepts referrals from anywhere within the borough but predominately from GP or other colleagues in the Primary Care Services.

The START team is able to provide advice and information to referrers, or to people referred, about the specialist Mental Health Services or other services, which may also be important in providing solutions to individual problems.

The START team offers assessment to identify which type of intervention is most likely to support the person and can either offer that intervention directly or ensure that the person receives the right intervention from the right part of the service.

The START team focuses its work on screening, assessment and short term interventions, usually for a period of up to six months, for people who are likely to improve or recover within that period and who are unlikely to require longer term, ongoing case management.

Feedback from GPs and commissioners has been positive about the creation of the START team. It is felt that communication and the interface between Primary and Secondary care services have all improved and that routes into and out of the service have become much simpler and easier to navigate.

With all referrals coming through one access point it has also become possible to improve the pathway to other required services, especially to Psychological Therapies where waiting times for assessment for most treatments have noticeably reduced.

The START team has also been successful in providing effective short-term interventions with a reduction in the number of people moving through into 'Tier 5' Support and Recovery community teams. Following reconfiguration only 22 people required ongoing support beyond 6 months from the new Support and Recovery teams out of a total of more than 600 referrals to the service.

Support & Recovery Teams

Described in the strategy as Tier 5 services, the Support & Recovery teams provide multi-disciplinary community support for people with more complex needs and for whom recovery is likely to be a longer journey.

These teams are more similar to the traditional CMHTs in that their main focus is to co-ordinate packages of care for people subject to the Care Programme Approach (CPA).

People requiring the framework of CPA tend to experience a number of complex issues which affect a number of different factors in their life and which may require a number of interventions or services to support them.

These are usually not limited to mental health services or treatments but usually encapsulate elements such as housing, employment, benefits, families, parenting, relationships, carers, substance misuse and physical well being as well as mental health specific treatments such as medication or therapies. The new Support and Recovery Teams were refocused to enable them to concentrate their work on these aspects of supporting a person to reach recovery. This was achieved by removing the screening & assessment or 'duty' functions and the shorter-term interventions from their role, which are now delivered by the START Team.

The three Support and Recovery Teams currently provide a service to about 3000 people at any one time, many of whom have traditionally received a service in the format of a 6 monthly or annual check-up of their mental state by a doctor. This model, which is increasingly viewed as paternalistic and unnecessary as long as services are available and responsive when needed, does not always support a recovery-focussed approach. This is because it continues to perpetuate an illness model and sometimes provides a false sense of security for the individual or community in place of the other elements necessary for recovery or mental well-being e.g. housing, employment, vocation, relationships and citizenship.

There was concern following reconfiguration that numbers of people would be 'lost to the system' or would not be reviewed prior to discharge. This has not been the case. For those cases that were transferred from the old model to the recently reconfigured services all have been reviewed and the appropriate follow-up identified.

Acute Care Services

Acute Care Services work with people during an acute episode of mental illness.

Traditionally acute services have been hospital based, medically focused in-patient wards. Over recent years there has been recognition that not all acute services need to be delivered in this way and that providing alternative models of care can actually improve the outcomes and experience of people needing this level of support.

The National Service Framework for Mental Health required Home Treatment Teams to be set up in all areas to provide an alternative to hospital admission.

Haringey has had home treatment teams in operations since 2004. These teams can visit people at home and provide intensive support to the service user and family during the most acute phase of someone's illness. They can visit several times a day if required and can tailor the support to meet the needs of the individual or the carers.

Before the reconfiguration of services the Home Treatment Team used to be another access point into secondary mental health services. This meant that they spent a lot of time assessing people and less time actually delivering treatment and support to people at home. Setting up the START team to be the front door for all referrals to the Service has removed this function from the home treatment teams and allows them to concentrate more of their time delivering services to people at home.

It has also meant there has been improved opportunities for joint working, for example with the Therapeutic Network, or Alexandra Road Crisis House, to enable more flexible packages of care to be offered to people which in turn has reduced the requirement for them to come into hospital. It has also enabled the PCT to meet it's targets for the minimum number of treatment episodes to be provided in this way.

The remaining challenge for Haringey, however, is to move further along this pathway and deliver the ambition of the commission strategy 2005-2008 to transfer more resources from traditional models of service delivery – such as bed based wards, to an expanding and more flexible community focussed model.

Psychological Therapies Services

One of the specific requirements of the reconfiguration of Community Services was to streamline patients to Psychological Therapy Services and improve access and availability to users across all parts of the service.

Traditionally the balance of distribution of resources was away from people with severe and enduring mental illness and again, in the old model, a duplication of referral patterns and entry points to the service.

Reconfiguration has now integrated therapy services across the care pathway, increasing availability of specialist interventions across all teams, including START, Support & Recovery and acute care services, helping to redress this balance.

There has also been an improvement in the time it takes to be assessed for a specialist intervention or receive the treatment, even though for some specific interventions the waiting times may remain long.

Other Services

The mental health trust provides a number of other services in Haringey, not all directly affected by the reconfiguration of services last year.

These include a number of other adult specific services as well as those provided to Older People and Children and Adolescents. They also include other specialist services such as eating disorder services, substance misuse services, personality disorder services and some Learning Disability services in partnership with the PCT and local authority

Of the mainstream adult services the following are examples of where further review may identify further opportunity for improvement, development or integration. Other services have been newly created as a direct result of reconfiguration:

Rehabilitation

Rehabilitation is an area requiring further consideration and review.

At the moment, Rehabilitation services remain a traditional inpatient focused service.

People using rehabilitation services may be the most disabled by a long-term condition and may need the most intensive support to enable them to attain their optimum level of recovery.

Rehabilitation services need to be supported to develop in ways that can more effectively support the service user to make meaningful contact with all those meaningful social factors which are necessary to make recovery and rehabilitation a reality.

HOST

Haringey Assertive Outreach Service is another team that can offer intensive support to people who find it difficult to engage with services. There may be further opportunities to consider how this service can support or enhance any recommendation of a rehabilitation service review.

Antenna

Antenna provides a community outreach service to young black people in the borough. This was an innovative service when it opened 8 or so years ago and one that went quite some way to addressing the specific needs of Haringey.

It will be important to keep this service under review to ensure that not only it remains relevant but that pathways to other services remain efficient and that new developments identified through the Community Development Worker Programme do not pass it by.

New Services

Reconfiguration enabled the opportunity to develop two new specialist services in Haringey.

Early Intervention in Psychosis Service (EIP)

The Early Intervention in Psychosis Services has been specifically developed to work with young people (aged 14-35) who are experiencing a first episode of psychotic illness.

The service works directly with the young person and with their social and support networks such as family, friends, school or the workplace. The idea of EIP services is to keep the young person connected with their networks and help their networks to understand what the young person is experiencing in order that they can be supported to manage their condition and achieve recovery. EIP models tend to suggest working to a three-year programme, by which time the young person has normally developed the skills to manage their condition and maintain a meaningful everyday life.

Although newly developed there are plans to continue to support the growth of this service and a commitment from commissioners to support further investment.

Community Development Workers

Community Development Worker roles in Mental Health have been specifically introduced to identify gaps in service provision or barriers to access for Black and Minority ethnic communities. There is a general recognition that people from different cultures access services differently and are represented proportionately differently within different types of service.

Across different cultural groups there are different understandings or concepts of mental health & mental illness and different levels of trust or acceptability of different types of service or intervention.

CDWs help to build understanding between communities and services, identifying areas for improvement or development and providing information, not just to help individuals navigate through systems, but to help commissioners commission different types of services.

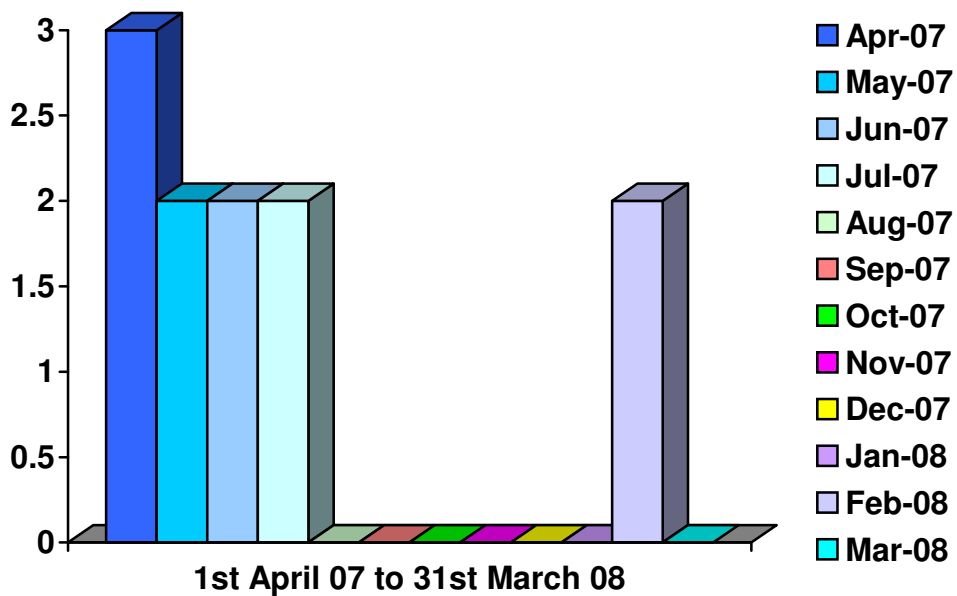
It is also part of their role to build capacity across the community by linking community, third sector and statutory services and identify community priorities.

There are 4 CDW's in Haringey working across a number of community, BME and faith groups.

Other Factors

Serious Untoward Incidents

Although the period for comparison is relatively short as the services are only 9 months post reconfiguration, comparison of a similar period last year shows an encouraging downward trend in serious untoward incidents (SUIs)



Challenges and Achievements

Although changes to services can raise anxieties and concerns, the consultation regarding the reconfiguration of community services was explicit in the main outcomes to be achieved.

These in particular were: Simplified access to services, simplified pathways through services, improved interface between primary and secondary care and more people receiving more of the right services at the right time.

Service reconfiguration has achieved these outcomes and laid the foundation for further service development and expansion.

The strong partnership between primary and secondary care mental health services and third sector partners has paved the way for new investment in the IAPT programme which, together with the changes in care pathways already initiated will greatly expand the availability of psychological therapies across the borough over coming months and years.

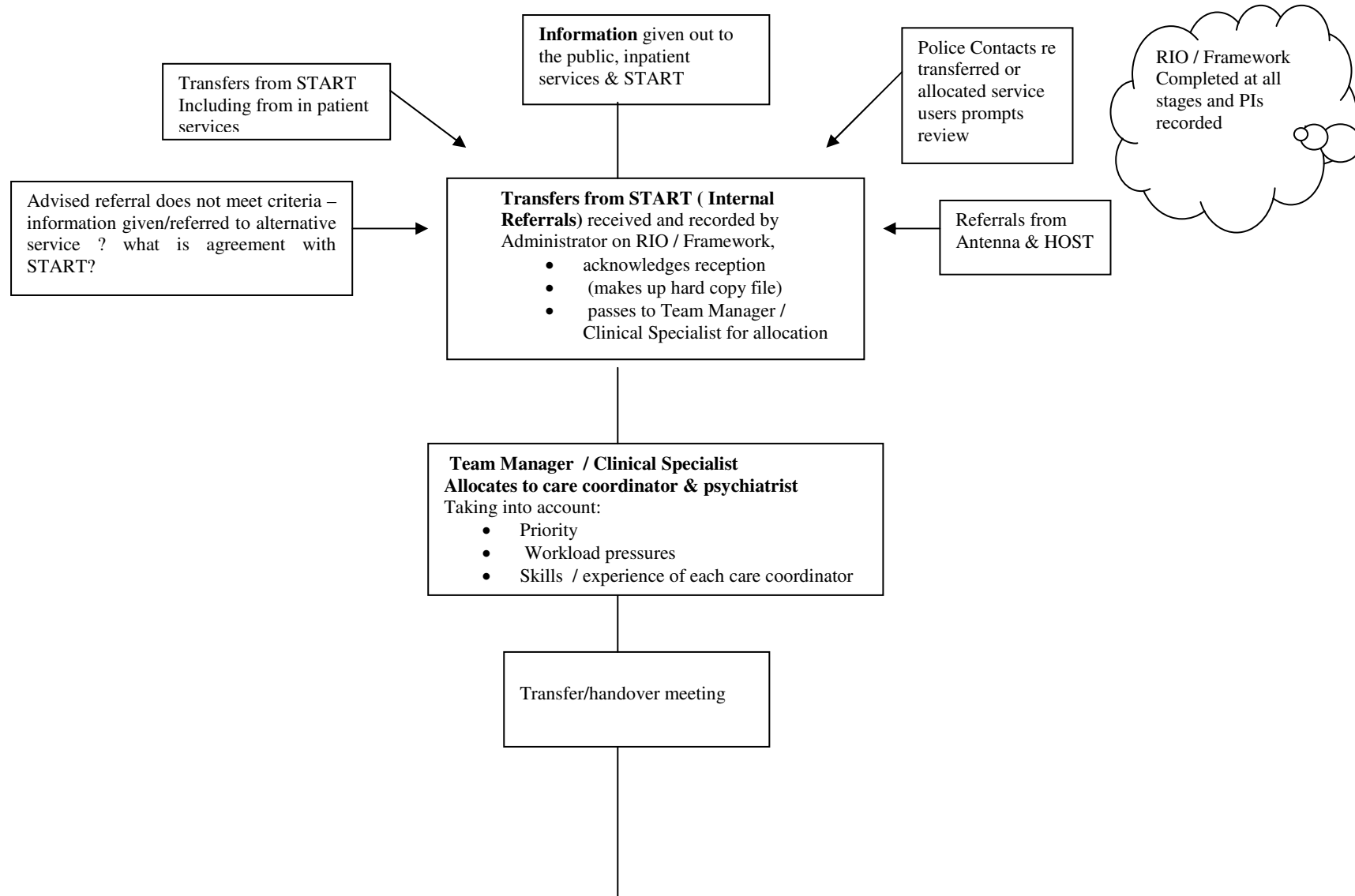
It is hoped that proposed changes to the way acute care services are delivered will again increase the option for more people to receive the level of care in a range of less stigmatising environments.

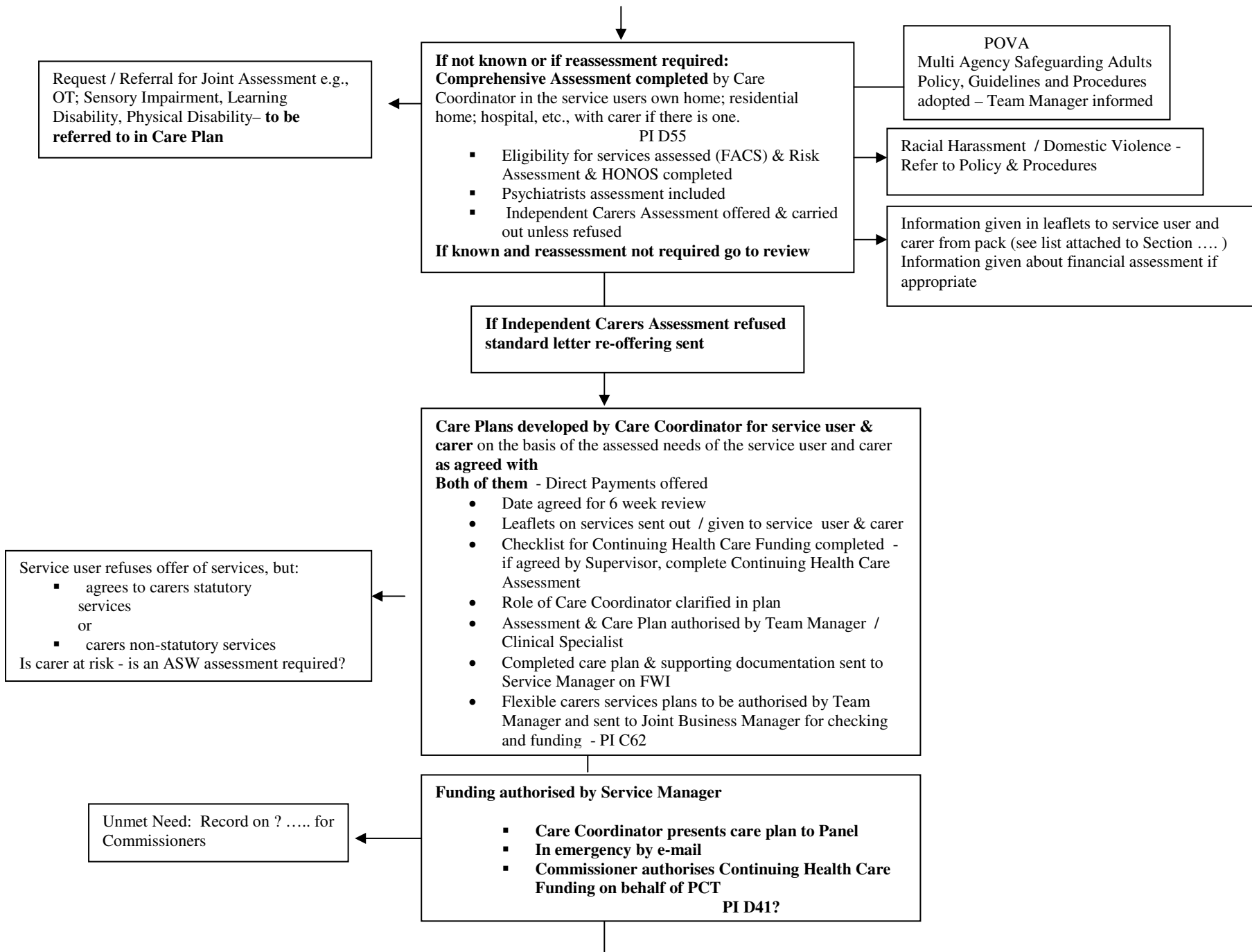
The new mental health commissioning strategy is due to be published this year and will contain a range of further initiatives which the people of Haringey have helped to shape. However, there remain challenges at both national and local level, which partners will need to remain focussed upon, to ensure services continue to deliver what the community requires.

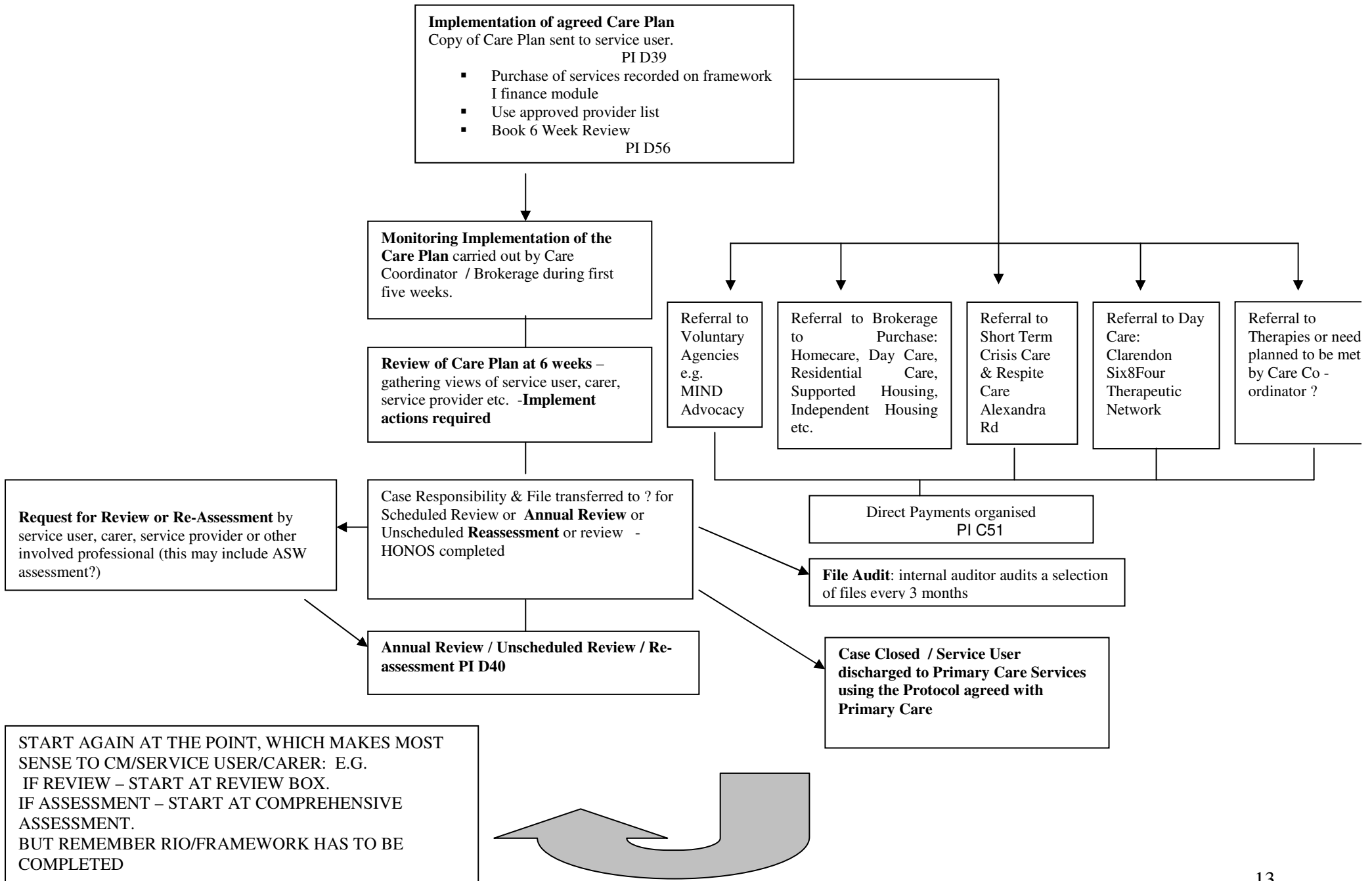
These include changes to the Mental Health Act and the Care Programme Approach alongside a need to embed a philosophy of recovery, personalisation and community responsibility to replace models of illness and prescriptive services.

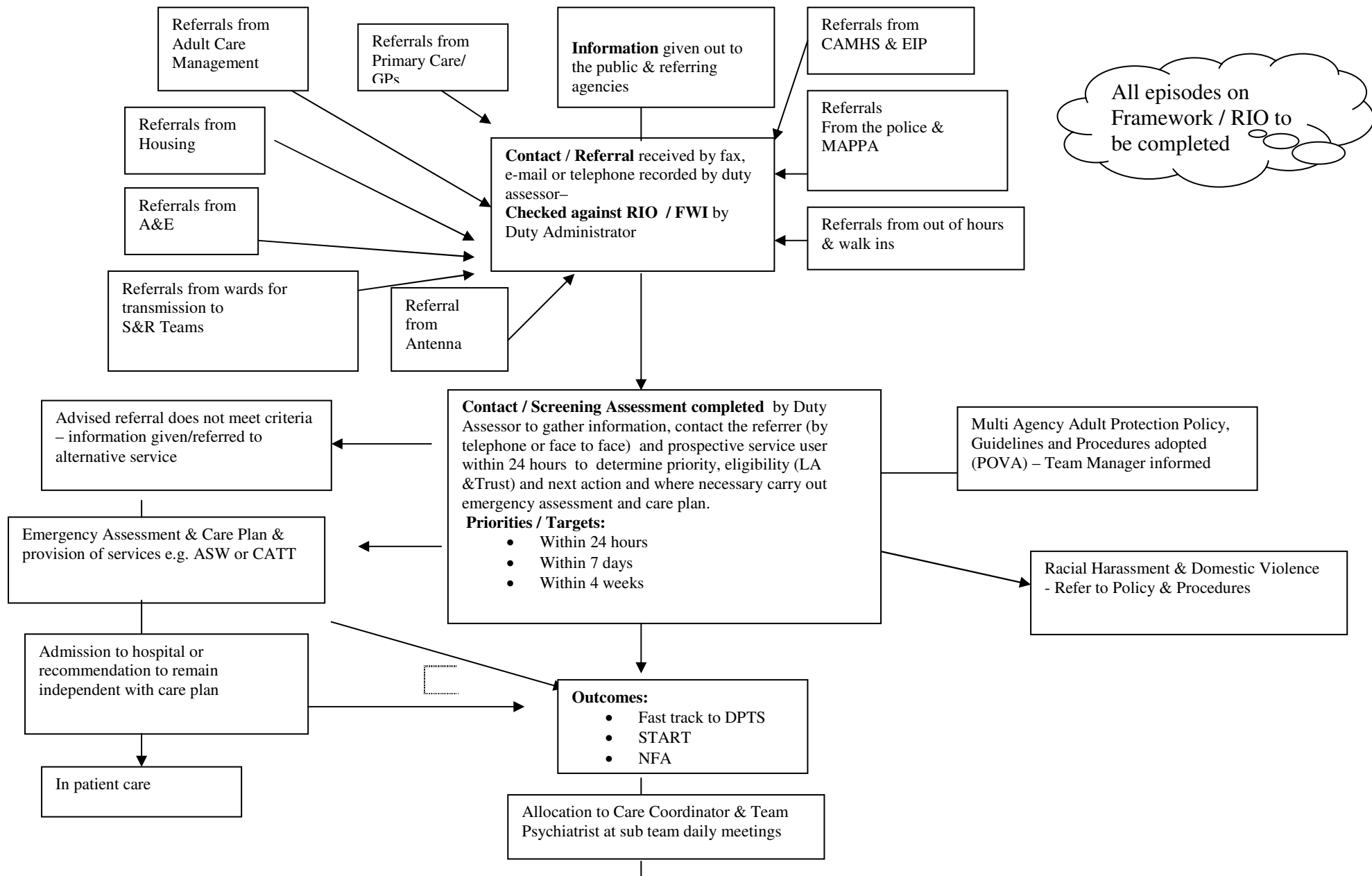
The commissioning strategy will also highlight a need to develop a new model for rehabilitation services and a further move towards mental well being and reducing stigma alongside the range of service developments already described.

CARE PATHWAYS









All episodes on Framework / RIO to be completed

