

5 September 2011

**Dudley & Walsall Mental Health Trust's
Service Transformation Progress Report**

Ward(s) All

Portfolios: Councillor B. McCracken – Social Care and Health

Report:

1. The Trust developed its new model in 2010 which has received commissioner support across both health and social care, including drug and alcohol commissioners. The model is for all adults irrespective of age with a functional illness. Further work is required by the Trust to agree models of care for older people including dementia services and for children and adolescent mental health services (CAMHS).
2. A wide range of evidence was considered in developing the model including stakeholder feedback, particularly service users, carers, GPs, staff, and staff side.
3. The model has previously been presented to the Overview and Scrutiny Committees in both Dudley and Walsall.
4. The model will be implemented over a 3 year period with the ongoing development and implementation of care clusters (PbR) being integral.
5. A wide range of stakeholders have been engaged to develop detailed plans that underpin the model including staff, service users, carers, GPs and commissioners.
6. Two stakeholder engagement events are scheduled for August 2011 to ensure stakeholders continue to influence development of plans.

Recommendations:

That the report be noted.

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1.0 Introduction

Dudley and Walsall Mental Health Partnership NHS Trust specialises in the treatment of both common and complex mental health conditions in children, adults and older people. It provides a comprehensive range of core mental health care services including primary care mental health, a wide range of community based services and inpatient facilities. In 2009 the Trust was selected by the National Commissioning Group to be one of four centres in England to deliver a national deaf service for children with mental health issues.

In 2010/11 the Trust had more than 300,000 contacts with service users, received around 17,000 referrals from GPs, treated almost 1,000 inpatients and held around 23,000 outpatient appointments.

A small but ambitious organisation, the Trust's goal is to become one of the highest performing mental health trusts in the country with a brand and reputation for excellence that sets it apart. The Trust intends to achieve this through its plans for Service Transformation, which will improve the care and experience of patients as well as foster efficiency in an economically challenging time.

2.0 Clinical and Social Care Strategic Vision

The Trust published its 5 year Clinical and Social Care Strategic Vision in 2010. The development of a shared strategic vision for mental health services for the people of Dudley and Walsall was a journey that took the Trust and its stakeholders several months to complete.

This strategic overview defines the vision and values that the Trust embraces and on which it has built solid organisation foundations; it defines a set of strategic objectives and goals for the Trust and prioritises activity for the coming five years. The vision embraces change and innovation and aims to deliver services as one organisation, in a model that ensures the delivery of high quality, effective, efficient and productive services to meet local needs.

Producing the Vision enabled the Trust to obtain clarity with our two main commissioners i.e. NHS Dudley and NHS Walsall regarding the services they wished to commission from the Trust in the future. It also opened up discussions about the 'Transforming Community Services agenda' which led to a Trust decision to remain focused on delivering specialist mental health services now and into the future.

In 2011 a new national strategy for mental health was published (No health without mental health, DH, 2011). With a strong focus on prevention and early intervention, for the first time in over a decade the strategy opened up the door for the development of a local service model that can be tailored to local needs.

3.0 The Evidence for Change

The evidence for change for the Trust has been overwhelming. The National Service Framework (NSF) for mental health (DH, 1999) was very much welcomed by mental health, bringing significant investment to services that had been under invested in for many years. The NSF raised the profile of mental health services, introduced new teams such as Crisis Resolution/Home Treatment (CR/HT), Assertive Outreach Teams (AOT)

and Early Intervention in Psychosis (EIP), and new roles such as the Black and Minority Ethnic Community Development Workers (BME CDWs) and Support Time and Recovery Workers (STaR). Each service came with national direction in terms of how it should be implemented, how many teams, establishment, skill mix, criteria, caseload, episodes, and in some cases detailed job descriptions and person specifications. This left little room for any local flexibility and a strong focus on targets rather than outcomes. Some of the services e.g. CR/HT and AOT were set up for adults up to 65 years of age which now raises issues under the Equality Act 2010. New services were bolted onto old ones without any proper review of all services and their pathways. Particularly affected were Community Mental Health Teams (CMHTs) who saw their function slowly eroded away without any clear review of their role and function taking place.

Since its inception the Trust has collected evidence from a variety of sources that has helped with the development of a new service model. Sources of evidence include: -

- Stakeholder event feedback
- Evidence from Productivity and Pathways Project
- Cost impact of Early Intervention in Psychosis
- National mental health strategy (New Horizons and No health without mental health)
- Serious Untoward Incidents (SUI)
- GP cluster meetings
- Patient national survey results
- Service User and Carer Forum

4.0 The New Service Model

The table below outlines the real changes that the new service model will deliver for our service users:

Features of current model	Features of new model
Services complex and difficult to navigate	Service pathway streamlined and much clearer for staff and service users
Multiple access points into service (more than 25!)	Only two access points into services – one for primary care and one for secondary care
Multiple assessments across the service pathway leading to repetition and a delay in service users accessing treatment	All individuals referred into secondary care will be assessed by an Early Access Service. This highly skilled, multi-disciplinary team will assess individuals needs before assigning them to a care pathway
Overlap in services (e.g. CMHT and AOT) and hidden waits within service (i.e. between teams)	Consistent approach to the delivery of community services through a Community and Recovery Service – aligned to care pathways
69% of service users in outpatients have been with the Trust between one 1 and 10 years and 8% between 10 and 20 years	In line with the focus on recovery, discharge arrangements will be more robust and structured – either back to the GP or to other more appropriate services

35% of service users are on clusters 1 to 4 which indicates they should be in Primary Care	Service users assessed early and managed in the appropriate service from day one
50% of assessments undertaken by Secondary Care do not proceed to treatment	Highly skilled clinicians in the Early Access Service carrying out “front door” assessments to secondary care
Decisions about admission to hospital often undertaken by junior staff – particularly out of hours	Increase cover and skill mix to ensure consistent and high quality approach to both routine and urgent treatment decisions – leading to a reduction in unnecessary admissions and supporting care closer to home

The Trust developed its new model in 2010 (appendix 1) which has received commissioner support across both health and social care, including drug and alcohol commissioners. The model is for all adults irrespective of age with a functional illness. Further work is required by the Trust to agree models of care for older people including dementia services and for children and adolescent mental health services (CAMHS).

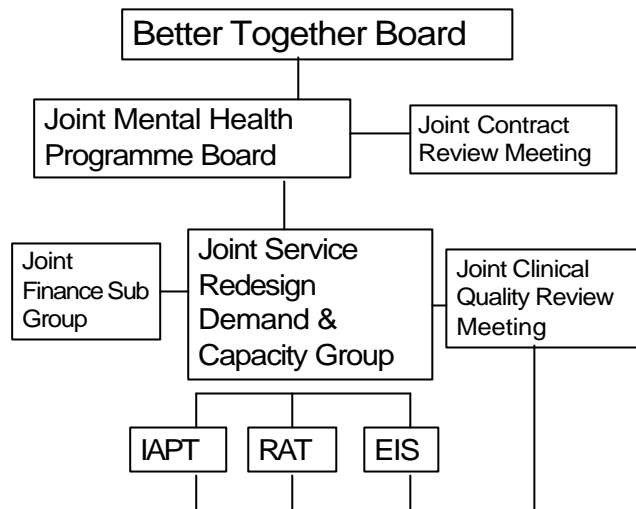
The model will be implemented over a 3 year period with the ongoing development and implementation of care clusters (PbR) being integral (appendix 2). This will provide clarity for all teams in terms of which clusters they deliver, the interventions for each cluster, skills and competencies required to deliver those interventions, and the outcome measures to be used. This will play a significant part in moving services away from a target focused approach to an outcomes focus. A review of all other services the Trust provides will be undertaken during the first year as all services will need to be coherent with, and support, the new service model.

At present the Trust provides services mainly to the boroughs of Walsall and Dudley. The exceptions to this are mainly within primary care. A number of neighbouring mental health trusts are now moving to provision by GP population so the Trust would also like to consider this so ensure patients do not fall through gaps. This will entail a detailed piece of work to consider activity and finances and would need to be delivered within a phased approach. Both Local Authorities have indicated that they would be willing to discuss piloting this way of working too.

5.0 Partnership Working

The diagram illustrates the governance arrangements in place between commissioners and providers to take forward the service transformation programme. The Joint Mental Health Programme Board is the decision making forum and this is where the service model was approved in 2010. Board membership includes commissioners from Dudley and Walsall (including GP mental health leads) and providers.

Mental Health Implementing Strategic Vision for Dudley and Walsall in Walsall



Walsall Council



Joint Commissioning
Business Support Unit



Following approval of the model commissioners and providers attended all four Consortium meetings in Walsall to present the model and discuss with GPs. In Dudley commissioners presented the model to the Consortium Board. The model as a concept received overwhelming support and recent updates have been given at GP Consortia Boards in both boroughs.

Implementation of the Trust's service transformation programme is expected to take place over 5 years and has the potential to bring significant changes to how service users experience our services. Whilst the whole 5 year programme may be considered to be a significant change, years 1 and 2 can be considered to be foundation forming years that look to drive efficiency through the standardisation of our services and improvement of service user experience. It is true to say that the service transformation process is evolutionary in nature and will require ongoing dialogue between the Trust and its stakeholders as we continue our journey in an open and transparent way.

The Trust now has a well established Service Transformation Team that is clinically led with the Executive Lead being provided by the Medical Director and the Programme Director provided by a mental health nurse. The Team has developed year 1 plans that are ready for implementation and have been agreed by the Trust and the Mental Health Programme Board.

6.0 Year 1 Plans (2011/12)

There are 6 programmes of work for the current year: -

- Enhanced Primary Care
- Psychiatric Liaison (Dudley)
- Memory Service (Walsall)
- Early Access Service
- Community and Recovery Service
- Transition Team

1) Enhanced Primary Care

NHS Walsall has invested additional money to enable the Trust to provide Improving Access to Psychological Therapies (IAPT) as a part of its primary care services. The new enhanced service brings together the existing primary care mental health service, primary care psychology and IAPT. The new team started in January and is called 'Primary Mental Health and Talking Therapies.'

Similarly commissioners at NHS Dudley also want to commission an Enhanced Primary Care Service and to bring the primary care mental health team and IAPT together as one team with one gateway into primary care. A working group (with GP representation) continues to develop this model and implementation is expected around September time.

2) Psychiatric Liaison

Historically the Trust provided a Psychiatric Liaison service in Walsall based at Walsall Manor Hospital but a similar service did not exist in Dudley. This has now been commissioned and the service commenced in July of this year and is based at Russell's Hall Hospital. Similarly to Walsall, the team provide psychiatric assessment and intervention as well as providing training and continuing education for a wide variety of hospital and allied professionals.

3) Memory Service

The Trust is commissioned to provide a Memory Service in Walsall. The service has been operational for about 8 years and achieved National Accreditation with the Royal College of Psychiatrists last year. Following a service review with clinicians and the Service Transformation Team a number of issues that affect its capacity and ability to deliver services in the most effective and efficient way have been identified. A comprehensive plan is being developed to address these during this year.

4) Early Access Service

The Early Access Service brings together all aspects of assessment for secondary care services into one team for functional illness. This will include:

- Emergency assessments
- Routine assessments
- Outpatients
- Psychiatric Liaison
- Drug and Alcohol Liaison
- Mental Health Act Assessment
- CMHT duty system
- Place of Safety

There will be one Early Access Team in Walsall and one in Dudley. Implementation will be phased and the teams are not expected to be fully operational until 2012/13.

We are planning for the service to be set up from April 2012 for routine assessments and emergency assessments currently covered by the CMHT duty system. From this point, all

referrals that currently go to adult CMHTs and outpatients will go to this service, including all emergency referrals, Monday to Friday, 9-5. Routine assessments will continue to be offered on a 9-5 basis initially but with a move to more flexible working at a later date so that clients can be offered choice and flexibility. All referrals will be by a health professional and self referral will be via primary care. CR/HT (Crisis Resolution/Home Treatment) will continue to undertake emergency out of hours assessments until 2012/13.

The Early Access Service will be multi disciplinary with the ability to offer paired assessments and some capacity for brief interventions where a client cannot be immediately allocated to a care cluster. The skill mix will include psychiatrists, psychologists, nurses, and Allied Mental Health Professionals (AMHPs). Team Managers will be in post by the end of September so that they can take an active role in setting up the service.

5) Community and Recovery Service

The Community and Recovery Service will bring together a range of skills and expertise to provide specialist interventions within secondary care mental health services providing a treatment and recovery focused service. Service users within this service will all be on Care Programme Approach (CPA) and will have a care co-ordinator and a Consultant Psychiatrist until their discharge from secondary care.

There will be two Community and Recovery Teams in Walsall and two in Dudley – so a total of four teams for the Trust. Implementation will be phased and the teams are not expected to be fully operational until 2012/13. Whilst the teams will initially continue to operate on a 9-5 basis, there will be a move to more flexible working at a later date to offer clients choice and flexibility. We are currently considering the most effective way of aligning the Community and Recovery Teams to GP practices.

It is planned that this service is set up to start in October with the first phase bringing together adult CMHTs and Assertive Outreach and Rehabilitation Teams.

The Community and Recovery Service will be multi disciplinary with the skill mix including psychiatrists, psychologists, nurses, social workers, occupational therapists, CBT Therapists and STR Workers (Support, Time and Recovery Workers).

The role of the care co-ordinator will also be clearly defined and a specific number of care co-ordinators will be allocated to each team. Each team will also have a Reablement Officer who will have responsibility for adult service users in nursing and residential placements. Each Officer will actively work with the placements to ensure outcomes are being met and clients recovered back to local services.

Whilst all staff within this service are expected to work within a recovery approach, there will be a small number of staff who will have smaller caseloads and work with clients who are difficult to engage and are on care cluster 17 and continued flexible working for this client group will be required.

In summary the 9 existing Community Mental Health Teams (5 in Dudley and 4 in Walsall) and two Assertive Outreach Teams (1 in each borough) will come together to form 2 Early Access Team (1 per borough) and 4 Community and Recovery Teams (2 each borough). Service Users will continue to be offered services across both boroughs utilising a hub and spoke approach.

6) Transition Team

People experiencing mental health difficulties should be treated in the least restrictive environment with the minimum disruption to their lives. Working within a recovery model should ensure that service users are empowered to take control of their own lives, make choices, return to vocational activities and meaningful employment and be supported by services in order to achieve this. As the Trust moves to this ethos of care within the new model, there remain a considerable number of service users who have been with the trust for long periods of time who may be able to be discharged back to primary care with a supported step down approach.

The Trust will have two Transition Teams, one in Dudley and one in Walsall, who will work with service users for up to six months, facilitating their discharge back to primary care. Each team will have a number of caseworkers who may be nurses, social workers or occupational therapists who will work with service users, carers and primary care staff addressing issues such as benefits, training and development for primary care staff and developing & agreeing discharge management plans.

7.0 Integration of Social Care with Service Transformation

Social care services are also undergoing a transformation process in their own right and it is important to ensure that key elements of the personalisation of social care are incorporated in to the overall mental health services redesign. The overall aim is for people receiving social care services within the community to have greater control over the service they receive and that services are delivered in a way that enables individuals to achieve self determined outcomes. It is particularly important to support people to maximise their independence in the community (sometimes referred to as Reablement or the Recovery Model) and that safeguarding issues are addressed appropriately.

Further work will be carried out in partnership between the Trust and the Local Authorities to address these issues.

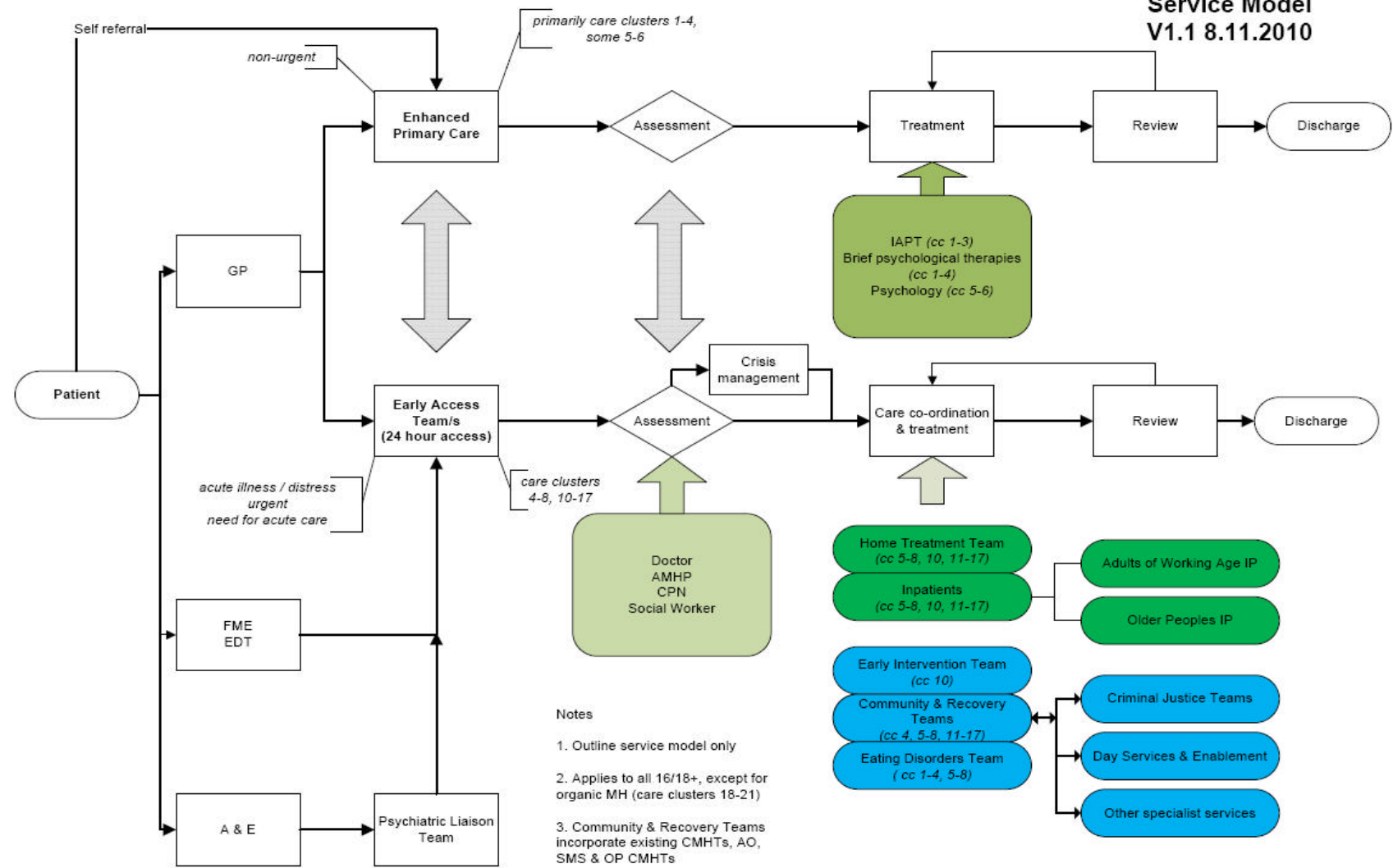
8.0 Consultation

The Trust, in partnership with both Walsall Council and Dudley Council, are currently consulting with staff affected by change in year 1. Appointments of Team Manager and Clinical Lead posts are expected to be made in September.

9.0 Recommendation

The Committee is asked to receive this report for information and assurance.

Service Model V1.1 8.11.2010



- Notes
1. Outline service model only
 2. Applies to all 16/18+, except for organic MH (care clusters 18-21)
 3. Community & Recovery Teams incorporate existing CMHTs, AO, SMS & OP CMHTs

Appendix 2

3 year implementation plan

	2011/12	2012/13	2013/14
Early Intervention Services	Early Access Team		CAHMS
			Borderline Personality Disorder
Community Services	CART Phase 1 - Adult CMHT, AOT		
	Transition Team		
	Enhanced Primary Care		
Recovery Services		Rehabilitation Beds	Carers Services
		Vocational / Employment & Day Services	Criminal Justice, Domestic Abuse, Rape Counselling
Acute Services	Psychiatric Liaison	Adult Inpatient	
		Home Treatment	
		DOLS, ECT, MHA Admin, Bank Office, Place of Safety	
Older Adult Services	Memory Service	EAT & CART Phase 2 - Older Persons Functional & SMS	Dementia Services

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