

London Borough of Hammersmith & Fulham

Report to: Health and Social Care Policy & Accountability Committee

Date: 10/09/2020

Subject: Community Transformation – Mental Health Integrated Network Team”.

Report of: Jo Baty, Assistant Director Mental Health, Learning Disability and Provided Services

Responsible Director: Lisa Redfern

Summary

This report provides more detailed background as to the development of the Mental Health Integrated Network Teams (MINT) across Hammersmith & Fulham.

The report contains the detail held with the staff consultation document “Development of Mental health Integrated Network Teams (MINT)” and follows up from workshops in each borough that ran before March 2020.

West London Trust are aware that there has been a gap in engagement events due to the significant disruption that the Covid-19 pandemic has caused. To this end, the joint presentation of the update from West London Trust, the Clinical Commissioning Group and Hammersmith and Fulham Council represents the commitment to collaboration and co-production going forward.

Recommendations

For the Committee to note and comment on the report.

Wards Affected: All

H&F Values

Please state how the subject of the report relates to our values – delete those values which are not appropriate

Our Values	Summary of how this report aligns to the H&F Priorities
<ul style="list-style-type: none">Creating a compassionate council	Better supporting our residents with a wide range of mental health needs in securing the support they need be it from statutory services or from voluntary and community sector partners

<ul style="list-style-type: none"> • Doing things with local residents, not to them 	Co-producing the pathways of support with our residents – being an accessible and easy to navigate mental health partnership
<ul style="list-style-type: none"> • Taking pride in H&F 	Ensuring that Hammersmith and Fulham have both reputationally and in practice a caring and supportive partnership in mental health service delivery.

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Background Papers Used in Preparing This Report

Development of Mental health Integrated Network Teams (MINT): An informal consultation August 2020

1. Background

In January 2019, NHS England (NHSE) published the Long-Term Plan (LTP), which highlighted the need to change the way in which community mental health services are delivered. In September 2019, a more formal structure around how to implement this was published. NHS England’s Community Mental Health Framework (CMHF) outlined plans to radically transform community mental health services and presented the rationale for these changes as follows:

- Community mental health services have long played a crucial yet under-recognised role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities since the establishment of generic community mental health teams (CMHTs) for adults 30 years ago. However, the model of care is now in need of fundamental transformation and modernisation.
- This framework provides a historic opportunity to address this gap and achieve radical change in the design of community mental health care by moving away from siloed, hard-to-reach services towards joined-up care and whole population management approaches, and establishing a revitalised purpose and identity for community mental health services. One of the LTP’s key objectives is to develop “new and integrated models of primary and community mental health care [which] will support adults and older adults with severe mental illnesses”. It supports the development of place based and personalised community mental health services wrapped around the Primary Care Networks (PCNs), and outlines how these developments will help to improving care for people with severe mental illnesses.
- The NHS Mental Health Implementation Plan 2019/20 – 2023/24 describes the ambition as: “a new community-based offer [that] will include access to

psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use... and proactive work to address racial disparities.”

- It continues that local areas will be: “supported to redesign and reorganise core community mental health teams to move towards a new place-based, multi-disciplinary service across health and social care aligned with PCNs.”
- The CMHF sets out how the vision for a new place-based community mental health model can be realised, and how we can modernise community mental health services to shift to whole person, whole population health approaches. The framework places a renewed focus on people living in their communities with a range of long-term severe mental illnesses, and a new focus on people whose needs are deemed too severe for Improving Access to Psychological Therapies (IAPT) services, but not severe enough to meet secondary care “thresholds”, including, for example, eating disorders and complex mental health difficulties associated with a diagnosis of “personality disorder”.
- The framework aims to ensure that the provision of NICE-recommended psychological therapies is seen as critical in ensuring that adults and older adults with severe mental illnesses can access evidence-based care in a timely manner within this new community-based mental health offer, to give them the best chance to get better and to stay well – as service users have so often told us they would like

1. The context

The CMHF highlighted that mental health care delivery should focus on supporting the person with the community at the centre of their care. It suggested that the vehicle for service delivery should sit at a place base ideally within their PCNs - a group of GPs typically covering 30,000 to 50,000 patients – with PCNs becoming a key structure for place-based support, care and treatment. The CMHF proposes to achieve this by developing new and integrated models of primary and community mental health care which will support adults and older adults with severe mental illnesses. This means re-modelling services with a renewed focus on working with people with a range of mental health difficulties and ensuring that these services sit at the core of local communities. on how they might transform current mental health services in line with the CMHF.

2. Mental health Integrated Network Teams (MINT) - overview

West London NHS Trust was successful in its bid (via North West London ICS) to become an ‘Early Implementer’ site, so we have begun working closely with the 18 PCNs that span across Hammersmith & Fulham (and Ealing & Hounslow) boroughs to roll out our model aligned to the CMHF. The proposed model is called Mental health Integrated Network Teams (MINT). The focus on intervention-based support will include an expanded provision of psychology and occupational therapy, together with community link workers and Peer support workers. This service will have an inclusive ethos and support a ‘no wrong door’. Working closely with PCNs will enable MINT teams to better address unmet need and support communities to stay well. Previously, services have had different access routes for people with different

problems or with a different level of need, but we hope to make services more accessible by focusing on providing speedy access to a range of interventions. This means that we will be looking at all the community resources available, including health, social care, VCSE (Voluntary, Community and Social Enterprise) organisations and local communities (building on, for instance, the volunteering infrastructure developed during Covid with the Community Aid Network and the Mutual Aid Groups) and considering what resources will support people's wellbeing outside of mental health services, rather than focusing narrowly on only what the NHS provides.

To launch the MINT service, we are proposing to redesign our services so that we can offer integrated mental health care based alongside and working closely with PCNs. This will require a merging of the resources of both secondary and primary care mental health services which, alongside the new resources sought as part of the bid, will then be divided according to weighted population to best serve the population aligned to each of the PCNs.

3. Hammersmith and Fulham MINT Teams

The proposal is to create 3 MINT teams in Hammersmith and Fulham which will wrap around the 3 localities. These locality groupings are based on natural groupings of PCNs (around which other care providers such as community health are also aligning). Each of the 3 MINT teams will have a team manager. The MINT Teams for Hammersmith and Fulham will be focused around North PCN; H&F Central and Partnership PCN and South PCN. It should be noted that the majority of patients registered with Babylon or GP@Hand are residents outside of Hammersmith & Fulham and are out of scope for this work as per the discussions with local commissioners.

4. The MINT model

Whilst our first step is to align our staff to place based way of working, it is worth noting that work on developing the MINT model of care is only just beginning and will involve many engagement events, both internally and with a wide range of external stakeholders over several months. Throughout this process staff will be informed and able to contribute to the development of the model. Some of the ideas and opportunities which are likely to feature in the model are:

- An increased front door function with a faster route to treatment
- An increased availability of psychological, occupational, vocational, social and wellbeing interventions, many of which will involve group participation
- Increased development opportunities for staff to develop brief therapy skills and experience
- Work across the spectrum of those referred to services with all staff able to work with those needing a lighter touch and those needing more multi-disciplinary and intensive support
- Increased focus on strengths-based work and goal attainment
- Increased focus on enabling clients to engage with their communities, preventing service dependencies
- Increased working with a wide range of external VCSE organisations and with the CAN and the MAG's – embedding 'compassionate communities'

5. Funding

The NHS Long Term Plan (LTP) recognises that community mental health services across the country have not been invested into for decades. Whilst the transformation funding secured last year allows us to pilot the new MINT model, we are conscious that for us to be able to deliver the LTP ambitions we need sustained investment. It is worth noting that the LTP stipulates further funding coming into community mental health services over next three years to ensure that areas are able to realise the vision set out in the CMHF fully.

List of Appendices:

Appendix 1 - "Stocktake – Community Mental Health Transformation – MINT July 2020"