

London Borough of Hammersmith & Fulham

Report to: Health Inclusion and Social Care Policy & Accountability Committee

Date: 10 November 2021

Subject: Mental Health Services Update

Report of: Dr Christopher Hilton, Executive Director of Local Services
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West London NHS Trust

Responsible Director: Dr Christopher Hilton

Summary

This report aims to provide members with insight into the range of available mental health services delivered for Hammersmith and Fulham residents and to improve opportunities to understand care pathways, and to provide a snapshot referral demand and service challenges.

Recommendations

For the Committee to note and comment.

Wards Affected: All

H&F Values

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 residents with a wide range of mental health needs to receive timely and effective support

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Background Papers Used in Preparing This Report

The attached Appendices of performance and activity information has been prepared at the request of the Committee Chair by the Business Intelligence Team in West London NHS Trust, and will be referred to in the report.

1. Background

- 1.1 West London NHS Trust is the main NHS provider of mental health services in Hammersmith and Fulham, working closely with Hammersmith and Fulham Council and other partners in the Hammersmith and Fulham Integrated Care Partnership.
- 1.2 West London NHS Trust is one of the most diverse healthcare providers in the UK and delivers a range of mental health, physical healthcare and community services for children, adults and older people living in the London boroughs of Ealing, Hammersmith and Fulham, and Hounslow. The Trust also provides a number of regionally and nationally commissioned specialist and forensic mental health services. The Trust serves a local population of 800,000 residents and employs 3,982 staff.
- 1.3 Local and Specialist Services are organised into clinical service lines, each overseen by a clinical director:
 - Child and adolescent mental health services
 - Psychological medicine services, including psychological therapies (Back on Track)
 - Acute mental health services (including the Single Point of Access, Crisis Teams and Inpatient mental health services)
 - Community and recovery mental health services
 - Older people's mental health services (both inpatient and community)
 - Integrated care services
- 1.4 This report examines services from our service lines, in respect of healthcare provided to citizens in Hammersmith and Fulham, with the exception of:
 - a. Community and recovery mental health services for adult patients and older persons mental health care – this is because a separate report is planned for a future meeting into the transformation of mental health services into Mental Health Integrated Network Teams (MINT) in line with the NHS Community Mental Health Framework for Adults and Older Adults.
 - b. Integrated care services – this is because this service line primarily provides physical healthcare (for example our Community Independence Service in Hammersmith and Fulham) and is out of scope for this report.
- 1.5 The aim is to provide members with insight into the range of available services delivered and to improve opportunities to understand care pathways, and to provide a snapshot referral demand and service challenges.
- 1.6 The Committee chair invited focus on a range of areas and this report seeks to respond to the following areas of inquiry:
 - Information about numbers of people accessing mental health services, categorised by demography e.g.: ethnicity, locality, gender, age
 - Demand for mental health provision post-Covid, including which services have seen particular increases, what the capacity has been

for meeting the demand and any barriers to people accessing services

- Sources of information available to patients in terms of signposting services and access points
- How demand is measured
- Any increased demand for mental health crisis services
- Plans to manage and predict future demand, and short-term actions to meet demand and plan resource requirements for the future
- The impact of the introduction of the North West London Integrated Care System in 2022 upon service operations and where mental health services sit within the framework of the ICS.

2. **Demographics**

- 2.1 The information contained in the appendix section 1, illustrates the demographic profile of patients accessing IAPT ([Back on Track](#)), Crisis Care, Older People's Care and CAMHS services.
- 2.2 The Trust is undertaking a range of initiatives to compare the demography of individuals accessing our services to the demography of the local population, and to modify our services better to meet the needs of local communities. The Ethnicity and Mental Health Improvement Project is one example of this, and our increasing partnership with voluntary sector and community organisations with whom we work jointly to improve our reach.

3. **Child and adolescent mental health services**

- 3.1 We provide mental health care for children and young people in Hammersmith and Fulham. To note that neurodevelopmental diagnostic pathways (e.g. for Autism) do not sit with the Trust, these are delivered locally by Chelsea and Westminster Hospital NHS Foundation Trust through the Cheyne Child Development Centre.
- 3.2 The data in the appendix section 2 show referrals went down by 16% last year (during Covid) but demand has risen by 30% this year.
- 3.3 Demand has increased overall, and the services also observe a greater degree of clinical complexity in referrals received.
- 3.4 Demand has increased across all pathways in CAMHS, except for Tier 2 which remains in line with previous years (fairly consistently). Two years ago, the CAMHS Outpatients Team divided into two areas of Specialist CAMHS (Children and Families Team and the Adolescent Team), which explains the changes in reporting between 2019 and 2020.
- 3.5 The Mental Health team for children with neurodevelopmental needs, has seen largest growth, related to co-morbid mental health needs associated with autism, ADHD and Tic Disorders.
- 3.6 Capacity has remained largely the same – but NHS England Long Term Plan and reinvestment from our leadership of the specialist commissioning Provider Collaborative this year means more staff are being employed.

- 3.7 Recruitment remains a challenge across CAMHS nationally, however, and we are struggling to fill the number of new posts we have available (the position is similar in neighbouring Trusts and across London). However, we continue to meet waiting time targets.
- 3.8 In Alliance (our home treatment team) this is 7 days – most are seen well within this.
- 3.9 For other teams the target is 18 weeks to second appointment (126 days) and we are meeting this at <70 days.
- 3.10 Covid-19 restrictions meant a shift to offering an increased range of work digitally during the pandemic, and for many pathways this has remained in place. This is not the best option for all, and where indicated face to face has always been offered. Some families prefer digital, but issues like digital poverty and literacy and socio-economic differences have become more evident as a result of the pandemic.
- 3.11 The majority of young people accessing CAMHS in H&F come from ‘other’ heritage, with the second being white British. We are actively engaging with local communities (e.g. local Somali community recently to increase understanding of CAMHS).
- 3.12 We have information coproduced with young people on our Trust website and engage with local referrers, through GP forums.
- 3.13 We have written to all school head teachers reminding them of the CAMHS offer.
- 3.14 A new Crisis Helpline “Speak CAMHS” (0800 328 4444 – option 2) has been developed and is widely advertised including to all schools, primary care and MPs.
- 3.15 CAMHS accept referrals from any professional involved with a young person, not just GPs or schools.

Recent key developments:

- Speak CAMHS Helpline launched. Named in collaboration with service users.
- Engagement with local communities – e.g. Somali Community Links, Tier 2 Manager interviewed on a podcast for local youth group
- “Best for You” project launched – we are working with CW+ charity to develop expanded digital service for children’s mental health and wellbeing including early help, and access for professionals to a curated library of health and wellbeing apps
- The Trust successfully took on the Lead Provider role for the North West London Tier 4 CAMHS Provider Collaborative in October last year – this successfully delivered an expansion in Crisis and Eating Disorders services, led to the development for the first time of specialist inpatient services in North West London (adjacent to Chelsea and Westminster Hospital) we are seeking further to expand the bed base for the NWL sector.

4. Psychological medicine services (Back on Track)

- 4.1 The data in the appendix section 3 show that after a significant drop in demand during Wave 1 of the pandemic the service has seen sustained increase in demand and is now at the highest levels the service has ever experienced.
- 4.2 This is believed to be primarily due to a backlog of demand from 2020/21 when many people did not access healthcare due to the Covid pandemic. From Feb – June 2020 our rates of referral fell significantly, for many different reasons, including some people managing without help because they didn't want to burden the NHS or were too anxious about Covid or couldn't prioritise their own mental health with everything else happening. Some of these individuals are now coming forward to seek help, once society began to reopen and vaccinations were available. It also coincided with more people returning to work in person – and that has been a trigger for some to seek help (e.g. agoraphobia, social anxiety getting worse with the move to greater social interactions).
- 4.3 **Capacity:** The increase in demand has coincided with planned expansion. The service currently has commissioned capacity for approximately 750 referrals per month and from Jan 2022 onwards they are due to expand and will have capacity for 850 referrals per month. Currently referral rates are 900-1000 per month so even after the next step of expansion if referrals continue at current rates demand will continue to outstrip the commissioned service capacity. At the moment this is most evident with increasing waiting times for treatment, particularly for longer-term treatments at Step 3.
- 4.4 **Additional expansion of the service is required in 2022/23 in order to align with NHS England (Five Year Forward View) trajectories** but dates for this have not yet been agreed by NWLCCG.
- 4.5 There are also some recent concerns about recruiting to all of the new posts due to start in Jan 2022, but the service is working with our recruitment teams and sub-contracted partner services in order to manage this.
- 4.6 **Barriers:** There are a number of barriers that the service has identified: stigma associated with seeking psychological treatment (particularly in specific communities including some BAME groups), reluctance to burden the NHS during the Covid pandemic, tendency to 'live with' mild to moderate mental health symptoms and only seeking help when they are more severely unwell and may no longer be able to benefit from shorter-term Back on Track interventions. There are also barriers created due to current IPC rules. The service provides telephone, video or face-to-face appointments. But for face-to-face treatment both service user and therapist must wear a face mask. Many service users find this a barrier to therapy and this has led to large numbers choosing virtual appointments.
- 4.7 **Sources of information:** There has been a NWL-wide communications campaign (nhsTalk2us.org) to increase knowledge of IAPT services following drops in referrals during the pandemic. This has included production of leaflets, posters, a website and social media campaigns. Back on Track accepts self-referrals and can be contacted by telephone or via an online form. GPs and all



other medical and social care professionals can make referrals to the service via online referral forms.

- 4.8 **Service pathway and patterns of referrals:** Over the past few years the number of people self-referring to the service has increased as a proportion of total referrals.
- 4.9 Currently 76% of all referrals are self-referrals and 16% of referrals originate from GPs.
- 4.10 The remainder originate from a large variety of services (e.g. respiratory team, health visitor, pain/MSK service, social prescriber link workers, maternity services, post-Covid assessment clinics) as well as other mental health services.
- 4.11 The increase in self-referrals has been extremely beneficial to allow rapid access and reduce barriers to access psychological therapy. It does make it harder to interpret patterns of referrals because the figures are dominated by self-referrals and referrals originate from such a wide range of services.

5. **Acute mental health services – single point of access**

- 5.1 The West London NHS Trust's mental health Single Point of Access (SPA) (**0800 328 4444**) provides 24/7/365 access to mental health advice and support for patients, carers and professionals.
- 5.2 The aim of the service is to provide and co-ordinate a rapid response for people in crisis or with an urgent need of help, deliver earlier intervention, and improve the access to and response of secondary mental health care for local people.
- 5.3 Where a patient needs secondary adult mental health services, the SPA accesses the local Crisis, Assessment & Treatment team for any case that requires a response within 24 hours. For those people who require a routine 28-day assessment the SPA will make a referral to the appropriate team. It provides advice, signposting and short-term telephone support where on-going input from secondary mental health service is not required.
- 5.4 As the data in the appendix section 4 show, the Single Point of Access Service (SPA) has had a significant increase in the number of calls from Hammersmith and Fulham residents in the last 18 months and we certainly saw a peak during Covid lockdown and post lockdown. From the current projections, there is a further expected increase in calls into SPA given the need for mental health provision post Covid. The service has also seen an upward trend in the number of referrals received through the SPA route.
- 5.5 **Performance:** There is an expectation that calls are answered in 30 seconds. All callers to the SPA, who are not answered within 30 seconds, have the option of using a call-back facility
- 5.6 During the Covid pandemic, we increased our complement of Mental Health Advisors and Band 6 and 7 clinicians by 5 staff per day to meet the additional demand and improve response time.

5.7 As of the month of September 2021, we were at 66% calls answered within 30 seconds and at 90% on the number of answered calls successfully before the caller abandoned the call.

5.8 This KPI has been impacted on the complexity of calls we get through our Crisis line, which would then require a Mental Health Advisor to spend more time on the phone while supporting a service user in crisis.

6. **Acute mental health services – crisis assessment and treatment teams, and inpatient care**

6.1 The crisis assessment and treatment team (CATT) provides rapid interventions for individuals in mental health crisis, including those with suicidal thoughts and plans, within 4 – 24 hours of referral, and supports individuals at home through regular visits and contacts as an alternative to admission to inpatient psychiatric care. It is nationally agreed best practice that treatment at home is considered before any admission is arranged to a psychiatric bed – a process known as “gatekeeping”.

6.2 The H&F CATT has experienced a 15% increase of referrals within the last 18 months. The data provided in the appendix, section 5, show the timing of this increase appears to be in line with the end of the first and second Covid waves. Our hypothesis is that during the lockdown periods there was a reduction in informal and professional community support, and this may have impacted upon need for crisis interventions.

6.3 The team recruited additional temporary staff to meet increased demands. Capacity has also been created through transfer of some lower urgency activity into our MINT teams to release capacity to meet urgent care demand.

6.4 The team reflected that some barriers to accessing crisis care relate to Covid-related changes to Emergency Pathways with individuals discouraged from accessing over-burdened urgent care pathways. This may have contributed to mental health patients not accessing help and support in a timely manner.

6.5 The team also observed that patients with no fixed abode have historically experienced delays access to timely support, although recent targeted investment in Rough Sleepers Mental Health teams has sought to address this.

6.6 Crisis mental health pathways are also reliant upon close collaboration with Local Authority staff, and pressures upon out of hours’ social services / Emergency Duty Team / Approved Mental Health Professionals can contribute to delays in assessments or access to services.

6.7 The H&F Partnership Primary Care Network is the highest user of H&F CATT, and the ethnic group with the highest number of presentations is White British in comparison to Black and Asian and other groups. Patients aged between 25 and 49 years have the highest number of referrals to CATT.

6.8 West London NHS Trust has 82 beds for adults (general and psychiatric intensive care) and older adults in the mental health unit co-located with Charing Cross Hospital, and operates the overall bed base of over two local mental hundred beds, and our 17 bedded Recovery House in Ealing, across a

three borough footprint to provide flexibility to ensure patients are admitted within the local system where required. This has supported the trust to have no unwarranted out of area admissions for over two years, even when wards were closed to admissions due to Covid-outbreaks at the height of the pandemic.

- 6.9 The data in the appendix, section 6, show steady demand for acute psychiatric beds for Hammersmith and Fulham residents, but periods of high rates of delayed discharges (DTOCs) attributable to health and social care. The Trust is seeking to work closely with the Local Authority partners to address pathway delays.

Recent key developments:

- 6.10 The Trust has partnered with [Hammersmith, Fulham, Ealing and Hounslow Mind to provide a Safe Space](#) for local people in Hammersmith and Fulham, The service provides a safe and more appropriate alternative to Accident and Emergency departments for people who are in or near mental health crisis. Trained staff are available to provide support and advice in an informal setting at 309 Lillie Road.
- 6.11 The service is available to anyone over the age of 18 years who lives in or is registered with a GP within Hammersmith and Fulham (similar services are also available in Ealing and Hounslow). They can self-refer, call or email to book an appointment or to get advice or they can drop-in.

7. The impact of the introduction of the North West London Integrated Care System in 2022 upon service operations and where mental health services sit within the framework of the ICS.

- 7.1 Subject to legislation, the North West London Clinical Commissioning Group is expected to be replaced in April 2022 by the North West London Integrated Care System (comprising an Integrated Care Board (ICB), and an Integrated Care Partnership (ICP)) gaining statutory status.
- 7.2 A number of additional partnership and delivery structures will operate within the ICS at a system, place and neighbourhood level.
- 7.3 Within ICSs, NHS providers are also expected to work together at scale through Provider Collaboratives.
- 7.4 West London NHS Trust is working in partnership with Central and North West London NHS Foundation Trust (CNWL) in an emerging **Mental Health, Learning Disabilities and Autism Provider Collaborative**.
- 7.5 The two Trusts have numerous examples of partnership working across North West London to improve mental health services, and over the last 18 months developed a joint Partnership Programme to oversee, in shadow form, mental healthcare purchased outside of the two organisations. The primary aim of this is to improve links for patients placed outside of the local system (particularly in relation to long term and complex mental health care needs, for example for mental health rehabilitation) with local services, and to ensure that every opportunity is taken to offer care closer to home and that expensive placements are reviewed regularly.

- 7.6 NHS Mental Health Services across North West London are overseen by a Mental Health, Learning Disabilities and Autism Board, which has a number of experts-by-experience, representatives of local authorities and primary care within its membership.
- 7.7 At borough level, the Trust is a member of the **place-based partnership in Hammersmith and Fulham**, and in future it is anticipated that this ICP will continue to oversee local commissioning of voluntary sector activity, joint work with Local Authorities, and under the oversight of the Health and Wellbeing Board, and ensuring local mental health and community services work alongside primary and social care to meet the needs of the local population.
8. The Committee is invited to note and comment upon the report.

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List of Appendices:

1. Data pack