# LONDON BOROUGH OF HAMMERSMITH & FULHAM

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

**Date:** 26 January 2022

**Subject:** Mental Health Integrated Network Teams

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## SUMMARY

This report aims provides members with information about recent changes to community mental health services delivered for Hammersmith and Fulham residents, including the background to the changes, strategic, financial and operational information

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## RECOMMENDATIONS

1. For the Committee to note and comment on the report.

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**Wards Affected:** ALL

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| Our Values | Summary of how this report aligns to the H&F Values |
|---|---|
| Building shared prosperity | Better supporting residents with a wide range of mental health needs to receive timely and effective support |
| Doing things with local residents, not to them | Involvement of local residents in mental health services transformation |

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## Contact Officers

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The relevant council officers are:
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# Mental Health Integrated Network Teams (MINT) in Hammersmith and Fulham

Health Inclusion and Social Care
Policy & Accountability Committee – January 2022

Dr Christopher Hilton – Executive Director of Local Services

Promoting hope & wellbeing **together**

# Outline

NHS
West London
NHS Trust

1. Background to MINT and the Community Mental Health Framework for Adults and Older Adults
2. Operational role and structure of MINT
3. MINT services and pathways
4. Baseline understanding of demand and provision
5. Epidemiology of mental health demand
6. Interfaces with VCSE and Local Authority
7. Positive examples
8. Coproduction
9. Finances and Investment

# 1.1 Background to MINT

West London NHS Trust (WLT) provides a range of community and mental health services in Hammersmith and Fulham.

Some are specialist or national services (eg forensic mental health), however the majority are commissioned for local people and organised within our Local and Specialist Services Clinical Service Unit into six clinical service lines, each led by a Clinical Director:

- Child and adolescent mental health services
- Psychological medicine services for adults (eg IAPT and Liaison Psychiatry)
- Acute mental health services for adults (eg home based crisis care and inpatient wards)
- Community and recovery mental health services for adults (primarily MINT, but also some specialist pathways eg Early Intervention in Psychosis)
- Older persons' mental health services
- Integrated community health services (eg Community Independence Service)

To note, in Hammersmith and Fulham, WLT is not the commissioned provider of services for adults with neurodevelopmental disorders or learning disability.

At the request of the Committee, this presentation focuses only on MINT, part of our adult community and recovery mental health service line, and not on other mental health pathways.

Prior to 2021, in Hammersmith and Fulham, the functions that now form MINT were organised differently across 4 borough-wide teams:

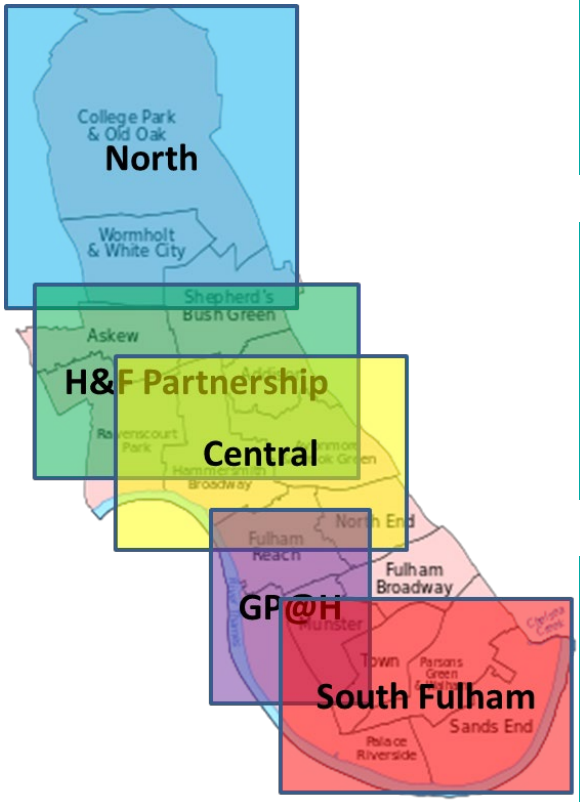
- Non-urgent work within a 3-borough Mental Health Single Point of Access (providing advice and navigation)
- One small Primary care mental health team supporting primary care practices and individuals discharged from secondary care
- One Assessment Service (Tier 2 Crisis and Assessment Team)
- One Treatment and Recovery Team based in the Claybrook Centre

All of these functions continue to exist and have been augmented, but are now re-organised into three Mental health Integrated Network Teams:

- North – supporting the North H&F PCN
- Central – supporting HF Partnership PCN and H&F Central PCN
- South – Supporting South Fulham PCN and Babylon GP@Hand

# 1.2 PCNs

NHS West London NHS Trust




MINT North

MINT Central

MINT South

| Network | Key | Code | Practice | Raw list size | Weighted list size |
|---|---|---|---|---|---|
| North H&F PCN | 1a | Y02589 | H&F Centres for Health (Hammersmith) | 8,706 | 7,733 |
| | 1b | Y02589 | H&F Centres for Health (Charing Cross) | | |
| | 2 | E85005 | Westway Surgery (Dr Dasgupta & Partner) | 3,462 | 3,460 |
| | 3 | E85048 | Parkview Practice, Drs Canisius & Hasan | 7,099 | 6,828 |
| | 4 | Y02906 | Canberra Old Oak Surgery | 6,396 | 6,025 |
| | 5 | E85624 | Dr Uppal & Partners, Parkview | 6,853 | 7,314 |
| | 6 | E85659 | Dr Kukar, Parkview | 1,851 | 1,724 |
| | 7 | E85748 | The Medical Centre (Dr Kukar) | 6,707 | 5,536 |
| | 8 | E85042 | The New Surgery | 5,437 | 5,226 |
| | 9 | E85077 | Shepherd's Bush Medical Centre | 3,473 | 3,497 |
| | | | **Total** | **49,984** | **47,343** |
| HF Partnership | 10 | E85636 | Park Medical Centre | 10,005 | 9,648 |
| | 11 | E85016 | Richford Gate Medical Centre | 10,607 | 10,783 |
| | 12 | E85055 | The Bush Doctors | 12,394 | 11,783 |
| | 13 | E85020 | Brook Green Medical Centre | 14,566 | 13,880 |
| | 14 | E85003 | North End Medical Centre | 19,515 | 17,027 |
| | | | **Total** | **67,087** | **63,121** |
| H&F Central PCN | 15 | E85032 | Ashchurch Surgery | 4,994 | 5,055 |
| | 16 | E85125 | Sterndale Surgery | 4,673 | 4,236 |
| | 17 | E85074 | Brook Green Surgery | 4,869 | 4,370 |
| | 18 | E85033 | Hammersmith Surgery | 10,641 | 10,348 |
| | 19 | E85008 | North Fulham Surgery | 7,882 | 8,109 |
| | | | **Total** | **33,059** | **32,118** |
| Babylon GP at Hand | 20 | E85029 | Dr Jefferies & Partners | 13,600 | 11,747 |
| | 21 | E85124 | Babylon GP at Hand | 41,969 | 40,059 |
| | | | **Total** | **55,569** | **51,806** |
| South Fulham PCN | 22 | E85649 | Fulham Cross Medical Centre | 2,950 | 2,581 |
| | 23 | E85672 | Salisbury Surgery | 1,180 | 1,184 |
| | 24 | E85038 | Palace Surgery | 5,272 | 4,533 |
| | 25 | E85025 | Cassidy Medical Centre | 6,689 | 6,099 |
| | 26 | E85685 | Lillyville Surgery | 8,694 | 7,981 |
| | 27 | E85719 | Ashville Surgery | 12,018 | 10,048 |
| | 28 | E85118 | Fulham Medical Centre | 6,956 | 6,311 |
| | 29 | E85128 | Sands End Health Clinic | 12,252 | 11,443 |
| | | | **Total** | **56,011** | **50,179** |
| | | | | **261,710** | **244,568** |

# 1.3 Background to MINT

NHS West London NHS Trust

The NHS Long Term Plan included an ambition that NHS providers would address health inequalities and improve productivity by transforming community mental health services, integrating care at a local level by:

- Returning to "place based care" with staff and services aligned to Primary Care Networks (collection of GP practices collaborating)
- Integrate vertically – blurring the boundary between primary and secondary care making it easier to access specialist advice, and also for patients in recovery be supported in the most appropriate / lowest intensity setting
- Integrate horizontally – network with other relevant providers – eg: IAPT, 3rd sector, local authorities
- Broaden the MDT to include more psychological therapists, social prescribers / link workers and peer support to address workforce challenges and ensure that all clinicians were working at the 'top of their license'
- Establish specialist functions for people with complex emotional needs, rehabilitation, eating disorders, older people with mental health needs and to improve transitions from children's to adult mental health services (16-25).


These principles were outlined in a national specification the Community Mental Health Framework for Adults and Older Adults, prepared by NHS England and NHS Improvement and the National Collaborating Central for Mental Health.

North West London, including West London NHS Trust, were selected to be early adopters of the new model and received additional investment. Most other mental health providers are now following.

In West London NHS Trust, the new model was named "MINT" – the "Mental health Integrated Network Team".

Information for residents has been collated on WLT's website https://www.westlondon.nhs.uk/MINT and available also in paper and electronic leaflet format and in various languages upon request


**MINT evolution over years**

**September 2019:** NHS England publishes the Community Mental Health Framework.

**September 2019 onwards:** West London NHS Trust begins developing the local delivery framework for MINT.

**Throughout 2020:** MINT model developed. Community-based locality team structures established.

**Throughout 2021:** Embed the core MINT model. Expand specialist areas and partnerships.

**MINT in practice: Test, Learn, Refine**

**By March 2024:** Community mental health services reflect the ambitions of the Community Mental Health Framework.

# 2.1 Operational role and structure

MINT provides advice and care for any resident of Hammersmith and Fulham who has mental health needs.

This may include:

- Advice and guidance for patients, GPs, or other health or care professionals

- Signposting to information or other sources of support including other West London NHS Trust services (eg Back on Tract / IAPT or the Recovery College), VCSE services, or Local Authority support

- Brief consultation and treatment, including a range of individual and group-based interventions eg:
    - Link worker
    - Peer support
    - Vocational Recovery Service (Richmond Fellowship)
    - Brief Occupational Therapy
    - Brief psychological interventions
    - Extended MINT practitioner engagement
    - One off medical review

- Care and interventions for those with complex mental health needs – including longer term routine follow-up and urgent support to prevention deterioration
    - General psychiatric care
    - Complex occupational therapy
    - Complex psychological / psychotherapeutic treatment

- For some patients with complex or urgent mental health needs they may be referred on to specialist pathways eg:
    - Eating disorders
    - Early intervention in psychosis
    - Psychotherapy
    - Crisis assessment and treatment teams – for those patients in crisis at risk of imminent hospitalisation

Each MINT team has the following structures to support the management of the caseload:

- Daily meeting – led by team manager plus psychiatrist: reviews referrals and any contacts requiring an urgent response. Attended by members of the multidisciplinary team

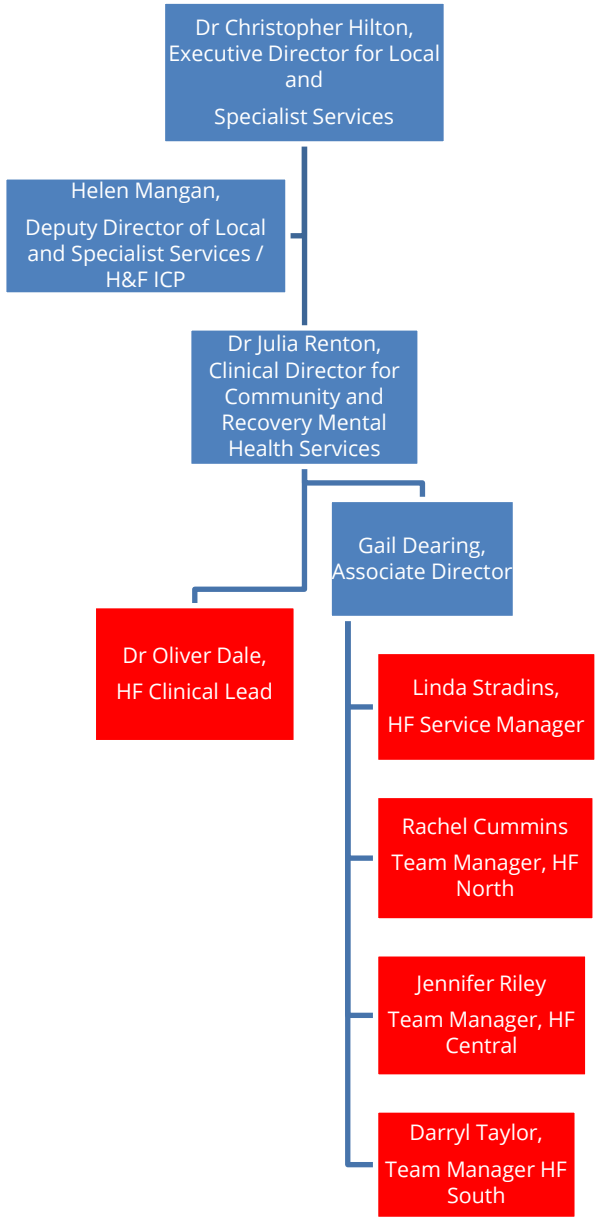
- Network meeting – a weekly meeting at which GPs, other mental health teams eg IAPT discuss shared cases, referrals and complex issues. This aims to be a shared care space to enhance communication and improve management of patients with complex needs

- Complex care meeting – weekly meeting attended by representatives from the local authority

Team Hammersmith and Fulham MINT teams comprise the following WLT employed staff (LBE employed social workers are additional):

| Borough | Role | Budgeted | In Post | Vacancy |
|---|---|---|---|---|
| Trustwide (share) | Management | 1 | 1 | 0 |
| | Nursing | 1 | 0 | 1 |
| | Medical | 1 | 0 | 1 |
| | Admin | 0 | 1 | -1 |
| | Healthcare Assistants | 0 | 2 | -2 |
| | Sub Total | 3 | 4 | -1 |
| H&F | Admin | 1 | 0 | 1 |
| | Medical staff | 14.9 | 13.9 | 1 |
| | Clinical Managers | 4.9 | 4 | 0.9 |
| | Psychology | 5 | 2.8 | 2.2 |
| | Dual Diagnosis Worker | 1 | 0.9 | 0.1 |
| | Healthcare Assistants | 2 | 5.9 | -3.9 |
| | Nursing staff | 24.25 | 17.12 | 7.13 |
| | Occupational Therapy | 10 | 6 | 4 |
| | Social Workers (Trust employed) | 2 | 1 | 1 |
| | MH workers in primary care (ARRS) | 5 | 0 | 5 |
| | Sub Total for H&F | 70.05 | 51.62 | 18.43 |
| | **Grand total across 3 boroughs** | **232.85** | **169.19** | **63.66** |

# 2.2 Operational role and structure




The diagram to the left illustrates the management structure within WLT, with the MINT team managers, borough Service Manager and Clinical Lead highlighted in red.

These individuals report into Trust Service Line management structures, through Dr Julia Renton, Clinical Director for Community and Recovery Mental Health Services, who is responsible overall for the clinical and operational delivery of the service.

The named staff members can be contacted by email directly (firstname.surname@westlondon.nhs.uk)

Social Care have separate management arrangements.

# 3 Services and pathways

NHS West London NHS Trust

Patients can access care through discussing with:

- Their GP
- Self referral to Back on Track - IAPT
- Self referral to Single Point of Access
- Self referral to Recovery College (provides psychological education and well being)

These sources, along with other partners in the borough (including the local authority) can refer to MINT
We aim to review the referral with 3 working days and have an initial plan from there
We are aiming to provide an initial contact within 28 days
Our duty team is available to the patient as soon as we have accepted the referral.

| Service Details | Role | Eligibility | Response time |
|---|---|---|---|
| **Trustwide Single Point of Access (SPA)**<br><br>0800 328 4444<br>SPADutyinbox@westlondon.nhs.uk | • 24 hours a day, 7 days a week<br>• Advice and support line for patients, carers & colleagues<br>• Navigation advice for referrers including VCSE / social care<br>• Referral screening and Triage for urgent queries<br>• Provide remote support to LAS/Police on scene<br>• Single Point of Coordination for Health Based Place of Safety (section 136) | Any residents of H&F, Ealing & Hounslow<br><br>Anyone requiring immediate assistance | 0 to 24 hours |
| **H&F Crisis assessment and treatment team**<br><br>Referral via SPA (see above)<br>Direct contact: 020 7386 1146<br>Duty.H&FCatt@westlondon.nhs.uk | • 24 hours a day, 7 days a week<br>• Multidisciplinary team providing intensive support and treatment in the community and patients home<br>• Seeks to prevent imminent psychiatric admissions and offer an alternative to inpatient treatment<br>• Route of access for admission to psychiatric hospital beds | Any H&F Resident Patient, carer or colleague requiring urgent assistance | 4 to 24 hours |
| **MINT Duty**<br><br>0207 386 1275<br>Duty.TreatmentRecovery@westlondon.nhs.uk | • Office hours - 9am to 5pm, Mon to Fri<br>• MDT drawn from the 3 H&F MINTs<br>• Can provide a response on the same day, may include unplanned home visits | For patients currently under the care of MINTs (includes those who have had a clinical triage, but not yet seen) | 1-3 days |
| **MINT**<br><br>0207 386 1275<br>**South**: HFSouthMINT@westlondon.nhs.uk<br>**Central**: HFCentralMINT@westlondon.nhs.uk<br>**North**: HFNorthMINT@westlondon.nhs.uk | • Office hours - 9am to 5pm, Mon to Fri<br>• 3 separate MDTs aligned with GP networks<br>• Provide routine care in the community<br>• Can provide unplanned contacts by allocated workers, including home visits | Any H&F referred resident<br>Allocated workers can respond to urgent requests | 3 – 28 days (Target) |

# 3 Services and pathways

NHS West London NHS Trust

Below is a typical journey and the process we go through to ensure anyone referred to MINT receives the right treatment for them.

## First steps

Most people will access MINT services via their GP. However, some people may be referred to MINT following care from acute mental health services, or by emergency or social care services.

## Initial assessment

Following referral, a member of the local Mental Health Integrated Network Team will be in touch to arrange an initial assessment. This may be over the phone, at a GP's surgery, at another community location or online.
The assessment offers an opportunity to talk through and understand the individual's needs, along with their strengths and goals. Others involved in a person's care, such as a family member or carer, may also be involved in the process.

## Developing a personal care plan

The local MINT will work closely with the individual and others involved in their care to develop a personal care plan. This will be shared with their GP. There may also be a medication review.

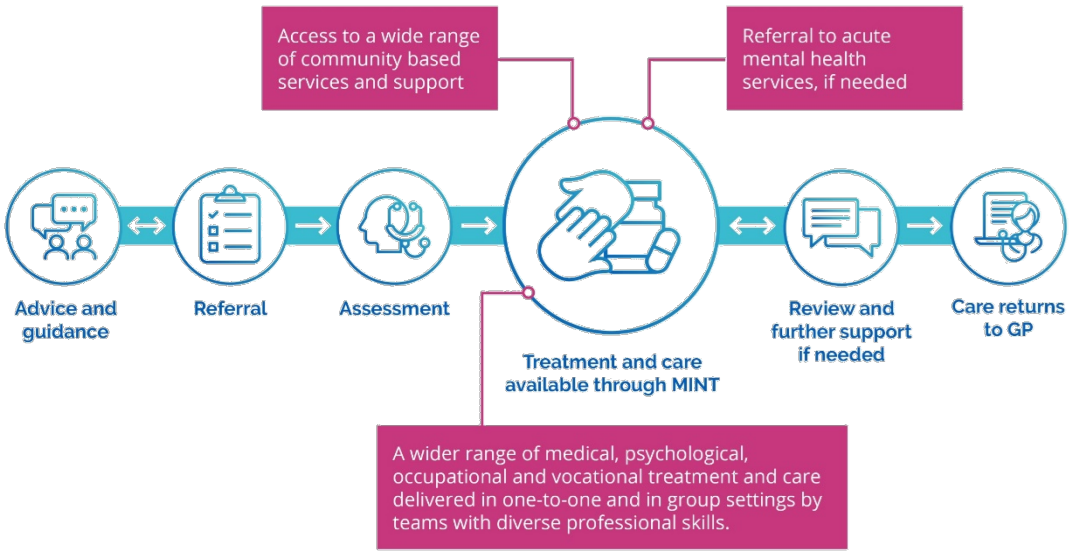
For people with more complex needs, the MINT team will also consider whether intensive support might be of benefit. MINT can also refer people directly to acute or specialist services, if necessary.

## Accessing treatment and care

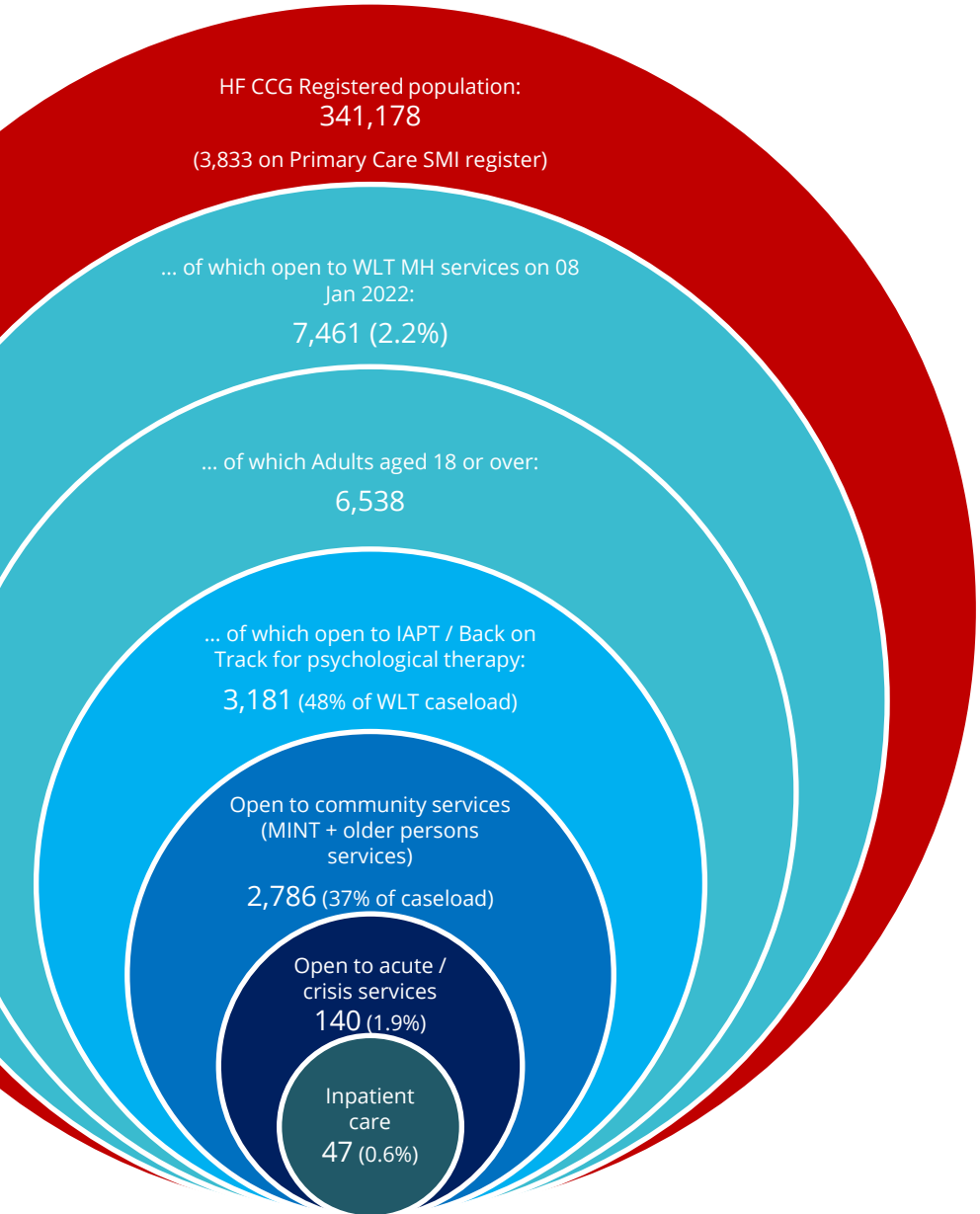
Mental health integrated network teams are made up of health and other professionals with diverse skills. This means that a wide range of psychological, occupational, vocational and social services and support are available through MINT.

## Next steps

Following treatment and support from MINT, care returns to the GP, who can re-refer back to MINT again at any time.



# 4 Baseline demand / provision




The diagram to the left describes the total CCG registered population of Hammersmith and Fulham at Jan 2022. This is higher than the resident population largely due to the large Babylon GP@Hand practice.

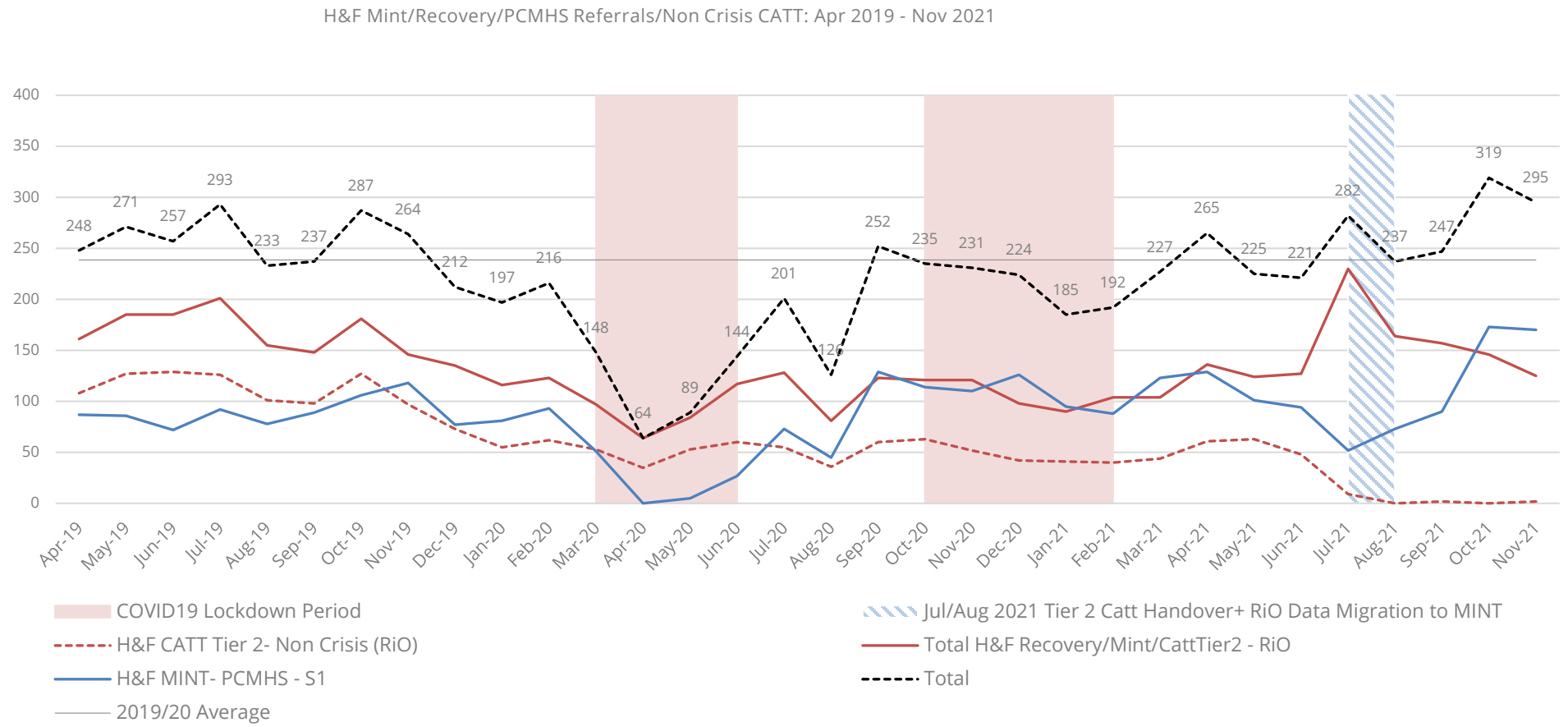
Within this, it shows the total number of patients open to WLT mental health services at Jan 2022 (7,461). This is approximately 2.2% of the registered population.

Within this 3,181 (48% of the Hammersmith and Fulham adults known to WLT) are open to IAPT / Back on Track, and 2,786 (37%) are open to community mental health services (primarily MINT)

Of these, approximately 140 Hammersmith and Fulham residents are open to our crisis services, and 47 currently receiving local inpatient care.

# 4 Baseline demand / provision

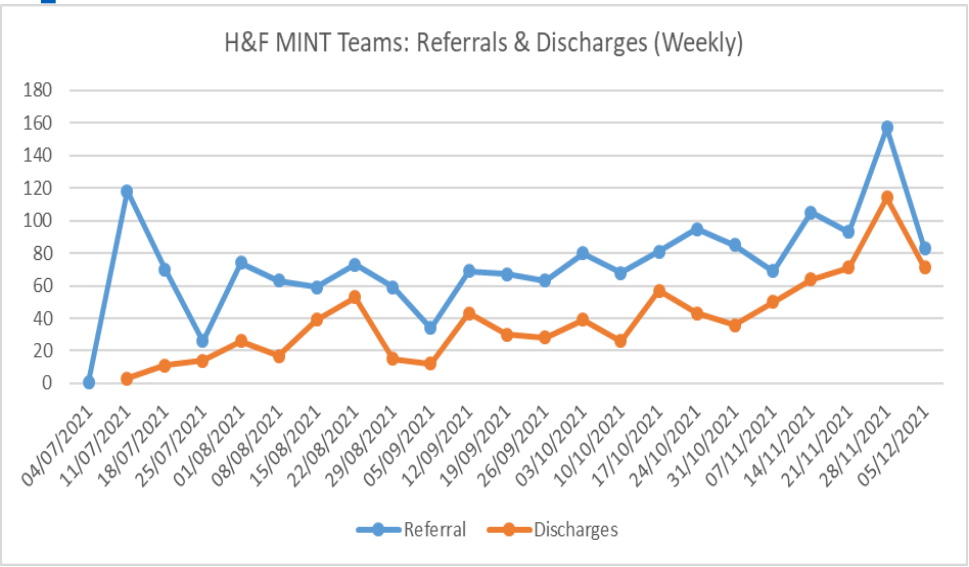
West London NHS Trust

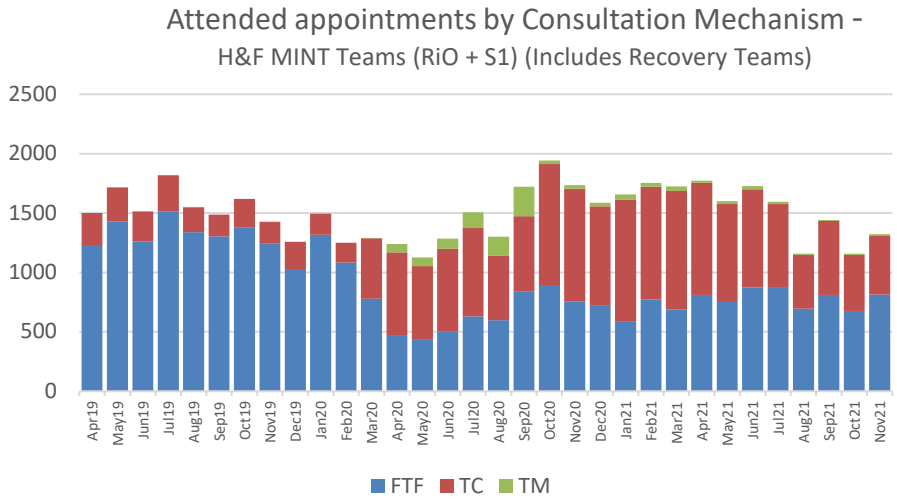



As described earlier, the Hammersmith and Fulham MINT teams were formed by combining Primary Care Mental Health Service (PCMHS), Assessment services (CATT Tier 2) and the existing H&F Recovery Teams.

The diagram above shows the unique monthly referral numbers (Apr 2019 - Nov 2021) into these times, to give a combined total. Periods of Covid Lockdown are illustrated. We are currently seeing similar levels of overall referral into the three Hammersmith and Fulham MINT Teams compared with pre-Covid levels of demand.

# 4 Baseline demand / provision



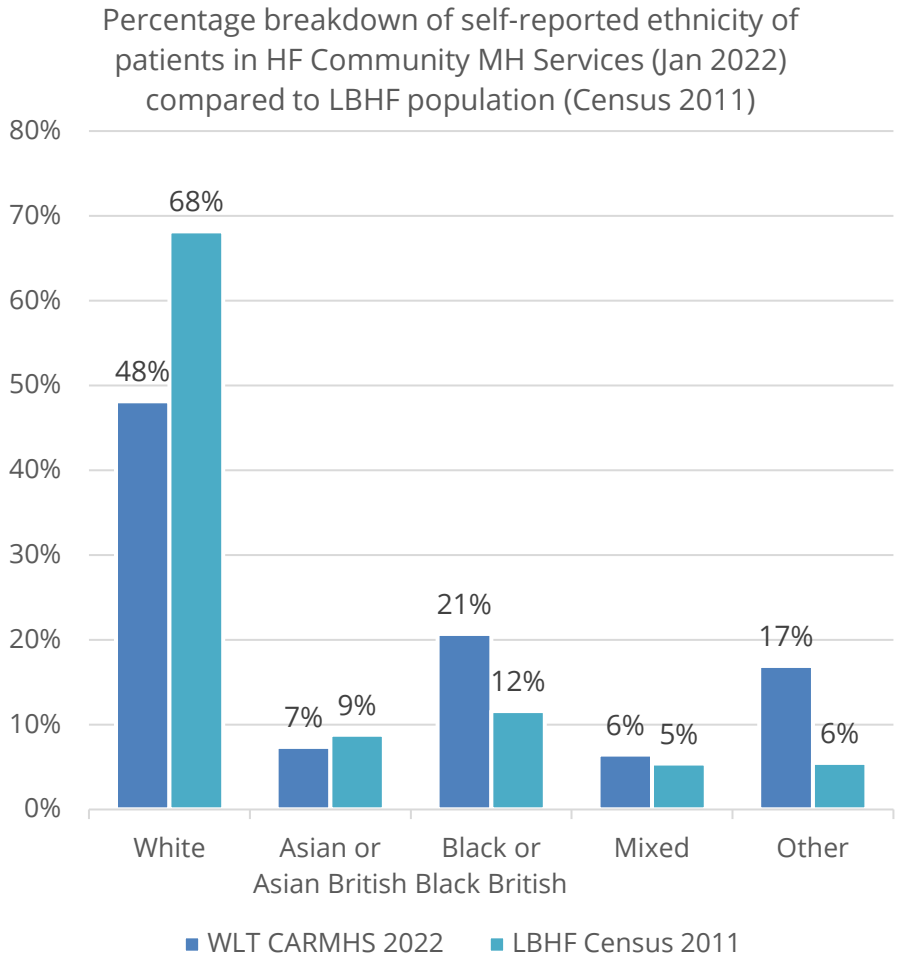

The diagram above left demonstrates that since the MINT teams were formed (July to date), the number of referrals has consistently exceeded the number of discharges week on week. This may relate in part to referrals for "advice and guidance" being captured more accurately than in the past as new referrals.

This has resulted in waiting times for routine assessments increasing – the waiting time for routine care has never been as low as our new target of 28 days, however it is currently up to 90 days in some instances. Patient tracking data is now available combining two electronic records systems (SystmOne for the majority of cases and Rio for complex cases). This shows current numbers of patients on waiting list as: HF Central 237, HF North 162, HF South 118.

WLT has an executive-led action plan to ensure that all referrals are clinically triaged promptly upon receipt and, through the reinforcement of our Duty functions, patients triaged as requiring urgent needs are seen promptly. Data is reviewed weekly for each team showing number of patients referred who have not yet been seen.

The volume of activity undertaken each month is shown (above right) and reflects recorded activity, and the split between remote consultation (telephone) and face-to-face appointments, which peaked in Jan 2021 coinciding with the last Covid peak, but has gradually reduced thereafter. We are committed to continuing to offer a proportion of our work remotely (where this is efficient and patients' choice and clinically suitable), however our plan over the next 3 months is to improve the volume of appointments offered, as well as the proportion offered face to face and by video.

# 5 Ethnicity and mental health




The diagram (left) illustrates the self-reported ethnicity of patients in Hammersmith and Fulham community mental health services (by national Census ethnicity categories) compared to the LBHF Census data for 2011.

This demonstrates an overrepresentation of Black, Asian and Minority Ethnic groups in community mental health services compared to the local population.

Work is under way within the Trust, learning from the Ethnicity and Mental Health Improvement Project undertaken elsewhere in the capital, to examine this further and understand other areas where there may be disparities in care provided (eg restrictive practices) between different patient groups.

# 6.1 Interfaces between VCSE and Local Authority

NHS West London NHS Trust

The aim of the MINT model is to provide more holistic and multidisciplinary care for residents, combining medical / psychiatric care with easier access to a range of psychological and social interventions.

WLT works closely with the Local Authority, employed Social Workers and Approved Mental Health Practitioners to work in and alongside mental health services.

Over the past year, the Local Authority has implemented a single Social Care Hub to provide a coordination point for referrals requiring Social Work interventions in Hammersmith and Fulham, and has strengthened the direct line management and professional development of Social Work staff employed by the Local Authority.

The changes to pathways and meeting structures in MINT and the impact on Social Care are being regularly reviewed to ensure that the changes in the Local Authority and the Trust are aligned and result in improved efficiency and outcome.

The senior managers from LBHF and WLT meet weekly, and there are regular senior interface meetings between Dr Hilton (WLT executive director) and Lisa Redfern (LBHF Strategic Director of Local Care).

# 6.2 Interfaces between VCSE and Local Authority

WLT is also establishing local partnerships with VCSE organisations in H&F in conjunction with the Local Authority through the grants programme.

MINT has ring-fenced £200,000 to award grants to grassroots organisations in H&F that will be deliver the following objectives:

1. Providing services that improve the mental wellbeing of the local BAME population, supporting engagement with and access to local services, activities, and other everyday life aspects.

2. Providing culturally appropriate therapeutic support and holistic approaches to those residents who have experienced trauma, particularly those whose trauma relates to migration and their first language is not English.

3. Providing services to support the health and mental wellbeing of those residents who identify as LGBT+. Providing services to help empower community members, increase engagement with health services, and create safe community spaces.

4. Providing services to help improve the health and wellbeing of those with physical disabilities, learning disabilities, and neurodevelopmental disabilities. Providing supportive community spaces and helping residents engage with health services and local activities.

5. Providing services to help improve the health and wellbeing of those who have experienced or are victims of; domestic abuse, self-harm (focusing on women) and suicide prevention (focusing on men), and aims to address violence reduction.

6. Improving students and young people's (16-25's) mental health and wellbeing through addressing inequalities and supporting marginalised groups (e.g. such as support for young people with general mental health needs, support for those known to youth offending, criminal justice or youth violence), by improving access to services, offering interventions and early support with the community, and linking with educational settings.

# 7.1 Positive practice

West London NHS Trust

## New roles working in MINT – How Link and Peer support workers have been providing 'personalised care' to the clients

Social prescribing connects people to community groups and services, through the support of 'Link workers' and 'Peer Support'.
The story below has been shared by a Link Worker in the MINT service

**About me:**
I am a trained chef. My interest to support service users focuses around daily activities and wellbeing. I'm specifically interested in developing a cooking group for service users to support their wellbeing, learn a new skills and enjoy the process of cooking. I have been looking for a space to hold this group since I started my role.

A key part of my role is to understand and build a portfolio of resources in the community available for service users. One of the local community resource visited was an allotment.

During the visit, we were shown the local facilities which included an outdoor pizza oven. We are now exploring whether this space can be used to hold a local cooking group. Providing that we find the amenities and resources to fund the group, the group will go ahead. The planning of this group is underway and developing the recipes for the group, is a personal attribute that I bring to this role.

As a Link worker, I have been visiting local volunteer organisations and groups that provide therapeutic sessions to residents in the community. This has helped in becoming informed and familiar with local resources for clients in the community and whether they are suitable and or appropriate to signpost clients.

In my team, I attend daily referrals meetings that discuss referrals to understand more about our client groups, this is one forum in which I have been allocated clients to support through their MINT journey. Sometimes I am allocated clients suitable for occupational support following their initial screening of needs.

**My client:**
I was allocated this client from the team's morning referral meeting. The client has a history of childhood trauma. She had just turned 18 and was being transferred to MINT from Children Adolescent Mental health Services. I was allocated this client for a brief assessment of needs and to support with access to other services, sometimes this includes accompanying people to attend their first session.

After an introductory telephone call, I invited her to MINT for a face to face appointment with myself. She was bright, articulate, had great insight and awareness of her mental health and engaged very positively. It was easy to build a rapport quite quickly.

I shared details about MINT with her, what the service offers and more about my role within the team. We then continued to discuss and explore what her goals are and what she feels she needs support with.

She was open and comfortable to talk about her past trauma and experiences and what she was hoping to achieve from care supported by MINT.

Client expressed her goals were:
- To move in to a more stable accommodation
- Become more integrated into society
- Develop positive relationships and have more supportive networks
- Address her trauma

# 7.2 Positive practice

West London NHS Trust

**New roles working in MINT – How Link and Peer support workers have been providing 'personalised care' to the clients**

Social prescribing connects people to community groups and services, through the support of 'Link workers' and 'Peer Support'. The story below has been shared by a Link Worker in the MINT service

**What I did:**
I shared printed information and contact details for some key community based services/groups with the client.

She agreed to attend a [VCSE] group for Yoga and Meditation.

She was very keen and shared that she used to attend yoga for school every week and found this very relaxing and after the session she was enrolled on to the course.

**Outcome:**
I followed up with my client about a week later to see how she was getting on, and if she managed to access the resources I signposted towards.

She successfully moved to a new accommodation, had made contact with a women's network and is currently awaiting the new prospectus from the Recovery College to enrol onto courses next season.

I encouraged her to contact MINT East if she needs any further support.

# 8.1 Coproduction

The MINT model is based on a national service specification which incorporated a wide range of views from an Expert Reference Group drawn from a range of disciplines and professions across health, social care, the VCSE sector, community groups, and users and carers

Across the North West London Integrated Care System, the work is overseen by the Mental Health, Learning Disabilities and Autism Programme Board, which includes membership of individuals with lived experience.

Within WLT, the MINT service developments sought to incorporate an inclusive and meaningful approach seeking feedback from residents, patients and carers to ensure their voices are heard and views incorporated in the development of our model.

The programme leaders (CARMHS Clinical Director, CARMHS Associate Director, Transformation leads and Borough Service Managers) participated in or led a number of groups .

These groups included:

- MINT engagement events
- Carer Focus Groups
- People Participation Groups
- LA-led Health and Wellbeing Groups

MINT workshops/events were held with over 70 attendees participating on an average (from all 3 boroughs and included members of staff from Trust, CCGs, Local Authorities, GP PCN Director/s, peer support workers, service users & carer, Healthwatch and third & voluntary sector representatives).

A MINT survey was run between December 2020 and March 2021, it collated feedback from local stakeholders on engagement to date, involvement in the development of the model and preference for future involvement.

MINT Carer Focus groups met every 2 months in the lead up to the service launch. Specific focus was to ensure MINT staff training incorporates aspects from the our carer involvement work (the Triangle of Care).

Based on feedback from these engagement and participation events, MINT materials including FAQs and other information was designed and shared on the new Trust website.

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The Trust has also commissioned Mind in Hammersmith and Fulham to host a signposting feature that allows service users, families and local residents to find the right mental health support, including from VCSE, for their need.

This engagement has also led to development of wider support elements in MINT:

- Employment, volunteering and other occupational support, available through MINT's Vocational Recovery and Individual Placement & Support services.
- Education and training delivered by the Recovery College and other locally-based partner organisations, helping people develop practical skills to support their recovery.
- Peer support, working alongside someone with lived experience of mental health needs to develop an understanding of what happened and a meaningful way forward.
- Link workers building community connections and helping people to access community and social groups or engage with new interests, hobbies and activities.

Participation in WLT's Service User and Carer Experience Committee (SUCE), Carer's Council and regular Mental Health Forums (hosted by We Coproduce) is widely encouraged for users of MINT, and provides a further opportunity to provide feedback for improvement.

The Trust is working with LBHF to establish and embed co-production with residents with lived experience of Mental Health as part of the wider work of the Mental Health campaign of the Integrated Care Partnership – HISPAC members and the residents they support will be invited to develop our co-production going forward.

# 8.2 Coproduction – carers feedback

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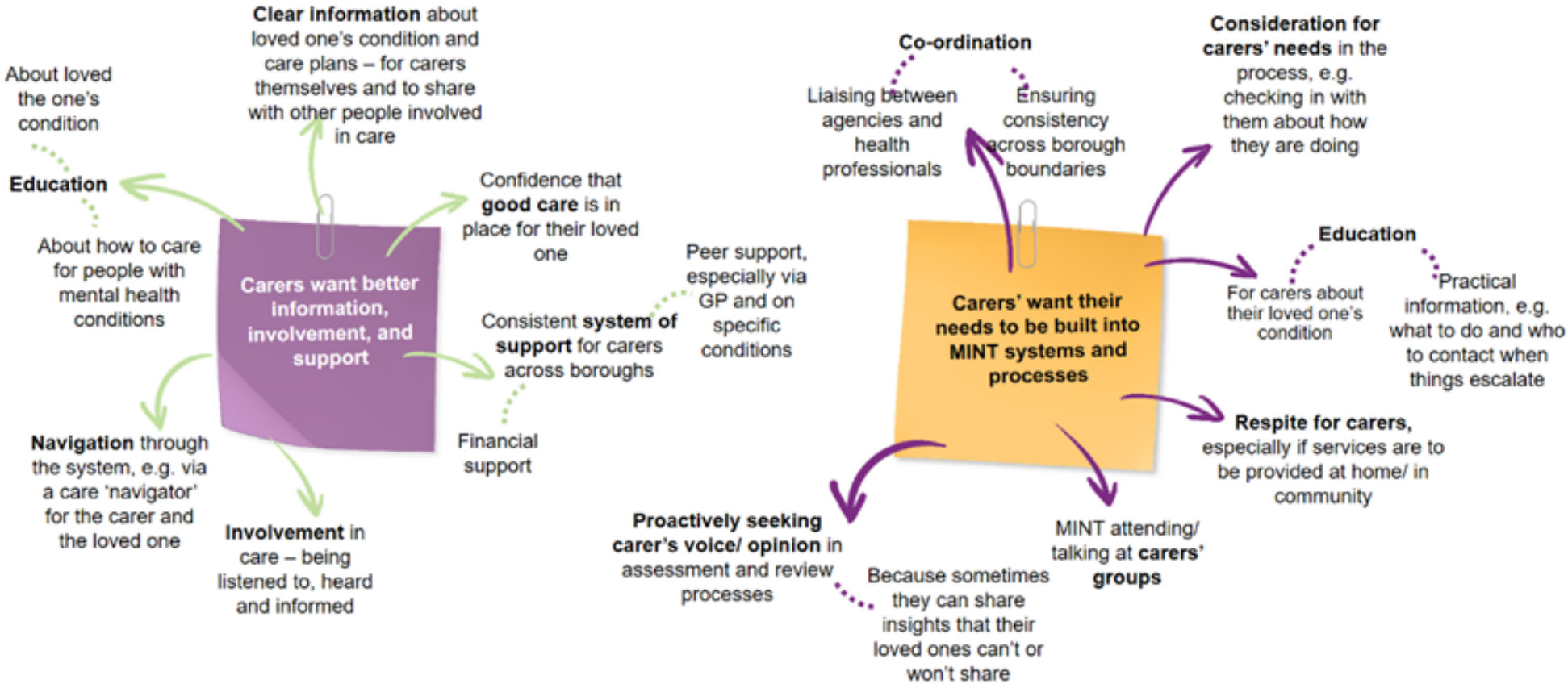

# 9 Finances

H&F MINT service has been developed using additional NHS Long Term Plan funding (+£1.36m) that has been added to the previous H&F Recovery Team and H&F Primary Care Mental Health Team (PCMHT) budgets (totalling £1.99m).

Further additional investment has been secured to enhance other mental health pathways for adults and older adults in Hammersmith and Fulham and further to develop specialist pathways.

The financing of the service is recurrent and ring-fenced.

The total budget of H&F MINT service is now £3.36m. Currently the service is forecasting an underspend in 21-22, due to recruitment delays.

This constitutes 0.89% of the Trust's total budget (£375.71m). All of this money is fully deployed for providing services to H&F residents.

Our other boroughs (Ealing and Hounslow) have their own MINT service budgets. The total MINT Service budget across all three boroughs is £12.34m; this constitutes 3% of the Trust's total budget.

The additional investment has primarily created additional staff posts within a reconfigured structure.

Funding for local authority posts is excluded from these figures.

In 2021-22, following the announcement of Mental Health Additional Role Reimbursement Schemes in Primary Care, the Trust is part-funding further Band 7 Mental Health Practitioners who will work directly with each PCN as first contact mental health practitioners.

Appendix 1

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# Introducing Mental Health Integrated Network Teams

West London NHS Trust provides mental health services for adults of all ages and with a wide range of needs across Ealing, Hammersmith & Fulham, and Hounslow.

Our Mental Health Integrated Network Teams, also known as MINT, are based in the community and work closely with GPs, social services and voluntary organisations to support people's mental health, alongside their physical health and social needs.

MINT focuses on strengths and solutions, helping people build hope, resilience and an ability to cope with challenges and difficulties.

# Accessing MINT services & support

**First steps**
You are most likely to be referred to MINT by your GP. You may also be referred following hospital treatment or by social services.

**Assessing your needs**
Your needs will be assessed. You may be signposted to the most appropriate service or be offered an appointment. This could be at your GP's surgery, at another community location or online. At your appointment you will be able to talk through your current needs, along with your goals and strengths.

**Developing your personal care plan**
MINT aims to provide you with brief, effective treatment, as quickly as possible. The frequency, duration and type of interventions offered will depend on your needs.

Your MINT lead will work closely with you to develop your personal care plan, which will be shared with your GP. There may also be a review of any medications you are taking.

If you have more complex needs, your MINT team will take time to consider whether intensive support might benefit you. MINT can also refer you directly to acute or specialist services, if necessary.

**Involving others in your care**
If you want to, you can ask a family member, friend or carer to help plan your care and be involved in decisions about your treatment. You will need to give permission for this, so that we can log these details on your record.

**Next steps**
Following treatment and support from MINT, your care will return to your GP. Your GP can refer you to MINT again at any time.

# Treatment & care

Based on your needs, treatment and care may be offered in different settings or in different ways, and include:

**Therapeutic support**
focusing on areas including emotional regulation, developing coping skills and strategies, support for wellbeing and physical health.

**Education & training**
delivered by the Recovery College and other partner organisations, helping people develop skills and resources to support their recovery.

**Employment, volunteering & other occupational support**
available through MINT's Vocational Recovery and Individual Placement & Support services.

**Peer support**
which involves working alongside someone with lived experience of mental health needs to develop a way forward.

**Link workers**
helping people to access community or social groups, engage with new interests, hobbies and activities and exercise.

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# More information about MINT

You can find out more about the services and support MINT offers from your GP or your local MINT.

If you are already under the care of the recovery teams, primary care mental health services or crisis assessment and treatment teams, please talk to the clinicians in your team for more information.

More information is also available at **www.westlondon.nhs.uk/mint**

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# Your feedback

We want MINT to offer a great service that provides treatment, care and support when and where you need it. We welcome feedback, so that we can make improvements to our services. You can give us your feedback in the following ways:

www.westlondon.nhs.uk/mint

mint@westlondon.nhs.uk