

Actions and follow ups from 26th January 2022 meeting - Appendix

Action	Update October 22
<p>1.WLT to provide more workforce data to better understand the sustainability of the MINT service.</p> <p>How had the trust modelled the MINT service to maintain national standard response times?</p>	<p>The Trust modelled MINT with the support of an external consultancy based on historical performance in the combined Assessment and Recovery Teams, distributing existing and new resources informed by population mental health prevalence.</p> <p>Scenarios were based on then considered valid expectations of the model and three key assumptions:</p> <ul style="list-style-type: none"> • sustainable caseload size • expected demand • and staff productivity - average contacts per day (@4/day) <p>Currently caseload size remains higher than modelled, as transition to shared care hasn't led to as many transfers back to primary care as anticipated. Average contacts per day remain below 4/day. Following the transition and pandemic we also experienced higher than anticipated demand as well as lower capacity due to qualified staff vacancies.</p> <p>As these factors are addressed we remain of the view that the model will be sustainable.</p> <p>Workforce data for LBHF MINT teams was provided in presentation in January (slide 6) showing the breakdown of staff in the borough by discipline and vacancy rates. Headline vacancy rates have been updated within the paper presented in November 2022.</p> <p>As part of the action plan in response to the CQC report, team structures are under review and actions are underway to address</p>
<p>2. For WLT to meet with HAFSON and committee representatives to explore the operational delivery and engagement aspects of the single point of access.</p>	<p>A number of meetings have taken place between Chris Hilton (last one included HM) and Merril, Jim and other HAFSON colleagues with an open agreement for further meetings if desired.</p> <p>Discussions have included many more issues than the Single point of Access.</p>
<p>3. Referral to treatment time target - WLT to evidence improvement and continued progress in achieving the 28 day target, at a future update to HISPAC. / WLT to review waiting time data to identify outliers that had been waiting longer than 90 days. / To provide information about assessment and referral and clarity about wait times.</p>	<p>On 13th October new MINT dashboard shared in a presentation with members of HF BBP, external partners and colleagues showing some similar data as presented to PAC today.</p> <p>We would be happy to provide a future update against progress to achieving the 28 day target and examination of outliers.</p>
<p>4. Is there evidence to indicate that using 3 systems RIO (Trust), Mosaic (LBHF social workers) and System One (primary care) extends waiting times?</p>	<p>We do not believe that use of two health systems directly contributes to longer waiting times, although it may do so indirectly through reduced productivity. The Trust is developing a plan to move to one system in the future.</p> <p>Health staff do not access Mosaic and LBHF colleagues may wish to comment on the impact for social care staff of using multiple systems.</p>
<p>5. Community mapping – to develop a collective understanding of what community based services there are by mapping local support provide</p>	<p>Link shared previously.</p> <p>Wellbeing West London</p>

<p>information about WLT commissioning of MIND and a time frame for when it can be achieved. The commissioning of MIND to map community assets work would be shared with HISPAC, once complete.</p>	<p>Wellbeing West London is a directory of support services across Hammersmith, Fulham, Ealing and Hounslow. Commissioned by West London NHS Trust and maintained by HFEH Mind.</p> <p>If VCS partners feel that additional services should be included, the page includes a link to add a service, or they can contact signposting@hfehmind.org.uk.</p>
<p>6. Clarity about the single point of access and how the different functions operated within this. How are standards assessed? Work with Healthwatch to conduct mystery shopping mystery shopping exercise.</p> <p>WLT to share details of plans to upgrade telephony as part of a workforce review.</p>	<p>Information about SPA was presented to the Committee on 10 November 2021 including KPIs and performance.</p> <p>Dr Hilton suggested to Ealing Healthwatch that they might consider reviewing the SPA (which is based in Ealing) as part of their Enter and View programme.</p> <p>An internal review of the SPA has recently concluded:</p> <ul style="list-style-type: none"> • Funding for telephony upgrade agreed and plan being worked up • Options for future of SPA being looked at to improve staffing model and simplify entry points. • Continued efforts to recruit new staff. • Engagement with pan-London programme to link SPA to 111.
<p>9. That a report on CAMHs regarding the transition from children to adult services would be considered at a future meeting.</p>	<p>Agreed for Work Programme and presentation in 2023.</p>
<p>10. WLT to share details of their rough sleeper's mental health program.</p>	<p>Complete Rough sleepers' mental health service (westlondon.nhs.uk)</p>
<p>11. Dr Hilton to contact Carolyn Regan [as SRO], to confirm the inclusion of mental health data reports to the Integrated Care Board and ensuring that these were being fully communicated and accessible.</p>	<p>Complete Link to ICB papers including performance pack: Meetings :: North West London ICS (nwlondonics.nhs.uk)</p>
<p>12. WLT to provide an update on work with local disability campaign board.</p>	<p>This action remains overdue but propose that it taken up by Helen Mangan through the Borough Based Partnership.</p>
<p>13. To provide the detailed data and financial information and any areas from the brief that were omitted from this report.</p>	<p>The total annual budget for Community and Recovery MH Services in WLT is £30.497m, of which £25.095m is MINT, with the balance being for specialist services (EIS, Eating Disorders, Personality Disorder Services and Rehabilitation). Year to date the service is £1.074m underspent, largely due to vacancies against planned recruitment.</p> <p>The majority of the budget is pay costs, with a total of 538 established posts and an overall vacancy rate of 15% across the entire Service Line.</p>