

# **West London Mental Health Trust**

## **Purpose**

The purpose of this paper is to provide the Policy and Accountability Committee with an update on developments from West London Mental Health Trust. The paper will focus on the following areas:

- Changes to the management structure within the Trust
- Progress in Foundation Trust development
- Update on the West London Transformation Board

## **Changes to the management structure within the Trust**

### **New service line structure: clinical leadership focus**

Strong clinical leadership improves patient care and engages staff in decision-making and the Trust has restructured itself to enable this.

This is borne out by the findings of the Francis Report and the Trust leadership had the learning from the failings at Mid-Staffordshire NHS Foundation Trust in mind when it embarked on this restructuring six months ago.

The Trust is now organised into two clinical service units (CSUs): high secure and forensic services, and local services. Within the CSUs there are seven service lines with a clinical director in charge of each service. The services are different in size and scope.

### **High secure and forensic services**

Two of the service lines are high secure and forensic services, where the clinical directors are Dr Amlan Basu and Dr Jose Romero-Urcelay. They report into Leeanne McGee, executive director of high secure and forensic services.

### **Local services**

The other five service lines are in local services and the chart attached shows each of them and their clinical directors.

The service lines have been structured so as to:

- strengthen clinical leadership
- create well-defined, inter-dependent pathways of care
- improve quality and patient experience of care while producing productivity and efficiency gains for the services.

In local services the service lines and leaders are:

- Liaison and long term conditions: Interim: Helen Mangan
- Access and urgent care: Dr Murray Morrison
- Primary and planned mental health care: Dr Chris Bench
- Cognitive impairment and dementia: Dr Nevil Cheesman
- CAMHS and developmental services: Dr Vijay Parkash

The clinical directors report to Sarah Rushton, executive director for local and specialist services.

As part of our response to the Francis report, we have added a new post of Head of Nursing to our local services structure. The Head of Nursing provides senior clinical nursing leadership and assurance, and focuses on the service user and carer agendas within local services.

The leaders are supported by strong management teams who provide finance, governance, organisational workforce and development and other corporate functions.

Though the restructure of our local services is along clinical pathways, we will continue to maintain our focus on each of the boroughs we work with as the people who use our services live, work and receive care from our partner organisations which are borough-based. These links are maintained operationally and clinically

### **Progress in Foundation Trust development**

Following the publication of the Francis Report there is a requirement that all NHS Trusts to undergo a Chief Inspector of Hospitals inspection. This inspection now forms an integral part of the Foundation Trust (FT) process and trusts in the FT pipeline are required to achieve a good rating for quality before they can progress to the next stage of the FT process.

The inspection is organised by the Care Quality Commission and takes place over the period of a week. The Trust inspection took place in June 2015. The CQC inspected all core Trust services and will rate the Trust against the following criteria:

- Safe
- Effective
- Caring
- Responsive
- Well-Led

The Trust quality summit with the CQC will take place on 15<sup>th</sup> September 2015 during which the CQC will present their findings. The Trust is in the process of developing action plans to address all areas of improvement. Progress will be monitored by NHS England. Our Clinical Commissioning Groups and the Trust Development Authority will act if required to ensure the Trust achieves agreed milestones. The CQC inspection report will be published after the quality summit.

## **Update on the West London Transformation Board**

### **BACKGROUND**

West London Mental Health NHS Trust is the major provider of NHS mental health services in the three boroughs of Ealing, Hammersmith & Fulham and Hounslow. The three CCGs and three Local Authorities also commission a range of mental health services from other NHS Trusts, independent sector residential, nursing and housing providers as well as community support, counselling and user involvement. In addition, of course, primary care is a key provider of mental health care, both for those with serious and enduring mental illness and to those with moderate mental health needs, and is commissioned by NHS England who also commission forensic mental health provision.

This paper focuses on changes relating to NHS mental health services provided by West London Mental Health NHS Trust, while recognising that they are only part of the spectrum of services and environmental factors which impact on the health and wellbeing of people with mental health problems, some of which are being addressed at a sector level by the North West London Mental Health and Wellbeing Board.

It sets out the key priorities for transforming mental health services in West London which have been identified by the three CCGs and the Trust in collaboration with the Local Authorities and service user and carer representatives and reports on the approach being planned to develop and implement transformation plans for these priorities.

## **STRATEGIC CONTEXT**

Following the implementation of **Shaping Healthier Lives: Integrated Adult Mental Health in North West London**, the NHS NWL Collaboration of eight CCGs has now established a NWL Mental Health & Wellbeing Board which has commissioned a sector wide Mental Health and Wellbeing Strategy entitled **Like Minded**. In addition the sector has sponsored development work across the eight boroughs on key transformation areas of mental health. In particular, the eight CCGs and local authorities and the two mental health trusts committed to the development of urgent care services as signatories to the **Crisis Care Concordat** in 2014, one of the first areas in the country to do this.

The West London MH Transformation Board involves three of the eight NWL CCGs and their partner local authorities, and their statutory partner who provides the majority of NHS funded mental health care to the area, West London Mental Health NHS Trust. The Board links to the NWL Mental Health and Wellbeing Board but is accountable to the individual CCG Governing Bodies, the Local Authority Cabinets, and the Trust Board.

## **WEST LONDON MENTAL HEALTH TRANSFORMATION BOARD**

The West London Mental Health Transformation Board was established in 2013/14 and brings together clinical leaders from the three CCGs and West London MH Trust, management commissioners, service users and carers, 3<sup>rd</sup> sector representatives, and local authority representatives from across West London to share best practice and work together to deliver improved local services.

The purpose of the Transformation Board is:

- a) *To oversee the delivery of key mental health service transformational work strands ensuring a focus on benefits and risks.*
- b) *To ensure alignment of its work with local commissioning intentions, and the NWL MH Strategy.*

In 2014/15 the West London MH Transformation Board had identified the following clinically focused work streams as priority areas:

- **Shifting Settings of Care (SSOC)**
- **Urgent Assessment and Care**
- **Child and Adolescent Mental Health Services (CAMHS)**
- **Cognitive Impairment and Dementia Services (CIDS)**
- **Learning Disability**
- **Perinatal Mental Health**

Significant progress has been made on most of these areas, such that some were considered to have moved beyond transformation into implementation or into “business as usual”. It was therefore agreed to review Transformation Priorities for the next two years and refocus the attention of the Transformation Board on these priorities.

Earlier this year WLMHT outlined to the CCGs and Local Authorities their thinking on changes in Planned Care and Urgent Care models, building on the various initiatives already under way such as **Shifting Settings of Care** and the **Crisis Care Concordat**, and drawing together changes in the pathway relating to **Rehabilitation, Recovery and 7 Day Working**.

In addition to these priority areas, **Upgrading the Quality of Care and Access to Mental Health and Dementia Services** is included in NHS England’s priorities for the coming year. In particular this identifies commitments relating to:

- **Parity of Esteem** (with physical healthcare) – a national mental health strategy is being developed
- **Achieving Better Access** to Mental Health Services by 2020 (new access and waiting standards, particularly for early intervention in psychosis and liaison psychiatry) but also for IAPT, perinatal mental health, urgent care and eating disorders
- **Future in Mind**, promoting, protecting and improving our children and young people’s mental health and wellbeing
- **Dementia** diagnosis and post-diagnostic services

These key priority areas are also reflected in the Service Development Improvement Plan (SDIP) in the contract terms which the three CCGs have agreed with WLMHT for this year.

The West London MH Transformation Board held a workshop on 1<sup>st</sup> May 2015 to consider all these areas of work and identify the key priorities for the Transformation Board to oversee and how best to involve stakeholders in taking them forward.

## SETTING TRANSFORMATION PRIORITIES FOR 2015/16 AND 2016/17

The Board Workshop looked at work undertaken in 2014/15 and its current status as well as new priority areas coming forward. The views are summarised below.

Service Area	Status	Comments	Board Role
<b>Child &amp; Adolescent Mental Health Services (CAMHS)</b>	Starting in 2015 - su and carer involvement is key	<b><i>Future in Mind</i></b> Sector lead or 3 borough?	Major transformation item (but sector role to be confirmed))
<b>Eating disorders</b>		NWL lead – To be confirmed	
<b>Early Intervention in Psychosis</b>	New national priority but not new service	BAU	
<b>Cognitive Impairment and Dementia Services (CIDS) &amp; the Limes</b>	In flight - su and carer involvement - council involvement	2 borough (H&F to confirm action)	Quarterly update on implementation
<b>IAPT</b>	implementing	>BAU	Annual update
<b>Learning Disabilities MH Green Light</b>	In flight - CQUIN - su and carer involvement - council involvement	Should be BAU but needs booster to ensure reasonable adjustments in place	Annual update on implementation
<b>Lost Years</b>	Starting later in 2015 - su and carer involvement is key	London Commission Report on higher mortality of people with MH problems	Report to come to Transformation Board for consideration
<b>Mental health and wellbeing</b>	Starting development	NWL MH & WB Board leading	
<b>Perinatal</b>	In flight – aligned to maternity implementation – su involvement - workforce development	3 borough - awaiting F&P sign off - future procurement	Quarterly update on implementation
<b>Psychiatric Liaison</b>	Near completion	> BAU	-
<b>Shifting Settings of Care (SSOC)</b>	In flight - repatriation happening - rehab and recovery in flight Enhanced primary care – early days	3 borough – more su/carers involvement?  - development of primary care is critical	Major transformation item

Service Area	Status	Comments	Board Role
<b>Planned Care</b>	Starting in 2015	Builds on SSOC - su and carer involvement? - Council involvement key	Major transformation item
<b>Urgent Assessment and Care</b>	Taxiing onto runway - su and carer involvement is key	3 borough? sector role - Council involvement key	Major transformation item

The workshop participants emphasised the importance of integrated working between the statutory authorities (CCGs, Councils and Trusts) and with service users, carers and the wider community on all transformation areas to improve the quality and range of care. It was recognised that so far this has fallen short of co-production and that developing and embedding a strong approach to service user engagement and co-production in transformation was also a priority for the Board.

They also identified the value of sharing best practice across the three boroughs, but also across the eight North West London CCGs. It was recognised that the priority areas could not be delivered by the Trust alone but needed active involvement and investment from the CCGs and local authorities and the voluntary sector for successful implementation.

The workshop agreed that the Board should address two levels of priority and work across North West London on a third:

<p><b>Key Transformation Areas:</b></p> <ul style="list-style-type: none"> <li>➤ Urgent Assessment and Care Development and Delivery</li> <li>➤ Planned Care/SSOC Development and Delivery</li> <li>➤ CAMHS Development and Delivery – across the NWL Sector</li> </ul> <p><b>Second Tier Oversight</b></p> <ul style="list-style-type: none"> <li>➤ Perinatal Implementation</li> <li>➤ Cognitive Impairment and Dementia Services (CIDS) Implementation</li> </ul>
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## KEY TRANSFORMATION AREAS FOR 2015/16 AND 2016/17

### Urgent Assessment and Care

Both West London Mental Health NHS Trust and Central and North West London Mental Health NHS Trust have been developing their business cases for transforming urgent assessment and care with support from North West London CCGs. WLMHT have set out their proposals below:

The key elements for **Access and Urgent Care** are:

**WLMHT signed up to the Mental Health Crisis Care Concordat aiming to:**

- ✓ Reduce reliance on inpatient beds and promote recovery
- ✓ Provide care closer to home where patients want it; with a focus on primary care
- ✓ Make the most of limited resource

**Key factors of the proposed New Pathway**

- ✓ Single point of access – single telephone number to get urgent help
  - ✓ New access and response teams operating 24/7
  - ✓ Responding to all referrals: emergency/urgent/routine and make assessments closer to home
  - ✓ Maintain local relationships and knowledge within the borough
  - ✓ Enhance clinical input to the Single point of access
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- Combined assessment and CRHTs to create Response Teams
  - Better response times
  - Trusted Assessment model
  - Release capacity in liaison psychiatry
  - Faster more accessible service closer to home
  - 24/7 telephone support
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- Central hub, with local response teams
  - Recovery houses Ward structure changes
  - Admission wards
  - 3 Borough 7/7 working
  - AMHPs – additional resource out of hours

The proposed care pathway for Urgent Care has already been considered by the three CCGs and supported. Further work is now being undertaken by the Trust, with support from Northumberland arranged by North West London Strategy & Transformation Team, to confirm the data analysis and undertake a benefits realisation assessment of the proposals. Once this is completed, in early June, the Business Case will be brought back to each CCG for approval.

A draft timeline for implementation is attached at Annex A.

There is a multi-agency Urgent Care Sub-Group co- chaired by the Trust Clinical Director, Murray Morrison, and Beverley McDonald, H&F CCG Clinical Lead for Mental Health overseeing this work.

**Planned Care**

The proposals for planned care build on the work already under way in Shifting Settings of Care; but are less far advanced than the urgent care work, and more dependent on the development of primary care and community support. There is a significant workforce development component to the implementation of the new pathway.



The key components for **Planned Care** are:

### **Drivers for Change**

- Financial and quality change facing NHS and Local Authorities
- Increasing emphasis on integrated services located in primary care
- Implementing Five Year Forward View and Dalton
- Shaping Healthier Lives: shifting settings of care; acute psychiatric liaison; focus on people with long term conditions and mental health co-morbidity
- Whole Systems Integrated Care
- Development of Multi-Specialty Community Providers

### **New Model of Integrated Mental Health Care – enhanced primary care service**

- ✓ Access to specialist advice pre-referral
- ✓ Improved pathway working with stepped care model
- ✓ Reduced need for repeat assessments
- ✓ Single point of access to all mental health services
- ✓ Staffing to include primary mental health care workers, peer support workers, clinical psychology and consultant psychiatrists
- ✓ Staffing aligned to GP networks
- ✓ Focus on recovery and personalised care at all levels
- ✓ Improved access to physical healthcare for service users
- ✓ Strong links to enabling services and readiness for whole systems integrated care
- Detail of model to be achieved by co-production with CCGs, GPs, Local Authorities, 3<sup>rd</sup> Sector, service users, carers and WLMHT staff
- Detail of skill mix required to be determined
- More detailed modelling required on demand and capacity
- Consideration of estate requirements
- Link with commissioning of 3<sup>rd</sup> sector providers
- Agree outcome measures

### **New Model of Integrated Mental Health Care – secondary care mental health service**

- Clearly defined care pathways for reduced number of service users
  - Agreed milestones; review points and outcomes
- Care packages within the care pathways for service users in specified care clusters.
- More focussed and productive workforce, working on pathways
- Workforce development
- Development of nurse and social care led clinics; non-medical prescribing; virtual clinics
- Shared expertise from areas of excellence
- Seamless links with Enhanced Primary Care Mental Health Service
- Changes to recovery and rehabilitation pathways

A draft timeline for this work is attached at Annex A.

There is a multi-agency Shifting Settings of Care Sub-Group co-chaired by the Clinical Director, Chris Bench, and Annabel Crowe, Hounslow Clinical Lead for Mental Health overseeing this work.

### **Changes to the Mental Health Inpatient Configuration**

Across both of these pathways there will be demand and capacity analysis and consideration of the bed base required for people with serious mental illness in West London, once the new urgent care and planned care pathways are implemented. This analysis will need to be done across North West London, since Central and North West London Mental Health NHS Trust (CNWL), the neighbouring service, is also implementing significant changes. The financial analysis which will inform this work will also link to the mental health tariff work which is currently being developed. The Trust will also need to review the workforce, estates, and transport implications of changes.

The other factors affecting demand for beds are the levels of supported housing and community support for people in the community and the effectiveness of “primary care plus” mental health care for people with stable but serious mental illness. While the principle of Shifting Settings of Care has general agreement, the impact of the policy on service users and carers, and on primary and community services, has yet to be fully evaluated.

### **CAMHs – Future in Mind**

The Government has recently issued new policy on mental health provision for children and young people and all of the CCGs and Local Authorities in North West London will need to review and address gaps in CAMHS services to meet the new expectations. The view of the Workshop was that this may be better led at North West London level, but that local CAMHS Partnership Boards would need to be involved since the contribution of local authority social care and education was critical to this area of work.

Participants noted the additional challenge posed by the fact that Tier 4 CAMHS are commissioned by NHS England and collaboration has been difficult.

Most recently CCGs have been allocated ring fenced resources to take forward priorities in ‘Future in Mind’ for this year and the next 5 years. Plans are being drawn up to be signed off by the CCG in October.

To note that the Trust has been informed by the Local Authority about the need to achieve savings within the CAMHs Tier 2 services. We are working with the Local Authority to understand the implications.

## **Perinatal Mental Health**

The workshop agreed that the Transformation Board should be updated on implementation of the Perinatal Mental Health specification and business cases which had been prepared and considered during 2014-15 and should be implemented during 2015/16. Hammersmith & Fulham CCG have agreed to extend the perinatal service commissioned from WLMHT into 2015/16

## **Cognitive Impairment and Dementia Services (CIDS)**

The workshop also agreed that the Transformation Board should be updated on implementation of the CIDS business case for Ealing and Hounslow which was agreed during 2014/15 and is now being implemented. The position in Hammersmith and Fulham is slightly different in that the CCG have indicated their intention to tender the service.

## **TRANSFORMATION AND THE CONTRACT WITH WLMHT**

The contract between the three CCGs and WLMHT includes a Service Development Improvement (SDIP) which takes account of these key transformation priorities.

The seven areas highlighted for development are:

- SDIP and Transformation Work plan
- CAMHS – targets and Future in Mind
- Transformation Pathways
- Mental Health Tariff
- Rehabilitation Beds – Adults
- Rehabilitation Beds = Dementia (The Limes)
- Early Intervention Services

In addition to the formal contract meetings the CCGs and the Trust are establishing a monthly forum to discuss progress and address obstacles to implementation of this challenging programme.

The CCGs have been provided with some resources from North West London Strategy and Transformation to support the programme and have appointed three Delivery Managers to work with the Trust on these key priorities.

The Trust has recruited additional capacity to work on analytics and workforce development.

## **COMMUNICATION AND CONSULTATION**

An important early task for the CCGs, Local Authorities and the Trust is to develop and agree a shared communication plan for the transformation of local mental health services in West London and ensure that all stakeholders are involved in the programme at appropriate stages so that there are no surprises.

There has already been considerable involvement in the Shifting Settings of Care programme and collaboration with service users and other stakeholders in the Crisis

Care Concordat but the scale and complexity of change being proposed will require good coordination and cooperation between all the agencies involved if we are to avoid confusion and alarm.

In particular the changes to the mental health inpatient configuration arising from the pathway developments will require formal consultation so this needs to be built into the programme timeline and considered in the context of other service changes being implemented in North West London.

Close working with the Local Authority Directors of Adults' Services and Children's Services and regular briefings with the relevant Cabinet Members and Scrutiny Committees and local MPs will be necessary if the challenging implementation timetable is to be achieved.

## **CONCLUSIONS**

Local mental health services are being transformed to meet changing needs and expectations. The government's commitment to parity of esteem for mental health means that CCGs are required to invest a greater proportion of their funds in mental health but this must be accompanied by improvements in local services to increase access, reduce waiting times, prevent people being admitted to distant locations, and to enable more people to be supported within primary care so that secondary care can concentrate on assessment and treatment and crisis response.


The CCGs, Local Authorities and the Trust are working together in West London with service users and carers and their representatives to improve local mental health services within the constraints of NHS and local authority budgets.

This challenging programme will be implemented over the next two years, subject to the approval of CCG Governing Bodies and the Trust Board and, for some components, the endorsement and cooperation of the Local Authorities. Reports will be brought to the authorities at key points.

Priority	Q1 2015/16	Q2 2015/16	Q3 2015/16	Q4 2015/16	Q1 2016/17	Q2 2016/17	Q3 2016/17	Q4 2017/18
<b>Urgent Care</b>	Develop Business Plan with NTW	Business case Get CCG sign off	Further develop Demand and Capacity analysis	Work Streams complete Consult staff Develop workforce	Implementation			
<b>SSOC/ Planned Care</b>	Implement Shifting Settings of Care							
		Recovery House Ealing	Recovery House	Recovery House H&F?				
<b>Inpatient Reconfig</b>	Analyse demand and capacity; finance; workforce; estates; transport; identify options; business case – agreement to consult		Consultation?	Decision-making	Transition planning			
<b>CAMHS</b>	Develop plan for local implementation of Future in Mind							
<b>Perinatal</b>	Complete business cases Get CCG sign off	Implement new arrangements Evaluate						
<b>CIDS</b>	Agree implementation plan with CCG	Implement new arrangements Evaluate						
<b>Like Minded (NWL)</b>		Care models	Options development		Consultation	Decision making		Implementation

## Local services leadership

### Clinical service lines

Liaison and long term conditions	Access and urgent care	Primary and planned mental health care	Cognitive impairment and dementia	CAMHS & developmental services
<p><b>Helen Mangan</b></p> 	<p><b>Dr Murray Morrison</b></p> 	<p><b>Dr Chris Bench</b></p> 	<p><b>Dr Nevil Cheesman</b></p> 	<p><b>Dr Vijay Parkash</b></p> 
<ul style="list-style-type: none"> <li>• Gender Identity Clinic</li> <li>• Health / neuro psychology</li> <li>• IAPT</li> <li>• Integrated care pilot</li> <li>• Liaison psychiatry</li> <li>• Stop smoking services</li> </ul>	<ul style="list-style-type: none"> <li>• Assessment service</li> <li>• Crisis resolution teams (CRT)</li> <li>• Electro-convulsive therapy (ECT)</li> <li>• Inpatient assessment service</li> <li>• Inpatient recovery service</li> <li>• MH Act assessment service</li> <li>• Psychiatric intensive care unit (PICU)</li> <li>• Recovery houses</li> <li>• Service user telephone support line (SUTS)</li> </ul>	<ul style="list-style-type: none"> <li>• Cassel Hospital</li> <li>• Clozapine clinics</li> <li>• Community recovery teams</li> <li>• Early intervention service</li> <li>• Eating disorders</li> <li>• Placement &amp; repatriation work</li> <li>• Primary care mental health service</li> <li>• Psychotherapy and personality disorder services</li> <li>• Rehabilitation services (Mott and Glyn House)</li> </ul>	<ul style="list-style-type: none"> <li>• CID community services</li> <li>• CID inpatient service</li> </ul>	<ul style="list-style-type: none"> <li>• Adult neurodevelopmental services (in development)</li> <li>• CAMHS</li> <li>• CAMHS learning disability</li> </ul>