

**Governing Body (public) meeting**

**DATE: 26 March 2015**

Title	<b>Redesign of Community Mental Health Services</b>
Recommended action for the Governing Body	<p>That the Governing Body:</p> <p><b>APPROVE</b> the Oxleas NHS Foundation Trust plan as laid out in the attached report for the re-design of Community Mental Health services for Bexley patients.</p>
Executive summary	<p>The attached report details the proposal to redesign adult and older adult community mental health services in Bexley. The overall aim of the proposal is to put in place sustainable community mental health services that improve patients' experience, are better able to cope with demand and can respond to the new service models described in the Five Year Forward View.</p> <p>Drivers for change include more cost effective care, national policy imperatives to address the increased mortality rates in mental health and making the best use of mental health beds.</p> <p>The report which has been provided by Oxleas NHS FT sets out the financial background to the proposed changes and the models of service that will be developed to :-</p> <ul style="list-style-type: none"> <li>• Improve liaison with and support to primary care</li> <li>• Improve management of referrals and capacity and demand management</li> <li>• Ensure evidence based and outcome focused treatments for all patients</li> <li>• Focus on self management and relapse prevention</li> <li>• Enhance the capacity for crisis support /earlier intervention</li> <li>• Reconfigure services to maintain the maximum level of resource in frontline delivery</li> </ul> <p>Implementation of the plan, once approved is expected to commence in September 2015 following engagement with staff and stakeholders planned to commence in April 2015.</p>

## Clinical Commissioning Group

Which objective does this paper support?	<b>Patients:</b> Improve the health and wellbeing of people in Bexley in partnership with our key stakeholders	✓
	<b>People:</b> Empower our staff to make NHS Bexley CCG the most successful CCG in (south) London	
	<b>Pounds:</b> Delivering on all of our statutory duties and become an effective, efficient and economical organisation	✓
	<b>Process:</b> Commission safe, sustainable and equitable services in line with the operating framework and which improves outcomes and patient experience	✓
Organisational implications	Key risks <small>(corporate and/or clinical)</small>	The Five Year Forward View identifies key outcomes for patients across a number of areas including waiting times and treatment pathways for mental health patients. These are defined in the NHS England Guidance to support the introduction of access and waiting standards that will be implemented in 2015/16. There is a risk that reconfigured services may not achieve the targets within the given timescales. Commissioners will be implementing quality audit frameworks in the form of revised KPI's and quality indicators to monitor and assure the CCG of the Trusts performance in this aspect.
	Equality and diversity	No implications.
	Patient impact	<p>This proposal aims to deliver more efficient and accessible services for mental health service users and carers and at the same time, improve access to these services within community settings.</p> <p>The main impact is to achieve financial viability, achieve nationally mandated outcome targets for patients whilst making best use of resources.</p>
	Financial	The proposed plan will deliver the key efficiencies required by the Trust at a rate of 4% per year over the next 3 financial years.

## Clinical Commissioning Group

		NHS Bexley CCG will not be applying any additional efficiency to this proposal other than those nationally mandated.
	Legal issues	Variation to the NHS Standard Contract will be required to account for the proposal if approved by the governing body.
	NHS constitution	No impact identified.
Consultation (public, member or other)	<p>Consultation has taken place with GP's in North Bexley and Frognal localities. Oxleas NHS FT have also met with carers of service users through carers representative groups facilitated by MIND in Bexley.</p> <p>The Trust does not consider it necessary to undertake a wider public consultation as service users will continue to receive treatment delivered by the same group of staff.</p>	
Audit (considered/approved by other committees/groups)	This proposal has been reviewed by the Mental Health Strategic Programme Group.	
Communications plan	<p>If approved, Oxleas NHS FT and the CCG will adopt local communications frameworks to update stakeholders on progress both internally to the CCG / Trust and externally to GP's and the public including service users and carers.</p> <p>Engaging with local MH partnership organisations such as MIND in Bexley will also be key to communicating progress and outcomes.</p>	
Author	<p>Gordon J Pownall Head of Integrated Commissioning</p> <p>Alison Rogers Assistant Director for Integrated Commissioning</p>	
	<p>Clinical lead</p> <p>Dr Graham Rehling Secondary Care Specialist for Mental Health</p>	<p>Executive sponsor</p> <p>Sarah Valentine Director of Commissioning</p>
Date	16 March 2015	

# Proposed Redesign of Community Mental Health Services in Bexley

Additional Briefing for Bexley CCG: Oxleas OPMH Service Development Plan 2015/16  
March 2015

## 1. Introduction

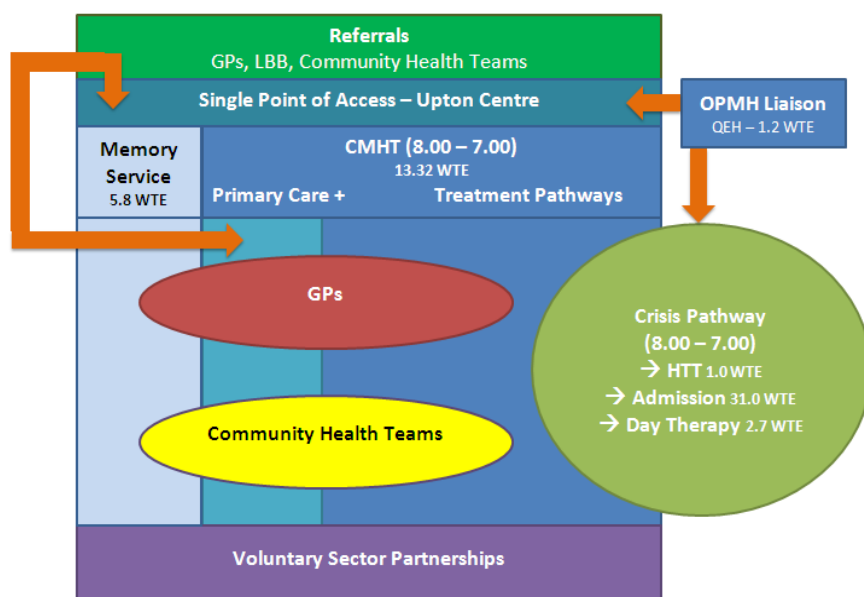
This briefing builds on the information previously given to the CCG in February 2014. The summary paper is attached for convenience. The paper includes the following paragraphs about OPMH services:

*'The **Older Peoples Mental Health (OPMH) Community Team** will deliver secondary mental health services as one team working across the borough. There will be no change to the central point of access currently at the Upton Centre. The OPMH CMHT will work closely with the OPMH Home Treatment Team (HTT) and Day Therapy Service (DTS) to support people at home where possible. The Memory Service will continue to offer assessment, diagnosis and treatment for people experiencing memory problems.'*

Following further consideration of services, this paper will explain the proposal for how aspects of the new system will be operationalised in OPMH Services.

## 2. Oxleas OPMH Community Mental Health

The model in the summary paper is illustrated by the diagram below:



2.1 Overall the plans remain as previously described and we are now able to share more detail:

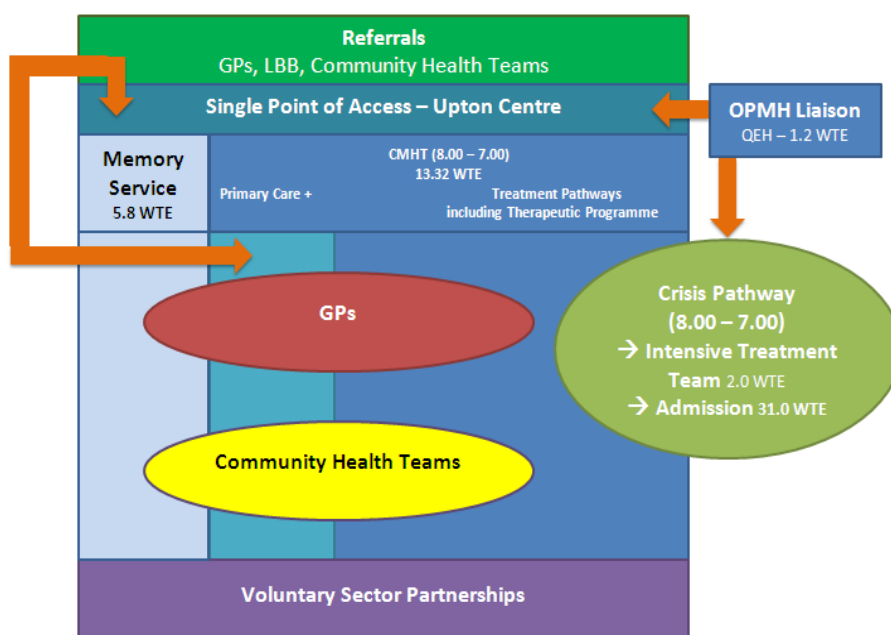
- The CMHT already operates from one team in the borough (Upton) and provide the full range of services: assessment, short and long term interventions. There is therefore no need to merge teams and functions in the same way as Adult Mental Health Services.
- However, the team will need to undergo significant transformation in the way it operates, for example by working closer to primary care and by adopting an outcomes focus through new treatment pathways for dementia, psychosis, anxiety and depression.
- Approximately 30% of cases are likely to be managed in Primary Care Plus. To ensure that resources are diverted to primary care to support this, we have aligned

CMHT staff members to each forum. Each forum will have a named Consultant Psychiatrist along with two other clinicians (CPN or OT). The nurses working in a particular forum will (as far as possible) cover the care homes in that forum. The staff will have job plans which will ensure that there will be approximately 3.5 sessions of primary care support per week per forum. Staff will visit surgeries, attend MDTs, undertake joint visits and support the work of the integrated teams.

2.2 However, a change is planned to the delivery of the treatment pathways, which means that the DTS (2.7WTE) will no longer be a stand alone service. Responsibility for delivering group and therapeutic interventions will be transferred to the CMHT. This strengthens the plan to focus the team on delivering the treatment pathways and working towards agreed outcomes and recovery. The CMHT will therefore be responsible for delivering all the interventions (up to very high intensity) along the agreed pathways. Therefore:

- As part of the treatment pathways being introduced in the current community redesign process, the team will be responsible for delivering NICE compliant group therapy. They will also, through social inclusion initiatives, ensure patients are informed about and introduced to a range of community activities to meet their needs, depending on their individual interests.
- The other main function of the DTS (intensive and acute out of hospital treatment) will be absorbed into the remit of the HTT. Service users with very acute illness have told us that they would prefer to remain at home and have found the requirement to attend a centre for treatment arduous. Our HTT teams will visit these patients at home on a seven day per week basis to deliver individual treatments and therapy. Currently there is some overlap and duplication between the DTS and HTT and this model will eliminate this.

**The updated model** without a separate DTS is illustrated below, with responsibility to deliver all interventions in the treatment pathways resting in the CMHT.



### 3 Benefits

- Vulnerable, service users will receive the treatment they need within the CMHT rather than being referred to a separate service and having to negotiate the transition, which we know brings risks.

- CMHTs are able to be in control of the treatments and interventions for their own service users and can flexibly provide these as needed. Some work across borough boundaries may be possible for service users with similar clinical needs e.g. an anxiety group run by Bromley CMHT could accept Bexley clients if their needs would be met in an appropriate and timely way.
- Oxleas are able to de-establish the day therapy infrastructure, saving resources without removing access to the therapies required.

#### **4 Managing Risks**

- The impact on individual patients will be low as their needs will continue to be met, albeit in a slightly different way. The DTS does not currently offer long term interventions and will be run down as patients are discharged, usually after six-ten weeks. No-one currently in the programme will be discharged prematurely from DTS. There are currently 30 patients in this service.
- GPs will not notice any changes as referral routes into these services is always through the Upton CMHT which will continue to operate the current intake and CPA service as normal.
- We expect the change to happen in August/September and are now holding vacancies to ensure we can redeploy as many staff as possible within the Directorate and therefore reduce the adverse impact on our staff.
- We will be consulting with staff during April and welcome the views of commissioners and stakeholders as we develop the new model of care in its entirety. The changes will be discussed with the Directorate Stakeholder Reference Group.

**Estelle Frost – Director of Older Peoples Mental Health Services**

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