Launching our new model of care for adult mental health services in Harrow

Monday
18 April 2016
Planning – what we did:

- December 2014 Harrow Mental Health Services returned to Borough based management. The subsequent review of local services identified some issues requiring improvement
- Consultation events held between Mar – Jun 2015 with stakeholders, including service users and carers.
- All agreed that current service does not meet needs of service users
- Stakeholder representatives and Task and Finish Groups Sep – Dec 2015
- Discussed what was good – what we wanted to keep, and what was not so good – what we needed to change
- Identified the scope
- Agreed on local model principles.
Planning – who was there; Stakeholders

- Service users
- Carers
- Mind
- Rethink
- CCG
- Local Authority
- Psychologists
- GPs
- Consultants
- Managers
- Social workers
- Nurses
- Occupational therapists
- Trade Unions
How did we do it?

- Go live Board at the heart of the redesign linking in with Trust-wide programme and Divisional Board
- Task and Finish Groups
  - HR
  - Operations
  - Estates
  - Caseloads & Discharge
  - Psychology, Occupational Therapy, Psychotherapy - POP
- Staff consultation, staff engagement events and weekly update
- Stakeholder engagement
- Service user leaflet
- Regular project and steering group meetings with LA and CCG members
- Letter to GPs, Letter to service users
Mental health community Service Redesign

Before:

- Assessment and Brief treatment – take all new referrals
- Community Recovery Team – Longer treatment programmes
- Psychological Therapies – stand alone, take referrals from Community Teams
- Occupational Therapy Services – integrated, but not equally distributed
- Home Treatment Team 9am until 9pm Monday to Sunday
- Urgent care telephone support – current service users and carers out-of-hours support.
Mental Health Community Service Redesign

- Single Point of Access (Trustwide) triages all new referrals, offers support to service users, carers, GPs and other services (Nov 2015)
- Home Treatment Team expanded to be 24/7 (Rapid Response), able to respond to emergency assessment need in the community (Jan 16)
- East/West CMHTs (March 16) (incorporating ABT, CRT, Com Rehab and AOT Functions)
- GP Peer group aligned
- Zoning – support to match need
- New Community Services hub – Bentley House (March 2016)
Harrow Community Mental Health Care Pathway

Assessments Principles
- Urgent/Emergency with HTT
- Routine & Routine + with CMHT
- Allocation within 1 working day
- Co-production of care plan with service users & carers

Allocation/MDT
- Discuss Assessments
- Allocation & Zoning (Red)
- DNA & Zone action
- Safeguarding
- Transfer to & from HTT
- In Patients
- Admissions

ATTENDEES
- Duty Senior to chair
- Admin
- Duty for the day
- Assessors for the day
- AMHP
- POP Rep
- Duty Medic
- HTT (Conference Call)
- C.C. Red Zone
- C.C. to attend at least once a week

OPTIONS
- Drug & Alcohol
- IAPT
- 3rd Sector
- etc

Transfer of care to GP Principles
- Service User Agreement
- Plan Transfer with GP
- Invite GP to Transfer CPA
- If DNA follow DNA Policy
- Green Card

Care Co-ordinator Principles
- Co-production of Recovery Plan - Service Users & Carers
- Shared recovery plan – Service Users, Carers & CNWL
- Time limited – Consider & Discuss Transfer early in the process
- Regular Reviews & Goals
- Menu of options
- DNA – Zoning - Transfer

C.C & Medic DUTY

Known Walk-ins & Green Card

Transfer from/to Secondary Care
- Out of Borough
- Focus
- EIS
- Inpatient
- HTT
- Social Care
- CAMHS
- IAPT
- Learning Disability

Medical Clinic
- Psychiatric, Medication and Physical Health Clinic

Personal Budget

Employment

Housing

Shared Care

PCMHS

Transfer to GP & 3rd Sector
Estates

• The adult community MH services were operating from four sites
• Psychology, Occupational Therapy and Psychotherapy based at NPH
• Atkins House, Honeypot Lane, Bentley House
• Decision to bring teams together under one community hub
• Bentley House: central and accessible by public transport
• Fully Refurbished
Benefits for service users

- Improved service user experience
- More responsive service
- Reduced waiting times
- Single assessment
- Recovery-focused approach
- Easier access to increased support if needed
- Increased opportunities to be seen in own home
- Single location for specialist input
- Easier access to doctors if needed
- Enhanced duty service
- Increase in treatment options
- Regular reviews.
Benefits for others

- Staff clear on expectations and better supported
- Increase in staff satisfaction
- Improved efficiencies
- Increased operational hours of team eventually
- Crisis plans in place
- Improved responsiveness if heading toward crisis.
QUESTIONS!
THANK YOU!