Enfield/Cheshunt Directorate
Public Consultation
On Proposed Changes to
Mental Health Services

Director: Oliver Treacy, Borough Director Enfield
Date: July 2006
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1. SUMMARY

This paper is a discussion document setting out proposals to:

a) provide Older Peoples Inpatient Continuing Care Services, meeting the national criteria, with 16 less beds arising from the Hertfordshire Strategy to establish more local provision and reduced local need in Enfield for such beds;
b) reprovide the Assertive Outreach Service in line with PCT (Commissioner) requirements;
c) refocus Adult Acute Day Hospitals work onto the Chase Farm Hospital site, whilst maintaining some activities at the Fore Street CMHT.

The proposals are set within the context of changing demographics in Enfield; achieving a year-end balanced financial position; modernising existing Community Mental Health Team’s for Adults as well as the development of new integrated Community Mental Health Teams for Older People.

The proposals also pave the way towards a broader discussion about achieving an effective interface with primary care services.

The paper should be read in context with the Enfield Primary Care Trust Strategy for Mental Health Services and the Enfield Directorate Business Plan 2006/07, copies of which are available from Joanne.Barnes@beh-mht.nhs.uk

2. INTRODUCTION

This document proposes organisational and service change for Enfield residents of the Barnet, Enfield and Haringey Mental Health Trust for 2006/07.

The service must achieve a balanced budget and meet performance targets in line with the requirements of the Trust and our Commissioners.

The Directorate aims to continue to develop partnership services in line with National and Local Strategies with services directed at those with greatest need by shifting resources to support a more Community based service model.

National guidelines “New Ways of Working“, alongside reforms under “Agenda for Change”, mean that there is increasing expectation that this will now start to impact on skill mix and care delivery. There is a need to develop the workforce to meet these challenges with increasing emphasis on transferable skills, flexible working and workforce development.

In reconfiguring services, account must also be taken of NICE guidance, Adult Mental Health NSF, the Older Peoples NSF, Care Programme
Approach (CPA), Modernisation of CMHT’s and Directorate’s Service Plan for 06/07.

This paper sets out how the Directorate proposes to achieve this shift in resources to support a more Community-based service model, whilst achieving a balanced budget and meeting the Trust’s set targets.

3. BACKGROUND

In light of SLA agreements reached with Enfield Primary Care Trust for 06/07 and the South East Herts Commissioners, the Enfield Directorate’s Service Plan for 2006/07 must take account of significantly reduced income streams.

Together with the need to become more efficient and cover cost pressures, the Directorate needs to identify a £1.9m Cost Reduction Plan (CRP). To mitigate this, the Directorate will focus on delivering a service to those with greatest need. In recognising the continued reduction in the use of inpatient beds through full implementation of the Crisis Resolution Home Treatment, resources will be re-directed with greater emphasis on community based services. This will enable the Directorate to operate within the context of the reduced income stream and contribute to the Trust’s overall target of 5% reduction in workforce costs in addition to a 2% savings target. No compulsory redundancies are envisaged at this juncture.

The reduction in Workforce costs are planned by developing the workforce to meet these challenges as follows:

• Increased emphasis on transferable skills and developing all our staff through Appraisal, Personal Development Plans and implementation of the Knowledge and Skills Framework.
• Building on our achievements on Improving Working Lives by meeting the needs of our staff and our patients through more flexible working.
• Benefits realisation of Agenda for Change enabling more effective skill mix.
• Benefits realisation of investments made in electronic rostering.
• Robust reporting systems and timely interventions to manage down sickness absence.

This will reduce reliance on Bank and Agency workers leading to the planned reduction in Workforce costs.

Before agreeing the list of proposals for public consultation, a Trust-wide Workshop was held with partners in March and the Directorate’s Management Group also considered a series of options to consider the most cost-effective means of delivering these objectives.

These proposals represent the best fit with overall strategies and objectives agreed with partners.
4. OLD AGE SERVICES

Demographic changes within the Borough in respect to the population served by these services, indicate a reduction in the age profile of >65 over the next 10 years.

The proportion of mental health in-patients with dementia is less in London (8%) than in the rest of England (12%). This may be due in part to the younger age profile of the London population. In addition, areas of higher deprivation are associated with higher proportions of admissions for psychotic conditions and disorders due to drugs and alcohol but with lower proportions of admissions for dementia, learning disability and affective disorders. (Source: Availability of mental health services in London).

Actual numbers of dementia patients are difficult to determine but based on Alzheimer's Society prevalence rates, the London Research Centre estimated, in 2000, that the projected number of people with dementia in Enfield is set to decline by 2011 – see Table 2.

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<tr>
<td>Enfield</td>
<td>3,300</td>
<td>3,100</td>
<td>3,000</td>
<td>2,900</td>
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Source: LRC estimates based on Alzheimer's Society prevalence rates and LRC 1999 round of demographic projections.

This set against the planned long-term provision of continuing care beds within the Borough through the NHS, suggest an over provision for this patient group. Current NHS continuing care provision in Enfield equates to 68 beds servicing a population of 280,000.

The Trust also acts as host provider to the Hertfordshire Partnership Trust (HPT) for 20 continuing care beds. Following a county wide public consultation in 2005/06 the HPT are seeking to reconfigure all their mental health provision, thus repatriating some out of county services by 2007/08, including a reduced need for old age beds at Chase Farm Hospital.

The Trust intends to meet the requirement to ensure that all referrals to NHS continuing care provision are screened using the national continuing...
care criteria and to provide the necessary beds. However, this could be achieved with a reduction in its continuing care capacity by closing a continuing care ward. Ivy House, provides the least satisfactory physical environment for this service and it is proposed that this be closed to meet this challenge.

The Directorate is also seeking to build additional capacity within Older Peoples Services by reconfiguring the Older Peoples Teams into integrated CMHTs. The anticipated appointment of additional management capacity in the Autumn, jointly funded with the LBE/NHS, coupled with the modernisation of the Directorates infrastructure for the service achieved through the repatriation programme for Edmonton, enhances this process further. Key to this will be the new opportunity afforded to partnership with the London Borough of Enfield’s review of EMI Services and determine additional joint service provision opportunity for this client group.

The proposal to reduce continuing care beds on the Chase Farm site will also bring Enfield into line with surrounding boroughs with regards to the number of continuing care beds commissioned per catchment area population. This reduction will be achieved by the phased withdrawal of beds as changes in occupancy allow. Admissions for all patients to continuing care NHS beds will be in line with the current continuing care criteria. To assist this process further it is proposed that a partnership panel be convened to oversee the referral process to all continuing care NHS provisions in the first instance.

The refurbishment and extension of Cornwall Villa and the Warwick Day Centre offers the opportunity to provide all of Enfield’s older peoples day treatment and inpatient services from the Chase Farm site in the long term. This will mean that services for Edmonton’s older people population will no longer be provided from the St. Ann’s site.

In addition, the development of community based services at Refuge House in Enfield Town (9-10 River Front), in partnership with the LBE, will offer the majority of non in-patient intervention off the Chase Farm hospital site in a Community setting for this patient group.

In conclusion the change agenda for Older People Service assumes a reduction of 16 Continuing Care Beds, subject to discussions with our stakeholders. Suitable alternative facilities have been identified within the remaining 3 in-patient continuing care facilities operated by the Enfield Directorate, to meet the needs of the diminishing number of patients needing to be placed in Ivy House. This would lead to the managed closure of Ivy House by January 2007 with a corresponding redeployment of staff to these areas.

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<tr>
<th>Directorate Proposals</th>
<th>Staff Affected</th>
<th>Timescales</th>
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<td>16 Continuing care beds</td>
<td>19</td>
<td>Commencing</td>
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Drivers For Change
- Older Peoples demographics in Enfield.
- Potential over capacity.
- Cost reduction programme.
- Building additional capacity through refurbished buildings and repatriation of services from St. Ann’s.
- Opportunities to work in partnership with the London Borough of Enfield.

To be acceptable, a revised configuration of services must not place undue pressure on other statutory services, carers and relatives. The Trust is aware of the risks associated with moving frail elderly people and will ensure that there are appropriate safeguards in place to ensure that patients physical condition is checked, that there is proper consultation with carers and relatives and that that the transitional arrangements are meticulously planned.

5. COMMUNITY MENTAL HEALTH TEAMS AND ASSERTIVE OUTREACH SERVICES

There is a need to review and reconfigure the functions of our Community Teams to concentrate more on complex case management. This will also involve a review of the model for the provision of Assertive Outreach (AO) within the CMHTs and a greater focus on those with enhanced care coordination needs. Proposals for achieving a more effective interface with Primary Care in response to these changes will be developed in consultation with GP’s and Enfield Primary Care Trust.

The Primary Care Trust has withdrawn the contract with the Tulip AO Service and asked Barnet, Enfield and Haringey Mental Health NHS Trust to develop a proposal for a more cost effective arrangement. The previous service will cease to operate on 18 October 2006. This proposal seeks to replace this arrangement with a new AO service from within the Mental Health Trust, whilst aiming to retain the key elements of the partnership with Tulip and the Local Authority that have resulted in an effective and valued AO service for the borough.

Outline Proposal

The current service has a caseload of 75 AO patients, with a multi-disciplinary team of 6 Care Co-ordinators, with medical cover, operational manager, clerical support. The service covers the whole borough. Discussions with the PCT have set out the following objectives:
Meeting the relevant policy implementation guidelines (PIG) for AO services meeting the activity level specified in Enfield PCT’s LDP trajectory.

Working within £290k for the proposed reconfiguration of the service in Enfield.

Within this framework we are proposing the following:

- The service would be a MH Trust - managed service, some workers will be seconded from Tulip to the Trust, under formal delegated management authority arrangements.

- The Team will be comprised of a combination of staff from the Trust, the Local Authority and from Tulip. A qualified Mental Health Nurse at ‘Band 6’ level, and an experienced ASW are included in the reconfigured service.

- The service will be available across the Borough but will in the main be focused on those areas of Enfield with evidenced highest need for AO services i.e. Edmonton and East Enfield - with the potential for some provision to South Southgate.

- 30 of the 75 patients will be managed within the revised service across the CMHTs.

- The staffing complement would comprise 4wte Care Co-ordinators, including a Nurse and a Social Worker, plus medical cover (sessions from a Consultant Psychiatrist and Associate Specialist Psychiatrist), with management (a Team Manager with a caseload) and administrative support.

- The focus of staff skills and competence would be on psychosocial aspects and evidence-based psychiatric interventions including CBT, family interventions, Carers support, and work skills training and help for service-users with moving towards personal independence and social inclusion in a graduated, managed and safe way.

- Care Co-ordination responsibilities would remain with the designated workers - all managed by the MH Trust.

- The AO service overall will be line managed through the Edmonton Locality.

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<th>Directorate Proposals</th>
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<tr>
<td>Implement the Trust’s recommendations from the Government’s paper on Modernising CMHT’s; New Ways of Working and operate within the National Guidelines</td>
<td>All Staff groups within CMHT’s.</td>
<td>October 06</td>
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Drivers for Change
- CMHT Review
- Responding to the PCTs decision to decommission the Tulip contract for AO services and ask the Trust to replace it.

To be acceptable a revised configuration must do the following:
- Improve efficiency and target those most in need and hard to reach, whilst increasing contact time.
- Deliver a service that is sensitive and diverse.
- Enhance links with primary care.

Options for Change
There is one single option proposed – offer an AO service aligned to CMHTs within high morbidity areas, under single line management by the Mental Health Trust.

Advantages
- Aligns CMHTs with AO Services.
- Flexibility and rapid inter-team transfer – single entry point to service.
- Minimises management costs and overheads.

Finances
Detailed financial figures are yet to be agreed. However, indicative show that a service such as that described above could be delivered within the available Cash-limit of £290,000.

Further Considerations
While we strongly believe that this proposal delivers the best possible service within available resources and builds upon and develops the excellent partnership relationships already formed, there are obviously some implications for CMHT’s.

Assertively managing a dispersed caseload of 30 AO patients within the CMHTs will require close working with Primary Care, to enable existing service-users who no longer require secondary level mental health services to be safely discharged back to an appropriately supported GP service, thus enhancing the capacity of the CMHTs to manage existing and likely future Enhanced CPA demand. AOT professionals will supervise/advise on the management of those cases dispersed to the CMHTs.
Summary

Tulip, the Trust and the Local Authority have been working in partnership to develop and deliver Assertive Outreach since 2003. The organisations have combined to deliver a service that is safe, innovative and highly valued in the borough. This has resulted in significant achievements in engagement, service user and carer involvement and support, treatment concordance and, significantly reduced hospital admissions in the cohort of patients cared for by the AO service. The revised proposal seeks to continue to harness the skills and expertise of the statutory and non-statutory sectors, bringing these together to create synergy and very good value for money - with a refocused, MH Trust-managed AO service that is DoH policy-compliant, involves appropriate partners and is safe and effective, being fully linked-in to the borough’s community mental health service.

7. ADULT DAY HOSPITAL SERVICES <65

Under the agreement with EPCT, cost efficiency savings of £100k need to be found from the Adult Day Hospital Service commencing in year (£55k part year effect 06/07). To assist this process an external consultancy was commissioned to conduct and review existing services. The review has amplified the strengths and weakness of the existing services and has concluded that an NHS model of day assessment and treatment could be provided on a single site, separated from Social Support Day Care possibly undertaken by another provider. An option whereby Day Hospital, Assessment and Treatment is concentrated on the Chase Farm Hospital site is preferred, by building additional capacity within the existing services at Chase Farm, whilst offering a Day Support service at Edmonton. This will end the postcode lottery of different forms of provision to different parts of the Borough, whilst offering a model of treatment that is consistent with users presenting assessed needs. With this model we would be free to work out the detailed issues raised within the review concerning the nature of NHS provision, model, accessibility and effectiveness indicators.

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<th>Directorate Proposals</th>
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<td>To concentrate Day Hospital Treatment on the Chase Farm site and continue to offer day support at Edmonton, Fore Street.</td>
<td>All staff in all disciplines within the Day Hospital Services.</td>
<td>June 07</td>
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Drivers for Change

- Whole system change across other services in the Directorate (repatriation).
- Maximising of resources
- Targeting of a treatment and support model
- Cost reduction programme

To be acceptable a revised configuration must do the following:
Deliver an acceptable assessment treatment service and continuing support model, whilst complimenting the other community and inpatient adult mental health services.

- To be acceptable to users and staff.
- Maximise the resources available to the Directorate overall achieving best value.
- Contribute towards the agreed cost reduction programme.

Advantages:
- The change is aligned with the repatriation of inpatient services from St. Ann’s Hospital to the Chase Farm Hospital site.
- Maximises the expertise of staff trained in Day Hospital assessment and treatment by concentrating resources on one site.
- Assists in achieving the cost reduction programme and efficiency in resource management.
- Offers an opportunity to determine how the support element of this proposal operates within partnerships.

8. DEVELOPMENT OF PRIMARY CARE MENTAL HEALTH

The Trust’s development of its specialist community services needs to be done in conjunction with the development of primary care mental health services. To be effective integrated pathways need to be available to people as they experience different phases and types of mental illness.

The Trust has initiated a Community Service Improvement Programme with the London Development Centre (NIMHE) and local partners (PCTs & LAs). The purpose of this is to make sure that the Operational Policy for CMHTs is properly worked through in relation to staff development and links across secondary & primary care. For example, to look at how NICE guidance can be achieved in primary care to support effective referrals, and, also, to support discharge and shared care arrangements as people recover from their illness.

This work envisages improved assessment and brief intervention service working across into primary care. Improved prevention, detection and earlier intervention together with consistent advice and help for people with severe mental health problems, will allow more people to have their longer term mental health needs integrated with their primary healthcare needs, ensuring that their mental health and physical health needs are more effectively met.

9. MANAGEMENT OF CHANGE:

The changes will be managed within the agreed Trust Change Management Policy. No compulsory redundancies are anticipated at this stage.