# Appendix 1 –
# Update on Reimagining Mental Health Programme: Exploring Solutions Together

## 1. Background

1.1 The Government has emphasised the need for development of local mental health provision and Barnet CCG and LB Barnet have embarked on an ambitious programme to improve services and pathways. The work undertaken in Barnet since February 2015 has fed into the plans of the sub-regional programme for Sustainability and Transformation for North Central London for primary care mental health development; improvements in the provision of community based approaches, and working together in partnership to embed effective transformation of local services and pathways to well-being.

1.2 The high cost of mental health within acute provision budgets has been highlighted as a spur to driving down costly mental health provision in mainly healthcare settings. Moreover, the need for effective patient care and support to individuals in the local community, delivered as close to home as possible and meeting their needs for physical and mental health care remain key policy drivers from the government's No Health without Mental Health 2011 and the Five Year Forward View 2016.

## 2. Mental Health Review and Transformation

2.1 In 2014, Barnet CCG and London Borough of Barnet separately reviewed their Mental Health services.

Key findings of both reviews highlighted the:

- Lack of effective crisis planning and community services
- Lack of "early intervention for wellbeing" approaches
- More calls to work in partnership in the community
- The need to use resources more effectively

2.2 Nationally, almost one in four British adults and one in ten children experience a diagnosable mental health problem at any given time – in Barnet the ratio is 1:5 adults with the complexity of co-morbid conditions appearing to be not as high as in other areas in NCL. Mental health problems account for 28% of morbidity nationally, but spending on mental health services is only 13% of total NHS expenditure. The lack of complexity only partly accounts for the difference; for example in Camden complexity accounts for greater use of the highest cost services than in Barnet, but where the investment nearly doubles across all modalities.

2.3 The government's goal is to achieve parity of esteem between physical and mental health provision. There is some additional transformation funding being made available from the Department of Health for Perinatal services (in

bidding phase) and Children's Mental Health services (funding secured). However, this funding is minimally for transformation, and will not on its own be sufficient to deliver services to close the delivery gap. The government has set targets to deliver timely Early Intervention services to people with a first episode of psychosis from the age of 14 by 1st April 2017; similarly there is a target set to deliver 24 hour mental health liaison services in all acute services from the same date (already achieved at the Barnet Hospital site). The work continues on Crisis Concordat and Suicide Prevention Plans to deliver timely intervention at the point of contact with statutory and voluntary services.

2.4 For people who experience mental ill health in Barnet and those at risk, a whole system approach is required in order to deliver the infrastructure to support service improvement - this will ensure that services:

- Support people in maintaining and developing good mental health and wellbeing
- Give people the maximum support to live full, positive lives when they are dealing with their mental health problems
- Help people to recover as quickly as possible from mental illness

2.5 Evidence from the Barnet Joint Strategic Needs Assessment- 2015-20120, shows that people with mental health conditions are much more likely to be socially excluded and to have significant health risks and major health problems including obesity, diabetes, heart and respiratory diseases in addition to a lower life expectancy. The current service transformation is expected to address these inequalities.

2.6 The climate more broadly is extremely challenged across the health and social care economy. Sustainable, efficient delivery in the NCL sector requires the establishment of a coherent vision across sectors with multi-partner transformation. Tri-CCGs have adopted strategic directions in line with NCL plans to develop Primary Care Mental Health services and are discussing ways to follow similar development to embed secondary care provision in the community, that is more closely aligned to primary care, to offer an integrated pathway to people with mental health needs.

2.7 Mental Health Commissioners and providers are working together with NHSE across NC London to align plans for transforming services through a Sustainability and Transformation Planning programme. This is giving greater focus to developing primary care and community mental health services to provide more timely care and support further upstream in the patient/service user journey. By avoiding costly acute care where this is not needed, people with mental health needs will receive support they need, when they need it in order to remain as independent as possible and to live well.

2.8 From a social care perspective, which both impacts upon and ties in with the integrated physical and mental health care approach, the vision is to:

- Deliver more, efficiently, within available resources
- Move away from 'professionalised' models of care towards more community,

home-based, peer-led models

- Re-inforce co-productive, adult relationships built on mutual trust, reciprocity and risk management
- Rebalance the model: orientate professionals towards prevention and early intervention; integrate community and peer groups into specialist care
- Help providers and users to be better at long-term planning, supporting demand rather than rationing supply
- Focus on the quality of relationships (between users and those who support them) and depth of our knowledge about users' needs and assets

2.9 For all people using adult health and social care services, the common thread running through the future approaches is the need to intervene much earlier and in a different way. This will be achieved by services and commissioning working together to improve signposting and pathways; evidence from around the country shows that where this is effective, it reduces the need for more costly care. Barnet CCG, with the Local Authority, has already begun this journey and is working with all stakeholders to deliver service improvements.

## 3. Consultation and Stakeholder Involvement

3.1 From May 2015, following a workshop with stakeholders in March 2015, Barnet CCG undertook a full engagement and consultation process with statutory, voluntary sector providers and people with lived experience, together with wider stakeholders, to 'reimagine' mental health provision within a phased approach with a focus on:

• A co-production model to deliver better, more targeted health and social care services through a community–based approach;
• Directing resources more appropriately through better collaboration between all organisations
• Continued involvement of people with mental health needs and carers is key to shaping future services

3.2 The Council pursued a parallel process of strengthening community pathways to promote independence and deliver a revised social care model.

3.3 It was recognised from feedback at the initial workshop that the Reimagining Mental Health programme would signal a whole system transformation and feed into the CCG's Quality Innovation, Productivity and Prevention (QIPP) programme.

3.4 Extensive consultation has been undertaken in transforming Mental Health services through a series of Co-design "Breakfast Clubs" and action learning Trailblazers with people with lived experience of mental health, the voluntary sector, statutory sector including Public Health/ Barnet Enfield and Haringey MHT/ Surrey and Borders Partnership FT/ Barnet Adults and Communities Mental Health Services, primary care GPs and practice managers, other mental health Trusts, private not-for-profit organisations, commissioners including CAMHS, the Barnet Police mental health champions, Probation

Services, elected Members and Senior Council officers. Regular reports provide updates to the Health and Well-Being Board, the LBB and CCG Joint Commissioning Executive Group, Barnet CCG Clinical Cabinet, Finance and Performance Committee and Governing Body.

## 4. Mental Health Pathway development

4.1 Data from the JSNA, UCL Partners review team, the Public Health team, the council's Insight team, Carnall Farrar review 2015, NCL STP Programme alongside full engagement with all stakeholders to identify gaps in service provision and obtain good practice information nationally and internationally on ways to remodel current services have fed into the transformation process. This has helped to determine a vision for more integrated mental health provision in Barnet and to support commissioning intentions to deliver pathway remodelling as part of the programme.

4.2 Current providers were supported by commissioners and the GP clinical lead, Dr Charlotte Benjamin, to work together in a collaborative way and understand partnership approaches to support delivery of co-designed pathways for wellbeing, with a view to better meet the needs of people with mental health at all levels of stepped care. The vision supported the stepped care approach by developing and consolidating planned improvements to support partnership working, close gaps in identifying needs at the first point of contact and signposting appropriately to the least intrusive, most effective intervention.

4.3 DH NICE Guidance expects and sets standards for services to be delivered that will support better care in the following domains:

| | |
|---|---|
| Domain 1 | Preventing people from dying prematurely |
| Domain 2 | Enhancing quality of life for people with long-term conditions |
| Domain 3 | Helping people to recover from episodes of ill-health or following injury |
| Domain 4 | Ensuring people have a positive experience of care |
| Domain 5 | Treating and caring for people in safe environment and protecting them from avoidable harm |

Stepped care approaches for this development ensure that people are offered the least invasive treatment and care at the level appropriate to their needs:

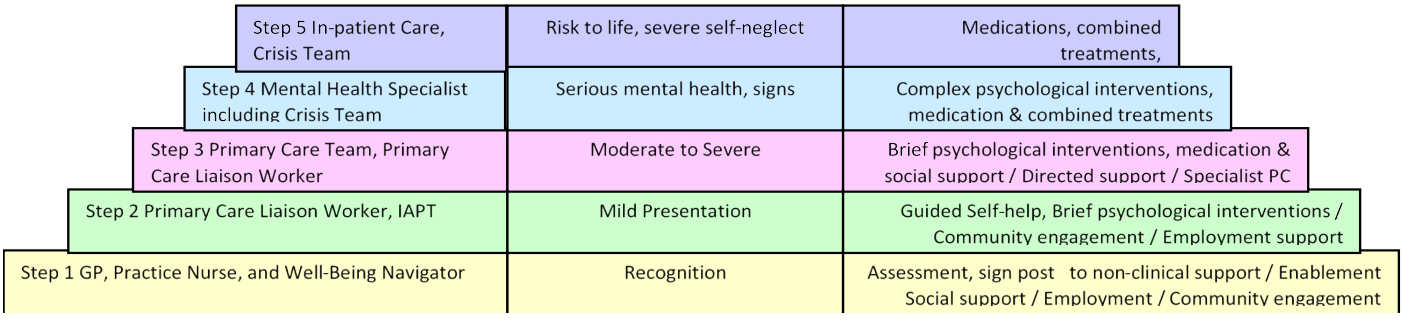
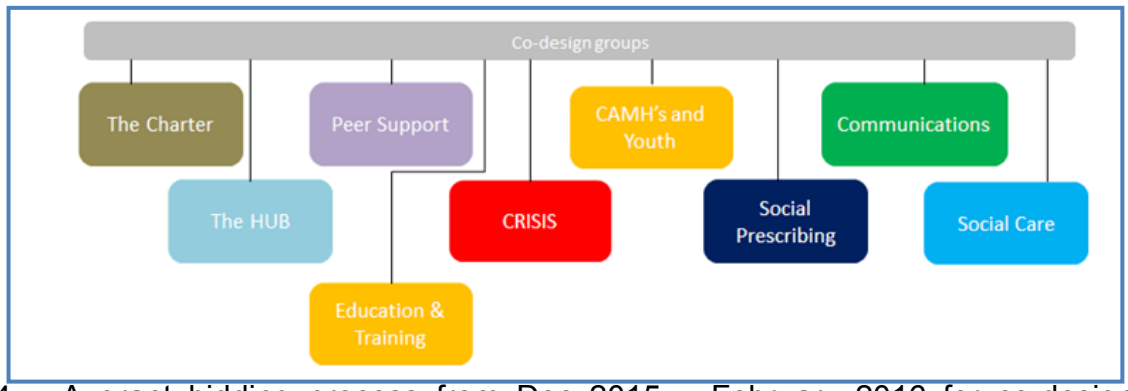


**Diagram 1 – Stepped care model for MH transformation**

4.3 The CCG set out a budget for transformation funding and agreed designated finance packages to key areas of development, aligning areas of spend to co-design sectors:




4.4 A grant bidding process from Dec 2015 – February 2016 for co-designed transformation projects and allocations was overseen by the Reimagining Mental Health Steering Group. Whilst the broad areas for co-design transformation funding was agreed, the clinical lead, the Director of Integrated Care, and MH commissioning team recommended a further process was required to support organisations to deliver more specific outcomes through an improved Collaborative process to model transformation supported by commissioners and the programme manager for Primary Care Mental Health development.

4.5 This led to a Trailblazer action learning series to develop and deliver robust transformation:

- Through development of a Well-being Hub collaborative
- Through piloting a more community-based Barnet Primary Care Link worker team following the successful South Barnet pilot that delivered clinical support to primary care

4.6 The Trailblazer was delivered by Kind Minds and produced a vision and action plan, incorporating the learning from the South Barnet Pilot and Lambeth Living Well collaborative; and other areas of good practice in developing integrated MH service provision – (Manchester, Cambridgeshire, Suffolk, Norfolk, The Kings Fund Transformation papers: Lessons from mental health 2014 and Mental health under pressure 2015 and other key documents – e.g. No Health without Mental Health 2011; The Five Year Forward View NHS strategy 2014).

4.7 Social care and health care service leads have been fully involved in the process of transformation to ensure integrated approaches to delivery.

4.8 The local developments in Barnet are being designed to meet the requirements for sustainability and to deliver services at the right time, of the right quality, in the right place.

## 5. Primary Care Mental Health development

5.1 The aim of the Integrated Primary Care Mental Health Network Pilot Service is to increase the number of people whose mental health support is appropriately managed within primary care through the introduction of integrated care, and improved and effective partnership working between NHS providers, the voluntary sector and the local authority.

5.2 The CCG has made available transformation funding, which is non-recurrent and only available through 2016-17 to underpin systemic transformation.

5.3 The Pilot Service is designed to provide high quality support through the provision of dedicated Mental Health Linkworkers to GPs to provide a support service enabling the management of patients with common mental health problems and stable severe and enduring mental health problems within Primary Care. The aim is to reduce the use of secondary health services including, acute and emergency care.

5.4 The PCMH Linkworker service has been developed through the Trailblazer process between Primary Care, BEH MHT and commissioners and commenced on 1st August 2016. It has been embedded in local GP practices in South Barnet and the plan is to rollout to the North and West networks by the end of December 2016,

5.5 The six PC Linkworkers one manager and admin staff are working directly with and as part of the Primary Care teams with the aim of increasing the skill and confidence of GPs and other primary care staff to manage patients through consultation, joint assessment, case management, co-working and training, in addition to delivering direct clinical services to patient. Most clinical work will be through assisting GPs and Primary care staff in case formulation, risk assessment, management plans and self-help plans which are co-produced with the patient.

5.6 A key objective is to support people to receive the best services at point of entry - with service users accessing enabling services, traditionally delivered from hospital settings by secondary services, within a more integrated platform in a localised setting – for example running sessions where feasible in GP practices and also co-locating services in partnership with 3rd sector providers.

5.7 In August, the first month of operation, the service received 51 referrals at medium to high levels of complexity (Step 2 and Step 3 care) and has worked with GPs and other providers to ensure patients have been receiving appropriate interventions. Feedback from GP Practices involved has been positive.

## 6. Barnet Wellbeing Hub development

6.1 The next phase of the programme has seen the development of the Barnet Well-being Hub. The hub is designed to support the ongoing needs of people with mental health needs from all referrers including Primary Care and Self-referral. The Wellbeing Hub has been developed through a co-delivery, collaborative core group of service providers. Commissioning has provided ongoing guidance following the Trailblazer from April – July 2016 on the required outcomes from the development of a hub. The Trailblazer saw key partners come together to examine good practice information from other similar developments around the country about how to configure better integrated pathways with statutory and community partners.

6.2 The hub is designed to provide a gateway to finding the services that are required at the point of referral and to signpost people to the most appropriate and helpful services to meet their needs.

6.3 The service is due to commence from end September 2016 and initially the centre of operations will be at the Meritage Centre. Other services in the voluntary sector will be providing additional onward support in a hub and spoke model of care:

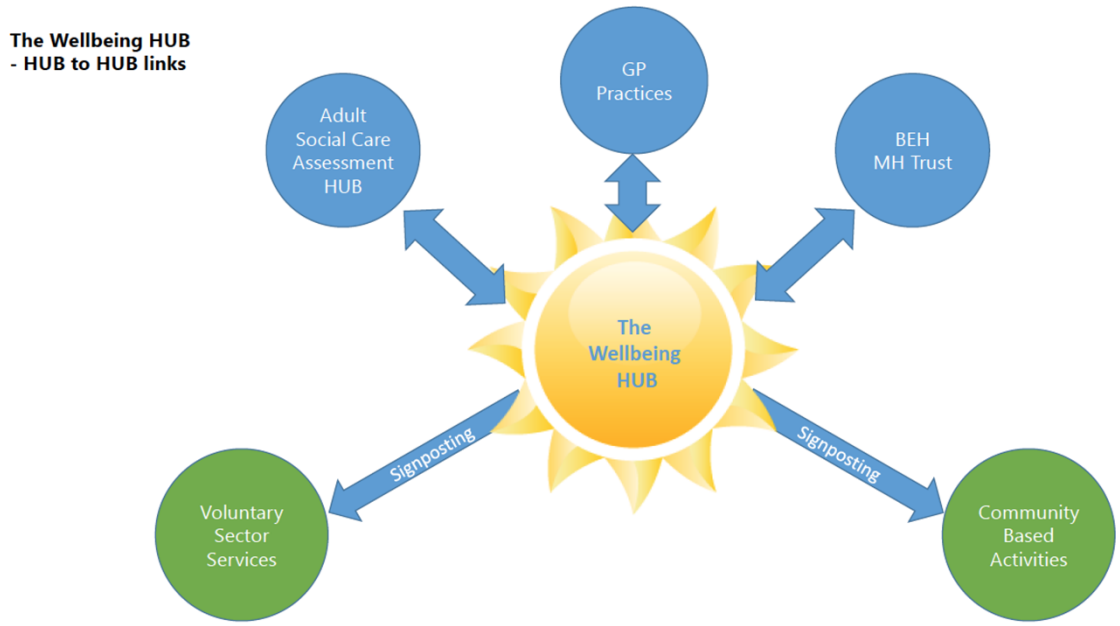



**Fig 1 Barnet Well Being Hub and spoke model**

6.4 The aim for the Barnet Wellbeing Hub is to support adults of working age (16 – 65 years old) with common and long-term conditions and/or social care needs to become involved in community activities, and support community groups so they can welcome more people with care needs. The specific activities carried out by the hub to meet this aim will be:

- To act as a Single Point of Access for statutory referrers such as GP Surgeries, Link Workers, BEH MH NHS Trust, Barnet Council Adult Social Care, Barnet IAPT, CMHT, Barnet Police Service, London CRC Probation and others.

- It will also accept referrals from voluntary organisations, and self-referrals.
- The service will formally link with the Adult Social Care Assessment hub after the initial development of the service at a later date. It is hoped to employ a social worker in the hub to support onward referral at the first point of contact. This would support the Council's development of Assessment Centres in the community to ensure people are assessed at the point of contact.

6.5 The Well-being Hub was developed through the Trailblazer programme and involves the following providers within a collaborative approach:

| Voluntary/Community Organisations | | Statutory Organisations | |
|---|---|---|---|
| **Already engaged (core group)** | **Already engaged (not core group)** | **Already engaged** | **Proposed partners** |
| BMER Charities e.g. MWS, BRS and BAWA | Barnet and Southgate College | BEH MH NHS Trust / Link Workers | Barnet Housing Team |
| Barnet Voice | Barnet CAB | Barnet Adult Social Care | Barnet IAPT |
| Barnet Carers Centre | Alzheimer's Society | GP Surgeries | Barnet MHT CMHT |
| CMHA | Community Centres (e.g. Multicultural Centre, Sangam Centre and Altogether Better) | London CRC Probation | Barnet Police Service |
| Community Barnet | Community Focus | Westminster Drug & Alcohol Service | Job Centre Plus |
| Eclipse / Richmond Fellowship | Future Path | Barnet Hospital Psychiatric Liaison | Home Start Barnet |
| Inclusion Barnet | Faith Groups i.e. Hendon Mosque | | |
| JAMI, JVN | Genesis Housing Support / Outreach Barnet | | |
| MIND in Barnet | Homeless Action in Barnet | | |
| One Housing Support | Restart, Relate | | |
| Timebank | | | |
| Age UK Barnet | | | |

**Table 2 – Collaborative Partners**

6.6 The development group reports to the Steering Group (which fed into the trailblazer process and which will now become the Reimagining Mental Health Sub-Committee which will sit under the CCG's Clinical Quality and Risk Cttee. The group comprises:

6.7 Development Lead for the community collaborative for the Re-Imagining Mental Health programme is Julie Pal at CommUNITY Barnet which is Barnet's local infrastructure organisation whose primary role is to work with and support community organisations delivering services to Barnet residents. Community Barnet was resourced initially through the original funding allocations process:

- To identify potential providers,
- Promote services and
- Shape the local supplier base to deliver the highest quality of services for the borough.

6.8 Community Barnet also acts as a partnership facilitator to support the continued development of the service to meet the wider and long term needs of the Barnet population.

6.9 The other collaborative organisations delivering core elements of the hub to residents:

- Inclusion Barnet and Eclipse: working with CMHA to develop the Wellbeing Team to embed the principle of social prescribing. Will host two hub workers in phase one.
- The benefits to adult social care embedding SW into community based mental health teams have been evidenced nationally. Although this is a future aspiration, Adult Social Care is engaged in discussions to support the work of the wellbeing centre and ensure that social issues are identified and addressed at the earliest opportunity. The role would ensure direct advice to wellbeing staff to offer the right service at the time to individuals and the most appropriate decision is made in terms of social care needs at the first point of contact for the individual using the service. The role would also ensure early intervention, close working relationships and understanding between the Wellbeing and the Enablement teams and the wider social care services.
- Timebank Barnet: lead on time-banking opportunities; providing a range of opportunities.
- Jewish Volunteer Network: lead on all supported volunteering
- Barnet Voice: peer support through Space2Be programme
- MIND in Barnet: support with a one day per week Mental Health Advocate
- Jewish Association for Mental Illness (JAMI): Staff training and support in terms of utilising the Emotional Health checks

6.10 All delivery partners will be responsible for the delivery of agreed outcomes to the Lead Provider, who will be responsible in turn to Commissioners.

6.11 The lead delivery provider is the Chinese Mental Health Association run by Mr Leon Lee Leon Lee.
The role of the Lead Provider is to:

- Employ some of the staff team
- Support the recruitment and training of peer support volunteers in partnership with other interested providers to deliver 'supported access' to services
- Record and monitor progress and outcomes using agreed tools e.g. Emotional Health Check

- Facilitate meetings amongst Link Workers who work within the localities and Wellbeing Centres. These meetings are crucial in terms of building the team around the person
- Utilise the Council's VCS directory and promote the Hub's usage and development
- Provide infrastructure (i.e. premises, helpline, email etc.) for referrers and individuals
- Work with partners to strengthen pathways

## 7. Ongoing development

7.1 The third phase of the Reimagining Mental Health Programme will take shape after these initial developments have had time to embed learning from the pilot phase. This will inform commissioners throughout about the possibilities and learning from each area and support the infrastructure for further developments under the forthcoming Sustainability and Transformation Plan for NCL. The programme has already contributed to the proposals and will continue in its turn to inform this wider programme development.

7.2 The statutory sector is already involved in the key developments for the NCL STP and the Reimagining Mental Health programme has been developed in a flexible way to ensure that ongoing development can be incorporated as development progresses. The CCG thanks all stakeholders for their involvement that has seen the successful developments in primary care and well-being services. This will only continue however, through the continued commitment of organisations and stakeholders to engage with ongoing discussions and plans to improve the current pathways and embed new dedicated ways of working to support services to deliver better outcomes.