

HEALTH AND WELLBEING BOARD

9 November 2021

Title: Barking and Dagenham (B&D) Update Report on 2021/22 Adult Mental Health Investment and Long Term Plan Progress	
Open Report	For Information
Wards Affected: None	Key Decision: No
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Summary The report sets out progress against key elements of the Mental Health Long Term Plan. Areas covered: Community Mental Health Transformation (CMHT), Crisis Care, Improving Access to Psychological Therapies (IAPT), Perinatal, Eating Disorders and Staff Wellbeing	
Recommendations The Health and Wellbeing Board (HWBB) is asked to note the content. Following the information provided, the HWBB should discuss any issues that need further exploration with NELFT representatives.	
Reasons for report To provide the Health and Wellbeing Board with an update on Long Term Plan investment.	

1. Executive Summary

- 1.1 This report provides an update on 2021/22 adult mental health investment and Long Term Plan progress. It provides an outline and background of the submission made to NHS England/Improvement (NHSE/I) about how we plan to transform local community mental health services and acute pathway, the journey so far and next steps. It also includes more specific Barking and Dagenham Community Mental Health Transformation (CMHT) local progress. The following areas are covered by this update: CMHT, Acute/crisis care, Perinatal, Eating Disorders, IAPT and Staff Wellbeing.
- 1.2 The CMHT programme plan has made substantial progress, with the Transformation team at full capacity, an agreed governance structure and terms of reference to oversee the work. The planned service transformation,

which will radically change current service provision, bringing a new place-based model of care has been designed and agreed with wide stakeholder input.

The new model brings in new roles and new partnerships with primary care and third sector providers. Recruitment to roles and arrangements with system partners are well underway and in line with planned year one objectives. A crucial part of the changes is the move of the Access and Assessment and Brief Intervention Teams (AABIT) into the Mental Health Wellness Teams.

- 1.3 Barking, Dagenham and Barnet Integrated Care Directorate (BDB ICD) has been focusing on place-based care, moving towards locality-based care in the three Barking and Dagenham localities: North, East and West. The Community Mental Health Transformation will support the move towards locality based/place-based care.

Over the three-year transformation programme, Barking and Dagenham will develop three Neighbourhood Teams, which will be called Mental Health Wellness Teams (MHWTs). Each MHWT will support two Primary Care Networks (PCNs) creating coterminous locality-based services.

2. Recommendations

- 2.1 It is recommended that the Board notes and supports the work of the CMHT programme activities and progress made against the Long Term Plan commitments.

3. Reason

It is recommended that the HWBB note and support these plans to ensure that plans to improve provision of local mental health services move in line with national recommendations, the NELFT CMHT programme plans and submission to NHSE/I commitments and the NHS Long Term Plan vision in order for local service users to benefit from improved service provision and gain improved health outcomes.

4. Background and context

- 4.1 The NHS community mental health framework was developed by NHS England as part of the NHS Long Term Plan. The framework outlines the need for a new place-based community mental health model, recognising that community mental health services have long played a crucial yet under-recognised role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities since the establishment of generic community mental health teams (CMHTs) for adults 30 years ago.

The new model of care is now in need of fundamental transformation and modernisation and requires the following in order to deliver improved outcomes to service users:

- “Radical change in the design of community mental health care.”

- “A new focus on people whose needs are deemed too severe for IAPT services but not severe enough to meet secondary care thresholds”
- “Personalised and trauma-informed care”
- “Maximised continuity of care”
- Access to Individual Placement and Support (IPS) will be doubled, enabling people with severe mental illnesses to find and retain employment
- Deliver against STP-level plans to eliminate all inappropriate adult acute out of area placements (Therapeutic Acute Mental Health Inpatient Care)

4.2 NHS England Long Term Plan – The People Plan and Mental Health

As part of the NHS England Long Term Plan, the NHS has made a commitment around the health and wellbeing of staff who work within health and care sectors (inclusive of social care). This commitment included specific learning post-Covid pandemic and the degree to which health and care staff have been subjected to the additional pressure and burden of the pandemic response. The following are North East London (NEL) area’s commitment to the People Plan and mental health:

- As part of the investment from the national allocation of mental health investment, a significant funding stream (circa £1.2M for the NEL area) has been used to create the Keeping Well NEL service (KeepingwellNEL@nhs.uk).
- This is one of 5 Keeping Well services across the London region and was the first to go live in December 2020. This service provides an emotional and mental health and wellbeing service to all staff who are employed within the NEL area in health or care settings.
- The service provides a health and wellbeing hub offer and under the direction of the Director of People services in the Integrated Care System (ICS), there are plans to develop this offer further with an increased range of pathway support programmes specifically designed to meet the needs of health and care staff.
- Currently access to the website is in excess of 3500 individual log ins per month, with the range of self-help materials and programmes as well as chat support, specialist assessment and rapid access to onward services being available.
- Most recently the Keeping Well NEL team has focused activity to supporting the care sector, delivering a number of wellbeing summits for care home staff.
- This initiative is receiving a lot of interest, as the care sector is a more challenging sector to engage with in comparison to the health sector due to the nature of the majority of small independent providers versus larger scale employers.
- Work programmes and pilots are shared across the London region as the service grows.

4.3 The NHSE/I CMHT Framework and funding priorities state that:

- People with mental health problems will be enabled to manage their condition or move towards individualised recovery on their own terms,

surrounded by their families, carers and social networks, and supported in their local community.

- Care Program Approach (CPA) is “no longer fit for purpose” – new systems need to be evolved.
- Peer workers need to become integral to all Mental Health (MH) care system.

To enable delivery and transformation of services in line with these recommendations, it is recognised that the process must be provider-led, clinically-led, co-produced and forge and deepen links with Voluntary, Community and Social Enterprise (VCSEs). This will ensure collaboration and use of skills, knowledge and experience of people who deliver and use services.

5. NELFT community MH transformation plans and submission to NHSE/I

NELFT and ELFT (East London NHS Foundation Trust) completed a joint submission of the planned transformation to NHSE/I. ELFT was however an early implementer site and as such, started their transformation journey one year ahead of NELFT. The submission committed to the following structural changes:

- A commitment to “complete re-design of existing primary and secondary care Mental Health provision.” This means “the creation of new blended multidisciplinary Mental Health Wellness Teams (MHWTs). These teams are organised around PCNs and include a full range of Multidisciplinary team (MDT) staffing including peer workers.”
- Across the care pathway, “these teams will provide wraparound support for people with varying levels of need, including those with longer-term and complex requirements.”
- “We have identified PCNs through expressions of interest in each of the four Outer North East London (ONEL) boroughs.”
- We committed to “expanding MHWTs incrementally through 2022/2023 and achieving full coverage by mid-2023/2024”.

We also identified the need for cultural change, a big shift from current pathways as follows:

- Workers will follow service users throughout their care pathway to keep the therapeutic relationship at the centre of care.
- The key principle throughout is “maintaining continuity”.
- We will embed a trauma-informed approach across the PCNs by adopting a person-centred model of care.
- Our Mental Health Wellness Teams (MHWTs) will proactively engage with carers and will be trained on how to hold difficult conversations, supporting carers to navigate services locally and ensuring that carers feel fully supported.
- Changing culture in our mental health workforce to ensure our transformation programme is successful by maintaining morale and encouraging staff to adopt new ways of working while supporting them through the change process.

- A commitment to “training staff to work relationally and holistically, maintaining an understanding and awareness of trauma and its importance at all times.”
- NELFT has experience in delivering training in Open Dialogue which is a model of mental health care which involves a consistent family and social network approach where all treatment is carried out via a whole system/network meeting, which always include the patients. NELFT will use this training to support the therapeutic team-based approach in the blended teams.

5.1 Defining our MHWT model and its delivery

To deliver this commitment, we designed a new model of MHWT to be place-based, holistic and integrated, as recommended by the National Collaborating Centre for Mental Health (NCCMH), as follows:

- Bringing Access, Assessment and Brief Intervention and Community Recover Teams (CRT) functions together – improving continuity and localisation.
- Localised around GP surgeries in Primary Care Networks (PCNs). GPs know who they are dealing with, where they are and how they work.
- One MHWT launched each year in each borough as we build, learn and grow each year. We are planning to launch the first MHWT at each locality by the end of January 2022.
- Lived experience becomes integral to the teams; 7-8 peer workers in each locality (commissioned via the third sector organisation).
- Closer substance misuse liaison for each team; local links being established through subgroups.
- Learning Disabilities Champions and training for each team.
- Specialised Older Adult training to work with non-frail older adult referrals.
- Extra clinical cover to add to physical health monitoring capacity.
- More integrated with local community - peer workers form a bridge to third sector and wider community provision.
- Integrated with families more, by teaching staff more systemic ways of working.

This MHWT model of adult mental health support requires effective and fit for purpose interfaces with specialist areas. To enable this, we considered and ensured the following:

Older Adults:

- The Older Adults (OA) working group developed the OA model over 6 months.
- Some specialised functions remain in borough-wide services, while other aspects (non-frailty) come into MHWT's.
- Needs-based, rather than age-determined.

CAMHS:

- Younger Adults (18 to 25-year olds) group will be scoping where main deficits lie and how we can add to adult offer to avoid the “cliff edge”.
- Part of this will involve aligning ways of working between adults, and children and adolescent mental health services (CAMHS).

Psychology:

- New roles to be embedded in the MHWT's, such as Band 8a Psychologist, Clinical Assistant Psychologist workers and Family Intervention workers.
- Remainder of secondary care psychology remains outside MHWT's but there is an interest and broad desire for further integration over time.

6. The Community Mental Health Transformation Programme: Progress and Next Steps

The community mental health transformation team (CMHT) is now at full capacity, with all posts recruited to. This includes a dedicated project manager for each borough (Barking and Dagenham, Havering, Redbridge, Waltham Forest). The NELFT Transformation team structure can be found at Appendix A to this report.

The programme governance structure and meetings have been established, with meetings across key workstreams to deliver the overarching CMHT programme plan.

The NELFT Community Mental Health Transformation Programme Governance Structure and Terms of Reference can be found at Appendix B to this report.

The following are additional CMHT programme achievements (please note this list is not exhaustive):

- Borough steering groups formed and system partners at borough level engaged.
- Agreement has been made, and work commenced to develop 3-year Learning Disability/Autistic Spectrum Disorder (LD/ASD) Strategy.
- Wide clinical and multi-agency engagement and participation in developing the future models of care have been achieved.
- Future clinical models of care for MHWT and OA models have been developed with supporting data analysis carried out.
- Service user (SU) engagement plan produced and implemented, with recent decisions to improve this made following SU feedback. This includes monthly meetings between SUs and Programme Leadership.
- CMHT Programme workstreams are progressing plans to ensure effective interface with MHWT's are established and agreed with systems and processes including robust record keeping. Additional workstreams are in the process of being set up as follows:
 - Addressing Inequalities – to ensure that the Programme is addressing inequalities and is in alignment with the Trust-wide work around Addressing Inequalities.

- RIO (electronic patient records system) Configuration – to prepare for MHWT’s staff to maintain accurate patient record keeping.
- We have recruited 21 PCN Mental Health Practitioner (MHP) Roles via the Additional Roles Reimbursement Scheme (ARRS) across BHR. We are in the process of completing and signing service level agreements (SLAs) with PCNs. Recruitment to other MHWT’s roles is ongoing.
- We have developed and agreed the Training plan for all MHWT’s staff. Open Dialogue training commenced on 18 October 2021 with intake representing all localities and ARRS workers. The training matrix and calendar can be found at Appendix C to this report.
- We are in the final stage of signing contracts with the third sector organisations following successful tender bids to deliver MHWT Peer Support Workers (PSW) and PSW Training. We have also started detailed discussions to establish ongoing strong collaborative planning.
- There is a planned programme evaluation which is being led by the Research and Development Department. We are in the process of agreeing the required data capture.
- Following feedback from service users regarding the term “Neighbourhood Team” discussions took place with them and the title “Mental Health Wellness Teams” (MHWTs) was proposed as a more appropriate term to use. We discussed this widely to ensure wider engagement and reached agreement to adopt this new term.
- We have had service pressures due to winter pressures and the Covid-19 pandemic, which were highlighted as having a significant impact on our staff and teams. This therefore affected the planned “go live” of our first MHWT’s which was agreed as end of December 2021, but has now been pushed back to the end of January 2022.

In view of achievements to date and to ensure delivery of the year one plans for the NELFT CMHT Programme to go live in Barking and Dagenham by the end of January 2022, the following is a list of priorities:

- Sign all contracts with the third sector for the PSW service;
- Complete recruitment to all planned MHWT posts;
- Continue training of all MHWT staff; and
- Develop and sign off a Communication Plan to improve and expand CMHT programme communication across all stakeholder groups and through a range of media channels.

7. Barking and Dagenham locality CMHT progress

Barking, Dagenham and Barnet Integrated Care Directorate (BDB ICD) has developed a locality Steering Group, with representatives from Service Users, London Borough of Barking and Dagenham (LBBD) Commissioning, LBBD Adult Social Care, NELFT Clinical Staff, NELFT Programme Manager, NEL Clinical Commissioning Group, PCNs Clinical Director and Voluntary Sector organisations, including Mind. This group oversees the local delivery of the programme, ensuring co-production is central to the process.

Prior to the transformation programme, in late 2019/early 2020, a consultation was carried out with Barking and Dagenham Community Recovery Teams (CRT) to move from 2 teams to 3 locality-based teams; however, this

unfortunately had to be put on hold due to the Covid-19 pandemic. This will now form the basis of our 3 MHWTs and we are moving forward with moving the 2 CRTs into the 3 locality teams.

For the first year, we will be focusing on the North locality and put the new workforce roles into the team. These roles include a community psychologist, family intervention worker, band 7 nurse and peer support workers.

We will now be working towards integrating the Access and Psychology teams into the locality teams with the aim to provide a seamless, needs-based Community Mental Health service, with the emphasis on “no wrong front door” and minimising the number of assessments service user have. Meetings have been set up with service user involvement to focus on the development of this.

Alongside this, the Barking and Dagenham project management team have been working closely with the six PCN Clinical Directors to develop and recruit to the Mental Health Practitioner roles; these roles are part of the ARRS for the PCNs.

We have successfully recruited six band 7 Nurses, one for each PCN; three took up post at the beginning of October 2021 and are about to start working in the GP surgeries. Two will be starting in December 2021 and one in January 2022. The ARRS has allowed PCNs to jointly employ Mental Health Practitioners to work within each PCN to support GP Practices in managing people presenting with mental health issues. The workers will also bridge the gap between primary care and secondary care mental health services.

Local meetings have been taking place to develop the mental health care of older adult's model, which will see more of a Borough-wide frailty service being developed, moving away from the custom of being referred to older adult services once a person reaches 65. The model is in line with the view from the Faculty of Old Age at the Royal College of Psychiatry and again focuses on needs-based services. Service users, LBBB and voluntary sector services are engaged in this. The final model will be released in November 2021.

Barking and Dagenham has recruited a full time Band 7 Project Manager who is assisting the Assistant Integrated Care Director in local delivery of the programme.

The following is a brief update of each service's performance in Barking and Dagenham:

Crisis Pathway:

- Clinical Decision Unit (CDU) opened in November 2020 to manage Covid-19 and triage all admissions to determine whether further treatment is required.
- CDU is a 7 day/week admission and discharge unit, offering medical cover throughout.

- Integrated Crisis Assessment Hub (ICAH) – enhanced model which includes outreach to all localities working closely with community mental health teams as well as Diversion pathway introduced to avoid emergency hospital presentations where this is not needed

18-25 year olds Pathway:

- This pathway has been commissioned 'At Scale' – external partner to undertake research by end of January 2022
- We are focused on high-risk groups, where we know the incidence of mental health issues is greater. The high-risk groups are:
 - Care leavers/Children in care
 - Those on edge of youth justice services
 - Those with special educational needs
 - Young carers and children separated from their families (UASC)

IAPT Services:

- The NHSE recent system maturity tool analysis has regarded Barking and Dagenham and IAPT among the two highest performing services across the NHSE six performance indicators, in seven IAPT services within NEL ICS.
- Barking & Dagenham IAPT service deliver NICE-recommended evidence-based psychological therapies for common mental disorders (depression and anxiety disorders) to the diverse population of the London Borough of Barking and Dagenham.
- The adult age range is from 18 and above.
- A variety of psychological therapies are offered in person, in groups, virtual, or/and via telephone by the qualified and experienced psychology professionals. The offered psychological treatment modalities include Cognitive Behavioural Therapy (CBT), Eye Movement Desensitisation and Reprocessing (EMDR), Interpersonal Therapy (IPT), Couple Therapy for Depression (CTFD), counselling, computer-based digital therapy options (silver cloud, IESO, XYLA).
- The referral rates were massively dropped across the board due to the Covid-19 related lockdowns but have started picking up again from the last quarter.
- The service has been performing extraordinarily well on recovery as year-to-date (YTD) service recovery rate is 51.3%.

Although the IAPT service is performing above the average, the service has some challenges. These are as follows:

- High level of Covid-related long sickness in staff;
- Increase in demand with complexities, necessitating staff upskilling and wellbeing initiatives;
- Did Not Attend (DNA) rate is slightly increasing;
- Slight increase in longest wait at 11 weeks, but still within 18 weeks;
- Number of people who wait over 28 days and over 90 days for first & second treatment increasing; and
- Recruitment and retention issues (not specific to Barking and Dagenham only. It is a national issue due to multiple factors).

Severe Mental Illness (SMI) physical health:

We have employed two Health Care Assistants that will be ensuring that all service users with an SMI diagnosis have access to physical health checks. This will be focused in the north locality initially.

Eating Disorder Pathway:

- Eating Disorder Service (EDS) – has increased its capacity significantly in order to meet the NICE standards for community eating disorder care. The service has recruited about 80% of staff and continue to deliver services to meet the Long Term Plan (LTP) trajectory.

Perinatal Pathway:

- NELFT have commenced the recruitment process for 19 additional staff to achieve the 2021/22 objective for this ONEL service. Approximately 50% of posts that were planned to be recruited by now have been. This puts the LTP target for Perinatal provision at risk; however, work continues to develop the workforce so we can meet the needs.

Employment:

In Barking and Dagenham community mental health services, we have two Individual Placement Support Workers (IPS) employed by LBBD that support service users into training and employment with our services. They will form an integral part of the mental health wellness teams.

8. Fairness Implications, including Equality and Diversity

The Barking and Dagenham Equality Impact Assessment (EQIA) screening can be found at Appendix D to this report. This relates to a staff consultation carried out in 2019 which is currently being implemented.

Background Papers Used in the Preparation of the Report: None

List of appendices:

- Appendix A:** NELFT Transformation Team Structure
- Appendix B:** NELFT Community Mental Health Transformation Programme Governance Structure and Terms of Reference
- Appendix C:** Mental Health Wellness Teams Training Matrix and Training Calendar
- Appendix D:** Barking and Dagenham Equality Impact Assessment
- Appendix E:** Progress Update Presentation