North Wales Clinical Strategy for Adult Mental Health

“How can we improve the quality of our current care for people with mental health needs in North Wales?”

90 Day Cycle

First Stage Interim Report

March 2009

Clinical Strategy Mental Health Core Group
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1 Context

The North Wales Mental Health Network was formally established during 2008, and with the proposed reform to the NHS the development of a cohesive strategy for mental health services across North Wales was identified as a priority.

Many examples of good local planning and strategy are available across North Wales. However, there is inconsistency in access and availability of mental health services across North Wales. This is highlighted within the North Wales Local Delivery Plan (LDP) for 2009 -10 and the local commissioning and service strategies and plans across the region.

Stakeholders, including service users and carers, report inconsistency in quality of care across North Wales.

The requirement to develop a regional Local Development Plan (LDP) to deliver the Annual Operating Framework (AOF) targets for 2009 – 10, was the first regional plan since the Welsh Assembly Government confirmed that mental health services would be an integral part of the regional Local Health Boards (LHBs).

Mental Health was identified as a key component in the proposals for the new North Wales Betsi Cadwaladr University Local Health Board (ULHB), along with Primary and Community Care and Unscheduled Care.

The North Wales Mental Health Network established a core group to work on the mental health component, which included Clinical leadership, Local Authority involvement and planning support from across the region.

The Core Group identified that the situation for older people with mental health needs, in particular organic disorders such as dementia, was quite different to the situation for adults with functional mental health needs. In particular services for people with organic problems tend to be led by the Local Authorities. This results in significant differences in service models and configuration across the region.
Therefore it was agreed that two sub-groups would be established, one to look at older persons needs, in particular organic disorders, and one to look at the needs of adults with functional mental illness.

The adult core group identified key priorities for initial investigation: social inclusion; psychological therapies; acute care (including Home Treatment (HT) and Assertive Outreach Services (AOS)) and Community Mental Health Teams (CMHTs).

It was acknowledged that these 4 themes are not exclusive and other priorities will emerge throughout the process. However, within the limitations of this particular 90 day cycle, it is likely that further work will be necessary to address subsequent emergent themes.

A literature review has been undertaken and data collated. A needs assessment has recently been undertaken by the National Public Health Service, which provides statistical data on population and prevalence across North Wales.

The core groups have engaged with a range of stakeholders and experts to gather views and information.

The 7 drivers for quality improvement were identified as: patient centredness; patient safety; service efficiency; timeliness; equity; efficiency and empowerment.
1 Social Inclusion

1.1 Situation

The focus on social inclusion was identified as a priority for the core group.

1.2 Background

It is acknowledged that employment, education, skills and activities can have a positive impact on mental wellbeing.

Although there are some examples of good practice, for example Cam Ymlaen workscheme in Conwy and the Next Steps project in Flintshire, these are not generally available throughout North Wales. Many employment and day service projects are provided by the voluntary sector and are subject to short term funding and an associated lack of security and sustainability.

The cost to employers of mental ill-health is estimated at £26 billion per annum, where 40% of all sickness is attributed to mental health problems.

Good quality housing is essential to good mental health and it is acknowledged that there is insufficient housing stock available across North Wales.

Housing needs are planned on a locality basis, usually led by the Local Authorities. There are a range of independent providers, such as housing associations and the private sector with some voluntary sector provision. As a result there are some pockets of good practice, but little consistency across the region.

North Wales Housing operates hostels for young men with mental health problems in Wrexham, which are cited as an example of good practice, however, the challenge across North Wales is to secure a range of good quality accommodation which facilitates step-down accommodation within the community.

Wrexham Local Service Board (LSB) has chosen as one of its priority areas for inclusion in its Local Delivery Plan to focus on improving the quality of life for people with mental health problems. This provides a unique opportunity for individuals and agencies
who may not otherwise consider themselves as having an impact on mental health.

1.3 Assessment

The literature review indicates that social inclusion is not just about having access to mainstream services but is about active participation in the community, as employees, students, volunteers, teachers, carers, parents, advisors and residents.

Mental Health and Social Exclusion identifies that a sustained approach is required to challenge negative attitudes and promote awareness.

Feedback from the stakeholder and expert briefing events indicates that people want high quality services provided in non-stigmatising locations, as close to home as possible. There is a desire to shift services into the community, and where possible into the Primary Care setting.

Social inclusion and the wider determinants of mental health require a partnership approach. “Talk to Me” (WAG) identifies that suicide is everybody’s business, and recommends that local interventions are led by strategic partnerships, eg, Local Service Boards or Health, Social Care and Wellbeing Partnerships, (HSCWB’s).

The partnership infrastructure will be largely determined by the further NHS restructure. Although there are some examples of robust partnerships in North Wales, eg, the Conwy and Denbighshire Adult Mental Health and Social Care Partnership, the same level of partnership maturity is not consistent across the region.

The key challenges will be to –

• Retain a focus on wider determinants of mental health in the context of the new regional NHS organizations
• Develop and sustain the partnership infrastructure
• Develop the skills and capacity of the workforce to work across boundaries
Secure and sustain resources across partners, including the voluntary sector
1.4 Recommendations

The following recommendations are made to take forward the next stage of the review –

• Identify how social inclusion will be prioritized within the new NHS structures
• The Stakeholder, Expert and Core Groups to undertake further work to identify examples of good practice, both locally and further afield
• The engagement of Local Authorities, Voluntary Sector and Service Users and Carers should be secured
3 Older Persons Mental Health

3.1 Situation

As part of the 90 day mental health review a specific area of this review is dedicated to Older Persons Mental Health Services and this report provides an update on the progress made so far.

3.2 Background

Older Persons Mental Health Services present some unique challenges not least the rise in the number of people with Dementia and the general issues in relation to an aging population and how this demand for services can be met from a range of options including, but not exclusively, from specialist mental health services.

Further to this is the range of services that have been developed in Adult Mental Health Services and whether they are applicable for Older Persons Services.

Finally, the transitional arrangements between Adult and Older Persons Services and the differing models of service delivery for Older Persons Mental Health Services across North Wales.

3.3 Assessment

Work is currently ongoing in relation to developing a picture of the current landscape of services across North Wales together with information on the demographics and a review of the current literature around the evidence for best quality services in Older Persons Mental Health Services.

Whilst there is a clear focus on locality working in close partnership with the Local Authorities across the region, there are a range of differing models of service across North Wales, and consideration must be given to whether this range of models of service can deliver consistent high quality outcomes.

As key partners in delivering services to older adults with mental health problems, in particular dementia, it will be essential to ensure that all the Local Authorities across the region are fully engaged and committed to the review process.
3.4 Recommendations

Given the above, the recommendation for the Older Persons Mental Health element of the 90 Day Review should focus on the debating and agreeing the following:

• outcomes required to deliver a high quality service

• acceptable standards for services

• service model/s which can deliver high quality outcomes in Older Persons Mental Health Services.
4 Community Mental Health Teams (CMHTs)

4.1 Situation

With the increased focus on developing specialist services, such as Home Treatment, Early Intervention and Assertive Outreach, it is timely to review on the role and functions of the CMHT.

4.2 Background

The core group has carried out a review of the Landscape and a Literature scan. The key themes are identified below:

Key findings from the review of the Landscape:

- Review of the recent Serious Untoward Incidents across North Wales including the Health Inspectorate Wales (HIW) homicide review in Denbighshire.
- Review of CMHTs including their Care Programme Approach (CPA) caseload information, staffing, operational policies, and other policies and procedures.
- Current or recent service reviews.
- Demography and deprivation indices.

Key findings from Literature Scan:

- Formal (WAG) Policy Implementation Guidance (CMHT implementation guidance available in draft format).
- Best Practice Guidance from National and Professional bodies for the CPA, New Ways of Working and Improving Access to Psychological Therapies (IAPT).
- Literature review of evidence for the common condition pathways that are managed by the CMHT -
  - Psychosis
  - Mood disorders moderate/severe
  - Personality disorders
  - Specific disorders; Anorexia, Adult Attention-deficit/hyperactivity disorder (ADHD), Obsessive Compulsive Disorder (OCD)
  - Medically unexplained symptoms
4.3 Assessment

Three priority themes have emerged:

1). Ways of Working. New Ways of Working and Creating Capable Teams has been inconsistently developed across teams as evidenced by major differences in caseload management and the variable profile of clinical leadership. The Care Programme Approach rather than Recovery Working dominates policies and procedures. There is inequitable access to different levels of expertise and skill-mix as well as overall staffing levels.

2). Treatment pathways. A large body of evidence exists on effective treatment pathways, but there is little evidence to show that it is being consistently applied. Review of the Serious Untoward Incidents show a repeated difficulty in obtaining high quality assessments, the development of individual strategic care plans and objective review of outcomes.

3). Clarifying remit. There is variability across areas in the guidance for defining the work of the CMHT and the systems and processes used to interpret it. This results in inconsistent and non evidence based decisions about who is included in service and who is actively or passively excluded from service. It is likely that implementing these 3 themes will require a further assessment of the workforce skills, training and development required to deliver these changes effectively.

4.4 Recommendations

To use the three themes outlined above to define the areas to focus on for the next phase and to derive the drivers for change.

Further work will be necessary to assess the workforce development requirements.
5 Acute Care

5.1 Situation

With the increased focus on community based services, including Home Treatment and Assertive Outreach, and the poor physical condition of many of the mental health units across the region, it is timely to review the role and requirements of acute care.

5.2 Background

The core group has carried out a review of the Landscape and a Literature scan.

Key findings from review of the Landscape:

- Review of the recent Serious Untoward Incidents across North Wales including the HIW homicide review in Denbighshire.
- Review of current provision, including Bed Numbers, nursing establishment of acute, Psychiatric Intensive Care Unit (PICU), Crisis Resolution and Home Treatment (CRHT) and Accident & Emergency (A&E) liaison services, and out of hours medical staffing.
- Activity at the 3 Inpatient units including; admissions, length of stay, occupancy and Mental Health Act (MHA) detention rates. CRHT activity and caseloads.
- Operational policies, and other policy and procedures for acute inpatient care, PICUs and CRHT.
- Demography, adults and deprivation indices.
- Specific service reviews.

Key findings from the Literature Scan:

- Best Practice National Guidance for Acute Care and Psychiatric Intensive Care.
- Literature review of evidence for acute care.
- Acute Psychosis
- Mood disorders moderate/severe
- Personality disorders
• Substance misuse

5.3 Assessment

Variation in level of provision, demand and resultant acuity for both acute inpatient beds and CRHT capacity across North Wales. There is an acknowledged over-provision of beds in Central and Western areas. No area has complete CRHT implementation, effective services are in place in most of the East, with limited provision around the urban areas in Central region, and the expected development of services 2009-10 in the West.

There is a wide variation in ways of working: adoption of acute care model, dedicated or lead acute inpatient consultants, PICU lead consultants, integrated or stand alone CRHT model and out of hours provision. Developments have occurred without detailed central guidance or enforced performance drivers, allowing interesting innovations in practice within wide variations in investment.

The current estate facilities are not fit for purpose. All three acute units have been acknowledged as having serious shortcomings, the Wrexham unit is being re-provided, with completion due in 2010.

The core group has not explicitly addressed the question of the model of re-provision in terms of numbers or siting of acute care provision. There is however an acknowledgement that by setting clear quality expectations for acute care services this may have the consequence of causing a change to the current configuration. A current example of this is the proposal to combine out of hours medical cover across two acute sites because of training and European Working Time Directives (EWTD) standards for trainee doctors.

All developments require substantial modernisation of an existing workforce, with associated training and development needs.

5.4 Recommendations

A set of standards, policies and indicators for acute care should be agreed across North Wales. This process may result in a single agreed model for delivery and change in the settings for provision.
6 Psychological Therapies

6.1 Situation

The improvement of the quality of psychological therapy services is one theme of this proposed clinical strategy for North Wales.

6.2 Background

There is considerable variation across North Wales, with differing approaches in all 3 regions.

A modernisation and integration of services, supported by the Action in Mental Health (AiM) project resulted in a single referral pathway that aims to offer appropriate psychological interventions when, and where required.

Mixed approaches occur across the regions, with a range of access routes.

6.3 Assessment

Psychological therapies are entering the mainstream of healthcare provision for the first time, as a result of decades of research into clinical effectiveness and increasing consumer demand, resulting in psychological therapies being recommended in every piece of current NICE guidance pertaining to mental health.

With continued investment into Improving Access to Psychological Therapies in England (IAPT), the disparity between psychological therapy services in Wales and in England is widening.

Services developed in some areas of North Wales are not provided, or only minimally addressed in others.

The statutory regulation of psychological therapy, the development of skills and competency frameworks for major therapy modalities (as by-products of the English IAPT programme) and New Ways of Working for Psychological Therapists (to be published in the Summer of 2009) will define roles, training and career frameworks for psychological therapists for the first time in the UK.

6.4 Recommendations
The development of an overarching strategy for the development of psychological therapy in North Wales, clarifying its relationship with other aspects of adult mental health. This strategy will help develop an ethos of psychological-mindedness within teams.

The development of meaningful integrated pathways, informed by the ‘Care Clusters’ model, must be supported by attention to interface issues, particularly those interfaces with in-patient services, Learning Disability Services (LDS), Older Peoples Mental Health Services (OPMHS) and Child and Adolescent Services (CAMHS).

The service values of ‘patient centredness’ and ‘empowerment’ link to standards around the ‘acceptability’ tenet. This standard stipulates the need to benchmark client satisfaction across services (and possibly Wales) and audit user ‘choice’, the provision of information and consent processes.

Supporting the further development of subspecialist therapeutic working in CMHTs (e.g. in Bangor) and developing Practice Based Evidence (introducing routine clinical outcome measurement and feeding the data back to the practitioners who generated it to enable the emergence of truly emotionally intelligent reflective practice).

Investment in systems (e.g. CORE) to support the benchmarking of clinical outcomes to local and national norms.

Reducing waiting times and planning for referral rates appropriate to our area means embracing some form of a tiered service model (either a stepped-care or stratified model, as undergoing development in Wrexham). Specifically this would mean:

Clear role descriptions for staff; the development of a 'clinical network' model and the development of a mechanism for the strategic oversight of psychological therapy provision within the new LHB, eg, a Psychological Therapies Management Group (PTMG) accountable to the senior operational management group. Its remit should include: workforce planning; gap analysis; stakeholders representation; training, development and research.
7 Mental Health and Primary Care

7.1 Situation

The proposed reforms of the NHS in Wales will bring primary and secondary care into the same organisation, in North Wales this will be the Betsi Cadwaladr University Local Health Board.

There is a clear direction for services to be delivered within the community, preferably at primary care level. Therefore the overlap between the mental health and primary and community care workstreams to be investigated and exploited.

7.2 Background

- Mental ill health is a major area of morbidity in primary care, to 1 in 4 primary care consultations.

- The recovery model promotes patient empowerment and self management of conditions.

- Chronic disease management model for depression places a focus on primary care. (Gask and Andrews for UK evidence, substantial US evidence and implementation)

- Physical Health co-morbidity in people who have schizophrenia and mood disorders, leading to double the normal Standardised Mortality Rates and a 10 year reduction in Life Expectancy.

- Comorbidity of ageing population, with high rates of dementia in all institutional settings.

- Increasing recognition of medically unexplained symptoms as source of morbidity and cost to the healthcare system.

7.3 Assessment

There is a need to dedicate some of the time and resource of the North Wales Clinical Strategy process to reviewing potential models which achieve the balance of specialist services, which span the 670k population of North Wales, with the need for localised primary care and partnership working reflecting its distinct and differing communities.
The following issues should be explored in partnership with the Primary and Community Care workstream:

- At what level do services become localised and what sort of local structures could emerge?
- How are clear lines of Governance and Assurance organised with multiple small localities or partnerships?
- What level of scale and scope is needed to deliver:
  - intensive services (beds and acute care),
  - intellectual services (university level training and professional governance)
  - sub specialty services (expertise which is not readily available now).

The quality improvement questions raised by the Adult Mental Health work streams, and the subsequent improvement plans, must explicitly include primary care.

7.4 Recommendations

To open communication with the Primary and Community care group, moving from Phase 1 to focus on priority areas, and seek agreement on which services could, and should, be provided within a Primary Care setting.
8 Implementation

8.1 Situation

Whilst the development and adoption of a strategy for North Wales is a fundamental development in improving mental health services, the real challenge to improving quality outcomes, will be the implementation of the strategy.

8.2 Background

It will be important to review the capacity and capability of the organization and its partners to carry through the change processes and quality improvements which arise from the work of the core group.

Various significant change initiatives have included the NLIAH sponsored pathway development projects, creating capable teams initiative, and the tidal model for inpatient improvement.

The Serious Untoward Incidents action plans across Central and Eastern regions are being implemented and reviewed.

A range of quality outcome measures are available, eg, the Outcomes Framework for Mental Health Services (National Social Inclusion Programme (2009)), which could be adopted regionally.

Work is currently ongoing with WAG to develop “intelligent targets” of which mental health is a priority area. This may provide a framework which could be adopted across North Wales.

8.3 Assessment

Improvement in the quality of mental health services in North Wales has occurred in a patchy and inconsistent manner, it has often not been sustained and relies on interested individuals.

Reviews of services through the previous commissioning process has not had the focus or detail to achieve consistent Quality Improvement.

With an increased emphasis on community and primary care based services, it will be essential to engage key partners,
including the Local Authorities and Primary Care practitioners in building the capacity and skills necessary for implementation and sustained quality improvement.

There is a considerable evidence based literature behind both the tactical and strategic manoeuvres which are required for the change process, and therefore how to achieve continual improvement.

8.4 Recommendations

Bringing together the core group members, with North Wales commissioning managers, senior clinicians and service users and carers to elicit their experience of quality improvement, barriers and successes would be beneficial.

The core group should be asked to agree that building the capacity and capability, within all partner agencies, to consistently improve mental health services should be considered as a work-stream in itself.

A project implementation plan is required, based on the agreed strategy, to ensure that we are in a position to move to implementation at the end of the 90 day research process.