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City of Westminster

Committee Agenda

Title:	**Health Policy & Scrutiny Urgency Sub-Committee**
Meeting Date:	**Tuesday 17th November, 2015**
Time:	**12.00 pm**
Venue:	**Rooms 10A & 10B - 17th Floor, City Hall**
Members:	**Councillors:** David Harvey (Chairman) Barbara Arzymanow Patricia McAllister

Members of the public are welcome to attend the meeting and listen to the discussion Part 1 of the Agenda

Admission to the public gallery is by ticket, issued from the ground floor reception at City Hall from 11.30am. If you have a disability and require any special assistance please contact the Committee Officer (details listed below) in advance of the meeting.

An Induction loop operates to enhance sound for anyone wearing a hearing aid or using a transmitter. If you require any further information, please contact the Committee Officer, Andrew Palmer:

Telephone: 020 7641 2802
Email: apalmer@westminster.gov.uk
Corporate Website: www.westminster.gov.uk

Note for Members: Members are reminded that Officer contacts are shown at the end of each report and Members are welcome to raise questions in advance of the meeting. With regard to item 2, guidance on declarations of interests is included in the Code of Governance; if Members and Officers have any particular questions they should contact the Head of Legal & Democratic Services in advance of the meeting please.

AGENDA

PART 1 (IN PUBLIC)

1. MEMBERSHIP

To report any changes to the Membership of the meeting.

2. DECLARATIONS OF INTEREST

To receive declarations by Members and Officers of any personal or prejudicial interests.

3. MINUTES **(Pages 1 - 4)**

To agree the Minutes of the meeting of the Urgency Sub-Committee held on 30 June 2015.

4. CENTRAL NORTH WEST LONDON NHS TRUST: CQC INSPECTION - AND REDESIGN OF THE COMMUNITY MENTAL HEALTH SERVICE **(Pages 5 - 18)**

To consider proposed changes and timescales of a major reconfiguration of the Community Mental Health Service within Central North West London NHS Trust (CNWL).

5. ANY OTHER BUSINESS

6. EXEMPT REPORTS UNDER THE LOCAL GOVERNMENT ACT 1972

RECOMMENDED: That under Section 100 (A) (4) of the Local Government Act 1972, the public and press be excluded from the meeting for the following item of business because it involved the likely disclosure of exempt information on the ground shown below:

Item No: Schedule	Ground	Paras of Part 1 of 12A of the Act
7	Information relating to the financial and business affairs of individual, including the Authority holding the information and legal advice	3

PART 2 (PRIVATE)

7. ST MARY'S HOSPITAL URGENT CARE CENTRE **(Pages 19 - 24)**

To receive an overview on plans underway to improve the effectiveness and value for money of the Urgent Care Centre at St Mary's Hospital.

Charlie Parker
Chief Executive
9 November 2015

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CITY OF WESTMINSTER

DRAFT MINUTES

Health Policy & Scrutiny Urgency Sub-Committee

MINUTES OF PROCEEDINGS

Minutes of a meeting of the **Health Policy & Scrutiny Urgency Sub-Committee** held on **Tuesday 30th June 2015**, at 2.00pm at Westminster City Hall, 64 Victoria Street, London SW1E 6QP

Members Present: Councillors David Harvey, Barbara Arzymanow and Patricia McAllister.

1 MEMBERSHIP

1.1 There were no changes to membership.

2 DECLARATIONS OF INTEREST

2.1 The Chairman sought any personal or prejudicial interests in respect of the item to be discussed from Members and officers, in addition to the standing declarations previously tabled by the Adults, Health & Public Protection Policy & Scrutiny Committee. No further declarations were made.

3 MINUTES

3.1 Resolved that the Minutes of the meeting of the Health Policy & Scrutiny Urgency Sub-Committee held on 27 February 2015 be approved as a correct record.

4 IMPERIAL COLLEGE HEALTHCARE NHS TRUST: RECONFIGURATION OF STROKE SERVICES

4.1 As part of the wider 'Shaping a Healthier Future' NHS reconfiguration across North West London, the Hyper-Acute Stroke Service (HASU) currently based at Charing Cross Hospital was due to move to St Mary's Hospital within the next few years to be co-located with Major Trauma services.

4.2 Imperial College Healthcare NHS Trust had requested that they met with Committee Members so they could obtain their views on proposals for a

temporary reconfiguration of stroke services at St Mary's Hospital as part of the reconfiguration. As there was no capacity for an additional agenda item at the recent meeting on 24 June, and as the next scheduled meeting of the main Committee was not until 24 September, it had been agreed that that Imperial would be invited to present their proposals at a meeting of the Health Urgency Sub-Committee.

4.3 The Sub-Committee accordingly now received a presentation on the temporary reconfiguration at St Mary's from Dr Tracey Batten (Chief Executive), Prof Tim Orchard (Divisional Director of Medicine), Michelle Dixon (Director of Communications & External Relations) and Mick Fisher (Head of Public Affairs), from Imperial Healthcare. Imperial also presented the engagement paper through which patients, carers, local residents and other stakeholders were being consulted.

4.4 There was a strong clinical consensus within the Trust that providing stroke services across two hospital sites was not sustainable in terms of quality or efficiency. Initial investigations and MRI scans made during the first 24 hours to determine the type of stroke the patient has had currently took place at Charing Cross. Transient Ischaemic Attack (TIA) or "mini stroke" victims received a full medical check from the TIA service, which would put in place measures to minimise the higher risk of having a stroke in the future.

4.5 As a temporary measure, Imperial were proposing that the overall quality of care available to stroke patients, their families and carers could be raised, through moving Westminster's regular stroke services from St Mary's while the redevelopment was taking place. Under this proposal, the 14 beds currently at St. Mary's would be co-located with the 20 beds at the Charing Cross HASU. The proposed transfer would be for an anticipated 5 year period, with the longer-term plan being for fully integrated stroke services providing seven-day access to senior specialist clinicians, therapists and MRI scanning services to be located at St. Mary's once the redevelopment had been completed. The Sub-Committee noted that the availability of services at one location would result in a shorter length of stay for patients, and better chances of recovery.

4.6 Although the two week in-patient services would move, outpatient services following discharge from Charing Cross would remain at St. Mary's, and out of hospital services would be unaffected. Members noted that the impact on post care should be minimal, and that services may be improved.

4.7 The engagement paper additionally sought to determine the number of patients currently being seen within the stroke unit at St. Mary's, together with where they came from and the travel times that were involved. Imperial were also consulting with staff on accommodation and travel; and with a range of patient and clinical groups to ensure that they were well prepared for the changes that were proposed. Members noted that feedback from the engagement and on the clinical case around stroke services had been largely supportive.

4.8 The Sub-Committee discussed possible transport problems Westminster's residents may have when visiting Charing Cross Hospital. Members recognised that the change to service would be easier for people in the south of the borough, and highlighted the need for equal support to be provided to patients from the north and south of Westminster after they had been discharged.

4.9 Imperial Healthcare confirmed that they had commissioned a study of current car and public transport routes, together with the options that could be considered for parking and to support visitors. The findings of the study were due to be reported on 14 July, and would be shared with the Committee. Members highlighted the importance of accessible transport being available, and suggested that Imperial Healthcare discuss options with the City Councils' Director of Transport.

4.10 The Sub-Committee discussed the improvements which co-location and the consolidation of services would bring, and highlighted the importance of patient outcomes. Members noted that of the patients that were currently admitted to the stroke unit, 40% returned home; 16% were discharged into a nursing home; 17% went into rehabilitation; 7% died; and 20% were transferred either internally, to another hospital, or to a stroke unit outside of Westminster.

4.11 Sub-Committee Members also commented on the reconstruction of St. Mary's Hospital, and asked whether the 5 year timescale that had been given was achievable. Imperial Healthcare confirmed that the timetable was considered realistic. The proposals had been included in the Implementation Planning Business Case (IPBC) for North West London, which had been produced by the Clinical Commissioning Groups and submitted to NHS England for approval. It was anticipated that the IPBC would be cleared during the summer in 2016, and then be followed by the planning process and a 3 year building programme. Imperial also confirmed that they had received reassurance that the cash receipts from the sale of NHS estate in Westminster would be used for the redevelopment of St. Mary's Hospital.

4.12 Sub-Committee Members asked why the changes were taking place now, and not earlier. Imperial confirmed that they routinely reviewed how services were delivered, and that concentrating expertise and centralising specific medical conditions was key to obtaining better outcomes and reducing mortality rates.

4.13 Other issues discussed included clinical changes that may affect stroke services that were anticipated over the next 5 years, such external ultrasound and the surgical removal of clots; St. Mary's as a teaching hospital; and audit processes.

4.14 The Chairman thanked the representatives from Imperial Healthcare, on behalf of the Sub-Committee, for attending the meeting and for their contributions.

4.15 **RESOLVED:** That the Adults, Health& Public Protection Policy & Scrutiny Committee:

1) Be kept informed of progress in the reconfiguration of stroke services in Westminster, and on the plans for redevelopment;

2) Receive a copy of the final engagement document once consultation had ended; and

3) Receive a copy of the study of current car and public transport routes, options for parking and to support for visitors, once it has been completed.

5 ANY OTHER BUSINESS THE CHAIRMAN CONSIDERS URGENT

5.1 There was no urgent business to raise.

The Meeting ended at 3:07pm.

CHAIRMAN: _____ **DATE** _____

City of Westminster

Health Urgency Policy & Scrutiny Committee

Date:	17 November 2015
Classification:	General Release
Title:	**Central North West London NHS Trust: CQC Inspection - and re-design of the Community Mental Health Service**
Report of:	Policy & Scrutiny Manager
Cabinet Member Portfolio	n/a
Wards Involved:	All
Policy Context:	City for All: Choice
Cover Sheet and Contact Details:	**Mark Ewbank x2636** mewbank@westminster.gov.uk

1. Executive Summary

1.1 The attached paper outlines a planned reconfiguration of services within Central North West London NHS Trust (CNWL). The paper provides an overview of the changes and timescales of a major re-design programme in the CNWL Community Mental Health Service.

2. Key Matters for the Committee's Consideration

2.1 The Committee is being consulted for its views under the Health & Social Care Act 2012.

If you have any queries about this Report or wish to inspect any of the Background Papers please contact Mark Ewbank x2636 in the first instance mewbank@westminster.gov.uk

APPENDICES - Appendix A: Report of the Central North West London NHS Trust

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Introduction

This paper outlines the CNWL response to our Trust-wide inspection published in June 2015 and outlines our subsequent action and progress. In addition, as we are undergoing a major re-design programme in our community mental health service this paper will give an overview of these changes and the timescales.

CQC Inspection Ratings

The CQC produced one overarching report for the Trust which included 18 individual service area reports.

The overall rating for CNWL is 'Requires Improvement' but it was noted that the delivery of care across the services was rated as 'Outstanding'. Against the 5 Fundamental Standards the CQC Inspectors measured services against the following ratings were:

• Are services safe?	Requires Improvement
• Are services effective?	Good
• Are services caring?	Outstanding
• Are services responsive?	Requires Improvement
• Are services well-led?	Good

What are we most proud of?

The report highlighted a number of positive aspects of the care we deliver to patients. These include:

- Our staff are recognised as hard working, caring and compassionate – **Rated Outstanding**
- We are 'open and transparent'.
- Our care is considered 'effective': There was evidence of an improved quality of care planning; there were measures in place to monitor outcomes; and there was good multi-disciplinary and multi-agency working – **Rated Good**
- Out services are considered 'well led': Staff were able to demonstrate our vision and values and felt part of the organisation; the Board and managers knew the areas that required further improvement; there was evidence of work with primary care colleagues – **Rated Good**
- There was evidence of involvement of our services users and carers across services and included much positive feedback.
- There were many examples of where the Trust and services embraced innovation and change and sought opportunities to develop.
- A number of services were commended including: Pharmacy; Recovery and Wellbeing College; Dental Services and Sexual Health.

Acute Care in London – Major Priorities

The Trust highlighted five key priorities to the CQC Inspectors that continue to be managed and delivered on. These are:

1. Bed management – daily and weekly reviews of bed availability
2. Establishment of a Chair-led Task Force
3. Redesign across the acute pathway focussing on:
    - Delivery of care closer to home
    - Early intervention
    - Provision of community urgent care 24/7
4. North-West London Mental Health and Wellbeing Strategy - 'Like Minded' project
5. Workforce – continued meeting of the safer staffing target in all bedded areas

Actions for Westminster services

A total of 26 'must do' actions were highlighted for improvement across services in the borough. The following outlines these for each service area; what actions have been taken and the impact of these changes on services and their users.

The assurances against each action are updated each month and monitored by the services and local governance team. Updates are reported to the Trust and CQC Lead Inspector.

Acute wards for adults of working age (14 'must do' actions):

'Must do's':

1. Address blind spots in the ward environment at the Gordon Hospital.
2. Staff must be able to articulate how they assess and manage potential ligature risks with a review of the use of blanket restrictions.
3. Staff levels are adjusted to reflect actual patient numbers.
4. All staff are to be trained in new restraint techniques.
5. Staff must always monitor and record physical vital signs during an event of rapid tranquilisation.
6. Reduce risk of AWOL at the Gordon Hospital.
7. Patients have a designated bed on admission within the ward occupancy levels.
8. Patients returning from leave must have a bed available.
9. Reduce the number of times patients are moved to other wards to sleep for non-clinical reasons.
10. Patients must be able to make calls in private.
11. Patient involvement in care plan preparation and offered a copy of their care plan.
12. Patients dressed in a way that preserves their dignity.
13. Patients have access to lockable space.
14. Night time checks are least intrusive and patients must be able to close their observation panels.

Actions taken:

- Mirrors are in place on the wards at the Gordon Hospital to address blind spots.

- Weekly spot checks by Matrons to monitor a range of these must do's on the wards.
- Ligature risks:
    - A Trust-wide ligature removal programme has been implemented
    - Ligature risks identified in each wards are documented on risk registers and shared with staff to support appropriate management of patients
    - Ligature risk competency framework and training programme for staff implemented and audited
- Incident reports are monitored by matrons and service manager. All self-harm episodes responded to with individual team.
- Trust Risk Assessment Policy includes a review of suicide and self-harm risk. Observation and Engagement Policy provides the practice framework for managing self-harm risk via therapeutic engagement and enhanced one to one observation for patients.
- Fortnightly audits to monitor completion of vital signs monitoring following rapid tranquilisation.
- Security:
    - Security review undertaken and action implemented. Target to reduce AWOLS by 50% by 1st April 2016.
    - Essential to role e-learning package has been developed and implemented.
    - Door release buttons removed to reduce tailgating.
    - Additional works to improve security of two main stairwells and at the main entrance.
    - Working with staff to ensure that all absconsion risks identified through risk assessment and management plan reflected in care plans.
- Access to private phone calls is available to all patients.
- Staffing:
    - Staffing levels adjusted to reflect the changing clinical risks and patient numbers on the wards.
    - Staff trained in supine physical intervention technique.
- Bed Management:
    - 3 weekly bed management meetings; daily out of hours senior manager on-call reports with a clear escalation process to Directors implemented including out-of-hours.
    - Bed occupancy discussed twice daily with borough and clinical directors.
    - No admissions of adults to older adult wards.
    - ECR beds agreed and funded by commissioners are used when necessary:
        - 27 ECR admissions since 01/03/2015
        - 13 were to Private Providers
        - 7 to Milton Keynes
        - 6 to East London contract
        - 1 to other NHS Trust
        - A total of 405 occupied bed days were used

Impact of actions taken:

- Line of sight:
    - Decrease in the number of violent and aggressive incidents at Gordon Hospital since July 2015 by half i.e. from 18 in July to 9 in October.

- Ligature risks:
    - Recent audit demonstrated compliance against identification of risks and linking to care plans. Ward staff were able to articulate risks. A re-audit planned during November.
- Supine restraint training:
    - 99.5% of staff trained (a small number of staff newly started to be trained). There is evidence of a decrease in the level of harm to patients and staff from aggressive incidents.
- Rapid tranquilisation and vital signs monitoring:
    - Fortnightly audits show 100% compliance across all wards at the Gordon Hospital for three consecutive months.
- AWOLS:
    - Reduction in the number of incidents. Vincent Ward saw a decrease in incidents during quarter 2 of 80%, compared to quarter 1.
- Bed Management:
    - No patients sleeping out in 136 suites since June 2015.
    - All patients returning from leave have had a bed.
    - No patients moved to other wards to sleep out since May 2015.
    - Two occasions of adult patients admitted to older adult wards but in both cases this was clinically appropriate at time due to frailty.
- Private telephone calls:
    - All patients able to make private calls.

Community based Mental Health Services for Adults of Working Age (3 'must do' actions):

'Must do's':

1. Automated external defibrillators (AEDs) where provided are maintained regularly, accessible and available for use.
2. Sufficient staff are available to work as care coordinators so that duty works are not holding large numbers of patients.
3. Ensure patients using community services are referred for regular physical health checks.

Actions taken:

- The AED Standard Operating Protocol clarifies AED requirements and necessary checks.
- Team managers monitor and check records.
- Through service re-design reviews of staffing capacity has been undertaken.
- Physical healthcare needs assessed on initial assessment and then every 6-12 months.

Impact of actions taken:

- AEDs:
    - Community teams have AEDs and emergency equipment as required
    - AEDs are checked daily and audited
    - All staff are trained to use emergency equipment
- Westminster currently have sufficient capacity to manage allocation of care co-ordinators and this will be closely monitored through the implementation of the Service Re-design.
- Physical healthcare needs:

- All patients GPs are written to annually prior to CPA to ensure a physical health care review is carried out prior to CPA. This is also audited.

Mental Health Crisis & health based places of safety (2 'must do' actions and 1 'should do'):

'Must do's':

1. Ensure that when a person is assessed as requiring an inpatient bed that they are able to access a bed promptly.
2. Access to the Trust's places of safety promotes the patient's dignity and privacy by the provision of a separate entrance.
3. Ensure building work to place of safety at the Gordon Hospital is completed ('should do').

Actions taken & impact of actions:

- Bed Management:
  - No patients sleeping out in 136 suites since June 2015.
  - All patients returning from leave have had a bed.
  - No patients moved to other wards to sleep.
  - ECR's are available when required.
- Places of safety: The refurbishment was completed in June 2015 and provides two dedicated assessment rooms (one DDA compliant). The facility is now compliant with the Code of Practice, including having a separate entrance from the street.

Wards for Older People with Mental Health Problems (7 'must do' actions):

'Must do's':

The primary focus of actions was for Redwood Ward, St Charles Hospital. A separate action plan has been developed with the ward to support the implementation of the actions. This has been monitored regularly with the Matron and Ward Manager and assurances gained to ensure actions are fully embedded.

1. Ensure medication is not left unsupervised or in reach of patients (Redwood Ward).
2. Ensure medication used for emergency resuscitation is kept in one place so it is easily accessible (Redwood Ward).
3. Ensure physical healthcare checks of patients are undertaken regularly.
4. Dignity & respect of patients:
   i. Ensure patients are supported to be dressed in a manner that preserves their dignity.
   ii. There is lockable space to protect patient possessions.
   iii. Ability to close observation panels in doors from inside.
5. Not to use beds for working age adults who are not clinically appropriate for a service for older people (Redwood Ward).
6. Ensure a bed is available for patients who are on leave.
7. Staff must be able to articulate how they assess and manage potential ligature risks.

Actions taken:

- Medication:
  - Notice attached on medication trolley and staff made aware of requirement

    - New clinic room furnished on Redwood Ward and completed on 11th September 2015. Emergency drugs stored and available to all staff.
- Physical healthcare checks:
    - Fortnightly audits undertaken of all Redwood patients.
- Dignity & respect of patients:
    - Patients are encouraged to dress appropriately and observation checks undertaken.
    - Lockers installed on Redwood & Kershaw Wards. Alternative measures in place if the patient is unable to keep a key.
    - Observation panels are kept closed by default and spot checks in place to ensure consistency.
- Bed Management:
    - Weekly bed management meetings; daily out of hour's senior manager on-call reports with a clear escalation process implemented.
    - Bed occupancy discussed twice daily with borough and clinical directors.
    - ECR beds used when necessary.
- Ligature risks:
    - A Trust-wide ligature removal programme has been implemented.
    - Ligature risks identified in each wards are documented on risk registers and shared with staff to support appropriate management of patients.
    - Ligature risk competency framework and training programme for staff implemented and audited.

Impact of actions taken:

- Medication:
    - Spot checks indicate medication trolley is not left unattended.
    - Emergency drugs stored and available to all staff in new ward clinic room.
- Physical healthcare checks:
    - Fortnightly audits show that 100% of all Redwood patients have received a physical healthcare check.
- Dignity & respect of patients:
    - Spot checks indicate that patients are dressed appropriately.
    - Patients have identified space to keep belongings.
    - Spot checks show that observation panels are kept closed as a default.
- Bed Management:
    - All patients returning from leave have had a bed.
    - No admissions of adults to older adult wards.
    - No patients moved to other wards to sleep.
- Ligature risks:
    - Recent audit demonstrated compliance against identification of risks and linking to care plans. Ward staff were able to articulate risks.

Redwood Ward, St Charles Hospital by Westminster Healthwatch

In addition to the local work and assurance received a positive letter was sent to the Chief Executive of CNWL from the Chair of the Adults, Health and Public Protection Committee, Westminster City Council, following a visit of Kensington and Chelsea and Westminster Healthwatch to Redwood Ward in September. They reported that they were impressed by the number of notable improvements made on the ward following the CQC visit.

This has been shared with staff on the ward and supports the visible changes that have been made and that are highlighted in this report.

Transforming our Adult Community Mental Health Services in North West London (NWL)

We always strive to provide high quality services, but we recognise that changes are needed to bring about improvements in patient and carer experience. Through our programme of Service Redesign we aim to improve our adult community mental health services so that they are better equipped to support patients and their carers in the community. We want to provide more responsive services to patients, carers and referrers, by offering access 24-hours-a-day, seven-days-a-week. In order to do this we are redesigning services.
This is an ambitious Service Redesign programme taking place during 2015/16, led by Dr Alex Lewis, Medical Director. In order to do this we are using co-production methodologies and have invited a wide audience to get involved. We are working in collaboration with our staff, patients, carers, local authorities, NWL's Clinical Commissioning Groups (CCGs) and other stakeholders to redesign our community adult mental health services.

The Service Redesign Programme in NWL has three elements:

1. New Single Point of Access (to redesign the point of entry into our services)
2. New Home Treatment Rapid Response Teams (to redesign the urgent care pathway)
3. Redesigned Community Mental Health Teams (to redesign the routine care pathway)

New Single Point of Access

On 3rd November 2015, CNWL is launching a new Single Point of Access (SPA) into adult community health services across NWL. This service, based at Trust Headquarters, Stephenson House, will provide a 24 hour, 365 day access point for all referrals across the five NWL Boroughs of the Trust, including Westminster.

This service has been developed following feedback from stakeholders, and particularly GPs, that accessing mental health services can be complicated. It has been commissioned by the CCGs, and developed collaboratively with stakeholders, patients and carers.

The SPA will offer a 24-hour multidisciplinary team (including a psychiatrist) that will replace existing referral points into adult community mental health services in Brent, Harrow, Hillingdon, Kensington & Chelsea and Westminster.

Following a robust clinical triage, they will process emergency, urgent and routine referrals from GPs, carers, and other statutory and third sector providers. The SPA team will also be able to signpost to other services and provide information and advice.

The SPA will not carry out face-to-face assessments. It will prioritise referrals and signpost to relevant services. It will also be able to book appointments for routine assessments within our local community teams. Additionally, the SPA will be able to book urgent and emergency assessments with the new Home Treatment Rapid Response Teams.

The service will replace the work of the Urgent Advice Line, and will ensure that, following telephone assessment, individuals will be allocated for any follow up or further assessment, to the relevant mental health team.

New Home Treatment Rapid Response Teams

Our NWL CCGs have agreed to invest an additional £1.9m across NWL to deliver a 24 hour, 365 day rapid response function for urgent and emergency referrals into our adult secondary care mental health services.

We will use this additional resource to enhance our current local Home Treatment Teams (HTTs) to enable them to respond to urgent and emergency referrals within the agreed standard response times (4 hours for emergency referrals and 24 hours for urgent referrals). This will also enable our adult community mental health services to deliver care in line with the Mental Health Crisis Care Concordat (2014).

This is being introduced to ensure that referrals from GPs, social care and others are dealt with and responded to, at anytime day or night, rather than people having to access mental health support via A&E.

Building on the current HTT in Westminster, people in crisis will be able to be seen at home, or other locations, removing the dependence on making their way to various sites across the Borough, e.g. St Mary's Hospital.

Recruitment is currently underway and it is planned that the phased implementation of this new service will commence in November 2015.

Redesigned Community Mental Health Teams (CMHTs)

This element of redesign is focusing on the routine care pathway. CMHTs within each Borough will develop a renewed clarity about their role and in particular their contribution to avoiding unnecessary admissions, helping people to recover after a crisis and progressing their continued recovery and independence.

The proposal for Westminster configures the current arrangement of two Community Recovery Teams, two Assessment & Brief Treatment Teams, a KCW Rehabilitation Team and our psychological therapies services into:

- Two main Community Mental Health Teams divided into four sub-teams which cover four distinct geographical areas of the borough: QPP (Queens Park & Paddington), North, Central and South Westminster
- A larger Westminster Rehabilitation Team that will manage all cases that are in medium or high 24 hour supported placements
- A virtual Psychological Therapies Hub that will improve the senior operational management and governance arrangements of the psychological services in Westminster (includes KCW Psychotherapy, Westminster Psychology, Family Therapy, Forced Migration Trauma Service, Waterview Centre) to improve the ways these resources are coordinated

- A new Westminster Dual Diagnosis Team (as approved by the S75 Partnership Board in 2014) that will join to form a KCW Service but operate in Westminster.
- A new centralised AMHP Service (Approved Mental Health Practitioner)(as approved by the S75 Partnership Board in 2014) that will be co-located with the Westminster HTRRT team and work closely with EDT.

In all these services it is the underlying staffing structure that seeks to enhance clinical leadership and multi-disciplinary working in the teams:

- Each community team (or sub-team) will be led by a single Consultant Psychiatrist working alongside a Health Clinical Team Leader and Social Care Senior Practitioner
- There will be a team approach to managing caseloads where members of the multi-disciplinary team may deliver discrete interventions into a case based on their skills or professional background
- There is a broader multi-disciplinary structure in the teams with the introduction of a greater number of employment workers, peer support/support worker roles.
- The clinical leadership structure will support improved governance and clinical supervision arrangements for staff.

These teams will undertake routine (within 28 days) and routine+ (within 7 days) assessments of new people to the service, and also provide services to people who have long term mental health needs, and related social care needs. This will include a focus on employment, recovery and peer support, with the introduction of peer support workers to those new teams. Teams and sub-teams are expected to work to caseloads of 250-300 cases.

The operation and function of services will be based upon a zoning model which is a three stage process of managing cases clinically through the team from the point of assessment, through treatment and discharge:

- Cases in zone 1 (of which there may be up to approx. 30 per sub-team) are seen as needing the most intensive input by the team because (i) they are new assessments, (ii) due to clinical concern or risk (iii) may require HTT, (iv) may require assessment under the Mental Health Act (MHA). These cases are discussed on a daily basis by the team.
- Cases in zone 2 will have been assessed and a treatment plan agreed. There may be a named worker allocated but all members of the team could provide discrete interventions depending on specialist skills. These cases are monitored through weekly caseload supervision and reviewed by the full multi-disciplinary team (MDT) every one to three months.
- Cases in zones 3 will be moving towards discharge which may include stepping down to Primary Care Plus. Interventions will be group work based, will involve peer support workers and support workers, accessing the Recovery College and preparing people for discharge and independent management of their health. These cases will be reviewed through weekly caseload management and be reviewed by the full MDT every one to three months.

It can be seen from the above that the provision of mental health care in the community is changing, and within the new service design, it is expected that people will come into and then leave secondary care, to primary care, but be able to return quickly if at any time that is needed.

The changes are within a whole system of change, rather than isolated internal secondary care redesign. For example, there will be a concurrent change to the clinical leadership structure in Westminster Acute Services, where each of the wards will revert to an assessment and treatment model (away from a separate triage ward model) with each ward having a single Consultant Psychiatrist post.

There is currently a joint Human Resources staff consultation process underway with the affected CNWL staff and WCC staff. The current timeline for these changes to be implemented is January 2016.

Impact of the Model for Social Care:
The Borough has taken the opportunity of the redesign programme to review the current social care structures in the integrated mental health teams of Westminster as many were found to be lacking a Senior Practitioner. The clinical model (as described above) is based upon the provision of a generic assessment followed by discipline specific interventions, requiring a clear social care structure in each team/sub-team to assure that the statutory duties of the Local Authority are fulfilled. The model assures a Senior Practitioner in every team/sub-team – seeing an increase in this role from 3.0 to 6.5 wte. It is anticipated that this will provide career opportunities for a number of experienced WCC AMHP staff in the teams.

The model will deliver the centralised AMHP team that was agreed in the S75 Board in late 2014. A centralised function has been long awaited by the service and staff and should facilitate improved coordination of the AMHP activity in the borough. It will provide a single borough interface with the tri-borough EDT service. Implementation of the SPA and Rapid Response function to HTT should provide greater support to the centralised AMHP service and the EDT service in responding to people in crisis.

The model will take forward the integrated KCW dual diagnosis/substance use service that was agreed in the S75 Board in late 2014; this team will be managed by K&C.

The model provides a balance of health and social care resource in each team/sub-team where the structure of the social care resource is such that it could sit as a stand-alone structure – ensuring its robustness and providing a clear governance and leadership framework for the Director of Adult Social Care and with the WCC systems, Agresso and Managed Services.

The Operational Policy for the teams will clearly outline the statutory duties under the Care Act to those service users and carers who have an eligible social care need. The improved assessment function with daily review will ensure service users needs are identified quickly with clearly defined outcomes. The stronger social care senior presence in the teams will ensure a more robust supervision structure and also expertise at a team level on social care issues. Within the capacity modelling it has also been recognised that the role of the AMHPs on duty needs to be reflected in reduced caseloads and this should help with staff morale and retention.

Impact of the Model for Local People:
The principle of the Westminster community services model is one of providing local people with access to the most appropriate, least restrictive treatment/intervention when they need it. This

builds upon the CCG investment into primary care provision, Primary Care Plus and IAPT which will evolve further with the Whole Systems Integrated Care (WSIC) programme.

By accessing their GP, people should be able to access support where appropriate from the Primary Care Plus (PCP) service and IAPT (Improving Access to Psychological Therapies) service. There is general consensus to include the PCP service into the S75 which will be consistent with the Primary Care Liaison Nurse (PLCN) service in West London CCG to support the role of the social worker in this setting.

PCP and IAPT will continue to be referral pathways into the CMHTs or therapy services; the Trust central SPA team will be the point of contact for all other routes into services, most notably being 27/7 and closely aligned with the RRT functions of HTT this will offer an emergency and urgent referral pathway which has not been previously available to local people other than via A&E.

Primary Care Mental Health Services

The past few years have seen an increase in resource provision for mental health within primary care settings. In Westminster, there is a Primary Care Plus (PCP) Service provided by CNWL, CLH and Westminster MIND. This service works closely with the Westminster Improving Access to Psychological Therapies (IAPT) and the Counselling Services across GP practices.

The PCP service is strongly located within the primary care setting with Primary Care Mental Health Practitioners (PCMHPs) based in GP practices across the borough. PCP provides is a single referral point for GPs for all routine referrals which PCP will triage and provide support and signposting.

We have been undertaking a program of supporting clients to receive care, when appropriate within this growing primary care mental health service, and there is work being carried out under “Shifting Settings of Care” with the CCG, to transfer appropriate people from secondary to primary care mental health services. As part of this process, the provision of and access to social care is being considered and review of the remit of the social worker post in PCP to ensure that clients who do move to primary care maintain eligible access to social care.

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