WESTMINSTER CITY COUNCIL

HEALTH AND WELLBEING BOARD – 21 JANUARY 2016

WHOLE SYSTEMS INTEGRATED CARE OLDER ADULTS AND MENTAL HEALTH PROGRAMMES

APPENDIX 2

MENTAL HEALTH WHOLE SYSTEMS UPDATE

FOR INFORMATION



West London CCG Whole Systems Mental Health Pioneer

Community Living Well Service Update

Westminster City Council
Health & Wellbeing Board
21st January 2016



Contents



- Background to Community Living Well Service
- Stakeholder engagement
- Model of Care
- Implementation



Background



- The Community Living Well service focuses on people with long term mental health needs who currently are supported within primary care
- It aims to create a vibrant network of support and services located in community settings which wraps around individuals with long term mental health needs and their carers to enable people to maintain mental, physical and social wellbeing
- Watchwords: Easy Access, Preventative, Pro-active, Self Efficacy: <u>living well</u>, not just 'in recovery'



Stakeholder Engagement to Date (1)



 There has been extensive co-production over last 15 months with people with long term mental health needs, carers, Local Authorities, voluntary sector, GPs and other providers, including 100 people in 2014 and a group of 24 people in 2015, of which a third were service users and carers

Key messages

- support based on hope, empowerment and recovery
- seamless support based on personalisation, vigilance and wrapping services around the individual
- focus on social needs, navigation and daily living support to enable people to maintain their mental, physical and social wellbeing



Stakeholder Engagement to Date (2)



Recent engagement has included:

- User and carer representation on project steering group
- October tri-borough HealthWatch forum
- Workshop with voluntary sector providers to develop detailed model of care for self care and peer support
- Meetings with service users and carers to develop service ethos and what co-production will mean for the new service
- Discussions with local councillors



Model of Care



- Aimed at people on GP SMI and CMI QOF registers or those suspected of having long term mental health needs who are being supported in primary care
- Four tiers of service, with people able to access multiple tiers simultaneously
- Core elements include specialist primary care mental health nurses and psychiatrists; navigators providing practical support on housing, benefits, employment issues and social care and signposting people to appropriate services; peer support and self care
- Two hubs (St Charles and Violet Melchett clinic) with extensive use of community locations and networks with community services and activities



West London – Mental Health Whole Systems – 'Model of Care on a page'

Needs are complex, recently Needs are highly complex, not Needs are being met to allow Healthy - Need could emerge diagnosed, at risk of escalating supportable without secondary individual to meet own goals: across whole population need, recently transitioning from self-managing, in recovery, carers Secondary care Needs Integrated primary care Acute Mental Health Needs Publicly available Information No wrong door – supports facing teams **H&SC** professionals too Sources Standardisation of access o Groups Service Access to wider support for all services Use of PeopleFirst response Increasing complexity/acuity of needs Wellbeing GP practice **PCMH** CNWL North / South Hub Home Single Point of Access into services 'Co-worker' to support co-ordination **Psychiatry** SPA for Urgent Response OT, social care, housing, benefits, **PCLN** Crisis Assessment & Home Treatment Good information on services/access/ social activities, groups, peer What, and **IAPT** support, employment **Employment Pathway for CMI & SMI** Early Intervention, Recovery where? Consistent assessment of MH, PH, 'Community Recovery College" **CNWL Recovery College** Peer support Wellbeing, Social Health Peer Support and Network Support Shared record Online/Web-based Support *Hub/s = safe and consistent* PCMH + wellbeing skill mix A shared approach to assessment. Support to discharge/MH Co-workers/care navigators – one team (MH/PH/wellbeing)—see Care Act Ward rounds looking at health and wellbeing Up-skilling/Training/awareness New ways of joining up 1ry and 2ndry Recovery focus raising – incl. condition specific - What's throughout all services care- e-consultations/MDTs/Primary facing Access to Information - website different? specialists Other services/providers: 999, CIS, Voluntary Housing & **Employment** and North & Over 65s Crisis Learning Carers Pharmacy LAS, education South Hubs service/CIS services disabilities Benefits support response Relationships Other mental health programmes to link with: - making this Personal Integrated OOH GP **PCMH** Social Work Take Time to CQUIN Health Like Minded work **Employment** Care Act specifications developments in PCMHS Talk/IAPT **Budaets**

Pathway

'Community Living Well': core features of model

Easy access, pro-active, 24/7 providing full range of bio-psycho-social assessment and services to support service users, their carers and GPs based on principles of empowerment and self care.

Tier 1: Peer support, e.g. daily living tasks, personal budgets. Tier 2: Navigation in specialist non mental health areas e.g. benefits, housing, employment, debt.

Tier 3: Primary care mental health: case management, psychiatry, psychology, counselling, diagnosis Tier 4:
Specialist
acute mental
health: e.g.
urgent care,
early
intervention,
in-patient.

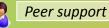


Tier 0: Self help and community support

Increasing health and social care needs



Service users and carers empowered to help themselves and each other; active 'co-workers' in living well.



Specialist navigators

Mental Health Specialists:

CMI and Stable SMI in CLW; Complex /High
Risk SMI in CNWL



GPs are central to care, and receive specialist resource to deliver 'Living Well Plan' from CLW 'Co-Workers'

"A vibrant, resilient community-integrated network of pro-active care, support and treatment, matched to need and risk, that best secures the mental, physical and social health of those with long term mental health needs"



Home Community settings



North / South Hubs



GP practice



3rd Sector



CNWL & ASC

Places

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Implementation



- Business case to WLCCG March Governing Body meeting
- Two phases of implementation planned:
 - ➤ Phase 1 in 2016/17 involves refocusing and extending the primary care mental health service, creating new navigator roles linking with current voluntary sector navigator services, opening of the two hubs and developing the peer support and self care services
 - ➤ Phase 2 in 2017/18 involves implementing the peer support and self care services and, post- CNWL re-design, transfer of any agreed caseload with appropriate funding
- Creating a Board of Directors with equal service user and carer representation





Thank you

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