Central and North West London NHS
NHS Foundation Trust

NHS
Brent
Clinical Commissioning Group

Brent

Joint report to Health Partnerships Overview and Scrutiny Committee

An Overview of Brent Mental Health Services

1. Introduction

1.1 This report has been written for the Health Partnerships Overview and Scrutiny Committee by officers from NHS Brent CCG, Brent Council and Central and North West London NHS Foundation Trust (CNWL) on the provision of adult mental health services in Brent. The report is split into two distinct parts. The first part of the report sets out an overview of community mental health services in Brent. The second part of the report provides an overview of acute mental health services based at Park Royal.

2. Mental Health in Brent

Commissioners and Providers

2.1 The commissioning and provider landscape for mental health services is complicated, but is crucial to understanding how the system works. Brent council, NHS Brent CCG and NHS England all commission mental health services. The council commissions mental health social care services; the CCG commissions secondary mental health services; NHS England commissions mental health primary care services and a small number of specialist services.

2.2 The council commissions its mental health social care services from CNWL NHS Foundation Trust, which provides an integrated mental health service in Brent based at Brondesbury Road and Park Royal. The bulk of Brent CCGs commissioned mental health services are also provided by CNWL, but it does have a number of smaller contracts with other providers. The service provided by CNWL comprises a number of different functions including assessment, brief treatment, care co-ordination, early intervention, assertive outreach, acute, community, and residential care for people with mental health conditions. Brent council staff are integrated into CNWL teams, working

alongside other mental health professionals providing integrated mental health and social care services.

2.3 It is important to understand that the majority of people with a mental health problem are not in the care of CNWL, but are treated by their GP in primary care. GPs are commissioned by NHS England. Also active in Brent are a range of voluntary sector organisations providing services for people with mental illness. Some of these organisations are commissioned by the council or CCG, others aren't. There are also a number of private sector providers that deliver services, such as accommodation and support to service users in supported accommodation, or care packages in the community to enable service users to remain in their own home. The council commissions services from private and voluntary sector providers to meet the needs of service users requiring additional social care support. The CCG individually and jointly commission inpatient and residential care for patients with mental health disorders requiring complex or continuing healthcare.

Mental Health Need

2.4 At least one in four people experiences a mental health problem at some point in their life and mental ill-health represents up to 23% of the total burden of ill health in the UK. It is the single largest cause of illness. Half of the individuals with mental health problems first experience symptoms before the age of 14 and three-quarters of individuals experience symptoms before their mid twenties. Depression is also the most common mental health problem in people aged over 65, with 13-16% having sufficiently severe depression to require treatment. The society-wide costs of mental health problems have recently been estimated at £105 billion, and the costs of treatment alone are expected to double in the next twenty years.

2.5 The table below sets out the number of people who are Brent mental health service users and under the care of one of the CNWL teams. Consultant Psychiatrists are involved in the treatment of all patients on the Care Programme Approach (CPA), which forms about 47% of CNWL's caseload. The Care Programme Approach ensures that there is multi-disciplinary input with both a named psychiatrist and a named care co-ordinator, whose responsibility it is to ensure that all professionals and services are working to together in line with each service user's agreed care plan and that formal review meetings involving the service user, carers and professionals are held regularly.

Adult Services	Total Cases as at 31/12/2013
Assessment and Brief Treatment Service	510
Acute Service - Home Treatment Team (Crisis)	259
Community Recovery Service	1380
Community Rehabilitation Service	344
Total	**2493**

2.6 Of the total number cases being treated in the community, 43 have an associated condition of learning disability or learning difficulty, such as

Asperger's syndrome; significant impairment of behaviour requiring attention or treatment; and other developmental disorders of speech and language. In addition, 686 service users have conditions associated with substance use, such as mental and behavioural disorders due to harmful use of drugs and/or alcohol, and other substances such as tobacco.

2.7 From the 2012 data there were 39 individuals identified within local services, with a Personality Disorder (PD), although local clinicians have questioned this data and believe the true incidence of PD to be significantly higher. Service Users with a diagnosis of Personality Disorder are treated according to their individual needs within generic services. This ensures that these individuals are enabled and assisted to integrate within general mental health services. Tertiary referrals are commissioned through specialist personality disorder units as required. PD Patients are treated in local generic services such as psychology, psychotherapy, out-patients psychiatry, CMHTs and day hospital. For patients who cannot be contained or treated within generic services secondary services, Tier 4 referral such as the Tavistock, and Portman and the West London MH Trust's Cassel Unit are commissioned to meet specific and complex needs by NHS Brent CCG. As part of 2014-15 commissioning intentions, NHS Brent CCG has committed to completing an audit of the numbers of people who have a diagnosis of personality disorder to inform future commissioning decisions around dedicated provision and inform the development of a specific pathway for patients with PD.

2.8 Brent has a lower rate than the London and England averages for hospital admissions for mental health conditions[1]. Other national indices for mental health prevalence in Brent suggest that mental health prevalence is in line with the London average. Brent is -

- below the London average and slightly below the England averages for admissions for depression-related conditions
- equal to the London average and almost twice than the England average for admissions for schizophrenia, schizotypal and delusional disorders
- in line with England but lower than the London average for patients on a Care Programme Approach (CPA)

Indicator	Brent average	London average	England average
Rate for hospital admissions for mental health conditions 2009-12	214	250	243
Rate of hospital admission for depression-related conditions 2009-12	30.5	37	32.1
Rate for hospital admissions for schizophrenia, schizotypal and delusional disorders 2009-12	103	103	57
Percentage of adults (18+) with depression, 2011/12	6.62	8.07	11.68
Allocated average spend for mental health (£ per head),	228	201	183

[1] Hospital Episode Statistics, The NHS Information Centre for health and social care, and Office for National Statistics

2011/12			
Numbers of people using adult & elderly NHS secondary mental health services, rate per 1000 population, 2010/11	3.5	3.4	2.5
Numbers of people on a Care Programme Approach, rate per 1,000 population, 2010/11	6.5	7.4	6.4

2.9 The Brent Mental Health Needs Analysis provides information on estimated percentage of the population with depression across all the wards in Brent. This indicates that there are 7 wards with 11% and above prevalence of depression. These are:

Ward	Locality	IMD Score	% of population with depression
Harlesden	Harness	43.63	12.0%
Stonebridge	Harness	42.48	12.2%
Kilburn	Kilburn	39.22	11.9%
Kensal Green	Harness	32.43	11.1%
Willesden Green	Willesden	31.63	11.4%
Mapesbury	Kilburn	26.32	11.1%
Queens Park	Kilburn	25.98	11.1%

2.10 Locally, the Quality and Outcomes Framework (QOF) is a scheme for General Practice which aims to improve the quality of care patients are given by rewarding practices for the quality of care they provide to their patients. Practice and CCG scores in the QOF are a useful indicator and overall practices in Brent have improved in comparison with other CCGs in recent years but improvements specific to mental health indicators are required to improve physical and mental health outcomes in Brent.

2.11 The tables below provide an indicator of Brent CCG performance by localities, based on individual practice performance in each locality. The numerator and denominator are population based with the difference between the 335,666 and 345,315 relating to the labelling of indicators as 'the practice can produce a register….' resulting in the lower figure for all localities, indicating that if a practice doesn't have a register the population is excluded from the calculations.

Locality	Patients with a history of depression coded at any time (Numerator)	Denominator	Recorded Prevalence
Harness	6,207	82,819	7.49%
Kilburn	4,455	73,439	6.07%
Kingsbury	7,288	77,168	9.44%

Wembley	4,368	49,722	8.78%
Willesden	3,684	52,518	7.01%
NHS BRENT CCG	26,002	335,666	7.75%
LONDON AREA TEAM	537,062	8,818,097	6.09%
NHS England	4,050,019	55,124,171	7.35%

2.12 The highest number of patients with a recorded depression is in the Wembley locality, with Kilburn rate being in line with the London average.

Locality	**The number of new diagnoses of depression in the practice during this QOF year (Numerator)**	**Denominator**	**Recorded Prevalence**
Harness	274	85,072	0.32%
Kilburn	340	77,696	0.44%
Kingsbury	342	77,168	0.44%
Wembley	75	52,861	0.14%
Willesden	175	52,518	0.33%
NHS BRENT CCG	1,206	345,315	0.35%
LONDON AREA TEAM	38,556	8,988,175	0.43%
NHS England	334,773	55,805,855	0.60%

2.13 However, the number of new diagnosis in 2012/13 indicates that Kilburn and Kingsbury had more new cases with Wembley seeing a decline. Overall the number of new diagnosis of depression was below the London and England average.

Locality	**The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses (Numerator)**	**Denominator**	**Recorded Prevalence**
Harness	1,000	85,072	1.18%
Kilburn	982	77,696	1.26%
Kingsbury	843	7,168	1.09%
Wembley	412	52,861	0.78%

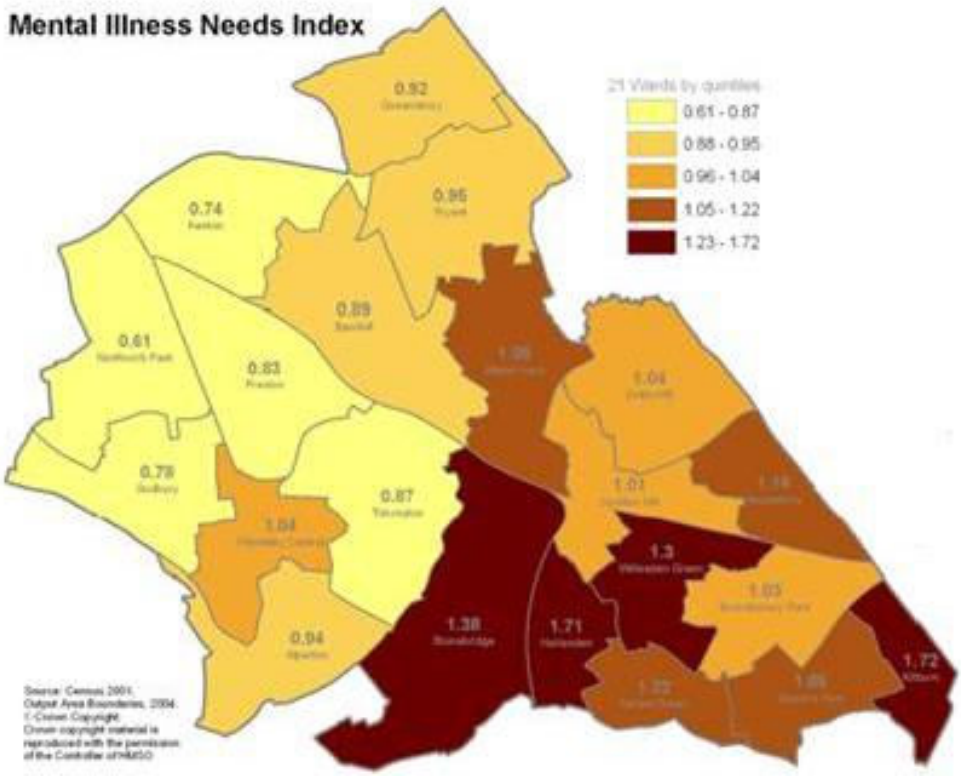
Locality	The practice can produce a register of people with schizophrenia, bipolar disorder and other psychoses (Numerator)	Denominator	Recorded Prevalence
Willesden	727	52,518	1.38%
NHS BRENT CCG	3,964	345,315	1.15%
LONDON AREA TEAM	92,559	8,988,175	1.03%
NHS England	469,260	55,745,396	0.84%

2.14 The number of practices who have a register of patients with severe and mental illness in Brent exceeds both the London and England averages, indicating that primary care are aware of patients with significant mental health concerns.

Locality	The practice can produce a register of patient with learning disabilities (Numerator)	Denominator	Recorded Prevalence
Harness	271	82,819	0.33%
Kilburn	156	73,439	0.21%
Kingsbury	372	77,168	0.48%
Wembley	116	49,722	0.23%
Willesden	139	52,518	0.26%
NHS BRENT CCG	1,054	335,666	0.31%
LONDON AREA TEAM	23,917	8,810,300	0.27%
NHS England	203,992	55,081,314	0.37%

2.15 The number of practices that keep a register of patients with Learning Disabilities is higher than the London average but lower than the England average. It is expected that a programme to improve access to health checks for people with learning disabilities launched in 2013/14 will have a positive impact on this indicator in future.

Fig 1: Brent mental health needs index, by ward



Age	Brent Pop. Composition		Variance	CNWL Brent Caseload Composition		Variance
	2001 Census	2011 Census		2010/11	2012/13	
0-17	22%	23%	+1%	9%	17%	+8%
18-64	66%	67%	+1%	73%	61%	-12%
65+	11%	10%	-1%	18%	22%	+4%
Ethnicity	**2001 Census**	**2011 Census**	**Variance**	**2010/11**	**2012/13**	**Variance**
White	45%	36%	-9%	42%	40%	-2%
Mixed	4%	5%	+1%	4%	4%	0%
Asian	28%	34%	+6%	18%	18%	0%
Black	20%	19%	-1%	29%	24%	-5%
Other	3%	6%	+3%	7%	12%	+5%

Fig. 2: Breakdown of CNWL Brent caseload composition [source: CNWL]

3. Community Services Provision

3.1 The Mental Health Community Services in Brent provide an integrated Health and Social Care service across three distinct services -

(i). Assessment and Brief Treatment Service

3.2 The purpose of this team is to provide a single point of entry/access, including initial assessment to Brent Mental Health Service. Referrals are made either through GPs or self-referrals. The team provides a joint health and social care service by offering short-term, multi-disciplinary interventions. Support is holistic and practical in nature and ranges from helping individuals to deal with housing issues to making psychological therapy referrals.

3.3 This service works with people with less complex health and social care needs, who can benefit from time-limited support and signposting to other local community resources. Where on-going support is required, individuals can be referred on to the recovery teams within the service.

(i). Community Recovery Service

3.4 Brent CCG and Brent Council commission a range of community recovery services via CNWL:

- Community Recovery Team – multi-disciplinary team (health & social care) supporting people with severe and enduring mental health problems in the community who require long term input from secondary mental health services.

- Assertive Outreach Team – as above but with a smaller caseload, supporting people who require more intensive input in order to maintain their health and social stability.

- Early Intervention Service – as above but supporting service users (under the age of 35) who are experiencing a first episode of psychosis.

- Employment, Welfare & Support Service – a team of local authority employed support workers who provide practical support to service users supported by the above teams.

- Carers' Assessors – two local authority support workers who assess carers' needs, provide respite breaks, respite payments and organise carers' forums and workshops.

3.5 All the service users open to these teams are supported under the Care Programme Approach. An integral part of the Care Programme Approach is to ensure that all risks posed to or by the service user are formally and regularly assessed and recorded. There is a risk management plan in place for each service user (where it is needed). The service user's care plan should also reflect and mitigate identified risks.

3.6 Each of the teams within Community Recovery Service is either able to provide directly or refer service users for:

- Psychiatry
- Community Nursing
- Occupational Therapy
- Psychology
- Psychotherapy
- Employment support
- Social Work

3.7 Interventions include:

- Diagnosis
- Prescription of medication
- Monitoring of medication and associated side effects
- Keeping people safe (Safeguarding)
- Emotional and practical support
- Help with accommodation
- Monitoring of physical health
- Provision of meaningful daily activities
- Support with education and employment
- Longer-term talking therapies
- Smoking cessation
- Culturally specific services

3.8 Service users can also access directly the Central and North West London Trust's Recovery College, which provides a wide range of courses aimed at service users, carers and professionals alike. These courses are designed to:

- Help people develop their skills and understanding,
- Help people identify personal goals and ambitions,
- Create a fun, positive and safe environment for learning and exploring recovery.
- Give people the confidence and support to access opportunities and resources available to them.

3.9 The focus of all the interventions listed above is to assist service users to improve their quality of life, develop their independence, achieve their own personal goals and eventually, when able to do so, move out of secondary services.

(iii). Rehabilitation Services

3.10 Rehabilitation services provide long-term care and support to service users with ongoing mental health needs in 24 hour staffed placements, either in in-patient units or the community. Rehabilitation services provide intensive therapeutic treatments to help people develop independent living skills and improve their quality of life.

- Community Rehabilitation Team – multi-disciplinary team (health & social care) supporting people with severe and enduring mental health problems who are living in 24 hour supported placements. The team provides a placement monitoring role to service users in out- of- borough placements and a CPA care coordination role to those in placements in Brent.

- Brent Community Rehabilitation Units – The Rehabilitation Service Line manages 74 beds in in-house supported accommodation. Of the 74 service users supported in this scheme, 28 receive floating support and the remaining 46 receive 24 hour support.

3.11 As with the Recovery Services, all the service users open to these teams are supported under the Care Programme Approach.

3.12 The Community Rehabilitation Team is able either to provide directly or refer service users for the same services as the Community Recovery Services, with a couple of additions:

- Liaison with housing providers
- Move-on support

3.13 Interventions for services users in the Community Rehabilitation Teams are similar to those in Recovery services, but also include “My Move” training, to help manage tenancies to prepare service users for step down from residential accommodation and into more independent accommodation options.

3.14 Teams also liaise with a wide range of voluntary or private organisations to provide additional support to service users, such as outreach support, day care, personal care and accommodation. Service users who meet the criteria for social care can also be referred to the Self Directed Support Panel which can sanction a wide range of creative, individualised services, designed to maintain service users’ quality of life and to help prevent a relapse of their mental health and to avoid hospital admissions and/or referrals to specialist residential placements. Where appropriate, payments can be made directly to service users to enable them to purchase agreed services directly.

4. Staffing

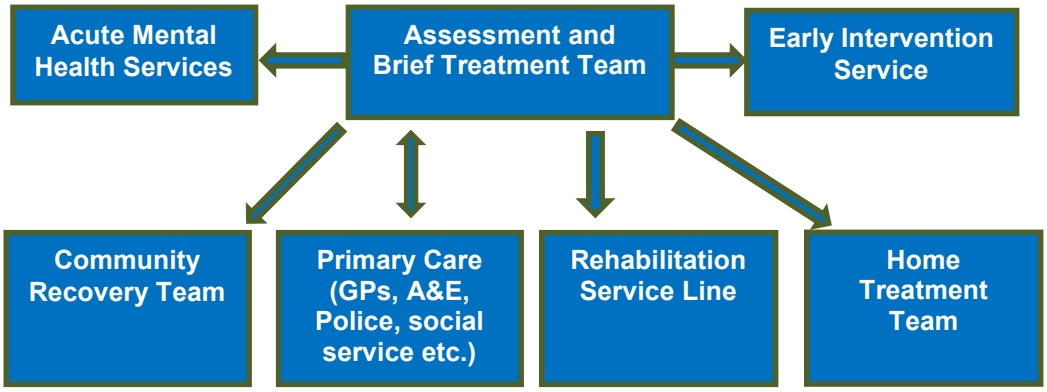
4.1 The Brent Community Teams are made of social workers, nurses, occupational therapists, consultant psychiatrists and junior doctors (experienced doctors training to be psychiatric specialists). The breakdown is as follows:

Brent Team	Social Workers	Nursing Staff	Occupational Therapist	Psychiatrists	Junior Doctors
Assessment and Brief Treatment Team	3	3	1	1.5	3
Community Recovery Team	14	11	2	2.8	0
Assertive Outreach Team	4	5	1	2	0
Early Intervention Service	2	7	1	2	0
Community Rehab Service	3	6	2	1	1
Home Treatment Team	2	16.68	1	1	
TOTAL (WTE)	**26**	**32**	**7**	**11.3**	**4**

5. Assessments

Assessment and Brief Treatment Team

5.1 The Assessment and Brief Treatment Team provides a single point of contact for GPs, primary care practitioners, local mental health organisations, councillors, service users and carers. All referrals are treated in the same way, the service user is contacted to make a convenient time for which they can be seen. The diagram below sets out the team's referral flows.



5.2 The average waiting time for first assessment in Assessment and Brief Treatment (ABT) Team from April 2013 to December 2013 for Brent is 5.9 weeks. Patients are clinically assessed and triaged and placed on the waiting list accordingly, ensuring that those with the most urgent and vulnerable receive some timely intervention. Clinical triage of referrals can result in discussions with primary care about how best to manage the patient until the ABT can become formally involved or an alternative service pathway, A&E Liaison, Acute Psychiatric Liaison services.

5.3 CNWL has undertaken an audit on demand and capacity for the ABT service to understand why waiting times have increased. The audit discovered that the number of referrals accepted by ABT has increased significantly since 2010. 358 more referrals have been accepted, which represents a 22% net increase. Caseloads for each team member have also risen as a result. The team was working with 291 more patients in 2013 than in 2011, a 57% net increase. Face to face contacts with patients have also gone up since 2011. The proportion of known patients being referred to the service has also increased from 46% in 2010/11 to 54% in 2012/13. From observation, more service users are presenting with psychosocial stressors (mainly linked to housing, immigration, financial, asylum issues and post-traumatic stress disorder (PTSD)), compared to the same time last year.

5.4 The Brent ABT Team has instigated changes in management of the appointment process to help reduce the overall rate of service users not attending their appointment to free up more spaces to reduce waiting times. All service users are telephoned prior to their appointment to find out if they are still able to attend or not. They are telephoned at the point when they are sent an appointment letter. Then they are telephoned one to two days prior to their appointment and on Friday if their appointment is on the Monday. In

addition to the telephone calls they are sent a text message 1 to 2 days prior to their appointment. This has reduce Did not Attends (DNA) to within the target of 13.1% across Brent Borough.

5.5 The table below is a typical referral profile for the service from January 2013 to Jan 2014 –

Referrals	Routine (28 days)	Urgent (24 hrs.)	Grand Total
Jan-13	197	2	199
Feb-13	212	2	214
Mar-13	236	2	238
Apr-13	200	2	202
May-13	262	0	262
Jun-13	232	1	233
Jul-13	270	3	273
Aug-13	223	14	237
Sep-13	234	19	253
Oct-13	212	39	251
Nov-13	141	70	211
Dec-13	167	66	233
Jan-14	47	34	269
Total	2633	254	3075

5.6 The increase in urgent referrals results in increased use of staff time dedicated to telephone contact with referrers, patients and carers. They can result in an earlier appointment slot within duty cover and increase the burden of clinical workload on staff. This may have an impact on routine waiting times, as those cases are seen later to try to accommodate the urgent referrals.

5.7 To address this, Brent CCG has been working with other North West London CCGs who commission services from CNWL, within the North West London Mental Health Programme Board, to develop an urgent care pathway with consistent standards relating to service interventions and response times. The development of the pathway is now complete but further work in 2014-15 is required to locally implement this pathway to improve waiting times for urgent mental health care.

Mental Health Act Assessments

5.8 Approved Mental Health Professionals (AMHPs) are responsible for Mental Health Act assessments, when it is considered that someone needs to receive assessment or treatment in hospital for serious mental disorder. It is the AMHP's duty, when two medical recommendations have been made, to decide whether or not to make an application for the detention of the person who has been assessed. This is a local authority responsibility, carried out by AMHPs who work for the council, but who are based with CNWL. The Council cannot delegate its AMHP function to another organisation.

5.9 This is an extremely important role and one that has to be approached with careful consideration of the service user, as ultimately people can be sectioned under various parts of the Mental Health Act. The social care model places great emphasis on using the least restrictive models of care. It is not uncommon for AMHPs to spend a considerable amount of time planning for an assessment and working with a service user prior to carrying out an assessment to ensure that other options are explored before the assessment is undertaken. The number of assessments carried out in Brent over the last three years has fallen, partly because of the willingness to look at other options before carrying out an assessment.

5.10 In January 2014 there were 41 referrals to the Mental Health Act Team, based at Brondesbury Road, and the AMHPs based at Park Royal. Of the 41 referrals –

- Fourteen section 2 applications were made (section 2 of the Mental Health Act allows a person to be admitted to hospital for an assessment of their mental health and receive any necessary treatment for up to 28 days);
- Eight section 3 applications were made (section 3 of the mental health act allows a person to be admitted to hospital for treatment for up to six months. It must be necessary for the patient's health, safety or for the protection of other people and treatment cannot be provided unless the patient is detained in hospital);
- There were five informal admissions for treatment, again reflecting an approach which emphasizes using less restrictive options when at all possible.
- Seven service users were put onto Community Treatment Orders (CTO), which AMHPs also have to agree. Patients that have previously been sectioned under the Mental Health Act can be released from hospital under a CTO, which means they will receive supervised treatment in the community. If a clinician feels the patient is deteriorating, under the terms of the CTO they can be recalled to hospital for treatment.

6. Improving Access to Psychological Therapies (IAPT)

6.1 Improving Access to Psychological Therapies (IAPT) is a national programme to identify and treat common mental illness, with an additional focus on increasing employability and reducing benefits reliance. It provides a community-based primary care service. The main treatment approaches recommended in IAPT services are cognitive behavioural therapy (CBT), Dynamic Interpersonal psychotherapy (DIT), Interpersonal Therapy, Couples behavioural therapy and Counselling for Depression. Referral into the IAPT service is via GPs.

6.2 The Brent IAPT service was established in 2010. The service providers initially were CNWL for tier three, MIND for tier two, and Richmond Fellowship (employment advisors). In January 2012, additional investment was approved, which consolidated tiers two and three into one service specification, provided by CNWL. The employment advisor element of the IAPT service was re-procured, with Twining Enterprise awarded the contract; taking over the service in November 2012.

6.3 IAPT is subject to a national access target of 15%, with a target 50% recovery rate. As a 'third wave' implementer, Brent has never received the additional Department of Health funding support to help achieve this target. Brent CCG currently funds IAPT to achieve 9% (with a budget of £1.4m in 2013/14). A business case is currently being considered to increase investment by £0.5m, to increase access to 11% by the end of 2014/15.

6.4 Appendix 1 provides a 'snapshot' breakdown of service users accessing IAPT services, by ethnicity, age, gender and reason for referral.

7. Carers

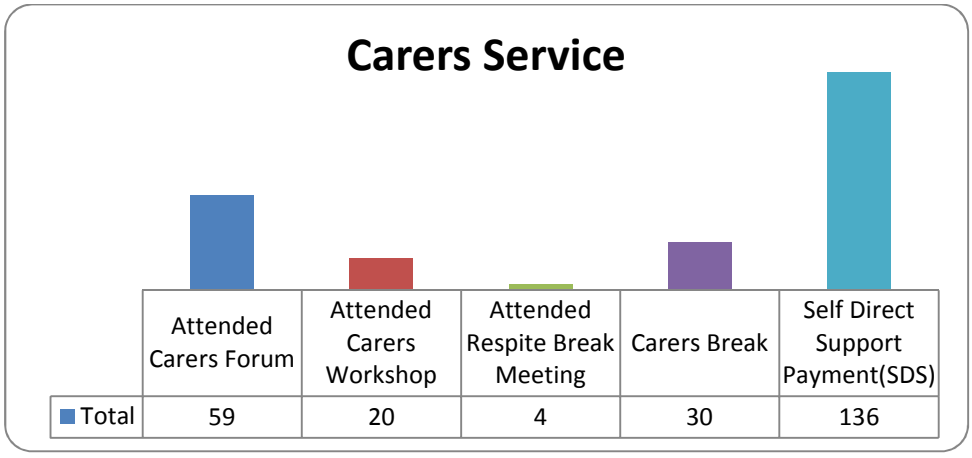
7.1 All identified carers are assessed and reviewed by care coordinators and the carer assessors. A carer's assessment identifies the needs of carers to ensure their continuous support to the service user. They are asked questions about how caring affects their social life or work and whether they have any health problems or financial difficulties that may affect their ability to care for the service user. Carers do not have to have an assessment if they prefer not to, but providers are required by law to offer assessments.

7.2 The main services available to carers after assessment are:

- Respite payment through Self Directed Support (SDS)
- Information and advice (mainly signposting)
- Help to complete SDS forms
- Opportunities to participate in carer's forums and workshops (during these workshops carers are able to receive advice and support from the various professionals involved with the service users.)

7.3 CNWL staff are trained to give information to carers about mental health conditions and treatment but personal information about the person they care for remains confidential unless the person involved has consented to sharing their personal information with their carer(s).

7.4 From 1 April 2013 to December 2013, carers benefited from one or more of services below:



8. Complaints and Advocacy Services

8.1 Service users who have a complaint about a specific service are asked to use the complaints system in place at CNWL, which includes an escalation process. Service users with complaints about health services may take their complaint to the Parliamentary and Health Service Ombudsman. Services users with complaints about a social care service can escalate their complaint through the council's complaints process if they are not satisfied with the initial response from CNWL. If, after investigation by the council's complaints service the service user still isn't satisfied, the complaint could be referred to the Local Government Ombudsman.

8.2 Advocacy services in Brent have been provided for the last ten years by Loud and Clear, a user-led organisation based in Wembley that provides mental health advocacy and user involvement services across North West London.

8.3 The service provides support to people accessing services, maintaining engagement with services, pursuing complaints and supporting people with issues relating to their social exclusion. The advocacy provided is in the form of support, information and representation to meet the needs of the local population and deliver national targets. People using the service are supported to overcome the barriers to social inclusion and take an active role in making decisions about their lives, particularly in relation to mental health and social care services. Peer advocacy support is also provided through training, group work and coaching, enabling mutual support among people using mental health services

9. Translation Services

9.1 Details on translation services are included at Appendix 2 of this report.

10. Commissioning budget and investment in community mental health

10.1 The budget and service lines for 2014/15 are still subject to contract negotiations taking place with CNWL and a verbal update will be given to the Committee. The budgets for 2013/14 for the various contracts and services that the CCG has for mental health services (including those outside the scope of this report) is set out below (forecast at month 10; all figures are approximate).

Mental Health Budget 2013/14	**£'000**
CNWL	
Inpatient services	11,600
Day Services	1,000
Child and Adolescent t Mental Health Services	1,700
IAPT	1,400
LD	2,050
Community	10,300
Memory	

	700
Rehab	2,100
A&E Liaison	150
Dementia Memory Services (plus scans and medications)	523
Psychiatric Liaison Services	427
	31,950
Dementia Services (Other)	
GP Quality Performance Scheme	121
Training Programme	48
Dementia Café	40
	209
Other NHS MH Contracts in place	
W London MH Trust	416
Barnet, Enfield & Haringey MH Trust	233
Tavistock & Portman MH Trust	35
Camden & Islington NHS FT	420
	1,104
MH Continuing Care and Complex Placements budget	
Mental Health (Younger Adult)	3,840
Adult Mental Health	911
Adult MH-Cost per Case	203
Children & Families-CPC-CAMHS	137
	5,091
Third Sector Mental Health Services	
Brent Users Group (BUG)	39
IMHA – Loud and Clear- Voice Ability	49
Brent Centre for Young People	133
Brent MIND	60
Southside Partnership (Fannon - Community development services)	175

Carers Services	568
Brent Carers Centre	61
Twining Employment Services for IAPT	96
	1,181
Acute Mental Health Admissions (NWLH and Imperial	708
Total CCG Spend on Mental Health Services	**40,243**

10.2 In addition to the investment in the psychiatric liaison and IAPT services already outlined, Brent CCG is or is planning a range of investments in mental health services.

- Shifting Settings of Care: an Out of Hospital contract, providing community nurses to give medication injections to stable patients with serious mental illness – to be agreed by the CCG in March/April, and linked to achieving QIPP changes
- Health & Wellbeing team: a pilot that has been running since June 2013 (due to end in 2014), this project has now been rolled out to all five Brent localities. This is about supporting service users with mental health needs discharged from secondary care to re-engage with their community - promoting their physical as well as their mental wellbeing by encouraging service users to see their GP; helping them access benefits, helping them join social groups, contact voluntary sector for any support, etc. It will be evaluated with a view to be included in a 'primary care plus' model, currently under development.

10.3 The CCG, working with Harrow and Hillingdon, will be reviewing the IAPT and CAMHS services to assess need, outcomes and identify good practice locally and nationally. Services may then be re-scoped across a three-borough model (but ensuring that there always remains a local focus).

10.4 Brent Council spends approximately £7m per year on adult mental health services provided by Central and North West London NHS Foundation Trust (CNWL). The service forms a critical element of the Council's approach to fulfilling its duties under the NHS and Community Care Act 1990 and the Mental Health Act 1983.

10.5 The mental health service has previously had an overspend of approximately £1m per year. A mental health improvement project and an efficiency programme have been put in place during 2013/14 that set out to reduce the overspend. As a result of joint working, the overspend stood at £0.377m at the end of December 2013, which is a significant reduction on where it has been, and is part of an on-going downward trend. The improvement project has ensured a shift away from using residential placements and has had a significant impact in terms of cost avoidance. The phase 2 improvement project will build on this work through a stronger focus on reducing residential placements as well as a fundamental redesign of the service.

10.6 The details on the council's mental health spend is set out below.

MH operational budget 2013/14	**Reporting budget 2013/14**
Management Services	£346,204
Recovery Team	£1,094,020
Assessment and Brief Treatment Team (ABT)	£276,108
Mental Health Act Team	£246,159
Employment, Welfare and Support Team	£444,737
Early Intervention Service (EIS)	£100,244
Assertive Outreach Team (AOT)	£189,321
Inpatient Service	£160,590
Carers Team	£124,765
Forensic Team	£57,714
Supporting People Service	£31,110
Alliance Close	£19,090
Community Rehabilitation Service (CRS)	-£37,115
Wembley Park Drive	£310,496
Self Directed Support (SDS) Panel	£50,000
	£3,413,443
MH purchasing budget 2013/14	**Reporting budget 2013/14**
Mental Health Nursing Care	£27,056
Mental Health Residential Care	£1,827,417
Mental Health Supported and Other Accommodation	£1,712,666
Mental Health Direct Payments	£93,317
Mental Health Home Care	£11,978
Mental Health Day Care	£38,220
Mental Health Adult Placement	£74,800
Mental Health Bed & Breakfast	-£229,424
	£3,556,030
TOTAL	**£6,969,473**

11. Brent CCG "Quality, Innovation, Productivity and Prevention ("*QIPP*") programme for mental health

11.1 The national QIPP programme is a broad policy agenda, aiming to provide better standards of care at lower cost. The CCG is charged with achieving annual QIPP targets and reducing costs year-on-year to enable reinvestment in more innovative models of care. This is in addition to national requirements to reduce baseline budgets across acute and non-acute budgets.

11.2 The 2014/15 QIPP programme between Brent CCG and CNWL is still being negotiated (as are CQUINS and the quality and information schedules) and as such have yet to be agreed.

11.3 The 2013/14 QIPP programme across all CCG services was £11.057m, of which some £1,750 related to mental health services:

	£'000
Savings on budget 2012/13 FYE (carried/forward)	829
Repatriation of patients from out of area	700
CNWL contract savings	125
Savings on small contracts	96
BEH* contract savings	300

* Contract with Barnet-Enfield-Haringey MH Trust

12. Mental Health Improvement

12.1 Brent Council, Brent CCG and CNWL have recently completed a mental health improvement project. It has been agreed to set up a phase 2 project to build on the changes achieved in phase 1 and secure further improvements in the mental health service in Brent. The phase 1 project was set up because of concerns the council had with CWNL, in particular that the services provided had become overly "medicalised" at the expense of social care and that there needed to be a greater focus on recovery and the achievement of social outcomes.

12.2 Given that the project was initiated because of problems with working the relationship between the council and CNWL, it is encouraging that relationships have improved significantly and that the council, CNWL (and Brent CCG) have agreed to set up a Phase 2 project. The phase 1 project identified a number of issues that will be addressed in the coming months, particularly the need to improve the quality of core assessments, which reflect the needs of service users and inform care plans. There are questions about the generic care coordination role that is used in the integrated service and whether jobs need to be redefined. Greater clarity and responsibility for commissioning will also be taken forward in phase 2, so that there is a closer link between the council, which commissions services such as accommodation and support, and CNWL care coordinators who work most closely with service users and will understand the needs of people in Brent.

12.3 There were a number of positive outcomes from the phase 1 project including a reduction in the number of service users in residential care – 19 at the time of writing. Moving service users from residential care into supported living is generally better for the service user, promoting independence and self reliance and assisting with recovery. It is an approach the council and CNWL want to build on, by continuing to move service users into more independent accommodation options, where it is appropriate to do so. Through closer working between Adult Social Care Commissioning, Housing and CNWL staff, new accommodation options have been opened up to CNWL care coordinators, including the use of social housing, which has assisted the step down process.

12.4 Another of the phase 1 project work streams was concerned with Section 117 after care. There is a duty under section 117 of the Mental Health Act to provide aftercare services to certain patients who have been detained under the Mental Health Act until the council and CCG agree that the service user no longer needs it. Case law has led to services under s117 being free to service users and therefore not eligible for charging. However, a practice of not reviewing and discharging from Section 117 was in place in Brent and

across the country, which inhibits supporting people to move back to full independence away from statutory services. Although progress through the project on discharge or variation of s117 services hasn't been as advanced as hoped at the beginning of the project this needs to be seen in context. Despite slow progress with this work stream Brent is leading the way in London in attempting to address s117. No borough appears to have a set procedure for s117 discharge, but we have managed to agree a procedure with CNWL and Brent CCG to do this. We are clear which service users are subject to s117 and put in place a series of reviews to ensure that s117 status is accurate and properly reflected in care plans. A small number of discharges and variations to s117 status will happen in the coming months, testing our discharge procedure. The actual process of discharge involves complex liaison between care coordinators, psychiatrists, service users, families and carers. Care coordinators and psychiatrists have to agree that it is in the service user's interests to vary or discharge s117. Care coordinators are clear that accurate recording of s117 and how it relates to care plans is crucial and we would anticipate further changes in working practice and culture as the work on this area is embedded through phase 2.

12.5 Mental Health Act Assessment work of the AMHP Service is described above in the report. There had been concerns about consistency of service and difficulties implementing the AMHP back up rota. A service improvement plan for the AMHP service has been completed (and jointly agreed) and the recommendations will be implemented up to April 2014, which will resolve the identified issues. Work has taken place to inform team managers of the changes to the AMHP service, that there will be one team based on two sites – Brondesbury Road and Park Royal. AMHPs in service lines will rotate into the team for two consecutive days each month to work on Mental Health Act activity and ensure the council has sufficient AMHPs to maintain its statutory responsibilities. Reporting lines and supervision structures have been tightened up so that AMHPs receive the emotional and supervisory support they need to work effectively. There remains a focus on training new AMHPs, to ensure Brent has sufficient number of AMHPs. Two prospective candidates are in the process of applying to start AMHP training courses, one in March 2014, the other in September 2014.

12.6 Performance and finance information has improved as a result of work carried out through the project. This has been seen in terms of accuracy and relevance to service performance. Performance information is more consistent, and isn't being retrospectively updated month to month. The Section 75 meetings provide a monthly forum where service performance issues are picked up and challenged. There are robust finance monitoring meetings in place, where service managers are held to account on spending and budget forecasting.

12.7 The terms of reference for the phase 2 project are to be agreed at a meeting between the council, CNWL and CCG chief executive's, but it is likely that there will be five workstreams, based around the following areas -

(i). Completion of the Phase 1 Project

- Continued focus on reducing residential care placements
- Improvements in recording of Section 117 and reviewing cases to vary or discharge s117 where appropriate
- Implementation of AMHP options appraisals

- Implement training programme on good quality core assessments within the Adult Social Care department

(ii). Review of Social Care Resources / HR Review

- Review job descriptions and locations of Brent ASC staff in CNWL integrated teams – Are staff working in the right service areas to ensure the social care model is relevant to Brent Mental Health Services and that the council's aims for the service are being achieved? For example, are more social workers needed in the ABT Team to ensure assessment objectives are met and that there is a reablement focus to the work of the service?

(iii). Reducing the use of Residential Care (Micro Commissioning)

- Supporting people to lead healthy and active lives in the community – reducing the number of services users in residential care placements
- Reducing the flow of service users moving into residential units, working with CNWL teams to explore other accommodation options and to increase the use of with SDS packages
- Tenancy support for service users in hospital (long term hospital admissions), so that they can be discharged home
- Work with the council Commissioning Team to ensure that the right types of accommodation services are commissioned and available for service users in Brent.

(iv). Develop a Joint Commissioning Framework between Brent Council and Brent CCG (Macro Commissioning)

- Council and CCG to agree a joint commissioning framework for mental health services, which will include:
    - Shared objectives
    - Shared outcomes expected from the service
    - Incorporate the outcomes of the HR review, set out in the work stream above, leading to an integrated workforce plan

(v). Using IT to make service delivery more efficient

- Ensure care coordinators have access to Framework I and other council IT systems (ETweb, Oracle, Intranet) from Brondesbury Road and other CNWL sites in Brent.
- Consider ways in which IT can enable service delivery and make services more efficient.

Appendix 1 - Brent IAPT Service breakdown of referrals by age, gender, ethnicity and diagnosis – April to December 2013

Age

18-30 years	1,161	31%
31-40 years	931	25%
41-64 years	1,532	41%
Over 65	114	3%
TOTAL	**3,738**	

Gender

Male	1,354	36%
Female	2,384	64%
Total	**3,738**	

Ethnicity

White	1,210	32%
Mixed	164	4%
Asian	553	15%
Black	500	14%
Other	161	4%
Not stated	1,150	31%
TOTAL	**3,738**	

Primary Diagnosis

Depression	1,596	43%
Generalised anxiety disorder	592	16%
Mixed anxiety and depression	670	17%
Post-traumatic stress disorder (PTSD)	172	5%
Agoraphobia and panic	139	3%
Phobias (including social phobia)	80	2%
Obsessive Compulsive Disorder (OCD)	72	2%
Mental disorders not otherwise specified (includes adjustment disorder)	253	8%
Other	164	4%
TOTAL	**3,738**	

Appendix 2 - Use of interpreter / translation services in Brent

	Oct. 2011	Nov. 2011	Dec.2011	Jan. 2012	Feb. 2012	Mar. 2012	Apr. 2012	May 2012	Jun. 2012	Jul. 2012	Aug. 2012
Brent	**Face to Face Interpreting (Language is Everything) Sessions**										
	101	103	87	61	72	90	83	98	89	97	115
	Face to Face Interpreting (Language is Everything) Costs										
	£12,608.75			£2,596.10	£3,703.90	£4,211.10	£3,513.75	£5,265.10	£4,732.25	£4,486.25	£5,600.65
	Telephone Interpreting (Language is Everything) Calls										
	1	2	2	0	1	1	1	1	1	4	4
	Telephone Interpreting (Language is Everything) Costs										
	£4.00	£58.50	£12.00		£7.50	£6.00	£24.00	£36.00	£7.00	£103.00	£25.50
	Translation requests										
	Nil										
	Most Requested Languages										
	Arabic	Persian Farsi	Persian Farsi	Persian Farsi	Persian Farsi	Arabic	Portuguese	Somali	Persian Farsi/ BSL	Arabic/ Polish	Arabic/ Persian Farsi