

South London and Maudsley NHS Foundation Trust pre-consultation paper on the restructuring of services to meet the requirements of NHS Southwark's mental health contract for 2010/12

Introduction

NHS Southwark has reviewed its Mental Health services in light of the changes in need and in order to establish services that are closer to the community, more focussed on recovery and more in line with the personalisation agenda.

NHS Southwark spent £493M on healthcare in 2009/10. The PCT Strategic Plan forecasts that by 2013/14, with the current configuration of services, expenditure is estimated to increase to £653m and the anticipated income in this period is £558m – a shortfall of £95m.

Southwark Council is also facing significant budget pressures. Since 2007/08 the money spent on adult social care has reduced in real terms by 10% reduction and a further reduction of 25% is being modelled over the period 2011/12 and 2013/14 in light of the new Emergency Budget.

NHS Southwark have informed South London and Maudsley NHS Foundation Trust (SLAM) that they intend to reduce the mental health contract by £3.7m over the next two years 2010 to 2012 as part of their recovery plan. It is also expected that further significant reductions to the SLAM contract will happen in 2012 to 2014. This disinvestment is on top of the reduction in substance misuse services which is addressed in a separate document.

NHS Southwark has also asked SLAM to address the New Horizons and Putting People First personalisation agenda in parallel with the disinvestment. This will mean looking at developing new ways of delivering mental health services that promote well being, putting people at the centre of planning, moving responsibility for health and well being back to individuals and preventing ill health where possible, but treating, caring and supporting people when necessary.

NHS Southwark have advised SLAM of their commissioning intentions and requested that they restructure their services such that:

- Clinical evidence and national best-practice is adopted to develop and implement revised clinical care pathways
- The philosophy of evidenced based outcomes is embedded into the local treatment system
- The time that people stay within both 'community' and inpatient treatment is reduced
- Treatment is provided as episodes of care that support GPs and other primary care services and that we move away from providing on-going, open ended support to individuals
- Individuals are encouraged take a more active role in managing their own care

NHS Southwark have asked that in the first instance we look at making the savings through re-designing adult community services as it is recognised that there are less opportunities to redesign crisis and acute services in the short term. The strategic direction outlined in the PCT Strategic Plan is that people are discharged to community services when they are well enough to be managed within primary care.

NHS Southwark also informed SLAM that they did not want to disinvest in the High Support Services but wanted to extend this model of provision into Supporting People accommodation. They were also clear that they wanted to continue with the current level of investment in the early intervention in psychosis services.

It was agreed that £700k would be found within SLAM central budgets and that an income target of £300k would be given to CAMHS and that the remaining £2.7m would be found by restructuring and reducing Adult community services.

Principles underpinning the consultation

Consultation differs from negotiation in that it does not aim to reach an agreement, which is satisfactory to all parties; rather it is a joint examination and discussion of issues of concern to both senior management in SLAM, staff, service users and carers. Ultimately, however, it is for senior management to make the decision it thinks best in the light of all the information and views expressed as they are accountable for the service; this may or may not be satisfactory in the opinion of everyone else.

In 2009, before disinvestment, Southwark SLAM embarked on an extensive consultation to get the views of service users, carers and other stakeholders on whether there was support for the plan to reconfigure community mental health teams into functional services, which in essence is developing assessment and liaison teams as well as separate treatment teams for psychosis and mood disorders.

This new way of organising services was generally well received, especially as these structures support the eventual move towards the national agenda of delivering outcome measured episodes of care within clustered pathways and the introduction of payment by results.

The level of disinvestment means that reducing activity and then top slicing the current community team structure to pull out the funding would create services too small to operate efficiently and effectively. However, reorganising services into fewer teams that are functional and organised to deliver episodes of care would ensure that people who are needing community mental health services are receiving them and people who are well can remain in primary care with the new liaison services ensuring easy access to secondary services when required.

Disinvestment in Services

SLAM has identified five main areas of redesign to address both the need to reorganise and disinvest. These are:

In 2010 / 2011 to carry out

- The reintegration of the assertive outreach services into the support and recovery teams
- The redesign of community services and introduction of Liaison and Assessment teams to support the reduction in secondary care and increase in primary care and third sector provision
- Introducing episodes of care and shortening lengths of stay in secondary care by introducing the Staying Well team

In 2011 / 2012 to carry out

- The reorganisation of psychological therapies in the borough
- The reduction in the community estate

2010/11

Based on recently published research by Helen Killaspy et al in the British Journal of Psychiatry 2009 it can be seen that there is no real advantage gained by using the assertive outreach community team model over support and recovery services and as such the delivery of assertive outreach services will be integrated back into the support and recovery teams. Support and recovery teams in turn will need to reorganise how they manage caseloads within the team and develop a team approach allowing an assertive delivery of care to those that need it.

NHS Southwark have also asked that the START homeless service concentrate on the liaison role it has with the homeless sector and that they move engaged and settled service users into mainstream support and recovery teams. They have also asked SLAM to develop a Supporting People team to ensure we use the SP provision in the borough as efficiently and effectively as possible.

In order to reduce activity in Support and Recovery teams in the borough SLAM will need to change the way they work with their service users and develop a much more fluid way of getting access to secondary mental health services when needed but also being discharged out of services when well. For this to happen SLAM have introduced the Staying Well team that supports people back to primary care with individual plans on how to stay well and how to access secondary services when needed. SLAM will also be reorganising their current Assessment and Brief Treatment teams into liaison and assessment teams to work jointly with primary care and other providers providing support and access into services when needed.

There is also a need to re-organise secondary psychological therapies in line with CAG structures and service areas changing the way services are funded which will release resources.

2011/2012

It is also necessary to review activity levels and funding streams for psychological therapies in the borough. In the first instance primary care have been informed that no more direct referrals can be made to SLAM psychological therapy services and that they will all need to go via Southwark Psychological Therapy Services (SPTS) or current Assessment and Brief Treatment services (ABT). As well as this NHS Southwark will be reviewing primary psychology services in 2010 which will include the SLAM SPTS contract and counselling in GP surgeries with the aim of reducing the spend by £500k.

The current condition of the estate in certain areas of the borough is quite poor and with the re-organisation of in services it is anticipated that one of the CMHTs bases will be surplus to requirements.

Restructure Plans and Reduction in Community Teams

Currently there are 18 teams:

- 5 x Assessment and Brief Treatment teams
- 5 x Support and Recovery teams
- 1 x Staying Well team
- 2 x Early Intervention teams
- 2 x High Support Teams
- 2 x Homeless Assertive Outreach teams
- 1 x Assertive Outreach team

The following 13 teams will be restructured:

- 5 x Assessment and Brief Treatment teams
- 5 x Support and Recovery teams
- 2 x Homeless Assertive Outreach teams
- 1 x Assertive Outreach team

To create the following 8 teams:

- 2 x Liaison and Assessment teams
- 2 x Support and Recovery for Mood Disorder teams
- 4 x Support and Recovery for Psychosis teams
- 1 x Supporting People team
- 1 x Homeless team

So that in future there will be 15 teams:

- 2 x Liaison and Assessment teams
- 2 x Support and Recovery for Mood Disorder teams
- 4 x Support and Recovery for Psychosis teams
- 1 x Staying Well team
- 1 x Supporting People team
- 1 x Homeless team
- 2 x Early Intervention in Psychosis teams
- 2 x High Support Teams

This will reduce the number of community teams and reduce caseloads in the following way:

Contracted activity for 2009/10 was 3,100 cases

Assessment and Brief Treatment	1,100
Support and Recovery and Staying Well (SW)	1,300
High Support Services	340
Early Intervention	180
SCOT and Start Team (AO)	180

Contracted activity with disinvestment for 2010/11 is 2,600

Liaison and Assessment	320
Support and Recovery in Mood Disorders	520
Support & Recovery in Psychosis and SW	1,100
High Support and Supporting People	360
Early Intervention	180
Homeless Team	120

Financial Restructure

The above plan will reduce spend in the following service areas:

- Reducing community caseloads by 500 will reduce the number of community teams across Support and Recovery, Assertive Outreach and Assessment and Brief Treatment releasing a saving of **£1,750k fye**
- Reduction in Community management posts proportional to the reduction in community activity releases a saving of **£200k fye**
- Restructure of secondary care psychological therapy releases a saving of **£250k fye**

Year One 2010 / 2011

Total AMH full year effect reduction	£2,200,000
(Part year effect reduction from 1 st October 2010)	£1,120,000
Total non AMH full year effect reduction	£1,000,000
(Part year effect reduction from 1 st October 2010)	£500,000
Total full year effect reduction in 2010	£1,160,000

Year Two 2011 / 2012

Full year effect reduction in AMH from year one plans	£2,200,000
Full year effect reduction in non AMH from year one plans	£1,000,000
Reduction in psychological therapies from 1 st April 2011	£500,000
Total Reduction 2010 / 2012	£3,700,000

Current Community Structure and Commissioned Activity Levels 2010

No	Team	Type	Location	Actual Activity 2009 /10	Contracted Activity 2009/10
1	Lordship Lane Support and Recovery Team	Long term CPA care and support team for all mental health conditions	22 Lordship Lane SE22	1445 cases 1139 on CPA 52.7 wte care co-or average caseload is 21.6 to 27.4	1375 cases
2	St Giles 1 Support and Recovery Team	Long term CPA care and support team for all mental health conditions	St Giles House St Giles Road SE5		
3	St Giles 2 Support and Recovery Team	Long term CPA care and support team for all mental health conditions	St Giles House St Giles Road SE5		
4	North West Support and Recovery Team	Long term CPA care and support team for all mental health conditions	27 Camberwell Road SE5		
5	North East Support and Recovery Team	Long term CPA care and support team for all mental health conditions	Ann Moss Way SE16		
6	Lordship Lane Assessment and Brief Treatment Team	Access, assessment and short term care for all mental health conditions	22 Lordship Lane SE22	1193 cases av caseload 40.6	1100 cases
7	St Giles 1 Assessment and Brief Treatment Team	Access, assessment and short term care for all mental health conditions	St Giles House St Giles Road SE5		
8	St Giles 2 Assessment and Brief Treatment Team	Access, assessment and short term care for all mental health conditions	St Giles House St Giles Road SE5		
9	North West Assessment and Brief Treatment Team	Access, assessment and short term care for all mental health conditions	27 Camberwell Road SE5		
10	North East Assessment and Brief Treatment Team	Access, assessment and short term care for all mental health conditions	Ann Moss Way SE16		
11	SCOT Assertive Outreach Team	Assertive CPA care for people who find it difficult to engage with services	88 Camberwell Road SE5	314 cases	180 cases
12	SE START Homeless Team	Engagement, assessment and long term care for homeless people	88 Camberwell Road SE5		
13	SW START Homeless Team	Engagement, assessment and long term care for homeless people	88 Camberwell Road SE5		
14	Dual Diagnosis Team	Providing training and joint work with community teams for people with drug and /or alcohol issues	27 Camberwell Road SE5	Joint working cases	Joint working cases
15	North STEP Early Intervention for Psychosis Team	Comprehensive care for people under 35 with their first experience of psychosis	12 Windsor Walk SE5	180 cases	200 cases
16	South STEP Early Intervention Team	Comprehensive care for people under 35 with their first experience of psychosis	12 Windsor Walk SE5		
17	High Support Residential and Nursing Placements Team	Care, support and proactive move on for people in placements	113 Denmark Hill SE5	374 cases	370 cases
18	High Support Forensic Placements Team	Care, support and proactive move on for people in forensic placements	11 Denmark Hill SE5		
	Total No Clinical Teams 18			3427 cases	3125 cases

Following Disinvestment Future Community Structure and Commissioned Activity Levels 2010

	Team	Type	Location	Contracted Activity 2010 /11
1	North Assessment and Liaison Team	Liaison and assessment service for primary care and other stakeholder providers	27 Camberwell Road SE5 and Ann Moss Way SE16	320 cases
2	South Assessment and Liaison Team	Liaison and assessment service for primary care and other stakeholder providers	22 Lordship Lane SE22	
3	North Support and Recovery for Mood Disorders Team	Care and support for people with anxiety, depression, trauma and personality disorders	27 Camberwell Road SE5 and Ann Moss Way SE16	520 cases
4	South Support and Recovery for Mood Disorders Team	Care and support for people with anxiety, depression, trauma and personality disorders	22 Lordship Lane SE22	
5	Staying Well Team	Providing support to people to develop their own care plans to live independently in the community	St Giles House St Giles Road SE5	1100 cases
6	St Giles 1 Support and Recovery for Psychosis Team	Care and support for people with psychosis	St Giles House St Giles Road SE5	
7	St Giles 2 Support and Recovery for Psychosis Team	Care and support for people with psychosis	St Giles House St Giles Road SE5	
8	St Giles 3 Support and Recovery for Psychosis Team	Care and support for people with psychosis	St Giles House St Giles Road SE5	
9	North East Support and Recovery for Psychosis Team	Care and support for people with psychosis	Ann Moss Way SE16	
10	Supporting People Team	Care, support and proactive move on for NRPF people and people in Supporting people accommodation	88 Camberwell Road SE5	
11	3 Borough START Homeless Team	Engagement and assessment for homeless people	88 Camberwell Road SE5	120 cases
12	High Support Residential and Nursing Placements Team	Care, support and proactive move on for people in placements	113 Denmark Hill SE5	360 cases
13	High Support Forensic Placements Team	Care, support and proactive move on for people in forensic placements	11 Denmark Hill SE5	
14	North STEP Early Intervention for Psychosis Team	Comprehensive 2-3 year care programme for people under 35 with their first experience of psychosis	12 Windsor Walk SE5	180 cases
15	South STEP Early Intervention Team	Comprehensive 2-3 year care programme for people under 35 with their first experience of psychosis	12 Windsor Walk SE5	
	Total no Clinical Teams 15			2600 cases

Jk 26/7/10