Camden and Islington NHS
NHS Foundation Trust

Executive Office
2nd floor, East Wing
St Pancras Hospital
4 St Pancras Way
London NW1 OPE
Tel: 020 3317 3224
Fax: 020 3317 3230

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Olav Emstzen
Islington LINk Chair
200A Pentonville Road
London N1 9JP

Dear Olav

Re: Information request from Islington LINk – Changes to service model at Camden and Islington NHS Foundation Trust

I am writing to you in response to the letter submitted by Emma Whitby on 14TH September 2011, containing a request for information regarding proposed changes to Camden and Islington NHS Foundation Trust's service model. I will seek to respond to your statements in turn below.

1. **What evidence is there to show that this model has been found to be effective in the past?**

The overall model is based on the national work on care packages to be delivered for needs based clusters as defined by the mental health clustering tool, which has been evaluated and validated nationally as the basis for mental health payment by results. The model proposes separate pathways and care packages based on NICE guidelines and other evidence for all groups of conditions. This will require care pathways development for non psychotic disorders in particular, in addition to IAPT and the other specialist therapies that we offer. We will continue to offer the specialist therapies currently offered but will support these with care coordination, social care and supportive interventions.

The development of the assessment and advice teams is based on local pilots and feedback from GPs. There have been several pilots of assessment models over the last 3 years in the Trust. There is currently an ongoing pilot assessment and advice team in Camden for the whole borough. Specialist assessments in crisis, memory clinics, for early psychosis and for IAPT will not change through this model. There are numerous trials taking place in the early intervention team for psychosis and our crisis models have been evaluated through many trials. The evidence base supports crisis models of care.

Extensive research has been carried out on the assertive outreach team's model of service delivery (The REACT study). We know that a significant proportion of our service users in this service are seen once a month and we have increased capacity to offer more intense support to more service users who require this level of intervention. The Functional Assertive Treatment Model (FACT) will enable an intensive service, Assertive Community Outreach (ACT) to deliver a care pathway with a flexible model enabling support to be

stepped up and down according to need as opposed to a fixed caseload as is currently operated. This is merely a development of our current assertive outreach model with a formalisation of the stepping up and down of the intensity of care which allows the team to offer services to more individuals.

The other evidence that supports the delivery of specialist models of care is that the research in staff morale conducted locally and in multi-site studies shows us that the morale in specialist teams rather than general multipurpose teams is better. This would support higher quality and sustainability of these models.

2. What independent evidence is there to show that such a model will work for patients as well as for staff in this geographical area?

What we do know locally is that there is an increased demand for service users with a psychotic illness to receive interventions from our Assertive Outreach team which we are currently unable to provide. The FACT/ACT model will enable the Trust to offer this service to more service users. Staff morale studies have also shown that staff morale is better in the specialist teams as above.

In the Case for Change presented by the Trust, section A2.1 it seems that radical changes have been proposed by professionals who have suggested that a "...single point of access for new mental health service users would be helpful..." and that "...This will involve jointly managing health and social care, adopting a uniform threshold for referrals...".

3. How will this impact on how social care is determined and provided for on a borough basis?

Having a single point of entry into our services and having one assessment team per borough will enable a consistent and high quality application of health and social care assessments to occur in a timely manner. The Trust will continue to provide some social care services and this will not change. The joint commissioners and the GPs in both boroughs support this model.

4. How will different social care thresholds across different boroughs be managed and how will needs be met on a borough basis?

The Trust currently manages social care provision on behalf of the local authority governed by a Section 75 contract in both boroughs. This arrangement will not change and there will be no change in the application of assessments and service provision. The assessment teams will however be experts in their role and will be able to assess required care and support to the highest of standards.

5. How will health and social care budgets be pooled and be monitored if budgets are to be shared across health and social care in this way?

Under the Section 75 agreements the Trust already have provision for pooled health and social care budgets. This will continue with regular monitoring by the local authority through our regular contract meeting and reporting structures.

The LINk believes that such changes could require consultation with service users under the NHS Act 2006, section 242 (1A) and also for patient involvement in the implementation of any such changes under section 242 (1B) as the proposals would have "an impact on the manner in which the services are delivered to those service users".

6. What pre-consultation involvement has the Trust carried out with local community groups and with service users from the Trust?

The Trust has been developing its clinical strategy over the last two years and has discussed this at various forums, starting with discussions with service users and staff about the service line models which described the management arrangements for the care pathways. These improvements are in response to a number of national directives, including NICE guidelines for evidence based care, implementation of needs based care pathways in line with the national program for payment by results, in addition to feedback from GP surveys, service users and our staff. Further, the Trust has been in discussion with other non statutory sector colleagues such as the Camden and Islington Provider Forum (CIPF) as well as our service user representation groups IBUG and CBUG.

The programme to implement care pathways and care packages will take 18 months. However we are not able to deliver interventions without staff being able to move to new teams when there is a demand for services. For example if more people are offered specific interventions for depression, personality disorder, post traumatic stress or adult Attention Deficit Hyperactivity Disorder (ADHD), we need to be able to offer interventions by trained staff to deliver this care. It is no longer acceptable for there to be limited intervention for such needs and to have to wait for these interventions. Individual care plans will be discussed with service users in the usual way with their care coordinator and in care planning meetings. We currently offer all these interventions but have limited capacity of specialist trained and experienced workers. Offering more specialist interventions supported by trained staff will mean we can move staff from our general teams (CMHTs) into other specialist teams in due course whilst continuing to provide the interventions of CMHTs to those that require them.

7. What consultation work is the Trust planning on this new service model?

The Trust has recognised that there is more we can do to engage a wider group of stakeholders in discussion about the improvements that we propose to deliver in our services, and we are planning a pro-active schedule of discussion over the next few months whilst we carefully plan the delivery of these improvements.

I want to take this opportunity again to thank you for your valued and considered response and we would be delighted to be invited to some of your meetings to discuss our improvement plans in more detail.

Yours sincerely,

Wendy Wallace
Chief Executive