Project Initiation Document:
Sutton & Merton Reconfiguration of Community Mental Health Services for Adults

Document Information

This Project Initiation Document (PID) is intended to define the project, to form the basis of its management and the assessment of its success. There are two primary uses of the document:

1. To ensure that the project has a sound basis before asking the Project Board to make any major commitment to the project
2. To act as a base document against which the Project Board and Project Manager can assess progress, change management issues and ongoing viability questions.

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<th>4th December 2006</th>
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<tr>
<td>Status:</td>
<td>Project Manager’s third draft</td>
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<tr>
<td>Author:</td>
<td>Peter James</td>
</tr>
<tr>
<td>Owner:</td>
<td>Project Board</td>
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<td>Commissioned by:</td>
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<td>File location:</td>
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Distribution & approvals history

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<td>8/11/06</td>
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Action required for this version:
- For review and agreement.
Brief Summary:

What is this project?
This project aims to reconfigure community mental health services for adults of working age in the boroughs of Sutton and Merton.

Why are we doing this project?
The current service model does not meet key National Service Framework (NSF) targets for the number of people seen by the Crisis and Home Treatment Service and the Early Intervention Service in the boroughs of Sutton & Merton.

How will we do it?
The project can be divided into two main phases. The first phase is to derive a new model of community mental health services for adults in the two boroughs that will meet the NSF targets, is affordable within existing resources and is acceptable to key stakeholders. The second phase is to implement the new model.

Who will be involved?
- South West London & St Georges Mental Health Trust (SWLSiG), in particular the management team and staff for Sutton & Merton
- Sutton & Merton Primary Care Trust (PCT)
- Sutton & Merton Practice Based Commissioners
- Sutton/Merton Local Authorities
- Service users
- Carers of service users

Where will it happen?
London Boroughs of Sutton and Merton.

When will it happen?
Phase 1: October 2006 to March 2007
Phase 2: April 2007 to April 2008
1. Background

1.1. Sutton and Merton Primary Care Trust (PCT) and the London Boroughs of Sutton (LBS) and Merton (LBM) commission mental health services jointly and have produced a commissioning strategy for adults with mental health problems. This strategy emphasises the need to consider national policy and guidance and to deliver national performance targets and best meets the needs of the population.

1.2. The National Service Framework (NSF) for Mental Health sets out targets for the delivery of new service models and PCT caseload targets. In particular these refer to the specialist teams of Early Intervention, Crisis & Home Treatment and Assertive Outreach. These services have been developed in Sutton and Merton through South West London & St George’s Mental Health Trust, the main provider of mental health services in the borough. However, the current model of service delivery does not meet the national targets for these specialist teams.

1.3. At the PCT Chief Executives meeting on 20 July 2006, the Mental Health Trust undertook to develop some initial plans to meet the NSF targets for new teams without further investment from the PCTs or Local Authorities. The relative advantages of different community models were discussed at an internal Trust meeting on 31 August 2006. Two were short listed as the only ones that would deliver the required community targets (see appendix A). Each borough is expected to develop its proposal around one of these two basic models in conjunction with their commissioners and users and carers.

2. Business Case

2.1. PCTs, Local Authorities and Mental Health Services providers have an obligation to follow national guidance and policy and to meet national targets.

3. Project Definition

Project objectives

3.1. Overall aim of the project is to reconfigure community mental health services for adults in the boroughs of Sutton and Merton that will meet the NSF targets for Assertive Outreach (AO), Crisis & Home Treatment and Early Intervention Services, is affordable within existing resources and is acceptable to key stakeholders. Specific objectives include:

- Development of a model of service delivery that meets NSF targets and is affordable.
- Ensure the new model of service delivery allows for the delivery of social care components and Approved Social Worker responsibilities
- Agree model with all stakeholders.
- Deliver model within agreed timescale.

Project Deliverables

3.2. Add the list of deliverables / outputs that are needed to achieve the intended outcome(s). These will be the tangible and measurable products of your project:

- Clinical and Social Care Reference Group established
- User Reference Group established
- Carer Reference Group established
- Mental Health Trust workshop on model development
- Dataset to inform new models of service delivery
- Workable model of service delivery
- Operational policies of teams
- Integrated care pathways for all levels of care
3.3. There are a number of workstreams to this project:

- Production of new model of service delivery
- Finance
- Human Resources
- Estates
- Public Health needs assessment

3.4. The project involves community mental health services for adults of working age in the London boroughs of Sutton and Merton. It excludes services specifically for people with primary alcohol or drug problems. The interfaces with Older Peoples Services, Child & Adolescent Services, and Psychological Therapies in Primary Care will be considered.

3.5. The following key milestones can be identified:

- Pre-engagement, consultation and development of new model Oct 2006 to end Dec 2006
- Formal 3 month consultation to begin February 2007
- Decisions on procurement of new model Jan-Mar 2007
- Implementation of new model to begin May 2007
- Implementation to be completed by Apr 2008

3.6. Time constraints as outlined in 3.5 above.

3.7. The new model of service delivery needs to be within existing budgets.

3.8. The new model of service delivery needs to meet national caseload targets for specialist teams.

3.9. Sutton Psychological Care Pathways Project. Project Manager is member of Project Board for this project.

3.10. All five boroughs of SW London & St George’s Trust are undergoing this reconfiguration of community teams and so this project is part of this larger Trust programme.

3.11. This Project Initiation Document and Project Plan have been prepared with the following assumptions:

- There will be no extra resources available.
4. Project Organisation Structure

- Sutton & Merton PCT
  - Mental Health Commissioning Strategy Board (Project Board)
    - Chair: Mr Stephen Evans, Executive Director, S&M PCT

- Project Team
  - Jim Bosworth; Valerie Chin-You; Sue Denby; Mark Clenaghan; Peter James (Project Manager)

- Practice Based Commissioning
- Clinical & Social Care Reference Group
- User representation
- Carer representation
- Sutton&Merton PCT LECs
- SWLSTiG Trust Clinical Services Development Programme

5. Project Quality Plan

5.1. Clinical & Social Care Reference Group
5.2. User Reference Group
5.3. Carer Reference Group
5.4. Benchmarking practice in other Trusts
5.5. Data set compiled for Sutton & Merton community teams to allow comparison between Sutton and Merton and between other Trust boroughs

6. Project Risks

6.1. The table below gives a brief summary of the risks that have been identified during project start-up. For more detailed information and ongoing risk management, see the project Risk Log.

<table>
<thead>
<tr>
<th>Key project risks</th>
<th>Management plan</th>
</tr>
</thead>
<tbody>
<tr>
<td>Not meeting tight timescales.</td>
<td>Appointment of project manager to oversee all aspects of project.</td>
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<tr>
<td></td>
<td>Regular project team meetings.</td>
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<tr>
<td>Current Project Manager only funded until end March 2007.</td>
<td>Arrangements for Project Management to be reviewed in February 2007.</td>
</tr>
<tr>
<td>Project objectives may not be agreed by all stakeholders.</td>
<td>Justification for project explained.</td>
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<tr>
<td></td>
<td>Benefits of project explained.</td>
</tr>
<tr>
<td></td>
<td>Engagement and consultation with stakeholders.</td>
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<tr>
<td>Project not deliverable within resources</td>
<td>Accurate costing of proposed models</td>
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<tr>
<td>Clinical risk implications to clients as a result of change in services</td>
<td>Considered when developing new models.</td>
</tr>
<tr>
<td></td>
<td>Carefully planned implementation of new model.</td>
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</tbody>
</table>
7. Communication Plan

7.1. The table below defines the key communications that are required in order for the project to achieve its objectives.

<table>
<thead>
<tr>
<th>Audience/s</th>
<th>Messages/ information required</th>
<th>Information provider</th>
<th>Frequency of communication</th>
<th>Communication methods</th>
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<td>• Project definition and plan</td>
<td>PM</td>
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<td>Formal OSC meetings</td>
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<td>Project initiation</td>
<td>Informal meetings</td>
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<td>PM</td>
<td>Project initiation and as part of consultation process</td>
<td>PID or Existing management meetings</td>
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<td>• Formal consultation proposal</td>
<td>Project team</td>
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<td>C&amp;SCRG meetings</td>
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<td>• Updates on progress</td>
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8. Project Plan

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9. Project Filing Structure

9.1. The various elements of information and deliverables produced by the project are to be filed and retrieved at:

SWLSIG Trust: K:\Project Folders\CMHT review\Borough documentation\Sutton & Merton
Appendix A

Adult Community Mental Health Services: Model 1

24 hour Crisis & Home Treatment Teams:
- 24 hour crisis line (access to public, all existing service users, carers, referrers)
- Provide advice/signposting
- Ensure people get input from other parts of the system
- 24 hour home treatment for those in crisis
- Gate-keeper for all admission wards

Primary Care Liaison Team:
- Assessment and short term treatment of more serious mental health problems
- Referral on to appropriate more specialised service

Psychological Therapies in Primary Care
Treatment of common mental health problems

Community Rehabilitation Team:
Long term support and treatment for people on enhanced CPA who are not difficult to engage

Other specialist services:
- Learning disabilities
- Personality disorder
- Addictions etc
- Older people’s service etc.

Note: separate decisions would need to be made about which specialist teams were accessed directly by referrers and which are accessed via Primary Care Liaison Team.

24 hour Crisis & Home Treatment Teams:
- 24 hour crisis line (access to public, all existing service users, carers, referrers)
- Provide advice/signposting
- Ensure people get input from other parts of the system
- 24 hour home treatment for those in crisis
- Gate-keeper for all admission wards

Assertive Outreach Team:
Revolving door clients with serious mental health problems who are hard to reach

Early Intervention Team:
Treatment of people with first episode psychosis

Agenda Item 5
Adult Community Mental Health Services: Model 2

The Public

24 hour Crisis & Home Treatment Teams:
- 24 hour crisis line (access to public, all existing service users, carers, referrers)
- Provide advice/signposting
- Ensure people get input from other parts of the system
- 24 hour home treatment for those in crisis
- Gatekeeper for all admission wards

Psychological Therapies in Primary Care
Treatment of common mental health problems

Primary Care Liaison Team:
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- Referral on to appropriate more specialised service

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Community Rehabilitation Team:
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Early Intervention Team:
Treatment of people with first episode psychosis

Other specialist services:
- Learning disabilities
- Personality disorder
- Addictions etc
- Older people’s service etc.
Note: separate decisions would need to be made about which specialist teams were accessed directly by referrers and which are accessed via Primary Care Liaison Team.

Acute inpatient Service:
- Range of acute inpatient wards
- Psychiatric Intensive Care Units

Long-term accommodation service:
- High support / low secure
- Community houses & hostels
11. References

\[\text{Department of Health (1999). National Service Framework for Mental Health.}\]
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