Healthcare from the heart of your community

Berkshire Healthcare NHS
NHS Foundation Trust

NHS
Frimley Collaborative
Partnership of Clinical Commissioning Groups

Adult Mental Health Update
Slough Locality

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Partnership of the Clinical Commissioning Groups for East Berkshire, Surrey Heath and North East Hampshire and Farnham

Slough Borough Council

SLOUGHOURFUTURES

Focus:

1. Community Mental Health Transformation & Mental Health Integrated Community Service (MHICs)
2. NHS Long Term Plan requirements
3. Deliverables - How are we doing?
4. Slough's Local Offer and East Berks developments
5. Covid-19: Demand, impact and response
6. Covid-19 & Health Inequalities
7. Winter plans
8. Surge Planning
9. What next…..

Frimley Health and Care

Community Mental Health Transformation:

The Mental Health Integrated Community Service (MHICS)

improving health and wellbeing of people with serious mental illness and significant mental health conditions

Community Mental Health Framework for Adults and Older Adults (2019):

- Recognises the need for more accessible MH services, particularly for people with long term severe mental illness, falling between IAPT and CMHTs.
- Outlines a Place-based community MH model with renewed focus on people living in their communities
- Promotes timely access to evidence based care and treatment
- Highlights the importance for a collaborative approach, supporting people to ‘live well in their communities, maximise individual skills, , make use of resources and assets …help them stay well, connect with activities they consider meaningful, which might include work, education and recreation’.

Frimley Health and Care ICS

- NHS England has awarded £5.2m to Frimley Health and Care ICS to drive the transformation of Community Mental Health Services across Frimley, through development of the Mental Health Integrated Community Service (MHICS).
- The services will be available in 8 PCNs across Frimley by the end of 2020/21. MHICS is already live in some PCNs across Surrey Heath, NE Hampshire & Farnham CCG and Bracknell.
- LOCC PCN in Slough is one of the initial sites and has ‘soft launched’ in November 2020

Why are we doing this? Key messages across our patch

'Life happens': *clear feedback from service users that community mental health services form only a small part of a person's life and care – people need holistic support and access to services that help them long term with finances, physical health, housing, employment etc.*

GPs and people who use services have told us there is a gap: *Around half of people with significant mental illnesses see their GP to manage the majority of their care and treatment.*

People need support earlier: *People who use services don't want to get to the point of crisis before being able to access support.*

People with significant mental illness have **serious health inequalities**: *17 – 22 years shorter life expectancy across Frimley ICS*

Carers' rights to access support *need to be fully acknowledged and supported, recognising the enormous contribution and challenging role they play.*

Patient cohort of MHICS

Adults of all ages with significant mental health needs in primary care:

- People falling between services
- People frequently attending GP appointments
- Supporting the outcomes of physical health checks for patients on primary care Serious Mental Illness register
- People with traits of/diagnosis of personality disorder
- 18 – 25 year old focus
- People stepping down from adult mental health services once stable

Core Principles of the new services

- Support delivered closer to people's communities by locating services in and around PCNs
- Builds on and develop what exists in the community
- An '*easy in, easy out'* approach for people with significant mental illness who may need specialist MH interventions, will improve access to NICE-recommended interventions, removing unhelpful thresholds and barriers
- Working towards care being stepped up and stepped down flexibly without cumbersome referrals & multiple assessments

Frimley Health and Care

Overview of model

Connecting the network of health & social care resources operating within a PCN population

Primary Care Network

50k pop coverage

Mental Health Integrated Community Services (MHICS)

"recognise, support and facilitate access"

Mental Health Practitioner

- Case finding + support HCA with SMI checks
- Biopsychosocial assessment & formulation
- Brief intervention
- Triaging

Community Connectors

- Support & help e.g. benefits, housing, debt
- Help to access community resources
- Access to drug and alcohol support workers

Medicines optimization / Pharmacy support

Psychology & Psychiatry support for complexity

Secondary care adult mental health services

← Step up

Step down →

Social prescribing

IPS Employment

Community Connections

IAPT Long term conditions

Recovery College

P/Care Liaison PLD

Citizens advice

Substance misuse services

Carers support

Other Community Assets

Health Promotion

MHICS Resources: Model being piloted in LOCC

Small new team, co-located with LOCC, consisting of:

- Clinical psychologist practitioner
- Consultant clinical psychologist – supervisor
- Practitioner – Registered Mental Health Nurse / OT / Social Worker
- Consultant Psychiatrist session
- Pharmacist session
- Community connector /support worker – employed by voluntary sector
- Administrator – employed by Primary care

Resources being scoped:

- Support to 18-25s
- Peer support offer

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Additional focus for people with Personality Disorder or difficulty managing emotions

25% of the overall transformation funding is being used to develop pathways for people with personality disorders/ difficulty managing emotions, with three new community components:

- **Psychologically Informed Consultation & Training (PICT):** *specialist expertise available to primary care colleagues*
- **Service User Networks (SUN):** *The SUN provides community-based, open access peer support groups across Berkshire to those who may have found it difficult to engage with other services.*
- **Managing Emotions Programme**:– *3 distinct courses plus Carers workshops. being hosted via Hope College in Slough*

Frimley Health and Care

Next steps

- We will be part of National and local evaluation of impact
- Current submission to NHS England for additional transformation funds to enable the service to be rolled out to additional PCNs

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The NHS Long Term Plan

January 2019

The NHS Long Term Plan

NHS
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LTP sets out what it describes as a 'new service model for the 21st century' with three over-arching principles, stating that "the NHS will increasingly be:

- More joined up and coordinated in its care…to support the increasing number of people with long-term health conditions…
- More proactive in the services it provides…with the move to 'population health management'…
- More differentiated in its support offer to individuals…to take more control of how they manage their physical and mental wellbeing"

The NHS Long Term Plan

NHS

TOP-LINE—£3.2bn additional funding for mental health

Guarantee that investment in primary, community and mental health care will grow faster than the overall NHS budget, with Children & Young people budgets accelerating ahead of wider mental health funding

Community Mental Health

New Offer for Community Mental Health provision

Focus on those with complex needs

Integrated multi-disciplinary services aligned in Primary Care Networks

Alternative Provision for those in crisis

Increase alternative forms of provision for those in crisis, working with voluntary sector as well as alternatives to inpatient admissions

Access to Psychological Therapies*

By 2023/24 an additional 380,000 people per year will be able to access NICE-approved IAPT services including access to online therapies

Physical Health in SMI*

Continue trajectories on PSMI and by 2023/2024 a further 110,000 per annum

Children & Young People*

Extension of pathways from 0-25 (from 0—18 previously)

Increased investments in Eating Disorder services*

Schools & Colleges

Specifically trained mental health teams to work in schools and colleges

Learning Disabilities & Autism

Ensuring people with LD/Autism are offered better support including reducing wait times and faster diagnosis and support from specific keyworkers which enables them to live happier, healthier and longer lives

NHS 111 & Access to 24/7 community care*

Develop a single universal point of access for those experiencing mental health crisis via NHS 111

24/7 crisis response service in community to include mental health [illegible] 2 hour response*

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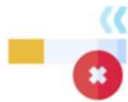
Perinatal Mental Health*

Increased access to services* to include a further 24.000 women by 2023/24

Offer of psychological therapies to include wider family and carer intervention

Father/partner support for those in services

Closer links from perinatal mental health services into maternity settings



Smoking Cessation

Universal smoking cessation offer in specialist mental health services

In-patient settings and e-cigarette usage to be considered (via PHE guidance)

Support into Employment*

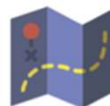
Continued support for individual placement and support

Suicide Prevention & Support*

Suicide Prevention Quality Improvement Programme

Safety Improvement programme

Bereavement support



Out of Area Placements*

Elimination of all Out of Area Placements by 20/21*

Reduce OAPs down to national average of 32 days

Ambulance Services

Ambulance staff to be trained in crisis response

Mental health nurses in control rooms

Introduction of Mental health transport vehicles

Improved Dementia Care*

Enhanced community teams to include dementia support to align with Primary Care networks

Needs assessment for Dementia in Care Homes linked to Vanguards

Ensure the development of a Clinical Assessment Service incorporates "out of hospital settings" including care homes

Standards

National Clinical Standard Review

CYP IAPT

Primary Care & Access

Urgent & Emergency Mental Health Standards—commence 2020

Rough Sleepers

£30million to provide better access to specialist mental health support to work alongside outreach services

Clear commitment to increase baseline funding for mental health services and to ensure that local NHS commissioners/system are held to account for achieving this

The LTP has a focus on key areas but local approaches and core MH services are part of a wider picture

*= continued FYFV ambition

All icons used via www.flaticon.com

Thames Valley
Strategic Clinical Network

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Long Term Plan Deliverables

Area	Deliverable / Target	On Track	Comments
Crisis – Adults	24/7 adult crisis care CRHTTs (Crisis Resolution & Home Treatment Teams) by 20/21	✓	In place
IAPT – Talking Therapies	25% access in Quarter 4 50% recovery rate	✓	IAPT fully operational during Covid and have adapted and transformed by significantly increasing video consultation and computerised CBT, with limited face to face appointments. Anticipate increased referrals and eligibility for IAPT treatment in Q3 and Q4 and are therefore planning to meet the trajectory (25%) in Q4 2020/21.
Integrated Primary Community MH	Transformation programme to test out new model.	✓	This is on plan and have we commenced roll out via nominated PCN's in the programme with minimal delay. To date four PCN teams have launched with another 4 due to launch in Q3 & Q4.
Individual Placement Support (IPS)	Increasing numbers year on year 123 for 2020/21	☒	Q1 activity was lower than planned due to Covid original trajectory has been revised in discussion with IPS Grow. Despite this challenge work is being done to optimise IPS offer: • Stretching fidelity to the model to include job retention • Proactively monitoring caseloads to ensure capacity in the service is being maximised • Caseload management
Perinatal	Women accessing specialist Perinatal mental health services - 7% of birth rate	✓	Projecting to deliver this access rate
Eliminate Out of Area Placements - adult acute care (OAPs)	Inappropriate adult acute mental health Out of Area Placement (OAP) bed days	☒	The need to reduce the number of beds to adhere to Covid guidance, combined with increased demand has meant our trajectory for OAPs that does not see us achieve our original stated position by the end of 2020/21

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Long Term Plan Deliverables

Area	Deliverable / Target	On Track	Comments
Adults Crisis	Liaison MH Teams achieving Core 24 - Crisis Response (1 hr and 4 hr)	✓	In place and achieved
Physical Health Checks	60% of those on Serious Mental Illness (SMI)	☒	Health checks affected by Covid & the impact of social distancing , reduced face to face access in primary care and patient anxieties will have contributed to the reductions in health checks. This is likely to be further impacted by the expected increased pressure in primary care during winter period. Work being led by clinical leads to improve performance by year end.
Dementia	67% dementia diagnosis rate	☒	Our elderly population has been severely impacted by the pandemic which has resulted in a significant drop in QOF register numbers , demonstrating the number of people who have sadly died.
Early Intervention in Psychosis	60% of people with first episode of psychosis who have accessed or are waiting for treatment	✓	Achieved
Children & Young People Access	Improving CYP Access rate to MH services 0-18 yrs to 35%	✓	Significant work has gone into ensuring data is being submitted from all providers (NHS & voluntary) and on track to meet this target.
CYP Eating Disorders	95% Urgent referrals within 1 week 95% Routine referrals within 4 weeks	☒	Referral for CYP Eating Disorders steady but now an increasing number of urgent referrals. This upsurge in referrals aligns with research findings emerging from the UK and other countries exploring the implications of Covid-19 for CYP.
CYP Crisis	35% coverage across STP - 24/7 CYP mental health crisis provision for children and young people that combines crisis assessment, brief response and intensive home treatment functions	✓	Currently achieving but increasing provision of planned for implementation in 2021/22.

Slough priorities

(from Slough Local Authority Voluntary and Community Sector Board)

Outputs

- Development of self sustaining low level support to improve mental health
- Development of Community Champions/Peer mentors
- Increased engagement and volunteering within communities.
- More carers identified and supported within communities.
- Increase in reported engagement in physical activity
- Decrease in individuals reporting isolation and loneliness as an issue
- Increase in those accessing support for benefits/ management of debt
- Increase in those accessing digital support
- Development of Community Champions/Peer mentors

Outcomes

- Improve the mental health of residents
- Connect people and communities
- Service
- Individuals report they feel they are able to make informed choices to feel in control, safe and able to plan how to better manage their care and support needs.
- Individuals feel they are more able to establish or maintain living independently
- Improvement in the physical activity of residents
- Improvement in the health and wellbeing needs of residents
- Reduce poverty by providing support to maximise benefits and other schemes to improve quality of life.
- Avoid or reduce the risk of eviction/homelessness
- To access services through different channels.

Overarching Outcomes

- Our people will be healthier and manage their own care needs.
- Slough children will grow up to be happy, healthy and successful.
- Increase healthy life expectancy in Slough.
- Increase the proportion of people living independently at home.
- Reduce the amount of attendances and admissions to hospital, and the length of these stays.
- Reduce the number of children classified as obese.

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Some Local Developments in Slough and East Berkshire

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Slough Borough Council www.slough.gov.uk

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Healthcare from the heart of your community

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Wellbeing Service

Wellbeing Advisor

Available for anyone aged 18+ and registered with a GP Practice in East Berkshire (this service is not available in North East Hants & Farnham and Surrey Heath CCG's*)

We support people with loneliness, social isolation, housing, drug and alcohol(advocacy), peer support and finance issues

You can refer via the normal talking therapies route until the Gateway launch

*CCG's = Clinical Commissioning Groups

Specialist Support

The service is overseen by a Wellbeing Coordinator who is supported by 6 support workers; each have a specialist area they help people with including housing, finance, loneliness, social isolation, drug & alcohol (advocacy) and peer support. We help people access the right support for their needs.

Courses and Activities

Provide access to a specific wellbeing self-management course and workshops covering topics such as coping in difficult times, embracing change, problem solving, resilience and more.

Link to other services

- Close links with existing Berkshire Healthcare Foundation Trust services i.e Talking Therapies and HealthMakers.
- Link with relevant voluntary and community sector support i.e Citizens Advice Bureau, social prescribing, recovery colleges and the local authorities.

Outcomes

Ensure right service & support

Effective signposting to others

Additional services

Referrals	June	July	August
Slough	18	30	15

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A person can self refer or be referred by a health care professional. If a patient wishes to self-refer they can via the Talking Therapies Self Referral page (this is due to be updated to include info on the Wellbeing Service) or a Health Care Professional can refer via the Gateway form.

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Employment Support Service - IAPT

What we do!! supporting Talking Therapies clients

Find…

helping unemployed clients to find work, including assisting with CVs, cover letters, job searching, application forms, mock interviews, and identifying key skills

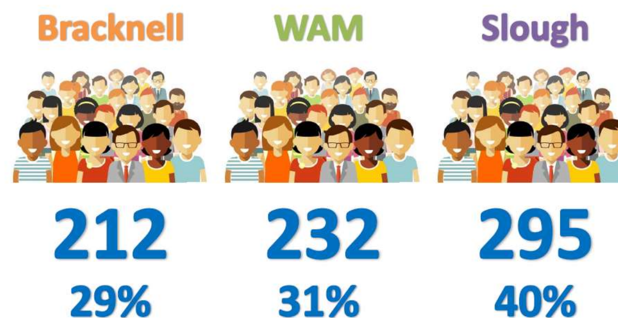
Retain ….

supporting clients to stay in work, including advising on grievance procedures, informal workplace issues, the disciplinary process, and time management

Return…

helping clients who are signed off sick to return to the workplace, including help with return to work meetings, phased returns, reasonable adjustments, Wellness Action Plans, and the role of occupational health

Number of referrals…



Outcomes …

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The Gateway

Regular community events celebrating and raising awareness of mental health: Reducing loneliness and increasing a sense of purpose and belonging

- Launch of our co-produced website: already over 6000 views

www.EnablingTownSlough.org

- Celebrated Mental Health Awareness Week in May: Challenged members to come up with and do an act of kindness over the week

- World Mental Health Day 10th October: over 50 service users, carers, peer mentors and community partners presented in 3.5hr-digital event, attended by dozens

ENABLING TOWN SLOUGH

Why We Exist | Community Opportunities | Community Stories | Resources | News & Events | ENG

If you are a service user or carer, please login here.

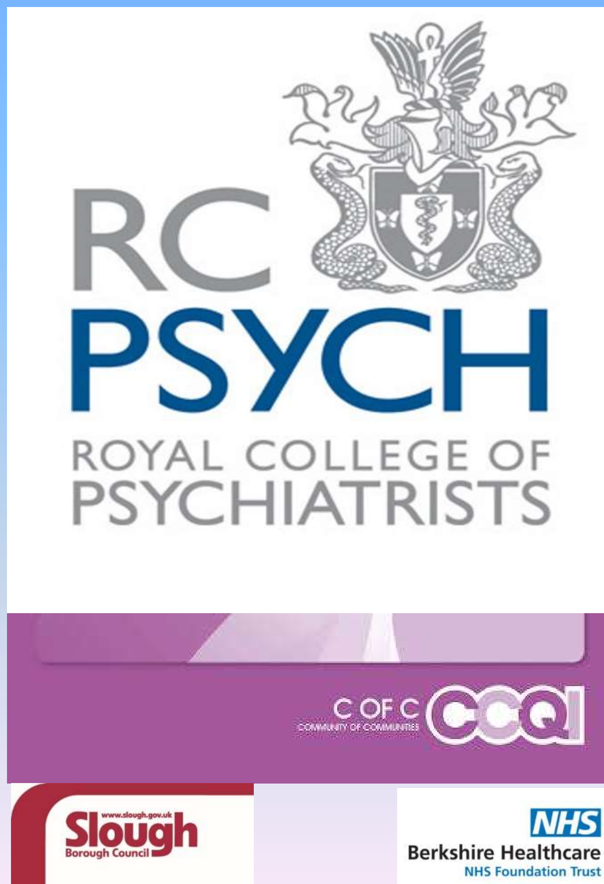
BUILDING ON THE STRENGTHS AND ABILITIES THAT ARE INTEGRAL TO THE SLOUGH COMMUNITY.

Enabling Town Slough aims to create a common purpose, a sense of belonging and build connections throughout our community. Through these community connections we can be more innovative, and create an enabling environment in which we can all thrive by being Stronger Together, and address isolation and loneliness.

Our Mission, Vision and Values

What is Co-production?

EMBRACE therapeutic programme was formally Accredited in May 2020!



"The functionality of the fourth phase of membership encourages current members to go out and create their own groups and workshops in the community."

"The extent of co-facilitation and co-production in the community was abundantly clear. Members are clearly involved in all aspects of running the programme; the feeling of ownership that arises from this was apparent. The impact of such inclusion and co-facilitation was telling."

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Hope College

- Moved to digital offer during Covid: Over 20 digital courses

offered this term, including One Voice choir, Covid Emotions and Men Talk2

- Access through website
- Co-production with peer mentors, service users and carers strong through Covid
- Carers' support
- Independent Placement Support:

employment opportunities and successes

Healthcare from the heart of your community

Berkshire Healthcare NHS
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Covid-19 and Mental Health

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Covid-19: Local Demand & Impact

- Initial drop in activity, now increasing activity to pre-Covid-19 levels
- CMHT increase of 28% in contacts, mainly phone and digital
- Greater % of more complex presentations and people with increased acuity
- New presentations of serious mental illness and admissions into acute psychiatric beds – occupancy sustained below 85% but included people not admitted for many years or some people previously unknown; Increasing number of patients with autism presenting to inpatient services
- More safeguarding referrals due to domestic abuse
- Increasing access to CYP online counselling, & steady increase in requests for voluntary sector advice & guidance from parents needing support with issues such as finance, family life & return to school; impact on CYP with autism
- PPE requirements/ cleaning regimes impacted face to face capacity & activity

Covid-19 – Local Responses

- Accelerated use of digital platforms - digital & telephone offers providing continued access to services including Recovery College; increasing accessibility overall and reduced Did Not Attend rates
- Digital safety plans and mood app available to all MH service users
- SH@RON online social network service is available for a number of services including Eating Disorders, IAPT, Perinatal, CAMHS, Learning Disabilities and Early Intervention in Psychosis
- One service piloted provision of IT kit to service users who would not otherwise have been able to access our online offer
- New innovation in IAPT - use of instant messaging, single session therapy and webinars. Wellbeing resources available online including brief mindfulness exercises and bite-size information videos and prioritising NHS, care & care home staff
- 24/7 all age crisis lines - streamlining the referral routes from NHS111 into local mental health services
- fast track workforce wellbeing offer and Bereavement support
- Proactive review of those with SMI - Safety planning & welfare checks across all CMHT/ CAMHS teams taking account of clinical risk, vulnerability, frailty and isolation
- Contacting shielded patients.
- Increasing voluntary sector community support

Covid-19 Response cont

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Children & Young People

- #coping guide for children and young people and families during lockdown
- Continued focus on the roll out of MH Support Teams ready for when schools re-open
- Online CYPF resource updated with local CAMHS offer, self-help, online resources, system support offer and is linked to the local authorities' local offer
- Proactive focus on the needs of CYP particularly with school closures & impact. Regular system partnership discussions taken place during 1st wave ensuring access to early help/intervention services, & oversight against the core LTP deliverables.
- Services continued through digital / virtual platforms as well as setting up webinars for system partners in supporting children and families.

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Addressing Health Inequalities

Caseloads and waiting lists reviewed to ensure those with highest risks & needs able to access help they need.

Continue blended offer of digital and face-to-face services, promoting choice & more opportunities for people to access support.

Restoration plans include face to face and home visits where clinically indicated, to improve access for those who are digitally impoverished & give better quality insights into clinical need and risk that is difficult to detect from digital media alone.

BAME targeted work:

- Targeted BAME staff support with development a risk assessment tool for vulnerable groups, personalised risk mitigation plans & regular engagement with all staff re: their protection
- The #OneSlough collaboration of key local organisations developed rapid pilot project to test approaches to strengthening ability of individuals & BAME communities to protect themselves from both the direct and indirect harms of Covid-19
- In parts of the system CAMHS have updated their dashboards to provide visibility of ethnicity in caseload and enable better monitoring and awareness.
- Standard work is in development in CPE to monitor vulnerable groups (including BAME) for prioritisation
- Working at place to map and coordinate 3rd sector support to the BAME community and develop care navigation
- Monitored uptake & use of digital and non-face to face use tracked against demography

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Surge Planning

- Beginning to see and feel impact of increasing demand and acuity in mental health
- Initial modelling demonstrates an upsurge of up to 30% p.a. in demand across all services
- IAPT modelling - working collaboratively with IAPT providers to model suppressed and Covid-19 demand and new ways of expanding workforce. Similarly expecting to see up to 30% increase in demand identifying types of referrals along with the timeline of referral types into the services over a 3 years period.
- Biggest challenge = when surge will commence

It is important to note the modelling carried out to date based on current position & doesn't take into account 2nd wave, winter pressures or impact of Brexit.

Winter Plans

- National winter funding circa £20m for re-allocation to front line services facing significant challenges with a focus on:
  - ensure mental health patients of all ages continue to receive contact,
  - support and evidence based treatment during the upcoming winter and in context of ongoing restrictions associated with the Covid-19 pandemic;
- In addition to MH Investment Standard and additional Covid-19funding
- East Berks schemes include:

- additional capacity to A&E liaison
- Additional capacity to CYP rapid response
- Additional expertise to support referrals via 111 / CPE

What next?

- Partnership working at Place with all Slough partners
- Continue to work to Long Term Plan ambitions - reporting regularly locally & nationally
- Community Crisis Transformation and Suicide Prevention initiative investments
- Planning for 2nd wave contingency
- Flexibility & agility to respond to what comes next….

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Thank you

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