

Mental Health Strategy 2016 – 21

Summary Document December 2016

Berkshire Healthcare NHS Foundation Trust



Our Mental Health Strategy – introduction

Introduction

We are proud to be the main provider of mental health services to people in Berkshire – and this summary document outlines our key priorities for the next five years which will guide our work to enable us to achieve our vision:

“To be recognised as the leading provider of community and mental health services by our staff, patients and partners.”

The development of our Mental Health Strategy for 2016 - 2021 has been informed by:

- A literature review including national guidance – in particular the Five Year Forward View for Mental Health - NICE and good practice evidence
- A review of what service users and carers have said about what is important to them (including the national engagement exercise to inform the development of the Five Year Forward View for Mental Health)
- Key public health messages about mental health problems and our local population
- The views and needs of our local commissioners
- The expertise and knowledge of our clinicians and leaders.
- Our vision and values as an organisation

Engagement

To develop our approach and identification of key priorities, discussions have been held with commissioners, clinical leaders and managers, Trust Governors, service users and representatives within our Children and Young People’s Services, Adults and Older Adults Services.

Development of Strategic Intentions

The following slide shows the process that led to the identification of our six strategic intentions:



- Effective and compassionate help
- Working with service users and carers
- Straightforward access to services
- Supporting our staff
- Good experience of treatment and care
- Working with partners and communities

These are shown in more detail on [page 8](#) and provide a summary of what we intend to do in terms of developmental objectives.

How we will achieve our vision for mental health services for 2021 requires a focus on key priorities to drive the required transformation of the way we work. We have summarised these within our overall aim to provide:

**Safer, improved services with better outcomes,
supported by technology**

Mental Health Strategy Summary

2016 - 2021

Effective and compassionate help

- Evidence-based pathways
- Safe, effective services achieving outcomes which are meaningful to service users
- Inpatient services represent a “centre of excellence”
- Suicide Prevention.

Supporting our staff

- Recruiting and retaining skilled, compassionate staff
- Developing new roles
- Enabling creativity, innovation and effective delivery
- Building strong clinical and managerial leadership, a quality improvement and research culture.

Working with service users and carers

- Guiding development of our services
- Supporting self management.

Safer, improved services with better outcomes, supported by technology

Good experience of treatment and care

- Personalised care supporting recovery and quality of life
- Meeting both physical and mental health needs.

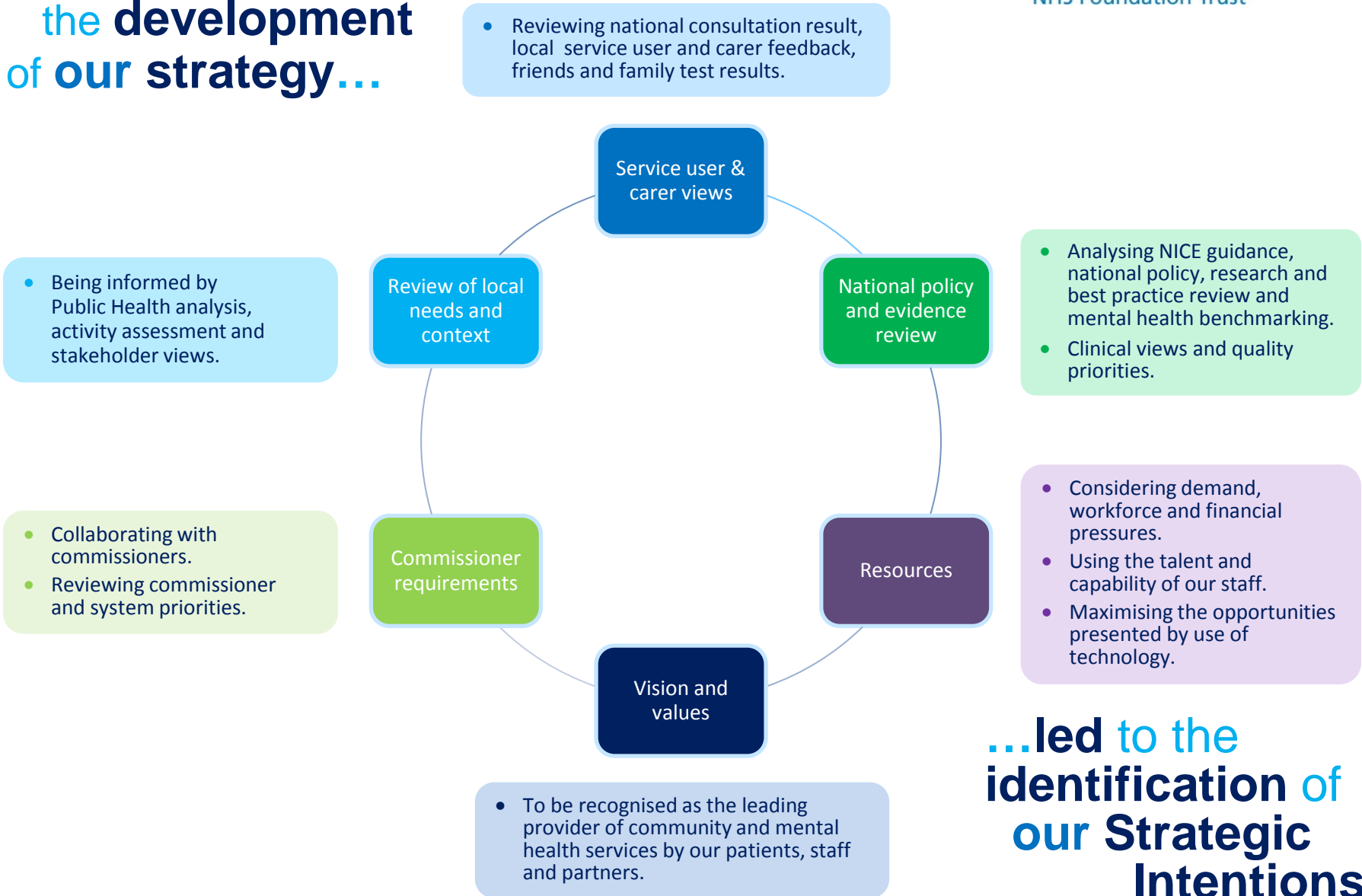
Straightforward access to services

- Meeting national targets
- Effective and integrated urgent care
- Expanding online and telehealth services
- Tackling discrimination and stigma.

Working with partners and communities

- Partnerships with primary care, social care and voluntary sector organisations
- Integrating mental health within locality services, and system sustainability and transformation plans
- Supporting prevention, early intervention and peer support.

Our approach to the development of our strategy...



...led to the identification of our Strategic Intentions

(shown on page 8)

Service user and carer views

The **Five Year Forward View for Mental Health Taskforce : public engagement findings (2015)**, is an important document in supporting our understanding of what is important to service users and carers:

- 20,473 people participated in an online survey developed by Mind and Rethink Mental Illness
- 250 people with lived experience and carers who participated in intensive engagement events.

The key themes that emerged were:

- **Prevention and stigma** - 25% and 19% respectively said these were in their top 3 priorities for change
- **Access and choice** - timely access to effective, good quality evidence-based mental health treatment and therapies in response to need, always in the least restrictive setting, was a primary concern for the majority of survey respondents. 52% of people said access is one of their top three priorities, and 33% cited needing choice of treatment.
- **Quality and experience** - people said choice was a top priority, 13% described the importance of having the right information to make meaningful decisions about their treatment. 13% of people stated the need for wider diversity and skill mix in NHS staff, including the need for peer support and more staff with psychological support skills.

The Berkshire Mental Health User Group was consulted as part of the process of drafting this strategy, and their feedback was strongly aligned with that of the National Taskforce in terms of priority concerns. These findings have influenced the selection of our strategic priorities, as well as the related objectives and key tasks for our children and young people services, and our services for adults of working age, and older adults.

Our **Patient Leaders** programme has now been established, and we have recruited and trained our first candidates. They will work with us on our mental health service development initiatives, ensuring that the voice of service users and carers informs our decision making.

Involvement of **Children and Young People** in the development of our Child and Adolescent Mental Health (CAMH) service has progressed considerably over the last year. We have a dedicated Participation Lead and service user steering groups as well as participation events in the school holidays. Service users and their families have helped with communication about our services, including with the development of video clips.

Our CYP Integration Programme has been strongly influenced by service users and their families, who told us that we need to change the way we work together with them to provide services in a way that is more joined up, makes more sense and gives lots of information clearly and when it is needed most. Our CAMHS service is now part of our Children, Young People and Families programme and work will be continuing over the coming months to review the way we deliver care.

Our engagement with service users and carers in **adults and older adults services** is variable across specific services and localities. By including working with service users and carers within our strategy, we are signalling our intention to develop this further, and achieve consistency across all our mental health services. Wherever possible, we will work together with commissioners and partners to do this.

We have already established a number of carers initiatives including the “Triangle of Care”. Our Communication and Engagement Strategy outlines the key activities to be undertaken by our Patient Engagement and Marketing & Communications teams. Our Patient Experience reports, including summaries of our complaints and Friends and Family Test results, enable our Executive and Board to measure our progress in providing a good experience of treatment and care.

Drivers - 1

Prevalence and therefore demand is increasing, but benchmarking shows we have performed well in terms of costs and key performance targets.

Children and young people

In Berkshire, prevalence of common mental health disorders varies between 7.3% and 9.6%, against an England average of 9.3%.

Our services have experienced year on year increases in referrals and with this increase in demand there has also been an increase in activity and complexity, which is reflected in waiting times for some specialist services (though overall waiting times are now decreasing), as well as the increase in presentations to A&E over the past 5 years. There has also been a 40% increase in young people accepted into the service over the same timeframe.

Adults

Referrals to our adult mental health services have increased by 17% over the last 2 years, from 23,155 during 2013/14 to 27,054 during 2015/16. Our Common Point of Entry provides easy access to advice, information and signposting, as well as to our mental health services. Prevalence of common mental disorder is predicted to continue to rise as shown below.

Year	2015	2020
Bracknell Forest	12,016	12,318
Reading	16,801	16,888
RBWM	14,170	14,465
Slough	14,955	15,669
West Berkshire	15,077	15,043
Wokingham	15,476	15,816

Older Adults

All local authorities in Berkshire are at or below England prevalence levels, which is rising in line with, or slightly greater than, the rise in prevalence of England as a whole.

National Benchmarking Information shows that the overall **cost** of mental health adult and older adult services across Berkshire Healthcare's inpatient and community mental health services is **below average** in national and regional comparisons by weighted populations. We have an **above average bias towards community services** and away from hospital beds on financial, clinical activity and workforce measures.

We have **fewer adult acute beds** (13.9) per 100,000 weighted population than the national average (16.6) and the number of **older adult beds** (12) is **significantly lower** than the national average (37.2). Our specialist Crisis Resolution Home Treatment Teams are a key factor in enabling us to meet local need within very low inpatient bed numbers.

Our **rates of readmission within 28 days** are within the **top quartile** nationally, and we are achieving our target of under 9% readmissions.

Our **bed occupancy was very slightly below average** in 2014/15 benchmarking, but is now rising to the high 90%s. (Royal College of Psychiatrists recommends a rate of 85%).

Adult and older adult community teams appear overall to have an **average or higher than average caseload** and **below average contact rates** which is likely to be due to capacity constraints driven by available resources.

Drivers - 2

National targets have informed commissioner investment; supply of key staff is a significant challenge, but we have strengths to build on.

Meeting targets

There are a number of national documents setting out how mental health service should be provided in the future and include key targets to be met. These include:

- The Five Year Forward View (FYFV) for Mental Health and Implementing the FYFV for Mental Health, which set out ambitions to provide the right care in the right place, drive down variation in service quality, and improve outcomes.
- Future in Mind (2015), which provides the strategic framework for children and young people's mental health services
- The National Dementia Strategy (2009-2014), the Prime Ministers challenge on dementia 2020, and the implementation plan (2016) set out priorities for older people's mental health services

Specific FYFV targets have been reflected in planning guidance for 2017/18 and 2018/19. We are well positioned to meet these targets as a result of previous commissioner investment in areas such as child and adolescent mental health (CAMH), Crisis Response Home Treatment Team (CRHTT), Mental Health Liaison, Early Intervention in Psychosis (EIP) and Perinatal Services. However, additional investment is needed to achieve full compliance with guidance in all target areas. This also needs to be balanced with plans to meet rising demand within our core services.

Supply side pressures

There are national shortages of a number of healthcare professional staff, including nurses and doctors, as well as some specialist staff. Berkshire Healthcare is competing for these scarce, highly mobile staff with acute trusts and other health providers (including the independent sector) within an area of high housing costs. This has led to difficulty in timely recruitment to services which have received new investment, as well as ensuring required levels of substantive staff for existing services. A number of initiatives are in progress to address these challenges, including a specific workforce project as part of our overall development programme for Prospect Park Hospital.

Strengths to build on

Our strengths we can build on include:

- Our "good" Care Quality Commission rating, and consistent delivery of financial targets
- Our organisational reputation, and good relationships with commissioners
- Our high levels of staff engagement, reflected in our staff survey
- Our innovative use of technology to drive improved rates of access and choice for patients and carers in key service areas
- Our engagement with people who use our services and carers in specific geographies/service areas.

Our Strategic Intentions - what we intend to do

Our vision:

To be recognised as the **leading community and mental health** service provider **by our staff, patients and partners.**

Effective and compassionate help

- Evidence-based and responsive care delivered through clearly described pathways
- Focussed on providing safe, effective services that consistently achieve outcomes which are meaningful to service users
- Inpatient services represent a “centre of excellence” in line with best practice
- Suicide prevention.

Supporting our staff

- Recruiting and retaining skilled and compassionate staff
- Developing new roles and innovative approaches to workforce planning
- Valuing, training and engaging staff to enable creativity, innovation and effective service delivery
- Building strong clinical and managerial leadership, a quality improvement and research culture.

Working with service users and carers

- Engagement with service users and carers guiding development of our services
- Developing supported self management models of care and support for carers.

Good experience of treatment and care

- Personalised care supporting individual choice, independence, recovery and quality of life
- Both physical and mental health needs of service users are assessed and responded to in an integrated way.

Straightforward access to services

- Meeting national targets
- People can access our services without discrimination or stigma where they live, learn and work
- Effective and integrated urgent care coordinated around service users and their families
- Using technology to provide more online and telehealth services where this makes sense.

Working with partners and communities

- Effective partnerships with primary care, social care and voluntary sector organisations
- Ensuring mental health is a core part of integrated locality services and local system initiatives and wider sustainability and transformation plans
- Supporting development of prevention, early intervention, and peer support services.

The **2017/18 Planning Guidance for the NHS** includes targets for the next 2 years, along with the requirement for contract agreements to be reached in December 2016. Our required Operational Plan submissions will detail our financial, workforce and activity plans to meet our financial control total and performance targets – which include those set out in the Five Year Forward View for Mental Health.

Agreed commissioner investment for the achievement of key Five Year Forward View targets has been secured to establish services which are fully or partially compliant with guidance, and has been described on page 7.

Our mental health services represent approximately 50% of our income and expenditure as an organisation, and our **cost improvement plans** will necessarily apply to our mental health services. A significant focus is our plan to reduce expenditure on agency staff, which already has a dedicated programme and financial plan in place to achieve required targets

Our **IAPT Expansion and Long Term Conditions initiative** includes national and local CCG funding for the next 2 years. During this time, we will seek to evidence the projected return on investment that can be achieved as a result of providing enhanced access and specific evidence based treatment for long term physical health conditions. The rationale for this national initiative is based on evidence concerning the reduced use of secondary health services that can be achieved as a result of helping people recover from mental health problems which they experience alongside their long term conditions.

Resourcing Risks

Workforce

Scarcity of key staff has been highlighted as a risk to delivery of performance targets in a number of areas of our strategy. We have identified a number of actions that are in progress, or planned which will help to mitigate this risk, and our Workforce Strategy will outline the means by which we will secure staff in the required numbers, with the necessary response to the needs of service users and their families.

Growth in demand for our services has been highlighted on page 6. Within a block contract environment, meeting costs required to maintain safe services represents a significant challenge, particularly given the financial position of our commissioners. This provides a significant driver for the development of new ways of working reflected in the priorities of this strategy.

Local Authority funding has been significantly reduced, which is likely to have a knock-on impact to our services in terms of joint services which we provide, as well reduced levels of social care and housing related support.

Governance

Our **Mental Health Programme Board** will oversee the implementation of our Mental Health Strategy, our Pathways and Clustering Project and our Prospect Park development programme. It will report progress to the Trust Board via the Business and Strategy Executive. Our Quality Executive Group will oversee quality impact assessment of specific initiatives within implementation plans.

Our existing meetings with commissioners will be used to jointly monitor progress, and local Health and Wellbeing Boards will receive formal reports and progress updates as required.

Implementation and measuring success

Implementation planning

This summary strategy document will be supported by implementation plans within our three major service areas of:

Child and adolescent mental health

Adults of working age

Older adults

These plans, including existing and new initiatives, will be completed by April 2017. They will reflect the importance of partnership planning with commissioners and other providers to achieve a joined up experience for people who use services, along with effective use of resources within our six localities and Berkshire-wide.

We will work with commissioners and partners to ensure **effective engagement of service users and carers** in our implementation, which will be supported by a **communication and engagement plan** to facilitate **engagement of our staff, commissioners and partner providers** within our six localities and across Berkshire.

Berkshire Healthcare is part of two **Sustainability and Transformation Plans** (STPs) (Berkshire West, Oxfordshire and Buckinghamshire (BOB) and Frimley Health and Care). We will continue to actively contribute to these plans, seeking to ensure that mental health is embedded throughout, that specific targets are included and achieved, and the needs of people with serious mental illness are addressed. This will also be taken forward in our **local Berkshire systems** (including the Berkshire West ACS initiative, BW10 Integration Programme and East Berkshire New Vision of Care programme) with health and social care partners, where we will be seeking the inclusion of mental health within local integration and Better Care Fund plans.

Risks

Key risks and issues affecting implementation will be included in our plans. A number of resourcing risks have been identified on page 9. In addition to these, specific attention will be paid to mitigating the risk posed by the **complexity of commissioning and partnerships** in Berkshire – given our 6 Unitary Authorities and 7 Clinical Commissioning Groups. Related to this is the risk presented by fragmented and limited response to the needs of people with **dual diagnosis** (co-existing mental health and substance misuse problems).

Our targets

The implementation plans for this strategy will include targets set out in the national policy guidance described on page 7. Local commissioner targets contained within the quality schedule of our contract, along with CQUIN requirements will also be included.

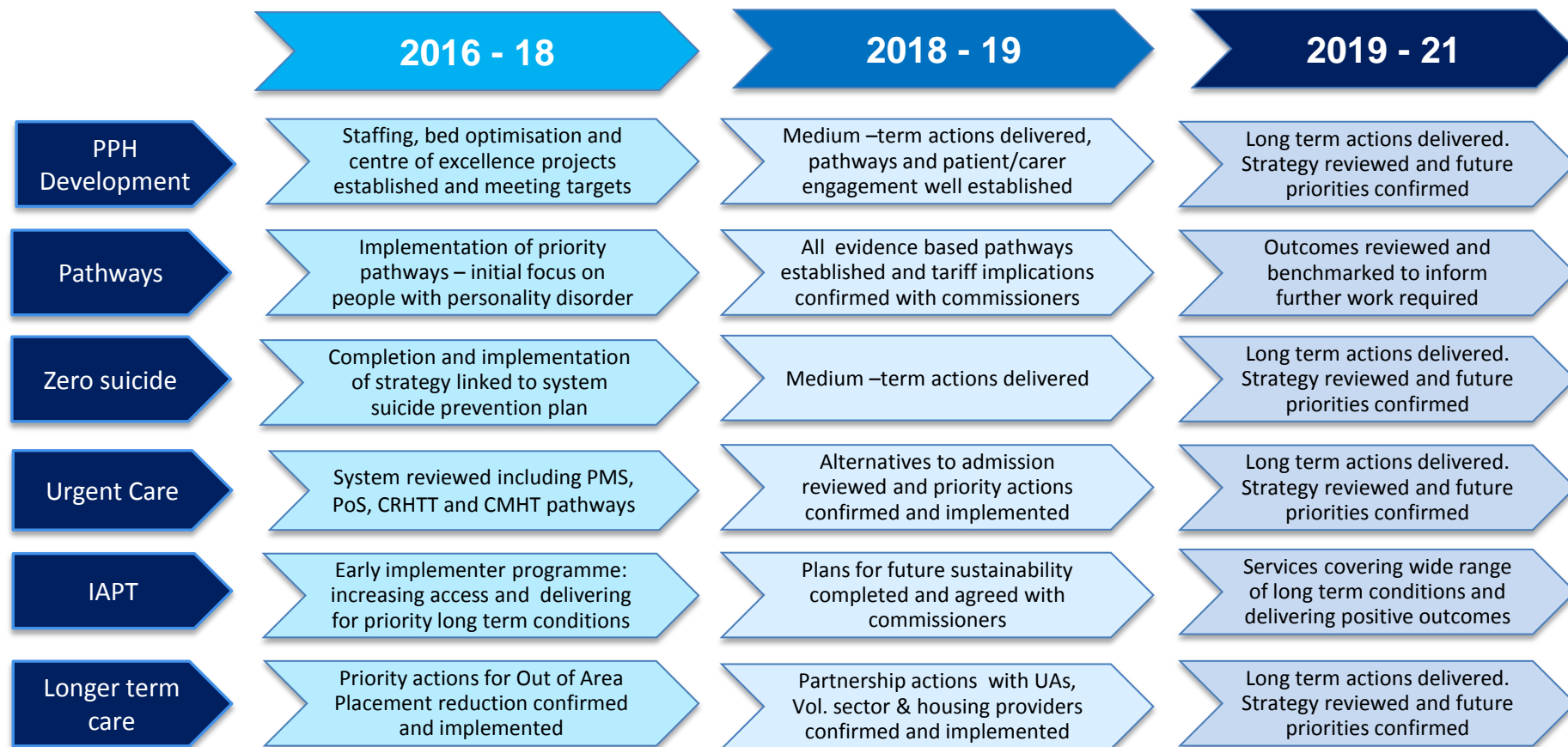
In addition, our aspiration “to be recognised as the leading provider of community mental health service provider by our staff, patients and partners” means that we need to achieve at least top quartile performance in the following by 2021:

- National Staff & Patient Surveys
- Friends and Family Test
- CQC ratings
- Waiting Times
- Average Length of Stay
- Readmission rate within 28 days
- Acute and non-acute occupancy rates
- 7 day follow up
- Delayed transfers of care
- CR/HTT gate keeping of inpatient admissions
- Mental Health Services Dataset.

We will also incorporate:

- PLACE – Patient Assessment of the Care Environment
- Safe staffing
- Local qualitative information reflecting service user and carer experience.

Mental Health Strategy Implementation roadmap



Technology enabled service delivery: online programmes, skype and SHaRON expansion.
Informatics development.

Quality Improvement methodology enabling safer, evidence-based services with better outcomes

Glossary of terms

ACS	Accountable Care System Partner organisations working together to provide services in response to population need through effective use of collective resources	MH	Mental Health
BCF	Better Care Fund Use of health and social care funding to promote integrated responses - in particular to reduce emergency admissions and delayed transfers of care	NICE	National Institute for Health and Social Care Excellence
BME	Black Minority Ethnic	NVC	New Vision of Care Local Authorities, CCGs and Health Trusts working together to provide integrated services which provide improved outcomes and experience for service users, as well as better use of resources.
BW10	Berkshire West 10 Local Authorities, CCGs and Health Trusts in Berkshire West	OAP	Out of Area Placement When patients need to receive inpatient care a way from their local hospital because of lack of available beds.
CAMHs	Child and Adolescent Mental Health Services	QEG	Quality Executive Group
CCG	Clinical Commissioning Group	QIA	Quality Impact Assessment
CQC	Care Quality Commission	SHaRON	Support, hope and recovery online network
CQuIN	Commissioning for Quality and Innovation	STP	Sustainability and Transformation Plan
CRHTT	Crisis Resolution and Home Treatment Team	UA	Unitary Authority Our six Local Authority partners are all constituted as Unitary Authorities which means they each fulfil the full range of functions which are shared between district and county councils in two-tier systems.
CYPF	Children, Young People and Families (programme)		
FYFV	Five Year Forward View		
IAPT	Improving Access to Psychological Therapies		