Mental Health Strategy 2016 – 21
Progress Update

July 2018

Berkshire Healthcare NHS Foundation Trust

Mental Health Strategy Summary 2016 - 2021

Berkshire Healthcare NHS
NHS Foundation Trust

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 Mental Health Strategy – progress since December 2016

The Trust Board approved our strategy in December 2016, ensuring it was aligned with our vision, values and key strategic objectives. The priority areas of focus were confirmed as:

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

Progress updates were provided to the Trust Board in May and November 2017, and this paper provides an overview of changes since then:

- Developments in national policy/local operating context since Nov 2017
  - Mental Health Workforce
  - System working
- What we have done in terms of:
  - Ensuring effective governance
  - Taking forward key initiatives and strategic intentions
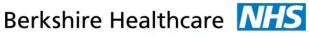 - Progress against national targets
- Planned next steps

Developments in national policy since November 2017

We have continued to submit Mental Health Delivery Plans to NHS England through our Sustainability and Transformation Partnerships . In addition, we have provided Mental Health Workforce Plans via Health Education England. These are now being triangulated with Mental Health Investment Plans to ensure delivery of the Five Year Forward View for Mental Health (FVMH), to ensure planned investment is reaching services., resulting in staff increases in line with national commitments.

As anticipated, there has been a continuation of the process used by NHSE to provide non-recurrent funding to support progress against FYFVMH targets. At the time of the last progress update, working with partners on bids for Individual Placement Support Services which facilitate people with serious mental illness into employment, and have been successful in securing funding to develop services in both Berkshire West and Frimley.

We are part of a group of Integrated Care System Mental Health Leads established in October 2017with support from Claire Murdoch, national mental health director for NHS England, who visited Berkshire West in May 2018. Very positive feedback was provided following this visit, which provided an opportunity to outline some of our key achievements as well as discuss areas of work presenting the biggest challenge. Claire Murdoch will attend the Mental Health Steering Group for the Frimley ICS in July, when a similar approach will be taken.

Mental Health Strategy and system working

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Developments in Berkshire-wide Initiatives

Mental Health has continued to attract a higher profile in **A&E Delivery Boards** in both halves of the county, and work on reduction of delayed transfers of care includes mental health as well as community and acute beds. However, significant pressure on inpatient services has continued, with high bed occupancy and longer lengths of stay, along with greater number of compulsory admissions to Prospect Park Hospital. More recent work has started to achieve positive progress, however, sustained change presents a significant challenge. We have completed a bed modelling exercise to analyse the needs of our local population over the next few years and inform medium – longer term planning.

Our **Early Implementer IAPT Programme** to increase access and develop services for people with long term physical health problems is demonstrating evidence of impact in terms of reduced GP and A&E attendances. A Thames Valley Suicide Prevention and Intervention Network is well established and linked with the Crisis Care Concordat and our own Zero Suicide Strategy. The **Connected Care** Programme has progressed well and Berkshire Healthcare staff are now accessing shared electronic records as planned.

We have secured NHS England funding to expand our Individual Placement Support service across Berkshire to enable people with serious mental health problems to secure employment.

We are continuing to work on the establishment of a joint commissioner and provider team to lead strategic planning and transformation in mental health across Berkshire, aligned with Surrey and Hampshire organisations for the Frimley Health and Care Sustainability and Transformation Partnership (STP)

Berkshire East

The Frimley Health and Care STP has established a Mental Health Steering Group to oversee delivery of FYFVMH targets as well as to ensure focus on all 7 STP priority initiatives to develop:

- **Support for peoples own responsibility for health and wellbeing**
- **Integrated decision making hubs**
- **A new model of General Practice at scale**
- **The support workforce across the system**
- **Social Care market analysis and management**
- **Analysis and reduction of clinical variation**
- **A Shared Care Record accessible across the system**

Mental Health Delivery Plans and Workforce Plans have been completed in partnership with Surrey and Borders Partnership Trust and local commissioners. Workshops have been held to identify work required to reduce out of area placements, and to consider the interface with GP Transformation work in progress. A mental health reference group has been established to enable engagement of service users and voluntary sector organisations.

Berkshire West

Our mental health service staff continue to be part of the following clinical work streams of the **Integrated Care System**:

- **The system-wide bed review**
- **The response to high Intensity service users.**
- **The analysis and approach to physical and mental health co-morbidities.**

The **Berkshire West 10 Integration Programme** has increased its focus on mental health and has facilitated improvements in the decision making progress for funding support for people subject to section 117 of the Mental Health Act.

We have contributed to mental health delivery plan submissions for the B**uckinghamshire, Oxfordshire and Berkshire West (BOB) STP**, trajectories for decreasing numbers of out of area placement, and also completed our local mental health workforce plans. Our Berkshire West Mental Health Delivery Group continues to oversee delivery of FVFVMH targets and report progress to the ICS and Integration Boards.

Work is in progress to confirm key priorities for action for BOB STP, to be coordinated by our Director of Corporate Affairs and the Chief Executive of Oxford Health.

Mental Health Strategy priorities and governance

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Key priorities

There is a good alignment between our vision, values, organisational priorities and our mental health strategy priorities:

Safer, Improved services with better outcomes, supported by technology

Our Trust Board Vision metrics that are specifically relevant to our mental health strategy priorities include:

- Patient assaults
- Use of restraint
- Inpatient deaths
- Suicide rate for people under mental health care
- Bed occupancy

As part of our Quality Improvement Programme, we have identified a number of "True North" metrics that are specific to our mental health services:

- Number of self harm incidents
- Violence and aggression incidents to staff

We have also prioritised implementation of our Quality Management Improvement System within Prospect Park Hospital.

We have used our Strategy Deployment process to help us prioritise key initiatives, which is now starting to incorporate local projects and initiatives.

This will guide our project resourcing decisions and guard against individual clinical or corporate services being over-burdened at any one time. The following slide shows the significant initiatives within our mental health strategy, which will be enabled by technology and use of quality improvement methodology. This is followed by an outline of progress regarding each of the initiatives, a summary of our plans for technology enabled service delivery, the targets against which we will measure our progress and our planned next steps.

Governance

Our **Mental Health Programme Board**, accountable to the Business and Strategy Executive continues to oversee implementation of the Mental Health Strategy, Prospect Park Development Programme and Mental Health Pathways and Clustering. This group enables project leads to address interdependencies between initiatives.

Our IAPT service development is now implemented as "business as usual", reporting progress into Trust Business Group and Quality and Finance Executive meetings. There are also 2 Steering Boards in East and West Berkshire with commissioners.

The **Zero Suicide** initiative reports to our Quality Executive and is linked to the Berkshire suicide prevention steering group.

Urgent Care developments are managed through our operational management structures and our membership of A&E Delivery Boards. The management of "acute overspill" **out of area placements** is managed through a project board led by the Director of Nursing and Governance.

Our Trust Business Group provides oversight of contractual arrangements for the provision of **Longer Term Care.**

A **Global Digital Exemplar Board, chaired by our Chief Executive is well** established and oversee delivery of objectives set out within our bid.

The following slide provides the high level implementation "road map" for the key initiatives included in the strategy approved by the Trust Board

Mental Health Strategy
Implementation roadmap December 2016

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	2016 - 18	2018 - 19	2019 - 21
PPH Development	Staffing, bed optimisation and centre of excellence projects established and meeting targets	Medium –term actions delivered, pathways and patient/carer engagement well established	Long term actions delivered. Strategy reviewed and future priorities confirmed
Pathways	Implementation of priority pathways – initial focus on people with personality disorder	All evidence based pathways established and tariff implications confirmed with commissioners	Outcomes reviewed and benchmarked to inform further work required
Zero suicide	Completion and implementation of strategy linked to system suicide prevention plan	Medium –term actions delivered	Long term actions delivered. Strategy reviewed and future priorities confirmed
Urgent Care	System reviewed including PMS, PoS, CRHTT and CMHT pathways	Alternatives to admission reviewed and priority actions confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed
IAPT	Early implementer programme: increasing access and delivering for priority long term conditions	Plans for future sustainability completed and agreed with commissioners	Services covering wide range of long term conditions and delivering positive outcomes
Longer term care	Priority actions for Out of Area Placement reduction confirmed and implemented	Partnership actions with UAs, Vol. sector & housing providers confirmed and implemented	Long term actions delivered. Strategy reviewed and future priorities confirmed

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

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

Progress on Key Initiatives

Prospect Park Hospital Development

Bed Optimisation:
This project was established to achieve:
- No Out of Area Placements (OAPs) as a result of acute overspill
- Acute adult bed occupancy consistently below 90%

A "spring to green" initiative has been successful in reducing placement numbers and work is in progress to ensure sustainable ways of maintaining low numbers. This includes the introduction of robust procedures for approval at Executive level. Support is needed from partner providers and commissioners to achieve our objectives and reduction of out of area placements is a key area of focus in both STP Delivery Plans. This project is now part of the "Eliminating Overspill , Optimising Recovery and Rehabilitation" described on page 8.

Staffing:
The Staffing Project has primarily focused on new roles and new approaches to recruitment. New Band 4 and Band 6 roles were established and filled. A benchmarked review of safe staffing was undertaken and work on the overall skill mix completed.. Further work is planned to address remaining challenges regarding vacancies in Band 5 nursing posts and further reduce turnover. This will be informed by a "deep dive" understanding of the challenges being experienced by front line staff, and their views about how to improve our current staffing challenges.
Although good progress has been made, we will need a sustained focus to reduce vacancies in the long term.

Centre of Excellence:
Definition and confirmation of scope was deferred to enable prioritisation of Bed Optimisation, Staffing and Quality Improvement Initiatives. However, work has been completed to seek the views of service users, which will inform planning to be completed by October 2018. A physical health lead has been appointed and good progress made in addressing issues which contribute to health inequalities experienced by people with serious mental health problems.

IAPT

Our key initiatives are now incorporated into regular operational management and reporting arrangements. These include:
- Early Implementer pilot
- Skype pilot
- Development of online packages in partnership with Silvercloud
- Surrey AQP
- Healthmakers

Good progress is being made, and the Early Implementer pilot is continuing to show reductions in A&E and GP attendances of patients receiving Talking Therapies. Agreement was reached with commissioners to identify 18/19 funding beyond the non-recurrent NHSE funding.
Development of employment advisor roles is continuing, with additional funds secured from Department of Work and Pensions.

Zero suicide

This include four key priority areas of focus :
- A reduction in the rate of suicide of people under mental health care
- Increase in positive staff attitude and a proactive approach to suicide prevention
- An optimised RiO system for recording risk
- Families, carers and staff will feel supported and know where they can get support after a suicide

Progress updates provided to our Quality Executive have highlighted progress in terms of:
- meeting target of 10% reduction from 2015/16 baseline, but this need to be viewed over a sustained period.
- 3 day suicide awareness course continues to be well evaluated and attended.
- Risk audits continue to show steady progress
- Carer training on suicide awareness available.

BHFT will host a Zero Suicide Conference in December.

Progress on Key Initiatives

Pathways and Clustering

This programme was set up to optimise service delivery and to understand and improve outcomes for service users, while also positioning the Trust to meet anticipated changes to commissioning arrangements. There is no longer a strong policy focus on the link with potential changes to payment mechanisms, as this has shifted to population based funding as part of the development of Integrated Care Systems.

Since November 2017, work has focussed on reducing the number of people within clusters 1-3 (representing mild – moderate mental health problems) receiving our services, and transferring back to primary care. As at May 2018, numbers had reduced by 60%.

Resources allocated to this initiative were redirected to focus on improvements required in record keeping and risk assessment at Prospect Park Hospital, but, work will continue on clusters 1 -3 from June 2018and expand through 2018/19 with C4, 11, 12 and 18 prioritised.

A full set of pathways has been completed for all secondary care clusters, and "Pathways on a Page" are published on our intranet.

Emotionally Unstable Personality Disorder (EUPD) End to End Pathway QI Project

This initiative has been prioritised to enable effective support to be provided to people who are over-represented in our inpatient and crisis services. Project resourcing and planned benefits are confirmed, to achieve an evidence based pathway throughout our services, along with:

- Reduction in occupied bed days for people with EUPD
- Reduction in self harm incidents, OAPS expenditure and re-referrals relating to inpatient services
- Improvement in friends and family recommendation scores and staff engagement within inpatient services.

Longer term care

The **Eliminating Overspill, Optimising Rehab and Recovery** seeks to address the 5YFV aim of eliminating acute out of area placements as well as development of a range of rehabilitation & recovery options. This includes specialist placements, but also looks to develop the provision so that bed-based options become the final resort rather than the rule. A revised approach to assessing and approving out of area placements has been piloted and rolled out, and the position at Q2 shows rate of placements has almost returned to target trajectory.

The regional work to develop a New Model of Care for people needing **low and medium secure services** has progressed well and the number of people repatriated to Oxford is higher than planned. Year 2 of the pilot will focus on reducing length of stay in specialist placements and will be informed by an analysis of need across the areas covered (Oxfordshire, Bucks, Berkshire, Hampshire and Dorset) Berkshire work will focus on development of step up and step down services.

Urgent Care

Work is continuing to optimise the performance of our Common Point of Entry, Crisis Response Home Treatment Services, and our Inpatient Wards. This is in response to ongoing high levels of demand and capacity challenges within other parts of the system which is resulting in:
- High referral numbers of people to CPE
- Increased length of stay at Prospect Park Hospital

Action is being taken to address these issues, which needs to be continued into the medium/long term, and supported by commissioners and partner providers to ensure sustainable solutions.
We have undertaken a review of our CRHTT, using a "tender" model to review our use of resources in this service, which has been experiencing high referral numbers leading to significant cost pressure. This has identified a number of key actions being taken forward by the operational managers and progress reported into Trust Business Group.
We are working to ensure that accurate data is used to inform agreed actions. through our A&E Delivery Boards in East and West of Berkshire, including numbers of bed days lost due to delayed transfers of care.

Technology enabled service delivery

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The use of technology to enable the delivery of a new model of care in mental health is at the centre of our ambition as a "Global Digital Exemplar" for mental health, confirmed in April 2017.
The table below provides a summary of progress against the key initiatives as at June 2018.

Initiative	Progress	RAG
Skype platform to support clinical Consultations enabling IAPT & EIP services to offer Skype as standard	The solution will be trialled July-Sept with IAPT & EIP services	A
Digital Appointment Correspondence	Procurement completed, and system implementation commenced. Adult MH services live with digital appointment correspondence	G
E-observations	Implemented into Mental Health wards – Phase 1	G
Real time capacity monitoring	Messaging enabled and dashboard developed. Implemented in inpatient and crisis services	G
EPMA - inpatients	Implemented and in use in all MH Wards	G
EPMA - outpatients	Revised go-live date in August	A
Care Pathways	Clinical delivery and audit to evidence NICE concordant treatment	G
Enhanced care home support	Pilot completed in 5 Care Homes. Further work needed as a result of WiFi survey	A
Supervision and training via web conferencing	Online access to clinical support available. Skype clinics for RiO running since Oct 2017	G
Second generation mobile workforce	Platform 1 in pilot, 2 in procurement, 3 awaiting supplier	G
Quality Improvement	Completion of initial lean projects	G

Progress in other related programmes

Information Technology Architecture Strategy Implementation Programme
Progress is on target, with the new data network in place and migration to windows 10 complete across 22% of the laptops/desktops running the system as planned.

Connected Care shared record programme
The Berkshire Connected Care Portal went live at the end of January 2016, and has been developed to enable access to GP data and acute hospital admissions, discharge & transfer data.
Berkshire Healthcare staff make extensive use of the Connected Care facility to view information which supports delivery of safe, good quality care, improved patient experience, and effective use of resources.
Training materials and user guidance are provided on our intranet.
EPMA and Connected Care links are in place.
Procedures have been implemented to comply with changes required as part of GDPR.

We have continued to develop our use of **online programmes** as part of our **Talking Therapies** service, enabling us to achieve access targets and expand our offer across major long term physical health conditions. Our partnership with Silvercloud has enabled us to collaborate on the development of programmes for people with long term physical health problems , which is showing encouraging results as identified on page 7.

The application of our **Support Hope and Recovery Online Network** is continuing across our services, from its inception in eating disorder services.

Informatics development remains an important priority – and we are now able to access a wide range of "tableau" dashboards for our mental health services, enabling staff and managers to understand referral, activity and caseload information, at service and team level. We have also aligned ESR and financial information to provide vacancy reports which are crucial to our workforce planning activity.

Measuring our progress and next steps

Our Mental Health Delivery Plan Submissions identified overall good progress in delivery of FYFVMH targets (please see page 11 for a summary of the key targets from NHS England).
Having secured funding to expand our Individual Placement Support services, areas prioritised as requiring further work are:

- Elimination of out of area placements for people requiring acute care by 2021. As described on page 7 this is linked to our bed optimisation work and requires work on internal as well as system solutions.
- Achievement of CAMHS access targets, given continued growth in demand.

Our Trust Board Vision measures and True North metrics described on page 5 provide a clear focus on our priorities as an organisation. These are at the centre of our Quality Improvement work, which will enable improvements identified by our front line staff.

We have robust arrangements for measuring progress against key mental health targets, and reviewing qualitative and quantitative information through our Executive meetings:

- User safety, people, NHS Improvement, service efficiency and effectiveness and contractual metrics monitored at our Finance Executive
- Patient Safety and Experience issues are reported to our Quality Executive
- Progress of key projects is monitored by our Business and Strategy Executive

These groups support the work undertaken by our Trust Board Committees (Quality Assurance, Finance, Investment & Performance and Audit) in their detailed review of performance and key risks to delivery of Trust Board priorities for our mental health services.

Next Steps

The following activities are currently being prioritised for action :

- Continued focus on our **Quality Improvement** initiatives to reduce restraint and assaults in our inpatient services. Maximising the impact of our Quality Management Improvement System linking front line staff and senor leadership.

- **Progressing mental health initiatives within our ICSs**. This will include work with partners to reduce out of area placements and ensuring mental health is effectively represented in all work streams.

- Implementation of our **Delivery Plans** for the achievement of FYFVMH targets – with a particular focus on those areas we have identified as needing further work.

- Continuing to refine and implement our **Workforce Plan** for mental health – in liaison with ICS partners and Health Education England. This will include addressing specific risks regarding inpatient, IAPT and CAMH Services.

- Working with commissioners to ensure that the **Mental Health Investment Standard** is met, and that Mental Health Investment Strategies reflect funding provided to commissioners to achieve FYFVMH targets.

- **Beginning our forward planning for 2019/20** will ensure that our True North metrics are embedded within our Plan on a Page, which will guide team planning and individual objectives for staff working in our mental health services.

Five Year Forward View for Mental Health. **By 2020:**

70,000 more children will access evidence based mental health care interventions .
Community eating disorder teams in place for children & young people

Intensive home treatment will be available in every part of England as an alternative to hospital

No acute hospital is without all age mental health liaison services with at least 50% meeting the "core 24" standard

At least 30,000 more women each year can access evidence-based specialist perinatal mental health care

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 20 17

Increased access to evidence-based psychological therapies will reach 25% of need, helping 600,000 more people

The number of people with SMI who can access evidence-based Individual Placement Support will have doubled

280,000 people with SMI will have access to evidence based physical health checks and interventions

60% of people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks

Inappropriate out of area placements will have been eliminated for adult acute mental health care

New models of care for tertiary MH will deliver care closer to home, reduced inpatient spend and increased community provision

There will be the right number of CAMHS inpatient beds in the right place, reducing the number of inappropriate out of area placements