Berkshire Healthcare NHS
NHS Foundation Trust

Mental Health Strategy 2016 – 21

Progress Update

November 2019

Berkshire Healthcare NHS Foundation Trust

Mental Health Strategy Summary 2016 - 2021

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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

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The Trust Board approved our mental health strategy in December 2016, and 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, July and November 2018, May 2019. This paper provides an overview of changes in terms of:

- Developments in national policy/local operating context since May 2019
- Our progress in taking forward our key initiatives, strategic intentions and achieving national targets
- Planned next steps

Developments in national policy since May 2019

NHS England published the NHS Mental Health Implementation Plan 2019/20 – 2023/24, which aims to use a ring-fenced local investment fund of £2.3bn to ensure high quality, evidence based mental health services. The document outlines a new planning approach to build on the Five Year Forward View for Mental Health and the Long-Term Plan commitments. There is a split for each deliverable into 'fixed' (national access or coverage with year-on-year trajectories),'flexible' (all systems to have in place by 2023/24, or before if specified, with flexibility in delivery approach and/or phasing and 'targeted' (targeted service expansion or establishment in select areas). Funding will be used to support work across the core ambitions of the NHS Long Term Plan (LTP) in:

- specialist community perinatal mental health
- adult severe mental illnesses (SMI) community care
- therapeutic acute mental health inpatient care problem gambling mental health support rough sleeping mental health

- children and young people's mental health
- adult common mental illnesses (IAPT)
- mental health crisis care and liaison
- suicide reduction and bereavement support problem

The LTP includes a number of priorities with specific relevance to mental health, including: a **new service model** with development of out of hospital care through a new urgent care offer, Primary Care Networks, support to people in care homes and supporting people to age well – all of which are relevant to mental health and the design of mental health services; more action on **prevention and health inequalities** is highlighted – including the higher risk of poor health experienced by people with severe mental illness; further progress on **care quality and outcomes** – including children and young peoples mental health services as well as adult mental health services; **NHS Staff will get the backing they need** – including reference to increasing recruitment and retention in medical staff and development of new roles; **Digitally enabled care will go mainstream across the NHS** – includes the mental health GDE programme, digitally enabled therapy in IAPT services, and children's mental health services. Development of Population Health Management will be underpinned by development in capture/use of mental health data.

Mental Health Strategy and system working

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Berkshire East

The Frimley Health and Care Integrated Care System (ICS) Mental Health Programme has prioritised 3 key areas of work:

- **Significantly reduce Out of Area Placements (OAPs) by 2020.** Targets for 2018/19 were achieved by the ICS, but remain very challenging to deliver in 2019/20.
- **Ensure there are easily accessible urgent, emergency and liaison Mental Health Services.** Liaison services are in place across the ICS, and this priority initiative is focussed on the overall pathway
- **Improving access to Children and Young People's Mental Health Services** – this replaced increasing access to perinatal mental health care as this was successfully achieved prior to the last update provided to the Trust Board.

The ICS Mental Health steering group is also accountable for oversight of delivery of LTP targets as well as to ensure that mental health is embedded within all ICS priority initiatives. The most challenging targets to deliver continue to be the OAPs and children and young people's access to services, but the majority of the remainder have been delivered or are on course for delivery.

Effective working relationships have been established with colleagues in Surrey and Borders Partnership Trust and local commissioners, and our staff have made a strong contribution to the work of the programme. A notable achievement has been securing Wave 1 Transformation Funding from NHSE for 2019/20 and 2020/21 which will enable design and implementation of changes to community mental health services in Frimley ICS. This will include an enhanced contribution within primary care, partnership working with the community and voluntary sector and adult social care. Benefits will include prompt support within primary care, including for those with serious mental illness and personality disorder.

Work is now in progress to finalise the mental health plan linked to the ICS 5 year plan - separately reported to the Trust Board.

Berkshire West

The Berkshire West Mental Health Delivery Group is the key forum for oversight of LTP MH targets and implementation of local strategy within the Integrated Care Partnership (ICP).
In common with Frimley ICS, Berkshire West has also prioritised the reduction of **out of area placements**, and although good progress has been made in achieving the required trajectory, this work continues to present a significant challenge.

A Mental Health Steering Group is now well established as part of the B**uckinghamshire, Oxfordshire and Berkshire West (BOB) STP.** This group is chaired by the CEO of Oxford Health NHS Foundation Trust, and the role of Senior Responsible Officer will transfer from our Director of Strategy and Corporate Affairs to our Regional Director for Berkshire West in December, thus maintaining the balance of leadership across the patch.

Berkshire West was successful in securing wave 2 funding for mental health support teams in schools, building on the wave 1 funding secured previously. This will strengthen early intervention for young people., which is very important given the continuing high referral rates into our CAMH Services.

Good progress has been made with the New Models of Care for forensic tier four CAMHS and Eating Disorder Services, which has seen the establishment of provider collaboratives taking responsibility for provision of care closer to home and effective management of resources across the whole care pathway. This has reduced the number of placements made outside the patch and also secured financial savings in forensic services.. NHS England has recently embarked on a process to request expressions of interest in leadership of provider collaboratives for Veterans Mental Health Services.

The planning landscape in BOB is complex, and the process of developing the ICS 5 Year Plan has been challenging, in order to ensure effective engagement of each "Place" while avoiding duplication of work. Key priorities and current progress is included in the Trust Board report about ICS Plans.

Mental Health Strategy priorities and governance - a reminder

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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

Our "True North" metrics relevant to our mental health services that are listed on our 2019/20 Plan on a Page for 2019/20 are:

- Reducing harm to our patients by reducing: self harm and suicide, falls, medication errors, pressure ulcers and preventable deaths from septicaemia
- At least 95% of our reported incidents will be low or no harm to patients
- All patient facing teams will have evidence based objectives for reducing patient harm in their plans for 2019/20
- All our support services will work with patient facing services to identify ways that they can support safety of patients
- **With our health and social care partners:** We will work to achieve reduced urgent admissions and delayed transfers of care.

Significant progress has been made in reduction of use of prone restraint, and also with reductions of self harm and reduction of staff assaults.

Our **Quality Improvement Programme** provides the infrastructure to enable us to achieve our objectives, and this approach will continue to be used to as we refresh our Three Year Trust Strategy and confirm our "Plan on a Page" measures for 2020/21.

Governance
Our **Mental Health Development Group**, accountable to the Business and Strategy Executive continues to oversee implementation of the Mental Health Strategy and enables project leads to understand and address interdependencies between initiatives,. Commissioners have been part of this group for approximately 6 months, aiding alignment and reduction of duplication of effort. Projects in scope of this group include:
Bed Optimisation,/Just to Zero, EUPD Pathway , CPE Development and CMHT Function and Workforce.
Formal progress reports are provided to our Business and Strategy Executive for all initiatives.

Our IAPT service development continues to be implemented as "business as usual", reporting progress into Trust Business Group and Quality and Finance and Performance Executive meetings as required.

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 Urgent and Emergency Care Boards.

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

The following slide provides the high level implementation "road map" for the key initiatives included in the strategy approved by the Trust Board. This is followed by an outline of progress regarding each of the key initiatives listed.

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

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Progress on Key Initiatives

Prospect Park Hospital Development

Bed Optimisation/ Just to Zero initiative:
This project was established to achieve:

- No Out of Area Placements (OAPs) as a result of acute overspill by 2020
- Acute adult bed occupancy consistently below 90%

Executive approval processes for OAPs remain in place, and work has been structured by the use of QI methodology. Reduction of out of area placements is a key area of focus in both ICS Delivery Plans as described on page 5. As planned, the initiative has now been re-scoped, with arrangements for optimising rehabilitation and recovery now "business as usual". The work to eliminate acute overspill has been organised into four new work streams under the initiative "Just to Zero" (which references the target). Acute Overspill has seen a reduction in October and for the first time in 2019 has reached zero and stayed at that level for 2 weeks.
The milestones set to deliver by end of Q3 are starting to show real progress. The bed escalation process which commenced in August 2019, is currently being re-evaluated prior to the second PDSA phase. Discussions with Rosebank continue to progress towards a new service model which will include step down, and work on Crisis beds is underway.
The Prospect Park Bed Management Team were worthy winners of our "clinical team of the year" award this month.

Staffing:
Having moved this initiative into " business as usual" arrangements, there is a strong focus on recruitment and retention within the PPH leadership team, supported by the dedicated HR Operations Manager and progress is reported into the Mental Health Development Group and Strategic Workforce Steering Group. 18 newly qualified nurses have commenced in post in October, and levels of band 2 – 4 staffing are good. Staffing levels on Sorrell Ward remain good, which is very pleasing given the previous high levels of vacancies.
However, we continue to be challenged by the shortage of supply of Band 5 nurses, and therefore are prioritising retention and using QI methodology to ensure continued focus on actions to address this issue.

IAPT

Our Talking Therapies key initiatives are now embedded in regular operational management and reporting arrangements, and our service continues to meet access and recovery targets. Waiting time performance may well be challenged in Berkshire West due to resource constraints, but planning for 2020/21 is still in progress. with commissioners. A Common Point of Entry/Wellbeing project is in progress to provide an effective response to those people coming through our CPE, who do not need secondary mental health services. This is required because of the very large numbers of referrals that continue to be made into CPE, to ensure appropriate assessment and management of risk, as well as a good experience for service users. Agreement of objectives has been achieved regarding the establishment of an integrated response incorporating IAPT and signposting to community and voluntary sector services . East and West of Berkshire are at different stages of development, and work is in progress to ensure we achieve the right balance between local requirements and overall service sustainability and an evidence based model.

Zero suicide

The Five Year Forward View for Mental Health called for multi-agency suicide prevention plans as part of major drive to reduce suicides in England by 10 per cent by 2020/21. Our Zero Suicide programme, initiated in 2016, has achieved its annual objectives and has three priority areas for 2019/20:

- Zero Suicides in our Inpatient Units
- Safety planning ,focussed on means restriction, problem solving and coping skills , enhancing social support, identifying emergency contacts
- Staff feeling that we have a learning not blaming culture

All new staff receive suicide prevention training as part of induction and we have a fully embedded 3 day suicide prevention training programme that is in its third year. The Zero Suicide Alliance eLearning course is available on our intranet and the "We need to talk about suicide: helping everyone to feel more confident to talk about suicide" e-learning package is now available via ESR. Our work has a focus on mental health inpatients, CRHT and Willow House, prioritising reduction of self harm. Now that the concept of Zero Suicide is understood widely across the Trust , it is time to embed it as part of our ongoing day to day operations, which will be overseen by a ***Suicide and Self Harm Prevention Strategy Group***

Progress on Key Initiatives

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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 development of payment by results in mental health. While the policy focus has shifted to population based funding as part of Integrated Care Systems, this initiative will continue to make a significant contribution to our understanding of how well we are serving local people. Having achieved key objectives, in terms of pathway development, rates of clustering and use of e-pathways, this initiative moved to "business as usual" at the end of June. The project closure report will be provided to the Business and Strategy Executive in November, ensuring that we have effective arrangements in place to monitor required outcomes as part of established performance processes in our mental health services.

Emotionally Unstable Personality Disorder (EUPD) Project

This project was established to plan and deliver a consistent offer to service users – recognising the higher than average number of people with this diagnosis who were being admitted to our inpatient wards.

SCM (Structured Clinical Management) is now in place in all CMHTs. The numbers of CMHT "take up" into SCM is now part of the project metrics and Divisional Scorecards. **PICT** (Psychologically Informed Consultation and Training) is in operation and has completed a number of training modules which are now available and being provided. A plan for implementation of Assessment, Assertive Stabilisation and Service User Networks has been developed. The Steering Group task and finish group structure has been adapted to continue to develop and implement the operational model, deployment of new services into existing services, coordinated and innovative recruitment and risk management.

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. Great progress has been made over the last 12 months against the initial aims and objectives. The rehab and recovery element has been concluded and arrangements are now business as usual .

Regional work to develop a New Model of Care for people needing **low and medium secure services** has progressed well achieving both quality improvements and financial savings. Work is currently in progress to move to business as usual arrangements, led by Oxford Health and NHSE Specialised Commissioning.

CMHT Function and Workforce

This initiative was commenced during 2018/19 and aims to have completed the following by March 2020:

- To have defined and implemented a revised service offer which removes unwarranted variation across Berkshire
- To address current challenges in recruitment and retention of CMHT staff, including the completion of a workforce plan

The resulting model will need to be delivered within existing resources. A successful Rapid Improvement Event was held in September to explore the initial processes in each Locality for CMHT service users. These processes were mapped out for each service, and compared in terms of obstacles experienced and what works well. Local services will be involved in developing a standard process with agreed metrics for piloting. This work provides the foundation for identification of required workforce roles, informing recruitment and retention activity.

Urgent Care

Work is continuing to optimise the performance of our Common Point of Entry, Crisis Response Home Treatment Services, and our Inpatient Wards. Progress has been made in ensuring that accurate data is used to inform agreed actions. through our Urgent and Emergency Care Boards in East and West of Berkshire, including numbers of bed days lost due to delayed transfers of care.

Transforming urgent care pathways was included as a "placeholder" in our strategy implementation plan from April. 2019, however, work on the development of our system urgent care strategy has been delayed, and we will include strategic direction for our own urgent care services within our over-arching three year strategy refresh.

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.
Our GDE Programme (including roll out of ePMA) consists of 19 projects within four GDE initiatives:

- Direct Patient Access & Communication
- Digital Wards & Service
- Digital workforce
- Research & Quality improvement

The programme is in its busiest period and will be until December 2019 (when the final milestone is due). Project closure for 7 projects is underway.
We are joining our Fast Follower in September to visit the Centre for Addiction and Mental Health in Toronto (they achieved level 7 accreditation- the highest level possible from the Healthcare and Information Management Systems Society).
Our SHaRON blueprint has been published and is available on the digital platform.
Electronic Medical Record Adoption Model evaluation has been undertaken and our current level of adoption & maturity is HMISS Level 5.

Work will be focussed on the following activities in the next phase:

- Enhanced Online Support and Sign Posting
- Digital Appointment Correspondence
- Live Patient Safety Monitoring & Alerting
- Active alerting
- Second Generation Mobile Working
- Order Communications - Electronic requesting and reporting.

Progress in other related programmes

Information Technology Architecture Strategy Implementation Programme
This is planned to run until March 2020 and comprises six elements including Office 365 migration and movement of departmental systems to the Cloud. Good progress has been made with Community of Interest Network (COIN) capability being completed, e-mail migration completed, secure e-mail implemented and Windows 10 implementation on target.
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 have continued to increase their access into Connected Care to view information which supports delivery of safe, good quality care, improved patient experience, and effective use of resources.
Governance arrangements for the programme have been reviewed to ensure effective links to work in progress in each locality, as well as oversight of the programme by the ICP Population Health & Digital Development Board.
We have continued our use of **online programmes** as part of our **Talking Therapies** service, enabling us to achieve access targets, including 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 , building on the initial online services for people with common mental health problems. We are finalists in the 2019 HSJ Awards Mental Health Innovation of the Year, recognising this work.
Informatics development
This remains an important priority – and we are 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 aligned ESR and financial information to provide vacancy and other workforce information as part of the "People Dashboard" which will be available through tableau in 2020.
This work is crucial to the development of our Population Health Management capability – which is a key initiative within both ICSs of which we are a part. This will enable us to use data to better understand the needs of our population, patterns of activity and outcomes to improve patient experience and outcomes, as well as our use of resources.

Measuring our progress and next steps

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Our contribution to the mental health sections of the ICS 5 Year plans has identified overall good progress in delivery of FVMH /LTP targets (please see page 11 for a RAG rated summary of the key targets from NHS England reported in previous updates).
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

In addition to continuing to progress our identified mental health initiatives, the following activities are currently being prioritised for action :

- Continued focus on our **Quality Improvement** approach to empower front line staff to work on improvements in priority areas identified in our Plan on a Page and at local level.
- Development of **Primary Care Networks** which include an effective response to the mental health needs of our population – across the range of need from mild-moderate difficulties through to serious mental illness.
- Delivery of our **Global Digital Exemplar Programme** – and maximising the use of technology to improve safety and help us manage demand and capacity.
- Further exploration of measurement of **patient experience and outcomes** across our mental health services.
- Continuing to refine and implement our **Workforce Plan** for mental health – this includes focus on both inpatient and community services with the establishment of our CMHT Function and Workforce initiative.
- **Progressing mental health initiatives within our ICSs**. This will include work with partners to reduce out of area placements, achievement of FYFV MH targets and ensuring mental health is effectively represented in all work streams. The completion of five year system plans during the summer will require a significant focus on mental health.
- 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 LTP targets: the investment standard is being met currently, but progress on reducing OAPs will enable investment in local, prevention-focussed initiatives.
- **Forward planning for the refresh of our Three Year Strategy in April 2020,** informed by the NHS Long Term Plan and implementation guidance.

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