

# BHFT Mental Health Strategy

Update to  
Reading Health and Wellbeing Board  
February 2021



**GDE**  
Digital solutions for  
outstanding healthcare

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# Mental Health strategy: The NHS Long Term Plan

LTP sets out 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”
- A key target is improving access to physical health checks for people with Serious Mental Illness, to address health inequalities: people with Severe Mental Illness may have reduced life expectancy of 17-22 years.

## The NHS Long Term Plan

*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 nurses, with a 2 hour response\*



### 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



### 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 Vanguard

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



### 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

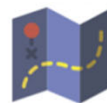


### Suicide Prevention & Support\*

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



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The **Mental Health Investment Standard** (MHIS) (previously known as Parity of Esteem) is the requirement for CCGs to increase **investment** in MH services in line with their overall increase in allocation each year.

Local NHS Commissioners and ICS system are held to account for achieving this

Our **major MH initiative for Reading and West Berkshire** is implementation of the **Community Mental Health Framework** (Nov 2020) – to transform community Mental Health services



Thames Valley  
Strategic Clinical Network

\*= continued FYFV ambition

All icons used via [www.flaticon.com](http://www.flaticon.com)

# Our starting point



Berkshire Healthcare  
NHS Foundation Trust

- Rated as Outstanding by the Care Quality Commission
- Provider of community inpatient services in Reading, Newbury, Maidenhead, Slough and Wokingham and mental health inpatient service at Prospect Park Hospital in Reading
- Provider of community physical health services for children and adults across Berkshire and beyond
- Operating specialist clinics for physical and mental health across the county
- Employing around 4,500 staff operating from approximately 100 sites
- An NHS Leader in embedding a culture of continuous Quality Improvement and empowering and giving genuine opportunities for staff and patients to identify areas for improvement and make changes
- Embedding quality improvement methodologies throughout the Trust from ward to Board
- Supporting staff to innovate and develop new ideas
- Adapting to new ways of working necessitated by COVID
- Mature and stable leadership
- Relatively mature relationships with Buckinghamshire, Oxfordshire and West Berkshire (BOB) Integrated Care System and partnerships and Frimley Integrated Care System (for East Berkshire)
- A history of financial sustainability
- An NHS leader in designing, adapting and imbedding technology to improve patient care
- Continuing to build on our status as a 'Global Digital Exemplar'
- Working with six Local Authority partners delivering services to children and young people in schools and children's centres, providing a range of specialist services and home visits
- But an area where the cost of living is high and chronic workforce shortages in critical services
- And low population funding based on population health need

# Mental Health Strategy Summary

## 2016 - 2021



**Berkshire Healthcare**  
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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**

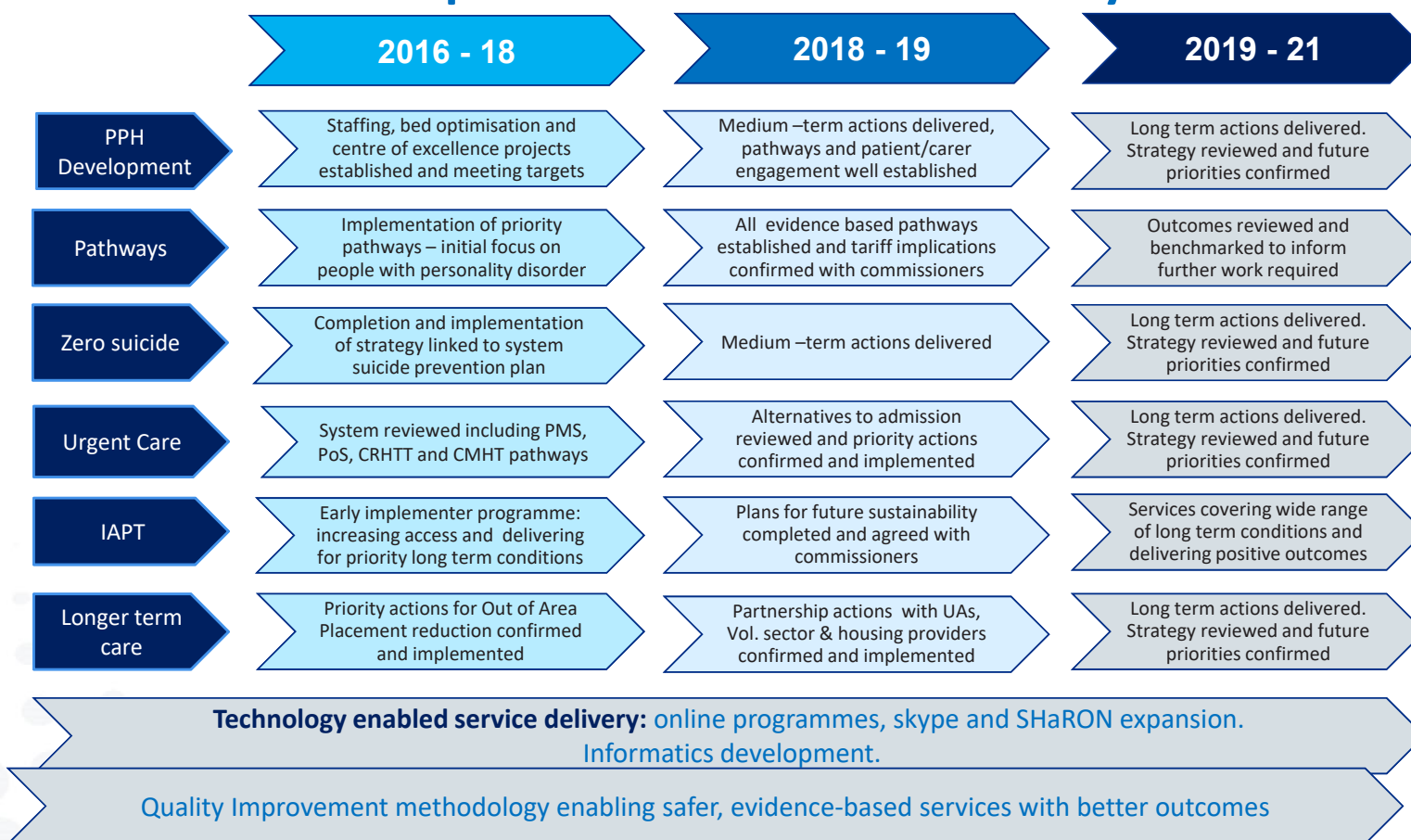
- Partnerships with primary care, social care and voluntary sector organisations
- Integrating mental health within locality services, and system sustainability and transformation plans
- Supporting prevention, early intervention and peer support.

# Mental Health Strategy

## Implementation roadmap December 2016 – February 2021



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# Impact of COVID on Mental Health Strategy delivery

In March 2020, alongside the whole of the NHS, we responded to the COVID-19 pandemic. This meant accelerating our planned transformation of our mental health services so we could safely meet the needs of our patients while supporting and protecting our workforce.

The majority of services continued as business as usual but for some; CMHT, OPMH, technology enabled service delivery has been accelerated, including a move to a telephone appointment where it was deemed to be appropriate and face to face appointments remained for urgent patients only.

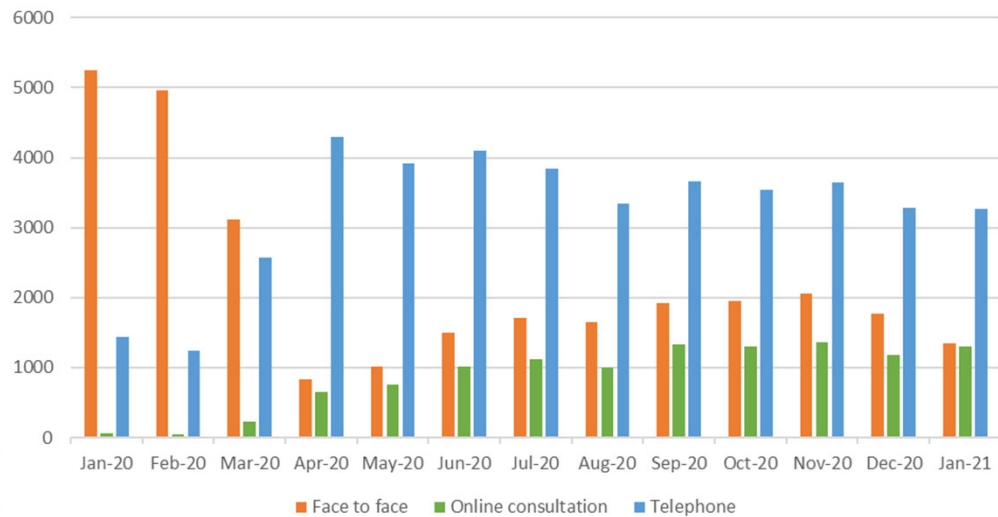
- All of the service changes were in line with national guidance.
- Our Clinical Transformation team has worked with our mental health teams to deliver a range of appointments and services online
- Since March 2020 we have been able to carry out over 50,000 remote consultations
- We have built a comprehensive staff wellbeing service
- We have been able to maintain a focus on all mental health mission critical and high priority projects
- Other roadmap milestones for 2019/20 are rolled over into 2020/21



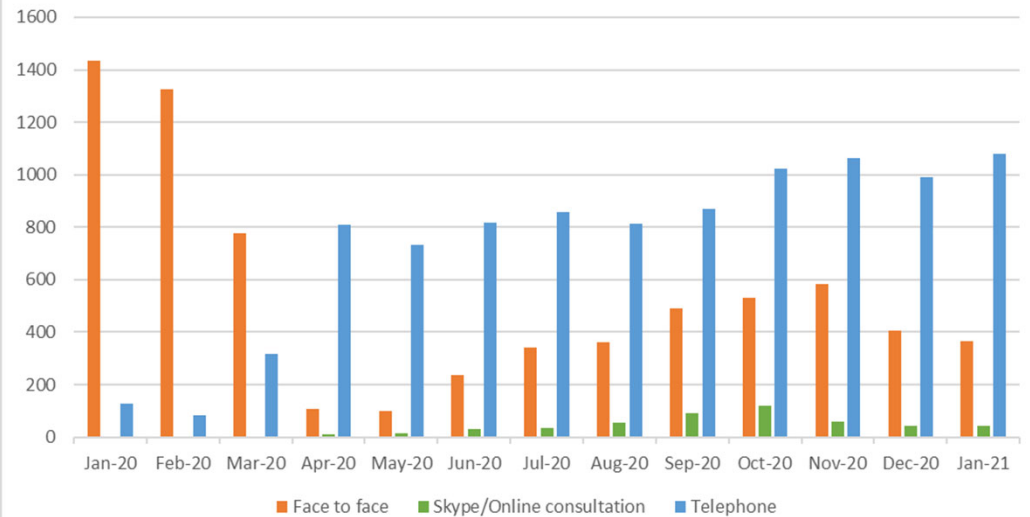
# Changes in appointments types



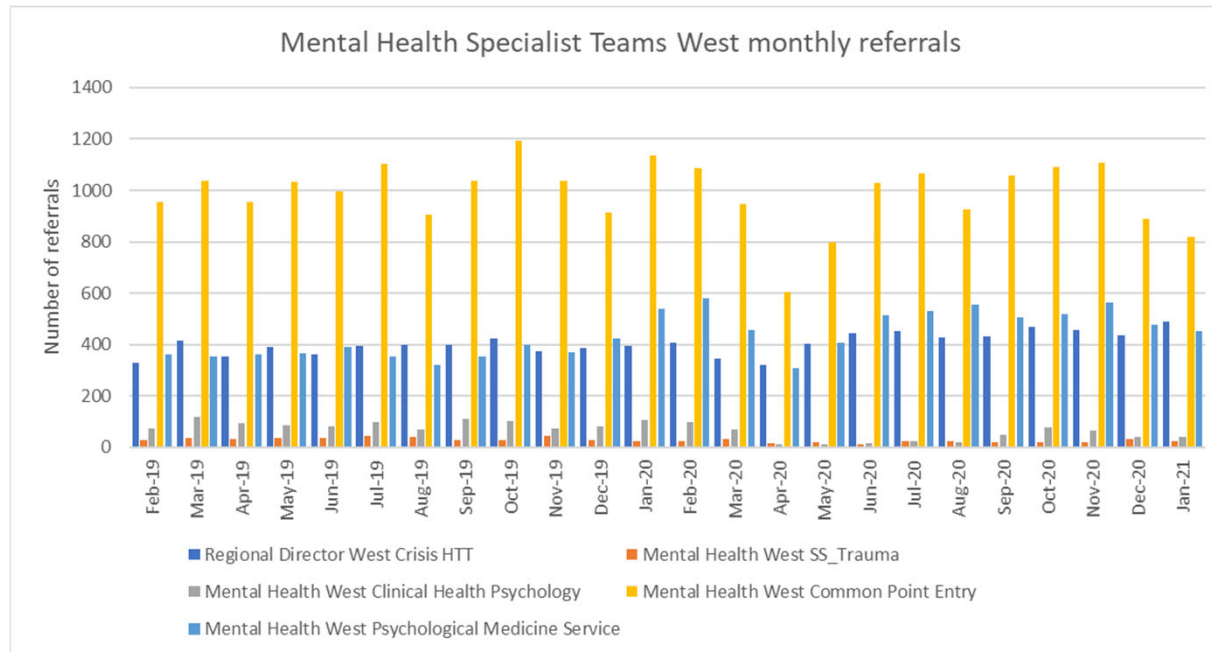
Mental Health West appt contact method



Older Adult Mental Health West appt contact method



# Changes in Referrals



# 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%

Significant progress was made on OAPs. However the impact of COVID has been significant in the numbers and acuity of referrals for BHFT (also a national picture). There is a significant pressure on beds and referrals to OAPs. Our priority at the moment is to manage patients as safely as possible. We will return to this programme post COVID.

### Staffing:

There continues to be 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. 19 newly qualified nurses have commenced in post in October, and levels of band 2 – 4 staffing are good.

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. This is included as one of the key priorities in our newly agreed People Strategy.

## 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. Referrals to IAPT have increased significantly due to COVID and the service has accelerated its use of digital to offer remote consultations. Remote consultations have proved very successful with many and we have seen a significant increase in positive patient feedback.

A Common Point of Entry/Wellbeing project has been successfully launched to provide an effective response to those people coming through our CPE, who do not need secondary mental health services.

## 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 2020/21:

- Zero Suicides in our Inpatient Units
- Safety planning, focused 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. The concept of Zero Suicide is understood widely across the Trust, however the impact of COVID on population health is just beginning to be understood. We are already seeing an increase in referrals and acuity and unfortunately a rise in self harm and suicides. The long-term impact of COVID are yet to be seen and understood.

# 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 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” in 2019.

## 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.

## Specialist mental health services

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 formal Provider Collaboratives, led by Oxford Health and NHSE Specialised Commissioning for Adult Secure services, Eating Disorder services and CAMHS T4 services.

## CMHT Function and Workforce

This initiative was commenced during 2018/19 and aimed to complete 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 would 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. This programme of work will continue as part of the Recovery and Restoration process.

## Urgent Care

Work has continued during these challenging COVID times to optimise the performance of our Common Point of Entry, Crisis Response Home Treatment Services, and our Inpatient Wards. Progress was made in ensuring that accurate data is used to inform agreed actions.

Transforming urgent care pathways was included as a “placeholder” in our strategy implementation plan from April 2019, however, work on the MH crisis response has accelerated at pace as part of the response to COVID. The Crisis Response team have seen an increase in referrals and have continued to deliver a safe, face to face crisis service.

# Covid-19 and Mental Health demand

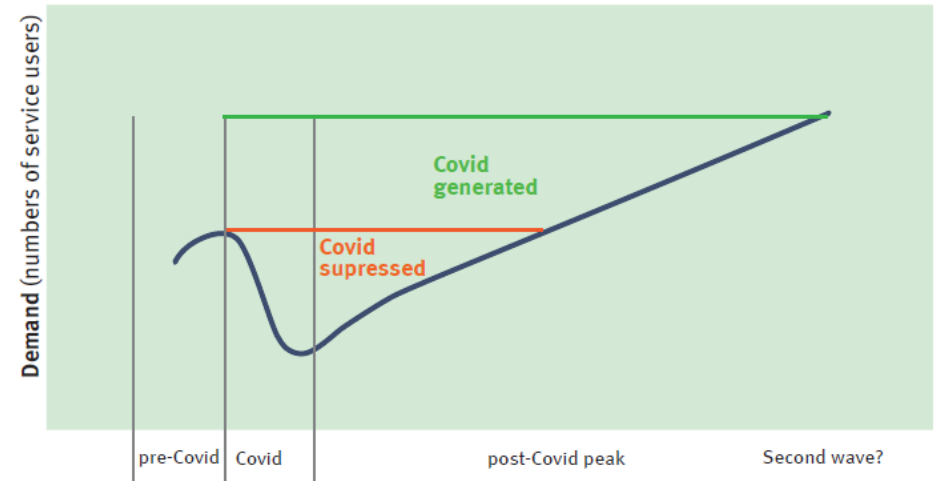
## Local demand and impact:

- Initial drop in activity, now increasing activity to pre-Covid-19 levels
- Greater % of more complex presentations and people with increased acuity across all services areas
- New presentations of serious mental illness and admissions into acute psychiatric beds – occupancy sustained below 85% in wave 1 but increased pressures since October 2020
- More safeguarding referrals due to domestic abuse

- National model predicts up to 20% population will need new or additional MH support (*Centre for Mental Health Oct 2020*)
- Increase in anxiety, depression, trauma, complex grief
- Impact is likely to be unequal – higher risk groups will include BAME, care home residents, disabled people and front line staff, unemployed people

## Visual explanation of the model: forecasting future demand

Adapted from graph created by Paul Bibby, Head of Strategy and Planning, Lancashire and South Cumbria NHS Foundation Trust



Model is broadly applicable to all areas but will vary in impact by service line

### Covid-suppressed

People known to services who have currently ceased/postpone their engagement with these services. It is assumed these will return to services over time, however, their mental health could be changed from pre-Covid state.

### Covid-generated

People not yet known to services, whose experiences of Covid, both direct and indirect, have caused them to develop a degree of mental illness.

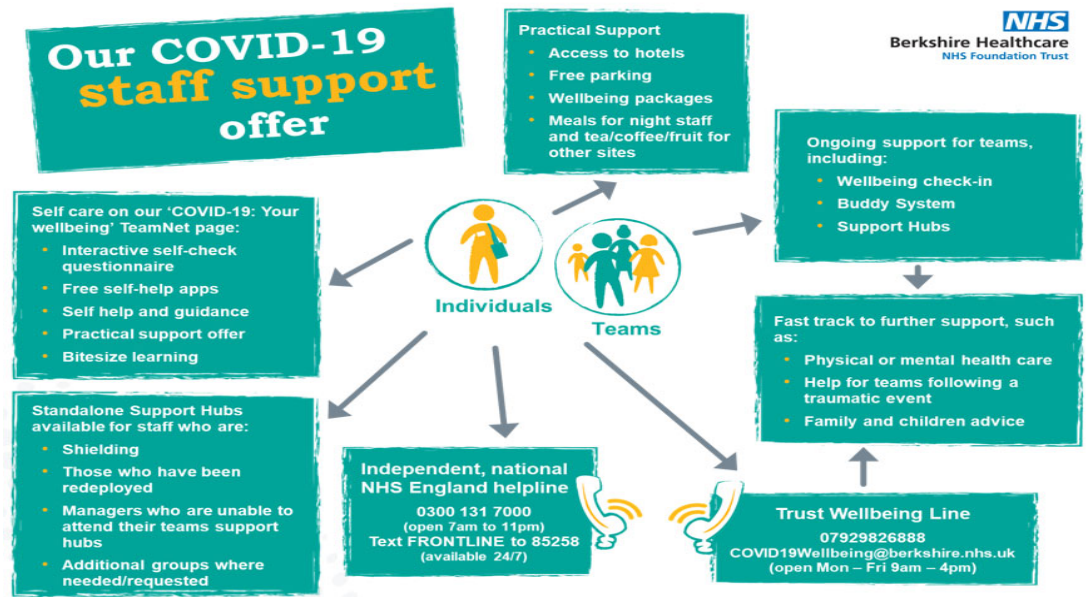
### Covid-altered interventions

Service users in this group have remained in contact with services, but have received a changed intervention, i.e. telephone and/or video call. For some, this will result in a change in their mental health.

# Current MH offer in BHFT

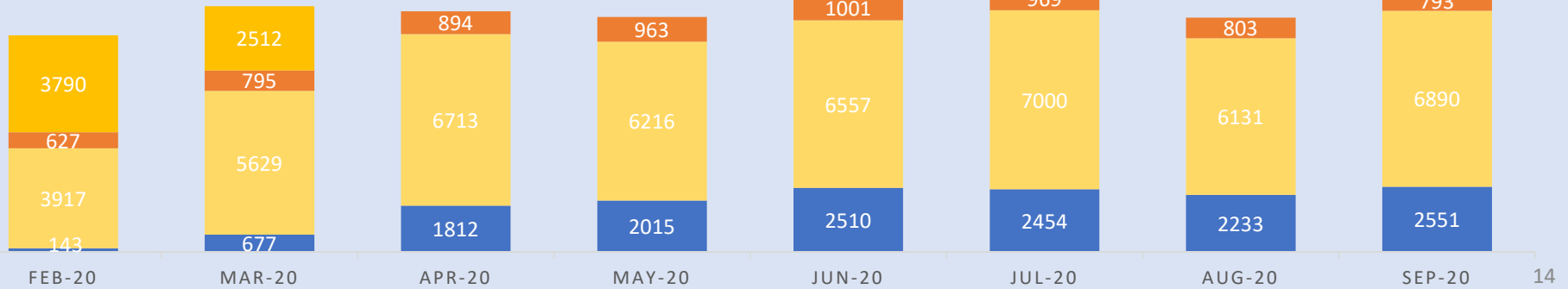
## Locally:

- Publicised Talking Therapies offer
- Partnership approaches
- 'No wrong door' – MH Gateway
- Evidence based approaches
- Working with our local communities
- New Wellbeing service
- Developed staff support offer
- Increased accessibility via digital and online



## Increased access to Digital and online:

■ Video appointment ■ Telephone ■ Silvercloud ■ Face to Face



# West Berks and Reading – Priorities for 2021/22

## Adult MH priorities

- Continue to progress Transformation plans in line with Community MH Framework, with MH Integrated Community Services (MHICS) rolled out to all PCNs and further developments in personality disorder and eating disorder pathways.
- Prioritise Physical health checks for people with SMI to address health inequality, and maintain MH integration with social care and community health services for holistic approach.
- Embedding MH pathways with NHS 111 First
- Crisis and home treatment- Alternative to hospital admission schemes including development of virtual Safe Haven for Berkshire, to reduce in patient demand.
- Talking therapies – maximise efficiencies and build on virtual offer in order to meet expected surge in demand.

## CAMHS Priorities

- Continue to embed MH Support Teams – NHSE funded programme following Green Paper on CAMHS Waiting Times.
- Getting Help service –MH workers to support multi-agency early help triage and Single Point of Access(SPA) in each LA to improve access and integrated care.
- Crisis - System review to determine local model of care to meet LTP targets for 24/7 crisis response & home treatment.
- Closer links with primary care & join up with Connected Care.
- Extend webinars and training for education settings in emotional and psychological wellbeing.
- Website development and expanded digital offer including access to SHaRON.
- Reduce wait times for assessment and treatment through new posts (Specialist Community team and Children Looked After).
- Streamlining transitions planning and improving experience for families and young people.

## Eating disorders

Using NHSE/I Early Intervention Eating Disorder Funding to enable early access to evidence based interventions for 16-25yr old. Builds in national access & waiting time standards for CYP ED service, extending this to young adults and links with LTP ambitions re 0-25.

# Mental Health Transformation EOs

## **Crisis Alternatives**

Part of the planning for the next 3 years to support the Long Term Plan ambitions to increase provision of adult and older adult crisis/acute alternative services across all areas of the country. Building on crisis alternatives developed in the ICS crisis pathways, VCSE involvement, focus on priority inequality cohorts, Peer Support Worker Development, Test and improve methods of collecting patient experience data.

## **Integration with PCNs**

Support whole system change across local health & care partnerships, enabling people with severe mental health problems to live well in their communities. Full PCN coverage within Berks West by 2024.

## **Suicide prevention**

Through the Long Term Plan, NHS England and NHS Improvement (NHSE/I) have committed to expand the Suicide Prevention Programme to all areas of the country. Berks West focusses on place-based community prevention work including focussing on local risk groups: for example, middle aged men, people who self-harm, children and young people with learning disability or autism.





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# Thank You

## Any questions?



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