



Berkshire Healthcare
NHS Foundation Trust

Mental Health Strategy 2016 – 21

Progress Update

February 2022

Berkshire Healthcare NHS Foundation Trust

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Director of Strategic Planning



GDE
Digital solutions for
outstanding healthcare

Key messages

- Significant progress on integrating mental health and physical health services with Primary Care Networks
- Dedicated work on reducing variations in outcomes for people with serious mental illness
- Extended the wellbeing service for staff in BHFT and Royal Berkshire
- Significant extension in the digital service offer extending accessibility
- Inclusion of 'Lived Experience' in designing and delivering services
- Building key relationships with the voluntary and community sector
- Improved inpatient experience
- COVID has impacted on referrals, numbers and level of acuity



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

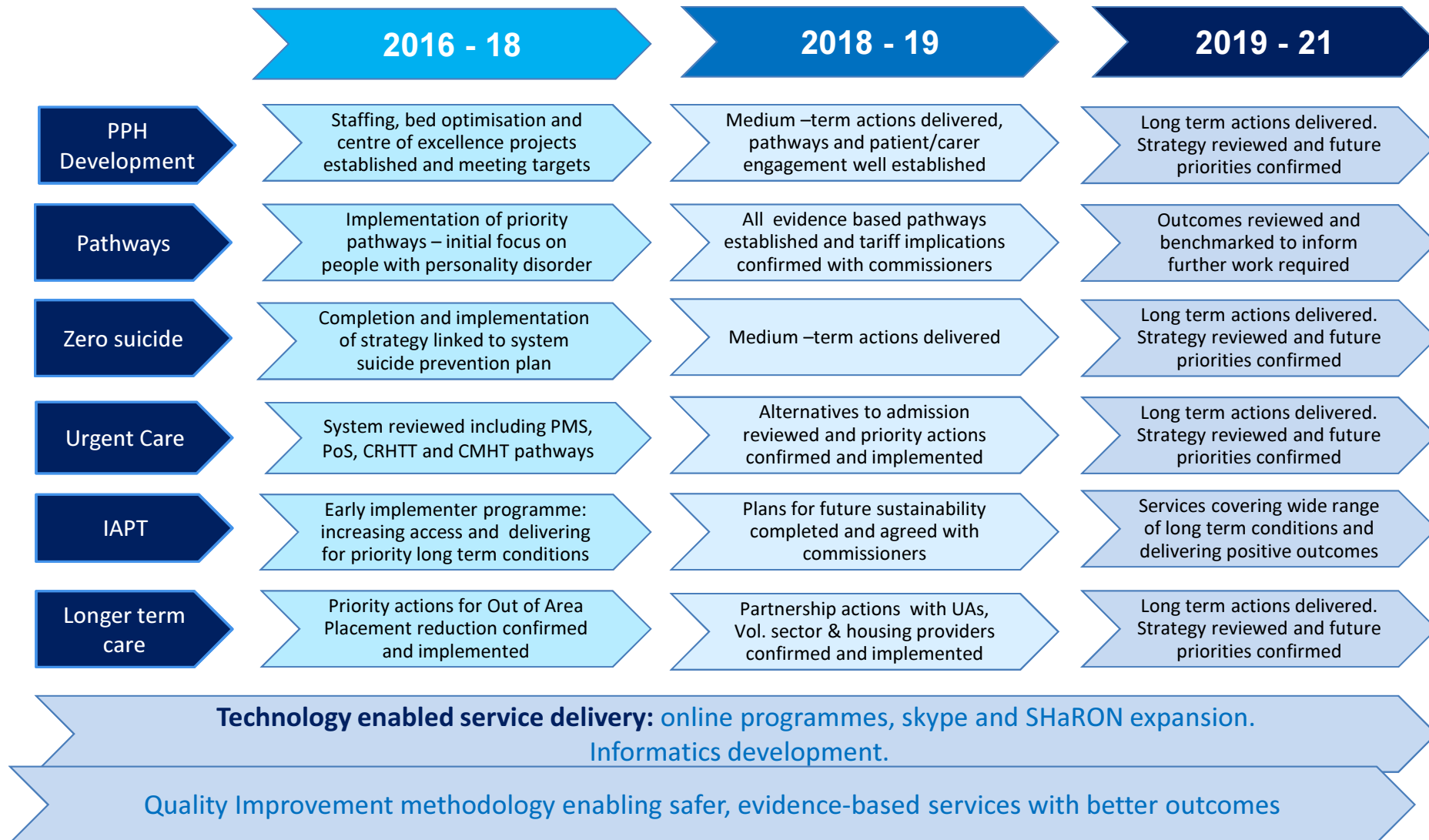
- Meeting national targets
- Effective and integrated urgent care
- Expanding online and telehealth services
- Tackling discrimination and stigma.

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.

Mental Health Strategy

Implementation roadmap December 2016



We said: we did

Integrated services West

West Berks as part of BOB ICS has and continues to increase access to Mental Health expertise in the community, through **expansion of Mental Health Integrated Community Services (MHICS)** to all Berkshire West GP surgeries. We are **working with PCNs supporting the ARRS (additional roles reimbursement scheme) Mental Health practitioner roles** embedded in practices/PCNs

Integrated services East

East Berkshire as part of Frimley ICS, has been part of an **early implementation pilot to develop and 'transform'** community mental health services, working closely with our counterparts in Surrey. This includes **funding to create MH Integrated Community Services (MHICS)** - in Primary Care Networks (clusters of GP surgeries) in East Berkshire.

We said: we did

Reducing health inequalities and focussing on equality of access

- Focus on reducing **physical health inequalities** for people with SMI (serious mental illness)
- **EUPD (emotionally unstable personality disorder) pathway** – implemented final elements and monitor overall effectiveness
- **Suicide prevention** - a new project linked to PMS to **improve follow up**
- CMHT (community MH teams) and OPMH (older people) – **interface with primary care**; clarity of offer including pathways for working age adults and OPMH
- Strengthening our specialist teams
- The interface with Gateway and our Treatment Services
- IAPT surge planning (improving access to psychological therapies)

Safe and compassionate services

Funding has been awarded for a partnership with the voluntary sector, to **improve safety planning and follow up from A&E** for people who have self-harmed.

We said: we did

Crisis transformation

We have received funding to extend and develop Crisis services, including a **Safe Haven**, in partnership with voluntary sector.

Suicide prevention

Dedicated **suicide prevention** approach for people identified as vulnerable.

We said: we did

Improving Service user experience

- Provide **clearer, consistent offer** of which interventions service users can receive through community MH services
- Developed opportunities for **'Lived Experience' roles**, increased **co production** and engagement
- Improved our **integrated, holistic** offer, considering social determinants, physical and psychological needs and actions to reach 'under-served' communities.

Listening and taking care of staff

- **We have worked with staff to** develop **new ways of working** which are **healthy, balanced, promote team working** and support the **best outcomes** for teams and patients
- We have taken actions to improve **recruitment, retention** and developing **new roles**
- Use team building, appraisal /PDP and 1-1 processes for meaningful conversations including consideration of **safety culture** and **equalities and diversity**
- Digest the **staff survey and C-19 feedback** for our division, and identify **meaningful actions** to address the key themes raised

We said: we did

Service Transformation

- Build on our relationships with **Primary Care Networks (PCNs)** and **community partners**, developing the new Primary Mental Healthcare Teams (ARRS), **and primary care MH roles**
- Reviewed the **Community Mental Health Framework 2019**, and implications for our service configuration and partnerships
- Review of our community pathways using a data driven approach (benchmarking, NCISH and population health management)
- Transformation developments for **rehabilitation, long term Out of Area Placements (OAPS)** and **Eating disorders**
- Achieve a safe and effective service and work on **crisis transformation** priorities – including **safe haven** for Berks West

Key MH Service priorities

- Focus on reducing **physical health inequalities** for people with SMI
- **Emotionally Unstable Personality Disorder (EUPD) pathway** – implemented final elements and monitor overall effectiveness
- **Suicide prevention** - a new project linked to PMS to **improve follow up**
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What we have done in Prospect Park

- Reduced prone restraint so that we are now in the lower quartile of the National Benchmarking numbers.
- Ongoing QI work addressing staff assaults on three of our inpatient wards who are the highest contributor to staff assaults in the hospital.
- PMVA training that includes an introduction to Safewards and trauma informed care, human rights act and videos with service user views of restraint , staff views of restraint and a role play of a restraint from a service user perspective. De-escalation emphasis in training (use of iPads to record themselves).
- Feedback gathered from staff and service users about what they understand about restrictive practices.
- Reviewed feedback gathered and identified what are restrictive practices against the DoH and CQC standards. Providing a clear definition of what we mean by restrictive practices.



Priorities for 2022-25



Our 3-year priorities closely align with key elements of the BHFT Trust Strategy and the NHS Long Term Plan:

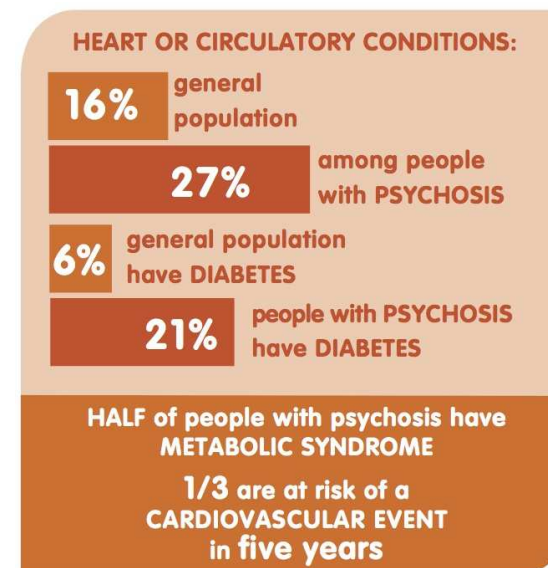
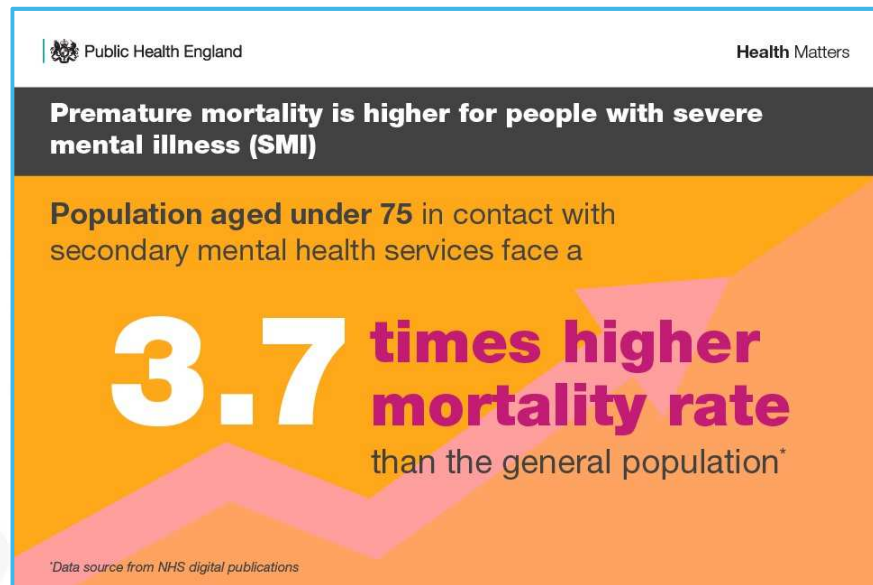
- **Crisis Transformation** – embed alternatives to admission / safe haven, 111 and ambulance partnerships
- **Dementia care** – improve access, post diagnostic support and care home provision
- **Improve Access** - roll out of MHICS to all our PCNs, recruit additional MH workers in primary care roles
- Focus on **Equalities** –to support our division to embrace and address diversity issues for staff and patients
- Increase and tailor support to **Carers**

- Support into employment - **expanding IPS**
- Strengthen **Liaison, Core 24 and Suicide Prevention & Support** initiatives
- Continued focus on reducing **Out of Area Placements**
- Community MH transformation - implement the CMH Framework including the **key changes for secondary community mental health care**
- Address **Physical Health inequality**
- Embed and develop our **EUPD offer**, and implement improved pathways for all patients

- **Staff wellbeing and retention**, promote working arrangements which are healthy, balanced, promote team working and deliver best outcomes
- Develop our **Lived Experience workforce** - establish the infrastructure and grow the workforce
- Improve opportunities for **co-production** as we develop services
- **Work in Partnership** – with VCSE, social care, Primary Care, Family Safeguarding, and acute colleagues

Giving mental and physical health **EQUAL** priority in Mental Health

A key target is improving access to physical health checks for people with Serious Mental Illness, to address health inequalities



Physical Health of people with Severe Mental Illness

Inequality Descriptor:

People with Severe Mental Illness (SMI) have a significantly lower life expectancy than those without.



Expected outcomes:

- 1) 60% of patients with SMI on caseload less than a year to have all seven parameters completed
- 2) 60% of patients to have smoking status and intervention recorded

Expected benefit:
Increased life expectancy

Wins:

- March 2022 target achieved by September 2021
- 78% compliance Trust wide
- Significant progress in Slough now over 50%. Slough was less than 2% in June.
- Support from NHSE/I to pilot point of care for blood test parameters in Slough making this a 'one stop shop'

Work in progress/planned, and challenges

- Slough started with significantly lower Physical Health Checks completed where premature mortality in SMI patients is the 2nd highest in South East.
- Current eLearning package is no longer fit for purpose and needs review.

HOWEVER following the pandemic:

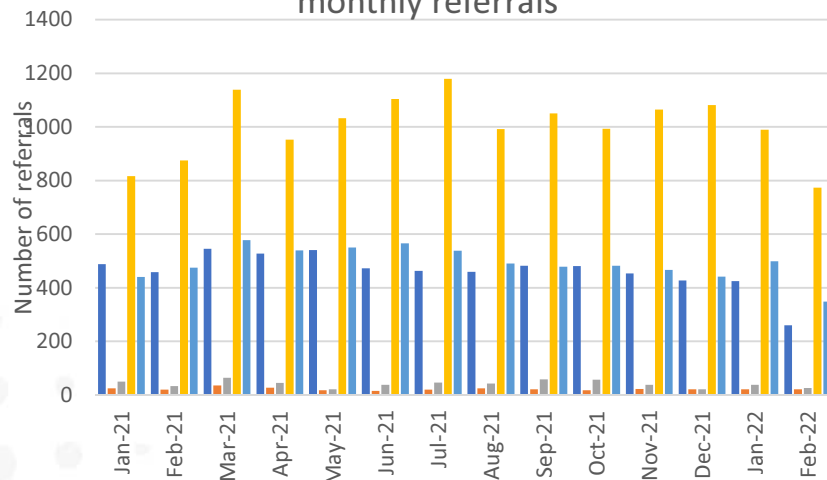
- The new national model predicts up to 20% of the population will need new or additional MH support (Centre for mental health- Oct 2020).
- An increase in anxiety, depression, trauma, complex grief.
- The impact is likely to be unequal – higher risk groups will include care home residents, disabled people, people from a BAME heritage, front line staff and unemployed people.

The effects of Covid and the way that we work will be with us for a long time to come yet to come.



Impact on referrals

Mental Health Specialist Teams West
monthly referrals

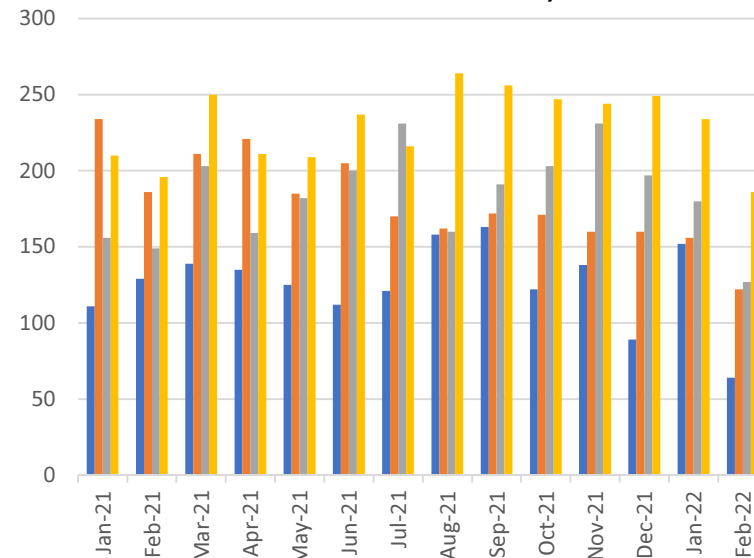


- Regional Director West Crisis HTT
- Mental Health West SS_Trauma
- Mental Health West Clinical Health Psychology
- Mental Health West Common Point Entry
- Mental Health West Psychological Medicine Service

Key messages:

Referrals to CPE have seen the greatest movement
Crisis Home Treatment Team and Psychological Medicine next level of movement

Adult and older adult monthly referrals



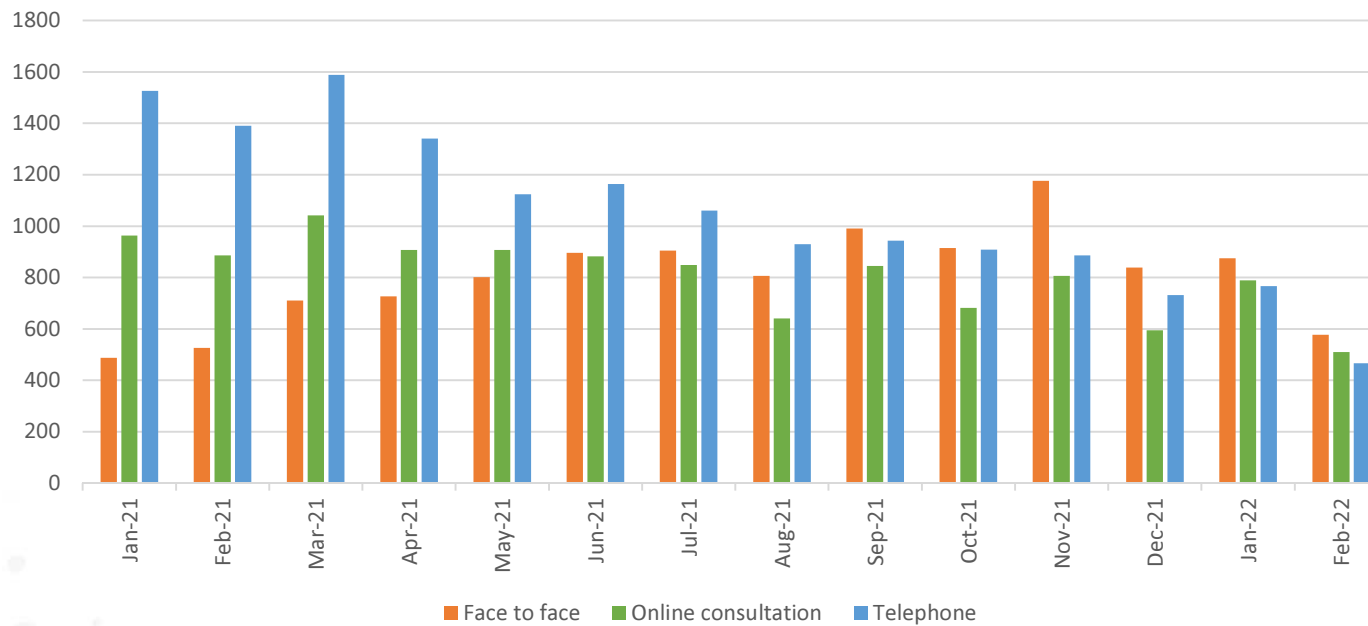
- Mental Health East Adult MH
- Mental Health West Adult MH
- Mental Health East Older Adult MH
- Mental Health West Older Adult MH

Key messages:

Referrals to adult and older adults MH services have increased
Level of acuity has also increased

Appointment types

Adult Mental Health West appt contact method



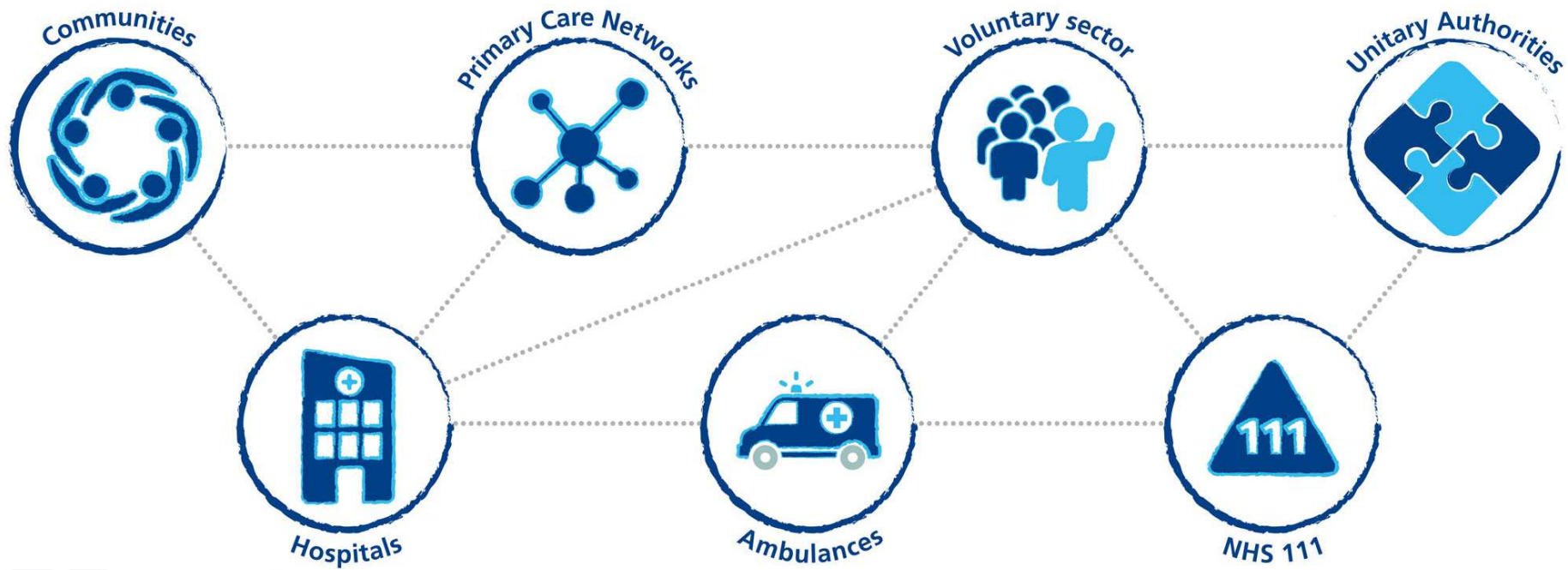
Key messages:

Face to Face for crisis MH contacts continued throughout the pandemic with a spike in Q3 21/22

Telephone contacts have decreased significantly

Online consultants continue but at a slightly lower rate than seen in 2021

Working in partnership



Thank you



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