NHS
Berkshire Healthcare
NHS Foundation Trust

One Team

One new vision for Berkshire's Mental Health

Update for Reading Health and Wellbeing Board

CareQuality Commission Inspected and rated Outstanding

Berkshire Healthcare Charity Reg. charity 1049733

disability confident LEADER

VETERAN AWARE

Stonewall TOP 100 EMPLOYER 2022

Project One Team Background

- Established in response to the Long-Term Plan and Community Mental Health Framework.
- Overall aim being development of a new and integrated model of primary and community mental health care for all adults with severe mental illness (SMI).

Key objectives at programme start up:

- Improve access and flow between community mental health services (CMHTs)
- Reduce boundaries and barriers between primary/secondary care/VCSE as well as those between existing secondary care services
- Reduce unwarranted variation across the six CMHTs and Older People's Mental Health Teams (OPMHs) within Berkshire Healthcare
- Improve patient and staff experience of using and delivering services

And to also:

- Support delivery of the alternative to CPA (Care Programme Approach) project
- Support outcome measure CQUIN
- Share good practice
- Deliver a new risk assessment process which aligns with the One Assessment.
- Make full use of social prescribing functionality and access to available social capital.

Project One Team Objectives

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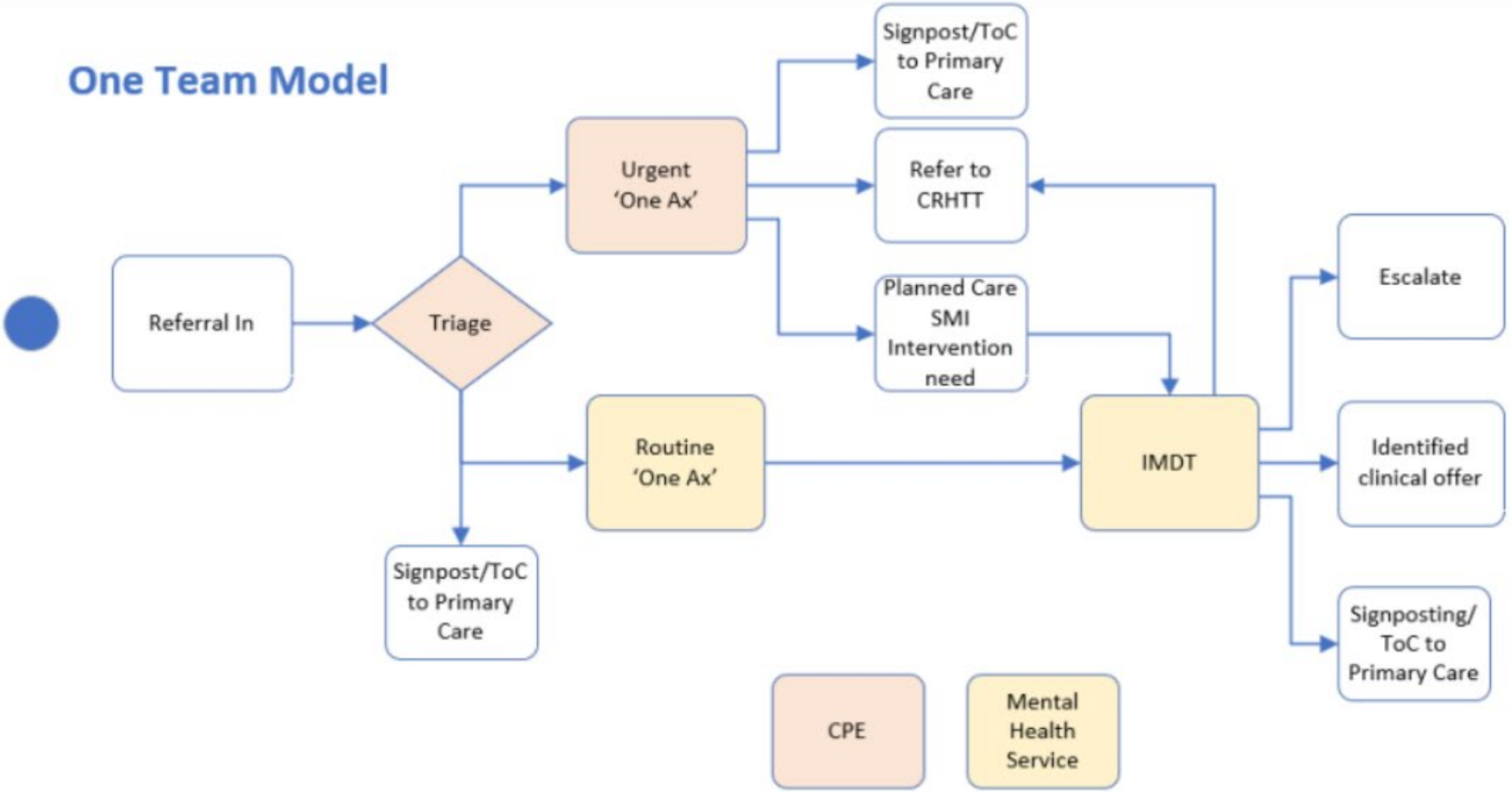
We worked extensively with a range of stakeholders, including people with lived experience, patients and families/carers, voluntary and community groups (VCSE), health and social care partners and our staff. Following initial workshops, the programme set out to deliver a new model of care that would:

- Have clear points of entry that reduce multiple access points, referrals, triage and assessments and dissolve the primary and secondary care barriers (***Easy In***).
  - Facilitated through a new single triage form and a “one assessment” form and process supported and delivered by a fully integrated MDT at place. A single triage and assessment process will reduce waiting lists, reduce duplication and patients having to repeatedly tell their story and better meet the needs of the PLACE.

- Have a consistent offer that is clearly communicated with clear expectations of who will deliver, when and where (***Offer***).
  - This person-centred offer will include core, evidence-based/best practice interventions, and non-clinical provision such as peer and social support.

- Deliver planned end points and supported transitions that will improve patient flow and provide flexible step down with easy re-entry to services when required (***Easy Out***).
  - This will be facilitated through a collaborative inter-agency approach and the use of partner agencies to facilitate discharge.

One Team Model



The changes we have implemented so far

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Place Teams

- The new One Assessment form is live and helps to identify SMI needs.
- Post assessment Multi-Disciplinary Teams (MDTs) for joint decision making and care planning including identifying the interventions recommended within the treatment offer have commenced.
- Additional Roles (ARRS) and Mental Health Integrated Care (MHICS) now meet jointly
- Teams are using the post assessment MDT and escalated MDT to discuss complex issues and risk not arising from a mental illness and how this is communicated to referrers with a clear rationale for the decision.
- Digital flow and process for stopping the clock in place (working towards the 28-day referral to care plan target)
- New approach to risk formulation and safety planning and how paired PROM's and SNOMED codes will now be used to monitor the interventions being used.
- Work has commenced with OPMH to focus on getting ready for new treatments and reducing variation in waits.
- MHICS are now working closer with primary care in facilitating the transfer of patients back to primary care – this is also supported by the new care passport
- (Crisis Response Home Treatment Team (CRHTT) are implementing One Assessment and pathway to place MDT and have launched gatekeeping formulation.

Clear and consistent treatment offer

We are implementing the recommended, evidence-based clinical offer for Significant Mental Illness (SMI) along with the social and wellbeing-focused interventions required to meet significant mental health needs. These include interventions offered by health care providers as well as voluntary and statutory organisations.

The changes we have implemented so far

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CPE

- Planned assessments have moved to Place with changes to the triage process and the management of urgent and soon assessments.
- New mental health navigator roles are in place to follow up on patients not referred for assessment.
- Elemental is soft launching in Common Point of Entry (CPE) – this will improve the referral and feedback process for VCSE partners.
- ARRS are now working to support on the day demand in PCNs.

Psychological Network

The first phase of the psychology review is now implemented. A single Trust waiting list for all psychological therapies is now operational – providing oversight of numbers waiting and for what specific interventions. This will allow us to use of clinical resource across the trust and address unwarranted variation in waits.

Digital enablers and dashboards

Development of the digital enablers that underpin the operational changes are a substantial part of the programme and support will be required to the end of 2024/25. Work is currently in progress to implement SNoMed codes for stop the clock and evidencing the offer, care plan and named worker, Elemental will be rolled out by Dec 24. Passport builds and specialist form builds are also in progress. A formal review of Rio changes and new forms will be undertaken in October.

We have set down a clear plan of what we need to deliver – some elements constitute the “project” elements of the programme others will enable the transition to business as usual. These are summarised in the following tables:

The changes we have implemented so far

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Easy Out

- Regular review for caseload cleansing as part of creating capacity for one team has transferred to business as usual – it has been renamed “Patient Flow Status Exchange” and will provide a regular 6 weekly cross locality view and enable intervention if build up occurs.
- Depot patients identified as suitable to transfer / with shared care GP arrangements are being supported to transfer safely. Ongoing need will either be absorbed into a wider Pharmacy project or within the patient flow status exchange (the depot passports will enable this further)
- Standard work for caseload monitoring as part of place MDT and supervision has been produced and circulated and has been incorporated into SOPS for One Team – will be maintained and reviewed by the community flow team.

Let’s Connect

- Now Berkshire wide providing non-clinical social and 1:1 contact for the population of Berkshire – does not require a patient to be in treatment to access

Training and Workforce

- Interim leadership structure in place to support go-live, new leadership model will be fully implemented by March 25.
- Training Needs Analysis for the offers are complete and a detailed training and workforce plan is in development. Key elements of the plan are summarised on the next two slides:

What is going well (feedback from teams)

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Easy in

- Time saved in CPE through smoother process for booking assessments
- Timely assessments with clear pathways
- Referring in is quicker
- one assessment is comprehensive, patients return to the service will be smoother. Everything is in one place - focus can be on the here and now in terms of presentation
- Reduction in assessment time and communicated plan is an improvement for the patient
- Clinical leads and senior admin are helpful and responding to queries quickly
- CPE support for teams has been really good

Planned Care

- MDTs – Joint decision-making works well (it's a true MDT)
- The patient is at the heart of the process
- Joining of community teams has allowed pooling of resources
- Better opportunity to network and share knowledge
- Inappropriate referrals to MHICS reduced
- Good to see representatives from so many teams and services in one place working together
- Specific questions from MDT promote better presentation of cases, focusing on needs and preventing lengthy, unnecessary discussions
- one assessment model is a better client centred approach
- Although more labour intensive its comprehensive and will save work in future assessments

RiO / Process

- One Assessment form is a very useful tool
- being able to have all clinical history in one place - easy to spot find and review.
- Risk/ Safety Planning is easier to complete, makes more sense in terms of patient needs, and ties with good Clinical Risk/ Suicide Prevention.
- client is receiving a comprehensive assessment - this becomes a reference point for future appointments in terms of treatment planning.
- Guides and prompts on One Assessment are useful
- will make smoother processes for clients going forward - once all information is logged there, it can help create chronology of client's involvement in one place that is easy to refer to
- With tweaking and some changes the system can work

Workforce / Other

- Prep work / support around step down has been impactful and appreciated
- Implementation is good, however, all services need to work together to achieve this.
- team work has been excellent and supportive
- The team do a great job of organising the assessment appointments for practitioners.

Transitioning to business as usual

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- Remaining project elements to be completed by the end of December 2024.
- Transition will commence in December 2024 with a key focus on training & Development.

Transition to business as usual will include:

- Monitoring group in place from January 2025 (12 – 18 months) to oversee the transition and manage any risks.
- Regular reviews and adjusting of the model where required (PDSA cycles)
- Full roll out of offer pathways
- Ongoing development and implementation of the training plan.
- Focus on four key elements of the workforce plan:
    - New model for Duty
    - Clozapine pathway
    - Occupational Therapy service model
    - Implementation of the Elemental Social Prescribing System
- Waiting list review and merging of the MHICS/CMHT teams/internal referrals
- Continued digital transformation to support and embed the changes (inc. PDSA review of forms and processes)
- Completion of the OPMH Service Review
- Delivery of the patient portal project
- Continued networking events and briefings to support staff through the change period
- Formal project review and closure report (submission to Business, Finance & Strategy Executive June 25)