

Mental Health Strategy 2016 – 21

Progress Update

November 2018

Berkshire Healthcare NHS Foundation Trust



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.

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 July 2018, and this paper provides an overview of changes since then:

- Developments in national policy/local operating context since July 2018
- Results of our 2018 Care Quality Commission Inspection regarding our mental health services
- What we have done in terms of:
 - Taking forward key initiatives and strategic intentions
 - Progress against national targets
- Planned next steps

Developments in national policy since July 2018

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, and the intention is to triangulate these 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.

To inform the development of the NHS 10 Year plan, anticipated in late November/early December, we contributed to submissions requested from Claire Murdoch (national mental health director for NHS England) about the top priorities for mental health. We anticipate that the 10 year plan will have a strong focus on mental health of children and young people, reflecting both the significant demand growth being experienced nationally, as well as the important opportunity to reduce mental health problems being experienced into adulthood through prompt treatment and support.

In August 2018, NHS England produced guidance on co-locating mental health therapists in primary care. This is linked to the expansion of IAPT Services, and our own services are well linked into discussions about development of primary care. The October 2018 budget announcements included planned investments in mental health services (2bn by 2023/24) – including in crisis services for adults as well as children and young people.

Care Quality Commission Inspection and progress in Berkshire-wide mental health initiatives

Key Findings from our CQC Inspection in June 2018

Our services have been rated “good” overall, with “outstanding” for the “well-led” domain. 7 core services were inspected, followed by an assessment of how well our organisation is led, and the current position of our mental health services is shown below.

Core service	Safe	Effective	Caring	Responsive	Well led	Overall
Older People's Mental Health Services (community)	Good	OS	OS	Good	OS	OS
Older People's Mental Health Services (inpatients)	Good	Good	Good	Good	Good	Good
Acute Mental Health and Psychiatric Intensive Care Unit	Good	Good	Good	Good	Good	Good
Community Mental Health team	Good	Good	Good	Good	Good	Good
Crisis Response and Home Treatment team and Place of Safety	Good	Good	Good	Good	Good	Good
CAMHS Community	Good	Good	Good	RI	Good	Good
CAMHS Tier 4 (Willow House)	RI	Good	Good	Good	Good	Good
Berkshire Healthcare overall position	Good	Good	Good	Good	OS	Good

A number of outstanding areas of practice were identified in the CQC Inspection report, which recognised continued improvement since the 2016 inspection. The CQC also highlighted that our patients/service users feel they are treated with kindness, dignity and respect and our staff are motivated, well trained and supervised, and had a good culture of learning from incidents.

Developments in Berkshire-wide Initiatives

Mental Health now has a higher profile in the work of **A&E Delivery Boards** in both halves of the county. In addition, both Berkshire West Integrated Care System (ICS) and Frimley Health and Care ICS have prioritised the reduction of **out of area placements** for people needing acute inpatient care, which will complement our internal work on **bed optimisation** - our **bed modelling** work has clearly identified that we need to achieve average lengths of stay to manage the needs of our population within our available bed numbers. Significant pressure on inpatient services continues, with high bed occupancy, longer lengths of stay, and higher numbers of compulsory admissions to Prospect Park Hospital.

Our **Early Implementer IAPT Programme** to increase access and develop services for people with long term physical health problems continues to show reduced GP and A&E attendances. We are working in partnership with CCGs on the establishment of our **Wellbeing Service** to enable effective support and signposting for people with mental health issues who do not need to access secondary mental health services.

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 continues to progress well and work is developing on Population Health Management across the county – which will incorporate mental health alongside physical health.

Our **Individual Placement Support** service across Berkshire has now recruited to all posts, enabling the whole county to receive services. 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, and a mental health “summit” meeting of Chief Officers is planned for December. 4

Mental Health Strategy and system working

Berkshire East

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

- **Significantly reduce Out of Area Placements (OAPs) by 2020**
- **Ensure there are easily accessible urgent, emergency and liaison Mental Health Services**
- **Ensure access to perinatal mental health care**

Q1 and Q2 OAPs targets have been achieved.

NHSE investment in Perinatal Services across the ICS footprint has been secured.

There are mental health liaison services in place across the whole ICS.

The programme is also accountable for oversight of delivery of Five Year Forward View for Mental Health (FYFVMH) targets as well as to ensure that mental health is embedded within all ICS priority initiatives. The most challenging FYFVMH targets to deliver are seen as 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.

Funding to enhance mental health workforce planning in the system has been secured from the Local Workforce Action Board.

We have established good working relationships with colleagues in Surrey and Borders Partnership Trust and local commissioners, and have made a strong contribution to the work of the programme.

Future priorities are currently being evaluated and are likely to include access to child and adolescent mental health services and mental health services in primary care. The work will continue to be informed by the mental health reference group, enabling engagement of service users and voluntary sector organisations.

Berkshire West

The Berkshire West Mental Health Delivery Group is the key forum for oversight of FYFVMH targets and implementation of local strategy within the ICS and in partnership with Local Authorities. Challenges have been presented by the lack of substantive mental health commissioners, which should be resolved for 2019/20. In addition, the separation of integrated health and social care teams in West Berkshire and Reading has been monitored carefully by the Regional Director for Berkshire West, and Locality Director for Mental Health West, ensuring that impacts and concerns are communicated and addressed where possible

Berkshire West has also prioritised the reduction of out of area placements, and good progress has been made in achieving the required trajectory. 3 mental health work streams have been set up as part of the ICS Outpatients Project: Memory Clinics; Virtual Clinical Decision Making across Primary and Secondary Care; Physical Health Checks for patients with severe mental illness (SMI). These have all identified efficiencies in business cases submitted for ICS consideration.

Funding secured from Health Education England will support the recruitment of a Mental Health Workforce Project Lead, focussing on our Community Mental Health Teams, undertaking a similar approach to that successfully used in our inpatient services.

A Mental Health Steering Group has now been established as part of the **Buckinghamshire, Oxfordshire and Berkshire West (BOB) STP**, and clarification has been provided that performance monitoring will take place at STP rather than Berkshire West ICS level. We are well represented at this new group, aiming to focus on a small number of key priorities where we can add value by working at scale. As in Berkshire East, the most challenging targets to deliver are the OAPs and CYP access targets, with other targets already met or on course for delivery. At a BOB level, the target for intensive home treatment is not currently met – although these services do exist in Berkshire West.

A winter planning event, focussed on mental health, is being organised at BOB level, supported by the Thames Valley Strategic Clinical Network.

Mental Health Strategy priorities and governance - a reminder

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 Development Group**, 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 understand and 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 overflow” **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

	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 by 2020
- Acute adult bed occupancy consistently below 90%

Executive approval processes for OAPs remain in place, and numbers are being effectively minimised by the hard work of operational and clinical staff working across service interfaces. 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 ICS Delivery Plans as described on page 4. This project is now part of the “Eliminating Overspill , Optimising Recovery and Rehabilitation” described on page 8.

Staffing:

The Staffing Project has successfully implemented a number of key changes in skill mix, new roles and new approaches to recruitment. Vacancies have been significantly reduced in bands 2,3 and 4, but remain a major challenge in bands 5 and above. There has been a particular focus on Sorrell Ward which has consistently experienced the highest numbers of vacancies at Bands 5 and above. A new post, focussed on providing staffing support to Prospect Park Hospital (PPH) has been successfully recruited to, and the Director of People is working closely with the Locality Director for PPH to further reduce vacancies over time.

Centre of Excellence:

Definition and confirmation of scope was deferred to enable prioritisation of Bed Optimisation, Staffing and Quality Improvement Initiatives. Work has been completed to seek the views of service users, which has been used to inform planning . Priority is being given to 'getting the basics right' and getting the performance Score Card embedded. Reconfiguration planning regarding Champion, Jasmine and Willow House is progressing and being reported through our Capital Review Group.

IAPT

Our key initiatives are now incorporated into regular operational management and reporting arrangements, and our service continues to exceed access and recovery targets.

Development of employment advisor roles is continuing, with additional funds secured from Department of Work and Pensions.

A Common Point of Entry/Wellbeing project has been established to provide an effective response to those people coming through our CPE, who do not need secondary mental health services. This will see the establishment of an integrated response incorporating IAPT and signposting to community and voluntary sector services. Over time, this will enable a sustainable service model, addressing the challenges posed by ever increasing referral numbers presenting with a very wide range of needs.

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:

- leadership development
- optimising systems, training and support to service users and staff.
- A new risk summary has been embedded, a risk standard operating procedure was collaboratively developed, outlining the expectations for all parts of the service.

Our CQC inspection provided positive feedback on the risk summary incorporating a service user safety plan.

Planning for a Suicide Prevention Conference hosted by the Trust for December is progressing well.

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. Recent progress reported includes:

- Impact of the Recovery Transition initiative to improve the profile of caseloads, reducing the number of patients in Clusters 1, 2, 3 and 11 to more appropriate levels for secondary services.
- The quality of clustering data has significantly improved but the amount of clustering completed has deteriorated in recent months. This will be addressed as part of our work to ensure reporting of accurate data.
- A full set of core, evidence-based MH pathways specifications, resource availability and costs, has been developed and published and are currently being introduced to clinical teams.
- Implementation of the pathways, spearheaded by the roll out of a lead cluster from each super-cluster (non-psychotic C4; Psychosis C12; Organic C18), is in progress.
- E-pathways are currently being tested..
- Outcome measures are in use by the clinicians, with reporting being tested.

Emotionally Unstable Personality Disorder (EUPD) End to End Pathway Q1 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. Our aim is to provide an evidence based pathway throughout our services, along with a reduction in occupied bed days for people with EUPD, reduction in self harm, OAPs and re-referrals and improvement in friends and family recommendation rates and staff engagement within inpatient services. Implementation of Structured Clinical Management is on course with Bracknell and Wokingham CMHTs with the remaining four to be trained in November and January. A Business Case for the delivery of Psychologically Informed Consultation and Training is in development.

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. **Acute Overspill** has remained relatively stable recently, but OAPs for intensive care remains an issue. Recruitment into the bed management team for a substantive 7 days/week 8am-8pm, has been completed and we are just waiting for all people to take up post in October.

The end of Q2 data suggests that our OAPs reduction will meet the NHSi trajectory, but remains short of the CIP requirement. We continue to be unable to open the 3 female intensive care beds because of staffing shortages. This will continue to negatively impact on programme delivery, but continues to be a necessary action to ensure patient safety.

There are ongoing financial discussions regarding 11 Reading patients with longer term needs and regional work to develop a New Model of Care for people needing **low and medium secure services** is continuing. Year 2 of the pilot will focus on reducing length of stay. 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.

Following the “tender” model review of our CRHTT, action has been taken to strengthen leadership and staffing. Vacancy numbers have decreased and it is anticipated that targeted cost reductions will be delivered in 2019/20.

Work has progressed 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

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 consists of 19 projects within four GDE initiatives:

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

Milestone 2 of the programme has been achieved and NHSE funding received. Milestone 3 is forecast to be met on schedule.

Our ePMA (electronic prescribing) system was demonstrated at the Health & Care Innovation EXPO.

Physical electronic observation recording is live across all mental health inpatient wards.

Read time bed capacity dashboard is live - and has been well received by our bed management team.

Digital Appointment Correspondence is live across all Child and Adolescent Mental Health Teams, Common Point of Entry and Early Intervention in Psychosis service.

Further expansion of our Digital Appointment Correspondence is in development, as well as Visual E-observations into Prospect Park Hospital . Our Real Time Capacity Monitoring will include Acute OAPs and App development, and ePMA for outpatients will be deployed in part of the Windsor and Maidenhead mental health service.

Our role as a Global Digital Exemplar is profiled in a piece in the October 2018 edition of the National Health Executive, and highlights our work on “shared access of clinical records, appointments and follow ups arranged online and therapies and consultations taking place over the web.”

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 30% of the laptops/desktops (as at Sept 2018) 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 have continued to increase their access into Connected Care (up from 1,000 accesses per week to >2,500 as at Sept 2018) 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 were 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 continues to show 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. Work is developing across Berkshire on a population health initiative – which 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

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 provide safe and effective services –including reducing prone restraint and assaults in our inpatient services.
- 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 will include the maintenance of our inpatient programme alongside a focus on CMHT workforce, as well as work with ICS partners to implement system workforce plans.
- **Progressing mental health initiatives within our ICSs.** This will include work with partners to reduce out of area placements, achievement of FYFVMH targets and ensuring mental health is effectively represented in all work streams.
- 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.
- Addressing learning points from our **CQC inspection** – recognising continued good progress in a number of significant areas.
- **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. Our organisational and system plans will be informed by the NHS 10 Year Plan, due for publication late November/early December as well as the refresh of our own Three Year Strategic Plan led by the Trust Board.

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