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A HEALTHIER SOMERSET

SOMERSET County Council

NHS

Mental Health programme update for Health and Wellbeing Board

11 July 2019

fitformyfuture.org.uk

We will explain….

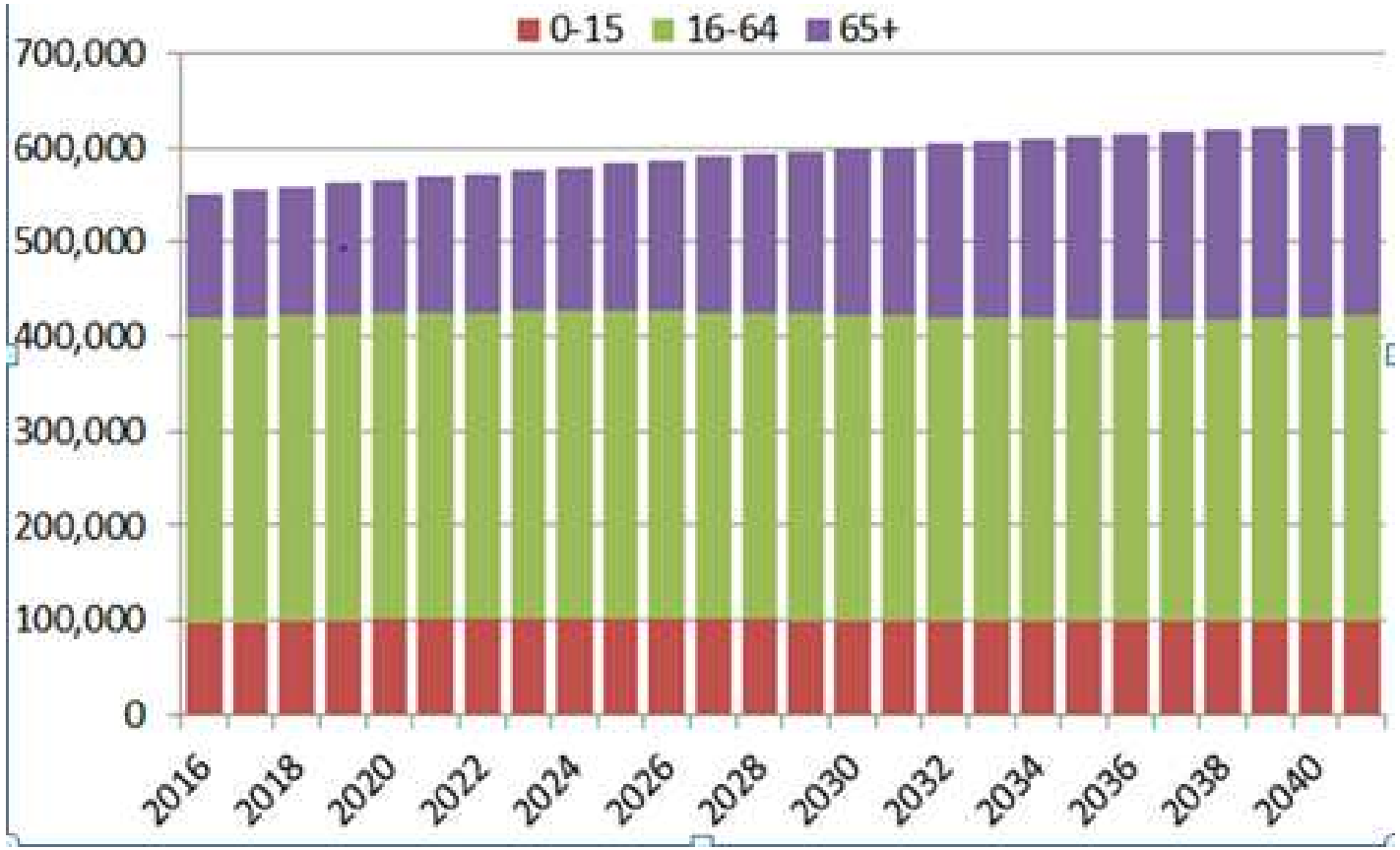
1. The challenge we need to respond to
2. The actions we are taking to address our population need

Our Approach and Priorities

1. A population & prevention focus
2. Affordable & sustainable
3. Evidence based
4. Involving the patients & the public
5. Improving quality, safety, equity, & equality
6. Achievable

The challenge we need to respond to

Somerset Population Projections by Age 2016-2041



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National Imperatives

- Five Year Forward View (2014)
- Future in Mind (2015)
- Five Year Forward View for Mental Health (2016)
- The Prevention Concordat for Better Mental Health (2018)
- Green Paper for C&YP's Mental Health (2018)
- NHS Long Term Plan (2019)
- The pending Adult Social Care Green Paper (2019?)

The King's Fund findings (2017)

People with severe mental health illnesses, when compared to the general population, have:

- a much shorter life span by up to 20 years, and are….
- 4.7 times more likely to die from liver disease
- 4.6 times more likely to die from respiratory disease
- 3.2 times more likely to die from cardiovascular disease
- 1.7 times more likely to die from cancer.

The NHS spends **in excess of £11 billion per year** supporting people with long term physical health conditions who also have a mental health condition.

Better integrated care, earlier in the respective (physical health) pathway, will save lives and save money.

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Local Imperatives (1)

There are a number of **locally identified drivers** of why Mental Health services require rapid investment and improvement:

- Increased demand and increasing complexity of people presenting with mental health needs. Current demand outstrips capacity within existing service models.
- Growing trend of increasing non-elective and emergency attendances at hospitals by individuals with acute mental health needs.
- Higher rate of suicides in the county for people known and not known to mental health services than elsewhere in the country.
- Safety concerns inherent within current models and gaps in service provision.
- Challenges across workforce recruitment and retention.
- Greater engagement needed with the people who access services and their carers.

Local Imperatives (2)

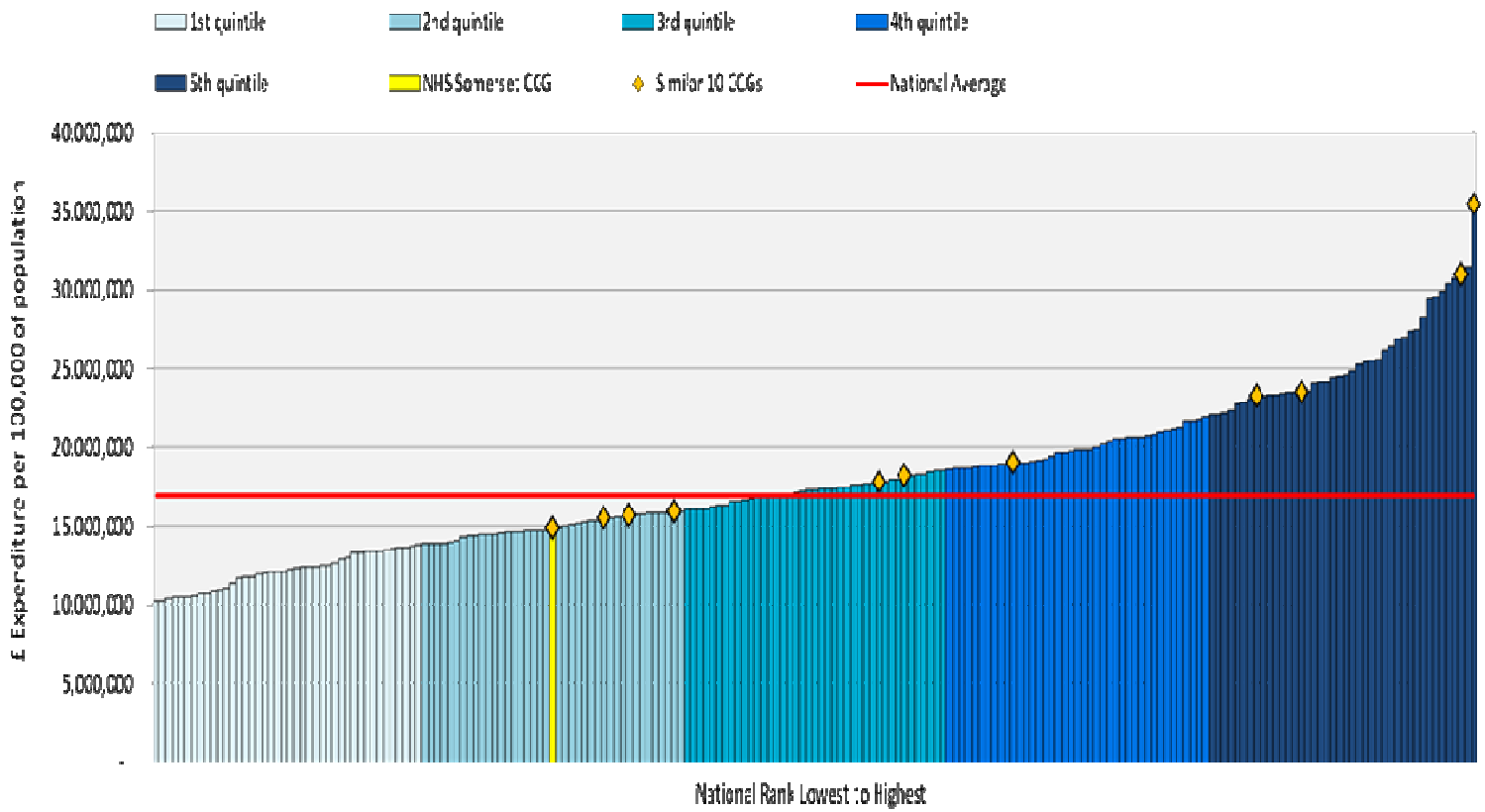
There are a number of **locally identified drivers** of why Mental Health services require rapid investment and improvement:

- Historic underinvestment in mental health services in Somerset compared to other comparable localities, despite Somerset Partnership being generally able to meet the required service performance standards and targets.
- 2019 Mind report on spend per person on mental health – Somerset had the 4th lowest spend in the country.
- NHS Somerset financial investment when benchmarked nationally and with its 10 most comparable demographic 'neighbours' in the Cluster Group shows a significant deficit.
- The graphs on the next slides show NHS Somerset's position nationally and against its cluster (nearest demographic comparable neighbours) for all mental health spend based on 2017-18 programme budgeting for Mental Health weighted population figures.

The Financial Imperative (1)

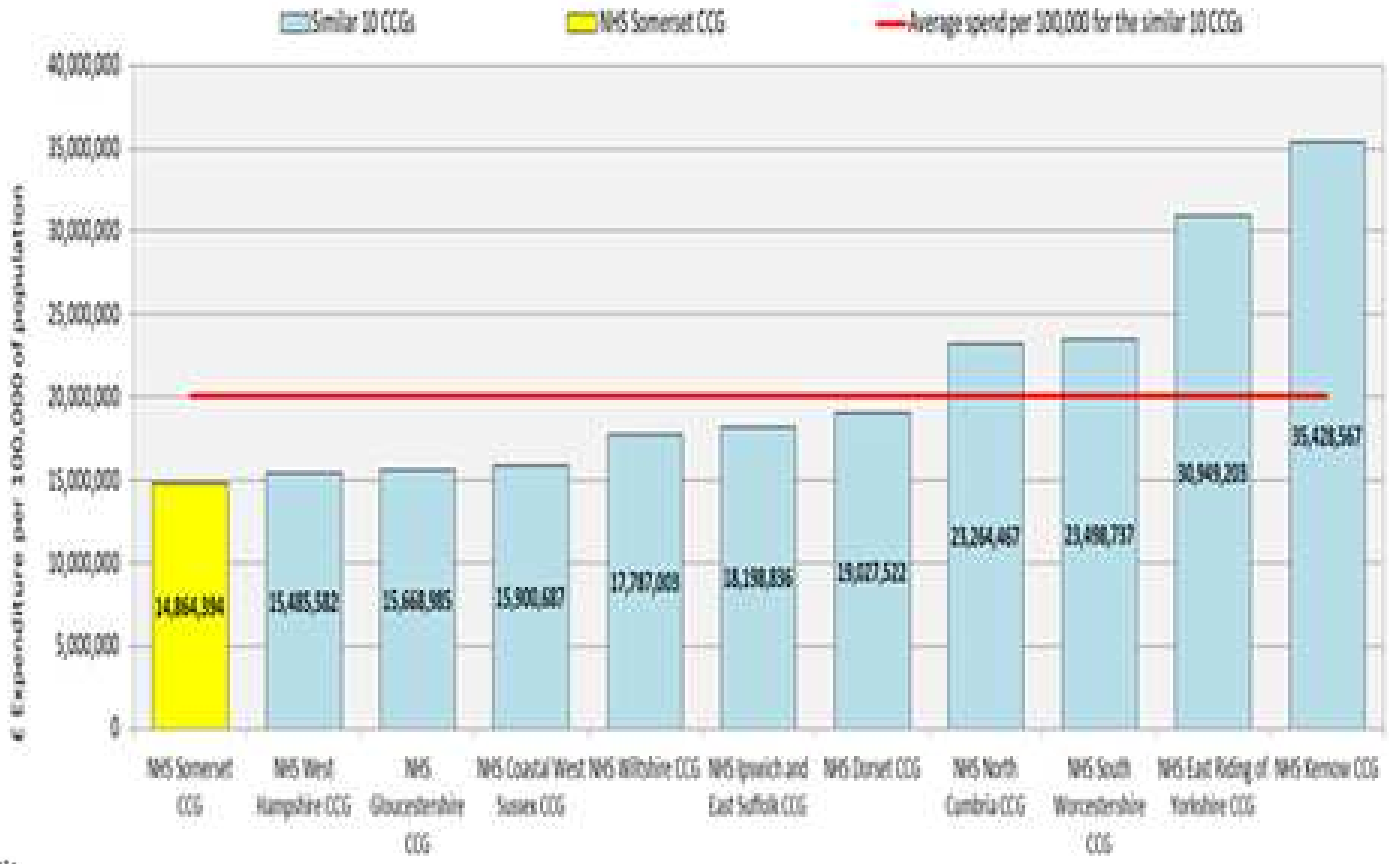
National comparison

NHS Somerset CCG is shown below average in the middle of the 2nd Quintile nationally, the CCG would need to invest an additional **£10.7m** to bring it up to the national average.



The Financial Imperative (2)

Additional £26.53m would be needed to bring up financial investment to cluster average (i.e. £5.18m per 100k mental health weighted population). Even compared nationally, Somerset CCG would need to invest £10.7m to meet national average (not including nationally mandated growth allocated within the Mental Health Standard).



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The actions we are taking to address our population need

Summary of Actions

The Recovery Pathway

- Children & Young People's Emotional Wellbeing (C&YPEW)
- Primary Mental Health Care
- Crisis Support
- Recovery/Community
- Dementia/memory services
- Learning Disabilities

Four Rapid Improvement Proposals

- Children & YP: Tier 2 provision and expansion of Crisis Support
- Primary Mental Health Care
- Community Mental Health Services
- Home Treatment Team/Crisis Support

The Urgent Mental Health Care Pathway

- Potential relocation of adults of working age MH inpatient beds

Dementia

Early intervention and support

- Redesign of diagnostic pathway and post diagnostic support and management

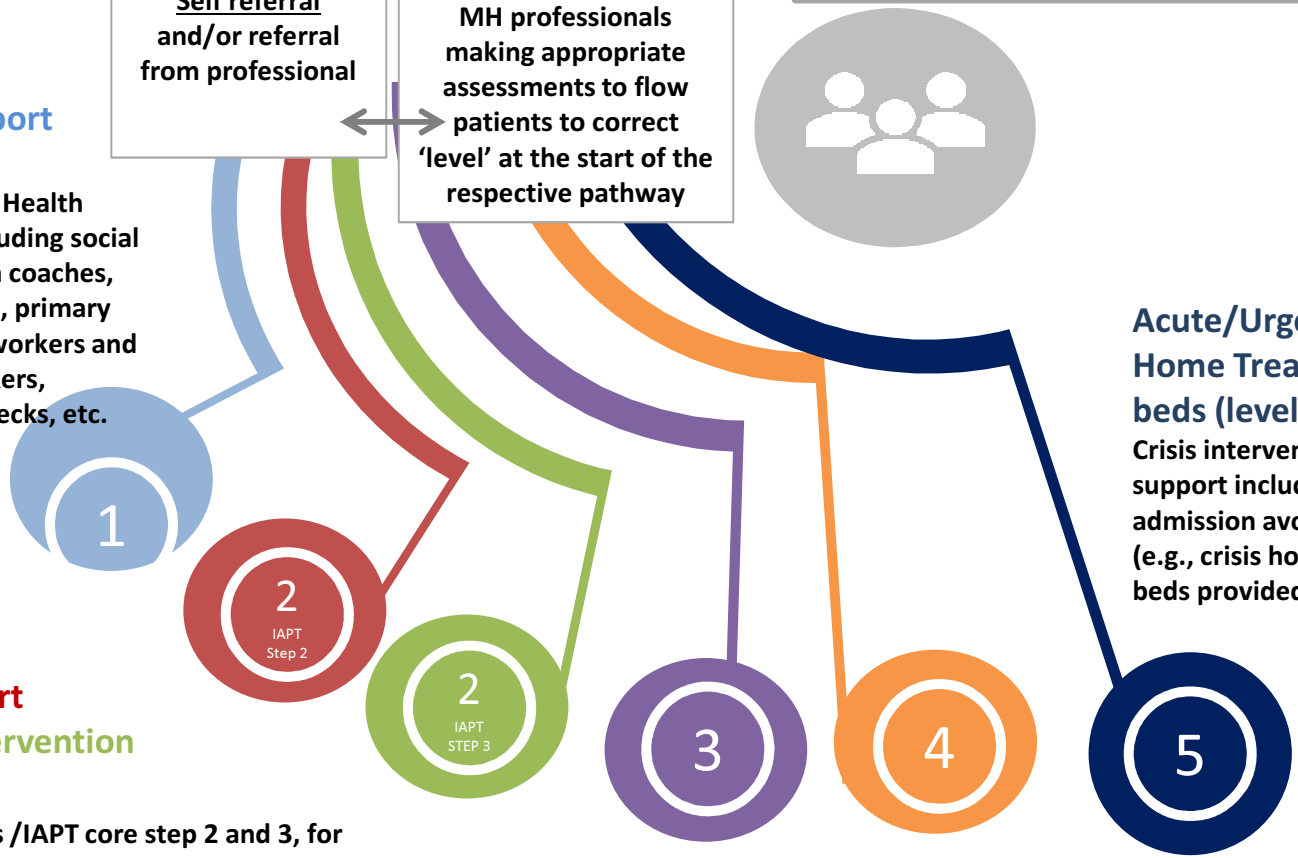
Expansion of Intensive Dementia Support Service county wide providing crisis support and intervention within individual's own 'home'

The Adult and Older Age Mental Health model in Somerset

Stepping down and recovery
People step up and down between all levels as required, ensuring that least intervention is provided at the right and earliest time. A single point of access will be developed to support the flow of people entering and moving across the system

Self referral and/or referral from professional

Single Point of Access – senior and experienced MH professionals making appropriate assessments to flow patients to correct 'level' at the start of the respective pathway



Universal Support (level 1)

Community based Health interventions, including social prescribing, health coaches, informal networks, primary care MH support workers and peer support workers, physical Health checks, etc.

Timely support and early intervention (level 2)

Talking therapies /IAPT core step 2 and 3, for anxiety and depression, increasing digital access, widening reach of services., Long Term Condition and symptom management provision streamlined within an integrated approach with physical health commissioning, including medically unexplained conditions.

Stepping up (level 3)

Additional provision for those who exceed the IAPT criteria who would benefit from talking therapies at a more specialist level (e.g., CAT or DBT interventions)

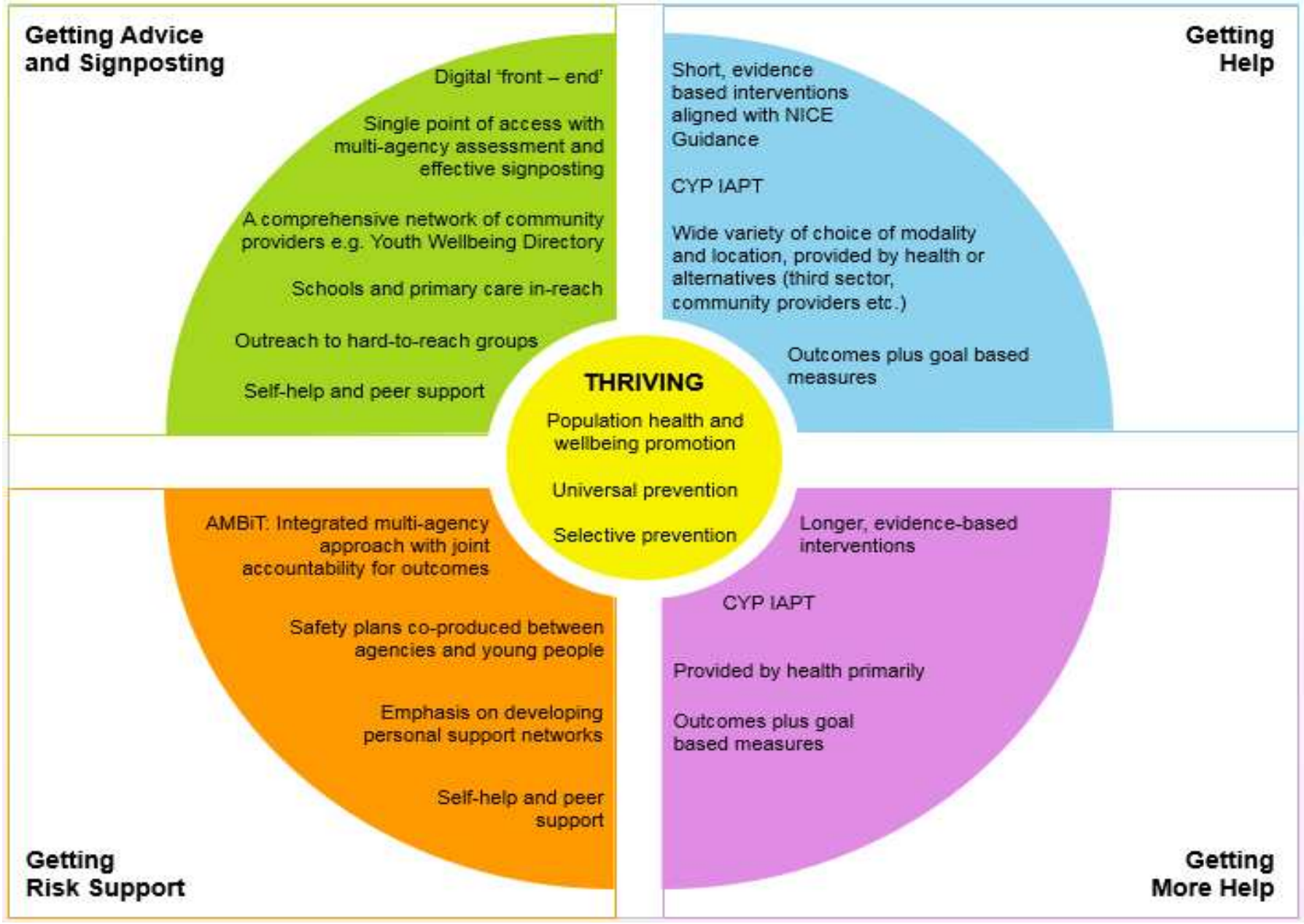
Community MH Services (level 4)

Specialist recovery focused MH support for those with higher level MH needs including psychosis, severe depression, complex personality disorders, etc., active care-coordination provided by multidisciplinary community teams.

Acute/Urgent Care including Home Treatment and inpatient beds (level 5)

Crisis interventions and urgent care support including home treatment, admission avoidance support services (e.g., crisis houses) acute Mental Health beds provided by specialist services

The i-Thrive Model – Children & Young People



APPENDIX

Children and Young People

THE BIG TENT

New service (to be provided by local Voluntary & Community sector bodies) for children and young people with lower-level mental health and emotional wellbeing needs, (i.e. Tier 2 or "Getting Advice & Getting Help" in the *i-THRIVE* model), provided in non-stigmatising settings (e.g. schools and community settings), delivering CYP-IAPT compliant advice and early interventions to C&YP experiencing emotional distress by Emotional Wellbeing Practitioners.

Why?

Too many children have mental health and emotional wellbeing needs that have an impact on their overall development including their physical health, coping skills, educational attainment, and future prospects. By improving children's wellbeing earlier, crises can be avoided, an episode's duration can be curtailed, demand on all services can be reduced - releasing more capacity in the system, and ultimately the child thrives.

Where?

Ultimately countywide in all Localities, starting with secondary (incl. Middle) schools, and extending to primary schools in due course.

By whom?

Initially delivered by Young Somerset (YS) with other VCS bodies joining via Big Tent - clinical supervision to be provided by Sompar.

When?

Recruitment under way with strategic review December 2019

NB: YS & SCCG are applying for NHSE funding regarding the Big Tent development to supplement this proposal.

Children and Young People – Crisis Suppot

ENHANCED OUTREACH TEAM (EOT)

Expanding the capacity of the team to provide extended hours of operation at peak times of demand – especially in A&E - to young people in crises, including those at high risk of imminent significant self harming behaviours or suicidal intent.

Why?

The EOT functions as a crisis support service to young people in acute emotional distress with a view to manage crises, minimise harm, avoid admissions, and equip young people to develop improved coping skills. The service currently operates 8am-8pm mid week and 10am-6pm at weekends. This results in service gaps. This proposal will extend the operating hours to 8am-10pm 7 days per week. Whilst still not 24/7 this is a significant improvement on the current provision and is informed by an analysis of peak demand on the service and A&E.

Where?

The service will be provided in community settings countywide and in the two A&Es.

By whom?

This service is provided by SPFT.

When?

Recruitment under way with strategic review December 2019

Primary Care

‘UNIVERSAL’ PRIMARY MENTAL HEALTH SERVICE

A new service to provide early interventions, including social prescribing, to people with lower-level mental and emotional needs, delivering specialist MH advice, practical and motivational support to develop coping skills and avoid crises.

Why?

Too many people have mental health and emotional wellbeing needs that that impact on their lives, their coping skills, symptom and condition management (both physical and MH needs). By improving people’s wellbeing earlier, crises can be avoided, an episode’s duration can be curtailed, demand on all services can be reduced - releasing more capacity in the system.

Where?

Ultimately countywide, starting in 3 neighbourhoods, (Bridgwater, North Sedgemoor, and CLICK).

By whom?

Operationally delivered by 3rd Sector, (Village Agents and/or others), clinical governance provided by Sompar. The will include peer support workers alongside traditional roles.

When?

Beginning in 3 localities, to be rolled out countywide over 3 years, as workforce and resources permit.

Improving Access to Psychological Therapies

IMPROVING ACCESS TO PSYCHOLOGICAL THERAPIES (IAPT)

Expanding the current provision in the county to increase access rates from 11% (when 'stepping up' cohort are removed as required following the IST review in May 2018) to achieve the national requirement of 22% by 2019/20. To accomplish this there is a requirement to increase the workforce capacity and expand digital solutions.

Why?

IAPT is a nationally mandated primary care talking therapy service for people with common mental health needs (depression and anxiety) delivering interventions such as mindfulness, CBT, guided self help, couple therapy, brief psycho-dynamic therapy, trauma focused CBT, etc. In addition to increasing the capacity of the local provider's face-to-face support (to reach >15%), to fully comply with the nationally mandated IAPT manual, and to capitalise on the opportunity to provide digital solutions (e.g., app based support plus online/skype based consultations) to reach 22% - an extra 6,000 interventions.

Where?

Countywide.

By whom?

Somerset Partnership Trust and identified digital partners, (TBC, but could include the Big White Wall, Xenzone, Healios, etc).

When?

Beginning April 2019, as workforce and resources permit.

Blurring the boundaries between Primary and Secondary Care

‘STEPPING UP’ PRIMARY MENTAL HEALTH SERVICE

New service to provide enhanced support to people who have more complex needs than can be met in the mainstream IAPT level but do not meet the thresholds for specialist secondary care support.

Why?

There is a gap in current service provision between IAPT and specialist MH services due to the need for the IAPT service to focus on the nationally mandated NICE recommended model of care rather than the wider remit that they previously provided. This new service will deliver Dialectic Behavioural Therapy, Cognitive Analytical Therapy, personality disorder specific interventions, focussed psycho-dynamic therapy, etc. The option of digital solutions (including on line face to face consultations) needs further investigation.

Where?

Countywide.

By whom?

Provided by Somerset Partnership Trust and potentially digital solution providers (options being explored).

When?

Recruitment under way with strategic review December 2019.

Community Mental Health Services

ADULT COMMUNITY MENTAL HEALTH SERVICE

Expanding the capacity and expertise of the service to improve safety, quality and culture by broadening the skill set of those who work in the service, through developing peer support roles, augmenting the Assertive Outreach, early intervention and duty system for urgent responses.

Why?

Over many years the community mental health teams in the county have been under funded and demand has significantly increased (>20% in 5 years). The current level of provision is becoming unsafe and urgent remedial action is now required, especially in relation to developing the duty/urgent responses provided, Early Interventions in Psychosis and the Assertive Outreach functions.

Where?

Countywide, across all four CMHS localities.

By whom?

Somerset Partnership Trust.

When?

Recruitment under way with strategic review December 2019.

Crisis Services

HOME TREATMENT(CRISIS) TEAM

Expanding the capacity and expertise of the team to improve safety, quality and culture of the service by broadening the skill set of those who work in the service, through increasing the number of peer workers, support workers, psychologists and psychiatrists.

Why?

The HTT's primary purpose is to treat people experiencing an acute mental health episode in their own homes or alternative community settings thereby avoiding admissions to hospital. The current staffing levels do not allow for sufficient 'treatment' to be provided 24/7 (e.g., overnight it is effectively only an assessment service) therefore more people are admitted to hospital than otherwise would be the case. The team would also benefit from being more multi-disciplinary in approach especially in relation to it becoming more person centred and responsive: this approach will be enhanced via the introduction of peer workers and significant training for all.

Where?

Countywide.

By whom?

Somerset Partnership.

When?

Recruitment under way with strategic review December 2019.