



Local Mental Health Services

Impact of COVID-19

Performance & Waiting

Crisis Services

CQC Update

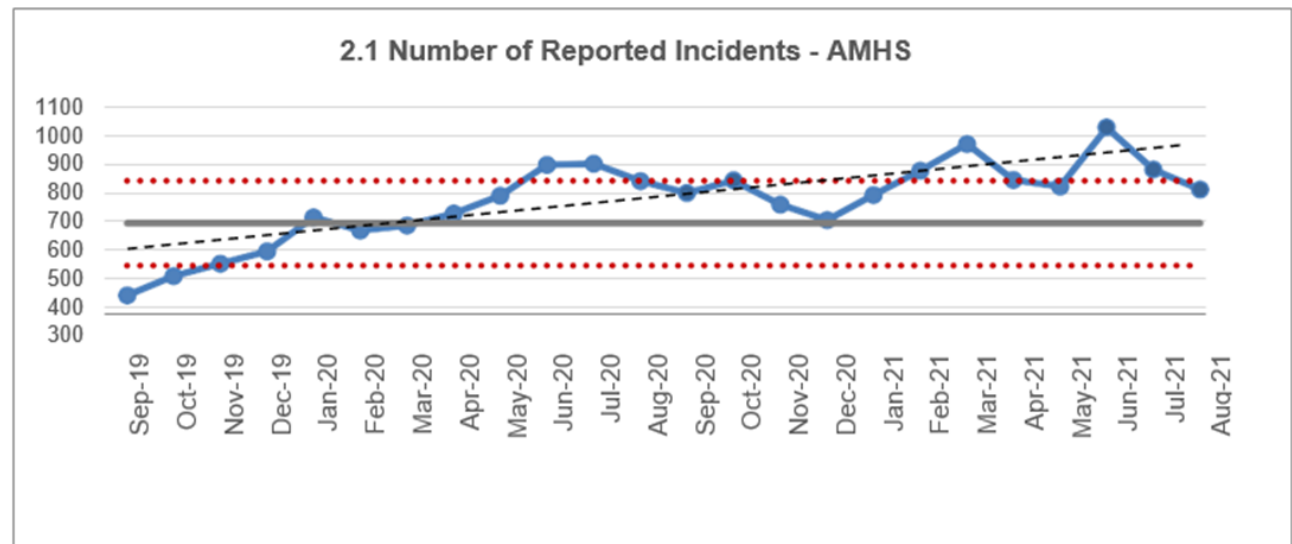
Patient Experience

Mental Health Strategy Plans

Nottinghamshire County Council Oversight & Scrutiny Committee
12 October 2021

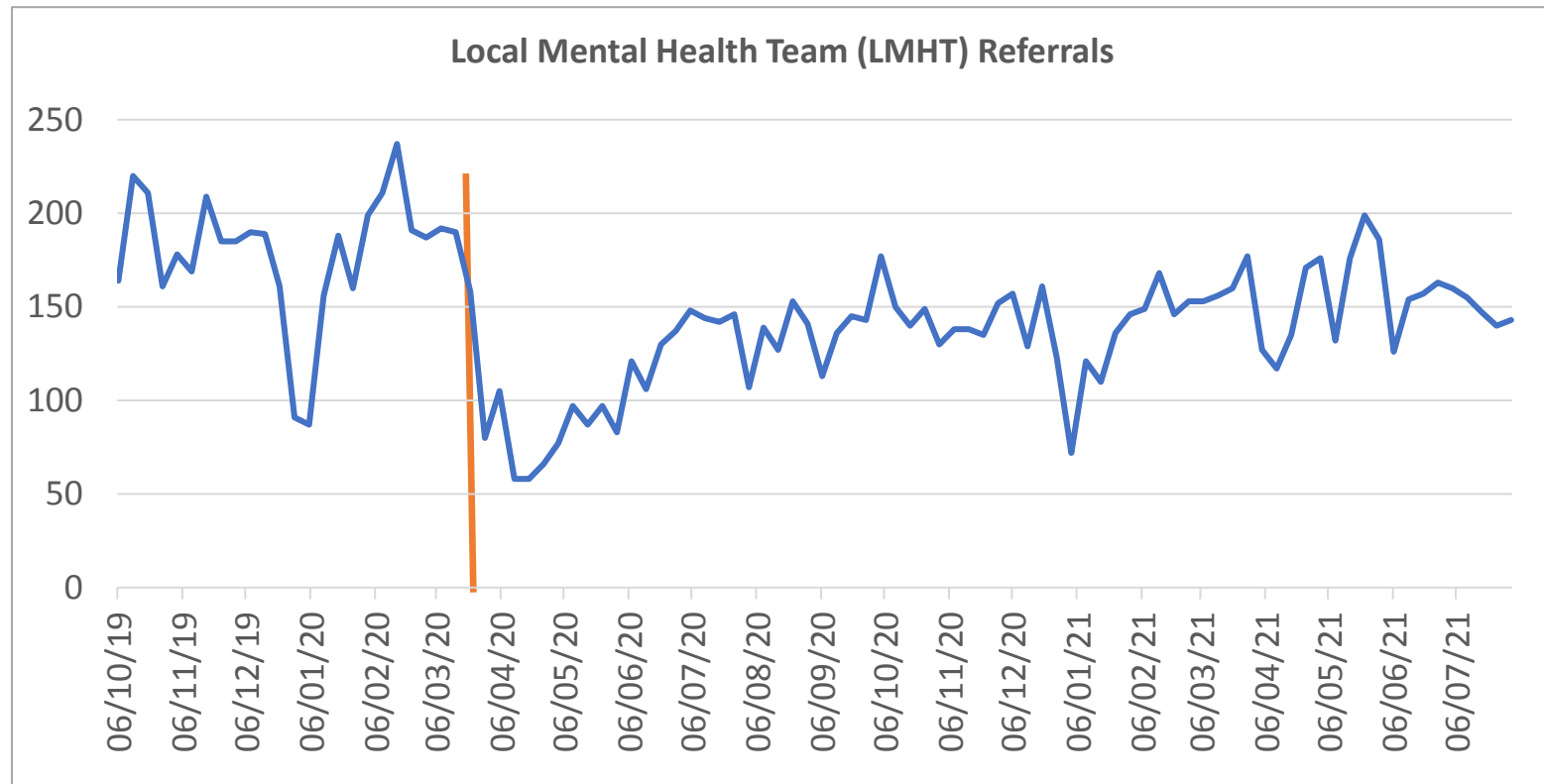
COVID-19 Headlines

- Minimal Derogations
- Keeping pace with changing guidance, PPE, visits, leave COVID-19 safe
- Loss of bed capacity due to cohorting or outbreaks
- Loss of staff – shielding, family, isolating, sickness
- Availability of clinic & office space
- Increase in acuity
- Implementing testing
- Vaccination programme

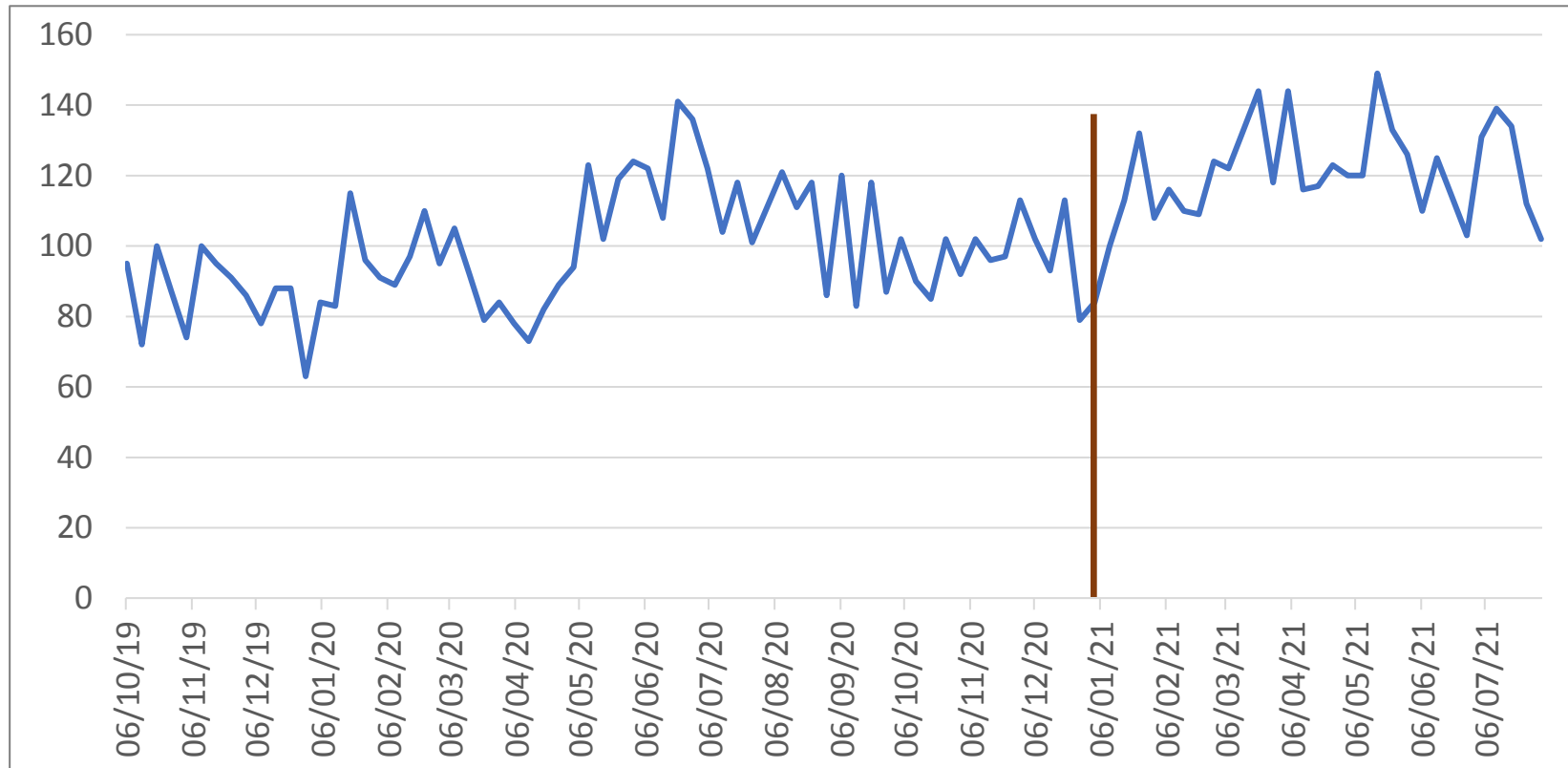


Changes in Referrals & Access

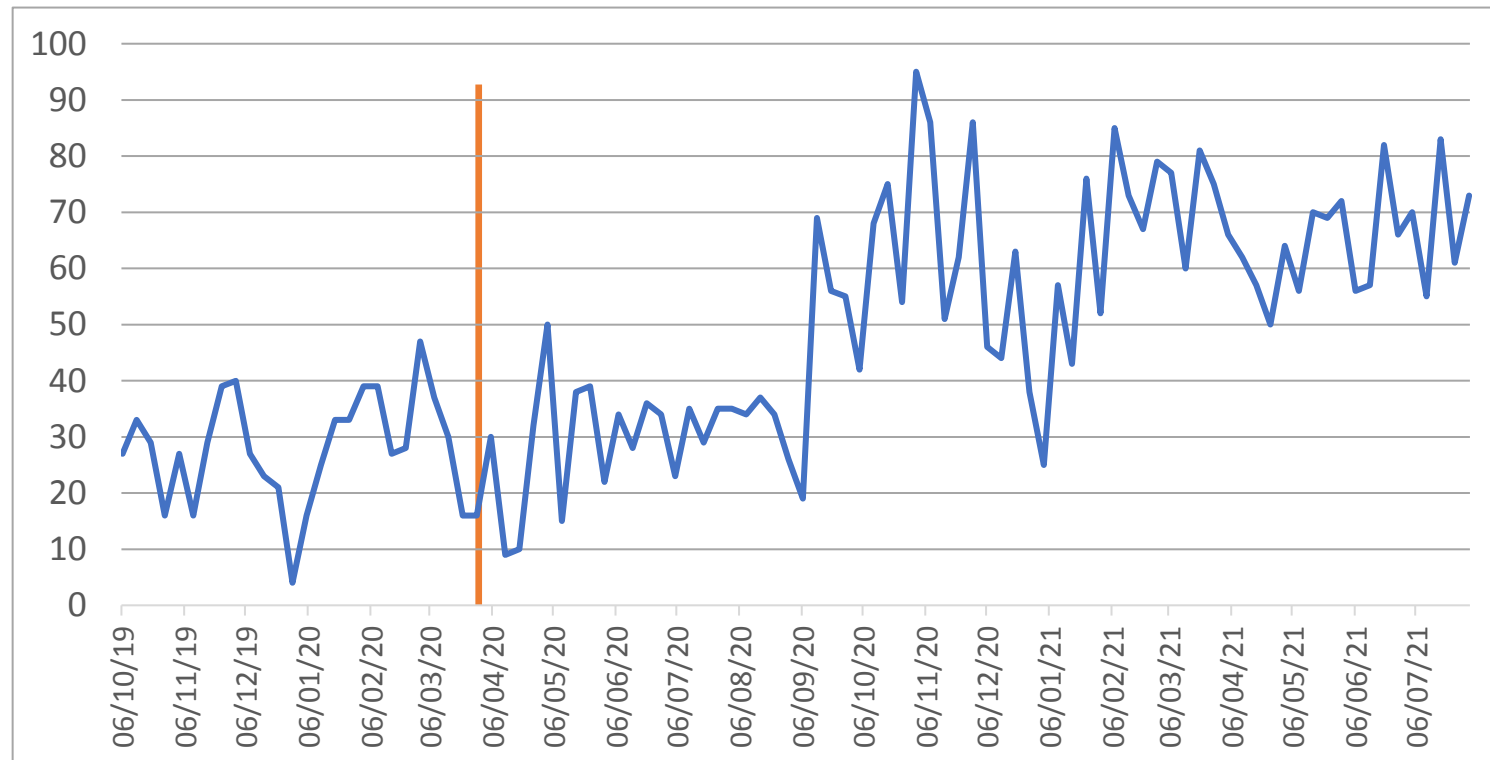
Adult Mental Health Referrals



Crisis Referrals increasing since January 21

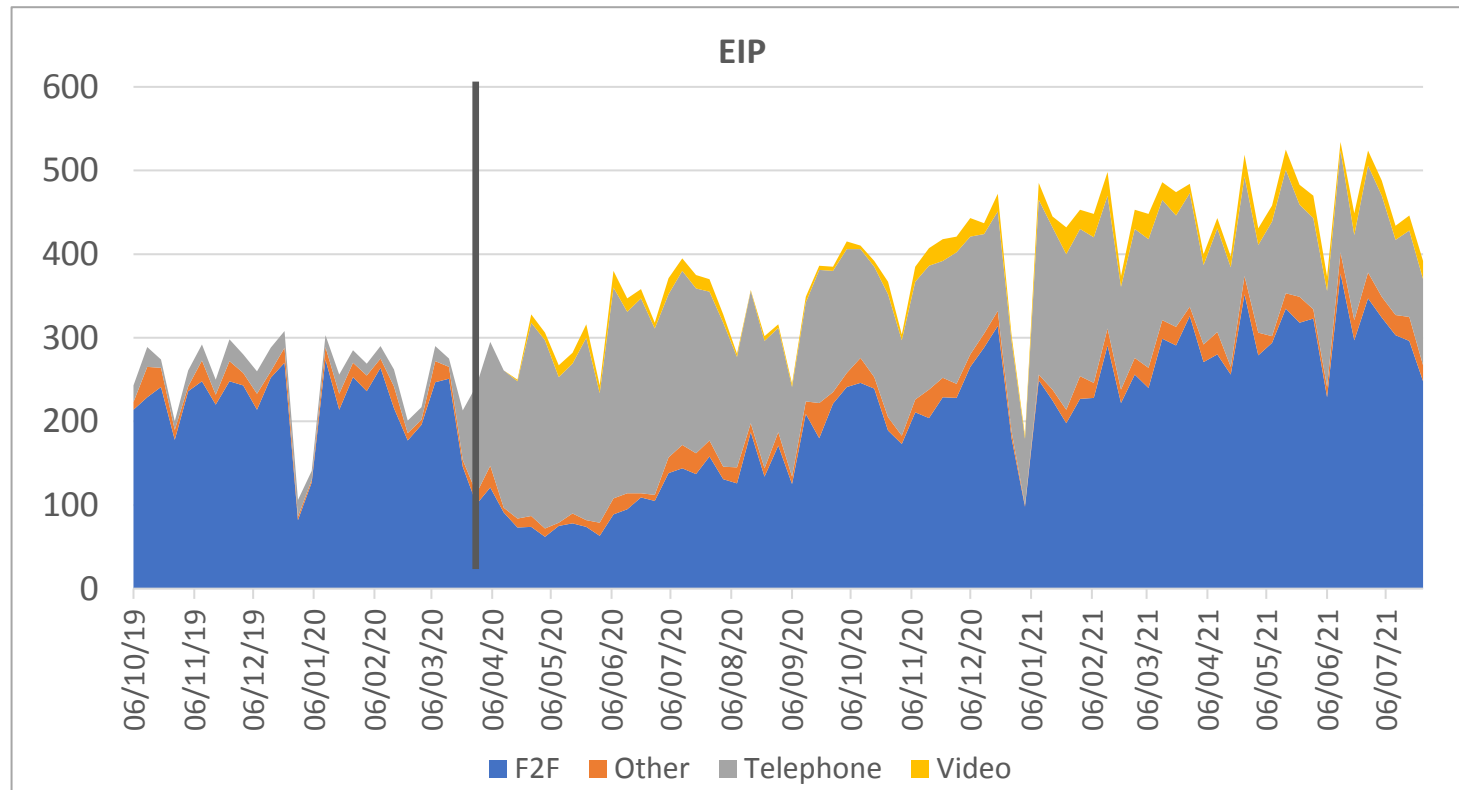


Intellectual Developmental Disability Referrals

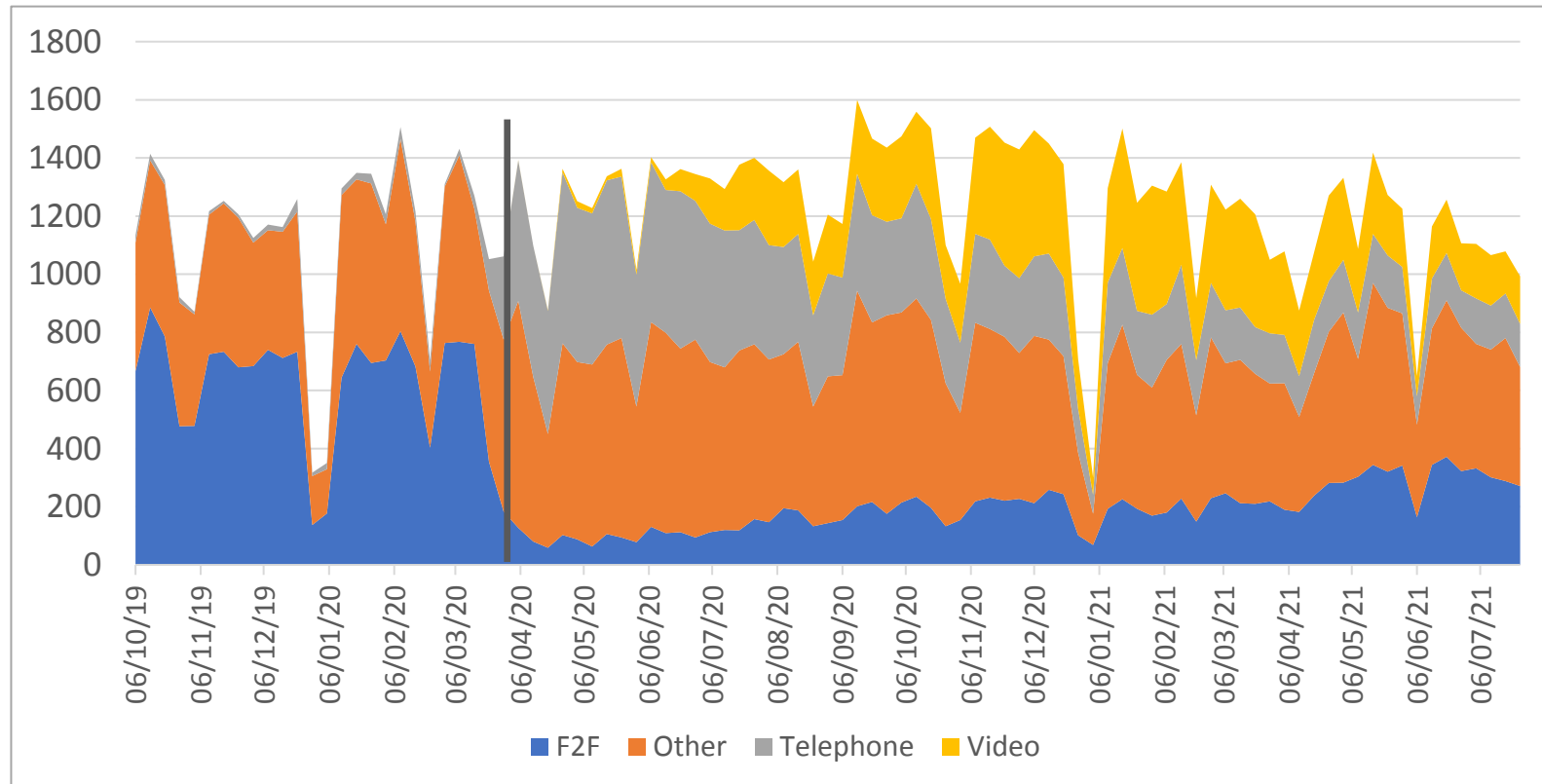


Increase in Contacts

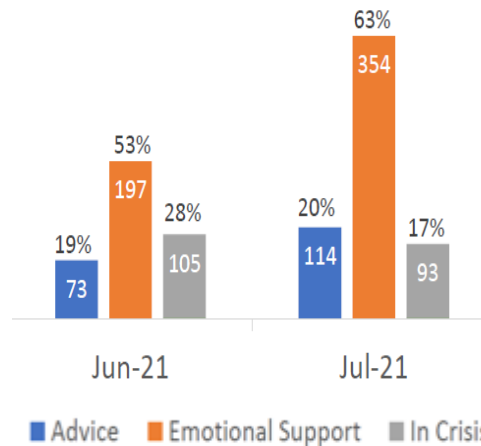
e.g. The increase in Early Intervention in Psychosis (see chart below) mirrored across most services



Child & Adolescent Mental Health Contacts (non Crisis)



Mental Health Crisis Line call reason since launch of increased capacity



In 2020 the crisis access line was launched as part of the Covid – 19 pandemic response, as part of the expansion and service improvement plans the line has now merged with VCS provider Turning Point providing more capacity to answer the calls and improved reporting. In important point of note is that call reasons were mainly for Emotional Support with a total of **551** for June and July, and there were a total of **198** calls from people who were in Crisis. This is being considered in the long term planning and how can better meet the needs of patients.

Access to Services & Waiting Times

- Our waiting times for **Improving Access to Psychological Therapies (IAPT)**, remain consistently above national targets, with 100% of our patients now being seen within 18 weeks, and over 95% seen within 6 weeks. The IAPT Recovery target has now been achieved for 16 successive months of reporting.
- Over 8 out of 10 of our mental health patients are followed up within **72 hours of discharge**.
- Our **Early Intervention in Psychosis (EIP)** Teams continue to deliver treatment to over 85% of patients within two weeks, significantly ahead of the national target of 60%.
- The length of time our older patients have waited for **Memory Assessment Services** continues to fall, at 10 weeks currently, having been 15 weeks in March.
- We are struggling to deliver the goal of 95% for **routine and urgent treatment of young people with eating disorders**, with 86% of patients treated within 4 weeks (routine) and 63% of patients treated in one week (urgent), at the end of Quarter 1 21/22.
- The overall level of **Physical Health-Checks** health checks continues to increase, driven by much improved levels within our EIP Service, (now running at double the rate of last year).

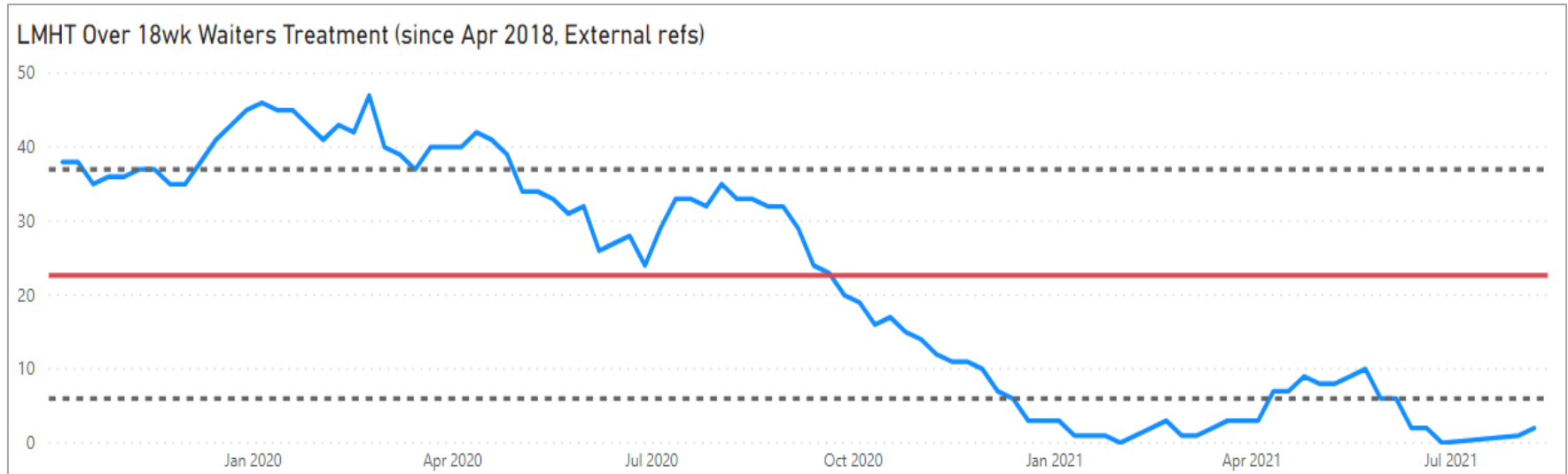


Access to Services & Waiting Times

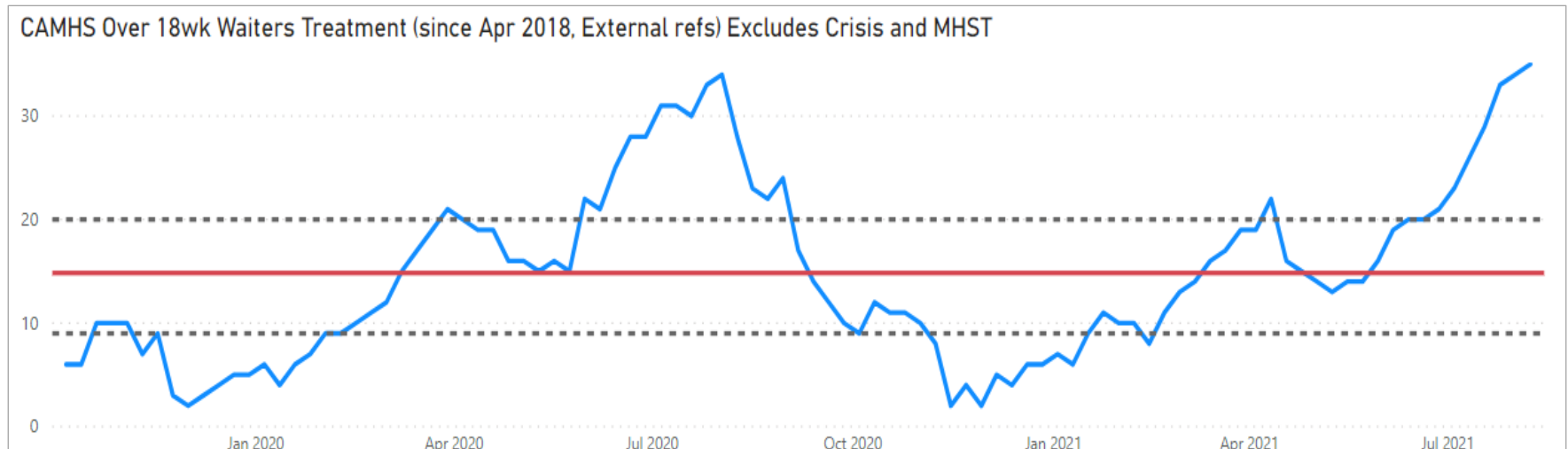
- Our **Mental Health Support Teams in schools** service was the first to go live nationally and is now held up a national exemplar, supporting 112 schools across Nottinghamshire.
- **Local Mental Health Teams'** average treatment time is currently around 7 to 8 weeks, an improvement on waiting times for the same period last year.
- Our **Step 4 Psychotherapy and Psychological Therapies** have been particularly disrupted by COVID, as certain therapies cannot be delivered virtually; this has unfortunately led to patients commonly waiting in excess of 6 months for treatment.
- We are experiencing waiting times pressures across some local services including Step 4 Psychological Therapies, CAMHS Community Services, Adult and also Children and Young People Eating Disorder Services and our Trauma Service.
- Where we do have waiting time challenges, the services are actively managing the waiting list according to clinical priority and following the Trust Waiting Well Policy to support patients and minimise risk.



Local Mental Health Team Waits



Child & Adolescent Mental Health Service Waits

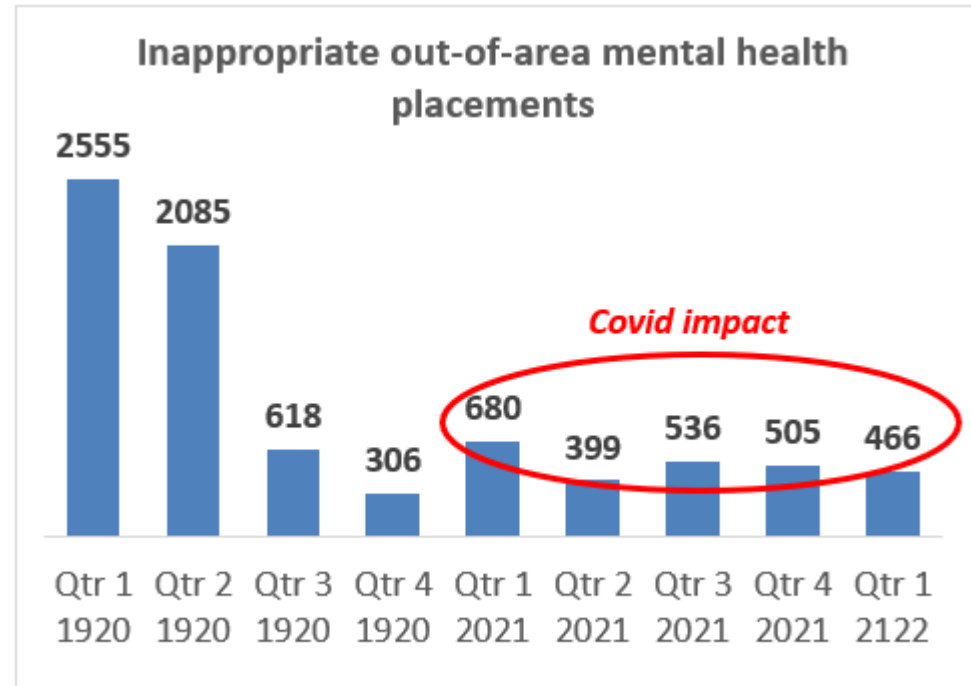


Out of Area Mental Health Placements

Inappropriate Out of Area mental health placements halved from an average of 464 bed days per month in 2019/2020 to 177 for 2020/2021. The Trust achieved the Quarter 1 21/22 target, recording 466 against a target of 486 bed days.

Our ambitious Adult Mental Health transformation program is helping to reshape our Crisis service provision to better meet the needs of our community, and, through effective collaboration with other local healthcare providers, we continue to reduce the bed usage outside Nottinghamshire.

However, ward closures due to COVID and the closure of some of our sub-contracted provision has made the reduction of out of area placements very challenging over the past 15 months. Currently, we have six patients in such placements, but our ambition is to end all out of area placements by March 2022.



National Mental Health Benchmarking 2021

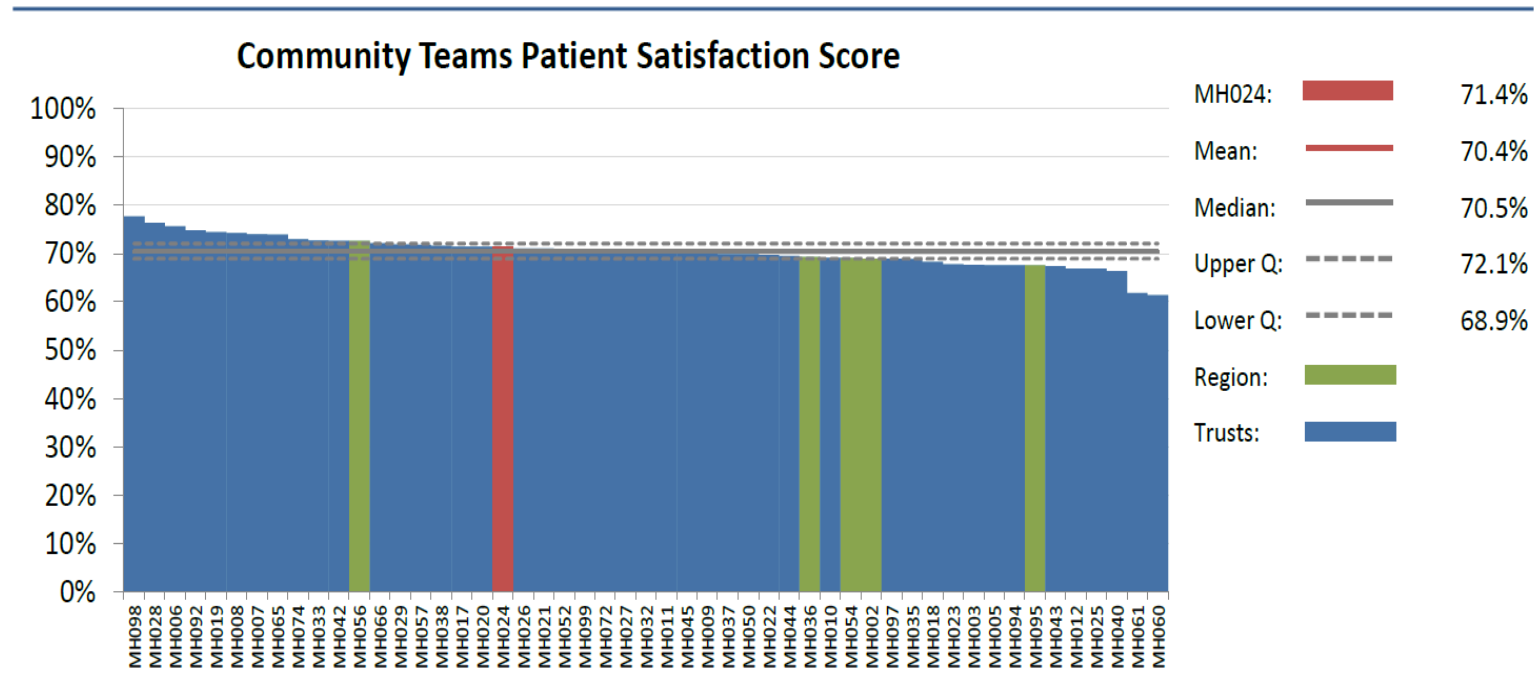


Figure 9E

Compared to 2020 benchmarking there has been a slight reduction from 72 % and the national average has increased slightly from 69% to 70.4%

Transformation What's Happened so far

Severe Mental Illness

- Bolstered Community Teams to increase capacity (70 w.t.e).
- National Transformation monies secured 2.5 million for yr 1 of Long term plan implementation
- Recruitment to Community Teams to increase capacity – roles out to recruitment for Substance misuse (6wte) Transition support (6wte) Personality Pathway a further 6 wte
- VCS pilots developed to support Community Pathway – over 700 people supported in since the pilots began – further growth planned in year 900k –focus on Health inequalities
- PCN MH Practitioner roles developed and recruitment started
- Plans to embed VCS staff in NHFT teams to support wider offer and reduce waiting times
- New VCS pilots developed to support Community Pathway (700 people supported).
- EIP investment secured to meet NICE Level 3 standards.
- IPS investment secured to meet access rates.



Crisis Care

- Crisis Core Fidelity staffing levels – increase of at least 30 w.t.e.24/7 Crisis Self Referral Line developed Joint line with Turning Point staff based with crisis teams – around 300 calls per week
- Crisis Sanctuaries launched across the County in partnership with VCS.- further growth planned in year – over 400 contacts since opening
- Street Triage Service expanded – Day car and Multi Agency Worker.
- MHSOP Intensive Home Treatment Team development to offer age appropriate support.

Transformation What's Happened so far

Children & Young People

- Around £6 million planned investment over the next 2 years
 - Crisis offer expanded to 24/7. – further growth planned recruitment underway 20 wte over the next year
 - Community services transformation plans developed recruitment underway growth of over 40 wte during the next 2 years
 - Eating disorders and H2H development – recruitment underway 10 wte
 - Silver Cloud Online Support Offer implemented across Community Teams.
 - Waiting time reduction plans in place
 - Perinatal investment secured recruitment is underway
 - MHST in 115 schools
-
- New ADHD Pathway (1500 new referrals).
 - Secured £3.1m national bids for 2021/22.
 - Dormitory capital - £49m to 2024.



SilverCloud MAKING SPACE FOR HEALTHY MINDS



Focus areas

Focus areas

- Development of ICP Mental Health Partnership groups - reporting directly to ICS Mental Health and Social Care Partnership Board
- Health Inequalities – specific focus areas and measuring impact
- Rough Sleepers MH support investment 150k 3 years – recruitment underway – linked to Substance misuse plans and SMD groups in the City – supporting partnership working.
- MH Practitioners – recruitment panels taking place during July – good joint workshops and developing GP links
- HIW – across each LMHT receiving good feedback from GPs and providing physical healthcare across Primary and secondary care

Discharge support 1.7 million until end Mar 22

- Increased AMHP and Social worker capacity
- Increased in reach capacity through – Age UK, Framework, POWHER
- Substance misuse support on the wards through NRN and CGL
- Homecare capacity increased through social care
- Increase capacity in RRLP
- Increased local PICU capacity
- Increased in-reach in CAMHS team to support discharge planning

THANKYOU & Qs

Abbreviations

- ADHD – Attention Deficit Hyperactivity Disorder
- AMH – Adult Mental Health
- ASD – Autistic Spectrum Disorder
- CAMHS – Children & Young People's Mental Health Services
- CMH – Community Mental Health
- EIP – Early Intervention in Psychosis
- IAPT – Improving Access into Psychological Therapies
- ICS – Integrated Care System
- IDD – Intellectual & Development Disability Services
- IPS – Individual Placement Support
- LTP – Long-Term Plan
- MH – Mental Health
- NCISH – National Confidential Inquiry into Suicide & Homicide
- ONS – Office for National Statistics
- PCN – Primary Care Network
- PPE – Personal Protective Equipment
- SMI – Severe Mental Illness
- SPA – Single Point of Access
- VCS – Voluntary Community Services



Appendix – Example Pathway Plans

- Serious Mental Illness(SMI) Pathways.
- ADHD/ASD.
- Personality Disorder.
- Transitions
- Substance Misuse

Serious Mental Illness Pathways

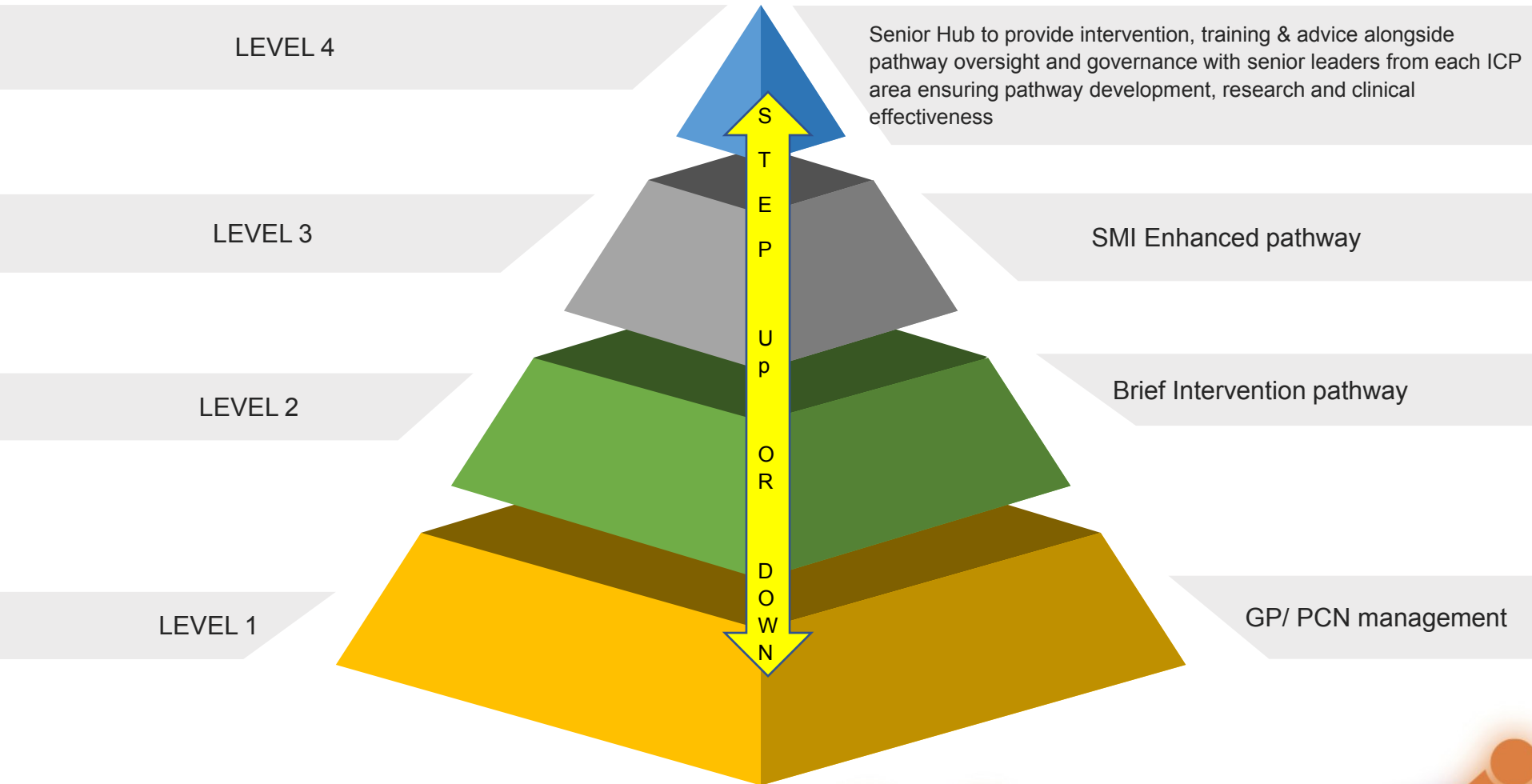
Embedded as part of the wider Nottinghamshire ICS ICP Mental Health transformation



Severe Mental Illness - Key Developments

- Advisory service – advice, assessment, signposting and support to GP's/PCN's/other agencies to support mental health needs in primary care and fast track back to secondary care where needed.
- Triage – following referral, contact will be made directly with the patient to confirm information and agree level of intervention required.
- Intervention pathways – specific stepped care models in development.
- Wrap around support based on needs of the individual rather than service criteria.
- Example - Bipolar Disorder Pathway.

Bipolar Stepped Care Model



Mood Disorder Pathway + (box will expand to show specific pathway e.g. BPAD / Depression & Anx ect)

BPAD PATHWAY

Recovery College

Wrap Around Support

BIPOLARUK.ORG

Development of therapeutic relationship to build confidence, hope and trust
Recovery focused coproduced **care plan (F)** and **crisis plan (G)**.

Physical health assessment (c), Sexual Health

Psychiatric review – diagnosis, monitoring and medical treatment / interventions alongside management of comorbidity

Carer Assessment, support & involvement.

RECAP

1:1 Skills based & CBT informed interventions - Psychoeducation BPAD (H), Mood Chart (I), Activate Yourself (J), Early warning signs (K), Life chart (L), Stress Bucket (M), **Voices & Visions (N)**, Sleep hygiene (O), Relapse prevention (P), Family Planning (Q), **Keeping Balance (R)**.

OT Intervention (functional ability) & IPS

Group Intervention - Recovery and living well -PSW Group, BPAD Group, **Hearing Voices Group**, Symptom management, Healthy life style & exercise group, Self Harm support Group.

Medication Optimisation - **Gass (S)**, minimal annual review of antipsychotic medications and response, Medical / ACP review, Pharmacy Review, Medication leaflet, Medication plan for GP -(stepdown from SMI)

Psychological Therapies – CBT, CBT-p, Psychology / Psychological therapies, BFT

Interventions highlighted in red are associated to Type 2 BPAD pathway

Social Prescribing

Housing & Financial Support

Personality Disorder Hub – 2020-21

- Senior advice and support across internal and external services.
- Training and supervision.
- Direct care co-ordination.
- Complex cases panel.
- Partnership working with VCS.
- Involvement in ICS priority work area.
- Delivery of specific treatment pathways.
- Service development and monitoring of outcomes.

Neurodevelopmental Service – April 2021

- Specialist diagnostic assessment for Autism Spectrum Disorder (ASD) and Attention Deficit Hyperactivity Disorder (ADHD).
- Post-diagnostic support to understand the condition/s.
- Specialist short-term episodic intervention specific to neurodevelopmental conditions and not available elsewhere.
- Specialist medication to treat ADHD, including initiation and titration, prior to discharge back to primary care under the agreed shared care protocol; following this we will offer annual reviews.
- Consultation, advice and signposting for additional supports if needed.
- Support in relation to other mental health issues that can often go alongside ASD and / or ADHD will be directed to the Locality Mental Health Team, IAPT Services, or third sector organisations.

Transitions - 2021

- Key aspect of the Long-Term Plan – to improve the interface and pathways between services.
- New roles to support the key transition points including professionally qualified staff and peer support workers:
 - Child and Adolescent services
 - Mental Health Services for Older People
 - Substances Misuse Services
 - Eating Disorder Services

Substance Misuse - 2021

DUAL DIAGNOSIS CORE PATHWAY 1. In line with NICE guidance NG58 and CG120

Liaison between
substance misuse,
mental health and
general practice

Shared care plan
(including MH/SM
issues) with service
users and carers
involvement

All agencies invited to
and have shared input
into CPA meetings
(where appropriate)

Recovery pathways and
shared relapse
signatures

Mental Health Workforce

- In-patient month 1 establishment increases across all AMH wards – 48 w.t.e.
- Further increase of in-patient establishment for AMH by 41 w.t.e due to the opening on a further ward at Sherwood Oaks.
- Expansion plans for CAMHS services including Perinatal, community, Eating Disorders, Crisis, Head2Head and Youth Justice (98 w.t.e).
- On-going recruitment to EIP service expansion.
- AMH locality mental health services transformation plans to provide new integrated models for severe mentally ill.
- Recruitment of 25 w.t.e PCN Mental Health Practitioners planned.
- Working with our Primary Care and VCS partners on recruitment and delivery of these transformation plans.