

Mental Health Transformation

Briefing for Nottingham Health and Adult Social Care Scrutiny Committee

March 2023

1 Introduction

This briefing will provide an update on Mental Health Transformation in Nottingham and Nottinghamshire. It will include background information on the Transformation Programme and the overall objectives for each service transformation area and progress to date. It will also provide detail on specific developments to support people who may have been perceived as too unwell for one pathway/service and not unwell enough for others, as has been requested by the Committee.

2 Background

The NHS Mental Health Long Term Plan (LTP), published in 2019, outlined plans to improve and widen access to care for children and adults needing mental health support. When introduced it was identified as the fastest expansion in mental health services in the NHS's history.

The plan, and subsequent updates, outline quality, service specific and pathway improvements to be delivered up to 31 March 2024. There are seven transformation programmes:

- a) Specialist Community Perinatal Mental Health
- b) Children and Young People's (CYP) Mental Health
- c) Adult Severe Mental Illnesses (SMI) Community Care
- d) Adult Common Mental Illnesses (NHS Talking Therapies)
- e) Mental Health Crisis Care and Liaison
- f) Therapeutic Acute Mental Health Inpatient Care
- g) Suicide Reduction and Bereavement Support

Each transformation area has a multi-partner steering group from across the Integrated Care System (ICS), ensuring the delivery of programme objectives and a local focus on developments. There is increased working with Place to ensure a local focus on population requirements through transformation plans. Programme deliverables are assured by NHS England.

Since implementation of the LTP started, noting that the transformation programme runs to 31 March 2024, there has been an increase in the availability, range and expertise of services, integration of services and pathways and a focus on reducing waiting times, all with the objective of ensuring the right service is provided at the right time and meets the need of the patient. As has been the case in many sectors, COVID 19 has impacted on the pace of transformation, through recruitment delays and core service (such as inpatient ward) prioritisation. There are ongoing challenges with recruitment, which is starting to show signs of improvement. Recovery Action Plans have been agreed between partners and outline system actions to ensure service transformation and continued performance improvements.

3 Funding For Transformation Programmes

The ICB is allocated non-recurrent ringfenced service development funding for mental health which is assigned to each mental health transformation area. This investment aligns with the

requirement to meet the Mental Health Investment Standard (MHIS), evidencing year on year increased spend on transforming mental health services. Investment in Mental Health transformation in 2022/23 is £12.9m. Investment locally from when implementation of the LTP started to the end of March 2024 will be £51.7m.

Services are commissioned from a range of organisations with a proportion of the funding allocated for secondary care services commissioned from and delivered by Nottinghamshire Healthcare NHS Foundation Trust (NHT) and where appropriate through subcontracts with the Voluntary, Community and Social Enterprise sector (VCSE) to support the delivery of integrated pathways of care.

4 Transformation Update

The national transformation plans for mental health are evidence based and comprehensive and are aligned with local plans that aim to transform care and delivery models, improve patient experience, and reduce health inequalities.

4.1 Specialist Community Perinatal Mental Health

Objectives: Expanding specialist community perinatal mental health teams, increasing access to evidence based psychological therapies and extending the period of care from 12-24 months.

Progress Highlights: The inclusion of new and increased multi-disciplinary posts aims to address risks associated with recruitment to traditional clinical roles. This approach has delivered increased local capacity and period of care. One example of this to support shaping services to address health inequalities, is the appointment of a community engagement role to work with women from underrepresented groups who are not accessing the service.

4.2 Children and Young People's (CYP) Mental Health

Objectives: Expansion and transformation of specialist community services (tier two and tier three), including expansion of Mental Health Support Teams in schools; Expansion of specialist community Eating Disorder Services and implementation of Avoidant Restrictive Food Intake Disorder (ARFID) pathway; 24/7 mental health crisis provision for CYP.

Progress Highlights: Mental Health Support Teams provide evidence-based interventions in or close to schools and colleges for those with mild to moderate mental health issues, providing a link to specialist NHS services. The ICS's mobilisation plan exceeds the national standard of 35% and will deliver 47.8% coverage of schools by January 2025.

The 24/7 CYP Crisis Response and Home Treatment Team provide intensive support for children and young people experiencing mental health crisis. The team are commissioned in partnership with NHS England via the Tier 4 CAMHS Provider Collaborative and has reported a reduction in NHSE commissioned tier four admissions.

The CYP Specialist Eating Disorder Service has been resourced to ensure it can meet the urgent (treatment within one week) and routine (four week) response standards. A model for the delivery of an Avoidant Restrictive Food Intake Disorder (ARFID) service has been agreed and recruitment is commencing. Inpatient care for CYP is commissioned by NHSE through the Provider Collaborative.

Local feedback and national evidence highlight the importance of transition for children and young people and transition workers have been recruited to ensure transition to adult services is effectively managed.

4.3 Adult Severe Mental Illnesses (SMI) Community Care

Objectives: Transform and enhance community services with the aim of developing enhanced primary care based integrated support to help manage fluctuating needs. This includes the transformation of Adult Eating Disorder Services

Progress Highlights: In partnership with Nottingham City Placed Based Partnership, the integrated delivery model will be implemented in Nottingham City in 2023/24, with mobilisation meetings in place and recruitment underway.

The new model increases staffing into the community, including Mental Health Practitioner roles in Primary Care Networks (PCN), Peer Support Workers, a new joint pathway for people who access a Mental Health Service (with a substance misuse need) or a Substance Misuse Service (with a mental health need), Transition Workers supporting young adults transitioning from CYP into adult services and VCSE roles as well as a mental health enhancement to PCN social prescribing to increase the capacity and capability of social prescribing to support patients with common and severe mental illness.

During 2023/24 the SMI programme includes the transformation of Adult Eating Disorder Services, which will develop dedicated pathways for adults with an eating disorder across primary care, secondary care, local authorities and the VCSE, expanding both clinical and non-clinical capacity, increasing access and reducing waiting times. There are no barriers to accessing the Adult Eating Disorder Service in terms of weight and BMI, a First Episode Rapid Early Intervention for Eating Disorders model is in place supporting 16–25-year-olds and has evaluated positively.

A Medical Monitoring Pathway is being implemented from April 2023, to ensure there is improved access to care, patients do not fall into a gap and do not have to travel long distances for regular medical monitoring when they prefer to attend their local GP surgery. Improved joint working will also promote and upskill primary care teams in the management of eating disorders. Capacity in the Eating Disorder service has been increased, although recruitment remains challenging. A waiting well offer has been implemented through the VCSE. Further planned developments include enabling self-referrals and pathway developments for avoidant/restrictive food intake disorder (ARFID) for which a working group is in place and co-production will commence in quarter one 2023/24 with implementation planned later in the year.

4.4 Adult Common Mental Illnesses – NHS Talking Therapies

Objectives: Expand service availability to meet the local demand and national targets for people entering treatment; maintain waiting times and recovery rates.

Progress Highlights: The service continues to achieve the six week and 18 week waiting time standards and the recovery standard. A new Provider will be in place from April 2023, with a specific focus on working with Place to reduce health inequalities.

4.5 Mental Health Crisis Care and Liaison (including ambulance response)

Objectives: Maintain 100% coverage of 24/7 Adult Crisis Resolution and Home Treatment (CRHTs); commission a range of complementary and alternative crisis services (including VCSE/Local Authority provided services); develop a model with EMAS to improve the ambulance response to mental health; maintain 24/7 mental health liaison services within acute hospitals; eliminate all out of area placements (OAPs).

Progress Highlights: The Committee will be aware of the starting position of crisis services. Pre-2019 the services were not delivered on a 24/7 basis, there were fewer Crisis Resolution and Home Treatment (CRHT) Nurses (expansion from 86.4 WTE in 2019/20 to 102.9 WTE in 2020/21),

self-referral was not in place and there were limited other services to support people experiencing a mental health crisis.

Transformation has delivered an increase in CRHT provision to cover 24/7 and quality staffing requirements (core fidelity); a 24/7 Crisis Line has been implemented alongside Crisis Sanctuaries provided by the VCSE; ongoing mobilisation of mental health professionals in the EMAS Emergency Operations Centre and mental health training to frontline crews to improve the rate of hear/see and treat during 2022/23, reduce the level of conveyance and increase referral and signposting to appropriate mental health services and pathways.

4.6 Therapeutic Acute Mental Health Inpatient Care

Objectives: Therapeutic approach to improve outcomes and experience from inpatient care and reduce length of stay (LOS) to 32 days or fewer by 2023/24. Eliminate all inappropriate adult acute out of area placements (OAPs)

Progress Highlights: Inpatient demand modelling review for adults and older adults has been undertaken to determine future bed requirements, actions being agreed for implementation. A new acute mental health inpatient unit opened in December 2022 increasing the number of local acute NHS beds by 14.

4.7 Suicide Reduction and Bereavement support

Objectives: Develop and implement multi-agency suicide prevention plans, to reduce suicides for people in contact with mental health services; deliver suicide bereavement support services

Progress Highlights: Training has been commissioned and commenced in November 2022 following a training needs analysis on suicide prevention, mental health awareness and self-harm training across the system and communities. Targeted support for at risk groups through a pilot focused on males is in place, delivered by Harmless. Implementation of the new information system to support real time surveillance has commenced and will be used through work with partners to drive further improvements to processes and data collection. A Suicide Bereavement Service is now in place.

5 Service Transformation to Support Transition/Provide Support

Service transformation is continual, and it remains a system priority. There are several services which have been implemented or are in the process of being implemented to support transition between services or where patients are classed as too unwell for one pathway/service and not unwell enough for other. Examples include:

5.1 Mental Health Practitioners in PCNs

As described in the Adult Severe Mental Illness update, Mental Health Practitioner roles have been recruited to across PCNs, employed by Nottinghamshire Healthcare Trust. These roles are in place to address the gap between NHS Talking Therapies and Secondary Care Mental Health Services. 21 of 23 PCNs have a Mental Health Practitioner, including all the City PCNs. The ambition is to expand the team around the practitioners each year, including through VCSE roles.

The Mental Health Practitioners will see patients with moderate to severe mental health needs or where previous attempts at referring/engaging with services have not been successful. The mental health practitioners will offer a service to people who may have been excluded from accessing other primary care psychological services because of factors including (but not exhaustive) risk, problematic use of alcohol and drugs, or are considered to lack required levels of stability. The

practitioners will offer assessment and short-term interventions for patients in addition to advice and consultation to other members of the PCN.

5.2 Peer Support Workers

Throughout the transformation programme, growth in the Peer Support Workforce has been a key requirement, recognising the experience that people with lived experience can bring to a model of care, offering further engagement through non-clinical, person-centred support. Peer Support Workers are embedded across many areas of the model, including in the Coexisting Mental Health and Substance Misuse Pathway, in the Personality Disorder pathway, in Crisis Services through Carer Peer Support Workers, supporting loved ones of people in a Crisis.

5.3 Transition Workers

As described in the CYP Mental Health and the Adult Severe Mental Illness update, as part of plans to improve the experiences of people transitioning from CYP to adult mental health services, Transition Workers are in place to support this process, following the success of similar posts in the Eating Disorder Pathway. The Transition Workers are co-producing the 18-25 pathway with Mental Health Two Thousand (MH:2K), a pioneering youth-led model for engaging young people in conversations about mental health in their local area to understand their experiences of transition and will now coproduce actions to improve the experience of care.

5.4 Co-existing Mental Health and Substance Misuse Needs

The Committee were updated on the Co-existing Mental Health and Substance Misuse model in June 2022. The model has been developed to ensure people do not fall between the gaps of mental health services or substance misuse services. This approach has genuine partnership working at the heart of delivery and is delivered by statutory & voluntary sector providers, acknowledging and utilising expertise of differing sectors.

The model includes mental health specialists working with substance misuse providers and substance misuse workers working in the Local Mental Health Teams, alongside Peer Support Workers. The Peer Support Worker is well placed to understand the person's situation from their own lived experience and helps them engage with local substance misuse services. The model enables flexible approaches to the engagement & delivery needed to engage the client group. This specialist support will undertake a comprehensive assessment and then act as a trusted assessor for secondary mental health services creating a seamless pathway into services. The model also provides people in inpatient mental health settings access to support around substance misuse and provides support into treatment services when they leave the inpatient setting