

Bath & North East Somerset Council		
MEETING:	Wellbeing Policy Development and Scrutiny Panel	
MEETING DATE:	July 2014	AGENDA ITEM NUMBER
TITLE:	Specialist Mental Health Services update	
WARD:	ALL	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Appendix 1 - Hope Guide Appendix 2 - Capita Options paper</p>		

THE ISSUE

- 1.1 This paper gives an updated progress report on local specialist, community and primary care mental health and talking therapy services.
- 1.2 The report also describes issues to be resolved relating to specialist acute mental health in-patient acute services delivered by the Avon and Wiltshire Mental Health Partnership Trust.

RECOMMENDATION

The Wellbeing Policy Development and Scrutiny Panel is asked to note:

- 1.2 Continued progress in implementing more service user led, recovery focused community support services.
- 1.3 The implementation of the "LIFT Psychology" Primary Care Talking Therapy service.
- 1.4 The issues and options to be considered by local stakeholders relating to specialist acute mental health in-patient services.

FINANCIAL IMPLICATIONS

Continuing re-design of mental health community and social care support services is taking place in the context of the overarching savings requirements of the Council as part of the Supporting People and Communities programme. Following sector reviews the final proposals for 2014-16 saw re-investment of monies into re-designed mental health services in line with members' requests.

The longer term financial revenue (CCG) and capital (AWP) implications of improving specialist acute mental health in-patient facilities will be quantified and assessed as part of an options appraisal and impact assessment process. This is to be reported back to the Policy Development and Scrutiny panel in the Autumn of 2014.

4 THE REPORT

4.1 Mental Health Community Support services update

During 2013-14, local commissioners and providers built upon our previously reported successes and re-emphasised our commitment to deliver more personalised, recovery focused mental health community services, with people able to improve their health through self-management of conditions and peer support and education.

Our aspirations above will be further realised during the next two years through the model of care and associated services outlined below:

- A continued increase in the development of peer support and service user/carer led activities through the Building Bridges to Wellbeing and Creative Arts projects as well as maintaining funding into Quartet grants.
- An increase in the self-management of long-term health and mental health conditions through piloting a Wellbeing College.
- The provision of an episode of mental health reablement normally for up to 6-8 weeks (or up to 12 weeks in a smaller number of cases) at the beginning of a pathway of care providing intensive support to resolve acute social care related issues that may be undermining mental wellbeing.
- The development of a short stay Respite facility attached to the reablement team for those who would benefit from short periods in a different environment.
- A remodelling of Sirona Care and Health floating support services, to staff an expanded reablement service and a Community Links service (previously Community Options).
- Supporting service users who have received long term support from Sirona Care and Health to access an alternative provider of floating support by October 2014 (or by January 2015 in exceptional circumstances).
- The establishment of a social prescribing service across B&NES.
- The provision of vocational and job retention employment service.

4.1.1 Peer support , arts and service user/carer led activities

This aspect of our commissioned model continues to develop very well through the support of our 3rd sector colleagues, for example: Creativity Works, St Mungos, Soundwell, MIND, Sirona Care and Health and Second Step.

This has been particularly evident in the success of:

- Our first World Mental Health Day “What Works” conference and follow up report and film.
- Service users recent arts collaboration with the Museums and Hillview Lodge.
- The continued impact of local carers in strengthening carers services and support in Avon and Wiltshire Mental Health Partnership Trust (AWP).
- The planning for the Wellbeing Festival held on July 18^t
- The ongoing success in delivering a range of support as advertised in the Hope Guide (Appendix 1).

Next steps: We aim to continue to strengthen peer support and facilitation across all services and St Mungo’s will be working with the Sirona Care and Health services to embed this approach. AWP, led by their Service User Involvement worker, will continue to increase its visibility and involvement in service user led events – evident in the increased staff presence and participation at the Wellbeing Festival – in order to aid the early engagement of service users in community activities. We have also received funding to employ a peer support worker on the Sycamore acute in-patient ward.

4.1.2 Wellbeing College

The Wellbeing College pilot is in its set up phase with Sirona Care and Health, supported by their associates, being successful in winning the tender. Work is underway to provide courses which help people manage their long term conditions and mental health, develop a healthy lifestyle and achieve wellbeing. The work of the College will be integrated with mainstream community activities and education in its broadest sense and will provide an umbrella concept for the delivery of many of our existing groups etc.

Through a "college" approach a range of educational courses and access to resources can be made available for people to understand their conditions, share their experiences, learn ways to manage their conditions, build their skills, support one another and take control. It is based on the premise that people can learn how to take care of themselves and others through education.

Next steps: To deliver courses, begin the evaluation processes alongside Talking Health and monitor with colleagues in Public Health, the development of the college.

4.1.3 Mental health reablement including respite bed pilot

The re-enablement service, delivered by Sirona Care and Health, works with residents who are experiencing mental health problems and who are eligible for social care under the terms of the local authority’s eligibility criteria.

The provision of an episode of mental health reablement normally for up to 6 -8 weeks (or up to 12 weeks in a smaller number of cases) at the beginning of the pathway of care to provide intensive support to resolve acute social care related issues that may be undermining mental wellbeing. The team works closely with AWP’s Specialist teams and enables people to avoid admission into hospital as well as leave hospital appropriately, safely and as promptly as possible.

This year the CCG has agreed to fund through the Council access to three respite beds to be attached to the reablement team. Whilst these are *not* for people who are in crisis the provision of respite and pre-crisis support is in line with the national Crisis Care Concordat 2013 that sets out a shared vision of the care a person should

receive in a mental health crisis. This emphasises the need for sufficient resources to be made available to enable choice and facilitate early intervention, pre-empting crises. It is intended that New Hope and peer support groups will also work out of and into the facility.

Next steps: To identify a suitable location for the respite beds. Train volunteers and peer supporters and open the beds in the autumn of 2014.

4.1.4 A remodeling of Sirona Care and Health floating support services to staff an expanded reablement service and a Community Links service (previously Community Options)

Social Care funded Floating Support services are provided both as part of Supported Living accommodation and within the community. This service is chargeable. In line with our previous report in September 2013 the Sirona team is in the process of supporting longstanding clients to access developing peer support networks and/or secure new floating support services using their personal budgets.

This will enable the team to combine with the previous community options team to operate as a new Community Links service, acting as village agents and building networks of support between services users, as well as provide slightly longer term reablement follow on. The service will therefore provide:

- Reablement support to service users who have been assessed as requiring an intervention for up to 12 weeks. As the reduction in floating support care packages progresses there will be a gradual increase in the number of reablement support hours available to be delivered by the Community Links service with the increase in capacity reaching its commissioned level by October 2014
- An expanded role in maintenance and facilitation of community groups such as the allotment and sports projects and co-produce further activities in conjunction with partners (e.g. St Mungos, Creativity Works and Bath Mind) and service users.
- A new role of developing community networks of support between service users.

Next steps: Implement the new model so that full transition is achieved by October 2014 in line with the other developments in the service and monitor its impact.

4.1.5 Work Development Team

This team will remain in its current format and will continue to build on the remit to support people to remain in employment by working with the individual and the employer.

Next steps: The links with the Employment Inclusion service within Sirona will be explored by commissioners over the next year to further develop this model.

4.2 Primary Care Talking Therapy service update

The new Primary Care Psychological Therapy service started on August 1st 2013. It is called "LIFT Psychology" and has now been running for almost a year. During that time it has established itself with every GP practice, advertises on the internet via its own website and provides written information and leaflets.

The service provides a range of psycho-educational courses (example screen shot below), individual therapies including those delivered by counsellors in the service

and access, in conjunction with partners such as the library, to other helping resources e.g. Books on Prescription.



Implementation of the new service has taken place in the context of complex TUPE and staff recruitment issues and the continued bedding in of the new model. The service has been, in the main, positively received by GPs in the area and teething problems have been dealt with promptly. With a new, permanent clinical lead for the service now in place and another recruitment drive for extra staff we expect these positive working relationships to bed down even more.

In line with the expanded service specification the team are working with many people who have long term conditions and it is intended that new courses will be developed specifically for people experiencing these range of conditions.

The team is also delivering primary care based groupwork for people in B&NES who have a personality disorder. Further development of the range of interventions will take place over the next two years.

A major innovation in B&NES is that the Talking Therapy service is now co-located with the Primary Care Mental Health Liaison service that also works directly into GP practices to assess, refer and provide short term interventions to people with mental health problems. This is the first step in providing a Single Point of Entry Primary Care Mental Health service.

Next steps: Fully develop a Single Point of Entry Primary Care Mental Health service and expand the range of courses and types of intervention available. Meet the national target of 15% of the prevalent population accessing services by the end of 2014-15.

4.3 Specialist Acute In-Patient Mental Health services

4.3.1 Background

a) Adult Acute Services (Functional conditions)

Adult acute mental health in-patient beds for B&NES are provided on Sycamore ward, within the Hillview Lodge building on the Royal United Hospital site in Bath. There are 23 beds providing in-patient services for people whose health needs require specialist mental health investigation, assessment and intervention.

Two inspection reports from the CQC, following visits to the ward in December 2013 and June 2014, have confirmed that there are major shortcomings with the accommodation that renders it unsuitable for the longer term care of patients with acute mental health problems. This view supported the discussions that had already taken place between staff, AWP management and commissioners.

Findings from the CQC report that relate to the building concerned:

- Privacy and dignity
- Facilities, condition and maintenance.

An immediate action plan is in place to address all of the issues identified which includes:

- reducing the bed base from 23 to 15 beds,
- stopping use of the beds by clients from out of area
- works to the building to improve line of sight
- Continuation of the review of options for developing better quality in-patient facilities.

b) Specialist dementia in-patient services

Currently, provision of in-patient assessment for (predominantly) later life service users with organic mental health problems within B&NES is based in Ward 4, on the St Martin's Hospital site. Over the past 6 years the numbers of these beds has reduced from 40 to the current 12 in a programme of re-design where released monies were reinvested in community services to good effect.

Whilst the ward does not have the same environmental limitations as Sycamore Ward, it was not purpose-built for the assessment and treatment of people with severe dementia. Its location also means that people have to be transferred to the RUH for investigations when they are acutely unwell. As the acuity and complexity of the clients increases these two elements are more difficult to manage.

c) Psychiatric Intensive Care

B&NES CCG currently purchases 1.6 beds under contract with AWP from a bed base shared with other commissioning CCGs. This capacity is long-standing under contract and has required us to purchase extra capacity annually (external and internal to AWP).

ACTIONS: During 2014-15 there is a review of this provision and the risk sharing arrangement with all the (six) CCG commissioners and AWP.

d) Whittucks Road Rehabilitation Unit

B&NES CCG purchases 5 beds delivering rehabilitation services in Whittucks Road community based in-patient unit in Hanham, South Gloucestershire; one of six rehabilitation units provided by AWP. The rehabilitation services work with a client group who experience long-term complex mental health problems, therefore the services are structured to offer an extended period of engagement to help individuals maximise their potential.

Recent quality and safeguarding concerns on the ward have been rigorously addressed by the Trust fully involving all commissioners and safeguarding teams.

ACTIONS: Work continues with B&NES clinicians from AWP and commissioners to ensure that this facility is used to its full capacity for B&NES clients.

e) Section 136 suite

A Section 136 suite for assessment of individuals with mental health needs picked up by the police, is currently provided at the Southmead Hospital site, the funding for which is provided jointly by B&NES and other CCG's across Bristol, North Somerset and South Gloucestershire.

ACTIONS: We have committed funding to this unit for a year whilst we assess the activity that goes through the unit for B&NES.

The work on the PICU, S136 and rehabilitation parts of the in-patient pathway is progressing as described above.

4.3.2 Review of longer term acute mental health in-patient provision

The current configuration of wards means B&NES has two stand-alone specialist acute Mental Health assessment units (Sycamore and Ward 4) so, whilst it is imperative to address the immediate environmental concerns on Sycamore Ward in Hillview Lodge, we also need to "future proof" capacity and provision to ensure we deliver high quality, skilled in-patient care to both our functional and dementia patients.

We therefore decided to widen our view to the whole of the local in-patient acute assessment and treatment provision and consider whether it was physically possible to co-locate the dementia beds and some community services into one building. As part of an initial information gathering exercise regarding future capacity and estates options AWP invested in two scoping reviews. This has resulted in:

- CAPITA being commissioned to produce a high level scoping paper for the improvement and/or re-provision of acute in-patient bed estate locally on the Hillview Lodge site (Appendix 2).

- Mental Health Strategies Group being commissioned to provide service and capacity modelling options based on actual and predicted usage of the in-patient services in relation to community provision. This will be completed by end July 2014.

4.3.3 In-patient re-design options

The initial estate options paper from Capita describes the background to the review, some demographic considerations, bed usage/activity information and high level capacity assumptions and service delivery options for the in-patient services. It has not been subjected to any in depth service and capacity modelling factoring-in the impact of community service change. It describes the estate options only.

4.3.4 Early engagement

The paper and the related high level options for moving forward have been discussed with clinical and managerial staff as well as stakeholders at the:

- Mental Health Project Board (29/04/14)
- B&NES CCG senior leadership team (29/05/14).
- Dementia Care pathway Group (26/06/14)
- Mental Health and Wellbeing Forum (01/07/14)

Initial soundings from these early discussions are that doing nothing is not an option, that having new purpose built facilities is a positive opportunity and that Commissioners and AWP should:

- Continue to investigate options for a rebuild/new build that *includes* the dementia assessment beds being on the same site as the acute functional mental health beds.
- Investigate the option to retain a presence on the RUH site but in another part of the site and maximise benefits of linking mental health with physical health facilities
- Explore an option of decanting, demolishing and rebuilding Hillview to accommodate extended in-patient (wider than B&NES basis) services and community teams
- Pursue a purpose built option, whether on the RUH or another site, as this offers the potential for developing new partnerships with other providers of complementary services.
- Consider whether new / remodelled accommodation in the B&NES locality could also include the potential for a Section 136 suite

4.3.5 Areas for further consideration

Whilst commissioners are at the very early stages of understanding the scope for improvement and the benefits and limitations of any developments the following issues have been identified for future consideration:

- Engagement with staff, service users, carers and stakeholders about what is wanted from mental health in-patient services and what works from their perspective in the building development stage is crucial.

- Given the aging population, possible under diagnosis of dementia and the national experience of struggling to find an acute mental health beds we may need to revise some of our assumptions regarding capacity.
- This may in turn mean we need close consideration of investment and financial planning assumptions ensuring all options have an AWP and CCG/LA financial impact assessment for implementation and ongoing service provision.
- If community services e.g. the intensive (crisis and home treatment) team are based with the wards we need to ensure this is not at the cost of their integration with primary care services.
- The integration of acute beds and dementia beds into a specialist unit needs to be in the context of further integration of mental health and mainstream community health and social care provision..
- B&NES CCG is an associate to the contract with AWP and as such, any commitment to a longer term contract for in-patient beds needs to be understood by and agreed with all other associate commissioners.

4.3.6 Next steps

- Review the options on the basis of the completed capacity and service modelling report from Mental Health Strategies.
- Implement a joint project plan to inform an options paper, impact assessment and the ongoing engagement processes that inform and refine our thinking with whole range of stakeholders (see 7.3).
- AWP to discuss site options with the RUH to see if there are any other on-site options available.

5 RISK MANAGEMENT

- 5.1** Risks associated with redesign of community services are being managed as part of the Supporting People and Communities implementation programmes. Risks associated with in-patient service redesign are being managed as part of the AWP risk management processes - Sycamore Ward is on the AWP risk register.

6 EQUALITIES

- 6.1** Equality impact assessments relating to the options for in-patient redesign will be included as part of the engagement and impact assessment processes to be presented to the Policy Development and Scrutiny panel in the Autumn of 2014.

7 CONSULTATION

- 7.1** All mental health community service developments are taking place in conjunction with the Mental Health Wellbeing Forum, service users and carers.
- 7.3** AWP and commissioners will engage with HealthWatch, Your Health, Your Voice (CCG participation group) stakeholders, clinicians, staff, service users and carers regarding in-patient provision in line with their public duty requirements to involve the community under Section S244 of the NHS Act 2006 (as

amended).

7.4 No specific consultation has been undertaken on the contents of this update.

8 ISSUES TO CONSIDER IN REACHING THE DECISION

8.1 Social Inclusion; Customer Focus; Human Resources; Health & Safety; Impact on Staff

9 ADVICE SOUGHT

9.1 The Council's Monitoring Officer (Divisional Director – Legal and Democratic Services) and Section 151 Officer (Divisional Director - Finance) have had the opportunity to input to this report. The Strategic Director and Programme Director have had the opportunity to input to this report and have cleared it for publication.

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Background papers	<p><i>Equity & Excellence: Liberating the NHS (DH 2010)</i>, sets out ambitions to make primary care the nexus of health care planning, commissioning and delivery, with acute/secondary care services restricted for those with the most severe conditions. Care close to home is emphasised, as is a focus on clinical outcomes and the patient experience.</p> <p><i>The Transforming Community Services (DH 2010)</i> program states that Community services are changing to provide better health outcomes for patients, families and communities and to become more efficient; by providing modern, personalised, and responsive care of a consistently high quality that is accessible to all.</p> <p><i>Bath and North East Somerset Joint Mental Health Commissioning Strategy 2008-2012 (currently under review for 2013-18)</i></p>
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