

Bath & North East Somerset Council

MEETING/DECISION MAKER:	Children, Adults, Health & Wellbeing Policy Development & Scrutiny Panel	
MEETING/DECISION DATE:	19th January 2021	EXECUTIVE FORWARD PLAN REFERENCE:
TITLE:	Mental Health Update	
WARD:	All	
AN OPEN PUBLIC ITEM		
<p>List of attachments to this report:</p> <p>Appendix 1 BSW Mental Health Transformation Strategy</p> <p>Appendix 2 Community Mental Health Services Delivered in B&NES</p> <p>Appendix 3 Children and Young People Emotional Health and Wellbeing update</p> <p>Appendix 4 Mental Health Transformation Presentation to Integrated Care Service Meeting Jan 2020</p>		

1 THE ISSUE

This paper outlines what has taken place since the B&NES Mental Health Review, the changes to the range of mental health services in place for children, young people and adults, and the transformation work now underway to improve peoples' experience of services and mental health outcomes. These include:

- Changes to the commissioning and delivery of mental health services.
- The NHSE Community Mental Health Framework for adults and older adults – a new integrated model for the delivery of community based mental health services.
- The impact, response and learning from Covid19.
- Service development, improvement and priorities.

2 THE REPORT

Introduction and background

- 2.1** The B&NES Mental Health Review ran from 2017 to 2019, culminating in a formal public consultation, then a full business case approved by the Care and Health Board in March 2019.
- 2.2** The key recommendations of the Review included:
- a) Improving access and care coordination.
 - b) Delivering a more integrated, preventative and personalised approaches that people asked for.
 - c) Developing a stepped approach to crisis avoidance with the creation of a B&NES Place of Calm (a comfortable and calm setting which delivers practical and emotional support) and a Wellbeing House to provide preventative support for people with low to moderate mental health needs.
 - d) Adopting the Thrive model for the delivery of mental health services, the key elements of which are:
 - Staying well
 - Getting help
 - Crisis response
- 2.3** An All-age Mental Health Transformation Strategy was created by commissioners, partners and people with lived experience for B&NES, Swindon and Wiltshire (BSW) in 2018/2019. The Strategy is based on the Thrive model of delivery as noted in 2.2 d) above. This is attached as Appendix 1.
- 2.4** The delivery of this Strategy and Thrive model is delivered locally through the B&NES Mental Health Collaborative. This is the delivery group for embedding joint working across a wide range of organisations.
- 2.5** The Collaborative had its first meeting early in 2020 and agreed key priorities but was paused due to the onset of Covid19. It was replaced by a smaller B&NES Mental Health system meeting with key partners. The wider Collaborative will resume meeting in January 2021.
- 2.6** A Place of Calm (called Breathing Space in B&NES) was set up by Bath Mind in early 2020. Due to Covid19 and issues securing suitable premises, the service initially opened virtually, offering telephone support to those who were at risk of escalating into mental health crisis. From January 2021 the service will move to a mixed model of delivery, working from new premises.
- 2.7** A Wellbeing House was set up by Curo operating 5 days a week. However, additional short term funding (BSW Winter Pressures and Covid19) has enabled both Bath Mind and Curo to work together to increase staffing, extend the opening hours and to operate the Wellbeing House as a step up /step down model catering for people with more complex needs during the pandemic. This has been very successful and a model we are keen to maintain in B&NES.

The Commissioning and Delivery of Mental Health services

- 2.8** The health and care system in B&NES is complex with a wide range of mental health services commissioned by the CCG, the Council and Virgin Care to support local people. Appendix 2 provides a summary of the types of services that are in place in B&NES along with details of council and CCG expenditure for these.
- 2.9** The CCG commissions the adult secondary care mental health (health) services in B&NES which are provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) and child and young person mental health services (CAMHS) provided by Oxford Health NHS Foundation Trust. Council mental health social care staff work as part of an integrated arrangement with AWP.
- 2.10** The arrangements for commissioning and delivery of these services changed following the merger of the B&NES, Swindon and Wiltshire (BSW) CCGs in April 2020 to reflect the wider footprint across BSW. Contracts with secondary mental health (health) providers, which were previously managed at a local level are now managed at BSW level with services delivered as 'systems' serving a wider BSW population. The Council oversees the social care element of the mental health social care duties carried out withing the integrated AWP service.
- 2.11** There are strong links between BSW and B&NES commissioners so that local issues are considered to ensure the services remain tailored to meet the needs of the local population.
- 2.12** B&NES has an integrated commissioning team for mental health, learning disability and autism services, which commissions Council-funded services for those with Care Act eligible social care as well as health care needs at a local level. These include a range of supported independent living services and domiciliary care, residential care and day care. Locally, commissioners retain commissioning responsibility for specialist health care placements including those placed in independent hospital placements.
- 2.13** Virgin Care is responsible for delivering and commissioning local community mental health and wellbeing services from a range of third sector providers for those people with support needs who don't meet the threshold for adult social care.
- 2.14** Virgin Care are also key partners and delivery enablers across B&NES community services delivering the wellbeing service, employment and training opportunities for people with mental ill health and the Integrated Care Record, which will include AWP in the future.
- 2.15** The council is responsible for the delivery of Approved Mental Health Professionals (AMHP service). Their main function is to assess people under the Mental Health Act (MHA) and to decide whether an application for detention to hospital should be made. They ensure that the individuals' human rights are adhered to and follow the principles set out in the MHA Code of Practice and the Mental Capacity Act (MCA). They undertake assessments for people in the Bath and North East Somerset Area, so can assess people who may reside in one of our neighbouring authorities. They work closely with a wide range of professionals including the Police where people are detained under s135 or s136 of the MHA.

This is where people who are deemed unwell can be taken to a health-based place of safety from a public place or from their home.

The NHS Community Mental Health Framework

- 2.16** The NHS issued the new Community Mental Health Framework in early November 2020 and required local areas to work collaboratively to develop proposals to strengthen the local integration and coordination of community health services. The draft proposal for BSW was required by 18th November and the next iteration by the 20th January. The new model of delivery will be based on Primary Care Network (PCN) footprints and provide more coordinated and joined up support for people with mental ill health aged 16 and above. It will cover emotional wellbeing through to serious mental illness to provider a more holistic model of care that includes support for the wider determinants of mental health.
- 2.17** Whilst there are many strengths in existing mental health services in B&NES with examples of innovation and good practice, the community mental health service model has been in place nationally for many years with defined thresholds and ways of working which has restricted integration. The result is often that people fall through the gaps or experience multiple assessments for the right service.
- 2.18** The implementation of the new model builds on the B&NES Mental Health Review which recognised the need for much stronger integration to enable all levels of mental health need to be met. It provides a national driver and funding to bring about this structural change.
- 2.19** The development of the model is co-ordinated by BSW using a co-production approach with which includes people with lived experience, locality commissioners, and representatives from the local authority and from third sector organisations. This arrangement is replicated locally with local commissioners, partners, carer representatives and people with lived experience through the B&NES Mental Health Systems Partnership meeting.
- 2.20** Two Primary Care Networks have been identified for year one in B&NES. These are the Heart of Bath and Bath Independents. Both of which were identified because of their population need profiles.
- 2.21** Implementation will be supported by a three-year funding allocation for new staff and contracts with the voluntary and community sector through a non-competitive process. This allocation will top up the CCG's baseline allocation for mental health. For BSW, this equates to £10.3m in addition to the £16.5m baseline allocation. The BSW initial submission to NHSE was on Nov 18th, 2020 with a further submission required on 20th January 2021. Further details of the work and the emerging model is shown in appendix 4 which is a presentation given to the Integrated Care Alliance on 7th January.

The impact, response and learning from COVID19

- 2.22** Covid19 has had a huge impact on individuals, their families and services alike and has led to new emerging demands on services. A BSW 'Heart of the Crisis' virtual listening event was held in October with people with lived experience and frontline staff, to sense check how people were experiencing services during the pandemic. The feedback was:

- a) Organisations don't talk to each other and people feel they often fall through the gaps
- b) People miss face to face and human contact
- c) People are not always aware of what support is available in their areas especially in terms of early help offers
- d) There needs to be a better offer for those who are digitally excluded
- e) Staff sometimes feel people are referred to them that they can't treat because the underlying issues are related to people's finances, lack of a job or family issues

2.23 During the pandemic, staff in mental health services across the statutory and voluntary sector have regularly reported significant increases in the acuity and severity of mental health presentations for both young people and adults. There is evidence to show that individuals being detained to inpatient settings are needing to remain there for a longer period due to the acuity on admission, often with presentations of psychosis. Services are also seeing an increase for individuals who may have not been receiving secondary mental health services prior to detention or referral. At the time of writing anecdotal information from the integrated secondary mental health services in B&NES is that they have witnessed an approximate 30 plus% increase in referrals on this time last year and currently have 130 people on the waiting list. In relation to older adults there has been an unprecedented number of older adults in their 80s and 90s who have presented with suicidality because of the pandemic. The Mental Health panel has noted 5 such instances in the last 4 months.

2.24 We have also seen an increase in late presentations especially for those young people and adults with co-morbid ASD and mental health in B&NES. Between April and November, we saw a higher number of unavoidable hospital admissions of both young people and adults, with 4 young people and 5 adults admitted during that period. This is likely to be the cumulative impact of coping with significant changes in routine, isolation and anxiety about measures such as social distancing.

2.25 Locally commissioned services have reported increasing activity as children and young people have returned to school with increased levels of anxiety. Supporting data is not available for the report but is being confirmed. In response the B&NES Emotional Health and Wellbeing (EHWB) sub-group has made available one-off funding to support the development of 'preventative and 'targeted' mental health support for children and young people who are anxious because of Covid19. As a result, proposals from Off the Record and the Youth Connect are being funded to provide additional support and a range of interventions to those young people disproportionately affected by COVID19 to prevent their need escalating further requiring specialist support. In addition, Mental Health Investment Standard (MHIS) funding has been agreed to pilot a treatment at home service for young people from January 2021 across BSW.

2.26 Several arrangements have been put in place at BSW level to respond to the pandemic including:

- a) Weekly MH/LDA Covid19 calls to discuss issues and pressures across the system and in localities, escalate issues and agree rapid actions. This includes the provision of mutual aid.
- b) Establishing 24/7 helplines across the BSW footprint to support people at risk of going into crisis. This includes two urgent helplines, one for adults and one for young people delivered by AWP and OHFT and a mental health line delivered by the third sector which includes Bath Mind in B&NES. This line had taken over 1,400 calls as at mid-December. These helplines will become part of the longer-term alternative to crisis model of delivery from April 2021.
- c) Enhanced psychological offer for NHS staff and key worker groups with referral into IAPT/talking therapies.
- d) Campaigns in social media and radio to encourage people to seek help early.

2.27 Locally several measures were put in place:

- a) All schools and colleges offered a comprehensive package of resources to help them support the mental health and wellbeing of students and children as they continue their education during the pandemic. Further details are included on slide 29 of appendix 3.
- b) Virgin Care have been instrumental in leading the development and operation of the Community Wellbeing Hub, alongside colleagues from 3SG, their members, BSWCCG and the Council. The Hub has provided a single point of access for community response and provides the most appropriate, joined-up intervention for anyone seeking support or guidance on COVID-19. Response teams include; food support, welfare support, mental wellbeing (led by Bath Mind), housing support and physical wellbeing advice. Since 20th March to 5th January 2021 the service has supported over 10, 300 calls into Triage and 69% of calls are resolved at this stage. The hub has co-ordinated over 2821 volunteer tasks since March 2020 including 2259 for food, 471 for medication and 91 other activities i.e. electricity top up. To date 3SG volunteers have completed £62, 217.80 worth of shopping to support B&NES residents. The council logistics pod at the hub has completed the following activity since March 2020:
 - Total of 535 emergency food parcels delivered in B&NES which has supported 672 individuals. 25% of the boxes delivered were repeats. In November and December emergency food boxes were delivered to Bath City College to support students in need. Emergency food was also supplied to the SWEP House to support vulnerable people.
 - Emergency food boxes continue to be supplemented with frozen meals supplied by the Bath Masonic Hall Trust, Square Meals project. This project is funded until the end of January 2021. It is hoped that this will continue beyond January but a further £10k is required to extend the project until Easter.
 - Frozen meals have also been supplied to local charities and organisations. Since April 2020 over 33,000 meals have been distributed - 6,000 children's meals supplied by the Ivy Restaurant and 27,000 provided by the Square Meals project.

- Square Meals also provided 86 Christmas meals, 40 were distributed to Mercy in Action and the rest distributed through the Hub.

The Hub was set up in response to COVID-19, but its effectiveness has meant that it will now develop into an ongoing service for joined-up community response to support the wellbeing of residents into the long term.

During the third national lockdown the Hub will again lead on behalf of the council, the implementation and co-ordinated delivery of the Covid-19 Guidance to local authorities on support for Clinically Extremely Vulnerable (CEV) individuals advised to shield. The CEV B&NES population will again be contacted to signpost them to the CWH for support with those registering a support need on the National Shielding Service System receiving a welfare check call and referral to a CWH pod for their required support outcome.

- c) Weekly commissioner, social and health care meetings to identify anyone particularly at risk of Covid19 or any areas of concern.
- d) Social and health care welfare calls to people identified as vulnerable or at risk of Covid19.
- e) Weekly contact with commissioned care and support providers and support with Infection, Prevention and Control.
- f) Weekly produced SITREP (situation report) for locality commissioned services. Fortunately, to date there has no significant Covid19 outbreaks in mental health services commissioned locally.

2.28 As commissioning and delivery partners, we have learnt that it is possible to be agile, mobilise quickly, work well in partnership, and deliver care and support differently and at pace when needed.

2.29 During lock down, many mental health services moved to telephone or digital interventions unless there was a clinical need for face to face. These seem to work well for most people and there is no evidence to suggest they are less clinically effective. It has also enabled individuals who find face to face interaction difficult or those who struggle to leave their home or attend group sessions take up sessions they would not have done prior to Covid19.

2.30 The B&NES Mental Health Reablement Team have found that they can support more people by telephone than through their face to face model of delivery and have been able to build in routine check in phone calls. Moving forwards they will retain a blend of delivery methods. Bath Mind also found that their digital and phone offer has enabled them to reach significantly more and they plan to continue the hybrid model.

2.31 Since the start of Covid19 the primary designated Health Based Place of Safety for individuals detained under S136 has moved from Mason Unit at Southmead Hospital to Bluebell Unit in Devizes and therefore in line with the BSW footprint. This change remains under review. Finally, it is important to recognise the work the AMHP Service undertakes in its expert advice/support role that may not result

in formal MHA assessments. They are regularly invited to professionals' meetings and deliver bespoke training to teams on use of the Mental Health Act.

Service development, improvement and priorities – BSW and B&NES

- 2.32** We have created a single point of access for out of hours services through 111. This has been established for adults and will be rolled out to children and young people in 2021.
- 2.33** Work is currently underway to co-create a Mental Health OPEL (Operational Pressures Escalation Levels) early warning system to effectively gauge when pressure is building in the mental health system. This will extend across all care sectors including the third sector to give an early warning trigger to the system. Mental Health will be included in SHREWD reporting (a web portal showing urgent care whole system service capacity and patient flow / movement in real time) to obtain parity with physical health and present a total picture of pressures.
- 2.34** Additional funding has been committed by BSW to address access and capacity issues in the B&NES Talking Therapy Services delivered by AWP. Additional staff have been recruited work to update the local Improvement Plan will start in early January 2021.
- 2.35** A new model of health care has been co-developed with PCN leads with the creation of a 'super team' of health care assistants and nurses to undertake checks in local communities, in order to improve the physical health of people with mental illness. These staff have been sourced from outside our footprint to ensure this work can continue without affecting delivery of Covid19 vaccinations. The aim is to ensure all individuals on the Severe Mental Illness register have had their health checked and to use the opportunity to undertake a Covid19 welfare check as part of our early intervention and prevention work.
- 2.36** A new Home Treatment and Crisis Resolution Service for children and young people is being funded and piloted from January this year as part of CAMHs to support the treatment of young people at home in the community and prevent admission. Additional funding is also being made available to for the Children and Young People Eating Disorder Services (TEDS) to meet the growing demand. Further details of service developments for young people are attached in Appendix 3, the CAMHS Transformation Plan update to the B&NES Children and Young People sub- group of the Health and Wellbeing Board.
- 2.37** There are new service developments in B&NES as a result of Winter Pressure and Alternative to Crisis funding. This includes additional in reach into hospital to support people being discharged move through the pathway along with intensive outreach to continue the support when they return to the community. This will be delivered by Bath MIND and other local commissioned providers including Arch Care.
- 2.38** Locally B&NES has developed draft commissioning intentions and priorities for local mental health services which will go out for consultation in February 2021. These will support and align with the wider community mental health changes across the system.

3 RECOMMENDATIONS

- 3.1** The Panel is asked to note the huge amount of partnership work and activity taking place to respond to Covid19; the increasing levels of engagement with adults and young people with lived experience; and the collaborative work to improve and develop services both at BSW and in B&NES.
- 3.2** The Panel is asked to consider opportunities to further promote positive mental health and wellbeing and improve mental health outcomes for all ages in B&NES.
- 3.3** The Panel is asked to acknowledge the role and work of front-line services and staff during the pandemic.

4 STATUTORY CONSIDERATIONS

- 4.1** Community mental health and care services play a vital role in meeting the statutory responsibilities of the Council and CCG. For the Council, these included those in the Care Act (2014); Mental Capacity Act (2005); Mental Health Act/Deprivation of Liberty Safeguards (2007); Children Acts (1989 and 2004) and SEND (Special Educational Needs and Disabilities) reform.
- 4.2** Public Health responsibilities include a duty to promote the health & wellbeing of the inhabitants of its area and to reduce inequalities amongst its population.

5 RESOURCE IMPLICATIONS (FINANCE, PROPERTY, PEOPLE)

- 5.1** The majority of services and developments referred to in this paper are funded by the CCG, either through the Mental Health Investment Standard Funding, new investment attached the Implementation of the Community Service Framework or various health funding initiatives.

6 RISK MANAGEMENT

- 6.1** A risk assessment related to the issue and recommendations has been undertaken, in compliance with the Council's decision-making risk management guidance.

7 EQUALITIES

- 7.1** The Framework will help local systems such as BSW address inequalities in mental health care as set out in the Independent Review of the Mental Health Act. There is a strong legal, economic and ethical case for combating these inequalities, and the NHS Long Term Plan has signalled the need for local systems to undertake "proactive work to address racial disparities". Strengthening relationships with local community groups and the third sector will support the adoption of more rights-based care based on greater choice and engaging early with communities to address inequalities.
- 7.2** An Equalities Impact Assessment will be completed at BSW level and will form part of the submission to NHSE.

8 CLIMATE CHANGE

- 8.1 Positive mental wellbeing contributes to the wider determinants of health, and may support more local employment, more local development of services and activities and therefore reduced travel. An ambition is to empower and support people to look after themselves and develop the confidence to take positive action when needed.

9. OTHER OPTIONS CONSIDERED

N/A

10. CONSULTATION

- 10.1 A co-production approach is being adopted both at BSW and local level to develop the local model which includes people with lived experience, the third sector and key partners. Consultation on the draft model is through the local B&NES Mental Health systems meeting and the Integrated Care Alliance on the 7th January.

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Background papers	Health and Wellbeing Board report January 2020
Please contact the report author if you need to access this report in an alternative format	