



Bath and North East Somerset,
Swindon and Wiltshire
Clinical Commissioning Group

Bath & North East
Somerset Council

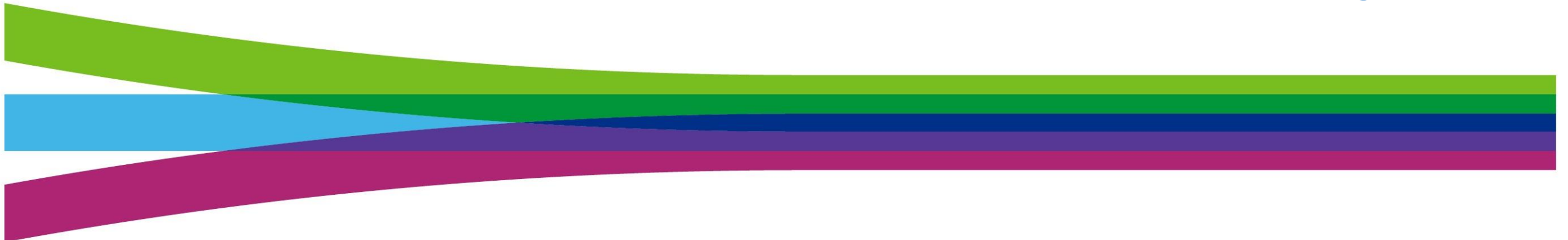
Presentation to the Bath & North East Somerset Integrated Care Alliance Community mental health transformation

Lucy Kitchener

Commissioning Manager – Mental Health

Bath & North East Somerset Council

NHS Bath and North East Somerset, Swindon and Wiltshire Clinical Commissioning Group



My experience of mental health support in Bath & North East Somerset



B&NES Mental Health Review – what we've achieved

- First meeting of the Mental Health Collaborative held in Quarter 3 2019/20 and re-launch planned for January 2021 (paused during COVID19) – this is the delivery group that is responsible for embedding collaborative working that will result in improved mental health and wellbeing for the population of B&NES
 - Priority areas for action agreed:
 - Culture and Behaviours
 - Outcome Measures
 - Single Assessment / Forward Plan
 - Peer Support

Cont.

- A blended model proposed working in a single pathway to offer crisis avoidance and de-escalation
 - Non recurrent funding currently providing a 7-day Wellbeing House model
 - Breathing Space “place of calm” recurrently funded, delivered remotely during COVID19
- Carers Charter finalised and being included in all contracts
- 16-25 CQUIN (Commissioning for Quality and Innovation payment framework) achieved by Oxford Health NHS Foundation Trust (OHFT) and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) - transitions protocol reviewed and agreed

The community mental health framework

- Transforming the model for adult and older adult community mental health services for people aged 16+ is a key focus in the NHS long term plan.
- A new model of mental health care in our communities across emotional wellbeing and mental illness with joined-up services and an approach focussed on the needs of the whole population and which supports the development of Primary Care Networks (PCN) and personalised care.
- Focus on personality disorder and eating disorder in Year 1.
- Predominantly primary and secondary care model; some elements pan BSW (AWP and OHFT); bespoke to PCN level; informed and defined by population health needs.
- Building on the B&NES Mental Health Review and the BSW Thrive approach.

Unlocking the funding

- Non-competitive process, 3 years funding allocation to be used to ‘top up’ CCG baseline allocations. Failure to invest adequately will result in inability to meet Long Term Plan ambitions.
- To ‘unlock’ the funding we must articulate committed and planned baseline spend for 20/21 and 21/22 for adults and older adults with severe mental illnesses. The vast majority of this funding should be spent on employing new mental health provider staff and contracting with Voluntary, Community and Social Enterprise Sector organisations.
- BSW will have a £16.5m baseline allocation and are also seeking to unlock the £10.3m transformation allocation.

How we want to improve care and support for people

- We recognise that whilst we have collaboratively worked to deliver high quality mental health provision that meets the needs of our local populations; situations, systems, service thresholds and pathways have restricted system integration. For some people this has resulted in complex and sometimes multiple transitions and long waits which can affect outcomes.
- We want to ensure that everyone can access the personalised care and support they need for positive mental health.
- The BSW model has been co-developed to enable truly flexible, integrated working across all sectors to create a model which can effectively support and treat all levels of mental health need and wider determinants, operating through and drawing together primary, secondary care and the third sector.

Progress to date in developing the model

- Draft submission 18/11/2020, South West NHSE reviewed and provided feedback, final submission 20/01/2021
- BSW working group meets weekly
- B&NES Mental Health System Partnership meets weekly
- Co-production and engagement with people and partners
- Publication of a survey to hear people's views
- Acknowledgement that NHSE require key information only – we will need to go above this for our own purposes
- Confirmation of PCNs in Year 1 – Heart of Bath and Bath Independents

What does the new model look like?

- A person will be able to enter the new model at any access point (no wrong front door).
- Regardless of the entry point, people will be connected with their PCN triage hub and cog. Each PCN level triage hub and cog will have a dedicated team, with partnership from local services inclusive of broader third sector services, social care, housing, drug and alcohol and many more.
- A person will have an named PCN lead who will co-create their pathway, navigate support (including drawing in broader input), and enable and lead transition to additional specialist input/care along pathway to community team as required.
- People can access the hub via any avenue – self-directed, GP, family/carer, or professional ‘request’.
- Community Mental Health Services will be structured with a core workforce, and integrated specialists and leads for 16-25, older adults, and the dedicated Severe Mental Illness focus groups. The model will include workforce expansion with dedicated specialists i.e. older adults peer support coaches.

Key features of the new model:

Early and timely access to the right support plus enhanced support for relapse prevention by community services

Pathways which flow from PCNs – system model that is locally adapted

No wrong front door
Open access by 16+
Self-directed, GP, family/carer, or professional 'request' [vs referral]

Move from [often repeated] assessment to intervention and support

A seamless model of care through integrated working across primary, secondary health and social care, and the third sector - "one team" partnership along whole community pathway

Support and treat all levels of Mental Health need and wider determinants

Enable development of individual and community resilience

Adopt a strengths-based approach in working with people

Outcomes focused and bespoke pathways of support based on self-directed need and preferences

Deliver revolutionary and people-centric change through self-directed support and intervention

Consistency of support

Cessation of cliff edges – needs led, warm hand overs and proactive follow up

Developing the proposal for final submission

- Does the proposed model address the known gaps and concerns around the current provision?
- Are there any key elements missing that you would like to see?
- Will the proposed model meet the needs of our local population?
- What risks are associated with the proposed model and how do you think they could be mitigated?

Thank you

