

All Age Mental Health and Emotional Wellbeing Update

B&NES Health and Wellbeing Board

June 22nd 2021



Where are we now ?

- Need to improve early access and referral process – make getting support easier for people
- MH referrals are increasing as lockdown has eased
- Increase in emotional wellbeing presentations. Increased anxiety in communities –including parental and family anxiety. Impact of wider determinants of MH such as housing, employment, family breakdown, bereavement
- Increase in acuity across all age and all services – hot spots include LD/ASD, CYP particularly eating disorder, psychosis presentations
- National shortage of PICU beds – BSW reduction due to urgent safety work. Additional beds commissioned by AWP to mitigate risk
- National shortage of CYP tier four beds – NHSE and national work to explore alternatives
- Workforce risks
- Requirement to transform at pace - new drivers for change including community MH framework, crisis alternatives and THINK FIRST 111
- **Understanding what people, families and staff have thought of the changes**

What have people told us ?



Listening event held to understand views of people, families, carers, supporters and our staff

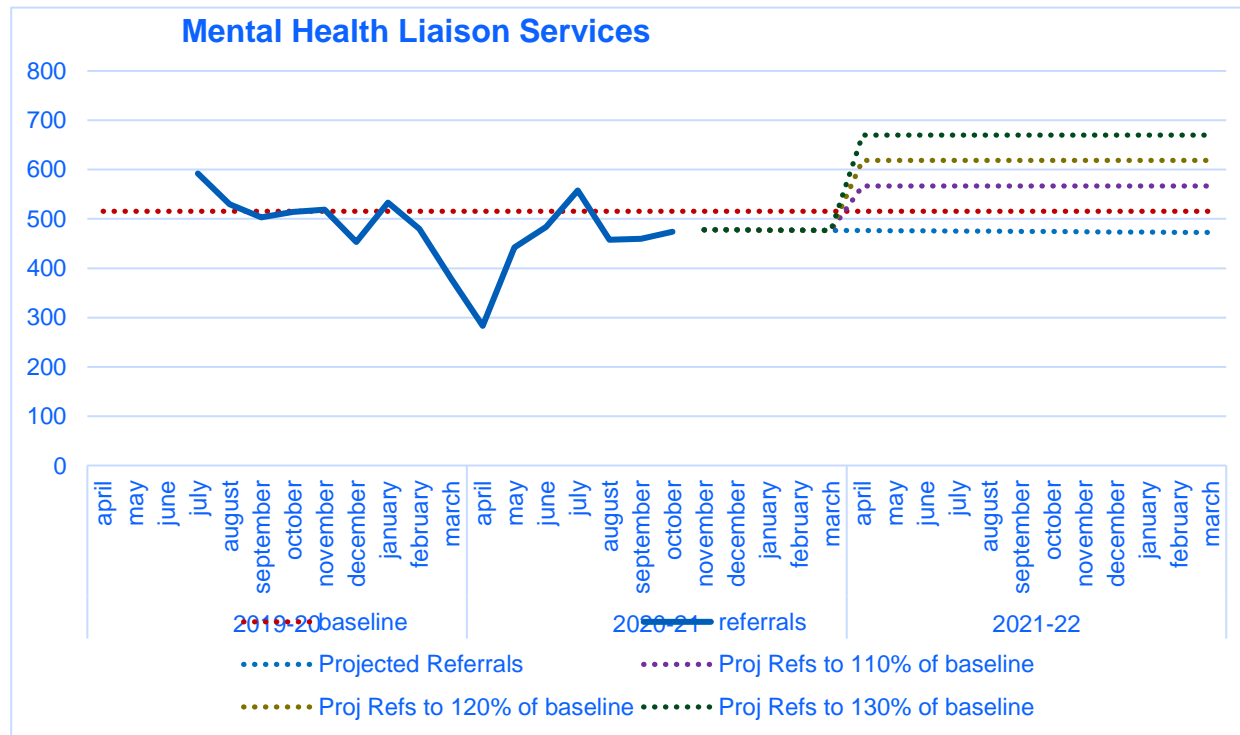
Key Messages

- Current offer is inconsistent and one size does not fit all – some really great experiences and some not so good
- People miss face to face and human contact – if some can't get this they will present to hospital or police as they know they will be seen
- People feel it's left to them to reach out for help
- People feel organisations are not talking to each other and feel that they can slip through the gaps
- People don't all know about what support is out there particularly around early intervention and prevention
- Staff feel they are being referred people that they can't treat 'I can't fix their finances, find them a job or bring their family back together'
- Better offer requested for people who feel digitally excluded needed
- Staff on journey – new ways of working, increased flexibility but having to adjust to working in different ways. Not all assessments can be carried out virtually

What are we doing together ?

Understanding Demand and Capacity

- Need to understand what future MH demand looks like for BSW system and at locality level to help us plan and prioritise – particular focus on how Covid has impacted on the wider determinants of MH and people's emotional wellbeing
- Using CREST to develop a detained view of demand scenarios – second drafts currently being developed



Working in partnership in B&NES



- **Wellbeing House** – re focused to provide step up and step down. Curo in partnership with Bath Mind. Q 4 20/21 - 60 referrals and 24 people housed. 100% occupancy over the enhanced 7 day service. 77 people supported in total to date
- **Breathing Space** (Place of Calm) Bath Mind. Initially opened at telephone line 7 evenings a week. Q4 20/21 85 referrals, 65 of which were through agencies/services and 20 of which were self-referrals. 891 phone call sessions. Total 112 face to face contacts since 13/04. 2,874 telephone contacts in 12 months
- **New Intensive Outreach support** – Provided by Bath Mind. 10 people supported since April
- **Third Sector Mental Health Discharge allocation in B&NES** - used to support:
 - Bath Mind & Off The Record providing a Fast Track / Early Access service focusing on customers in Curo's homelessness services and others in supported accommodation. Bath Mind supported 9 people, an average of 18 hours of support per week (92% of which was face to face).
 - St Mungo's - floating support dedicated to discharge / prevention linked to the AWP Recovery team to support those on the waiting list and to support some less acute clients on Recovery caseloads - actively worked with 9 clients with a current total of 31 direct support hours per week at peak.

- **Crisis Alternatives funding – Bath MIND outreach IN B&NES**
 - non-clinical person centred intensive outreach for 60 individuals across B&NES, Swindon and Wiltshire in Year 1 (2021/22) and Year 2 (2022/23) increasing to 160 in Year 3 (2023/24).
 - It is a step-up and step-down service within people's own homes and / or within supported living and provides wrap-around support for 6 weeks.
- **Community Wellbeing Hub** Virgin Care in partnership with 3SG, the CCG 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 esp re 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.
- **B&NES Council** - invitation to providers to participate in whole-system design for the provision of specialist mental health outreach / community support, supported living and residential care which will align with the implementation of the community services framework.



Extended Use of our Community Wellbeing Houses

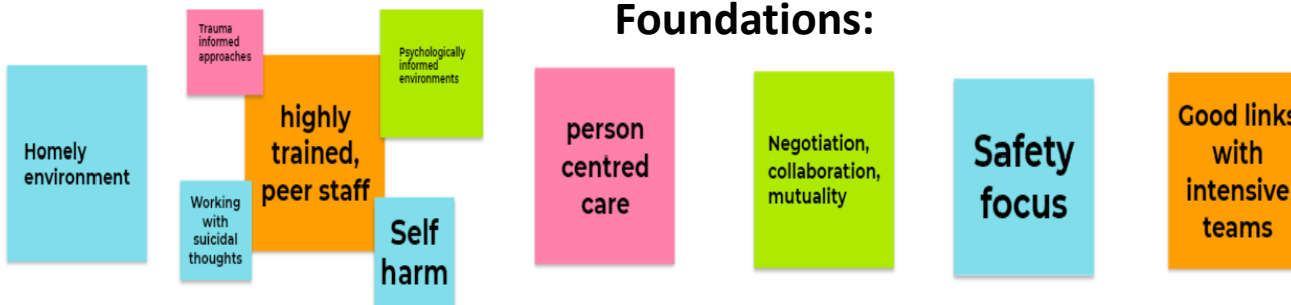
- Extended scope in partnership between AWP and third sector
- Step up and step down to support admission avoidance and expedited discharge – 188 people



“

“This place has been a saver to me. It also allowed me to develop social skills, my autism. I also feel much better. I have been rested.” “It kept me alive and gave my wife a break and some peace of mind”. “...before I came to the Wellbeing House I would have become unwell and gone to hospital. I now know there is an alternative”. “If I had not come here I don’t know what I would have done.”

Foundations:



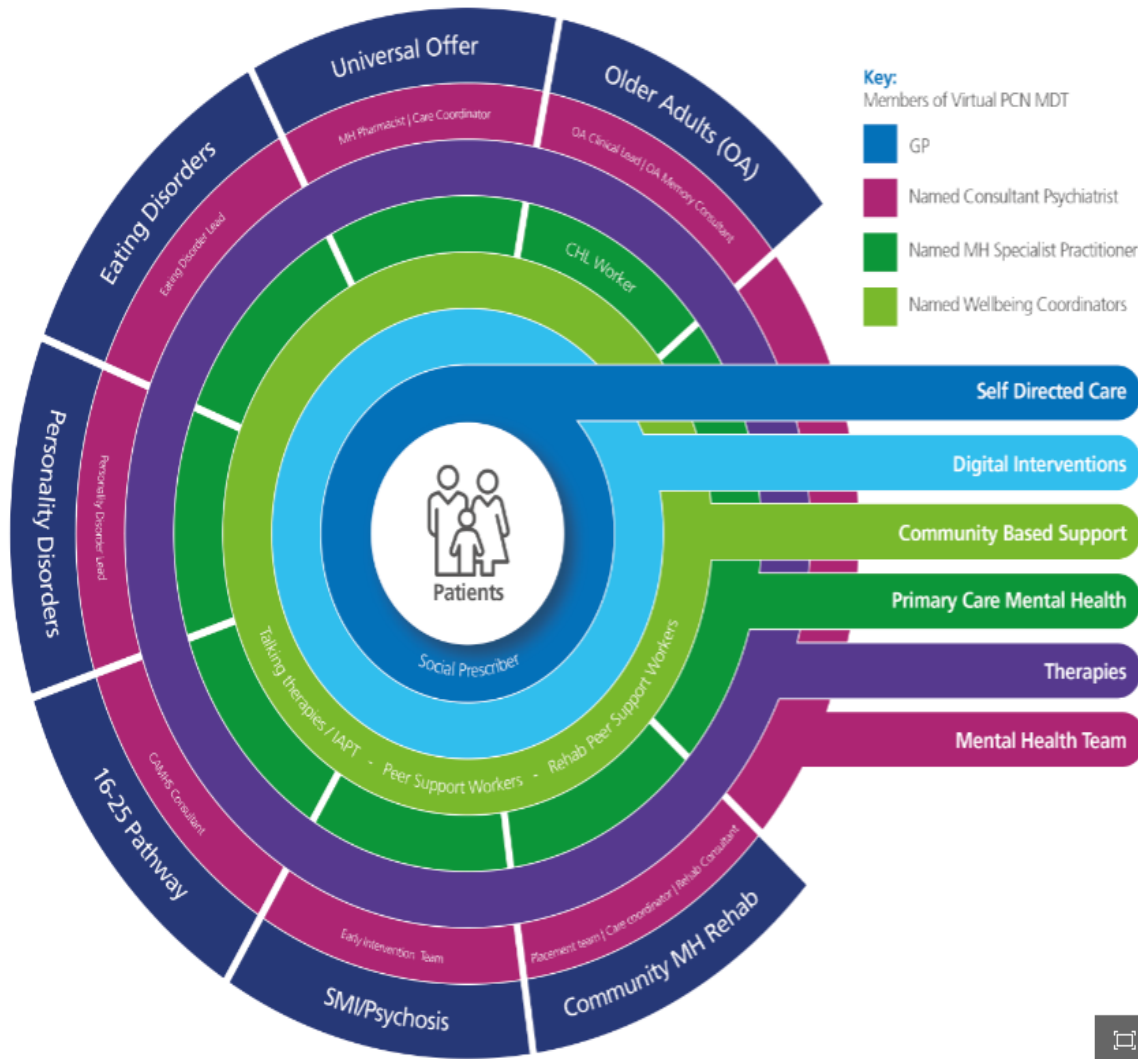
What are we doing together ?

Co-designing the future

- System response bringing partners and localities together to co-design our response to the national community MH services framework to meet needs of local people and supporting them in their local communities
- £10m new money for BSW over next three years. Vehicle for total redesign and transformation of community MH. Key elements include:



What are we doing together ?



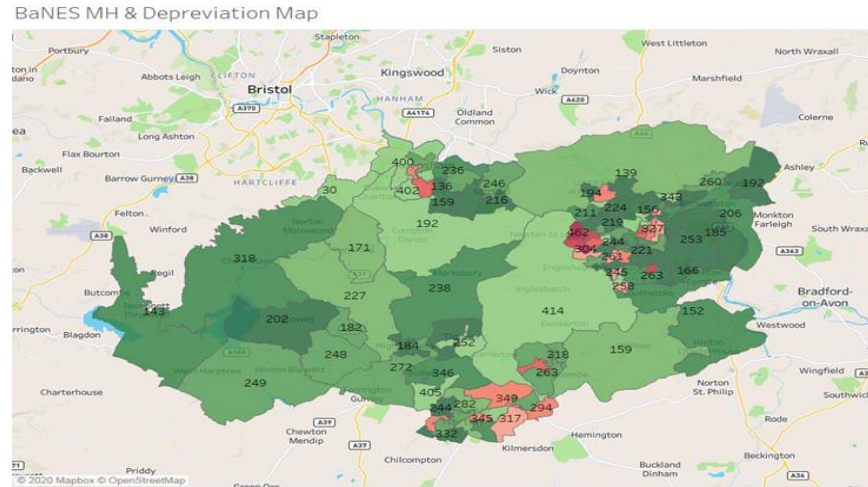
Next steps

- Submission approved May 2021
- Third sector recruitment
- CAP trainees
- Enhanced advice and guidance – early implementation
- Seven pilot PCNS across BSW moving to implementation planning
- **Co-designing how we get from what we have now to the espoused vision**

Community Framework next steps

The seven PCNs which will work more closely with us in year one of the transformation are:

- **Heart of Bath**
- **Bath Independents**
- Calne
- Westbury/Warminster
- Salisbury Plain
- Wyvern
- Brunel 4



Selection was made based upon the criteria/process laid out by NHSE, which was worked through with the following key areas:

- PCN demographic profile and population health information – BaNES example above
- Mixture of rural and urban geography, with representation across BSW
- Mixture of PCNs with established MH resourcing [such as PCN recruited RMNs], and those with none

Engagement events with all practices and PCNs to co-design improvements between now and new model – focus on emotional wellbeing and crisis. New offer for enhanced advice and guidance for primary care being co-designed at pace

Implementing the CSF in B&NES

- This is a transformation priority for B&NES.
- Re-launched the Mental Health Collaborative as the delivery group responsible for embedding collaborative working in B&NES. This will progress the Community Services Framework implementation. Those with an interest in the improved wellbeing for people in B&NES are welcome to join. Will consider the role of social care, housing and wider partners to tackle determinants of poor mental health.
- A series of task and finish groups will sit underneath the Collaborative to support local implementation.
- The Collaborative will regularly report into the B&NES Integrated Care Alliance and the Council Transformation Board.
- Our main locality responsibilities are:
 - Coordination of third sector elements
 - Asset mapping
 - Co-production and engagement
 - Any localisation needed (e.g. student population)
 - Locality communications



Working in Partnership

CAMHS Transformation:

- Implementation of iThrive
- Expanding CYP eating disorders services
- CYP Crisis Resolution and Home Treatment Service
- Mental Health Support Teams in schools
Further successful expansion bid
- Mental Health Helpline
- CAMHS in-reaching into children's services within Local Authorities to support vulnerable young people
- Flexible transitions and additional workforce to support 16 – 25 pathway
- Increased DBT offer
- Piloting additional digital workforce
- Positive Behaviour Support service model
- Workforce and new roles (development posts, apprenticeships, Consultant Mental Health Practitioners etc.)



Making a Difference Together

He starts RO DBT informed sessions and is able to continue getting this with CAMHS until he is 19.5.

He is discharged aged 20, but knows how to get support from Adult Services if he needs support.

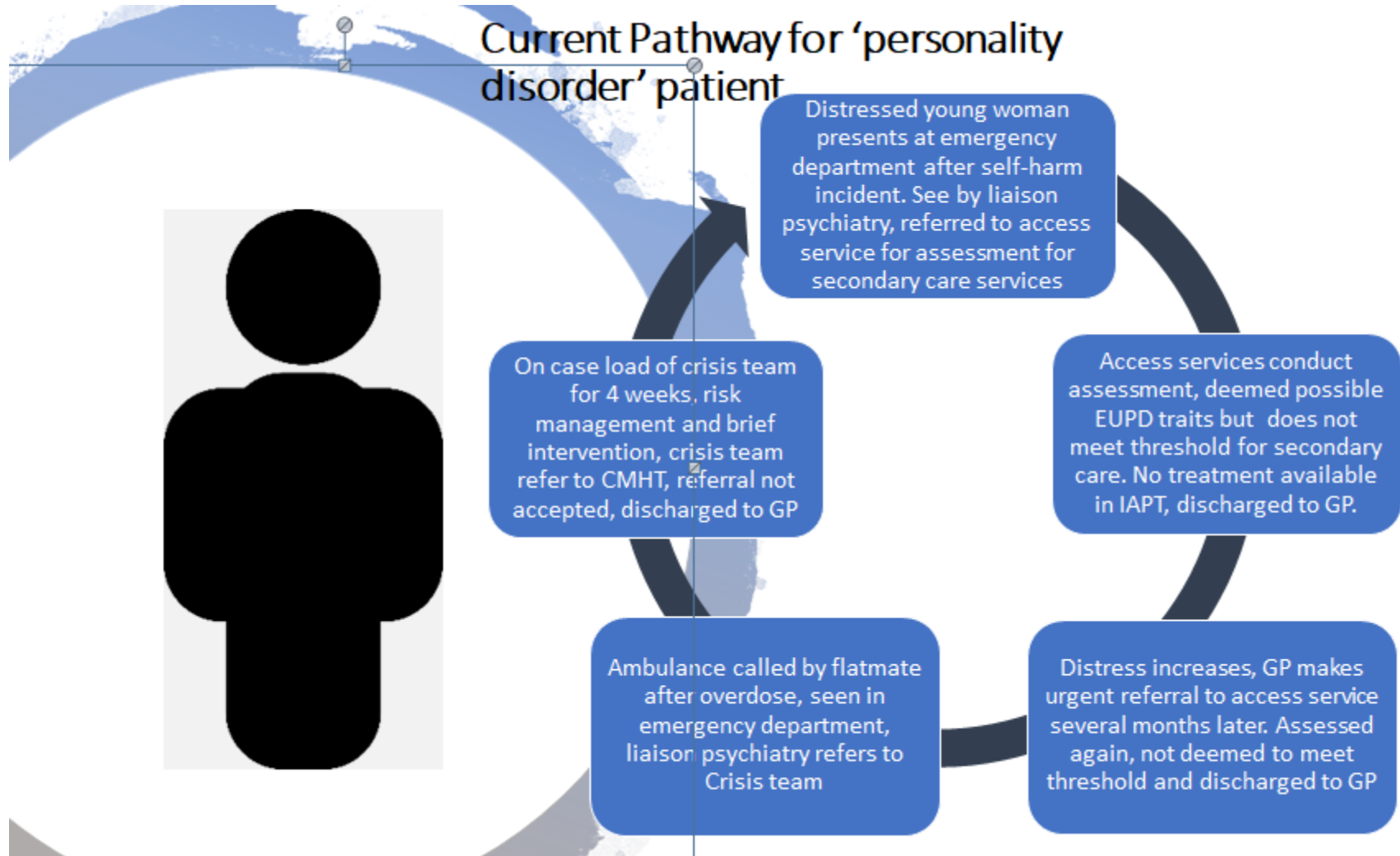
At the hub he is introduced to a peer support mentor. They spend some time in a relaxed and non-clinical environment reading magazines and finding out about support options.

He is supported to apply for a part-time job and goes back to college, where he knows he can access mental health support

17.5 year old
to the GP w
mum du
emotion
dysregulation
disordered
Signposted
25 hub

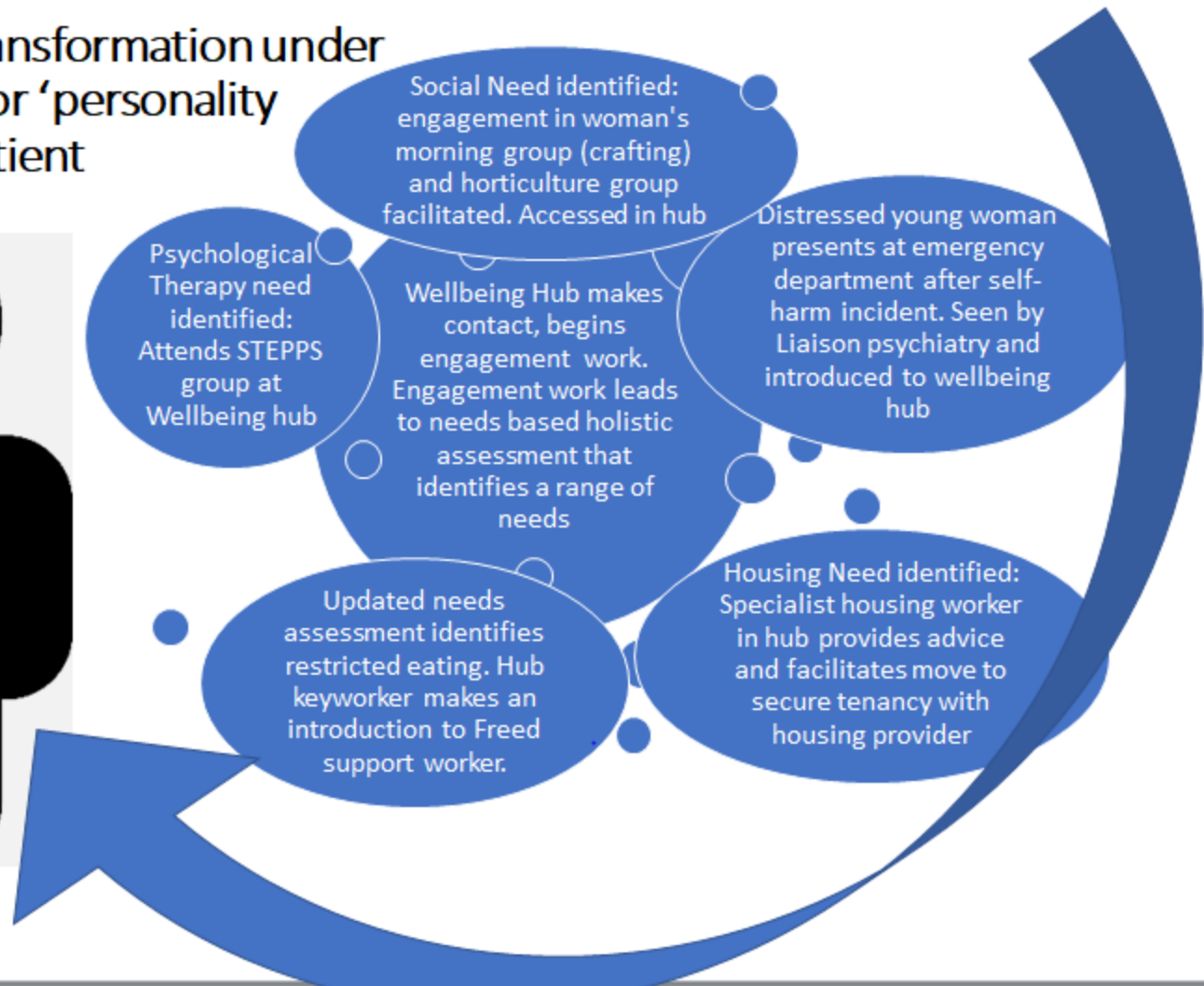
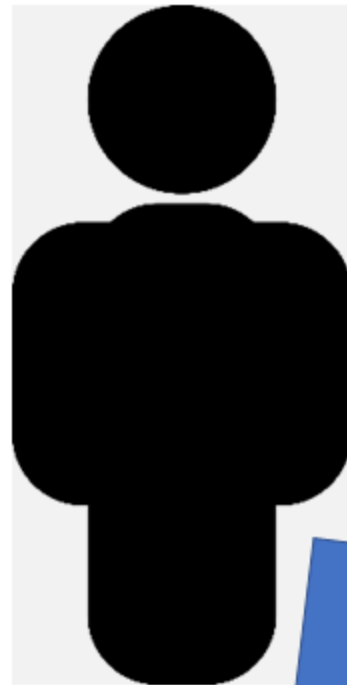
He is identified
being in the ear
stages of an eati
disorder by a
FREED worker.
starts receiving
evidence-base
treatment with t
CYP ED team.

People at the heart of transformation



People at the heart of transformation

Proposed transformation under CSF model for 'personality disorder' patient



Current system Lived Experience Perspective of SMI

Approaches & language

'You don't meet the threshold'

'That is not something we can help with'

'Sorry you are not eligible'

'You must call to get help'

'Your score is too low for our service'

'Sorry out of hours'

'Not engaging'



How it could feel to the person



*This is all too much..
I don't want to lose it again*



*I try to get help but
keep getting knocked back.*



**Every thing I have
tried has failed, I
feel even worse.
What's the point?**

New model – Lived Experience of SMI

Approaches & language

'My focus is your wellbeing, I will help you get the right help starting now.'

'Let's work together to develop a plan that works for you'

'Here are some options you can consider'

'I can make appointments for you'

'Please call if you have any questions'

'If this doesn't feel the right support for you, let me know'

'There is evening support available'



How it could feel to the person

- I have met with my GP, within days I have a Wellbeing Practitioner, feel heard and valued.
- It is going to be a long journey but I don't feel alone.
- I feel more in control, informed, involved and understand the different elements of my care.
- I am listened to.