

Aligning priorities – MH and BSW Model of Care

BSW Model Care

Working together to empower people to lead their best life

Starting well → Living well → Ageing well



Developing our workforce
Over 34,000 people work in health and care in BSW. We are establishing the BSW Academy to unite and develop our workforce by investing in leadership, learning, innovation, improvement and inclusion.



Using digital by default
We will make full use of digital technology and data to improve health and care for people in BSW. We will make sure that all our teams and services are inclusive for people with limited access to technology.



Building facilities of the future
We will invest millions of pounds to improve our specialist centres, to build new community facilities and to buy more equipment.



Financial sustainability
We will make the best use of our combined available resources to deliver high quality care.

1. Personalised care
 - We want health and care to be right for every individual – not “one size fits all”
2. Healthier communities
 - We want people to live in communities that help them to live healthier lives
3. Joined-up local teams
 - People from the NHS, local authority, third sector and other partners will form teams together and we will have the right teams in your area
4. Local specialist services
 - We will provide more access to routine appointments, tests and treatments closer to where you live
5. Specialist centres
 - Our specialist centres like hospitals will focus less on routine care and more on specialist health and care

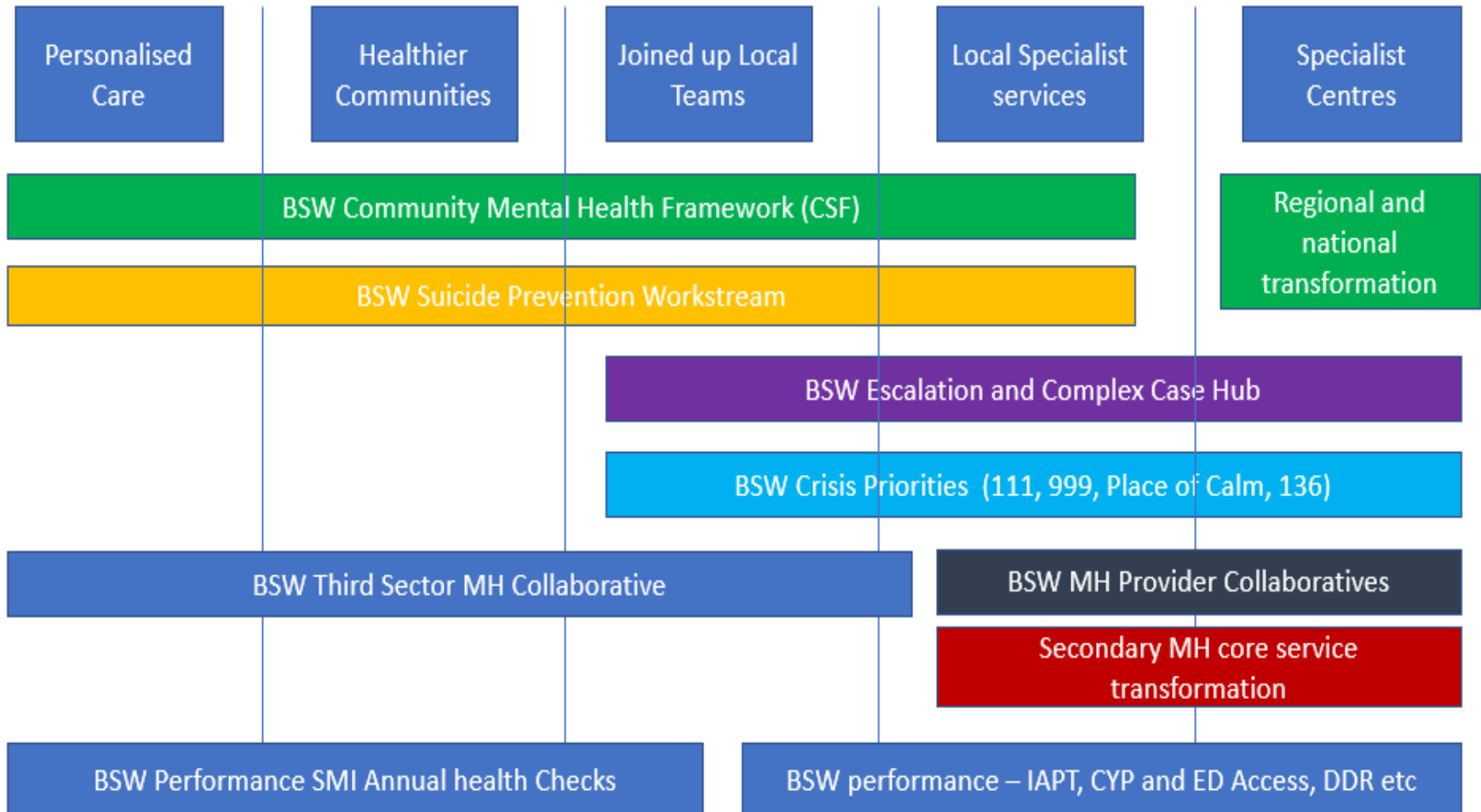
BSW System: Mental Health Priorities

Mental Health System Plan 2021/22



- Refreshing priorities for 22/23 – Thrive Away Day
- Closer alignment between place and system priorities to focus on key deliverables
- Implementation of Community MH Framework key focus
- Agreed urgent care priority work streams
- Develop crisis accommodation & outreach

Mapping against Model of Care



Where are we now

- Continued need to improve access and referral process – make getting support easier. Integrated approach with third sector and AWP.
- MH referrals above pre-covid levels
- Increase in emotional wellbeing presentations. Increased anxiety in communities –including parental and family anxiety. Impact of wider determinants of MH (e,g, housing, employment, family breakdown, bereavement)
- Increase in acuity across all services – hot spots include LD/ASD, Personality Disorder, psychosis presentations
- Priority focus on reduction on Out of Area Placements - a collaborative system response in progress
- Workforce risks – recruitment, retention and sickness. Impact on staff through covid response and recovery
- Growing trust and confidence between statutory and third sector partners as develop a different delivery model of care
- **Understanding what people, families and staff have thought of the changes we have made and where we need to focus – regular engagement and co-production**

BSW CMHF: Achievements

- Allocation of £3.3m Y1 funding in 2021/22 with a third identified to Third Sector Alliance. Allocation of £2.2m Y2 funding for 2022/23 with a quarter identified to Third Sector Alliance
- Y1 investment into clinical leadership and workforce pipeline to enable delivery of treatment/intervention focused model. Approx. 80% recruited and in post
- B&NES new workforce include: Third Sector Wellbeing Practitioners (6), Peer Practitioners (6), Counsellors (4), Support Group Lead (1), SMI Coordinator (1), AWP apprenticeships for CAP (2) OT (1) SW (1), new roles in pharmacy and psychological therapies, personality disorders.
- Investment in Third Sector is intentional shift to collaborate and integrate at community level with emphasis on prevention and early intervention response to health and wider determinants need

- Eight work streams to co-design collaborative care pathways with service user/carer voice

16-25	Eating Disorders	Personality Disorders	Core Services
Older People	ARRS	Rehab (22/23)	SMI Physical Health Checks

- SMI PHC pilot with First Options Healthcare and third sector achieved target 40% 2021/22. Significant investment in 2022/23 to achieve national 60% target (in line with CORE20+5 ambitions) will be delivered in partnership between AWP, Third Sector and FOHC.
- Collaboration between AWP, BSW CCG and GP PCNs to develop ARRS (Additional Recruitment Reimbursement Scheme) Mental Health roles. Of 19 roles sought in 2021/22 9 have been recruited, NHSE expansion of remit of roles for 2022/23 is opening up conversations with wider partners

Context for 2022/23

- Referrals and caseloads rising across all services
- Waiting times for assessment and treatment increasing
- Pressure within crisis services, reflected in increasing presentations to A&E departments
- Stabilising Out of Area placement position, but continued pressure on Health Based Place of Safety and inpatient services
- Rising demand for specialised provision, particularly Eating Disorders & Learning Disabilities/Autism services
- Increased support from third sector across all areas, providing immediate connection and 'walk alongside' for service users

B&NES: Key Themes

Challenges	What will be different?
High demand across the community services	<ul style="list-style-type: none"> • New access model where first contact is community not clinical • Improved access to specialist input and/or advice and guidance via digital platform (indirect improved experience for people) • Focus on quicker access to intervention rather than assessment via evidence based care pathways
Greater complexity and acuity in presentations to community services	<ul style="list-style-type: none"> • Improved care coordination/planning due to increased availability of specialist advice/input into cases – Eating Disorders, PD/CEN, 16-25 and transitions • People with SMI will have better access to the Annual Health Checks and post check monitoring of their physical health – new model looking to achieve 60% by end 22/23
Increased readmission rates in B&NES with high acuity and complexity across inpatients	<ul style="list-style-type: none"> • Increased community crisis support available with investment into the wellbeing house model across BSW • Reduced inpatient LOS with no/reduced use of OAP for inpatient care • Improved inpatient experience – e.g. works undertaken at Cedar Ward (B&NES Dementia Care Ward) and Elizabeth Casson House (female PICU)

Challenges	What will be different?
Increased demand across crisis/urgent care services	<ul style="list-style-type: none"> • Crisis lines and wellbeing cafes offering a community alternative to clinical response to crisis • Co-location of health and third sector teams in Acute Hospitals to enable non-clinical contact/follow up support
Staff wellbeing and development	<ul style="list-style-type: none"> • AWP provider of BSW Wellbeing Matters Hub to provide response to all staff affected by Covid • B&NES locality SMT offer monthly Ask Us Anything session to all staff • CMHF investment in new leadership and apprenticeship roles and training opportunities in B&NES
Demonstrating meaningful impact of services/investment	<ul style="list-style-type: none"> • Introduction of clinical outcome measures will demonstrate level of change for the person – measurable along care pathway • Uptake of population health management data will enable targeting of investment/services to known health inequalities

BSW Access Model Developments



Bath Mind Early Intervention Offer in B&NES:

Wellbeing Services

- 16 wellbeing groups – including physical activities, horticultural therapies, creative groups, Food for Thought

9800 per year

Counselling

- 3400 clients per year
- Breathing Space Phone Support
- Since Apr 2020 – 5881 calls
- 983 callers with suicidal thoughts

Access Mental Health Model – Third Sector Alliance

- ❖ A 3 year model, to demonstrate mental health transformation across the system.
- ❖ A service that is open 7 days a week throughout the day within the community. Align to evening places of calm.
- ❖ A clear pathway and expectation of what the service offer is with individual based timeframes for each person who accesses the service.
- ❖ Accessible, direct and flexible mental health and wellbeing support with a focus on de-escalation, prevention, intervention, post intervention and complementary support based on the person's individual needs.
- ❖ A 'walk alongside' approach, providing support to those accessing the service whilst they are also receiving adjacent support from other providers and services.
- ❖ An opportunity to bridge the gaps, strengthen existing bridges and build new bridges across the system with core statutory and third sector partners across BSW.

Pilot AWP and Bath Mind

- * Transformation of PCLS pathway
- * All referrals still triaged by PCLS workers
- * Daily MDT with Bath Mind team present, discuss cases for early access to community support
- * 8 week pilot – 90 referrals, 48 people have been redirected to alternative services to PCLS
- * Seeks to provide a positive earlier contact/intervention to people
- * Delivering "warm handover" aspiration of CMHF

SWAST and NHS 111 Developments



AWP collaboration into Emergency Services Triage:

- ❖ Ambulance Mental Health Desk (Hub & Spoke)
- ❖ Assessment and Advice Pre- Dispatch
- ❖ Assessment and Advice At Scene
- ❖ Rapid Response (Face to Face) At Scene

Key Developments in 12 months:

- Resilience and Staffing Appeal Allows for Expansion - Staff in Varied Roles
- Police Link Officer - SWASFT Mental Health Desk(A+S Police)
- Ambulance Mental Health Desk Trust Wide Feb 2022 - Increased to 8 Desks
- Development of SWASFT Mental Team – Local Leads across Trust
- Launch of Blue Light Rapid Response – BNSSG
- Alternative Points of Conveyance with Crisis Café Models
- Pilot of Consultant Led Triage at Place of Safety
- Improved Operational Working with Commissioned Areas – Developing Local Links and Leads

Mental Health Specialist Desk

- 56% increase in BSW calls
- C200 BSW calls/month
- Hear & Treat 70%
- Stand down 24 cases/day
- Recruitment of B7 Leads and Senior Clinical Lead

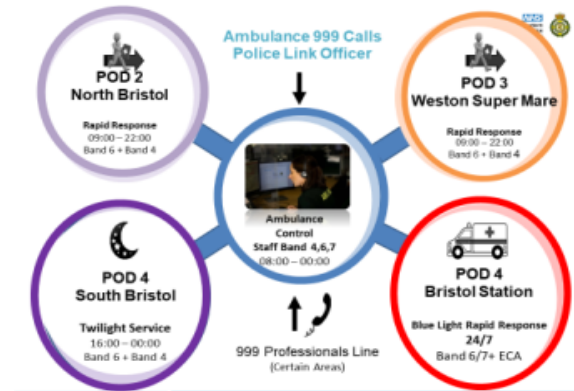
Police Link Officer

- 44% increase for B&NES
- 30% increase in overall call count since Police Link Officer in place
- 40% calls mutually open to Police and Ambulance
- 20% police calls stood down prior to dispatch
- 25% calls led to Ambulance stand down – of which 25% raised by Police Link Officer

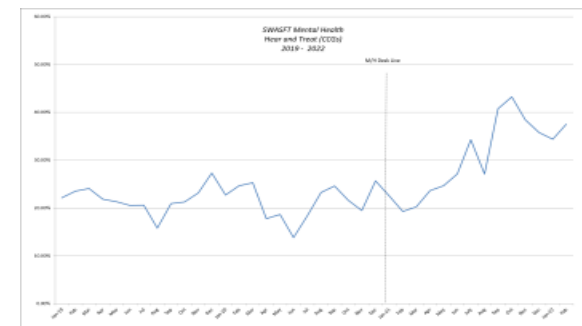


Future Developments

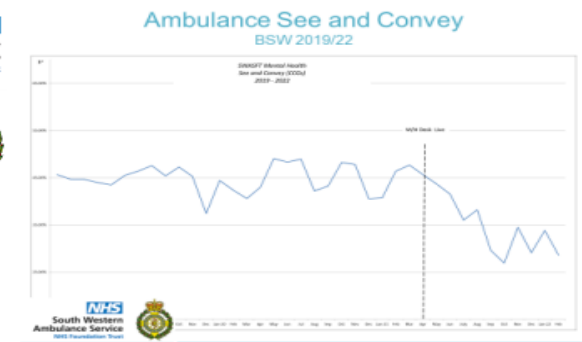
- * System wide Evaluation
- * Senior Practitioner Lead posts for BSW
- * Rapid Engagement Workers B4
- * Peer Practitioners
- * Review Police Link Officer role
- * Scale up Rapid Response to Scene Concept



Ambulance Hear & Treat 2019-22:



Ambulance See & Convey 2019-22:



AWP & Medvivo NHS Mental Health 111



Current Model:

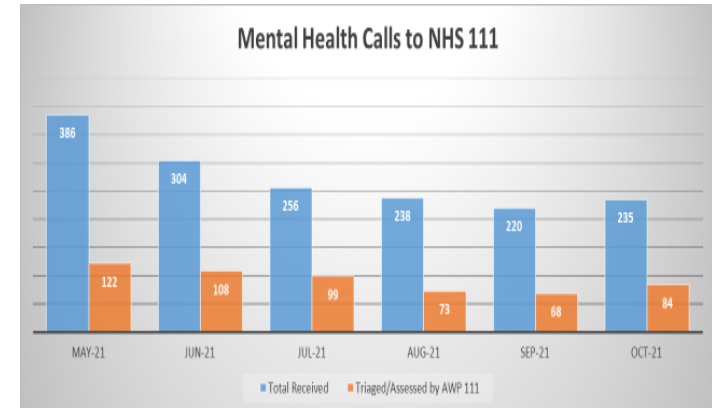
- ❖ BSW transformation funding in 2018/19 set up small MH team Medvivo
- ❖ Coverage is 16:00 – 00:00 hours cover every day
- ❖ Ageless mental health access point with protocol linking callers into Oxford Health CAMHS services where appropriate

Learning:

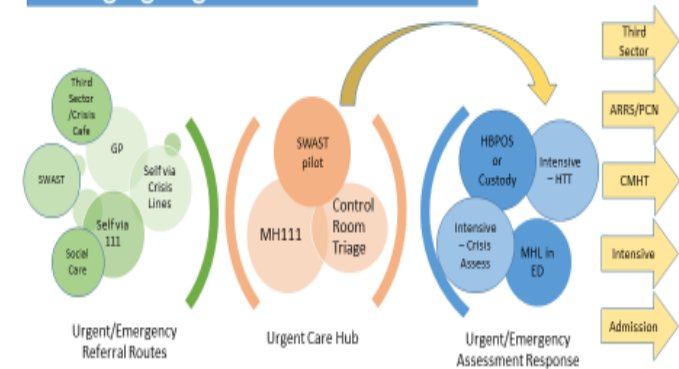
- ❖ Benefit of being able to provide an immediate MDT response at the first point of patient contact.
- ❖ Positive feedback received from Medvivo clinicians who feel assured and supported by in situ AWP clinicians when presented with complex mental health presentations.
- ❖ National difficulties labelling mental health presentations in NHS111 systems.
- ❖ Importance of providing access services that link key urgent care system access points. We now have mental health clinicians situated in NHS111, Police and Ambulance Control Rooms.

Future Developments:

- ❖ Additional investment from NHSE to increase out of hours cover (£250k)
- ❖ Extend NHS111 mental health offer to provide 24/7 access point
- ❖ Introduce a further range of roles to develop a bespoke 111 MH Team model
- ❖ Integrate offer into a wider multi-agency service response
- ❖ Focus on incorporating system crisis/response lines run by AWP and third sector into this to deliver seamless integrated offer
- ❖ Plan for Crisis Care Concordat multi-agency development work-stream. Will enable the deliver of an urgent care pathway in BSW that will complement and integrate with the community pathways developed by CMHF.



Emerging Urgent Care Hub Model



- MH111 extended to offer 24 hour support into NHS111
- MH Liaison services to offer 24 hours service into each acute (additional funding)
- MH Response Line is amalgamated into MH111 team
- Intensive Team defined to offer home treatment, Facilitate Early Discharge and complete gatekeeping
- Urgent Care mobile hub to offer crisis assessment – need identified by MH111 team
- Intensive HTT change operating hour to 8am to 10pm.

BSW Wellbeing Matters



(A collaboration between BSW CCG and AWP in response to Covid-19 to maintain and improve the wellbeing of all health and social care key workers)

Core purpose

1. Deliver proactive outreach and engagement –highlight the value of MH and wellbeing services, overcome stigma, promote referral pathways, engage staff with vulnerabilities due to COVID.

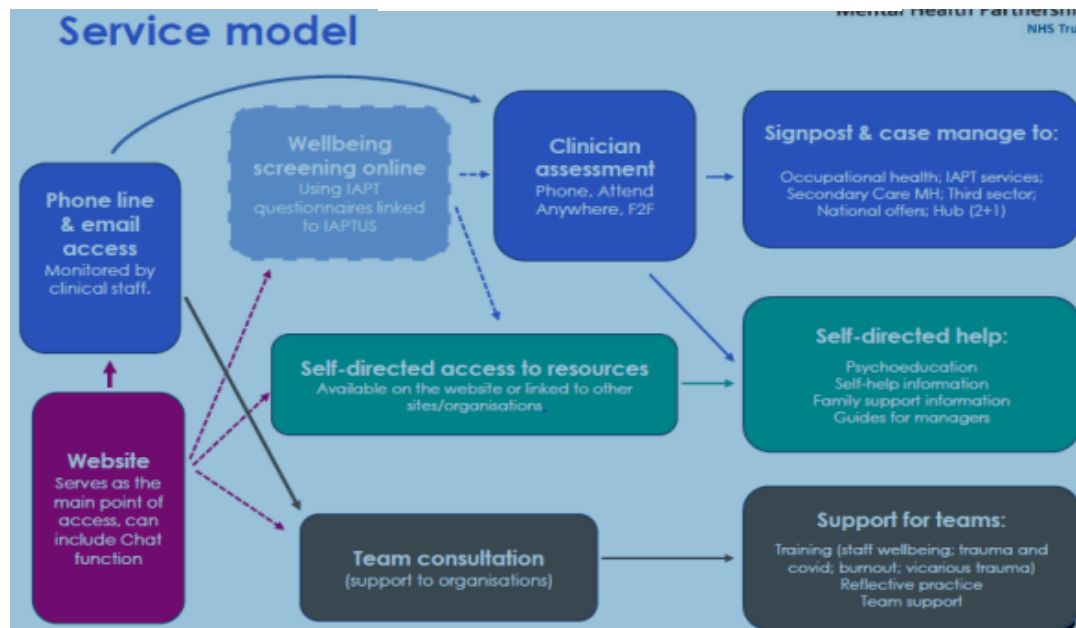
2. Ensure confidentiality –and build trust in the service across the region

3. Provide rapid clinical assessment – for self-referrals and referrals from other sources (“1+2” model)

4. Provide onwards referral and ‘case management’ –to ensure staff access appropriate interventions

5. Available to all NHS and Social Care staff -in B&NES, Swindon and Wiltshire

6. Overview of the wide range of support available–this is a strength of the service that may separate us from other teams



Since July 2021 across BSW:

- ❖ Offered over 60 assessments
- ❖ Working with staff from c.23 different teams/organisations
- ❖ Webinar offer has been increasingly popular covering:
 - Grief & loss
 - Worry & stress
 - Burnout & low mood
 - Menopause (planned)
 - Working remotely (planned)

Ways we can support teams:

- Offer a consultation discussion with the team to explore sources of stress in the workplace
- Offer them one of our training packages for relevant staff..
 - “Looking after staff and ourselves” (general wellbeing at work)
 - “Vicarious trauma and burnout” (for trauma-exposed teams)
- Develop a bespoke training/support offer for the team

<http://www.awp.nhs.uk/advice-support/bsw-wellbeing-matters>