Mental Health System Update

Adult Social Care Overview and Scrutiny Committee

29th Sept 2021

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Purpose Of Today

- To provide the Scrutiny Committee with an overview of system-wide activity related to supporting mental health and wellbeing for adults in Warwickshire.

- To highlight key health inequalities in mental health.

- To provide a focus update on the Community Mental Health Transformation programme.

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Mental Health System

Wider Determinants
- Housing Support
- Education – lifelong learning
- Employment Support
- Access to travel
- Debt, finance & Benefits Support
- Workplace Wellbeing - Thrive
- Homelessness Strategy
- Social Inequalities Strategy

Self-care
- Campaigns & Comms
- Dimensions Tool
- Information leaflets and resources
- Wellbeing for Life
- Dearlife

Physical Health
- Fitter Futures Warwickshire
- Health-checks (general & SMI)
- Drug & Alcohol Services
- Smoking Cessation

Transformation
- Access Hubs / IPUs
- Section 75 with social care
- Redesign & Core Offer
- Peer Support Workers
- Working Together / MH VCSE Alliance
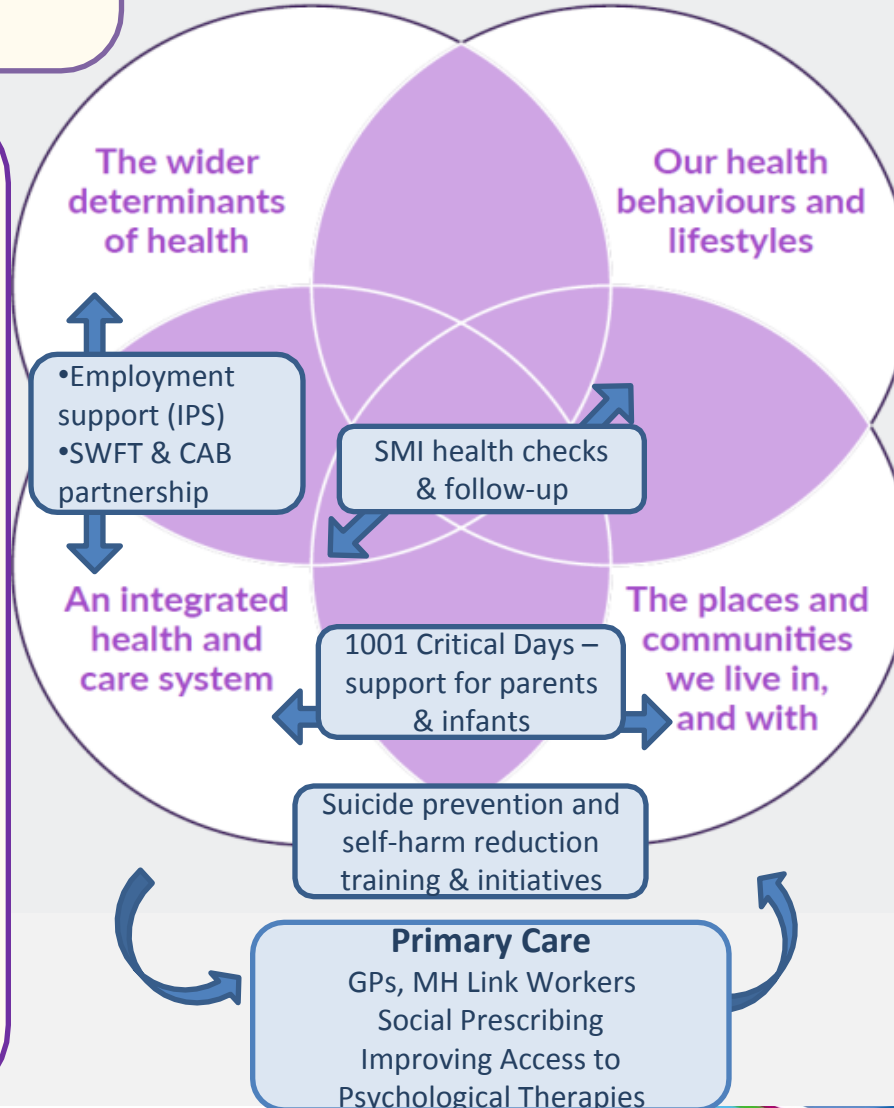
Alternatives to Crisis Admission
- Crisis Teams / Helpline
- AMHAT
- Safe Haven
- Street Triage
- Crisis House
- Social Care Collective
- Intensive Outreach Team
- Holding you in Mind

Inpatient Services
- Caludon Centre / St Michaels

Community Care
- S117 health & care packages
- Rehabilitation Services
- Supported Living, Domiciliary Care, Live in Care

Community Assets
- Active travel schemes
- Leisure Services
- Green spaces
- Heritage & Culture
- Waterways
- Community Safety initiatives
- Green Shoots funding
- Community Centres
- Voluntary & Community Sector

Mental Wellbeing Services in the Community
- Covid MH & LSI Funding
- Reading Well Books on Prescription
- Recovery & Wellbeing Academy
- Togetherall / Kooth
- Mental Health Matters Helpline
- Wellbeing for Warwickshire
- Community Links
- Creative Health Programme
- Suicide Bereavement Support
- Carer Support Services

Central diagram

The wider determinants of health

Our health behaviours and lifestyles

An integrated health and care system

The places and communities we live in, and with

- Employment support (IPS)
- SWFT & CAB partnership

SMI health checks & follow-up

1001 Critical Days – support for parents & infants

Suicide prevention and self-harm reduction training & initiatives

Primary Care
GPs, MH Link Workers
Social Prescribing
Improving Access to
Psychological Therapies

Health Inequalities

Coventry & Warwickshire MH JSNA 2021: Inequalities Findings

Wider Determinants

Socioeconomic impact - Coventry most deprived Local Authority area, followed by Nuneaton and Bedworth and North Warwickshire

- People with SMI and living in the most deprived 20% of Coventry and Warwickshire were 3 x more likely to be admitted to hospital than those in the most affluent 20%.
- Nationally, SMI 3 x as likely to attend A&E and 4.9 times more likely to be admitted for urgent physical care needs

Ethnicity – higher access by White British groups for common MH issues than other ethnic groups (nationally only 1 in 3 people can access the support they need);

- iAPT: Higher access in Rugby, Stratford and Warwick whilst estimated need highest in Coventry, Nuneaton and Bedworth and North Warwickshire

CWPT survey - difficulties in access, general support, resources, awareness and sensitivity to issues experienced by people from ethnically diverse groups.

- Nationally, black people more likely to be involved with criminal justice & 8x more likely than White British people to be given a community treatment order

Headlines

Covid impact on MHEW; higher for unemployed, ethnically diverse groups, LGBTIQ+, young people, older adults and those with existing physical or mental health conditions

Increases in domestic violence & abuse, drugs and/or alcohol misuse during the pandemic

55% of carers faced barriers accessing wellbeing support (Healthwatch survey)

Asylum seekers 5x more likely to experience MH difficulties.

Access to private gardens & green space lower than West Midlands average in Coventry and Rugby.

9% of armed forces who deployed suffer PTSD

Housing: 9.5% households in Warwickshire & 12.1% in Coventry in fuel poverty. 44% of homeless have a MH condition

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Health Inequalities

Examples of key activity to address health inequalities:

✓ Improving recording of ethnicity.

✓ Homeless worker roles all recruited to.

✓ Consideration for a mobile home in order to see people in the back and have a safe space and also to do physical health checks. This is being worked up.

✓ Increasing pro-active engagement with people with SMI to promote physical health.

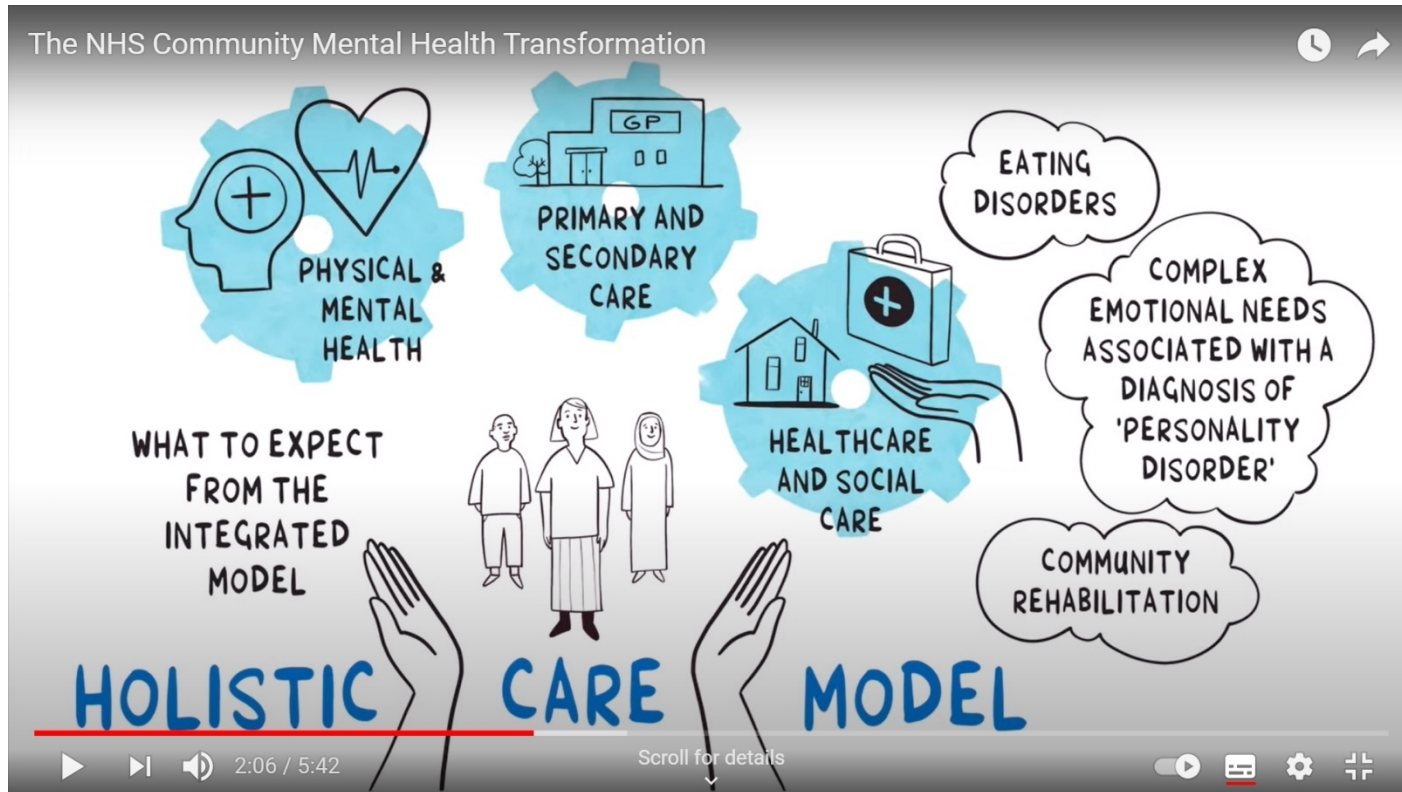✓ Task group formed to establish collective in response to JSNA findings.

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Community Mental Health Transformation System Update

(as at end of Q2 21/22)

National Vision & Ambition

[The NHS Community Mental Health Transformation – YouTube](#)

Local CMHT Vision & Ambition
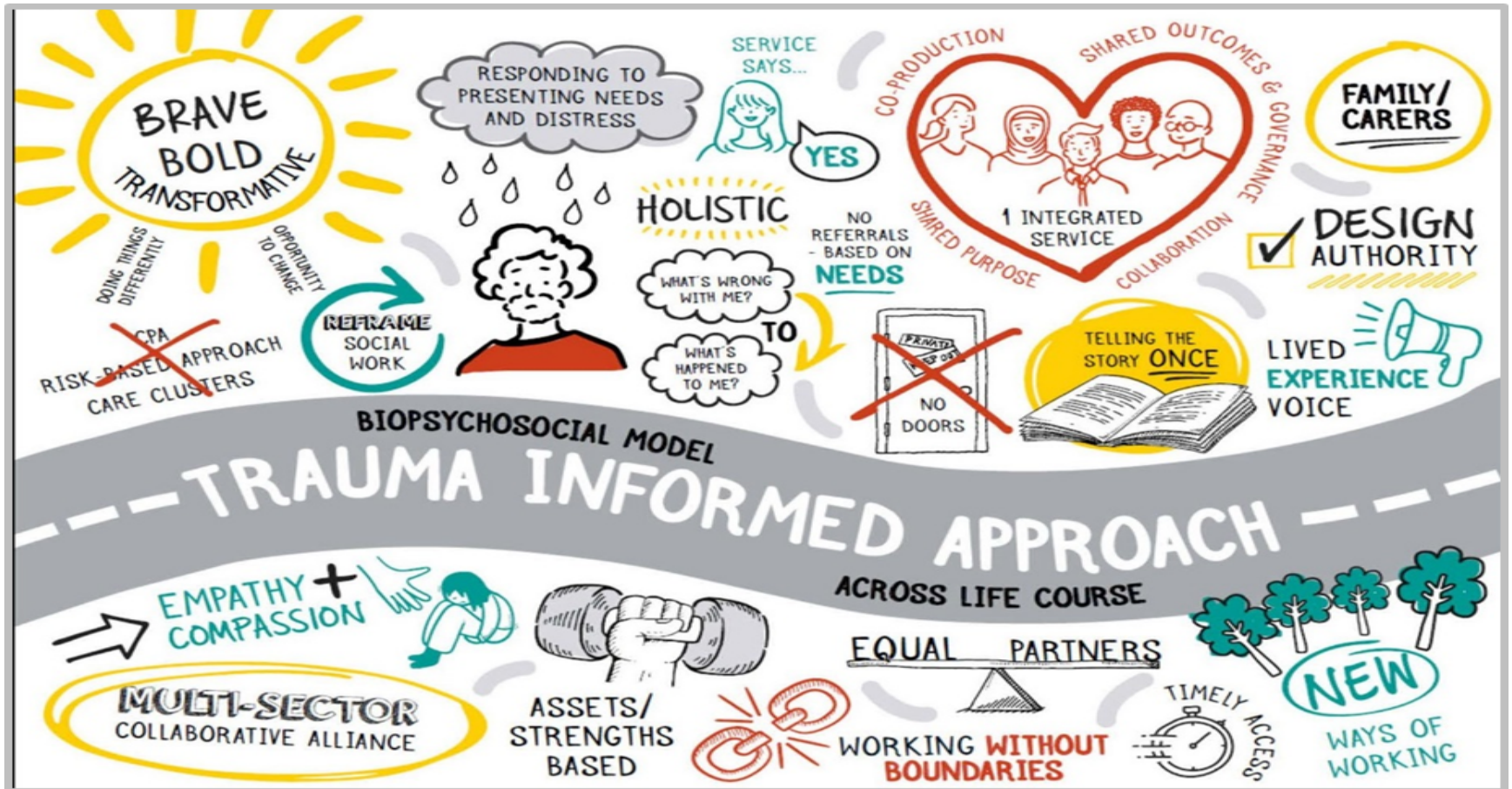
Community MH Framework

Moving away from CPA and outdated processes and towards a:

✓ Standard of high-quality care for everyone in need of community mental health services.

✓ More meaningful, co-produced and therapeutic approaches for organising care and support.

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Expert by Experiences

Claire Handy – Expert by Experience

Claire Handy is a critical part of the transformation team, as a person with lived experience:

"I am delighted to be working on this once-in-a-lifetime opportunity to improve mental health services. I am passionate that we must place people at the heart of everything we do and work with all organisations available and those affected by mental illness – both service users and their carers/friends/family – not only the NHS or social care".

Community Mental Health Redesign & Core Offer

CMH Redesign & Core Offer

CMH redesign

✓Care Programme Approach (CPA) paperwork revamp/ overhaul has started.

✓Change of title and role for Care Coordinators is in the planning phase.

✓Scoping a specialist older peoples CMHT role linking in with dementia and frailty.

✓New group roles at Band 4 agreed and to be recruited to.

Core offer

✓ Locality Pathway Allocation (LPA) Coordinators and Liaison workers developing a SOP to accept referrals straight into teams linked to the emerging 4-week wait target.

✓ LPA Coordinators going out and meeting PCN leads.

✓ 11 Liaison workers recruited, currently looking to resolve data sharing issues RE Carenotes and EMIS and measurement of outcomes.

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Primary Care Integration

Primary Care Integration

✓ MH ARRS worker/ Liaison Roles

✓ Polypharmacy and medicines

management optimisation

✓ MH Pharmacy posts

✓ Scoping an IAPT Plus model

✓ VCSE partnerships and contribution

✓ Coproduction/ Expert by Experience

✓ Physical Heath Checks

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Personality & Complex Trauma Pathway (PACT)

Personality And Complex Trauma

Vision

✓ The right care, in the right place, at the right time.

✓ **To be at the heart of their recovery** – finding what works best for each individual; helping to develop skills to maintain responsibility and control of their life / healthcare needs.

✓ Implement early interventions available to people – supporting people from the earliest opportunity, right through to enabling them to cope with difficult experiences in a way that feels manageable.

Ambition

✓ A clear pathway for those living with experience of complex trauma that has resulted in personality difficulties or changes.

✓ Change the language surrounding personality issues – move away from the term 'disorder'.

✓ Improvements are needed across the health and social care system in compassionate understanding about personality and complex trauma, its prevalence and treatment, as well as how it affects those diagnosed with it and their family/carers.

Personality & Complex Trauma Pathway (PACT)

✓Model devised to deliver interventions from lowest level to highly complex treatment.

✓Personality Disorder Clinical lead post – recruitment finalised at the end of this month.

✓PD KUF lived experience post recruitment ongoing.

✓Training needs for EMDR being considered.

✓An additional post for DBT has been recruited to.

Rehabilitation

Rehabilitation

✓Data collated and mapping to current service provision started.
✓AHP and OTs supporting the workforce development of the rehab pathway.

Eating Disorders

Adult Eating Disorders

Vision

New models of care, will provide greater choice and control over care, and support people to live well in their communities.

*Adults with eating disorders will be able to **access treatment earlier, and closer to home,** leading to better outcomes for them and their families".*

Application

✓ Establish a severe eating disorder pathway with dietic, OT and peer support recovery roles.

✓ In year 2 & 3 extend access to group-based psychology therapy for mild to moderate eating disorders.

✓ Recruited 'Experts by Experience' to co-design and co-create new clinical pathways.

✓ TFG established to support development of a locally agreed protocol for the medical monitoring of Eating Disorders between Primary and Secondary care.

Training

Training

- ✓ 2 places for CBT – for psychosis.
- ✓ DBT training post taken up.
- ✓ Consideration of uptake of a CBT – PD full training or top up course.
- ✓ Discussions over trauma informed training ongoing.

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Parity of Esteem

SMI Health Checks – *Improving physical health of people with serious mental illness*

✓Point of Care Testing (POCT) machines purchased – training commenced week of 13th Sept. (This means SMI health checks can continue despite blood bottle shortage).

✓Band 2 admin to input all the community health check info for our patients open to EIP and Recovery to improve data collection.

✓Further equipment for EIP and Recovery to support the health checks is being purchased.

✓MIND are supporting uptake of vaccine delivery and health checks for the SMI group.

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Strategic Coproduction:
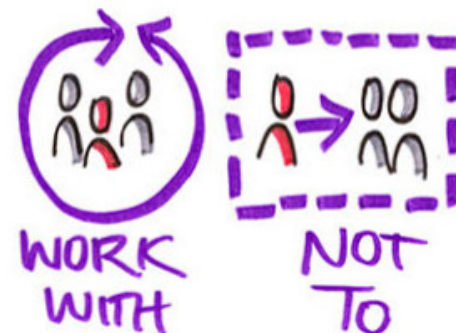## Coproduction & Community Engagement

Coproduction model

Rethink Mental Illness have brought in 8 expert by experience leaders to actively attend and contribute to workstream discussions and tasks

Key qualities for workstream involvement:

✓ **Active and future focused**
✓ **Goal orientated**
✓ **Embrace partnership working**
✓ **Understands the value their experience brings to the work**

Additionally, 'understanding strategic coproduction' presentations have been delivered in ED and PACT workstreams to allow all parties joining to start from the same point and understand the purpose of co-production rather than patient/carer separate reference groups.

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Community engagement

Grapevine have focused on the first 3 elements of the Community Organising Framework (Reach, Listen and Connect).

'Pop-up parklets' have been created in commonly frequented communal spaces across Coventry and Warwickshire using hot discussion topics of around mental health to spark discussions e.g.
Britany Spears conservatorship debate quotes.
This approach encouraged members of the public to contribute their thoughts and experiences.

These are being followed up with 1-1's to
Build trust and connections in the community.

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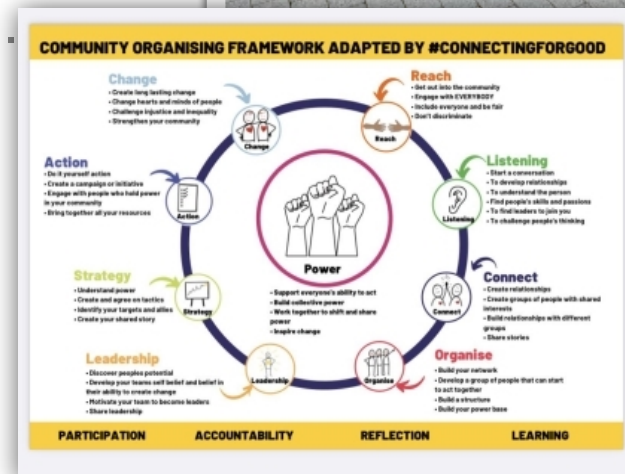
VCSE

VCSE landscape and linkages

- **Mental Health Alliance-CWPT** NHS alliance with Voluntary and Community sector-the provision of system wide, advice, guidance, research and best practice around joint working opportunities

- **Working Together**-CPWT, Primary care collaboration with Voluntary and Community sector, jointly working together on learning, training and supporting commissioning opportunities for Voluntary and Community Sector supporting specific patient journeys (often called pathways). This includes supporting any VCSE partnerships supporting Primary Care around MH.

- **Community MH Coproduction-** Listening to the widest sector of the community, to engage and genuinely involve people in any opportunities for service change/evolution in what we deliver as CWPT led and with our partners

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Summary

- Breadth of activity across the system to support people with mental ill-health, alongside activity to promote wellbeing and address determinants of poor mental health and wellbeing to support prevention, early intervention and recovery.

- Strong partnership working in place across the system (including with the VCS and experts by experience) to support transformation of services.

- Good progress made to date on a longer journey of change.

Questions?