

Integration and Mental Health: Briefing for Berkshire West 10 Delivery Group 25.01.2017

Introduction

This paper aims to support a discussion regarding the current position, what is going well, where we are experiencing difficulties, and what are our recommended next steps to communicate to the Integration Board.

Background

The Five Year Forward View for Mental Health (FYFV for MH) provides an important source of national guidance for evidence-based development of mental health services. It was informed by a significant national engagement exercise, which included over 20,000 responses, as well as an economic analysis by the Centre for Mental Health. This is an important document which provides guidance about the return on investment which can be achieved for a range of mental health initiatives.

Berkshire Healthcare has developed a local mental health strategy working with commissioners and partners for 2016 - 21. This was informed by:

- A literature review including national guidance – in particular the FYFV for MH, NICE and good practice evidence
- A review of what service users and carers have said about what is important to them (including the national engagement exercise to inform the development of the Five Year Forward View for Mental Health)
- Key public health messages about mental health problems and our local population
- The expertise and knowledge of clinicians and leaders.
- The vision and values of the organisation as a whole

The summary document outlining the Berkshire Healthcare MH Strategy (attached) was approved by the Trust Board and implementation plans for Child and Adolescent, Adults of Working Age and Older Adults are in development.

It is recognised that each Local Authority is at a different stage in terms of its own strategic priorities, and approach to development of local strategy, and the aim is to work in a way that makes sense in terms of local need, but maintains a coherent, Berkshire-wide approach.

What is going well?

- Strong foundation of good quality services, financial performance and governance (Berkshire Healthcare rated “good” by the Care Quality Commission and within segment 1 of the NHS Improvement Single Oversight Framework).
- Most priorities within the FYFV for MH have been supported by commissioner investment, which will facilitate achievement of performance targets.
- National investment has been secured for IAPT (to increase access for MH and develop services for long term physical health problems) and Perinatal Services.
- Bids have been submitted for Transformation Funding for MH Liaison Services via the STP (in line with NHSE Guidance).
- Innovative use of technology to provide online access to treatment and support.
- Single point of access to mental health services now being developed to include social care.
- Specific services have a national reputation for quality and innovation (including Early Intervention in Psychosis, IAPT, Community Teams for Older People etc)

What are our difficulties?

- Demand pressures, within finite funding available has caused an increase in out of area placements for people who need acute inpatient treatment, as well as those who need specialist treatment. This is not acceptable for patients and their families and also causes significant cost pressures.
- Local Authorities have been required to make significant savings, which inevitably impact on MH Services and people who use them.
- Meeting the needs of people presenting at RBH A&E with psychological problems is presenting a significant challenge: further analysis is needed to ensure that we understand the different cohorts of people needing help and address their needs appropriately.
- Delayed transfers of care from MH Inpatient services has a number of causes, including section 117 issues and difficulties securing accommodation.
- Street Triage and Individual Placement (supporting people into employment) Services are not funded recurrently despite the evidence-based contribution they make in supporting people to move on from specialist mental health services
- Bed Occupancy levels at or over 100% have been reached regularly (85% is the recommended level)
- Workforce shortages – these are particularly challenging in Inpatient Services, but a Prospect Park Development Programme has been established and initial results being achieved are encouraging.
- Dual Diagnosis – the commissioner and provide landscape in Berkshire is complex, with different arrangements in each area for addressing the needs of people with combined substance misuse/alcohol problems and mental illness. Inpatient Services have experienced an increase in the number of people being admitted with dual diagnosis, and community based services for people with the most complex services are limited.
- Despite significant progress in reducing waiting times for CAMH Services, waits for people needing to access the Autistic Spectrum Disorder and Attention Deficit Hyperactivity Disorder Pathways are slower to improve.

Potential Recommended Next Steps for approval by Delivery Group

1. H&WB Board discussions on Mental Health in each area to clarify local priorities, and approach to strategy implementation.
2. Berkshire West Strategy Steering Group established with representatives linked to local governance arrangements appropriate to each area.
3. Inclusion of Berkshire West key projects in Delivery Group monitoring, along with progress in reducing delayed transfers of care from MH Inpatient Services. NB this is not intended to duplicate existing reporting e.g. through A&E Delivery Board.

Bev Searle, Director of Corporate Affairs, Berkshire Healthcare in liaison with Gabrielle Alford,
Director of Joint Commissioning, Berkshire West CCGs