

## TRUST BOARD

28th June 2018

Paper Title:	Progress against the Five Year Forward View for Mental Health and the Mental Health and Wellbeing Strategy
Section:	Public
Lead Director:	Debra Gilderdale, Director of Operations and Nursing
Paper Author:	Simon Long, interim Deputy Director of Mental Health and Community Services
Agenda Item:	<b>8</b>
Presented For:	Information

### 1. Purpose of this Report

The purpose of this paper is to inform and update the board on progress in delivering the recommendations proposed by the Five Year Forward View in Mental Health.

### 2. Summary of Key Points

In March 2015 NHS England launched a Taskforce to develop a five-year strategy to improve mental health outcomes across the NHS, for people of all ages. Consequently the Five Year Forward View for Mental Health was developed, which outlined a strategy to improve mental health care across the NHS by 2020/21. A previous report presented to the board in 2017 addressed a number of key areas each with specific recommendations that will take the strategy forward. There are a total of 58 recommendations which describe deliverables in conjunction with developed commissioning and improved partnership working with a key focus on the delivery of improved access and delivery of services for all.

Bradford District Care Foundation Trust continues to develop services in line with both commissioning intentions, the Bradford District and Craven Mental Health and Wellbeing Strategy and the Five Year Forward View. This report provides a further update on the development of services that are directly related to the recommendations within the strategy.

### 3. Board / Committee Consideration

The Board is asked to consider the achieved development of services and improved delivery in line with the Five Year Forward View for Mental Health and the Mental Health and Wellbeing Strategy.

### 4. Financial Implications

Delivering on the Five Year Forward View recommendations is not only reliant on service development and ensuring best value for money but working and agreeing with commissioners that funding is released within the strategy's implementation plan and is realised into the delivery of the recommendations.

Investment throughout 2018-2021 will be required to further deliver on recommendations and activity identified within the Five Year Forward View.

Revenue  Capital

## 5. Assurance

	Assurance provided?
Board Assurance Framework	Yes
CQC Themes (see below)	Yes
NHSI Single Oversight Framework	No

This paper provides assurance in relation to the following CQC Themes:

<b>Safe:</b>	People who use our services are protected from abuse and avoidable harm.
<b>Caring:</b>	Staff involve people who use our services and treat them with compassion, kindness, dignity and respect.
<b>Responsive:</b>	Services are organised to meet the needs of people who use our services
<b>Effective:</b>	Care, treatment and support achieves good outcomes, helps to maintain quality of life people who use our services and is based on the best available evidence.
<b>Well led:</b>	The leadership, management and governance of the organisation make sure it's providing high-quality care that is based around individual needs, encourages learning and innovation, and promotes an open and fair culture.

## 6. Previous Meetings/Committees Where the Report Has Been Considered

Audit Committee <input type="checkbox"/>	Quality & Safety Committee <input type="checkbox"/>	Remuneration Committee <input type="checkbox"/>	FB&I Committee <input type="checkbox"/>
Executive Management team <input checked="" type="checkbox"/>	Directors Meeting <input type="checkbox"/>	Chair of Committee's Meeting <input type="checkbox"/>	MH Legislation Committee <input type="checkbox"/>

## 7. Links to Strategic Drivers

Patient Experience	Quality	Value for Money	Relationships
Services provide an improved patient experience within Mental Health Services in line with National and Local Strategy	Services provide excellent quality of care through the improvement of access and delivery and development of new services	Developed services in line with the national strategic drivers provide the right services in the right place	Developments continue to include and work in conjunction with partners across the social, health, voluntary and emergency services economy

## **8. Publication Under Freedom of Information Act**

This paper has been made available under the Freedom of Information Act

## **9. Recommendations**

That the Board:

- Notes progress on the delivery of good quality care in line with the Five year Forward view and the Mental Health and Wellbeing Strategy.

# **Progress of Service Delivery against the Five Year Forward View for Mental Health and The Mental Health Wellbeing Strategy**

## **1. Introduction and Background**

In March 2015 NHS England launched a Taskforce to develop a five-year strategy to improve mental health outcomes across the NHS, for people of all ages. The Taskforce consulted with experts in the field of mental health, members of the public, people with lived experience and organisations resulting in their findings identifying needed improvements within three key themes – prevention, access and quality. In February 2016 the Mental Health Taskforce produced The Five Year Forward View for Mental Health (MHFYFV) that outlined a strategy to “re-energise and improve mental health care across the NHS” by 2020/21 focusing on the experience of people with mental health problems. The report addresses a number of key areas each with specific recommendations that will take the strategy forward.

The implementation plan, published in July 2016 set out common principles that local areas should adopt as they plan to deliver this Five Year Forward View:

- co-production with people with lived experience of services, their families and carers
- working in partnership with local public, private and voluntary sector organisations, recognising the contributions of each to improving mental health and wellbeing
- identifying needs and intervening at the earliest appropriate opportunity to reduce the likelihood of escalation and distress and support recovery
- to respond to the needs of all individuals including those from BME communities and LGBT people
- designing and delivering person-centred care, underpinned by evidence, which supports people to lead fuller, happier lives
- Underpinning the commitments through outcome-focused, intelligent and data-driven commissioning.

The Five Year Forward view also took into consideration existing strategies such as Future in Mind (March 2015) by the government’s Children and Young People’s Task Force providing transformation plans for children and young people.

Of the 58 recommendations in the report (which describe deliverables in conjunction with developed commissioning and improved partnership working) there are cross cutting themes and specific service related recommendations to support the improvement of mental health services in line with the report. This paper provides an update on the Trust’s current developments in line with the Five Year Forward View for Mental Health with a particular focus on good quality care for all 7 days a week.

## **2. Good Quality Care for All 7 days a week**

Recommendations within the Five Year Forward View for mental health and provision of good quality care for all focused around four main themes - Crisis service provision,

increased access to services, physical health care for people with a mental health diagnosis and the provision of care closer to home.

## 2.1 Crisis Services

*“NHS England should ensure that a 24/7 community based mental health crisis response is available and offers an alternative to acute admissions” (recommendation 17, five year forward view for mental health, 2016).*

Bradford District Care Foundation Trust (BDCFT) continues to provide a 24/7 mental health crisis and response service within the Intensive Home Treatment Team (IHTT), the First Response Service (FRS), services within the police control room and our A&E liaison service. Following further investment from the Clinical Commissioning Groups (CCGs), system resilience funding and West Yorkshire and Harrogate health care partnership, a whole systems approach to develop alternatives to admission and A&E diversion was developed and included partnership working with voluntary care organisations and the local authority. These services, incorporating the safer spaces agenda, offer an alternative to both acute care admissions and A&E attendance, with a reduction in repeat presentations at A&E services from those experiencing mental health crises.

The safer spaces agenda is now fully embedded into the acute care pathway with offering the sanctuary (MIND), the haven (the cellar trust) and the safer spaces for young people at Tower Hurst (Creative Support).

Between April 2017 and March 2018 FRS completed 4665 face to face assessments, IHTT accepted a total of 2367 admissions into IHTT with the average length of stay being 19 days and 1282 service users have been assessed and signposted to the Haven & Sanctuary safer spaces. 70% of attenders to the Haven (547) were referred due to self-harm or suicidal ideation.

Our FRS service continues to offer ageless crisis response to include children and young people (CYP) presenting in crisis. We are utilising the 3.0 WTE band 6 monies (funded by future in mind investment) to fund additional band 6 time within FRS and the CAMHS Urgent rota. Plans to recruit dedicated CYP First Responders have been revised to consider where we would achieve the biggest impact upon CYP in crisis and also the wider health system and economy.

It is apparent that A&E and Paediatric Wards continue to be a ‘hotspot’ area for young people in mental health distress. They are presenting and often being admitted to A&E or paediatric wards for ‘cooling off’ periods following episodes of self-harm. Currently our psychiatric liaison service (PLN) offer does not extend to CYP. Reflecting on the success we have achieved in A&E Diversion and admission avoidance within adults; with the PLN model and looking at current Core 24 standards, we have agreed that introducing CYP PLN posts across both acute hospitals would dramatically improve CYP experience and outcomes but also support reduction in A&E attendances, acute hospital admission and vastly shorten the ‘cooling off’ period for those that require it. This work is being incorporated into the wider Core 24 planning and will be seen as an ageless system and offer.

Although providing a nationally recognised model of provision for both access and crisis care the service is not as yet compliant to CORE 24 standards. This standard specifies services to be based within A&E departments 24 hours a day, provide Consultant cover

and deliver in-reach to the hospitals. The current delivered model does provide services that are based, or able to be based, within the A&E departments but are not fully compliant with CORE 24 service standards.

NHS England are potentially offering a second round of start-up funding for Trusts to move towards CORE 24 and, with agreement from the Bradford and Airedale urgent care work stream, a working party has been devising a model that incorporates the current acute pathway and a more CORE 24 compliant approach. This proposal, created in partnership with the hospital trusts, CCGs and local authority, will be ready to present during quarter 2, 2018/19.

## **2.2 Increased access to services**

Recommendations are specifically identified regarding increasing access to services.

There is a specific focus on improvement for women accessing services during the perinatal period, improvement in “improving access to psychological therapies” (IAPT) and increasing access to services that provide a NICE approved package of care for those experiencing a first episode psychosis. The Trust delivers services to these recommendations.

### ***Early Intervention***

The better access to mental health standard for Early Intervention in Psychosis (EIP) states that 50% of all those experiencing a first episode of psychosis are to be treated with a NICE approved care package within 2 weeks of referral to mental health services. In addition to this, the waiting time and intervention standard has become ageless giving an increase in age range spanning over 35 up to 65.

Recommendation 16 within the FYFV also suggests that the access standard should increase to 60% by 2020/21. The Trust’s current EIP service delivers above the 50% access target as well as further delivering on NICE approved packages of care for all those experiencing a first episode psychosis up to age of 65, however demand for this increased during 2017.

CCGs have provided additional recurrent investment of £520k in 2018/19. This is required to work towards achieving a 53% access target by March 2019. Further funding will become needed in following years to both maintain and increase capacity as per the 60% access targets by 2020/21.

### ***Perinatal Mental Health***

By 2020/21 NHS England should support at least 30,000 more women each year to access specialist mental health care during the perinatal period.

BDCFT were successful in achieving two years funds from NHS England to develop a perinatal mental health service. Now fully developed the service formally launched in April 2018. Partnership working with better start Bradford to deliver ‘little minds matter’ (a service focusing on the mother and baby relationship and wellness) has also been initiated.

### ***Improving Access to Psychological Therapies***

The Trust provides Improving Access to Psychological Therapies (IAPT) with significant waiting time and access targets. The MHFYFV gives clear direction that access targets (currently 16.8% of people with common mental health conditions)

should increase to 25% by 2020/21, with a significant focus on people living with long term conditions. There had been no further funding for the development of this service from the CCGs in 2017/18 but the Trust continued to be commissioned to provide access to 15% of the population, achieve a 50% recovery rate and achieve both 6 week and 18 week targets.

For 2018/19 the Trust was given additional recurrent funding to meet 16.33% access target, i.e. only for those without a long term condition. CCGs are currently reviewing the IAPT model for long term conditions as the national target for IAPT during 2018/19 is 19% to include long term conditions. BDCFT has yet to receive funding for the long term condition element.

The Board is aware that the IAPT services developed the wellbeing college during 2016/17, which delivers self-referral and online access to courses such as 'stressbusters'. As part of a lead provider role for psychological therapies the Trust has also developed strong partnerships with voluntary services (VCS) by both commissioning and supporting our partners to deliver stressbuster sessions within their services.

For the increased access that the Trust has received funding for, a Trust procurement process is concluding that will incorporate additional activity by commissioning third sector partners. This will strengthen the above model of delivery with the wellbeing college and partners working collectively to deliver a service that offers choice, increased availability and achieve the access targets required.

## **2.3 Care Closer to Home**

Within recommendation 22, the Five Year Forward View sets out expectations that standards of care should be delivered as close to home as possible, improve services to reduce admissions and eliminate any out of area placements.

With the development of the FRS and enhancing acute care including the intensive home treatment support through the development of the workforce (e.g. Increasing advanced nurse practitioners, allied health professionals etc) and a more intensive approach, the Trust continues to achieve no out of area placements. The Trust now leads on the out of area placements for the West Yorkshire and Harrogate health care partnership.

As presented in the previous MHFYFV update paper, there is recognition that a community based approach and model of care wrapped round a patient and closer to their home has greater benefits in terms of supporting people in their recovery and ongoing wellbeing than spending time as an inpatient in a ward.

During 2017 the Trust approved a project to design a care offer and implementation plan that can deliver a recovery approach for community mental health teams (CMHT) and an alternative community model for acute/crisis mental health services for patient care that enables care closer to home whilst achieving the financial envelope available. A multi disciplinarily approach has been taken to repurpose the way we currently deliver community and inpatient support and move to a recovery model approach.

The care closer to home project focuses on 3 key elements:

- Wellbeing College (previously IAPT)

- Intensive Wellness centre (current inpatient services)
- Recovery & Prevention Services (current CMHTs)

In order to deliver this transformation, care pathways have been agreed in line with the MHFYFV recommendations. There has been increased resource within the FRS and during June 2018 a Consultant Psychiatrist commenced in post to give medical support to IHTT and FRS. A criteria-led discharge model was successfully introduced to acute inpatient services and as a consequence we have seen a reduction in the average length of stay by 60%.

Acute inpatient services have embarked on a programme to achieve more effective use of the auto roster and this has led to a trial of a two shift system across all acute wards which is delivering early benefits and fill rates on rosters of our substantive staff.

A project approach has been established to support both the older peoples' mental health transformation and the CMHT transformation (recovery and prevention). Workforce development for the recovery and prevention arm is currently under way and during quarters 3 & 4 of 2017 a new model of an assessment team was created.

The assessment team offers a speedier triage and assessment process for service users referred into CMHTs where, following referral, service users are contacted via telephone and assessed as soon as possible, or triaged onto more appropriate services. Early indications have shown that over 40% of referrals have been sign posted to more appropriate third sector or alternative support, preventing unnecessary waits or admission to the mental health care system.

The Trust has also engaged in ENRICH, a five year programme of research funded by the National Institute of Health Research and led from St George's, University of London and South West London & St George's Mental Health NHS Trust.

The aim of the ENRICH project is to improve service users' experience of discharge from inpatient to community mental health care, leading to a reduction in readmissions, especially unnecessary and compulsory readmissions. This supports improved individual recovery-focussed outcomes and allows more control for service users in how they engage with services and the wider community.

BDCFT have engaged in the research and recruited two paid peer support workers. They are working alongside the clinical teams on the wards and in the community. Their role is to provide 10 weekly support meetings in the community followed by 3 fortnightly with people leaving hospital, using a range of communication skills and non-directive, strength-based approaches and tools developed in the ENRICH training. The aim is to:

- Support the building of safe, trusting relationships based on shared lived experience
- Ensure that the values of mutuality and reciprocity underpin peer support relationships
- Promote the validation and application of experiential knowledge in the provision of peer support

- Enable peers to exercise leadership, choice and control over the way in which peer support is given and received
- Empower peers to discover and make use of their own strengths, and to build and strengthen connections to their peers and wider communities

## **2.4 Physical Health for People with a Mental Health Diagnosis**

The Five Year Forward View for Mental health emphasizes that people with mental health problems are at greater risk of poor physical health and get reduced access to prevention and screening programs. Recommendation 20 also suggests that all mental health inpatient units should be smoke free by 2018.

As presented in previous papers to the board, since the 1st of July 2015, BDCFT has been a smoke free organisation. Remaining smoke free continues to be a positive step and continues to reinforce the Trust's position as a health promoting organisation. However, as described in alternative papers, there have been considerable challenges within inpatient settings, in maintaining this approach. The Trust Board, in line with other health partners, is being asked in June to consider approving the use of vaping and E-Cigarettes as an alternative to other nicotine replacement therapies that the inpatient services offer.

Within all CMHTs and the EIP service physical health clinics continue to be led by associate practitioners who carry out annual health checks on every service user.

Within inpatient services staff are trained up to the Calderdale competency framework and every acute ward has an associate practitioner who completes a physical health check for every patient. All associate practitioners are supported through a peer support network that is supported by physical health nurses to offer supervision and guidance.

## **3. Further Developments for Children and Young People**

In line with the MHFYFV and the Future in Mind (FiM) programme further developments have been made in the Trusts child and adolescent mental health services (CAMHS).

BDCFT CAMHS are undertaking a review of its CAMHS services. This is to support and complement the CCG led 'Future in Mind' Transformation Plan that looks at a whole system review of services supporting Children and Young Peoples' emotional and mental well-being. As discussed BDCFT in partnership with Creative Support have developed Crisis Response Services for children and young people by resourcing IHTT and supporting safer spaces.

Following further investment through FiM, BDCFT have developed a designated Eating Disorder service within CAMHS which aims to meet the access and waiting times standard discussed in the FYFV.

Within the New Models of Care (NCM) Agenda, and linked to the West Yorkshire & Harrogate HCP successful bid to develop tier 4 of the CAMHS service, BDCFT now has in place a CYP Care Navigator funded and supported by the NCM. This care

navigator provides clinical leadership, consultation, advice and oversight of all CYP who at the point of hospital admission or in a Tier 4 unit.

The role supports local services in developing plans of care that seek to keep young people as close to home as possible; avoiding admission or promoting swifter transition from Tier 4 back to community. The role is helping us identify across the system gaps in service where we could better serve CYP and families when in Crisis. The NCM has already seen a West Yorkshire and Harrogate health care partnership wide saving of £960k with that money being reinvested into community service to further improve and develop Crisis and Intensive Home based treatment for CYP.

#### **4. Mental health employment services**

Recommendation 5 within the strategy calls for increased Individual Placement and support (IPS), an evidence based approach to supporting mental health service users into employment.

Bradford District Care Foundation Trust established an Individual Placement and Support (IPS) service in February 2015. IPS is an evidence based approach to supporting mental health service users (with serious mental illness) into paid employment. The approach requires the service to be based in CMHT's and service users who are referred must be in receipt of a service from CMHT. The BDCFT service was externally assessed against IPS Fidelity Scale in 2016 and achieved Centre of Excellence status. This remains current until 2019 when the service will be reassessed.

Current funding arrangements enable the service to employ four Employment Specialists, who are based in CMHT's and a Team Leader. A successful bid for NHSE transformation funding, covering 2018/19 and 2019/20, will enable the service to employ two further Employment Specialists to ensure comprehensive coverage of all CMHT's and EIP.

#### **5. Suicide Reduction**

Organisations from across the region are collaborating to reduce suicide across the region. This includes mental health and ambulance services, police and fire services, local authorities, prison services, and charities and a West Yorkshire wide strategy has been developed.

In order to ensure that the strategy will be delivered within Bradford, BDCFT have a suicide reduction steering group which meets monthly and has representation from corporate and operational services within the trust and service user and carer representation.

Externally, the Trust is an active member on the Bradford District suicide prevention group (led by public health, Bradford), the suicide prevention advisory network (with West Yorkshire Partners) and the West Yorkshire Federation of NHS Trusts – a collaboration between the three NHS trusts who provide mental health services.

Currently the Trust is creating an organisational suicide reduction strategy in line with both the Bradford strategy and West Yorkshire strategy. We continue to train front

line clinicians in risk assessment and suicide assessment training alongside our health partners.

## 5. The Mental Health and Wellbeing & Next Steps

As the board is aware, following an external review of Joint Mental Health Commissioning across Bradford, Airedale and Craven in autumn 2015, a recommendation was made for the development of a Mental Health Strategy. This was later endorsed by the Bradford District & Craven Mental Health and Wellbeing Partnership Board (MHWPB).

Launched in 2017, the Mental Wellbeing Strategy for Bradford and Craven describes a vision of hope, empowerment and support with 3 strategic priorities;

- **Our Wellbeing** – “we will build resilience, promote mental wellbeing and deliver early intervention to enable our population to increase control over their mental health and wellbeing and improve quality of life and mental health”
- **Our Mental and Physical Health** – “Mental Health and wellbeing is of equal importance to physical health. We will develop and deliver care that meets these needs through the integration of mental and physical health care”
- **Care When We Need it** – “When people experience mental ill health we will ensure they can access high quality evidence based care that meets their needs in a timely manner, provides seamless transitions and care navigation”

There are five strategic outcomes within the strategy and strategic commitments to further developing services, pathways and partnerships in order to ensure the improvement of mental health and wellbeing. As a commissioning strategy each of the priorities and commitments are consistent with the national direction and the Five Year Forward View and many reflect current commissioned services and developments with the Trust’s delivery plan.

BDCFT remain fully involved and contribute the development to the strategy. The MHWPB has now revised its terms of reference and will continue to oversee the development and monitoring of the strategy. BDCFT contribute to the leading of the third priority (care when we need it) and contribute to the delivery of priorities in the other two priorities. An updated operational plan has been devised which is now structured around the 5 strategic outcomes and will work as an operating tool to ensure necessary developments have or are taking place. BDCFT are involved in all of the strategic outcomes and have joint responsibility for reporting as highlighted in the operational plan. The lead commissioner and Deputy Director for Acute and Community Mental health are currently updating the operational plan in line with the developments described in this paper and it will be discussed at the next Mental Health and Wellbeing Partnership board in June, 2018.

The strategy is further referred to and discussed within the Service Development Group and the newly revised GP leads meeting where clinical commissioning is discussed. The Deputy Director of Acute and Community Mental Health and/or an appropriate clinical lead attends these meetings.

## 6. Assurances in Place

Through service re-design and responding to commissioner requirements the Trust continues to progress on delivering the recommendations within the FYFV and the Mental Health and Wellbeing Strategy. Processes are in place to ensure the ongoing delivery and monitoring of the developments discussed alongside the recommendations of the FYFV. The Trust plays an active role in the delivery of the Mental Wellbeing Strategy, West Yorkshire and Harrogate health care partnership and partnership working across the health economy to ensure that requirements against delivery of the FYFV are identified and delivered.

## 7. Financial Implications

Delivering the FYFV recommendations and the Mental Health Wellbeing Strategy is not only reliant on service development and ensuring best value for money but working and agreeing with commissioners that money released within the MHFYFV implementation plan are realised into the delivery of the recommendations, e.g. A&E Liaison.

Investment throughout 2018-2021 will be required to further deliver on recommendations and activity identified and indeed, some investments have been realised in 2017/18.

Ongoing investment will be identified through the contracting negotiations but currently the Trust is delivering on commissioned expectations that relate to the MHFYFV under current contract arrangements.

## 8. Risk Implications

<b>Risk</b>	<b>Likelihood High/Medium/Low</b>	<b>Implication</b>	<b>Mitigation</b>
Lack of funding delivered that has been identified through the FYFV and Mental wellbeing strategy	Medium	Unable to deliver on further developments and service enhancements identified within the FYFV	<ul style="list-style-type: none"> <li>- Service redesign to ensure best value for money</li> <li>- Contract negotiations established to deliver within identified parameters</li> </ul>

## 9. Monitoring and review

Developments discussed are monitored through monthly performance monitoring within the organisation, Quality and Safety committee and contract monitoring with commissioning bodies (CCGs and NHS England).

## 10. Recommendations

That the Board:

Notes progress on the delivery of good quality care in line with the Five year Forward view and the Mental Health and Wellbeing Strategy.