

BNSSG CCG Governing Body Meeting

Date: Tuesday 5th February 2019

Time: 1.30pm

Location: The Royal Hotel, 1 South Parade, Weston-super-Mare BS23 1JP

Agenda item: 6.2

Report title: Mental Health Strategy Progress Report

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Report Sponsor: Deborah El Sayed

1. Purpose

Good mental health is one of our highest priorities and improving mental health outcomes is a key challenge for our CCG and the wider system. We know we can do better for our population by addressing the current fragmentation of services. We need to work more closely together to embrace opportunities that ensure people are supported from the very earliest stages of illness with the right support at the right time and place.

We presented our outline approach to developing this STP wide strategy at the July 2018 governing body. It was agreed that the scope of the strategy would be all ages, would focus on integration of physical and mental health, and that engagement and co-design with users, people with lived experience, and clinicians is a pre-requisite.

The purpose of this report is to update the Governing Body on the development of the strategy and to seek endorsement of the current position.

2. Recommendations

The governing body is asked to consider the report. Feedback and views are requested on the direction of the strategy, progress to date and approach to delivery.

The original planned delivery date for the strategy was April 2019 however the additional work to align all parties has taken longer than originally estimated therefore it is requested that the Governing Body note and agree that this will shift by 4 weeks to May 2019.



3. Aims

To deliver a strategy that addresses and responds to high level drivers and a range of other considerations but also articulates:

- Where we are now – our current state
- Why this matters to us all – a call to action
- Why we have to do things differently (case for change)
- Doing things differently (for example integration, de-medicalisation) – (Ambition)
- What it will look like and how will it feel in future (Vision)
- How we will get there (strategy and implementation)
- How we will know we have achieved (Benefits)

4. Scope and high level drivers

As an STP wide strategy, we have taken time to ensure the effective involvement of our population our Local Authorities (including both Public Health and Social Care) along with other partners such as acute and community providers, children's and CAMHS services and the urgent care system e.g. IUC CAS and SWASFT.

In developing an all ages strategy it is also important that we ensure that the needs of Children and Young People (CYP) and older people including those with dementia are also fully considered.

The Mental Health Strategy Board and the key partners have agreed the **high level drivers for the case for change**:

- Poor user experience and often poor access to services
- Equity of service access -standardise pathways and reduce variation
- Better integration – e.g. NHS commissioned services & primary care based models creating end to end pathways
- High levels of 'displacement' activity e.g. lack of mental health or mental health competent services shifting activity into non-traditional MH settings e.g. primary care, urgent care and Long Term Conditions
- Parity in physical and mental health and parity across the life course
- Mental health genuinely becoming everybody's business
- Increased emphasis on prevention & early intervention using a life course approach to mental health.

The life course approach

To reflect the fact that people may experience different challenges to their mental health and well being at different stages of life the life course has been defined as illustrated below. This is an emerging concept that seeks to show the variety of connections with our lives, our communities as well as with services.

Illustration 1: The concept of the life course and connected components of our lives



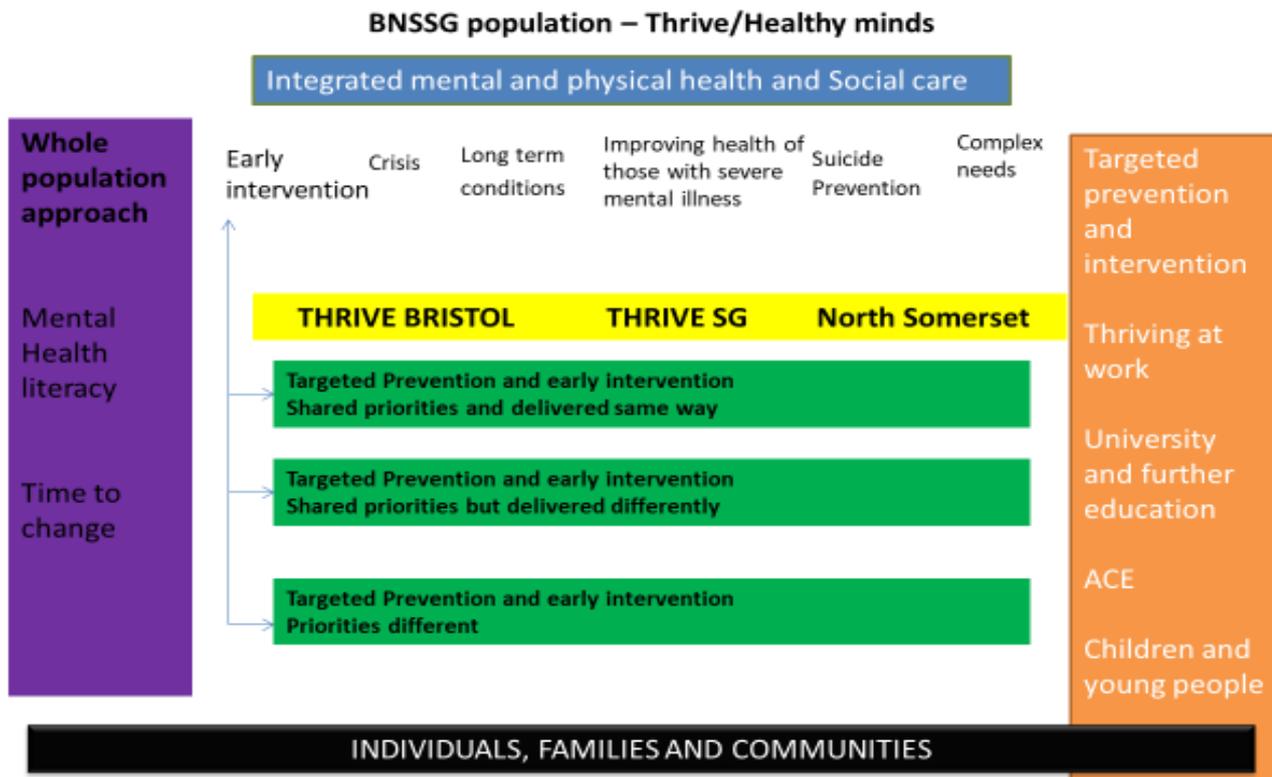
The development of Thrive

Thrive is a model of community engagement designed to support the mental health and well being of citizens. Originating in New York City <https://thrivenyc.cityofnewyork.us/> the city committed to six principles

- Change the Culture
- Act Early
- Close the Treatment Gap
- Partner with Communities
- Use Data better
- Strengthen governments ability to lead

Bristol City Council is developing the Bristol Thrive Programme along with North Somerset and South Gloucestershire. This work is focused on improving population health and wellbeing, increasing self-care, early intervention and reducing need. Thrive aims to mobilise collaboration, leadership and resources. There is a definite alignment with the ambitions and principles of the BNSSG mental health strategy and Thrive.

The public health directorates in each of the local authority areas have produced the illustration below that brings together an agreed BNSSG approach.



5. Engagement and coproduction

We made a commitment to ensure that the vision and strategy for BNSSG is co-designed and produced in partnership between commissioners, statutory health and social care providers, the voluntary sector and people with lived experience and their carers, and this has been at the heart of the work undertaken during the discovery/listening phase. People with lived experience have been actively working with us from the outset.

During the discovery phase has enabled us to engage more than 650 people in seminars, events and focus groups about mental health, including people with lived experience, all GP practices, and the public. Questions we asked ranged from “what does good mental health mean to you”, to “if you could redesign services to work better, how would you do it” and “how do we better join up mental and physical services?” We also spoke to more than 300 people and reached 4,000 online more as part of social media campaign. Through this process people have consistently told us they wanted services that:

- Treat people with respect and dignity
- Are accessible and available to all
- Are timely and don't involve complicated entry criteria or long waits to see someone or receive support
- Are flexible, person centred and holistic
- Accept and support people with complex needs and will not exclude people e.g. with a personality disorder

- Are Mental Health competent even when these are about physical health
- Challenge stigma, discrimination and inequality
- Consider how to make it easy for people with different social, cultural or learning needs to use our services.

6. Next steps in building our case for change

We are distilling the wide ranging and diverse feedback and utilising the insights we have gained our next step priorities are to triangulate the key themes people are giving us. We are using our CCG business intelligence capability, population level (including Thrive) and public health data and mapping our service level commissioning data by locality to capture inequity, unmet and displaced need.

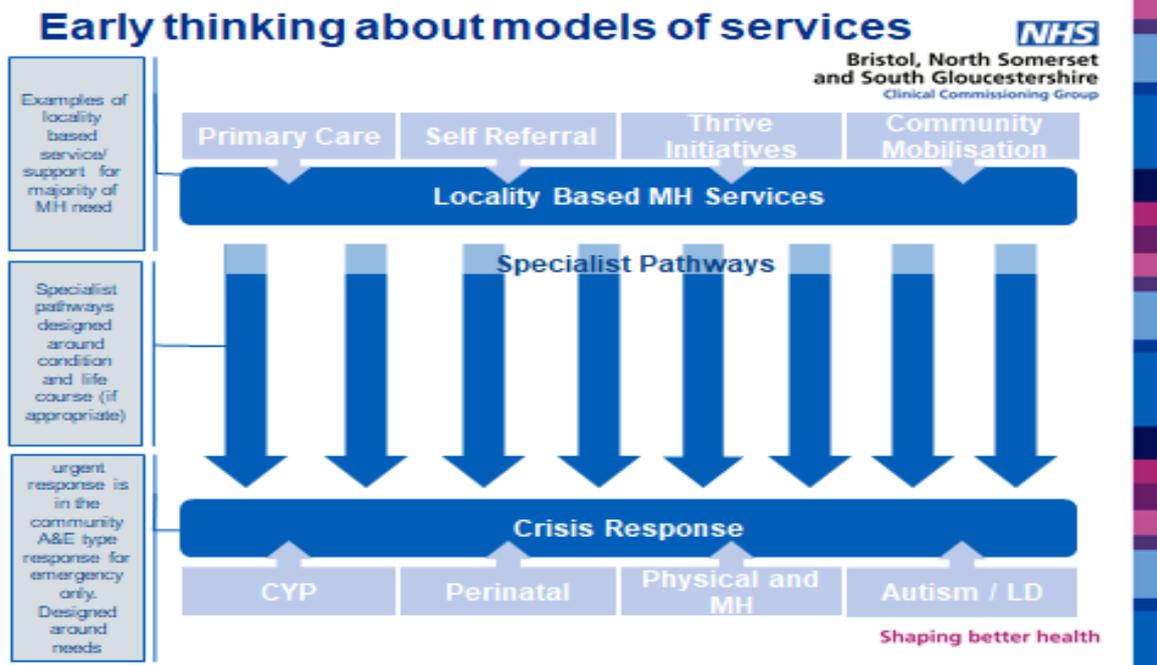
We know that mental health involves every part of the STP and our communities, not just organisations those badged “mental health”. There is increasing evidence that rebalancing services toward prevention and early intervention has significant return on investment gains.

7. Designing around emerging themes

As a CCG, we are already working toward providing equality of access, consistent clinical standards and equitable access to and funding of, services across BNSSG by:

- Developing new models of care including perinatal, IAPT, Core 24 & psychiatric liaison, dementia, mental health pilots in primary care, supported by Mental Health Standard investment of around £3.9m in 2018/19
- CAMHS expansion and development across BNSSG including the development of crisis services supported by £1.5m additional investment. Working with Local Authorities and others to develop a consolidated approach to Adverse Childhood Experiences
- Transforming mental health service estate to support delivery of new models of care and the AWP clinical strategy
- In partnership with Local Authorities a new approach to develop and implement new models of long term care and rehabilitation in the community informed by successful Personality Disorder work
- Planning for an improved crisis response and focussed work to reduce suicides and self-harm.

Building on the work already underway, our focus is on responding to the big questions raised as emerging themes. For example, what steps we should be taking to ensure integrated physical and mental health services that consider the whole person, and how we shift resources to address access and waiting list issues, together with pathway fragmentation. We need to consider what we do differently to address the significant increase in demand for CAMHS and ensure effective transition into adult services, and how we best provide support for people with multiple needs e.g. drugs, alcohol and mental health or those with personality disorders. Work to date has sparked some early discussion on models of services, as outlined in the graphic below and these will be tested further at the next integrated localities event on 07 February 2019.



As we develop the Mental Health Strategy, guidance, reviews, pathways and action plans will emerge. As noted above, one example where the link between MH and physical health is critical relates to community perinatal mental health. In order to achieve the best possible outcomes for women, a review has been undertaken that has highlighted a few key themes that will be picked up as part of the MH strategy as well as for operational improvements.

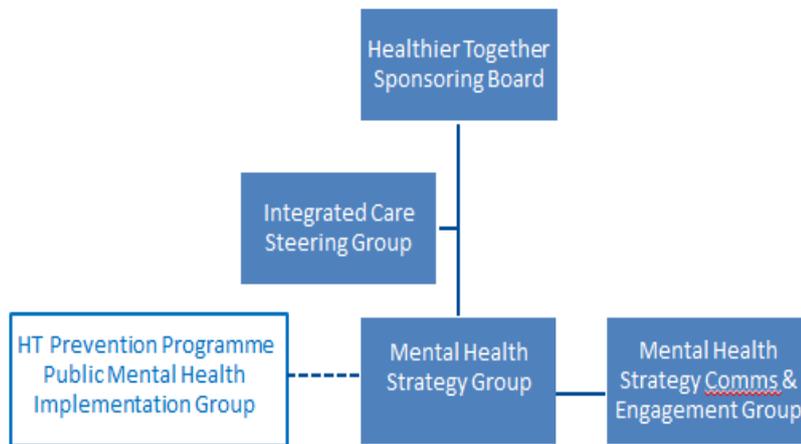
The review has highlighted the critical importance of collaborative working between system partners, to deliver an effective seamless pathway. It flags up the role of shared Standard Operating Procedures (SOP) in giving clarity to all partners and staff themselves of the key processes to be followed including referral criteria, referral forms and having a shared approach to multi-disciplinary meetings.

Training and potentially joint training is raised in relation to services, and the community perinatal service is no different. Training provided to staff and other partners within the system, such as midwives and health visitors, will enable the service to become more effective and operate more efficiently.

Reports such as these, will feed key themes into the Mental Health Strategy as well as into other work-streams such as the Maternity Transformation plan.

8. Governance

Oversight of the strategy development is via a mental health strategy group, overseen by the integrated care steering group, with overall accountability to the Healthier Together STP sponsoring board as per below.



9. Delivery

Design events	<ul style="list-style-type: none"> • ACE 17th Jan • 7th Feb LTS • 18th Feb Suicide prevention • March ASE CYP • Pathway redesign Sessions • MH DoS design working groups 	<ul style="list-style-type: none"> • Confirmed –Event Design • Confirmed – Event Design • Commenced (MH Crisis) • Planning stage
Governance	<ul style="list-style-type: none"> • STP PPI Forum: 26th March • ICOG: 29th March 11th April • • Comm Exec 11th April • CCG Finance 24th April • STP Sponsorship – end April • GB Open 7th May (System boards TBC) 	<ul style="list-style-type: none"> • Assurance of PPI and co-production • Assurance/ Approval of system proposals • Endorsement for GB • Assurance of Fin Imps • Approval system • Approval CCG
Editorial Reviews	Case for Change	By mid Feb
	Key Themes / Options	By End Feb
	Evaluation Economic / Benefits	End March
	Implementation plan and Design of document	Mid April

10. Implications for Health Inequalities

Currently, SWAST receive more calls related to mental health than for major trauma, stroke and heart attacks combined. Physical and mental health treatments tend to be viewed, and delivered, as separate health services. This is compounded by multiple barriers to services if someone also happens to have a substance misuse issue. We know that achieving parity between physical and mental health will improve health outcomes, patient experience and reduce health inequalities. The strategy will embed the principles of integrated mental and physical wellbeing, supported by joined up acute and out of hospital service.

The strategic intent is to address the needs of the whole person; tackling poor physical health for those with mental health problems, and treating those with physical health problems who have developed mental health disorders. We intend to maximise the opportunities the Community Services procurement, the Locality Transformation Scheme, and a host of other planned developments, offer.

11. Financial resource implications

There are no additional financial or resource implications currently identified in this report. However major service changes may have resource implications as part of their case for change.

12. Legal implications

There are no legal implications identified in this report.

13. Risk implications

There are risks and challenges to delivery of the strategy:

- The determination to create parity between mental and physical health is ambitious, given the wider economic and social environment
- Achieving genuine co-production can be complex and resource intensive, and will require support and resources from across the Healthier Together system
- There is increased pressure on the commissioning, provider and the wider local authority budgets. This may impact on the ability of some organisations to deliver on some specific actions and recommendations deriving from the strategy
- This may also impact on the ability of partners to fully commit to aspects of the strategy
- We are dependent on partners and others e.g. central government to help us to address the wider determinants of mental health.

14. Implications for equalities (Black and Other Minority Ethnic/Disability/Age Issues)

According to Mental Health Foundation reports¹, in general, people from black and minority ethnic groups living in the UK are more likely to be diagnosed with mental health problems, more likely to experience a poor outcome from treatment and more likely to disengage from mainstream mental health services, leading to social exclusion and a deterioration in their mental health. This is likely to be reflected across our BNSSG population. Poor mental health is cited as both a cause and a consequence of social, economic and environmental inequalities. Mental health problems are more common in areas of deprivation and poor mental health is consistently associated with unemployment, less education and low income or material standard of living, in addition to poor physical health.

A critical element of the strategy is to aim to tackle the stigma and marginalisation associated with mental health (which is also a Thrive ambition), redress underfunding, and reshape how care is delivered to improve access for people of all ages and from all backgrounds, in line with the Five Year Forward view requirement to achieve parity of esteem.

An Equalities Impact Assessment will be undertaken as part of the development of the strategy.

15. Consultation and Communication including Public Involvement

A wide ranging consultation and engagement process is well underway, and will continue throughout the development of the strategy, utilising both established and innovative approaches to ensure the voices of local people, those with lived experience, staff and stakeholders are heard and their views are fully embedded in the final product.

16. Glossary of terms and abbreviations

CAMHs	Child and Adolescent mental health services (CAMHS) is used as a term for all services that work with children and young people who have difficulties with their emotional or behavioural wellbeing. The services are usually multidisciplinary and include psychiatrists, social workers, child psychologists and social workers.
Thrive	Thrive Bristol is a ten year programme to improve the mental health and wellbeing of everyone in Bristol, with a focus on those with the greatest needs. It covers all ages and considers mental health in its broadest sense. It ranges from plans to improve the whole population's wellbeing to interventions for people experiencing mental illness

ⁱ https://www.mentalhealth.org.uk/sites/default/files/mental_health_resilience_inequalities_summary.pdf

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