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HEALTH AND WELLBEING BOARD
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MENTAL HEALTH INTEGRATED CARE SYSTEM UPDATE

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Priorities
This report is relevant to the following Joint Local Health and Wellbeing Strategy priorities:

- Mental Health and Wellbeing

Safeguarding
This report does not have a direct impact on safeguarding children or adults.

Item for Decision, Consideration or Information

- Information and assurance

Recommendation

1. **The Health and Wellbeing Board is asked to:**

    a) **Note progress in delivery of the Integrated Care System (ICS) Mental Health and Wellbeing Strategy 2022-26.**

    b) **Note progress in delivering the NHS Long Term Plan requirements.**

Purpose

2. This paper examines the delivery of the Integrated Care Board (ICB) Mental Health programme, which is managed on behalf of the ICB by the Herefordshire and Worcestershire Mental Health Collaborative (the Collaborative).

3. The ICS Mental Health and Wellbeing Strategy describes five priorities that reflect the local ambition for mental health and wellbeing services, while also aligning with national direction via the NHS Long Term Plan. The strategy also highlights the need to support and build community health assets, utilising existing local enablers such as the Now We're Talking and the development of the Worcestershire Integrated Wellbeing Offer.

4. The National Mental Health Programme has seventeen workstreams to deliver the ambitions of the NHS Long-Term Plan. These include both national and regional specialist services, for example Secure services, Child and Adolescent Mental Health Services (CAMHS) in-patient services and gambling hubs. This paper focuses on the ten priority workstreams for the ICS, namely:

    - Children and Young People (CYP)
    - Improving Access to Psychological Therapies (IAPT)
    - Early Intervention in Psychosis (EiP)
    - Dementia Diagnosis Rates (DDR)
    - Peri-natal Mental Health
    - Out-of-Area Placements (OoAPs)
    - Physical Health for people with a Serious Mental Illness (PH SMI)
    - Adult Community Mental Health
    - Suicide Prevention
    - Urgent Mental Health Care

5. Worcestershire's Health and Wellbeing Board has focused its new Joint Local Health and Wellbeing Strategy 2022-2032 on 'good mental health and wellbeing', with action plans currently being developed by ICS partners to consider delivery and outcomes. The Collaborative is key to the strategic oversight and coordination of this work, for which this paper provides a detailed update on its activity and direction.

Herefordshire and Worcestershire Mental Health Collaborative

6. Accountability for the delivery of Mental Health rests with the ICB but responsibility for delivery is led by the Collaborative, which is currently running in shadow form and hosted by Herefordshire and Worcestershire Health and Care Trust (HWHCT).

7. The Collaborative brings together key partners across health, social care, public health, voluntary sector, the police and ambulance services and experts by experience. It operates system-wide and reports into the ICB, HWHCT Trust Board and the place-based forums of Worcestershire Executive Committee and One Herefordshire. The Collaborative is responsible for ensuring that the Mental Health Investment Standard (MHIS) is achieved and national mental health standards met.

8. The Collaborative developed as part of the system operating model to ultimately enable delegation of the ICB Mental Health Programme budget, it includes a committee of partners to oversee joint decision-making in relation to mental health services. The committee is supported by an executive forum, which fulfils the function of a Programme Board and supports the delivery of the Health and Wellbeing Board priorities.

9. Whilst the initial operating model is built around collaboration in decision making, the longer-term operating model aims for delegation of specific functions from the ICB to the Collaborative. Specific guidance from NHSE on delegation of ICB functions to provider collaboratives or place-based partnerships is being developed to enable this.

10. The ICB currently participates in the monthly NHSE Assurance Meetings for Mental Health, which covers both the constitutional and transformational standards set out in the Long-Term Plan. Through the Collaborative developments, the process is evolving to be led by the ICB from January 2023, ensuring robust oversight of performance to meet the needs of the ICS and NHSE.

11. The NHSE assurance process focuses on both constitutional and transformational national standards for mental health services. As HWHCT use *Carenotes* as their Electronic Patient Record system, the continued outage arising from the cyber-attack earlier in the year has severely compromised the Collaborative's ability to accurately report against several indicators.

ICS Mental Health and Wellbeing Strategy

12. The priorities of the strategy are the provision of Accessible and Integrated services, Community empowerment, Person-centred services and Prevention and self-care.

13. This report describes progress against these priorities across all elements of the Mental Health programme. The Board is asked to note the increased investment in earlier intervention and community assets to increase the availability of support at the point of need. Primary Care Networks are increasingly working with local voluntary sector partners to better support the determinants of mental ill-health such as employment and housing difficulties, alongside access to clinical services. This approach is seeking to improve outcomes for the population. The evaluation will inform future service planning by the Mental Health Collaborative.

Children and Young People (CYP)

14. Children and Young People - local mental health services are provided by HWHCT working with partners from the local VCSE sector. This includes support provided digitally by commissioned Apps (such as the "*WOO"* text service) that are reported to NHS Digital. A system-wide transformation plan is refreshed annually, with delivery monitored through the CYP Mental Health and Emotional Wellbeing partnerships in each county. Improving the mental health of CYP is also a priority workstream for both the Local Authority-led CYP Strategic Partnerships and the ICS CYP Programme which facilitates partner support for delivery of the plan.

15. The Partnerships work with Special Educational Needs and Disability (SEND) colleagues to enable schools to better support their students to remain in education whilst addressing their wellbeing and mental health needs. In recognition of the impact of COVID and the increase in demand, the ICB has commenced work with parents, carers, and young people to co-design a pathway to meet the needs of CYP who are unable to access the current service offers.

16. Prior to this year, services consistently exceeded the access target for CYP receiving NHS funded support. Although the core CAMHS services in both counties are continuing to overperform, the low access to Mental Health Support Teams in schools is believed to be driven by the relative immaturity of teams (evidence approx. 50% of overall target is typically achieved in first year post-qualification), which is the period still reflected in national data.

17. Rurality is also believed to provide an extra challenge given distances between schools. The services are expected to meet the access target by July 2023.

18. Complaints to the ICB regarding CYP mental health services are mostly about waiting times and access. Prolonged waiting times mean that opportunities are missed for early intervention and can lead to more complex presentations by the time the person is seen.

Improving Access to Psychological Therapies (IAPT)

19. The IAPT transformation programme focuses on recovering performance against national key performance indicators (KPIs) in a sustainable way across the pathway by the end of 2023-24. Some progress has been achieved but it is recognised that there is some distance to go.

20. Waits are slowly reducing, with 6-week and 18-week standards now being achieved in-month: However, due to the cyber-attack and system outage, this will not be reflected in the data for as it is measured at point of discharge. Outsourcing will be used to achieve improvements for longer waits.

21. Circa 60% of patients are now receiving their first treatment in 90 days and long waiters have been reduced by around 10%. There is a plan to improve further by using outsourcing to add capacity.

22. Some issues remain, such as the ability to recruit / fund sufficient staff increases to meet the increasing access target, as well as the proportion of inappropriate referrals where IAPT is unable to meet patient needs. ICB and HWHCT colleagues are working with Health Education England (HEE) on trainee recruitment, and triage workers are helping to improve flow at the front door, however, there remains a collective need to get better at getting the right people in the right door.

23. Reports indicate that those waiting for their first appointment are not consistently informed of the length of time that they can expect to wait. This can create a level of anxiety that is potentially avoidable. HWHCT is taking action to address this communication gap and additional support has been commissioned for each Primary Care Network (PCN) for those referred to IAPT whose needs can be met by local VCSE providers.

Early Intervention in Psychosis (EiP)

24. For EiP, performance is consistently above the waiting time target, ensuring that people experiencing their first episode of psychosis receive timely specialised care to optimise the outcomes delivered.

25. The Royal College of Psychiatrists completes an annual audit of services to monitor the quality of care provided. All services are required to reach Level 3 National Clinical Audit of Psychosis (NCAP) by 2022-23. Worcestershire meets the Level 3 criteria.

26. There are no identified quality concerns for these services.

Dementia Diagnosis Rate (DDR)

27. Dementia Diagnosis Rate (DDR) - performance has consistently been below the national target, meaning that people may be unable to access appropriate care and support and continue to live well with their dementia. A recovery plan is being developed with NHSE support, using primary care data to ensure that actions are focussed to deliver the greatest benefit.

28. The Living Well with Dementia Pathway, working with the Dementia Partnerships is being implemented in each county. The ICS Dementia Strategy, approved by both Health and Wellbeing Boards reflects this pathway, which includes prevention, early identification, diagnosis, post-diagnostic support and end of life care.

29. The ICS is one of 12 systems supported by NHSE to increase rates of diagnosis within care home settings using an evidence based clinical tool. Feedback regarding post-diagnostic support is positive and reflects the work of the Dementia Partnerships. There are capacity gaps that need to be addressed in non-hospital bed based complex dementia care, impacting on delays in transferring individuals from acute hospitals to a suitable care setting once acute physical needs have been optimised.

Peri-natal Mental Health

30. Workforce challenges within perinatal services and pressures from other services such as Neighbourhood Mental Health Teams (NMHTs), have impacted perinatal capacity. Whilst, historically perinatal services have performed well against access requirements there is recognition that investment is required through MHIS for 2023-24 to return performance to be in line with the target.

31. The length of wait for some women results in them not being seen until well into their pregnancy and sometimes beyond their delivery date. Their mental health needs are therefore likely to impact on early mother and baby experience.

Out-of-Area Acute Placements (OoAPs)

32. Historically performance has consistently been good for OoAPs, with zero cases of inappropriate placements. An increase in acuity and admission numbers, couple with recruitment challenges and bed reductions post-COVID (to manage essential quality and safety environment updates) have led to increasing levels of OoAPs. Whilst many placements are appropriate, due to the level of care not being available within the ICS area, there are a consistent number of placements made due to lack of local bed capacity where care could otherwise be provided locally. A recovery plan has been developed to deliver zero inappropriate OoAPs by the end of the financial year.

33. All placements, whether deemed appropriate or inappropriate create a cost pressure and plans are being developed to create alternate pathways for those patients whose needs can be better met through intensive community support.

34. Whilst there is no current evidence of concern, assurance processes for care quality in OoAPs are under review given that the frequency of use and length of stay in these placements has increased.

Physical Health for people with a Serious Mental Illness (PH SMI)

35. Whilst the national and local extent of excess mortality for people with physical health comorbidities alongside a serious mental illness is not clear, premature mortality remain a concern and a priority to address in regard to health inequalities. Undertaking regular physical health checks is one way in which local systems can intervene to begin to address this health inequity.

36. The number of physical health checks is slowly increasing, driven primarily by Primary Care and Quality Outcomes Framework but is still short of the target. An outreach team has been commissioned to support PCNs with patients who do not attend practices or secondary mental health services. A recovery plan is being developed to focus on three workstreams:

    - PCN support,
    - Outreach,

- Patients in secondary care services

37. The ongoing Carenotes outage has impacted workstream as sharing of data across primary/secondary care has been restricted.

Adult Community Mental Health including individual placement support (IPS)

38. IPS is an employment support service for people who experience severe mental health conditions. It is an evidence-based programme that aims to help people find and retain employment. For the service user the benefits of being in employment include an income and a greater sense of purpose and wellbeing, while for the health system there is an overall reduction in the use of primary and secondary mental health services, leading to improved efficiency and savings.

39. No constitutional standards are in place for Adult Community Mental Health services; however systems are required to work towards a 4-week waiting time standard for community mental health services and it is expected that this will become a constitutional standard in future.

40. Significant workforce challenges within Neighbourhood Mental Health Teams (NMHTs), coupled with an increase in referrals has significantly impacted on the ability of teams to provide assessment and care planning within 4 weeks. Plans are in place to provide additional resource via VCSE partners to support NMHTs where clinically appropriate. The resource will be managed through PCNs and NMHTs for those with mild to moderate needs, releasing clinical capacity to support those with higher levels of risk and complexity.

41. The workforce challenge means a number of people remain on a waiting list for allocation of a care coordinator. Whilst there are active measures to prioritise and frequently review risk for those waiting, there is significant concern over how long it will take for performance to be recovered due to recruitment difficulties. Delays in wait times also risk missed opportunities for early intervention and those waiting deteriorating to a point of crisis.

Suicide Prevention

42. There is an active Suicide Prevention Partnership in Worcestershire, led by Public Health. Real time suicide surveillance is now established to facilitate key actions including targeted prevention activities and earlier bereavement support. Additional funding was made available from the MHIS for a 3-year programme of work focusing on rural populations and middle-aged men, where evidence indicates the risks of suicide are higher. Programme outcomes to date include campaigns to reduce stigma, improved identification of those at risk, increasing early help and contributing to community resilience. A suite of training and small grants continues to be available to support these outcomes. Continuation of the programme is being considered through the current priority setting discussions of the collaborative. A more detailed update on suicide prevention work will be provided for the Board in the summer.

Urgent Mental Health Care

43. It is anticipated that some constitutional standards will be introduced in 23/24, notably the introduction of several NHS111 Urgent and Emergency Care standards. Delivery of an improved ambulance service response for mental health is a requirement, with all ICBs working with West Midlands Ambulance Service to deliver the expected outcomes.

44. A variety of urgent mental health services are in place across Herefordshire and Worcestershire to meet the needs of patients. These are:

    - Mental Health Liaison Service – provides rapid 1-hour response and mental health assessment in Accident and Emergency, as well as 24-hour response to inpatient wards.
    - Crisis Resolution and Home Treatment Team (CRHT) – provides crisis mental health assessment in the community or within the Crisis Assessment Suite.
    - Safe Havens – a VCSE led Safe Havens based in Redditch to provide immediate crisis support as drop ins, appointment, or telephone support. Non-clinical intervention supporting de-escalation and onward care/safety planning.
    - 24/7 mental health line – a crisis mental health line, based with the CRHT but with frontline triage provided by Voluntary and Community Sector partner.

45. Further expansion is planned for crisis alternative services during 2023-24, for which a review of current provision and options appraisal is currently underway.

46. The HWHCT and ICB are working together to strengthen the quality governance of the helpline to inform improvement and ensure that the service is meeting the intended commissioning aims. The service specification is also being revised to reflect the guidance recently published by the Royal College of Psychiatrists and meet the national Key Performance Indicators that are expected in 2024.

47. Between April and October 2022, the line received 16,220 calls (9,451 patients and 6,769 professionals). Of these, the median call length was 7 minutes 11 seconds, with professional calls typically significantly shorter than patient calls. All calls are triaged using the UK Mental Health Triage Scale with 4.7% requiring a 4-hour or immediate blue light response. As a first line triage and support/de-escalation service, the 24/7 line is also dependent on the responsiveness of other services in order to support callers to meet their needs. Where there are long waits to access community services for example, referral or signposting to these services is unlikely to engender satisfaction with the triage service or the service referred to.

48. The ICB is required to meet the MHIS, the minimum investment to deliver the long-term

49. The Collaborative has developed a risk register where partners identified the following high-level delivery risks:

    - Workforce retention and recruitment
    - Cost pressures within the community and out-of-area placements budget
    - Increasing demand experienced by all services
    - Capacity to provide CYP emotional wellbeing and mental health support at the point of need
    - Delivery of the NHS Mental Health Long Term Plan

    The mitigations are described in the Collaborative risk register and work is progressing with partners to agree future actions to manage and reduce these risks.

50. The safety, effectiveness and experience of mental health inpatient provision continues to be a key priority. There has been focused improvement work on Hill Crest, Redditch which has been expanded to encompass all working age mental health inpatient provision. The inpatient quality improvement plan includes revised leadership, restorative

supervision and mentoring to support cultural change, a review of Freedom to Speak Up and advocacy arrangements and a revised assurance framework with 'early warning signs' dashboard and increase in peer/ external review.

51. An Older Adult Mental Health Hospital at Home service was established in response to the Covid-19 pandemic. This was to keep older people out of hospital as much as possible and as a response to the directive to free up bedded capacity to deal with the expected Covid-19 surge into acute hospitals. This resulted in the temporary closure of the Athelon ward (14 beds) for older adult functional mental health located on the Newtown campus in Worcester. After completion of the service change process which included formal consultation and regular updates to the Health Overview and Scrutiny Committee, the system now intends to close the Older Adult Mental Health ward and formally commission the Older Adult Hospital at Home service and is working with NHSE to develop a business case to be presented to the ICB Board in March for approval.

52. NHSE Priorities and Operational Planning Guidance for 2023-24 sets out clear objectives for mental health. ICBs are required to demonstrate how the wider commitments in the NHS Mental Health Long-Term Plan will be taken forward to improve the quality of local mental healthcare across all ages in line with population need. Specifically, the targets are:

    (1) Improve access to mental health support for children and young people,
    (2) Increase the number of adults and older adults accessing IAPT treatment,
    (3) Achieve a 5% year on year increase in the number of adults and older adults supported by community mental health services
    (4) Work towards eliminating inappropriate adult acute out of area placements,
    (5) Recover the dementia diagnosis rate to 66.7%
    (6) Improve access to perinatal mental health services.

53. The ICB is well placed to meet most of these requirements through existing plans, although challenges remain in increasing the access to community mental health services and recovery of the dementia diagnosis rate.

54. The Collaborative is continuing discussions to determine the local priorities for service transformation investment, supported by ICB finance colleagues to ensure that the Mental Health Investment Standard (MHIS) is delivered in 2023-24.

Legal, Financial and HR Implications

55. There are no Legal, Financial and HR implications for the Health and Wellbeing Board to consider specific to this paper, which acts as an update for members and does not seek financial approvals.

Privacy Impact Assessment

56. There is no required privacy impact assessment resulting from this update.

Equality and Diversity Implications

57. This is an update paper and no specific Equality Relevance Screening has been required to be completed, given there are no recommendations or changes to service provision.

Contact Points

Specific Contact Points for this report
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