

Mental Health Services Briefing Paper

Briefing requested by: Gloucestershire Health and Care Overview and Scrutiny Committee

Focus: All Mental Health Services

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1. INTRODUCTION

Gloucestershire has a rich tapestry of mental health and wellbeing services supporting pre-natal care to bereavement. Gloucestershire Health and Care NHS Foundation trust are proud to lead and manage these services in collaboration with our system partners and to be engaged in national improvement programmes to advance mental health services.

As a combined physical, mental health and learning disability services provider, we have diverse teams working in all corners of the county and embedded in partner organisations such as primary care and the Gloucester Hospitals Trust.

Like all health and care providers, we continue to respond to the impact of the pandemic. The Trust has prioritised the health and wellbeing of our staff along with delivery of priority services; redeploying colleagues to priority areas during the first and second waves of the pandemic to meet demand, for example our Community Dementia Nurses were redeployed to older-age in-patient care settings where their diverse skills were critical to patient safety.

In February 2020 like all NHS organisations, GHC began its Phase 1 Covid response to “Wave 1” which included prioritising every service into those that were vital to the Covid response, those that were vital to other emergencies and urgent patients, those that could tolerate service reduction, and those that could be suspended, 94 services were remodelled and redesigned with some adopting completely different “pathways”, some adopting their own case by case prioritisation of patients, some becoming mainly digital and some adopting a completely new role.

As we moved into the ongoing management of the pandemic there has been a significant increase in the demand for mental health services at all ages and at all levels of complexity. Whilst we continually innovate and change, we recognise that we are struggling to respond to this demand not only because not only because of limited financial resources, but more immediately, because of the lack of availability of registered workforce (doctors, nurses and therapists). This is a national as well as a local problem.



Additionally, we recognise that whilst resources have been invested for mental health services to support the NHSE Long Term Plan, there has been limited targets resources in to meeting the increases in demand for mental health services, waiting list recovery and indeed the wider aspects of social care.

We also recognise that there are range of MH advocacy voluntary and community services plus wider public services who have all felt the impact in the rise in our population’s mental health issues and we will continue to work collaboratively with all sectors and partners to help find innovative and focused solutions to meeting our populations need.

We have implemented new services such as the First Contact Practitioners in primary care; carefully balancing the risk of recruitment at pace to these roles whilst avoiding destabilising other services in the process. We have reshaped our Children’s and Young People’s Mental Health Teams to ensure there is ‘no wrong door’; a child or young person can access the help and advice they need through any service, reducing service entry points and targeting skilled and experienced practitioners at the front of the access pathways.

Our recovery, reconnect and regroup programme has triangulated quality and safety aspects of assurance and conducted service specific assurance reviews, seeking to equip ourselves with intelligence to address not only known needs but through a critical friend approach, surface further opportunities for learning and improvement.

For many of our services, this stage of the pandemic feels more stable and business as usual is being achieved. Their activity is similar to pre-pandemic levels and they have suitable staffing in place to meet the demand and their contractual obligations. Our recovery, regroup and reconnect programme has been working with all services to establish their position using a red, amber, green (RAG) rating system and is shown below.

Descriptor	RAG	Services
Service recovery plan in place to support recovery to pre-Covid levels. Identified as low risk		<ul style="list-style-type: none"> • All mental health services not identified below
Service recovery plan in place to support recovery to pre-Covid levels within 12 months (by summer 2022). Moderate level of risk Identified which may involve workforce, estates or service design challenges		<ul style="list-style-type: none"> • Recovery Services • Complex Psychological Interventions • Later Life services • Memory Assessment Service
Service recovery plan in place to support recovery to pre-Covid levels predicted to take in excess of 12 months. High level of risk identified which may involve workforce, estates or service redesign challenges.		<ul style="list-style-type: none"> • Eating Disorders • Autistic Spectrum Conditions • Attention Deficit Hyperactivity Disorders • Child and Adolescents Mental Health Core services

The following section provides a summary and key highlight of some of our mental health services.

2. URGENT CARE DIRECTORATE SERVICES

2.1 Mental Health Crisis Services inc. First Point of Contact Centre

This service is an urgent response service which does not therefore have waiting lists. It is a key partner in systems working and has tight alliances with both primary and secondary care as well as custodial services.

The Crisis Teams provide a 24/7 open access service to those in an emotional crisis, a mental health crisis or experiencing psychological distress. It consists of 3 locality teams and has a central hub namely the First Point of Contact Centre situated in Gloucester Police Headquarters. The service is for those individuals who may require immediate help to assist in resolving their current difficulties and reduce recurrence. Initial contact can be made via self-referral or from any person who is concerned for another.

The team also support a street triage model in partnership with Gloucester Police. A Crisis Mental Health Practitioner works with a police team to support individuals who may be exhibiting signs of a mental health exacerbation in the community and may represent a risk to themselves or others. They will undertake assessment and provide advice and support.

The Crisis Team aim to provide:

- Timely response to people in emotional or mental health crises
- Appropriate signposting, advising and liaising with statutory and non-statutory agencies
- Collaborative working with all of the county's emergency services providing a Police Street Triage service resulting in less detentions in the 136 Suite and less attendances at urgent care services.
- Short Term (up to 6-8 weeks) Intensive Home-based Treatment for people aged 11 and upwards to avert psychiatric hospital admission during mental health crises where indicated.

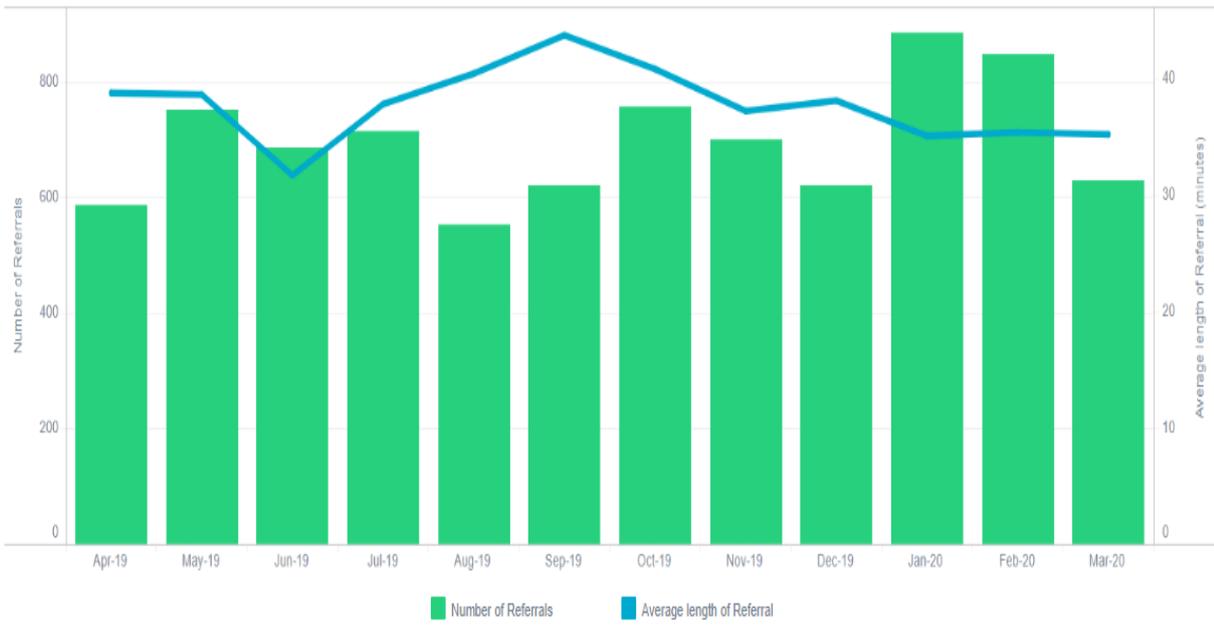
The crisis services along with inpatient mental health services have considerable workforce pressures, and the contact centre is under considerable pressure in terms of demand.

In 2019/20 between April and October, the First Point of Contact centre received an average of 651 contacts (calls) per month. This financial year in the same period it is 1662, an increase of 155%.

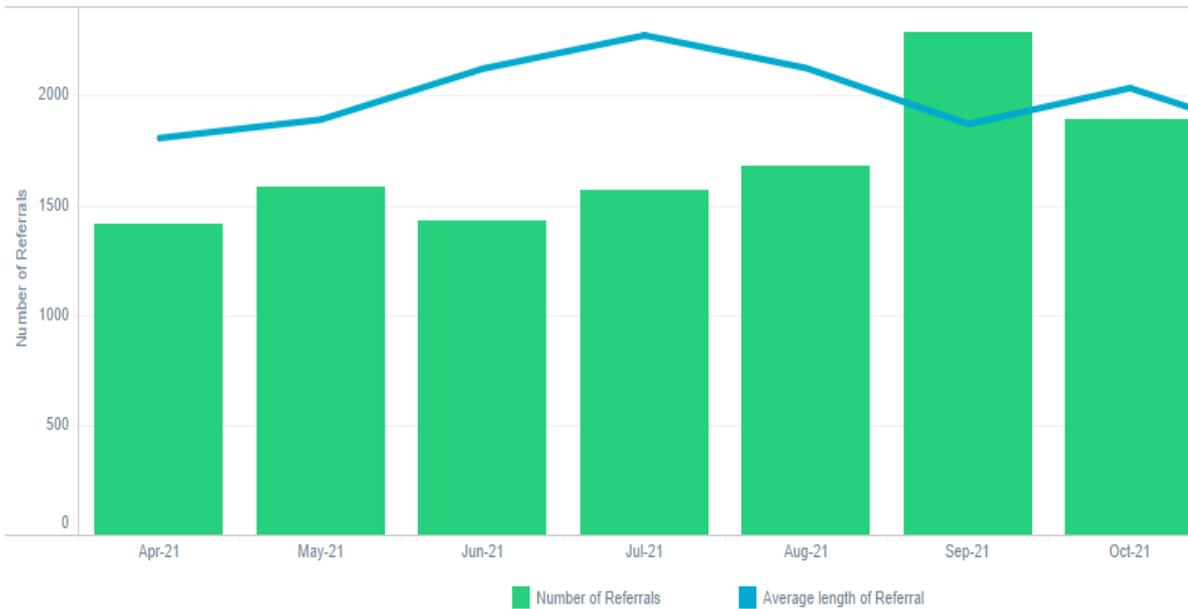


with you, for you

2019/20 Contact Centre – Contacts



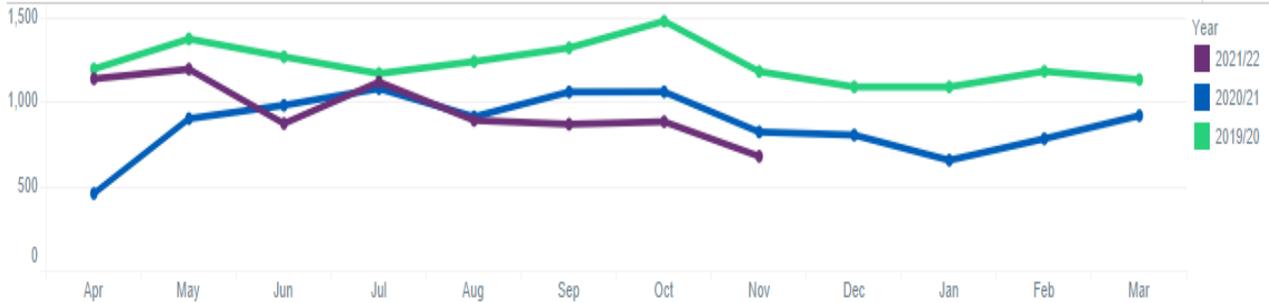
2021 Year to date – Contact Centre – Contacts (NB different axis scale)



As described, the service provides both follow up telephone and face to face offers to the calls received into the contact centre. Face to face activity between April and October 2021 decreased by 19% when compared to pre pandemic levels, largely due to changes in practice with triage and continued compliance with Covid guidance (average 1014 contacts per month verses 1261 a month in the same period in 2019/20).

Face to Face Contacts by Month

	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	Jan	Feb	Mar	Total
FY 2020	1,196	1,374	1,268	1,169	1,240	1,321	1,479	1,181	1,090	1,090	1,182	1,133	14,723
FY 2021	459	902	981	1,080	913	1,060	1,061	823	805	656	783	920	10,443
FY 2022	1,138	1,195	873	1,119	892	869	884	679					7,649



2.2 Mental Health Liaison Service

This is a responding service which does not therefore have waiting lists. It is a key partner in systems working and has tight alliance with the Emergency Departments and in-patient services in Gloucester Hospitals NHS Foundation Trust.

The Mental Health Liaison Services are comprised of 4 distinct teams;

- Alcohol (Monday to Friday 9-5); Expanding to 7 days 9-5 within the next 3 months.
- Working Age (16+) available 24/7
- Children and Young People (11-16) available 7 days 9-5
- Older Age (65+) available 7 days 9-5.

All teams provide bio-psycho-social assessments and treatment plans with referral and/or signposting to community services where appropriate.

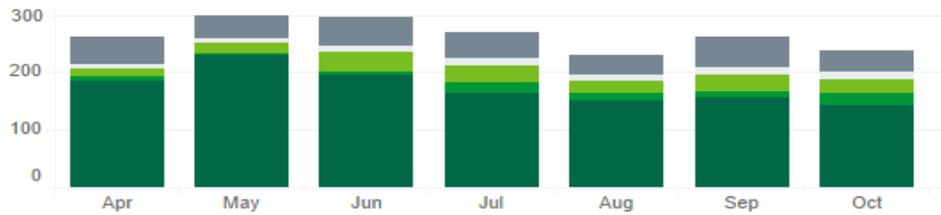
The Working Age Service are commissioned to provide a 1 hour response to Accident and Emergency Departments for patients in mental health crisis. The other services have a 24 hour response target for inpatient referrals.

Referrals Year to date

Between April and September this year the service has received an average of 270 referrals per month (from all sources).

	Apr	May	Jun	Jul	Aug	Sep	Oct
MH Liaison Alcohol Inpatients	49	41	50	43	35	53	37
MH Liaison OP Hospital CGH	8	8	10	14	10	12	13
MH Liaison OP Hospital GRH	14	19	34	29	23	29	25
MH Liaison WA Hospital CGH	7	3	7	20	13	12	21
MH Liaison WA Hospital GRH	185	229	195	163	150	155	143

Referrals by month and team



Referrals in 2019/20 for the same period were and average of 268 per month. This service has had sustained activity throughout the pandemic.

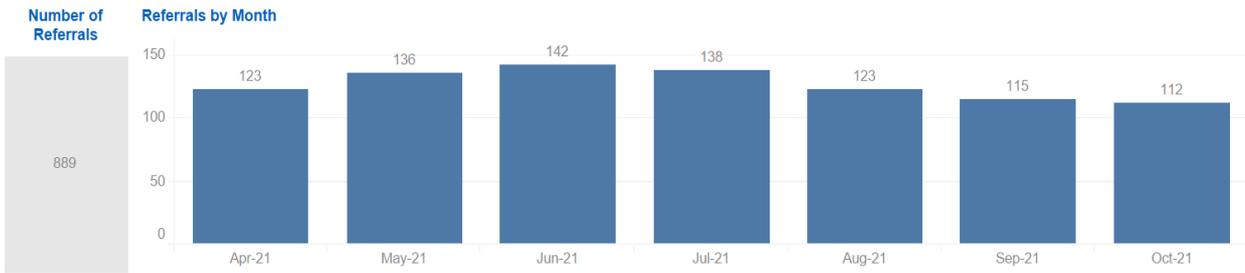
2.3 Approved Mental Health Professional (AMHP) Service

This service is an urgent response service that does not have a waiting list. It is a key partner in systems working and has a tight alliance with primary mental health services as well as emergency blue light services and Gloucester Hospitals NHS Foundation Trust.

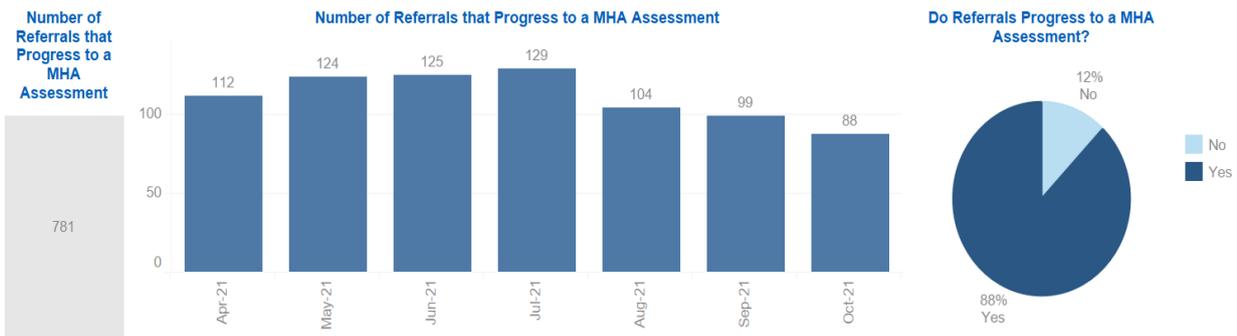
The AMHP service fulfils the statutory duty to provide 24/7 access to an Approved Mental Health Professional in Gloucestershire. It is the Single point of access for referrals and coordination of all Mental Health Act assessment requests for all residents of Gloucestershire.

2021/22 activity has resulted in (April – Oct 2021) 889 referrals which has led to 781 Mental Health Act Assessments (MHAA). This is a 3.7% decrease from the equivalent time period in 2020 during the pandemic.

Number of Referrals



Referrals that Progress to a MHA Assessment



3. SPECIALIST MENTAL HEALTH SERVICES DIRECTORATE

3.1 Eating Disorders (all ages)

This service provides a specialist service to those of any age, who have a clinically significant eating disorder, such as Anorexia Nervosa, Bulimia Nervosa and Binge Eating. The team is an all age service working with adults and adolescents, they provide assessment and treatment through a blended model of day treatment, child and adolescent home treatment and a community high risk team. The majority of referrals stem from primary care, but with some from wider mental health community services and people can also self-refer. The service is based in Cheltenham, they run clinic-based services as well as day treatment. The workforce is made up of a mix of staff from support workers, chefs, nurses, allied health professionals, clinical associate psychologist trainee's and medical staff.

In the under 18s service, referrals are 97% higher between April and October 2021 compared to the same period in 2019. There has been a reduction in referrals in October 2021 but it is as yet unclear if this is the start of a more stabilised referral trend. There are 123 children and young people waiting over 12 weeks for assessment compared to 65 at the end of June this year, this is as a consequence of the increased referral rate since September 2020.

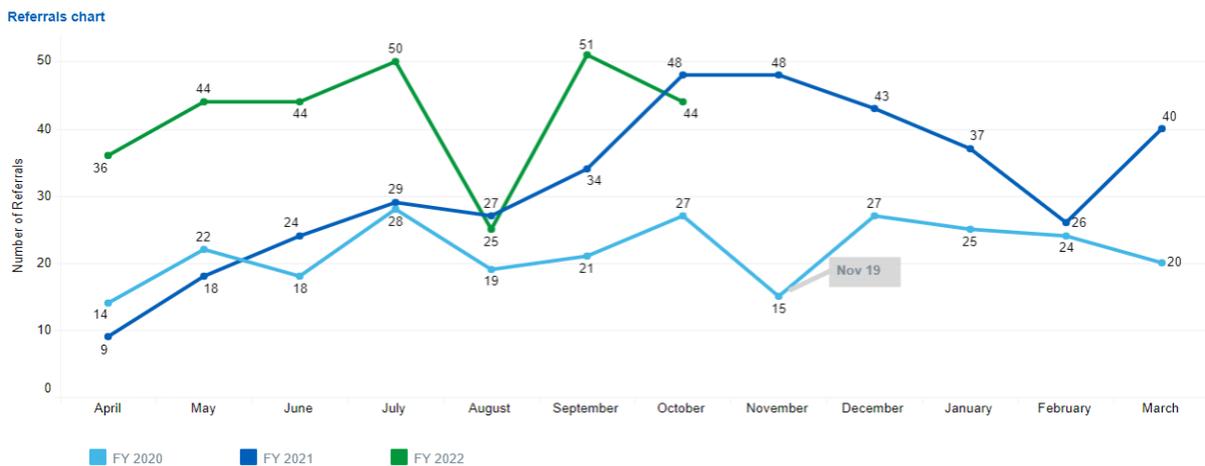
For people aged over 18, referral numbers have fallen in September and October, however the average for April to October is still higher than the previous 2 financial years for the same period. The length of time waiting has increased with 302 people now waiting over 12 weeks compared to 188 at the end of Quarter 1 and for the first time in October 2021, there are now waits over 52 weeks.

To respond to these increased waiting times, the service is currently assessing and treating urgent patients only with all routine referral being screened and triaged before being added onto the waiting list. Day treatment is scheduled to recommence this month which will support admission prevention for those with the highest levels of need and support step down from specialist in-patient beds.

The service is now at its staffing establishment and is developing a number of new starters, they have 3 Clinical Associate Psychologists in training reflecting a revised skill mix. Additional CYPs medical consultant time has been enabled for assessment of the under 18s. The team have strengthened their making every contact count programme working with schools teams and health visitors to increase their knowledge of eating disorders and allow early sign posting and advice. Finally, the team are working with the commissioners to establish voluntary and charitable care offers for people with lower level and non-urgent needs enabling the GHC service to focus on specialist complex need patients in future.

This service is part of the Community Mental Health Transformation Programme.

Referrals (Under 18s)



(FY – financial year ending)

Referrals (Over 18s)

Referrals chart



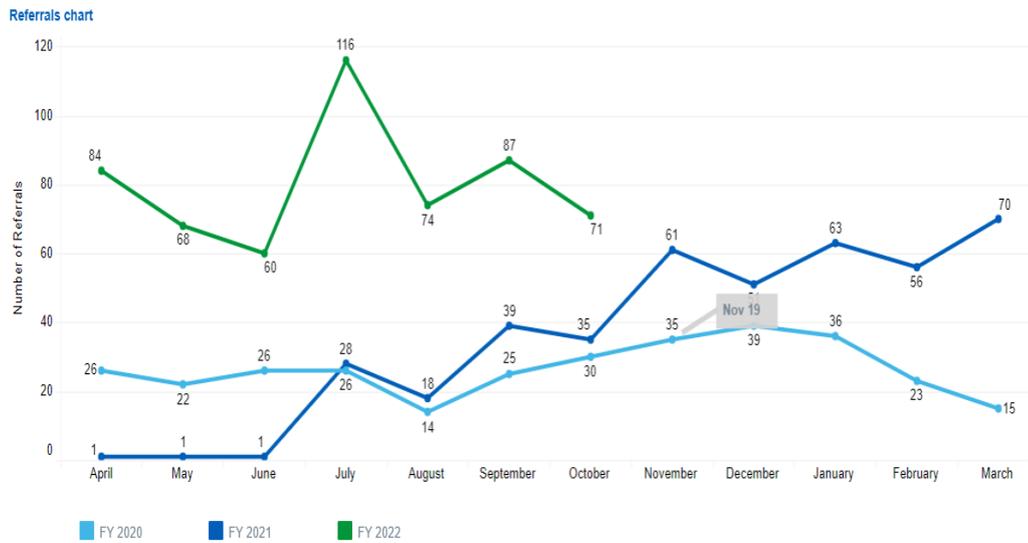
(FY – financial year ending)

3.2 Attention Deficit Hyperactivity Disorder (ADHD)

This service is an adult service that provides triage, assessment, treatment initiation and follow up for those with a suspected/ confirmed diagnosis of ADHD. The majority of referrals stem from primary care, but some from wider mental health community or in-patient teams. The service is based in Cheltenham with the majority of work now undertaken virtually aside from when not clinically appropriate or viable for the service user.

Referrals have fallen in October 2021 but overall are significantly higher than pre-pandemic levels and experienced a peak of 116 referrals in July 2021. Total referrals for April to October 2021 are 231% higher than the same period in 2019 (pre-pandemic). Waiting times are increasing as a result of the increased referrals and those waiting over 52 weeks for assessment is currently 128% higher than pre-pandemic levels. There is a recovery plan in place and the trust is in discussions with the commissioners about the future model for the service to achieve stability and sustainability.

Referrals (Over 18s)



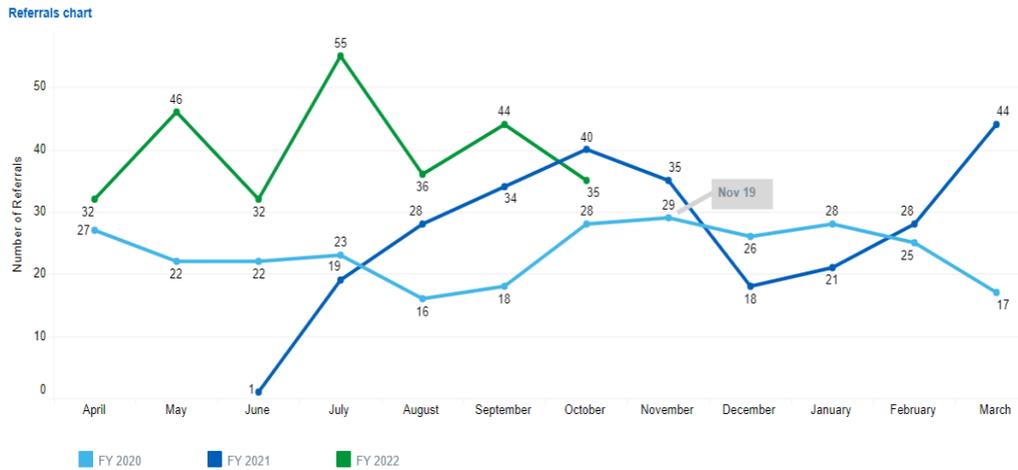
(FY – financial year ending)

3.3 Autistic Spectrum Conditions (ASC)

This service is an adult assessment and diagnostic service. The majority of referrals stem from primary care, but some from mental health community and in-patient services. The service is based in Cheltenham with the majority of work now undertaken virtually aside from when not clinically appropriate or viable for the service user.

Total referrals for April to October 2021 are 79% higher than the same period in 2019 (pre-pandemic). Consequently, waiting times have also risen, the number of people waiting over 52 weeks for assessment is 303% higher than pre-pandemic. All initial screen and assessments now take place virtually which has been a well-accepted model for patients and has reduced waiting times. The commissioners are seeking assessment provision by other (private) providers within the county to manage the increased demand although this is not without concern noted by primary care colleagues related to clinical and prescribing governance. It is acknowledged the service was not resourced to the demand levels now seen and we continue to work collaboratively with the CCG to improve this position.

Referrals (Over 18s)

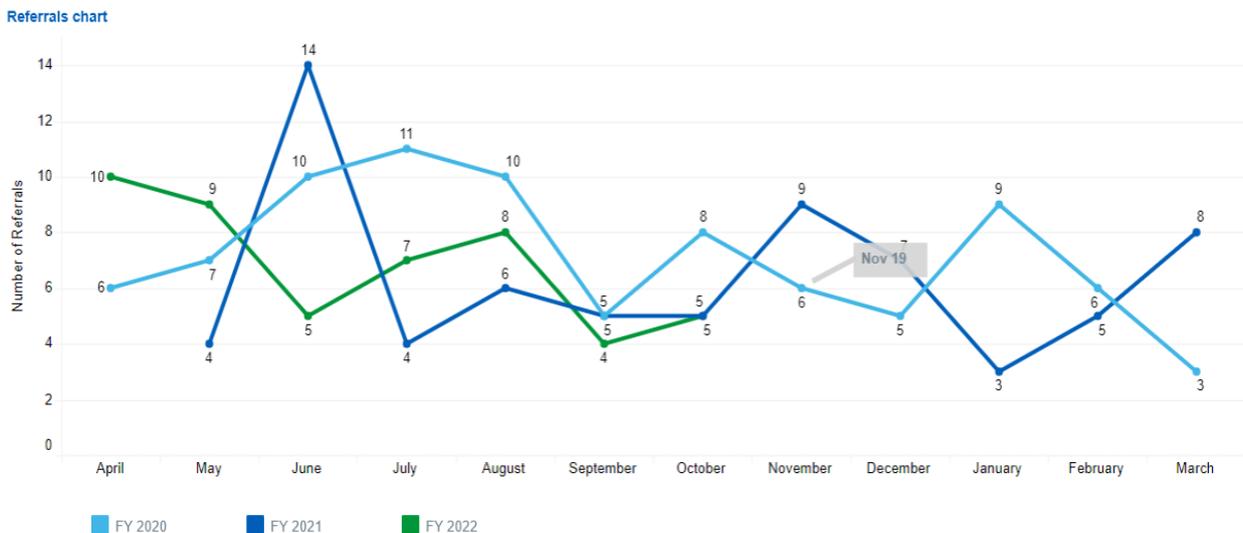


(FY – financial year ending)

3.4 Assertive Outreach Team (AOT)

This service treats people with psychosis who also use drugs to a degree that it significantly impacts on their health and compliance. Service users are often find it difficult to engage with services and the work is more intense than other community mental health teams. The service operates 7 days a week. The workforce is made up of a mix of staff from support workers, doctors, nurses, therapists and specialist psychologists.

Referrals



(FY – financial year ending)

3.5 Recovery Teams

This service assesses and treats adults with serious mental illness. Conditions such as depression, personality disorder, psychosis and post traumatic disorder are treated by the multidisciplinary team. They are the mainstay of secondary care mental health teams, and will form the core of Community Mental Health Team Transformation. Referrals are received from GP’s, GHC Primary Care teams, inpatients and crisis teams. The team consists of Consultant Psychiatrists, Nurses, Therapists and Support Workers. The team operates office hours Monday to Friday. Referrals through the pandemic and into the early part of this year had increased significantly compared to pre-pandemic levels but now seems to be settling closer to previously experienced levels of demand. Staff have now returned from shielding during the pandemic and leadership has been strengthened in key areas which is helping to stabilise the service. Reviews of the waiting lists and caseloads have been completed, through clinical supervision the number of discharges has been increased making best use of onward pathways of care, some of which had been impacted by the pandemic resulting in people staying longer in recovery. Longer term this service will be included in the Community Mental Health Transformation programme to modernise the clinical pathway.

Referrals



(FY – financial year ending)

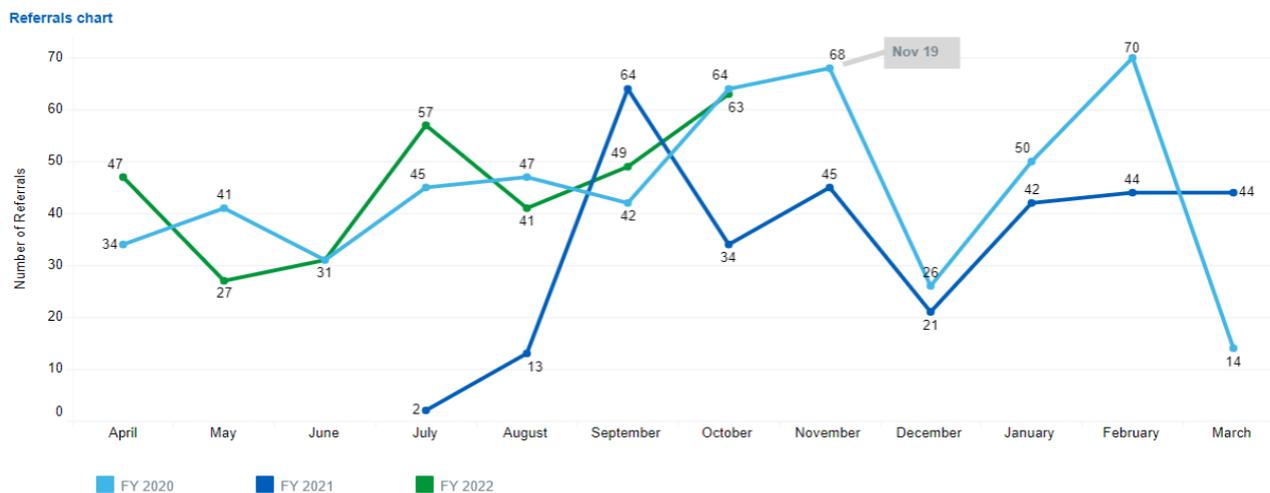
3.6 Complex Psychological Interventions (CPI)

Part of the recovery pathway, this service assesses and treats adults using psychological therapy. They work closely with Recovery teams and deliver formulation, individual and group therapy. The team consists of psychologists, psychotherapists, nurse therapists and art therapists. They operate office hours Monday to Friday.

Whilst referrals appear to be below pre-pandemic levels, there is work underway to better understand referral handling processes which may increase the number of referrals and thus waiting times in due course.

The service has stepped up its recovery support through October to better understand the workforce challenges affecting the team especially in the Clinical Psychologist role. A skill mix plan is in development by the Head of Psychological Services to address this and a recovery plan is in development.

Referrals



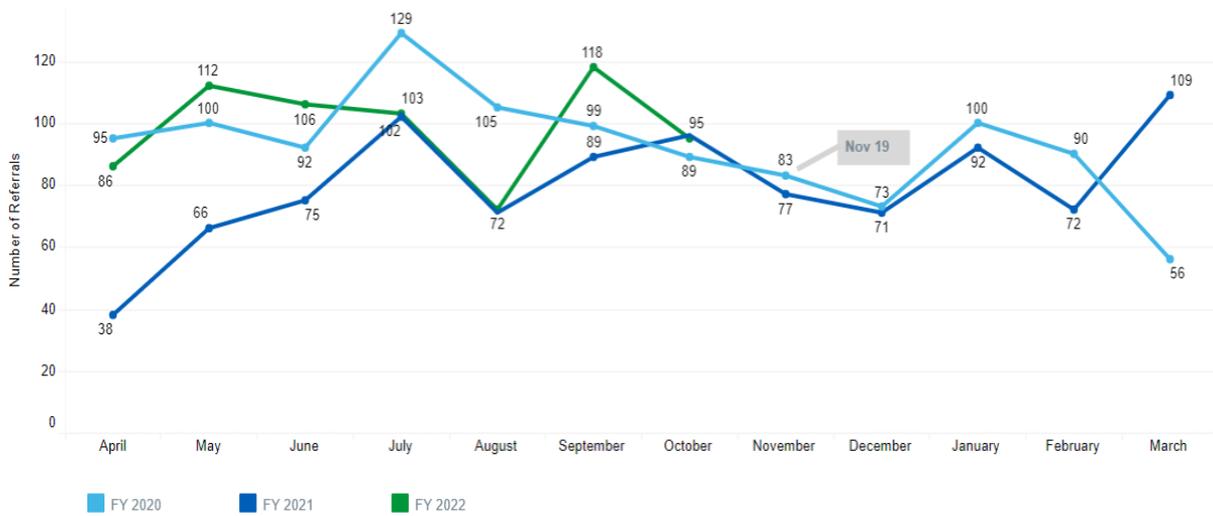
(FY – financial year ending)

3.7 Later Life / Older People Community Mental Health Teams

This service assesses and treats older adults with complex needs who require care from a multidisciplinary team. Referrals are generally for people over 65, but this is not restrictive and they work flexibly with Recovery Teams depending on patient's needs. Referrals are received from Memory Assessment, GP's, Care Homes, GHC Primary Care teams, inpatients and crisis teams. The team consists of Consultant Psychiatrists, Nurses, Therapists and Support Workers. The team operates office hours Monday to Friday. The team have experienced challenges in flow and discharge due to whole system recovery, this is now resolving as social and charitable sector offers resume and people's families and support networks become better established post-Covid. Following a surge over the summer, referrals have tracked back towards pre-pandemic levels. The Stroud and Berkeley Vale primary care pilot has now extended to the Forest of Dean and is an enabling programme to better support clinical access and to help re-shape the traditional model of this service.

Referrals

Referrals chart



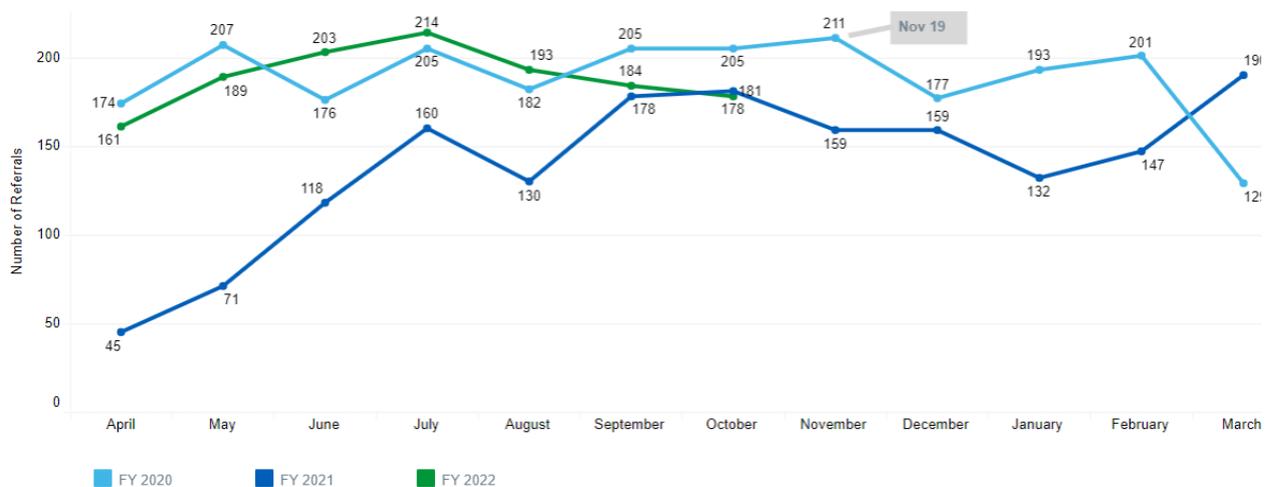
(FY – financial year ending)

3.8 Memory Assessment Service

The Memory Assessment Team work with patients and carers to support the diagnosis of cognitive impairment and dementia, they prescribe and review medication and work closely with the wider health and care team to support people to live well with their diagnosed condition. Referrals are tracking back to pre-pandemic levels having been lower throughout the pandemic. Staff within these teams were redeployed to front line in patient services during the pandemic but are now repatriated to their substantive roles. The waiting list is now broadly mirroring pre-pandemic levels.

Referrals

Referrals chart



(FY – financial year ending)

4. CHILDRENS DIRECTORATE MENTAL HEALTH SERVICES

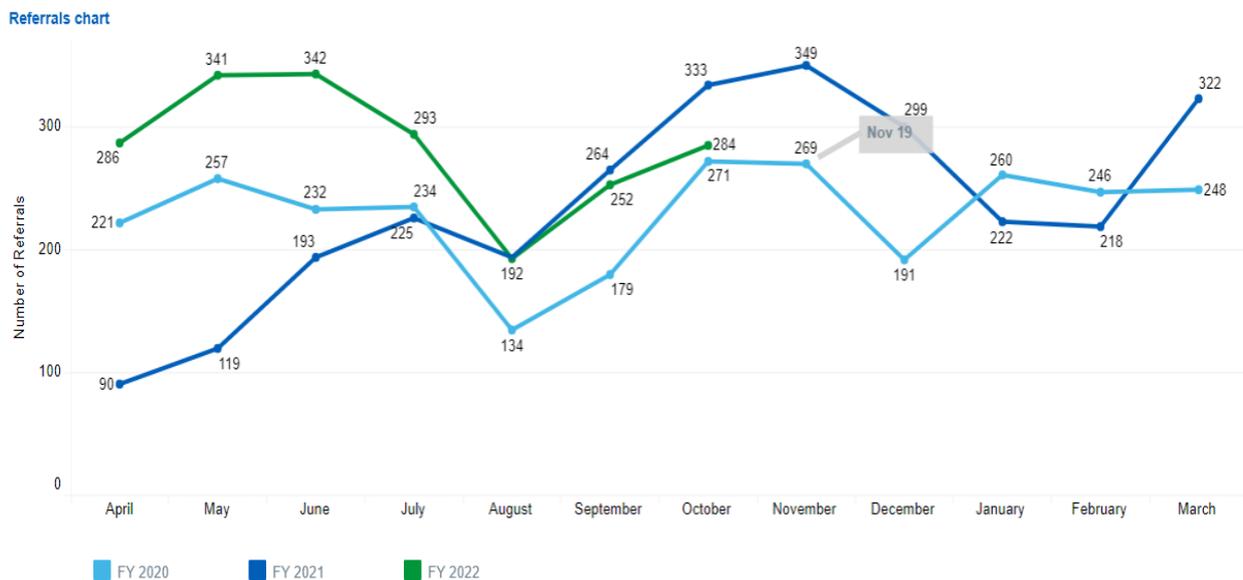
4.1 Core Children’s and Adolescents Mental Health Services (CAMHS)

The Children’s Mental Health Service (CAMHS) is a broad range of services designed to meet the needs of children and young people up to the age of 18. Working across the county, the teams include highly specialist roles, therapists and medics working with education providers, social care, the justice system as well as health and care partners.

The volume of referrals is consistently higher through this year to date than pre pandemic years. Referrals for April to October 2021 are 30% higher than the same period in 2019. There are currently 783 children waiting to commence treatment, all those children have been assessed and those identified as high risk are receiving safe and well contact calls. Recruitment to key positions within the CAMHS services is progressing and a recent re-shape of other service has streamlined access pathways ensuring there is ‘no wrong’ front door for access.

Referral numbers are increasing which is expected as the referral trend follows the school year.

Referrals



(FY – financial year ending)

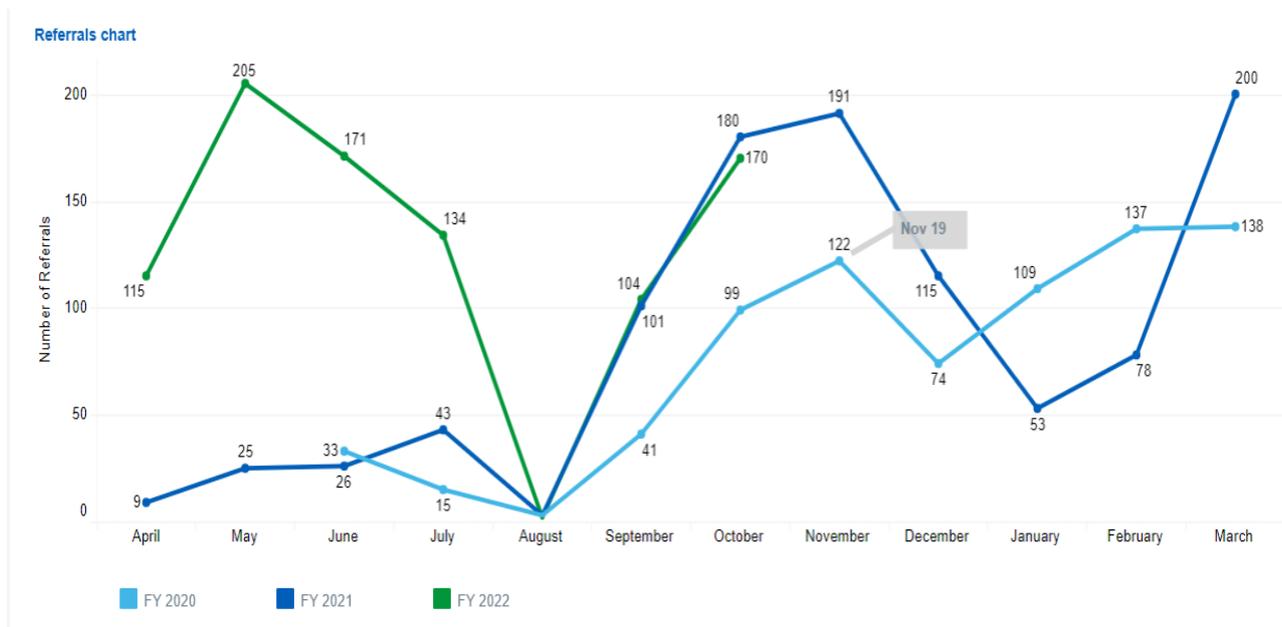
4.2 CAMHS Mental Health Support Team (Young Minds Matter)

Mental Health Support Teams have been set up to help meet the mental health and emotional wellbeing needs of children and young people in education settings. Supporting the Whole School Approach, they work with mental health support that already exists with schools/colleges and provide an additional resource to promote resilience and wellbeing, support earlier intervention, enable appropriate signposting and deliver evidence based support, care and interventions.

A Whole School Approach enables schools to identify how system partners can work together to deliver support to meet the mental health and emotional well-being needs of pupils as well as set up the necessary processes, systems and working relationships to achieve this.

Referrals to the service this year to date are tracking last year’s level of activity, but for the last 2 years have been above pre-pandemic levels. This is a service which commenced in summer 2019 and thus referral volumes were always expected to rise in year 2 and 3 of the programme.

Referrals



(FY – financial year ending)

All other Child and Adolescent Mental Health Services who work with planned activity and waiting lists are in green recovery and working as business as usual but continue to be monitored.

5. THE FUTURE: COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME

This 3 year programme aims to develop new community models built around communities and Primary Care Networks with a focus on improving services and access for adults and young people in transition with Serious Mental Illness. The programme is funded for 3 years to enable the transformation and will then become business as usual with baseline funding for the reshaped services.

Truly co-designed with and for service users and carers; pathways will be mapped and opportunities for change surfaced and addressed, at pace. The programme will fundamentally focus on health inequalities; physical health, prevention as well as access to care and treatment, accommodation, employment and social care; all significant determinants of health and wellbeing. And the programme will draw together the expertise of the voluntary and charitable sector, developing relationships and co-created pathways with seamless offers for people living with mental ill-health. Finding the right service efficiently and effectively.

There will be a replacement of the traditional Care Programme Approach to introduce new alternative assessment and care management frameworks creating more individualised programmes of support. There will be a universal 4 week wait target and activity targets will be increased and refreshed.

The initial focus will be on Eating Disorders, Personality Disorders and rehabilitation pathways. It is an ambitious programme but it provides a once in a generation opportunity to shape mental health services for the modern world. As we embark on this transformation programme we welcome the opportunity to refocus our services and modernise them, embracing opportunities for learning, growth and development.