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**Gloucestershire Health and Care**  
NHS Foundation Trust



# Mental Health Services Overview

Presentation to Gloucestershire Health and  
Care Overview and Scrutiny Committee.  
November 2021



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# Mental Health Services for Gloucestershire

## – reflecting on last 20 months



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- GHC formed in October 2019 from merger of 2g and GCS
  - March 2020 first lockdown due to Covid
    - 94 services remodelled and redesigned – then into recovery
    - 600 staff redeployed to support priority 1 services
    - New ways of working – virtual blended with Face 2 Face
    - Led on Specific initiatives
      - Covid vaccination programmes; Vaccine equity; Testing service
- Significant increase in demand on MH services for all ages/complexity
- Limited resources allocated nationally for MH services to address Covid impacts – elective recovery funds predominately focused to Acute activity
- Continue to innovate but constrained by lack of resources – both financial and workforce
- Recognise that impact of demand will impact on wider public sector services – police, voluntary sector – not just an NHS issue

# Mental Health Referrals – Overview



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- People are more unwell. Acuity and complexity of people at referral increased over the last 2 years
  - Consequently they take longer to reach recovery services and remain high risk for longer.
- Marked increase in demand across the board but particularly;
  - First Point of Contact Centre – Telephone calls plus Crisis calls – increase of 155% from pre-pandemic levels.
  - Children & Young People MH services – referrals up by 30% (Apr-Oct 19 – compared to Apr-Oct 21)
  - Eating Disorder Services – referrals up by 97% (Apr-Oct 19 – compared to Apr-Oct 21)
- Mental Health Liaison Services (1 hour response to A&E departments) maintained consistent levels of referrals and activity throughout pandemic – average of 270 referrals per month

## Activity levels (2)

- Later Life services experienced some challenges (particularly around discharge) but resolving as social and charitable sector offers resume and increase in support networks.
- Memory assessment services were effectively 'shut' during Covid so large backlog developed – now getting back on track
  - Eg. FoD time to diagnosis is now down to 5 months, where as it was 9 months in September
- Impact on waits for some services
  - 123 children and young people waiting >12 weeks for assessment
  - > 18's - 302 people waiting >12 weeks compared to 188 at the end of Q1 plus some waits >52 weeks.
- Flow through system remains challenging - community care packages scarce = delays from inpatient areas & Day Care is re starting but still marked restrictions on care home access

## Wider Service Challenges

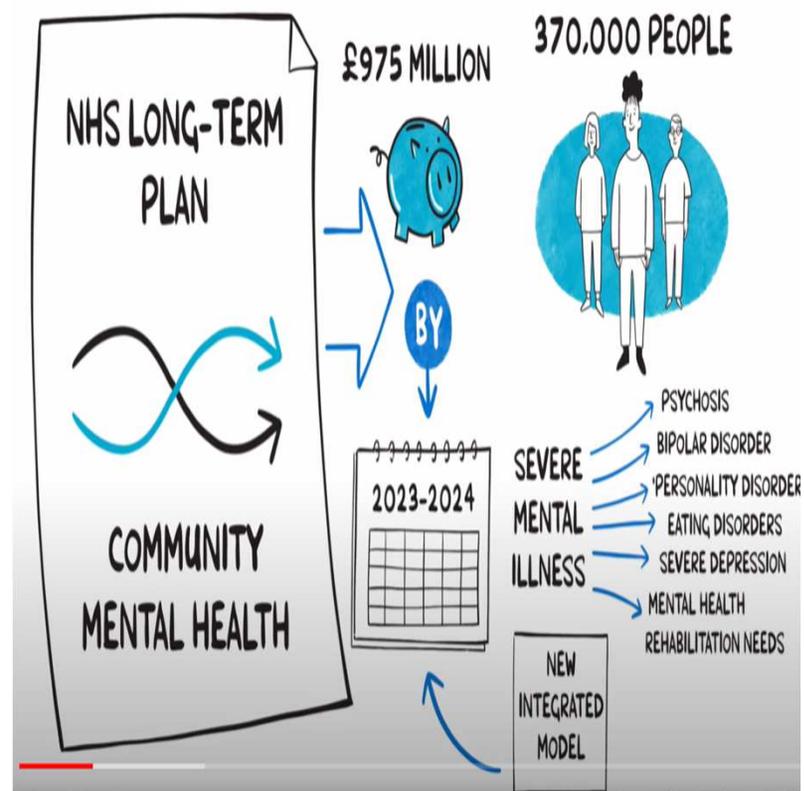
- Pandemic has impacted people's ability to access to their usual support networks = increased social isolation and loneliness particularly noted in our Later Life services.
  - IMPACT - early recognition of changes in mental health has been reduced thus greater acuity and complexity when they access our services.
  
- Workforce issues - through the pandemic and ongoing –
  - challenging with Covid related absence and the impact of self-isolation still being felt.
  - Recruitment - national challenge for all services in both attraction to entry level roles such as staff nurses and newly qualified therapists
  - Retaining experienced, specialist practitioners – retirements and MH Officer status.

## Recovery Phases

- Recovery, reconnect and regroup programme – triangulate quality and safety with service specific reviews to RAG rate all services
  - Whilst the pandemic has been challenging, it has also shed light on opportunities for change
  - Some examples of change;
    - General review of waiting lists and capacity & demand reviews
    - Eating Disorders teams implemented routine referral screening and triage to focus treatment for urgent patients
    - Additional CYP consultant time to assess <18 ED referrals
    - Day treatment scheduled to recommence in next month to support admission prevention for ED patients
    - New roles being trialled Eg. Clinical Associate Psychologists
    - Trust wide focus on workforce; recruitment & retention; staff health & well-being; flexible working and support those needing to shield
  - Community Mental Health Transformation Programme
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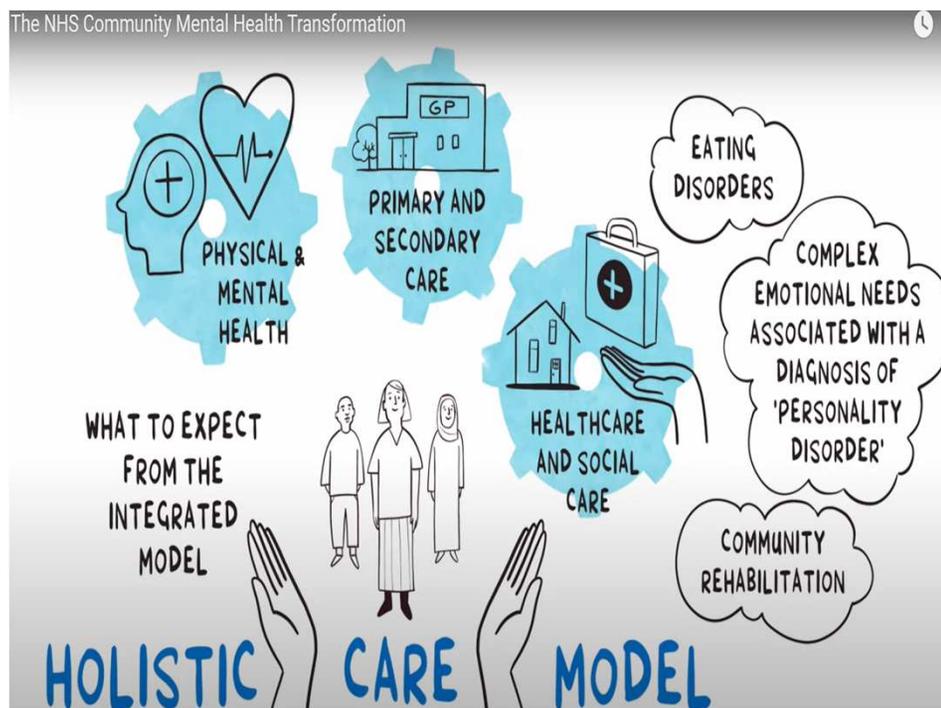
# Our future: The Community Mental Health Transformation programme

- Aspiration to develop new community models built around localities and Primary Care Networks.
- Focus is on improving services for adults (including young people in transition) with Serious Mental Illness.
- 3 year programme with non recurrent transformation funding tapering off over the 3 years. Additional funding to be included within The Clinical Commissioning Group baseline.



## Our future: The Community Mental Health Transformation programme

- Introduction of alternative assessment/care management framework (replacement of Care Programme Approach)
- Introduction of 4 week waiting time target and increased activity targets.
- Specific focus on specialist areas within new models – Eating Disorders, Personality Disorders, Rehabilitation pathways.



# Our future: The Community Mental Health Transformation programme

- Co-designed with service users, carers, providers and stakeholders (e.g. referrers)
- Designed to address inequalities - Physical Health, Accommodation, Employment and Social Inclusion
- Joint working/service provision with Voluntary Care and Social Enterprise organisations





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# Questions



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