

# Overview and Scrutiny Panel

## 5 Year Forward View for Mental Health

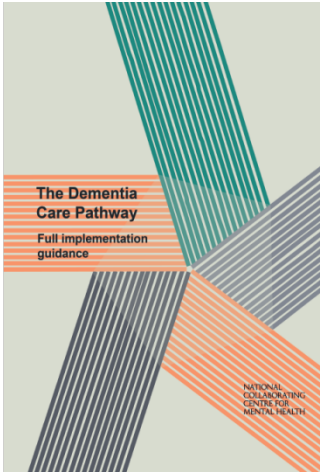
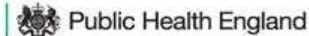
September 2018

*Helping you keep well*

# Background



A report from the Independent Mental Health Taskforce to the NHS in England  
February 2016



# Children and Young People's Mental Health

## Aim

To change how care is delivered and build it around the needs of children, young people and their families. We will move away from a system of care delivered in terms of what services, organisations provide, to ensure that Children and Young People have early access to the right support at the right time in the right place.

## Proposed Model

- To remove tiers by implementing the THRIVE Consultation and Advice model of practice
- By increasing the number of community consultation and advice CAMHs workers.
- Removal of referral thresholds.

## Timeframe

- The consultation and advice service continues to be embedded into the schools/ academies and colleges has been on the whole very positive.
- Develop and submit business case for extra 3WTE.
- Fastrack to 12WTE, meaning 3WTE is each locality.

## Challenge

- Sustaining the investment
- Developing the workforce in terms of recruiting, training and retaining highly skilled staff



*Helping you keep well*

# Children and Young People's Mental Health: The Green Paper

## Aim

To create a network of support for children and young people, and their educational settings. Doncaster CCG has been selected to submit an expression of interest to be a trailblazer site for the recommendations from The Green Paper.

## Proposed Model

- Every school and college will be encouraged to appoint a designated lead for mental health
- Creating-community-based Mental Health Support Teams (MHST), helping children and young people in schools and colleges
- Pilots to test the feasibility of achieving and maintaining a 4-week waiting time for NHS children and young people's mental health services

## Timeframe

- Expression of interest to be submitted by 17<sup>th</sup> September 2018
- Successful sites announces w/c 15<sup>th</sup> October 2018
- Fully operational MHST by the end of December 2019

## Challenge

- Sustaining the investment once pilot phases are complete
- Implementing the recommendations if Doncaster is not successful as part of the wave 1 submissions



# Children and Young People's Mental Health: Eating Disorders

## Aim

To create a new community service to reflect local need

## Proposed Model

A hub and spoke model covering Doncaster, Rotherham and North Lincolnshire which is fully NICE compliant to ensure that CYP have access support within agreed timeframes, access to support within a community setting and to reduce the number of CYP who require an acute mental health admission.

## Timeframe

This service is already fully operational and has been externally evaluated. There are regular contract meetings with the provider (RDaSH) to monitor performance and explore Service developments.

## Challenge

- Sustaining the investment



*Helping you keep well*



# Perinatal Mental Health

## Aim

Specialist perinatal mental health services will be available to meet the needs of women in the community or in-patient mother and baby units, allowing women each year to receive evidence-based treatment, closer to home, when they need it.

## Proposed Model

- Integrated Care System (SY&B) will enable access to specialist service and resilience of shared resources across South Yorkshire and Bassetlaw (SY&B)
- Specialist perinatal mental health service will be in place in Doncaster from 1 December 2018
- Multi-disciplinary Team of Mental health nurses, midwives, health visitors, nursery nurses.

## Timeframe

- June/July 2018 Recruit to MH workers posts
- August 2018 Agree delivery structures and pre-mobilisation work
- Aug/Sept 2018 Training, Induction Team forming and set up
- Dec 2018 Launch full specialist PNMH service



*Helping you keep well*

# Adult mental health: common mental health problems

## Aim

A focus on holistic patient care and the provision of low level psychological interventions to ease anxiety and acceptance of symptoms associated with Long term conditions, and consequently improve patient self-management.

## Proposed Model

- Develop IAPT pathway to improve condition management for individuals with a Long term conditions (LTC)
- Focus on LTC's including diabetes, respiratory, cardiac and medically unexplained symptoms/Fibromyalgia

## Timeframe

- Mobilisation Plan received from RDaSH
- Commence implementation
- Live Nov/Dec 2018

## Challenge

- Sustaining the investment



# Adult mental health: community, acute and Crisis care

## Aim

Adult mental health service will provide timely access to evidence based, person-centred care which is focused on recovery and integrated with primary and social care and other sectors.

## Proposed Model – subject to investment

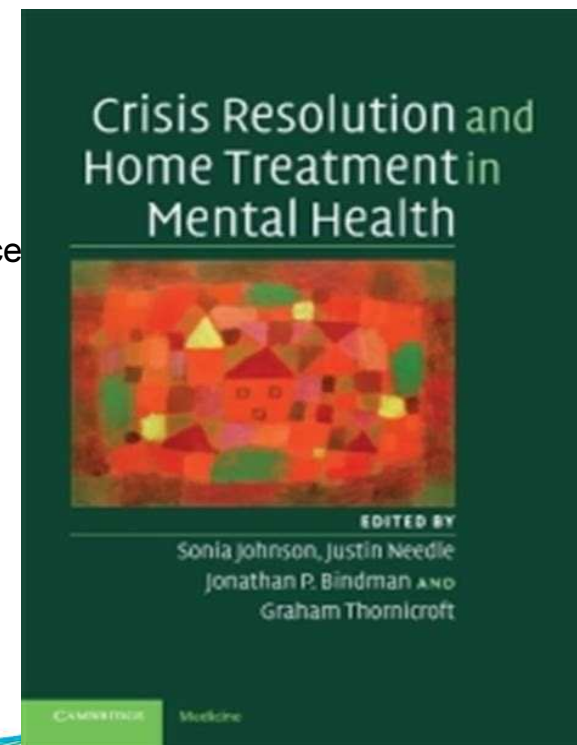
- crisis hub advice and guidance
- single gate kept purposeful admission process
- genuine alternatives to inpatient admission
- responsive & resilient crisis resolution and home treatment teams that are resourced efficiently and in line with recognised best practice
- Identification, development and integration of Health, Social and 3<sup>rd</sup> sector interventions
- development of jointly commissioned community crisis support across health and social care
- development of Serenity Integrated Mentoring (SIM) model
- expansion of a range of place of safety options as an alternative to use of the MH Section 136 suite (Blue Light approach)

## Timescale

- Proposals agreed by end March 2019

## Challenge

- Sustaining the investment





## Adult mental health: community

### Physical Health Improvement for people with Severe Mental Illness (SMI) in Primary Care

#### Aim

Reduce premature mortality for people living with a SMI by increasing access to physical healthcare assessment, earlier detection and access to appropriate physical healthcare intervention.

#### Proposed Model – subject to investment

- Common assessment
- Single care plan agreed
- Case management in appropriate care settings
- MH Liaison within primary care

#### Other recent changes

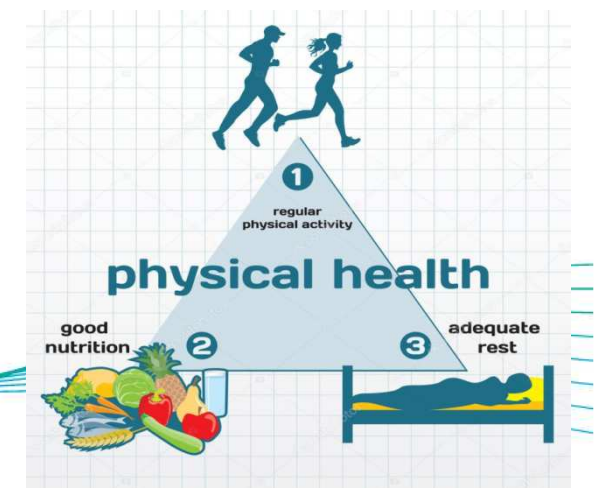
- Introduction of an all age model for ADHD
- Accelerated investment to introduce “at risk” support services as part of Early Intervention in Psychosis

#### Timeframe

- Develop proposals within 2018/19

#### Challenge

- Sustaining the investment



# Adult Mental Health: secure care pathway and health and justice

## Aims

- Increased access to high quality care that prevents avoidable admissions and supports recovery for people who have severe mental health problems and significant risk of safety issues in the least restrictive setting as close to home as possible.
- Evidenced improvements in mental health care pathways across the secure and detained settings
- **Absence of local general acute & intensive inpatient capacity**
  - Whilst not a major factor in South Yorkshire & Bassetlaw ICS, we are working with SYB ICS MH providers to minimise occurrence or ensure that continuity of care is not compromised
  - Improvement trajectory submitted to NHS England – aiming for near zero by 2020/21 but with improvement in each year
- **Accessing specialist MH capacity**
  - A smaller number of people will require more specialist attention to meet their healthcare needs than is possible to provide in every community
  - Early scoping work is underway to identify whether collective SYB ICS commissioning could provide an alternative to patient placement across England

# Adult/Older People's mental health: Dementia

## Aim

- Achieve and maintain a diagnosis rate of at least two-thirds and ensure people diagnosed with dementia begin their treatment within 6 weeks of referral
- Every person with a diagnosis and their family and/or carers will be offered evidence based post-diagnostic care with a named co-ordinator or care and care plan.
- Ensure if a person with dementia is admitted to acute inpatient care, it should be planned and as brief as possible to minimise adverse consequences hospitalisation can have for people with dementia.

## Proposed Actions

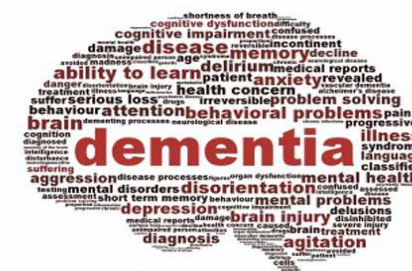
- **Diagnosis, treatment & Care Planning** - Practice variance and consistency analysis underway to support action plan discussion alongside the Primary Care proactive care pillar. Commissioning clinical resource gap.
- **Post Diagnostic Care / Admiral** – Accountable Care Partnership approach progressing
- **Psychiatric Liaison**
  - Acute – focus on front door winter model now embedding, significant inpatient admission avoidance and length of Stay reduction potential.
  - Care Home – formative plan /exploration of proposals underway to inform potential alignment with Intermediate Rapid and targeted support for care homes based on system intelligence

## Timescale

- Proposals agreed by end March 2019

## Challenges

- Engagement of primary care, New approach of the ACP, Partnership working



# Suicide Prevention

## Aim

Reduce the number of people taking their own lives by ensuring people can access good quality support to enable them to receive treatment sooner and move towards sustained recovery as quickly as possible.

## Proposed Model

Doncaster's Suicide Prevention Plan 2017-20 contains actions themed on the following areas:

- Men, Self- Harm, Children and Young People, Acute mental health care  
High frequency places, Reducing isolation, Bereavement support, Data and intelligence

## Timeframe and additional funding

- £500K approx. is being made available via NHS England for suicide prevention work during 2018-19

## Challenge

- Sustaining the investment

