

## Plymouth Mental Health Programme Board Report on its Action plan

11 December 2019

### Purpose of Report

This report will advise the Health and wellbeing board on the Plymouth Mental Health Programme Board action plan and delivery.

The Plymouth Mental Health Programme Board (MHPB) is a multiagency board including people with lived experience and carers, which meets bimonthly. It reviews national, STP and local priorities to develop a Plan for Plymouth. The Board was established to work across all age groups and develop plans which reflect the demographics and needs of the Plymouth population such as students and deprived communities.

It facilitates integrated multiagency actions and links to other programme boards and groups within the city.

### Summary

The NHS Long-term Plan sets out the priorities for the development of services for people with Mental health conditions in the next 10 years and targets for investment. However, none of these are achievable without links to the wider system, such as the impact of wider determinants of health on peoples' mental wellbeing. The Board last reviewed its plans and identified 16 priorities in April 2019. This prioritisation reflects the status of service or pathways in the city alongside the importance to people's mental health and wellbeing.

	<b>Priority area</b>
1	Prevention
2	Psychological therapies
3	Acute care
4	Recovery pathway
5	Remodel Community care
6	Employment
7	First Episode Psychosis
8	Criminal justice interface
9	Dementia
10	Housing
11	Workforce
12	Suicide
13	Physical health reducing the mortality gap

14	Improving access to psychological Therapies
15	Person Centred Approaches and personal Health budgets
16	Perinatal

### **Vulnerable Groups**

The Board also considered which vulnerable groups of people might require special consideration in workstreams and the following were identified:-

- Carers
- People with Autistic Spectrum Disorder or Learning Disabilities with a Mental health condition
- Survivors of sexual Assault and offenders
- Students
- Asylum Seekers and refugees
- Veterans

The following paper describes some of the work which is underway across the Plymouth system to deliver improvements in the health and wellbeing of the people of Plymouth.

### **Children and Young People**

The Plymouth Mental Health programme board has historically had an adult focus although it is always mindful that children and young people cannot be separated if we are to 'think family' at all times. Following the procurement of the Integrated Community Health, Wellbeing & Special Educational Needs & Disabilities Support Services contract in Plymouth, significant redesign work is required and the governance structure for system change is being considered, it may be appropriate that children's mental health services are better placed in the Children's and young people's Partnership system design group rather than in a separate Mental health board. A section has been added at the end of this report to reflect the work which is underway.

## **Progress Report for the 16 key priority areas.**

### **1) Prevention**

The prevention workstream is shaped by the Prevention Concordat for Better Mental health. The Concordat provides a focus for cross-sector action to improve people's mental health and reduce the risk of mental illness and has been previously supported by Health and Wellbeing Board. Building on Advancing Our Health: Prevention in the 2020's, the Concordat seeks actions to tackle risk factors for poor mental health and to strengthen protective factors. Led by Public Health, a prevention action plan for the city will be finalised in early 2020 which will include actions overseen by the Mental Health Programme Board, the Suicide Prevention Partnership, the Plymouth Mental Health Network and the Emotional Health and Wellbeing of Children and Young People Group. Current work being overseen by the Mental Health Programme Board includes the implementation of a men's mental health campaign and the role out of Head Space [crisis café] into all current Wellbeing Hubs and the University of Plymouth. Whilst this service operates out of hours, the location of the service within the hubs facilitates the introduction of the full wellbeing hub offer and encourages people to use the full range of support on offer in the hubs and local communities, and recognises that many people's crises are related to wider social, economic and health issues.

Thrive Plymouth work to address health inequalities includes the promotion of the 5 ways to wellbeing as the key engagement tool for improving people's understanding of their mental health and wellbeing and how they can take action to look after themselves. Currently the national Every Mind Matters campaign is supporting this local work by promoting the 5 ways to wellbeing and providing tools to support people to look after their mental health and wellbeing. A final key prevention approach taking place in the city is the building of capacity within our local communities through the provision of mental health and wellbeing training, including for suicide prevention, to improve the understanding of local people and organisations and help tackle stigma associated with mental health.

### **2) Psychological Therapies**

Psychological Therapies, sometimes known as talking therapies, encompasses a range of therapies and offers, for example Cognitive Behavioural therapy (CBT), Eye Movement Desensitisation reprocessing (EMDR), and counselling. Increasingly some of these therapies are also offered digitally either independently or under therapist supervision or by phone.

The same therapies are likely to be available at different levels of intensity, often referred to as steps; for example, people might access CBT independently via an 'app' or via the increasing access to psychological services usually between six and 12 sessions or for up to a year for people with more complex needs.

Additionally, the importance of relaxation, and sleep are recognised as important to an individual's mental health and support is provided.

These therapies may form part of a larger package to support people with multiple diagnosis, or as an individual intervention. Some are incorporated in programmes such as the five ways to wellbeing.

Some of these services are commissioned from NHS Mental health service providers and have national targets attached, some are provided by a range of third sector organisations charitably.

All other workstreams have a raised awareness of the possible need for psychological interventions, for instance support for people bereaved by suicide in the suicide action plan, and the community sentence treatment requirement approach, which uses a package of interventions to help people understand their behaviours and identify behaviours which will deliver more positive outcomes for the individual.

Whilst those who have experienced trauma in their lives has been identified as a potential gap in therapeutic services, the trauma informed city work has found that:

“people are reporting that they do not want a therapeutic intervention but validation that they have experienced trauma. These people may already be in our system and we need to look at what was being offered. We need to understand who these people are, where they are in the system, what resources they are utilising and whether resources could be provided in a different” – Plymouth as Trauma informed city – Health and Wellbeing Board report October 2019.

This will need to be explored further to develop a plan for any new models of service offer for the future.

Additionally, research conducted in the city by Exeter University, Plymouth University and University of London the DE STRESS project (<http://destressproject.org.uk/>) has identified the need for alternative approaches and a more holistic approach to supporting patients experiencing poverty related mental distress and the need not to medicalise such distress.

Ensuring that mental health services have good links to the Wellbeing hubs as they develop will be key to providing holistic recovery focused support to individuals which, individual services will not be able to provide alone.

The CCG commissions services which deliver psychological therapies from a number of providers, quality improvement work has been undertaken with two of them:-

*a) Secondary Mental health Services provided by Livewell Southwest.*

Current work has focussed on the reduction in waiting times for those in most need, that is those people who are likely to need up to 12 months of therapeutic intervention, probably with a comorbid mental illness. Whilst additional funding has been in place, recruiting therapists of sufficient experience has been challenging and therefore the approach has been to support training of additional therapists in order to develop a sustainable offer; however, this takes longer to achieve. Waiting times have been steadily reducing over the last 3 years and over 50% of people commence therapy within 18 weeks as at October 2019 and the overall numbers waiting have halved.

Specific psychology input has now been funded to support the older people's mental health inpatient services.

*b) Icebreak – early intervention in personality Disorder Service – Provided by the Youth Enquiry Service.*

Following consultation and redesign of this service, the service now offers a number of therapeutic approaches and has reduced waiting times to 11 weeks from 79 weeks.

### **3) Urgent Care**

*a) Delivered by Livewell Southwest*

Community Crisis Response, Plymouth has a home treatment team for working age adults and an assertive outreach team, however these require developing to become all adult age. Recruiting staff to these services is proving challenging.

Inpatient – Acute Adults - The Glenbourne unit (Livewell Southwest) is rated Outstanding by CQC, Plymouth rarely uses out of area acute placements because of a lack of bed available, although out of area beds may be used for specific clinical need.

Older Adults – Edgecumbe and Cothele wards have now gained Royal College of Psychiatry accreditation and there has been only one out of area placement for a bed in the last year. The carers representative on the Mental health Programme Board wanted it noted that carers support was particularly good in these services and use of the 'triangle of care model' was being well used to ensure carer involvement in care planning.

Liaison Psychiatry – NHS Devon and NHS Kernow CCG's have been increasing investment in Liaison Psychiatry year on year and it is now anticipated that the service will be fully funded in 2020/21. Initial investment has focussed on supporting the emergency department. Additional funding will provide extra resources to wards and improved robustness of the services, with less impact of staff leave or turnover.

There has also been a physical space difficulty within University Hospitals Plymouth with no suitable assessment rooms available, causing delays in assessment and patients who are in significant mental distress having to remain in the busy environments of the Emergency Department (ED) or Clinical Decision Unit. Assessment rooms are currently being built and will be available from the new year.

Plymouth is part of a national Urgent and Emergency Care Pilot that is evaluating ways in which the urgent and emergency mental health care system might be better monitored. This recognises that the current target that a person is seen within 1 hour of referral by in ED or 12 hours by a ward takes no account of whether the individual requires a physical health intervention or detoxification before they are able to be assessed for a mental health need it also does not provide information re the outcomes of the assessment or onward journey.

*b) Alternative crisis response, Headspace Crisis Café -delivered by Colebrook*

Crisis café's are being developed nationally using a variety of models. In Devon they have been commissioned as drop in non-medical peer support services for people in distress approaching a crisis. They operate out of hours Monday – Sunday evenings with no referral required. The Plymouth service was trialled three evenings a week and has now been increased to seven days. The service publicises itself across the city via flyers and on social media. They are based in the Wellbeing hubs across the city and encourage people using the service to access the wider services provided by the Hubs to address the causes of their distress.

#### **4) Recovery**

The Programme board has concluded that recovery should underpin all workstreams rather than be a sperate piece of work. Recovery in most mental health services is not an absolute position as it might be for a broken bone, but is a defined by the individual and is the place where they can live as well as they can. All services should focus on supporting individuals towards recovery whatever that means for each individual.

#### **5) Remodel Community Care**

As previously described there is a developing understanding of 'Mental Health' as a phrase which is used to encompass a range of needs from individuals who are in distress due to wider social factors and those who have a mental illness, such a psychosis, which is more likely to require support from secondary mental health services, ie thinking about mental health in the same way we might other long term conditions such as diabetes, encompassing those who may require lifestyle support and those who require specialist medical support.

*a) Redesign Community Mental health services. Provided by Livewell Southwest in secondary Mental health services.*

In recent years under the five year forward view there has been significant emphasis on the development of specialist services and teams, reducing focus on the community mental health teams.

The Long-term plan sets out new models for community services to enable them to provide improved support to Primary Care Networks (PCN's) and greater support to those most in need. Livewell Southwest are working with the STP to develop new models following consultation with a wide range of stakeholders. Historically in Plymouth there have been concerns raised that people find it difficult to gain access to secondary mental health services and many people are rejected when referred. A number of GP's in Plymouth have been working with a consultant psychiatrist to trial new models. The outcome of these trials will inform wider scale changes in the future. However early indications are that one of the models has:

- Reduced the needs for referrals by providing easy access to consultant psychiatrist advice.
- Reduced the number of referrals to specialist secondary care services – the provision of mental health staff to review GP appointment triaging has facilitated individuals being directed to the most suitable service to meet their needs at first point of contact rather than 'bouncing round'. This might be social prescribing, debt, housing advice or more M/H focussed support such as MIND recovery college or other peer support offers in the city.

*b) Build Third sector Capacity*

In line with a recovery model and new models of community care it is likely that increased capacity for peer mentoring, recovery support, and wider social support will be required. The implications of new models of community support will need to be considered as part of the design work.

Integrated Service Model, following from the children integrated service re-procurement previously, a range of physical, mental and social care services for adults provided by Livewell Southwest are currently being procured.

*c) Supported Living framework*

Plymouth City Council has a supported living framework which has accredited a range of supported living providers to provide support to people in the city including those with M/H needs. This framework will be reopened in the new year to allow new providers to join the framework with M/H needs.

## **6) Employment**

The role of the board in terms of employment is to join up opportunities and projects across members to:

- Ensure individuals experiencing difficulties can be supported to remain in employment
- To support employers to include M/H wellbeing in their employee support, recognising signs and symptoms, over 600 people have been trained across the city.
- To support individuals with specific needs in entering or returning to work
- To Support agencies such as the DWP, who have some specific support offers but also work closely with a services such as IAPT to gain support for their customers.

*a) Individual Placement Support – To be delivered by Livewell Southwest*

Clinical Commissioning groups are being set specific targets to have Individual Placement support services working with individuals in their secondary care community mental health services working with people with serious mental illness, working closely with employers to develop specific individual support packages.

*b) Plymouth City Council Commissioned Employment Support – Delivered by PLUSS*

Plymouth City Council commission some employment support services for people with a range of additional needs including mental health conditions.

## **7) First Episode Psychosis**

Clinical Commissioning Groups are set national targets for the provision of first episode psychosis services with specific quality standards, whilst Plymouth has had a service delivered by The Youth Enquiry Service long before this became a



requirement, the new national targets have required some service redesign and changes

A service improvement plan is in place and is being monitored. Significant improvements have been made and the service is now achieving referral to treatment targets of two weeks, and physical health checks are in place. Recruitment of additional capacity is underway to meet demand.

### **8) Criminal Justice interface**

The interface between mental health services and the Police is complicated as the legislative frameworks within which they work has contradictions and gaps. This has historically caused challenges to system working.

However, there are now a range of regular forums and meeting in place in Plymouth where these difficulties can be addressed as a result:

No individuals who are identified at point of detention as requiring mental health support are being taken to Police custody and mental health staff are available in custody to identify people who are taken to custody but may require a mental health assessment.

### **Initiatives**

#### *a) Street Triage /Neighbourhood Diversion and Liaison*

These services are jointly funded between D&CC, the OPCC and the CCG,. These services are being evaluated by the University of Plymouth – they both provide advice and guidance to the police in the control centre and at the Police neighbourhood tactical meetings.

#### *b) Community sentence treatment requirements*

Community Sentence treatment requirements provide an alternative to short term custodial sentence they help people understand the causes of their behaviours and develop behaviours which are more helpful to the individual they can be combined with drug or alcohol treatment orders. Plymouth is a national pilot area and following its success funding will continue for the Plymouth services and nationally funding is being expanded.

#### *c) High intensity user pilot (formerly Serenity Integrated Mentoring - SIM)*

Livewell Southwest and the local Police are working with the Academic Health Science Network to pilot a joint way of working with people who are high intensity users of services. The model of care combines the best clinical care with compassionate but consistent behavioural boundary setting to reduce harm,

promote healthier futures and reduce repetitive patterns of crisis from impacting 999 and other emergency care teams

<https://nhsaccelerator.com/innovation/serenity-integrated-mentoring-sim-high-intensity-network/>

d) *Tri partite staffed car- Joint Response Unit*

Livewell Southwest, the Police and South West Ambulance Service are trialling a tripartite staffed car on identified nights of the week with the aim of reducing the use of section 136 detentions, and aid more timely and appropriate resolution of people's needs. This commenced on the 1<sup>st</sup> of November.

e) *Police Training*

The Police will be commencing force wide mental health training to officers in January 20, these will include localised elements where appropriate to support officers understanding of local services and pathways. Mental health staff have already attended critical incident managers training provide advice and information.

f) *Trauma informed person- centred policing*

Having introduced trauma informed child centred policing plans via the trauma informed network work, the police will now consider whether this can be replicated for adults.

**An emerging challenge;**

Mental health services have seen a rise in the level of violence and aggression in the Place of Safety and inpatient units and the Police are working with mental health services to ensure that staff are provided the same level of protection as any member of the community.

**9) Dementia**

Nationally there has been significant publicity to change attitudes to dementia, with a focus on how people can reduce their risk factors, remain well with dementia, stay in work, plan for the future and support carers.

a) *Dementia Friendly City*

Plymouth has recently been accorded dementia Friendly City status. The city hosted an international conference on dementia and has a thriving Dementia

Action Alliance co-ordinated by Plymouth City Council's Dementia Friendly City Coordinator.

*b) Dementia Advisory Service*

Plymouth City Council commissions a Dementia advisory service following diagnosis. This provides support and education programmes which are available for those with a diagnosis and their carers/supporters. Dementia Advisors provide ongoing information regarding services and available support.

*c) Post Diagnostic Support*

Following consultation, the Market Oversight Group (Commissioning led) is developing a commissioning intentions plan for Dementia Reablement, Care Homes, and Domiciliary care provision in the city – this will be published in 2020

*d) Diagnosis Rate*

There are nationally set targets for Clinical Commissioning Groups for the diagnosis of people with Dementia the rate remains challenging across Devon STP and Southwest. The diagnosis rate relies on data collected from the GP quality outcomes framework dementia registers. NHS Devon CCG wrote to GP practices in October providing information to check that patients who have been diagnosed by secondary mental health services as having dementia are recorded on individual GP registers. The level of diagnosis varies significantly between practices and this may be related to levels of challenge being experienced by some practices in Plymouth.

Livewell Southwest have made significant reduction in waiting times for diagnostic appointments which are now just under 8 weeks, the diagnosis may take longer depending on the individual presentation.

## **10) Housing**

The mental health programme board maintains links with the Complex needs system set up to bring together providers of services to people with complex needs such as housing services, Drug and Alcohol services and mental health services. These services are delivered through a PCC let alliance contract and incorporates a number of providers.

Some of the outcomes of this work are:

- a) A drop in session provided by Livewell Southwest mental health and complex needs staff for housing provider support staff to gain advice and guidance.
- b) Livewell Southwest training for Alliance provider staff

- c) A 3 month trial project with 2 complex needs community Psychiatric nurses supporting rough sleeper services.

### **11) Workforce**

The availability of an appropriately skilled and trained workforce is challenging particularly with the growth in spend on M/H services, specific clinical specialisms are in high demand across the country and are not always available. There are wider system programmes to attract suitable workforce to the area and work with education providers to retain students locally, or train current staff to meet gaps in specific clinical areas. Additionally, there is development of new services utilising peer support workers and upskilling wider system partners to support people with M/H needs.

### **12) Suicide**

There is a Plymouth Suicide Prevention Partnership that oversees action on suicide prevention through its own action plan. Members of the mental Health Programme Board also attend this group, which ensures that cross cutting work and support can be undertaken effectively. Current work on suicide prevention includes a review of inpatient facilities against the national 10 point safety plan, the provision of suicide awareness and prevention training, development of real time surveillance of self-inflicted deaths, and an annual city-wide suicide audit.

### **13) Physical Health – Reducing the mortality gap for people with serious mental illness**

People with serious mental illness die 15-20 year before the general population. There are a number of factors which contribute to this including poor self-care, the impact of some behaviours related to their mental health conditions and the impact of some medications.

CCG's have been set specific targets for supporting people with serious mental-illness to improve their physical health. A key to making these improvements is the ability to link people into services which can help them address some of their risk factors,

Plymouth's Health and Wellbeing Strategy and the services developed through Public health, such as One You Plymouth, are an important part of making a difference.

CCG Targets;

- a) Physical Health Checks for people with a severe and enduring mental illness (SMI) - NHS Devon CCG has put in place a locally enhanced

service agreement with GP surgeries to undertake annual health checks with people on practices SMI register.

- b) The First Episode Psychosis Service is now able to undertake appropriate physical health checks and report on this, aiming to meet the national target of 80% early 2020.

#### **14) Improving Access to Psychological Therapies (IAPT) – delivered by Livewell Southwest.**

The IAPT service is a primary care offer for people with mild to moderate depression or anxiety. It was originally designed to support people to stay in work through an early intervention. The current service sees nearly 7000 people a year.

Following a sustained period of meeting national target's, the IAPT service has sustained some staffing turnover, this means that the service will be challenged to meet the 2019/20 increased access target. The service is acting to recruit more therapists however with all services expanding nationally this is proving difficult, national Standards dictate that all staff working as therapists in IAPT in order to meet national standards staff working in IAPT services must be trained in IAPT. Training places have been secured for March but staff in training will be unable to count their activity until they are trained. Future service increases will focus on supporting people with long term conditions.

#### **15) Person Centred**

An improved personalisation of care provision has been an aim across a range of services for a considerable time. In mental health, where there are often particular legislative requirements, progress may have been slower than in other areas such as Learning Disabilities.

Whilst personalisation or personalised care is often described as being an aim, evidencing it is harder to measure:

##### *a) Improving care records to be person centred*

Livewell Southwest have been working with 'Headscount' a citizen's advocacy group for people with mental health needs to improve patient records to be more patient centred.

##### *b) The Use of Personal Budgets*

The Long- term plan sets targets for the provision of personal health budgets for people eligible for section 117 aftercare. Section 117 aftercare is the right to

funded support for people who have been detained in hospital under some sections of the Mental health act, it may be health / social care or jointly funded.  
- The STP lead has conducted an initial consultation event and proposals are being developed – timeline to be confirmed

*c) Social Prescribing*

As social prescribing develops it will be important for links to be in place between M/H services and the social prescribing offer.

**16) Perinatal**

Perinatal mental health (PMH) problems are those which occur during pregnancy or in the first year following the birth of a child

If left untreated, mental health issues can have significant and long-lasting effects on the woman, the child, and the wider family. Specialist PMH services provide care and treatment for women with complex mental health needs and support the developing relationship between parent and baby. They also offer women with mental health needs advice for planning a pregnancy.

Plymouth now has a specialist community perinatal mental team delivered by Livewell Southwest with a consultant psychiatrist due to start in January. NHS Devon CCG has secured short term funding to enable the service to improve its reporting and processes and review the current services against the Long -term plan, developments will include increased support for fathers, joint maternity outreach clinics, increased access and peer support, increasing length of offer to 24 months post birth. NHS Devon CCG commissioned services see 7.1% of delivering women this exceeds the current national target. In future years this will rise to 10%.

This service has made strong links with the Infant mental health team initially being co-located in a children centre to support the delivery of holistic support to mothers and families.

Devon also now has a specialist purpose built inpatient mother and baby unit providing services for Cornwall, Plymouth, Devon and Somerset and whilst this is in Exeter not in Plymouth it is a significant improvement as previously mothers would need to travel to Bristol or Poole for admission.

## **Children and Young People**

### **Plymouth Integrated Community Health, Wellbeing and SEND and Disability Support Contract**

Livewell Southwest were awarded the contract from 1<sup>st</sup> April 2019. This contract includes CAMHS. The contract and associated service specifications support the redesign of services for children, young people and their families. This redesign is based around the THRIVE framework.

If more information is required around THRIVE, please use the link below:

<http://implementingthrive.org/wp-content/uploads/2019/03/THRIVE-Framework-for-system-change-2019.pdf>

During 2019/20, Livewell Southwest have been redesigning pathways and aligning staff to these. Commissioners and providers have also focused on finalising the Outcomes Framework. This framework has outcomes at four levels: population, system, service and individual service level activity. This framework will enable a holistic overview of the impact of the service redesign; and for themes around need to be identified.

In October 2019 the CAMHS achieved the following:-

- Average wait for treatment from point of referral is 4.5 weeks
- Between April and September 2019, 100% of urgent referrals were assessed within 24 hours.
- In October, this reduced to 90%. This equates to 3 young people: 2 were not medically fit for assessment at the point at which the CAMHS practitioner visited; and the 3<sup>rd</sup> due to the time the referral was made, and was seen the next day.

### **Joint Targeted Area Inspection (JTAI)**

In November 2019, Plymouth had a JTAI which focused on CYP mental health. This was a whole system inspection which involved inspectors from OFSTED, Care Quality Commission, HMI Constabulary and HMI Inspectorate of Probation. A formal letter following the inspection is anticipated January 2020.

An action plan will be developed to reflect the inspection findings once they are received.

### **Mental health Support Teams (Green Paper)**

Following a successful bid, the CCG received funding for three Mental health Support Teams (MHSTs). Each local authority area across the Devon CCG footprint will have one MHST – Plymouth will therefore have one team.

This team will work with a population of 8,000 CYPs within targeted schools providing direct intervention with the CYP, their family and working with school staff.

These teams will be focused on working with those who have low level needs: delivering an early intervention response. The main focus during 2019/20, will be ensuring the newly recruited staff complete their national training programme and that the pathway is developed in partnership with the targeted schools. The teams will 'go live' September 2020. Further national bidding opportunities are anticipated which the CCG, in agreement with partners, will maximise.

Linda Walton  
Mental Health Commissioning Manger  
Devon CCG

On Behalf of the Plymouth Mental Health Programme Board.