BIRMINGHAM AND SOLIHULL MENTAL HEALTH NHS FOUNDATION TRUST

Briefing For - BIRMINGHAM HEALTH & WELLBEING BOARD TO BE HELD ON 24 NOVEMBER 2020

SUMMARY REPORT:

- Have you observed any changes in the presentation of needs across Birmingham in:
 - o Adults?
 - o Children?

Generally referrals received into adult secondary care services have remained at 2019 levels throughout the year with the exception of April and May when initial lockdown was implemented and referrals dropped significantly to all services. Referrals to CMHT's are slightly lower, with increases in crisis services, such as inpatient services, home treatment and liaison psychiatry

BSMHFT have seen significantly higher levels of acuity in both new referrals and existing service users, particularly within the acute and urgent care pathway, with increased levels being detained and admitted under the MHA rather than informally and a significant increase in use of PICU beds, particular for male service users – the majority of these to OOA (out of area) beds, this reflects the regional picture.

With the implementation of an all age 24 hours, 7 day per week, mental health helpline managed by Birmingham Mind, in conjunction with support from BSMHFT services, the helpline has seen on average between 280/300 calls per week of which approximately 15% come into secondary services, the remaining 85% are signposted to other agencies to, the helpline activity is a previously unmet service need.

Feedback from both the helpline and the Trust safeguarding team, identifies adults are struggling with poverty, isolation and uncertainty which is increasing low level mental ill health. Many have had new stressors in family life relating to changes in circumstances with housing being particularly impacted as families face difficulties such as separation and domestic abuse.

There is an increase in substance use and significantly higher levels of domestic abuse being reported. Over the past weeks the helpline has seen increased levels of distress and suicidal thoughts from those in contact; also there have been more direct referrals to the helpline from family members/carers. Older adult referrals have been increasing as hardship and loneliness impact, causing decline in both mental and physical well-being, in addition the impact on carers due to a lack of face to face contact in care homes, is shown as a cause of much distress.

With regards to Children, although BSMHT do not treat children within Birmingham, we have via our safeguarding team, identified the changed presentation in adults, has had an impact on children's mental health, with increased safeguarding referrals due to domestic violence. Additionally, digital poverty has impacted upon education and we seeing larger numbers of children not returning to school, as expected, which has increased anxiety levels in adults.

- How are you as a HWB partner organisation supporting the changed needs of
 - o Adults?
 - o Children?

BSMHFT has looked to support the changes in referral patterns and acuity levels, by increasing support within our urgent care pathway, providing additional capacity to reduce waiting times for therapy and enhancing older people's services as part of winter pressure funding, as detailed below:

- ❖ Increasing staffing levels within the Psychiatric Decisions Unit (PDU) to support better flow from Emergency Departments (ED's) and improve our service user's experience.
- ❖ Additional Approved Mental Health Practitioner capacity both in and out of hours to support increasing demand at our S136 Place of Safety suite, PDU and ED's.
- Increased provision of acute male bed capacity, to support swifter admissions
- Increase in psychology input to Mary Seacole and Oleaster supporting service users with a diagnosis of Personality Disorder
- Additional crisis nurses from 23:00 to 9:00 to support out of hours crisis and helpline calls for both known and new first-time callers in crisis.
- ❖ Funding to develop proof of concept for Mental Health Hubs in ED's, where service users would be assessed in the hub during peak times in a more relaxed and suitable environment, supporting better flow in ED and creating an improved service user experience for people with a mental health presentation.
- ❖ Additional funding to increase psychology sessions in each adult CMHT to reduce waiting times for those most in need of enhanced talking therapies.
- ❖ Increased support within Older Adults CMHT's to extend their duty service to support their philosophy of 'home first', which reduces hospital admissions and offers support to carers. Also, to provide expert input to support our Home Treatment services to manage older people presenting in crisis.
- What are you as a partner organisation doing to address the exacerbated health inequalities caused by Covid-19 and for the potential future waves of the pandemic?

BSMHFT are very aware of the challenges faced by our Acute Hospital colleagues and the impact Covid-19 is having on them and subsequently we have done as much as possible to support reduced activity in to A&E departments and acute hospital beds, by increasing our capacity to divert our service user group away from these services.

Our involvement within the 24 hour all age helpline allows us to support those from all areas of Birmingham, the phone line has a freephone number and a multi-lingual chat function that allows anyone to get in touch with mental health services irrespective of ethnicity or finances, which has been an important change.

BSMHFT are working with Birmingham City Council supporting their AMHP services to increase capacity to provide more timely assessment of those potentially needing detention under the MHA, through our urgent care pathways, reducing need for police and court involvement for those who are presenting as unwell.

We are also a partner in the STPs Health Inequalities programme of work which was established during the pandemic.

Birmingham Healthy Minds are part of system wide developments related to Covid-19 rehabilitation. This will involve a pathway to Improving access to psychological therapies (IAPT) from physical health clinics that will be set up across the system.

Our staff are also our community so risk assessments have been carried out on staff who may be suffering from health inequities or specific vulnerabilities to ensure they remain safe at work.

Our future vision for community mental health services is a life-course approach improving access and breaking down barriers for service users with support close to home. We will remove the concepts of referral, transfers and discharge, replacing this with a coherent approach that flexes with service users' needs and ensures holistic input for both health and social determinants.

We will do this through establishing integrated Mental Health and Wellbeing teams across Birmingham aligned to Primary Care Networks. These will be a blended mix of providers across NHS, Social Care and the Voluntary Sector, dissolving the boundaries between primary and secondary care and ensuring our service users experience care and support for physical health, mental health and social needs that is truly joined up. Our workforce will be a combination of existing and transformative new roles.

Services will be delivered in the neighbourhood footprint, and the exact nature of the service/pathway offer and skill-mix in each locality will take account of local population demographics and need.

Additional Information

The STP People Board have led in developing bids for additional funds for. Birmingham and Solihull to support the wellbeing (including mental health wellbeing) of health and care workers, we have in recent weeks been informed our bids have been successful, securing two forms of funding, one in relation to general staff wellbeing for £2million and a second in relation to staff mental health wellbeing for £400k. (NB Graeme Betts is the BCC/social care member on the People Board and the term 'care ' in our bids means social care) We are now pulling together the implementation plans associated with delivering on these bids.