

# BSOL Mental Health STP work stream, October 2016

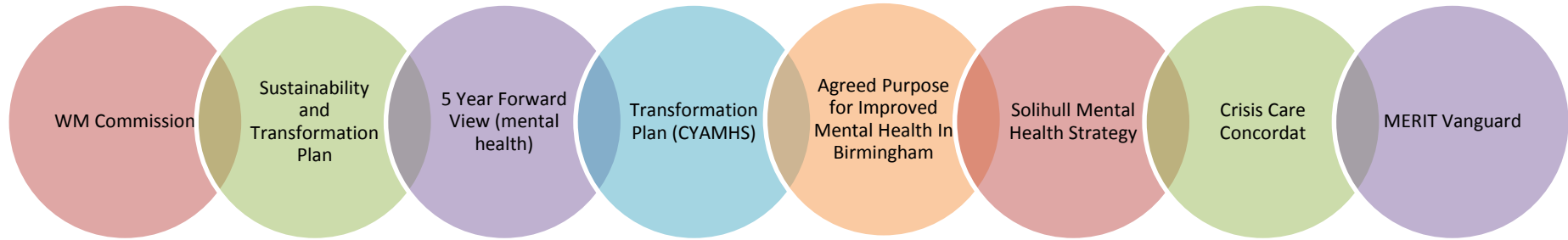
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# Background

- Clear vision and strategic direction across BSOL
- Solihull Mental Health Strategy & Agreed Statement of Purpose across Birmingham
- Four strategic outcome areas (subject to further development);
  - Prevention
  - Protection
  - management
  - Recovery
- Governance across BSOL supported by System Strategy Board linked into HWBBs

# How will we achieve these outcomes?



## Draft Prevention Plan

### Outcomes

- Reduce Suicide
- Fewer Children affected by parents poor mental health
- Increased Wellbeing within the population

### Objectives

- Reduce numbers of suicide by 10% by 20/21

### Universal Prevention

- Develop city-wide approach to mental health prevention based on evidence (Public Health)
- Develop city-wide wellbeing offer (Community Care First)
- Establish LAC Pathway (CYP)
- Education strategy (CYP)
- Under 5's development and Healthy child Programme (CYP)
- Professionals trained to support emotional wellbeing and mental health across key touch-points for children and young adults (CYP)
- Develop alternative methods to support self-care including digital resources (CYP)

### Suicide

- Quality review of BSMHFT and FTB suicide prevention strategy (CCGs)
- Develop system wide suicide prevention action plan (HWBB)

## Draft Protect Plan

Outcomes	<ul style="list-style-type: none"> <li>• Fewer undiagnosed dual diagnosis cases</li> <li>• Better physical health for homeless people</li> <li>• Better physical health for people with mental illness</li> <li>• Fewer repeat offenders</li> <li>• Fewer people with a learning disability and dementia suffering crime</li> <li>• Improved access for Afro-Caribbean communities to early support services and fewer people in acute and specialist mental health services</li> <li>• Improved access to early help for victims of abuse</li> </ul>
Objectives	<ul style="list-style-type: none"> <li>• Increase percentage of population with access to Liaison and Diversion from custody – 100% by 2021</li> <li>• Increase number of people with SMI who have a physical health screening annually</li> <li>• Reduce excess under 75 mortality rate in adults with serious mental illness</li> <li>• At least 25% of people with common mental health conditions access psychological therapies each year</li> </ul>
Projects	
Protective Pathways	<ul style="list-style-type: none"> <li>• Develop Dual Diagnosis pathway and protocols (CCGs and NHS Providers)</li> <li>• Procure emergency conveyance service to support Mental Health admissions (CCG/JCT)</li> <li>• ADRs/DDRs (CJS)</li> <li>• Further develop liaison and diversion offer (CJS)</li> <li>• Through the Gate (CJS)</li> <li>• Out of Court Disposal (CJS)</li> <li>• Vulnerable Victims (CJS)</li> <li>• Fulfilling Lives (BVSC)</li> </ul>
Primary Care and Physical Health	<ul style="list-style-type: none"> <li>• Improve primary/secondary care liaison (CCGs and NHS Providers)</li> <li>• Confirm additional workforce requirement and commission increased IAPT capacity (CCGs)</li> <li>• Contribute to development of multi-disciplinary Teams in Primary Care (Community Care First)</li> <li>• Develop navigation to support transitions to primary care (CCGs, 3<sup>rd</sup> Sector)</li> <li>• Deliver health screening to all inpatients, EIS and CPA patients annually (NHS providers)</li> </ul>

## Draft Manage Plan

### Outcomes

- People supported in least restrictive environment
- All crisis assessments happening within four hours;
- No children in police cells;
- Fewer repeat admissions for mental health crises
- Fewer acute medical admissions which are precipitated by dementia

### Objectives

- Increase access to 35% of CYP with diagnosable mental health condition to an NHS community mental health service
- Increase % of people receiving treatment within 2 weeks for FEP from 50-60% by 2021
- Ensure all age compliance with CORE 24 Standards for psychiatric liaison
- Fewer repeat admissions for mental health crisis

## Projects

### System capacity

- Coordinate system capacity review
- MERIT shared bed management programme (BSMHFT/FTB)
- Ensure level of access at 35% and plan to increase year on year (CYP)
- Jointly scoping alternatives to admission for <16yrs and 16-18 yrs e.g. PDU (CYP)
- Continue to support development of FTB model (CYP)
- Review compliance with CORE 24 standard for CYP
- Redesign and recommission respite provision (CCGs, BSMHFT, 3<sup>rd</sup> sector)
- Deliver against Inpatient Capacity Service Development and Improvement Plan (BSMHFT)

### Specialist pathways

- Neurodevelopmental Pathway. Develop ageless neurodevelopmental pathway (inc CYP)
- Improve early identification, prevention access and outcomes for people with Eating Disorders
- System of Care for Personality Disorder and people with psychological complexity/trauma
- Implement Dementia Strategy. Ensure skills and capacity to deliver older adults pathway in its totality across BSOL
- Improve access to evidence based treatment around peri-natal mental health (FYFV) (CYP)
- Develop approach to support new care arrangements for the most vulnerable with complex needs (CYP)

## Draft Recovery Plan

### Outcomes

- More people with mental illness in employment
- More people with mental health conditions in stable housing
- More people, who have previously misused substances, in sustainable employment;
- More young people in education, training or sustainable employment;
- Fewer homeless people

### Objectives

- Double the number of people accessing individual placement Support
- increase the % of Adults (18-69) who are receiving secondary mental health services on the Care Programme Approach recorded as living independently, with or without support
- "Increase the proportion of adults in contact with secondary mental health services (on CPA) in paid employment. The measure shows the percentage of adults receiving secondary mental health services in paid employment"

## Projects

### Recovery and Employment

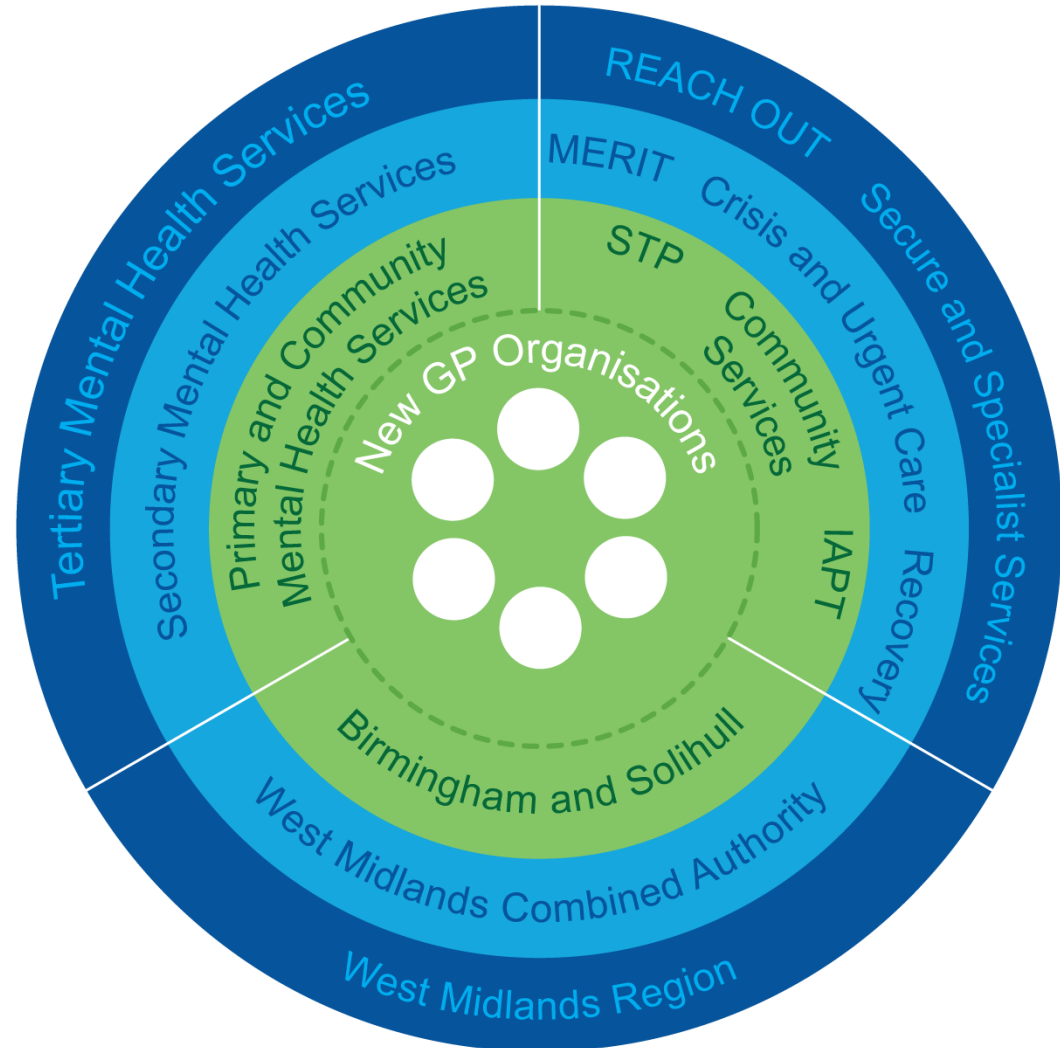
- Develop a statement and system strategy around the value of a peer workforce in mental health services as part of the broader recovery and employment agenda (System)
- Include Peer workforce as SDIP for FTB in 17/18 (CYP)
- Procure redesigned recovery and employment service by Sept 2017 to include IPS service (CCG)
- Support system level work through WM MH commission to improve mental health in the workplace (System)
- MERIT Recovery Programme (MERIT)

### Housing

- MH Provider/Housing Provider Partnerships and schemes (BSMHFT)
- Increase access to affordable housing (SMBC)
- Private rented market issues (BCC, SMBC)
- Scale up residential and housing options (BCC, SMBC)

# Interdependencies with other STP footprints

- MERIT vanguard
- REACH OUT
- Alignment of priorities with Black Country STP – cross cutting themes;
  - Access
  - IPS
  - Suicide Prevention
  - OOA
- SWB CCG also form part of overarching governance



# Interdependencies with other work streams

Mental health is an intrinsic cross cutting theme – parity of esteem

Physical health and mental health co morbidity:

- CCF: enhanced general medical practice, LTC management (including dementia), urgent care planning
- Maternity: perinatal MH MDT teams within home treatment/primary care
- Secondary and tertiary care: Psychiatric liaison and dementia/frailty care
- Transforming Care Programme for Learning Disabilities and Autism