

Report to Health & Adult Social Care Select Committee

Date: Thursday 10th September 2020

Title: **Mental Health in Buckinghamshire**

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PURPOSE OF THE PAPER

This paper gives an overview of the mental health services provided by Oxford Health Foundation Trust in Buckinghamshire and addresses a number of areas requested by the Committee:

- **An Introduction to the Trust and our services**
- **Access to services**
- **Transformation of Mental Health Services**
- **Quality & service user feedback**
- **Our COVID response**
- **Workforce Challenges in Buckinghamshire**

1 INTRODUCTION

Oxford Health NHS Foundation Trust (OHFT) provides a range of physical health, mental health, specialist mental health, social care and learning disability services for people of all ages across Oxfordshire, Buckinghamshire, Bath and North East Somerset, Swindon & Wiltshire. We are rated 'Good' by the Care Quality Commission (CQC) and are actively involved in research and collaborations with Oxford University. Our Oxford Health Biomedical Research Centre (BRC) is only the second mental health BRC in the country.

Our services are delivered at community bases, hospitals, schools, GP surgeries, clinics and in people's homes. We focus on delivering care as close to home as possible. We employ more than 6000 staff and operating across more than 150 sites. Although we provide mostly community focused services, we have a capacity of nearly 400 inpatient mental health beds across our regional footprint and 130 community hospital beds in Oxfordshire

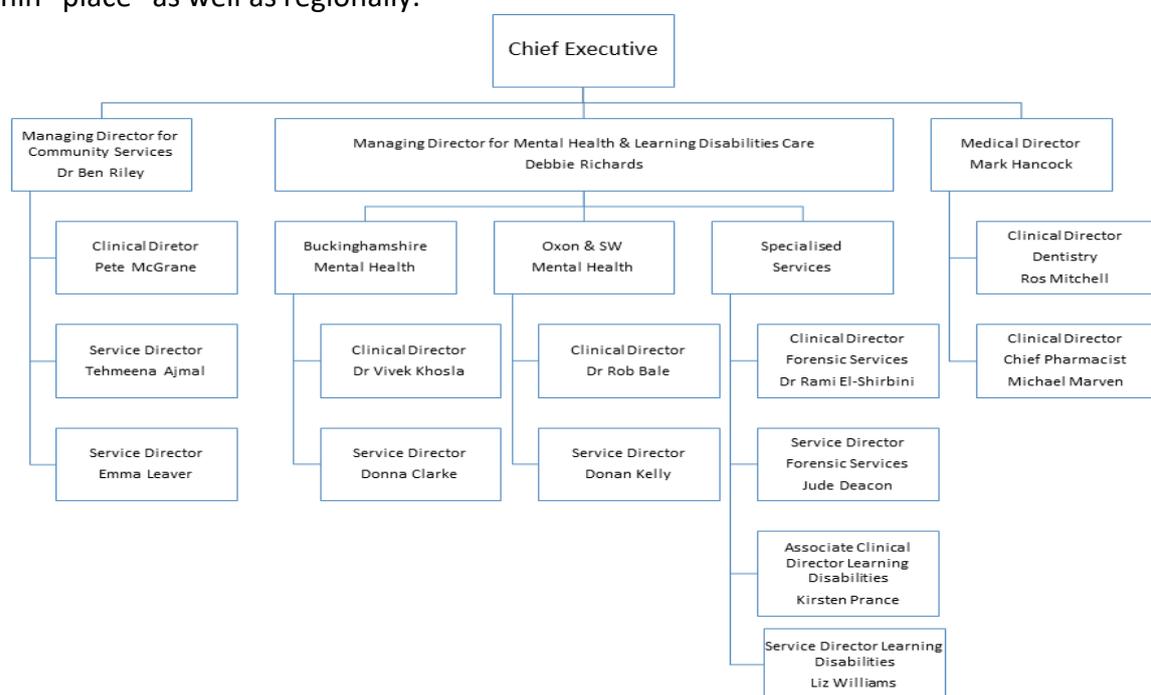
We provide the following services in each county:

Buckinghamshire	Mental health & eating disorder services for children, young people, adults and older people and Continuing Healthcare
Bath and North East Somerset, Swindon and Wiltshire	Mental health services for children and young people and eating disorder services.
Oxfordshire	Physical health – primary care & community services including community hospitals; mental health, eating disorder and learning disability services for children, young people, adults and older people.
Nationally Commissioned inpatient services	Tier 4 CAMHS, Eating Disorders and Forensic Services

System working and organisational structures

Buckinghamshire is part of the Integrated Care System (ICS) alongside Oxfordshire and West Berkshire (collectively BOB ICS). Within BOB, Oxford Health provides Mental Health services in Buckinghamshire and Oxfordshire, Berkshire Healthcare provide mental health services in West Berkshire, as well as other areas of Berkshire which fall into the Frimley ICS.

The Trust is an active partner in the Buckinghamshire Integrated Care Partnership (ICP) and has realigned its Operational Directorate Structures support the delivery of all-age services within “place” as well as regionally.



Services provided by OHFT in Buckinghamshire

Oxford Health deliver a wide variety of mental health services in Buckinghamshire. Many of these services involve strong partnership working alongside many other NHS and non-NHS providers to best meet the needs of residents. Our services include:

- Children and adolescent mental health community service (CAMHS) in partnership with Barnardo's
- Mental Health Support Teams in schools, delivered alongside education, local authority and 3rd sector partners.
- A small autism/ADHD diagnostic service
- Perinatal service working closely with maternity services, and in conjunction with health visitors, social workers, nursery nurses and peer support workers from Buckinghamshire Mind
- Adult mental health, community and inpatient services
- Urgent care (Crisis and Home treatment team, Safe Havens delivered by Buckinghamshire Mind, Street Triage team alongside ambulance and police partners, 24/7 Helpline)
- Emergency psychiatric liaison service at Stoke Mandeville hospital
- Healthy Minds: Improving access to psychological therapies or IAPT (for mild or moderate conditions), delivered alongside Richmond Fellowship and Relate.
- Support service to access and maintain employment (IPS)
- Complex needs community service for people with personality disorders
- Early intervention in psychosis service
- Eating Disorder community service
- Older people mental health, memory clinics, community and inpatient service
- Forensic mental health, community and inpatient service

Our community services in Buckinghamshire are delivered from centres in Aylesbury, High Wycombe and Amersham. In Aylesbury we have the Whiteleaf Centre, a purpose-built modern building from which our inpatient and several adult community services operate. In High Wycombe, at present we have 4 main sites, but we will be bringing 3 of these sites together into a new site on Easton Street in the new year; this development has been possible with the support of the One Public Estate work in Buckinghamshire and will bring a number of benefits for residents and our staff.

2 ACCESS TO SERVICES

In order to be responsive, mental health services in Buckinghamshire can be accessed in a number of ways but most commonly self-referral or through the GP.

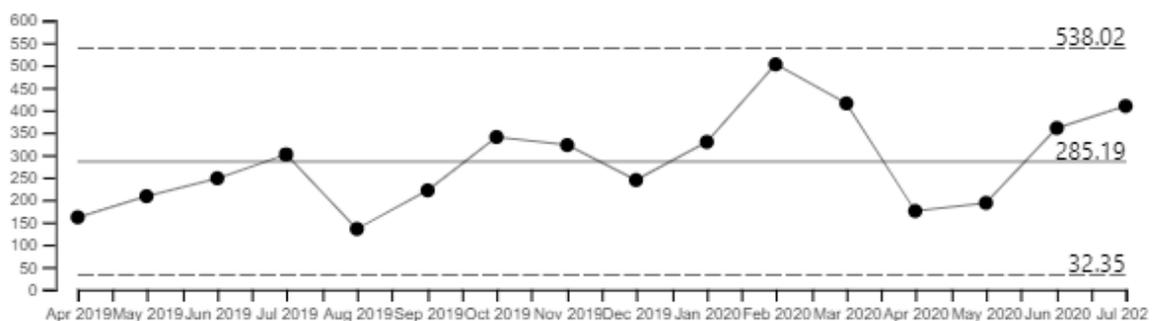
Our Child and Adolescent services (CAMHS) receive referrals from young people themselves, parents, carers, GPs, Schools, Health Visitors, Social care through a dedicated SPA (Single Point of Access). Referrals can be made directly using on the [online referral form](#).

Buckinghamshire CAMHS access rates for treatment are greater than the national expectation – this means we see more young people than would be expected of us. This also means, however, that waiting times for non-urgent pathways and specialties are longer than children and their families may expect. Buckinghamshire CAMHS are one of a select group of services that are piloting new waiting time standards across England. We see all emergency referrals within 24 hours and urgent referrals within a week.

For all other referrals, from April 2020, the median wait time for all children seen by CAMHS in Buckinghamshire is 22 days. These waits include children waiting for neuro-developmental assessments. This service has the longest waiting list and faces the greatest challenge in terms of mismatch between the significant increase in demand and the funding provided to the team to meet this demand. WE are pleased to report that commissioners have recently made available some non-recurrent funding to help reduce the waits during the remainder of this year.

The chart below shows the number of referrals received by the CAMHS single point of access April 2019 – July 2020:

How many referrals have been received?



Adult and Older Adult Community Mental Health Teams receive referrals mainly from GPs and each team has a single point of access.

For individuals in Buckinghamshire with common mental health problems such as anxiety and depression, the IAPT (Improving Access to Psychological Therapies) service, Healthy Minds, is accessible via self-referral, further details can be found on [their website](#).

IAPT services are expected to expand year on year and it is anticipated that by 2023 / 2024, over 14,000 individuals per annum will enter treatment. This year we are expecting 10,000 individuals to enter treatment in Buckinghamshire. Waiting times for IAPT services are better than national standards, over 96% of patients start treatment within 6 weeks (national target is 75%) and over 99% of patients start treatment within 18 weeks (national target is 95%). Within IAPT, we offer a number of different tailored to the needs of different populations, such as our BAME communities, those who are deaf and older adults.

For individuals that require an urgent response to their mental health need, the mental health helpline will offer immediate support and signposting to the most appropriate service. Our community and crisis teams also respond to urgent and emergency referrals as

well as more routine referrals. In an emergency, patients who present at the emergency department at Stoke Mandeville Hospital will be assessed by our Psychiatric Liaison Service. If required, a patient may be admitted to an acute hospital bed or be transferred to the Whiteleaf centre for a mental health admission.

In addition to these routes, and as part of our response to COVID we established a 24/7 Mental Health Support line (see below).

3 TRANSFORMING MENTAL HEALTH SERVICES

In the UK demands on mental health services are increasing as they are worldwide. NHS England reports that one in four adults and one in 10 children experience mental illness, and many more of us know and care for people who require support with their mental health and wellbeing.

January 2019 saw the publication of the [NHS Long Term Plan](#) (LTP). Building on the [Five Year Forward View for Mental Health](#), the Long Term Plan made a renewed commitment to grow investment in mental health services faster than the NHS budget overall for each of the next five years and set some ambitious improvement expectations.

Under the Plan, there was a commitment that funding for children and young people's mental health services will grow faster than both overall NHS funding and total mental health spending. This means that children and young people's mental health services will for the first time grow as a proportion of all mental health services, which will themselves also be growing faster than the NHS overall.

NHS funding is complex, but we do expect to have received over £17 million additional investment into Buckinghamshire mental health services by 2023/24.

We are working with our system partners on our Mental Health Transformation Programme and in the last 18 months we have progressed a number of key developments in Buckinghamshire mental health services including:

- New Crisis and Home treatment team
- Opening of Safe Havens with MIND in Aylesbury and High Wycombe
- Mental Health Support Teams in schools pilot sites
- Significant expansion of the Perinatal team
- IAPT expansion so that almost 10,000 individuals will enter treatment this year.

4 QUALITY OF SERVICES and SERVICE USER AND CARER FEEDBACK

We take a continuous quality improvement approach to monitoring and improving the quality of care informed by:

- Feedback from patients and service users.

- Key Performance indicators
- Learning from incidents and complaints.
- Learning from deaths to identify learning from unexpected and inpatient deaths.
- Local and national clinical audits.

I Want Great Care is the standardised system the Trust uses to offer/ collect regular electronic and paper survey feedback from patients and carers for our services and for individual teams. In addition to this method we use a range of other approaches i.e. focus groups, regular patient/carer groups, telephone interviews, complaints, compliments, patient stories, national surveys.

In the 12 months from July 2019 to 2020, we received 701 reviews for Buckinghamshire Adult and Older Adult Mental Health services with an average rating of 4.73 out of 5 and 93% were likely to recommend the service.

We also receive patient feedback from other sources for example national surveys, surveys carried out by Healthwatch and of course from complaints/concerns/accolades received by the Trust.

5 SERVICE DELIVERY DURING THE COVID-19 PANDEMIC

Oxford Health maintained the vast majority of its services throughout the COVID-19 Pandemic but did change some of the ways in which services were delivered. Along with most healthcare providers, the number of residents seeking access to services in March, April and May was lower compared with previous years. We have however seen demand return to previous levels and are now experiencing a significant surge in activity and acute presentations to our community and crisis teams.

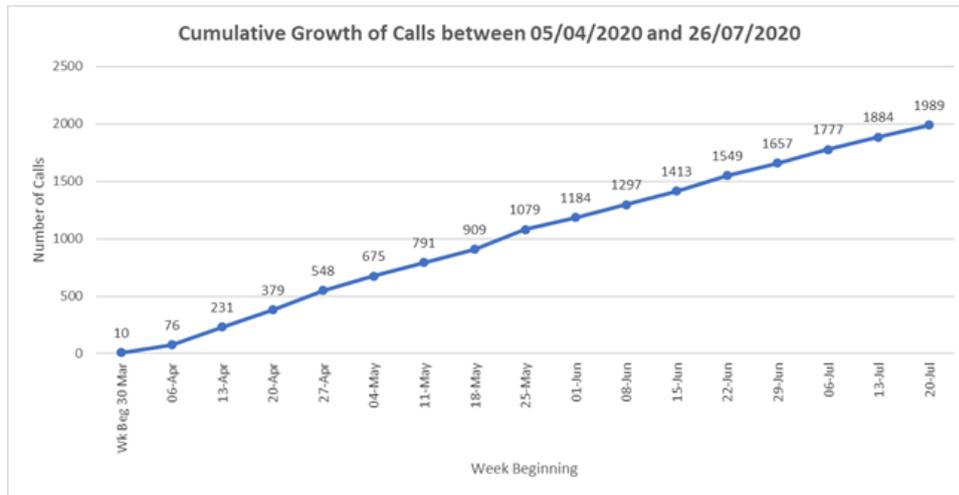
24/7 Mental Health crisis line

Trusts were requested to establish 24/7 open access telephone lines for urgent NHS mental health support, advice and triage, for people of all ages to access the NHS urgent mental health pathway / further support if needed. The main drivers were to redirect demand from NHS111 and accident and emergency departments, and to respond to an anticipated increase in mental health demand triggered by COVID-19..

Access to the helpline is via freephone telephone numbers or via NHS111 and the OHFT line covering Buckinghamshire and Oxfordshire directs callers to either the CAMHS or Adults/older adult or Learning disability service professionals. Further details can be found at the following [link](#).

The new helpline teams were setup at pace and were initially resourced by a combination of redeployed mental health staff from the Trust and our third sector partners. We have now moved to an interim model hosted for both counties in Buckinghamshire and we are working to secure funding from commissioners to sustain the service.

The service received almost 2,000 calls between April 2020 and end July 2020. These calls were either received directly to the freephone number or diverted from 111.



Where identified as coming from either of the two counties, calls were received on a 60/40 split between Oxfordshire and Buckinghamshire.

User feedback has been systematically collected and the service has received broadly positive feedback.

MH Helpline Urgent Care Feedback

Of the 8% of those respondents not recommending the helpline, we have been able to see and look to improve the way we manage frequent callers. Other learning have included how we validate callers concerns and give feedback about length of wait for services and hospital admissions in a way that callers hear without feeling like we do not care about their concerns.

Question 4 - would you recommend using the MH helpline?

Response	Percentage
Yes	92%
No	8%

"I felt I was really listened too and that she actually cared even though I was really embarrassed"

"No change - they did everything i could have asked for, maybe a text prior to calling otherwise all was perfect"

"Felt the service was good but didn't help what he needed help with which was housing and this aspect was frustrating for him "

"I spoke to so many people that where rubbish, but the mental health helpline woman was good "

"Understand the persons circumstances because some of the suggestions could not be achieved in my current environment"

"No changes - very easy, very worth while conversation, person knew what they where talking about "

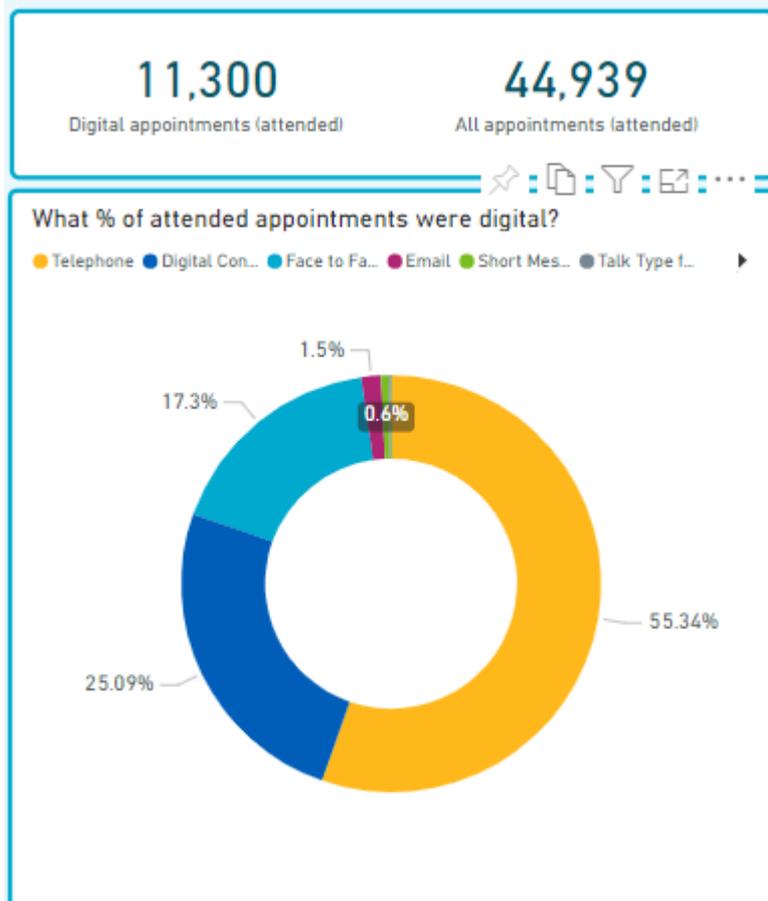


Clinical Care during the COVID Pandemic

Since the beginning of the pandemic, many mental health services moved to a digital/telephone offer as the first option although face to face appointments have continued where clinically essential. Such appointments have taken place with appropriate use of personal protection equipment (PPE). Many services (such as IAPT, community teams, Day Hospital) have continued to provide high levels of contacts digitally or via telephone.

Some specific services (Memory Service, Neurodevelopmental assessments for children and adults, psychological therapies) ceased face to face contact but these services have resumed face to face contact, albeit limited in reduced numbers due to ongoing social distancing requirements, and with appropriate precautions.

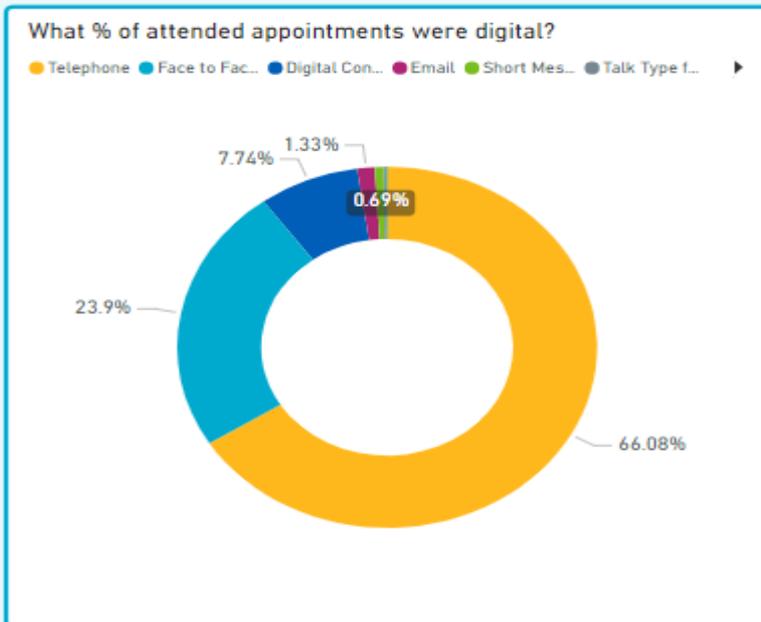
Consultations in Buckinghamshire Directorate (16th March 14th August 2020)



Consultations in Buckinghamshire Adults/Older Adults (16th March 14th August 2020)

2,001
Digital appointments (attended)

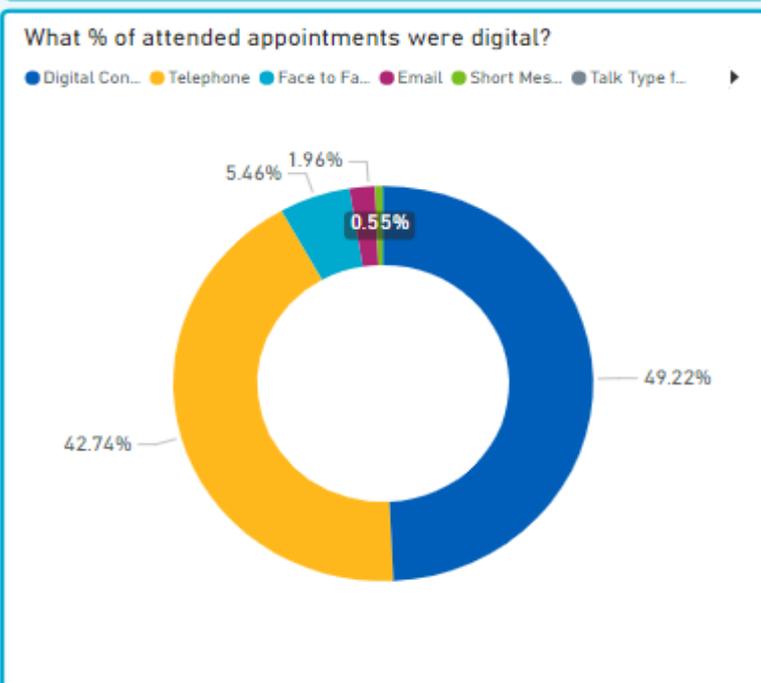
25,570
All appointments (attended)



Consultations in CAMHS (16th March 14th August 2020)

8,351
Digital appointments (attended)

16,957
All appointments (attended)



Since further easing of lockdown, we have embarked on a significant piece of work with clinical staff and estates colleagues to enable services to safely increase face to face work with patients, families and carers.

Restrictions from the lockdown had a significant impact on some aspects of care delivery and we have had to work innovatively to address these impacts. For instance, all visits to our inpatient wards had to be temporarily stopped and wards used technology to ensure patients and their loved ones were able to maintain contact with each other.

For patients in residential facilities, we have continued to provide care as required, digitally wherever possible but also face to face with suitable PPE where necessary. We have been working closely with partners in wider system to support care homes.

Quality of digital consultations

Whilst efforts continue to maximise the number of consultations undertaken digitally (and by phone) rather than face to face, our colleagues are aware of the need to focus on the quality of these consultations, both from a clinician and a patient perspective.

For clinicians, work with Oxford University Department of Psychiatry is progressing well on evaluation of digital consultations on uptake, acceptability, clinical utility and overall service impact, and also on developing a practical training programme on digital consultation to be used in routine clinical care.

We are also collecting feedback from patients and clinicians systematically. Interestingly, for some service users from BAME communities especially the younger populations, we are receiving reports that digital offers have been found to enhance access.

Urgent care pathway and interface with other emergency services

Our mental health services interface with other emergency service several levels. we have mental health workers in the NHS 111 service. Our health-based place of safety suites are located at the Whiteleaf centre for people detained under Section 136.

Due to the demands on the wider healthcare system caused by the Covid 19 pandemic, and to divert people for A & E, 111 and other emergency services, we set up an Urgent Care Centre at the Whiteleaf Centre. At this centre, individuals can be assessed, receive short term intervention, and be signposted to suitable treatment settings.

Psychiatric Liaison services (PIRLS), provide service to people who have both mental and physical health problems in a general hospital setting. They play a role in supporting people in crisis and help to reduce emergency acute admissions, attendances at A&E and extended lengths of stay which can be distressing and debilitating for patients. It is for all adults over the age of 16 presenting at A & E at Stoke Mandeville Hospital, patients over the age of 18 years admitted to wards at SMH, over the age of 65 years at Wycombe General Hospital. Berkshire Health Foundation Trust provides this service in Wexham Park.

The PIRLS operates 24 hours a day 7 days a week providing a 1-hour response time to those patients attending A&E with mental health difficulties. Extended services to the remainder of the hospital is provided 7 days a week 08:00 until 20:00. Out of hours the team is

supported by an on-call Consultant and head on call to support staff in managing any complex situations as necessary.

We also work very closely with the police. Our Street Triage team works in partnership with TVP to provide mental health advice and guidance to assist the police in their decision-making process around managing risk. The Street Triage seeks to provide an inclusive service to ensure that people who come into contact with police and are considered having a mental disorder receive a high quality, competent and effective range of interventions. The service delivery includes liaison, prevention and ultimately if needed, equitable access to mental health services across the trust. They will, where appropriate, make referrals/re-direct into other mental health services.

This service has received positive feedback from the TVP. Earlier this year, colleagues from team collected an LPA Commanders Commendation Award for their “invaluable service and commitment” to the people of Wycombe and officers of Thames Valley Police. During lockdown, the model of care changed to non-face to face support. However, our clinicians were able to return to the station from Monday 22nd June.

Support to residential and supported living

During the pandemic visits to care home settings were only carried out where absolutely necessary to minimise risk of transmitting infection within these vulnerable groups. Remote assessments were the mainstay, largely in the form of telephone contact with a small minority of contacts being carried out via digital means where facilities within the care homes allowed. In order to ensure adequate monitoring and support continued, each of the care homes were allocated a link worker who contacted the homes weekly to offer both pastoral support in addition to clinical monitoring, on a weekly basis.

The duty teams continued to offer advice in relation to patients in care home settings and also started to accept direct referrals from care home staff in order to negate delays in accessing care due to GP availability etc.

We are currently working with the CCG to contribute to the Immedicare telemedicine solution as well as working with system partners to deliver a multi-agency approach to Enhanced Health in Care Homes.

Measures taken to support staff

We are very proud of and grateful to all our staff who have worked tirelessly and innovatively during the pandemic.

We have taken significant measures to protect our workforce during this crisis. We have rolled out COVID specific risk assessments for all staff and are offering regular testing. Like in other areas, some of our staff have had to shield due to the high risk to them from Covid. The Trust has issued clear guidance to staff regarding the use of PPE at work. With the roll

out of digital consultations, we have ensured that staff are able to work remotely as much as possible. We have recently developed a 5-point Risk Reduction Plan for staff to reduce the risk of catching or transmitting COVID, alongside rolling out initiatives to promote well-being of staff.

Our IAPT service is also providing specific support for those recovering from COVID and for NHS and care staff experiencing anxiety or depression related to the pandemic.

6 WORKFORCE - BUCKINGHAMSHIRE SPECIFIC CHALLENGES

Recruitment remains a challenge across the Trust although we have continued to proactively recruit throughout the pandemic. Recruitment and Retention of qualified staff particularly in South Buckinghamshire continues to be very challenging and we have plans to try and address this.

Feedback indicates that South Buckinghamshire is impacted by the prices of properties and the proximity to neighboring Trusts who are able to offer higher financial incentives (London allowances). We are currently looking at whether a recruitment and retention premium could be offered to staff in this area but we have also taken other measures to attract staff.

The teams currently offer flexible working opportunities and good career development and training “earn while you learn” schemes.

CONCLUSION

This paper has provided an overview of mental health service provision in Buckinghamshire. More detail and resources are available through our website and the specific links contained in this paper.

