



Report to Health & Adult Social Care Select Committee

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Title: Oxford Health Mental Health Update Report

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Officer support:

Recommendations/Outcomes: To note contents of the paper.

Purpose of the paper

This paper gives an overview of the current position of mental health services provided by Oxford Health Foundation Trust in Buckinghamshire and updates on key areas previously reported in Q3 2020.

- Access to services
- Transformation of Mental Health Services
- Quality & service user feedback
- Workforce Challenges in Buckinghamshire

Introduction

Oxford Health NHS Foundation Trust (OHFT) continues to provide 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.

The landscape has changed further than anyone could imagine since the last report in Q3 2020. The pandemic has reshaped how we live our lives and the way we deliver health care that many would not have foreseen in March 2020.

Significant pressure has been placed and continues to be placed on mental health services in the Bucks footprint. As with other areas of healthcare, workforce shortages and fatigue and financial restraints continue to restrict delivery.

This is overlaid by changes to the governance structure of the local system with the ICS board due to go live in July 2022.

Oxford Health continues to strive to offer excellent, safe and effective mental healthcare for its population.

New ways of working including virtual clinics, the use of digital interventions and the redesign of pathways are leading us to a smarter way of working, with the patient always at its focus. Partnerships with the VCSE provide an essential part of the pathway and grow every day.

Many of our patients are now presenting with higher levels of acuity than pre pandemic times and this is leading to increased levels of complexity for some of our services.

Main Content of the Report

The main content of this report has two sections firstly setting out by Adult and then Children and Young People (CYP) services the offer and access update and then the relevant transformation work.

The second section provides a Buckinghamshire wide overview of the key issues of quality and workforce that cut across both adult and CYP services.

The report concludes with the key priorities and summary.

Section 1 of main content of report.

1. Adult Mental Health services in Bucks

1.1 Offer and access to Improving Access to Psychological Therapies (IAPT)

1.1.a Healthy Minds is the Buckinghamshire Improving Access to Psychological Therapies service. It provides a range of evidence based, NICE recommended, psychological therapies for adults and older adults with depression or anxiety disorders (estimated prevalence in Buckinghamshire is 54,490 adults). Healthy Minds also works with people with long term health conditions (IAPT LTC). Key pathways delivered with Bucks Healthcare Trust and other partners include Diabetes, COPD, cardiac, chronic pain, post-COVID, and tier 3 weight management. Healthy Minds also provides an IAPT employment advice service, delivered by Richmond Fellowship, to help people Retain employment, return to employment, or gain new employment.

1.1.b Despite the challenges posed by COVID19 for our patients and staff the service has been able to continue to provide rapid access to evidence based therapies and even to increase activity and productivity. In 21-22 the service has been moving to a hybrid model including access to face to face, digital and telephone therapies for individuals and groups.

In line with the NHS Long Term Plan (LTP) ambitions, Healthy Minds has undertaken a multi-strand transformation project to substantially expand access in FY 21/22. As a result in Q4 referrals increased significantly, with just under 4,000 compared to 3,316 in Q4 the previous year. There were 13,970 referrals in total for the year, compared to 11,285 the previous year – an increase of 24%. Access (number entering treatment) was over 3,100 in Q4 exceeding the ambitious access target by 10.85%. Although we were slightly under target in Qs 2 and 3, by the year end we have made up the shortfall and exceeded our expansion target by 1.59% (171 patients). Overall, the number of people entering treatment in FY21-22 was 10919 compared to 8685 in FY20-21 (an increase of 26%).

1.1.c IAPT uses sessional outcome measures and so has outcome data for 95% of people completing treatment. In FY21-22 recovery rates remained strong and were 6.28% above the national target. In addition, 69.11% of people completing a course of treatment reliably improved, so 2/3 of people significantly benefit from treatment.

The service continues to be highly responsive with the average wait for first appointment being 8 days. The IAPT waiting time standards continue to be surpassed with 98.7% attending their first appointment within six weeks and 99.9% within 18 weeks.

1.2 Offer and Access to Community Adult Mental Health support

1.2.a Community Mental Health Teams (CMHTs) have continued to provide a hybrid model of care, they are now increasing their face-to-face contact and will continue to do this. However, some of our clients and carers prefer a digital offering to support with their time management and travel, so this will continue to be offered as required. It is recognised that the acuity and complexity of cases

have increased through the pandemic and services have had to be flexible in their approach. Some of our teams are experiencing longer waits for people to be assessed and also have waiting lists for treatment – this is particularly evident in our North Buckinghamshire community teams across both adults and older adults and specialist Psychological Therapies. We are supporting this area with additional resources and leadership to review current processes and to support with caseload management. Our Memory Assessment Service for people with cognitive decline across both north and south Buckinghamshire has been severely impacted during the pandemic, in part due to the service being paused at times due to the pandemic as well as due to the increased demand and challenges with offering/accessing digital assessments for this client group. Our dementia diagnosis rate remains below target and a review of this service is underway with stakeholders to redesign the clinical model and staffing requirement.

1.2.b Our adult ASD & ADHD diagnostic and post-diagnostic support teams have adapted well to a hybrid model of working. However, demand for ASD & ADHD diagnostic assessments have increased substantially, and now exceed the commissioned capacity substantially (ASD demand is 2.5x commissioned capacity & ADHD demand 10x commissioned capacity). With some additional waiting list funding, they have greatly increased the number of assessments offered, but the number waiting, and the length of waits remain very high. Business cases have been prepared to provide for a sustainable service model with sufficient capacity to meet population demand. The service is also going to launch a reasonable adjustments “provision” to support inpatient and outpatient mental health services working with people with neurodevelopmental conditions.

1.2.c The Recovery College has continued to provide a service during the pandemic through digital groups for clients in Buckinghamshire, supporting students to attend courses that have been designed to increase skills, knowledge and understanding about mental health and recovery. The Recovery College will be going through a review process to build on its current programme.

1.2.d The Early Intervention Service (EIS) have continued to work effectively during the pandemic providing early support for people aged between 14 – 65 years who are experiencing symptoms relating to psychosis. EIS have done particularly well during the pandemic in assessing client’s physical health needs by completing cardiometabolic assessments and point of care blood testing. This is in recognition that clients with a Severe Mental Illness can experience poor physical health and die younger than the general population from preventable illnesses. Currently 85% of the clients open to the team have had a full physical health assessment.

1.2.e Perinatal Team has continued to provide an effective service during pandemic using a hybrid model of provision including face to face and digital appointments and assessments. Team were awarded a NHS parliamentary award 2020 South East regional champion for excellence in Mental health care and has continued to achieve positive feedback from patients and carers using IWGC forum. In the past year the Team has worked closely with communication team to increase awareness of the service to improve access rate. Some challenges remain to achieve long term plans around access rates, input for patients with children up to 24 months and partner assessments due to resource allocation. Business plans were submitted last year to reflect the need for investment within the teams to enable them to continue to offer the service and also to expand the service for the above. The Team is working toward Perinatal Quality Network accreditation

1.3 Offer and Access to Urgent Care

1.3.a The Safe Haven + expanded in 2021/22 with an additional four evenings being added to the Wycombe Service (now offering seven evenings a week), with three new partners, Connection Support, Oasis and Citizens Advice Bucks. The team are reviewing current onward referral numbers to these partners and strengthening visibility to support with this. In 2022/23 Peer Support workers will be recruited starting in October 22, for both Aylesbury and Wycombe. Future focus will be on scoping services to be able to lower the age group to 16 +. In 2023/23 we will be increasing our Aylesbury Service from four evenings a week to seven.

1.3.b Crisis Resolution & Intensive Home Treatment Teams (CRHT) continue to work in a mixed model including Urgent Referrals/Assessments and CRHT work. When The Gateway is in place urgent assessments will move into the CMHT's freeing up the CRHT's to work to CORE fidelity model by increasing admission avoidance work and managing gatekeeping and early discharge from our inpatient services.

1.3.c The Psychiatric Liaison Service continues to meet all targets related to timely assessment and onward signposting. The team have successfully recruited into vacancies and will be adding a clinical psychologist and drug and alcohol specialist in the coming financial year.

1.3.d Street Triage are fully staffed and continue to offer a valued service to Thames Valley Police and their service users. Face to face work will increase as relaxed social distancing guidance allows workers to work more closely with named officers.

1.3.e The 111 helpline has been running throughout the pandemic and has received 1810 calls during the last year (April 21 – April 22). With the new directive from NHSE they have confirmed that our current model meets expected standards going forward for the 111 option 2 mental health pathway. Work will be underway to ensure that there is a single-referral route into the Gateway.

1.3.f Suicide Prevention. We have recruited a psychologist to lead the project on working with service users from A&E who have self-harmed or expressed suicidal ideas who do not meet the threshold for secondary mental health services. This will include Assistant Psychologists who will provide short-term interventions to reinforce Safety Planning and signposting work at initial assessment.

1.3.g Dual Diagnosis. We recognise that many of our clients present with comorbidity of substance misuse and mental health disorders and that services could work in a more joined up way. We are working on a joint protocol and recruiting a clinician that will lead on improving working partnerships across Bucks mental health and One Recovery Bucks.

1.4 Transformation work in Adult Mental Health Service.

1.4.a Healthy Minds continues to innovate and work with a range of organisations locally and regionally to improve the health of people in Buckinghamshire.

For example:

- Five inspiring people who have used talking therapies from IAPT services across Buckinghamshire, Oxfordshire and Berkshire have shared their recovery journeys in a series of short films to encourage others to get early help for their mental health. The films explore how therapy

improves people's lives and what barriers can stop some people from diverse backgrounds or older generations seeking support.

- Healthy Minds has partnered with iCOPE (Camden and Islington IAPT Services), Sports England, Leap and University College London in a two year project 2 develop and evaluate 3 innovative programmes (Move More Feel Better app, Moving Forward with an LTC workshop, Move Your Mood step 3 depression group) to increase levels of physical activity for people with common mental health problems .
- Working with IAPT services across the Thames Valley, Healthy Minds has committed to making the wellbeing of their staff central to their service delivery agendas. Together we have developed an IAPT staff wellbeing strategy based on engagement with those working in IAPT and review of the evidence base. A number of practical projects are now being undertaken to test implementation of the strategy. The NHS England IAPT team have set up several national events to share the findings of the project.

1.4.b The Buckinghamshire Primary and Community Integrated Mental Health Programme (formerly the CMHF) remains the largest piece of transformation that the Trust is developing and was recently highlighted in a HASC sub-committee on the 16.6.22.

The Programme aims to deliver the vision of the long-term plan in changes to the way our services are delivered. Place based care and close alignment with Primary care networks is an essential part of this work. Focusing on the holistic needs of patients is key to the approach and working with them to define the outcomes that they wish to achieve. Early intervention eating disorder services and a dedicated Rehabilitation service for those most severely affected by serious mental illness is coming into place. We are working to ensure that there are a greater number of service options for Personality Disorder patients. This includes a high intensity service for patients who find it hard to engage in services and a Service User Network. This will deliver group sessions every weekday across Buckinghamshire. Dedicated teams are also being placed into the PCNs in a programme that has started in Marlow and High Wycombe. The Gateway will provide advice and support for professionals and patients to help their management in primary care as well as assistance to access voluntary sector and Trust MH services. How our current offer is delivered is a part of the transformation. We are holding stakeholder workshops to review with partners how we configure Community services to be more integrated with primary and to move to an outcome focused approach. We are working with partners to review memory clinic services and develop a new model.

2. Children and Young People (CYP) Mental Health services in Bucks

2.1 Offer and access to Children and Young People mental health services in Bucks (CAMHS)

2.1.a Our Child and Adolescent services (CAMHS) have seen an increase in referrals with increasing levels of complexity. We have increased staffing levels to meet this demand and our waits for mental health assessment and treatment remain relatively low. We continue to run a Single Point of Access (SPA) - a core part of CAMHS provision where any professionals or families with concerns regarding a young person's emotional well-being can call into SPA for a consultation with a mental health clinician Monday-Friday 8am-6pm (consent required for this to become a referral).

2.1.b In 2021/22 financial year 12,213 Children and Young People were referred into our CAMHS Single Point of Access and 61% (7741) were accepted in the service. An outline of responsiveness is:

- Through Jan to March 2022, 74% of Routine referral were assessed within 28 days (for mental health services), which were 37 breaches of 144 CYP, and of the breaches, 16 were seen within 4-8 weeks.
- The medium wait time for CYP waiting, as of start of June 2022 is 24 days (the average across a range of key services MHST/ LD/ OSCA/ GMH/ Targeted)
- There remains longer waiting times for assessment for Neurodevelopment which remains a significant concern.

2.1.c The Neurodevelopmental Pathway (NDP) has brought together the resources, experience, and clinical skills of two separate organisations (Oxford Health NHS FT and Buckinghamshire Healthcare Trust) into one diagnostic pathway enabling young people aged 5 – 18 to obtain a neurodevelopmental assessment to determine whether they have Autistic Spectrum Disorder (ASD) or Attention Deficit Hyperactive Disorder (ADHD). Additional resources are needed to manage the increasing demand. A review has taken place and commissioners are still working on a solution. Online parent webinars, parent support groups and 1:1 consultation with therapists will provide parents with practical strategies, support and a greater understanding of neuro-diverse children.

2.1.d A new element to our Crisis Offer is that the service has embedded a support worker directly in the Accident and Emergency department and Stoke Mandeville Hospital. Due to the success of this role a second worker is being recruited to ensure there is cover across 7 days. The crisis offer has through COVID continued to provide a 24/7 offer, retaining a face-to-face offer as needed and the team has recently nominated for a Nursing Times national award by BHT.

2.1.e There is a significant increase in CYP with an Eating Disorder needing a bed for physical stabilisation at a general hospital since we last reported. With a jump of 66% (22) from 19/20 to 20/21 noticeable, although returning to similar 19/20 levels in 21/22. However, the total bed days remained high for both 20/21 (302) and 21/22 (297) compared to 19/20 levels, and the per child mean length of stay rising from 4.6 (19/20) to 8.4 (20/21) and peaking at 10.6 in 21/22. This outlines the pressure faced by demand and acuity for the crisis, hospital teams and inpatient services.

2.1.f Eating disorder referrals have increased, placing this service under challenge. Due to demand and complexity of presentations the service like the rest of the country is struggling to meet the national waiting time standard. March 2022 reporting showed Buckinghamshire meeting waiting time standards for 64% of urgent cases (down from 80% in Dec) and 33% of routine case (down from 37% in Dec). The following measures are being put in place to support this post COVID recovery;

- Rolling out a hospital at home offer that seeks to support families manage complex eating disorder needs in the community
- Increase intensive meal support at home from community Eating Disorder teams.
- Increase liaison and training into Acute hospitals to support young people on wards to help whilst an inpatient and accelerate discharge.
- The development of an early intervention programme (FREED) for 18 – 25 year olds that will offer a more rapid assessment and intervention.

2.1.g CYP Mental Health (formerly CYP IAPT) CYP-IAPT is an innovative and transformational project. Developments include developing the range of evidence-based psychological therapies that are delivered in CYP-MH services.

2.1.h Key worker service has been implemented since Nov 21 to provide support young people (who have a diagnosis of an Intellectual Disability and/or Autism with complex needs) and their Families a joined-up approach to the oversight of their care, spanning the multi-agency disciplines involved.

2.2 Transformation work in CYP Mental Health Service.

2.2.a Delivery of new School Mental Health Support Teams across the county, adding 2 teams (in Aylesbury and High Wycombe) to the existing 3 operational teams. These teams are fast becoming a key vehicle for early identification of needs within schools and alongside key community partners to support the pupil to recover and thrive at school and at home.

2.2.b Consolidating and strengthening the digital offer within CAMHs. We are seeking to set up a self-help offer of apps and provision that could also be used to support young people whilst they are waiting.

2.2.c An important system wide opportunity is to support the transformation of the multi-agency collaboration when working with complex young people's presentations, within the youth justice system, in the child protection & care system or in mental health crisis. Oxford Health has been awarded 3 years of funding (circa 1.5m a year) as one of 7 vanguard sites nationally. The funding will enable us to learn how to achieve better outcomes for these young people as well as improving the response of services to meet their needs.

Section 2 of main content of report.

1. Workforce

1.1 Oxford Health (Bucks) continue to be challenged on recruitment with vacancies running across all pathways. We are running with substantive vacancies across the Directorate with many filled by temporary and agency staff. The CMHT and Older Adult teams are challenged with high vacancies and reduced ability to find skilled agency workers, some of this is due to the cost of living and being so close to outer London Trusts which pay additional allowances. South Buckinghamshire are particularly affected with the South Older Adult Community Mental Health Team running with high vacancy rates and increased demand.

1.2 A selection of recruitment initiatives has been put in place within the Buckinghamshire Directorate for 2022. This includes the appointment of a wider Directorate Recruitment and Campaigns Consultant. There is a scheduled programme of events each month, examples include targeted campaigns for; Band 3 Support Workers, Band 5 and Band 6 Nurses (nationally and internationally), Nurse Associate Trainees, and separate processes for Psychologists and Social Workers. We are holding open days within our main hubs, the Whiteleaf Centre and Saffron House, for students and job seekers so dialogue can take place about working for and having a career with Oxford Health in Buckinghamshire. Links have been formed and strengthened with Bedfordshire University and Bucks New University to support job roles after graduation. We also attended the Bucks Skills Show to promote job opportunities across the Directorate during March. Recent campaigns during June have included a 'hard to recruit to' keyworker role and a CAMHS Getting More Help campaign. A Senior Leadership event is planned in July for Band 7 and Band 8a roles. In addition, a Band 5 and Band 6 Nurse virtual event is also planned for July. The Directorate has embraced social media as a mechanism to reach a wider audience and this is having a positive impact on recruitment and the numbers of candidates applying for roles.

1.3 The Buckinghamshire Directorate holds a monthly Recruitment Planning Group led by the Head of Nursing that works collaboratively to plan and assess our recruitment interventions and outcomes. Recent meetings have discussed a rotational nurse scheme, Nurse Associate Trainee programme, Registered Nurse Associate and graduate Nurses. The meeting enables the group to operationalise initiatives in an inclusive way across the Directorate and this includes:

- Developing innovative roles that have in built development, such as Nurse Associates and other roles with development opportunities.
- Focused recruitment campaigns and recruitment days.
- Salary enhancements for some staff in Marlow and Wycombe
- Recruitment of people with lived experience of mental health challenges into our peer support roles. This is an invaluable contribution to our teams working alongside our multidisciplinary care teams using their experience and empathy to support other people and their families receiving mental health services. These roles are being extended across all our pathways including our new services within the Community Mental Health Framework.
- Subcontracting services to the Voluntary sector and skill mixing service with partner agencies
- A programme of activities for each month with a recruitment focus which will also include a digital opening day with the hope that this will be far reaching and more convenient for prospective candidates.

1.4 Locally and nationally recruitment and retention of qualified PWPs and CBT therapists is extremely difficult. To address this, we have taken a range of approaches. First a very active recruit to train programme helped by Health Education England salary support funding (with over 50 trainees recruited in FY21-22). Setting up the first IAPT PWP apprenticeship programme with the Oxfordshire IAPT service, OHFT Learning and Development team and Buckinghamshire New University. Introduction of a retention bonus for newly qualified band 5 PWPs.

1.5 Within IAPT the scale of the expansion, coupled with the impact of Covid, has put pressure on the senior team. We are implementing a programme of focussed weekly sessions to identify ways that pressure can be relieved and optimising the role of the operational team wherever possible. Some vacancies remain very challenging to fill. We have utilised existing staff to plug gaps whilst being unable to backfill their posts. We will be piloting peer support workers, blended roles and development posts. We continue to lose staff who are offered remote posts elsewhere.

1.6 The health and wellbeing of our staff remains a high priority for the Trust with organisation wide health and well-being initiatives alongside local schemes in place for staff in Buckinghamshire to access. Trust wide health and well-being is promoted through our Wellbeing Matters newsletter. It is also included within the Weekly Staff Bulletin. There are a range of support groups, staff network groups, promotional schemes, signposting and advice available for staff. Examples include 'Cycle to Work' to enable salary sacrifice to purchase a bicycle, 'Sleepio' an app which supports staff to sleep better, applying for the Blue Light Card to gain financial savings and the opportunity to apply for Recovery and Retreat days. This year the Chief Executive gave all staff a Well-being day in addition to their annual leave entitlement. We operate an Employee Assistance Programme (EAP) available 24/7 to support staff across a range of areas such as legal, financial, health. Staff can also access Occupational Health by self-referring or via their manager. Our Sickness Absence Management System 'GoodShape' triages staff to enable them to speak to a nurse when they report sickness absence. There is a Freedom to Speak Up Guardian within the Trust who staff can speak to for independent, safe and confidential support and advice. We also offer a mediation service. All staff can access the Trust wide initiatives. The Trust is also hosting the You Matter Mental Health and Wellbeing Hub on behalf of the BOB ICS. This service offers confidential conversation, mental health assessment, triage, signposting and facilitated referral for all staff employed in Health and Social Care in Buckinghamshire and Oxfordshire.

1.7 We have local Well-being Champions across Buckinghamshire. Local leaders are mindful of staff well-being in the workplace. Flexible working is supported wherever this is possible and staff are hybrid working in many settings following the pandemic. Our Healthy Minds service have their own newsletter called SWAY. This covers well-being issues around fitness, healthy lifestyles, and offers groups for staff to attend and webinars. Part of the national Staff Survey focuses on staff wellbeing and groups and teams within Buckinghamshire have been looking at meaningful objectives to take forward within their services. The Staff Survey works within the 'you said, together we did' model. There are also bespoke pieces of work being undertaken within Buckinghamshire to support managers and /or teams to promote well-being at work, good working relationships and effective team working. Finally, leaders in Buckinghamshire have started to resume Away Days or Half Days

following the pandemic, to support cohesive teams with shared outcomes and promote the well-being of their teams.

2. Quality

2.1 Improving quality of the service provision is central to the Trusts ambition. There are many initiatives across the Trust to ensure that progress is being made.

- Engaging with patients in defining meaningful outcomes (implementation of an outcome tool, moving to a key worker approach)
- Reducing waiting times (initiatives across all services)
- Early intervention (School MH teams, early intervention ED (FREED), Key worker service and utilisation of the Voluntary sector all support this)
- Thinking about the holistic needs of patients (physical health checks, Sports in Mind Provision, self-help apps, increased support to those with the poorest health outcomes via the Rehabilitation team)
- Supporting carers – increased group support in the community and in the Trust
- Ensuring a rigorous approach to safeguarding

2.2 Service user involvement and feedback – co production is at the heart of the Trust ambition for service transformation.

- The Buckinghamshire Article 12 Youth Forum meets monthly, where young people vol contribute to the development of Buckinghamshire CAMHS. The services actively work with parent and carers, recently extending the parent dialogue groups and further strengthened our parent forum group which now offers peer support and psychoeducation support.
- Bucks Voice expert by experience forums for people who use services, loved ones, families and carers. This provides opportunities to be involved and inform the new models of care and give feedback on existing services. A new group is being formed for carers and families of people with mental illness in a primary care setting to support the development of the integrated services across primary and secondary care. In order to support this continued focus the service has recently invested in a dedicated experience and involvement lead for Buckinghamshire.

3. Next steps and review

Oxford Health remain committed to providing high quality and responsive mental health offer to the population of Buckinghamshire. Underpinning this is the skill and commitment of our workforce, and so it remains the highest priority to continue to work on recruiting and retaining our dedicated staff.

The next 2 years of delivery are critical as the ambition of the NHS is to meet the growing mental health demand and need of both Adults and Children and Young People is evident, post COVID. This will require further substantial expansion to meet access and outcome expectations from the NHS England Long Term Plan. The priorities for delivery as a summary for each area are:

Adults

- Implementation of integrated services for patients across primary and secondary care. 2.7 million will be invested over three years to help make this possible.
- Urgent care services including Crisis and Suicide Prevention
- Improving quality and improving access

Children and Young People

- Developing a robust and sustainable neuro development pathway
- Increasing our early intervention offer