

**Division Of Mental Health and Learning Disabilities**



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CYMRU  
NHS  
WALES**

Bwrdd Iechyd Prifysgol  
Aneurin Bevan  
University Health Board

## **Transformation of Adult Mental Health Services**

**January 2021**



**Our Priorities**



**Our Service  
Model**



**Ideas we would  
like to share**



**Engaging**

# Our Vision

Our vision is to provide:

**“High quality, compassionate, person-centred mental health and learning disabilities services, striving for excellent outcomes for the people of Gwent”**

# Our Divisional Priorities in 2020/21

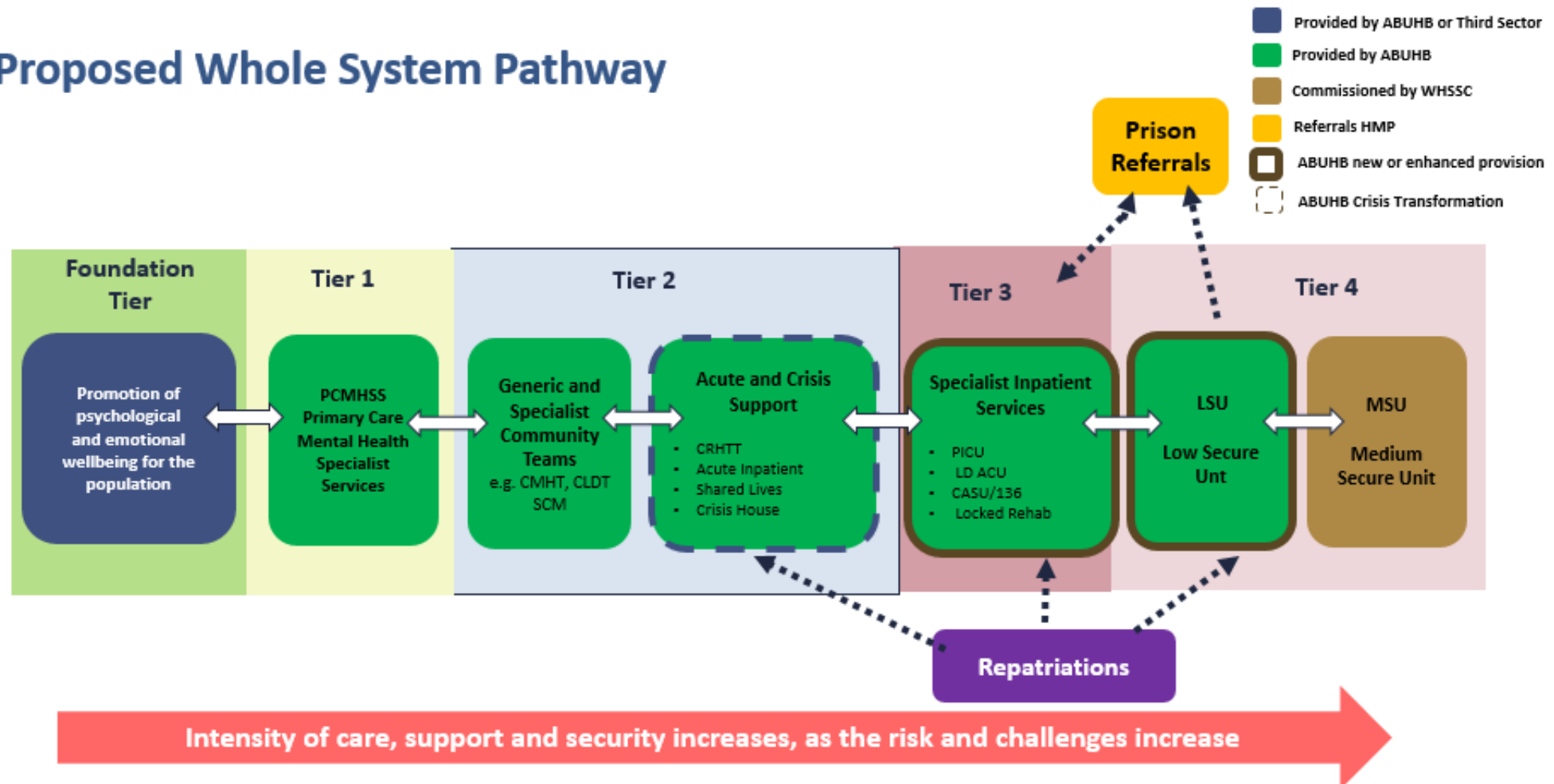


# Transforming Adult Mental Health Services in Gwent



**A whole 'Clinical Futures' approach for adult mental health services in Gwent**

# Proposed Whole System Pathway



## Ideas We Would Like to Share :

### “Improving Services Across All Tiers of Adult Mental Health”

- Enhancing support for the wider community in the **Foundation Tier**
- Strengthening mental health support for **Primary Care** and developing a sustainable model for delivering **Primary Care Mental Health Support Services**
- Transforming **Crisis Services**
- Transforming services provided locally to better support individuals with complex needs, including the development of a new **Specialist Inpatient Unit**.

# The Foundation Tier



***“There is no health without good mental health”***

Mental wellbeing means how you are feeling and how you can cope with everyday life. Everyone is different and what affects one person’s well-being will not necessarily affect another person’s mental wellbeing in the same way.

There is a strong link between mental and physical health, therefore, it is beneficial for everyone to do all they can to look after their mental wellbeing. There are many evidence based actions and self-help tools that can support people to do this.

With our partners, we currently provide a range of self help resources, courses and materials to support people’s mental wellbeing within the community.

## Enhancing the Foundation Tier.

### “Why do we need to change”

Limited Knowledge About the Range of Support and Resources Available locally.



Limited Co-ordination between local services providing or promoting self-help resources



Variation in the provision of services and resources across communities within Gwent.



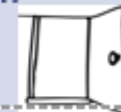
Inconsistencies in the range and availability of self help resources



Lack of confidence in frontline staff on raising mental health issues and lack of knowledge on where to signpost for help.



Variable access to services, making it particularly difficult for groups with the greatest needs to access resources





## The Foundation Tier – Our Ideas

- **Free self help resources** that you can directly access yourself – information leaflets, mobile apps, web-sites, books, face to face and on line courses, local websites and social media platforms.
- **Central point of contact** - a branded website with up to date information and resources that can signpost you to local support and resources
- **Raising awareness**- a sustained campaign to raise awareness of the support available to individuals within the community
- **A focused approach** - reaching out to groups or individuals at the greatest risk of having poor mental health and wellbeing
- **Training for front line staff**- to help them feel confident and competent in talking about mental health and wellbeing and to signpost people to resources or services where they can get the right support

# Mental Health Services for Primary Care

Around a quarter to a third of all GP consultations have a mental health component.

Our current PCMHSS service is provided through clinicians attached to GP practices, with around three quarters of the work taking place in GP surgery premises. More recently the service has been delivered by phone or using on-line video.

## The service provides:

- **Mental Health Assessments** -for people referred by their GP.
- **Therapeutic Interventions** - either for individuals or in a group.
- **Information and guidance** – on resources to support individual needs.
- **Consultation and advice to GPs** - to enable GPs to safely manage and care for people with mental health problems.
- **Supporting Onward Referral** - to secondary care specialist mental health services.



# Mental Health Services in Primary Care.

## “Why do we need to change?”

Limited GP time and we are seeing increasing numbers of patients with mental health difficulties



Difficulty in matching the right staff member/skills to best meet the needs of each patient.



Difficulty in managing workforce challenges due to the way services are currently organised



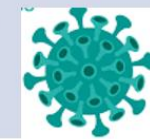
Differences in demand and the way waiting lists are managed across boroughs and practices



Reduced availability of consulting rooms in GP surgeries to deliver our services locally



Predicted increase in demand for mental health support as a result of the pandemic



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## Ideas to Support Primary Care Mental Health Services; Psychological Wellbeing Practitioners

- Introducing new **Psychological Wellbeing Practitioners (PWP)** roles to help support General Practitioners to meet the needs of individuals with low level mental health problems such as anxiety and depression.
- Working **across a number of GP practices** and offer assessments, advice and signposting to other services.
- Support individuals whose conditions are not severe enough to need referral to more specialised mental health teams; but whose needs cannot currently be fully met in Primary Care.
- Provide advice and support for individuals with low severity mental health issues and free up GP time to see other patients

Increased access closer to home for specialist advice and support for individuals with lower level Mental Health needs

*Supports more effective use of GP time, to see more Patients with other conditions*

# Ideas to Support Primary Care Mental Health Services; Community (NCN) Hub Based Model

- Patients can attend appointments in community based 'hubs' servicing a small number of GP practices.
- Full range of specialist assessments and interventions can be provided within each Hub
- In order to provide more timely support and advice to GPs from Mental Health Teams, a dedicated electronic advice service will be introduced.
- A named practitioner will be allocated to each surgery to attend practice meetings etc.
- Patients will have the choice to attend appointments in person or 'virtually' using video technology or telephone

*More sustainable workforce, with specialist staff better able to cross cover in this model*

*increased access for patients to a range of specialist interventions closer to their home*

*Increased choice of virtual and face to face 'in-person' specialist assessments and interventions*

# Improving Services for Individuals in Crisis;

## Current Crisis Services

Over the last three years we have been working with our Service Users and our service Partners to better understand the Mental Health Crisis Support System to redesign and implement a 'Whole Person, Whole System Crisis Support' model.

## Progress made to date includes:

- Strengthening our Crisis Assessment and Home Treatment services, making them 24/7 and increasing capacity.
- Introducing a 'Shared Lives' service in one borough, providing support within a family environment.
- Providing a service to improve transport for patients in crisis.
- Employed Mental Health Practitioners to work within Primary Care Out of Hours and Gwent Police control room.
- Completed a review of our inpatient services

# Supporting People in Crisis. Why do we need to change?

**Improve Experience and Outcomes for Individuals in Crisis.** Services offer variable access and support, dependent on the time of day and day of week.



## High Demand

We have high admission and readmission rates compared to other Health Boards/Trusts in the UK.



## Workforce Challenges.

Difficulties in recruiting and sustaining staff on some inpatient units, with gaps and variation in multidisciplinary teams



## Lack of some components of a whole system model.

The Health Board do not offer a full range of alternatives to admission for individuals in crisis.



## Poor Inpatient Experience and Environment.

Existing ward layouts and quality of the environments are variable and are not always the best environments to support recovery.



## Listening to What People Were Telling Us.

People who have used our services and our staff have shared some of their experiences which have helped to shape our ideas through our Transformation Programme.



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# Improving Services for Individuals in Crisis

## Whole Person, Whole System Crisis Transformation Model



## We want to:

- Improve our Crisis Assessment Services
- Redesign our Inpatient Services to improve patient outcomes and experience.
- Continue to increase the options available to individuals as an alternative to hospital admission, ***TY Lles -our Support House opens in 2021.***
- Work with Partners to develop:
  - A Single Point of Contact that is accessible 24/7
  - Sanctuary provision in local areas for people starting to experience a deterioration in their mental health.



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# Improving Our Service for Individuals in Crisis;

## Sharing our ideas - Crisis Assessment Service Unit

- Establishing a **Centralised Crisis Assessment Service Unit (CASU)**, providing a 24/7 service, next to the 136 suite.

This will provide a 'one point of referral' for all agencies (eg police, WAST)

- 9am-5pm; Crisis assessment appointments will continue to be offered by **Crisis Resolution Home Treatment Teams (CRHTT)**, but will be co-ordinated centrally.

- Initially CASU will be based at St Cadocs Hospital.

*Subject to the outcome of our engagement and consultation it may at a later date relocate to any new purpose built Specialist Inpatient Unit.*

**Improved patient experience** by co-location of assessment, 136 and inpatient services on a single site

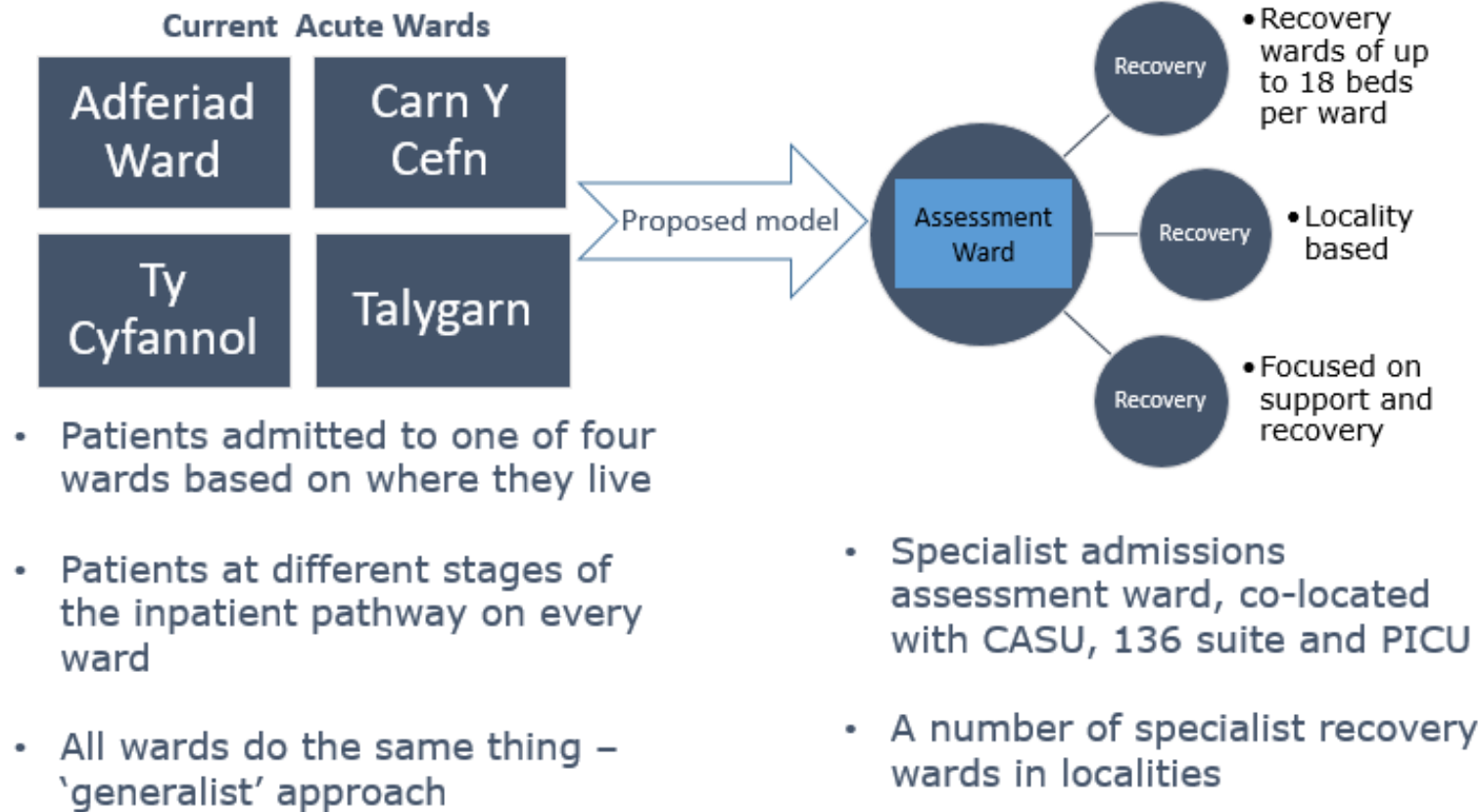
**Specialist staff co-located offers most appropriate expertise and more timely response to crisis incidents out of hours**

**Increased timely access to specialist services with option for an appointments at CASU where local capacity is not available**

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# Improving our Service for individuals in Crisis

## Sharing our ideas – Inpatient Services



*Further development of specialist skills improving evidenced outcomes in Assessment and Recovery of patients*

*Improved patient experience & outcomes by separation of admission and recovery stages*

*Improvement in experience & outcomes evidenced in patient pathway from co-location of core Crisis Services*

# Supporting People With Complex Needs

## Where are we today?

Outside of our hospitals and community services, we have;

- **178** people with Complex Mental Health Needs
- **139** people with a Learning Disability Complex Needs.

For their specific individual needs we commission specialist packages of support for them. This costs £31.9m a year

## In 2019:

- We expanded the **Psychiatric Intensive Care Unit(PICU)**.
- Invested in a **Structured Clinical Management** service to enable intensive community support for some with complex needs.



Slide  
Number

## Our ideas for the future?

Our ambition is that no individuals with complex needs from Gwent will be placed Out of Area.

## We can achieve this by:

- Developing more local specialist inpatient services unit, to include provision for individuals who require low secure care.
- Further developing our community capacity to support those with complex needs; from the learning from our the Structured Clinical Management service.
- Exploring more opportunities for working differently with our Partners.



# Supporting People with Complex Needs. Why do we need to change?

## Improve Experience and Outcomes

**for Individuals** distance makes it hard in maintaining links with family. Individuals placed in restrictive environments for longer than necessary and poor continuity of care which impacts on supporting individuals recovery



## Increasing demand for specialist placements

Number of patients who require specialist placements is increasing



## Lack of whole service model

Aneurin Bevan University Health Board does not currently have Low Secure provision



## Financial Sustainability

By 2021/22 LSU and locked rehab placements are forecast to increase to an annual cost of £13.2m.



## Inadequate Service Delivery /

**Environment** Existing infrastructure is not fit for purpose and does not provide appropriate environments



## Ability to influence care providers is limited

Rely on external clinical decision making, often with big geographical separation and different governance structures



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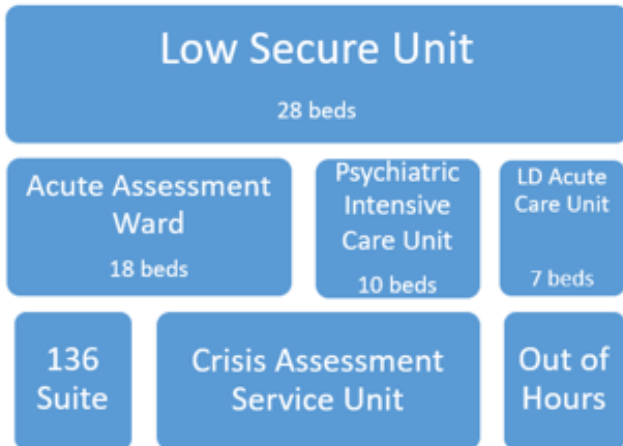
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# Supporting People with Complex Needs;

## Specialist Inpatient Services Unit

We believe that linking the components outlined below together in a new building will enable the best way to meet the needs of an individual requiring a crisis assessment or admission. This will enable a clear pathway for admission and transfer of patients to the appropriate environment, irrespective of how or when they access the service.



**Implementing value based health care for those with complex needs**

Value Based System

Outcomes    Cost    Information

Language and Culture

Ensuring the best use of resource to maximise outcomes

Developing sustainable models of support

**Improve the experience and quality of care for individuals and families**

Timely access to evidence based interventions that promote recovery and independence

Maintain significant relationships with families, social networks and care team

Supporting individuals in the least restrictive environment

**Enrich the wellbeing of the workforce**

Improve staff safety

Improve experience and wellbeing

Sustainable workforce for the future

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## **Engagement and Consultation Approach**

- Focus on Virtual Engagement
- All Stakeholders to be contacted /mailshot
- Use of Social Media, Virtual Coffee Mornings, Teams Meetings, Internet etc
- Videos, presentations and press releases, social media
- Utilising community connectors, third sector, groups and existing networks and resources to reach out
- Internal workforce engagement



**Public 'Virtual' Meetings hosted by Division SMT Leads**

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Wednesday 13<sup>th</sup> January 2021 10:00 -11.30

Sunday 17<sup>th</sup> January 2021 13:00-14:30

Friday 22<sup>nd</sup> January 2021 14:00-15:30

Saturday 30<sup>th</sup> January 2021 14:00-15:30

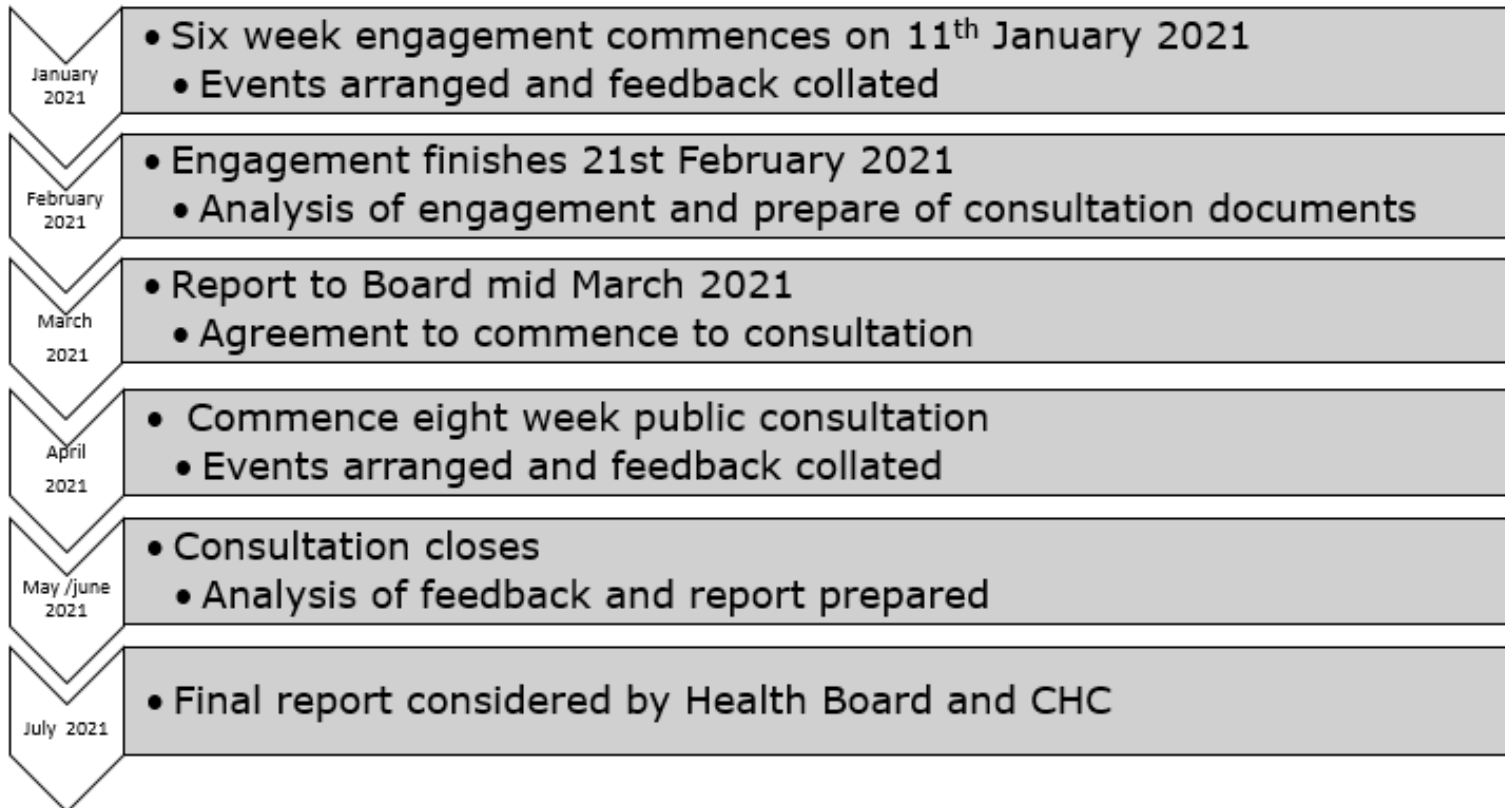
Wednesday 10<sup>th</sup> February 2021 10:00-11:30

Wednesday 17<sup>th</sup> February 2021 17:00-18:30

**To obtain virtual ticket to attend** [Email: ABB.MHLDEngagement@wales.nhs.uk](mailto:ABB.MHLDEngagement@wales.nhs.uk)

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## Proposed Timetable for Engagement and Consultation







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