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Law and Governance

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4. **Community Mental Health Transformation** (Pages 3 - 16)
Report of the Head of Business and Transformation, Coventry and
Warwickshire NHS Partnership Trust



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Community Mental health Transformation



Adult Mental Health HOSC

July 2024

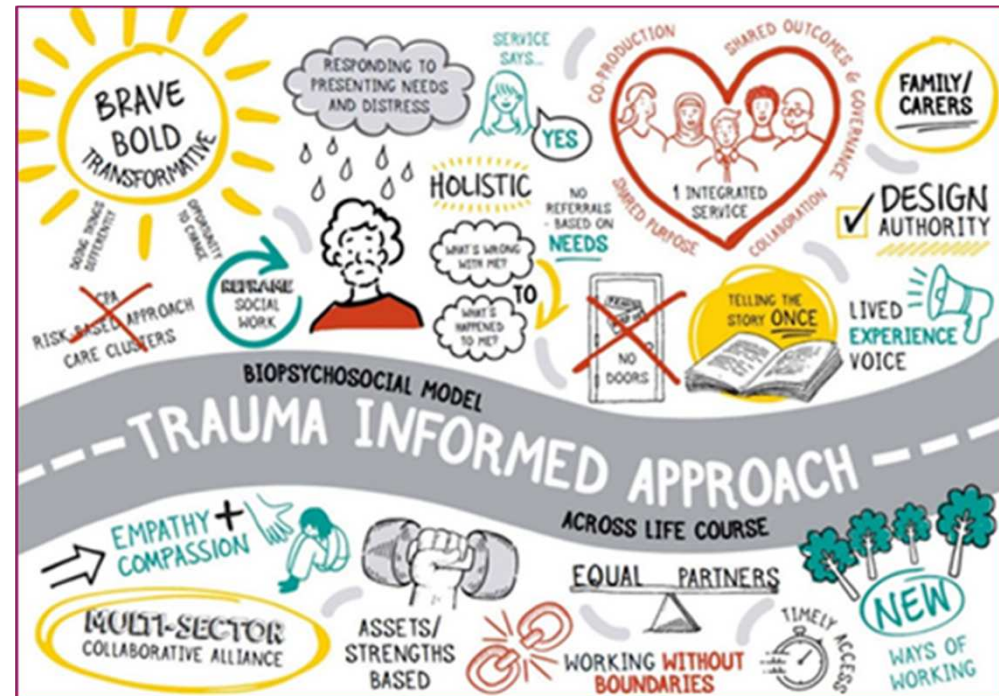
Coventry and Warwickshire NHS Partnership Trust



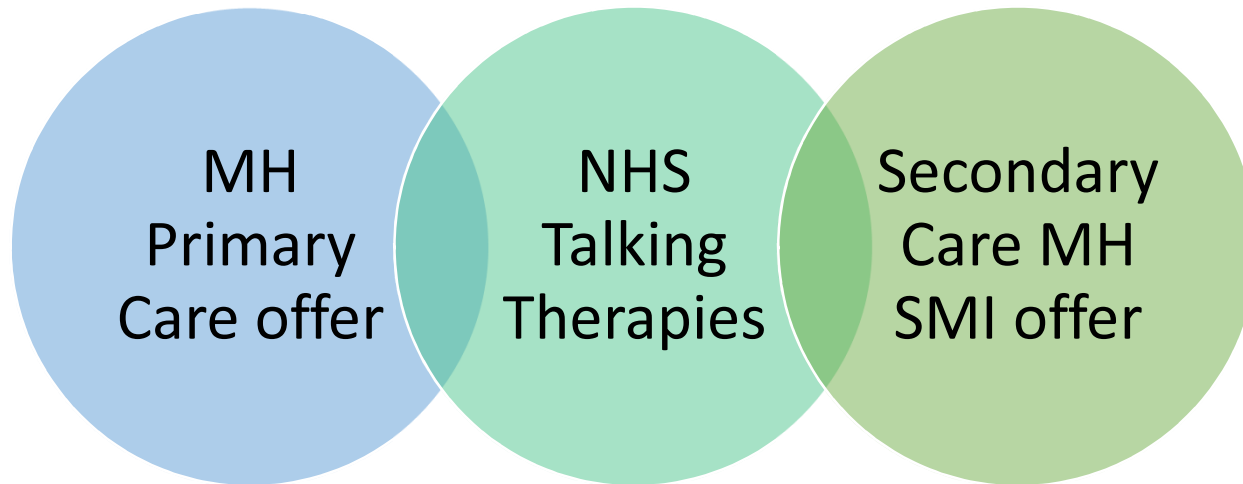
Community Mental Health Transformation

Following the investment into Community Mental Health Services, our impact means:

- Individuals will have access to mental health support from a wider network of organisations all working together, in a truly integrated and collaborative culture.
- New care models have been coproduced
- Increasing access to psychological therapies,
- Improving physical health care
- Addressing the holistic needs of the whole person.



The National Ask:



Outcome:

Care is personalised to people's individual needs, and mental health professionals work in partnership with people receiving services to provide choices about their care and treatment, and to reach shared decisions

Brief psychological and MH interventions

Evidence-based treatment for anxiety and depression

National ask of Secondary care teams

Expand psychological therapies for people with severe mental health problems

Severe mental health problems include psychosis, bipolar disorder, complex emotional needs/'personality disorder' and eating disorders. These diagnoses often occur alongside mood difficulties including depression, anxiety and post-traumatic stress disorder (PTSD).

Deliver holistic person, centred care

Our Impact

 Mental Health Services for Adults and Older People	 Co-production at our Heart
 Transformed Adult Social Care Offer	 Move Away From a Medical Model
 Trauma Informed Care	 Specialist Employment Support
 New Holistic Care Plans and Pathways	 VCSE Integration
 Increased Access to Psychological Therapies	 Physical Health

Adult Social Care Offer



- Provides specialist social work services
- Stronger presence in community teams
- Moving to strengths based specialist assessment
- Concentrate on improving referral pathways
- Forging stronger links with both primary care and VCSE organisations
- Move away from diagnosis-led services towards more open-door personalised support

There can be no health without mental health – and no mental health services without social work and social care.



Our Commitment

Think about what is important to you

You can have several goals

Share decisions about care and treatment choices

My Care Record

Making no decisions about you, without you

Goals can change along the way

Track progress towards your goals

Know your healthcare team

Keep a record of your goals

DIALOG questions cover your satisfaction with:

- 1 Your mental health
- 2 Your physical health
- 3 Your job situation
- 4 Your accommodation
- 5 Your leisure activities
- 6 Your friendships
- 7 Your partner/family
- 8 Your personal safety
- 9 Your medication
- 10 The practical help you receive
- 11 Consultations with mental health professionals

What are the benefits?

Overall, the new approach is a more responsive, integrated, and individualised, a service that provides care closer to home and with the ambition to achieve better outcomes for patients.

Older Adult Patient Quotes



I don't know what I would have done without your help. The visit from you and the nurse the day after I was discharged from hospital meant so much. Working with you has given me a focus which I wouldn't have had and maybe would have ended back in Pembleton. You have helped me so much, you might not think you have, but you have.

We would like to thank you for your guidance, kindness, support, expertise and time you have spent on our issues. We could not have got through this without you, we are forever indebted to you.

From the bottom of my heart, thank you I cannot thank you enough - we were in a really dark place and you have really helped.

Thank you so very much from our hearts for all your support and care. You have given us a lifeline when we never thought the anxiety and depression would ever go. We can now smile and laugh again. We can't thank you enough.

Key areas we are focusing on in 24/25:

- Focusing on transitions and increasing integrated working between Community MH, urgent care and inpatients
- Building Multiple Professional Teams and expanding new roles into MH services
- Recruitment retention (particularly for core teams)
- Training for clinicians to be upskilled in across patient cohorts of Personality Disorder and Psychosis
- Protecting best practice of Flexible Assertive Community Treatment (FACT model) for patients with Psychosis

What we have learned and would change moving forward:

- A need for greater sustainability for VCSE contracts and a shift from 12month grants to commissioning MH services/ pathways
- Need to expand and diversify the MH EBEs supporting the system
- Strengthening relationships with the Cultural Inclusion Network (CIN) to best reflect local populations
- Greater utilisation of qualitative and quantitative data of community insights to fed into system forums

The Day Hospitals...

- The former Coventry and Warwickshire CCG commissioned **two Acute Day Hospitals**
- **Oakwood Day Hospital** – based in Nuneaton for North Warwickshire locality patients.
- **Fennel Day Hospital** – based in the Caludon Centre for patients of Coventry, Rugby & South Warwickshire locality patients.
- The day hospital units was a service for **adults experiencing an episode of serious mental health difficulties**, who required a planned series of medical interventions and was designed to provide patient-centred care in an outpatient setting and avoid admission
- Prior to the pandemic, the service was **open for patients between 10am and 2pm, Monday to Friday.**
- During 19/20, before the pandemic, **116 individuals accessed Fennel Day Hospital** and **142 individuals accessed Oakwood Day Hospital**
- In **March 2020, the service was suspended**, however clinics remained open for patients who were receiving Clozaril as it must be carefully managed.
- The challenge of operating safely during Covid, facilitated the **accelerated development of modernised mental health services** including delivery of more treatment in the home and community-based settings, in alignment with NHSEI guidance. The Community Mental Health Transformation!
- An equality impact assessment was carried out which **evidenced no protected characteristic was disadvantaged** by the new approach, in fact, the change provided consistency across the whole of the region in terms of provision so means less people are disadvantaged based on where they live.

What are the recommendations?

During the restoration and recovery of all mental health services following COVID, it became apparent that the traditional day services were now being delivered via a modernised approach to multi-disciplinary assessment, care planning and delivery of new therapeutic options within a place based model.

It is therefore proposed that the pre-existing day service units are permanently closed as they represent a duplication of services now delivered in alternative ways. This is demonstrated in the table below.

Function of Day Hospital	New Service Provision
Physical facility to receive immediate care as an alternative to admission	The Psychiatric Clinical Decisions Unit (PCDU) offers immediate access to a physical safe space where a multi-disciplinary team can assess and plan treatment for acutely unwell patients.
Early discharge service	The Home Treatment Team (of which there are three across the system), deliver ongoing intense treatment at home for patients who have recently been discharged or who are having a period of leave before a planned discharge from hospital.
Treatment of acute mental illness	The same three Home Treatment Teams offer intense support and care at home for patients who are presenting as acutely unwell, often as an alternative to an admission. Intense treatment can mean up to four home visits in every 24 hour period.
Clozaril clinic and titration management	This service is still in place and run by community services.

What are the benefits?

- Better access to more people, and a wider section of the population
- Expert multi-disciplinary led assessment and interventions
- Greater geographical reach, to offer service users and their family' s choice prior to an admission and better access to services which bring care closer to home. It is not bound by geographic boundaries such as being able to attend a base.
- Closer links with the community and localities, and working in partnership with local voluntary, community and social enterprise (VCSE) and Partner agencies to meet the holistic needs of the local population
- More responsive, preventing people reaching a mental health crisis and needing admission to hospital. We can get to patients with the most urgent needs across the system, providing face to face support within 4 hours if this is needed



Overall, the new approach is a more responsive, integrated, and individualised, a service that provides care closer to home and with the ambition to achieve better outcomes for patients.



Recommendations to Health and Social Care Scrutiny Board (5)



Members are asked to

- 1) Note the content of this report and the steps being taken to continually strengthen access to community mental health support for Adults and Older Adults, across Coventry and
- 2) Support the recommendations that the pre-existing day services units are permanently closed as they represent a duplication of services now delivered in alternative ways.



Thank you



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