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**To:** Health and Social Care Scrutiny Board (5)

**Date:** 23rd June 2021

**Subject: Mental Health and Wellbeing Paper B - Community Mental Health Transformation – Adults and Suicide Prevention**

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## i. Purpose of the Note

- 1.1 This paper is a supplementary briefing to compliment the paper for children and young people (Paper A) and focuses on community mental health provision for adults (18 to 65).
- 1.2 The purpose of the briefing note is to provide an update to Scrutiny Board 5 on the Community based mental health and emotional well-being services for the adult population of Coventry with an emphasis on restoration and recovery from Covid-19.
- 1.3 This paper also provides an update on Suicide and Suicide Prevention work in Coventry.

## ii. Recommendations

### 2.1 It is recommended that Scrutiny Board 5:

Notes the progress to date and endorses the plans to further progress the mental health and emotional wellbeing support available to Coventry.

## iii. Context/Background

### 3.1 Community Mental Health Transformation

- i. Improving the Mental Health and Emotional Wellbeing of our communities is a key priority both nationally and at a Coventry and Warwickshire level. We are working together across the health and social care system to deliver the ambition of the NHS long term plan in the context of understanding the needs of our local populations. By 2023/24 the Long-Term Plan states 'All ICSs will have received funding to develop and begin delivering new models of integrated primary and community care for adults and older adults with severe mental illness'. The constraints of Covid-19 have placed additional challenges on delivery, but we have remained able to offer our services throughout the last year, albeit using different ways of engaging with our service users.
- ii. Primary Care and Community Mental Health services have been under considerable and increasing pressure. Some people referred to specialist mental health services could have been helped more quickly and effectively if our system was better integrated. People have told us that this means that their emotional and mental health needs are not always responded to in the right place or at the right time.

- iii. Colleagues in general practice are reporting seeing more people with mental health issues as they have come out of isolation as COVID restrictions have been relaxed. As a system we are now seeing patients previously not known to services presenting with mental health needs which is contributing additional pressure within existing services.
- iv. Coventry and Warwickshire Health and Care Partnership (HCP) were informed in January that we had been successful in accessing non recurrent NHSE transformation funding to help transform community mental health services in line with the Long-Term Plan. This is in addition to agreed increases in baseline funding:

Table 1. Community Mental Health Transformation Funding

Year	CCG Baseline Funding	Transformation Funding
2021/22	£2.0m	£1.8m
2022/23	£4.0m	£4.5m
2023/24	£6.0m	£5.6m
2024/25	£6.0m	£0

- v. The community mental health funding is specifically to support adults with severe mental illness. It is known that people struggling with severe mental illness have on average 20 years less life expectancy than the general population (Schizophrenia Commission, 2012)
- vi. The funding will be used in support of the Long Term Plan’s objectives to have new and integrated models of primary and community mental health care i.e. a community based offer that will include access to psychological therapies; improved physical health care, employment support, personalised and trauma-informed care; medicines management and support for self-harm and co-existing substance abuse. This funding is expected to maintain and develop new services for people with the most complex needs; and proactive work to address racial disparities and other health inequalities.
- vii. The funding provides a once-in-a-generation opportunity to boldly transform the community mental health offer in Coventry and Warwickshire, resulting in an enhanced experience of easily accessible (‘no door’), integrated and seamless pathways for people with severe and enduring mental illness.
- viii. Outline proposals were submitted to NHS England to help secure the funding, which had been developed by a multi-agency team made up of NHS service providers and commissioners; local authority colleagues including social care, housing and public health; and partners from the voluntary care and social enterprise (VCSE) sector. The proposals were also based on engagement that had taken place with local citizens including users of mental health services.
- ix. Whilst the proposals set out key principles of what the future model will look like, it also set out our commitment to working with local communities across Coventry and Warwickshire to develop the future model and services.
- x. For the next three years, we will work together to re-design and re-organise mental health services and how people can access them. This will include re-organising core mental health teams to work at a “place” based level, and to have an integrated offer across health, social care and VCSE – aligned to Primary Care Networks – with the aim of giving adults and older adults more choice and control over their care, and empowering them to live well in their communities.

- xi. The principles illustrated below underpinning the transformed model have been user and carer-guided and co-designed by a multi-sector alliance of partners including experts by experience, health, local authorities and VCSE colleagues.

**Figure 1 Our Principles of Transformation**



- xii. The new model will be a shift in the focus from ‘what’s wrong with me’ to ‘what’s happened to me’. Inequality will be tackled by reducing barriers to accessing help; and increased delivery of psychological interventions, Individual Placement and Support (IPS) and health checks to people with SMI.
- xiii. Existing community teams will be consolidated and aligned to Primary Care Networks (PCNs). New pathways will be integrated across sectors and settings to allow seamless delivery of appropriate interventions, targeting a range of difficulties and wider determinants of mental health (debt management, housing, relationship support, psychological interventions and specialist health pathways). Movement along the pathways will be simplified by conversations and co-working rather than bureaucratic referrals and processes.
- xiv. Transformed services will include new roles to support needs with housing, advocacy, finances, employment, social isolation and education. These roles will include paid peer recovery workers, people who have experienced mental health and/or service users taking up paid roles to support our understanding from the perspective of somebody with lived experience (CWPT are a trailblazer site for these roles) and new clinical staff including therapy roles and specialist pharmacy roles who will review medication within PCNs. For service users. Through working with people with lived experience our new model should

feel responsive and caring, offering seamless care by avoiding silos and gaps between services.

### **3.2 Urgent and Acute Care**

- i. Coventry and Warwickshire Health and Care Partnership (HCP) have identified that by supporting people earlier on in mental health crisis, in the community helps to avoid inpatient admission which is more effective and beneficial to patients for their recovery thereby improving outcomes and patient experience.
- ii. Following funding from NHSE, the services below have come online over the last 2 years and we have been able to strengthen and transform our urgent and acute care pathway to enhance inpatient gatekeeping and facilitate early discharge into the community.
  - Psychiatric Clinical Decision Unit operating 27/4 implemented in February 2019 as an assessment area which provides an environment for assessment and development of treatment plans for more complex service users who are in crisis.
  - In December 2019, a Safe Haven in Coventry was commissioned to provide an out-of-hours mental health support service for individuals.
  - In April 2020 Warwickshire County Council commissioned a Safe Haven to provide an out-of-hours service based in Nuneaton.
  - 24/7 Mental Health Access Hubs (MHAH) were implemented in September 2020 where all mental health referrals are rapidly triaged in new locality-based Hubs by robust and skilled multi-disciplinary mental health professionals. The MHAH incorporates the Crisis and Home Treatment provision.
  - The MHAH has streamlined home treatment provision which has supported the facilitation of early discharge from inpatient wards.
  - All admissions are now gatekept by the MHAH's and early discharge is integral to the admission process.
  - The implementation of CORE 24 standards in early 2020 for the Mental Health Liaison Services aligned to our Acute Hospitals in University Hospital Coventry and Warwickshire and Warwick Hospital and 24/7 mental health cover at George Elliot Hospital. This will support adults and older adults presenting with a mental health crisis in EDs and general hospital wards, and their families and carers, will benefit from 24/7 access to liaison mental health services, more specifically a swift and compassionate assessment of their mental health needs and ongoing support.

In addition:

- Community MH Service have implemented locality hubs which are aligned to the MH Access Hubs. This transformation programme is ongoing over the next 18 months as part of the transformation programme for Community Mental as described in section 3.1
  - From August 2020 the Street Triage service has been expanded into South Warwickshire with the service operating between 5pm-2am, Tuesday to Friday each week.
  - Due to COVID19, Inpatient wards have introduced an admission ward for all patients strengthening gatekeeping across the service.
  - Peer Support Workers and Wellbeing Navigators have been introduced to support the urgent care pathway.
- iii. For 2021/22 to 2022/23 Coventry and Warwickshire Health and Care Partnership (HCP) have been successful in obtaining funding from NHS England/Improvement to strengthen the mental health crisis pathway by establishing alternative forms of provision. The

purpose of the funding will be to increase the range of local alternatives to A&E, mental health inpatient care and mental health crisis teams.

- ii The transformation work will develop alternatives which will increase the capacity and range of options for people when they are in mental health crisis. Across Coventry and Warwickshire, a “Crisis Plus Initiative” will be developed which will include the implementation of:
  - **Collaborative Intensive Outreach** Team which will establish a Multi-Disciplinary Team (MDT) to work with people who frequently need to use mental health crisis services.
  - **Social Intervention Collective** which will offer support to people whose mental health crises come about as a result of a variety of social issues.
  - **Crisis House** provision which will offer short-term overnight accommodation for people who are in crisis. The facility will offer intensive support to help manage a mental health crisis over a short period of time, usually as an alternative to hospital admission.

### **3.3 Suicide and Suicide Prevention**

- i. In November 2016, the Health and Wellbeing Board signed off the Coventry Suicide Prevention Strategy for 2016-2019. The strategy was designed to harmonise with the aims and approaches of the West Midlands Combined Authority WMCA mental health commission and with the strategic aims of our neighbouring authority Warwickshire.
- ii. Whilst the strategy, vision and strategic priorities remain current, the original action plan to November 2019 was refreshed by the steering group and developed into a forward plan for 2020 - 21. This was signed off by the Coventry Health and Wellbeing Board in January 2020.
- iii. The Coventry and Warwickshire Health and Care Partnership received suicide prevention funding for 3 years from NHSE. This programme is now complete, and an evaluation report will be published in the Autumn. Key aspects of this programme around crisis support, inpatient safety, real time surveillance, bereavement support and community resources will continue as legacy programmes.

## **iv. What is working well?**

### **4.1 Community MH Transformation**

- i. Waits for initial assessment in community mental health services were on average 18 weeks, in September 2020, we implemented a new way of managing referrals into services, on the back of a new development in the ‘front door’ triage process. Learning from the hub models that we implemented through the pandemic, we utilised a new process called Locality pathway allocation which allows all referrals to be managed in a timely way, and ensures that people are seen by the right professional at the right time and in the right place, this new process has successfully reduced initial waits for assessment down to 4 weeks on average from 18 weeks.
- ii. Year one of delivery for the transformation programme is in full flow and the Programme Board of all system partners has been established to oversee delivery and implementation.

- iii. Work Streams have been established are working to scope and develop new pathways. This includes a co-production steering group to oversee an ambitious plan to establish a service user design authority which will directly input into the clinical work streams for the programme.
- iv. A local co-production strategy has also been approved, so work is now starting with the support of the national charity Rethink in conjunction with the local VCSE organisation, Grapevine, who work closely with local citizens to engage, support and increase resilience.
- v. The new model with more innovative, integrated and proactive ways of working is already being phased in. In early 2021 new Access Hubs and Community Locality Hubs were established to deliver more localised care; PCN liaison workers are in three PCNs across Coventry and Warwickshire (selected on their state of readiness) to support seamless links between mental health and social interventions; and primary and secondary mental health care.
- vi. In 2021/22 there will be further roll out of these new roles, further development of psychological interventions, IPS and physical health checks in SMI. A consolidation and realignment of existing community teams to deliver Place-Based Services, new Personality Disorders and community rehabilitation pathways will all start in the first year and roll out in 2022/23; followed by new models of care for Eating Disorders.

#### **4.2 Urgent and Acute Care**

- i. For Crisis Alternatives governance for the programme has been established which incorporates system partners to oversee delivery and implementation.
- ii. As part of the new model multi-disciplinary team working has been established and weekly meetings in place for professionals from health and social care to collaborate on care treatment plans for individuals.

#### **4.3 Suicide and Suicide Prevention**

- i. Coventry and Warwickshire's real time surveillance system of deaths by suicide has been established, and a Coordinator has been based within the Coroners team since January 2021. Notifications are sent weekly to Warwickshire and Coventry public health teams to enable the monitoring of trends, clusters and the identification of emerging risk factors
- ii. Network Rail/Samaritans data shows a 3% decrease in deaths on the local rail network over the previous 12 month rolling period and an increase in network and station-based interventions.
- iii. A successful 3-year funding bid for a Coventry and Warwickshire postvention suicide bereavement service was awarded by NHSEI in January. The service is being commissioned by Coventry City Council, Warwickshire County Council and Coventry and Warwickshire Clinical Commissioning Group working in partnership. The service is currently out to tender and will be available as an all age support service to Coventry and Warwickshire residents by September 21.
- iv. Free CWPT, Papyrus and commissioned forward for life courses on suicide awareness have been delivered to stakeholders and front-line staff were delivered throughout 2020/21.

- v. Suicide safer university plans have been developed by Coventry and Warwick Universities. A multi-disciplinary mental health support group has been set up between the Universities, CCC adult social care mental health team and CWPT. The Pod has also received funding for this year to support 18–25-year-olds, particularly university students, impacted by COVID reaching secondary mental health
- vi. In October 2020, as part of local action for World Mental Health day, the HCP launched the local Dear Life website. In May 2021 videos of local, male survivor stories produced for the HCP by Coventry University were launched on the Dear Life site.

## **5. What are we concerned about?**

### **5.1 Community MH**

- i. We are seeing an increase in demand and acuity across our community mental health services for referrals and caseloads in recent months compared to the pre-pandemic period.
- ii. We are making particular reference to The NHS 'Advancing Mental Health Equalities Strategy', (Sept 2020) which highlighted the social and economic impacts of the Covid-19 virus are disproportionately impacting specific groups, including black, Asian and minority ethnic (BAME) communities.
- iii. There are likely to be challenges in recruitment and retention of staff, particularly in qualified roles, as services expand.

### **4.3 Urgent and Acute Care**

- i. We have seen an increase in demand on acute psychiatric inpatient admissions and wider crisis services and the acuity of patients has increased over the period of the pandemic.

### **5.3 Suicide and Suicide Prevention**

- i. There is still a high male prevalence in local and national suicide rates. Between September 2018 and March 2021 circa 70% of deaths by suicide across Coventry and Warwickshire were male. Recent case profiling has also identified an increased risk in the student population in Coventry.
- ii. Access to real time data to aid responses and learning from deaths by suicide to support prevention has been a gap. In January 2021 a dedicated coordinator (based in the coroner's office) was appointed. Routine data collection direct from the coroner's system has now been established. Funding for this dedicated resource ends in December 2021, an exit strategy will be required to be developed in order to sustain the surveillance function in the future.
- iii. There are gaps in support for families and close contacts bereaved by suicide. Group based support is currently provided via the non-commissioned charitable and voluntary sector. The Coventry and Warwickshire Health and Care Partnership scoped the additional support required in the system through a commissioned research project that took place between December 2018 to March 2019. The research identified that although there is group support for people bereaved by suicide across Coventry and Warwickshire, there is no formal

process of referral. A gap also exists in trauma informed practical and emotional support to those affected in the immediate aftermath following a death by suspected suicide which itself is a risk factor for suicide.

- iv. Awareness raising and training of frontline workers should continue as a priority. Critical moments such as the point of job loss, contact with healthcare professionals or the criminal justice system are often not taken advantage of to assess the risk of suicide, particularly where these factors affect men. Services often only become involved when men are a risk to themselves or others. Statutory services dealing with issues such as substance misuse, housing issues or employment also have an opportunity to engage at risk populations and work with other services to manage suicide risks.
- v. COVID impact and suicide risk. Because of the time it takes to register suicides, it's too early to know the effect of the pandemic on national suicide rates. Evidence from the National Confidential Inquiry (NCISH) and the University of Manchester suggests that suicide rates during the first national lockdown in England have not been impacted. The effects of the pandemic are however being disproportionately felt by the most vulnerable people in society and are exacerbating factors we know are related to suicide.
- vi. The multi-agency Coventry and Warwickshire Suicide Prevention Steering Groups led by Public Health will continue to oversee this work going forward and will make recommendations as and when appropriate.

\*The above data has been pulled through the draft MH Needs assessment for the Coventry and Warwickshire JSNA 21/22 (Public Health Coventry and Warwickshire)

## v. **What are the next steps?**

### **6.1 Community Mental Health Transformation**

- i. Programme management will be fully established in the next few months including recruitment and establishment of a programme team and the governance framework for the programme.
- ii. The programme will develop the pathways for Eating Disorders, Personality Disorders, Community Rehabilitation with a view to mobilisation and implementation in the second part of the year.
- iii. Mobilisation of the co-production strategy will continue which is a core to this programme and includes the establishment of a design authority who will work the above workstreams to ensure patient, service users and carers lived experience is embedded into design and delivery of the implementation.

### **6.2 Urgent and Acute Care**

The programme team is working to:

- i. Implement Phase 2 of the MHAH and CORE 24 standard for the Mental Health Liaison Services.
- ii. Develop a co-production action plan which is aligned to the Community Mental Health co-production strategy.

- iii. Implement of the Warwickshire Social Intervention Collective Model.
- iv. Procure the Crisis House provision working with VCSE providers.

### **6.3 Suicide Prevention**

- i. An audit of Coventry and Warwickshire coroner records is underway to compare deaths during the lockdown period with previous years. A joint area learning panel and case review process is in development
- ii. A Coventry and Warwickshire mental health joint strategic needs assessment including suicide will be produced by June 2021 for Health and Wellbeing Boards to consider recommendations
- iii. An all age suicide bereavement support service for Coventry and Warwickshire residents will be in place by September 2021
- iv. A partnership event to present the projects and evaluation of the NHSE funded suicide prevention programme will take place in September 2021.

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