

Mental Health Developments in Tamworth

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Scope

- Current Configuration of MH services
- CMHF updates
- Core24
- Winter discharge and hospital avoidance pathway
- Crisis Alternatives (Autism)
- IAPT





Current Configuration of Adult MH Services



Services Delivered



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Adult Mental Health Community

Adult Community Mental Health

Increased Access to Psychosocial
Therapies (IAPT)

Dudley Memory Team

Dementia & Memory Service

Core 24 (Burton Hospital)

Adult Liaison Psychiatry

Crisis Resolution & Home Treatment Service

Dementia Liaison Team

Access

Specialist MH support into Prisons & joint working with LAs

Adult In-Patient Services

Adult Acute Mental Health In-Patient

Older Adult Mental Health In-Patients

Dementia In-Patient Wards

MOD Beds

PICU

136 Suite

Social Care

Hospital Discharge Teams (discharge pathway)

Adult Mental Health Section 75
Agreement (Staffordshire)

Community Managed Libraries







SMI data: Quarter 4 figures

CCG	% Full check	Actual numbers	Total SMI register
Cannock CCG	16.3%	143	879
East Staffs	9.7%	69	715
S/East staffs and Seisdon	21.4%	299	1400
Stafford and surrounds	25.9%	250	964
Total		761	3958





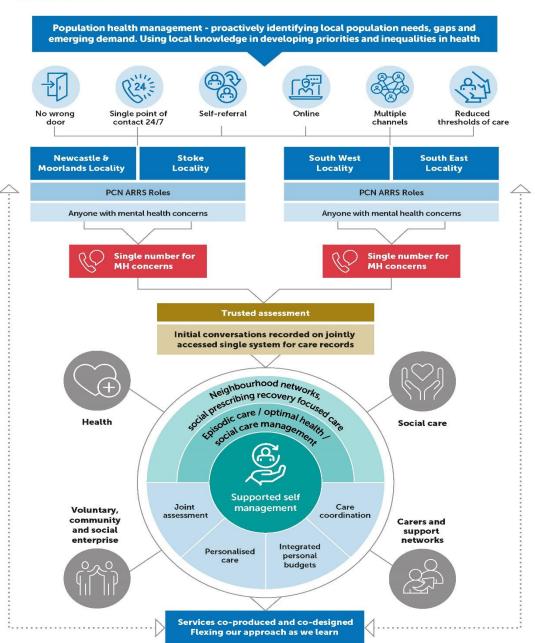
Community Mental Health Framework







Staffordshire and Stoke-on-Trent Community Mental Health Transformation



Staffordshire & Stoke on Trent Community Mental Health Transformation Model

Partnerships with Social Care, Substance Misuse, Housing & Voluntary Midlands Partnership

Sector

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- Opportunity to consider patients as people: holistic lives, multiple factors that impact on mental health
- Multiple opportunities to prevent a return to severe mental illness and to recover in ways that are most effective for them
- Shaping these services as they are developed







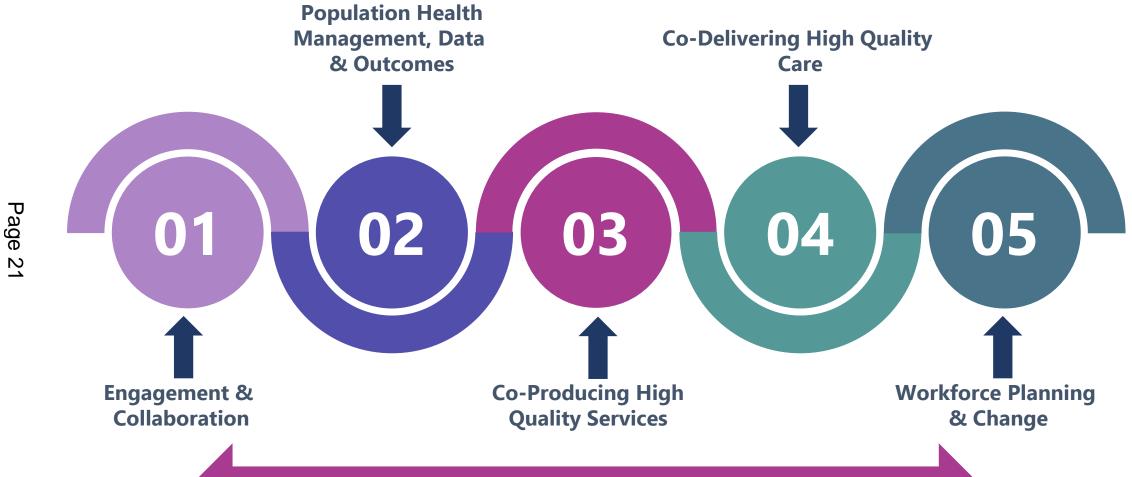


- Local and asset based building on what we have and addressing gaps
- Integrated and mutually supportive services focussed on the person
- As well as peer support and therapeutic services integrated with primary and community care alternatives
- An broad rehabilitation and recovery pathway
- Plus pathway specific opportunities for community rehab, eating disorders and personality disorders



Overview of CMHF Strategy

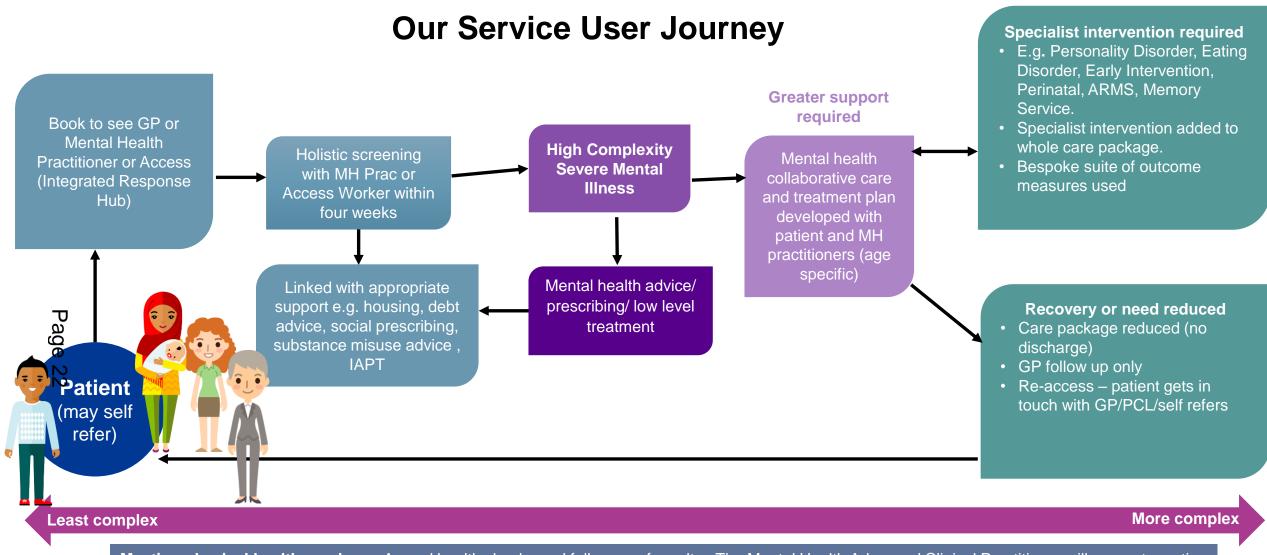




Flex/change our approach as we learn







Throughout the patient journey:

Meeting physical health needs
Annual health checks and follow up of results. The Mental Health Advanced Clinical Practitioner will support practice nurses etc with assertive outreach and follow up for SMI patients.

Supporting social needs
Links to community assets and social prescribing as required to address social determinants of mental ill-health

Holistic Needs
Used collaboratively to identify needs, plan and measure clinical outcomes

Access to the 24/7 mental health helpline when needed (commissioned separately)

Build and maintain strong relationships

Resilient partnership working can withstand challenging situations, inspire shared learning and act as a model for colleagues to follow



Tackle problems together

When joint working is organic, regulation to overcome issues is greater, leading to more effective outcomes

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Community Mental Health Framework

CMHF Transformation Board

Reinforce the shared vision

Communicate in a clear and consistent way to address challenges/concerns, share opportunities and encourage involvement (e.g. staff champions)





Talk first

Involve the service user early and often to agree the best way to address their individual needs



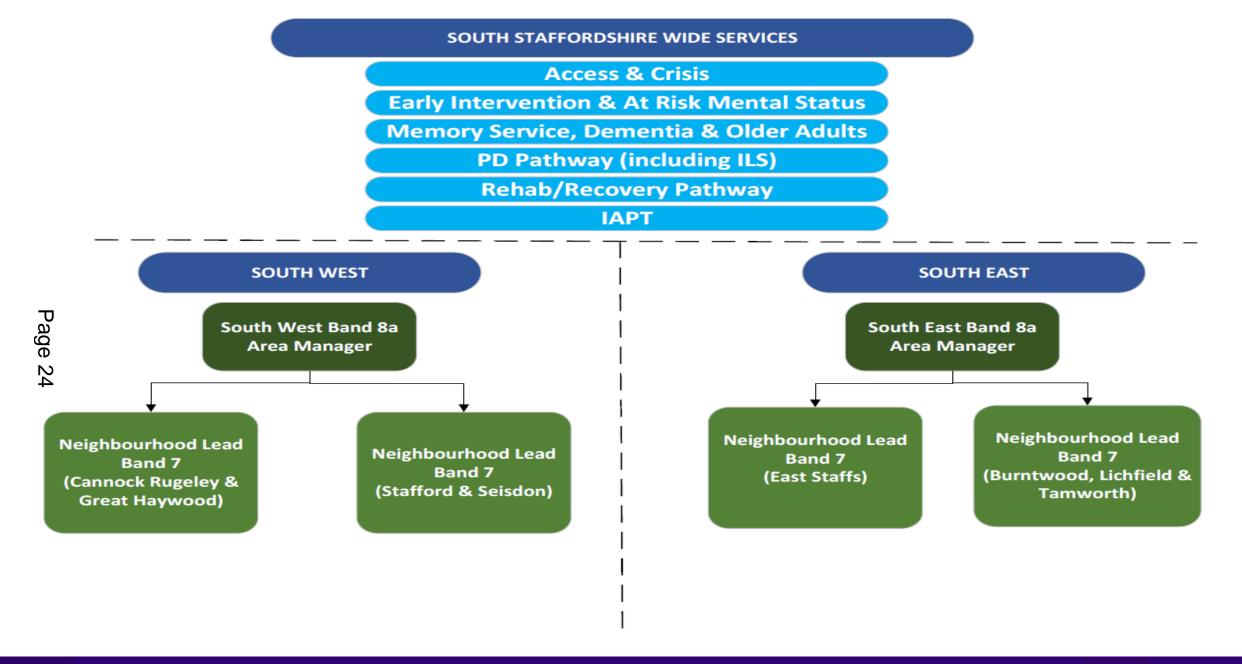
Using population health to influence our decision making

Investment and pathway design informed by population health in order to improve physical and mental health outcomes, promote wellbeing and reduce health inequalities across the system



Work collaboratively

Commitment to joint decision making and equity of voice









Crisis Alternatives (Autism)







Partnership working with **Preventative focus** specialist providers Focus on individual's **Promote collaborative** strengths, not their frontline working deficits Reduce avoidable **Building resilience** admissions across the population **Empowering People to Remain Independent**







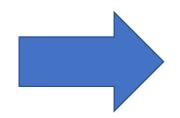
Core 24



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Core 24











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Winter Discharge & Hospital Avoidance



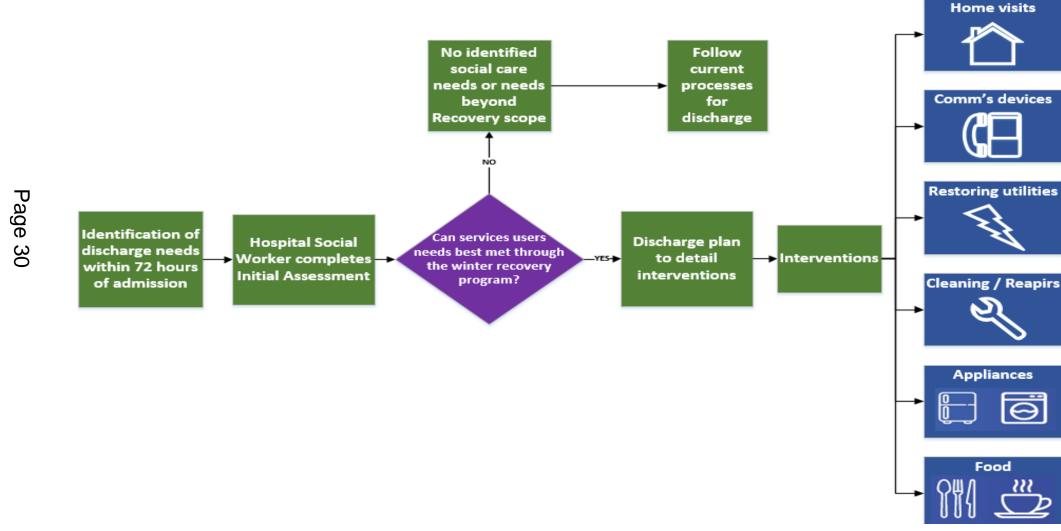




Winter Discharge Pathway



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Winter Discharge Pathway



ি	Home visits from Recovery workers
	Communication devices
:Q: 63	Restoring utilities (gas, electric, etc)
<u></u>	Deep cleaning / emergency repairs
	Appliances
	Food (meals on discharge / food parcels)
? Flex	tible response to individual support needs



Case Studies



Case Study 1 - Gentleman with significant physical & mental health needs

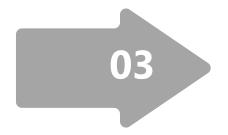
Outcome and Support Provided:

- · Joint visit with physical health social worker
- Food parcels
- Utility top-up
- Removal of surplus furniture blocking walkways

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Case Study 2 - Gentleman with multiple admissions, social stressors - debt, self neglect

- Food and utility top-up provided
- Removal of broken appliances & installation of new white goods
- Recovery Workers enabling supporting with complex stressors
- Support with move to smaller property and immediate repairs to property to enable this move
- KOMP provided to increase social interaction throughout the day



Case Study 3 - Lady with significant history of admissions, long stay patient

- Change of locks and replacement alarm fob
- · Property condition checked and utilities restored and initial clean-up of out of date food
- Support planned to attend bank to restore access to accounts
- Support planned with getting belongings from previous accommodation
- Support planned to cover writing on walls together with her

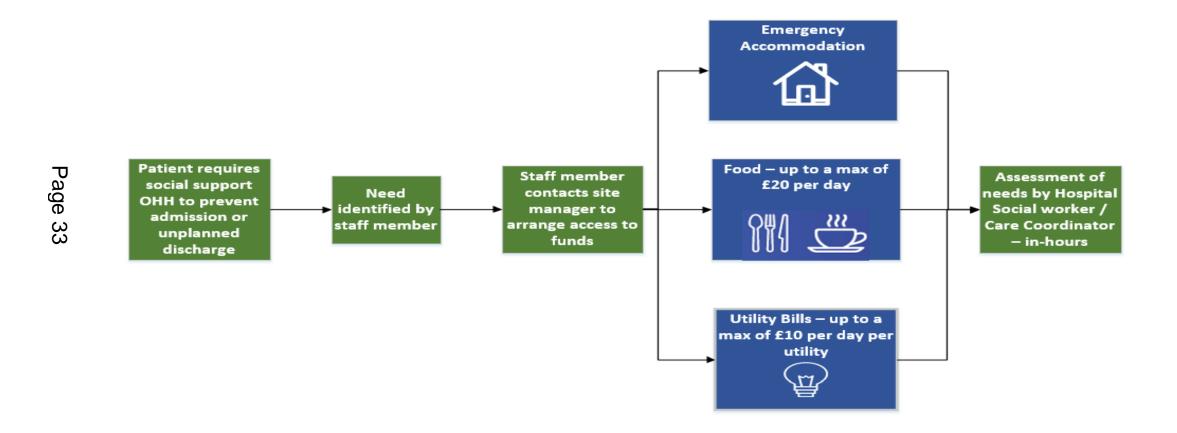






Hospital Avoidance / Unplanned Discharge Pathway







IAPT









The Staffordshire & Stoke-on-Trent Wellbeing Service



Dove Service



Integrating Healthcare Provision for Staffordshire





Improving Access to Psychological Therapies (IAPT)



- National model for psychological therapies for anxiety and depression based on NICE guidance and the IAPT Best Practice Manual
- https://www.england.nhs.uk/publication/the-improving-access-to-psychologicaltherapies-manual/
- Contact us on 0300 303 0923 dedicated self referral line for IAPT in Staffordshire and Stoke on Trent (prefer patients to self refer)
- <u>srpeast@mpft.nhs.uk</u> for email referrals patients will receive three calls from us in 7 days with a message left asking them to contact us







