

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>18.03.21</b>	<b>Agenda item</b>	<b>Bo.3.21.9</b>

## MENTAL HEALTH STRATEGY 2021/2023

<b>Presented by</b>	Karen Dawber, Chief Nurse		
<b>Author</b>	Sarah Turner, Assistant Chief Nurse Vulnerable Adults		
<b>Lead Director</b>	Karen Dawber, Chief Nurse		
<b>Purpose of the paper</b>	Mental Health Strategy		
<b>Key control</b>			
<b>Action required</b>	For approval		
<b>Previously discussed at/informed by</b>			
<b>Previously approved at:</b>	<b>Committee/Group</b>	<b>Date</b>	
	Executive Team – E.2(4).21.7	22.02.21	

### Key Options, Issues and Risks

7,839 people live in Bradford and Craven who are recorded on the Primary Care serious Mental Illness register.

45,728 people in Bradford and Craven were diagnosed with depression which is 1% of population and higher than the national average.

Patients with a mental health/illness diagnosis are three times greater risk of premature death and a reduced life expectancy of approximately 20 years. With suicide accounting for 25% of deaths.

Approximately 1 in 4 people in the UK will experience a mental health problem.

The increase in acuity of mental health presentations has unfortunately led to some significant incidents occurring within the last 12 months. The learning from these incidents has common themes, namely, lack of understanding of mental health, lack of recognition of escalating behaviour and delayed involvement of services/people who can assist in managing risk. The reduction in specialist services over the last 10 years and the move to community focussed work rather than inpatient care for patients with a mental illness diagnosis has also meant that when in crisis patients often see accident and emergency as a safe place to go for support. This situation will not change moving forward and therefore we need to ensure our services are suitably equipped to manage and care for all patients who access care at our Trust.

### Analysis

The strategy outlines our key aims and values in relation to caring for both the physical and mental health needs of all our patients. It is consistent with the Mental wellbeing in Bradford district and Craven: Strategy 2016-2021, Bradford and Craven district proposed 2012-2025 Strategy Better Lives, Brighter Futures, National Confidential Enquiry into Patient Outcome and Death (NCEPOD) recommendations and the NHS Long term plan.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>18.03.21</b>	<b>Agenda item</b>	<b>Bo.3.21.9</b>

### Recommendation

The strategy is adopted and work continues in embedding the changes.

Risk assessment						
Strategic Objective	Appetite (G)					
	Avoid	Minimal	Cautious	Open	Seek	Mature
To provide outstanding care for patients		g				
To deliver our financial plan and key performance targets			g			
To be in the top 20% of NHS employers			g			
To be a continually learning organisation				g		
To collaborate effectively with local and regional partners					g	
The level of risk against each objective should be indicated. Where more than one option is available the level of risk of each option against each element should be indicated by numbering each option and showing numbers in the boxes.	Low		Moderate	High	Significant	
	Risk (*)					
Explanation of variance from Board of Directors Agreed General risk appetite (G)						

Risk Implications (see section 4 for details)	Yes	No
Corporate Risk register and/or Board Assurance Framework Amendments		
Quality implications	x	
Resource implications	x	
Legal/regulatory implications	x	
Diversity and Inclusion implications	x	

Regulation, Legislation and Compliance relevance
<b>NHS Improvement:</b> (Risk assessment framework, quality governance framework, code of governance , annual reporting manual)
<b>Care Quality Commission Domain:</b> <i>Safe, Effective, Responsive</i>
<b>Care Quality Commission Fundamental Standard:</b> responsive
<b>Other (please state):</b>

Relevance to other Board of Director's Committee:					
Workforce	Quality	Finance & Performance	Partnerships	Major Projects	Other (please state)
	x				

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>18.03.21</b>	<b>Agenda item</b>	<b>Bo.3.21.9</b>

## 1 PURPOSE/ AIM

The purpose of this paper is to present the Mental Health Strategy 2021/2023. The aim of the strategy is that patients accessing care at Bradford Teaching Hospitals Foundation Trust have both their physical and mental health needs considered whilst in our care.

## 2 BACKGROUND/CONTEXT

In 2016 NCEPOD commissioned a multidisciplinary group to design a study and review the findings based on the experience and treatment of mental health patients with physical conditions in the district general setting.

The study aimed to identify and explore remediable factors in the overall quality of mental health and physical healthcare provided to patients with significant mental health conditions who were admitted to a general hospital.

The report had the following principal recommendations:

1. Patients who present with known co-existing mental health conditions should have them documented and assessed along with any other clinical conditions that have brought them to hospital.
2. National guidelines should be developed outlining the expectations of general hospital staff in the management of mental health conditions.
3. Liaison psychiatry review should provide clear and concise documented plans in the general hospital notes at the time of assessment.
4. All hospital staff who interact with patients, including clinical, clerical and security staff, should receive training in mental health conditions in general hospitals.
5. To overcome the divide between mental and physical healthcare, Liaison Psychiatry Services should be fully integrated into general hospitals. The structure and staffing of the Liaison Psychiatry Service should be based on clinical demand both within working hours and out-of-hours so that they can participate as part of the multidisciplinary team.
6. Record sharing (paper or electronic) between mental health hospitals and general hospitals needs to be improved. As a minimum, patient should not be transferred between the different hospitals without copies of all relevant notes accompanying the patient.

Meeting Title	Board of Directors		
Date	18.03.21	Agenda item	Bo.3.21.9

The NCEPOD recommendations are consistent with the priorities for integrating physical and mental health set out in the implementation plan for the Five Year Forward view for Mental Health set out by NHS England.

The Mental Health Task force informing the Five year forward plan for Mental Health stated;

*“ Far too long, people of all ages with mental health problems have been stigmatized and marginalised, all too often experiencing an NHS that treats their minds and bodies separately. With chronic underfunding many people with mental health needs have received no help at all. In recent years, this has started to change. Public attitudes towards mental health are improving, and there is a growing commitment among communities, workplaces, schools and within government to change the way we think about it, with a real desire to shift towards prevention and transform the NHS.”*

### **Covid**

The Covid pandemic has highlighted and brought to the fore deficits in Mental Health care and some of the challenges faced within the Trust.

The acuity of patients with Mental Health presentations during this period has increased and unfortunately we have experienced some incidents that have allowed us to think differently about how we approach some of these concerns and opportunities for working in a more holistic way.

## **3 | PROPOSAL**

There have been a number of changes already undertaken and supported across health and social care and a further number already commenced and in progress.

The strategy outlines our key aims and values in relation to caring for both the physical and mental health needs of all our patients. It is consistent with the Mental wellbeing in Bradford district and Craven: strategy 2016-2021, Bradford and Craven proposed strategy Better Lives, brighter futures, NCEPOD recommendations and the NHS Long term plan.

The strategy focuses on 4 themes:

**Training:** There currently is no mandatory training for staff in relation to Mental Health concerns, this is now being reviewed with a plan for all staff to receive training (level and role dependent). Training will include varying aspects depending on the level accessed to include topics such as creating a safer environment, promotion of well-being, identifying risk, signposting to service, Mental Health Act and de-escalation techniques. This training will be led by the Trusts Mental Health Specialist Practitioner with support from external trainers as required.

**Workforce:** In October 2020 the Trust appointed a Mental Health Specialist Practitioner, who commenced in post in January 2021. The aim of this post is to assist staff in supporting patients with a mental health condition and ensuring concerns are addressed in a timely

Meeting Title	Board of Directors		
Date	18.03.21	Agenda item	Bo.3.21.9

manner. Liaising with specialist services to ensure information is available and shared appropriately. Mental Health student nurses have been offered placements within the Trust and opportunities for mental health nurses to be employed in establishment numbers on wards is being considered. The role out of 'Let's Talk about Mental Health', for staff is designed to change some of the stigma and potential unconscious bias relating to patients with a mental health diagnosis. The needs of our staff are as important as the needs of our patients. Increased levels of stress and anxiety are observed and recorded amongst staff, the strategy recognises the need for further education and support in relation to this.

**Electronic systems:** The Trust currently uses the Electronic Patient Record (EPR) with the Bradford District Care Foundation Trust (BDCFT) using SystmOne. These systems do not communicate with each other and reliance on information sharing is on individuals such as the safeguarding team or Psychiatric Liaison Nurses (PLN). There has been agreement that BDCFT will give access to SystmOne to all members of the Safeguarding Adults' team to start with and then evaluate further roll out. This is planned to reduce the need for patients to repeatedly 'tell their story'. Our vision is that information is captured and once recorded should not have to be repeated, therefore reducing the risk of misinterpretation or misunderstanding. This also may reduce conflict as patients will often report displeasure at being asked the same questions or having to go over the same information, especially when they may not see it as relevant to their attendance. Standardised templates in EPR relating to some aspects of mental health such as the Mental Health Act guidance are to be implemented and will be helpful in reducing the risk of errors in statutory paperwork. This should also help to ensure prescribed Mental health drugs are identified early and administered to reduce the unnecessary risk of a deterioration in mental state due to involuntary non-compliance.

**Partnership working:** The Trust has a service level agreement with BDCFT in relation to the statutory functions relating to the Mental Health Act. Psychiatric Liaison Nurses employed by BDCFT are sited within the Trust. There are representatives from third sector agencies who are based in the Accident and Emergency Department to signpost patients to support. The strategy also aims to ensure patient involvement in training and service design, with involvement of service user groups/representatives in the consultation processes in work such as therapeutic environments.

This strategy aims not just for parity of esteem for patients with mental illness but that through our partnerships and staff we ensure better outcomes for them.

#### 4 RISK ASSESSMENT

7,839 people live in Bradford and Craven who are recorded on the Primary Care serious Mental Illness register.

45,728 people in Bradford and Craven were diagnosed with depression which is 1% of population and higher than the national average.

<b>Meeting Title</b>	<b>Board of Directors</b>		
<b>Date</b>	<b>18.03.21</b>	<b>Agenda item</b>	<b>Bo.3.21.9</b>

Patients with a mental health/illness diagnosis are three times greater risk of premature death and a reduced life expectancy of approximately 20 years, with suicide accounting for 25% of deaths.

The increase in acuity of mental health presentations has unfortunately led to some significant incidents occurring within the last 12 months. The learning from these incidents has common themes, namely, lack of understanding of mental health, lack of recognition of escalating behaviour and delayed involvement of services/people who can assist in managing risk. The reduction in specialist services over the last 10 years and the move to community focussed work rather than inpatient care for patients with a mental illness diagnosis has also meant that when in crisis patients often see accident and emergency as a safe place to go for support. This situation will not change moving forward and therefore we need to ensure our services are suitably equipped to manage and care for all patients who access care at our Trust.

<b>5</b>	<b>Appendices</b>
----------	-------------------

Appendix 1 – Mental Health Strategy 2021/2023

Appendix 2 - Workplan