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Responding to increasing mental health needs

London Borough of Hackney Health & Care Scrutiny meeting, 11th September 2023

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Scope of the presentation

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This presentation particularly focuses on the role and contribution of East London NHS Foundation Trust (ELFT) in responding to increasing local mental health needs, with a specific focus on adults.

The contribution of ELFT should seen within the context of mental health and wellbeing being everybody's business and that the NHS necessarily works in multi-agency landscape to meet needs.

Part 1 – Support for people needing crisis and acute MH care

a) North East London contextual pressures in the MH urgent, emergency and crisis landscape; issues contributing to MH crises;

b) Numbers attending Homerton Hospital A & E; working arrangements; responsiveness, including 4-hour & 12-hours breaches;

c) Profile of those in crisis;

d) Other local crisis pathway elements, including the crisis line;

e) Local MH bed stock & occupancy;

f) Other improvement work;

Part 2 – MH support in the community

a) The community context of rising MH demand;

b) The nationally driven community MH transformation goals, local progress thus far and further proposed steps;

North East London Mental Health context

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While mental health conditions are most often cause by inherited factors and physical factors, the sociodemographic structure of the population is an important driver of health need and demand for mental health services. The below table outlines key metrics which may drive higher mental health needs across North East London:

		ONEL				INEL		
		BD	HV	RB	WF	CH	NH	TH
Prevalence of MH Disorders	Mental Health: QOF prevalence (all ages) (21/22)	0.8	0.7	0.9	1.2	1.4	1.1	1.3
	Depression: QOF prevalence (18+ yrs) (21/22)	9	11	7	9	12	7	9
	% Long-term mental health problems (18/19)	8	7	6	9	10	6	10
Population Wellbeing	% People with self-reported high anxiety score (21/22)	15	19	22	16	25	18	18
	% People with a self-reported low happiness score (21/22)	5	9	7	5	7	8	9
Deprivation & Social Issues	IMD score (2019)	33	17	17	25	32	30	28
	Income deprivation (2019)	19	11	12	15	20	17	19
	Employment deprivation (2019)	0	0	0	0	0	0	0
	% People in employment (2021/22)	62	79	64	70	77	69	68
Physical Health	Healthy life expectancy at 65 (18-20)	9	11	10	11	7	9	10
	Healthy life expectancy at birth (18-20)	59	64	62	66	61	62	62
	% Adults classified as overweight or obese (21/22)	71	61	62	53	47	47	48
	% Physically active adults (21/22)	58	61	64	64	72	64	68
Substance Misuse	Admission episodes for alcohol-related conditions (21/22)	1744	1480	1428	1506	2112	1690	1920
	Admissions for mental disorders due to alcohol (18/19)	300	255	243	381	790	446	495

- Overall, City & Hackney and Tower Hamlets have challenges with high prevalence of common mental health problems in the population.
- Deprivation levels are high in Barking & Dagenham, City & Hackney and Tower Hamlets, creating potentially higher demand for mental health services within these boroughs.
- Users with long-term health conditions are also likely to experience mental health problems such as depression and anxiety.
- Linkages between substance misuse and mental health conditions are also strong, putting INEL at risk for higher demand in these areas.

Responding to people in mental health crisis

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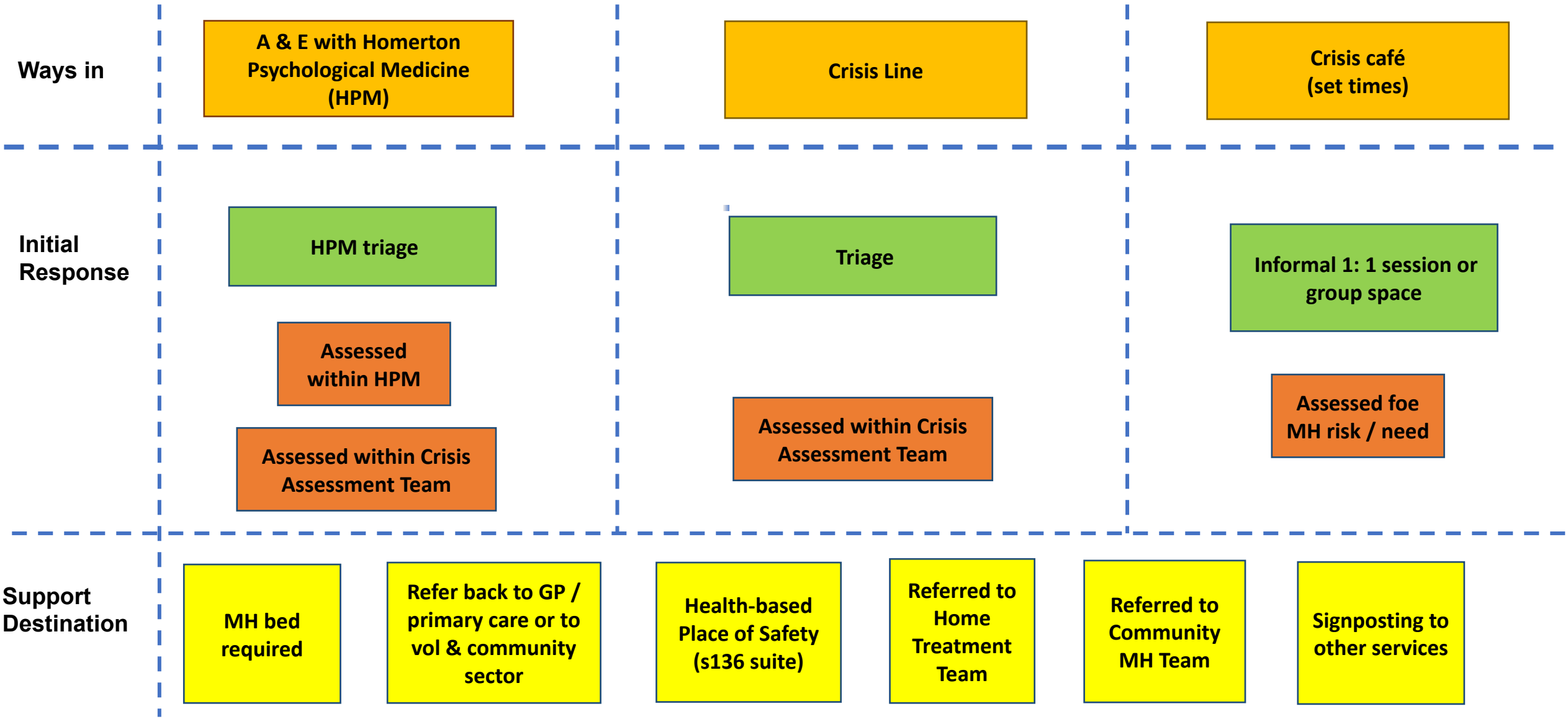

Homerton A & E pressures & responsiveness

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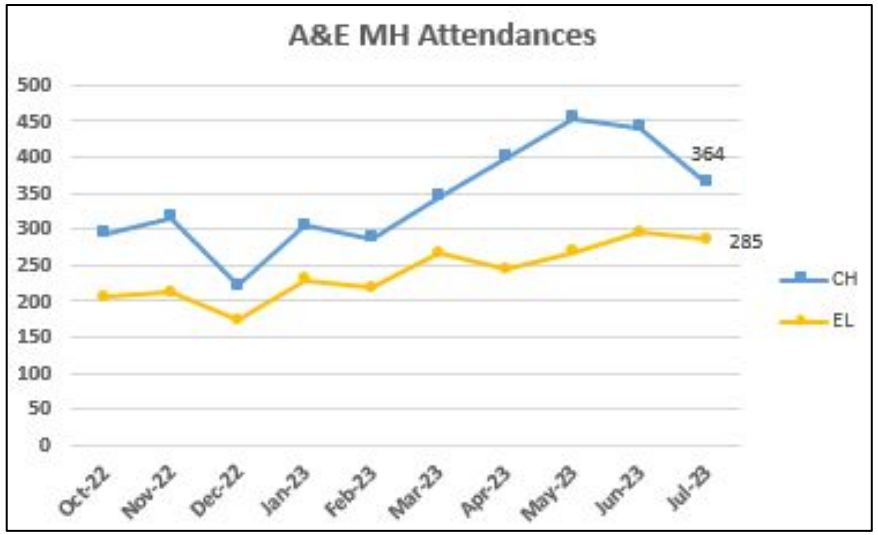
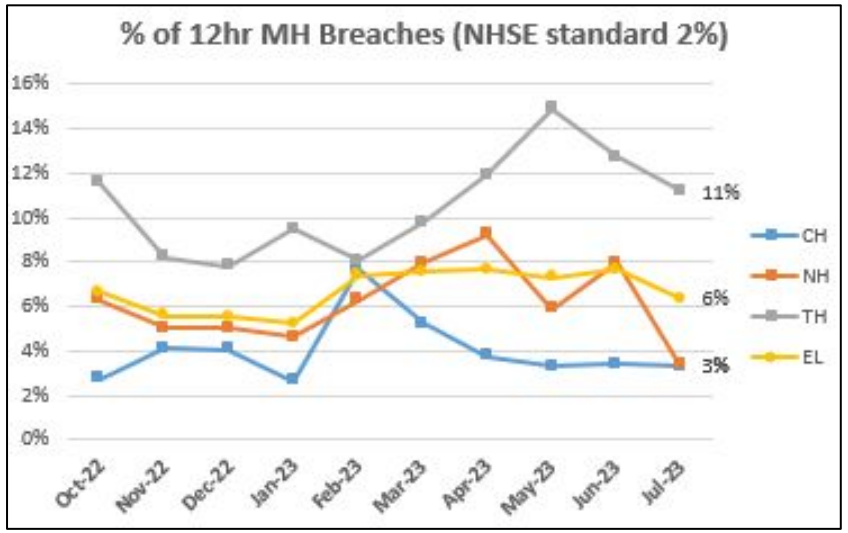




2023 average

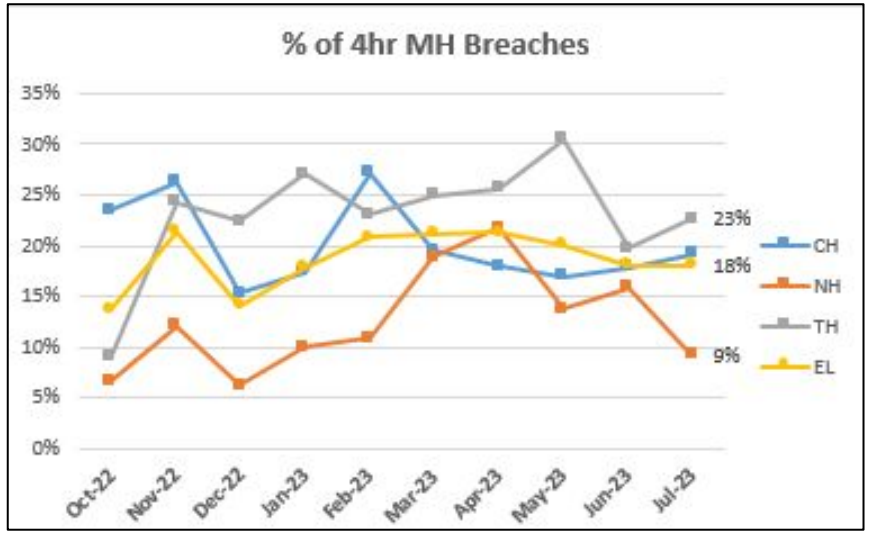
- Referrals = 391 per month
- Waiting in A&E < 4 hours = 81%
- Waiting in A&E < 12 hours = 96%

MH attendances at Homerton A & E have been increasing over the last year and is higher than in the rest of the East London footprint; 4pm to 1am is a particularly busy window for attendances.

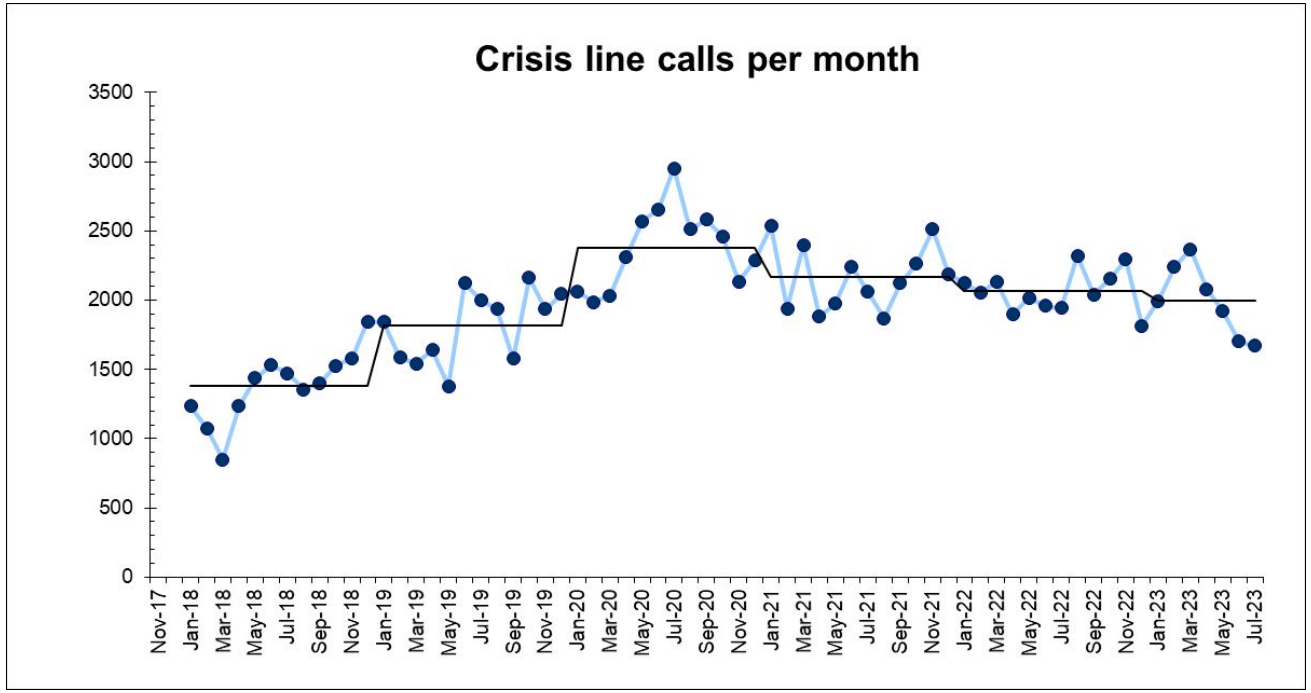
Service staffing is comparatively low compared to other teams across NEL.

Comments:

- More people presenting who are not known to us;
- There are certain cohorts of the population who are more likely to enter the MH system in crisis rather than via primary care (e.g. nationally people from African & Caribbean heritage);
- Drivers for attendance include suicidality, social stressors, self harm, depression;
- Approx 50% of those needing MH support at A & E, actually present with initial, primary physical health issues;
- Reasons for 12-hr breaches include local MH bed availability, delayed assessments due to e.g. substance misuse issues; non-ELFT responsible patients complicating the response;
- Numerous attendees have police involvement, with implications for future developments under the Right Care, Right Person initiative;



Crisis Line



Comments

- There is clearly significant demand for this form of MH support, with recorded calls peaking in 2020 with approx. 3000 calls in 1 month, but still averaging nearly 2000 a month in this year.
- Commissioned capacity (staffing) is outstripped by number of calls, which has led to long waits to get through and significant proportions of abandoned calls (circa 30%);
- There steps being taken to centralise the crisis line across the 3 boroughs which should help with service capacity.
- Service user feedback (July 2023) – identified long waits as a challenge; highlighted the potential for further staff training; supported the retention of local crisis assessments;
- There are frequent callers;

Average number of calls:

2018 average = 1378
2019 average = 1814
2020 average = 2378
2021 average = 2165
2022 average = 2063
2023 average = 1996

Referrals to the Crisis Assessment Team (CAT)

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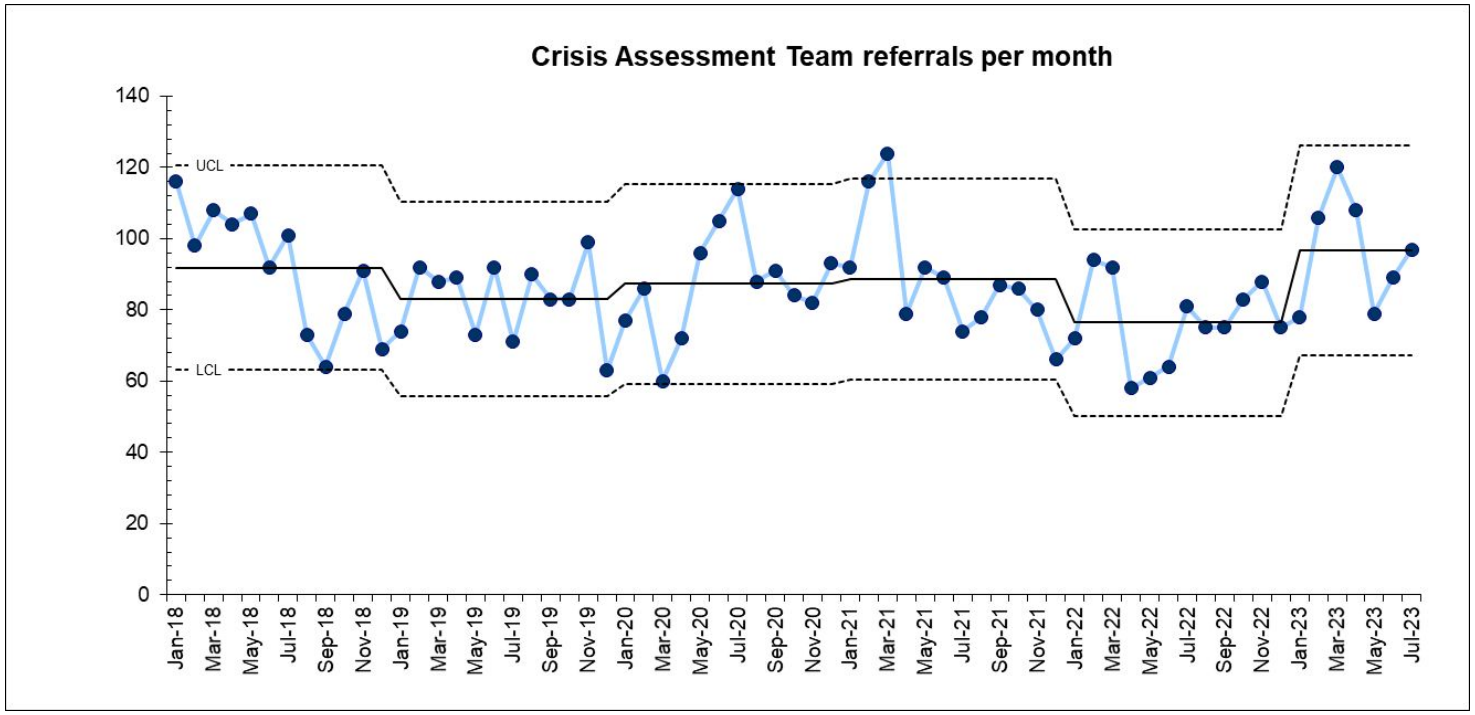

Commentary:

- The source of most of these referrals are the crisis line.
- The single most common outcomes for CAT referrals for assessment are discharge back to GP and onwards referral to the Home Treatment Team.

Average numbers of referrals to CAT:

2018 = 92
2019 = 83
2020 = 87
2021 = 89
2022 = 77
2023 = 97

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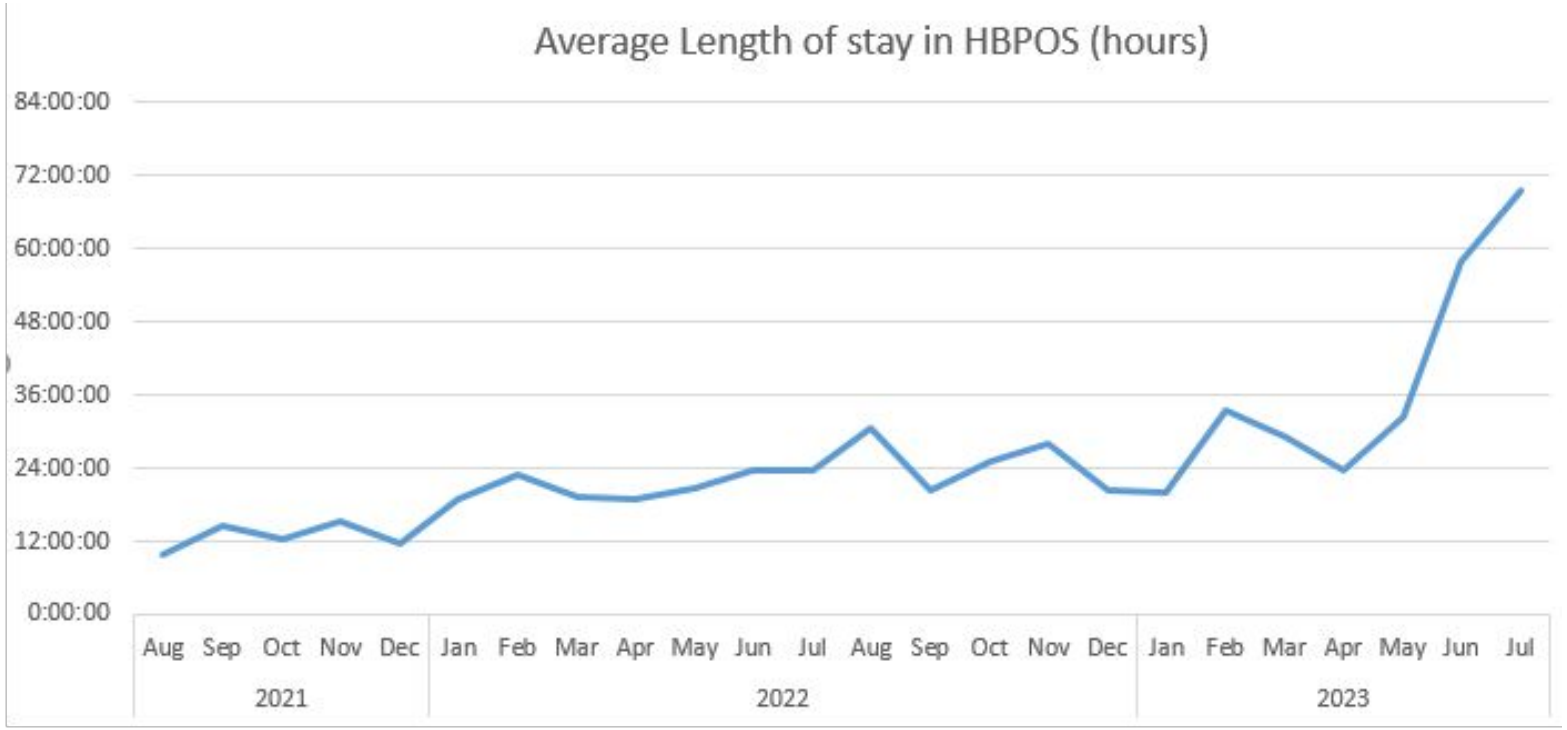
Health-based Place of Safety (s136 suite)



Comments

There is increasing pressure on the City & Hackney HBPoS, with ongoing, increasing mental health pressures contributing longer waits for MH bed availability, as an onward destination.

Support from the Home Treatment Team (HTT)

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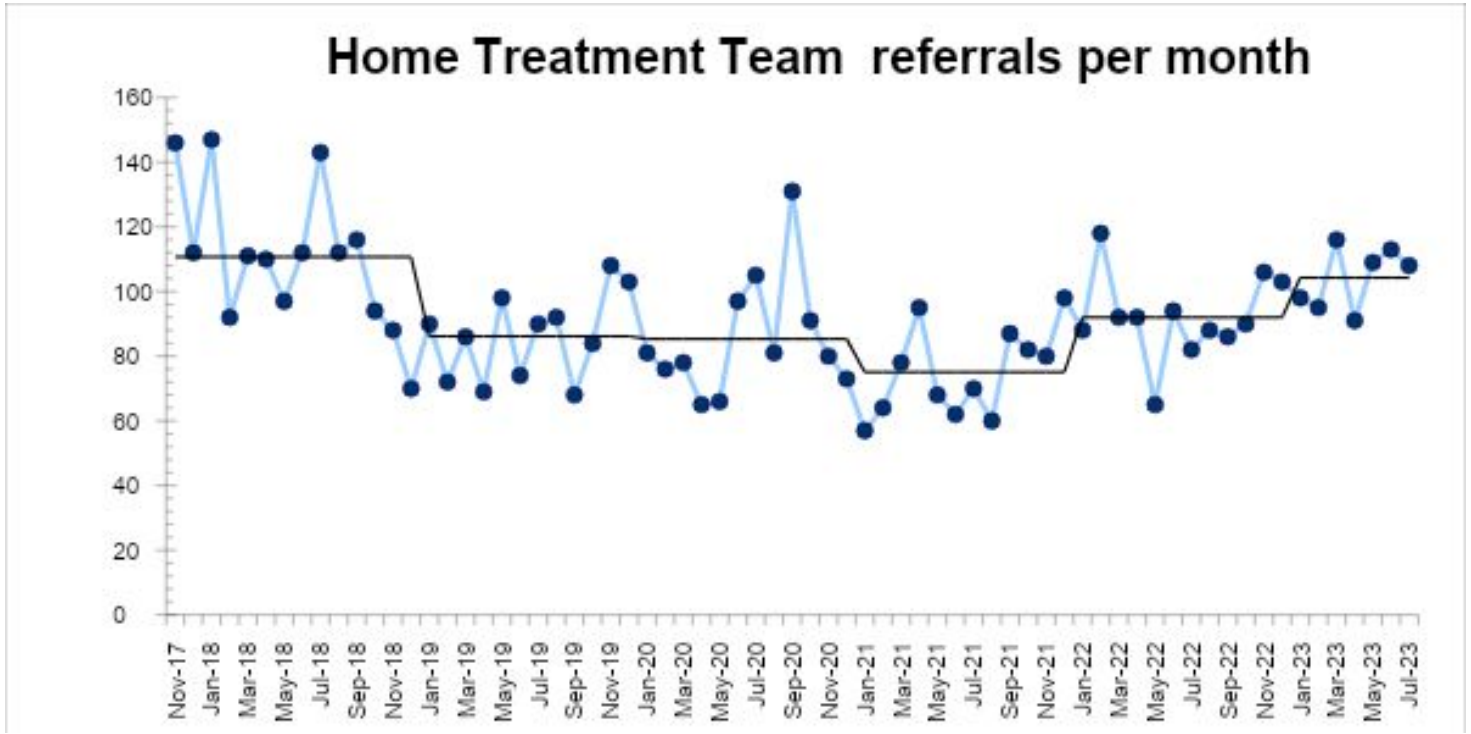

HTT average referrals per month

2018 = 111
2019 = 86
2020 = 85
2021 = 75
2022 = 92
2023 = 104

Commentary:

- **A core function of the Home Treatment Team (HTT) = short term support to either avoid hospital admission or to support people back into the community from hospital;**
- **Increasing numbers of referrals over the last 3 years;**
- **Support includes treatment, group work, linking into voluntary & community sector orgs, e.g. for financial matters & housing;**

Local Mental Health Bed Stock & Occupancy

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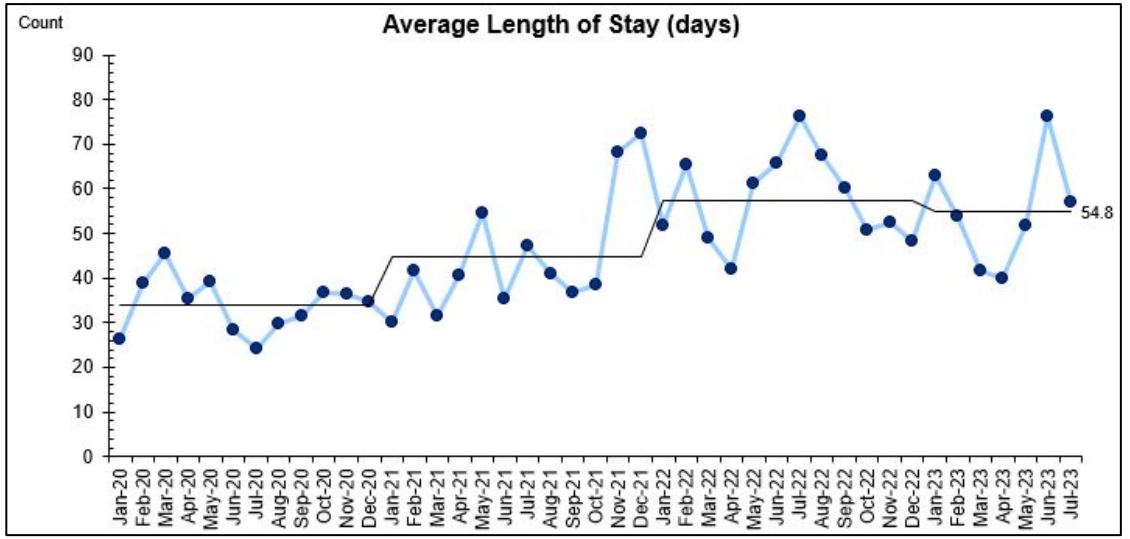
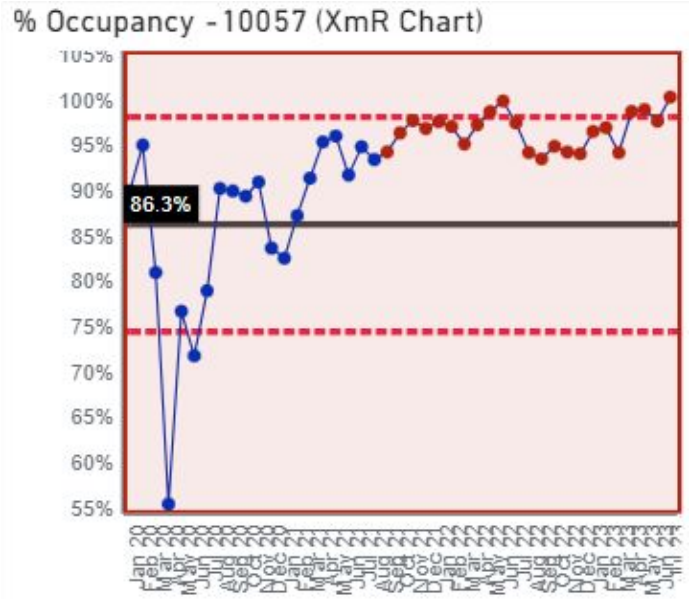
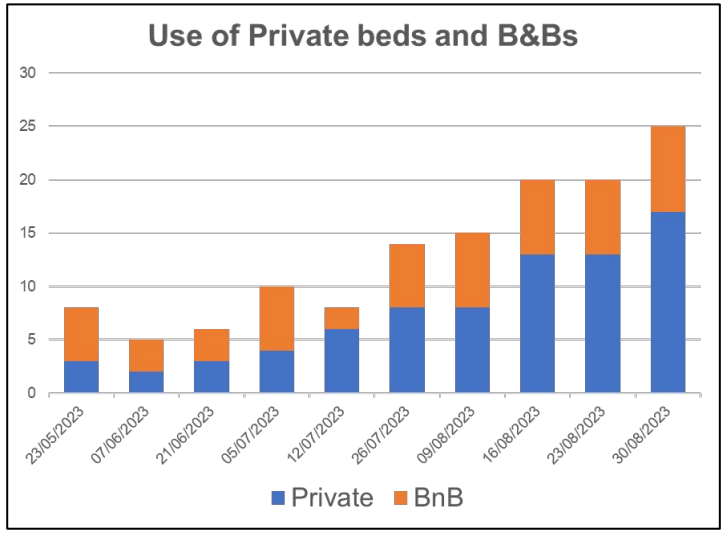
ELFT – type of bed	No.
Female acute beds	38
Male acute beds	50
Male psychiatric intensive care unit (PICU) beds	15
Mother & Baby Unit beds	12

Average length of stay in beds (days)

2020 = 33.9
2021 = 44.8
2022 = 57.9
2023 = 54.8







Comments

- Sustained high demand for beds, reflected in high occupancy rates;
- Staffing pressures
- Increasing use of supplementary bed capacity (private, B&Bs) in response to MH pressures;
- Reductions in informal admissions, meaning majority are under section.
- Higher levels of acuity and complexity of patients needing a bed (e.g. physical health issues, social care and housing challenges);

Service Improvement, Transformation & Development

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Crisis & Urgent Care

Continue to drive improvements by:

a) Progressing a QI project exploring frequent attenders at A & E;
b) Continuing to monitor uptake of crisis café and crisis line;
c) Ongoing review of robustness of the crisis pathway to meet current demands;
d) 3-borough crisis line development;
e) Health-based Place of Safety – capital developments and bolstering staffing arrangements;
f) Continue to develop the Raybould Centre as a 'hub' to complement the MH work in A & E;
g) Ongoing training for crisis staff

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Inpatient

Continue to drive improvements by:

a) Ongoing work to strengthen service staffing & service capacity across disciplines;
b) Strengthening response to changing patient profiles & levels of need (e.g. refreshed on-ward activities; QI projects focused on carers, flow and restraint; cultural safety training);
c) Strengthening key systems, processes & governance (e.g. refreshed 'patient flow' arrangements;
d) Pursuit of 5 'step down' beds;
e) Enhancing staff wellbeing, staff experiences & staff engagement (e.g. recruiting ward wellbeing champions;).

Community Mental Health – pressures and ongoing service development

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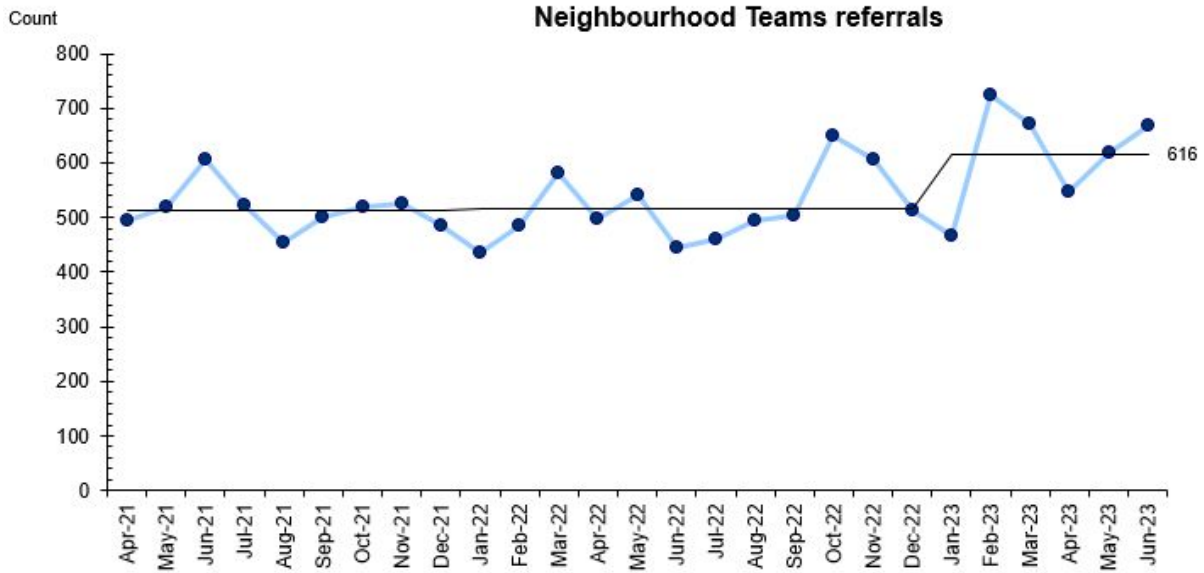
Community MH Teams:

- 9,206 open referrals
- 7,879 individuals



Neighbourhoods – average referrals
2021 = 514
2022 = 518
2023 = 616

- Increasing demand for MH support.
- Increasing demand for ADHD assessment & support;

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Nationally-driven Community MH Transformation

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To deliver **NHS Long Term Plan** ambitions for **new models of integrated primary and community care** for **adults (including 18 – 25 year olds)** and **older adults** with **severe and enduring mental illness**, as close to home as possible:

- Create a "**new community-based offer"** that will include:
  - ✔ access to **psychological therapies;**
  - ✔ improved **physical health** care;
  - ✔ **employment support;**
  - ✔ **personalised** and **trauma informed care;**
  - ✔ **medicines management;**
  - ✔ support for **self-harm** and **coexisting substance misuse issues;**
  - ✔ proactive work to **address health inequalities, incl. racial disparities**.

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Service Improvement, Transformation & Development

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Community MH

Continue to develop approach by:

a) Continuing to progress neighbourhood, multi-agency arrangements, including with voluntary and community sector colleagues
b) Ongoing work to bolster and further develop discharge arrangements, including the involvement our housing and social care functions;
c) Undertaking a ‘stock take’ of transformation progress & co-developing the next phase of transformation work;
d) Organisation culture programmes with clinical and operational leads to support system working;
e) Care pathways review;
f) Cultural safety and workplace wellbeing work;
g) Further development of organisational structures, incl admin;
h) Develop and introduce new screening & triage processes;
i) Review service ‘delivery points’ in the community – to support care close to home.