

Reference: FOI.ICB-2324/102

Subject: Funding for Integrated Primary & Community Care for Adults with Severe Mental Illnesses

I can confirm that the ICB does hold some of information requested; please see responses below:

QUESTION	RESPONSE					
Can this information please be provided for the financial period 2018/19 to 2023/24.						
Could you please tell me if your integrated ours system has received funding from NHS	Yes, BNSSG ICB has received funding on behalf of the system in with the Long Term plan as set out below:					
care system has received funding from NHS		2019/20	2020/21	2021/22	2022/23	2023/24
England to develop and begin delivering new models of integrated primary and community care for adults and older adults with severe mental illnesses (SMI)? • Could you please tell me when it received the funding, or when it is set to receive it?	STP total of ICB baseline uplifts for community SMI care as per Analytical Tool (cumulative since 18/19; baseline of £0)	£1,443,749	£4,069,367	£4,299,666	£5,053,978	£8,208,794
 Could you also please specify how much total funding the ICS has received for this purpose? 	STP provisional 'fair shares' transformation funding allocation as per Analytical Tool (non-cumulative)	n/a	n/a	£1,994,522	£4,873,633	£6,054,158



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Below outlines progress to deliver BNSSG's Community Mental Health Target Operating Model, against its three priorities. As this is a large scale transformation project which involves transforming existing services as well as integrating new financial resource (outlined in question 1) the financial and staffing information provided below is subject to change.

Priority 1. To provide integrated support: Integrated Mental Health Teams

BNSSG is establishing new place-based teams in primary care to meet communities' different needs. These teams will be in BNSSG's six Locality Partnerships and bring NHS, social care and VCSE leads together to provide quick access to clinical, psychological and social support. They will:

- Increase people's access to high quality and personalised care, close to home.
- Be created with, and include, community partners to address local inequalities.
- o Improve people's mental health outcomes.
- Improve the quality of care across health and care (e.g. by supporting people earlier, reducing demand on crisis care).

Recruitment is currently underway for the six new teams, including:

- Each IMHT (x6): B7 Clinical Manager (AWP); Recovery Navigator (VCSE); B4 Admin and partners providing interventions to support local priorities.
- o Each Local Authority (x3) Social Care lead (Local Authority) and Clinical Psychologist (AWP).

2. Could you also please provide a list of these models, specifying when they were established/are due to be established, the amount of funding allocated for each, and WTE staff approved for each?



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Learning from early implementer sites, and keeping patient safety paramount, means this approach will be incremental and phased. As teams reduce demand on wider services, capacity from these services can be brought into IMHTs to support wider integration of care. Below outlines the timeframe for operationalising teams across BNSSG over 2023-24.

Locality	Fully operational IMHT
Weston	Launched October 2022
Woodspring	Launching September 2023
South Gloucestershire	Launching September 2023
Inner City & East Bristol	Launching December 2023
North and West Bristol	Launching December 2023
South Bristol	Launching December 2023

BNSSG's new place-based integrated teams offer the catalyst for a much wider transformation – bringing services together to meet the breadth of an individuals' needs. They move us towards BNSSG's Community Mental Health Blueprint vision (below) where mental and physical health, NHS, social care and voluntary sector services are integrated to support the breadth of people's needs.



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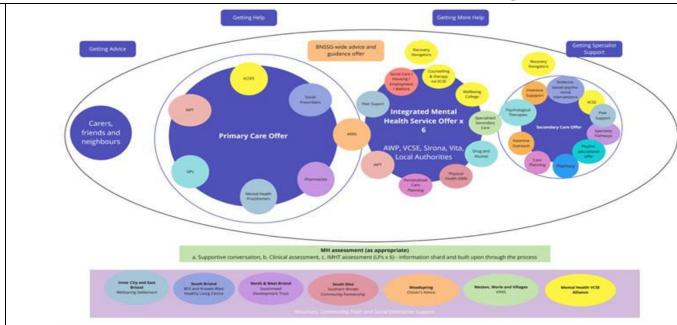


Figure 1 BNSSG's Blueprint for Community Mental Health Provision

Priority 2: To improve access to high quality, evidence-based care

We have coproduced new pathways of support for people needing Eating Disorders; Personality Disorders; Community Rehabilitation services, and those transitioning between young and older people's services.

Eating Disorders

Improved support for people with Eating Disorders through new 'First Episode and rapid Early Intervention for Eating Disorders' (FREED) team, including clinical and Peer Support. New VCSE partner, SWEDA, providing quick access to holistic support, including binge eating disorder provision. **Outcomes:**



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- FREED team: 100% of referrals are offered an assessment in 2 weeks.
- o Community Eating Disorder team's waiting list reduced by over 50%, from c.400 to 128.
- o All patients seen for assessment in 2 or 4 weeks, and no wait for patients with urgent needs.

Community Rehabilitation

Strengthened community rehabilitation team to help people move back from Out of Provider care. **Outcome:** Reduced number of people requiring Out of Provider care from 31 people to 17.

'Personality Disorders' (PD)

New coproduced 'Sequoia Tree Service' will support people with PD / complex emotional needs at a primary care level – bringing together additional clinical capacity with VCSE psychosocial support. A training pilot is underway to increase awareness of difficulties associated with PD/ complex trauma.

Physical Health (Severe Mental Illness)

People with severe mental illness can live shorter lives due to physical needs being unmet. BNSSG has invested in primary care, AWP and VCSE Peer Support to provide annual Physical Health Checks for people on GP's Severe Mental illness Register.

Outcome: BNSSG has increased provision of Physical Health Checks from 12% in 2021 to 62%.

Younger People's and Older People's Transition

System leads recently recruited to develop integrated pathways for Young People and for Older Adults.

Integrated Access Hub (IAH)

New Mental Health Clinical Assessment Service via 111 has been established to ensure that people in mental distress get the right support quickly. Currently working to roll out to 7 days a week.

Outcome: 35% of callers had needs met by call; reduced referrals to 999, A&E and AWP.



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Priority 3: To address health inequalities

We seek to provide trauma informed, culturally inclusive support that is co-designed by those with lived experience, and seeking the fastest improvements in those with the poorest access, experience and outcomes. The programme has invested in the following support to address inequalities:

- Funding inclusion organisations to be part of BNSSG's new Integrated Mental Health Teams to
 offer dedicated support for our most marginalised communities and strengthen collaboration with
 statutory partners (e.g. community inclusion focus in Inner City and East Bristol).
- Mental health and ethnicity partnership (Nilaari, Bristol Somali Resource Centre, Bristol Black Carers).
- o LGBTQI+ Peer Support (Changes Bristol).
- o Training to support services to meet women's needs (Womankind and Missing Link).
- o BNSSG Mental Health Outcomes Framework to include headline measures for mental health equity to monitor change over time, measuring progress in addressing health inequalities.
- o Translation of PROMs and PREMs into our 15 most commonly spoken languages.

A summary of 2023-24 Investment associated with Community Mental Health Transformation to deliver new models of integrated primary and community care for adults and older adults with severe mental illnesses (SMI) is outlined in table 1 and 2



Inted	rated	Care	Board

Tak	ole 1:	
	Core Area	2023-24 Investment (£)
	Core Integrated Mental Health Teams	2,152,916
	(including targeted work to address	
	health inequalities / developing culturally	
	inclusive services)	
	Total	2,152,916

Table 2:

Specialist Areas	2023-24 Investment (£)
Eating Disorders (FREED and VCSE SWEDA	1,161,899
Team)	
Personality Disorders	1,000,000
Mental Health Rehabilitation	520,000
Integrated Access Hub	618,000*
Total	3,299,899

^{*} NB additional finance also allocated to this area through emergency care budgets

The information provided in this response is accurate as of 11th July 2023 and has been approved for release by Sarah Truelove, Deputy Chief Executive and Chief Finance Officer for NHS Bristol, North Somerset and South Gloucestershire ICB.