

Healthier **Together**



Improving health and care in Bristol,
North Somerset and South Gloucestershire

Bristol Locality Partnerships MINT Update

Health and Wellbeing Board – October 2023



Background

We are transforming community mental health services across Bristol, North Somerset and South Gloucestershire (BNSSG) to improve peoples' mental health and wellbeing.

These changes will support people – wherever they live and whatever their background – to quickly access high-quality and personalised care, closer to home.

This is part of the NHS long term plan and [NHS Mental Health Implementation Plan 2019/20 – 2023/24](#) which set out that the NHS will develop new and integrated models of primary and community mental health care.





- ✓ Establishing place-based integrated teams (MINTS) which meet communities' diverse needs, working together across health, social care and voluntary/charity sector (VCSE) partners, providing a “one stop shop” for access to mental health support.
- ✓ Increasing access to high-quality, evidence-based care for people with mental health needs. This includes transforming support for people requiring specialist services such as eating disorders and personality disorders.
- ✓ Addressing health inequalities, by providing trauma-informed, culturally inclusive support that is co-designed by those with lived experience from our communities, seeking the fastest improvements in those with the poorest access, experience and outcomes.



The case for change

We recognise that people with mental ill health may need support that goes beyond symptoms. Working with our partners, we will provide practical, social and financial advice to help people stay well.

We are acutely aware of health inequalities across BNSSG, which is why we are seeking to provide culturally inclusive, trauma informed support to drive the fastest improvements for those with the poorest access, experience and outcomes.

This priority is being embedded at every level of the programme.

Meeting the needs of communities through MINTs

One team

- NHS
- Social care =
- VCSE

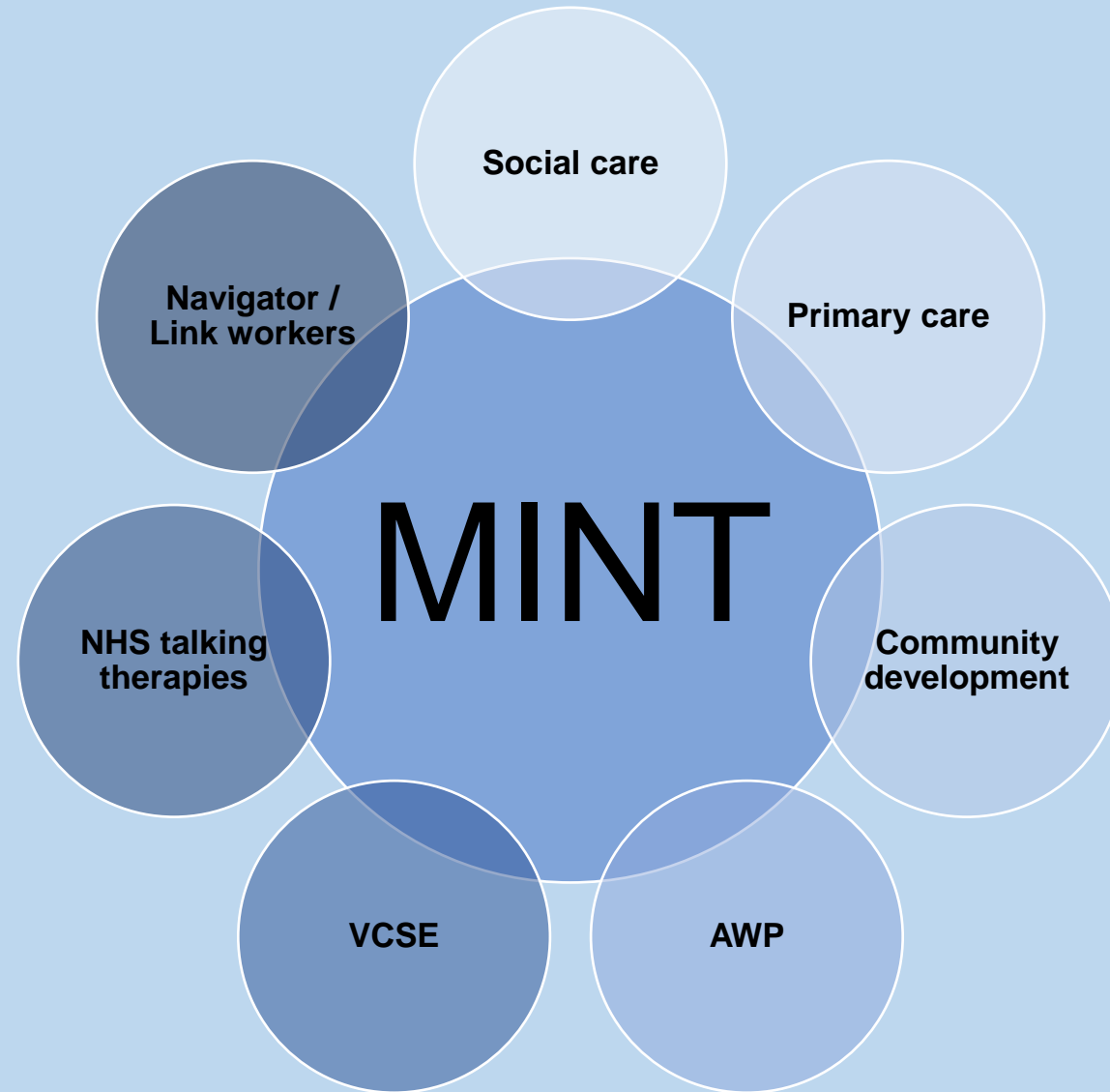
Increased access to high quality, personalised care for more people across BNSSG

6 new teams to be established over 2023/24 across locality partnerships supported by:

- Hub Manager
- Clinical Psychologist
- Team Administrator
- Recovery Navigators
- Social care lead
- VCSEs/ wider network



Adult aged 18 or over with mental health needs that require a holistic response - one that cannot be provided by an individual partner organisation



Integration

South Bristol MINT Mobilisation

Recruitment

- Hub Administrator and Manager in place by 16th October.
- Psychologist, Social Worker and Recovery Navigators recruitment in progress.

Comms

- OneCare leading comms with General Practice with support of Hub Administrator and Manager
- South Bristol TeamNet page is built for shared consistent communications regarding MINT

Estates

- Estates review in progress- preferred option is Whitchurch Health Centre

Digital

- CMH Programme Team are working with all core MINT partners to understand digital and system requirements
- This forms part of the Data Protection Impact Assessment
- Once this is complete, all MINT partners will sign Data Sharing Agreements

Current Delivery

The South Bristol MINT shared case reviews have been in test and learn phase since **March 2022**. In that time the Core MINT has reviewed **55 cases**.

MINT shared case reviews take place fortnightly on a Wednesday afternoon.

In-between these, we hold MINT mobilisation meetings to discuss operational plans such as digital, estates, recruitment and comms in planning for the December go live.

Core Membership



As we work towards a truly integrated model, we are continuing to engage with other teams and organisations operating locally about our MINT model and how they could get involved. For example, Womankind, Off the Record, DHI, Bristol Drugs Project, Community Learning Disabilities Team, Social Housing, High Intensity User Team, and SWEDA have come to case review sessions before when beneficial to a specific case.

Next Steps



Real focus on integrated culture of the MINT Hub



Progress with cross/system IT access & data sharing agreements



Recruit to remaining hub positions



Locate suitable estates for MINT Hub



Share consistent official MINT communications with general practice and wider partners

ICE MINT Update

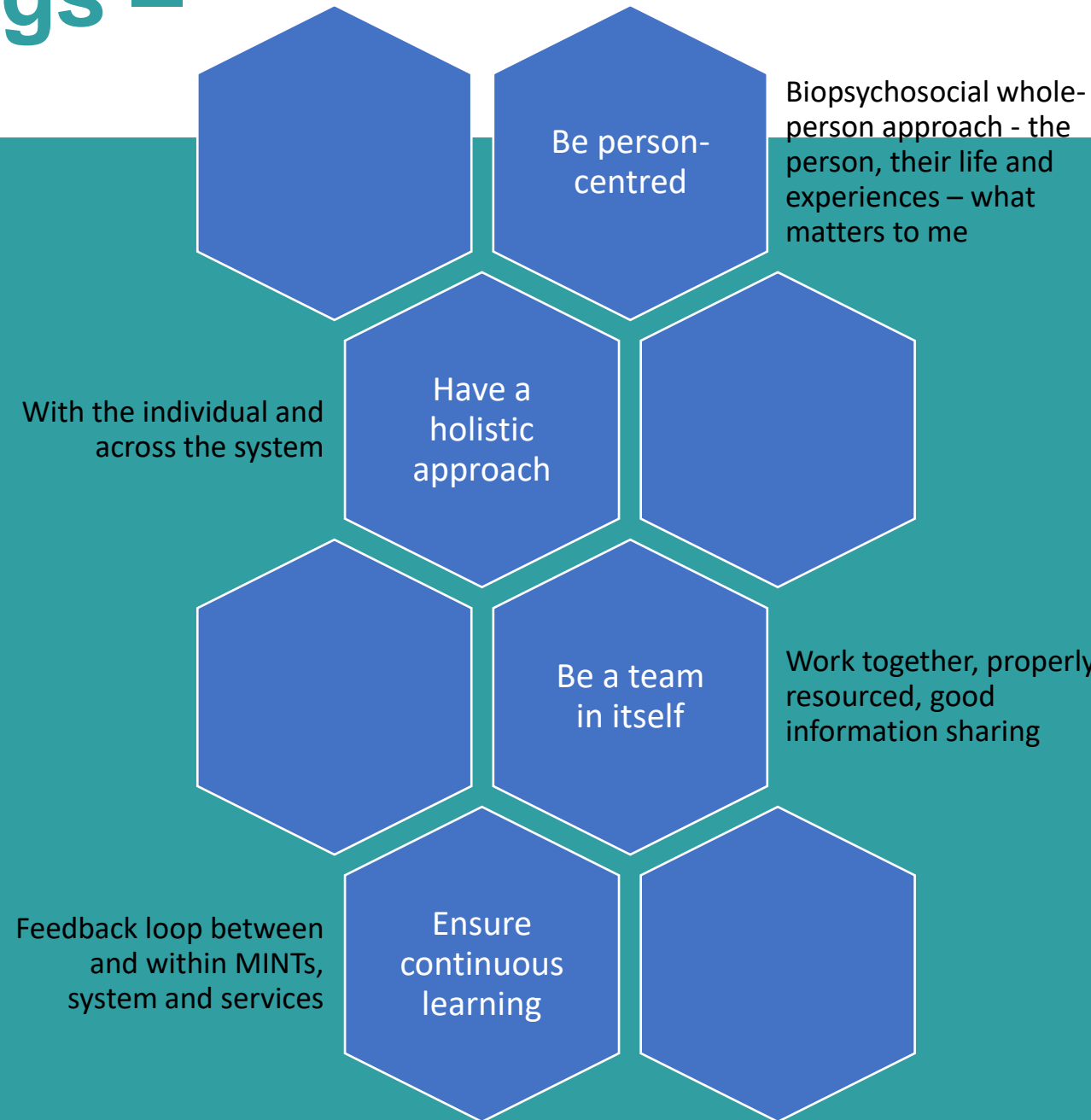
Inner City and East Bristol
Locality Partnership

- Community Link Workers recruited to provide additional support for Somali, African Caribbean, South Asian communities and carers
- Clinical Lead recruited
- Recruited MINT Co-Ordinator post
- Additional Recovery Navigation offered via the MINT
- Defining membership of – and setting-up - ICE MINT Mobilisation Team to:
 - Understand how people will access and journey through the Hub
 - Developing the culture of core team to deliver effectively to ICE communities
 - Define the enhanced MINT Team for ICE
 - Plan the operational mobilisation of the Team
- Identify psychologist and social care resource

Shared caseload meetings – Prototype 2 learning

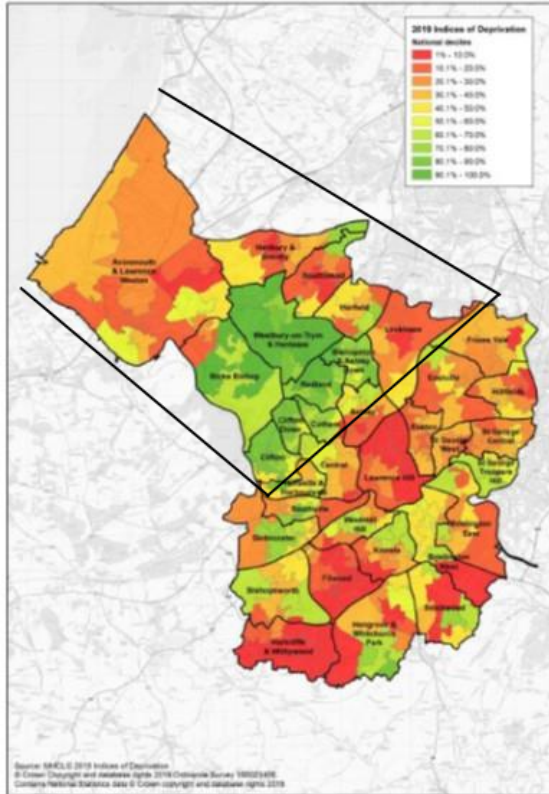
- Fortnightly MDT meetings
- Attendance: VCSE, Vitahealth, Second Step, St Mungos, AWP, GP, ICB
- Anonymised case presentations
- Holistic, problem solving, idea generating approach
- Referrer ideally knows the individual, attends the MDT to present the case, conveys recommendations and monitors outcomes

MINT Team needs to: (see diagram to the right)



North and West Bristol MINT Mobilisation

Figure 1. 2019 National Deprivation Deciles by Lower Layer Super Output Area (LSOA)
Source: Strategic Intelligence and Performance using MHCLG 2015 and 2019 Indices of Deprivation



- Poor travel infrastructure in Outer N&W Bristol results in low access to services and lack of community resources. Lower rates of VCFSE peer support, and less existing infrastructure, people not 'used to' accessing support.
- Locality Partnership seeking to base our MINT service at Shirehampton Health Centre, in Sirona estate.
- Opportunity to link with Northern Arc PCN's Wellbeing Hub/Social Prescribing.
- Outer N&W Area also high on cost-of-living risk index and unemployment/NEET ratio.

What next: As service develops focus to expand on LD / ASD populations, ex-offender health and links with employment services to support locally identified mental health need.



Reflections



Lessons Learned:

- Core partners have found the shared case reviews to be beneficial in gaining different perspectives and suggestions for next steps
- Having dedicated ARRS Mental Health colleagues within the PCNs has helped increase engagement from general practice
- Having multi-disciplinary partners involved across health, social care and community brings broader understanding of the wider factors that can trigger mental illness, and therefore brings a wider understanding of options and solutions
- Our language and shared sense of purpose needs to be consistent to gain and maintain buy-in
- During the test and learn phase, the complexity of information governance and data sharing across agencies and sectors has provided challenges to the level of detail discussed in case reviews making the process feel a bit clunky at times.

Questions for Health and Wellbeing Board:

- What do you envisage true integration to look like? How do you see this working?

Specialist Pathways

Eating disorders: improving support with our First Episode and Early Intervention for Eating Disorders (FREED) team, including clinical and peer support. Our new VCSE provider SWEDA is offering quick access to holistic support.

Community rehabilitation: strengthening team to help people move people back from out of provider care. We are recruiting a psychiatrist for this team and developing a new model of housing provision.

Personality disorders: we have coproduced a new service for people with PD called the Sequoia Tree Service to support people at a primary care level.

Physical health (SMI): BNSSF has invested in primary care, AWP teams and VCSE peer support to provide annual physical health checks for people on the GP's Severe Mental Illness Register.

Integrated Access Partnership: A new mental health clinical assessment service has been established via 111 to ensure that people in mental distress get the right support quickly. We are working to roll this out 7 days a week across BNSSG.

Specialist Pathways continued...

Older Adults: Aiming to review the outcomes and experiences of older adults in the services provided by the Community Mental Health Programme. The approach is creating a Lived Experience Reference Group including attendees across the system.

Younger People's Transitions: Aiming to enhance the 18+ transition provision to ensure it delivers a sustainable and appropriate offer for the current and future needs of young people with mental health problems, passing from children services to adulthood.

We are also investing in support to address inequalities across BNSSG by:

- Funding inclusion organisations to offer dedicated support for marginalised communities.
- Peer support groups
- Training to support services to address health inequalities

Contact

Name: Steve Rea

Job title: Head of Locality – South Bristol

Email address: steve.rea@nhs.net

Name: Joe Poole

Job Title: Head of Locality – ICE Bristol

Email address: joe.poole@nhs.net

Name: Neil Turney

Job Title: Head of Locality – N&W Bristol

Email address: neil.turney@nhs.net

