

Severe Mental Illness Transformation

Programme
Thurrock Health and Wellbeing Overview and Scrutiny Committee







The NHS Long Term Plan

Early 2019, <u>The NHS Long Term Plan</u> set the ambition that "New and integrated models
of primary and community mental health care will support adults and older adults with
severe mental illnesses."

 "By 2023/24, new models of care... will give 370,000 adults and older adults greater choice and control over their care, and support them to live well in their communities."

- In July 2019, the NHS Mental Health Implementation Plan, announced almost £1 billion extra funding per year in cash terms by 2023/24:
 - 2019/20 onwards, all areas will receive year-on-year increase in baseline funding to stabilise and bolster community mental health provision and prepare for transformation.
 - In 2019/20 and 20/21, new models will be tested in selected areas, including testing 4
 week waiting times.
 - From 2021/22, all STPs/ICS will receive a fair share of central/transformation funding to develop and deliver new models of integrated primary and community care

The Community Mental Health Framework for Adults and Older Adults

COLUMN THE CONTRACTOR MENTAL PERSON

- In September 2019, the <u>Community Mental Health Framework</u> set out 'how the vision for a new place-based community mental health model can be realised'
- Delivered at PCN level

NHS

NHS Mental Health Implementation Plan

2019/20 - 2023/24

12 early implementer sites announced.

The NHS Long Term Plane (LTP) ambition in relation to community MH care for people with Severe Mental Illness (SMI)

We will establish new and integrated models of primary and community mental health care to support at least 370,000 adults and older adults per year who have severe mental illnesses by 2023/24, so that they will have greater choice and control over their care, and be supported to live well in their communities.

A new, inclusive generic community-based offer based on redesigning community mental health services in and around Primary Care Networks will include: improved access to psychological therapies, improved physical health care, IPS/employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse.

These models will also incorporate improving access and treatment for people with a diagnosis of Personality Disorder, and those in need of Early Intervention in Psychosis (EIP), adult community eating disorder services and mental health community based rehabilitation



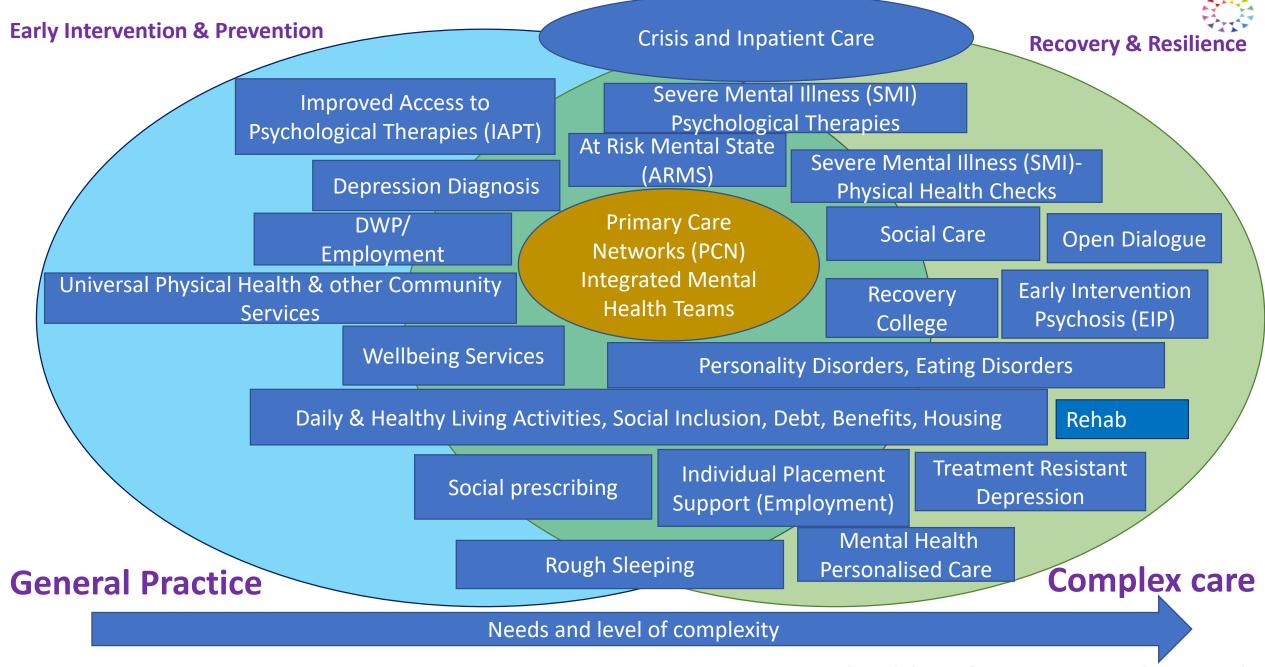
Through transforming the model of care and investing in new workforce we will be providing better care for people already receiving mental health support in the community, and increase access to these services over a 10 year period, including testing a new **four-week waiting times standard** for (generic adult and older adult) community mental health teams with a view to future roll-out.

This testing of a potential future standard will form part of testing of the overall new model, in line with a new Community Mental Health Framework, in selected sites from 2019/20 using centrally-allocated funding, over and above new CCG baseline funding uplifts for community mental health services from 2019/20. As part of improving the overall community offer, we will further increase the number of people with severe mental illnesses receiving physical health checks to an additional 110,000 people per year, and support an additional 35,000 people to participate in the Individual Placement and Support programme each year by 2023/24.



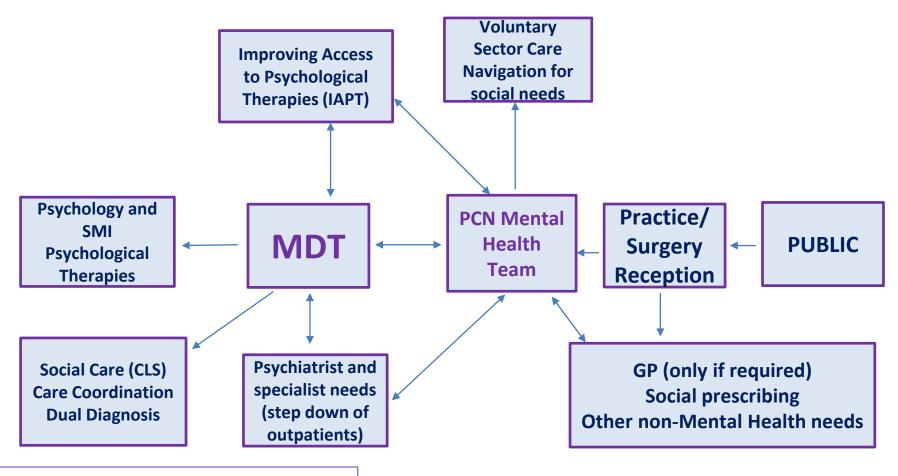
Mental Health Transformation – Guiding Principles

- Clear vision;
- Clinical leadership;
- Data and intelligence;
- Trust, Partnerships and Collaboration;
- Solution focussed;
- Co-production and Focus on service users, families and carers and communities.









Key:

SMI – Severe Mental Illness

MDT – Multi- Disciplinary Team

PCN – Primary Care Network

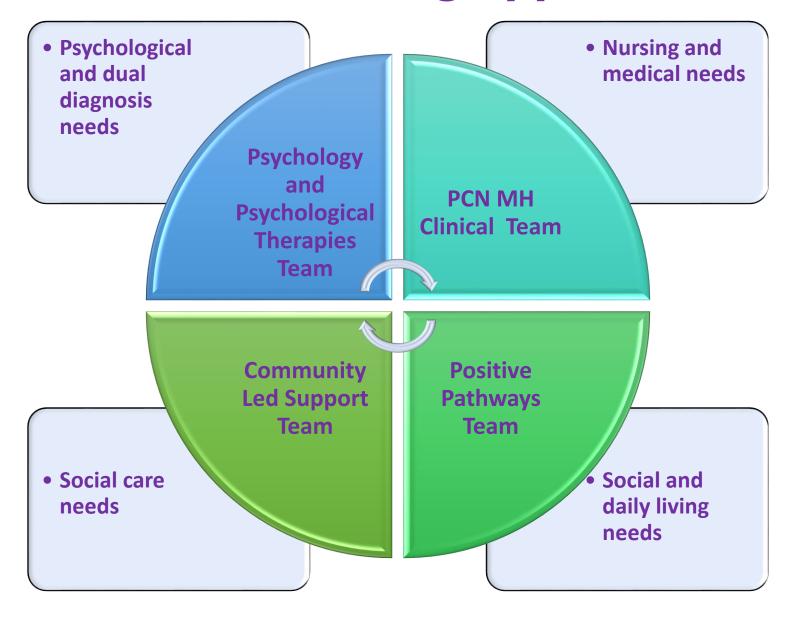
GP – General Practice

CLS – Community Led Support

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Integrated and Joint working approach





Primary Care Networks (PCN) Mental Health (MH) Integrated



Verms:

- 9 Mental Health Practitioners in post
- 4 Mental Health Peer Support Workers (Care navigators)
- 4 vacancies for Mental Health Practitioners with interviews imminent

Activity:

Month	April	May	June	July	August	September	October	November	December	Total
Referrals	176	211	264	260	143	269	319	423	255	2320

Impact:

- People seen quicker within a couple of days, it also means that more patients are being stepped down from secondary care with confidence and knowing that the support is there for them should they need it
- Undertaking Severe Mental Illness (SMI) Health Checks with links to Thurrock Healthy Living Services and have developed a referral pathway between the services to incorporate physical and mental health
- Patient feedback is positive, people are engaging well and like the fact that they can see a specialist practitioner in their local area and are assured of psychiatrist access as required.

Frequent presenting needs:

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Applicate and depression with increased acuity some with social issues and others isolation on the back

Case Studies

- Dual Diagnosis (Mental Health (MH) and Substance Misuse Service (SMS) joint working.
- Client addicted to cannabis and tobacco with Post Traumatic Stress Disorder (PTSD).
- Some feedback quotes:
 - ➤ Service User "SMS worker was able to help give me advice on the smoking cigarettes (tobacco) and giving up and both of you helped me stop smoking cannabis. I couldn't have done it without you. I think it was amazing"
 - ➤ SMS Worker "I found the joint working very helpful and useful, it gave me an insight into the client's PTSD. [Therapist] you were able to back up with [CLIENT NAME] what we discussed together about how to cut down."
 - ➤ Therapist –"[Joint working] gave me confidence regarding the suggestions I was making."
- The client is no longer smoking cannabis and has no intention of restarting the habit.

- A gentleman was referred by the surgery to First Response Team (Secondary Care). He required input sooner than 28 days but did not require the crisis pathway.
- He was redirected and seen by the Primary Care Network Mental Health Practitioner and offered a face-to-face appointment within 7 days of the referral being received.
- From that appointment he was referred to the Veterans Support Services and an Outpatient review with the Consultant was booked. He was also referred to Positive Pathways (Thurrock and Brentwood Mind) for social support.
- The gentleman accessed all the services he needed within 21 working days from the referral being made.



18-25 service offer

- The service offer to further support young people 18-25 will build on the successful existing Children and Young People Mental Health Service (CYPMHS) which supports young people in transition.
- The service is run by Thurrock & Brentwood Mind and will ensure young adults understand how social factors can impact on their mental health, and how, or where to access support to promote wellbeing and enhance resilience.
- The video below describes the existing Transitions service offer, the platform on which the 18-25 offer will be co-produced and implemented.