

Primary Care Mental Health Update Transformation Programme

Fiona Goudie
Clinical Director, Strategic Partnerships

Board of Directors meeting
13 November 2019

Overview



1. Sheffield has been selected as 1 of 12 national implementer sites for the development of a new approach to community/primary care mental health.
2. Our overarching proposal was based on a multidisciplinary service aligned with primary care networks; a key feature of the NHS Long Term Plan.
3. The recurrent investment is £2.49m, which will be funded through a national allocation in 2019/20 and 2020/21, and then through CCG baseline allocations from 2021/22 onwards.

Overview (2)

4. Our bid is based on a genuine cross organisational approach. This is about 'the system' coming together for the benefit of our population.
5. We will work with 4 networks initially, with a view to full roll-out at a (yet to be identified) point in the future.
6. By being an early implementer, other place based systems will learn from our experience. Whilst we don't want to treat this as a pilot, this is effectively what we are.
7. We have therefore committed to evaluating and sharing our learning.



Mental Health Five Year Forward View: priorities for 2020/21

70,000 more **children** will access evidence based mental health care interventions.

Intensive home treatment will be available in every part of England as an alternative to hospital.

Older People

No acute hospital is without all-age mental health liaison services, and at least 50% are meeting the 'core 24' service standard.

Older People

At least 30,000 more **women** each year can access evidence-based specialist perinatal mental health care.

10% reduction in suicide and all areas to have multi-agency suicide prevention plans in place by 2017.

Older People

Increase access to evidence-based psychological therapies to reach 25% of need, helping 600,000 more people per year. **Older People**

The number of people with SMI who can access evidence based Individual Placement and Support (IPS) will have doubled.

280,000 people with SMI will have access to evidence based physical health checks and interventions.

Older People

60% people experiencing a first episode of psychosis will access NICE concordant care within 2 weeks including **children**.

Inappropriate out of area placements (OAPs) will have been eliminated for adult acute mental health care.

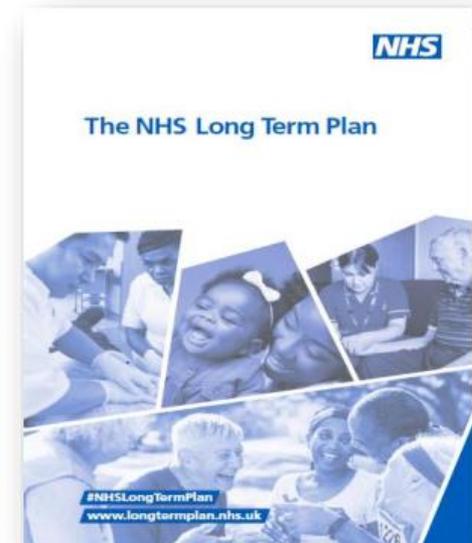
New models of care for tertiary MH will deliver quality care close to home reduced inpatient spend, increased community provision including for **children** and young people.

There will be the right number of CAMHS T4 beds in the right place reducing the number of inappropriate out of area placements for **children** and young people.

The NHS Long Term Plan



- 18 June 2018, the Prime Minister announced NHS funding will grow at an average of **3.4 per cent** a year real-terms increase from 2019/20 to 2023/24, equating to £20.5 billion in real term over the next five years.
- In return, the NHS was asked to prepare its Long Term plan, setting out ambitions for improvement over the next decade, and plans to meet them over the five years of the funding settlement.
- The NHS Long Term Plan published on 7 January 2019 commits to grow investment in mental health services faster than the overall NHS budget.
- This creates a new **ringfenced local investment** fund worth at least £2.3 billion a year by 2023/24.



Long Term Plan Key ambitions at a glance

345,000 more CYP will access help via NHS funded mental health services and school or college-based Mental Health Support Teams

Provide better community mental health support to 370,000 people with SMI via new and integrated models of primary and community care

24,000 additional women will access specialist perinatal mental health services. The period of care will be extended from 12 months to 24 months post-birth

Anyone experiencing mental health crisis will be able to call NHS 111 and have 24/7 access to the mental health support they need

380,000 more people will access NICE-approved IAPT services each year

Reduced length of stay in units with a long length of stay to the national average of 32 days

Ensure that the parts of England most affected by rough sleeping will have better access to specialist homelessness NHS mental health support

Expand geographical coverage of NHS services for people with serious gambling problems

Expand the existing suicide reduction programme to all STPs in the country

Is this testing out the Mental Health Implementation Plan?

- Yes – p25 summarises the delivery requirements
- By 2023/24 all ICSs to deliver new models of integrated primary and community care for adults and older adults with SMI (including eating disorders, personality disorder and rehabilitation pathways)
- Links to documents:

<https://www.longtermplan.nhs.uk/publication/nhs-mental-health-implementation-plan-2019-20-2023-24/>

<https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/>

Testing out the Implementation Plan

- Increase physical checks for people with SMI
- Increased access to Individual Placement and Support (employment)
- Increase Early Intervention in Psychosis NICE concordance
- Accelerate new roles (peer support workers, training in psychological therapies)

The Community Mental Health Framework – case for change

- Specialist teams have led to fragmentation of CMHTs
- Multiple assessments and thresholds are common, transitions a challenge.
- CPA seen as a two tier system
- Framework proposes core mental health service at neighbourhood and community hub level

What is the offer?

- Assessment depending on need at network level (30-50,000 population)
- Interventions to include psychological and pharmacological therapies, advocacy, employment, education volunteering, housing support, physical health care
- Very complex needs (rough sleepers, criminal justice system, unstable psychotic disorders) step up at 'place level'

Progress to date

1. Project Team Established:
 - a. Joint Senior Responsible Owners (PCS and SHSC)
 - b. VCF Representation (Sheffield MIND)
 - c. Programme Manager Appointed
 - d. Associate Clinical Director Being Appointed
2. Terms of Reference Agreed
3. Governance Arrangements Agreed
4. Comms and engagement plan in process of being enacted
5. Co-production plan under development (working with Co:Create)
6. Data and Digital Work Stream already established – looking initially at data capture, interoperability, GDPR implications and monitoring – NHSE want data, we want to focus on better outcomes!
7. Workforce Work Stream already established – working with our Universities, HEE and linking with ACP Workforce and OD Committee. **This is our most significant unmitigated risk.**
8. We are meeting regularly with SHSC Operational Teams – we need to manage immediate pressures as well as implement a longer term solution.

Questions