13 January 2022	ITEM: 10
Health and Wellbeing Overview and Scrutiny Committee	
Adult and Older Adults Integrated Primary and Community Care Mental Health Service Transformation (Primary Care Networks Mental Health Service Offer)	
Wards and communities affected: All	**Key Decision:** No
Report of: Jane Itangata, Deputy Director Mental Health and Inequalities Mid and South Essex Health and Care Partnership (Thurrock CCG)	
Accountable Head of Service: Mark Tebbs, NHS Alliance Director Thurrock and joint Mental Health SRO, Mid and South Essex Health and Care Partnership	
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This report is Public	

Executive Summary

Mental illness is the single largest cause of disability in the UK and a major driver of health inequalities. In response to the Adult Mental Health Joint Strategic Needs Assessment and Local Government Association Peer Review and to meet the mandate of the NHS Long Term Plan for Mental Health, the Thurrock system has been implementing a new model of care that embeds mental health care in the Primary Care Networks. The implementation of this new model of care will:

- Dissolve the primary care/secondary care divide but a seamless, clinically appropriate offer based on needs and level of complexity,
- Provide mental health triage, assessment, treatments, Severe Mental Illness-Physical Health Checks, social issues support, self-help, self-harm reduction interventions, dedicated MH care navigation and Consultant in-reach Clinics,
- Undertake Place Multi-Disciplinary Team assessments to ensure the 'Missing Middle' and complex needs discussion, Trusted Assessor, formulation, advice without need for a GP referral,
- Have robust prescribing protocols with responsibility clarity for GPs & consultants,
- Implement Severe Mental Illness Psychological Therapies service,
- Deliver improved treatment and support care packages for people with Personality Disorders.

This report provides an update of the work that has been undertaken in Thurrock to transform the community mental health service offer. This update report focuses on the Primary Care Networks (PCN) Mental Health Integrated Teams and the Severe Mental Illness (SMI) Psychological therapies service offers.

Recommendations

That HOSC notes the contents of this update report.

1. Background

1.1 National

Community mental health services have long played a crucial role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities. However, the model of care has needed fundamental transformation and modernisation as:

- Neither primary nor community care mental health services can meet all presenting needs. There are significant gaps especially for those people whose needs are more complex than primary care can meet but at the same time do not meet the secondary care thresholds,
- The arrangements for the provision of psychological therapies for people with Severe Mental Illness (SMI) are significantly limited resulting in long waiting lists for both assessments and treatments,
- There is recognition that people with Personality Disorders with Complex Needs, Eating Disorders require a more personalised approach to their care to enable better outcomes and patient experience.

1.1.1 Early in 2019 the NHS Long Term Plan (LTP) and the NHS Mental Health Implementation Plan, set the ambition that “New and Integrated models of primary and community mental health care will support adults and older adults with severe mental illness.” The vision is by 2023-24 the 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, an additional 110,000 people with severe mental illness will receive physical health checks and additional 35,000 will participate in the Individual Placement and Support (IPS)/employment programme in each year.

1.1.2 In September 2019 the Community Mental Health Framework was published setting out how the vision for the new place-based community Mental Health Model would be realised through delivery at Primary Care Network (PCN) level. This 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,
- Individual Placement and Support (IPS)/employment support,
- personalised and trauma-informed care,
- medicines management,
- support for self-harm and coexisting substance misuse.

1.1.3 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.

1.1.4 The NHS Long Term Plan (LTP) and the NHS Mental Health Implementation Plan are supported with significant investments through Mental Health Investment Standard (MHIS), Service Development Funds (SDF), Comprehensive Spending Review (CSR) and the 50% Additional Roles Reimbursement Scheme (ARRS) have been made available to accelerate implementation of the NHS Long Term Plan Mental Health Transformation.

1.2 Thurrock

For a long time locally, people with mental health problems have not had a seamless service offer that is tailored to meet the diverse presenting needs. This has precipitated delays in accessing treatment and long waiting lists, high DNA rates and cancellations, consultants holding large Outpatient caseloads where patients receive little if at all any therapeutic offer. Patient experience and health outcomes are variable but routinely reported as needing improvement. GPs have had concerns that the pathways in place left them holding onto risk at levels that didn't adequately align with expertise. Remedial actions put in place would have minimal impact.

1.2.1 The Thurrock system embarked on a transformation programme to sustainably address patient needs in a flexible way through:

- strengthening community assets to focus on personalised care and recovery,
- reviewing and building stronger relationships in community, primary and secondary care mental health,
- a Strengths-based approach based on a foundation for integrated working and partnerships.

1.2.2 Analysis of activity from primary to secondary care mental health indicated that 17% of circa. 2,000 patients a year, received secondary care services. Further analysis of Outpatient Caseloads highlighted that 65% of need is related to social as opposed to clinical demand. Majority of these patients have a diagnosis of Personality Disorders. The consultants routinely questioned the need to keep people on caseload when they are receiving little medical interventions. The transformation focused on:

- Developing a seamless offer for those who need more support than primary care would provide but don't meet the thresholds for secondary care,
- Defining care packages to meet the needs of those in Outpatient caseloads to enable clinically safe transfer of care to the Primary Care Networks Integrated Mental Health Teams with an embedded step-up and step-down function with a particular focus on psychological interventions,
- Releasing capacity for the consultants to provide additional support to the Primary Care Networks and develop a more therapeutic service offer for those with complex needs ensuring quality specialist and personalised care.

1.2.3 Thurrock CCG in 2021 successfully bid on behalf of Mid and South Essex for £2.055m National Transformation Funds to enable delivery of this new model of care. This investment

will move the implementation plans forward at pace and build on the achievements already made namely:

- Further develop the Severe mental Illness (SMI) psychological therapies and psychology offer to reduce/eliminate waiting lists and build capacity and expertise for different treatment modalities to meet diverse needs,
- Enhance the Recovery College offer so that it can support more people with Severe Mental Illness, their carers, and Families,
- Develop and implement the At-Risk Mental State (ARMS) to provide the early intervention and reduce risk to a first episode in psychosis,
- Expand the Individual Placement and Support (IPS) employment service so that more people with Severe Mental Illness can access paid employment and be supported to retain employment. The service supported more than 70 people into employment or retain employment,
- Continue to build the capacity of the integrated Mental Health teams that have been embedded in Primary Care Networks,
- Develop and implement a personalised care service offer for young adults 18-25 to strengthen the transition from Children & Young People service and minimise anyone falling through the gaps,
- Provide a bespoke service offer for Older Adults that integrates with physical health and other community service provision.

2. Severe Mental Health Transformation Programme in Thurrock

The Thurrock Integrated Primary and Community Care Mental Health service offer was developed through co-production. The process brought together clinicians from primary and secondary care, users of service, carers and families, the Voluntary Sector Organisations and commissioners from Public Health, Thurrock CCG and Thurrock Council. The guiding principles were having:

- a clear vision grounded in strategic objectives,
- clinical leadership at all levels,
- informed use of data and intelligence,
- strong partnerships, trust and working to a common goal,
- and embracing a solution focussed approach,
- a focus on service users, families and carers and the communities they represent.

2.1 The New Model of Care has an emphasis on prevention and early intervention, an holistic approach that ensures a service user is supported to address all their presenting needs not just mental health and also has a focus on addressing the wider determinants of health such as isolation, employment and meaningful activity, housing etc., that impact of peoples mental health and wellbeing. It has reduced the need for multiple assessments and service users' repeating their stories unnecessarily.

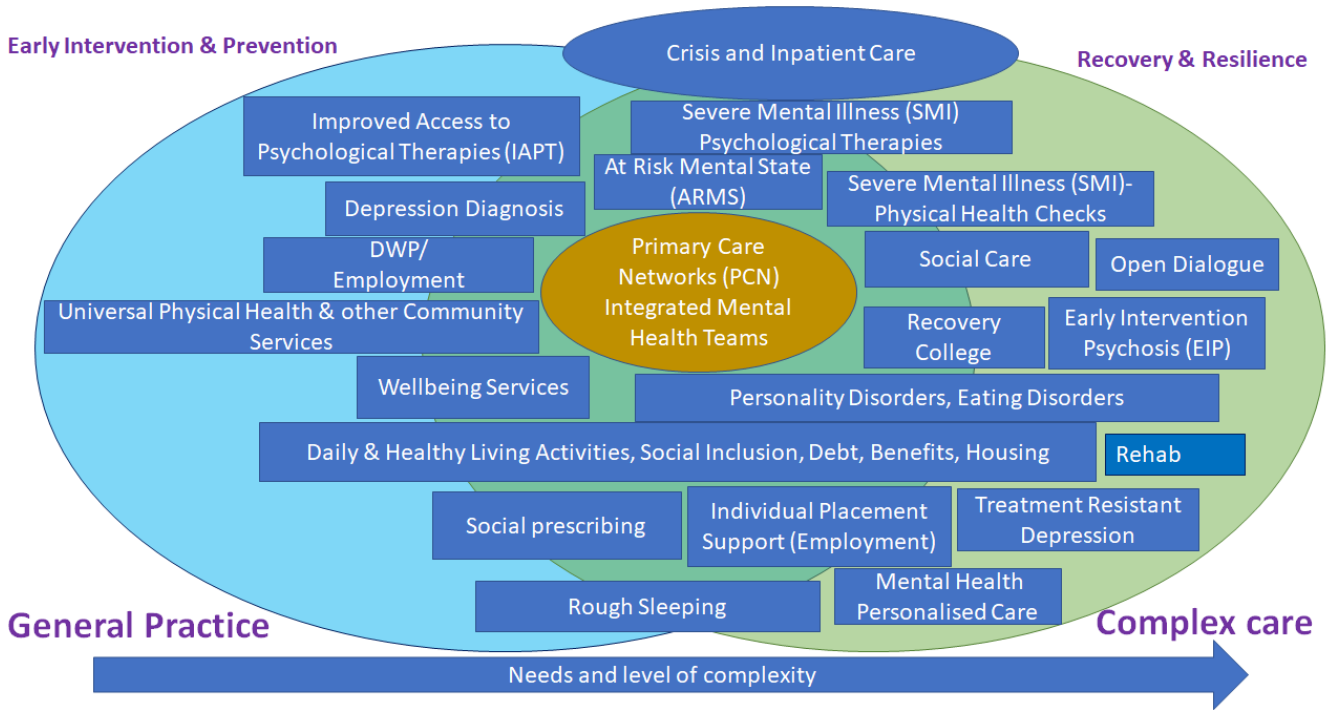
2.2 There is a requirement under the NHS Long Term Plan to advance equalities in mental health and performance indicators like ensuring people with Severe Mental Illness have access to physical health checks and are supported to implement subsequent health plans are monitored monthly. Undertaking the physical health checks is a specific function for the integrated mental health teams working in the Primary Care Networks (PCN). The teams also

provide mental health triage and assessments, and treatment offers based on identified needs. The service delivery is strong collaboration and partnership arrangements across the system including:

- Thurrock and Brentwood Mind
- Thurrock Council – Community Led Support Teams
- Essex University Partnership NHS Foundation Trust (EPUT)
- Midlands Partnership NHS Foundation Trust (MPFT – Inclusion Thurrock)
- North East London Partnership NHS Foundation Trust (NELFT)

2.3 The diagram below shows a schematic representation of the Thurrock New Model of Care service offer:

Figure 1.



2.4 The model has been developed and is being implemented over 2 phases:

The first phase has focused on securing the integrated teams in the developing Primary Care Networks (PCNs) and building the wrap around service offers.

2.4.1 This development has progressed at pace and all the 4 PCNs in Thurrock have Mental Health Integrated Teams embedded as part of the Severe Mental Illness Transformation Programme integrating care at point of delivery and delivering person-centred and holistic support as well as enabling a more responsive approach to mental health needs.

2.4.2 All PCNs now have a band 7 Mental Health Practitioner, a band 4 Peer Support Worker (employed by Thurrock and Brentwood Mind) and 2 band 5 and 2 band 6 Mental Health Practitioners who work across the 4 Primary Care Networks to ensure needs are met in a response and flexible manner as they present. This team is led by a band 8a Clinical Lead

providing supervision and liaison with the Consultant Psychiatrists and the Mental Health Pharmacist.

2.5 The second phase is currently under development and aims to transform the specialist end of the service offer to ensure those presenting with complex needs have appropriate packages of care and personalisation informs the new arrangements that will be put in place to replace the move from the Care Programme Approach (CPA).

3 The Primary Care Network (PCN) Integrated Mental Health offer

The Mental Health Integrated teams started embedding in the Primary Care Networks in April 2021.

3.1 The teams receive referrals of people presenting with mental health needs in general practice. They undertake Mental Health triage, assessments and provide treatment interventions including prescribing and medication reviews. The teams have the responsibility of undertaking the Severe Mental Illness (SMI) Physical Health Checks and ensure physical health needs are met by the appropriate professionals.

3.2 Each PCN Team will comprise:

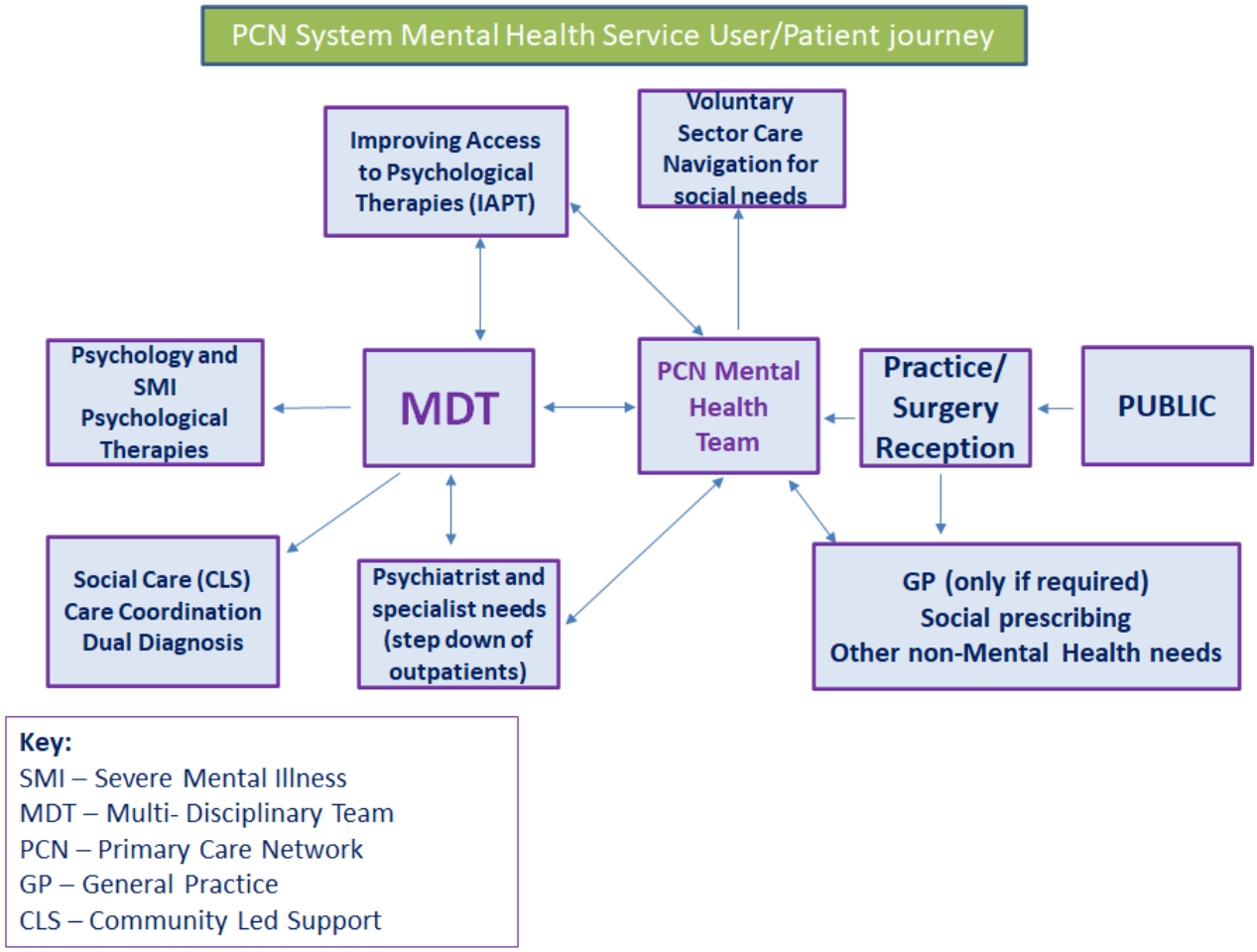
- A band 7 Mental Health Practitioner (Clinical lead)
- A band 6 Mental Health Practitioner
- A band 5 Mental Health Practitioner
- A band 4 Peer Support Worker (Thurrock and Brentwood Mind)

The team is led and supervised by an 8a Clinical Manager who has oversight of the effective working of the teams and develops the strong partnerships in the Primary Care Networks and system.

3.3 There is a general recruitment challenge, but Thurrock has fared better than other parts of the wider Mid and South Essex system. The recruitment exercise continues for the remaining 2 band 5 and 2 band 6 posts to reach full complement. The teams will work very closely with the Community Led Support Teams (CLS), the PCN enhanced teams, Public Health Improvement teams and Community Teams.

3.4 The diagram below describes the service-user/patient pathway.

Figure 2



3.5 The Primary Care Network service offer has improved the patient experience as the referral is received and processed with the patient seen within 7 working days (on average within 3-4 days) where previously the referral to secondary care resulted in a minimum of 28 days before an appointment was made available. Any follow up this is then booked in with the patient, so they are aware of the appointment and need for letters is eliminated.

3.6 It is important to note that whilst this new service is embedding there will be double running with Practices/Surgeries still defaulting to the old referral process. The teams are actively working with them to transition to the new ways of working. It is anticipated that Consultant Psychiatrists will start clinics in the PCNs later in the year, by end quarter 2 of 2022-23.

3.7 Circa. 1400 referrals had been received by the teams between April and September. Work is progressing to complete the reporting framework which will include the national target of a new **four-week waiting times standard** for (generic adult and older adult) community mental health teams. An evaluation will be undertaken with 12 months data to better understand the needs that the teams are meeting, any unmet needs and identify gaps that would need targeted intervention.

3.8 Case study:

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.

4. Psychological Therapies for people with Severe Mental Illness (SMI)

There has been a gap for psychological therapies for people with more complex needs (particularly those presenting with Personality Disorders) therefore not eligible for Improving Access to Psychological Therapies (IAPT) and with not much variety in treatment options leading to long waiting lists for psychology in secondary care, Figure 3 below. Circa 60% of people with more complex psychological needs have not had a service and as part of the new model of care a new offer has been put in place that ensures a seamless offer from IAPT to complex psychological needs.

Figure 3.

Locality	Waiting for	Number of people waiting	Wait time
Thurrock	ACP referral to assessment	44	5 months
	ACP assessment to group therapy	2	18 months
	ACP assessment to individual therapy	47	7 months
	DBT/STEPPS (joint pathway run with OT and IAPT)		
	Referral to DBT/STEPPS assessment	17	5 months
	Assessment to individual DBT	4	7 months
	Assessment to DBT group	7	7 months
	Assessment to STEPPS group	10	13 months

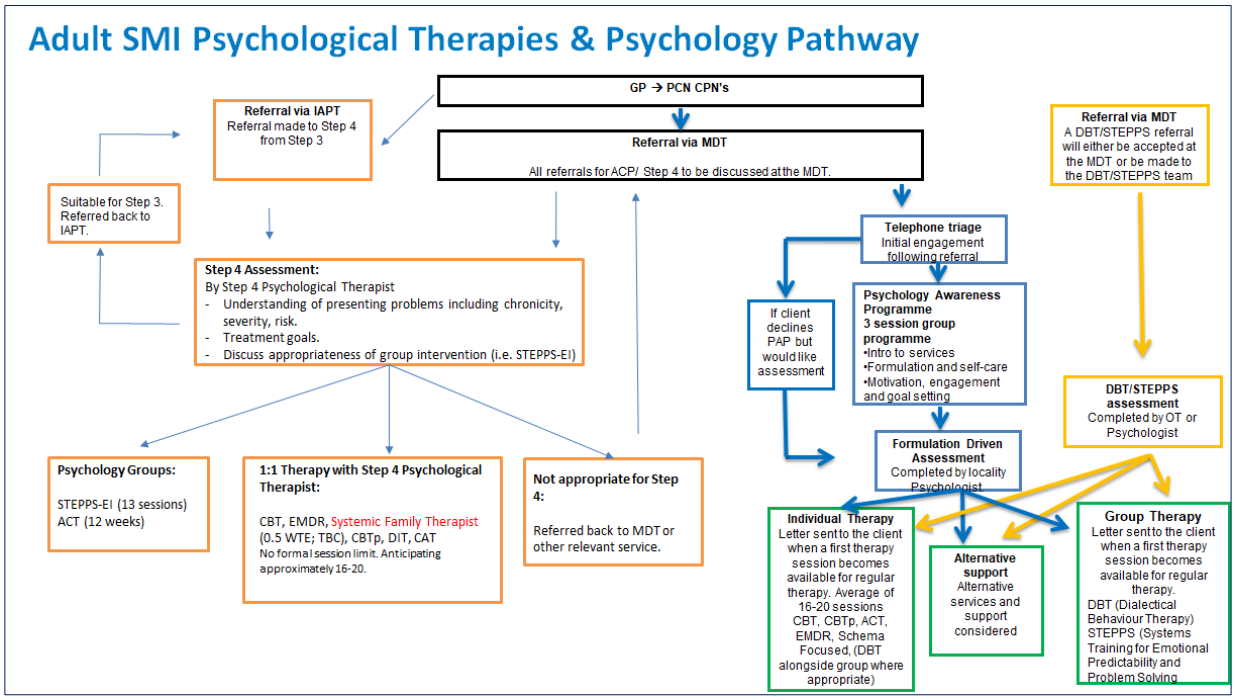
4.1 Severe Mental Illness (SMI) Psychological Therapies service has been developed to release psychiatry capacity and provide psychological therapies for the 'missing middle', especially those on psychiatry wait lists who have personality disorder traits or diagnosis and do not need medical treatment or specialist mental health provision.

4.2 The service offers Cognitive Behaviour Therapy (CBT) for Eating Disorders to service users experiencing mild-moderate distress associated with disordered eating and not meeting the threshold for a more specialist eating disorders service. For example, those experiencing mild-moderate symptoms of Binge Eating Disorder for 3 or more years.

4.3 The Personality Disordered population often present with a trauma history and may need trauma focused work instead of emotional regulation work initially. This client group often present with mood disorders and emotional dysregulation. They may have an existing Emotionally Unstable Personality Disorder (EUPD) diagnosis but may also just have traits of EUPD. Risk and self-harm needs are assessed to ensure suitability for this service based upon frequency and severity. Treatments focus on treating the dysregulation related to the personality disorder rather than comorbid mood difficulties.

4.4 The service commenced in late April 2021 and recruited into the initial complement of 4 therapists. Additional investment was aligned in November to enable expansion to meet the increase in demand. The team has expanded to 8 therapists. This is partly due to the pandemic where Primary Care has seen a significant increase in demand for mental health services and people presenting with increased acuity.

4.5 The service is accessed through IAPT step up service and through the PCN Integrated Mental Health teams in PCNs and has received 132 referrals since April. Figure 4 below describes the service offer and referral pathways.



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