

# Community Mental Health Transformation

## National policy

## Making it a reality in Peterborough and sharing the solutions to our challenges

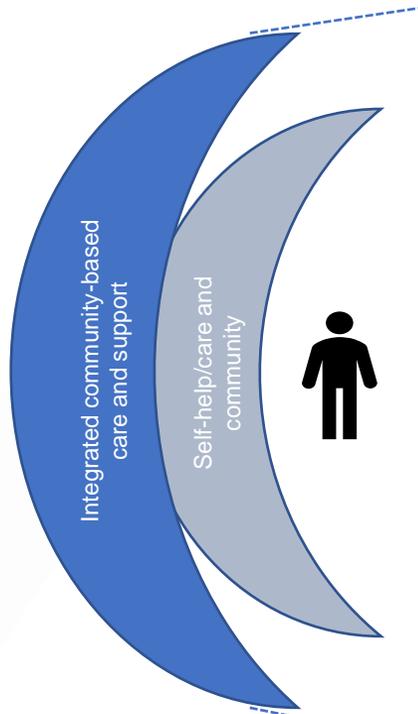
Dr Emma Tiffin: National GP Advisor Adult MH team NHSE/I, Cambridgeshire and Peterborough STP Clinical Mental Health Lead

Dr Sam Halligan: Consultant Psychiatrist, Cambridgeshire and Peterborough Foundation Trust

Trish Barker-Barrett: Digital & Community Engagement Team Manager / How Are You Project lead

Ollie Ayres: Digital & Community Engagement Coordinator & Service User Representative

# Community Mental Health Transformation – national policy



| Key LTP deliverables and targets by 23/24 for community mental health (CMH) |   |  |
|---|---|--|
| 1   | <b>Core model</b>                         | <p>A new, inclusive community-based offer based on redesigning mental health services around Primary Care Networks that integrates primary and secondary care, VCSE, and local authority services</p> <p>Access to 370k people</p> |
| 2   | <b>Dedicated focus</b>                    | <p>Improving access and treatment for adults and older adults with a diagnosis of 'personality disorder', eating disorders, and those in need of mental health rehabilitation</p>  |
| 3   | <b>Physical health</b>                    | <p>Delivering an annual six-point comprehensive physical health check and follow up interventions as required to people with severe mental illness</p> <p>390k people receiving annual physical health check</p>                   |
| 4   | <b>Individual Placement &amp; Support</b> | <p>Providing employment support to people with severe mental illness via the Individual Placement and Support programme</p> <p>55k people per year seen in IPS services</p>  |
| 5   | <b>Early Intervention in Psychosis</b>    | <p>Ensuring timely access and quality of care for people supported by Early Intervention in Psychosis</p> <p>60% of people seen in 2 weeks</p> <p>95% of services achieving Level 3 NICE concordance</p>                           |

# This year, all systems are implementing new models, building on lessons from a two-year pilot phase across 12 early implementer sites

- 12 early implementer sites (with representation from each region) each received a share of £70m funding to pilot the new models of care as part of a two-year testing phase, over 2019/20 and 2020/21.
- The early implementer sites tested various models, and each has had successes as well as challenges along the way which has informed the national roll out.

## Key learnings on implementation

1. Recruitment and contracting needs to happen as early as possible
2. Robust governance and joint ownership between partners
3. Integration with primary care and PCNs
4. Maximise partner expertise and skills in delivery of services
5. Co-production and equalities should be at the heart of the programme
6. Data driven services
7. Plan workforce development strategically
8. Leadership

*Pandemic has had a significant impact on programme delivery but all 12 early implementer sites were able to go live with their new models from at least October 2020, showing genuine transformation possible even in challenging circumstances.*



**27.7k people received 2 or more contacts** within the new model of care during 2021/22.

*Per LTP trajectories, 126k people should be seen in 2021/22 in the new models. Scaling up the EI access data suggests this is an attainable target for the national rollout*



**786 new roles** (clinical and non-clinical) have been recruited within the new model over 2019/20 and 2020/21.



Of the 11 sites able to report VCSE spend over 2019/20 and 2020/21, an average of **16% of their total funding envelope was spent on contracting with the VCSE.**



All **12** systems defined a **local 4 week waiting time standard** and began testing against this in order to inform the national clinical review of standards programme.



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# C&P exemplar journey.....





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Pre-exemplar .....

Issues: intelligent healthcare delivery,  
integration including 3<sup>rd</sup> sector, parity of  
esteem

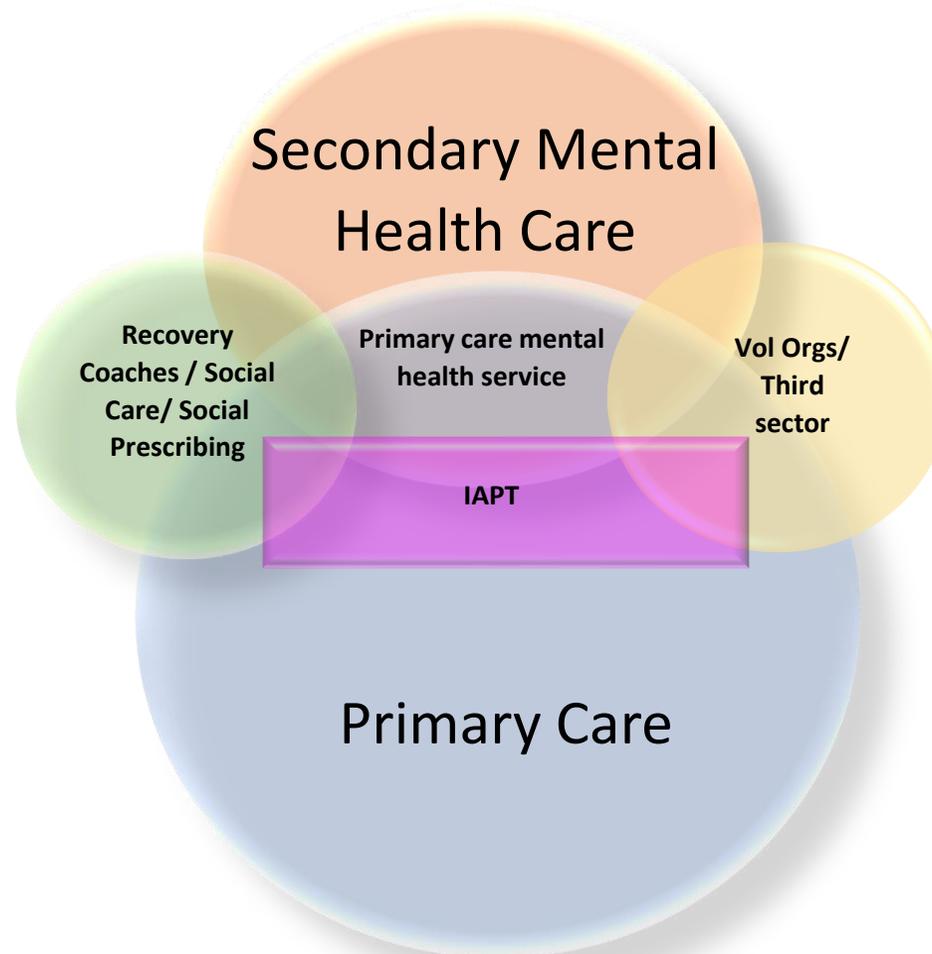
Engagement with primary (LCGs) and  
secondary care +++++



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## Agreed model - PRISM (PRImary Service Mental health)



## Features of PRImary Service Mental Health (PRISM)

- Core elements – specialist MH, physical health, peer support/recovery, third sector, social care, social prescribing
- Population based service – “screen AND intervene” philosophy
- Service based on MH need, not diagnosis
- Prism supports GPs. It is not a separate service to refer into – “request for service”, not referral to PRISM. The CPFT element acts as gatekeeper.
- Informal conversations to provide GPs with advice and support
- Joint prioritisation – upskilling GPs
- GP remains responsible clinician for the patient
- Flexible – bespoke to practices where possible
- Integration with third sector services and social care – reduced story telling/trusted assessment
- Shared records
- Links to specialist services, IAPT, substance misuse



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NEXT ....

Mental Health LTP – included community MH transformation

Successful early implementer CMHTF bid

PRISM revisited – system engagement +++



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# Working with you





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# Service users

**Service users say it better than we ever could:**



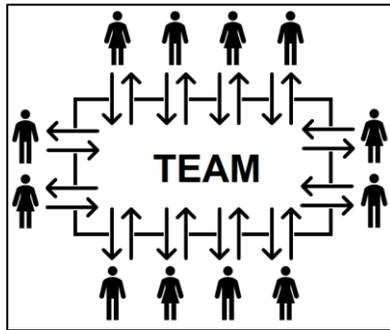
‘I feel I am being bounced around the services. I was told by my psychiatrist that I had PD and then I was discharged and told my medication would be reviewed in 4 years... I have been told by CPFT that I am not unwell enough to hit their threshold and I actually came off my medication hoping to become ill enough to get help’



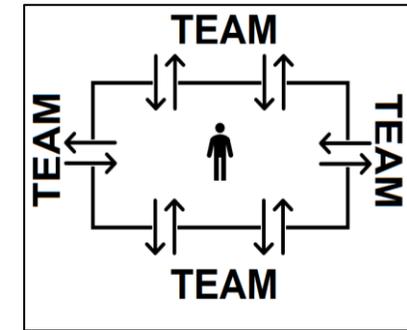
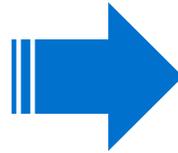
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# Person-centred approach



Patients move in and  
out of healthcare teams



Teams come and go  
through a patient's journey

- Patients will be supported **before** they become significantly unwell, improving quality of care.
- We will help **fill the current gap** between what a GP can offer and what secondary care provision is available



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# Recognising diversity

The Peterborough population is very diverse and some community groups are under-represented in the current service structure; there are no services meeting their mental health needs.

A more holistic, community-asset-based model of mental health care is essential to reaching those with both mild-moderate mental health challenges and severe mental illness in these groups.

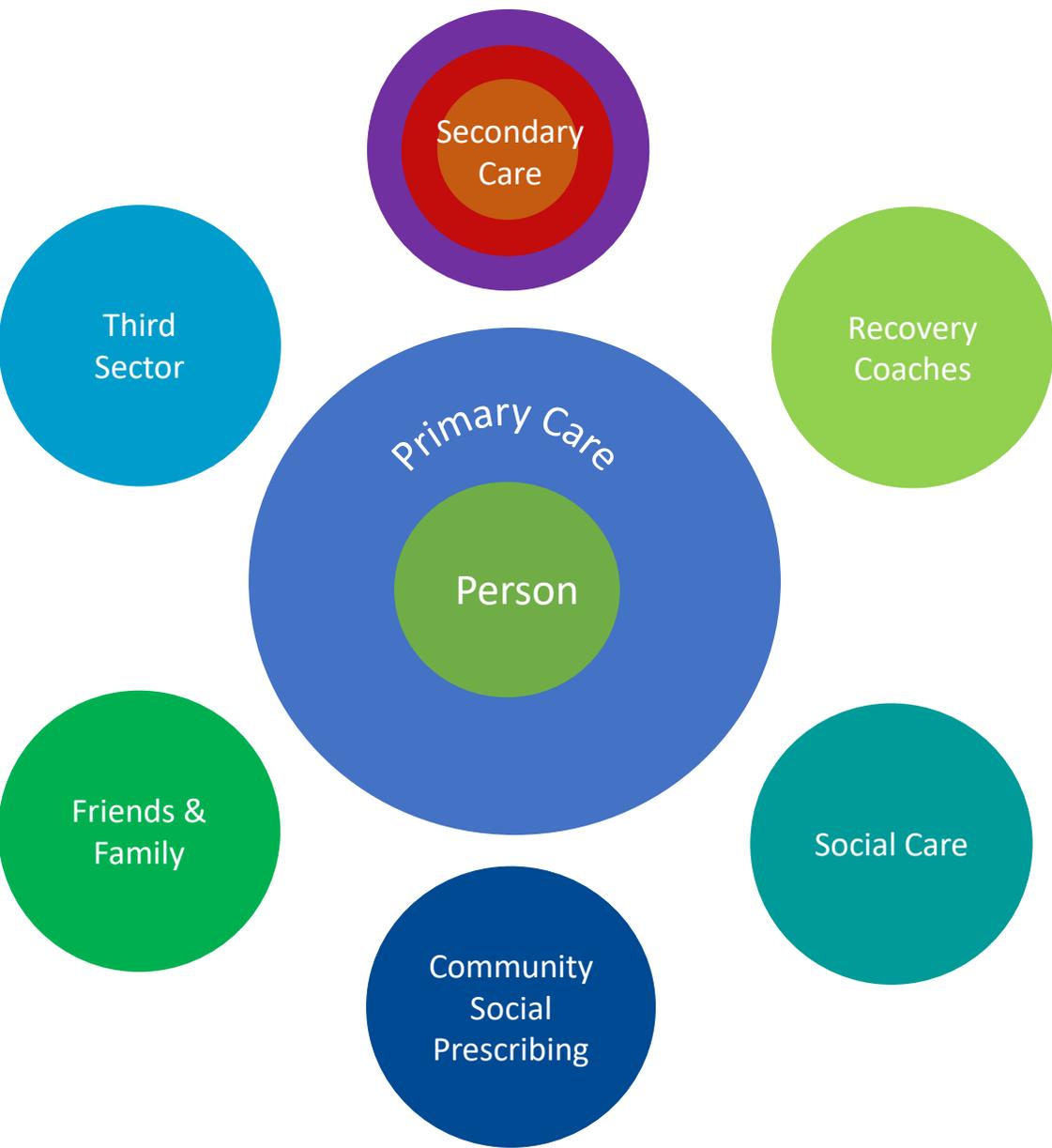


# Peterborough Exemplar

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## Vision

Wherever you live in Peterborough, you will have access to the mental health support that you need when you need it



Our direction of travel



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# Strategy

**Programme Theory Model** - how an invention contributes to a set of outcomes

Why is it useful?

- Avoid the “black box”
- Distinguish implementation failure from theory failure
- Reach consensus on what we are trying to achieve and how we will get there
- Identifies critical parts of the programme for data collection.



# How did we build our model?

## Steps:

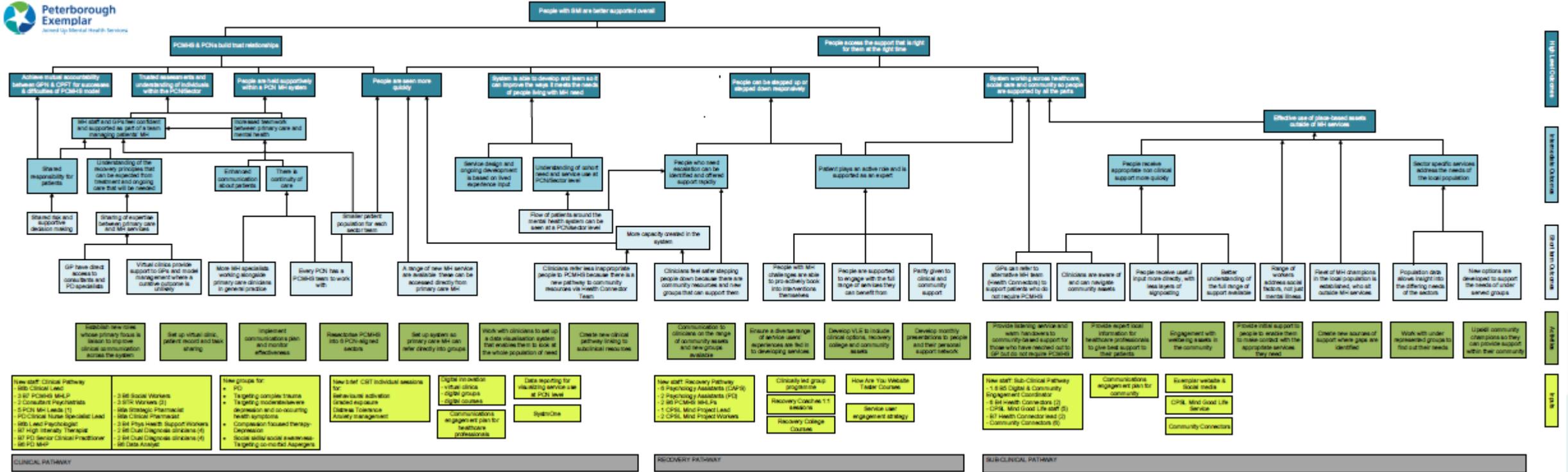
1. Situational analysis – What are the problems from the point of view of different stakeholders in the system? How good is the evidence, what are the known causes and consequences?
2. Focusing and scoping – Which aspects of the problem will we be addressing?
3. Group elements together and build an outcomes chain showing cause and effect. Add in activities.
4. Reflect on how the planned activities fit what is actually trying to be achieved

## 2 high level objectives:

- The Primary Care Mental Health Service (PCMHS) and Primary Care Networks (PCNs) build trusting relationships
- People access the support that is right for them at the right time – address gaps



# Our Program Theory Model



- CLINICAL PATHWAY**
- New staff Clinical Pathway
    - 100 Clinical Lead
    - 3 GP Clinical Lead P
    - 2 Consultant Psychiatrists
    - 5 PCN MH Leads (1)
    - PC Clinical Nurse Specialist Lead
    - 100 Lead Psychologist
    - 100 High Intensity Therapist
    - 100 PC Sector Clinical Practitioner
    - 100 PD MHP
  - New groups for:
    - ICD
    - Targeting complex trauma
    - Targeting mood/anxiety/depression and co-occurring mental symptoms
    - Companion focused therapy Depression
    - Social mental social awareness
    - Targeting co-morbid Alcoholism
  - New staff CRT individual sessions for:
    - Behavioral activation
    - Graded exposure
    - Problem Solving Therapy
    - Activity management
  - Digital innovation
    - virtual clinics
    - digital groups
    - digital courses
  - Data reporting for visualizing service use at PCN level
    - Synapse
  - Communications engagement plan for healthcare professionals
    - Synapse

- RECOVERY PATHWAY**
- New staff Recovery Pathway
    - 10 Psychology Assistants (CAPs)
    - 2 Psychology Assistants (PC)
    - 20 PCMHs MH LAs
    - 1 CPSA Mind Project Lead
    - 2 CPSA Mind Project Workers
  - Clinically led group programmes
    - Recovery Courses 1.1
    - Recovery College Courses
  - How Are You Website
    - Taster Courses
  - Service user engagement strategy
    - Recovery College Courses

- SUB-CLINICAL PATHWAY**
- Provide training, advice and wrap around support to community based support for those who have stepped out to GP but do not require PCMHs
  - Provide expert local information for healthcare professionals to give best support to their patients
  - Engaged with working a seeks in the community
  - Provide advice support to people to enable them to make contact with the appropriate services they need
  - Create new courses of support where gaps are identified
  - Work with under represented groups to find out their needs
  - Update community champions so they can provide support within their community

- High Level Clinician
- Specialist Clinician
- GP/MH Clinician
- Activity
- Staff



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Achievements .....



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## **Primary Care Mental Health Service (PCMHS) and Primary Care Networks (PCNs) build trusting relationships**

The project team prioritised GP engagement - PCN meetings, acted on feedback:

- Virtual Clinics - GP practice level
- Contracted PCN GP MH Leads
- Regular contact with senior mental health professionals, accessed rapidly if needed

**People access support that is right for them at the right time**



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## **Additional Primary Care Mental Health Service (PCMHS) resources**

**PCMHS - local team** of mental health specialists who will become familiar to patients and provide much valued continuity of care

**Increased PCMHS resource** –more clinicians working with fewer, GP practices, aligned to PCNs, including:

- **Increased from 3 to 6 PCMHS sub-teams, each with a band 7 MHLP**
- **Increased consultant numbers from 4 to 5**
- **senior nursing roles - Band 8A staff including complex trauma liaison specialist**
- **severe mental illness (SMI) physical health workers**
- **social workers and support, time and recovery workers** – link with GP social prescribers
- **psychologists and clinical associate psychologists** –filling gaps in psychological therapy
- **pharmacist roles** (clinical and strategic)



# PCMHS: A multi-disciplinary team

| Role                                | Number  | Employed by               |
|-------------------------------------|---|---------------------------|
| Consultant                          | 5 across the 6 sectors                        | CPFT                      |
| B8a                                 | 3 across the 6 sectors                        | CPFT                      |
| B7 MHLPs                            | 6 – one per sector                            | CPFT                      |
| B6 MHLPs                            | 12 – two per sector                           | CPFT                      |
| Pharmacists                         | 1 clinical & 1 strategic across the 6 sectors | CCG/CPFT                  |
| B4 Physical Health Care Workers     | 3.7 across the 6 sectors                      | GP Federation             |
| Social Workers                      | 3 across the 6 sectors                        | Peterborough City Council |
| B4 Support, Time & Recovery Workers | 3 across the 6 sectors                        | Peterborough City Council |
| B6 Dual Diagnosis Specialists       | 2 across the 6 sectors                        | CPFT                      |
| B4 Dual Diagnosis Support Workers   | 2 across the 6 sectors                        | CPFT                      |



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# Clinical Pathway

Person centred care

Level 1a: Support accessed via a GP

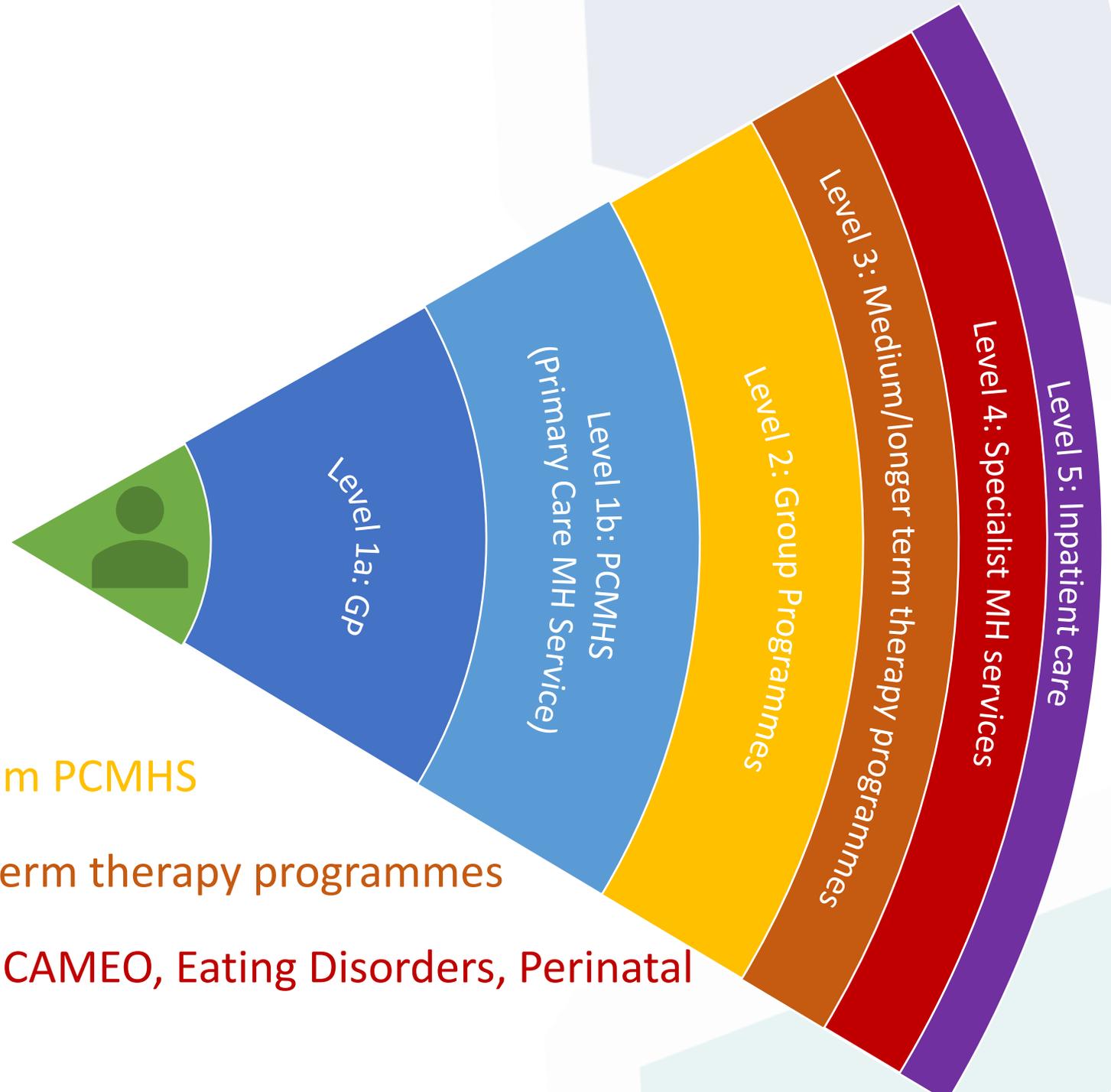
Level 1b: Supported by Primary Care  
Mental Health Service (PCMHS)

Level 2: Group programmes directly from PCMHS

Level 3: More intense medium-longer term therapy programmes

Level 4: Specialist services: PALT, PDCS, CAMEO, Eating Disorders, Perinatal

Level 5: Inpatient care: Oak Wards





# Services, engagement & training

## Additional patient services

- **Psychological skills service** - supported by the specialist teams - PD, CMHT – addresses the gap
- PD groups - co-facilitated by **third sector MIND**
- Recovery pathway to support those transitioning from secondary care back to community support.

## Community engagement and training

- **Community** - increase awareness of resources available in Peterborough
- **Education/training**
  - local population via community engagement work and website development.
  - clinicians via new CPD programmes + workforce development opportunities



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# Wider community investment

- **Public Mental Health consultant and data analyst**
- A new **Dual Diagnosis and Outreach team**: 2 nurses and 2 support workers.
- **Health Connectors**: Care Network Project Catalyst role linking PCN directly to VCSE volunteer network
- **Digital & Community Engagement team**: celebrating local wellbeing assets & gluing parts of non-clinical system together
- **Rural communities**: extension of CPSL Mind PD support groups & Good Mood Cafes + community grant
- **Community investment for ethnic minority communities**



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# Digital & Community Engagement Team

Connects mental health support across primary and secondary care with the third sector and wider community.

The team collate knowledge through the How Are You Peterborough website, [www.HAYPeterborough.co.uk](http://www.HAYPeterborough.co.uk), a digital space that brings together everything local that boost mental wellbeing, and helps people to access these resources.

Ongoing engagement work listens to needs within the community and seeks system-change to meet these needs where possible.



# Coproduction Steers



**super local**



Becki runs group and individual Pilates classes in & around Peterborough. Pilates is a holistic exercise system designed to lengthen, strengthen and restore the body (and mind) to balance. Pilates can improve posture, balance & coordination, relieve stress and improve wellbeing.

This activity is good for wellbeing because

- Pilates Pilates means a lot of core, lower and upper body strength and endurance, better posture, better balance and coordination, making you have a strong and healthy body.
- Pilates Pilates means a lot of core, lower and upper body strength and endurance, making you have a strong and healthy body.



**more than a directory**



**non-clinical**



# ELEMENTAL

The social prescribing people



Emma Hamilton  
@DrEmmatheGP

An amazing service locally directing patients to a vast array of local resources to help them with their wellbeing! Please follow and check out their website!

HAYCambsPboro @HAYCambsPboro ·  
you help us connect with primary care  
in Cambs & Pboro? Thank v  
in @neilmo @DrEm

### Referrals - Live

Healthcheck for SME registered  
patients  
For patients requiring healthchecks on  
the SME register. (Includes a health  
check)

GOAT Database

### Resources: Mild to Moderate MH Challenges

**H.A.Y. Peterborough**  
H.A.Y. is a free service for the  
local community that is good for mental  
wellbeing.

**Keep Your Head**  
Keep your head on the ground in the  
local community that is good for mental  
wellbeing.

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wellbeing.

**Psychological Wellbeing Service (PWS)**  
Offers short term psychological  
support for common mental health  
difficulties such as depression,  
anxiety, stress and low self-esteem.  
Covers Cambs and Pboro.

**Greater Peterborough  
Network**

**Health Connects Teams (HCTs)**  
Social prescribing service for patients  
with moderate mental health  
challenges who need supported  
services, such as housing, financial  
and financial support.

### Severe MH Challenges

**Primary Care Mental Health  
Services**  
New specialist mental health  
services for people aged 17 - 65 years of  
age.

**NHS Knowledge and  
Peterborough  
Networks**

**Adult Severe Disorder Community  
Teams**  
Assessors and treatment for adults  
with a severe or very severe mental  
health problem.

Home | Activities | Courses | Support | Contact



There is a central  
practice looking after  
purpose-built single site.

If you have concerns about your mental wellbeing, your GP is there  
for you.

Here is a short video introduction to the surgery:



If your GP feels you need further support with your mental health  
you may be referred to the Primary Care Mental Health  
(PCMH). Patients at Thistlemoor are supported by  
Thistlemoor PCMHIS team.

# Supporting Primary & Secondary Care



Cambridgeshire and  
Peterborough  
NHS Foundation Trust

Primary Care Mental Health Service





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# Supporting MH in minority ethnic groups in Peterborough; a 3 part investment

- H.A.Y. CELEBRATE Mental Health Fund  
**Community Expertise Leading to Eradicating Barriers and Realising Access. Taking care of Everyone**
  - £100k funding to support minority ethnic groups in Peterborough to improve access to mental health care for those experiencing severe mental illness within their community
- H.A.Y. Champions training:
  - A 2 hour training workshop covering how to support others completing self-referrals to IAPT services, introductions to the Primary Care Mental Health Service and how to use [www.HAYPeterborough.co.uk](http://www.HAYPeterborough.co.uk)
- H.A.Y. Digital & Community Engagement Specialist roles

# Challenges and Solutions

## Challenges

- Culture change
- System ownership - national, regional, local
- Primary care/system representation
- Contracting / commissioning
- Comms
- Workforce

## Solutions

- PCMH focus/ leadership (including dedicated exemplar GP Lead), OD/QI/training
- Robust governance structure - joint PC/MH and system ownership of local MH agenda
- Primary care mental health leads, senior reps for key partners
- Integrated contract options .....
- Identified MH comms lead
- Portfolio roles, training , flexible roles



# Peterborough Exemplar

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**Email:** [PboroMHExemplar@cpft.nhs.uk](mailto:PboroMHExemplar@cpft.nhs.uk)

**Website:** [www.HAYCambsPboro.co.uk](http://www.HAYCambsPboro.co.uk)

**Twitter:** @HAYCambsPboro

**Facebook:** @HowAreYouPeterborough  
@HowAreYouFenland  
@HowAreYouEastCambs  
@HowAreYouCambridge  
@HowAreYouSouthCambs  
@HowAreYouHunts