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# Community Mental Health Transformation Programme ( England) in CURRENT Context

**COVID 19** -Mental wellbeing decreased

- Unequal impact on sections of society
- Inequalities exacerbated

**Focus going forward**

Community based asset model

Integration of health and social care

“Mental health wellbeing”

Those most disadvantaged

Being clear about measures of success

NHS will be seen as part of system supporting community leaders and organisations /VCS etc

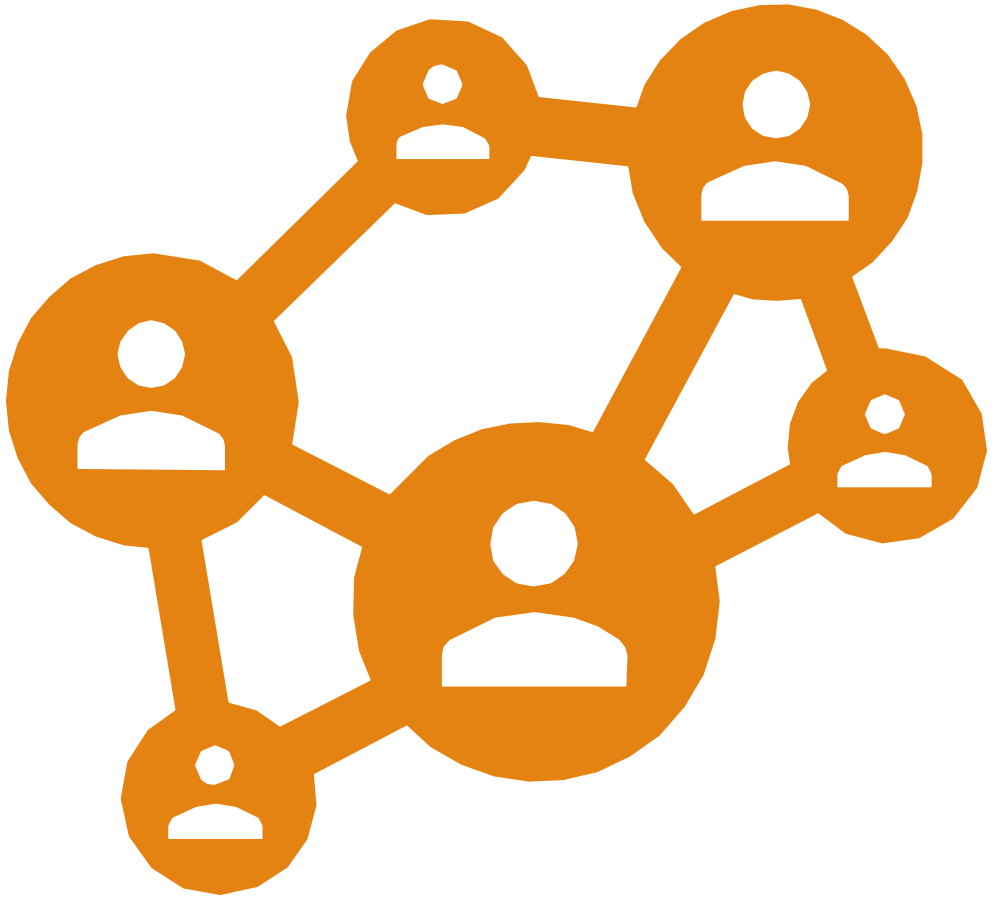
# Community Mental Health Transformation Programme ( England)

The intention is still for all STPs / ICSs in England to submit proposals for the new models of community mental health care

2021/22 will be the first of 3 years of funding

Steps for submitting proposals consist of:

| | | | | | |
|---|---|---|---|---|---|
| Formal communications to confirm revised timeline and process through e.g. a national webinar, likely during summer 2020 | Release of online resources and guidance to support planning and proposal development process | First drafts of proposals submitted via regional teams for review | Feedback process | Confirmations | First allocations of money released – **likely in June 2021** |



# So what ?

**Community Mental Health Transformation Programme is**

A massive programme of change to how we deliver community mental health services .

A change on this scale will not have been seen since deinstitutionalisation.

Your service will be within one of these Integrated Care Systems

**Why does getting involved  matter?**

This is an opportunity to achieve radical change in the design of community mental health care for the better

You are needed to help ensure older peoples voices are heard

If you don’t get involved , how community older adult mental health care is delivered will be decided by others who do not have your understanding of what could be achieved

# Key supporting advice documents

https://www.england.nhs.uk/wp-content/uploads/2019/09/community-mental-health-framework-for-adults-and-older-adults.pdf

https://www.kingsfund.org.uk/sites/default/files/field/field_publication_file/Place-based-systems-of-care-Kings-Fund-Nov-2015_0.pdf

Kitti sent round summary of the above to members on 22nd May 2020

## The Framework for Community mental health care provision wants to avoid

Unnecessary repeat assessments and referrals

Silo working

Exclusions to support based on a person's diagnosis or level of complexity

People having unsupported transitions and discharge to little or no support

Dr Fiona Goudie, Clinical Director and James Sutherland, Programme Manager of the Primary & Community Transformation Service, from Sheffield Health and Social Care NHS FT

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# THE SHEFFIELD PRIMARY & COMMUNITY MENTAL HEALTH TRANSFORMATION PROGRAMME

**23 June 2020**



NHS Sheffield Health and Social Care NHS Foundation Trust

**Fiona Goudie**

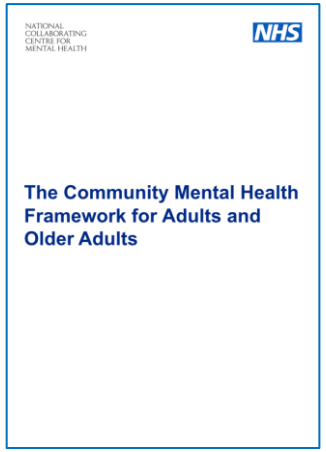
Joint Senior Responsible Officer
Consultant Clinical Psychologist
Clinical Director – Strategic Partnerships

NHS Sheffield Clinical Commissioning Group

**James Sutherland**

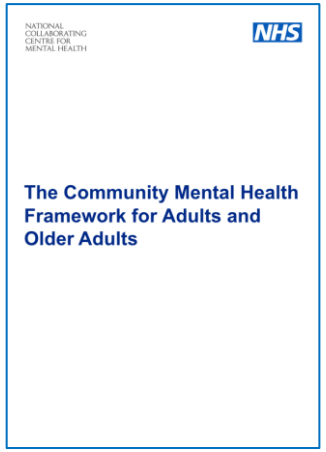
Programme Manager


# NATIONAL CONTEXT




**NHS LONG TERM PLAN:**
**Mental Health Implementation Plan 2019/20 – 2023/24**

"New integrated community models for adults with SMI (including care for people with eating disorders, mental health rehabilitation needs and a 'personality disorder' diagnosis) spanning both core community provision and dedicated services will ensure 370,000 adults and older adults per year in England have greater choice and control over their care, and are supported to live well in their communities."


# OUR PROGRAMME

Testing new ways of delivering the Community Mental Health Framework for Adults & Older Adults, with additional focus on eating disorders and personality disorder.

1 of 12 national sites

4 Primary Care Networks in the test phase, representing one third of the city's population

Networks selected based on **inequalities**, **referrals to CMHT Single Point of Access, prescribing of psychotropic medications** and number of patients on **GP SMI registers**

Primary Care Networks selected with specific target characteristics, **BAME, older adults, young families/adults** and **student related needs**.

# OUR EXPERIENCE TO DATE

# SAME VISION… DIFFERENT LENSES?

**Despite the perceived boundaries that may exist between primary and secondary care, we have found the vision and common principles are the same, only the lenses are different. We need to use the commonalities to develop our joint vision!**

# WHAT HAS WORKED?

## Flexibility

Flexibility is the key, we don't need rigid pathways or processes. We need to be flexible in the needs of older adults and flexible at how we work across primary and secondary care. There are multiple cultures, opportunities and differences. Embrace them and work with the commonalities!

## Reaching out to new and wider partners (and looking through their lens)

We have worked closely with a community anchor organisation and tried to walk in their shoes, learning what they experience every day with older adults, some of which may be hidden from our secondary care services. We've learnt how to use intelligence and experiences of others. Let another expert define the local pathways.

## Compromise and shared values

Working at a local level is a challenge but very rewarding. Our trust or ICS may cover a huge population, but how alike are we? We have shared values (visions) but may need to compromise on how we do things in different areas of our populations.

## Be bold…. Be transformational!

This is tough…. We often feel confined by rules, protocols and beaurocracy. This stops innovation and leads us to 'rearranging the deckchairs'. Holding the key principle of transformation, test and learn has been key to developing a learning culture.

## Feeling outside your comfort zone is a positive!

If you feel outside of our organisational or personal comfort zone it is normal and ok. Releasing control and developing a shared, common approach is scary but the results are truly transformational.

# WHAT HAS WORKED?

- **Need Older Adults** champions at all levels –commissioners and providers don't necessarily align OA and working age mental health.
- **Primary Care is whole age** - commissioner and provider
- For an early implementer site, the focus on **all life stages** aligned with the new framework was helpful
- Need to **ensure Older Adult population** health data and clinical data held by our partners feeds into future design
- **VCSE sector needs investment** to build capacity and improve services within PCN level communities to support prevention and discharge from secondary care
- Ensure your **engagement and design phase is well resourced** to equip you to work with the VCSE sector and be prepared to be flexible in your approaches

# WHAT HAS WORKED?

## Contracts

Ensure that contracts clearly define and reflect the need to work with Older Adults – especially for secondary care team and VCSE partners who may be more split along age lines

## Staff recruitment/workforce development

We have ensured our recruitment processes have recruited key staff with expertise across the lifespan

We have used innovative recruitment processes to widen our traditional pool of applicants.

Testing out new roles ( CAPS, liaison pharmacy, Employment support)

Traditional training models eg  for psychiatry, psychology will need adapting to new framework and competencies

# WHAT HAS WORKED?

The **Community Framework** means we can build outcomes into our contracts with the VCSE providers (eg ensuring employment support is not only for working age adults).

We are giving clinical staff and service users the **opportunity to consider and test the evidence base** around psychological interventions for emotional sensitivity/ PD in later life,/ for people with co morbidities - we are building this into training and supervision (eg does SCM work as well with older people? Is suicide risk assessment sufficiently nuanced for those with comorbidities/needs that come with age?)

# THINGS TO AVOID

- Getting every question or eventuality or question answered in advance
- Overcome the fear of trying something new
- Don’t try to do everything at once! The LTP and Mental Health Implementation Plan runs until 2023/24. Solve a difficult problem in bite size chunks, celebrate successes and apply learning to your system or place
- Being in control and feeling responsible. It’s a shared responsibility
- The assumptions that mental health needs of older adults are separate from an adult population!

# PRACTICAL TIPS

- Ensuring we continue to reference the framework document ' and Older Adults too!‘
- Local demographics shaping PCN network selection focussing on one OA / multiple morbidity network among the 4 chosen
- Shortlisting,  interview questions and panels with Older Adults expertise
- Key appointments with expertise across Adult and Older Adults

# THANK YOU & QUESTIONS


## CONTACT DETAILS

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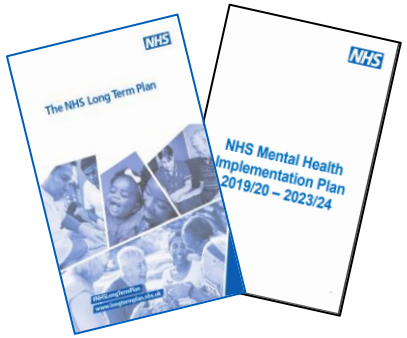
# Older People's Mental Health (OPMH): Key LTP & Mental Health Implementation Plan Commitments




***All areas will need to plan to achieve improvements in access and treatment for older adults in line with local demographics within all [appropriate] mental health services.***

***Access to dedicated older people's mental health support will be based on needs and not age (e.g. the presence of physical and mental health co-morbid needs, cognitive issues and/or frailty or end of life care needs), and all adult mental health services will be expected to remove upper-age barriers to access.***

- Older people's mental health (OPMH) staff will work closely with 'physical health' and other older people [Ageing Well] staff as part of community multidisciplinary teams (MDTs) within primary care networks (PCNs), supporting GPs, primary care and community staff with identifying, assessing and treating mental health problems, as well as delivering personalised care planning for older people with multiple physical and mental health conditions (i.e. 'multimorbidity'), including frailty and social care needs. This will include older people living in care homes.

- Depending on prevalence and population health needs, in some areas, the provision of dedicated OPMH expertise may be provided as a separate service, while in others it may be embedded within general adult services or Ageing Well services.

- NHSE/I has supported HEE to develop and publish an interim **core competency framework on OPMH for all health and social care staff** (expedited due to Covid-19). All areas will be expected to use the framework as part of implementing STP/ICS-wide workforce development plans. See https://www.e-lfh.org.uk/wp-content/uploads/2020/04/Older-Peoples-Mental-Health-Competency-Framework-INTERIMV1.2.pdf

# Overview of our existing older adult requirements for the CMH transformation

As part of overall CMH transformation, services and systems should plan to better meet the needs of older adults and specifically commit to:

- ✓ Proportional increases in support for older adults in line with local demographics and assessment of current demand for/capacity in OPMH services;
- ✓ Working more closely with Ageing Well/Frailty teams locally where they exist, including through joint management and shared care approaches e.g. in ensuring mental health support in care homes as part of the Enhanced Health in Care Homes (EHCH) model;
- ✓ Ensuring access to specialist OPMH support is not based on age but needs;
- ✓ Particularly close working with primary care through strong links with PCNs and the VCSE to use personalised care approaches to tackle loneliness and social isolation, and to improve the accessibility of services (e.g. for people with limited mobility).

****NB: These will be reviewed and updated in light of Covid-19 and emerging learning from our early implementer sites****

Our commitments refer to **older adults with functional mental health problems** (i.e. depression, anxiety and SMI), where dementia or cognitive-related issues are not the primary need, but who may have co-existing dementia or cognitive issues, as well as other coexisting health issues e.g. frailty, substance use

# Key steps to consider in CMH transformation

**Leadership:**

- Be the change you want to see in older people's community mental health care. Don't look elsewhere for local clinical leadership!
- Make yourself known to your STP/ICS mental health leads, make representations to your provider Exec teams to ensure OPMH is an equitable consideration in planning ahead of 2021/22
- Help them assess local demand for and capacity in OPMH services against your local demographics/estimated prevalence and proactively make the case for resources.

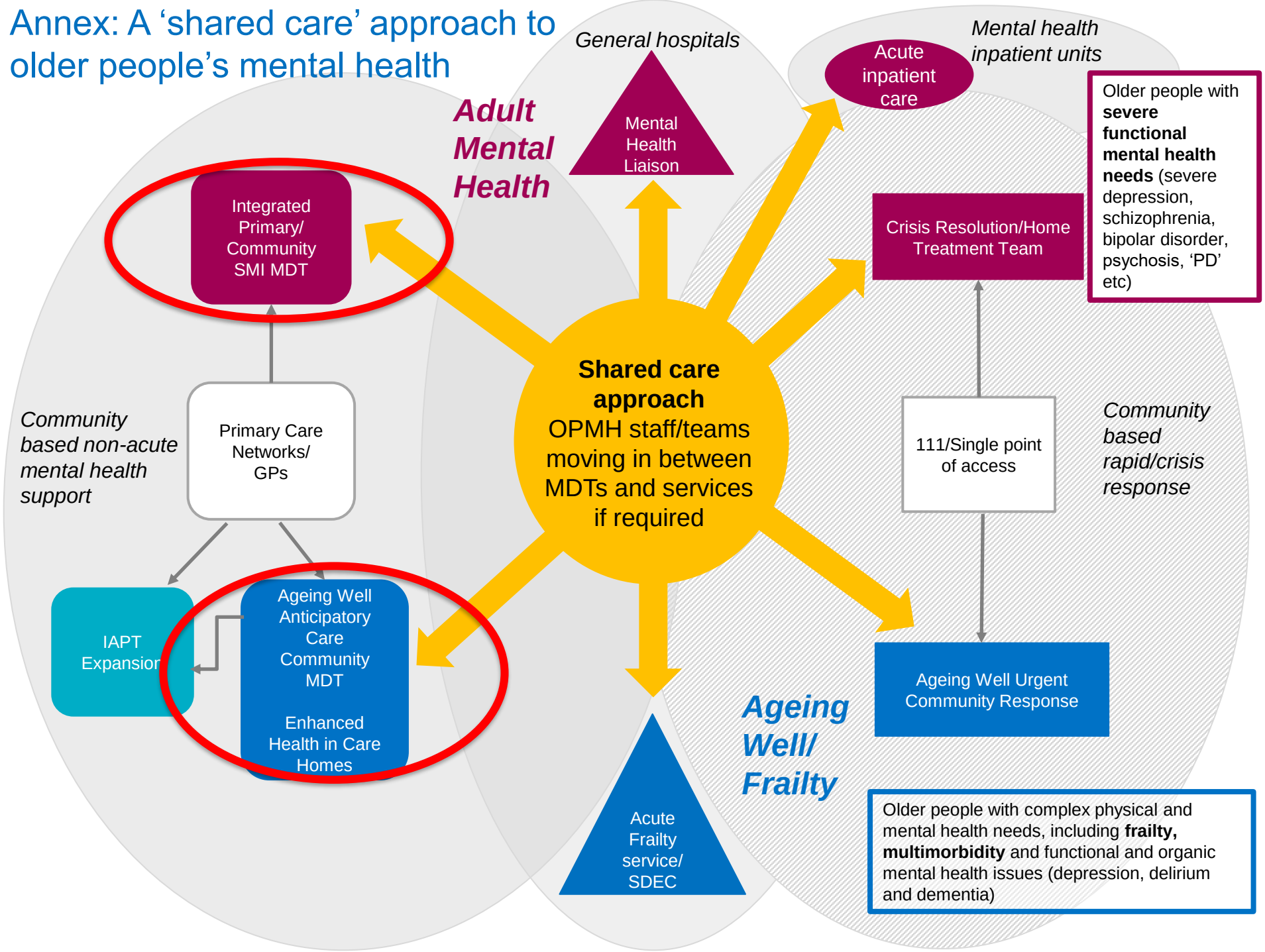
**Collaboration & innovation:**

- Recognise that this is a critical moment for integrated care and integrated approaches to care – no single professional group or service area can do this alone. Anything less would be a disservice to patient care
- Old age psychiatry is critical, but this is not just about old age psychiatry – it's about older people with severe mental health problems!
- Consider interface with Ageing Well/frailty and adult mental health services – e.g. through joint management/shared care approaches, transition protocols, MDTs – to enable seamless, integrated and person-centred care
- Be creative in your OPMH workforce considerations – clinical roles, non-clinical roles, third sector contracting. Consider how to expand and spread expertise through training, credentialing, shared care – be generous as system partners.

**Make & win arguments through an equalities lens**

- Ensure access to dedicated OPMH function is not based on age but needs – remove age thresholds where they still exist, communicate on narrative
- Older people with MH problems have been severely affected by Covid-19 – as a historically under-served group pre-Covid-19, this inequality has become even more stark.

# Annex: A ‘shared care’ approach to older people’s mental health



# Dr Josie Jenkinson
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