

## Service 1

Some examples of how colleagues are engaging with CMH Transformation

In east London the trust was chosen to be the pilot site for Community mental health transformation and the work initially concentrated mainly on working age adults. The main focus was to look at ways of using the primary care liaison teams which were already operational in seeing what pieces of work could be carried out.

Older adults initially were not considered for this but I as a consultant and the lead of ICT continued to engage with members who were working in the transformation to ensure that older adults could be a part of this. We had a number of meetings and now have regular attendance to the locality meetings and are now part of the meetings to discuss referrals in the GP practices. Through this time although initially only the adult patients were considered due to our engagement the initial assessment format does consider a more holistic assessment for older adults.

We continue to work with the group to ensure that older adults with functional disorders, personality disorders and eating disorders are not missed in any discussion.

Older adult representatives have been recruited in the people participation group.

Due to the engagement the trust has been doing some scoping exercises and have consulted me with regards to the gaps that have identified.

My tips are to identify the people who are involved in this piece of work and to continue to bring the older people services to their attention. Medical directors often would be able to get you in touch with the people who are involved in transformation work.

## Service 2

I think we have been able to work together with the Adult psychiatry colleagues and other CCG partners in drafting the proposed transformation funding bid. I think there was an advantage of me being the CD for the Dementia and Frailty Services within our organisation that I was involved in this piece of work and can completely understand from the point of view of other Consultants who have not been so actively engaged.

Strategically we had two weekly calls organised by our Associate Director in conjunction with the Clinical director of Adult psychiatry services and both of them chaired and co chaired the sessions.

As dementia was not directly mentioned in this there were some other means by which we could influence the bid. Older adults have been mentioned in all the documents and proceedings across the bids. There was benefit in looking at the joint working with AWA to see whether Crisis / HTT model can have all age criteria for this. The Long term plan talks about providing crisis / HTT care irrespective of age 24/7 from 2022 and transformation funding can be looked at in gaining some traction for older adults here.

Dementia has not been included but in a way not excluded. All the services have received the funding depending on their catchment sizes for the MAS services in the the funding. We all need to be aware of this. We were able to propose new roles to the MAS team, ACP roles

in the community teams who can be non-medical prescribers and take a lot of pressure out of prescribing.

Physical health has been mentioned in the bid which was another way older adults can tap in as our patient groups will be in the greatest need of this.