



Community Mental Health Framework & Developments in Mental Health Urgent Care Services

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What are we trying to achieve?

CMHF Vision and outcomes

- A joined up model; not a focus on the parts
- Delivery of specific aims identified in the NHS long term plan
- Transformation of community mental health care; change not 'more of the same'
- Collectively led by health, local authority and voluntary sector
- Coproduced with our service users, carers and families, a focus on inequalities
- Driven from Place, Locality
- Delivered within the framework of an integrated person centred model

Sustainable, joined up high quality mental health and care services that maximise the health and well-being of the local population.

Massive opportunity for community mental health transformation



Co-production must be what underpins our service development work.

- Co-production leads will continue to develop relationships to ensure that service transformation meets the needs of individuals and communities
- The governance structure includes a wide range of partners including Health, Local Authority, VCSE organisations and paid lived experience roles to progress **co-produced** plans
- Key focus on learning from [Marmot](#) review facilitating inter-agency co-ordination and coproduction to address inequalities
- Partnerships will support locally placed groups and facilitate coproduction, learning and development
- proposed new models will be coproduced and informed by place based needs and the implementation will be phased.



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TEES VALLEY COMMUNITY & CRISIS PROJECT GOVERNANCE STRUCTURE



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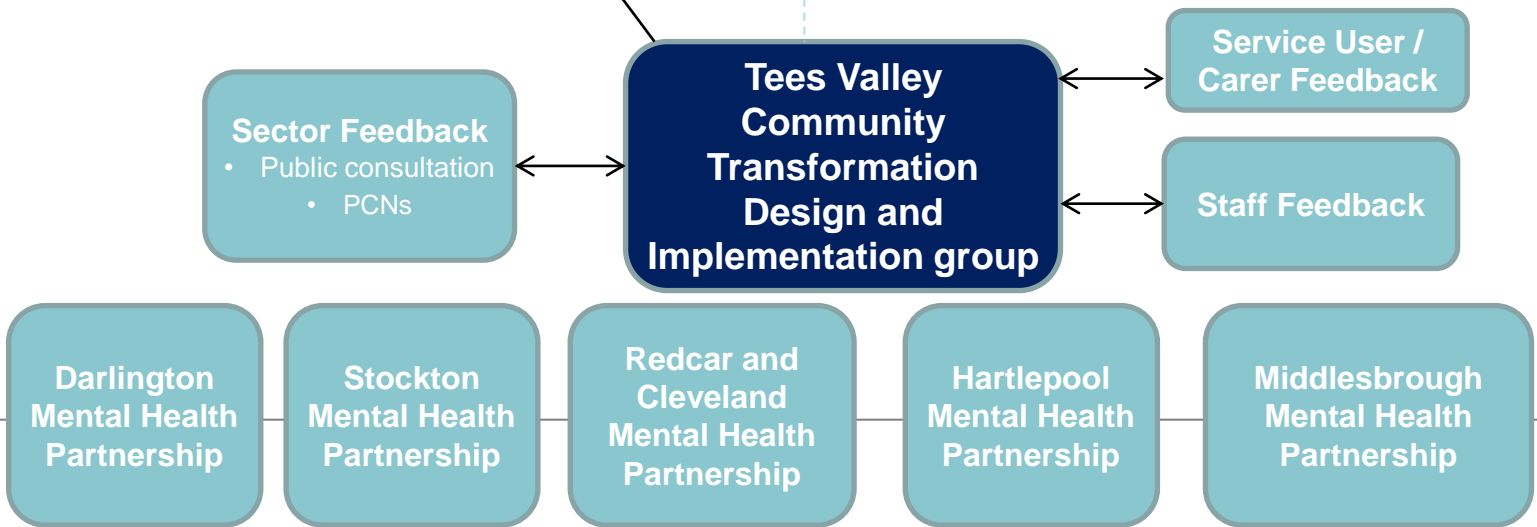
REPORTING/ASSURANCE

EXTERNAL

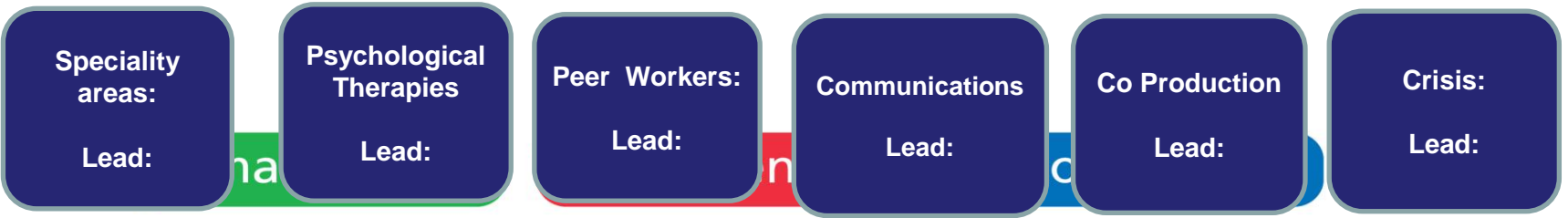
INTERNAL



CONSULTATION / DESIGN / LOCAL SIGN OFF



TASK AND FINISH GROUPS



CMHF Developments to date

- Successful proposal / Bid submitted to NHS England for CMHF monies – Approved in March 2021
- Foundation of governance structure in place and approved by Tees Mental Health and Emotional Wellbeing Board
- Community resilience - Increase VCS Capacity to provide sustainable mental health and wellbeing support within neighbourhoods and communities (Services to begin recruiting in March / April 2021)
 - Investment via Local Authorities into our local voluntary Care Sector (VCS), this investment will be aimed at increasing capacity within existing local community hubs which have been developed by our local authority colleagues.
 - The funds will enable our local voluntary care sector partners to embed mental health and wellbeing support into our community hubs
- Development of practice based PCN mental health practitioners
 - Pilot initiated September 2020 with a planned rollout to all PCNs by June 2021
 - Practitioners will be employed by TEWV but will be based and led by PCNs / local GPs

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Community Model Principles:

Community hubs aligned to PCNs

Regular Hub and PCN Catch ups

Co-production at the heart of care and service developments

Every member of staff dedicated to supporting the physical health needs of their service users

All resources, where possible are, local hubs

No thresholds and no wrong door

Timely access

Every person to have a named worker

Broader community offer, including 3rd sector, social care and new innovative roles

Emphasis on relationships and flow, less focus on caseloads

Delivery of intervention based care not generic care co-ordination

Increased access to psychological therapies

More effective use of outcome measures

Clear interventions, no repetition of assessments

No primary/secondary care divide

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Next steps 2021-22

Jan-March

- Establish governance structures and work streams/ task and finish groups
- Create a strong communication plan
- Have in place core coproduction with the intention to evolve this as the programme grows.
- Deliver staff engagement events (updates and question and answers)
- Identify a way forward for the growing peer support workforce
- Allocate funding with each Local Authority for resilience hubs
- Identify baseline measurements (data collection)

April- Sep

- Consultation and design phase with identified work streams which have the appropriate infrastructure in place
 - This includes engagement with Primary Care Networks (PCN)
- Ensure co-production is representative of the work stream population
- Continue with communication messages
- Begin to deliver upon resilience hubs in each local authority area.

October onwards

- Plan on a page high level vision for each local authority area
- Consultation and sign off
- Understand steps needed to mobilise new model

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Developments in Mental Health Urgent Care Services – Progress to date (Jan 20-March 21)

- Development of a 24/7 listening services available to all (over 1000 calls per month)
- Development of a Crisis single point of contact and dedicated intensive home treatment teams
- Implemented peer support contract with Humankind (6 apprentices all patient facing)
- Delivered training through the Samaritans to all support workers across crisis services
- Dedicated Psychology lead and focus upon frequent attenders
- Secured NHS England funding 2021-2024 for alternatives to crisis

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Next steps - Crisis Transformation 2021

Tees, Esk and Wear Valleys



U.S. Foundation Trust



● **Together in a crisis model:**

- Aims to bridge the gap between community and crisis teams (subcontracted to the VCS) / non-clinical/ person centred model
- This will take referrals from those would not meet the crisis UK triage threshold This model will be partly co-located with each local authority throughout the week
- The offer will focus upon both the patient and family and carer offer

● **Substance misuse:**

- Each crisis team will sub contract specialist substance misuse providers to co locate a worker within their teams
- Working cohesively to deliver person centred care for each patient we will review pathways into substance misuse providers building upon recent developments with our substance misuse partners

● **Peer Support:**

- We will expand on the current peer support contract to implement further roles specialising in substance misuse

● **BAME key worker:**

- TEWV together with the Voluntary Care Sector will employ a clinical outreach worker
- This role will build relationships with local communities and aims to set up a network of partners
- Deliver education and awareness of Mental Health Services
- Scope need in terms of access to Mental Health Services
- Scope alternatives to crisis provision

● **PCSO neighbourhood patrols**

- Pilot to support PCSO's in their neighbourhood patrols with a Mental Health Support worker
- The aim is to build awareness and rapport with local communities to signpost to local Mental Health provision and early intervention in accessing help.
- Support those who we know to be most vulnerable

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Thank You

Any Questions?

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