

# Working collectively to review the mental health system

COMMUNITY TRANSFORMATION NHS ENGLAND: TEES VALLEY







# Background on Community Transformation

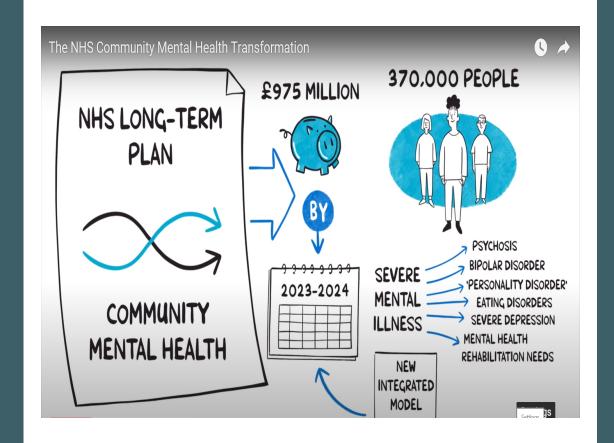




### **Core aims of Community Transformation**

#### **Background:**

- Driven by NHS England long term plan offering significant investment to enable those with severe mental health illness better access to integrated primary and community mental health care
- Move from fragmented silo working to integrated, holistic, person-centered care model
- Services and care pathways should be co produced with service users, carers and local communities.





What has been happening in the last six months?







## Healthwatch findings

**Purpose of the report:** 

Understand each of the five local communities' need's: what keeps people well and how communities would like to access mental health services in each area.

**Establish a baseline** of what local people's knowledge of current services are and your expectations of mental health services.

Enable local communities to have **greater choice** and control over their care, and to live well within each community.

Develop **localised place-based** action plans that are held collaboratively as partners to meet the needs of local populations

- Better communication to the public of what is available in terms of wellbeing support.
- Awareness raising in communities to reduce the stigma of mental health.
- Easier access through local community venues or supporting transport needs.
- Greater accessibility for those who face physical and mental health challenges.
- Provision of more creative activity, exercise, and social activity groups.
- Shorter waiting lists.
- Longer therapy pathways for example more than 6 sessions.
- Greater exploration of therapies rather than medication.
- More empathy, understanding, respect and awareness of mental health conditions.
- Supporting those who have caring responsibilities, to attend wellbeing sessions themselves: care for the carer.

Darlington	Men (over 18)	Parent Carers and Carers (over 18)	Young people aged 16 to 25 in transition from child to adult mental health services
Hartlepool	Deaf community	Blind and Visually Impaired	Older People
			LGBT
South Tees	Carers	Visually Impaired	Refugees and Asylum Seekers
	Ethnic Minority groups (2)		Older People
Stockton on Tees	People with a learning difficulty / disability	Substance misuse	Carers



900 people engaged in consultation across the Tees Valley

#### Staff and service user/ carer led design

**April 2021** 

May 2021

**June 2021** 

**July 2021** 

**August** 2021

**Sep 2021** 

Oct 2021

**Funding** awarded Shadowing teams

Staff voice network

Staff engagement

Volunteers map patient journeys

GP workshops

**TEWV** Redesign event



Governance structure established

Enhanced Psychology Provision

External workshops held

Staff visioning/ designs

Healthwatch go live

Service user and carer workshops

Development of Community **Navigator** Roles (VCS)

Introduction

of Co-

role for

**CMHF** 



**PCN** Workforce implemented |

Recruited 17 volunteers from Teesside University

Healthwatch engagement Continue to shadow teams

Engagement with Mental Health forums

End of Healthwatch engagement

Recruited lived experiences roles to the board

Patient stories and production of short film

£600,000 resilience funding to **VCS** 

Delivered external stakeholder workshops

Engagement with Mental

Health forums Engagement with Mental Health forums

Engagement with Mental Health forums

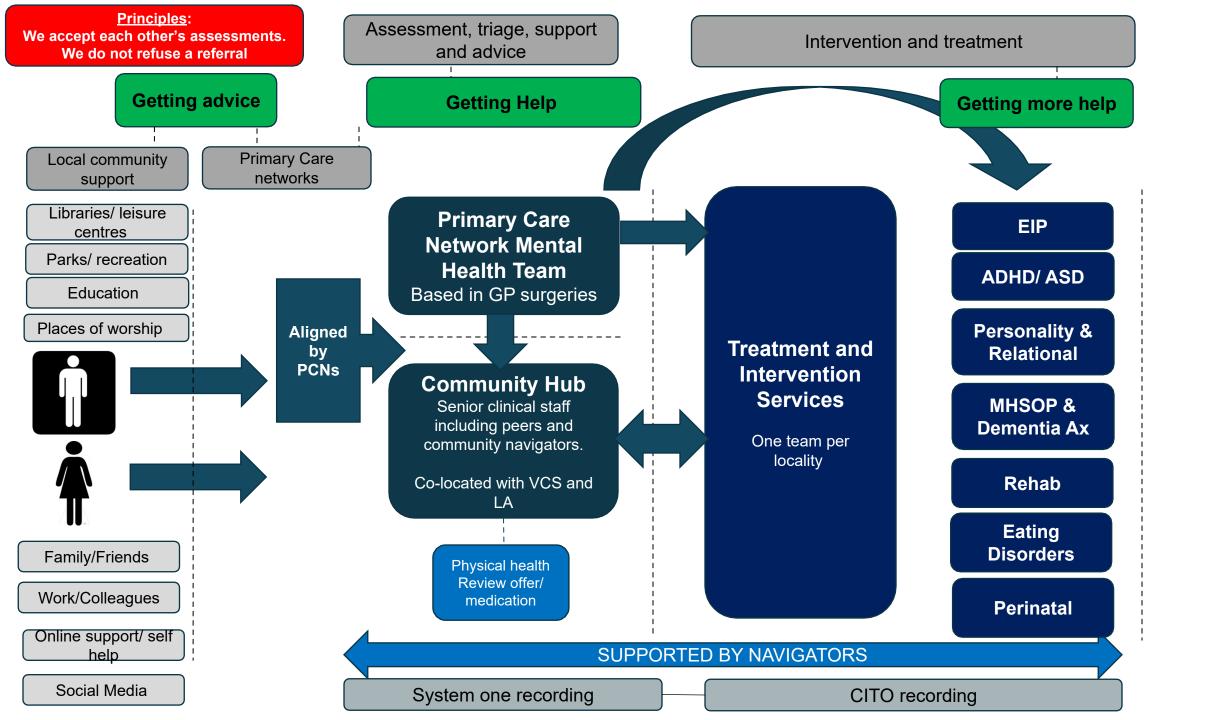
Production / Peer Lead

Information and mapping phase 1

## **Design Event**







## PCN Pilot and developments







### **PCN Mental Health Practitioners**

- 1 Full time mental practitioner in most PCNs.
- Practitioners are providing 20 minute appointments to 12 patients a day, 54 patients per week.
- Over 2000 appointments per year in each PCN
- Across Teesside 3,441 appointments have been facilitated between end of June-end September.



### **PCN Mental Health Practitioners**

- Upskilling all the current staff to have an NMP qualification.
  To improve patient access to treatment and review of the treatment.
- Patients' attendance at appointments is good. The DNA rate varied from 7% 19% between PCNs. The average DNA rate is 15%.
- The majority of patients are being contained within primary care services with intervention from the practitioners, social prescribers, IAPT and other VCS organisations.
- Now working alongside PCN Clinical Directors to enhance service offer based upon local population needs

### **Patient Feedback**

Patient feedback is very positive and FFT patient satisfactions rates are between 95.83%-100%. All comments on the surveys are very positive.

In the past when speaking to others regarding my mental health, I often felt dismissed and misunderstood, quite often leaving me feeling worse than before seeking help. However with this new service I felt listened to, properly understood and I actually feel some progress is being made with my issues for the first time in many years. The mental health nurse I spoke to was phenomenal, making me feel like some actually cared and that there was finally hope and light at the end of the tunnel. I am incredibly happy with this new service and would very much like to see it continue in this way.



Spoke to a highly competent, professional, caring individual – who was obviously well qualified and an outstanding example of her profession.

Nurse very professional, empathic and non-judgemental.

Fantastic, couldn't have had a more respectful, supportive person. Wonderful caring person



Very helpful call I felt so much better and positive in myself after. She couldn't of been more helpful



### **Next steps**





# Moving into year 2

- Sign off internally and externally to progress the model
- Working groups to be established for each area at place based
- Co production of services through the introduction of Teesside Peer Led role
- Focus upon resilience/ prevention year 2 agenda
- Expand the PCN workforce





### **Closing comments**

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