

Working collectively to transform the mental health system

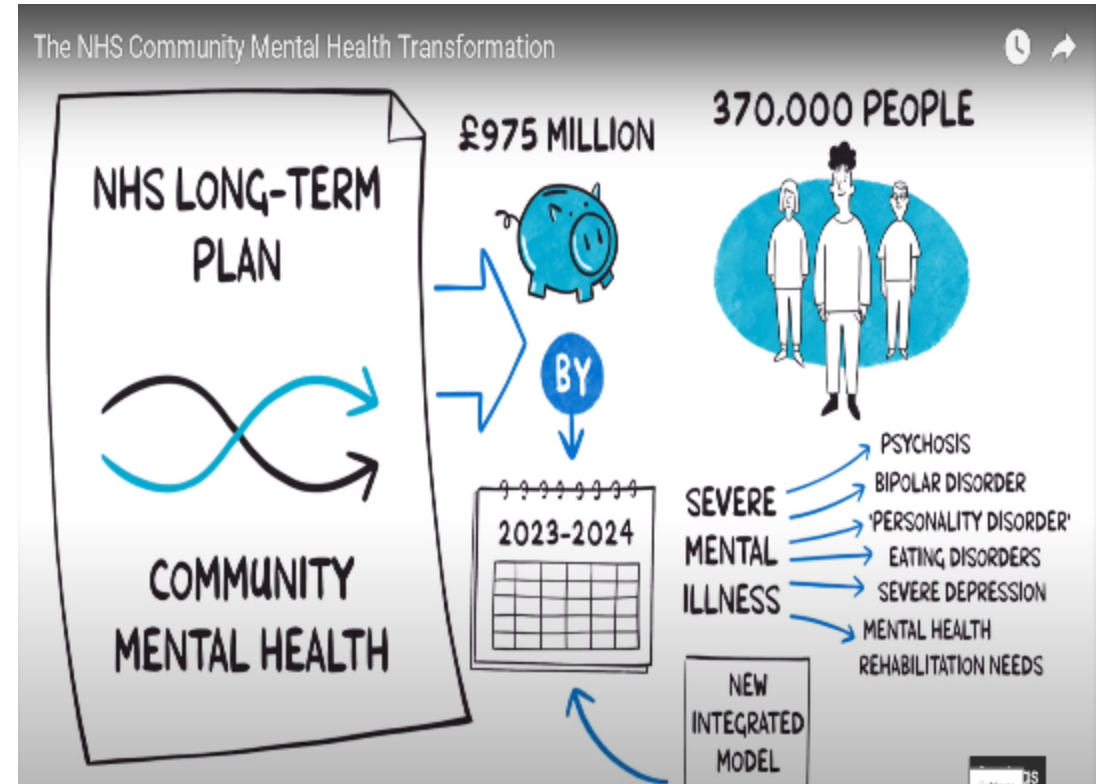
Stockton Health and
Wellbeing Board

May 2024



Reminder of core aims of Community Transformation

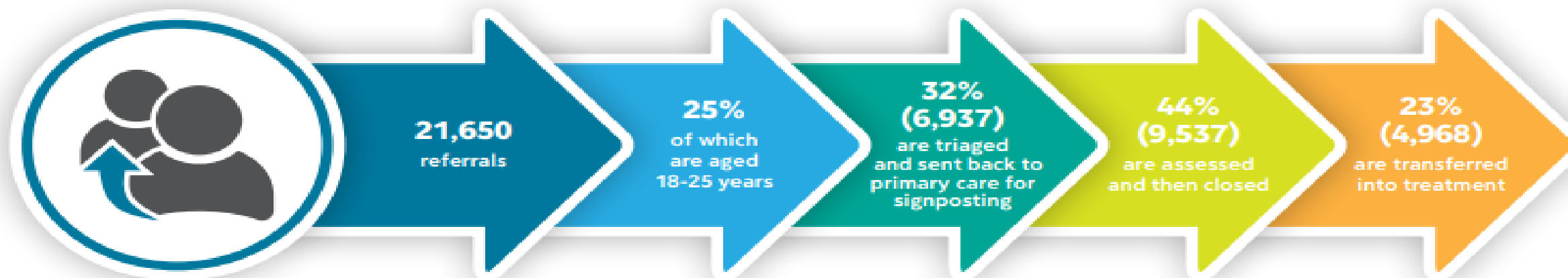
- To deliver a new mental health community-based offer which allows for collaborative pathways across the system it operates within.
- Create a **core mental health service** which is aligned with **primary care networks and voluntary sector organisations**
- Ensure services are **accessible** to the community it serves and **inclusive of population need**.
- Allow the individual seeking advice and support the right care, at the right time in the right place and in doing so **ensure timely access to care**



Starting point: Tees Esk and Wear Valley Patient Flow



Summary: Tees Valley



Re-referral rate

Data demonstrated that across Adult Mental Health (AMH) Community Services a significant proportion of people were not accepted into TEWV teams as the individuals needs could not be met by secondary care.

A significant number of people were assessed and closed. This means people were not receiving the right care at the right time from the right place.

This further demonstrates a large amount of waste in the system and the need for people to be navigated to the correct service.



2020-21

Referrals total

6,099

Patients rereferred

1,787 (29%)

Progress since 2022

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ENGLAND: Stockton

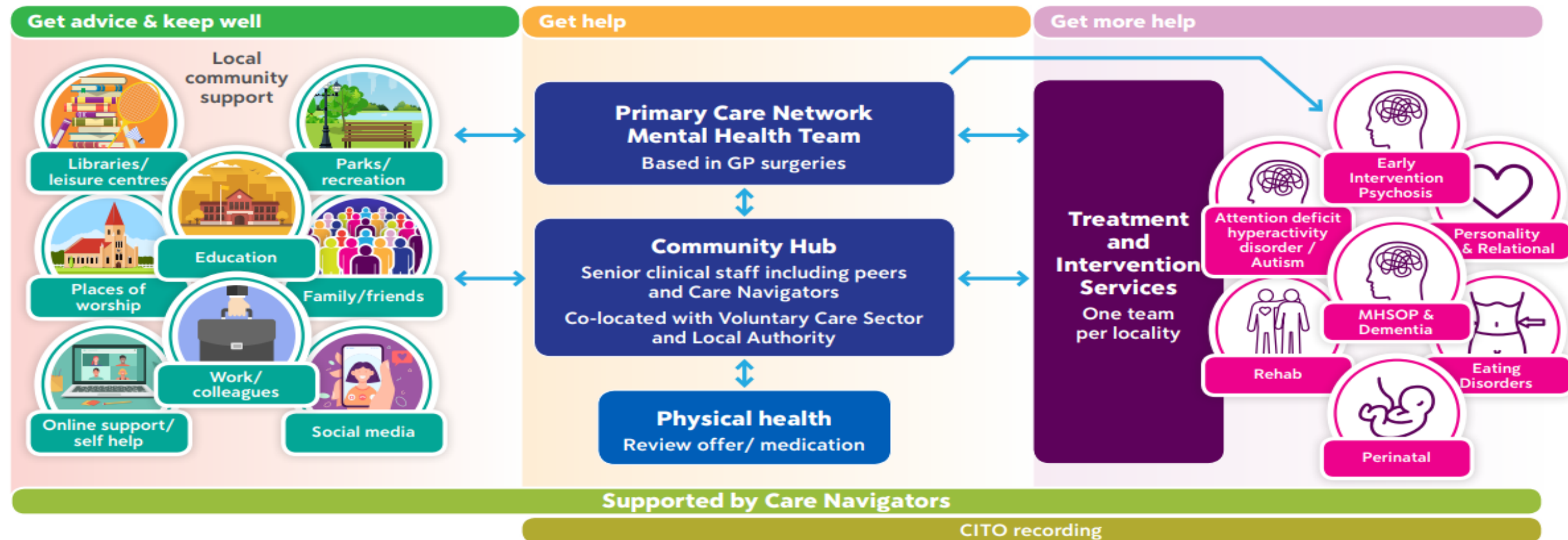


Community Transformation

Our vision:



- Integrated services delivering collaborative pathways which meet the needs of the local population
- Empowering individuals to choose and manage their own personalised recovery, as experts in their own mental health (informed by social, cultural and ethnic needs)



Principles:

- We accept each other's assessments
- We do not refuse a referral
- There is no wrong door to Get Help
- Patients are not "discharged" by services

Primary Care
Network Mental
Health Team

MDT input across both as
a shared resource

COMMENCED
February 2023

Community Hub

- Triage and assessment
- Medication reviews
 - Interventions:
- Graded Exposure
- Anxiety Management
 - Hearing Voices
 - Life line work
- Stress Vulnerability
 - Sleep Hygiene
 - CBT
 - Clinics
- Physical wellbeing checks
- Signposting and navigating
- Interface with PCN workforce
- ASD/ ADHD assessment
 - Peer support

Treatment and Intervention Services

- Complex presentation and prescribing
 - Risk Management
 - ASD/ADHD complex needs
 - Governed therapies
- Intense/high frequency /complex referrals
 - Physical wellbeing checks
 - Interface with PCN workforce
 - Peer support

*Access, Affective and Psychosis teams Re-configured
into the hub and treatment teams*

Tees Valley Primary Care Mental Health Services

Rationale / need



- Thresholds to enter into secondary care services are high
- Care should be accessible at first point of entry via the GP
- NHSE mandate: improvement letter states inclusion of a joint approach to funding Mental Health practitioners on a 50/50 basis via the Additional Roles Reimbursement Scheme under the PCN directed service contract (DES)

Model development

Introduction of a mental health workforce which operates as an integrated part of the primary care network



Proposed Impact:

- reduced referrals into secondary care
- improve access for patients with the positive benefit this will have on carers, staff and stakeholders

Model Development/Workforce

ANP

12, 20 min appt per day

Patients who have a Severe Mental Illness (SMI) and or personality and relational disorders

Too complex for IAPT, would not meet the threshold for TEWV

Allow for assessment, complex medication reviews, short term intervention/stabilisation work/exploring where a patient may benefit from support within our local VCS services (right care, right place)

MHWP

Longer, more flexible appointments for place of appt

Use of Dialogue & ReQol as Patient Recorded Outcome Measures (PROM) – helps with care planning and longer term recovery focused work.

May do joint working with SPLW/VCS

Offering psychologically informed interventions (such as CBT based skills)

SMI Physical Healthcare Practitioner

New development within TEWV

Time split between 50/50 primary care and secondary MH service

Importance of screening (core 20plus5 - national approach to reducing health inequalities)

Kits from NHSE allows for portable screening for patients who may be difficult to reach hard to engage – assertive outreach.

Importance of **intervention** and **making every contact count**

Proposed outcome measurement - benefit of workstream

Time

20 minute appointments enables greater throughput of patients and greater availability of being seen at the earliest opportunity

Number of appointments

56 appointment per week per clinician available as per service level agreement. Flexibility in appointment time outside of 9-5

Individual needs are met at the earliest opportunity

Only 2% of all patients are stepped up into secondary care services (of 41,000 between 2021-2023)

SMI Health Care Checks

National drive for PCNs to meet the ambition of 60% target for all SMI physical healthcare checks, Stockton PCNs combined are achieving 74.5% with Billingham and Norton PCN hitting 80.7%

Improved Relationships with Voluntary Care Sector and Primary Care

Feedback from surveys sent out to staff and partners

It goes towards helping with a large, currently, unmet need for patients unable to access secondary mental health care. It enables primary care to be able to offer a joined-up service in a timely manner.

Patients receive a fantastic quality of care and there has been an improvement in the primary secondary care interface, with bouncing of patients between primary and secondary care reduced, reducing the risk of harm/delays in accessing the right support/care.

Feedback from surveys sent out to services users

Absolutely excellent service. Really good at making you feel at ease and listening to what you say and giving you different options of help available.

The mental health nurse I spoke to was excellent, however the waiting time to speak to her was too long.

Give me the help I needed and were so quick to help me though my support I still have a long journey to go yet but I really want to say thank you.

When I first started having appointments with the mental health nurse I was so unwell and she took time to help me and understood and listened. She got me support from secondary mental health I now have a bipolar diagnosis and waiting to be prescribed mood stabiliser and she prescribed Trazadone which has helped with my insomnia and has helped also she is amazing and changed my life.





Workstream

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- **Place Based Delivery**
- **Stockton**

Pictured above -
Sarah Jones
(Project Manager for Stockton Workstream,
employed by Catalyst Voluntary Development Agency)



Place Based Delivery Stockton



Project Manager appointed October 2022 hosted by Catalyst Stockton (Strategic infrastructure organisation for the borough of Stockton-on-Tees)

Key deliverables from Project Manager:

• **Mapping resource:**

The Project Manager has mapped and built relationships across Stockton for those operating in services that require mental health support.

• **Community first:**

Collaborated and developed close working relationships with the Lived Experience Forum (LEF) to identify, gain valuable insight and understand local need, the LEF have been instrumental in all workstreams within Stockton's Community Mental Health Transformation.

• **Increase capacity of the VCS sector:**

Developed and collaborated with the transformation Stockton team to write the Community Mental Health Transformation Service Specification with an invite to tender.

This procurement will enable greater capacity of the VCS to support those requiring Mental Health services and form part of the formal partnership (5 successful bids outlined overleaf).



Successful Delivery Providers in Stockton on Tees

The organisations will support an integrated approach to the delivery of mental health services and work in partnership to deliver the aims of the Community Mental Health Transformation agenda for Stockton. All of the providers are community-based organisations that enable easier access to support for those who face physical and mental health challenges.

Meet the Community Mental Health Transformation Providers



1. Lakota Hub CIC

Provides emotional support by providing access to a range of opportunities for healing and self-development in one location at Lakota Hub CIC. Promotes independence and assists attendees in gaining meaningful employment. The hub aims to reduce barriers for the deaf clients by providing a British Sign Language Therapist.



2. Moses Project:

The Moses Project provides guidance, mentoring and support to hundreds of adult males aged 25+ with past and current addictions to drugs and alcohol.

The one unifying factor in our experience, is all have unresolved past trauma, usually from childhood. The men tend to live in chaotic circumstances and suffer the consequences of long-term self-abuse. Many are homeless, in crisis, sofa surfing and without a permanent address. Compassionate support to deal with substance misuse and tackle the multiple complex barriers to a return to the community helps them regain hope and control of their lives.





3. Bridges

Bridges is a registered charity and was created by family and carers who were supporting loved ones with alcohol or substance misuse problems and mental health.

They offer a client centred service with individual support packages that enable the family to cope with the problems that arise from addiction. Addiction impacts on all members of the family, and they offer a holistic systemic approach to address issues, which affect the whole family.

THORNABY METHODIST CHURCH
Growing Community With Faith, Hope and Love

4. Thornaby Methodist Church

Thornaby Methodist Church have received transformation funding to commission services from PeerTalk and Umbrella Hugs.

This contributes to the wider care provisions that are offered through the Thornaby Wellness Project at Thornaby Methodist Church including the following:

- A central hub for people with mental health problems to find a provision of services that allows them to access the right care for them
- Peer Talk - have recruited and will train in January volunteer facilitators which will include those with lived experience to provide peer support groups.
- Umbrella Hugs work in partnership with Thornaby Methodist Church and provide mental health support for mums and other carers.



5. Starfish Services Limited

Fund 'The Place to Be' - a safe space that is open 5pm-8pm Monday to Friday for people experiencing poor mental health, it also offers a warm space and a hot drink for those that may be socially isolated and continues to provide support for those that are close to requiring crisis services.

The Wellbeing Hub

Opening May 2024. Shared with CAB.

Co-location of service partners including specialist mental health staff, VCSE partners and CGL workers



Expectations/Impact of the model



- No wrong door – no rejections: *Community Navigator post pivotal to this.*
- Warm transfers of care.
- Pathway simplified: Easier navigation for people who need help and staff working in the system
- Holistic offer – people will receive a package of care from TEWV and system partners
- Staff recruitment/ retention and wellbeing
- Earlier access to support/ guidance and interventions
- Waiting times reduced from 6 months and on track to hit 28 day target – recent operational issues have slowed progress
- Specialist caseload reducing to allow more meaningful therapeutic treatment

Challenges

- Funding
- Unprecedented system pressure
- Specialist Workforce
- Time to transform
- Maintaining momentum
- Funding (such a challenge its worth repeating.....)



**Thank you for listening.
Any questions?**

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