Faculty update on the Community Mental Health Transformation

Dr Amanda Thompsell
National Speciality Advisor for Older people's Mental Health NHSE&I

Agenda

- Background
- Brief overview
- The practicalities
- Co –production
- Contact details

Faculty Conference

278 respondents

- Do you know what your STP/ICS plan is for 2021/22 for community mental health transformation for older adults?

- YES = 42   =   15%

- NO = 236

- Do you know who to contact to discuss your local community mental health transformation plan for older adults ?

- YES = 93   =   33%

- NO = 185

Starting back in 2016

- As you may recall the Five Year Forward View for Mental Health 2016 made little mention of the specific needs of older people.

- The Faculty of Old Age Psychiatry produced a report "Suffering in silence"-age inequality in older people's mental health care CR221, November 2018

- We called for *"a clear vision of older people's mental health services to be included in the government's next mental health strategy"*

- We asked that "*this strategy should set out to rebalance resources towards older people's mental health care, rebuild services to meet older people's needs equitably and effectively, place more emphasis on prevention and early recognition, strengthen the workforce, and raise public awareness of mental illness in old age*".

Clarification slide

- This is not a presentation about the Department of Health and Social Care White Paper "Integration and innovation: working together to improve health and social care for all" which sets out legislative proposals for a health and care Bill.

- The Community Mental Health transformation and its funding is for older adults with *functional* **mental health problems**, who may have *co-existing* cognitive issues, or co-existing dementia, as well as other co-existing health issues e.g. frailty, substance use

Background

- Proposals for Community Mental health transformation for older adults were received , reviewed and finally agreed early 2021

- Funding to start June 2021 (£121m this year)

- £782m available for transformation over the next 3 years

- Plus possibly some extra COVID recovery money

- 3 new pathways focusing on Eating disorders, Personality disorders and Rehabilitation which specifically need to be available for access by older adults

Mental Health 21_22 Delivery Plan v2

- **Existing LTP requirements:**

- Continue expansion and transformation of community services to ensure that in 2021/22, at least 126,000 adults and older adults with Serious Mental Illness (SMI) can access new and integrated models of primary and community mental health, increasing to 370,000 adults and older adults per year by 2023/24 (including adult eating disorder, personality disorders and rehab pathways)

- Ensure 32,000 people have access to Individual Placement and Support(IPS)services through delivery against ICS trajectories in line with fidelity of model

- Deliver on submitted and approved transformation proposals ,investing all allocated CCG baseline funding and transformation funding

- **Spending review requirement:**

- •Embed mental health practitioner roles in each PCN by 2021/22, inline with GP and Standard contract requirements.

- •Expand the peer support workforce and non-clinical workforce to support community MH services•

- Commission VCS-led outreach services to address inequalities amongst underserved SMI populations, including BAME communities, LGBTQIA+communities

What the Transformed Community Mental Health Service (CMHT) for older adults aims to avoid

- Unnecessary repeat assessments and referrals

- Exclusion of older adults from community support

- Silo working

- Unsupported transitions and discharges

- Staff caring for older people without the core competencies to do so

- Older carers being forgotten

- Inequality of access to specialist services(Emotionally complex needs/Personality disorder services ,Eating disorders ,Rehabilitation)

Community based non-acute adult mental health support

Primary Care Networks/ GPs

Enhanced Health in Care Homes

Integrated Primary/ Community Serious Mental Illness MDT

COVID Rehabilitation Services

IAPT Expansion

Ageing Well/ Anticipatory Care/ Community Health Services

Community based rapid/ crisis response

111/ Single Point of Access

Ageing Well Urgent Community Response

Mental Health Crisis Resolution/ Home Treatment Team

OPMH staff/ teams providing input to MDTs and services as required

Hospitals

Mental Health Liaison

Acute Frailty Service/ SDEC

Voluntary, community & social enterprise (VCSE) sector & social care

Social Services

VCSE

Acute Mental Health Inpatient Care

These were some of the elements mentioned in the plans submitted for CMHT for older adults

- Plan to address long standing underinvestment
- Plan based on local demographic profiles and assessment of demand for /capacity in older people's services
- Co-produced plan
- Access to services based on needs
- Integrated MDT working with PCNs and Ageing well/frailty/EHCH –addressing physical helath co morbidities
- Addressing the workforce –recruiting staff for new neighbourhood MDTs /Peer support /Training up colleagues –Using HEE framework
- Contracting with VCSE specifically to support older adults
- Tackling Digital exclusion
- A named STP wide lead for Older people's mental health care
- Collaborative work to address Loneliness

NHS responses to common questions

"Any move towards 'ageless' services should not constitute a move **towards services that lack OPMH skills and expertise"**.

"**All systems will be required to work with local OPMH clinical experts**, users, families and carers to determine the best way to meet the mental health needs of older people within local populations." direct quote from NHS Mental health implementation plan

Early work has led to sites leaving in place their OPMH CMHTs, but changing their remit from only providing direct care to a small caseload of older people to providing consultation, advice, support and supervision .

Who to contact to find out about your local plans and ask about who is the OPMH lead ?

vicky.cartwright2@nhs.net

Region	ICS
North East and Yorkshire	Humber Coast and Vale
	North East and North Cumbria
	South Yorkshire and Bassetlaw
	West Yorkshire and Harrogate Health and Care Partnership
North West	Greater Manchester
	Lancashire and South Cumbria (Blackpool and Fylde Coast)
	NW Coast Clinical Network
	North West Boroughs
	Cheshire Wirral Partnership
	Mersey Care
South West	Bath, Swindon and Wiltshire
	Bristol, North Somerset, South Gloucestershire
	Cornwall and the Isles of Scilly
	Dorset
	Gloucestershire
	Somerset
South East	BOB (Berkshire West, Oxford and Buckinghamshire)
	Frimley
	Hampshire and the Isle of Wight
	Surrey Heartlands
	Sussex and East Surrey
Midlands	Birmingham and Solihull
	Derbyshire
	Nottinghamshire
East of England	Bedfordshire, Luton and Milton Keynes
	Hertfordshire and West Essex
	Suffolk and North East Essex
	Mid and South Essex
	Cambridge and Peterborough
	Norfolk and Waveney
London	North Central London
	North East London
	North West London
	South East London
	South West London

The practicalities

Based on the experience of Colleagues, Integrated ICSs ,early implementer sites and VCSE

The first fundamental steps

Leadership and governance – ensure you include stakeholders and experts by experience – Ensure you have shared system vision and objectives

Build alliances with other stakeholders so you can build trust and relationships

Get your local demographic information so you understand your population needs

Map your community assets – include all the person's needs eg housing etc – what is missing ?

Co produce a new model with stakeholders and experts by experience

Make sure you address workforce so you can begin recruitment

Some enablers

- Reference the CMHT framework's specifications

- Find allies, attending different meetings helps develop local relationships

- Involve experts by experience. Patients voices are usually the strongest and using patient feedback can help

- Involve primary care from the start

- Ask the question : 'How will this change improve the care for older adults with mental health needs in your local area?'- case studies can be helpful

- Highlight the difference in the types of support /presentation for older adults compared with working age adults (the unknown unknowns)

- Highlight any inequalities that you will be addressing by these changes

- Have an older adult champion at all levels of the transformation

Some possible points to consider

- How will you train up colleagues across all sectors – what resources are needed for this?

- New roles in PCNs via Mental health practitioners/social prescribers- how are they getting their older people's mental health knowledge ?

- There are various other workstreams as part of LTP such as crisis care /anticipatory care /urgent community response/Enhanced care in care homes – are you aligned with them ?

- Could you collaborate with other services such as dementia services to increase community workforce ?

Potential Obstacles

- Personal workloads and time availability

- Coping with ever changing environments

- The lack of research

- Lack of knowledge about how older adult's mental health needs differ from working age adults

- Not many of our patients are vocal about their needs so potentially are not heard

- Not being bold enough

Co production in practice

This is not about coming up with changes and then taking it to stakeholders for sign off .

This is true co production

An example can be found on:

On the NHS Futures platform on the National Adult and Older Adult Mental Health Programme page [here](#).

Resources

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

- NHS Mental Health Implementation Plan 2019/20 – 2023/24 (longtermplan.nhs.uk)

- https://www.england.nhs.uk/about/equality/equality-hub/action-required-to-tackle-health-inequalities-in-latest-phase-of-covid-19-response-and-recovery/

- PHE Fingertips https://fingertips.phe.org.uk

- Futures web page https://future.nhs.uk

- Training material https://www.rcpsych.ac.uk/members/your-faculties/old-age-psychiatry/training-packs

- Benchmarking data is coming out soon

If you want to either:

- Share good practice

- Let me know about any barriers

- Or you have a query

- Please contact me at amanda.thompsell@nhs.net

Extra slides

What do we expect proposals and plans to deliver relating to improving community care for older adults with severe mental health problems?

- Dedicate **proportional increases in funding allocation to improve care, support and treatment for older adults** considering the ageing population and in line with a) local demographic profiles, and b) assessment of current demand for/capacity in OPMH services.

- Use this funding to **increase and redeploy the OPMH workforce** by:
  - recruiting new OPMH-specific expert staff to work in new neighbourhood MDTs as part of the new 'core' MH model;
  - employing older adult peer support workers;
  - employing other older adult mental health new roles;
  - beginning to implement HEE's interim OPMH core competency framework for all CMH staff;
  - recruiting new OPMH-specific expert staff to work in older adult CMHTs while recasting these teams' function. In most cases older adult CMHTs will likely need to adopt a more consultative, educational role while still providing some direct care provision to more severe, complex cases. This recognises the current relative shortage of OPMH-specific expert staff and the simultaneous need to grow, spread and share this expertise.

- Use this funding to contract with **VCSE organisations to improve the mental health care of older adults specifically**. There may be underdeveloped VCSE infrastructure in local systems geared towards older people with MH problems, so resource may need to be dedicated to building this. Systems could also ensure that all contracts clearly define and reflect the need to work with older adults;

- How transformation will drive integrated working **with Ageing Well/Frailty teams** locally, including through joint management and shared care approaches with OPMH community services e.g. in ensuring mental health support for older people in care homes as part of the PCN- and community physical health services-led Enhanced Health in Care Homes (EHCH) model.

What do we expect proposals and plans to deliver relating to improving community care for older adults with severe mental health problems?

- Act based on clear evidence of **engagement with OPMH clinical experts** including MH provider OPMH clinical directors and older adult CMHT staff across all professional disciplines;
- **Co-produce** their OPMH community transformation plans with **older people themselves**, their carers and families, and OPMH VCSE organisations;
- Establish, depending on the size of your system, **at least one named STP-wide lead for improving OPMH care** as part of this community MH transformation (e.g. a MH provider clinical director to work across STP/ICS Mental Health and Ageing Well programmes);
- Deliver plans **jointly** with public health, PCNs and care home providers;
- Tailor care and test / build the evidence base around **psychological therapies for older people** with severe MH problems, including presentations consistent with a diagnosis of 'personality disorder' and trauma;
- Work in an integrated way with other partners, including PCNs, acute and community providers to address the **physical health co-morbidities** of older adults with severe mental health problems, and **multimorbidity,** and to ensure that mental health needs are considered alongside ongoing physical health needs;

What do we expect proposals and plans to deliver relating to improving community care for older adults with severe mental health problems?

- Ensure access to specialist OPMH support is **based on needs** i.e. **co-existing SMI and** e.g. physical health needs, cognitive issues including dementia, frailty, end of life care needs, recognising those factors that can put people at higher risk of being affected e.g. older carers and older people from BAME groups;
- **Tackle digital exclusion** among older adults so they can benefit from use of digital technologies for e.g. virtual / remote appointments, drawing on other sources of local funding for digital development or using Personal Health Budgets;
- Work particularly closely with primary care to improve OPMH care through strong links with PCNs, public health teams 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);
- **Join up** their community MH transformation work for older people with the parallel MH crisis transformation work for older people e.g. consideration of step-up / step-down care for older people;
- Draw on MH providers' submissions to the 2020 NHS Benchmarking Network stocktake of OPMH services.