

Meeting: Health, Overview and Scrutiny Committee

Date of Meeting	24 th November 2022
Title of Paper	Community Mental Health Framework Overview
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Action Required	None

Executive Summary

The Community Mental Health Framework (CMHF) and associated transformation funding gives a significant opportunity to improve the offer to people with Severe Mental Illness (SMI) across Oxfordshire.

The purpose of the CMHF Programme is to deliver radical change in the design of community mental health care for adults and older adults.

This will be achieved by moving towards joined up care, designed using a whole population approach, whilst establishing a revitalised purpose and identity for community mental health services.

This paper provides an overview of the CMHF Framework, the new model for Oxfordshire and the Programme delivery to date.

1. Background and local context

Adult Mental Health Teams (AMHTs)

Oxfordshire currently has three AMHTs which cover North & West Oxon, City and NE Oxon and South Oxon.

Since 2014, Oxfordshire's AMHTs have worked to a 7 day a week model (7am – 9pm) covering both the traditional Community Mental Health Team (CMHT) and Crisis Resolution and Home Treatment team (CRHTT) models.

In 2020, it was decided that Oxfordshire needed a standalone CRHTT service, as the AMHTs struggled to provide both functions to the expected level. In 2021, the directorate rolled out the CRHTT team covering just the City & North East AMHT, which enabled the team to revert to traditional working hours and model.

However, both the South and N&E AMHTs continue to work 7/7. It is hoped that the CRHTT will be rolled out countywide over the next couple of years, but this is reliant on both funding and the ability to recruit.

Staff recruitment and retention has been challenging across mental health services both nationally and locally, with the additional impact of cost of living in Oxon being the second highest in the country without the High Cost Area Supplement (HCAS) offered to NHS staff in London.

The impact has predominantly been seen in the recruitment and retention of Band 6 Registered Mental Nurses (RMN) and Occupational Therapists (OT) which make up most of the traditional community mental health work force.

To reduce the impact of Band 6 recruitment issues and develop and retain staff, we have reviewed our staffing models and have worked towards a *'grow your own staffing'* plan.

This means teams have recruited unqualified staff either as Support workers, Peer Support Workers (PSW) or Nurse Associate Trainees (NAT) who in turn would be supported, if desired, onto appropriate apprenticeship or degree routes to gain a professional qualification.

We have started to see the benefits of this plan with some of our original Nurse Associate Trainees having completed both the Nurse Associate qualification and now their full RMN qualification, seeing them now being employed as Band 5 nurses in our Community Teams.

Similar apprenticeship routes are being rolled out for Occupational Therapy. In order to support these roles, teams have converted vacant Band 6 posts into Clinical Band 7 roles who have extended, complex caseloads but have a team of newly qualified clinicians, PSWs, NATs and support staff working with them who are able to carry out the interventions for these patients.

One of the main issues AMHTs have experienced over the past few years due to the model, recruitment issues and increased in demand, is that clinicians often have to focus their time on patients in crisis or needing enhanced interventions or new patients, meaning those with more complex mental health issues do not receive the recovery-focused interventions required to enable them to move forward and live more independent lives. The increased demand has also led to AMHTs needing to increase the threshold for patients accessing services and to stay within the service to receive evidenced-based interventions.

People who used our services have raised concern that they often have to reach the point of crisis before they are able to access AMHTs and report a significant gap between AMHT and Primary Care.

Data

The graphs below show the historical demand of the Oxfordshire Mental Health services split by referrals, caseload and appointments and future potential demand. They are also showing the potential lower and upper confidence levels based on the unknown future parameters.

The data includes the following teams/services:

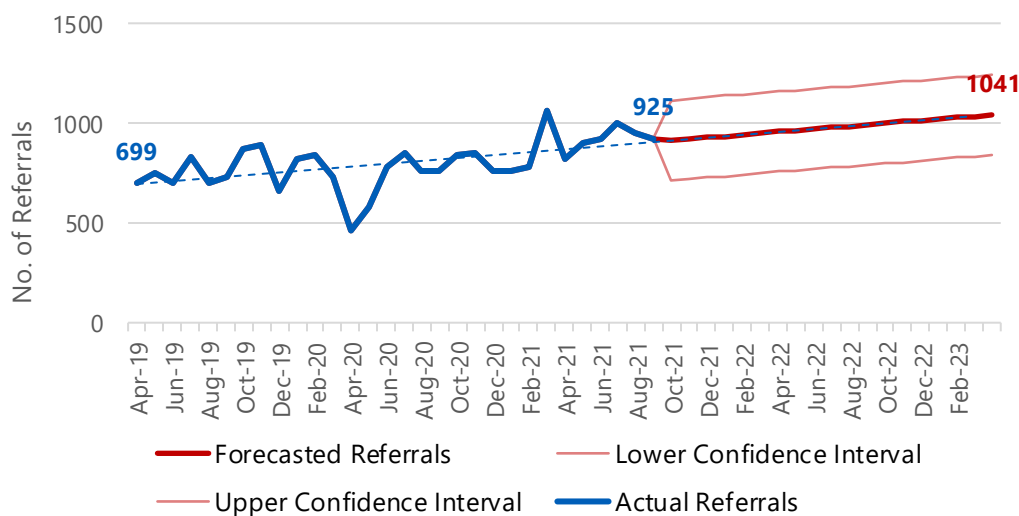
- Oxfordshire Adult Mental Health Teams,
- EIS Service,
- Crisis and Home Treatment Service,
- Perinatal Service

Based on future projections of AMHT FY22/23, there would be the following increases:

- Increase in appointments by 1589 (assessment and follow ups) – 25 %
- Increase in referrals by 148 – 13 %
- Increase in caseload by 143 – 4 %

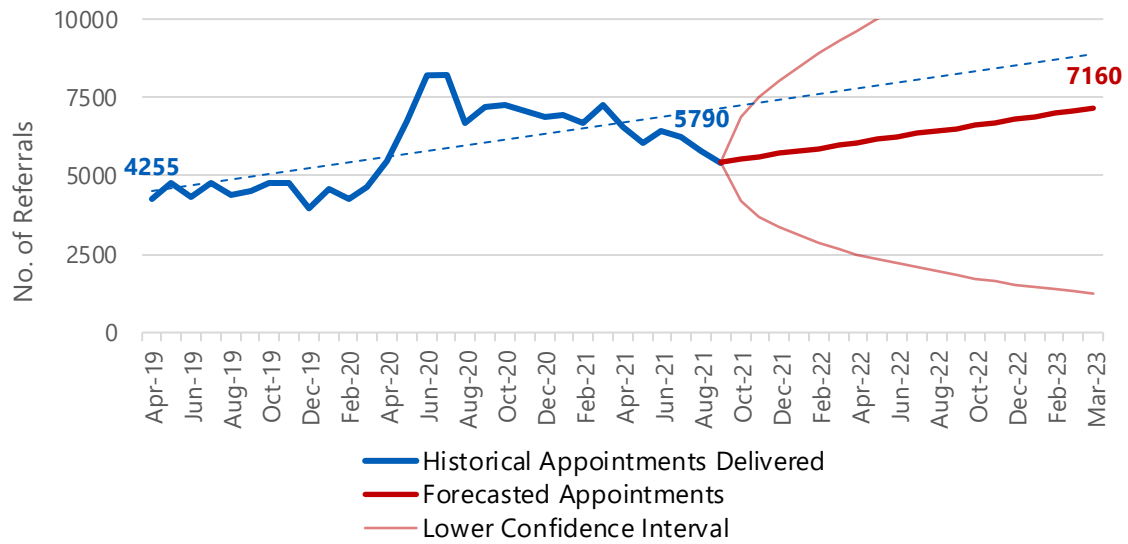
Referrals

Figure 1.1 Oxfordshire Mental Health Referral Forecast



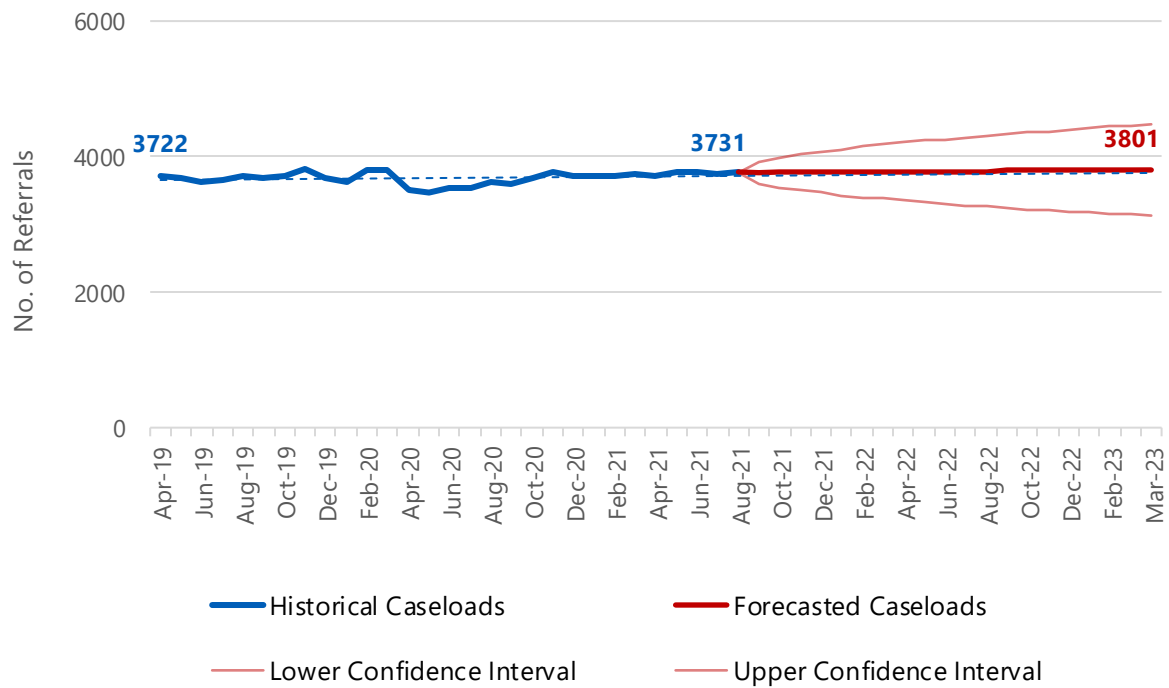
Appointments

Figure 2.1 Oxfordshire Mental Health **Appointment** Forecast



Caseload

Figure 3.1 Oxfordshire Mental Health **Caseload** Forecast



2. National context

A new place-based community mental health model

Community mental health services have long played a crucial yet under-recognised role in the delivery of mental health care, providing vital support to people with mental health problems closer to their homes and communities since the establishment of generic community mental health teams (CMHTs) for adults 30 years ago.

However, the model of care is now in need of fundamental transformation and modernisation.

The Community Mental Health Framework (CMHF) provides an opportunity to address this gap and achieve radical change in the design of community mental health care.

This will be achieved by moving away from traditionally siloed, hard-to-reach services and moving towards joined up care and whole population approaches. It will establish a revitalised purpose and identity for community mental health services going forward.

In addition, it supports the development of Primary Care Networks, Integrated Care Systems (ICSs) and personalised care, including how these developments will help to improve care for people with severe mental illnesses.

The Framework sets out how the vision for a new place-based community mental health model can be realised, and how community mental health services will be modernised to shift to whole person, whole population health approaches.

In particular, the aim is to drive a renewed focus on people living in their communities with a range of long-term severe mental illnesses, and a new focus on people whose needs are deemed too severe for Improving Access to Psychological Therapies (IAPT) services but not severe enough to meet secondary care “thresholds”.

This includes for example, eating disorders and complex mental health difficulties associated with a diagnosis of “personality disorder”.

The new approach will ensure that the provision of NICE-recommended psychological therapies is seen as critical in ensuring that adults and older adults with severe mental illnesses can access evidence-based care in a timely manner within this new community-based mental health offer, to give them the best chance to get better and to stay well – as service users have so often feedback they would like.

Oxfordshire Community Mental Health Framework (CMHF)

Background:

The Community Mental Health Framework (CMHF) and associated transformation funding gives a significant opportunity to improve the offer to people with Severe Mental Illness (SMI) across Oxfordshire.

For many years patients, carers, clinicians (across primary and secondary care) have reported a significant gap in services for people with a SMI, barriers to accessing services, long waits for specialist interventions, lack of capacity and training for secondary care professionals to provide evidenced based interventions, clinicians 'firefighting' due to a lack of appropriate Crisis provision, and a void of individualised interventions for people when discharged from Secondary mental health services.

We have repeatedly seen this through complaints, patient and carer feedback, frontline clinicians, GPs.

Patients and their carers report they often have to get into crisis before they are accepted back into Mental Health (MH) services, and the lack of early intervention in relapse impacts on flow across MH services.

There are repeated complaints about patients being 'bounced' between services and long waits with no support during these waits if they reach the appropriate service. This leads to a lack of trust in mental health services and risks for patients increasing during this time.

Development of the model

The model in Oxfordshire was co-produced in partnership with representatives across the system. Workshops, focus groups, and engagement events were held with all stakeholders including partner organisations (across Primary/Secondary/Third/Voluntary/Acute/Local Government sectors and CCG), staff, patients, and carers to develop the hub model in Oxfordshire.

We liaised with early implementer sites, to learn from their experiences and used their examples to inform discussions.

The purpose of the CMHF Programme is to deliver radical change in the design of community mental health care for adults and older adults. This will be achieved by moving towards joined up care, designed using a whole population approach, whilst establishing a revitalised purpose and identity for community mental health services.

People will be supported to live well, to maximise their individual skills, and to be aware and make use of the resources and assets available to them as they wish.

This new approach of locally based mental health support, care and treatment for adults and older adults is situated and provided in the community.

Close working between professionals in local communities is intended to eliminate exclusions based on a person's diagnosis or level of complexity and avoid unnecessary repeat assessments and referrals.

Care will be centred around an individual's needs and will be stepped up or down based on need and complexity and on the intensity of input and expertise required at a specific time. Support is applicable and available to all people irrespective of their diagnosis.

Instead of sitting in separate teams, dedicated services will 'plug into' a new core model through agreed in-reach or liaison arrangements and shared care, providing rapid, evidence-based clinical input when appropriate and specialist clinical expertise when needed, helping to maximise continuity of care.

Teams will fully integrate their working with other local services. This new model of care will span both core community provision and dedicated services where the evidence supports, and they will be built around primary care networks (PCN's).

The programme aims to:

- Promote mental and physical health and prevent ill health.
- Treat mental health problems effectively through evidence-based psychological and/ or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that:
 - builds on strengths and supports choice;
 - is underpinned by a single care plan accessible to all involved in the person's care.
- Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.
- Maximise continuity of care and ensure no "cliff-edge" of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.
- Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.
- Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation.
- Establish new integrated diagnostic pathways to be delivered through integrated teams based in primary care and locally accessible Hubs in the community. This will allow patients to access and flow through services with no wrong door in or out.

Our vision

Our vision is to provide truly integrated, multi-agency care to adults with severe mental illness in a way which is proactive, personalised and considers the holistic needs of patients. A service which works collaboratively with primary care and draws upon the assets of the community to facilitate effective, accessible care and communication across the whole system.

The CMHF goals are as follows:

- 1. Integrated Primary & Secondary Care**
A joined-up approach, working together with GPs to improve patient's experiences and outcomes.
- 2. Treating the patient's holistic needs**
Considering a patient's overall and individual need; physical & mental health, wellbeing & social support care.
- 3. Improved Access to Care**
Faster, simplified access for all who need it
- 4. Targeted Pathways addressing specific need**
Eating Disorders, Personality Disorders, Complex Psychosis & Rehabilitation.

Integrated Community Healthcare Model for Oxfordshire

Oxfordshire's CMHF Programme will establish an Integrated Community Mental Health pathway that plugs the increasing gap in mental health support for patients with serious mental illness (SMI), between the traditional Primary and Secondary Care services through the introduction of Primary Care Mental Health Teams (PCMHTs).

The teams will exist across the 3 localities of Oxfordshire (South, City & North East, North & West). This will enhance the current offer to mean each locality has Primary Care Mental Health Teams, Enhanced Mental Health teams (AMHT & CMHT) and Dedicated Mental Health teams (EIS, Perinatal, CNS, etc).

a) Primary Care Mental Health Teams (PCMHT)

There will be 8 PCMHTs in total across Oxon by the end of March 2024 each covering between 2-3 PCNs - Banbury, Witney, Bicester, North Oxford City & KIWY, Central Oxford, East Oxford, Didcot & Wantage, Abingdon and Wallingford. It is anticipated that these will be co-located within the Mental Health and Wellbeing hubs or local community spaces.

The teams will prevent escalation and support patient recovery facilitating the move on into living well with their condition in their community and will provide:

- A local point of access for all mental health referrals (although GPs will continue to be able to refer directly to TSP). (Enhanced MH Teams - AMHT/ CMHT to input into triage).

- Trusted assessment – following triage, leading to self-help advice, signposting to Third/Voluntary sector, short term intervention from the PCMHT, direct referral into Enhanced or Dedicated MH teams without the need for further triage or repeated assessment. There will be an opportunity for joint assessment with Enhanced or Dedicated MH teams if required.
- Short term intervention – both early intervention for people presenting for the first time and those with an existing diagnosis with signs of relapse or advice/ reviews – including support with physical health.

b) Keystone Mental Health and Wellbeing Hubs

Alongside the PCMHT, the offer would be a single point of access to other services which are important to maintain mental health – housing, benefits, drug & alcohol services, CAB, health and wellbeing services – so these services could run clinics from the Keystone Hubs making these a one-stop shop.

Keystone Hubs will offer a welcoming and non-stigmatised outward facing façade with a social enterprise offer alongside MH and wellbeing support services. The hub model offers opportunities to achieve truly integrated partnership working at a community level which will be able to offer support to self-referrals and group interventions.

It is anticipated that local community groups would be interested in using the space, and activities could be run from the hubs. In the public space there will be information relating to mental health and wellbeing – this should be available in different formats as well as staff/volunteers available to speak to any enquiries.

It is anticipated that the front of each Keystone Hub will house a local social enterprise who we intended to employ people with lived experience of SMI into a variety of roles and encourage volunteers to work alongside our PCMHT in offering advice and guidance to those coming into the building.

We will invite other agencies to have ‘surgeries’ within Keystone Hubs to include CAB, housing advice, benefits advice, Turning Point, Age UK etc. The space could be used by those in need of MH support by day and local community groups by night; and our partner organisations have expressed an interest in utilising such space to expand our Safe Havens.

c) Specialist Mental Health practitioners for Primary Care

Although not officially part of the original CMHF proposal, these roles were an addition to the Primary Care Additional Roles Reimbursement Scheme (ARRS) offer from April 2021 with the expectation that each PCN would be funded for 50% of a MH practitioner (B5-B8a) each year over three years to April 2024 (so a total of 3 per PCN after 3 years). The expectation was for MH providers to fund the other 50% and be the employer for these workers.

Each PCN has developed the role to meet their needs, for most the SMHPs provide on the day assessment for patients presenting to the practices with mental health issues, some are 'referring' all MH referrals to these workers for triage to determine if the patient can be managed with MH interventions in Primary Care or requires onward referral to secondary care.

All the SMHPs have access to the PCN SMI register and will be offering reviews to those not 'open' to MH services; for some this will include offering a physical health review and care plan. They all are becoming the first point of contact to patients with SMI or Personality Disorders who traditionally have regularly booked appointments with GPs.

d) Pathways

NHSE have advised that CMHF's delivery of improved local, accessible, integrated community mental health support must evidence improvements to 3 specific pathways within the 3-year programme:

- Personality Disorders (PD)
- Adult Eating Disorders (AED)
- Rehab/Complex psychosis

In addition to this, the following pathways have been identified for review:

- Depression
- Anxiety
- Bipolar disorder
- Early Intervention Psychosis
- Psychosis
- Post Traumatic Stress Disorder (PTSD)
- Dual diagnosis Autism
- Dual diagnosis MH Addiction

Each pathway review is being led by a clinician has membership including Experts by Experience (EbEs), Psychiatrists, PT, staff from Third/Voluntary sector, and some included GPs. Pathway review identifies the expected interventions to be offered at each level of the pathway and the training and competency needs at each stage and for each staff member. They also highlight any gaps in service provision and how these could be addressed.

The dual diagnosis ASD pathway will lay across all the pathways and will include development of reasonable adjustments which care be integrated within all MH provision and training

3. Next steps

The Community Mental Health Framework continues to progress at pace. Key achievements to date include the following:

- 13 Specialist Mental Health Practitioner (ARRS) roles in post with another starting soon. Each PCN will have one ARRs role in post and ongoing recruitment is in place to support this.
- 3 Keystone Mental Health and Wellbeing hubs launching imminently November 2022 (Blackbird Leys and East Oxford), January 2023 (Banbury) and March 2023 (Abingdon).

Blackbird Leys & East Oxford Keystone Mental Health and Wellbeing Hub is the first mental health and wellbeing hub being launched and has been set up in partnership with The Frank Bruno Foundation.

The Frank Bruno Foundation was set up in 2017 to provide a safe environment for young people with mental health issues and subsequently older people in work who need help to manage their mental health whilst continuing to work. The launch is anticipated to take place on November 25, 2022.

- Anxiety and Depression pathway reviews have been completed with implementation expected to commence shortly. Further development is ongoing across all pathways which will continue to complete throughout this year and into next.
- The PCMHTs continue to form through ongoing recruitment and the teams are growing steadily.

There is a robust communication plan in place which supports the delivery of key communications activities now that the Programme moves into launch phase of the hubs. This includes the launch events themselves, roadshows, committee meetings, webinars and facilitated events. If you would like to know more information about the Programme or to attend future events then please contact CMHF@oxfordhealth.nhs.uk