New models of primary and community mental health care in the NHS Long Term Plan

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What is the LTP ambition in relation to community MH care for people with SMI?

We will establish new and integrated models of primary and community mental health care to support at least 370,000 adults and older adults per year who have severe mental illnesses by 2023/24, so that they will have greater choice and control over their care, and be supported to live well in their communities.

A new, inclusive generic community-based offer based on redesigning community mental health services in and around Primary Care Networks will include: improved access to psychological therapies, improved physical health care, IPS/employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance misuse.

These models will also incorporate improving access and treatment for people with a diagnosis of Personality Disorder, and those in need of Early Intervention in Psychosis (EIP), adult community eating disorder services and mental health community based rehabilitation.

Through transforming the model of care and investing in new workforce we will be providing better care for people already receiving mental health support in the community, and increase access to these services over a 10 year period, including testing a new four-week waiting times standard for (generic adult and older adult) community mental health teams with a view to future roll-out.

This testing of a potential future standard will form part of testing of the overall new model, in line with a new Community Mental Health Framework, in selected sites from 2019/20 using centrally-allocated funding, over and above new CCG baseline funding uplifts for community mental health services from 2019/20.

As part of improving the overall community offer, we will further increase the number of people with severe mental illnesses receiving physical health checks to an additional 110,000 people per year, and support an additional 35,000 people to participate in the Individual Placement and Support programme each year by 2023/24.
What do we want to see within a transformed system?

Core generic offer

MH Trusts to lead transformation of community mental health services (CMHS) in partnership with Primary Care Networks, as well as local authorities and the VCSE, service users and carers, to create a new, flexible, proactive model of community-based mental health care for people with moderate to severe mental illnesses across a range of diagnoses and needs, in line with the imminent new Community MH Framework. Specifically, this model will seek to:

- Dissolve the barriers between primary and secondary care, and between different secondary care teams (where evidence base and effectiveness of split teams is lacking/questionable)
- Be based on cross-sector collaboration and integrated working with local authorities and VCSE services
- Optimise data and information sharing across organisations in line with IG law and practice
- Maximise continuity of care
- Ensure there is no cliff-edge of lost care and support by moving away from an approach based on referrals and discharge
- Adopt the principle of inclusivity as opposed to exclusions and assess/address workforce gaps accordingly, with specific considerations for people with co-existing substance use, co-existing neurodevelopmental disorders, those who self-harm, young and older adults (the latter through adopting a shared care approach across mental health and Ageing Well/Frailty pathways and models), and people with a ‘personality disorder’ diagnosis
- As well as increasing quality overall, increase access for people who currently fall through the gaps between services or are deemed to not meet current clinical ‘thresholds’ for treatment by secondary care teams
- Ensure timely access by testing 4 week waiting times to appropriate care as part of testing the wider model, and testing what ‘appropriate care’ might mean e.g. the creation of a comprehensive, personalised, co-produced care and support plan
- Understand communities to address the racial disparities, social determinants of severe mental ill health and to minimise the health inequalities within specific local populations
What do we want to see within a transformed system?

Additional groups with specific needs that test sites may choose to focus on additionally

1. Rehabilitation – aligning care pathways with secure and New Care Model sites where they exist, thereby reducing out of area placements in ‘locked rehab’ settings.
   The national team would support regions to allocate money using criteria below to areas that can:
   - Demonstrate readiness to undertake transformation at pace i.e. an understanding of their local population currently placed out of area and the required local community-based service change / cross-sector partnership working and sign-up
   - Commit to securing the best value, high quality care and to reinvesting any financial savings resulting from transformation into local mental health services
   - Take an inclusive and flexible approach to provision - long-term aim not to exclude specific cohorts (either due to diagnosis or any other characteristic e.g. age)
   - Commit to work with experts by experience and carers in all aspects of local transformation and demonstrate action to address relevant inequalities

2. Eating disorders – testing models of dedicated community-based and outreach adult eating disorder services / to expand existing services in a limited number of sites in line with guidance that we hope to publish imminently. The national team would support regions to allocate money using criteria below to areas that seek to:
   - Align their care pathways and models with T4 inpatient services where appropriate
   - Meet NICE guidance and pathways
   - Ensure timely access and not employ, or eliminate, treatment thresholds
   - Consider and cater for needs of young and older adults and people with co-existing needs e.g. promoting integration with CYP eating disorder services (which should be operating to an acceptable level and are adequately funded; embedding the First Episode Rapid Early Intervention for Eating Disorders (FREED) model for young adults i.e. 18-25 year olds, if deemed appropriate
   - Embed experts by experience in service development and delivery;

3. ‘Personality disorder’ – testing models of dedicated community-based ‘personality disorder’ functions or services that also improve care for people in generic services. The national team would support regions to allocate money using criteria below to areas that seek to:
   - Meet NICE guidance and pathways
   - Provide consultation and support, supervision and training to generic services
   - Address concerns raised by the National Confidential Inquiry into Suicide and Safety in Mental Health report, ‘Safer care for patients with personality disorder’
Wave 1 over two years i.e. 19/20 & 20/21

At least one site per NHS region intended to receive funding over 19/20 and 20/21 to test new model and 4 week waiting times prior to phased implementation across all STPs in England in subsequent years. Test sites will be supported with evaluation and a national implementation support offer to help capture and spread learning

By 23/24, all STPs in England to receive transformation funding available over and above the greater new monies for community MH going into CCG baselines; all receipt of TF will be contingent on demonstration of effective spend/planned spend of new CCG baseline monies

Two-stage site selection process led by regional teams:
  - Screening process to identify potential sites
  - Suitable sites invited to submit proposals against detailed criteria, including innovative MDT workforce approaches (clinical & non-clinical) and potential value of new roles

Screening process includes consideration of:
- Current local system performance against EIP access and waiting time standard – current flagship community MH national programme
- Current local system CCG and mental health provider regulatory status
- Plans for effective use of 19/20 CCG baseline funding uplifts for community MH
- Sites with existing relevant local cross-partner plans for transforming primary & community MH including VCSE
- Sites who self-identify as ready to begin transformation in 19/20
- Sign-up from CYP commissioners and mental health providers to improve care for young adults

Submission of full proposals from potential suitable sites against detailed criteria by end Q1

Aim to release first tranche of monies to CCGs in July
Some challenges in transforming community mental health

• Integrated care for whole populations, with **multiple commissioners, providers** (NHS and non-NHS) – how?

• **Local authority funding pressures** (prevention, drug & alcohol services, adult social care) & partnership working (e.g. s75 agreements)

• Parallel transformations – **joining up or silo-ing off?** (Primary care, personalised care, Ageing Well…)

• Could we think about **exploring payment approaches in test sites e.g. year of care?**

• **Scale** of transformation required, and **headspace vs. delivering BAU**

• Workforce pressures – **morale, recruitment, retention**

• **Culture change** – MH providers leading transformation but with other partners, and **not just about clinical care** – mature relationships with e.g. VCSE, housing

• **Mobilising communities** – how good are we at doing so? What role should each partner and the whole system play? What resources are needed to do so?

• Particular **patient groups who have historically lost out as new LTP areas of priority** – older adults, people in out-of-area ‘locked rehab’ services who should be cared for locally, adults developing eating disorders, adults with complex mental health difficulties who are diagnosed with a ‘personality disorder’

• **Risk appetite** – clinical, system, financial

Can we afford to **not** do this?