Mid Essex CCG Mental Health

Presented By:

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Overview

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STP (do once)
Transformation 2020

- **Personality Disorder**

- **UEC (urgent emergency care) 24/7**
  single point of access via 111 - April 2020
  alternative accommodation - reviewing
  expansion of current CRHT - April 2020

- **MEHT - LIASION** - April 2020

- **Suicide Prevention** - Funding in place training primary care

- **Sanctuary** - April 2020 accommodation

- **Co-production** - stakeholder engagement

- **Primary Care Mental Health**

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The Mid 10
Mental Health Foundation Priorities

2019/20

The Mid 10: Mental Health Foundations Priorities 2019/20

PRIMARY CARE SUPPORT

1. **We will improve the quality & access to physical health checks and follow up interventions for Serious Mental Illness**
   - Baseline and align secondary & primary care SMI registers
   - Upskill and support primary care to deliver 6 SMI health checks for a minimum of 60% of the SMI population

2. **We will implement a revised model of locality based psychological therapies (IAPT) improving access**
   - Remodel IAPT provision to maximise digital offer and an integrated offer within long term conditions pathways
   - Identifying common Mental health problems in all ages who present with physical ill health and enabling access to psychological support
   - Target hard to reach groups through pro-active use of social media advertising and supported digital offer
   - Promotion campaign of mental wellbeing and IAPT provision in business across Mid Essex

3. **We will ensure patients with Dementia are diagnosed in primary care where this is appropriate**
   - Run training and education events for the primary care workforce to support diagnosis in practice with Primary Care networks having named psychiatry support with quick access to advice
   - Encourage networks to diversify workforce including dementia nurses to identify , diagnose and support people with dementia, with strong links to frailty MDTs
   - Develop a shared care arrangement for dementia medication, to enable initiation and monitoring across primary care networks
   - Achieve Dementia friendly practice status for 50% of our practices

The Mid 10: Mental Health Foundations Priorities 2019/20

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SECONDARY PREVENTION AND RECOVERY

4. We will integrate local mental health teams within Primary Care Networks to improve care closer to home

- Provide community psychiatric nurses within networks
- Develop band 3 support roles to increase workforce capacity
- Provide specialist mental health services within a place based setting

5. We will ensure patients with Dementia are diagnosed early and supported to access post diagnostic care

- Create capacity across memory assessment services
- Improve acute/intermediate care pathways to reduce crisis
- Enhanced training and support to care homes through additional community dementia nurses
- Shared care protocols developed for primary care prescribing

6. We will support high intensity users with Serenity Integrated Mentoring (SIM)

- Test and evaluate SIM model for wider roll out.

The Mid 10: Mental Health Foundations Priorities 2019/20

COMMUNITY RESILIENCE

7. We will enhance the current social prescribing model, providing co- located link workers within Primary Care networks

- Develop social prescribing model in collaboration with Essex County Council & align current resource to primary care networks
- Expansion of the social prescribing model through additional link workers per network as part of the NHS 10 year plan allocations

8. Support wider health and Wellbeing in the community

- Pilot the development of Dementia friendly communities in two locality areas.
- Support the development of place based programmes of Health and wellbeing to tackle wider determinants of health across district and city councils

CRISIS CARE

9. We will implement rapid access to urgent psychiatric support within an acute setting

- Explore options for implementation of full rapid assessment, interface and discharge service (mental health liaison service)

10. We will implement rapid access to urgent psychiatric support within community setting

- Implement a 24/7 Crisis Response service (CORE 24/7) in Q4.
- Development of 111 crisis response service as part of CORE 24/7
- Provide additional staffing investment in early intervention for psychosis service (EIP) to enable level 3 compliance

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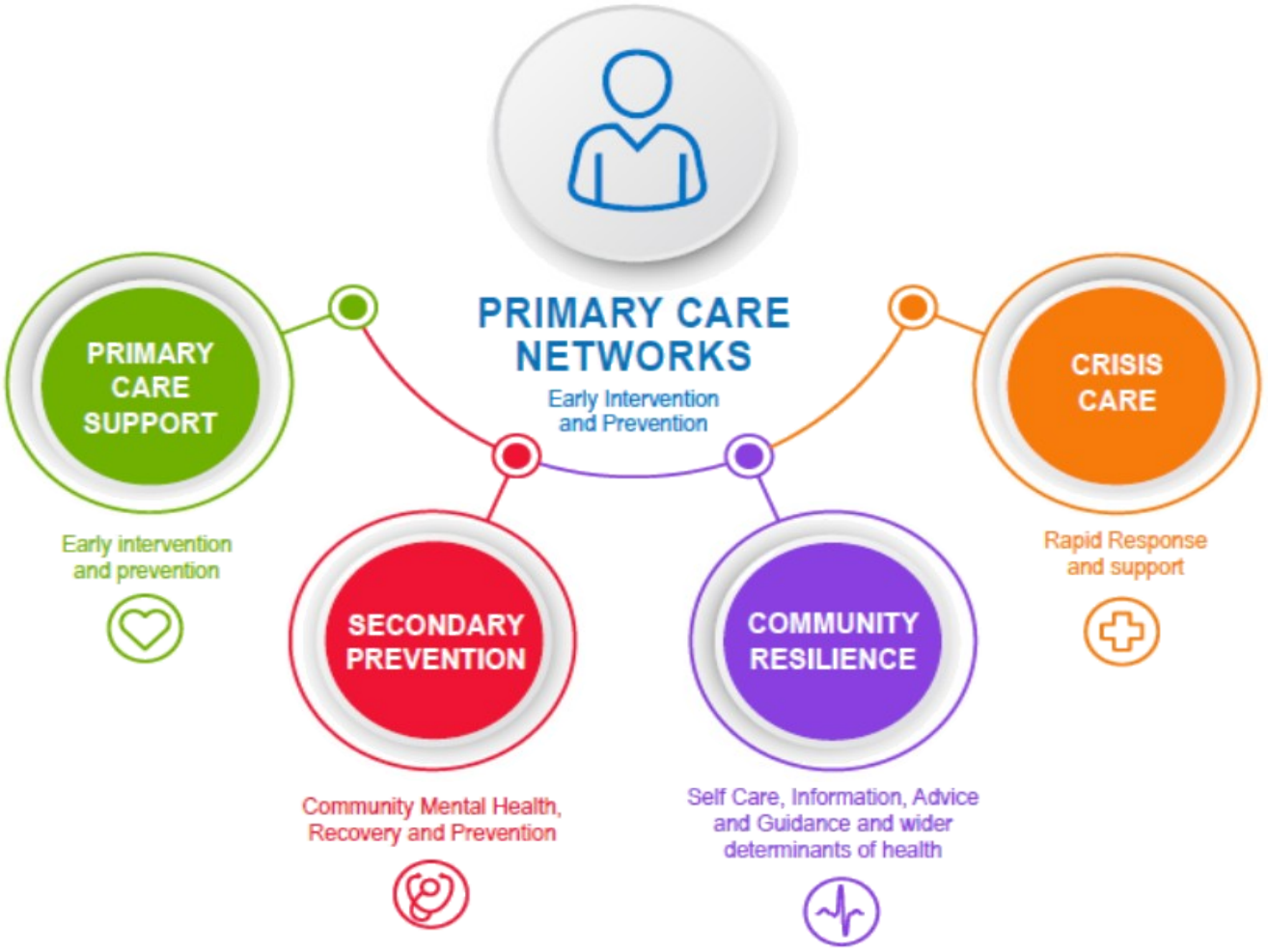
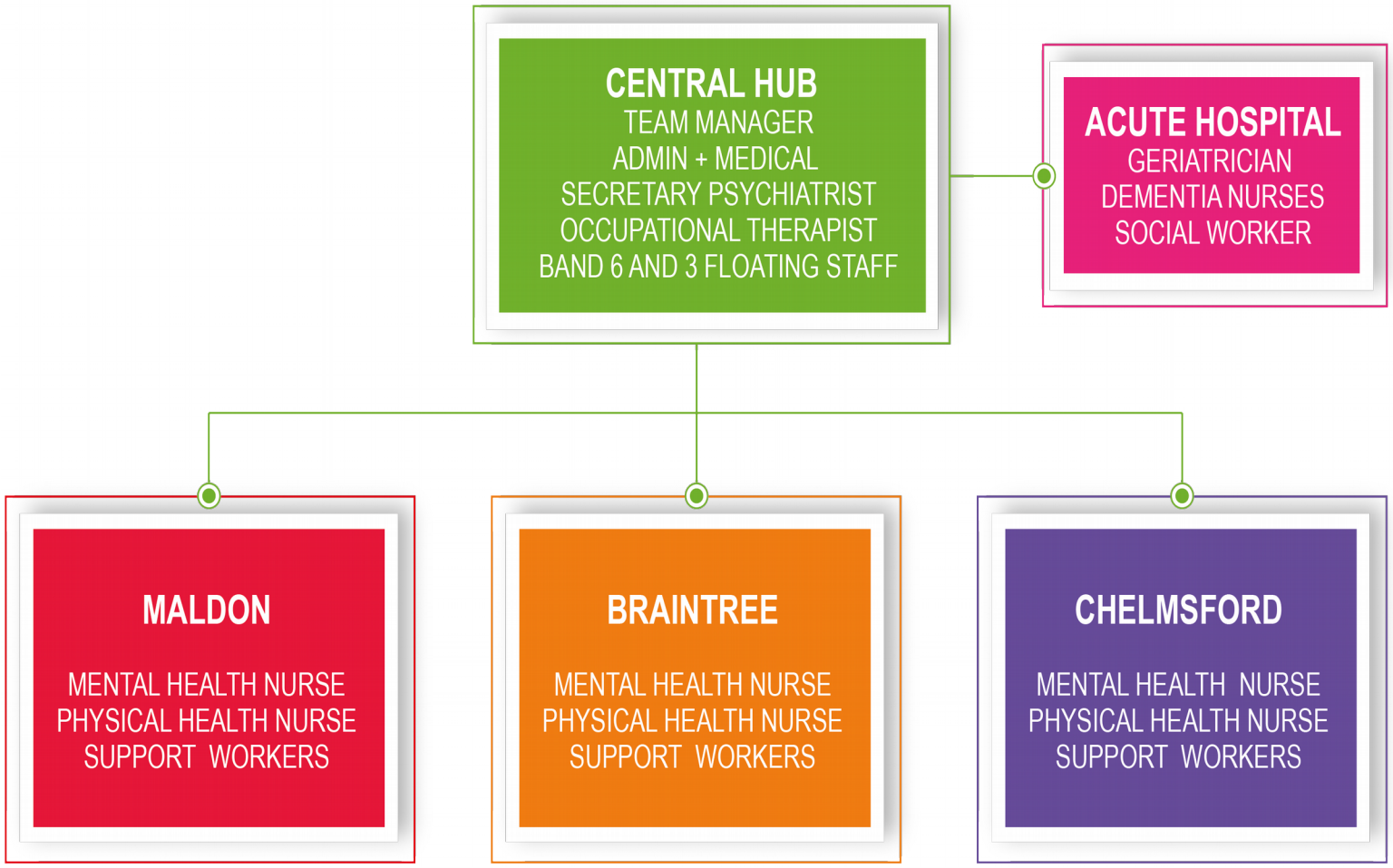


Dementia Enhanced Model

Dementia

TEAM SKILL MIX



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WHAT WILL THEY DO?

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Enhanced DISS will enable (Across 3 localities)

- Care Homes to be supported, upskilled
- Early Identification
- Crisis prevention - early detection
- Physical Health monitoring & medication review
- Ongoing training in primary care
- Post diagnostic support

Growth - next 5 years 35% 75-85 yrs 22% over 85 yrs

Estimated 5,021 ^ 65yr - only 3,021 received diagnosis GAP 2,000

- Dementia Clinic held in Primary Care - Alzheimer's /Care Navigators
- SPA - Dementia Nurse in with Provide
- Acute Carer Support- post discharge from MEHT
- Additional Post diagnostic support and MCI pathway in situ

Dementia Community Holistic - - Parity of Esteem

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Dengie Pilot

- Dementia Nurse and support worker in post
- Dementia nurse is attending MDT meetings in 4 practices,
- Support worker recruited supporting dementia diagnosis within Primary Care
- Working collaboratively within the MAS clinic to expedite the process and provide the right support to the patient and the family .
- Supporting care homes and primary care

SWF Pilot

- Protocols and pathways developed to support MDT, including Webex
- Reinstating MDT from February 22nd Jan 2019, consultant attending the meeting to discuss cases.
- Webex to be reinstated in Crouch Vale Medical Centre

DANBURY DEMENTIA ASSESSMENT SERVICE PILOT

Case for change:

- Poor dementia diagnosis rate in the practice
- Fragmented approach to working the patient up to the point of being able to refer to MASS
- Numerous duplicate appointments
- Unnecessary ECGs (half hour appts)
- Missed blood tests/incomplete blood tests
- Poor access for carers especially - DNA rate significant to Crystal Centre

Pilot:

- Primary Care Dementia Assessment Service led by Primary Care - started October/November
- Developed 0-6wk pathway
- Screening and diagnosis of dementia
- Co production with Alzheimer's Society, Frailty Nurse, Dementia Nurse, Social Prescriber, IAPT
- Oversight group in place
- Service user approved questionnaire to evaluate patient and carer experience
- Protocols and process map in place

Dementia Community Pilot

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Outcome:

- Rapid access & assessment
- Inform non dementia patients rapidly of normal results
- IAPT, DISS referral
- Access in practice to carer support and patient support post disclosure
- Possible to have case discussions and refer direct to MASS for high risk,
- Uncertain groups reduction in scans and ECGs (very few brain scans performed, only if clinically indicated e.g. need to start medication if not clear it is Alzheimers).
- Ardens produces patient centred care plan with all relevant information

Quotes from GPs

- Great service available to patients on 3 sites, easy access, quick involvement of dementia nurse/specialist, including home visits, ability to discuss cases with dementia nurse, really patient centred as the review is in the surgery, takes away the fear to attend
- Lovely to have a local service, shorter waiting times and good not having multiple appts to get initial screening done,, empowered HCAs to do more and be confident in booking patients in with dementia nurse themselves

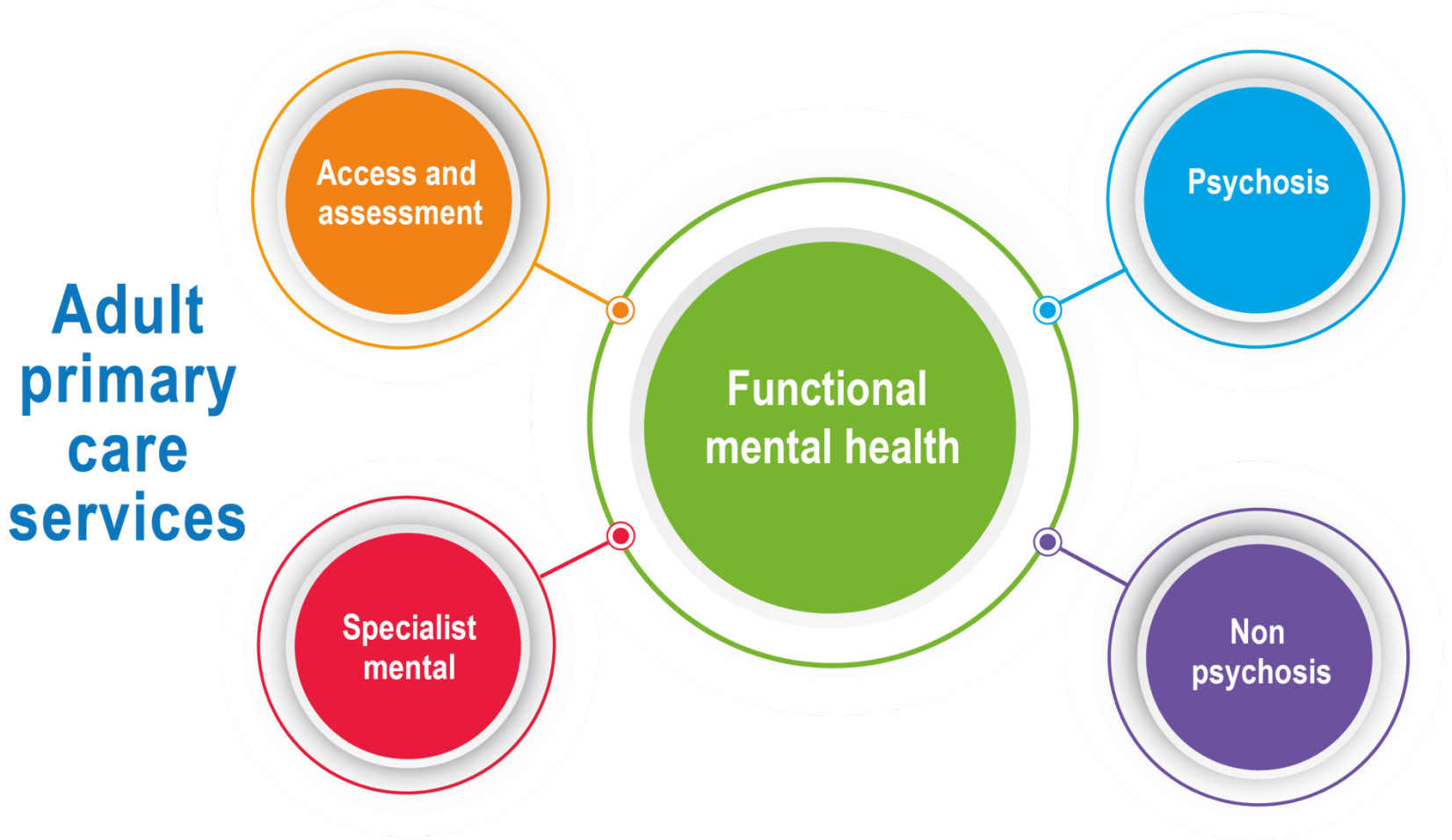
Dant	
Referrals	
Screened - non	

- Chelmsford City PCN meeting January with a view to implement Dementia Clinic in primary care
- BBCCG to review pilot

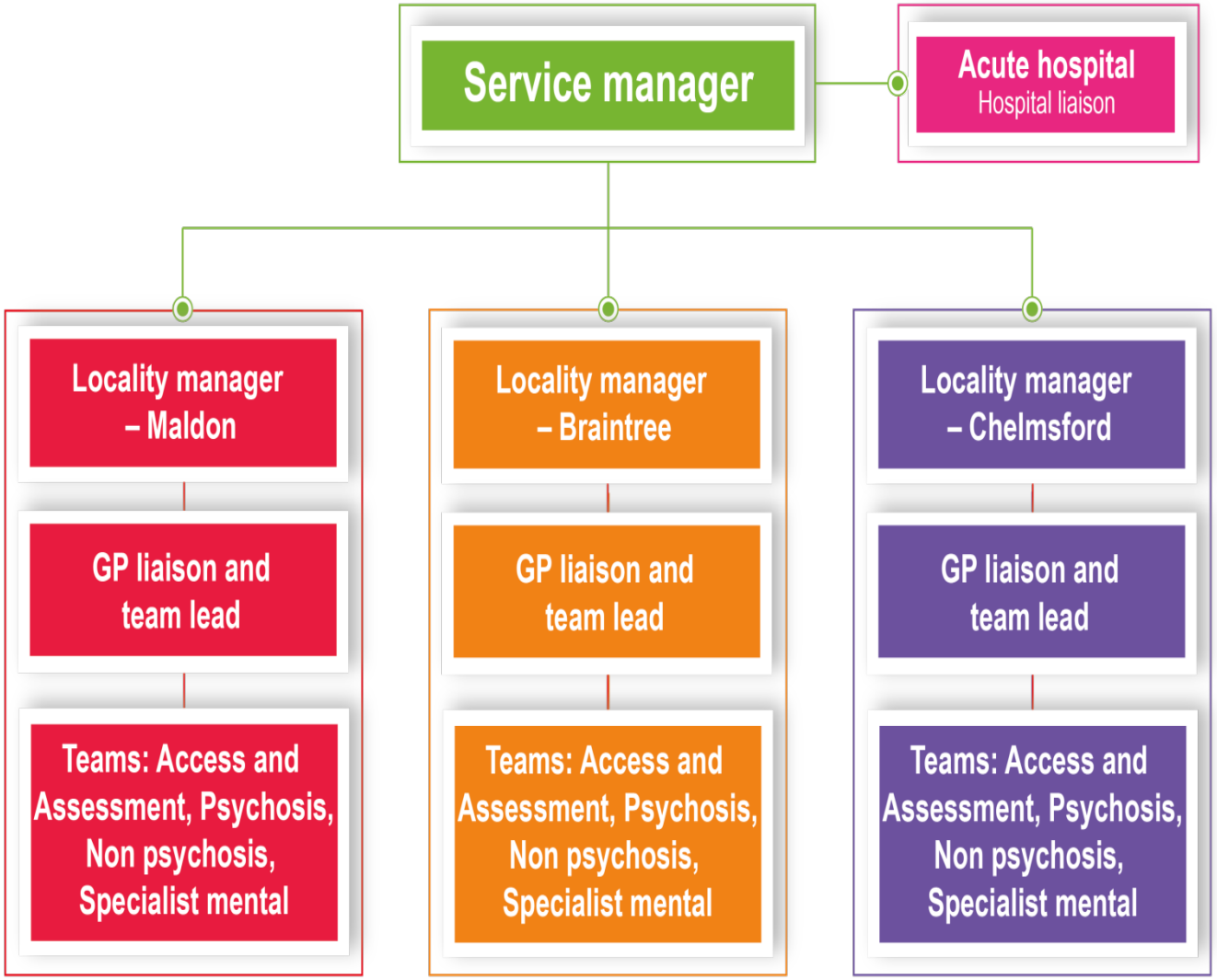
Community Dementia

- 13 surgeries holding dementia clinics of which 3 are in Chelmsford Locality
- Potential 19 surgeries would like to run clinics - of which 2 are Chelmsford
- 26 surgeries working toward becoming dementia friendly practice qt4
- 1 new surgery achieved “Working to Become Dementia Friendly” status.
- (previous DF practices need to be audited yearly)
- Alzheimer's are working closely with Primary Care to identify these areas and also help follow up with the practices where such a response has not been forthcoming.
- Additional funding has been given to Alzheimer’s society and this work will include the recruitment of additional two Dementia support workers to support the GP practices across Mid. This is now in place.
- Broomfield Village Hall - dementia café every 2 weeks - ave attendance 35, plus 4 volunteers
- Dementia campaign agreed with Essex county Council
- MEHT post discharge carers support worker (2 days a week) recruited. Go live January 2020.
- Carers support worker to call relative/carer within 1 week post discharge.
- Patient to be contacted directly by carer support worker every week for approx 6 weeks and referred directly to MAS/ DISS/ALZ
- This will help identify crisis early on and will address any issues and provide the right support to the family

Functional


Adult primary care services
Access and assessment
Psychosis
Functional mental health
Specialist mental
Non psychosis

Functional mental health



Other

EIP- (early intervention psychosis) level 3

- Stand alone January

SMI - (serious mental health)

- Health checks

IPS

- ECC to be the lead Commissioner

AIM Securing new jobs for those with mental health needs

Support to retain employment where mental health is putting that in jeopardy ie SMI

SIM – Serenity Integrated Mentoring - high intensity

- Mental health professionals and police officers together and, in joint mentoring teams, intensively support service users who were struggling to manage high frequency and high-risk crisis behaviours.

Outcomes

- 53% reduction in all 999 crisis incidents within a SIM managed community.
- 90% reduction in demand by each service user on the programme.
- Significant reduction in the use of s136 (and therefore in Mental Health Assessments)
- Less ward beds used for crisis, creating more therapeutic ward environments

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Winter pressure funding to support the Homeless and rough sleep in Mid Essex Locality

- To enable CHESS to deliver additional capacity within there current live projects.
- Counselling and Therapist
- Psychiatric nurse/Professional
- Electronic engagement - no cost
- Courses & training - mindfulness, wellbeing, confidence building
- Physical Exercise engagement

STP Winter pressure funding to support

- Additional band 3 HCA to support to MEHT and BTUH ED departments 24/7
- Band 3 support worker to improve discharge on mental health acute wards to improve flow and free up capacity during the winter.
- Enhanced dual diagnosis support in ED – Drug and Alcohol support - Public Health
- Advanced block purchase of secure transport across the MSB over the winter period based at Broomfield site. Improve flow within ED