**Report to:** Primary Care Committee

**Date of meeting: 10/08/2021**

**Date paper distributed:** Click or tap to enter a date.

**Subject: Supporting Low Level Mental Health in Primary Care 2021 onwards**

**Presented by: Sarah Dawson/Leigh Holton**

**Previously distributed to:** Click or tap here to enter text.

**STATUS OF THE REPORT *(auto check relevant box****)*

**Decision required** [x]

**For Discussion to give Assurance** [ ]  *(Only if requested by Committee member prior to meeting)*

**For Information** [ ]

**Report Exempt from Public Disclosure**  [x]  No [ ]  Yes

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| **PURPOSE OF REPORT:** | This paper outlines the changes to mental health provision in line with the Long Term Plan, identifies pressure areas that the Long Term Plan reformation does not address, and seeks decision of support to re-allocate resource to enable PCNs to develop solutions to ease that pressure. |
| **Recommendations:** | The committee is recommended to support the re-allocation of resource to enable an equitable level of access and support to low level mental health support across all practices |
| **Clinical Engagement**  | Practice Managers’ meeting and PCN CD Meeting |
| **Patient/Public Engagement** | NELCCG has considered feedback from many sources including PALS, complaints/compliments, conversation forums with community members and members of public, and service user feedback |
| **Committee Process and Assurance:** |  |

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| **Link to CCG’s Priorities** | * Sustainable services
* Empowering people
 | [x] [ ]  | * Supporting communities
* Fit for purpose organisation
 | [ ] [ ]  |
| **Are there any specific and/or overt risks relating to one or more of the following areas?** | * Legal
* Finance
* Quality
* Equality analysis (and Due Regard Duty)
 | [ ] [x] [ ] [x]  | * Data protection
* Performance
* Other
 | [ ] [ ] [ ]  |

**Provide a summary of the identified risk**

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| This proposal seeks to re-allocate existing budget, from the Primary Care Quality scheme funding and 3 Enhanced services currently providing mental health services to a number of practices. This would enable a larger funding envelope to support the development of a PCN service to meet low level mental health needs. In doing so it will eliminate existing inequalities in access to this level of support across Primary Care. |

**Executive Summary**

**Supporting Mental Health in Primary Care – 2022 onwards**

This paper outlines the changes to mental health provision in line with the Long Term Plan, identifies pressure areas that the Long Term Plan reformation does not address, and seeks to re-allocate resource to enable PCNs to develop solutions to ease that pressure.

Transformation of Mental Health under Long Term Plan

The Long Term Plan for Mental Health outlines the national strategy and additional funding streams to improve the mental health services for people with Severe Mental Illness. NELCCG is strictly monitored and held to account in it’s implementation of the Long Term Plan and how it is using it mental health funding. Transformation is planned over a 3 year period. At it’s completion will see the Community Practitioners (CMHT) working in an integrated way with Primary Care at a PCN level. The aim is that there will be no referral process, that SMI mental health support and intervention is considered as part of the Primary Care Team so removing the perceived eligibility gaps, or ‘inappropriateness’ of referrals, between agencies to enable a better and smoother experience for patients who have SMI, Eating Disorder, Borderline Personality Disorder, and other complex mental health needs.

To support the integration element of this vision PCNs are taking up the opportunity to deploy ARRS Mental Health practitioners – new posts that are funded 50% by Primary Care with 50% plus on-cost provided by the local Mental Health service provider (Navigo); each to be tailored to each PCNs needs/requirements. In addition, the new model for SMI mental health includes seemless interfaces with VCSE provision to enable alternative support and activity to meet the wider health needs of the cohort. The combined effect aims to improve the experience of the person with SMI but also to reduce the significantly mortality gap for this cohort.

The NHS Long Term Plan also encourages the integration of IAPT (Open Minds, also provided by Navigo) into Primary Care settings to enable people with more common mental health needs to access the NICE recommended structured talking therapies and stepped approach to treatments. Practices, service users, and public have highlighted concerns around the lack of services available for those classed as lower level mental health needs, which do not meet IAPT requirements. Primary Care have identified challenges in meeting this need and the purpose of this proposal is to look to meet these.

Current Enhanced Service Primary Care Provision

Currently there are 3 provisions under Enhanced Care in Primary Care; 360 Care (counselling), Freshney Pelham Care (talking treatments and dementia support), and Clee Medical Centre (talking therapies). Each offers a variant of support. The service footprints do not match PCN structures and do not cover all NEL practices. This, therefore represents inequalities in provision for the population of NEL. A person registered with a practice without one of these services is potentially disadvantaged. NELCCG seeks to ensure equitable access of service for all members of it’s population.

Proposed changes

The gaps in low level mental health support, identified by Primary Care, stake holders, and residents, are increasing – partly in the light of easing pandemic restrictions, partly to population profile (higher pre-determinants of mental health issues in NEL), and cumulation of historic gaps. NELCCG is proposing a re-design of low level mental health support under the framework of PCNs to enable a more forward looking model of service.

This would see the cessation of the 3 Enhanced Care Provisions, and the funding amalgamated with other funding streams and PCNs funded on a per capita basis. Provision would be available 5 days a week, with the required staffing to be determined by each PCN.

Funding

The proposal is to use the current funding for the Primary Care Counselling service (c£185,000) plus a further c£293,000 currently unallocated PMS Premium Funding which has historically been used to support a local Quality Scheme. The total funding is approximately £478,000.

This will leave approximately £33,000 in the budget for future funding 2022 onwards which means that as the budget commitments currently stand, there would be a small amount of funding for future service improvments/quality schemes.

Utilising the majority of the unallocated PMS Premium Funding leaves a gap in funding to cover the Shared Care Service. To cover this in future years, there will need to be consideration of reallocating acute funding to primary care as the workload transitions.

The funding requirement has been based around the cost per hour for the Freshney Pelham Service and then scaled up per PCN based on population.

Future Service Requirements

The proposal is to enable PCNs to utilise the funding to meet low level mental health issues as they require, however this would be subject to CCG approval. The CCG would require:

* The proposed service delivers within the budget per PCN in it’s entirity.
* The service operates across the PCN for all practices in that PCN
* The proposal does not duplicate any commissioned service in NEL
* The proposal is aligned to meet low level mental health needs, and demonstrates appropriate cases are passed to IAPT in a timely manner
* The proposed service works in an integrated manner with practices, IAPT, the SMI transformed service (including VCSE) to meet the broader needs of the person
* The service delivers demonstrable outcomes of improvement for people, for example, quality of life improvement, reduced frequency/intensity personal crisis, wellbeing star improvement
* Ensure any staff employed to the service are appropriately qualified, maintain competency to their professional frameworks, and are sufficiently indemnified to practice
* The PCN is able to assure the CCG that adequate and appropriate supervision is in place for staff
	+ This could be external where particular circumstances apply eg. Professional body limitations, or provided through Navigo

It is anticipated that PCNs may wish to:

* Provide their own new service
* Use the funding to secure provision from other providers locally
* Re-model existing enhanced service to meet the new requirements

Recommendation:

The Committee is recommended to approve the re-allocation of budget towards meeting low level mental health needs across each PCN and subject to PCNs service proposals in line with the requirements above.