Delivering the Community Mental Health Transformation in County Durham

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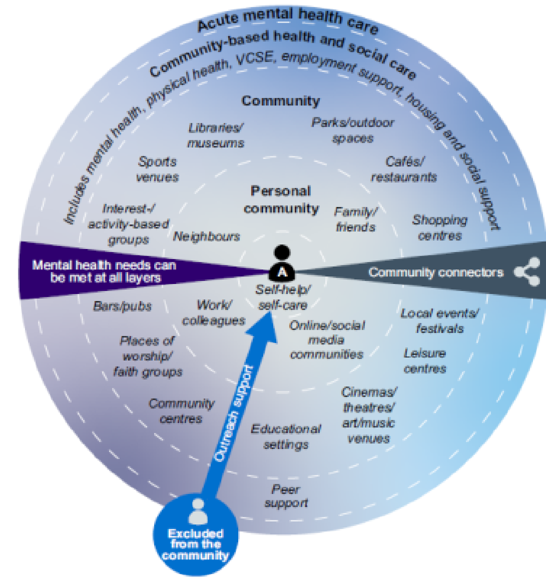
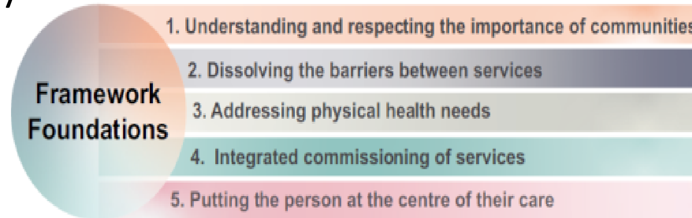
The Community Mental Health Framework

- ✓ New approach to place-based, integrated care that dissolves existing barriers and addresses inequalities in access
- ✓ All adults and older people with SMI
- ✓ Covers core model and 3 dedicated focus areas – AED, PD and Community Rehab – with additional focus on physical health
- ✓ No wrong door" philosophy
- ✓ Supported with Transformation money

County Durham Allocation	
Year 1 (21/22)	£1.2m
Year 2 (22/23)	£1.8m
Year 3 (23/34)	£715k
Total over 3 years	£3.7m

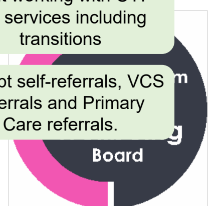




By 2023/24

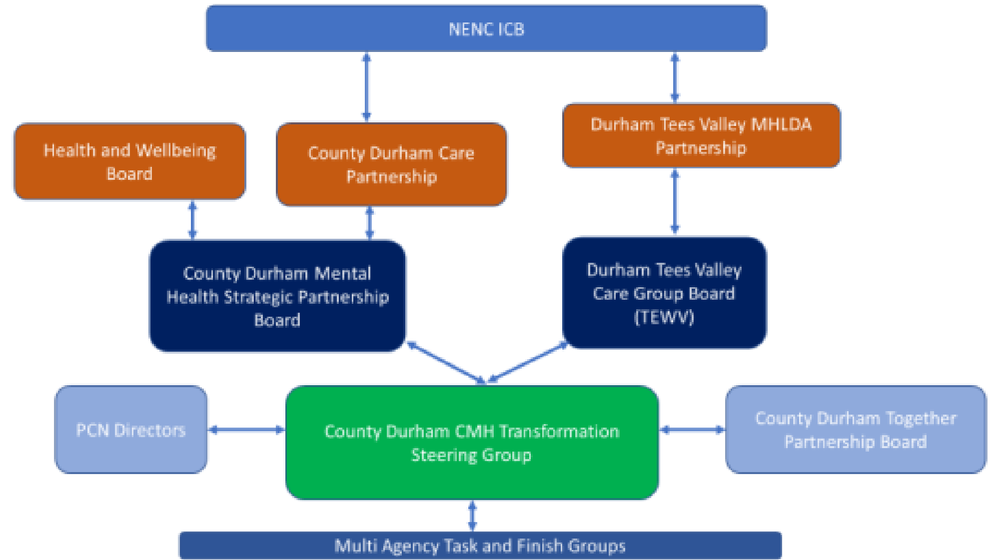
NHS

Model development	Care provision	Workforce	Data & outcomes	CEN / 'personality disorder'	Community rehab	Eating disorders
Joint governance with ICB oversight[1]	"Must have" services[3] commissioned at PCN level tailored for SMI[7]	Recruitment in line with indicative 21/22 MH workforce profile	Record access data from new model (inc. primary, secondary and VCS orgs)	Dedicated function linked to core model: increased access to dedicated function and consultation, support, supervision and training to core model		
Model design coproduced with service users, carers & communities	"Additional" services[4] commissioned at PCN level tailored for SMI[7]	Expand MHP ARRS roles in primary care	Interoperable standards for personalised and co-produced care planning	Embed experts by experience in service development and delivery		
Integration with primary care with access to the model at PCN level[2]	Improved access to evidence-based psychological therapies	Staff accessing national training to deliver psychological therapies	Routine collection of PROMs using nationally recommended tools	Development of trauma-specific support, drawing on VCSE provision	Ensure a strong MDT approach[5]	No barriers to access e.g. BMI or weight thresholds
Commissioning and partnership working with range of VCSE services	No wrong door approach means no rejected referrals recorded	Multi-disciplinary place-based model[5] in place	Waiting time measured for CMH services (core & dedicated focus areas)	Co-produced model of care in place support for a diverse group of users	Clear milestones are in place to reduce reliance on inpatient provision	Early intervention model (e.g. FREED) embedded
Integration with Local Authority services	Tailored offer for young adults and older adults	Staff retention and well-being initiatives	Interoperability for activity from primary, secondary and VCSE services		Co-produced care and support planning is undertaken	Clear arrangements in place with primary care for medical monitoring
~33% PCN coverage for transformed model	Principles for advancing equalities embedded in care provision	Dedicated resource to support full range of lived experience input	Impact on advancing equalities monitored in routine data collection		Supported housing strategy delivered in partnership with LAs	Support across spectrum of severity and type of ED diagnoses
Shift away from CPA towards personalised care	Support for co-occurring physical needs & substance use	Staff-caseload ratios to deliver high quality care				Joint working with CYP ED services including transitions
Alignment of model with IAPT, CYP & perinatal	Trauma-informed & personalised care approaches	Place-based co-location approaches				Accept self-referrals, VCS referrals and Primary Care referrals.



Our Approach

- Agreeing the right approach for Durham:
  - County vs local ‘place’
  - Aligning work, eg County Durham Together
- Place Based System Steering Group
  - Co-chaired by VCSE leader and TEWV
  - Strong multi-agency representation
  - Lived Experience representation
- System focus from the start:
  - Co-producing our system/ “place” model; data/needs driven
  - Accelerate developments in dedicated focus area
- Community engagement
  - Work with Healthwatch
  - Role of partners, espec VCSE
  - Use of existing partnerships
  - Focus through place based roll out
- Population health management – data and needs led



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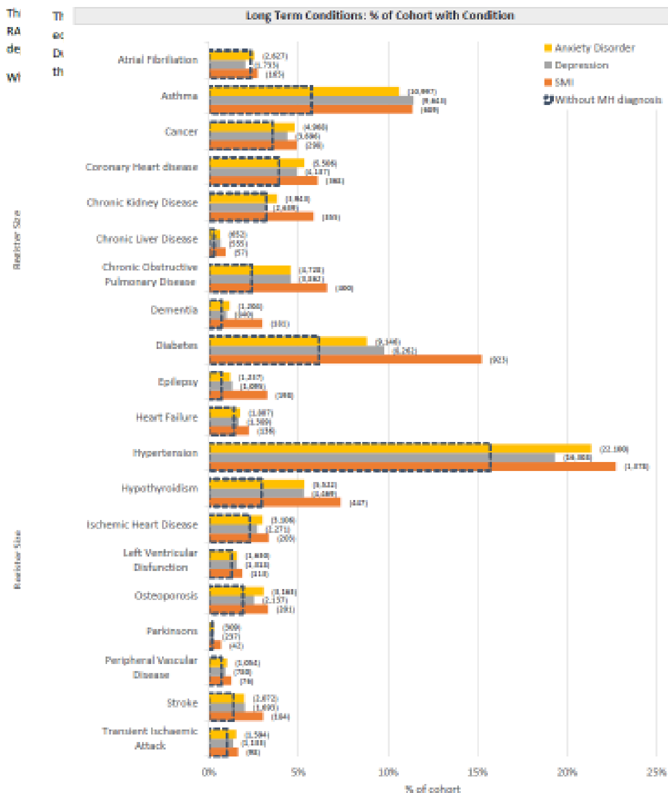
Phase 2 Mental Illness Profile for NHS County Durham CCG

Long Term Conditions

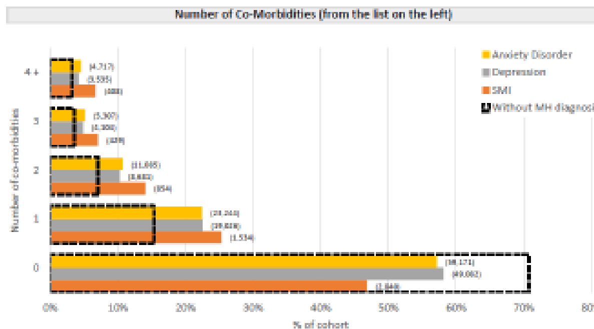


It is striking how many patients with mental health conditions also suffer from additional long term conditions. While 71% of the population without anxiety disorder, depression or SMI are living free from any of the conditions on the left-hand chart, only 47% of patients with an SMI, 58% with depression, and 57% with anxiety disorder are. Within the CCG, 18,500 patients with anxiety disorder, depression or SMI have 3 or more long term conditions, over and above their mental illness.

The page on demographics highlights that the groups of patients with these mental health conditions is older than the general population and potentially from more deprived areas, which may have some bearing on disease prevalence. The incidence of unhealthy behaviours is also higher in this cohort of patients, as shown on the Lifestyle Risk Factors page.

In general, patients with anxiety disorder, depression or severe mental illness are more likely than patients without one of these mental health diagnoses to have any of the long term conditions on the left, with patients with SMI having the highest rates.

The numbers in brackets gives the number of patients with anxiety disorder, depression or SMI that the prevalence represents.



Number of Co-Morbidities

	0	1	2	3	4+
Without MH Diagnosis	70.8%	15.4%	7.1%	3.6%	3.2%
Anxiety Disorder	57.2%	22.5%	10.7%	5.1%	4.6%
Depression	58.1%	22.5%	10.3%	4.9%	4.2%
Severe Mental Illness	46.8%	25.3%	14.1%	7.1%	6.7%

County Durham Model

Getting Early Help

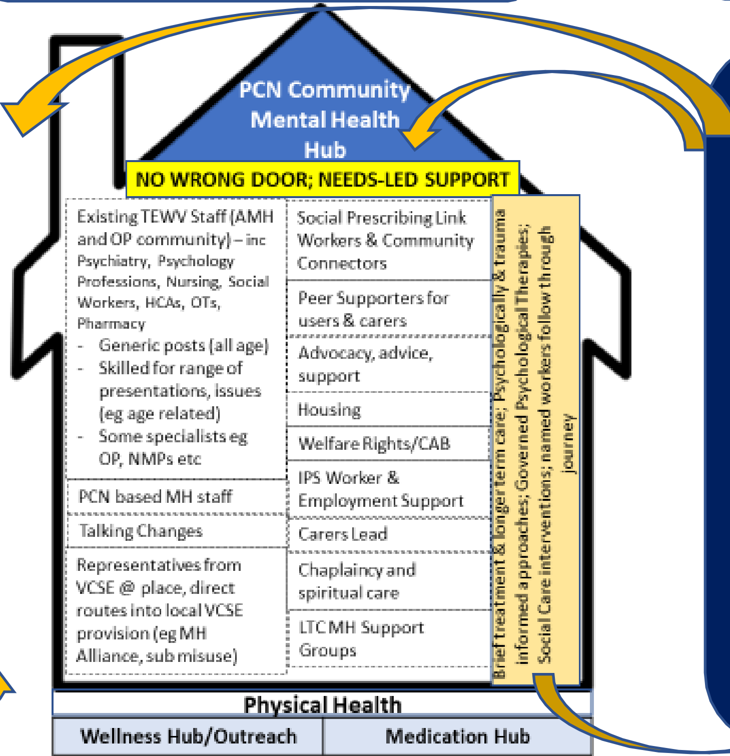
- Local community support
- County Durham Together Hubs
- Libraries/ leisure centres
- Parks/ recreation
- Education
- Places of worship
- Work/Colleagues
- Social Media
- Family/Friends

- Primary Care networks
- Online support/ self help
- Social Prescribing
- Local Early Help Services (eg VCSE)

Aligned by PCNs

Getting Help

Including assessment, advice, triage, short term intervention, medication reviews



Getting More Help

Integrated Treatment and Intervention Services

Complex Trauma Offer

For episodes of care with focused interventions

Pathways to other specific services, eg EIP, ADHD/ASD, Eating Disorders, Dementia and Frailty, Perinatal, Rehabilitation and others

Pathways to crisis support and urgent care

SUPPORTED BY ROBUST CASE MANAGEMENT AND CARE NAVIGATORS

Implementation and Investment

County Durham Allocation	
Year 1 (21/22)	£1.2m
Year 2 (22/23)	£1.8m

Year 1 (21/22):

Support for people with complex emotional needs (several schemes)
Community Rehabilitation (multi agency offer)
Adult Eating Disorders (FREED)
Pharmacist pilot
MH Housing/Accommodation Strategy
Project Support
Transitions – supporting young people
Population Health Management

Year 2 (22/23):

Paid lived experience roles – strategic and operational
Development of a volunteer framework
Investment in community assets at place via VCSE
Psychological Therapies
Older people's support (joint TEWV/Age UK scheme)
Care navigator/referral co-ordinator capacity
Pump priming community resilience roles, carer support

Site 1 – Chester le Street

Getting Early Help

- Local community support
- County Durham Together Hubs
- Libraries/ leisure centres
- Parks/ recreation
- Education
- Places of worship
- Work/Colleagues
- Social Media
- Family/Friends
- Primary Care networks
- Online support/ self help
- Social Prescribing
- Local Early Help Services (eg VCSE)

Getting Help

- 4 week max wait
- No referrals – transfer between members of the hub based on need

PCN Community Mental Health Hub

NO WRONG DOOR; NEEDS-LED SUPPORT

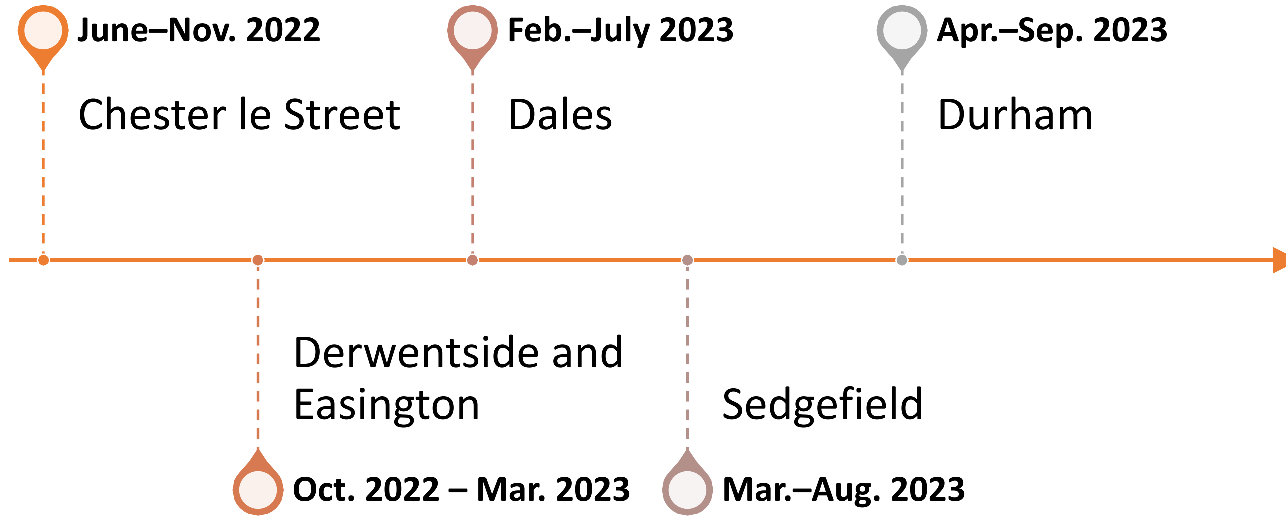
Brief treatment & longer term care; Psychologically & trauma informed approaches; Governed Psychological Therapies; Social Care interventions; named workers follow through journey

Review and step up/down as required inc:
- Regular touchpoints and reviews
- Staying well plans
- Reconnection/follow up process

Getting More Help

Integrated (over 18) Treatment and Intervention Services

Roll Out Plans



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