



Primary Care & Community Mental Health Transformation update Joint Commissioning Team



What services are we talking about?

Improving Access to Psychological therapies (IAPT)

• The IAPT service is accessible for people who are experiencing depression and/or anxiety disorders

Counselling Services

 Counselling services are accessible for people who may be distressed in connection with current or past life challenges and may experience depression, stress or anxiety

Community Mental Health Teams (CMHTs)

• A community mental health team coordinates your care if you receive community-based mental health care

Recovery, Enablement and Prevention services

 These services support people who may be recovering from a mental health condition, people who may have developed a mental health condition but may not require specialist mental health care, and provide information to the general public.

Shared objectives of the GP mental health leads

- 1. Improved physical health for people with severe and enduring mental illness
- 2. Better support for people with complex psychological problems and personality disorder
- 3. Better support for people suffering with Medically Unexplained Symptoms
- 4. Improved access to interventions for people suffering with long-term conditions
- 5. Clearer pathways for service users, carers and referrers
- 6. Improved access to talking therapies (or psychological therapies) and improving the range of therapies available
- 7. People will be better informed and will feel more able to manage their condition
- 8. The right care at the right time
- 9. People feel more supported in their community
- 10. Integrated support, incorporating wellbeing as well as treatment
- 11. Localised services enabling recovery
- 12. Greater financial efficiency, resources are directed appropriately and to those in need.

Consultation summary feedback (March – June 2014)

Theme	Feedback
Training and	More staff empathy required towards patients
development	GPs (in particular) to receive more training on mental health issues
Ease of access	A requirement for speedier access to mental healthcare services in general,
	by reducing waiting list times and giving faster access for patients in urgent situations.
	The single point of access was welcomed and it was felt that this should be
	staffed by clinical and non-clinical people.
	Different languages are acting as a barrier to patient access to services.
	The location of services needs to be considered for patients who require
	consistency of venue and also for those patients who have problems
	travelling too far to access services
Improved partnership	Issues and concerns raised highlighted a need for better working relationships
working and inter-	and communication to be fostered and established between organisations
organisational links	working with mental health care patients. For example, between GPs and
	mental healthcare teams and voluntary sector organisations.
Services on offer	The services at present are limited and inflexible and do not appropriately
	provide for all service users' needs and requirements due to referral criteria
	for services and the range of interventions available.
	Systems processes and procedures do not assist clients with their recovery
	and treatment. A mixture of localised approaches is required to deliver more
	effective primary care and community mental health services.
	Services and professionals need to make further effort to involve family
	members and carers more where appropriate.
Where to access	Whilst the majority of people access information via their GP or through the
information	internet, people often found that the system was difficult to access and
	navigate and staff's knowledge of mental health services varied.

Current position within each CCG

Development of the following areas or enhancing what already exists:

- Mental health and wellbeing models
- Talking therapies
- Training and education; to up skill the primary care workforce
- General Practice enhanced/quality schemes

Next steps:

In light of the current planned activity within in each CCG and differences in milestones there is added value by adopting a jointly commissioned approach with the three Birmingham CCGs and the Local Authority. Taking into account the plans within the Five Year Forward View, including the new emerging models of community care, ensuring service user and carer involvement within the new governance structures in Mental Health in Birmingham, we plan to:

- Align CCG Commissioning Plans with forthcoming strategic outcomes by the end of December 2015
- Initiate Talking Therapies (non-IAPT) Commissioning Plan with newly commissioned/procured services to be in place by 1st January 2017
- Initiate Wellbeing Services Commissioning & Strategy Plan with newly commission/procured services to be in place by 1st August 2017

Thank you

Questions?

