

October 2017



Of primary importance:

Commissioning mental health services
in primary care



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Introduction

Each and every day in my GP practice, I see people who need support with their mental wellbeing. Some will have a diagnosed issue, such as anxiety or depression or bipolar disorder. Many others, however, will have a long-term physical condition which is making them feel more mentally vulnerable. And a considerable percentage will be struggling with complex social issues like domestic violence, poor housing, or unemployment.

As my colleague Rhiannon England comments later in this report, you don't have to talk to a GP about the social determinants of health, or the complex connections between physical and mental wellbeing. You don't need to instruct us on what patients want from services. It's what we see every single day.

That's why I firmly believe that clinical commissioners are so well placed to determine which provision can best meet mental health need. And in many instances I believe the answer will be services based in primary care but with collaborations across the health and care system.

We believe in collaborations at the Mental Health Commissioners Network. It is our aim to share experiences, lessons learnt, and examples of best practice. We want to help colleagues across the country become better mental health commissioners, achieving better outcomes for the people they serve.

Publications are an important part of this. We have previously released briefings on crisis care and recovery, and on commissioning early intervention in mental ill health. Encouraged by the reaction to these, we decided to release a similar publication this year and commissioning primary mental healthcare services seemed like a natural choice of topic.

This publication contains a number of examples of good practice in this area. Through specific case studies, it shows how such services can deliver better care for patients – crossing the physical/mental boundary, as well as the health/social care one – while at the same time reducing pressure on GPs and hospitals.

It also includes a series of top tips, drawn from the experiences of people who have fundamentally changed the model of primary mental healthcare in their area.

Clinical commissioners know what the need is, and what kind of services can meet it. We're working with a range of partners to develop innovative primary healthcare services and we're keen to go further and do more. I hope this report provides some inspiration for the creation of services up and down the country.

Dr Phil Moore

Chair of NHS Clinical Commissioners Mental Health Commissioners Network and Deputy Clinical Chair of Kingston CCG

Six top tips for commissioning primary care mental health services

1 Remember patience will be required when creating a new model.

2 Consider partnering with the third sector.

3 Have conversations with your mental health provider to build shared understandings.

4 Explore opportunities to pre-emptively screen for need.

5 Don't forget the importance of incentives.

6 Consider whether you can apply other primary care models in a mental health context.

Sutton CCG: A focus on mental health and wellbeing

There are very clear targets for the Increasing Access to Psychological Therapies (IAPT) programme. CCGs are currently required to have services which treat 15 per cent of those people with anxiety or depression each year, and for 50 per cent of them to reach recovery.

Sutton CCG has worked hard to continue to improve access and recovery rates for this group of people. The key to their work in doing this has been through the creation of Sutton Uplift, a primary care mental health service, with an aim to provide a broader and more holistic range of support. This new service was launched two years ago at a time when the CCG had an access rate of 13 per cent, from July 2014 to June 2015, and a recovery rate of 40 per cent.

“Our stakeholders, including service users, wanted a broader range of support than the current IAPT service was able to offer. And we had to consider how we could meet this need as well as increase IAPT performance with limited funds,” explains Corinna White, mental health programme manager at Sutton CCG.

“In a previous role, I developed a social prescribing service and recognised the benefits that supporting access to a wider range of local advice and support in the community can have for people who have a range of psychosocial issues.”

Sutton Uplift, launched in July 2015, brings together different elements of care, including the IAPT service for people with depression and anxiety disorders, a wellbeing service and a recovery support service for people who have a severe and/or enduring mental health problem but who are currently stable.

Placing a wellbeing component at the heart of the model has made the difference. This component is provided by a third sector provider, Imagine Independence, a national charity that supports people with mental health concerns to live a full life, in partnership with Age UK, Sutton Carers' Centre and Off the Record, a mental health service for young people.

“The third sector brings a different dynamic,” reports Ms White. “They can be creative, bring a different set of skills and experience, and are good at linking with other organisations.”

Wellbeing navigators help service users to access community and vocational opportunities. They also run a range of wellbeing workshops, alongside drop-in sessions at local venues, such as housing support groups, food banks, children's centres, job centres and religious organisations.

From a service user perspective the wellbeing support complements both the IAPT treatment and recovery support offered in the new model, providing a more holistic package of care. The wellbeing team has also been able to carry out

functions to support IAPT, such as outreach and engagement, enabling IAPT to focus on their clinical work.

Certainly, the data suggests the creation of Sutton Uplift has made a difference to the performance of IAPT, with the two key national performance targets now being met. From April 2016 to March 2017, the service had a 16.2 per cent access rate representing a 3 per cent improvement on the 2014/2015 figures. The recovery rate has improved too, by 8 per cent.

Eastern Cheshire CCG: Providing more holistic support

In February, Eastern Cheshire CCG launched its new IAPT service. Talking Therapies, as the service is called, is being provided by third sector organisation The BigLife Group along with Peaks & Plains Housing Trust, Age UK Cheshire East and bereavement charity The Dove Service. Big Life was appointed after the CCG redesigned their adult mental health service to allow more treatment to be given in the area's 23 GP practices and in the community, rather than in clinics. The idea is to not only deliver clinical therapies, but to address the root causes of mental distress such as money worries, relationship problems or loneliness.

West Suffolk CCG and Ipswich and East Suffolk CCG: Accessibility and technology

In Suffolk, a relaunched IAPT service has been designed to offer increased accessibility in the community. Individuals can refer themselves to support, with telephone referrals open from 8am to 8pm five days a week, and online referral available at all times. The service also offers webinar courses on increasing wellbeing, and is planning Skype consultations as well. There is in-person support too, with workshops running in a number of community venues and walk-in sessions at local health centres.

Wellbeing Suffolk, launched in September 2016, is commissioned by West Suffolk and Ipswich and East Suffolk CCGs. A similar service launched for Norfolk and Waveney in 2015.

Nottingham CCG: Promoting wellbeing

If you live in Nottingham and want to find out more about mental wellbeing, there is one clear place to go. Wellness in Mind was launched in May 2016, and offers support online, over the phone and face to face – including at GP surgeries. The aim is to help people better understand their mental health, and connect them to the right services. That includes advice on broader social issues. The service is provided in partnership with a local housing association and two local charities.

Lambeth CCG: Support for young people

Back in 2005, Dr Stephanie Lamb set up a young person's clinic at her South London GP practice. It was a walk-in session and open both to patients registered with the practice and those who were not.

"I realised," remembers Dr Lamb, "that I was seeing a lot of people who were unregistered. So I did an audit, and found that about 20 per cent of the young people I was seeing were actually not Herne Hill Group Practice patients."

It was a realisation that led to the creation of The Well Centre, a primary care health centre exclusively for people aged 13 to 20 and living in Lambeth. The Streatham-based facility aims to offer support with any health worries its patients may have – including any concerns about mental wellbeing.

"Every time we get a new young person coming in, we do something I've developed which we call the Teen Health Check," explains Dr Lamb, who as well as being co-founder of the centre is its GP principal.

"It's a biopsychosocial assessment, so we're not just looking at their presenting complaint – we're having an in-depth conversation with them about what their life looks like, from a health point of view, from a social point of view, and from a psychological point of view.

"Therefore, we can identify vulnerability that they may not even know they have, and then do early intervention."

She continues: "It's almost a mental health triage. But they don't know they're being triaged, because we just have a conversation around where they're at [in their life]."

If a need is determined, then the young person can either receive support at the centre – including from a band 7 mental health practitioner who has been seconded from local specialist trust, South London and Maudsley NHS Foundation Trust – or be linked in to the local Child and Adolescent Mental Health Services (CAMHS) team.

The centre retains the walk-in element from Dr Lamb's young person's clinic, which she feels is crucial. She points out that the system currently employed by many GP practices, in which a doctor phones back a patient to determine whether an appointment is needed, just doesn't work for the group of people seen by The Well Centre.

"If you're a 15-year-old who's self-harming, you can't have a call back at 10am, because you're in a geography lesson. We're actually making access to healthcare harder for our young people by the direction that primary care is heading. So we're going to end up with a bigger problem, because they can't access healthcare and they'll go to A&E."

She also feels the ease of access to follow-up mental health support is vital. "If someone has had eight sessions of psychological therapy with our mental health practitioner and they go off and six months later they have a wobble, they don't have to go through hoops to get seen. They can just phone up and say can I see her again, and she can do a top up.

"It's a familiar place, and they know they can phone us up and just say can I see her. They might have to wait a week or two, but it's not six months."

The money to set up and initially run the Well Centre came from the third sector, and although this remains central – the service is jointly run by Dr Lamb's GP practice and youth health charity Redthread – the local CCG has provided funding since 2013. The service is now in Lambeth's formal commissioning intentions.

"We are identifying previously unidentified mental health issues," says Dr Lamb with confidence. But she says the evidence of the impact of this sort of work may not be the sort of quantitative data which might be applicable in other areas.

"Can I prove that by identifying that need and supporting them early that that stops a lifetime of depression and anxiety, or prevents them from ending up in tier 3 [specialist] CAMHS? I can't prove that within The Well Centre.

"But if you do qualitative analysis," she says, "our Friends and Family Test is 100 per cent."

The need for support for young people

Half of all mental health problems manifest by the age of 14, with three quarters presenting by the age of 24. Current evidence suggests, however, that three out of four children with a diagnosable mental health condition do not get access to the support they need. The average waiting time for a first appointment with Child and Adolescent Mental Health Services (CAMHS) is six months, and it takes nearly 10 months until treatment begins.

This, despite evidence that between 25 and 50 per cent of adult mental illness may be prevented through early intervention in childhood and adolescence.

Sheffield CCG: An integrated approach embedded in primary care

In many parts of the country, a referral to IAPT (Improving Access to Psychological Therapies) services means a referral away from primary care, and certainly a referral away from general practice. Not so in Sheffield.

"IAPT services have always been embedded into general practices," explains Dr Steve Thomas, clinical director for mental health, learning disabilities and dementia at Sheffield CCG. "So IAPT workers are attached to each of the individual 85 practices, and it becomes part of the practice multidisciplinary team."

"If somebody is not wanting to be seen in their local practice, or a local practice has a little bit of a waiting time and the individual can be seen earlier if they went centrally, then that choice element is there to go [to a central facility]," stresses Dr Thomas, who is a practising GP.

"But," he continues, "IAPT has always been entirely embedded in general practice."

It means that the latest expansion of the service will also be embedded there. Earlier this year, Sheffield was named in the second wave of integrated IAPT sites. These sites are working to ensure that mental healthcare and psychological therapy is a seamless part of caring for people with physical long-term conditions.

In Sheffield, the integrated IAPT – which has been dubbed the Health and Wellbeing Service – will offer talking therapies either one-to-one or in group settings. It will be open to any adult living with a long-term condition or medically unexplained symptom who is also experiencing anxiety and/or depression.

"I see the integrated IAPT programme as being like a liaison mental health service into general practice," says Dr Thomas. "So we're in the process at the moment of developing a health and wellbeing service for general practice in Sheffield. And the psychology and mental health service will be integrated into all those physical health and long-term condition pathways."

"I think that's an area of real innovation," he concludes.

Innovative too is the local work going on to develop an accountable care system. South Yorkshire and Bassetlaw is one of the nine areas chosen by NHS England to develop such a setup – the idea being to break down boundaries between different parts of the health and care system.

The CCG now holds a joint mental health budget with the local authority, and so all of the transformation work is a collaboration between those two bodies, along with local mental health providers and the third sector.

The creation of neighbourhood teams, meanwhile, is bringing together GPs, social workers and the voluntary sector in very specific areas of Sheffield. The idea is that they will then be able to provide the exact support needed in that exact area.

"If you're living in the south west of the city, where maybe dementia is your overarching epidemiological prevalence of disease, then you need a different type of integrated team operating in that neighbourhood compared to the north of the city where there is a higher prevalence of severe and enduring

mental illness, particularly within different ethnic and cultural communities," says Dr Thomas.

"We are beginning to commission in a different way, wanting to be able to establish the needs and the epidemiology, and then establish primary care integrated teams in such a way that can meet that need."

The value of considering mental and physical wellbeing as one

Two thirds of people with a long-term physical health condition also have a mental health problem, most commonly anxiety or depression. Given that more than 15 million people have such a condition, that represents 10 million people experiencing related mental ill health. In 2012, researchers from The King's Fund and the Centre for Mental Health found that between 12 and 18 per cent of all NHS expenditure on long-term conditions was linked to poor mental health and wellbeing.

City and Hackney CCG: Multi-faceted support

The Tavistock and Portman NHS Foundation Trust and City and Hackney CCG are based in two very different areas of London. The former, a specialist mental health trust, calls a prosperous part of north London home. The latter serves a deprived area of the east of the city. But the two organisations have joined together to create a highly successful mental health service.

The primary care psychotherapy consultation service (PCPCS) – locally known as 'The Tavi' in reference to its provider – helps people who have complex mental health needs, including those experiencing medically unexplained symptoms.

"They provide psychodynamically focused short-term intervention in a very empathetic and acceptable way to patients, for a group of people who were widely excluded from most services," says Dr England, a practising GP and mental health lead for City and Hackney CCG.

The service is based in primary care and, as well as face-to-face appointments with patients, The Tavi workers also have consultations with GPs to offer advice on meeting the needs of specific individuals. Joint consultations are an option too, in which a GP meets a patient with a The Tavi worker.

"At a basic level, it's a sharing of patients who are difficult to help and often leave GPs with a feeling of inadequacy or despair," comments Dr England. "It's the ability to change that stuck narrative you get into, where you're just prescribing more and more and feeling despairing about all the social determinants of health."

Research conducted by the Centre for Mental Health showed that the service helped reduce the number of GP consultations for these patients. It also reduced A&E visits, outpatient appointments and hospital admissions. And three quarters of patients seen by the service found their mental health improved.

The figures are impressive, but Dr England emphasises that the PCPCS is just one piece in the jigsaw of primary care mental health in City and Hackney. Notably, there are both step-up and step-down services. The former is for people whose mental health needs require more specialist support, and involves four primary care liaison psychiatrists. They are attached to GP practices, and are the first port of call for someone needing an expert assessment.

At the other end of the journey, the step-down service supports those leaving specialist care. "We have primary care support workers, so the patient gets moved from secondary care under a consultant to primary care under a GP, but they get a minimum of four consultations that year with the primary care mental health worker."

Some elements of the jigsaw predate the creation of the CCG, but Dr England feels the introduction of clinical commissioning has made a difference. "We are a very clinically-led CCG; it's embedded throughout," she reflects. "It's not just having a few GPs who occasionally come to meetings – we have a very active clinical leadership."

She also believes GPs are perfectly placed to ensure services meet the needs of patients. "When a GP says to me: 'I don't know about commissioning', I say you don't know how much you know until you come to these meetings. What you have to do is come and be the patient voice, and you know that voice inside out. You don't have to talk about the social determinants of health to a GP here – it's like our bread and butter. And you don't have to talk about the links between physical and mental health – that's what we do every day."

The value of support for medically unexplained symptoms

Medically unexplained symptoms are thought to account for 20 per cent of all GP appointments in the UK. The term is used to describe persistent physical complaints for which clinicians can't find an obvious physical cause. They can sometimes be explained by emotional problems – such symptoms are more common in people with anxiety and depression, those who experienced childhood abuse, and in people who have personality disorders. But this can be difficult, because people can understandably be resistant to the idea that the problem is "all in their head". Some patients are also resistant to receiving care with a mental health label.

West London CCG: Meeting a variety of needs

Dr Fiona Butler has a statistic she frequently quotes when talking about the importance of primary care mental health services.

"Nationally and locally, around 60 per cent of people with bipolar or schizophrenia are not under the care of a mental health trust," explains the chair of West London CCG. "It's an amazing fact, and I feel many people don't really believe it, but it's true."

It means GPs are often the key source of care for people with these conditions. But their needs can often be complicated, and a variety of services required to meet them.

The same is true for people who have common but complex mental health needs, who have been classified as not needing hospital care and so are seen largely by GPs.

"They may have recurrent relapses, or treatment resistant illness. They may have personality disorder, or obsessive compulsive disorder (OCD), or have a complex social background or substance abuse issues as well as their mental health problem."

It is for members of both these groups – those with a mental illness regarded as severe, and those with less severe but complex conditions – that the Community Living Well (CLW) service has been created.

A collaboration between West London CCG, the local mental health trust, the local council and a range of third sector providers, it is designed to offer more all-encompassing support to help people with long-term mental health needs.

"Essentially, it's based around the person in the centre and then wrapping around whatever multidisciplinary support is needed," says Dr Butler.

What that means is that CLW offers a full range of psychological therapies – "from guided self-help, through to sessions of short-term psychodynamic or cognitive behavioural therapy, couples therapy, carers therapy".

But it also offers a wellbeing service, supporting what Dr Butler characterises as social connectivity. That includes health and social care navigators, who help individuals realise their own plans for recovery and staying well. A specialist employment support service, meanwhile, helps those already in work or those looking for opportunities for meaningful occupation.

The value of those wellbeing services is highlighted by another statistic. When developing the CLW service, West London reviewed a year's worth of GP consultations for 438 randomly selected patients, they found that 46 per cent related to social needs such as housing, benefit worries, social opportunities and employment.

“Community Living Well is a much more proactive approach to offering hope and recovery to those of us with serious and long-term mental health needs,” argues Dr Butler.

Similar models are being implemented in other areas of the capital, via the North West London Collaboration of CCGs. This brings together eight clinical commissioning groups – West London being one of them – and all share a mental health strategy called Like Minded.

“My involvement in Like Minded has helped support the local work,” suggests Dr Butler. “Like Minded has also been helped by me and other clinical commissioners being in touch on the ground – being a practising GP informs my understanding of the services needed locally.”

Commissioning mental health services in primary care: top tips

1 Remember patience will be required when creating a new model

“The model was a new concept for our mental health providers, and transferring the vision into practice took time to establish on the ground, and almost 18 months to settle. Therefore, be prepared for a rocky start.”

Corinna White, Mental Health Programme Manager, Sutton CCG

“Implementation always takes much longer than you might think. It’s a marathon, not a sprint.”

Dr Fiona Butler, Chair, West London CCG

2 Consider partnering with the third sector

“Design a model that encourages a provider partnership – mental health trust and third sector is a strong mix. The third sector brings a different dynamic.”

Corinna White, Mental Health Programme Manager, Sutton CCG

“We have a huge voluntary sector voice. So the voluntary sector is very powerful in City and Hackney for raising the mental health agenda, and we commission quite a lot of services from the voluntary sector – we’re active partners.”

Dr Rhiannon England, Mental Health Lead, City and Hackney CCG

3 Have conversations with your mental health provider to build shared understandings

“Our statutory mental health provider shares our perspective that we serve a population, a community, a whole health and social care economy. And that we need

to work innovatively and collaboratively to meet needs and improve quality of care. One of the ways we are achieving this is by caring for people much more in their own community and their own homes.”

Dr Steve Thomas, Clinical Director for Mental Health, Learning Disability and Dementia, Sheffield CCG

“I think we work quite collaboratively, certainly through our Like Minded strategy – we spend a lot of time around the table with the local mental health trusts.”

Dr Fiona Butler, Chair, West London CCG

4 Explore opportunities to pre-emptively screen for need

“When a young person comes into The Well Centre, they see the youth worker and then they see the doctor. And we’ll ask about medical history and medication, but we’ll also ask about smoking, alcohol, substance misuse, sexual activity, and we do opportunistic screening for mental health. We ask them about their mental health – we don’t just wait for them to say: ‘Actually, I’m struggling a bit’.”

Dr Stephanie Lamb, Co-Founder and GP Principal, The Well Clinic and GP Principal, Herne Hill Group Practice

5 Don’t forget the importance of incentives

“With our GP contract, we’re doing things like paying GPs to construct an accurate depression register, and start to trawl through people who’ve been on anti-depressants for years; get them into reviews. There’s also a small bit of money for frequent attendee reviews, so we do a search for people attending more than 15 times a year and decide if any of them could do with a more mental health-focused review.”

“We have mandatory mental health training in the GP contract – four hours a year. Now that’s the stick – they have to attend. But the carrot is we make it good training. It’s good quality, it’s local, they get a free lunch, and it’s often led by our outstanding local mental health trust.”

Rhiannon England, Mental Health Lead, City and Hackney CCG

6 Consider whether you can apply other primary care models in a mental health context

“Within our CCG, we have a model of care for over 65s called My Care, My Way. Our mental health service, Community Living Well, is exactly the same model.”

Fiona Butler, Chair, West London CCG

Acknowledgements

This publication was developed by the Mental Health Commissioners Network (MHCN), part of NHS Clinical Commissioners. The network would like to thank:

- Dr Fiona Butler, Chair, West London CCG
- Dr Rhiannon England, Mental Health Lead, City and Hackney CCG
- Dr Stephanie Lamb, Co-Founder and GP Principal, The Well Centre and GP Principal, Herne Hill Group Practice
- Emma Leigh, Clinical Projects Manager, Eastern Cheshire CCG
- Dr Steve Thomas, Clinical Director for Mental Health, Learning Disabilities and Dementia, Sheffield CCG
- Claire Read, the commissioned author of this paper
- Corinna White, Mental Health Programme Manager, Sutton CCG

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The Mental Health Commissioners Network

The Mental Health Commissioners Network's (MHCN) purpose is to enable members to become more effective mental health commissioners – achieving better mental health and wellbeing outcomes for the populations they serve.

The network is member-led and aims to provide:

- a strong collective voice for mental health commissioners
- a place to share best practice with peers
- development opportunities and peer support to mental health commissioners.

The network is open to CCG clinical mental health commissioning leads and senior CCG managers working in mental health commissioning. It is chaired by Dr Phil Moore, deputy chair of Kingston CCG, who sits on the NHS Clinical Commissioners board as the MHCN representative.

The network also has a number of national partners and a steering group to support its development.

NHS Clinical Commissioners

NHS Clinical Commissioners is the only independent membership organisation exclusively of clinical commissioning groups.

Our job is to help CCGs get the best healthcare and health outcomes for their communities and patients. We're giving them a strong influencing voice from the front line to the wider NHS, national bodies, government, Parliament and the media. We're building new networks where they can share experience and expertise; and providing information, support, tools and resources to help CCGs do their job better.

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