

HEALTH AND WELLBEING BOARD		AGENDA ITEM No. 10	
5 DECEMBER 2016		PUBLIC REPORT	
Contact Officer(s):	Marie Alexander, General Manager, Adult & Specialist Mental Health Directorate	Tel.	01223 586832

PRISM (Enhanced Primary Care Mental Health Service)

RECOMMENDATIONS	
FROM : <i>Cambridgeshire & Peterborough NHS Foundation Trust</i>	Deadline date : <i>N/A</i>
<p>Cambridge and Peterborough NHS Foundation Trust is developing a model of mental health service delivery in primary care, known as 'PRISM'. The Health and Wellbeing Board is asked to consider and comment on the proposal outlined in this paper.</p>	

1. ORIGIN OF REPORT

- 1.1 This report is submitted to the Board from Cambridgeshire and Peterborough NHS Foundation Trust (CPFT).

2. PURPOSE AND REASON FOR REPORT

- 2.1 The purpose of this report is to obtain the Board's views on a proposed model of mental health service delivery in primary care.
- 2.2 This report is for Board to consider under its Terms of Reference No. 3.5 *To consider options and opportunities for the joint commissioning of health and social care services for children, families and adults in Peterborough to meet identified needs (based on the findings of the Joint Strategic Needs Assessment) and to consider any relevant plans and strategies regarding joint commissioning of health and social care services for children and adults.*

3. BACKGROUND

3.1 Reasons for Change

The Five Year Forward View for Mental Health makes clear an expectation that mental and physical health will be given equal priority, referred to as 'parity of esteem'. National targets for meeting the physical health needs of individuals with severe mental health problems by 2020/2021 are also articulated in the document and the drive towards integrated physical and mental health service delivery is explicit.

The national picture suggests that 90% of adults with mental health problems are supported in primary care and that 90% of adults with more severe mental health problems are supported by community services with a significant proportion of individuals having long waits for some key interventions.

Locally, the primary GP interface with CPFT is via a single point of referral into the Advice and Referral Centre (ARC); notable exceptions being Psychological Well-being Services and CAMEO (Early Intervention in Psychosis). Referrals into ARC are triaged and followed by advice, assessment, onward referral to other services or back to the GP.

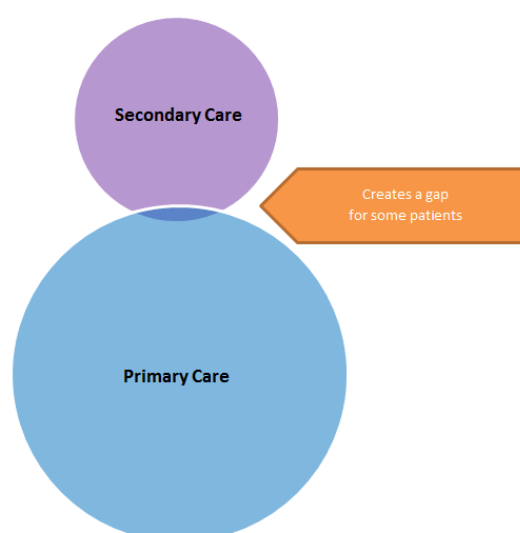
An analysis of referral data from 1st April 2015 to 31st March 2016 shows that of the 20,931 referrals into ARC 15,637 were potentially eligible for mental health services and 4,283

onward referrals were made by ARC to Locality Teams (Secondary Care Community Mental Health Services). Of those assessed 1,530 were taken on to Locality Team Caseloads for treatment. The ratio of assessment to acceptance for treatment is almost 3:1 and the significant number of assessments undertaken impacts on the clinical capacity of locality teams to provide direct care and support for service –users.

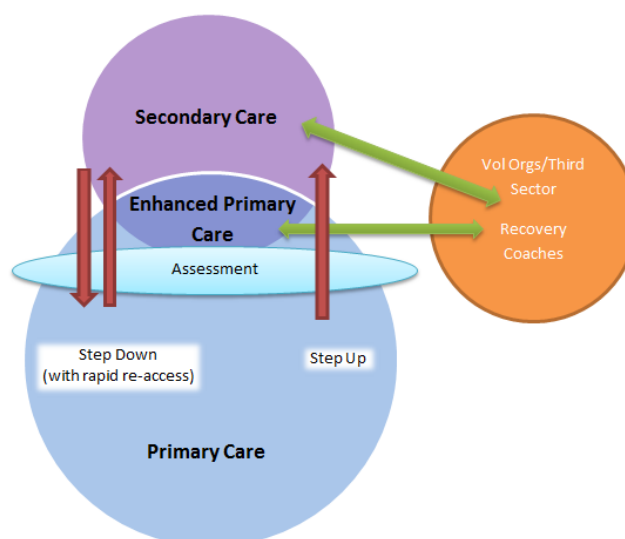
In conjunction with the Cambridge and Peterborough Clinical Commissioning Group (CCG) and other key stakeholders a service model has been developed that will increase the presence of mental health specialists in primary care, promote early assessment, treatment and / or onward referral and be recovery-focused. Increasing the number of assessments in primary care will improve flow, reducing the number of assessments taking place in secondary care and thereby improving clinical capacity in teams. In addition to the ‘step-up’ function of onward referral into secondary care mental health services, service-users will be supported to ‘step-down’ into primary care when a period of treatment in secondary care has been completed. This model has become known as PRISM. PRISM teams will work with identified groups of GP surgeries.

The illustration below shows the current model and the proposed future model;

Current model:



Future model:



3.2 Scope of Service

- PRISM will provide a service for service-users aged 18-65 years with mental health problems of moderate to high severity. The PRISM team will make onward referrals to other specialist mental health services (for example Early Intervention in Psychosis Service) if there are concerns that the service-user's needs cannot be appropriately met in the primary care setting.
- The service will provide additional mental health resource to optimise the care and medical management of a defined group of service-users in primary care.
- GPs will remain the responsible clinician while the service-user is being seen by the PRISM service.
- GPs will directly refer a service-user for assessment by a PRISM worker and they will usually be assessed within 4 weeks. Follow-up may include onward referral to secondary care mental health services (these services may eventually be differently configured following a process of service transformation), third sector agencies or a discussion with the GP for ongoing management and support in primary care.

- e) Service-users recently assessed and treated in secondary mental health services with support needs beyond those available in primary care will be 'stepped-up' to secondary care mental health services for brief intervention.
- f) Service-users requiring support to transition from secondary care will be supported by a Recovery Coach or Peer Support Worker in the PRISM team to 'step-down' from secondary care.
- g) The completion of physical health checks, particularly for service-users with severe mental illness, is an important component of PRISM service delivery and, again, reflects an identified priority in the Five Year Forward View document.

3.3 Drivers of Change

There are a number of drivers for implementing this new service model which are;

- a) Implementation of the Five Year Forward View for mental health, the integration of physical and mental health services and a commitment to parity of esteem.
- b) Improve service-user experience - Create appropriate access in the right place (services delivered locally) at the right time (based on need) by the right people (appropriate skill set for decision making). This also refers to initial assessment and for rapid re-entry into services when indicated.
- c) Optimising financial and human resources through the development of a service model that provides effective care and treatment and achieves long-term efficiencies.
- d) Strengthening the Trust's ability to meet the changing population demographic and the corresponding altered demand for mental health services.
- e) Improved focus on prevention and recovery.

3.4 Proof of Concept PRISM

On 15th August 2016 Proof of Concept PRISM was launched to test out some of the principles and challenges of community mental health delivery within primary care. Proof of Concept PRISM contains one Band 6 PRISM worker and a Band 3 Support Worker covering 5 GP Practices (6 surgeries) in the Huntingdon area.

Between 15th August and 20th October 2016 110 people were referred to the PRISM service by GPs. Of these 2 people required more specialist care and treatment and the remainder were able to receive appropriate and timely interventions in a primary care setting including signposting, education and advice.

PRISM Proof of Concept will continue to inform the full model roll-out with planned additional resource into Proof of concept providing additional data for evaluation. However, the roll-out of Phase 1 of the full model will begin in January 2016.

3.5 Measurable Outcomes

The measurable outcomes to be expected through PRISM are;

Service-users and carers:

- a) Improved service-user experience and satisfaction with services
- b) Improved experience for carers
- c) Reduction in waiting times for assessment

GPs and Primary Care




- a) GP and primary care staff being supported to manage medicines and risk
- b) Reduction in non-attendance rates



Secondary Care services

- a) Increased quality of referrals into secondary care mental health services
- b) Decrease in re-referral rate
- c) Reduced number of assessments in locality teams thereby improving clinical capacity for direct service-user care
- d) Reduced caseload in Locality Teams thereby improving clinical capacity for direct service-user care
- e) Improved focus in Consultant Psychiatrist caseloads (to be ready for Phase 2 of implementation)

This is not an exhaustive list and the system transformation realised as part of this project will enable consideration of other potential outcomes as part of the project going forward.

4. CONSULTATION

Communication Plan	Audience	Methodology	Action in last quarter
1. Promoting Key Messages on the development of PRISM	GPs Other stakeholders Staff using the service	One page briefings	 Quarterly update PRISM Oct 2016.pdf 12.10.16
		Visits to GP surgeries where PRISM being delivered:	1. Granta Medical Practice 1.09.16 2. Acorn Surgery 26.07.16, 29.09.16 3. Priory Fields 11.07.16 4. Charles Hicks 15.07.16 5. Trinity 7.07.16, 18.08.16  PRISM update 17 Aug 2016.docx  Prism GP presentation.pptx
		Attendance at GP CCG, LCG or LA event	CCC Health Committee – 8.09.16 Peterborough HWB 22.09.16 EoE SCN 9.09.16 Hunts presentation 14.09.16
		Leaflets and written communications	https://www.dropbox.com/s/kze30xgu242unw5/prism%20hunts%20resentation%2014.9.16.ppt?dl=0 https://www.dropbox.com/s/23ltatfc8bbmoiv/prism%20scn%20presentation%209.9.16.ppt?dl=0
		News articles	
		Intranet page	Currently in development
		Briefing events for staff	CPFT staff engagement events: 1. CPFT CEO engagement events 17 through September

Communication Plan	Audience	Methodology	Action in last quarter
			<p>2016</p> <p>2. Neighbourhood Teams conference – 14.09.16</p> <p>3. CPFT Rapid Improvement events 8.06.16 20.07.16 6.09.16</p> <div style="display: flex; justify-content: space-around; align-items: center;"> <div style="text-align: center;">  Workshop 4 20 07 16 Final Version Enhance </div> <div style="text-align: center;">  Workshop 5 06 09 2016.pptx </div> </div> <p>4. Updates to CPFT teams: 1.09.16 Liaison and Diversion 13.07.16 Fenland Adult Locality Team 22.07.16 Huntingdon Psychological Wellbeing Service 26.07.16 Recovery Coaches</p>

5 ANTICIPATED OUTCOMES

This report asks the Board to consider, and comment on, a new model of mental health service delivery in primary care. The PRISM model will strengthen mental health service provision in the primary care setting and deliver efficiencies across the health care system. Initial findings from the Proof of Concept indicate that the provision of specialist mental health resource in a primary care setting improves access to timely assessment, management, support and onward referral.

6 REASONS FOR RECOMMENDATIONS

The decision to develop the PRISM service model has been influenced by national drivers including the Five Year Forward View for Mental Health and the requirement for system transformation to improve service efficiencies without compromising the quality of service-user safety or standards of care.

The current service risks referral saturation and staff working in locality teams undertake a high number of assessments, relative to the number of service-users subsequently taken on to a caseload, and this volume of assessments impacts on the clinical capacity of specialist mental health staff to deliver interventions to service-users.

7 ALTERNATIVE OPTIONS CONSIDERED

Do nothing: rejected because the current model is unsustainable. Locality teams are experiencing an increasing demand – capacity gap and this, in turn, impacts on the workload of GPs and service-user and carer experience.

8 IMPLICATIONS

The implementation of this service model will improve mental health service delivery in primary care and support GPs to manage service-users aged 18-65 with mental health problems of moderate to high severity, where the service-users needs can be appropriately met in a primary care setting.

9 BACKGROUND DOCUMENTS

None