

Primary Care Commissioning Committee

28 June 2017

Details	Part 1	X	Part 2		Agenda Item No.	11
Title of Paper:	Mental Health in Primary Care- Conference Report					
Board Member:	Dr Jeff Schryer, Clinical Director for Primary Care and Mental Health					
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Presenter:	Dr Jeff Schryer, Clinical Director for Primary Care and Mental Health					
Please indicate:	For Decision		For Information	X	For Discussion	
Executive Summary						
Summary	This paper summarises the key points from the King's Fund Mental Health in Primary Care event, held on the 7 June 2017.					
Risk	High		Medium		Low	X
	There are no risks associated with this paper					
Recommendations	The Primary Care Commissioning Committee is asked to: <ul style="list-style-type: none"> Note the content of this report 					

Strategic themes

To deliver improved outcomes and reduce health inequalities for patients through better preventative strategies	
To deliver service re-design in priority areas through innovation	
To develop primary care to become excellent and high performing commissioners	X
To develop the CCG leadership to work with the Local Authority to be excellent integrated commissioners	
To develop robust and effective working relationships with all stakeholders and partners to drive integrated commissioning	
To deliver long term financial sustainability through effective commissioning and innovative investment across the wider system	
To develop and influence the provider landscape through development of a Locality Care Organisation (LCO)	
Equality Analysis Assessed?	Supports NHS Bury CCG Governance arrangements

Mental Health in Primary Care- Conference Report

1. Introduction

- 1.1 This paper provides an overview of the key topics discussed at the King's Fund 'Mental Health in Primary Care' event held on the 7 June 2017. The event was attended by the Clinical Director for Primary Care and Mental Health and the Deputy Director for Primary Care. The primary reason for attending was to gain a greater insight into the commitment in the General Practice Forward View to increase the number of mental health workers within primary care.
- 1.2 Full copies of the presentations from the day can be accessed via:
https://www.kingsfund.org.uk/events/mental-health-primary-care?utm_source=The%20King%27s%20Fund%20newsletters&utm_medium=email&utm_campaign=8376830_MKEVT_J719_MentalHealth_PostEvent&utm_content=Download%20presentations&dm_i=21A8,4ZJLQ,O2L2FG,IZHRA,1

2. Key Topics

- 2.1 The statistics around mental health are quite stark:
- Around 9 out of 10 people with a mental health problem are only treated within primary care
 - Only 37% of people with a common mental health problem, seek support from their GP
 - The number of prescriptions for antidepressants dispensed in England has doubled since 2005
 - Medical Unexplained Symptoms account for around a fifth of GP appointments.
- 2.2 Along with the mental health needs for those with Serious Mental Illness (SMI) there needs to be a focus on the physical health needs for this cohort due to the considerably worse physical health outcomes for this group of patients. CCG's received an increase in funding from April 2017 to improve the health of this patient cohort. Health Education England are also designing a competency framework.
- In Bury we have included the requirement to undertake physical health checks on this cohort of patients and PCFT have a CQUIN to focus on this work. There is currently a task and finish group looking at this area.
- 2.3 An extra 3,000 mental health workers (Improving Access to Psychological Therapies practitioners) will work in primary care. This reflects the needs of this population but is also part of the response to free up GP time. This is under a national pilot with a phased roll out. It is expected there will be a new delivery model for iAPTs and an expectation of delivery to 25% of the expected prevalence of mental health by 2020.
- Greater Manchester is currently not in the current roll out, however it is within the MH work stream plan to move the current iAPT provision to a sector/community model.
- 2.4 New models of care from areas across England were shared.

- 30% of patients with long term physical health problems have mental health issues, and
- 46% of patients with mental health problems have physical health problems.

- 2.5 Several areas have looked at MH workers focusing on patients with both physical and mental health needs. It is early days, small numbers of patients have been seen and outcomes are at best not statistically significant, apart from patient satisfaction.
- 2.6 Of particular note was the work being undertaken in West Cheshire Vanguard site. They have established 9 integrated health and social care teams working with a shared care record (read only). They have focussed on the provision of mental health services with in primary care and the mental health of older people. Through the introduction of Age UK Wellbeing Co-ordinators based within these teams they have seen a 50% decrease in GP appointments and 17% reduction in A&E attendance for those patients using the service. This model has many similarities to the locality team structures being predicated for Bury.
- 2.7 The modality partnership Birmingham presented their Multi-Disciplinary Team (MDT) approach to managing primary care. An MDT wrapped around 3500 patients made up of a GP, practice nurse's, administration, mental health workers and pharmacists. They did not discuss outcomes. They did note that impact and change was difficult and took much longer than they anticipated. They described their approach to engagement and change - "Working at 6 levels - the 6 Ps; Patients, Population, Practice, Providers; Performance and Price.

3. Key Reflections

- 3.1 The lack of coordination between the 5 Year Forward View for Mental Health and Primary Care needs to be recognised and addressed both nationally and to be aware of locally.
- 3.2 Work on the iAPTs remodelling needs to include a strong primary care presence.
- 3.3 A group of commissioners from the One Commissioning Organisation might benefit from looking at and learning from the West Cheshire model and feedback to the transformation board/CCG.

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June 2017