



Integrated Care System

Shropshire, Telford and Wrekin

Shropshire, Telford and Wrekin Community Mental Health Transformation

Everyone working together

Making services easier to access and use

Improving overall wellbeing

In this edition:

- Reflections on the transformation programme
- Looking ahead

Newsletter

Summer/Autumn 2024

It seems like only yesterday since the national Community Mental Health Transformation programme, part of the NHS Long Term Plan, was launched and we took our first steps towards making sense of what this meant for us.

We've since delivered c£2.85m of investment in three key areas to enable people living with severe mental illness (SMI) to:

Access mental health care where and when they need it by:

- Delivering seven Mental Health Practitioners working directly in primary care settings addressing a range of needs for people with mental health problems without the need for onward referral
- Increasing partnering with Voluntary Charitable and Social Enterprise organisations through a grant allocation scheme with investment to date of c.£800k, targeting a range of key groups and providing housing and financial wellbeing support to some of the most vulnerable people in our communities
- Reconfiguring our Community Mental Health (CMH) resource around the newly formed Primary Care Network hubs to create five new teams
- Redesigning our main access point into services for people with SMI to reduce the need for repeated stories and reduce routine wait times in line with the national four-week standard

Manage their condition or move towards individualised recovery on their own terms by:

- Moving away from the outdated 'Care Programme Approach' framework to a new personalised approach to care whilst retaining a 'lead professional' role to ensure care remains co-ordinated
- Rolling out the Patient Knows Best app, enabling people to access and share their health information with key people whenever

and wherever they want

- Allowing people to set their own goals and rate their own improvement in health through Patient Reported Outcome Measures (PROMs)
- Investing in staff focussed on the physical health care needs of people with SMI, starting to erode the longstanding health inequalities in this area
- Redesigning the treatment pathway for adults with an Eating Disorder in line with NICE guidance and supported by partnerships with VCSE organisations such as BEAT, and there are now tailored offers for 18-25 year olds using the First episode Rapid Early intervention for Eating Disorders (FREED) model
- Focussing on the growth of our Peer Support resource, employing people specifically because of their lived experience of mental ill health

Contribute to and be participants in the communities that sustain them by:

- Growing a rehabilitation service for people with complex psychosis which has seen people return to the Shropshire area from remote inpatient settings to receive care and treatment in their local communities.
- Expanding Individual Placement Support, delivered through Shropshire Council's Enable service, helping increasing numbers of people to find and remain in employment

Reminding ourselves of our successes is important, but we mustn't lose sight of the journey still ahead; these improvements need sustaining and we have to continue to work collaboratively and via co-production to ensure stigma and poor health outcomes for people with SMI become a thing of the past.

Thank you for everything you have done to date though, it *is* making a real difference.

Paul Bowers

*Senior Responsible Officer for Community Mental Health Transformation
Shropshire and Telford & Wrekin*

GRANTS AWARDED TO VOLUNTARY SECTOR SCHEMES SUPPORTING YOUNG PEOPLE

More than £100,000 has been awarded to community and voluntary schemes in Shropshire and Telford & Wrekin supporting young adults with mental health issues. This is the first round of grants made by The Community Foundation on behalf of Midlands Partnership University NHS Foundation Trust (MPFT) as part of the transformation programme.

Steve Adams, Chief Executive of The Community Foundation, said: "We are delighted to be working with Midlands Partnership University NHS Foundation Trust to target and help young adults across the county with a severe mental health illness that substantially interferes with, or limits one of life's major activities. The community groups awarded in this round have some fantastic projects to deliver and we are excited to hear about their impact."

Maryan Davies, Community Mental Health Transformation Lead at MPFT said: "We're delighted to be working together with our local voluntary, community and social enterprise organisations to target and help young adults to access support from mental health services; this will ensure that we work in a more joined up, focussed and holistic way to help support the young adults of Shropshire and Telford & Wrekin to maximise their life opportunities."



GRANT SCHEMES (CONT)

The following community and voluntary groups have received grants for projects aimed at supporting 18-to-25-year-olds with significant mental health issues:

Shropshire

- **The Sea Change Trust** - To fund a project that will offer specialist, group and individual, time limited trauma informed psychotherapy to young adults (18-25) with severe mental illness (SMI).
- **Designs in Mind CIC** - For the development and delivery of training pathways specifically for young adults with diagnosed mental health challenges, to increase their mental health through the development of employable, transferrable skills which will lead to increased self-belief, wellbeing and confidence.
- **Tennis Shropshire** – To deliver tennis sessions for people living with SMI, as a vehicle to improve health and wellbeing, social isolation and obesity, throughout the local community.
- **Shropshire Youth Support Trust** – For delivery of the 'Thrive Together' project over Central, North and South Shropshire and Telford & Wrekin, which offers intervention sessions designed to empower and actualise potential in service users with SMI.

Telford & Wrekin

- **The Reanella Trust** - To support physically disabled young adults with bipolar disorder to improve their mental health, foster self-acceptance, boost self-esteem, enhance self-expression, and effectively manage emotions.
- **Small Woods Association** - For a 12-week course of green wood craft sessions, using the five ways to wellbeing to support participants through a journey on developing their own skills, working as a team to then sharing a gift with the community.

Round two of the Community Mental Health Fund will provide grants for adult services and will focus on digital enablement. This round will offer digital inclusion grants aimed at voluntary, community, and social enterprise (VCSE) organisations that provide training and interactive training materials to secondary care mental health service users. Watch this space for more news on the successful grant recipients.

FOCUS ON COMMUNITY REHABILITATION

The Community Mental Health Rehab service has reached the end of Phase 2 of its project. Within this we have continued work to repatriate individuals back into the local area. Six more individuals have successfully moved back to Shropshire, Telford and Wrekin in the last 12 months.

We continue to work in the health and social care system regards the sourcing and arranging of alternative pathways for people to be discharged from hospital into the community. The service continues to recruit to the workforce, including a Principal Clinical Psychologist, two Mental Health Nurses, one further Occupational Health Therapist, an OT assistant, an Assistant Psychologist and we are working to recruit social workers from the local authorities.

The service has now taken clinical responsibility for individuals who stay with us at the Elms House in Shrewsbury and those currently placed in Out of Area Rehabilitation hospitals. The team are working hard to build the initial service, and team processes continue to work in partnership with multiple organisations within the local health and social care system.

The service is now looking to launch Phase 3 of the service in the next few months. This is the largest element of the project, where the service will be open to all individuals who are deemed to require support with mental health rehabilitation. This will involve a diverse and multi-agency multi-disciplinary team dedicated to those with complex health and social care needs. The vision for Phase 3 is that the mental health rehabilitation service will support people at all stages of their recovery and at any point within the rehabilitation pathway, whether this be whilst they are in hospital or living in the community.



LOCAL AUTHORITY REFLECTIONS: WORKING IN PARTNERSHIP

By Steph Wain (Telford & Wrekin Council), and Penny Bason & Naomi Roach (Shropshire Council)

Telford & Wrekin and Shropshire Councils have worked alongside MPFT as it developed the Community Mental Health Transformation. The rehabilitation programme is a good example of how we have worked together in order to improve outcomes for local residents. The programme has resulted in the development of a multi-disciplinary team (which will include a social worker based with each local authority) that will provide clinical input to the rehab accommodation being built in our area.

The work has also provided learning and understanding for the development of local care, neighbourhood working across Shropshire, Telford & Wrekin, where multi-disciplinary teams and integrated approaches are core to improving outcomes and driving efficiencies.



GRANT

FUNDING

FOCUS ON PHYSICAL HEALTH PATHWAY

The Physical Health Pathway (PMH) was created to address the needs of patients with severe mental illness (SMI) as directed by NHS England (2014). The project highlights the need to improve physical health monitoring for those prescribed psychotropic medication, and to address health inequalities within the SMI community.

Using population health data we were able to see the county has one of the highest mortality rates for this patient cohort. This therefore became much more than completing physical health checks in primary and secondary care, but how we could also create bespoke activities and reach those hardest to reach; e.g. those with drug and alcohol misuse and rough sleepers, and create an outreach model to reach the whole cohort.

PMH has worked in collaboration with NHS England and Shropshire, Telford & Wrekin Integrated Care Board to combat health inequalities within this patient group. A scoping review has identified improved physical health for SMI patients who have attended health checks.

The pathway has been developed by nurses and been successfully rolled out to other services across the community and hospital for SMI patients. Nurses developed a service manual providing staff with guides, policies, and procedures to ensure consistency.

- 2021/22 we reached 20% of the SMI population
- 2022/23 we reached 37% of the SMI population
- 2023/24 we reached 67% of the SMI population with over 2,471 patients seen for a physical health review and medication review

The new national target is 60% and we have already exceeded this in quarter 1 of 2024/25.

Patient feedback has been paramount to us continuing to support this client group. One patient was on the cusp of commencing cholesterol medication due to weight gain and high cholesterol due to the antipsychotic medication they were on. Through us monitoring this and, following the introduction of an innovative partnership with Tennis Shropshire this gentleman was able to attend weekly tennis sessions. He has since lost weight and is no longer a candidate for cholesterol medication.



FOCUS ON PHYSICAL HEALTH PATHWAY (CONT)

An outreach service was established to combat the disengagement rate and provide a service for patients who physically cannot leave their homes or whose mental health conditions prevents them from attending clinics. SMI nurses within our primary care service are employed by MPFT and are very much part of the team. The system is working together to improve the lives and health inequalities for the SMI/PH pathway with physical health champions being an example of the multiple roles NHS organisations can play in reducing inequalities in health.

In addition we engaged Tennis Shropshire, who have been providing tennis for this cohort for over 12 months with positive feedback from service users and this has featured by the media. This was an outstanding success and we have since been able to secure further funding to offer extra sessions for 18-25-year-olds; a cohort identified in our population health data.

ENABLE - INDIVIDUAL PLACEMENT AND SUPPORT

Enable, Shropshire Council's Supported Employment Service deliver an Individual Placement and Support Service (IPS) in partnership with MPFT. We have been providing Employment Support to MPFT customers for more than a decade.

One of the key features of the IPS model is integration with the mental health teams. The Community Mental Health Transformation (CMHT) has provided the opportunity to further embed employment support and to strengthen our partnership.

The transformation enables individuals with severe mental illness to access services in a more coherent and effective way, regardless of their diagnosis or level of complexity. It places the individual at the heart of their care, with providers forming a circle of support around that individual. The circle consists of a combination of health and voluntary and community sector providers (VCSE).

Enable participated in the Shropshire, Telford & Wrekin CMHT Steering Groups from the beginning and has played an active role in piloting the Care Planning Forums in North Shropshire. As the transformation was rolled out across the county IPS was included as part of the model and IPS Specialists welcomed into the newly formed Community Mental Health Teams.

Employment can be an important part of an individual's recovery and is widely recognised as a treatment in its own right. Having an IPS Specialist embedded as part of the transformed model in each locality means that MPFT are actively promoting employment and its wide-ranging benefits from the earliest possible opportunity. This means that more individuals will receive support to find paid work or to stay in their existing job; which has a positive impact on their mental health and wider health determinants.



FOCUS ON PRIMARY CARE NETWORK (PCN) PSYCHOLOGY

The NHS Long Term Plan (LTP) aimed to provide people severely affected by mental illness more choice and control over their care by transforming community services and increase their access to mental health therapies and trauma-informed care as well as physical health and practical support.

The LTP described a new community-based offer that aimed to include increased access to psychological therapies for people with severe mental health problems. This allowed focus on a group of people who previously may have not met criteria for mental health services in which they can access psychological therapies.

Primary Care Networks (PCNs) are a key part of the LTP bringing local service together to focus on a place based service that recognises the needs of the local area. Other relevant guidance is the Community Mental Health (CMH) and NHS Talking Therapies for anxiety and depression (national guidance to support seamless and person-centred access to appropriate mental health care, July 2023). This helpful document details four principles:

- Principle 1: Improve appropriate referrals to CMH services and NHS Talking Therapies for anxiety and depression
- Principle 2: Improve ability for people to 'move' between services where appropriate
- Principle 3: Increase provision of evidence based psychological therapies for severe mental health problems and outcome monitoring as part of the transformation programme
- Principle 4: Avoid duplication of service provision across mental health pathway

These principles have been a guide for further development of the primary care service in particular in reduction of potential duplication particularly in the provision of group work.

Aim of new service

The current service was developed by MPFT as part of the transformation programme. The service aims to provide a place based local service for people with SMI or complex needs in primary care; e.g. for those who do not meet Talking Therapies criteria or those for secondary mental health care. This includes psychosis, personality difficulties, bipolar and trauma.

This has been achieved by extending the Psychology workforce into primary care and providing a range of easily accessible group interventions with groups to be tailored to local area and need. In each PCN there is a very small team of a Clinical Associate in Psychology and an Assistant Psychologist. In one PCN there is a Clinical Psychologist.

The groups were developed and delivered with Peer Support Workers to ensure a collaboration client based service. There is also an assessment and formulation to enable collaborative decisions about whether a group will be the best service for a client or whether an adapted individual approach may be more useful. This is a strength based service with a focus on providing a service that is needed across Shropshire, Telford & Wrekin.

FOCUS ON PHYSICAL HEALTH PATHWAY (CONT)

Developments

Groups began in Shropshire and each PCN has ran more than five groups. In Telford the development has been slightly slower, but groups are now active across all areas. Groups have covered Anxiety, Pain, Sleep, Grief, Emotions, Relationships and Trauma. The teams have received very positive feedback from clients with the Emotions groups has been particularly popular.

In recent months nearly 500 people have been referred to PCN Psychology and they have received either a group programme or individual intervention and sometimes both where one has led to the other. The highest referrals have been in South West Shropshire and in Teldoc.

Peer Support Workers have played a really important role in supporting with groups and also linking in with clients to provide some information and support about groups which has enable clients to access groups.

We hope to develop a group for younger people with MPFT's BeeU service and other groups are in discussion. In some areas there have been close links with GPs such as the pain pathway, and all areas liaise with mental health practitioners in GP practices. Some areas have successfully linked in with third sector and community organisations.

At a time when referrals to psychology in Community Mental Health Services is increasing the PCN Psychology teams have made a valuable contribution to offering a service to people outside of CMH services and NHSTT-AD. An evaluation of the service will begin in September and be presented to the MPFT's Shropshire, Telford & Wrekin Care Group in December.



COMMISSIONING & PARTNERSHIP WORKING WITH VCSE SERVICES

The NHS Long Term Plan identifies that health inequalities are a significant contributor in early mortality for patients with severe mental illness. At a Primary Care Network (PCN) level, health inequalities assessments, coupled with partnerships with local community services are working together with the aim of making support available to people where it is most needed.

A key aim of the transformation is to provide key function located in communities that would promote better outcomes for individuals by giving access to 'must-have' and 'additional' services to address health inequalities.

Causes of decline in mental health are often rooted in the wider-determinants of health and whilst there are some services commissioned in communities to provide wellbeing support, access to services can be limited owing to capacity and demand or a lack of knowledge of what is available locally.

Population health data packs were developed for each of the Community Mental Health Service areas. Analysis identified that housing support and financial wellbeing were two of the key wider-determinants of health impacting on health and wellbeing of those suffering with SMI within Shropshire, Telford & Wrekin.

Given expected increased demand for financial wellbeing and housing support services with the ongoing increased cost of living, an offer integrated into community mental health services provided additional services, ring-fenced for those people with SMI whose condition is being exacerbated by, or founded in, concerns over financial wellbeing and/or housing issues.

This Financial Wellbeing and Housing Support Service pilot service was fully integrated into Shropshire, Telford & Wrekin Community Mental Service Area Teams, providing a referral pathway for clinicians who have service users with wider determinants which are impacting their health and wellbeing, specifically around financial and or housing concerns.

The delivery team consisted of five experienced and dedicated advisors who offer 1-2-1 support to clients to overcome their housing or financial wellbeing issues (three financial wellbeing and two housing advisors). Each member of the Financial Wellbeing and Housing Support Team had extensive experience working with a variety of client groups and had longstanding relationships with local community projects, referral agencies, and other stakeholders within the Voluntary Community and Social Enterprise sector.

The Community Mental Health Framework for Young Adults and Older Adults (CMHF) model means that NHS community mental health services will be developed with community organisations working together in a seamless way, with people who use services at the centre of service provision and much more involved in their own care and support.



LANDAU - HOUSING AND FINANCIAL WELLBEING

The integration of our Housing and Debt Advisors into Community Mental Service Area Teams has been pivotal in addressing the broader determinants affecting our clients' health and wellbeing. Advisors have made significant strides in enhancing the financial and housing wellbeing of our patients, reflected in the positive outcomes and increased income for many service users.

Over a 12-month period the service has supported 564 clients facing housing and/or debt problems. Their interventions have seen 90 tenancies secured or retained and 178 service users secure additional income, one advisor has documented a total of £174,883 additional income for her clients.

The collaboration between advisors and clinicians has fostered an environment of co-operation, marked by regular operational and senior management contract meetings, ensuring seamless service, and addressing concerns promptly. This foundation of effective communication sets the stage for the project's success.

Another attribute to the project's success is our experienced advisors dedicated to providing holistic, personalised support to clients facing housing or financial challenges. With a diverse skill set and extensive community engagement, they are well-equipped to navigate the complexities of this sector, particularly in reaching vulnerable individuals often marginalised from traditional support services.

Our review process and in-depth monthly reports provided valuable insights for refinement and consistency in reporting. To manage demand and expectation effectively, strategic measures were implemented, including caseload balancing and expanding advisor coverage areas. The success of these strategies is evidenced by our ability to maintain recommended caseload ranges and deliver impactful outcomes.

Our client-centric practices are further exemplified by our efforts to gather informal feedback and case studies, informing continuous improvement initiatives. Collaboration with external agencies remains integral to our mission, ensuring comprehensive and effective support for our clients.

"She has been accepted for a new property near her family, thank you for your securing this."

Embracing continuous professional development, our team remains proactive in enhancing their skills and knowledge, reflecting a commitment to excellence even amidst challenges.

In reflection the success of the project has been guided by our core values of collaboration, innovation, and client empowerment, striving to make a meaningful difference in the lives of those we serve.



Landau
changing lives creating futures

TRIPLE TRANSFORMATION - A SERVICE USER'S PERSPECTIVE

Possibly the biggest challenge for mental health services, is not the scale of need (which is vast) but the radically different understanding of mental health that co-exist in health care. From the service user's perspective, this can be either empowering or disempowering.

Describing someone as 'non-compliant' clearly illustrates who holds the power. But in many ways the service user is the expert in the room – they are the ONLY person with access to their every thought, motivation and life experiences.

These different perspectives make interdisciplinary working more than a challenge! But the transformation depends on it - and what every part of the service has in common, is the need to listen to those with lived experience!

There's no question that mental health services have (and sadly still) sometimes damage people. It's why the lived experience voice and trauma informed care are both vital. Hopefully we'll move to trauma focused care.

MPFT can be proud of listening and engaging. My own journey as a service user has taken me to places I can hardly believe are possible – interviewing on the same panel alongside Senior Leadership Team members – and being genuinely listened to.

I don't want MPFT to be complacent – there are still times when people are not heard (or taken seriously) and the effects shouldn't be underestimated. Someone I admire very much says "you have two ears and one mouth for a reasons" - take this to work with you.



The transformation has also to be personal – being respected and valued has been 'the best medicine' but my understanding of mental health problems has also been transformed. I've learned that mental health problems could probably be better described as injury rather than illness – the 'what happened to you not what wrong with you' perspective, will hopefully transform how mental health problems are supported in the future.

