

Briefing: August 2020

## The calm before the storm?

How primary care networks and mental health providers can prepare for rising demand for mental health services

### Key points

- The impact of the pandemic on the nation's mental health has seen an increase in demand for both common mental disorders and more serious mental illnesses. Improving integration between primary and secondary mental health services at this time is vital.
- Primary care network (PCN) and mental health leaders share the view that the health and care system can best meet the demand by taking steps in four key areas: building up relationships at all levels between mental health providers and PCNs; making best use of existing and new PCN workforce; improving links between NHS and third sector organisations; and sharing the innovative and effective approaches local areas are already implementing.
- The new Community Mental Health Framework expects formal links to be made between PCNs and mental health providers. Where strong and trusting links have been formed, referral routes can be flexible, and step-down and preventative support are improved.
- Local areas are using innovative approaches to overcome workforce challenges, but there is more to do to spread good practice and embed dedicated mental health support throughout primary care.
- Many areas have reported challenges in supporting the mental health of children and young people in primary care and we expect this group to be particularly affected by the impact COVID-19. A bespoke approach for children and young people will be needed.



# Introduction

The impact of COVID-19 on the mental health of the population will be felt long after the physical health crisis subsides. Early modelling suggests around 500,000 additional people could need support for their mental health, with depression being the most common mental disorder.

Primary care has always played an important role in supporting people with their mental health, supporting around nine in ten people with a mental health issue. Indeed, the NHS Long Term Plan and Community Mental Health Framework both require primary and secondary care services to work together in a more integrated manner, to better support people with both common and serious mental illnesses.

The impact of the pandemic on the nation's mental health means that we are seeing demand increase for both common mental disorders, such as depression and anxiety, and more serious mental illnesses. As such, improving integration between primary and secondary mental health services is particularly timely. The establishment and development of PCNs over the last 12 months presents opportunities to fast track this integration and provide more seamless, person-centred care.

In June 2020, the NHS Confederation's Mental Health Network and PCN Network convened senior leaders to discuss how both sectors can work together to prepare for the expected increase in demand for mental health support following the COVID-19 outbreak. This briefing sets out where such opportunities may lie and possible approaches mental health providers and PCNs may wish to take over the coming months to improve partnership working.

## Areas of opportunity

### 1. Relationships

An integrated approach that responds to the needs of patients requires different parts of the system to work together. Historically, in many areas there has been a disconnect between primary and secondary providers in mental health, creating barriers to accessing care and a lack of step-down and preventative services.

Building up the relationships and levels of trust between the newly created PCNs and secondary mental health providers is vital to provide seamless care for patients.

As always, there is variation in the maturity and quality of relationships between primary and secondary care across the country. This is also true in the level of integration between the NHS and third sector organisations, both large and small, which provide vital preventive, step-down, substance abuse, crisis and culturally and age-specific services. Yet where strong and trusting links have been formed, referral routes can be flexible, and step-down and preventative support are improved.

“I think PCNs are in an amazing place to affect flexible solutions for their populations because mental health is all about community.”

**PCN Clinical Director**

Of course, PCNs have huge demands on their time and, as the PCN Network has highlighted in a [recent report](#), this can often limit their ability to develop relationships with others across the health and care system. However, for many PCN clinical directors, mental health is a high priority and the new Community Mental Health Framework expects formal links to be made between PCNs and mental health providers.

Bringing together PCNs with their local mental health trusts would be beneficial to all and there is particular interest in setting up local PCN mental health networks, which would be a positive vehicle to facilitate joint working.

## 2. Workforce

With a limited pool of staff available across the health sector, it is important that we take a system-wide approach and use and deploy staff in the most efficient way. Local areas are already using innovative approaches to overcome workforce challenges, but there is more to do to spread good practice and embed dedicated mental health support throughout primary care.

### **Mental health professionals**

The current PCN contract does not reimburse PCNs for employing mental health professionals until April 2021. There is real enthusiasm from PCNs for this reimbursement to be brought forward, particularly in response to the increasing need for mental health support as a result of COVID-19. This would enable dedicated mental health workers to be brought into PCNs to help manage the increasing level of demand and provide a link between primary and secondary care services.

### **Social prescribers**

The value of social prescribers has been acknowledged by both primary and secondary care sectors as many of the determinants of mental health, such as meaningful work, housing, financial stability and positive relationships, are largely outside of the NHS's control. The impact of COVID-19 on these social determinants will be significant, making the role of social prescribers even more important in supporting people to stay well and for recovery.

Effective social prescribers understand the needs of their communities, and there are examples of specialist social prescribers for children and young people. This was also highlighted in the PCN Network's recent report.

The links between meaningful employment and positive mental health and recovery are well evidenced and specialist employment support, such as the Individual Placement and Support model (IPS), are known to be effective in helping people with mental illness access and retain employment. The model has also continued to get people into work during the pandemic. The impact of COVID-19 on the employment market has already been significant, and as the furlough scheme is lifted in the autumn, we expect to see far more job losses. Ensuring social prescribers are aware of therapeutically informed employment support will therefore both help prevent mental illness and support recovery.

Many of the services that social prescribers refer to are run by the third sector. During the COVID-19 outbreak, these organisations have faced significant reductions in funding and increases in demand. There has been some, but limited, financial support for mental health third sector organisations during the pandemic, but financial stability, especially for smaller third sector groups will be a challenge going forward.

### **Clinical pharmacists**

Notably, clinical pharmacists are taking a proactive approach and championing mental health. Clinical pharmacists are involved in clinical multidisciplinary teams (MDTs), performing structured medication reviews, supporting patients with low mood, working with residents in care homes to reduce the effects of isolation, and with individuals who have become unemployed due to physical health issues.

## **3. Engagement with the third sector**

As mentioned previously, the third sector plays a huge role in supporting people with their mental health. However, organisations vary greatly in size, approaches and funding streams.

Larger third sector organisations, such as Look Ahead Care and Support, which provide services including step-down care, crisis cafes, supported housing, peer support employment services and rough sleeping support, do link in with GPs in some areas. Where this happens, this is effective for service users. However, links with primary care are patchy and hugely variable between local areas.

One primary care mental health service included a representative from the third sector on its board to improve relationships and communication. This was effective, although it was acknowledged that this approach is likely to benefit larger third sector organisations, rather than smaller, grassroots organisations and that the third sector itself could do more to work together locally in a more strategic manner.

### Case study: Mosaic Healthcare PCN and social prescribing

**The challenge:** The coronavirus pandemic has created a particularly challenging environment for primary, community and integrated teams to deliver patient care. Through previous work undertaken with South, Central and West Commissioning Support Unit (SCWCSU), Mosaic Healthcare PCN was well placed to re-focus its social prescribing capabilities to support the population through these challenging times.

**The approach:** A population care segmentation model was used to identify the physical and mental health needs of the population, using both primary care and secondary care data, mapping it to illustrate geographically where those of greatest need reside. Stakeholder workshops with the public and patient participation groups were delivered, with the aim of developing a shared vision for the population and to explore opportunities to work differently to meet their needs.

**The outcome:** The outcome of the review was a clear focus on social prescribing in support of the frail population, and a requirement for closer relationships with social services and voluntary organisations. In response to the COVID-19 outbreak, the role of the social prescriber was extended to focus on supporting those at risk of the virus, including the shielded population. As a direct result of this work, the PCN recruited a social prescriber who, supported by an administrator, is connecting patients in primary care with sources of support within the community.

## Approaches to partnership working

There is broad consensus that the system does not want to go back to 'business as usual' and that COVID-19 presents the opportunity to turbocharge the ongoing work to integrate services and improve care for patients. Some local areas are already rising to the challenge:

### Case study: Cambridgeshire and Peterborough

The community mental health exemplar in Peterborough has created four pathways: clinical, subclinical, recovery and inclusion, and is looking at how crisis care, community care, prevention, early intervention advice and targeted support will support patients in each pathway, and as they move between them. There is acknowledgement that the subclinical and preventative workstreams are areas that need to be ramped up in particular and increased, and that improved digital support will help with this.

Mental health support phone lines staffed by trained volunteers and Improving Access to Psychological Therapies (IAPT) staff who have received specialist training around bereavement have been set up. The current focus includes promoting access to digital support and local community resources.

The Cambridgeshire and Peterborough (C&P) system is also looking at how it measures success, updating key performance indicators to include more high-level, long-term outcomes that focus on value rather than activity. Data is shared with local system partners and local public health is supporting this work. Better use of outcome data will allow services to know which interventions are effective and help inform and improve services of the future.

Mental health communications messaging is often led by the mental health trust, so people looking for support for their mental health are more likely to be aware of services provided by secondary care. The system has looked at how it is communicating services that are available to their populations. It has used radio and TV to promote access to services and set up local Facebook pages for Peterborough and Cambridgeshire, ensuring that support is tailored to the needs of their communities.

The service user network (SUN) engages with service users and carers to collect and monitor their experience and views of services. The network also links in with existing community groups to gather views of different cohorts of their populations, including those facing inequalities in accessing services and achieving good outcomes, such as black and minority ethnic communities, travellers and people experiencing homelessness.

The C&P system is confident in the work it does in engaging with service users, but felt there was more the system could do on translating intelligence into actions. As such, C&P has set up a new co-production collaborative to ensure that changes are implemented which make a difference to service user/carer outcomes. Ensuring that the experiences and views of service users and carers are involved in the design and evaluation of services is even more vital given the huge digital transformation that has taken place due to COVID-19.

## ‘Easy in, easy out’ approach

One area has implemented an ‘easy in, easy out’ approach where a GP first practitioner is the formal link between the PCN and secondary mental health services. This approach has helped to build up trust between the GPs and psychiatry team, impacting positively on discharges back to the community, as secondary care feel confident that patients will receive the step-down care they need.

This link has also helped remove the cliff edge between services. If a GP thinks a psychiatrist is required, they can contact them by email, which has reduced bureaucracy and facilitated barrier-free transitions between primary and secondary care.

The PCN has also moved away from compulsory, six-month reviews for patients, to a more dynamic and targeted system where reviews are undertaken when requested by the patient or clinician.

“What [this approach] has allowed is for the discharge of patients back into the community who are stable, but we have a contract involving patients and our local team saying that if they need, at any time, a psychiatrist then it is just an email away and then they are straight back into the system.”

**PCN Clinical Director**

## A bespoke approach for children and young people

Many areas reported challenges in supporting the mental health of children and young people (CYP) in primary care and we expect this group to be particularly affected by the impact COVID-19. Referrals for CYP for NHS community mental health services in England dropped by over 20 per cent between February and March this year. This is likely due to the closure of referral routes and nervousness about accessing services, rather than a drop in demand. However, primary and secondary services are now already beginning to see demand from this group rise.

Where specialist services for CYP are available, we understand that these are effective, for example specialist substance abuse, self-harm and eating disorder services. Other useful interventions have centred around building positive relationships with local schools and the developing mental health support teams. These have worked positively with Place2Be, a charity that provides specialist CYP mental health support in schools and digital platforms, such as Kooth, provided by Xenzone.

## Viewpoint

There is a shared sentiment among PCN clinical directors and those working for mental health providers that we must not return to business as usual as we look to the challenges ahead in the wake of COVID-19, including in mental health.

While many expect there to be a steep rise in demand for mental services over the coming weeks and months, COVID-19 and its impact on the sector presents opportunities to fast track the types of integration that were laid out in the NHS Long Term Plan and the Community Mental Health Framework. Accelerating joint working between PCNs and mental health providers, such as through the approaches set out above, will not only help to meet rising demand in the short term but also ultimately improve care for patients with a mental health condition in the long term.

If you lead or work for a PCN and you would like to find out more on this issue, please contact [PCNnetwork@nhsconfed.org](mailto:PCNnetwork@nhsconfed.org)

Similarly, if you are mental health provider and would like further information, please contact [mentalhealthnetwork@nhsconfed.org](mailto:mentalhealthnetwork@nhsconfed.org)

### About the PCN Network

The PCN Network has been established by the NHS Confederation to support primary care networks and to ensure they are effectively represented within the health and care system. Read more at [www.nhsconfed.org/PCN-Network](http://www.nhsconfed.org/PCN-Network)

### About the Mental Health Network

The Mental Health Network is the voice of mental health and learning disability service providers for the NHS in England. It represents providers from the not-for-profit, commercial and statutory sectors – including more than 90 per cent of NHS trusts and foundation trusts providing secondary mental health services. It works with government, NHS bodies, parliamentarians, opinion formers and the media to promote the views and interests of our members and to influence policy on their behalf. Find out more at [www.nhsconfed.org/MHN](http://www.nhsconfed.org/MHN)

### About the NHS Confederation

The NHS Confederation is the membership body that brings together and speaks on behalf of organisations that plan, commission and provide NHS services in England, Wales and Northern Ireland. We represent hospitals, community and mental health providers, ambulance trusts, primary care networks, clinical commissioning groups and integrated care systems. To find out more, visit [www.nhsconfed.org](http://www.nhsconfed.org)

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