

**Leeds Mental Wellbeing Service - LMWS (**full launch April 2020**). Confed update for PCN Leadership Teams.**

The new service offers a community mental health offer consisting of both IAPT & Primary Care Mental Health (NEW) & on-line support (NEW). The service brings together 8 partners to deliver the service and the GP Confederation is one of those partners providing input to develop the service to work well for practices & PCNs.

**Key achievements for partnership to date**

* LMWS launched Primary Care Mental Health (PCMH) citywide despite the Covid pandemic – recruited 60+ staff to work across 19 PCNs.
* LMWS committed to a model with PCMH staff weighted to the 8 PCNs with highest deprivation. These PCNs had historically less IAPT engagement/recovery and 18m in its already showing significantly higher rates of referrals for MH support in these deprived PCNs.
* The service has quickly reached projected activity levels. We have generally positive feedback from GPs around the ease of referrals, usefulness of service, and positive feedback that the service is working well, using GP clinical systems and delivering a service by multi-skilled teams. We are currently running a citywide survey to get your feedback -please help circulate [Referrer Feedback Survey - Leeds Mental Wellbeing Service](https://www.smartsurvey.co.uk/s/6702HD/)
* IAPT access and screening. There has been a complete overhaul of the access route in, we have introduced a new screening and assessment algorithm which patients complete online. This is a simplified, 15minute online form which gives patients a treatment recommendation at the end; this cut waits for assessment, which has gone from 9 weeks to 1 week (for small number who need call back).
* There is an increased Digital Offer for Talking Therapies. There are Direct Access Online Courses – 24/7 – to support people with Panic, Depression, Stress, Postnatal Depression etc & Increased access to Digital CBT -IESO which provides typed (rather than spoken) 1:1 CBT – which people can access much quicker and has risen in popularity this year. We have increased the provision of this during the pandemic.
* LMWS moved the popular seminar classes Online via MS Teams Live. Classes support people with Stress, Depression Recovery, Living Well in Later Life. LMWS has introduced NEW classes in last 12 months: 'Coping through a Pandemic', 'Student Wellbeing' and now new 'Psychological Wellbeing & Diabetes' and ‘Psychological Wellbeing Living with Cardiac or Respiratory conditions’.

**Current Issues & challenges**

* Waiting times for conventional 1:1 telephone or face to face CBT have not yet gone down significantly – patients can still be waiting for 8-9 months.
* Working remotely has been a challenge for PCMH staff when a significant part of success of the roles from the pilot work was the relationships built with primary care; the PCMH staff are not as embedded in PCNs as we had hoped; our aim is to have the PCMH staff feel more part of your PCN team rather than a service to 'refer into' and this will be a focus for us in the coming months.
* Staff morale has dropped through the year with isolated working and we have seen some staff departures of PCMH Staff and increased staff sickness levels which impacts the capacity on offer.

**What are we doing about this?**

* GP Confed is working with the partnership to address how the CBT waiting list is being managed and helping to look at new solutions.
* We are focusing on developing relationship for PCMH staff and PCNs, ensuring some of the success measures are based on relationships development and we will be working with practice managers on this. See below.
* We are continuing to look at ways to support staff to work remotely and are still recruiting quickly where staff leave, ensuring staff have opportunities to progress within the Partnership. Our aim to is minimise a PCN being left without a PCMH support when staff leave.

**GP Confederation as Partner – what have we brought to Partnership?**

* The main purpose and role we have and continue to play within the partnership includes; Critical Influence in the original bid & model for PCMH, Supported the roll out of Primary Care Mental Health, we are active in meetings to oversee and develop the model further, including : The Board, Governance, Finance, & Operational, and provide a GP voice to influence future model and strategy, bring the understanding of General Practice, help troubleshoot issues between the LMWS service and PCNs, and provide insight and interpretation of the PCMH activity /data. Partners value the contribution & challenge Confed colleagues bring.

This is who is representing general practice on this partnership

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| Lesley Sunderland (GP Partner Street Lane Practice) Confed MH Lead  | lesleys@nhs.net |
| Jonathan Adams (retired GP Partner, Clinician Forward Leeds) Confed MH Lead | jonathan.adams@nhs.net |
| Vicky Womack – Primary Care Development Team | vicky.womack@nhs.net |
| Amelia Letima – LMWS relationship manager – PC Development team | amelia.letima@nhs.net |

**Referrals across the 6 month period – Sept-mid March 20/21, PCMH only fully rolled out Summer 2020**

(PCN populations- April 20 data)



**Relationships with primary care**

**Actions planned over next 6months to build relationships with primary care**

* **Practice relationships**- Find and make opportunities for practice meetings /virtual huddles to ensure PCMH staff see it as their role to develop relationship, especially the PCMH Specialists to ensure all staff recognise the model needs further work to embed it as part of the PCN team. We acknowledge the limitations with GP capacity at the moment due to COVID clinics to do some of this.

We will be looking for opportunities for the PCMH staff to shadow GPs, LTC nurses, Link workers to build better understanding of primary care culture and build relationships. Please let us know if your PCN can support this.

Your Confed contact leading this is Amelia who will drive this work forward with PCMH teams

* **Restart Face 2 Face** -We will be starting conversations imminently about increased working/visibility of PCMH staff on site from June onwards (national roadmap permitting). We know there are some estates pressures and will support a mix of digital & face to face working to ease this is line with how the PCN is managing estates and available space.

Your Confed contact leading this is Amelia who will drive this work forward with PCMH teams. *To note, we have secured a small contribution to overhead costs for PCNs hosting staff*

* **Practice Management Liaison** – We will ensure regular feedback & updates come from PCMH/LMWS to the citywide lead practice manager meeting and directly to PCNs /Practices, (this will include data and staff changes, vacancies)

Your Confed contact leading this is Amelia and Linda Thompson representing lead PMs linda.thompson24@nhs.net

* **PCN PCMH Staff Contact sheets** –We will provide regular updates of staff pictures & contact details to PCNs/ practices and ensuring an up do date and latest contact sheet is circulated

Your Confed contact leading this is Amelia

* **MDT working**. For the more complex patients we are holding MDT meetings; we will ensure we are inviting Linking Leeds workers and any PCN employed social prescribers or other roles as defined by the PCN that will help provide good quality care by the right person to support your population.

**Offer** – if any PCN would like to nominate a lead GP to get involved in these MDTs, to shape, steer and provide clinical input, we will look to support the costs of this up to 4 hours per month for a period of 6 months.

Your Confed contact leading this is Vicky or Amelia to discuss this option

* **Resolving Issues for your PCN**. Amelia is the Relationship Manager between you and the LMWS service. She attends internal PCMH Operational meetings on regular basis to encourage opportunities for working differently / unblocking issues. Please let us know where the model isn’t quite working for you so we can look to find solutions.

Your Confed contact leading this is Amelia

* **Model development one year in.** We are keen to review and develop the model in line with PCN developments and to meet the needs of primary care. There is a lot going on; LMWS is a new service; CMHT transformation will see radical change over the coming few years, plus PCNs have options to secure additional mental health roles via their ARRS allowance. Our aim remains to embed quality mental health provision around PCNs. Please provide us with feedback on what works well and what doesn’t**.**

**Offer** – the CCG has built a requirement into QIS that practices have a mental health clinical lead *(similar role to a safeguarding lead/prescribing lead).* We will take a lead role in organising short and useful meetings via MS team up to 4 times a year to help practices stay informed, engaged and have a route to feedback views. The first meeting will focus on SMI health checks (in both QOF & QIS) and updates on the LMWS service.

* Your Confed contacts are Lesley and Jon who will provide clinical leadership for these meetings

**Further information & self-help for patients and guides for GPs/ practice staff can be found at.**

<https://www.mindwell-leeds.org.uk/> - all local mental health service provision and self help. Page for professionals as well. The tool can be used when working with a patient to increase self-help and navigation.

<https://www.leedscommunityhealthcare.nhs.uk/our-services-a-z/leeds-mental-wellbeing-service/home/> - LMWS online courses/ CBT support