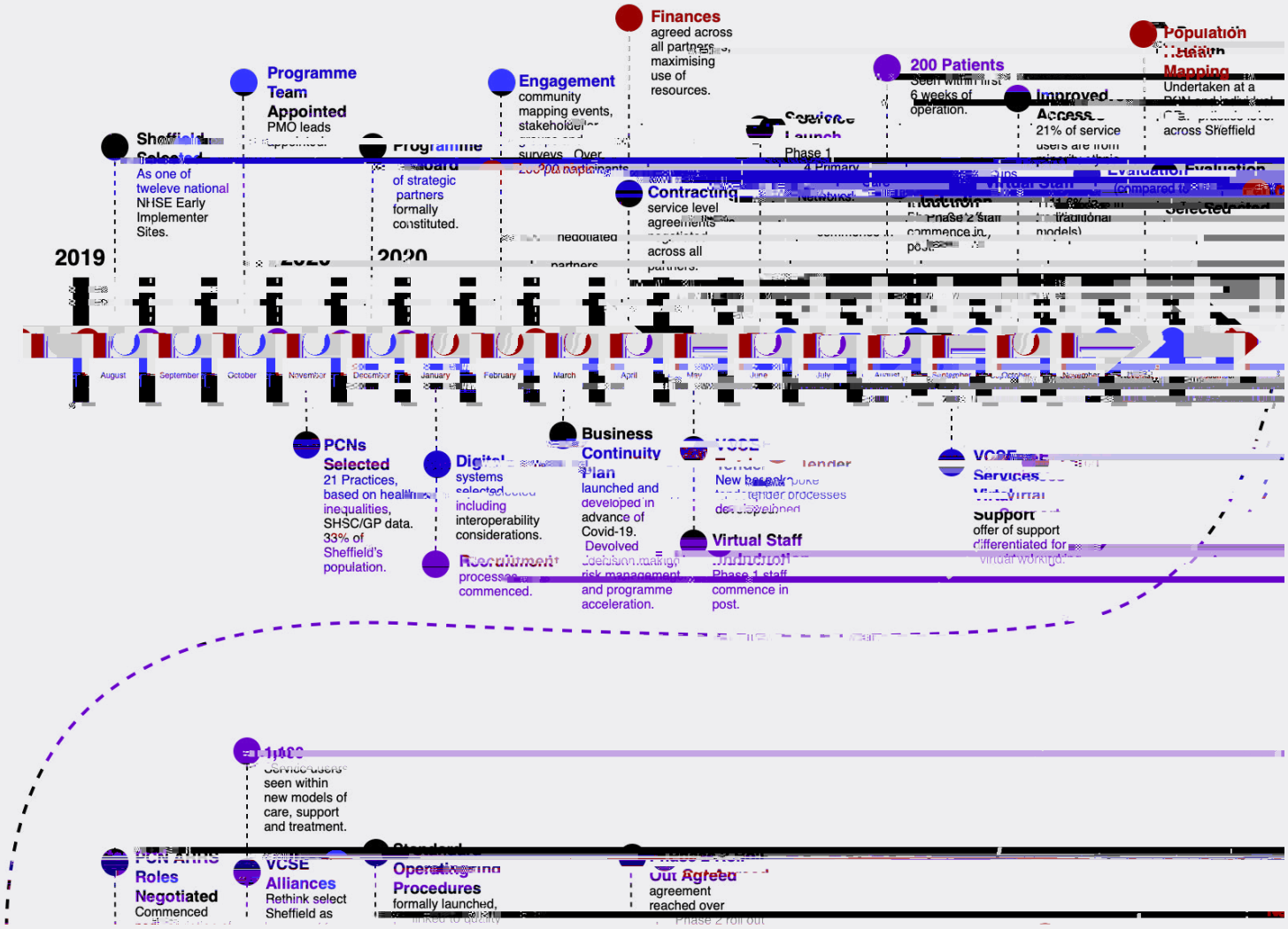
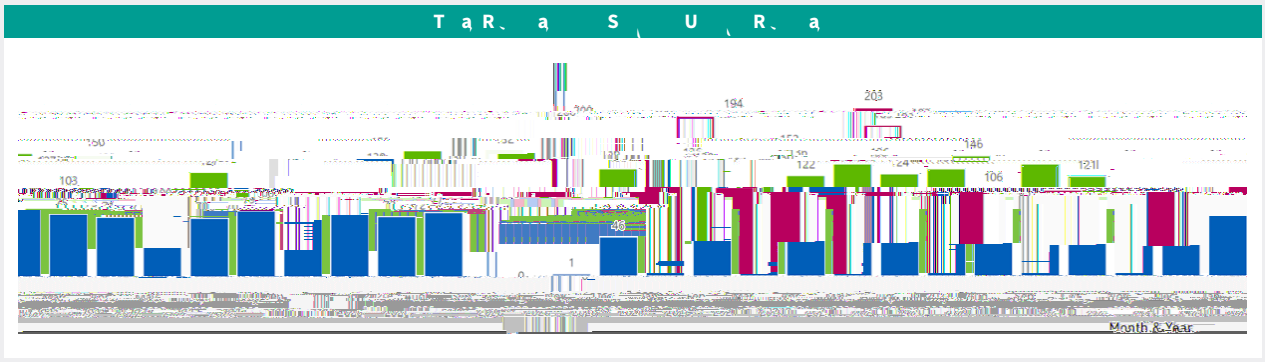
P a T



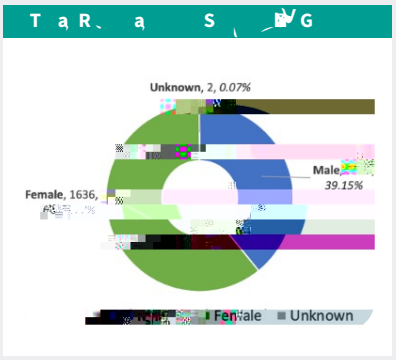
Key:

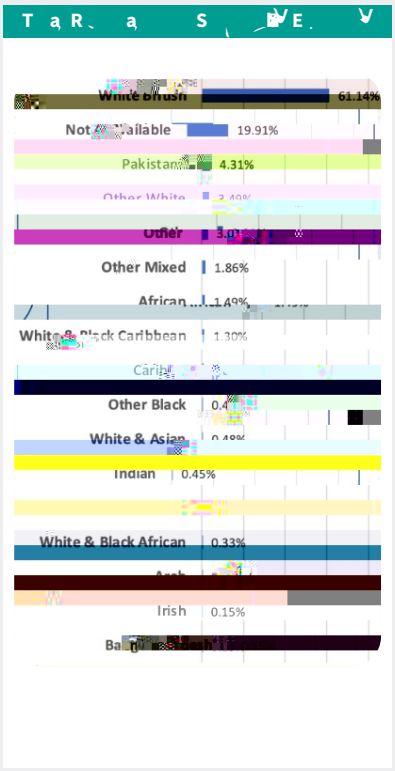
- Denotes non-Covid restrictions
- Denotes times of UK National Covid lockdowns
- Denotes times where social distancing/legislation was in effect

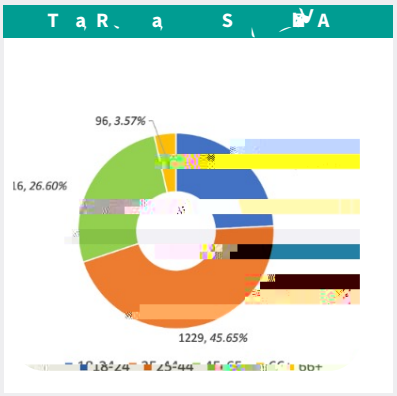
R a S M J Ma



T a R a P a G A a E J Ma







A a U S a a S P a a P a -T -

1. The Programme was successful in reaching marginalised groups and tailoring mental health care to match local need

We found the mental health care provided by the programme was tailored to local needs and was able to reach those in marginalised groups. This was enabled by three main factors: the programme being located within communities, the use of general practices and third sector organisations understanding of local needs,

because people trust their GPs and they're used to going there for any sort of health need, and GPs have said, "well do you know, actually, we do have someone that you can probably talk to about that now", whereas before they might have said, "oh, no, I'm not going to the City Centre or whatever, I'm not seeing strangers who are going to ask me loads of questions", is we've tapped into a huge amount of unmet need in people who probably were really, really struggling, and who just never shouted up. (Team lead)

3. The Programme faced challenges managing the scale of demand

The scale and complexity of demand presented challenges. Balancing workload across teams was challenging, as was the need to ensure support reflected the local demographics in each PCN. The primary care model of 'GP patient lists' did not fit neatly with the refer-treat-discharge model of secondary care, which presented challenges in how caseloads were managed and how services users and sta understood referrals and discharges.

The nurses are under far too much pressure and it's not okay, it's not sustainable and it's not something that's going to keep them in the job a long time. The heart's there and in the right place but the workload is just completely unreasonable (Team member)

4. The Programme also faced some challenges integrating with secondary and specialist mental health services

The position of the programme separate to other services gave it greater focus. This also meant however that it could be more di icult positioning the Programme within secondary and specialist mental health services. For the programme to be better integrated, clarification and coordination of policies and processes with other providers, and engagement at a senior level is key.

There just needs to be more cohesion. As far as the patients are concerned, we're a mental health service. They don't care if we're primary or secondary care, they've got a need that needs to be satisfied. And pressure of caseloads and things like that is not an excuse not to give somebody care. (Team member)

5. The VCSE partners were Important to the Programme and had the potential to make a greater contribution in the future

The contribution of VCSE providers so far, and the potential for greater contribution, was widely recognised, although challenges and barriers to involvement were also identified. Some VCSE leads would prefer greater involvement in the design of Community Mental Health services and several felt that there was a need to strengthen relationships between VCSE providers and general practices.

It's only recently we've been allowed to go to the multidisciplinary meetings and we don't understand why that wasn't set up at the beginning of the project (…) we were queried and questioned about data protection and about sharing of information (…) which I challenged. Early days, people wouldn't even say the first name of the person and I said, "I can't do this". (Team member)

6. The e ectiveness of the Programme relied on the flexibility and innovation of the sta in delivering care

Sta and service users felt strongly that flexibility in the delivery of care was vital in the Programme, with sta feeling empowered to develop innovative solutions to meet users needs, and service users feeling this flexibility valued their own autonomy and choices. Some sta felt this presented certain challenges to consistency of care and innovation should be balanced with evidence-based care.

And I just think that the way that we approach people and the culture that we've adopted within, especially the psychology part of the team, that's something that my clients have commented on to me and says that "I've been through CAMHS, I've talked to my GP of them, this and that, but this is the first time that I've really felt a service has properly listened to what I want and what I need". (Team member)

I think the programme is really, really helpful because not only have you got that support there, but you've got it when you need it, not like if you've got…wanted to see the GP and it's really hard to get appointments. (Service user)

7. All sta identified key challenges in rolling out the the service so that it could be sustainable at scale

As the service expands, sustainability was understood as likely to be a significant challenge. Four key areas were highlighted by sta : how to ensure the service was financially viable when rolled out; how to ensure good sta could be recruited and retained; how to embed the service within the wider health and care system; and how to get useful and appropriate evidence of the impact of the service.

For more information on the Programme, see the video at;
Youtube link: https://youtu.be/VCLcbHSMqWc

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