

Name and brief description of proposal / policy / service being assessed

Better Care Fund

The Primary Care Mental Health Service (PCMHS) will increase the capacity to support people with mental health problems within a primary care setting. As part of the Neighbourhood Teams and aligned to the eight Nottingham City Care Delivery Groups (CDG), the aim of the service is to work in partnership with primary and social care professionals within their allocated CDG to offer patient' access to mental health support and care.

The service will support adults over the age of 18. The geographical location of the practice and the needs of the local population will shape the exact focus of the PCMHS role. In some CDG areas the focus will be on older adults rather than adult mental health services and the skill set of the staffing group will need to be aligned accordingly. The service will support people identified in primary care and also those stepping down from secondary services.

In summer Nottinghamshire Healthcare Trust announced they are conducting a review of their Adult Mental Health Community Services. Areas of focus are:

- Waiting times: all services would aim to see patients within 2 weeks of referral
- Simplify services; over complication of services: multiple service teams can appear complicated and confusing for referrers and patients
- Avoid repetition of assessment: patients are often assessed by numerous services before a service is offered. This means that patients have to tell their story several times.
- Improve discharge pathways to Primary Care: there is not a clear pathway for referral back to primary care
- Reduce debates, duplication and hand offs between teams: time and energy can be taken up debating which team the patient fits into. This is frustrating and can result in poor relationships between teams.
- Improved use of consultant time; medical time taken up with large out-patient clinics. Teams work more effectively with consultants embedded within the leadership of the team. A full review of medical Out-patient clinics needs to be undertaken
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The PCMHS will support the aims of the Community Service Review by providing a clear pathway for chronic patients to be discharged back to their GPs once they are stable. The patient would be referred back to the GP but with support from a Primary Care Mental Health Service.

Key functions of the service include:

- Regular monitoring of mental and physical wellbeing, recovery goals and outcomes
- Management of physical and mental health co-morbidity
- Medicines management, including regular planned reviews
- Liaison with other services as necessary for more complex presenting needs, for example in relation to co-morbid conditions, age related issues etc.
- Family and carer liaison
- Expert advice and support for Primary Care

The PCMHS will also support unmet need identified and referred by the Practice. This cohort does not meet the secondary care referral criteria but is often resource intensive and a high user of primary care time.

This service will work closely with the Nottingham City Integrated Care Programme. Mental Health Commissioning Managers recently attended the CDG Network events and there was overwhelming support for mental health to be included within the remit of the Care Delivery Groups. The PCMHS will provide opportunities for information sharing and the creation of more joined up services for people with both mental health needs and long term conditions.

Appendix 1 Equality Impact Assessment Form

Information used to analyse the effects on equality

A variety of qualitative and quantitative data has been used to inform this EIA. This includes:

- JSNA in relation to mental health
- Specific engagement with service users via two engagement events
- Engagement with professionals via CDG Network events
- Evidence from national policy documents and peer reviewed journals

	Could particularly benefit (X)	May adversely impact (X)	How different groups could be affected: Summary of impacts	Details of actions to reduce negative or increase positive impact (or why action not possible)
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People from different ethnic groups	X		<p>The objective of the PCMHS is to provide people with support for their mental health closer to home and in a less stigmatised environment. There is evidence to suggest that people from BME communities are less likely to access mental health services until they are in a crisis. Delivering a service in a less stigmatised environment will support early intervention and potentially reduce those who present in a crisis¹.</p> <p>The service will also work closely with the new Mental Health and Wellbeing and the Education and Self-care Services which are currently out to tender to increase support into non-medicalised models of care that promote wellbeing.</p> <p>The PCMHS will identify unmet need in practices and support people who are below the referral criteria or are not engaging with secondary care mental health services. This will be of particular benefit to vulnerable groups such as people with complex needs or those with chronic, enduring mental health needs.</p> <p>The PCMHS will help with early identification and intervention. Early intervention is vital to improve people's life chances and reduce health care costs. Primary care plays a key role in primary, secondary (early identification and treatment) and tertiary intervention (promotion of recovery and prevention of relapse). Early intervention</p>	<p>Performance against BCF performance objectives will be monitored and reported to the Health & Well-being Board on a bi-annual basis and to the Health & Well-being Board Commissioning Executive Group on a quarterly basis.</p> <p>Robust equality monitoring measures will be put into place to support the evaluation of the service and ensure the most vulnerable groups are benefiting.</p> <p>Regular evaluation reports will be required which will evaluate the service against the evaluation framework. This will include qualitative data from service users. Commissioners will also monitor any reduced impact a responsive, 7 day service will have on other services such as ED, GP appointments, secondary mental health appointments and admissions.</p>
Men, women (including maternity/pregnancy impact), transgender people	X			
Disabled people or carers	X			
People from different faith groups				
Lesbian, gay or bisexual people				
Older or younger people	X			
Other – please specify				

¹ BME Health Forum and the Migrant & Refugee Communities' Forum (2005), *Caught Between Stigma and Equality*.

Appendix 1 Equality Impact Assessment Form

			<p>can help target support towards particular groups that are at higher risk. Higher risk groups include:</p> <ul style="list-style-type: none"> • Carers (33% said caring made them depressed some of the time)² • Black and minority ethnic groups (2-3 times more at risk of suicide and 4 times more likely to suffer psychosis)³ • People with chronic physical illness (2-3 times more likely to suffer from depression)⁴ • Older adults (they are at an increased risk of depression particularly if living alone) • Men aged 35-64 are the most at risk group of committing suicide; in 2012 suicide was the leading cause of death amongst men in this age group, making up 13% of all deaths⁵ <p>The service will be responsive to the needs of the population of the CDG area. For example CDGs with an older population will be able to use the PCMHS to support service users with dementia or old age depression. CDG who have a younger population may use the resource to improve support for people with mental health and drug and alcohol problems.</p>	
<p>Outcome(s) of equality impact assessment: No major change needed <input checked="" type="checkbox"/> Adjust the policy/proposal <input type="checkbox"/> Adverse impact but continue <input type="checkbox"/> Stop and remove the policy/proposal <input type="checkbox"/></p>				
<p>Arrangements for future monitoring of equality impact of this proposal / policy / service: Health and Well-being Board Commissioning Executive Group – quarterly monitoring reports</p>				
<p>Approved by (manager signature): Ciara Stuart – Head of Mental Health Commissioning</p>			<p>Date sent to equality team for publishing: Send document or link to equalityanddiversityteam@nottinghamcity.gov.uk</p>	

² Office for National Statistics (2002). *The mental health of carers*. London: ONS.

³ Kirkbride, J, Fearon, P, Morgan, C et al (2006). Heterogeneity in incidence rates of schizophrenia and other psychotic syndromes. *Archives of General Psychiatry* 63, pp-250-58

⁴ NICE (2009). Depression with a chronic physical health problem: the treatment and management of depression in adults with chronic physical health problems (partial update of CG23). *Clinical guidance* 91. London: NICE.

⁵ Office of National Statistics (2012). Suicides in the United Kingdom, 2012 Registrations. <http://www.ons.gov.uk/ons/rel/subnational-health4/suicides-in-the-united-kingdom/2012/stb-uk-suicides-2012.html#tab-Age-specific-Suicide-Rates-in-the-United-Kingdom>