CLEAR
Empowering staff to innovate care

CLEAR Mental Health 2022/23

Cornwall Partnership NHS Foundation Trust

Improving care by aligning community mental health teams with PCNs

AT A GLANCE

CLEAR CHALLENGE

Significant workload, processes and staff variation between CMHTs - including frequency of contact and caseloads - and a need for greater collaboration with primary care

KEY CHANGES

CMHT boundaries changed to align with PCNs and the creation of a new virtual CMHT with MDT team to support some patients and provide wellbeing phone calls

FORECAST BENEFITS

Greater integration and collaboration across primary and secondary care - with improved access through better caseload management and care closer to people's homes

THE CHALLENGE

Cornwall's six community mental health teams (CMHTs) were modelled on old local council boundaries and operated largely independently from each other with significant variations in workload, processes and workforce. Public health and population data - essential for service planning - was published for primary care networks (PCNs) but not for existing CMHT areas.

There were differences between the teams on the numbers of referrals accepted, frequency of contact, waiting list and caseload sizes. Data collection needed improving and the skill mix among teams was variable. The role of the CMHTs and their processes were poorly understood externally and there was a growing need for more collaboration with primary care.

WHAT THEY DID

The CLEAR project team carried out clinical engagement through focus groups and one-to-one interviews with frontline clinicians, PCN clinical leads, CMHTs, the Home Treatment Team and staff from the Mental Health Connect helpline. The feedback was analysed with information from the Mental Health Services Data Set for a five-year period from April 2017.

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CLEAR RECOMMENDATIONS

The CLEAR project team recommended that CMHT boundaries be changed to align with PCN boundaries. This would involve moving eight GP practices to a new CMHT, affecting around 12% of the population. Staff recruitment and retention should be targeted to teams with the highest patient demand. A virtual CMHT could be created to increase staffing capacity. This would involve a multi-disciplinary team working remotely to support low intensity patients and people in need of wellbeing phone calls.

A performance and data analyst could be employed to support individual teams and staff groups within the CMHT to model demand and capacity.

Other recommendations included a CMHT 'listening and development exercise' to identify ways of improving caseload management, recruitment and retention while giving staff the chance to shape future transformation. To improve collaborative working, there could be a renewed focus on PCN hub meetings and more information given to primary care on the referral management service.

Boundary alignment would result in greater integration and collaboration across primary and secondary care

FORECAST IMPACT

Boundary alignment would result in greater integration and collaboration across primary and secondary care. It would also improve access through better management of caseload sizes and bring mental health care closer to patients' homes.

The virtual CMHT would give staff more flexible working options, create virtual roles to widen recruitment opportunities and reduce pressure on local CMHTs. Using the service for wellbeing phone calls alone could release the equivalent of almost six mental health workers while accelerating care for patients suitable for virtual intervention. An initial outlay of £1.7m on staffing costs could be reduced by repurposing unfilled vacancies within local CMHTs and be offset by a potential productivity savings of up to £2m in the first year.

The data performance analyst role would enable real-time assessment of capacity and predictions of future demand to shape ongoing transformation and services.