Community Mental Health Team Transformation

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NHS Lancashire & South Cumbria NHS Foundation Trust

Lancashire County Council

Introduction

The Community Mental Health Transformation programme is overseeing the single biggest investment in mental health services that we have seen in recent times.

The aim is to develop a new model of care that is set out in the NHSE Community Mental Health Framework that enhances community-based support for people living with moderate to severe mental illness and complex needs.

Removing the idea of thresholds and multiple assessments- if someone is unwell and in need of support, they should receive it, as they would in acute care. If that service turns out to not be quite right, then the system should be flexible enough to offer other options and step up/step down care as required.

We aim to deliver on this transformation programme through the strengthening of local partnerships across providers, with local authority-funded services and the Voluntary, Community, Social, Faith and Enterprise (VCFSE) sector.

Overview of the transformation

The NHS Long Term Plan and the NHS Mental Health Implementation Plan 2019/20 – 2023/24 have set expectations for the NHS as a whole to develop new and integrated models of primary and community mental health care. To support the mental health of people in our communities we are working closely with primary care to make care more accessible and person centred

What are we doing?

- We are transforming the way mental health care for adults and older adults with severe mental illnesses are delivered across our communities.
- A new community-based offer is in development and will be enabled by the creation of multi-disciplinary teams who will provide one stop access to psychological therapies, improved physical health care, employment support, personalised and trauma informed care, medicines management and support for self-harm and coexisting substance use

Why are we doing this?

- **To reduce silo working** - so people receive the care they need first time, by the most appropriate service and organisation.
- **To create a 'No Wrong Door' approach** - meaning that any patient referred by their GP will be reviewed by the multi-disciplinary team and seen by the most appropriate service, breaking down barriers to care.
- **Supporting people to not reach crisis point** – by providing timely evidenced-based treatments in community, such as psychological therapies and offering holistic care for co-existing physical health problems.
- **Easy access to specialist mental health care without needing to meet secondary care thresholds** - Patients will not have to wait for secondary care assessments while their mental health deteriorates, being supported and managed in primary care.
- **Support for wider life issues that can trigger mental ill-health** such as unemployment, housing and financial worries will be available as part of an holistic care approach.

Who are we working with?

We are working with people who use our services, carers, colleagues, partner organisations such as our Local Authorities and our voluntary sector partners to deliver this change.

We are LSCft

NHSE - ICMHT Transformation Programme Roadmap and Milestones

Model Development / Care Provision		Workforce	Data & Outcomes	CEN / 'Personality Disorder'	Community Rehab	Eating Disorders
Joint governance with ICB oversight[1]	"Must have" services[3] commissioned at PCN level tailored for SMI[7]	Recruitment in line with indicative 23/24 MH workforce profile	Record access data from new model (Inc. primary, secondary and VCFSE)	Dedicated function linked to core model: increased access to dedicated function and consultation, support, supervision and training to core model		
Model design coproduced with service users, carers & communities	"Additional" services[4] commissioned at PCN level tailored for SMI[7]	Expand MHP ARRS roles in primary care	Interoperable standards for personalised and co-produced care planning	Embed experts by experience in service development and delivery		
Integration with primary care with access to the model at PCN level[2]	Improved access to evidence-based psychological therapies	Staff accessing national training to deliver psychological therapies	Routine collection of PROMs using nationally recommended tools	Development of trauma-specific support, drawing on VCFSE provision	Ensure a strong MDT approach[5]	No barriers to access e.g. BMI or weight thresholds
Commissioning and partnership working with range of VCSE services	No wrong door approach means no rejected referrals recorded	Multi-disciplinary place-based model[5] in place	Waiting time measured for CMH services (core & dedicated focus areas)	Co-produced model of care in place to support a diverse group of users	Clear milestones are in place to reduce reliance on inpatient provision	Early intervention model (e.g. FREED) embedded
Integration with Local Authority services	Tailored offer for young adults and older adults	Staff retention and well-being initiatives	Interoperability for activity from primary, secondary and VCSE services		Co-produced care and support planning is undertaken	Clear arrangements in place with primary care for medical monitoring
33%* PCN coverage for transformed model	Principles for advancing equalities embedded in care provision	Dedicated resource to support full range of lived experience input	Impact on advancing equalities monitored in routine data collection		Supported housing strategy delivered in partnership with LAs	Support across spectrum of severity and type of ED diagnoses
Shift away from CPA towards personalised care	Support for co-occurring physical needs & substance use	Staff-caseload ratios to deliver high quality care				Joint working with CYP ED services including transitions
Alignment of model with IAPT, CYP & perinatal	Trauma-informed & personalised care approaches	Place-based co-location approaches				Accept self-referrals, VCS referrals and Primary Care referrals.

In place by end of year 1 (21/22)

In In place by end of year 2 (22/23)

In place by end of year 3 (23/24)

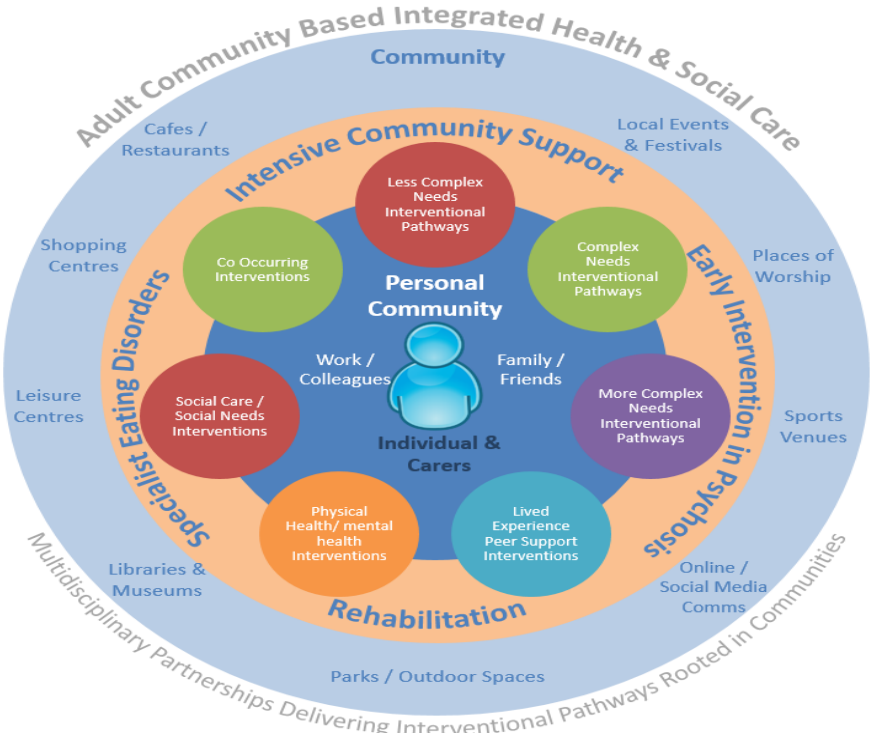
Hub Model

The access into the enhanced model will be at a neighbourhood level within Primary Care Networks (PCNs); which are groups of GP practices that specifically focus on the needs of local populations.

The plan is to create integrated multiagency teams (Community Hubs) that will wrap around several PCNs with close connections to a local network of community groups and VSCFE organisations.

The teams will compromise of the following:

- Mental health practitioners/consultants/support workers
- Social care staff
- VSCFE staff
- Primary care staff
- Substance misuse providers
- Housing/finance/employment support
- Peer support workers

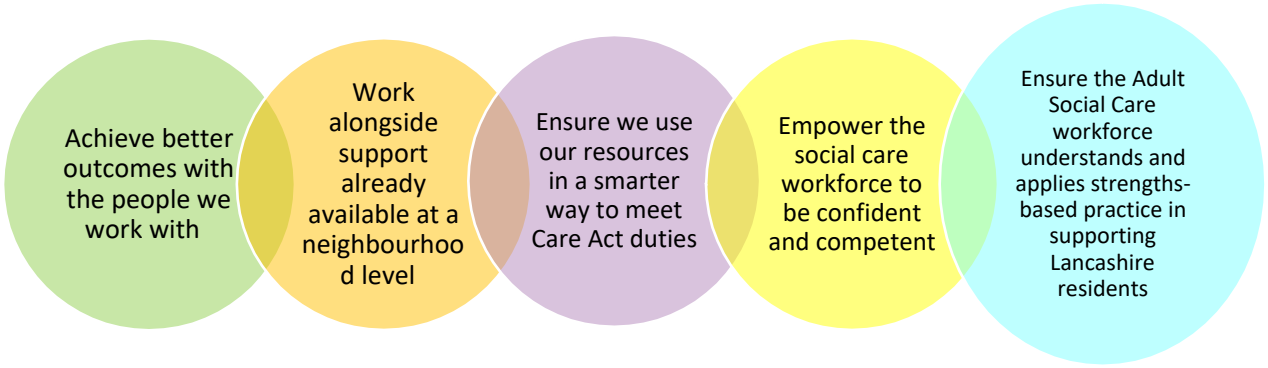


Living Better Lives in Lancashire

We are committed to delivering strength-based support which:

- Offers advice, information and signposting to support, which is close to where people live, to prevent, reduce or delay the need for formal social care support
- Offers short-term support (up to 6 weeks) to enable people to regain skills, confidence and independence so that they can live at home safely where it is possible for them to do so
- Ensures that when adult social care does assess people against Care Act (2014) eligibility that we do so in a timely way and offer support which enables them to live their best lives

Practice led Transformation will:



What does this mean for the people we support:

- "I matter"
- "I will be listened to"
- "I will have care and support that is coordinated, and everyone works well together and with me"
- "I will have care and support that enables me to live as I want to, seeing me as a unique person with skills, strengths, and goals"
- "I will be supported close to where I live"
- "I will be asked about my experiences and my suggestions for improvement"

What does this mean for social care professionals:

- We will ensure practitioners have access to strengths-based training to facilitate a culture change process to deliver our new vision for our people and our communities
- We will build upon the core values of social care practice within our new approach
- We will enable creative, effective and collaborative working
- We will experience a richer working environment with high satisfaction rates for staff and the people we serve
- We will significantly reduced bureaucracy, ensuring it is at the minimum that it needs to be
- We will ensure that our systems are improved and support best practice

And our partners and care providers:

- We will develop connections with our VCFSE sector, and as equal partners develop agreements on how we work with some groups
- We will become data led to support our new ways of working, to improve lives and to support people to live a good life
- We will change what we do through adopting a strengths focused, community first commissioning strategy.
- We will adapt out culture, basing it on trust, empowerment, and shared values across all our teams

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April 2023

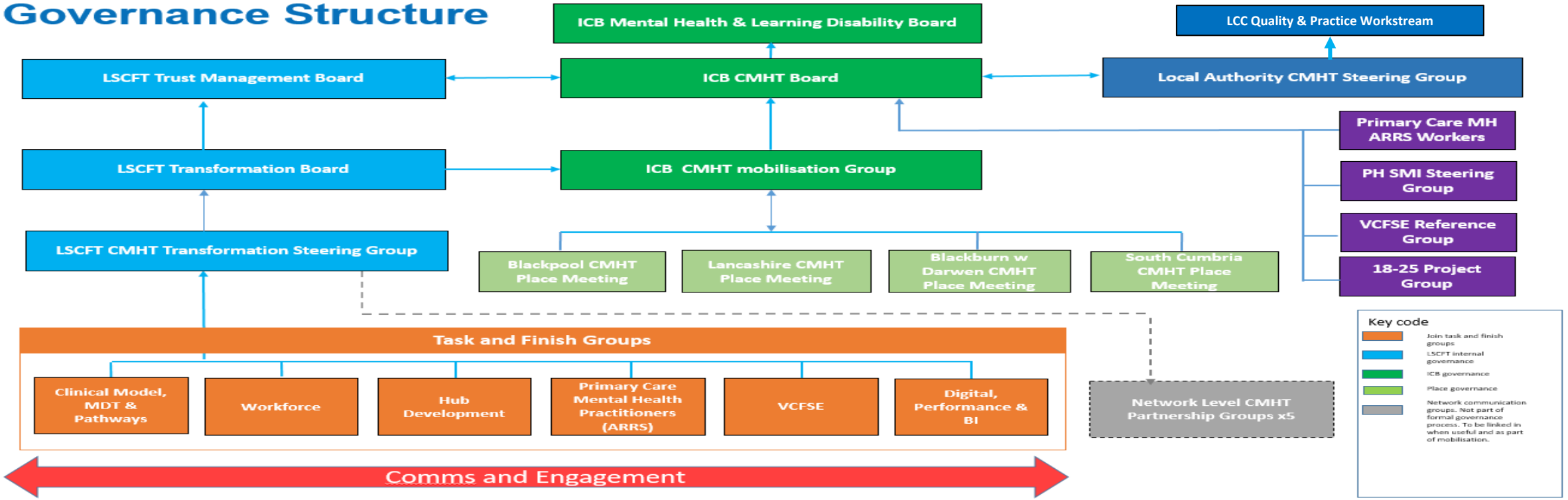
What this will mean in practice

- **Working jointly with our GP colleagues we have begun to introduce mental health practitioners in primary care.** For people this is a significant step forward to ensure people with mental health problems are able to get more help from their local GP practices.
- These roles will further support the interface between primary care and secondary services.
- Where the roles are already recruited to, the Primary Care Mental Health Practitioners are already working with the Wellbeing Workers from Lancashire County Council.
- As services transform to better meet the holistic needs of local communities, the roles will form part of the new integrated multi-disciplinary

What difference will this make to residents of Lancashire?

- **Collaborative Working across agencies** – people will receive the care they need first time, by the most appropriate service and organisation, stopping people fall between in the service gaps from GPs and specialist care, .- meaning that any person referred by their GP will be reviewed by the multi-disciplinary team and seen by the most appropriate service, breaking down barriers to care and support.
- **People will be proactively supported to not reach crisis point, early intervention and preventative support** – by providing timely evidenced-based treatments in community, offering holistic care and support for mental health problems. Using a strengths based approach to work alongside the person to achieve outcomes that are meaningful to them.
- **Easier access to specialist mental health care without needing to meet secondary care thresholds and face long waiting lists -** removal of thresholds and multiple assessments,
- Support people to live with long term health conditions with the right support in the community
- Building a directory of local mental health support available, this work is being undertaken by Lancashire Mind.

Community Mental Health Transformation Programme
Governance Structure



Collaboration between Local Authority, LSCFT, ICB, PCNs and VCFSE partners is key within this governance structure to determining and mobilising the new way of working.

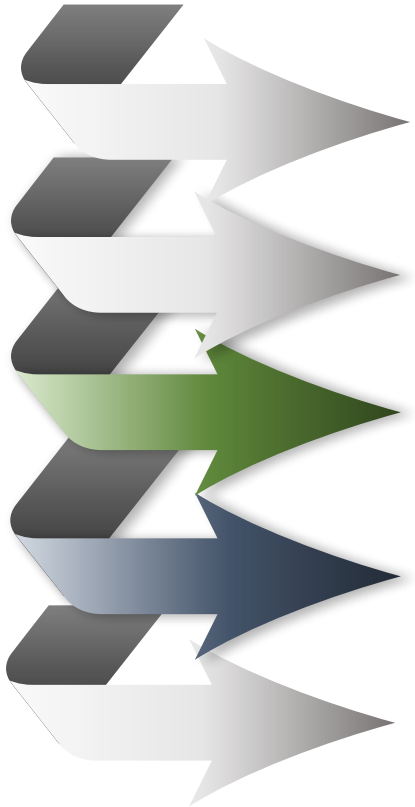
The local authority links into this governance at the ICB CMHT Board Level as well as being involved in all Task and Finish Groups, the Lancashire CMHT Place meeting and the ICB CMHT Mobilisation Group

There is also a jointly chaired (Health & Social Care) mobilisation meeting, meeting weekly to ensure we keep pace

Progress to Date

- Mental Health Wellbeing social care support officers are working collaboratively with Primary Care Mental Health Workers ~~in~~ Primary Care Networks to support early intervention and prevention. To date they have provided early intervention to approx. 500 people.
- LSCFT and LCC have aligned current Community Mental Health teams and will transition into Mental Health Integrated Neighbourhood Teams at Lancashire Place across the 12 districts. Central and West Lancashire will go live in October 2023.
- Leaders have worked in partnership to align new ways of working that complement both the health and social care offer, LSCFT are embracing dialog+ and LCC strengths based practice model using the three conversational approach.
- LCC and LSCFT have revisited the pre existing information sharing agreements to ensure that they are robust and reflect the requirements of this work.
- LCC and LSCFT are working collaboratively with the newly appointed engagement leads from Mind in order to establish the VCFSE delivery for the respective community.
- Task and Finish Groups are now up, running and delivering outcomes in areas such as Hub Development, Workforce, Clinical Models, MDT and Pathways

Next Steps



Roll out of CMHT Hubs in October across Central and West Lancashire

Complete a Collaborative agreement for how each organisation will work in partnership

Information sharing agreements to ensure sharing of appropriate information across organisations, reducing the need to share stories twice/removing duplication

Agree a joint Communication Plan, with residents of what is happening and more importantly what support is available.

Agree performance indicators to encourage a continuous improvement approach, and monitor outcomes for the people we support.