



**Open Report on behalf of Glen Garrod, Executive Director of Adult Care and Community Wellbeing**

Report to:	<b>Adults and Community Wellbeing Scrutiny Committee</b>
Date:	<b>13 January 2021</b>
Subject:	<b>Mental Health Universal Offer and Community Based Model</b>

**Summary**

This item informs the Adults and Community Wellbeing Scrutiny Committee of the on-going work to develop and implement a Universal Offer and Mental Health Community Based Model in Lincolnshire.

**Action(s)**

The Committee is invited to consider the report.

## **1. Background**

### Universal Offer

The NHS Long Term Plan, published January 2019, made a commitment to transforming mental health services so that people with severe mental illness are able to access better care, closer to home.

Lincolnshire's approach to supporting people with serious mental illness has been bolstered over the last two years, thanks to it being one of twelve areas across the country to benefit from significant additional national funding via the NHS.

As a health and social care 'system' Lincolnshire is an 'early implementer' site for testing new models of care for young, working age and older adults who have moderate to severe, long term mental health problems.

As well as radically redesigning how community mental health services operate and integrating dedicated mental health workers within local primary care and neighbourhood teams, the money has also helped to develop new dedicated support for people with a personality disorder, as well as those transitioning from mental health rehabilitation services back into the community.

Lincolnshire’s partnership approach was key to securing the additional funding, and involved health, social care, as well as third sector organisations. This joined up approach has been vital in delivering the ambitious programme of work, which involves all agencies working together to deliver the right care, at the right time, as close to home as possible.

Lincolnshire has further confirmed our commitment to improving mental health with the launch of a new confidential mental health and emotional wellbeing helpline.

The new helpline, which was introduced in November 2019 and is a joint initiative across health, social care and the third sector, is available 24/7 and can provide emotional support, advice and guidance if you are feeling low, anxious or stressed and think you might benefit from speaking to someone.

The Covid-19 pandemic accelerated the need for this work as mental health issues will be one of the key legacy impacts. We know that some people are more at risk than others of developing mental health issues and that mental wellness is inevitably affected by other factors, including housing, money, relationships and jobs.

Although Lincolnshire's Universal Offer started its development as part of the Mental Health Transformation work programme it was further developed through the Mental Health Recovery Cell (as part of the Lincolnshire Resilience Forum or LRF) to include wider stakeholders and interests such as service providers for victims of domestic abuse and job centre colleagues.

The Mental Health and Wellbeing Recovery Cell was established in Lincolnshire to develop a whole system response to meeting mental health needs once lockdown eases. The Cell has adopted prevention-focused principles in planning for Covid-19 recovery with the following remit in mind from NHS England.

6. Mental Health Recovery	
Role	To scope out and mobilise a system response to the mental health and psychological impact of Covid-19 on the Lincolnshire population
Responsibilities	<p>To develop and mobilise, in partnership with local authority and Lincolnshire Resilience Forum (LRF) colleagues as appropriate and with reference to national and international evidence and national NHS Equality Impact (EI) requirements -</p> <p>A generic mental health and psychological wellbeing support offer for Lincolnshire, along with specific support relating to:</p> <ul style="list-style-type: none"> <li>• People who already had previous or on-going mental health problems and who have been affected by the pandemic situation</li> <li>• Health and care staff who have been through</li> </ul>

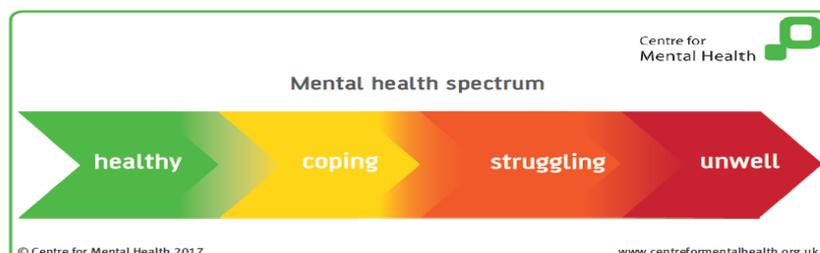
## 6. Mental Health Recovery

	<p>particularly challenging or traumatic times at work related to supporting patients</p> <ul style="list-style-type: none"> <li>• Health and care staff who themselves have suffered from Covid-19 and who may have developed mental health problems as a consequence</li> <li>• People who have been bereaved through this process</li> <li>• Other groups of people within Lincolnshire who it is evident require additional tailored mental health support</li> </ul> <p>And to develop and mobilise mental health support for people who have suffered specific harm as a result of the 'lockdown' (e.g. domestic abuse victims)</p> <p>And to develop and mobilise mental health support for people in Lincolnshire who have suffered as a result of the economic impact of the Covid-19 pandemic, e.g. job losses or job insecurity and to link in with and support existing work programmes which may need additional input e.g. suicide prevention</p>
<p>Deliverables</p>	<ul style="list-style-type: none"> <li>• A range of mental health and psychological support service offers which meet the needs expressed above</li> </ul>

The Universal Offer started with the Community Crisis Care transformation funds of £543K in 2019/20 and £680K 2020/21 to fund three initiatives:

- The 24/7 mental health helpline
- Increasing the current crisis vehicular response, consisting of a crisis nurse and a driver operating from 2pm to 10pm seven days a week to provide one vehicle 24/7.
- £245K allocated to support the third sector to develop crisis cafés in neighbourhoods

National modelling has predicted a 30% increase in mental health problems over the next 2-5 years with people at various levels on the Mental Health Spectrum [as described by the Centre for Mental Health (2020)].



Partners recognise the potential for community-based, preventative approaches, early help and targeted work to improve population mental health and enable de-escalation, with a view to reducing the severity of new mental health problems, alleviating system pressures and tackling health inequalities.

Covid-19 has been a shared trauma in all communities, and it has hit the most deprived and isolated the hardest. There is a real risk that many more people will experience mental ill health (and more serious mental health difficulties) following the pandemic. But, by taking affirmative action to reduce the risk of serious and long-lasting mental health problems, it will be possible to help individuals and communities to recover.

While it is not possible to prevent all mental ill health either now or at any other time, it is possible to boost communities' resilience and help people to 'bounce back' from the crisis.

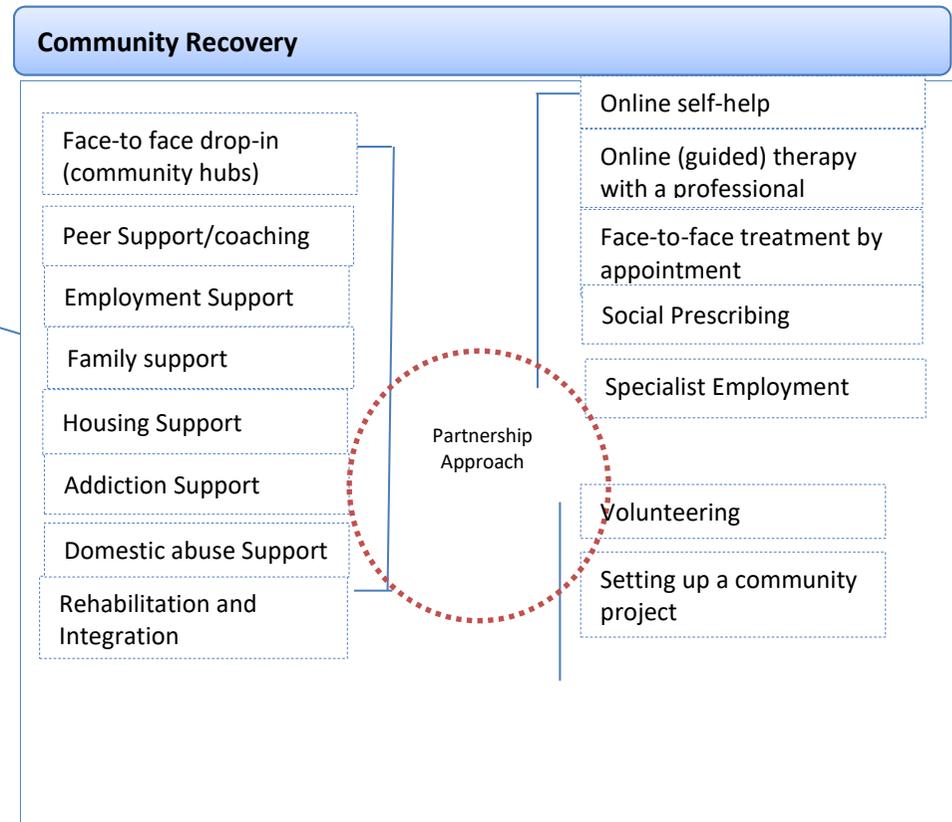
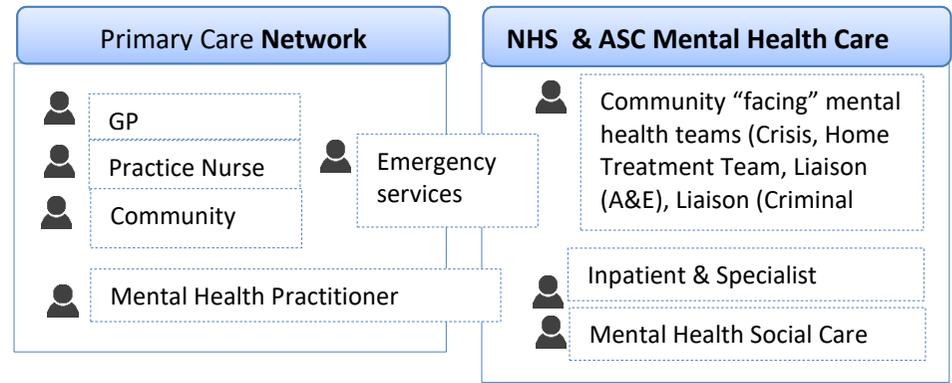
### Key to Success

Generating excitement and interest from partners from across the local system and community has been critical to the Lincolnshire approach. Messages around health and wellbeing have centred on the whole county, rather than the local authority or any individual partner organisation.

As financial constraints limit the possibilities of launching new interventions or services borne from this, developing working groups for health and wellbeing with representation from sector partners has helped mitigate this barrier and develop a sense of shared purpose and co-production of funding bids with partners, developing trust while also bringing in new monies.

### Lincolnshire's Universal Offer Operating Model

The model targets the fact that there is no wrong door for mental health support. Any point of access should be able to connect people quickly to the right support as part of a broad, whole system offer, which should be easy to access and easy to withdraw from.



## **Achievements with the universal offer so far:**

- More agencies working together instead of in silos
- Attracting corporate funding and support from the Lincolnshire Co-op, Nationwide
- 24/7 helpline is dealing with calls at first point of contact with fewer escalations to crisis and blue light services
- More voluntary / charitable agencies signing up to 'Connect to Support'
- Voluntary agencies pulling together to achieve more
- Support provided closer to home for the individual
- Community based Mental Health Hubs (community led initiatives with reliable links with healthcare professionals)

We have just submitted a further bid for Alternatives to Crisis of £375K to focus on health inequalities on the East Coast. This will be used to develop three community hubs (cafés) in each of the East Coast Primary Care Networks; Louth, Mablethorpe and Spilsby and create satellites to other localities such as Skegness, and Woodhall Spa. Commission a peer support worker strategy for Lincolnshire and test the concept with SHINE (voluntary sector Mental Health Network) on East Coast and enhance crisis resolution home treatment service on East Coast.

## **Mental Health Community Based Model**

### The National Picture

The Secretary of State for Health and Social Care's vision statement (2018) described prevention as 'better than cure'. The vision asserted that: The NHS and local authorities need to put prevention at the heart of everything they do: tackling the root causes of poor health, not just treating the systems and providing targeted services for those most at risk.

The vision for prevention developed into the Government's Advancing our health: prevention in the 2020s green paper (2019). The prevention green paper pledged to give more attention to improving mental as well as physical health. It made proposals to invest in protective factors for mental health – for example by supporting wellbeing and social connection using social prescribing and 'nature-based interventions'.

The NHS Long Term Plan was published in January 2019, setting out NHS England's priorities for the next decade. The Plan determines funding, organisation and objectives for the next ten years. Annual funding for mental health services is earmarked to grow by £2.3 billion by 2023-24. These were enshrined in law in March 2020 through the NHS Funding Act 2020.

## Lincolnshire Funding

### **Community MH Care Transformation Funding Wave 1**

£2,898,000 in 2019/20 and £3,999,000 in 2020/21 to provide:

- A new community rehabilitation service for Lincolnshire; and
- A new community personality disorder service for Lincolnshire
- Expanded social prescribing to focus specifically on people with Serious Mental Illness (SMI)
- Expanded MH Care Networks in four Neighbourhood Team areas (Boston, Gainsborough, Grantham and Lincoln City South)
- Expanded senior nursing capacity (band 6 and band 7) into “all age” community mental health teams integrated into the core Neighbourhood Teams and aligned to Primary Care Networks'.

### **Principles of Community Mental Health Transformation**

#### Core Generic offer

Mental Health Trusts are expected to lead transformation of community mental health services (CMHS) in partnership with Primary Care Networks, as well as local authorities and the Voluntary, Community and Social Enterprise (VCSE), service users and carers, to create a new, flexible, proactive model of community-based mental health care for people with moderate to severe mental illnesses across a range of diagnoses and needs, in line with the Community MH Framework.

This model will seek to:

- ✓ Dissolve the barriers between primary and secondary care and between different secondary care teams.
- ✓ Be based on cross-sector collaboration and integrated working with local authorities and VCSE services.
- ✓ Optimise data and information sharing across organisations in line with IG law and practice.
- ✓ Maximise continuity of care.
- ✓ Ensure there is no cliff-edge of lost care and support by moving away from an approach based on referrals and discharge.
- ✓ Adopt the principle of inclusivity as opposed to exclusions and address workforce gaps accordingly, with considerations for people with co-existing substance use, co-existing neurodevelopmental disorders, those who self-harm, young and older adults and people with a ‘personality disorder’ diagnosis
- ✓ Increase access for people who currently fall through the gaps between services or are deemed to not meet current clinical ‘thresholds’ for treatment by secondary care teams.
- ✓ Ensure timely access by testing 4 week waiting times to appropriate care as part of testing the wider model and testing what ‘appropriate care’ might mean e.g. the creation of a comprehensive, personalised, co-produced care and support plan.

- ✓ Understand communities to address the racial disparities, social determinants of severe mental ill health and to minimise the health inequalities.

### Lincolnshire's Model

Neighbourhood teams (NTs) align with Primary Care Network's (PCNs) and serve populations of 40,000 to 70,000 people. Neighbourhood working is beginning to improve resilience and support to colleagues in primary care through multi-disciplinary teams coming together to actively plan for "patients in common" and delivery of population health.

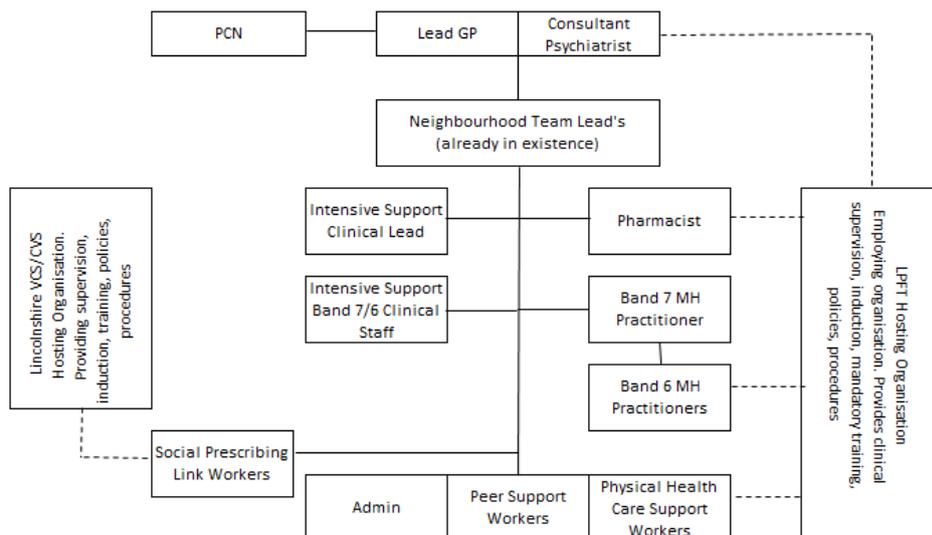
Key features of our new community based mental health services are a new place-based mental health workforce that is integrated and co-located with NTs and PCNs. This is not a separate service or team, but a constituent part of the existing NTs which already includes GPs, social care, emergency services, substance misuse workers and third sector providers. This is the first development of its kind in Lincolnshire, table 1 summarises the new roles:

New role	Number of new staff (wte's)	Number allocated to each NT	Role and Remit
MH Practitioners	12.0	3	<ul style="list-style-type: none"> <li>• Clinically qualified MH practitioners.</li> <li>• Attend weekly neighbourhood MDT's to</li> <li>• Provide assessment and management planning of patients and onward referral</li> <li>• Supervision and training of other NT staff.</li> </ul>
Mental Health Specialist Pharmacist	4.0	1	<ul style="list-style-type: none"> <li>• Medicines optimisation.</li> <li>• Management of polypharmacy including complex medicines review.</li> <li>• Education on MH treatment across the primary and acute care workforce to achieve better, safer care for patients.</li> </ul>
Social Prescribing Link Workers	8.0	2	<ul style="list-style-type: none"> <li>• Map/promote/signpost to local social prescribing opportunities and community assets.</li> <li>• Host social prescribing clinics from community hubs/spokes and GP practices.</li> </ul>

New role	Number of new staff (wte's)	Number allocated to each NT	Role and Remit
Peer Support Workers	12.0	3	<ul style="list-style-type: none"> <li>• Wide range of support activities, life skills building.</li> <li>• Practical support to help people engage and attend appointments and local activities.</li> </ul>
Physical Healthcare Support Workers	4.0	1	<ul style="list-style-type: none"> <li>• Ensuring annual physical health checks are performed in line with the latest technical guidance published April 2019</li> </ul>
Consultant Psychiatrist	1.2	0.3	<ul style="list-style-type: none"> <li>• Senior clinical leadership. Provide daily GP advice and guidance.</li> </ul>
Intensive Support Clinicians	8.0	Wider community level 250,000 population	<ul style="list-style-type: none"> <li>• Case management of most complex patients with PD.</li> </ul>
Intensive Support Therapists	5.0	Wider community level 250,000 population	<ul style="list-style-type: none"> <li>• Provide rapid access to psychological therapies in line with NICE guidance for PD.</li> </ul>

We have built community capacity to create a better understanding of mental health in the local community. We have used the untapped resource of volunteers within the community and equipped them through training and supervision to provide low level help for local people e.g. Crisis Cafés.

The table below identifies how additional resources are used in terms of staffing. All the posts described are new roles and co-located within the NTs. This is the first time a dedicated MH workforce has been integrated with NTs and PCNs.



The workforce skill mix has been chosen firstly, to ensure a blend of clinical and non-clinical staff so that the holistic opportunities to maintain and improve health will be maximised. Secondly, this approach aims to maximise ‘connection with people and their communities’, therefore the inclusion of Social Prescribing Link Workers and Peer Support Workers is vital to connect people with local activities and opportunities and provide service users with support from those with first-hand experience of living with a variety of conditions and accessing mental health services.

Adult Social Care also increased the social worker capacity within its Section 75 with Lincolnshire Partnership NHS Foundation Trust to meet demand but to also align with the community based model.

## Adult Community MH Care Transformation Funding Wave 2

A Wave 2 bid has just been submitted for a further £1.4 million and if successful we will extend the Community Mental Health Transformation Programme to 5 further PCNs building on the current 4; namely:

- Imperium (Lincoln North)
- SOLAS (Skegness)
- East Lindsey (Louth and district)
- First Coastal (Mablethorpe)
- Four Counties (Stamford)

This will mean we will have coverage in 9 of our 14 PCNs.

It is anticipated that By 2023/24 we will have countywide integrated place based MH teams, Countywide Community Rehab - 3 teams and a Countywide Personality Disorder Service – 2/3 teams.

### **3. Conclusion**

In conclusion the Universal Offer and the Community Mental Health Model continue to be developed and over time as more NTs and PCNs develop the two models will become one as they work together and compliment each other's work which is starting to show in the four accelerator sites of Boston, Gainsborough, Grantham and Lincoln South.

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### **4. Appendices**

These are listed below and attached at the back of the report

Appendix A Healthwatch Letter – Healthwatch talks about Primary Care Networks (PCNs), Neighbourhood Working/Teams (NT), Integrated Care Systems (ICS)

### **5. Background Papers**

No background papers, as defined by the Local Government Act 1972, were used to a material extent in the preparation of this report.

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