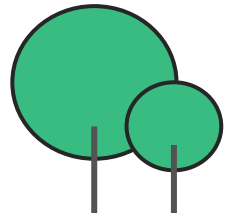


# The backstory

- The **NHS Long Term Plan** and **NHS Mental Health Implementation Plan** set the ambition to transform the provision of community mental health care and to develop new and integrated models of primary and community mental health care.
- **Lincolnshire** was carefully selected as one of 12 **early implementer sites to lead transformation** of community mental health services in England in partnership with PCN, CCG, local authorities, the VCSE, service users, families, carers and local communities themselves.
- We were successful in securing **further funding to rollout countywide** and our findings will be used to inform the roll out of new models of integrated primary and community care at a national level.



# What's in place now?



We have rolled out 4 of proposed 9 Integrated Place Based Teams

Psychology Recruitment Campaign put together

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Blueprint pathway in place being localised with IPBTs



Developing local solutions to enable better system access

Expansion of new roles and new ways of working

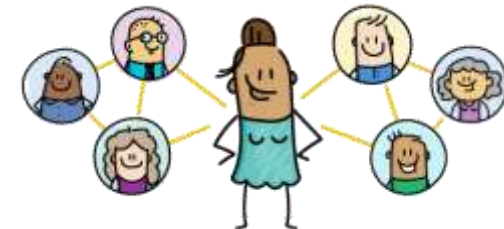
Specialist clinical pharmacists role in place enabling proactive meds management

People with lived experience are working with us across the programme



Dedicated workstreams established

Aligning with the local authority to link together digital technologies and ensure a collaborative approach



# What's in place now?



Co-locating staff in community hubs, such as Bridge Central, Lincoln

Established a clear plan for the transformation of the eating disorders service

Lincolnshire Mental Health Helpline / Advisers helpline in place to support our communities



Rolling out the Community rehab team across the county

It's All About People website launched for the workforce

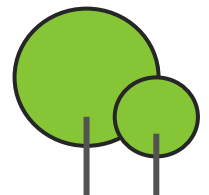


Expansion of crisis cafes



Trialling Vitrucare platform and digital kiosks installed

Establishing and expanding the Personality and Complex Trauma (PACT) Team



# What is underway?

Working with Primary Care to embed MH practitioners in each GP Practice (ARRS)

A two phased stakeholder engagement programme for LPFT staff (*Conversations about Transformation*) and wider stakeholders (*Connect to Communities*)

Community Assets Development (CAD) – working together to determine the local mental health offer

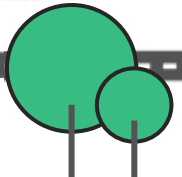
We've implemented testing models which need to transition into implementing based on population health – to be constantly tested and evaluated

Putting in VCSE roles, peer support workers, community connectors, social prescribers/link workers

Moving forward we need to engage with the public to destigmatise mental health, change the way they think and change behaviour

Embedding large cultural change package working with Primary Care led neighbourhoods to support people to realise new ways of working

Working together with Public Health, CCG, colleagues to lead out innovative Lincolnshire MH and Wellbeing Training offer



# What's to come?



Clear and meaningful data collection and reporting processes in place

Establishing an information and data sharing agreement in place between GP Practices, LPFT and key wider partners

Achieve the physical health check target for people with SMI

Supporting the VCSE sector to develop and grow through investment, support and training.

Rollout of 15 Integrated Place Based Teams across the county

Care Programme Approach Review

Connected Community events to continue the Conversation about Transformation

Expansion of co-production to further enhance how we work with people with lived experience and carers

Dedicated comms and engagement resource in place to ensure clear messaging and involvement of all people

Ensuring everyone has a personalised care plan

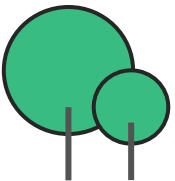
It's All About People website to become public facing



## What will be...



- By 2024 we will have **15 Integrated Place Based Teams** working in Primary Care led neighbourhoods
- Countywide **crisis cafes** and community connections
- **Fluid pathways** for people to access mental health services
- An **integrated digital offer** to support face to face engagement
- Continuous and **active dialogue** about mental health
- Ongoing training and upskilling of communities to enable **thriving communities**
- Reduction in mental health prescribing and more comprehensive offer of psychological therapies
- Ensuring everyone will have a '**What matters to me?**' plan





More appropriate utilisation of services and services provided in the least intensive setting have resulted in:

- ↓ less referrals into secondary care
- ↓ less pressure on local GPs
- ↑ Better visibility, less duplication, overall providing a better service for people
- ↑ people with lived experience are leading challenges giving us a better quality of voice
- ↓ the pause piece means we're starting to see reduction in CMHT caseloads by up to 25%



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