

Getting Help in Neighbourhoods

Strengthening the local mental health offer

Step up to
**Great
Mental
Health**



Today...

- Background and context
- Establishing a mental health network and
Developing a mental health MDT approach
- Agreeing a mental health accelerator area within
the INT locality
- Next steps

Background



National and Local vision

- The NHS Long Term Plan is driving integrated working and investment to strengthen the local mental health offer. **More people getting support relevant to their needs in the neighbourhood they live in.**
- Health, social care, voluntary, community, social enterprise , local authority, local people **working together within neighbourhoods** to plan, organise and coordinate a range of offers; with a key focus on people with a serious mental illness (SMI).
- High level findings from the *Step up to Great Mental Health* consultation have reinforced the importance that **the local offer should not be one size fits all.**
- **Multi-disciplinary working and coordinating support** has been a key feature LLR pathfinder in Charnwood.
- **New monies**
 - PCN funding 20/21
 - Additional Role Reimbursement Scheme (ARRS)
 - Wider investment (SDF and Mental Health Investment Standards)

Key Principles



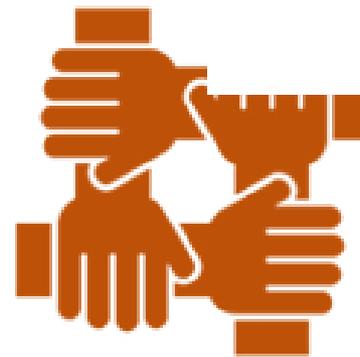
Focused on individuals needs



No wrong door



Timely start to support



Shared responsibility

What do we mean by a neighbourhood?

System

- 1-3 million people

Place

- c. 250,000 – 500,000 people

Neighbourhood

- c. 30,000 – 50,000 people

A local area or community. Generally the area of a town or city that surrounds where someone lives;

- Where day-to-day interactions take place
- Closely reachable amenities; GP practice, shops, schools, community centre, pubs, parks and green spaces, libraries, clubs.
- Generally speaking up to 50k population

Trying to be targeted enough to be able to organise, focus and offer the right support in the right way to meet that communities mental health needs.

Building around local populations... and health/care structures

Integrated Neighbourhood Teams

Practitioners and representatives from a range of sectors and organisations who work with residents within a defined geographical area INTs **tend to cover more than one neighbourhood (district level)**

PCN

PCN

Network of GP practices. These are mostly organised around defined geographical areas but there are a few PCNs, particularly in the City, that are spread across several communities.

GP
practices

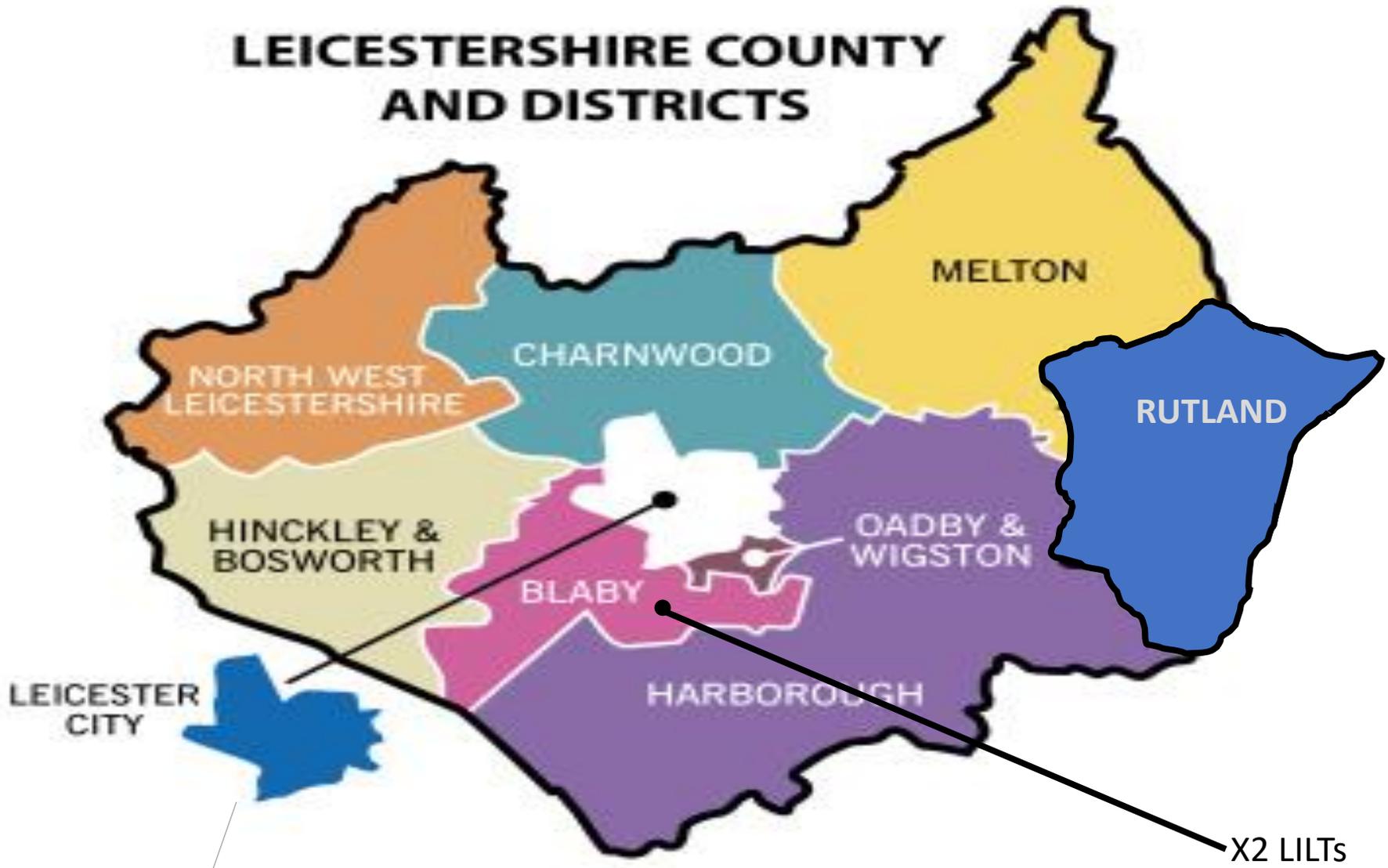
GP
practices

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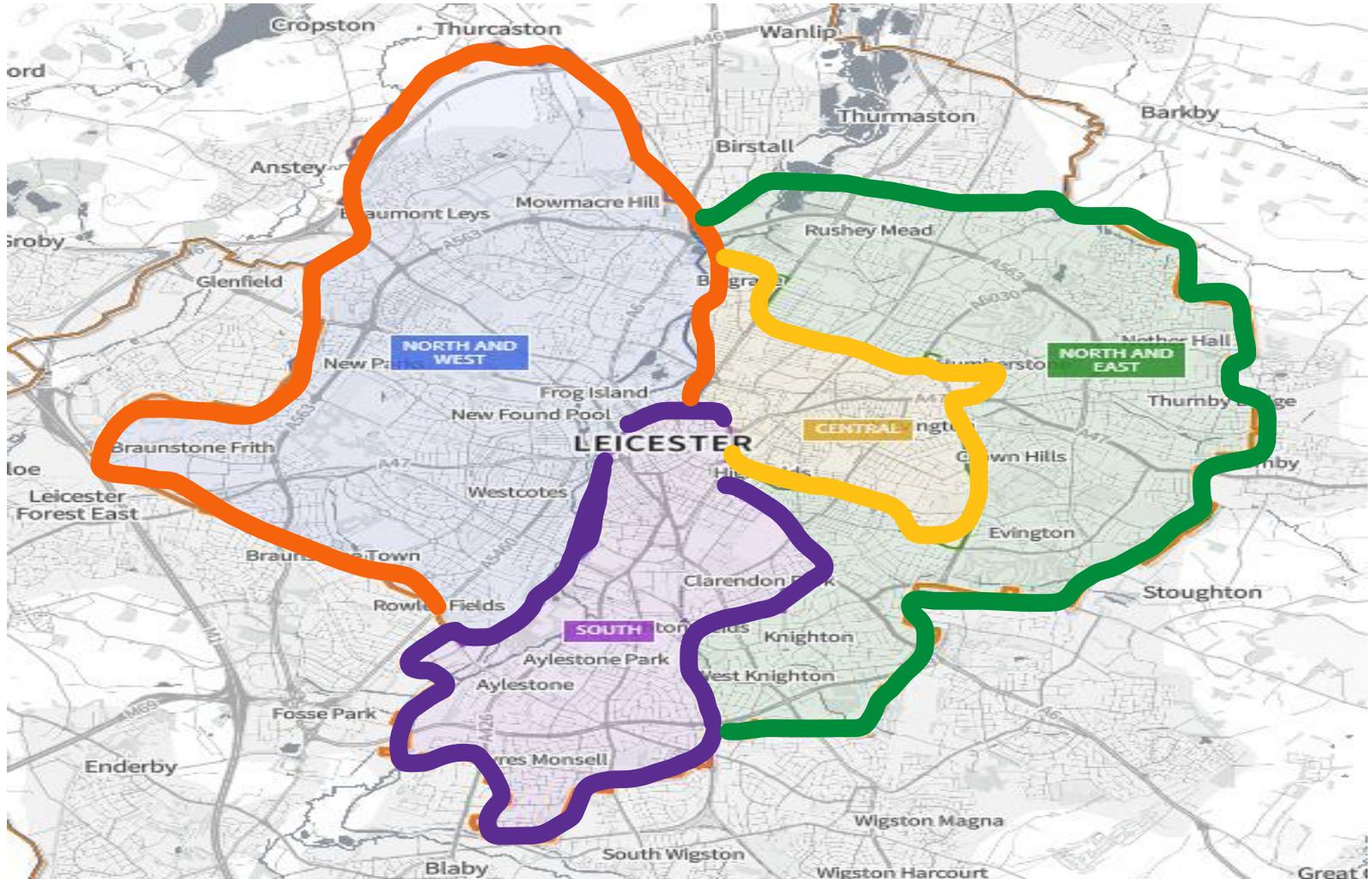
GP
practice

GP practices are embedded within a local community

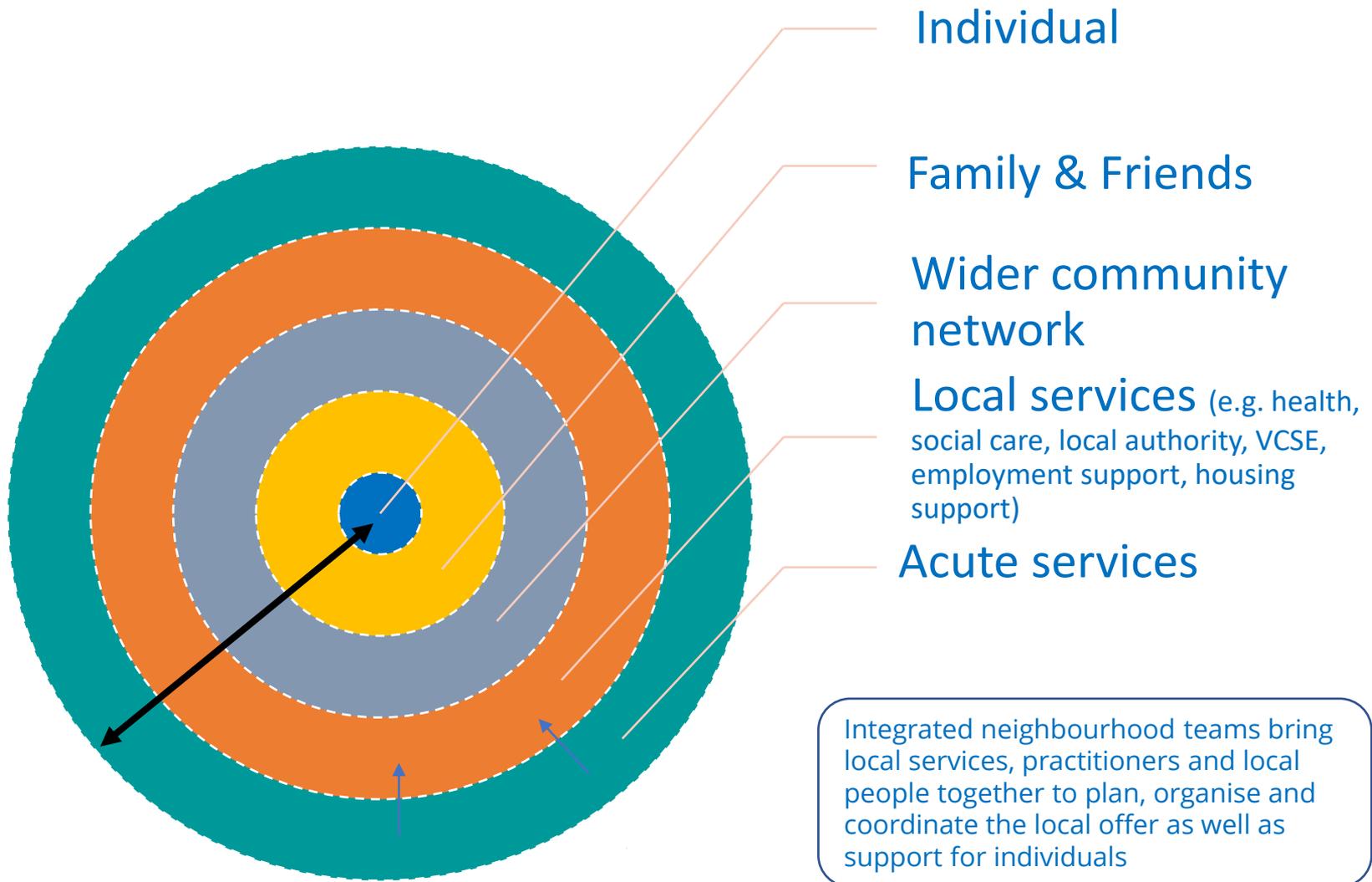
Integrated Neighbourhood Teams (County)



Integrated Neighbourhood Teams - City



Support systems in neighbourhoods



What must this programme achieve?

Better understanding of strengths and need

- People can have a good-quality needs assessment at whatever point and wherever they present

Timely offer to match the needs

- Interventions and support for mental health problems are readily available and accessible at the location most appropriate to people's needs

Building rapport, relationships and engaging

- There is a proactive and joined up approach to offering support to individuals who tend not to want to engage.

Building strengths and community

- There are effective links with community assets to support and enable people to become more embedded within their community and to use these assets to support their mental health.

People moving in and out of right support when needed

- Care can be stepped up where or when more specialist input is required, and stepped down, in a flexible manner without the need for cumbersome referrals and repeated assessments.

Establishing a MH network and local MDT

Key actions

Each INT working towards;

1. Establishing, or building upon, a mental health network

- Each INT to have a mental health network (build on what exists)
- Inclusive of reps from primary care, secondary care, social care, local authority, voluntary, community, social enterprise, local service users
- Responsible for driving local action in response to local needs and priorities (plan)

2. Developing a mental health MDT approach

- Local practitioners to collaborate to plan and coordinate support for individuals with emerging mental health needs
- Inclusive of reps from primary care, secondary care, social care, local authority, voluntary, community, social enterprise, local service users

Learning from Charnwood

What went well?

- Involvement of PCN/Federation, GP support
- Involvement of Charnwood Borough Council – neighbourhood team/VCS
- Involvement of Social Care
- MDT working (videos)
- Embedding within the INT structure

What could have gone better?

- Even more involvement of the VCS and service users
- Funding to local VCS – slow processes
- More local decision making
- More structure around reporting progress
- More clarity on governance

Learning from Charnwood

Justine Hardy

“I became involved with the project earlier on in the year and was privileged to be part of the ‘storming, norming and now performing’ Charnwood Neighbourhood MDT group, which was facilitated by Rob & his team. There was a real sense of purpose to try and create a meaningful MDT group to further support our patients. I have been struck by how the people in the MDT have come together for a more joined up way of working and thinking and have enjoyed the meetings to date. I have also learnt so much about what was on my community doorstep and have transferred this knowledge to my wider team.”

Kerry Smith

“As part of the Link Worker team across west, it has been a real joy to be part of the MDT meetings that have been a genuine space in which people are considering people, not badges, institutions, professions or diagnosis but people. Those that have been invited to be part of the conversation have all been willing to share skills and truly collaborate to ensure that people have the right access to support in a way that is meaningful to them. The inclusion of roles in community ensure that there is access to sustainable, meaningful support at the right time in the right place.”

Establishing accelerator sites

Key actions

Each INT working towards;

3. **Agreeing a mental health accelerator area within the INT locality**
 - Partnership to coordinate, agree and organise investment including staffing and grant funding

Accelerator sites

- Each INT establish a accelerator site that focuses on one neighbourhood area (c.50k pop).
- The rationale for having an accelerator site is to allow for meaningful MDT working and practices to develop.
 - Focused on a specific population within INT area
 - Developing local MDT that knows the population
 - Rapidly develops local offer to match local needs
 - New roles are intended to be focused within the accelerator site.
 - Target year on year investment (all local areas will have investment by end of 2023/24)

Strengthening the workforce (indicative plan)

INT level

- ❖ Neighbourhood Lead
- ❖ Neighbourhood MDT Coordinator
- ❖ Social Worker or MH support worker

- ❖ Accelerator sites (c.7wtes)
- ❖ Mental Health Practitioners
- ❖ Peer Support Worker
- ❖ Mental Health Assistant
- ❖ Mental Health Well-Being Practitioner / MH recovery worker

Strengthening wider offers (VCSE)

Grant programmes for this year;

- **Neighbourhood grants for City, County and Rutland** – funding local activities that support the needs of people and carers;
 - **Resilience, prevention & self help** - five ways to well-being (connect with others, be active, learn new skills, give to others, mindfulness)
 - **Early Intervention** - proactive outreach activity to engage with people unlikely to seek help, peer support
 - **Coaching & assessment of need** - structured support to individuals to develop plans that meet their goals to support them to recover and maintain good mental health.
 - **Wider determinants** - housing and accommodation, employment support, money advice, volunteering etc.

- **Grants for 'crisis cafes'**
 - **16 new cafes**
 - Regular safe space (venue) for people experiencing mental distress to get support
 - Recovery practitioners available to assess needs
 - Access to care pathways (route to local urgent response)
 - Multi-agency delivery model

Next steps

2021-22 INT mental health programme

Set up local mental health multi-agency network

- Identify chair & coordinator
- Plan and arrange kick-off meeting (build on who & what already exists & gaps)
- Driving local developments, submit monthly returns to system
- Identify representative to join system neighbourhoods group (monthly)

Oct-21

Identify MH accelerator site

- Defined location within INT to target developments & investment in 2021-22
- Identified location based on priorities, needs and readiness to implement
- Rapidly develops offers and MDT working

Oct-21

Set up mental health MDT meeting

- Set up a mental health MDT meeting
- Assign admin/coordinator to support organisation of the meeting
- Arrange initial meeting to discuss infrastructure
- Monitor and evaluate progress

Dec-21

Identify local MH priorities & develop plan

- Review available data, utilise practitioner insights to identify priorities
- Utilise PCN funding to support engagement work with the local community
- Develop written plan communicating how INT is responding to MH priorities
- Identify priorities to inform the mental health grant scheme.

Dec-21

Embed new roles

- Recruit Neighbourhood Lead/MDT Coordinator (asap)
- Mental Health (practitioners, assistants, peer support workers)
- Social Care
- Voluntary Sector Recovery Worker

Mar-22