

## **Derby City Council Adults and Health Scrutiny Review Board**

### **Improving Community Mental Health Services in Derbyshire -**

#### **The Community Mental Health Framework/Living Well Derbyshire**

##### **1. Purpose of Report**

This report is for information to provide an update to the Derby city HOSC on the implementation of the Community Mental Health Framework which is being realised through the county-wide Living Well programme, called Derby Wellbeing in Derby city, to improve access to community mental health services, via a multi-agency team approach. The multi-agency teams include health (Derbyshire Healthcare NHS Foundation Trust), social care (Derby city council and Derbyshire county council) and the voluntary, community and social enterprise (VCSE) sector.

##### **2. Background**

in 2018 the Joined Up Care Derbyshire system started to co-produce a new vision for mental health services and began a journey of co-designing and implementing the Living Well Derbyshire model of care. At this time, Living Well Derbyshire was being developed as a multi-agency community offer, designed to support people who were falling through the gap between primary and secondary care.

In 2019 the release of the Community Mental Health Framework (CMHF), a part of the NHS Long Term Plan, meant that ambitions in Derbyshire grew, and the goal became to create a seamless community offer inclusive of all Community Mental Health Team (CMHT) staff, VCSE workers and social care.

With CMHTs being largely unchanged since they were introduced in the 1980s, the Framework set out to modernise the services to ensure they become best equipped to meet current challenges.


The overarching aim of the Community Mental Health Framework is to provide high-quality mental health care and support within a community setting. The Framework emphasises an aim to improve people's quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil personal hopes and aspirations.

The Framework acknowledges the good levels of service that existing community teams offer, but also the opportunity to build on these services for the benefit of the staff and service users, via multi-agency working. Working to the Living Well model of care (which brings together multi-agency teams) has allowed the Derbyshire system to realise the ambitions of the Framework. This new way of working has given Derbyshire Healthcare NHS Foundation Trust's (DHCFT) current CMHTs the opportunity to influence and shape the way services are delivered locally.

Living Well – the programme to transform adult and older adult community mental health services in Derbyshire, in line with the national Community Mental Health

Framework - consists of health services, social care and the VCSE all working together to provide a single point of access for support, taking into account the particular needs of each local area.

### 3. The multi-agency leadership team



Multi-agency leadership team 2024

Last updated:  
28/01/2024

Abbreviations key: STO: Short Term offer LTO: Long Term offer.  
CAD: Community Action Derby DFMH: Derbyshire Federation for Mental Health

Lauren Inwood ARRs Lead

Covering Mental Health practitioners based in GP surgeries across the city and county

Rob Passey (Rethink)

VCSE Contracts manager

Rachel Sabin Farrell

Psychology Lead N Derbyshire

Katherine Hosseini

Pharmacy Lead city and county

Fiona Rushbrook

Rehabilitation Services Lead city and county

Helen Cadman

Psychology Lead city and S Derbyshire

Sam Parr IPS Lead

Employment and placement specialists working with the Living Well teams

	CHESTERFIELD	HIGH PEAK	North East Derbyshire and Bolsover	Derbyshire Dales	S. DERBYSHIRE	AMBER VALLEY	EREWASH	DERBY WELLBEING
Adult social care group managers for mental health	Andy Green (County)	Andy Green (County)	Andy Green (County)	Andy Green (County)	Andy Green (county)	Andy Green (County)	Andy Green (County)	Kam Chhoker (Derby City Social Care)
Area Service Managers (ASM) Health	Rebecca Mace	Rebecca Mace	Rebecca Mace	Steve Slone	Steve Slone	Steve Slone	Steve Slone	Rachel Chambers
Service Managers	Teresa Allen (STO) Lisa Rowbottom (LTO)	Joanne Green	Mike Topley -STO Mark Welbon (Killamarsh) Paula Howes (Bolsover/Clay cross)	Matt Tacey	Bradley Alison Stevens Stacie Swann	Heidi Greener	Alycia Caudwell	Sarah Price (Team B: STO) Ellie Spencer (Team B: LTO) Mandy Lymer (Team C: STO) Lizi Wood (Team C: LTO)
Clinical Lead	Lauren Daly	Cath Dunning	Hannah Horton	Kelleanne Smith	Rebecca Waldron	Katie Wagstaffe	Jo Naidu	Angela Millington Helen Cameron
VCSE Lead	Martine Roebuck (Rethink)	Tim Westwood (DFMH)	Martine Roebuck	Tim Westwood (DFMH)	Tracey Litchfield (P3)	Annie Nichols (Rethink)	Leigh Griffiths (MIND)	Ejaz Sarwar (VCSE Deputy CAD Brett Sentence Leigh Timmins, Becky Edwards (CAD)
Social Care	Claire Wilde	Claire Wilde	Claire Bartram	Lindsay Wanless Claire Wilde	Lindsey Wanless	Claire Bartram	Lindsey Wanless	Su Barnes (Senior Practitioner)
Collaborative Coordinator	Ellie Scott	Mandy Goodall	Ellie Scott	Mandy Goodall	Liam Statham	Liam Statham	Liam Statham	Brett Sentence
OT Lead	Megan Shenfield	Katie Keys	Megan Shenfield	Rosie O'Brien	Kathy Birks	Rosie O'Brien	Kathy Birks	Kathy Birks
Older Adult Lead	Sarah Addy	Sarah Addy	Sarah Addy	Sarah Addy	Sarah Addy	Sarah Addy	Sarah Addy	Fiona Winhurst

### 4. Progress

2022 - When work happened to bring the Living Well prototype team and the CMHT together in new practice and configurations, many benefits emerged including:

- new working relationships between health, social care and VCSE
- the opportunity to learn from Peer Support colleagues to develop new ways of engaging with service users
- a slicker way to process paperwork
- an increase in community engagement and involvement in the system and service delivery.

A number of challenges also emerged and it was acknowledged that:

- more leadership capacity was required to support the team through this process
- more time and support were required to embrace the new model, fully understand it and begin to grow confidence to implement it
- greater clarity around roles and responsibilities was required for all partners working within the team
- a clear plan identifying how and where changes to the approach are needed in supporting people across Derbyshire through what is the most significant live transformation programme in mental health

- a focus and 're-set', concentrating on the aims and delivery of the CMHF.

With the above feedback at the forefront of delivery, DHCFT, social care and VCSE partners have worked hard over the past 12 months to create new Living Well services that truly meet the needs of the local populations, with eight localities aligned to the Place Alliance groups which have launched over the past three years:

- Derby city (named Derby Wellbeing)
- High Peak
- Chesterfield
- North East Derbyshire & Bolsover
- Erewash
- Amber Valley
- Derbyshire Dales
- South Derbyshire

To further acknowledge the feedback received, system partners agreed that transformation should take place in phases, with a 'phase one' service having opened to the public via GP referral. Phase two (post April 2024) will focus on movement between the short-term offer (Living Well) and the long-term offer (traditional CMHT) as well as expanding the 'front door' and developing a local network to improve flow.

The new Living Well service encompasses both a shorter-term and longer term offer. The service can be accessed by a multi-agency service single point of access (SPOA).

## 5. Aims

The CMHF has six aims, to:

- Promote mental and physical health, and prevent ill health.

Living Well Derbyshire's response – promoting and providing a holistic approach to care that aims to increase community resilience, with less dependence on medical interventions and diagnoses.

- Treat mental health problems effectively through evidence-based psychological and/ or pharmacological approaches that maximise benefits and minimise the likelihood of inflicting harm, and use a collaborative approach that: - builds on strengths and supports choice; and - is underpinned by a single care plan accessible to all involved in the person's care.

Living Well response – person-centred paperwork, used by all partners, which has been co-designed with experts by experience. Greater access to psychological therapies via group work which is further supported by VCSE colleagues via Peer Support Workers and Wellbeing Coaches to build on personal interests and goals.

- Improve quality of life, including supporting individuals to contribute to and participate in their communities as fully as possible, connect with meaningful activities, and create or fulfil hopes and aspirations in line with their individual wishes.

Living Well response – a goal-based approach that utilises community networks via the respective locality collaborative; a group of people with lived experience of mental health difficulties, commissioners and providers which meets once a month to explore local services and challenges and to connect to local communities.

- Maximise continuity of care and ensure no “cliff-edge” of lost care and support by moving away from a system based on referrals, arbitrary thresholds, unsupported transitions and discharge to little or no support. Instead, move towards a flexible system that proactively responds to ongoing care needs.

Living Well response –strengthening pathways and relationship between primary care and secondary care, including working with Mental Health Practitioners (MHPs). The network available in the community should ensure there is no cliff edge. As the team move into phase two, self re-referrals for those using the short term will become available - this means an open door of support without starting at the beginning of the pathway.

- Work collaboratively across statutory and non-statutory commissioners and providers within a local health and care system to address health inequalities and social determinants of mental ill health.

Living Well response - Health, social care and the voluntary sector have worked hard to ensure that the transformation is collaborative and reflective of the needs of each cohort of service user. The collaborative continues to work to acknowledge and address health inequalities in each locality and how to best work together to tackle them.

- Build a model of care based on inclusivity, particularly for people with coexisting needs, with the highest levels of complexity and who experience marginalisation

Living well response – the model has been co-designed with experts by experience to ensure it is person-centred and user friendly to meet the needs of those using the service. It also ensures that a person won't have to tell their story more than once and is goal orientated.

## **6. Living Well/Derby Wellbeing programme**

The aims outlined above are delivered through eight service locations which align to the county and city Place Alliance groups:

- High Peak
- Derby city

- Chesterfield
- North East Derbyshire & Bolsover
- Derbyshire Dales
- Erewash
- Amber Valley
- South Derbyshire.

## A values based approach



## The importance of the voice of lived experience

The voice of lived experience has been paramount to the implementation and success of the programme, particularly with the creation of an approach to ensure that a person won't have to tell their story more than once. This is something people find difficult when they are supported by different services and will therefore improve the experience of people accessing care. It will also enable a faster flow through services for people and less paperwork and repeated referrals for colleagues to process.

## Key benefits

Patients/people:

A person won't have to tell their story more than once. This is something people have told us they find difficult when they are supported by different services and will therefore

improve the experience of people accessing care. It will also enable a faster flow through services for people with less cliff edges when moving through the system.

Carers:

The short-term offer should increase community resilience, allowing carers to harness the support of local services. In turn, this should create less pressure solely for those who provide care, increasing wellbeing with both the person accessing care and the carer.

Colleagues:

This offers chance to work in new ways by utilising the support from the short-term offer team. In addition to providing people with a wider range of support, this approach should have a positive impact on referral numbers to the traditional CMHT and an opportunity to reduce caseload numbers of people who require a shorter-term intervention.

## **7. Continued engagement**

The Living Well programme team and services continue to engage with a variety of forums to ensure the development of the services reflect the needs of the local populations. These forums include:

- Place Alliance Group meetings
- Primary Care Network meetings
- GP Provider Board meeting
- Expert by Experience Forum
- Carers Forum (DHCFT)
- Equal forum (DHCFT)
- Collaboratives.

The Trust is committed to continuing to engage with service users, carers and members of staff throughout the programme. This will include site visits, newsletter updates, and targeted engagement sessions.

A Derbyshire Dialogue session has also been provided, via the ICB, to reach members of the wider public. This proved very successful with a fantastic amount of engagement and more than 50 in attendance.