| **Compared to now, what will be different by October?**  | **What will remain the same in October?** | **What will happen between October 2024 and March 2025?** |
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| By October all core Neighbourhood Mental Health Team (NMHT) staff will understand which of the NMHTs they will be joining. There will be 15 NMHTs across Sussex; 5 in East Sussex, 7 in West Sussex, and 3 in Brighton & Hove.  | All staff will still be working from their existing bases in October.  | * Further opportunities for co-located working will be explored.
* Any changes to working bases, and any leadership changes to support embedding NMHTs, will be fully discussed with staff teams and staff consultations will be carried out where required.
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| By October the following teams will be working together more closely and will refer to themselves as an NMHT rather than their original teams (coming together through structures described below).* **Assessment and Treatment Services\*** (ATS). East, West and B&H.
* **Specialist Older Adults Mental Health Services\*** (SOAMHS) **/ Dementia and Older Peoples Mental Health Services** (DOPMHS). East, West and B&H.

(\*This will include Adult Social Care staff where they are integrated within SPFT services.)* **Emotional Wellbeing Services** (EWS). East, West and B&H, where in place.
* **Access Facilitator Service**
* **Screen and Intervene Service**
* **Individual Placement Support** (IPS) **Employment Services** (to be confirmed at place)
* **Sussex Partnership NHS Foundation Trust** (SPFT) **& Voluntary Community Social Enterprise** (VCSE) **Mental Health Social Prescribers** (part of the initial core team where present).
* **Other VCSE staff outside the EWS offer** (to be determined and agreed locally)
 | * Current organisational management and leadership structures will remain the same in October, with staff continuing to report through their existing line management chain and continuing to receive clinical and professional supervision through current arrangements until any changes are fully worked through and confirmed.
* The EWS function will continue to operate within its agreed and established Standard Operating Procedure (SOP), as will ATS / SOAMHS / DOPMHS.
* The phase 1 interim SOP reflects that existing SOPs are to be utilised from October 24, with an updated SOP to be in place by March 2025, as:
* Meetings and processes commence and are developed
* We find more effective ways to work and streamline processes.
 | * Work to formalise NMHT leadership structures will continue. Any proposed changes will be taken through a consultation process.
* Work to align services to the NMHT model will continue, including commissioned VCSE offers outside of the core team
* Review and development of the SOP, with updated SOP to be in place by March 2025, based on development of processes and procedures as NMHTs are embedded.
* A plan will be developed for Wellbeing Service and Health in Mind practitioners to become integrated into the Core Team.
* Aligned services in each area are agreed
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| By October, a set of new replacement meetings\* will be in place within each NMHT, supporting aligned working practices between partners listed above (existing meetings will be adapted where possible, building on existing good practice)1. **Daily Huddle** - Space to discuss clients of concern and agree urgent actions.
2. **NMHT Access and Triage** – Regular meeting to discuss more complex new referrals and to reach shared agreement about the support and treatment plan.
3. **Multi-Agency Meeting** – Weekly meeting for NMHT staff to discuss cases and agree a shared approach for onward support.
4. **Providers Meeting** – Monthly meeting focused on building relationships between NMHT provider members and developing shared pathways. To include SFPT, VCSE and PCN operational managers.

(\*Meeting structures may differ by place) |  | Existing meetings will transition into the new meeting structures. |
| **The NMHT GP liaison meeting\*** will be in the planning stages with NMHT GP practice colleagues.(\*Meeting structures may differ by place) |  | The NMHT GP liaison meetings will be introduced. |

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| **What will be the impact of the changes taking place from October?** |
|  The benefits of the changes will evolve over time, and will have the following impacts for staff and clients:* The NMHT will enable close working relationships between partner organisations and services with a shared understanding of the NMHT. Siloed working will reduce, shared assessments will increase, care planning and risk management arrangements will improve and increase, duplication of offers will reduce.
* There will be a move away from decisions made based on diagnosis and service criteria. The NMHT will be able to respond more flexibly to requests for support, taking a needs-led approach.
* Transitions between and away from service offers will be better managed, ensuring fewer clients experience sudden withdrawals of support. Staff will be better supported to enable clients to move on to less intensive offers more easily.
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| **What will be different by March 2025 (compared to Oct 2024)?** | **How will these changes take place and what further work might occur?** |
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| By March all staff from aligned services will be working as part a Neighbourhood Mental Health Team. (Aligned services will be decided at a place-based level, alongside work to define the wider network and partnership services) | * Leads for the NMHTs will be established and will work with local leads across the agreed footprints and develop the interface between the core team and aligned services. There will be regular spaces for discussing cases and easy contact points with the core NMHT providing specialist mental health support / advice / guidance that aligned services can access easily, removing the need for a GP referral to access that help.
* Aligned services will enable people to get the care and support they need more easily, helping people to access the most helpful support to them, allowing them to move between core and aligned NMHT support as required.
* Post-March 2025 we will work towards self-referral to NMHTs (professional referral process will also remain in place).
* NMHTs will meet regularly with all partners to develop pathways and improve services together, learn from good practice and plan future services, responding to the NMHT population to addressing health inequalities.
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| By March a set of Aligned Services will be closely working alongside each of the Neighbourhood Teams and will be able to join the shared meeting structures as necessary. These may include but will not be limited to:* NHS Talking Therapies
* Relevant Adult Social Care Mental Health Teams, (in areas where they are not already part of the core team)
* Urgent and Emergency Care mental health Teams

Discussions will be held at a place-based level in regard to aligning to other support services, which may include but will not be limited to* Supported Housing and Homelessness teams
* 16 – 25 Pathway
* Broader VCSE services
* Substance misuse services
 | See above. |
| By March, the agreed replacement for the Care Programme Approach (CPA) model will be understood, the role of the keyworker within the system will be defined, plans of how this role will be delivered will be in place and will have started to be implemented. | * We will move away from employing lead practitioners into NMHTs and towards employing staff based on the professional skills required to support and provide evidenced-based treatment. There will still be the need within the core team to have named workers, but we will work on streamlining current supporting paperwork requirements and increase multi-disciplinary working within teams. Some people will continue to need ‘care coordination’ and this will be identified as part of a person's co-produced care plan and delivered by the most appropriate member of the NMHT.
* There will be new quality standards that will replace the existing CPA policy, which will be developed in line with the new Electronic Patient Record (EPR) developments and be coproduced by service users, carers and staff, and reflect national standards.
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| By March, we will have clearly defined interface arrangements with specialist pathway services, improving access and communication across teams and clarifying roles and responsibilities. | We will continue to work with specialist pathway leads to develop this work, including understanding the role of the lead practitioner (key or named worker in the future). |
| By March, there will be a shared NMHT Leadership structure in place. | This work will link with the SPFT financial recovery plan case for change. Current structures will be reviewed and by March 25 the reviewed and agreed structure will be in place. |
| By March, there will be a shared assessment framework in place. | An interim data recording system will be in place. Plans will be developed for implementing a single EPR from October 25 onwards.  |
| By March, there will be streamlined referral routes into the core NMHT (including self-referral options). | We will continue to work towards streamlining referral processes and work towards the option of self-referral to all parts of the core NMHT. |
| By March, all system partners, including primary care, will be signposting to clear and consistent mental health information and services, as coordinated by the Mental Health Services Communications Working Group (MHSCWG), to help people get the right support first time. | The Mental Health Services Communications Working Group (MHSCWG), a collaboration of partners from across Sussex, will continue to identify / develop a Pan-Sussex central point of information to further help people to find information and support in their local area. |
| By March, the core NMHT will be reporting against an agreed set of metrics, with clear processes in place to achieve this. | Ongoing work will continue to streamline processes and improve data collection and sharing ahead of the new EPR expected in 2025. |
| By March, we will agree which system the core NMHT will record on and agree a plan to have this in place across Sussex. | In the interim, while the new EPR is put in place, data recording systems will remain the same including the need for double entry where this exists currently. Once the new EPR is in place this will remove the need for double entry.  |
| By March, we will have a wider range of outcome and experience measures in place for staff and service users. | In many services, we already use the Recovering Quality of Life (ReQol) measure and will continue to expand our measures in line with national guidance and supported by the new EPR. |

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| **Our aims:** |
| * We are aiming to introduce a formalised system-wide approach to supporting people with mental health needs across Sussex. NMHTs will work more closely with colleagues across the system and work together to address local health inequalities and meet local need. The changes are largely relational, with the system finding ways to remove barriers and work together more easily, and provide support and interventions together, with the person at the centre.
* To support changes, we will need to adapt our ways of working, expand our meetings and leadership teams to reflect NMHTs and this way of working. There are many examples of this already happening in teams and NMHTs aim to build on this good practice and provide some Sussex wide standards for our population and staff.
* We aim to simplify our processes and supporting paperwork, streamline assessment, review and outcome processes, working with our digital colleagues alongside the roll out of our new EPR. We aim to have a shared EPR across many partners reducing the need for duplicated information, and helping us to work in real time, with up-to-date shared information. We aim to promote service users holding and owning as much of their own information as possible, supporting coproduction from assessment, to care planning, to reviews.
* Care coordination as a role within itself will be significantly reduced. While named workers will still be needed, this will part of a staff members role, with a focus on staff working with people fully utilising their professional skills and training for a significant part of their time, working to clear co-produced care plans.
* VCSE staff should be able to receive timely and closer support from clinical colleagues within their NMHT.
* Teams should experience increased multi-agency working, reduced one-off assessment and discharges and reduced rereferral rates (currently around 40%) as we know each assessment can currently take up to 4 hours and often results in onward referral to other services.
* Teams should become much more involved in the triage process, supporting teams to use their local population knowledge to agree next steps for people routinely referred to NMHTS.
* We will aim to work towards eliminating ‘rejected referrals’ and ensure we are clear and in agreement of next steps if as a system we are unable to provide any support or intervention for a person. We will highlight gaps in provision for future service developments.
* Culturally this will be a big change for us and will take time to embed. We will need to continually reflect and learn together to make ongoing improvements.
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| **Staff guidance:** |
| * We have co-produced the NMHT model with colleagues and experts by experience, and now local detail and implementation plans are needed, please do get involved with local planning and delivery.
* Please share your experiences and raise any concerns - we will not get everything right first time, and we will need to adapt, and change based on learning.
* Please [sign up](https://signup.es-mail.co.uk/Signup/39d377684c06e27da7da1b8feb8b7613) for the community transformation newsletters, join our monthly [webinars](https://www.sussex.ics.nhs.uk/our-work/our-priorities/mental-health-learning-disability-and-autism/mental-health/community-mh-transformation/) (or [watch the recordings](https://www.youtube.com/playlist?list=PLXsH500aLPOXqjFvBCxuB8vCSBdHzwxTF))
* Download the latest information pack and Frequently Asked Questions: [sussex.ics.nhs.uk/our-work/our-priorities/mental-health-learning-disability-and-autism/mental-health/community-mh-transformation/](https://www.sussex.ics.nhs.uk/our-work/our-priorities/mental-health-learning-disability-and-autism/mental-health/community-mh-transformation/)
* Get in touch if there is anything you want to discuss, and to share good practice: communitytransformation@spft.nhs.uk
* If you haven’t already familiarised yourself and your teams with new national guidance for community teams, including new quality standards: [national framework](https://www.england.nhs.uk/publication/the-community-mental-health-framework-for-adults-and-older-adults/), [wait times](https://future.nhs.uk/connect.ti/AdultMH/view?objectID=37658768), and [outcomes](https://www.rcpsych.ac.uk/improving-care/nccmh/service-design-and-development/proms-cmh-ig).
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