Community Support Networks for Mental Health and Dementia

Paul Jackman
Associate Director of Community Partnerships
Lincolnshire Partnership NHS Foundation Trust

Charles Cooke
Director
Shine Mental Health Support Network
Conference Themes

Commissioning
Commissioning a wide variety of help, support and services, encouraging *local communities to define and then control what works for them*,

Provider partnerships
Engaging partners across *all sectors, scales, and communities*,

Partnerships with Local Communities
Local communities and citizens involved in *designing and delivering the community support networks*,

Whole system approaches
The approach *cannot work in isolation*, and is integral to both trust service redesign, and the wider health and care transformation programme
“As the move towards greater integration of health and care services continues, it is within our communities where that join will be sealed.”

Norman Lamb
Lincolnshire
Lincolnshire’s Mental Health Networks

SHINE Mental Health Support Network

Independent network of people, groups & organisations that share an interest in supporting people with mental health problems

[Link to SHINE Mental Health Support Network: lincsshine.co.uk]

Managed Care Network for Mental Health

Funded by the Mental Health Promotion Fund

“Co-ordinated, managed & integrated”

[Link to Managed Care Network: lpft.nhs.uk/help-and-support]
Facilitating the best quality of mental health for people in Lincolnshire.
Shine Mental Health Support Network

At October 2015...

- 1046 Members
- 117 Ambassadors
- 331 organisations registered on Lincsshine

lincsshine.co.uk
Shine Activities

- **LincksSHINE website**
- **Shine Ambassadors**
- **Administration / Membership**
- **Staying Well**
- **Inward Investment**
- **Sun Shine**
- **Prompt**
  Tele-messaging & graduated support
- **People’s Partnership**
  Mental Health strand lead
- **The Lincolnshire Mental Health Newsletter**
- **Shine Local**
  Shine Local Hubs
More help,
more quickly,
for more people,
nearer to home,
for less money,
with better outcomes.
Choice!

- Short breaks
- Relaxation
- Carers Support
- Performing Arts
- Hearing people’s views
- Peer Support
- Sports coaching
- Befriending & Mentoring
- Awareness
- Formal & Informal Learning
- Social Activities
- Horticulture
- Help for Homeless People
- Volunteering
- Vocational Training & Support
- Parental Mental Health
- Bereavement Support
- Mindfulness & Tranquility
- Woodland Activities
- Veterans’ Mental Health
- One-to-one Help
- Promoted & Graduated Support
- Bereavement Support
- Creative writing, Arts & Crafts
- Early Mental Health Problems
- Eating & Living Well
- Social Enterprise
- Information & Social Networking
- Local groups
- Small Grants
- Health checks
- Money Advice
- Physical Activity
- Promoting Groups
-Veterans’ Mental Health
Looking Outwards, Getting Connected

44 Full member groups & organisations

18 associate member groups & organisations

66 projects
including 18 countywide projects

73 Sites

3000 estimated beneficiaries
It Seems to Work

WEMWBS mean score

Recovery Star

Mood map
It Seems to Save Money

Estimated £31,950 was saved over 3 months against an investment of £6,250.
Sample: 12

Estimated £77,261 was saved over 17 months against an investment of £11,760.
Sample: 21

Estimated £51,430 over 12 months against an proportionate investment of £5,250.
Sample: 15 of 100. Total investment £35,000.

Using Personal Social Services Research Unit unit costs, estimating changes (stopped or reduced) use of health services
Getting the right help at the right time
Wave 1 Project Locations

10 Members
13 Projects including one countywide project
17 Sites
1,125 Direct beneficiaries

Whole County Project

4 Dementia Friendly Communities
Wave 2 Project Approximate Locations & Beneficiaries?

16 Members

10 New Organisations in W2

19 Projects

At least 39 Sites

1,055 Direct Beneficiaries

3,320 indirect beneficiaries

282 people

273 people

142 people

223 people
Yeh
But
Potential Barriers

• Commissioning: Should the NHS be doing this?
  Should all the *local* NHS be doing this?
  • Isn’t it really Social Care? Or public health?

• Procurement: Doesn’t it leaves us open to avoidable risk?
  • So do we need powerful safeguards and controls in preference to innovative relationships?

• Clinical practice: Does it fit with our understanding of the Recovery Model?
  • So should we value and engage with it?

• Network members: Can we be bothered with all this bureaucracy?