

Community Mental Health Services Pathway Review

Phase 1: Engagement Report

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Introduction

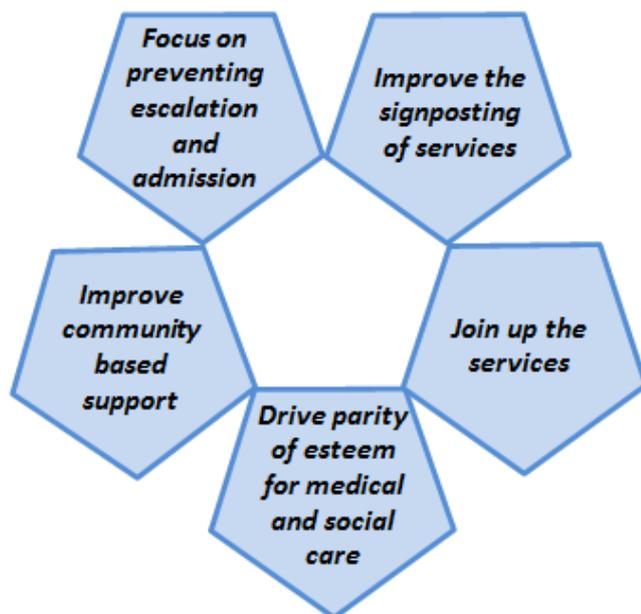
The Community Mental Health Services Pathway Review is a bold step towards improving the mental health of people living and working in Bath and North East Somerset (B&NES). The Review builds on the work started by *Your Care Your Way*, which looked at community services as a whole and concluded in April 2017. During that project, it became clear that the complexity of mental health services, and their importance to the wellbeing of everyone in B&NES, meant that a more detailed, dedicated review was needed.

Bath & North East Somerset Council and Bath and North East Somerset Clinical Commissioning Group (CCG) are therefore undertaking this review together, with the goal of commissioning a holistic set of services, which are better at preventing problems, and which work with the whole person, and their family and friends, rather than just treating a condition. Our focus is on prevention, early intervention, self-management, pro-active care, and the integration of health and physical care in mental health.

The community services covered in this review include all those provided in people's homes and in local care settings. This includes everything from the community groups which meet across B&NES for mutual support and activity, to the specialist services and support available during a period of crisis. The two main areas *not* covered in this review are dementia related services, and the specialist Children's and Adolescents' Mental Health Services (CAMHS), although the transitions between these services and adults' mental health community services are an important part of the review.

The Council and the CCG began the review in May 2017, with the support of Virgin Care, in its role as Prime Provider of community services in B&NES. Since then, we have been meeting with people from across B&NES to **find out what is and isn't working**. We've met with:

- People who use services.
- People who provide services.
- People who care for individuals who use services.



Engagement Timeline

The Community Mental Health Services Pathway Review is split into four phases, and engagement underpins the entire programme, starting in phase one.

Summer 2017 (phase 1): Engagement to gather key themes

Engagement during this period focused on gathering insights into what is and isn't working in our current services, and developing a set of themes to guide improvements.

Engagement, with people who use services, the people who care for them, the people who provide services, and with the general public, consisted of:

- More than sixty face-to-face meetings and focus groups.
- More than 100 responses to tailored surveys for people who use services, carers, and service providers.
- [Information provided on the Clinical Commissioning Group's \(CCG\) website](#), and a dedicated email address for queries and comments (mhreview@bathnes.gov.uk).

January-July 2018 (phase 2): Service models development

- Development of detailed models for how community mental health services could be delivered in the future. This will be done by a number of working groups, which will involve Council and CCG staff, Virgin Care, the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), people who use services and those who care for them, service providers, GPs, the voluntary sector and Community Champions.

July-August 2018 (phase 3): Further engagement with stakeholders

- Engagement with stakeholders – including, people who use services, those who care for them, service providers and Primary Care professionals – to assess the service delivery model options.

October-November 2018 (phase 4): Service delivery model finalised

- Selection of the preferred service delivery model.
- Selection of provider(s).

The new service model for community mental health services will be implemented from April 2019.

Methodology

During the first phase of engagement, the Council and CCG, with support from Virgin Care, met with a wide range of stakeholders. The first step was to identify those groups that could be affected by, or have an opinion on, the review of community mental health services.

The local population was broken down into specific categories in order to tailor our engagement methods in the most effective way, and to ensure that seldom heard and vulnerable groups were not excluded from participating in the review and sharing their valuable experiences.

These categories are as follows:

- Adults living with mental health conditions
- Carers/families/friends (of above)
- People who have had mental health conditions
- Adults with long-term conditions
- Adults with physical and sensory impairments
- Adults with chaotic lifestyles (homeless, substance misuse)
- CCG/Council staff with experience of mental health conditions
- Children and young people
- Older adults
- Gypsies/travellers/boat-dwellers
- General public

The CCG and Council also identified the key organisations, stakeholders and bodies that are involved with the provision of mental health services in the community, to ensure that we engaged with both their staff and the individuals who use those services.

We are aware that there will be some organisations that do not appear on this list and we encourage you to contact us if you know of any other organisations that you believe should be involved in the review.

Key stakeholders, organisations and bodies

- CCG/Council commissioners
- STP Mental Health Plan
- Virgin Care
- AWP
- VCSE providers
- CAMHS (Oxford Health)
- GPs
- Health and Wellbeing Board
- Health and Wellbeing Select Committee
- Healthwatch B&NES
- Wellness Service
- Councillors and MPs
- Media (Press/Radio/TV)
- NHS England
- BDUC (Vocare)
- BEMS
- RUH
- Domiciliary Care and CHC Providers
- Practice Managers
- Village Agents
- Floating Support/Supported Living
- SDAS
- Neighbouring CCGs/Councils
- Parish Councils and Area Forums
- Hospices
- Nursing and Residential Homes
- Pharmacists

Services in scope or linked to the Community Mental Health Services Pathway Review

- Archcare
- AWP Early intervention in psychosis
- AWP Primary Care liaison service
- AWP Psychiatric Intensive Care
- AWP Recovery Team
- AWP Specialist mental health psychology service
- B -Eat
- Bath CAB + Bath Mind Benefits Advice
- Bath City Farm
- Bath Foyer (Shape)
- Bath Mind Food for Thought
- Bath Mind Greenlinks
- Bath Mind One Stop Shop
- Bath Mind Supporting People Marlborough Lane
- Bath Mind, Lower Oldfield Park
- BEMSCA
- Bipolar UK
- Carers Centre
- Chew Valley Befrienders
- Clean Slate
- Creative Writing & Board Games Groups
- Creativity works - Creative Links
- Creativity Works - My Time My Space
- Creativity Works - Progression groups
- Cruse Bereavement Care
- Curo
- DHI - Hub
- DHI - Information Takeaway
- DHI MyScript Social Prescribing
- DHI REACH Service
- Dorothy House Hospice Care Counselling
- FAM (DHI Family Service)
- Focus Counselling
- Genesis Life Skills Project
- Genesis Trust Furniture Project
- Genesis Trust Lifeline Centre
- Healthy Lifestyle Service
- Hearing Voices Network
- Hill View Lodge
- Indigo Project
- IRIS Project
- Julian House - Space 2
- Julian House reCYCLEd Bike Workshop
- Keep Safe Keep Sane
- LIBRA project Julian House
- Living Life to the Full
- Mentoring Plus
- Mindline
- Mothers for Mothers
- Next Link
- Next Link
- OCD action
- Off the Record
- Open Opportunities
- Options for Living
- Passport to Health Exercise Referral Service
- Relate
- Rethink Floating Support
- Rose Cottage Hub
- Samaritans
- Saneline
- SDAS
- Second Step floating support
- Solon
- Soundwell Music Therapy
- Southside Family Project
- Southside Family Project - IDVA project
- St Mungo's Mulberry House
- St Mungo's New Hope Group
- St Mungo's Peer Mentoring
- Stonham
- Stowey Bottom Farm
- Supported Independence
- SWAN Advocacy Issue Based
- SWAN Care Act Advocacy
- SWAN DOLs Advocacy
- SWAN IMCA
- SWAN IMHA
- Talking Therapies Service
- Triumph over Phobia
- University Counselling Services
- Virgin Care Community Links
- Virgin Care MH Reablement service
- Virgin Care Rural Floating Support
- Virgin Care Work Devt Team
- Wellbeing College
- Wellbeing House
- Wellbeing Options
- Woodworks Project

Key Themes: problems and solutions

At each meeting, and in our surveys, the Council and the CCG asked two key questions:

- What is good about community mental health services at the moment?
- What changes need to be made to improve community mental health services?

We have now collated the feedback gathered in all these meetings and surveys, and drawn out five key themes, which align with the priorities identified through the *Your Care Your Way* engagement process.

Community Mental Health Services Review themes: **Your Care, Your Way** themes:



Focus on preventing escalation and admission

[Your Care, Your Way: Focus on Prevention]

Things people told us	Possible solutions
<ul style="list-style-type: none"> • Some people feel there is little help available until a problem escalates. • People being discharged from mental health services sometimes find it hard to get support, which can lead to a 'revolving door' situation. • People's expectations of the care coordination system are not always met, with some people saying there are lengthy waits for allocation. • Community based services should be available seven days a week. They should provide social and clinical care. • Some people said there were not enough community resources. • Some people said they thought there were long waits for Improving Access to Psychological Therapies (IAPT) services. 	<ul style="list-style-type: none"> • Develop a Safe Haven/Evening Café to create a welcoming environment for pre-crisis support, out of hours. • A clear and well publicised single point of contact for emerging mental health emergencies. • Improve targeted, short-term support provision through Mental Health Reablement (issues based 1:1 support, short-term interventions). • Redesign the role of Wellbeing House to meet the needs of those in crisis/pre-crisis. • Reduce waiting periods for Improving Access to Psychological Therapies (IAPT) services. Provide pre-crisis beds in existing facilities.

Improve community-based support

[Your Care, Your Way: Build Community Capacity; Reduce Social Isolation]

[Your Care, Your Way: Value the Workforce and Volunteers]

Things people told us	Possible solutions
<ul style="list-style-type: none"> • The voluntary sector in B&NES is excellent, but statutory services need to support them and service users and carers to use and further develop them. • There are a wide range of groups available, but they tend to operate Monday-Friday 9-5. • Peer working, peer mentoring, volunteering and befriending are important elements of the recovery process and need further development. • Some people told us that assistance with housing, finance and benefits are important aspects of mental wellbeing, but that support in these areas is not always consistent. • There are not many services available for younger people who may have left Child and Adolescent Mental Health Services (CAMHS), but do not meet the 	<ul style="list-style-type: none"> • Create the Mental Health Collaborative led by Virgin Care to ensure ongoing support and direction for the voluntary sector. • Provide a Community Fund to help groups to establish themselves outside of normal working hours and across the whole of B&NES. • Establish a B&NES-wide system for peer workers, peer mentors, volunteering and befriending. • Offer training for services which regularly work with individuals with mental health needs, e.g. Citizens Advice. Work with the Housing Department to ensure the needs of people with mental health issues are addressed as part of their ongoing strategy. • Design and commission services for

<p>criteria for Avon and Wiltshire Mental Health Partnership NHS Trust (AWP) services.</p> <ul style="list-style-type: none"> • More needs to be done to reach those who cannot engage with services on their own. 	<p>younger people.</p>
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Join up the services

[Your Care, Your Way: Provide more joined up care; share information more effectively]

Things people told us	Possible solutions
<ul style="list-style-type: none"> • Transitions between Child and Adolescent Mental Health Services (CAMHs) and adult mental health services sometimes do not work well. • People's physical as well as mental health needs are not always addressed. • Communication between services, and with people who use services and carers, does not always work well, particularly in times of crisis. This includes communication between different AWP teams. • There are a lot of different services in B&NES, but they do not always work well together. • Some people told us that if the criteria for receiving secondary mental health services is not met, they are not routinely signposted to other services which may be able to support them. • Dual diagnosis (substance misuse and mental health) service users can fall between gaps - too risky for Improving Access to Psychological Therapies (IAPT), but not severe enough for other services. 	<ul style="list-style-type: none"> • Build on the Transitions work being undertaken by the Sustainability and Transformation Partnership (STP) and ensure that the National Child and Maternal (ChiMat) Health Intelligence Network standards are adopted with B&NES. • Develop a model of care around GP clusters, which ensures integration of physical and mental health with the wellbeing service at initial point of contact. • Build strong links with the new Wellness Service. • Build on the current intensive service which is available 24/7, to ensure there is a timely response in times of crisis. • Establish the Mental Health Collaborative to oversee the pathway and ensure regular meetings of providers in the pathway to smooth people's progression and recovery routes and integrate health and social care. • Establish a single liaison service – for substance misuse and mental health. Staff should be multi-skilled so they can ensure people substance misuse and mental health needs are being met. Consider having substance misuse workers as part of the initial point of contact for physical and mental health services.

Drive parity of esteem between medical and social interventions

[Your Care, Your Way: consider the whole person]

Things people told us	Possible solutions
<ul style="list-style-type: none"> • Some people told us that social determinants of mental health are not routinely given prominence. Within AWP, some people thought that the medical model was dominant and social care little to be seen. • Some carers told us they feel undervalued and often don't get the support and/or information they need. • Support for the whole family, not just the individual, is key. 	<ul style="list-style-type: none"> • Establish the Mental Health Collaborative and, at its inception, ensure that social care – as well as clinical care – are given equal prominence in the pathway. Then help build community capacity to improve social provision and support. • Work with carers to ensure that the Carers Charter is implemented throughout the pathway.

Improve the signposting of services

[Your Care, Your Way: guide people through the system]

Things people told us	Possible solutions
<ul style="list-style-type: none"> • Signposting is inconsistent within the Primary Care Liaison Service (PCLS), GPs and within the voluntary sector. • Signposting needs to be online and paper, such as the Hope Guide. Often, people who are marginalised do not access IT regularly. • There should be a single point of contact for guidance between services. 	<ul style="list-style-type: none"> • Develop a single point of contact model around GP clusters, which includes physical and mental health and possibly includes social prescribing and Improving Access to Psychological Therapies (IAPT). • There should be a simple digital resource which GPs can signpost individuals to, and which also has an area for clinicians that outlines all of the relevant services. Could also include resources and tools. • Support the Hope Guide.

Next Steps

We have now gathered and reviewed:

- Feedback on B&NES community mental health services.
- Data on the performance of our current services.
- Research on best practice across the UK and examples of innovation taking place in services in other areas.

Service models development (January-July 2018)

The next step is to develop a series of models for how community mental health services could be delivered in the future. This will be done by a number of working groups, which will involve Council and CCG staff, Virgin Care, the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), people who use services and those who care for them, service providers, GPs, the voluntary sector and Community Champions.

Further engagement with stakeholders (July-August 2018)

These models will be made up of a set of options, which we will then bring back to stakeholders across B&NES for assessment and comment, before we make a decision.

The CCG and the Council will also continue linking in with other major pieces of ongoing work which intersect with community mental health services in key ways:

- **BANES Wellness Service Development.** There is considerable overlap between these and the community mental health services, requiring the coordinated design of pathways.
- **Virgin Care Community Services Transformation**, especially around Community Hubs and Care Coordination.
- **The BSW STP** (Bath & North East Somerset, Swindon and Wiltshire Sustainability and Transformation Partnership) work on mental health priorities. More information can be found [here](#).

Feedback

As we come to the end of the first phase of engagement within this review, we would very much like to hear your thoughts on how we've done, so that we can make the next phase even better.

- What did we do well?
- What could we do better?

Please let us know at mhreview@bathnes.gov.uk.