Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

How can community mental health services work better together?

Workshop engagement report
June 2018

In June 2018, we held a workshop and evening drop-in event to give people an opportunity to share their views on how community mental health services could work better together.

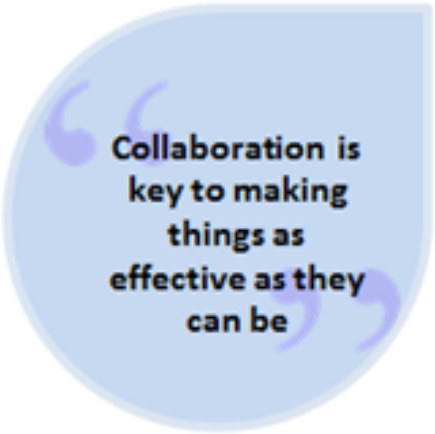
We invited those who deliver services, those who use services, those who care for them and the wider public to attend these events, and 33 people attended:

- Three people who use services, carers and member of the public
- 30 professionals/providers of mental health services).

Summary

Attendees were given an overview of the community mental health services review, including a summary of the scope of the services that are being considered within the programme, and information about what people have told us works well and what people would like to see change.

As part of the initial engagement phase (during the summer of 2017), it was identified that services need to be “more joined up” and that:



What people told us

Workshop attendees were asked to consider a number of questions:

1. **What does the current provider landscape look like and where are the links?**

It was recognised that B&NES already has strong integration and collaboration and our provider landscape is diverse. We asked people to place their organisation, or those that they interact with, on a large piece of paper on the wall and then asked everyone to draw lines between services that have established links (either through referrals or existing collaboration).

This demonstrated the strong links already established between organisations, including Primary and Secondary Care. It also showed the large number of services that exist and how it is often difficult for people who use services, carers and professionals to navigate the system and know exactly what is available.

2. **What does a good collaborative look like?**

This was broken down into three key areas:

- Building on the integration and collaboration already in place

- Commissioners support required to support delivery
- Principles for a "Code of Conduct" for providers

2.1 How can we continue to build on the strong integration and collaboration already in place across B&NES?

The key themes emerging from this discussion were:

- **Communication**
  - Can communication across B&NES be better? Option to explore publication of a monthly newsletter/bulletin, providing updates about mental health, collaboration and services.
  - There also needs to be more effective communication between organisations, with more opportunities for frontline staff to meet.

- **Provide up-to-date information**
  - A reliable and accessible directory of services is key to supporting collaboration.
  - Enhance IT systems to allow access to a single care record wherever possible.

- **Embrace the strength of the third sector**
  - Continue to build on third sector organisations, to provide joined-up services e.g. Creativity Works, St Mungo's Peer Support, and Bath City Farm with the Avon and Wiltshire Mental Health Partnership NHS Trust (AWP). Also, further develop AWP and third sector organisations working together for frail elderly and children's services

- **Links with Secondary Care**
  - We need to ensure that mainstream mental health services link in with other services on the periphery of mental health services.

2.2 How can Commissioners best support delivery of the Collaborative?

- **Visibility**
  - Commissioners need to support, and actively promote, the current collaborative arrangements.
  - Commissioners of mental health services need to be visible and accessible, with more direct interaction with providers and frontline staff.

- **Person-centred**
  - Commissioners should champion person-centred and bespoke care plans and should allow more freedom for team managers to agree bespoke care packages.

- **Information and accountability**
  - Clarification on who key commissioners/contacts are would be helpful for providers.
  - Commissioners must be accountable and effectively manage contractual agreements.

- **Commissioning Landscape**
  - It should be acknowledged that complex problems need complex solutions and we should avoid commissioning boundaries and/or gaps wherever possible.
  - Commissioners must ensure that models do not become Bath-centric and that the needs of North East Somerset are fully considered.

2.3 Should we have a "Code of Conduct" for the Collaborative…what would be the key principles?

- **Inclusion not competition**
  - Any code should promote clarity and inclusion, not competition.
  - It should describe that organisations are accountable and transparent about how they link and work together.
  - It should support joint-working and clarify expectations.
  - Promote a can-do attitude.
  - We must ensure that the competitive environment doesn't hinder collaborative processes.

- **Information**
  - It should ensure that service providers advertise and communicate the work that they do and keep this up-to-date.

- **Person-centred**
  - The focus must be on individuals and outcomes rather than organisations.

3. What outcomes for people would you want to see as a result of a fully effective Mental Health Collaborative?

We shared a scenario – of someone who is accessing more than one mental health service in Bath and North East Somerset – and asked attendees to think about:

- The outcomes that the person may be experiencing without a fully functioning Mental Health Collaborative in place.

- What the desired outcomes would be for that person if all providers were working together through the Mental Health Collaborative.

Here is a summary of attendees' discussions:

Outcomes without a fully functioning Collaborative	Outcomes with a fully functioning Collaborative
Repeat assessments with multiple care plans for adult and children	Single wellbeing assessment framework and care plan, based on a holistic family view outlining the delivery responsibilities for each organisation
Uncoordinated care	Lead professionals from each discipline (e.g. mental health, children's services, drug & alcohol) take a Multi-Disciplinary Team and Think Family approach
Lack of input/integration of GP and primary care services	Commission the gap between primary and secondary services
Services working in isolation	Easy to access services that are linked together/have good communication
Crisis point reached	Prevention of crisis
Children and adult mental health services not talking, meeting separately, and not considering the whole family.	Think family and high impact failures
Waiting list	Reduced waiting lists and lower secondary care admissions
Confusion	Reduction in lack of engagement
Lack of Advocacy	Peer mentors to help support individuals who do not meet criteria for secondary mental health services, so they can access other third sector organisations. These peer mentors could be embedded in the front door

	of mental health services or GP surgeries.
Stressed and over-worked workforce with no capacity	
Hand offs between services and people being passed "pillar to post".	Social brokerage supported by navigators, peer mentoring and community engagement.

3.1 How will commissioners develop and measure the effectiveness of services to ensure they are making a difference to people's lives?

Outcomes are being used more and more in commissioning frameworks as a way to articulate the outcomes that commissioners would like to achieve for communities and the individuals living within them. Some examples of outcomes might be that all people in Bath and North east Somerset:

- Enjoy good health and wellbeing
- Benefit from prosperous communities
- Fulfil their potential
- Are safe and feel safe

Each outcome would then be associated with a set of ***indicators*** these help quantify the achievement of an outcome in measurable terms, for example:

- Mental health-related hospital admissions (Enjoy Good Health and Wellbeing)
- Percentage of people in meaningful occupation (Prosperous Communities)

Performance measures would then be used to tell us how well service providers are working. These focus on three key questions;

- QUANTITY = How much did we do?
- QUALITY = How well did we do it?
- EFFECT = Is anyone better off?

3.1.2 Principles to consider in developing our outcome based accountability framework

In developing our accountability framework, service providers and people who use services told us we must consider:

a) Aims for individuals, not just populations.
b) A consistent set of outcomes across all mental health providers.

c) Engaging people who use services and carers at the right time, so you can feedback and evaluate.
d) Acknowledging that achievement of outcomes for individuals are often long-term.
e) Independently evaluate all services against a set of core questions in the same way.
f) Adopting quality of life measures such as outcome stars.
g) Introducing organisational working agreements to avoid reliance on key individuals in services.
h) Acknowledging that outcomes will change and evolve over time and need to be continually tracked.
i) Recognising that performance measures are not always the only indication of a person's wellbeing.

Actions and next steps

Here are the key actions that will feed in to the community mental health services review as a result of this engagement: