Daily Summary from Workshop 1 – Day 1 (Monday 30 April 2018)

Access to Community Mental Health Services

Theme: Advice and Information

Context:

In recent months, work has been underway to understand the 'current state' of community mental health services in the pilot area, Portsmouth and South East Hampshire, across both Southern and Solent Trusts.

This is now the first design week, of a series of four, which will look specifically at how people **access** mental health services and we will build upon: what we've learnt, principles from previous events and wider strategic work.

The outputs of the four design workshops will be reviewed alongside the 'current state' of community mental health services in the pilot area.

From this, a plan will be created to transform access to the services to deliver new ways of working.

Plan for this first week:

We will be getting into the details of:

- Who will do what?
- When/how?
- What skills will they need?
- What support/systems will they use?
- What do we expect the result to be?

We are also starting to think about culture, attitudes and communication, plus anything else that is key to delivering the highest quality of services.

Specifically this week, during workshop one, we'll look at how we:

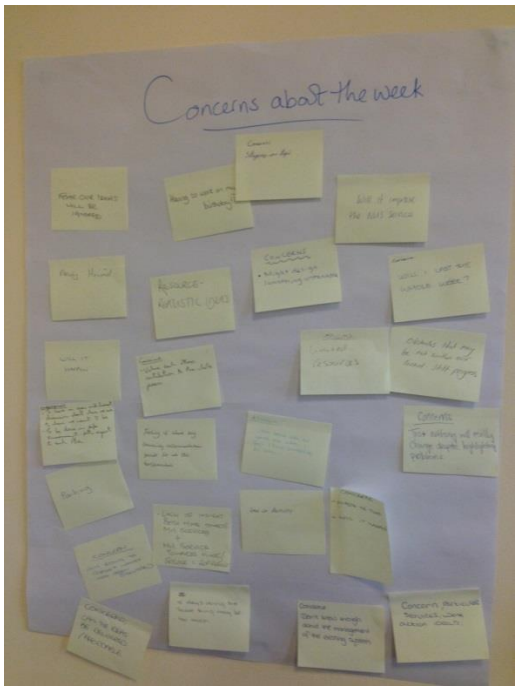
- take requests for help and support, triage those to the right response, and give advice and information
- take and log requests for help and gather sufficient information to route as: an urgent referral, non-urgent referral, re-engagement, or information and advice
- take a re-engagement request and ensure the request is transferred in a considerate and compassionate manner to the appropriate team or individual
- take a request for information and advice and either provide this directly or transfer request in a considerate and compassionate manner.

At the end of the week, on Friday, we will present the design work undertaken to others, collate it all and prepare for week two.

We are also sending this summary from the day to our wider email and online Facebook focus groups of patients, carers and healthcare/primary care staff, to gather your feedback. Your ideas and feedback will then be discussed by the workshop group the following day.

Today's Outputs:

We started by asking the 24 workshop attendees to share their expectations and concerns about the week.



The **first big questions** we then posed, about the current state of services, were:

1. What are the problems, as you see them or for your team, around current ways to access services?
2. And what works well at the moment? What don't we want to lose and what good things do we want to build on?

We'd specifically like your thoughts on these two questions too please.

The workshop attendees provided wide-ranging responses, a snapshot of which can be summarised as follows:

<u>Problems</u>

- Awareness
    - Lack of alternatives and knowledge of what's there
    - Patient expectations of what's available (and honesty about what help patients require)
    - Signposting not clear – for patients but also for professionals (GPs)

- Primary Care
    - GPs as gate-keepers means mental health can be 'over-medicalised' as a model
    - Variation in mental health knowledge in primary care needs to be addressed
- Urgent Response and Community Response
    - 4hr crisis target not achievable?
    - Sheer volume of referrals across CMHTs and AMHTs
    - Urgent services closed overnight (only 111/A&E available which should be last resorts)
    - Same assessment several times (repeating yourself/patients and carers having to repeat their stories)
    - Can't self-refer to secondary mental health services
    - Crisis plan for carers/family is missing, this is really needed to ensure support
    - Bouncing patients between services – too many processes when referrals come in and it's too complicated (for staff too) – 32 different IT systems!
    - Transitions not smooth and continuity of care is lacking
    - Waiting times too long
- Inpatient Beds
    - Perception is that there are not enough beds available
    - AMHT are gate-keepers and bed finders – it's a limited resource
    - Lack of alternatives to admission (lack of safety nets)
    - 40% of admissions are unknown to services – how can this be?
- Other/Miscellaneous
    - Variation in services depending on where you live
    - Lack of money for services and staffing (a national problem)
    - Carer support almost non-existent
    - Staff are over-stretched which impacts on their stress levels
    - Diagnosis can be a long process
    - Poor communications between professionals – needs to be improved
    - Services sometimes lack flexibility due to rigid policies and organisational processes
    - Drug and alcohol services not easily linked into CMHTs/AMHTs. Applicable to CAMHS and IAPT services too
    - Organisational systems don't support our services to do what they need to do.

<u>Works well</u>

- Passionate, caring and resilient staff. Good team work and support
- Willingness to listen to patients and put them first
- Good services in patches – i.e. 24hr crisis and AMHT support (but need to replicate/make consistent)
- The fact that frontline staff and senior management recognise the need for change now and want to embrace innovation to make this happen
- Technology – apps and YouTube channels being used (for self-help, earlier discharge etc.) and this should be built upon
- Some good supervision and reflective practice models – we need to replicate these

- Complaints and incidents – we're learning lessons and PALS is accessible and helpful
- Within Solent, there are outreach and link workers (who travel) to help those patients who can't and there are also pathway links/transitions and links with social care – need to replicate these
- There is a police officer embedded in Solent CMHT, training in MH crisis care
- There is also training for 111 underway to aid understanding of mental health
- Primary care – we used to have trainee GPs in CMHTs on placement, to aid understanding – let's do this again
- Peer support workers are in post across many services – especially inpatient units – expand this
- Inpatient beds – we need to keep them and not lose more of them
- Virtual wards and multi-disciplinary teams working with complex patients should remain
- Further develop emerging condition pathways.

We then talked to workshop participants about a number of **'service principles'** that were created by various stakeholders who we consulted with at past events in 2016/17. We asked how far away these principles are from the current system.

The principles are as follows:

- 24/7 access point(s) which include the ability to respond urgently
- Person-centred, recovery-focused and holistic
- Easy to access by patients and carers of all ages and abilities, so they can ask for help themselves, share information and be respected
- Options – not one size fits all (telephone, online, face to face)
- Collaborative between agencies and organisations – sharing information between them, and with patients and carers
- Proactive and preventative approaches, linking with GPs, acute trusts and primary care services.

Workshop attendees agreed with these principles and also added several more:

- No wrong doors – if a patient knocks, don't turn anyone away
- No backwards steps in care (i.e. no one to be pushed back to a GP and having to start again)
- Patients, carers and staff should all have a map of services they can expect to receive on their journey to recovery
- Patients should expect an ageless service – access to the same services irrespective of your age

Are there any further service principles you think we should consider?

There was then a short break from the agenda when some personal stories of how mental health has affected individuals and their families were shared with the group. The workshop reflected on these and expressed its collective gratitude as the stories demonstrated the need to change and underlined the purpose of these workshops.

Finally, we spent some time focused on ideas generation. The workshop attendees were asked to consider the problems explored earlier and think about how they would fix them if they were in charge and had a free hand. These ideas are now being grouped into themes overnight and will be shared in tomorrow's session.

Would you like us to consider any further ideas that you've had? How would you fix the current problems with mental health services if you had the power to do so? Your ideas will then also be fed into the themes for discussion the next day…

The workshop then concluded for the day, to reconvene tomorrow (Tuesday 1 May 2018).
