Daily Summary from Workshop 1 – Day 2 (Tuesday 1 May 2018)

Access to Community Mental Health Services

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 NHS 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.

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Today's Outputs:

To kick off the day, delegates were asked to discuss and design in their groups the 'standard operating procedure' for a number of scenarios that include:

1. Telephone
2. Menus/ maps of services – signposting
3. Staff support and wellbeing
4. Carer support

This exercise was meant to describe in some detail what information or services are needed at each touchpoint to improve access to mental health – as well as provide adequate support to the staff delivering services. **The delegates were given free rein in describing what might be possible – some of the logistics will not yet have been fully considered.**

- **Telephone**

One group's feedback on what would be the minimum expected standards – or ideal set up - when providing a telephone service to support access covered a range of areas, that include:

- Having one telephone number for mental health providers, Solent NHS Trust and Southern Health NHS Foundation Trust, which all service users, carers and other callers would use rather than have a plethora of numbers
- A 24/7 call centre that is advertised widely and manned by a mix of health professionals (and genders)
- Anyone with a need can call the number, including GPs making referrals
- The call centre should be supported by a system that all allows all users to access patient notes in all relevant systems, include those of GPs
- Calls should be free
- *There was discussion around whether call handlers needed to be qualified nursing staff how long it would be acceptable for people to be on hold on a call. NTW said they receive about 17k calls a month and it would be unsustainable having qualified staff manning those calls, especially when only 3% of the calls are of an urgent nature and/or need clinical input*
- When they come through on the call, service users need to know there's someone really listening and who understands what they are going through
- *Question – Could peer support workers help answer calls? As they have lived experience so could take some of the calls and ease pressure on call centre*
- Attendees discussed about structuring how the calls come would ensure that people don't get passed on from one person to another, telling their story over and over again
- The single point access call centre needs to be adequately resourced – demand will be analysed and staffing resource calculated
- For those who need more than can be provided on the phone, attendees said face to face consultations should be arranged. They also spoke of providing any other additional support

to callers, including interpretation and translation, and that staff would have training on how to communicate with those with additional needs – the conversations would not be restricted by a pre-defined script

- Professionalism in answering the phone: Call handlers should identify themselves and the name of the service and capture all relevant details include name of caller, date of birth, address, to help them to check for clinical notes on the system
- While on the service user is on the call, the call handler should be able to quickly and easily look at other information such as housing; mental health, benefits, crisis, advice, signposting, current risk; historical notes, etc. so they are able to redirect the call if appropriate
- For the call centre to work, there needs to be a clear map of services (directory of services). Ideally, each call handler should have dual screen monitors to enable them to work much easier and quicker with multiple information sources
- Call handlers will have a lot of information about the services they need to redirect people to e.g. referral criteria, waiting times and opening times
- A need for 'template documentation' including risk assessment to make it easier for people who have taken over a call to read up on the case easier
- Staff, both clinical and non-clinical, need regular supervision, and the time to learn lessons from cases they have handled – management support to staff to make decisions is key
- Offer responsive service e.g. calling a taxi to bring the person to a hub to be seen, instead of police (but could also call police at same time if needed)
- Review ideas such as 'wellbeing houses' and how they fit into this system
- Answer phones will be avoided
- Training is key for call handlers; experience handlers can pick up quickly your anxieties
- Existing Care Plans should help handlers quickly identify the needs of a caller
- Personal responsibility is important – Service Users and Carers to be supported to make best use of services

- **2. Menus/ maps of services – signposting**
- Making Mental Health awareness more widespread throughout the community
- Info about what's accessible for mental health service users - different formats e.g. booklets, online, posters, someone responsible for keeping it up to date
- Website/central call centre
- Bookable appointments at the time of call – need access to diary slots
- SPA to have accessible to a menu of options including referral pathways
- Ideally all health and social care services including community and third sector will be in the database/ Directory of Service
- There are currently numerous databases that need to be put together into one system. Build on existing versions locally + nationally
- Must be easy to amend the directory of services when services are unavailable or new ones are available - needs commitment to keep it going
- Train people to use the database; handlers must be knowledgeable in the referred services and provide callers with realistic expectations
- Can Service Users access own info on systems e.g. to check appointment times?
- Promote self-management care; Professionals encourage people to use learned skills

- Discourage ‘drama culture’ e.g. can only help if you’re going to jump off a bridge - shouldn’t be about who’s shouting the loudest – equitable, proactive services with early intervention

- Frustration of not being able to signpost because you’re not in the right band (too many internal arguments)
- Encourage more peer support while people are on their journey; people with a life experience going back to groups to share their experiences

- **Staff wellbeing and support**
  - Recognise staff are human beings who have complex emotions and situations themselves
  - Prepare and support staff to do new things, they need training e.g. shadowing; reflective practice and stress tolerance training, resilience support
  - Training and support for ‘change management’ - staff have to be involved in the process – open and transparent communication, staff choice
  - Recognition there’s finite number of staff and days in week
  - Have a manageable workloads, needs support from managers
  - Common IT system
  - Give staff autonomy and choice to reflect their clinical skills; Have org support to do so
  - Have an accountability culture
  - Staff, management and service users meeting regularly to discuss issues
  - Opportunities for self-development and progress
  - GP referrals – education for GPs on what services do e.g. additional training for referral systems
  - Looking after staff as a whole people, e.g. through perks such as an onsite gym; discounts for services; access to healthy nutritious food; advice on wellbeing diet and exercise
  - Care to make sure people have got balanced work and home/flexibility
  - Recognition and reward scheme
  - Feedback on compliments and complaints/concerns
  - Childcare support
  - Giving staff choice when changes are being made
  - Counselling/support for all staff who encounter traumatic experiences e.g. after a client death or difficult incident
  - Work life/balance management
  - Respect, right tools to do it – reasonable expectations
  - Ease of use plus speed of systems
  - Recognition of job well done – within teams, less top down/corporate driven awards

- **Carers**
  - Dedicated Carer Care coordinators (CCC)/team that move with Carer between services
  - Within 24 hrs of contact with services, service users told who their CCC is
  - Explains role of coordinator and what support is provided
  - Liaise with service user’s providers
  - Single phone number; out of hours for immediate support; followed up with contact from owner coordinator
  - Can help identify safeguarding issues

- Knowledge of support available as there's a lot of inconsistency
- Ease of access of support
- Link with existing service so it can be available out of hours
- Acronyms – remove jargon;
- Resources in one place
- *There was a question on whether peer support for carer to carer existed?*
- Pilots – feedback from carers: peer carers better placed to offer support
- Carers should feel safe expressing feelings and thoughts in an appropriate environment
- In learning disability, carers from birth: engage with people on what support they would want e.g. no I don't want support group; some people don't use services; some people want space away from the people they are caring for
- Sometimes it's just a quick question that needs a quick answer
- Empathy + understanding – carers supporting carers – groups (their own space to talk), stigma
- Dedicated team to support carers – separate from services and patients
- Move with them through services + will liaise with service users professionals
- Continuity for carer
- Provided the information for them – sometimes just answer questions quickly
- Help them to navigate the system
- Linked through 24/7 call services – out of hours support too
- Proactive as journey progresses
- Education for carers
- Wellbeing support – links to other agencies on carer behalf, WRAPP planning, quick access for own mental health support
- Common sense confidentiality
- Identifying risk + safeguarding issues
- Commitment to Triangle of Case
- Links to Carers Centre who do some things already
- List to service directory
- Involving the service user + carer in forward planning what helps both in difficult situations

Is there any other area you would have wanted the workshop to address?

After lunch, groups were tasked with further drilling down into the areas identified as necessary to improve access to mental health services. Actions for the four groups in the room were:

- Draw the steps that happen when a call rings and it is:
    - Service users looking for support
    - Carer looking for support
    - Someone wanting non-clinical information
- Online contact methods
    - What/how/why
    - Who responds and how
- Coordination
    - Services users using multiple services at once

- Single point document to capture calls

In their feedback, the groups described:

Information gathering:

- Design of a form
- Active services/existing plan
- Situation – needs based services prompts – drop down prompts
- Paper and online versions
- Risk assessment forms – RAG system – urgent system
- Protective factors
- Plan – need good communication not just tick box; team approach

Telephone contact steps

- Attempt to resolve before passing it on
- Feedback loop/follow up
- Stop churn
- 11/16 scenarios – frontline people answering calls/highly trained/empathetic
- 5/6 need extra clinical or other skills
- Staffing to be calculated against demand
- Work to be done on current demand and expected extra
- Access to existing records
- Link to emergency services
- Onsite co-located calls and AMH service – call transfer in the room
- Call transferred to existing services when available (working hours)
- Following up urgent calls – whoever is most appropriate to ring
- Patient experience questionnaire

Complex cases/coordination

- People who don't know who does what
- People who have multiple services
- People with dual diagnosis
- Lead service idea – setting expectations

Online access

- Live chats to single point of access
- Need to log in and have a profile
- Agreement to confidentiality
- Will allow links to health records
- Benefits outweigh anonymity – reassurance of record keeping
- Boundaries on crisis/emergency but will have protocol for that
- How response will be delivered

- Rules of engagement
- Set expectations – signposting; provide information directly
- Social media – for sharing information and positive stories
- Texting – reminders of appointments useful
- App link to Alexa/Echo >better websites > self help sites and apps > appointment tracking> link to webchat

Feedback

Comments and contributions that have come through a closed Facebook group, email and other channels were discussed with attendees. The workshop delegates were enthused and encouraged with the feedback from other voices outside of the room, particularly GPs.

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 (Wednesday 2 May 2018).