Bath & North East Somerset Council

NHS
Bath and North East Somerset
Clinical Commissioning Group

Bath and NE Somerset

Mental Health Services

Collaborative Framework

January 2019

Collaboration -

- Places the person at the centre of a range of timely support which meets their individual and varying needs
- People and services work together to build a unique package of support which promotes recovery and maintains wellbeing.
- Reduces 'pillar to post' signposting ; individuals are able to recognise the whole picture and how it reflects their lives
- Recognises that people have mental and physical health needs which affect their present and future wellbeing
- Recognises and takes into account the impact on families and carers, responds to the family's needs where appropriate, and ensures involvement throughout a person's recovery
- Acknowledges that a person's recovery path takes place across a range of services and interventions, and continues into the community, and that all services and interventions have an equally important role to play in supporting recovery and maintaining wellbeing
- Avoids people feeling they are in a 'revolving door' once they have been discharged from a service, and longer term progression is planned and managed more effectively
- Working together on a holistic basis to prevent/reduce 'revolving door' scenarios, potential crisis interventions and expensive and distressing hospital re-admissions which may be not be local, and the resulting problems this causes families and carers
- Provides a shared and consistent approach within a quality framework and ensures continuity of support whereby a person only has to tell their story once
- Timely and appropriate interventions are available when an individual requires them

Achieving our aims

- Have a clear commitment from all staff and agencies to put the wellbeing of people with mental health issues before their individual and agency needs, and to work collaboratively and proactively to this end.
- Deliver research based training on collaborative work and the mechanisms which are needed to achieve this goal
- Develop one pathway wide steering group / forum to formulate, review and lead the pathway on an ongoing and pro-active basis. Consider the inclusion of the Wellness Service interventions to establish a holistic approach.
- Develop one shared support plan across the collaborative with appropriate protocols in place, and with information accessible on a 'need to know' basis
- Develop shared training on a reciprocal basis, acknowledging that the training supports people wherever they are on the pathway
- Establish a library / database of shared resources across the pathway, such as meeting / activity rooms, best practice, toolkits etc.
- Link in with the Volunteer Pass scheme to make the best use of volunteers and to broaden their experience and knowledge
- Develop a shared outcome framework across the collaborative and appropriate quality indicators
- Work with non-commissioned as well as commissioned services, on an equal basis, to deliver a comprehensive community-wide pathway of support
- Ensure the Directory of Services is comprehensive and kept up to date, and develop an easily accessible social prescribing / navigating tool for all, which is not dependent on whatever service a person is participating in
- Develop a framework so that all people leave services with a forward plan for managing their mental and physical health, and can live as independently as possible, even if they don't meet CPA criteria
- Share business planning, especially around external funding which complements the B&NES pathway, to ensure the pathway works as a whole, avoiding unnecessary duplication, and conflicting systems in operation

- Develop a toolkit for the implementation of the Service User and Carers Charters within services, and establish a system for peer reviews of these standards with appropriate feedback. Embed the Charters within all contracts.
- Establish a responsive feedback framework within the Collaborative, where peoples' reported experiences and needs contribute to service development and service redesigns across the pathway and in the community
- Develop an agreed Collaborative Action Plan
- Look at improving / simplifying working practices
- Develop contractual levers to be incorporated into service specifications and contracts

This framework is about the spirit of collaboration as well as the actions that will need to be taken to achieve a unique and high quality pathway for individuals with mental health needs.

Members of the Collaborative:

1. Will recognise that a person's recovery takes place over a wide range of services and community opportunities, not all of which are commissioned, and all have an equal role to play in recovery and maintaining wellbeing

2. Will work together, under agreed systems and practices, for the clear benefit of the individual, and will actively participate in whatever meetings, or other forms of consultation, are necessary to achieve this

3. Will commit to the building of, and participation in, a comprehensive, consistent and shared support plan on a pathway-wide basis, which addresses a person's holistic needs. (*It is likely that this will also involve working closely and collaboratively with all elements of the Wellness Service)*

4. Will work with the individual to build a forward plan when they leave a service, which will promote their recovery, maintain their wellbeing, and support them to live as independently as possible in the community, taking due account of their families and any practical issues

5. Will contribute to the development of tools to measure the effectiveness and quality of the interventions and opportunities

6. Will be clear about their own contribution towards a consistent Mental Health Pathway outcomes framework, their role in the pathway and within a holistic support plan, and of how other members and non-commissioned providers contribute to this

7. Will place the individual at the centre of support, and will offer them choices which best suit their needs, lifestyle and aspirations

8. Will implement and adhere to the spirit and the letter of the mental health and wellbeing Charter, and support peer reviews of their services, make use of toolkits and training available to help them achieve these standards where appropriate, and implement any recommendations in a spirit of partnership and working to a high standard of quality.

9. Will share and make best use of resources on a reciprocal basis, to include learning, experience, best practice, venues, volunteering opportunities and support, and potential developments, etc.

10. Will actively participate in a Collaborative Forum which will meet regularly to discuss overarching pathway progress, outcome measurements, conflict issues, working practices, and developments.

Current Challenges

- What do we need to do differently, to make interconnection between providers easier
- How do we avoid the "pillar to post" scenario with disconnected services
- Connecting with a service rather than a provider without reducing choice
- People not meeting criteria for secondary care services are falling through the gaps, and forward planning from services is patchy
- Strong commissioning presence and leadership to facilitate a shared vision and to realise the art of the possible
- Staff are tired and burnt out, people are tired of consultation
- To include non-commissioned services in conversations and joined up delivery
- External funding applications are often insular and duplicate other work leading to poor impact on a system wide basis and disconnection
- Outcome measures should be consistent across the pathway with clear roles within this

Enablers of a Framework

- Co-Location of providers
- Shared conversations / assessment with the person – 3 conversations model adopted across providers
- Front line interconnections
- Comprehensive mapping of gaps and duplications
- Development of a single care record / shared systems
- Cooperation not competition
- Shared training protocols across the pathway
- Measurable contractual levers using outcomes
- Peer evaluators to measure success of service and meeting Charter standards
- Celebrate achievements, current and future
- Less meetings about strategy - more about the person
- Mental Health review with overarching specifications and outcomes. Better integration with Wellness Service
- Virgin Care acting as Prime Provider to drive service integration, and offering long term contracts would reduce negative elements of competitive actions
- All commissions ending at the same time allows for a wider view to be taken rather than a piecemeal approach
- One central information resource which is managed, up to date, comprehensive and relevant, and which makes use of an easy to use social prescribing tool
- Develop the current work to achieve one joined up volunteering / mentoring / navigation / meaningful occupation service

Future development

Integrate staff (link up groups across provision), develop teams, empower people and bring everyone together by -

- Providers "hosting" solution focused networking events minimum twice a year to reduce ongoing meetings
- Setting up a "think-tank" for front-line staff to bring people together and facilitate problem solving – attendance could be mandated by providers as part of CPD
- Pro-active communication around transformation to facilitate staff retention and provide assurance to service users
- Develop communications strategy around the improved version of Wellbeing Options
- Development of one mental health team that is co-located

An impact assessment will be completed when proposed changes to delivery will impact on service users or other teams. This will be widely shared and all feedback incorporated.

Community navigators to be in place with a key role to –

- input to provider database identifying gaps based on what people are saying
- share best practice
- managing people's progression plan
- establish links into social prescribing services
- subject matter experts across the pathway

Feedback from providers -

- Current Mental Health and Wellbeing Forum needs more "clout" and clear link with Health and Wellbeing Board – reduce the number of meetings providers attend
- Option to develop a Mental Health and Wellbeing Committee that is a sub-group of Health and Wellbeing Board
- Commissioners would have facilitation role to create a safe and productive place where collaboration can be co-produced.
- Annual audit of service user experience
- Establish strong B&NES commissioning structure and leadership to drive the vision
- B&NES Commissioning Strategy to be aligned / co-produced with Virgin Commissioning - needs to be seamless.
- Clarity over the role of Operational vs Strategic required - reminder of the role of the prime provider.

Celebrating what we have and creating the vision for the way forward