

## Mental Health Review update (October 2018)

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### What is the Mental Health Review?

In the summer of 2017, the Bath and North East Somerset (B&NES) Council and Clinical Commissioning Group (CCG) started to review the way in which mental health services need to be delivered for the population of B&NES.

The review is being carried out in four key stages:

- **Phase 1: Analyse and Plan** (May 2017 – Aug 2017)

During this phase, we asked people who use services, those who care for them, those who deliver services, and the wider public: what is working well in community mental health services? What could be improved? What are the gaps in current services? Find out what people told us in our phase 1 engagement report [here](#).

- **Phase 2: Design and Specify** (August 2017 – January 2018)

During this phase, we looked through all of the feedback and research from phase 1 and agreed the key areas that need to be looked at in more detail in phase 3.

- **Phase 3: Develop final service model** (February 2018 – February 2019)

This is the phase we are currently in. We have six working groups who are looking at everything people are telling us and developing detailed options for how community mental health services could be delivered in the future. Please see Appendix 1 (on pages 6-7) for a full list of the workstreams.

The working groups held public workshops in June 2018 to do some more detailed planning, and we are carrying out some targeted engagement with specific groups in August-September 2018. We will ask the public for feedback

on the different options in January-February 2019 and use this feedback to inform how the final services will be delivered.

- **Phase 4: Implementation and Delivery** (March 2019 – April 2019)

This is when we will put into action all of the agreed recommendations from the review and establish the new agreed ways of working.

## What have people told us so far?

### Public engagement: Phase 1

During our first phase of engagement (May-August 2017), we asked people who use services, those who care for them, those who deliver services, and the wider public: what is working well in community mental health services? What could be improved? What are the gaps in current services?

- We held focus groups and meetings with more than 100 people who use services and those who care for them via Off the Record, St Mungos, Creativity Works, Green Links, KS2 carers group, the Carers' Centre, AWP and Headlight.
- 43 people who use/have used mental health services and 33 carers responded to our survey (as well as 49 mental health professionals and 64 primary care professionals).

In summary, people told us that the new model of delivering mental health services must:

- ✓ Focus on preventing people, wherever possible, from escalating into crisis and/or admission into Secondary Care.
- ✓ Improve community-based support and ensure appropriate and timely access to secondary mental health services when needed, particularly in times of crisis.
- ✓ Be more joined-up (work together better).
- ✓ Drive parity of esteem (equal value) between medical and social interventions with true integration of physical and mental health care.
- ✓ Improve the signposting of services and ensure people don't fall through the gaps, as well as providing the right support for GPs and Primary Care.
- ✓ Ensure the whole model embraces a 'Think Family' approach with strong links between children & young people's and adult services.
- ✓ Improve transitions from child to adult mental health services.

## **Public engagement: Phase 2**

In March 2018, we formed six working groups to look at everything people have told us and to develop detailed options for how community mental health services could be delivered in the future.

Each working group has membership from people across the Council, CCG, key providers, voluntary sector representatives and Community Champions (who represent the public, those who use services and carers).

In June 2018, we organised a series of workshops and drop-in event, inviting people who use services, those who care for them, those who deliver services, and the wider public, to come together to do some detailed planning on how we can improve how community mental health services are delivered.

- Approximately 20 people who use services and those who care for them attended (including four young people).
- 70+ providers/professionals also attended, many of whom had personal, as well as professional, experiences to share.



Here is a summary of the topics and key feedback we've received:

### **How can community mental health services work better together?**

- People using mental health services currently have a disjointed experience and we need to make sure there are no gaps and overlaps between services.
- It is important for services to work together and be inclusive.

### **How can we improve coordination across mental, physical, social and wellbeing services in the community?**

- People would like care coordination to be available in the community before people 'enter the system' e.g. Community Connectors in Frome.
- Two alternative models are being explored:
  1. People accessing the care coordination hub are referred for support with their mental health, and their wider needs are met afterwards.
  2. People are supported with their mental health and other needs by a multi-disciplinary team, so mental health support is provided as part of wider care coordination.
- People don't want the care coordination hub to be like NHS 111.

### **How can we improve wellbeing support for young people aged 16-25?**

- There is a lack of information on what support and services are available for young people. We need an online directory (that is kept up to date).
- Wellbeing and mental health service provision needs to be grouped according to specific age groups e.g. 16+ and then older age groups.
- There needs to be more continued support for young people who transition from child to adult services and 'shared transition standards' developed for all services working with 16-25 year olds.
- There needs to be more choice and flexibility of different services and how to access them – both online support and face-to-face counselling need to be available for young adults.
- Stress and anxiety amongst young people at university is a national issue – we need to explain what support is available in B&NES.
- Language, and the way we describe emotional health and wellbeing support that is available, is important.

### **How can we support people who are experiencing acute mental health crisis and prevent people's needs from escalating to this point?**

- Pre-crisis and staying well are one and the same thing. We need an integrated approach to ensure that services engage with people early.
- Social prescriptions – which would be provided by GPs – should be offered as part of a staying well service.
- There are a lot of services that people don't know about. We need to map these services and ensure that GPs are aware of them and can refer people to the appropriate support.
- We need community connectors/navigators who can support people to access services.
- People want to make Wellbeing House a seven day service and create evening safe spaces.

## **How can we support people who use mental health services to access meaningful occupation, including education, employment and training?**

- Services should all be working together to improve people's path into occupation. We all need to look at 'I statements' and capture the shared benefits of work being done in different places.
- We need to do some targeted work with employers, providing training and toolkits, to help them support people who are in work.
- It's important to enable people to do adhoc volunteering, so that those who are not in paid employment can experience structured work or structured hours as a volunteer. It has become harder to develop those opportunities.

## **Next steps**

We are keen to ensure that we seek the views of a diverse range of groups across B&NES, including people who are seldom heard, and those who are vulnerable or have complex needs. A range of groups were identified and given the opportunity to take part in phase one and our recent workshops were promoted widely.

We have identified that we need to deliver some further targeted engagement which is currently underway to ensure that the following groups are encouraged and supported to share their views and inform the service model(s) that will be developed:

- Young people aged 16-25, including young carers and students
- LGBTQ+ community
- Black and Minority Ethnic (BME) groups
- People with physical and learning disabilities
- People who are homeless and those experiencing substance misuse
- People who live in poverty and deprivation
- Gypsies, travellers and boat-dwellers
- People who live in rural and remote areas across B&NES

Once we have completed this further engagement, the draft service models will be created and formally consulted on with the public.

## **Any Questions?**

If you have any questions, please don't hesitate to contact us by emailing [banes.yourvoice@nhs.net](mailto:banes.yourvoice@nhs.net) or calling 01225 831 800.

## Appendix 1 – workstreams

Workstream	Summary
0-25	<p><u>Priority for this workstream:</u> to co-produce a new service model that will better support vulnerable young people’s transition into adulthood.</p> <p><u>Why this is important:</u> Young people often struggle to move between services, and are often poorly supported through the transition from children’s to adult services. It is widely acknowledged that transitions can be improved by planning early, listening to young people, providing appropriate and accessible information and focusing on outcomes and joint commissioning.</p>
Mental Health Collaborative	<p><u>Priority for this workstream:</u> to make sure that the way we commission a range of providers ensures we are able to deliver services that:</p> <ul style="list-style-type: none"> <li>- support general population wellbeing activities and outcomes; and</li> <li>- prevents people’s needs escalating, through information sharing, health promotion, advice, awareness raising and education.</li> </ul> <p><u>Why this is important:</u> People have told us the not all mental health services work together as effectively as they could and we need to build on the commitment to collaborative working and strong engagement from a wide range of organisations.</p>
Crisis	<p><u>Priority for this workstream:</u> to set out the requirements of a new crisis response framework that can effectively and efficiently meet the needs of people who use services and those who care for them.</p> <p><u>Why this is important:</u> People have told us about the need for a stepped approach to dealing with crisis response out of normal working hours. B&amp;NES has a wide range of preventative services, but none which specifically focus on crisis avoidance and crisis management for people experiencing acute mental health crisis. This was an area which carers have frequently mentioned is an area of high priority for them.</p>
Care-Coordination	<p><u>Priority for this workstream:</u> to set out the set out the requirements of mental health in establishing the foundation of care co-ordination, and to ensure the requirements of people with mental health needs are fully considered when designing the wider care co-ordination model in B&amp;NES.</p>

	<p><u>Why this is important:</u> to ensure that, in the future, there will be a clear integrated point of entry for all mental health, physical health and social care services.</p>
<p><b>Occupation</b></p>	<p><u>Priority for this workstream:</u> to develop an employment route for people who have mental health problems, which links all aspects of employment, education and training services together.</p> <p>We currently have a number of organisations in B&amp;NES that provide employment services. These range from the development of the Council’s virtual employment hub, access to education services, work development and job retention, volunteering and peer mentoring.</p>
<p><b>Governance</b></p>	<p><u>Priority for this workstream:</u> to have overarching responsibility for ensuring that all outputs from all other 5 Workstreams can be efficiently delivered within appropriate commissioning and contracting arrangements.</p>