

Engagement 'You said. We are doing' report

11.02.19

1. Mental health services aren't joined up

You told us...	What we are doing about it
<p>There are a lot of different services in Bath and North East Somerset (B&NES), but they do not always work well together.</p> <p>People currently have a disjointed experience and are 'passed around services'. They have to tell their story repeatedly (which is frustrating/distressing), and sometimes to different professionals within the same team.</p> <p>Some people told us that if they do not meet the criteria for receiving hospital-based mental health services, they are not routinely signposted to other services which may be able to support them.</p> <p>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.</p> <p>People would like care coordination to be available in the community before people 'enter the system'. We need community connectors/navigators who can support people to access services.</p>	<p>We have developed a Collaborative Framework that sets out how commissioners expect providers to work together and expected behaviours, to ensure people receive a consistent service.</p> <p>Virgin Care is developing plans for community navigation services to ensure consistent, up to date information is readily available for people in a range of settings. A Virgin Care transformational service delivery improvement plan (SDIP) and care coordination venues are being considered which will support people referred for support with their mental health. Their future progression through support and treatment will be documented as part of a forward plan. People will also be supported with their mental health and other needs by a multi-disciplinary team, as a comprehensive package of support.</p> <p>Currently also being explored are:</p> <ul style="list-style-type: none"> -Community Connectors – trained volunteers offering community-wide information about what support is available. -Talking Cafes – community cafes offering a regular space where people can meet and talk about their issues and receive low level support. -Village Agents – based across rural areas, offering one to one short-term support and information. Bringing people together in community groups. - Myscript- social prescription services based in the more urban areas of B&NES offering one to one short-term support and information. <p>An Integrated Care Record is being developed as part of the Collaborative Framework to ensure people only need tell their story once, and to facilitate follow-up work.</p>

<p>Support for the whole family, not just the individual, is key. Ensure the whole model embraces a 'Think Family' approach with strong links between children & young people's and adult services.</p>	<p>All commissioned services will feature a requirement to embrace a "Think Family" approach. This means securing better outcomes for children, young people and families with additional needs by co-ordinating the support they receive from children's, young people's, adults' and family services.</p> <p>The Collaborative Framework will require providers of adult services and children & young people's services to work collaboratively in the interests of children and young people at all times, in addition to ensuring safe and effective transitions between services.</p>
<p>Some carers told us they feel undervalued and often don't get the support and/or information they need. Work with carers to ensure that the Carers Charter is implemented.</p>	<p>Key stakeholders in B&NES have developed a Carers Charter, which will be included in contracts for organisations that provide community mental health services. This Charter sets out how carers can expect to be treated by community mental health teams, and what the teams will expect from carers in return. The Charter will be embedded within the Collaborative Framework. This will ensure that the rights and welfare of individuals are protected. A new Mental Health and Wellbeing Charter has also been developed to complement the Carers Charter that sets out how people can expect to be treated by community mental health teams, and by community organisations. This Charter will be adopted by all organisations that provide mental health services and activities in B&NES.</p> <p>We will also work further with stakeholders to develop an 'all age' Carers Charter to ensure the needs of young carers are recognised and supported.</p>
<p>Dual diagnosis (substance misuse and mental health) service users can fall between gaps - too risky for Improving Access to Psychological Therapies (IAPT), but not severe enough for other services.</p> <p>Establish a single liaison service – for substance misuse and mental health. Staff should be multi-skilled so they can ensure</p>	<p>Virgin Care is developing plans for community navigation and development services and working with Village Agents. Both of these services will incorporate dual diagnosis and complex needs, along with a range of other issues. Virgin Care will also be developing an overarching 'floating support' specification which will include drug and alcohol expertise.</p> <p>The Collaborative Framework will aim to ensure a more joined-up approach to service delivery.</p>

<p>people substance misuse and mental health needs are being met. Consider having substance misuse workers as part of the initial point of contact for physical and mental health</p>	<p>Many people accessing mental health services have co-existing mental health and alcohol and drug problems. For people using services provided by Avon and Wiltshire Mental Health Partnership NHS Trust (AWP), dual diagnosis is treated alongside their mental health difficulties, either by the mental health team itself or jointly with local alcohol and drug services.</p>
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2. There is a lack of information on what support is available

You told us	What we are doing about it
<p>Services aren't visible enough and people are not aware of existing support and different options.</p> <p>More outreach is needed - leaflets in the community e.g. places of worship/community centres/supermarkets/lunch clubs, with an address/phone number to get support. Signposting is inconsistent within the Primary Care Liaison Service (PCLS), GPs and within the voluntary sector.</p> <p>There should be a single point of contact for guidance between services, which includes physical and mental health and possibly includes social prescribing and Improving Access to Psychological Therapies (IAPT).</p> <p>We need a directory (that is kept up to date), that GPs are aware of, so they can refer people to the appropriate support, and which also has an area for clinicians that outlines all</p>	<p>Community navigation services will help ensure information and support is available in a range of settings.</p> <p>A Directory of Services (DOS) for wellbeing options will be available to GP surgeries to direct people on to mental health and wellbeing services. GPs and the primary care team will initially be able to access it via their computer desktops. In the longer term, we will look to build it into the practices' existing IT systems and as part of the Integrated Care Record.</p> <p>GPs, the wider primary care team and patients will be able to call Virgin Care's Wellbeing Hub, a central information and signposting service.</p> <p>The Collaborative Framework will ensure a joined-up approach to service delivery.</p> <p>The Big Database and Rainbow Resource provide information and signposting for children, families and young people of all abilities aged up to 25. These online resources are managed by the Council, as is the Early Help app.</p> <p>Virgin Care has plans for a digital app which will link to the Council's Wellbeing Options' online directory of services. The implementation date for this is September 2019.</p>

the relevant services. Could also include resources and tools. Signposting needs to be online and paper, such as the Hope Guide.

There is also a lack of awareness about where young people can access support/what is available and at what age. We need a list of support services, events, advice and tools, co-designed by/for young people (could be a mental health app). Support and awareness raising needs to be young adult-led, so young people can relate and start a conversation with each other. Use media young people are using e.g. social media and promote support where young people are e.g. pubs, coffee shops, university bus and students' union noticeboards.

More self-help support/courses. Sessions on how to help yourself/live a healthy life/coping strategies e.g. how to be safe, get support with health, exercise, sleep, lifestyle, personal hygiene, parenting, cooking, growing your own food, technology skills. And more drugs and alcohol support.

There are also plans for community connectors, community navigators and Talking Cafes (see section 1 above).

Mental health organisations in B&NES already run regular **awareness-raising mental health campaigns** and/or organise local events and activities. We will build on this collaboration to maximise the impact of these educational campaigns and reach a wider, more diverse audience. This includes working more closely with schools and higher education establishments.

3. There are barriers to accessing support

You told us	What we are doing about it
<p>People aren't eligible or little help is available until a problem escalates and need to be 'on the brink' to access support. Services won't prioritise you if you've already had some support, but still need more. There isn't sufficient support for people who may have overdosed.</p> <p>Introduce peer supporters/volunteers to support people who don't meet criteria for services. Create a mental health centre for those who are self-harming or suicidal. There are not enough inpatient beds and we need a clear and well publicised single point of access for emerging mental health emergencies.</p> <p>Develop a safe haven/evening café to create a welcoming environment for pre-crisis support, out of hours. Improve targeted, short-term support provision through Mental Health Reablement (issues based 1:1 support, short-term interventions). Redesign the role of Wellbeing House to meet the needs of those in crisis/pre-crisis.</p>	<p>Virgin Care is working with Bath Mind to develop an evening safe space – Breathing Space – which will be open 365 evenings a year, providing a safe space for people at the point of crisis. Talking cafes will enable people to support each other, with a trained navigator present.</p> <p>Wellbeing House – A short term residential service, run by Curo, supports people who are at risk of going into crisis. People can stay Mon - Fri with support and leave with a forward plan. We are exploring whether we can make this service available at weekends too with one bed providing a month long stay if needed. We would also develop our staff so they can support patients who have higher needs (but not crisis level).</p> <p>Those people who may have taken an overdose, or self-harmed will often present at the local (RUH) Emergency Department. AWP provides a mental health liaison service to work with the RUH Emergency Department. This team will assess and ensure they are referred onto the most appropriate service for support. They also liaise with and update other hospital services, primary care, secondary mental health services, inpatient services and voluntary agencies as appropriate.</p> <p>Peer Mentoring – Virgin Care is developing an approach to volunteer services that brings together general and peer volunteering functions and which will incorporate reciprocal arrangements with other organisations via a community network. This will include a 'Volunteer Pass' to improve progression routes for individuals, and increase capacity of community opportunities and one-to-one support.</p>
<p>Some people said they thought there were long waits for Improving Access to Psychological Therapies (IAPT) services. People have to wait, often months, to receive support. This can lead to situations escalating</p>	<p>The most recent published data (January 2019) showed IAPT performance against waiting times as 88% of people access service within 6 weeks (against a national NHS target of 75%. 100% of people access service within 16 weeks (against a national NHS target of 95%. Commissioners are working with IAPT to ensure that people are seen as quickly as possible, including in group settings where appropriate</p>

<p>(police involvement) and have a wider impact e.g. on employment.</p> <p>Introduce peer supporters/volunteers to support while people are on the waiting list.</p>	<p>and are also jointly considering the scope for introducing additional digital options for online therapy.</p> <p>There is community provision to support individuals with their wellbeing and plans to strengthen peer/volunteer programmes (see above and sections 1 and 2). Focus counselling can offer support and people can apply for an individual grant to access this service, depending on their financial circumstances. If someone feels that their condition is worsening, or they are at increased risk of suicide or self-harm they need to go back to their GP as soon as possible.</p>
<p>People find appointment systems too rigid (people missing appointments and getting discharged back to GP). Introduce more flexible approach to booking systems e.g. 'drop-in', evening and weekend appointments for those who work.</p>	<p>In line with requirements of the NHS Long Term Plan, over the next five years, every patient will have the right to online 'digital' GP consultations and we will continue through regional and local primary care transformation plans to build further flexible and extended provision of services outside of standard core hours.</p>
<p>Services are sometimes too far away from where someone lives - leaving house/travel may be an issue due to mental health, transport, costs etc. More services should 'come to you' or be accessible in the community/near your home.</p> <p>More needs to be done to reach those who cannot engage with services on their own. Some people don't feel comfortable reaching out or asking for/accessing help face-to-face e.g. young people (intimidating, confidentiality issues), those with social anxiety, men (worried they'll be judged if they admit they have an issue or don't want to 'waste people's time'). There should be more choice and flexibility with how to access services/different</p>	<p>New national standards will require our community mental health teams to be expanded and provide timely support to people in their own homes as an alternative to hospitalisation where appropriate. The proposed Thrive model will mean that people experience a more person centred service and properly joined-up care from the right professional, at the right time, in the right place.</p> <p>There are also plans for online digital tools, expansion of director services, community connectors, community navigators and Talking Cafes (see above and sections 1 and 2).</p>

<p>levels of support e.g text/online referral options and online support/counselling/instant chat with option of video available.</p>	
<p>Services are not always provided in an appropriate setting e.g. GP practice seen by some as too formal a place for accessing counselling support and appointments feel rushed.</p>	<p>It is acknowledged that clinical settings can be seen by some as too formal a place for accessing services. As part of the Collaborative Framework we will be able to make more efficient use of our community settings and promote co-location of teams as part of our partnership working.</p>
<p>Barriers to self-referral e.g. phone not appropriate/accessible for some, people not aware they can self-refer.</p>	<p>Currently all third sector services accept self-referrals. This will continue. Primary Care Liaison Service, Talking Therapies and Off the Record all have online referral processes.</p>
<p>People using mental health services need to be given information and (face-to-face) reassurance about their condition, how services work, and the side-effects different medications can have/what to look out for.</p>	<p>People receiving treatment from AWP help develop their own personalised, recovery focussed care plan and on leaving services should be provided with an appropriate forward plan, which will also be shared with a patient's GP. As progress is made towards an Integrated Care Record it will be possible for appropriate care plan information to be shared across organisations and services involved in supporting the individual. We aim to address issues with information-sharing through the Collaborative Framework.</p>
<p>There is a lack of support with employment and finances (from Department of Work and Pensions (DWP)). People may struggle who have experienced mental health problems and have to work full-time or aren't able to (due to poor mental health) or work part-time and need to claim benefits.</p> <p>It's important to enable people to do ad hoc 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.</p>	<p>For people who are in part-time employment and want to increase their hours / improve their work, support is available via Future Bright This is appropriate for people with low level mental health issues who need significant confidence building or are stuck because of anxiety and low self-esteem.</p> <p>If people are unemployed then they can access support from the Work & Health Programme (Pluss) from day one. Referrals must be through a work coach at the Jobcentre. West of England Works can support people who have been unemployed for 12 months or more. Bath College Adult Community Learning provides work-related skills development which can help people build their confidence.</p> <p>An opportunity is being considered to work collaboratively with DWP at a talking café in Bath on a regular basis. In 2018/19 AWP introduced employment advisors within the local IAPT service. DWP provides support funding for this. Virgin Care is</p>

developing plans for volunteer services that join up general and peer volunteering functions. It will incorporate reciprocal arrangements with local community network organisations. A new '**Volunteer Pass**' will help people progress through and select from the different community volunteer options available. Holders of the pass will also receive one-to-one support.

4. There is not enough long-term counselling available

You told us	What we are doing about it
<p>Limited number of counselling sessions (people feel this comes to an abrupt end).</p> <p>GPs should pursue different options (so people don't have to 'stop getting support'), including referral to support groups, if appropriate.</p> <p>Sessions are not frequent enough, which can delay progress.</p>	<p>The NHS Long Term Plan makes a renewed commitment that 'mental health services will grow faster than the overall NHS budget.' This will enable further service expansion (including enhanced counselling services) and faster access to community and crisis mental health services for both adults and particularly children and young people. These plans will be formalised as part of BaNES, Swindon and Wiltshire CCGs working closer together as a sustainability and transformation partnership.</p>
<p>People feel they are put on medication in the first instance.</p>	<p>Although medication is often highly effective and can play a very important role in treatment, where possible people are already offered a choice of treatment options, ranging from social prescribing, to talking therapies (whether in primary care or the IAPT service) or alternative services available in the community via the third sector.</p> <p>This review aims to ensure this range of options is as broad as possible and is easily and widely accessible across B&NES with all services working collaboratively to support this vision.</p> <p>Social prescribing services offer holistic solutions to people's needs. The Breathing Space and Wellbeing House for example will offer targeted alternatives to medical interventions. There are a large number of community services provided by the third sector which offers a range of options around wellbeing, upskilling, resilience building and aiding recovery.</p>

5. Improve community-based support

You told us	What we are doing about it
<p>The voluntary sector in B&NES is excellent, but statutory services need to support them and service users and carers to use and further develop them.</p>	<p>The Collaborative Framework has been designed and developed by a number of different organisations, incorporates all service providers, and will be included in all provider contracts.</p>
<p>Peer working, peer mentoring, volunteering and befriending are important elements of the recovery process and need further development. People want advice from those who have had similar experiences ('somebody to talk to'). Peer supporters/mentors with lived experience to give advice and support people to make choices.</p> <p>People would like care coordination to be available in the community before people 'enter the system'. We need community connectors/navigators who can support people to access services e.g. sitting with someone in the RUH, while they wait.</p>	<p>We are developing plans for community connectors and community navigators (see above). For these important roles and for others that support those with mental health issues, there will continue to be a package of generic and bespoke training offered e.g. Connect 5, Mental Health First Aid, Mental Health awareness and Making Every Contact Count.</p>
<p>There are not enough places where you can go to get some space.</p> <p>People being discharged from mental health services sometimes find it hard to get support, which can lead to a 'revolving door' situation.</p> <p>And there should be more equal access to support both going in and coming out of</p>	<p>Virgin Care is working with Bath Mind to develop an evening safe space – Breathing Space – which will be open 365 evenings a year, providing a safe space for people at the point of crisis. Virgin Care is considering how the Wellbeing House could provide a seven day service/enhanced level of support (see section 3 above).</p> <p>The development of a Collaborative Framework will aim to address this current inequity, and work towards a 'Level playing field' of service provision.</p> <p>AWP has been making improvements to discharge processes and now everyone</p>

<p>services (people unclear on why some have a support worker and others don't).</p> <p>Improve community-based support e.g. more overnight beds, evening safe spaces and places you can go to get some space. We need to develop non-clinical crisis support, which is also available out of hours. Step-down accommodation is needed/would be helpful to have somewhere to go - like Wellbeing House - to help with transitions.</p>	<p>leaving services is provided with a forward plan. This identifies what support is available and how to access help if required. As the Collaborative Framework is implemented, the options around coordinated support and information-sharing with other providers will further improve this process.</p>
<p>Not enough care in the community/wardens/training for people to support those with mental health problems, meaning that situations escalate and the police often get called. "Family and friend networks are important, but people are not trained to cope with others' experiences and aren't trained social workers."</p> <p>More street pastors and multiple support points e.g. mental health support at soup kitchens</p>	<p>The development of a Collaborative Framework aims to address this issue.</p> <p>There are a range of training packages offered by statutory and third sector providers covering generic and bespoke training needs for support staff, carers, businesses etc.</p>

6. Young people need to be better supported with accessing support after they turn 18

You told us	What we are doing about it
<p>We need to improve transitions from child to adult mental health services, as young people aren't aware of how services change and this can feel very abrupt.</p> <p>More information is needed for young people about their rights/services and how these differ when under/over 18. 'Transitions' is a scary and intimidating a term or doesn't mean much. Needs to be made less of a big deal. The level of support drops dramatically when young people leave CAMHS. There are not many services available for younger people who may have left CAMHS, but do not meet the criteria for AWP services. Issue of young people aged 18-25 not qualifying for IAPT. Services should be phased into each other (follow-on/support services). Suggest places for further support when turn 26. Introduce a ring-fenced service for 16-25 year olds/between CAMHS/AWP (and mental health advocacy).</p>	<p>We have developed transitions standards, in line with national guidance, which will be included in contracts with all organisations who work with young people aged 16-25. This will help make sure that transitions are smooth and well signposted.</p> <p>Oxford Health's Children's and Adolescent Mental Health Services (CAMHS) and AWP have shared transitions protocols and a shared transitions panel. The new CAMHS model for B&NES does provide flexible transitions for those young people requiring further input from CAMHS as they turn 18.</p> <p>There is the online counselling and emotional wellbeing platform KOOOTH and this may be expanded, pending new funding becoming available via national policy. NHS Long Term Plan also highlights the need for enhanced 0-25 services and there is the potential of an enhanced counselling offer for young people aged 18-25</p>
<p>Depression is common among university students, as under pressure/lonely (isolation is an issue, as away from family). Local protocols for sharing information between universities and agencies about students struggling with their mental health. Involve schools and universities in common service planning?</p>	<p>A Collaborative Framework will aim to address this issue, to ensure providers are joined up in their working practices and develop shared protocols. In particular to work closely with both universities to develop community based solutions to students' mental health needs. AWP, third sector and other organisations will work closely with higher education campuses to create a joined up and integrated offer.</p>

<p>More support needed for young carers who care for people with mental health issues. And rights of carers aged under 18 needs looking consideration. There is a lack of awareness (in schools) about young carers and staff possibly ignorant about why a young person is absent/what their life situation is.</p>	<p>Key stakeholders in B&NES have developed a Carers Charter, which will be included in contracts with all organisations that provide Community Mental Health Services. This Charter sets out how carers can expect to be treated by Community Mental Health teams, and what the teams will expect from carers in return. We will also develop and all age Carers Charter to ensure the needs of Young Carers are recognised and supported.</p>
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7. Professionals need more training and awareness

You told us	What we are doing about it
<p>Some mental health services are quite condescending to young people, ask questions that aren't relevant and can make assumptions about what the issues are. Reactions vary among GPs when young people reach out about mental health.</p> <p>Training should be given to health professionals on how to talk to young people and awareness raising that situations differ from one young person to the next.</p>	<p>Community Connectors and talking cafes will be more responsive to the needs of the community.</p> <p>As part of assessment and treatment, there are some questions asked which may not seem relevant, but which are important to developing a full understanding around an individual's condition and needs. However, there will be opportunities to ensure that specific themes, such as relating to and communicating with children and young people are addressed in developing training to be shared across all services working together under the Collaborative Framework.</p> <p>The Carers and Mental Health and Wellbeing Charters will be embedded within this Framework. This will ensure that the rights and welfare of individuals are protected.</p>
<p>Mental and physical health are dealt with separately/not always addressed</p>	<p>Virgin Care is developing care coordination services and this will also be addressed via the Collaborative Framework. To ensure parity of esteem, Virgin Care is also developing an overarching specification or approach which brings together the wellness services – a holistic, person centred approach to a person's needs.</p> <p>The CCG and AWP are working together to improve the physical health of people with mental illness, with schemes under way to improve the physical health checks undertaken both on AWP wards and in primary care. Further work to build on these initial developments will be progressed via the Collaborative Framework.</p>

<p>Lack of LGBTQ+-specific services in B&NES and GPs lack understanding about transgender-specific issues/gender identity, which can cause referral delays.</p> <p>We need more awareness raising in schools on LGBTQ+, gender identity and mental health (currently too limited and narrow)</p>	<p>Adoption of the Collaborative Framework will require all providers to demonstrate how they will address equality and diversity engagement issues and/or to develop common standards or shared training for all member organisations.</p>
<p>Police lack knowledge of mental health conditions and often treat people/talk to them in ways that trigger their mental health. If the police arrest someone, they are treated like everyone else in custody - their other dependencies may be taken care of, but their mental health isn't. Police need more training/knowledge on mental illness and mental health professionals should be more available in these situations.</p>	<p>A Collaborative Framework will be designed and developed which will address this issue. The Framework will be embedded into providers' contracts and monitored by commissioners. It will include statutory organisations.</p>

8. We need to raise awareness and provide more education on mental health

<p>You told us</p>	<p>What we are doing about it</p>
<p>"More needs to be done to reduce the stigma...so as to improve access and reduce distress as well as educate non-sufferers."</p> <p>More education and proactive outreach to raise awareness among young people earlier on in life, normalise mental health, but also explain how to recognise signs of poor mental health and support yourself and others (assemblies,</p>	<p>CAMHS are working in schools and colleges (secondary education) offering mental health training to staff and consulting with staff on concerns they have for young people.</p> <p>A CAMHS practitioner has been allocated to each school.</p> <p>KOOTH is well promoted in school and counselling is available. We are monitoring the availability of this service as demand for it is increasing.</p>

<p>formal talks in schools/colleges/universities, PSHE lessons). Mental health professionals could deliver outreach, as well as those who have had personal experiences, and lecturers could encourage people to get support if they feel stressed.</p> <p>School teachers to inform young people they have had training/information about mental health. This would help young people share more about their emotional needs.</p> <p>'I had a black dog' video could be shared to raise awareness about mental health: https://www.youtube.com/watch?v=XiCrniLQG Yc</p>	
<p>Support with mental health varies from one employer to the next and they often have limited capacity (e.g. one person had to take annual leave for mental health appointments in a previous job).</p> <p>We need to do some targeted work with employers, providing training and toolkits, to help them support people who are in work. Employers (especially senior management) should talk about mental health and create an open/honest culture.</p> <p>Could introduce a 'green dot system' to let people know if a person/organisation is mental health-friendly.</p>	<p>B&NES Council has run a pilot with employers to assess what works in helping them be more mental-health friendly and as a result has developed some guidance which is available here. The site will properly launch April 2019.</p> <p>The Council also shares relevant information and toolkits across social media. We are working to encourage everyone who does some employer engagement to cover the full spectrum of information promoted by the public sector, although we recognise there is more to do. We are currently submitting a bid to St John's Foundation to do work with employers about improving the accessibility of their jobs for people with learning disabilities; if the bid is successful then one of the outputs will be increasing the number of employers who have a Disability Confident accreditation which could overlap with increasing mental-health friendly work places.</p>