Mental Health Model of Care Event - Feedback from discussions

Design principles

Evidence based consistent services – provide consistent services using evidence based interventions ensuring service user expectations are realistic and are met with consistency with in Primary Care

Supported self-management - to support healthy lifestyles, self-management and dependence on clinical services

Coproduce the model and implementation – interagency working with common 'one goal' polices and improved engagement with carer's organisations. Inclusion of all agencies, including third sector at all levels, ensuring the service user is seen as a person not an illness and making them feel that their treatment and care is transparent, personalised, joined up and practical in delivery. Building on prevention with the acknowledgement of shared expertise. Interoperability of IT systems and accommodation that is not only fit for purpose but in the right location.

Equal and fair access – equal access to services across the community with shorter waiting lists, more choice and undue variation. Signposting in both urban and rural communities to the right care in the right setting. Increasing resources to meet demand in the areas that are currently over stretched and underfunded. Utilising IT based therapies

Becoming a learning system – interlink all communications together ensuring effective data sharing and easy access with relevant services. A well led services that not only meets people's needs but has trust and confidence in its services. Improved engagement of mental health commissioning provision in the Success Regime and Better Care Together. Networking should take place between statutory and non-statutory agencies with accomplishments voiced as well as failures leading to a balance between positive stories and learning lessons. Outcome measures should be improved and mapping exercises carried out to avoid duplication. It is essential that there is better liaison between primary and secondary care.

Explore now ways of using resources (commissioning) – is mental health commissioning effective and should we be integrating with 3rd sector and community? Ensure that there is a consistent approach county wide utilising inventive contracting and creative commissioning. Strengthening 3rd sector across the county utilising 'match' and 'core' funding from statutory sources. Encouraging joint bids between 3rd sector and public sector and ensuring the funding process is structured in a way as to not discourage applications. Care to be provided by people with the correct skill set.

Designed around what patients value – multi organisation person centred approach

Shared decision making – by active listening and discussion build service user trust that decision making will be a shared two way process between the professionals and the service user.

Promoting independence - support for people to live independently within the community. Peer support champions in the community along with accommodation based support and supported living that offer quality environments as well as support.

Recovery focus underpins everything – Resilient community support where recovery pathways are part of the wider system approach allowing service users to maintain a care pathway without discharge when only receiving minimal support. Discharge is not an appropriate concept.

More feedback on Principles - not allocated to one of the above headings…

We need to have an inclusive culture of attitudes/resources with service users/carers assisting in creating new assessment processes and pathways for a person centred recovery model. Our principles should be ageless and transparent as wellbeing is ageless and not just for working age adults. Public Health should strive to promote anti stigma work and enhance mental health involvement. How do we build mental health in to our current approaches to prevention eg emotional resilience. Maintain, fund and support care within primary care and only use secondary care when totally necessary

Initial feedback/reaction to the Model of Care – Questions and Issues

We need to understand rehabilitation and recovery issues and see rehabilitation and skills building as a way of supporting recovery. We need to ensure adequate funding so that crisis teams have a more 'blue light' approach so that people in crisis receive immediate help which will save longer hospital admission in the long term. Promotion via Public Health education with voluntary sector around healthy living, wellbeing and building resilience. We need to ensure everyone is aware of our vision and that the pathways are developed (prevention/early intervention/staying well). Improved continuity of care with shared records and specialist skills should be 'worked down' to enable people to manage their own care where possible. GP's should be given advice and guidance as primary care is an integral part of mental health treatment. We need to have a shared language and a new culture with new ways of thinking/working/listening to service users, carers and staff. We need greater input from acute physical health providers and better transition between services. Lessons should be learned from previous programmes (ie Mrs Carlisle), what is currently going on and if we can re-establish some objectives. Would it add value to have specialist crisis team in A&E and Police stations? SUCF although it serves a purpose it is not well liked within the SU community and maybe a new approach should be considered.

What is Value in mental health services?

What adds value? – care for your health workforce with regular supervision, reduced variation and sharing best practice. Ensure good knowledge of the person with good information exchange prior to appointments giving choice for reassessment and treatment

Crisis – capacity in the services to enable change to take place to become more added value. Ensuring consistency of treatment no matter where/when the crisis occurs. Promote coping and recovery mechanisms and preventative investment to avoid escalation. Patient focussed

Mental Health Wellbeing - this should be supported through CCG commissioned mental health services for all to provide seamless support through adolescence to adulthood. To encourage opportunities for engagement by governors within their communities

Feedback on the Model of Care from Mental Health Third Sector Event

Mental Health prevention (3rd Sector)

Services in place and working well: Counselling and bereavement services are widely available, also advocacy for voluntary in-patients. Services could be more tailored around the person.

Continue to develop a hub that is not related to care as a community place where people can go to access information or just for company. Ensuring that 3rd sector providers work together in tailoring services to meet person individual needs with in a whole system approach, where care needs are just as important as treatment and Inequalities in health and wellbeing across the county are reduced

Service in place but needs improvement: Ensure service deliver is equable countywide for the population of Cumbria for people to live well by addressing factors that influence health & wellbeing and build on their capacity to be independent, resilient and maintain good health for themselves and those around them.

Gaps and possibilities: Communities and the third sector to shape community based prevention services and prevention peer support, whilst emphasising the importance of reaching younger people before MH issues become entrenched. Support to shift attitudes and increase resilience whilst helping to increase mental health promotion and reduce stigma. Greater clarity of different service to reduce cross over and competition

Community Mental Health Conditions (3rd Sector)

Services in place and working well: Good referral links between CMHT, social workers and 3rd sector but varies across areas and is somewhat reliant on personal relationships rather than established ways of working. Impressive community based services offering both crisis support and preventative work. Floating support currently in place but is due to change.

NB Health and Wellbeing Coaches (HAWCs) will provide individual and family support to more vulnerable groups and those identified as most needing additional support to meet their individual goals or to prevent them needing to access other statutory services

Service in place but needs improvement: As Cumbria move towards Integrated Care Communities (ICC) ensure better communication between agencies in both treatment and early diagnosis, to safeguard people getting the right services at the right time. Increase in support and knowledge within primary care

Gaps and possibilities: community based prevention services including children's services. Promotion of mental health at community level with education about care pathways and challenging stigma whilst encouraging peer support. Have a more integrated service causing less competition resulting in a better service

Crisis (3rd Sector)

Services in place and working well: SAFA Cumbria are providing support training and education for the whole system alongside our 3rd sector who support people in crisis

Service in place but needs improvement: Lack of crisis beds within the county which are all situated in the west of the county. Crisis services to build relationships with those in crisis to ensure they feel safe and supported and be proactive in checking on people

Gaps and possibilities: More provision of low cost crisis beds countywide whether provided by 3rd sector or core services in crisis houses with support provided to staff. Tackling social isolation and being creative to deliver outcomes in the best possible way by shifting resources out of less effective/traditional services

Recovery (3rd Sector)
Services in place and working well: Growing Well are providing vocational support for people on a recovery pathway and also day therapeutic community for people with PD traits/diagnosis. SAFA Cumbria provides professional counselling/psychotherapy services in an integrated care model. Support services for people who need additional support are working well as is the recovery and rehab service in Whitehaven.

Service in place but needs improvement: Ensure services are integrated around the patient and reduce mental health inequalities across the health system and community resilience

Serious Mental Health (3rd Sector)
Services in place and working well: CCC contracting with 3rd sector is working effectively. Children's MDTs are working well to reduce crisis and impact of crisis. Working on the success of hospital at home could MH use a similar MDT model? Services need to be built around the emerging Integrated Care Communities (ICC) addressing both physical and mental health, including the wider determinates of health

Service in place but needs improvement: There is an absence of county wide PD provision with no therapeutic community with CMHT visits being short with little meaningful support. It is essential that service user/carers are involved in all aspects of the services developed to bring a fresh and effective approach.

Gaps and possibilities: there is a need for 3rd sector involvement to develop a user led service. Increased social prescribing and family therapy to increase whole wellbeing

Working with Carers (3rd Sector)
Services in place and working well: CCC commissioning Carer services for Cumbria and we need to ensure that carer services are an integral part of care co-ordination and support plans. Support groups specifically for carers to share personal experiences

Service in place but needs improvement: more communication between carers and professionals, with a need for commissioners to understand a person centred model of care and recovery pathway to empower individuals and communities

Feedback on the Model of Care from the Stakeholder Workshop

Mental Health Promotion and Prevention

Services in place and working well: OT support and carers support county wide although investment would improve service. Trainee police officers spend time with crisis teams

Service in place but needs improvement: MH prevention and choices for people in the community possibly a directory of services or expanding 3rd sector involvement in signposting and discharge. A joined up expanding and developed 3rd sector provision. Social support and improved access, reduced waiting times for services and more work based mental health support

Gaps and possibilities: Commissioners of health and social care services need to set out in the strategy for mental health the added value asset based community resilience can provide, this needs to be an integral part to providing sustainable mental health services for the future. To reduce demand on health and social care by developing prevention approaches within communities, to support people to live independently.

Common Mental Health Problems and Dementia
Services in place and working well: support provided for carers using carer groups and weekly interface meetings. Some 3rd sector providers are accessible and person centred.

Service in place but needs improvement: IAPT, First steps, Psychology for under 18's are all in place but could use improvement. Better GP links and communication and health and social care integrated care coordination. Clarity on service providers and roles

Gaps and possibilities: Addressing the workforce needs including staff morale for a sustainable Health and Social care services going forward. Primary Care development Education/training and research/development both essential in services design

Serious Mental Health
Services in place and working well: Development of CBT, P and EIP and ANIS are all working well. The use of local community services as a hub so people can go to a safe place. ASC/CPFT working together to improve social outcomes. Emerging improving PD pathway.

Service in place but needs improvement: PD services are in place but very responsive and needs to be a more cohesive service. The transition from children's to adult's services needs to be improved to provide a seamless service. There are problems with prescribing and record sharing and the acute physical health care and MH needs to be improved.

Gaps and possibilities: Better community based diagnosis with transition to secondary care made easier. Utilising early intervention services and access to psychological therapy in secondary services. Ensuring there are services in county with follow up community work. Relieve the stress from in-patient services.

Specialist/ Forensic
Service in place but needs improvement: we currently have a offender health program and ANIS existing disorder service but both need improvement.

Gaps and possibilities: there is a lack of local specialist and forensic services. Planning and funding for complex care needs to be more joined up. We need integrated forensic service as well as prenatal services

Crisis
Services in place and working well: passionate committed staff, receiving positive comments and feedback following crisis pathway episodes. The 72 hour pathway is working well as is the support provided by Lowther Street crisis house. There are an increased number of people seen quickly (2 hours) and the vast majority of people coming into services in acute distress leave the service much better.

Service in place but needs improvement: Crisis teams in place but service user expectations not being met. Response times and availability not meeting expectation. Alternative to A&E for people who are in crisis needed. Once need for bed identified the time taken to get a bed is excessive.

Gaps and possibilities: implementation of L&D schemes. Access to services and support for young people including transition through services. Better crisis care planning with trauma aware approaches for both adults and children and young people without delay, crisis team follow through referral to CMHT 1st step community

Recovery
Services in place and working well: peer support, 3rd sector community driven input, use of technology to people

Service in place but needs improvement: Mental health pathways value, AMHP service, recovery college with Croftlands

Gaps and possibilities: community outreach, inpatient and community rehabilitation services, employment and volunteering opportunities with employment support, visible recovery community

Outcomes for commissioning

- Measures of how enabling services are/recovery of potential in life
- Timely assessments/minimum waits/Reduce crisis intervention – avoid admission
- Good communication/being listened to/plain language
- Google principles – 'if you want info it should only be 3 clicks away' – applied to whole health and wellbeing system
- SU & C experience is as smooth, stress free as possible – measured through questionnaire
    - Increase SU and C independence, increase uptake of third sector, reduce reliance on services. Improve quality of life
- More effective response at primary care level with access to advice, support and information for carers, police etc
- Appropriate crisis services: 24/7 helpline, Enough psychiatrists for 24hr assessment, half way houses, GPs trained to understand/Appropriate place of safety
- Health & wellbeing – ease of access, easier system referral, reduced need for referral to core services, improved community resilience, measures liked to individuals personal goals
- Wider use of community resources, Increased community understanding, more self-help/self-maintenance
- Themes that regularly come up should be embedded in outcomes
- People feel in control of own lives, feel able to cope, live longer and healthier lives, self-determined outcomes, improved relationships, families staying together
- Quality staff development, happy, well trained , retrained contented workforce, staff confident in what is expected of them,
- Consistency across geography and increased quality of care closer to home
- Financial stability, better use of resources, maximising time and reducing waste
- Seamless transitions within health, choice and flexibility in approach