

HEALTH AND WELLBEING BOARD

3 NOVEMBER 2016

MEDWAY MENTAL HEALTH STRATEGY WORKSHOP OUTCOMES AND NEXT STEPS

Report from: Linda Jackson, Interim Assistant Director, Adult Social Care

Summary

The report provides members with an update on the outcomes from the whole system mental health workshop held on 12 October 2016.

1. Budget and Policy Framework

- 1.1 The outcome of the workshop will contribute to a Medway Mental Health Strategy that sits within the Budget and Policy Framework.

2. Background

- 2.1 At the Health and Wellbeing Board meeting held on 28 June 2016, Members agreed unanimously to support the development of an away day or workshop on developing an integrated approach to mental health involving all relevant partners across all sectors.
- 2.2 On 12 October 2016, the Chairman of Health and Wellbeing Board hosted a whole system workshop inviting representatives from all sectors throughout the authority including third sector, education and health. The event was well-attended and positive in its outlook to the future, in total 55 people attended who represented a range of organisations, service users and carers.
- 2.3 A separate Medway Young Person's Wellbeing Service is currently being pursued in a procurement exercise following the expiry of the joint contract with Kent, the focus of the 12 October was therefore on Adult Services.

3. Workshop outcomes

- 3.1 The workshop noted strengths around the commitment to joint working across Medway, including the workforce in all agencies and viewed the event as a good first step in developing a combined vision for an integrated mental health strategy.
- 3.2 Weaknesses were noted within the current system; however opportunities were also suggested to mitigate these such as the creation of sub-s.136 facilities, increased integration across the system and improving communication across organisations.

3.3 Working groups were asked to create a description of a successful service for Mental Health. A summary of all the groups' suggestions reads:

- 'A multi-agency, holistic, innovative and creative service commissioned around individual needs.
- Working in partnership across the system (incl. third sector) as well as with the people we serve, focused on speedy and efficient prevention (particularly to the acute sector) and early intervention, with a single point of access and based in the community, designed for the individual as one size does not fit all.
- A multi-skilled workforce with a belief in a new and innovative way of working, focusing on individual mental health wellbeing to achieve wellness and knowledge of the Medway community and business of Mental Health Services.
- A culture that achieves the right response, at the right time, with the right service, empowering the individual to feel satisfied in their choices.'

4. Next Steps

4.1 Partnership Commissioners will take the lead on developing a multi-agency strategy and the Health and Wellbeing Board will be consulted throughout that process.

5. Financial implications

5.1 No financial implications arise specifically from this report.

6. Legal implications

6.1 No legal implications arise specifically from this report.

7. Recommendations

7.1 It is recommended that the Board notes the outcomes of the Mental Health Strategy Workshop and endorses the next steps of the project.

Lead officer contact

Linda Jackson, Interim Assistant Director, Adult Social Care

Appendices

Appendix 1 – Medway Mental Health SWOT Analysis

Appendix 2 – Medway Mental Health System Success, Enablers and Blockers

Medway Mental Health SWOT Analysis

APPENDIX 1

STRENGTHS

- Current projects including KMPT/SPFT transition CQUIN work
- Medway as a unitary, CCG-coterminous authority has opportunities for joint working across the system
- Current teams including Crisis Support, Primary Care Nursing, MFT 24/7 psych liaison unit
- Passion and good work of staff in supporting service user and having a willingness to change services for the better and understand where we are going wrong
- Whole system pulling together
- Strong leadership across the services
- Projects planned for the future including 3 extra care facilities
- Joint work with partners including the police
- Medway 'open dialogue' trial

WEAKNESSES

- Commissioned services – arbitrary referral criteria and cut-off age (18), ASD/ADHD ongoing therapeutic and 'emotional wellbeing' support for young people/adults, too long to receive assessment or MH bed if required, lack of drink/drug support, not enough crisis care, current contracting arrangements restricts flexible joint working, not enough nursing & residential placements, no 7 day services
- Acute environment – MFT poor patient environment and poor family support for MH, no CDU type facility
- S.136 – suite not always required but used as no sub-s.136 facilities available to 'cool off'
- Whole System Model - Too many access points, implementation of thresholds, not really a recovery model, duplication to patients, lack of ability to build relationships, poor carers support, working an exclusion model not inclusive – too much focus on own specialism - not a holistic view, lack of information sharing
- Lack of resources for dementia MMH

OPPORTUNITIES

- New facilities – A MH A&E away from MFT, sub-s.136 facilities, easier access i.e. street triage, more than one resource centre
- Whole system working – More use of the voluntary sector to increase capacity to support C&YP through transition, new skills mix required, build on working with police already started, to be joined up in a more coordinated way, early intervention to avoid acute stays
- System structure – Single Point of Access (C&YP and adults) could be more holistic and equipped to support and signpost people presenting emotional wellbeing needs, develop crisis presentation model, to have physical (RGN's) nurses in team, remodel primary care to ensure appropriate services, strengthen IAPT
- Building more resilience and early help for young people to support them in dealing with life's adversities – Strengthen skills for families and carers
- Expanding current commissioned arrangements – Extending age range for C&YP to increase flexibility for transition service provision, matching commissioning with demand on the ground
- Improve communication and include other agencies i.e. DWP – sharing information/systems, open dialogue, co-production support

THREATS

- Consistency across Kent and Medway under separate contracts
- Reduction in public funding of voluntary organisations who provide additional capacity and support
- Management of patient/public expectations around diagnosis, prognosis and ongoing support
- MH population will increase and positive outcomes will decrease
- Shortage of MH professionals
- Reduction in life span, functioning. Too many gaps to fall down!
- Lack of integration – clarity of roles – change
- Appropriate skill mix needed
- Health and social care economy near London and in wider Kent
- Stigma of working in MH

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SUCCESS FOR MEDWAY MENTAL HEALTH LOOKS LIKE...

A multi-agency, holistic, innovative and creative service commissioned around individual needs, working in partnership across the system, (incl. third sector) as well as with the people we serve, focused on speedy and efficient prevention (particularly to the acute sector) and early intervention, with a single point of access and based in the community designed for the individual as one size does not fit all. A multi-skilled workforce with a belief in a new and innovative way of working, focusing on individual mental health wellbeing to achieve wellness and knowledge of the Medway community and business of Mental Health Services. A culture that achieves the right response, at the right time, with the right service, empowering the individual to feel satisfied in their choices.

ENABLERS

- Partnership working –The integration of health and social care, both physical and mental. Not just in co-location and structures but in decisions relating to access, delivery in best practice and shared outcomes framework
- An alternative holistic model of delivery
- Commissioning for outcomes
- A flexible workforce that ensures every contact counts
- Resources in the community
- Start with patient needs
- Greater preventative focus in primary care
- Use of risk stratification tools and primary care databases to target preventative services (already happens for physical health)
- Systems / information
- Communication & education
- Prevention and EARLY help
- Effective, multi-disciplinary crisis support QUICKLY
- Map of medicine for MH with support to users such as police
- Recovery plans developed with service users with 'Criteria for Wellness'
- Information sharing / Partnership working
- KMPT + MFT + MC – Strategic approach to improve joined up working
- Joined up and skilled commissioning, CQuins, measures, KPIs
- Communication
- Earlier interventions
- Robust primary care
- More integration with voluntary sector KMPT, MFT, MC
- Keeping it simple – (eradicating polio model)
- Initiatives and innovations – lots of interventions to support aims
- Appropriate use of budgets

BLOCKERS

- Lack of ambition – STP is a good enabler
- Risk aversion (clinical and corporate) and resistance to change
- Organisational culture(s) not always aligned
- Media and social media – anecdotal evidence
- Lack of early help interventions and clarity about who should be leading on those
- IT systems need to integrate and talk to each other
- Systems / Information
- Money
- Stigma around working in mental health and having mental health
- Changing principles
- System – the culture, trust, silo working and lack of communication
- Belief in delivery and drivers to deliver BY ALL partners
- Reinventing the wheel. Again!
- Understanding of why we are changing
- Systems – not fit for purpose
- Budgets – Commissioning
- Lack of integration – lack of shared purpose and responsibility, too many divisions – us and them mentality
- The use of funding much earlier in the system with services that are effective and working outside of core hours.
- Red tape
- Cost/resource in ability to double run
- Same schemes