

Better Health Outcomes - Mental Health Event

Cannock Chase, Stafford and Surrounds and South East Staffordshire
and Seisdon Peninsula CCGs, South Staffordshire and Shropshire
Foundation Trust

Outcomes and next steps report from the Equality and Inclusion,
improving adult mental health services, 6th June 2017 at Roman Way
Hotel, Cannock



Background

On the 6th of June 2017 the CCGs held a successful event to look at better health outcomes for adult mental health services. The event was a partnership exercise with South Staffordshire and Shropshire Foundation Trust, which would look at how we can all work together to improve adult mental health services. We would like to thank everyone for attending the event and are pleased to share this summary and recommendations with you.



Lots of partners enjoyed the event and there was an interactive market place including Healthwatch, Starfish, Improving Access to Psychological Therapies, Mental Health Social Inclusion and Recovery Services, Individual Placement Support (Making Space), South Staffordshire Network for Mental Health, Changes, Staffordshire and Stoke-on-Trent Partnership NHS Trust, Together UK and Project Happiness. A number of patients and service users attended the event where they shared their experiences - pictured above is Toni, sharing her story.

The day included an overview from Jonathan Bletcher, Director of Commissioning for the CCGs, comments from Alison Bussey, Chief Operating Officer from South Staffordshire and Shropshire Healthcare Foundation Trust plus a patient experience and a laughter session. Interactive discussions explored how inclusive our mental health services really are in practice.

It was great to see everyone coming together and the feedback has been extremely useful. Next steps are to share this report, keep the conversation going and to formulate a partnership action plan to improve the way we work.

One of the aims of the event was to meet our legal duty to embed equality and inclusion into commissioning activity and reduce health inequalities. We aim to ensure equality of opportunity and equal access to health care services for our staff, patients, carers and their families.

Cannock Chase, Stafford and Surrounds and South East Staffordshire and Seisdon Peninsula CCGs decided to focus on grading goal 1, **Better Health outcomes** of the Equality Delivery System 2 as a partnership exercise with South Staffordshire and Shropshire Foundation Trust (SSSFT) and our other local providers of mental health services with a focus on adult mental health services. Invites were sent out to patient groups, the voluntary and community sector organisations, provider trusts, the police, the fire service, county and district councils and external partners, over 85 people attended in total.

Evidence at the event to help with understanding how we commission mental health services included; information about the commissioning cycle, commissioning made simple, patient stories from providers, patient journeys, quality reports, soft intelligence, data for Staffordshire, health and equality policies and procedures, population make-up, national background facts and figures, a quality and safety case study, key mental health facts for Staffordshire, Staffordshire Health Statistics infographic, the mindful Employer Charter for the three Clinical Commissioning groups, equality delivery system easy read, annual equality and inclusion publication easy read version, Engaging Communities Staffordshire reports the CCG's draft equality strategy and action plan, plus the consultation questions.

Evidence was placed in folders on the tables and was shared by the facilitators with key points being highlighted and discussed. Attendees also had the chance to look at the evidence over lunch time. After all of the discussions at the end of the event attendees got to decide a grade for each section of goal one as outlined below.

Goal 1:

Better Health Outcomes 1.1 of EDS2 Commissioning for local needs	1.1 Services are commissioned , procured, designed and delivered to meet the needs of local communities
Better Health Outcomes 1.2 of EDS2, Meeting Individual health needs	1.2 Individual people's health needs are assessed and met in appropriate and effective ways
Better Health Outcomes 1.3 of EDS2, Good movement between services	1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed
Better Health Outcomes 1.4 of EDS2, Safety in mental health services	1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse
Better Health Outcomes 1.5 of EDS2, Health promotion	1.5 Screening, vaccination and other health promotion services reach and benefit all local communities

There was a presentation and videos outlining the importance of equality and inclusion and who the nine protected groups are (as across). Groups then reflected on this and discussed a number of key questions and issues

Who are protected?

New protected characteristic groups

1. Age
2. Gender (M/F)
3. Gender Reassignment
4. Disability
5. Race
6. Religion or belief
7. Sexual orientation
8. Marriage and civil partnership
9. Pregnancy maternity and breastfeeding mums



related to equality and inclusion and mental health services provided in Southern Staffordshire.

The key questions asked were:

- **Equality – what does this mean to you?**
- **Positive examples of equality**
- **Negative examples of equality**
- **Who needs protection and why?**
- **Share your positive experiences of mental health services locally**
- **How can we ensure that people are comfortable and able to access the mental services they need?**
- **What currently works well to meet individuals health needs?**
- **How can we plan and develop our mental health services to include everyone who needs them?**
- **How can we include more individuals when we plan mental health services?**
- **What currently works well when moving between services?**
- **How can we make sure our care is joined up between services?**
- **How can we work together to reduce mistakes mistreatment and abuse?**
- **How can we make sure quality and safety in mental health services is a priority?**
- **What currently works well in us keeping our patients safe?**
- **What currently works well and how do we use health promotion?**
- **How can we make sure health promotion is reaching everyone?**
- **How can we work together in communities on health promotion at a local level?**

Below is a summary of the key themes which emerged for each question.

What does equality mean to you?

- Equality of knowledge of what mental health and wellbeing services are out there not just those provided through SSSFT & CCG's
- Integration and acceptance
- Provision of non-discriminatory services is essential
- Equality of access to services e.g. geographical location of where services are located needs consideration.
- Treating the person rather than the diagnosis is vital
- Individual and personalised care plans help with recovery and wellbeing
- Consistency in approach
- Treating people with mental illness with dignity and respect and fairly
- Giving people the choice to access the right support when they need it the most

- Fully Inclusive services
- Making sure people's voices are heard
- Reducing barriers and having more tailored and flexible services

Positive examples of equality:

- Building up relationships with specific GP practice
- Family involvement and care
- Relationship with housing association – contract between professionals
- Support being provided at earliest opportunity
- Easy read information being made available to people with learning disabilities
- Early diagnosis
- Support networks in place for people with mental ill health
- Translation / interpretation services
- Voluntary sector involvement partnership working with NHS
- Online directories of services and information available
- Mental health champions that can reach out to protected groups
- National awareness campaigns – using the media to communicate messages
- Disability access very good in some parts of the country
- Accessible and mental health friendly football stadiums
- Professionals understanding the barriers to engagement
- Understanding range of treatments available and publicising this
- Listening to service users and including advance statements
- Safety plans in place for service users
- Communication and education around medication

Negative examples of equality;

- Stereotyping and stigma
- Lack of communication which put people at risk
- Lack of clinicians putting what they know on service users
- Lack of training
- Lack of communication
- Pathways need altering
- People don't attend for appointments for a reason – not because they dis-engage
- Lack of understanding about mental health
- Not being able to see and understand poor mental health
- Geographical and CCG boundaries creating inequalities and postcode lottery
- Service focus on the individual only and not giving enough attention to the family

- Too much focus on online we will still need print media available
- Lack of access to technology
- Resourcing issues
- People don't live in certain areas in order to find out what is available to them
- Where people live can dictate access around mental health services
- Attitude towards mental health (people being discriminated against)

Who needs protection and why?

- 'Everyone'
- Whoever needs support
- People who have individual needs
- Ethnic minorities
- Vulnerable adults
- Isolated and lonely individuals
- Young carers
- People suffering from hidden poverty
- Elderly carers
- Staff – staff work for considerable amount of hours, can be attacked, racially abused
- Staff need support to feel safe so that they can fully and effectively support patients and service users
- Patients and families, children
- Carers
- Some protected groups e.g. transgender community , disabled people
- People in the workplace – supporting positive mental wellbeing of employees
- People with dual diagnosis
- People with complex care needs
- People in rural areas who do not have the same access to services.
- Young males
- People with learning disabilities
- Lesbian, Gay, bisexual and transgender communities
- Children, new mums
- People with learning difficulties
- People with mental health needs

Key themes that make for positive experiences of mental health services include:

- Correct support from GP steering you to the right people
- Events like this, bringing different organisations and service users and carers together

- Where staff make sure clients know they can get better ... some people with mental issues believe they will never get better. That view must have come from a mental health professional years ago... planting a seed
- Employers that support staff with mental health issues
- Having a single point of access for individuals with Mental Health problems
- Proper co-ordinated care and support plans for people with mental ill health
- Transparency of services available to individuals
- Multi agency working and good communication between providers
- Commission services with quality at the fore front
- Effective signposting of services
- 1:1 therapy for individuals
- Good crisis care communication between different parties
- Joint partnership working and protocols
- Good sharing of information

We can ensure that people are comfortable and able to access the mental services they need by:

- Listening and engaging with service users to find out what they need
- Finding the right way to communicate with people
- Delivering service right time and right place, right people
- Involving Service users in service re-design
- Having more consultation events
- Promoting involvement and engagement
- Person centred care, being talked to and not about, included in decisions
- Involve all partners in care reviews, especially third sector providers
- Consistent mental health service offer regardless of location
- Advanced statement / what works well for me
- Reducing restrictive practices and barriers to services
- Transparency – care planning / risk assessment which involve patients service users
- Making services and support easy and quick to access
- Help people to access tools and coping mechanisms that they can use themselves
- Understanding the time and place to explain things to people simply
- Specialist people that understand
- Taking flexible approaches to individuals suffering with mental ill health

What currently works well to meet individuals health needs?

- Correct support e.g. from GP steering you to the right people
- Good GP and his knowledge of MH services and other support available

- Events like this, bringing different organisations and service users and carers together
- Improves insight and knowledge
- A place where you can be listened to
- Where staff make sure clients know they can get better ... some people with mental issues believe they will never get better. That view must have come from a mental health professional years ago... planting a seed
- Employers that support staff with mental health issues
- Single point of access (SPA)
- Partnership protocols and relationships

- In some areas there are, good, caring, knowledgeable, health professionals
- 1:1 therapy
- Signposting to other services
- Public sector bodies e.g. housing have experienced staff that enable them to identify mental health needs and refer them directly to mental health teams
- Public services immediately refer patients to the crisis team and visits are made

Key Themes- How can we plan and develop services to include everyone that needs them?

- Hold more face to face conversations with service users to find out what they need
- More strategic conversations
- More understanding of the Sustainability and Transformation plans and what the mental health work stream will deliver
- More use of technology
- Use different types of communication to reach people
- Target isolation and loneliness – tackle early intervention
- Adjust ways of promoting awareness
- Important for people to have access to support mechanisms e.g. tools and prompts
- Look at transport and access issues
- Working with each other transparently and non-adversarial (a system wide approach)
- Keep a quality triangle at the top of decision making rather than finance
- Ensure effective communication between different agencies
- Provide specialist training for staff
- Ensure that we listen to service users and act on their feedback
- Advertise and promote services more widely especially to those that are out of reach or do not easily engage
- Agencies working closely together / motivation
- Up to date information and commitment

- Act on feedback

How can we include more individuals when we plan mental health services?

- SURF group are a good opportunity from clients / ex clients to be involved in influencing service change
- Service user reference groups (SSSFT staff and service users to influence service change)
- Involve service users in design, implementation and review of services
- Not being judgemental against people who have other problems which lead to mental health illness for example – alcoholism
- TV advertising to normalise and take away stigma
- Survey / questionnaire to service users to ask about experiences
- Routinely collect data from GP / hospital services to ask about health issues
- Use form similar to the one currently used in dental services

What currently works well when moving between services?

- Joint working within sector
- Crisis care communication is adequate
- There is room for improvement in many areas
- Communication – good communication / co-ordination
- Care navigation

How can we make sure our care is joined up between services?

- Communication
- Training
- Health / networking
- Time
- Tools / IT systems
- Access
- Family background
- One page profiles
- Advertising services
- Agencies working closely together / motivation
- Up to date information commitment
- Person centred patients in control, being talked to and not about, included in decisions
- Rethink the process around 'discharge'
- Involve all partners in care reviews, especially third sector providers
- Consistent offer regardless of location

How can we work together to reduce mistakes mistreatment and abuse?

- Transparency around what happens when you find out
- Need to take personal & organisational accountability
- Quality in referrals. Sharing the right information between services
- Stability vs change – need stability to prevent people falling through the gaps
- Need over-arching governance
- Listen to service users / clients
- Promote zero tolerance and action
- Facilitate whistleblowing
- Communication
- Understanding parameters of confidentiality
- Lessons learnt and sharing those lessons

How can we make sure quality and safety in mental health services is a priority?

- Audits with actions
- Assessments
- Listening and not making false promises
- Consider
- Transparency of service availability
- Improve safeguarding reporting
- We believe it is already a priority. We must be careful not to be complacent
- Working with each other transparently and non-adversarial (a system wide approach)
- Keep a quality triangle at the top rather than finance
- Make it easy to report about safety and quality

What currently works well in us keeping our patients safe?

- Joint quality committee
- Commission for quality
- PALS/complaints, soft intelligence
- Sharing information
- Advanced statement / what works well for me
- Reducing restrictive practices
- Transparency – care planning/risk assessment which involve patients service users

What currently works well and how do we use health promotion?

- Staffordshire carers used by fire service – safe and well
- Together
- Being in touch with people in the same situation
- Face to face conversations
- Different types of communication
- Making services and support easy and quick to access
- Help people to access tools and coping mechanisms that they can use themselves
- Understanding the time and place to explain things to people simply
- Expert patients and champions to build Trust and spread the word
- Advocates for people with higher levels of need
- Specialist like people that understand
- Taking flexible approaches to get messages across
- Helping people to take a different perspective
- Volunteers and other work related leaving opportunities – going into schools to promote health careers / healthy lifestyle/ health and wellbeing
- Television adverts – e.g. British heart foundation - relevant, real life examples
- National awareness campaigns – badges

How can we make sure health promotion is reaching everyone?

- Listen better
- Better signposting
- Information sharing
- Support groups
- Make mental health ‘fun’ for children in schools
- Target isolation and loneliness – tackle early intervention
- Positive model for behaviour
- Adjusting ways of promoting awareness
- Being able to respond to incidents – using the news to promote awareness
- Taking a cyclical process do something, identify if it works, changes & continue
- Communicate with people
- Use the right language
- Share powerful messages
- Simple messages of personal/ essential resilience

How can we work together in communities on health promotion at a local level?





- Narrow gaps – shop units as wellbeing hubs

- Patient experts in mental health
- Working together – neighbours
- Engage the public
- Health innovation days – awareness before crisis stage (for staff and public)

Grading exercise

There were 12 tables in total and each individual was asked to provide an early indication of a grade for the table/ subsection of the better health outcomes goal that they had discussed. Each table had a specific goal to focus on please and was led by a facilitator

The EDS2 grades are under developed, developing, achieving and excelling. The outcomes of the grading exercise can be found below.

Grading information					
	Undeveloped 	Developing 	Achieving 	Excelling 	Overall grade
Tables 1 & 2 - Commissioning for Needs 1.1 Services are commissioned, procured, designed and delivered to meet the health needs of local communities		✓✓✓✓✓ ✓✓✓✓✓ ✓	✓✓✓ ✓✓✓		Developing
Tables 3, 4 and 5 - Individual Health Needs 1.2 Individual people's health needs are assessed and met in appropriate and effective ways		✓✓✓✓✓ ✓ ✓✓✓✓✓	✓		Developing
Table 6 and 7 - Transitions Between Services 1.3 Transitions from one service to another, for people on care pathways, are made smoothly with everyone well-informed	✓ ✓	✓✓✓✓✓ ✓✓ ✓			Developing
Tables 8 and 9 - Safety in Mental Health Service 1.4 When people use NHS services their safety is prioritised and they are free from mistakes, mistreatment and abuse		✓✓ ✓✓ ✓✓	✓✓ ✓✓ ✓✓		Developing
Tables 10, 11 and 12 - Health Promotion 1.5 Screening, vaccination and other health promotion services reach and benefit all local communities	✓✓ ✓	✓✓✓✓✓ ✓✓✓✓✓ ✓✓✓✓✓ ✓✓✓✓✓			Developing

Conclusions

There was an excellent attendance and wide variety of knowledge and experience at the mental health inclusion event. The event was a great platform to start our conversations about how we can work differently in mental health services. Key conclusions from the event were:

People really welcomed the event and felt this was a very positive way of working.

There was an overwhelming consensus that commissioning should be an inclusive in the way it works and respectful to all.

Service user involvement is critical to successful commissioning in adult mental health services, we need to work with groups, and individuals then demonstrate good use of information gathered.

Person centred care came up time and time again as being extremely important, services putting person first and involving the patient in all of the information and decisions.

Mental health needs can affect anyone at any time, we need to work with primary care teams and the new models of care to ensure a joined up approach, GPs need to be well cited on availability of services in the community that can help to enable active signposting.

Where organisations had service user groups (such as the SURF group) this was seen as an excellent forum for staff and Service Users work together to improve services.

As employers we all have a responsibility to support our staff more with mental health issues. Information needs to be available early to front line staff to combat waiting lists and enable people to self help

Education in the NHS is key, front line health workers need to understand mental health needs and treat the whole person.

There are areas where other services are needed to refer into and where there are gaps we need to work together as a system.

Smooth transitions between services are an area that need to be looked at in more detail, it can be a very complex system to navigate through without support for some people, there were examples of very good practice such as the care navigators in South Staffordshire.

We need to look at better use of resources for health promotion in particular and work in a more inclusive way with our communities and voluntary and community sector. We need to find innovative ways to communicate, make it a fun change culture, have innovative prevention days, use strong messages made simple

Recommendations

- To publish this report to all attendees and thank them for their involvement in the event, sharing routes for further involvement.
- To establish an adult mental health partnership group made up of providers, commissioners, voluntary and community sector and patients who will look at the in depth information gathered and establish an action plan for improvements over the next 12 months
- To keep adult mental health firmly on the agenda, throughout the new models of care and the Sustainability and transformation plans.
- Internally as the South Staffordshire CCG's we will have a big focus on mental wellbeing of staff, through the Human resources and organisational development group, our health and wellbeing strategy and action plans
- Link with public health work to take a system wide approach to improve public mental and emotional wellbeing
- Focus on prevention and ways in which we can promote coping mechanisms and resilience for people and help them to get help as early as possible.
- Work in partnership on the wider mental wellbeing/mental health agenda
- Increase knowledge and awareness of mental health and wellbeing in primary and secondary care
- Improve engagement with the public and help to prevent mental ill health
- Include Mental Health and wellbeing in the Making Every Contact count system wide approach

List of attendee organisations

Tamworth Borough Council
Burton and District MIND
The Carers Hub
Cannock Chase Clinical Commissioning Group
Local Councillors
District Commissioning Officer Staffordshire County Council
GB Prohealth
Healthwatch
Inspiring Healthy Lifestyles
Making Space
Members of the Public
Mencap
New Life Charity
Stafford and Surrounds Clinical Commissioning Group
South Staffs Community and Voluntary Action
South Staffs Network for Mental Health
Staffordshire and Stoke on Trent partnership Trust
South Staffordshire and Shropshire Healthcare NHS Foundation Trust
Staffordshire County Council
Staffordshire Fire Service
Starfish
South East Staffs and Seisdon Clinical Commissioning Group
Talent Match Staffordshire
The Big Happiness Experiment Community interest Company – Project Happiness
The Carers Association South Staffs (CASS)
The Huntercombe Group
Together UK
YMCA