**What’s Going on Event**

An event organised by and for carers, service users and staff allowing people affected by mental health issues to meet and have useful discussions with commissioners and providers of mental health services in BANES.

70 people attended the event in Bath on Wednesday 27th Feb which was jointly organised by KS2 carers support group, St Mungo’s and Avon and Wiltshire Mental Health Partnership NHS Trust (AWP).

We created an opportunity for service users and carers affected by mental health issues to talk directly with mental health service providers and find out what was going on in the BANES area. This gave people the chance to ask questions and give their own feedback. We are fortunate that BANES service providers are very approachable and keen to talk freely with service users and carers.

**The Service providers and commissioners attending were as follows:**

**Julie Kerry** - Director of Nursing & Quality - AWP

**Nicola Hazel** - Clinical Director for BANES, Swindon and Wiltshire - AWP

**Suzanne Howell** - BANES Operations Manager - AWP

**Sue Blackman** - BANES CCG and B&NES Council

**Neil Manson** - Senior Commissioning Manager - Mental Health BANES

**Basil Wild** – Mental Health Commissioning - Virgin Care

**Richard Brookes** – Virgin Care Transformation Team

The evening began with two presentations. The first delivered by the CCG and BANES Council and the second by AWP. This was followed by group discussions, all of which were facilitated by a service user or carer.

**Themes for small group discussions:**

1. **Client and carer involvement:** Shaping, delivery and evaluation of services

2**. Crisis and risk management:** Support when someone is in crisis

3. **Positive transitions:** Services working together to achieve seamless support (discharge from services)

4. **Joined up support:** For people not at the threshold to access AWP but require more time and support

5. **Working together:** Staff and carers/supporters working together to provide the best possible support

6. **Prevention:** Working proactively together to keep people well

**Executive Summary**

Here you can read about some of the key points and issues raised at each discussion table. For more information, continue to the ‘Summary of the Six Discussions’.

**Working Together/Client and Carer Involvement**

Carers and supporters contribute much in their role supporting their loved ones, however they often receive very little training and support for this in comparison to staff. KS2 have commissioned training for carers to help start addressing this. The Carers Centre hope to offer support, making it available to carers. Hopefully this will be available through the Wellbeing College. Risk assessments completed by AWP now include carer’s names. Carers views can sometimes help inform the risk assessment.

The profile and involvement of carers has been and will continue to be raised across the AWP with Julie Kerry from AWP *starting “we know that investing in carers works”*. Julie went on to say that it’s about getting the basics right, understanding the family and recognising that the carer *“holds an important part of the story”.*

There is more to do to recognise carers as part of the multi-disciplinary team. It is being seen that investing in carers can improve the support people receive, and save money. This is part of the reason that work has been done to improve working with carers and involving them earlier on. The carer’s charter, seen as a strong piece of collaborative work, is a good example of this. The charter has created a strong understanding of carer’s rights and should be used by services to inform carers of what support they should expect.

**Crisis and Risk Management**

There will be a Café called ‘Breathing Space’ where people can go to out of hours for support. Young people will be able to access this.

It was noted that there is too much assessing of service users. More needs to be done to get the entry and pathway right, with better use of resources. With this in mind questions were raised about how the planned Virgin Care coordination centre and AWP’s care coordinators would ensure a one assessment approach. It is hoped the planned integrated health record that includes AWP and Virgin Care will help achieve this.

We liked the plan for everyone leaving a service (discharge) to have a forward plan to address their future support needs and how to access crises support if required.

**Positive Transitions**

*“We need to go back to basics at discharge as it’s really important to get it right. Patients are at a higher risk when moving from acute services into the community”* (Julie Kerry, AWP)

Virgin care are leading on developing a shared recording system that different services can use including RUH, AWP, Virgin and Charities. People having one plan that travels with them will be much easier when this is in place.

Peer volunteering was also focussed on, with it being seen that there is a need to build on the success of peer mentoring. There are a lot of other roles people with lived experience can do like carers buddying along with the setting up and running of groups. The availability of more peer apprentices is being looked at. Work with employers to develop more volunteering roles should be an opportunity to move into paid work. It was suggested that peer mentoring be expanded

A lot of people who are discharged from services want to do something without the pressure of paid employment. The volunteer pass has been designed for people to develop a CV through volunteering and build their self-confidence.

**Joined Up Support**

It was stated that better information about services is required, concerning NHS, AWP, Virgin care and social prescribing, with the question being asked, “Where are the preventative services and who is providing them?”. Another question was how all service users and carers can know what they can expect from the service providing them support and thereby reduce the amount people feel let down?

Still, it was liked that AWP were very clear and open about their short comings, with plans to address them, attendees also being happy that transition between CAMHS and adult mental health is being looked at. The Hope Guide and St John’s guide working with Wellbeing Options make it the go to place to find out about what’s available.

AWP’s Primary care Liaison Service (PCLS) are doing more comprehensive phone assessments which are improving referrals onto AWP or other organisations, with mental health services in Swindon, Wilts and BaNES working together to create a shared ‘Thrive’ model of support.

**Prevention**

More mental health education is wanted in schools, maybe with the introduction of mindfulness classes and awareness classes about noticing signs of and triggers for mental ill-health, helping instil resilience in younger people to manage their wellbeing.

For adults a need has been seen for mental health training for employers and employees, to enable people with a lived experience feeling able to divulge their mental health history when they start a job, and access support if they feel unwell.

A need was seen to increase funding of community groups and wellbeing options in the satellite towns around Bath, with more community transport in those towns, giving people access to services in Bath.

There is limited out of hour’s professional support to prevent escalation into a crises. It is hoped that Breathing Space Café and a refocused Wellbeing house will go some way to meeting this need in the future.

**Summary of the Six Discusions**

**Client and Carer Involvement**

**Question 1**

**How to involve young people (18-25) in a co-productive way to shape services?**

**Nicola Hazel** **(AWP)** discussed using the older adult model, where there is more communication with the family/carer and they are recognised as part of a multi-disciplinary team. She recognised that care plans need to be honest and that consent needs to be kept up to date to reflect the progression of the service user.

**Julie Kerry (AWP)** informed the group that BANES would need to commission services differently to include a CAMHS service as this is currently being provided by Bristol, where there are also several young people groups. She shared her experience with ‘Article 12’ in Oxford which is a successful model and suggested that AWP form a relationship with them to develop something similar. She also encouraged service users to support other service users.

**Sue Blackman** **(CCG/Council)** would like the key providers to all work to the same transition standards. The CCG is currently working with ‘Off the Record’ to provide enhanced counselling. She would like to see a collaborative framework for service users not accepted in adult services as they are ‘not sick enough’.

**Question 2**

**Why isn’t technology better utilised?**

**Julie Kerry (AWP)** stated that we would need to work on suitable platforms.

She thought that something similar to a ‘FitBit’ would be highly beneficial. It could monitor changes in physical activity, indicating possible changes to mental health and alert a carer or care coordinator.

**Neil Manson (BANES CCG)** said that there was work currently being undertaken with Virgin Care to improve the integrated health records.

**Question 3**

**How can we improve care continuity through the mental health pathway?**

**Basil Wild and Richard Brookes (Virgin Care)** also talked of the work on the integrated health record saying that this was to allow a more complete view of the service user. They are currently updating their mental health and wellbeing charter, including plans for a patient portal, where there could be the possibility of interactive use for the service user and carer input.

**Question 4**

**What occupational health help is there with regards to assisting service users to gain and/or retain employment?**

(4th question added to include the service users in the group not involved in CAMHS Transition)

**Sue Blackman (BANES CCG/Council)** advised that BANES council have an initiative with local employers.

**Suzanne Howell (AWP)** shared that an employment advisor had recently started as a part of the AWP talking therapies service. She also advised of the Richmond Fellowship initiative which supports mental health workers with service users occupational health needs.

**Crisis and Risk Management**

**Questions:**

1. What resources are available to have an effective workforce?

2. How will service users and carers be better listened to?

3. How can service users know how to access crisis services and how will services be improved?

**Sue Blackman (BANES CCG/Council)**

* GP’s are looking into how we nurture staff. This includes engaging with them when redesigning services and staffing
* Breathing Space is a service for people who do not hit the criteria to receive mental health support from other services
* Wellbeing House – Enhancing provision for weekends and more
* Community Connectors – people in the community able to support and sign post others. Looking at applying the Frome model
* A Virgin Care coordination centre is being planned

**Suzanne Howell (AWP)**

* AWP has increased how much training is offered
* Clinicians are now offering training and supervision to other staff who are struggling
* AWP are trying to raise awareness of mental health challenges in universities
* AWP have a recruitment and retention staffing policy
* The intensive team is reinforcing the philosophy of no wrong door into services. Staff must find the right person for the service user to talk to. However, they are limited by resources and commissioned to have just 2 staff covering the out of hour’s crisis phone line
* Carer involvement is essential. Carers names are now in the risk assessment and their views are part of creating it

**Nicola Hazel (AWP)**

* They are currently looking into a solution for the decreasing number of consultant psychologists. This is partly due to a decrease in the kudos of working for the NHS along with there being more choice as to who they work for
* Apprenticeships are being looked into
* How to support a career path for peer mentors and other people with lived experience?
* Crisis services – There is a long term plan to work with commissioners, using engagement for carers and service users to improve the support people receive in a crisis. There is currently a dissonance between adult and children’s services work with carers

 **Julie Kerry (AWP)**

* There is a need to create new roles such as peer support workers as a lack of nurses is a national problem
* Collaborative risk assessments should be in place, talking to service users when coproducing a care plan
* Face-to-face meetings with service users a few days after discharge is ideal
* There’s too much assessing of service users, we need to get the front door (entry) and the pathway right. Resources need to be better used. A single point of entry is the ideal.

**Basil Wild and Richard Brooks (Virgin Care)**

* There is less money yearly for mental health services and a vast difference in how much each service costs
* Preventative services cost less and can keep people out of crisis services which are expensive to run. More roles within peer support are being looked into
* A holistic, whole person/situation approach is being developed
* An integrated care record with AWP is being developed so that people only need to tell their story once
* Everyone leaving a service (discharge) is to have a forward plan which will address their future support needs and how to access crisis support if required

**Neil Manson (BANES CCG)**

* AWP training statistics are monitored by commissioners
* NHS restrictions make it difficult to increase pay and offer promotions which help to retain staff
* There is a limited amount of money available to provide services. This has a knock on effect in recruitment and retaining staff
* Looking into care 24 hours a day. The addition of an out of hours’ intensive service, without destabilising current setup
* More staff at night is only part of the answer
* The bounce about between services is currently being addressed

**Positive Transitions**

**Questions:**

1. What is happening about focused conversations with young people in regards to mental health? Is there an infrastructure to help them? If not, one is needed.

2. Positive transfer between services. What is in place to support people at night and do they have correct medication? Everyone one needs to know care plans to avoid ‘passing the buck’.

3. How much information is being provided as part of discharge plan ‘connecting people to services’?

**Suzanne Howell (AWP)**

* Young people need a space. It needs to be engaging and a move away from mainstream services where they can build resilience and strength
* Linking in with community networks and raise the profile of groups like ’Off the Record’
* Child and Adolescent Mental Health Services (CAMHS) are very focussed on transitions in services, CAMHS transition worker. Adult services are working with children’s services to provide an early intervention service, a CAMHS link worker
* Transition leads should be working together to make sure this transition is as smooth as possible. This involves a lot of planning and working with families. There is a specialist family worker within the recovery team
* Professionals need to be working together to ensure positive transitions

**Nicola Hazel (AWP)**

* You can go from one department to another and it’s not joined up, it depends where and which bit of service you go to
* There are link workers. Commissioners are working at a wider strategy and need to look at all parts of the transition process. It is about culture within all mental health teams and there are a lot of agency staff which increases concerns about sharing information
* There is a need to explain terminology to people so that they understand it

**Julie Kerry (AWP)**

* We need to go back to basics at discharge as it is really important to get it right. Patients are at a higher risk when moving from acute services into the community
* The recovery model needs to focus on social/education. Currently it’s too medical
* People’s focus is key. Could we do assessments differently to free up more staff time and money?
* The Hope Guide is a really good resource. It needs more promotion as lots of people still don’t know about it
* People should be supported, encouraged and helped to engage. How do all services work together to achieve this? It’s not all about secondary services
* Mental health should not be taboo
* We should have people with lived experience and their carers visiting schools talking about mental health issues. Also, more should be done with social media
* People should be encouraged to recognise signs of mental health problems in each other

**Sue Blackman (BANES CCG/Council)**

* A shared recording system that different services can access is being established and implemented from April next year. The first stage is getting systems to work together including data protection. There will be twelve months of working through this. Clear forward plans cannot be integrated. Forward care planning will be much easier when this is in place (RUH, AWP, Virgin, Charities)
* Different services will use the same record, made possible by an integrated engine
* It is taking a long time to set up a system to protect from hacking. Data protection has changed and records will accommodate this. We need to be clear what data is shared with different professionals and what is not
* The next stage will be a people portal so that people can access their own records
* The work stream of the mental health review has been focussing on transitions between services and improving support for young people, working with young people and schools to set up plans for crisis
* There will be a café called ‘Breathing Space’ where people can go for support out of hours. Young people will be able to access this
* A better counselling service for young people is currently being explored

**Basil Wild and Richard Brooks (Virgin Care)**

* Common areas that apply across the board of services will be put into contracts with a holistic forward plan. These will look at all areas such as housing, employment and signposting to support groups
* There’s a need to build on the success of peer mentoring as there are a lot of other roles which people with lived experience can do, such as carers buddying and peer led groups. What extra support is needed to do this? We could have peer apprentices working with employers to develop more volunteering roles. There should be an opportunity to move into paid work
* There is a volunteering pass, recording what people have achieved, their training and skills developed. This will allow people to take up different volunteering roles within different services
* It is very important to maintain boundaries of volunteering (not employment) and make sure there is room for development where volunteers are really well supported
* A lot of people who are discharged from services want to do something without the pressure of paid employment. They can develop a CV through volunteering and build their self-confidence

**Neil Manson (CCG)**

* When people move between services, plans are to be co-produced
* There has been work done to improve working with carers and involve them early on. This includes the carer’s charter, a strong piece of collaborative work. This has created a strong understanding of carer’s rights and should be used by services to inform what they do. We need to do more of this
* The mental health and wellbeing charter does the same for people using services
* There will be a collaborative framework for all mental health contracts. Organisations must sign up to these charters, which will be reported on and measured
* We are formalising how services work together
* The mental health review is about cultural change rather than the structure of teams
* Everyone is signed up to the triangle of care
* People’s wishes regarding confidentiality should be listened to and clear at point of entry into services and revisited as a patients recover. There need to be more conversations about why some service users don’t want to share information

**Joined Up Support**

**Questions:**

* What services are there going to be for people falling through the gaps? Particularly for people who are unwell, but not unwell enough for AWP support - therapy/treatment or continually unwell?
* What services are there for people falling through the gaps?
* What are the preventative services for people with longer term mental health challenges?
* What services are available for young adults and children?
* How do people find out about services?
* What is needed and already planned for the future?
* Dual diagnosis – How can services work together effectively?
* Service provision
* How will the gap be addressed between needs being too complex and people not being unwell enough?

**Below are responses from commissioners and service providers**

**What services are there going to be for people falling through the gaps?**

* GP’s could refer to peer mentoring
* Better links with primary care liaisons
* Safe Havens?

**What are the preventative services for longer term mental health challenges?**

* More peer networks needed
* PCLS - improved referrals to other services when not requiring AWP support

**What areas are there other than talking, particular for children young and adults?**

* Off the record
* Social prescribing services

**How do people find out about services?**

* Wellbeing options website
* Community connectors / Village agents
* Better Information about services is required - NHS/AWP/Virgin care/Social prescribing
* If you are looking for services when you or a loved one becomes unwell at this time you need services which are easy to find and access
* A new directory of services for mental health and wellbeing from April 2019
* Services will follow the ‘Thrive’ model in future
* Collaborative working - encouraged by a new collaborative (outcomes) frame work
* Peer mentoring
* AWP’s Primary Care Liaison Service (PCLS) are doing more comprehensive phone assessments which is improving referrals to AWP or other organisations

**What is needed or planned?**

* Clear and joined up care coordination and a directory of services
* Primary care network hubs, 5 in total. Bath, Chew Magna, Keynsham & Peasedown St John

**Dual Diagnosis – how can services work more effectively?**

**Too complex for psychological therapies but to unwell for statuary mental health**

* Therapies care pathway joined up between AWP and other organisations, for example joint groups with Specialist Drug and Alcohol Service (SDAS) and Developing Health and Independence (DHI)
* A mental health nurse is working with Julian House

**Service provision**

* Where are the preventative services and who is providing them?
* Wellbeing (recovery) college model activity, education, information and prevention. More of a holistic approach. AWP are keen to have more opportunities to consult and find out what services are needed, using technology to provide more information. It is unclear what services Virgin Care provide due to ongoing changes

**How will the gap be addressed between needs being too complex and people not being unwell enough?**

* People meet the criteria of a care act assessment to access some support services
* What is available and how do people find out about:

The wellbeing house, which is relaxing and supportive with a stay of up to 5 days

Breathing space – safe haven

**The future**

Care co-ordination centre and one telephone number which will link to the wellbeing hub, community navigation team (not statutory mental health or social workers)

**What we liked**

* AWP were very clear and open about short comings and plan to address them.
* Happy that transition between CAMHS and adult mental health is being looked at
* Peer mentoring
* AWP’s PCLS are doing a more comprehensive phone assessment which is improving referrals to AWP or other organisations

**Working together**

**Questions:**

* How can we make sure that statutory and third sector organisations all recognise and support carers?
* How can we take the training for carers, developed by KS2, forward?
* How can services be proactive in involving carers in the care and support of the people they look after?

**Sue Blackman (BANES CCG/Council)**

* The carer’s charter and framework will be embedded in all contracts. The outcomes framework will include a measure to make sure providers are adhering to it. The proof will be the experience of carers
* Mental Health Investment Service may be an option for funding. Would need to evidence what difference the training will make
* Events like this are a good opportunity to raise the profile of carers with professionals. The carers charter and framework will be pivotal

**Susanne Howell** **(AWP)**

* All organisations will need to adopt the carer’s charter, which will be part of the standards of engagement. All organisations can do better. There is a need to recognise differences. It’s also about cultural change, staff need the skills, confidence and clear guidance around confidentiality
* Support with venues (in-kind) may be possible
* CAMHS offer a good practice model for making sure the family are involved

**Nicola Hazel** **(AWP)**

* The profile of carers has been and will continue to be raised across AWP. There is an opportunity for AWP to collaborate with third-sector organisations
* Investing in carers makes financial sense and saves money. Funding opportunities to further develop the training with AWP and commissioners could be discussed. AWP may be able to support with venues. It is about having the right conversation with the right people
* There is a lot that adult services can teach us. There is more to do to recognise carers as part of the multi-disciplinary team. Staff need to be better at having honest and challenging conversations with carers and service users. Confidentiality should not be used as an excuse

**Julie Kerry (AWP)**

* We have to make sure carers are identified and involved. KS2 have raised the profile of carers within AWP. It’s about getting the basics right, understanding the family and recognising that the carer ‘holds the story’
* An evidence base exists and we know that investing in the carer works. Could explore offering through the training department. Support with applications for third-sector funding. The CCG/Health England may be able to offer advice
* It’s about the basics, understanding the family and talking honestly about risks. There is a clear framework for staff around confidentiality

**Basil Wild and Richard Brookes – (Virgin Care)**

* The carer’s charter and framework will require organisations to identify and support carers. Monitoring will include looking at complaints. Service development improvement plans can be used to promote improvement
* The Carers’ Centre may be able to support with further developing the training. The Wellbeing College may be able to offer as part of their programme

**Neil Manson** **(CCG)**

* The carer’s charter and framework will make sure carers are included. An outcomes framework for contracts is being developed and will make sure that carers are being identified and supported
* Investing in carers saves money. We could look together at where funding to further the training could come from
* Confidentiality is too often used as a barrier. Staff can listen to families, even if they cannot share information

**Prevention**

* More mental health education is wanted in schools. This could be the introduction of mindfulness and awareness classes with a focus on noticing signs and triggers of mental ill-health, which would help instil resilience in younger people to manage their wellbeing. We talked about the need for further funding of CAMHS, including preventative learning in schools
* A need has been seen for mental health training for employers and employees, to allow people with lived experience to be able to make known their mental health history when they start a job, and access support if needed
* A need was seen to increase funding of community groups and wellbeing options in the towns and villages around Bath, with more community transport, giving people access to services in Bath
* Out of hours’ professional support to prevent escalation into a crisis is limited.

It is hoped that Breathing Space Café and a refocused wellbeing house will go some way to meeting this need in the future

**Feedback**

Overall the event received very good feedback. Participants particularly liked the fact that they felt listened to.

**Here are some quotes from attendees**

*“There was lots of positive feedback about peer mentors”*

*“It was very interesting to talk to different people”*

*“It’s good that all professionals are aware that the roles of carers are very important and needs to be cherished”*

*“I felt that everyone listened to the views expressed”*

*“Positive impact of co-production initiatives”*

*“A great networking event which illustrated openness and transparency of the service providers and commissioners”*

*“A better understanding of mental health issues in banes”*

*“While we still have work to do, it was really helpful to hear about the bits that are going well”*

*“Future events could be beneficial, to update on these issues”*

**Julie Kerry (AWP)**

*“I’ve agreed to talk with KS2. AWP’s learning and development team will look at options to provide carers training”*

**Sue Blackman** **(CCG/Council)**

*“There was a great energy, with lots of reinforcement of the views from the mental health review”*