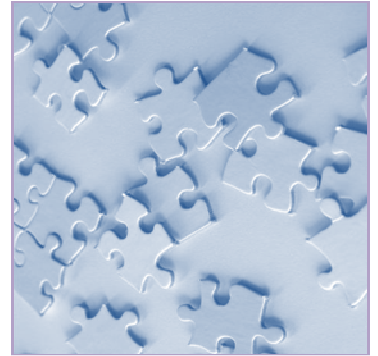


Adult Mental Health Model Stakeholder Update

January 15th 2014 3.30 – 5.00, Civic Suite in Catford

Summary of discussions



Present: 20 people in total

11 mental health service users/carers

Staff / volunteers from the following organisations/groups:

- South East London Direct Action & Greenwich Association of Disabled People
- Lewisham Users Forum
- Carers Lewisham
- Lewisham Clinical Commissioning Group

SLaM Staff:

- Adult Mental Health Model Programme Manager
- Patient & Public Involvement Lead
- Clinical Services Lead – Psychosis Services
- Head of Care Pathway – Mood, Anxiety and Personality Services
- 2 x Lewisham Carers Development Support Workers

Aims

Building on recent discussions with interested people we aimed to:

- Let people know how the work was progressing
- Get ideas about how to keep people updated and involved in the future.

Session outline:

- 1) A quick overview of the planned changes to adult community mental health services in Lewisham
- 2) An update – what is happening now, and what will happen next
- 3) Discussion about how people have been involved so far and how they can be involved in the future

A quick overview of the planned changes to adult community mental health services in Lewisham

The 'adult mental health model' is a development to community adult mental health services. About £ 1 million will be invested in the services which will result in:

1. An improved assessment service

- People will be referred more easily from their GPs
- The quality of the assessment will improve so people will get the right help more quickly
- We will work more closely with social care and primary care so that people who don't need our services can be well supported

2. More specialist help to people who are likely to relapse

- Workers will have more time with clients
- More people will be treated at home and at an earlier stage of relapse
- Some people may have a shorter hospital stay at an earlier stage to prevent crisis (which could then involve a longer hospital stay)

3. Support to transfer people back to primary care when they no longer need our services

- We will work carefully with people to plan for discharge to primary care
- People will be referred to support such as the new services provided by Bromley MIND (in Lewisham)
- If people need our services again it will be easy to be referred back

What will change?

- The Assessment & Brief treatment teams and the Support & Recovery teams based at Speedwell, Southbrook Road and Northover will change.
- There will be 4 (instead of 3) community teams which will fit with the primary care neighbourhood structure
- There will be bigger assessment teams which will offer more support to GP's advising on mental health & assessing people quicker;
- There will be a more developed treatment team for mood, anxiety & personality problems,
- There will be bigger teams for people with psychosis. They will have lower caseloads per care co-ordinator and more talking therapies. This will mean that some people will have to have a different care co-ordinator.
- Home Treatment services will operate more flexible hours & work more closely with primary care.

Questions, answers and comments about the changes.

Paraphrased comments, questions & suggestions from people present
Paraphrased responses from South London & Maudsley staff

With the 4 new areas, how many care co-ordinators will there be per area?

Not all of the areas (or neighbourhoods) are the same size, so they will not all have the same number of staff. However, we will make sure that each care co-ordinator has a caseload of 20 and across the borough there will be 12 more care co-ordinators than there now. Each consultant psychiatrist will have a caseload of about 200.

If I get a new care co-ordinator will my care change?

Your care will depend on your level of need and should not be changed with a new care co-ordinator. However, we realise that the relationship that people have with their individual care co-ordinators is important. That is why we will plan carefully for the changes.

It is important to involve family members & carers in changes to care co-ordinators

Will people be able to easily be referred back into the system?

The services will be flexible and work more closely with GPs as we realise that people need to be seen quickly. People will be able to have an assessment within GP working hours – eg until 8pm and on Saturday mornings. They will be able to be assessed at home, or at the GP surgery. We hope that this means less people will need to go to A&E to get help.

How will this new development be monitored?

We have some researchers who will be looking at the outcomes of this development. Each part of the new service has been asked to identify 25 things that would show whether the system is working. We will look at these things to see if there has been an improvement. The types of things we will be looking at include: the number of referrals, who is being referred and how quickly they were assessed. We will also look carefully at our service user satisfaction questionnaires. These help us understand what it is like for people to use our services. Finally we are developing a new service user satisfaction questionnaire which will help us understand if the services are working well together and giving people an overall better experience.

The changes will be happening around the time of the general election. New governments make changes to the health service. Maybe it is wise to wait to see what changes will be brought in after the election.

We are reluctant to wait because we have identified the funding to do this now, and this might not be available in the future.

When service users are referred back to their GP, in the past, GPs are not told soon enough. The service user shouldn't have to contact the GP, the GP should make contact with the service user.

It is important that the whole system is considered, not just the part of services that are provided by South London & Maudsley.

There is concern that GPs are not always able to support people with their mental health and that the support is not consistent.

GP's should be prompted/encouraged to have a double consultation with people who have mental health problems – it can take time for people to open up and say what is really wrong.

Is there going to be a mental health service in GP practices?

We will not be providing a mental health service in GP practices, but each area will have a dedicated consultant psychiatrist. They will be able to support GPs to develop their understanding & expertise around mental health. However, we cannot control GP practices to make them better able to support people.

We will be offering a new service for people at risk of developing psychosis. This service will develop close links with GPs and we hope that it will help people get specialist help more quickly.

(Concern was raised about the mental health drop-ins and the difficulties in resolving some of the issues raised in the past. Drop-ins are not affected by these developments, but we will let the relevant staff know that the concerns remain)

An update – what is happening now, and what will happen next?

- 1) Very soon, we will begin a ‘consultation’ exercise with staff members who may be affected by the changes - some staff may move between teams and others may have to take on different roles.
- 2) Over the next few months we will continue to plan the changes, talking to service users and carers, GPs and those who commission services. We are doing more detailed work on the different service areas which will need to change. For example the assessment service, the home treatment service or the support and recovery service.
- 3) From May 2014 we will start to talk to individual service users (and their family/carers) who will need to change their care co-ordinator. We realise that this will need very careful planning with opportunities for the person to meet the new care co-ordinator with the old one.
- 4) By August or September we will do a review of how things are progressing. As we move forward with this work, we will be making small changes as issues arise.

How people have been involved so far?

- 1) At the end of 2012 we asked service users, carers and the public what they thought was most important to consider as we developed our plans.
- 2) During September and October 2013 we spent time talking to service users, carers and staff about our ideas and listening to their response. This helped us to develop some more concrete proposals.
- 3) In November 2013 The Lewisham Mental Health & Wellbeing Stakeholders Day provided a good opportunity to let more people know about our plan and to work alongside the local community to continue to develop the detail. Around 200 people attended this annual event. Participants included staff, volunteers, service users and carers from local NHS mental health services, voluntary sector organisations, the local authority and clinical commissioning group. Every person who attended the day was given an information sheet outlining the proposed changes above with additional frequently asked questions giving more detail. This written information outlined opportunities to feedback about the proposed changes before 16th December. We did not

receive any feedback. There were 3 workshops during the day focussing on specific elements of the service:

- a. Support & recovery services
- b. Crisis and assessment
- c. Mood, Anxiety & Personality Disorder treatment team.

There are reports available for all the involvement activities – please contact Alice Glover (see p.7)

How can people be involved in the future?

1) Keeping people informed – ideas from participants:

Written information through:

- Existing newsletters – eg: Carers Lewisham, Healthwatch etc
- Online information – service user blog etc
- Disseminated through drop-ins, patient participation groups,
- Voluntary and community organisations etc

Verbal updates via:

- Drop-ins
- User groups and forums
- Quarterly stakeholder meetings

In all written and verbal communication it is important to use plain English.

2) Opportunities to contribute as the services develop

As different parts of the service develop, there will be opportunities for people to help us develop specific aspects. This could include things like:

- information for service users and carers
- what questions should we be asking in a survey to see if the developments are improving the services
- what will help us make sure that we are providing a service that is available to all members of the community who need it.

We will use the communication channels listed above to let people know about the opportunities as they arise.

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