

Community Mental Health Transformation Programme (CMHT)

Forest of Dean January 2023

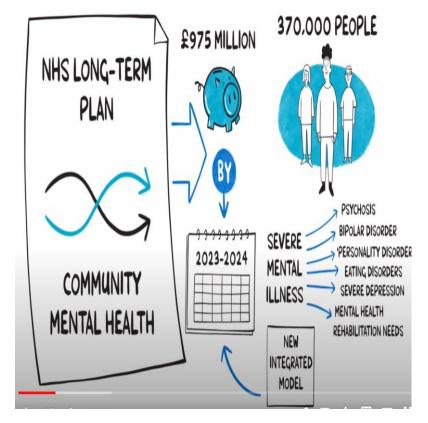


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Our future: The Community Mental Health Transformation programme

- Part of the NHS Long Term Plan
- To improves experience and outcomes for people with Seriou Mental Illness (SMI)
- Connect and Integrate the range of services that people use
- Joined up partnership working with increased access for people with SMI

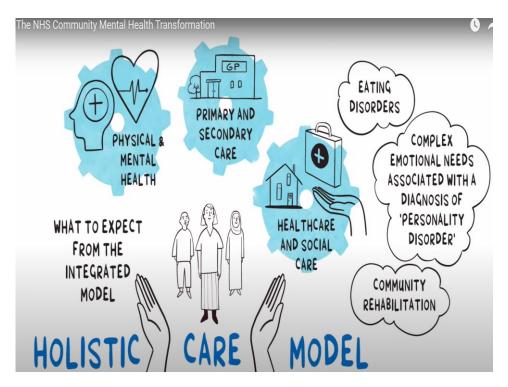






Our future: The Community Mental Health Transformation programme

- Better experience for service uses accessing Primary, Secondary and VCSE care
- Specialist mental health workers in GP surgeries
- Develop and increase services for:
 - □ Employment
 □ Complex Emotional Needs
 □ Physical Health
 □ Eating Disorders
 □ Rehabilitation
 □ Housing



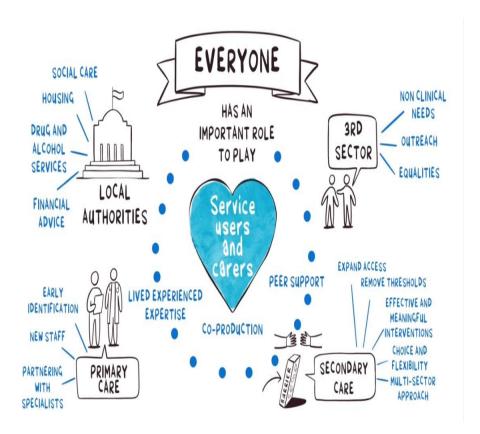




Our future: The Community Mental Health Transformation programme

How do we make that happen?

- "Locality Community Partnership" (working title)
- Proposal and structure by GHC
- Processes, operational procedures,
 Experience feedback and continual development by all parties.





CMHT Workstreams

Live Transformation Projects (in scope)			Service Model Development				Programme Enablers			
Physical Health Checks SMI IN PROGRESS	Eating Disorders IN PROGRESS	Housing & Employment In Development (IPS already planned expansion)	Complex Emotional Needs IN PROGRESS- Requires expansion	ARRS IN PROGRESS	Locality based Community Mental Health Teams Planned for Forest of Dean	Access and Assessment (Inc wait times) Using DIALOG+	Rehabilitation	People Pathways- linked to assessme nt	Comms & Engagement Engagement and briefings provided for Forest of Dean Stakeholder Event January 31 st Speech House	Finance & BI Planned for 23-24 Requires SDF and MIS alignment for Business as Usual funding

Experience Based Co-design and co-production

Personalisation

Health Inequalities



Assessment and Outcomes

Implementing DIALOG as an Assessment AND Outcome Scale (Patient Rated Outcome Scale)

Workshop and report from Experts by Experience (Inclusion Gloucestershire)-Agreed useful, but not in Crisis or S136 situations

Implementation for FoD teams
Asked VCSE partner to trial (Guidepost)

Needs EbE feedback after implementation

DIALOG Scale

1	2	3 1		1 .	V	2 55
totally	very	Easter.	-		6	7
dissatisfied	dissatisfied	fairly dissatisfied	in the middle	fairty satisfied	very satisfied	tota satis

1	How satisfied are you with your mental health?
2	How satisfied are you with your physical health?
3.	How satisfied are you with your job situation?
4	How satisfied are you with your accommodation?
5.	How satisfied are you with your leisure activities?
6.	How satisfied are you with your relationship with your partner/family
	How satisfied are you with your friendships?
8.	How satisfied are you with your personal safety?
9.	How satisfied are you with your medication?
10.	How satisfied are you with the practical help you receive?
11.	How satisfied are you with your meetings with mental health professionals?



Phy:



totally

Accomm

Leisure ac

Partner / fa

Friendships

Personal sal

Medication

Practical help

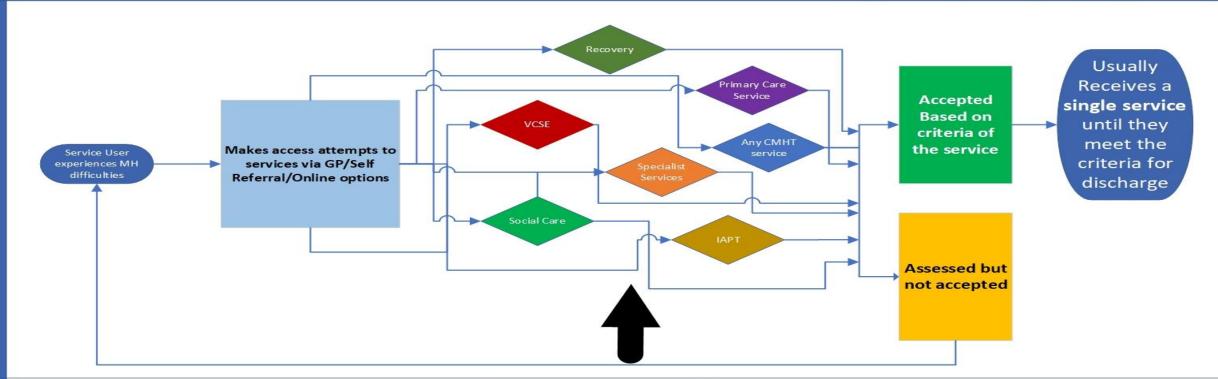
Meetings



1	2	3	4	5	6	7
Totally	Very	Fairly	In the	Fairly	Very	Totally
dissatisfied	dissatisfied	dissatisfied	middle	satisfied	satisfied	satisfied

QUESTION	SCORE	Would you like help in this area? (Y/N)
 How satisfied are you with your mental health? 		
2. How satisfied are you with your physical health?		
3. How satisfied are you with your job situation?		
4. How satisfied are you with your accommodation?		
5. How satisfied are you with your leisure activities?		
6. How satisfied are you with your relationship with your partner/family?		
7. How satisfied are you with your friendships?		
8. How satisfied are you with your personal safety?		
9. How satisfied are you with your medication?		
10.How satisfied are you with the practical help you receive?		
11.How satisfied are you with your meetings with mental health professionals?		





When people experience difficulties there are numerous services available. Many are Self Referral Services Users can have:
A brief assessment in
Primary Care
Triage with a chosen service
Access questionnaire

Usually criteria and problem focussed

There are many services available, some with direct access. Many have an 'inclusion' and 'exclusion' criteria. Many services have 'Thresholds' for access. Many services have a focus on particular needs

EACH SERVICE CAN MAKE AN INDIVIDUAL DECISION ON ACCEPTANCE

When a service user is 'accepted' it can unintentionally exclude acceptance by another service (Mental Health and Substance Misuse are case examples)

THIS MAP IS A GENERALISED EXAMPLE TO HIGHLIGHT AREAS FOR CHALLENGE

1000's of referrals are accepted appropriately across Gloucestershire with a positive outcome.

The challenge is where potential service users need multiple services or where it will be a better outcome id services are delivered together

What happens now





THE

TRUST





















CMHT Proposed (Draft)

SERVICE USER FLOW

TASKS

SERVICE USER ACCESS-Transformed Locality Community Partnership

Phase: With LCP DIALOG LOOP Use existing **Pathways** LOCALITY COMMUNITY PARTNERSHIP YES VCSE/Social Care/ Meeting Service User Referral Makes access Owned refused by **GHC Core Service** attempts to VCSE Providers Personalised **CMHT OR** services via GP/ Service User Primary Care Partners and ARRs Single Service Option complexity Care Plan Self Referral/ experiences MH Social Care Accepted? and Risk Plan Complete difficulties Wellbeing and Social Prescribing Online options **DIALOG+ Goals** Follow up DIALOG+ to be Drug and Alcohol Services based Housing used as a Patient Rated Primary Care follow Outcome AND review of assessment up and treatment Service User Goals MULTI SERVICE PLAN plan **BASED ON THE** SERVICE USER GOALS SERVICE USER OPEN TO ANY EXISTING SERVICE (VCSE, Primary Care, Secondary DIALOG LOOP Care etc) that has unmet need complete DIALOG+ to identify Goals

> Make information clearer on MENTAL HEALTH vs MENTAL ILLNESS access

PRIMARY CARE AND OTHER ACCESS POINTS-DIALOG IMPLEMENTATION

HOW DO WE INCORPORATE: New HELPLINE Connectivity GHC Web Page G-Care Guidance ARR's Integration Define access to LCP where service users needs canot be addressed by a existing single pathways (IAPT, Crisis, Young Gloucestershire etc)

UNMET Need=continued access to urgent care and partner agencies.

No improvement with single service

Service user feels high level of dissatisfaction on DIALOG scale/ requests help on DIALOG items

NEEDS

ToR Membership Confirmation Venue IG principles

IMPLEMENTATION

Band 6/7 Lead for locality VCSE Navigator Evaluation Process and Codesign by EbE

Multi service plan

-Can use 'Staying Alive Options) -Use GHIN/FERN Template for plans

NEEDS EbE design for Care Plan Format and Staying Alive Options

What happens proposed





What next

- We need to hear more about peoples experience
- We need partners to make the model work
- We need to review, improve and feedback changes as they happen
- We need to see things from a service user, carer, provider perspective
- We need to say thank you for the support we have received already
- www.ghc.nhs.uk/news/community-mentalhealth-transformation-in-gloucestershire/



