

# **Deciding Together, Delivering Together Designing inpatient and community mental health services**

**January 2018**

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# 1. Executive Summary

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The original Deciding Together decision, made in July 2016, focussed primarily upon the reconfiguration of the inpatient mental health beds in Gateshead and Newcastle. To realise that ambition, a fundamental **redesign of community mental health services** was needed – across all agencies.

To ensure the redesign was comprehensive, the **scope** of the original Deciding Together work was extended to include:

- Older People’s Mental Health services in Gateshead
- Third Sector Mental Health services, and the wider Community and Voluntary Sector
- Social Care and other Local Authority services
- Interface with GP services
- Interface with employment and housing

Following extensive desk top data analysis and preliminary stakeholder engagement earlier this year, **four week-long ‘design workshops’** were held and attended by more than 70 participants including Service Users and Carers. The workshops generated a comprehensive description of the Community Mental Health services to be created in Gateshead and Newcastle, under the following four banner headlines:

- Getting help when you need it
- Understanding need and planning support
- Delivering support
- Staying well

The **comprehensive service description** now needs to be enacted. This paper summarises the key principles of the work, while the reports from each of the workshops are attached as appendices.

There are different categories of service changes required – with some being fairly easy to achieve through policy and process redesign, some requiring a new approach across and between agencies delivering care, and some requiring longer term consideration and investment.

In order to move from **‘design to reality’**, a steering group has been established to oversee the developments. Critically, the responsibility for enacting the developments will be shared by all partners – both commissioners and providers, across the statutory and non-statutory sectors.

Throughout the implementation period, communication with people, carers and agencies is critical. An outline **‘tactical communications plan’** is attached as an appendix to this report.

## 2. History and background

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The Deciding Together process involved asking people who use Mental Health services, their families, carers, Mental Health professionals and service providers for their views on improving the way specialist Adult Mental Health services are arranged in Gateshead and Newcastle; it culminated in a listening exercise held during winter 2014/15 and was published in April 2015.

In June 2016, the CCG governing body considered the findings of the Deciding Together progress and made its decision about the future of the services, releasing the following statement:

*“Mental health services in Newcastle and Gateshead are set to be transformed – reducing the amount of time people will spend in hospital and creating better, more integrated care outside of hospital in the community, and helping people to recover sooner – and bringing them onto an equal footing with physical health care.... The changes will mean the creation of new inpatient facilities at Newcastle’s St Nicholas’ Hospital, and the opportunity to innovate a wider range of improved and new community services, some that will be specifically provided by community and voluntary sector organisations under future new contracts, that will link with statutory NHS services.*

*While the decision will mean the closure of Gateshead’s standalone Tranwell Unit, as well as the Hadrian Clinic in Newcastle, it provides the opportunity to make significant changes that will create new interlinking community and hospital mental health services that will reduce the reliance on hospital stays, shorten the time people spend in hospital and overall improve their experience of services, helping them to recover sooner, stay well and have fulfilling lives.*

*Older people’s services in Newcastle would also change and be consolidated at St Nicholas’ Hospital, closing wards based on the former Newcastle General Hospital site.*

*The money released from these changes will be invested into new and enhanced services that will create a better way for people to be supported and cared for in their own communities, minimising the need for inpatient care because new innovative services will support them, when they need it.”*

Following the CCG decision, work began to understand how to best implement the decision. On 1 February 2017, a stakeholder workshop was held and noted that a fundamental redesign of community Mental Health services was needed in order to implement the original Deciding Together decision. The stakeholder group agreed the following guiding principle for the work:

**“We will work together in a collaborative way to redesign the pathways for adults and older people in Newcastle and Gateshead who have urgent (in its broader sense) and more complicated/intense Mental Health needs, by December 2017.”**

The stakeholder group also recognised the need for a widened scope for the work in order to address the health and care needs of Adults and Older People across Gateshead and Newcastle. The revised scope included:

- All NTW-provided Adult and Older People’s services
- Gateshead Health-provided Older People’s Mental Health services (new to scope)
- Third Sector services, Community and Voluntary Services
- Social Care and other Local Authority services
- Interfaces with General Practice, employment and housing

In April 2017, three work streams were established to design a new Community Mental Health services offer to the patch. These were:

1. **Resources review:** Analysis conducted for the original Deciding Together consultation process was revised with the most up to date data available. The revised analysis was completed in May 2017 and showed there had been little change in activity and performance since the original analysis was concluded, and therefore there was continued validity in the original work.
2. **Stakeholder views:** During July 2017, we held two stakeholder views sessions, which had good representation across all sectors and from patients and carers. Those sessions were independently facilitated and generated a series of principles upon which the four week-long workshops were built.
3. **Design workshops:** Four week long design workshops were held during September and October 2017, attended by a wide range of stakeholders, patients and carers. These were themed:
  - Getting help when you need it
  - Understanding need and planning support
  - Delivering support
  - Staying well

Health Watch also held ‘fringe events’ during each of the four weeks, so those unable to attend the full weeklong workshops could contribute ideas and ask questions – feedback was provided to the design workshops the day after each fringe event.

### 3. Headlines of a new system

The following sections summarise the outputs of the design workshops. Detailed reports of the work are attached for further reference. The principles upon which we need work across the health and care system were developed through the four workshops, and are summarised as:

**People:** Those who use services and their families must remain at the forefront of our concerted efforts and work. Our workforce (paid and unpaid) is our biggest asset; we need to use their skills and time wisely.

**Partnership:** Commitment is there from all stakeholders to get on with the job and working differently across the health and care system, acknowledging that in some cases, significant cultural change is required. Existing budgets will need to be used/flexed creatively across the system.

**Practicality:** We need to turn design into reality – with some elements being designed and delivered in the next few months and others over the course of a couple of years. We need to see tangible results.

Throughout the four workshops, there was a drive to:

- Improve and simplify access to Mental Health support
- Improve transitions of care where there is meaningful system responsibility for the person ('easy in, easy out')
- Develop Hubs in the community, providing for improved joint working and a place for people to access a range of supports
- Respect Service Users and Carers as Trusted Assessors, and as full partners in care and support
- Increase the importance placed on the social supports required to help people stay well
- Increase alternatives to hospital admission
- Ensure well-coordinated, holistic care and support for everybody, and improving the crisis response for Older People with organic and functional mental health issues
- Deliver integrated training strategy across all staff groups and organisations
- Reduce organisational and sector barriers that currently limit more connected and joined up care and support, including how information is shared

The four workshop weeks generated a vast amount of detail and the reports of each week capture that detail (reports available through

<http://www.newcastlegatesheadccg.nhs.uk/get-involved/delivering-together/>).

This paper summarises the headlines of the four workshops.

### 3.1 Getting help when you need it.

The first design workshop acknowledged current issues with access to services and the limitations of urgent responses, and in such it required participants to create:

- Specifications for how requests for help will be handled, and how routine, urgent, reengaging individuals will be dealt with, along with information and advice requests - in person and via telephony/technology
- Delivery of services to those in urgent need of help, including gathering and recording information, delivery of urgent assessment and treatment where needed - understanding of interfaces with Inpatients and those requirements

Workshop participants designed a simple means through which people could get help when they need it – combining a single system of access (telephone and technology) with physical buildings (Hubs) that house a range of health and care services, and facilitate face to face support. This single system of access would provide a range of services directly to the person and their Carers, and would access other services through facilitating onward referrals.

#### **People**

- Ensuring people feel they are listened to and that information will be acted upon – people-friendly rather than time-pressured
- A single system of access will include 24 hour ‘First Responder’ staff who link to ‘Navigator’-type roles as well as professional expertise, building on resources and skills which already exist across agencies
- Equality in access to the right expertise when urgently needed

#### **Partnership**

- Joined up working between Health, Social Care and VCS to deliver this system, making best use of the skills and expertise in each organisation

#### **Practicality**

- Review of demands on current systems will inform the development of new shared access points in the system (telephone/electronic/Hubs) – some elements may be improvements on current operating methods, some may require more detailed planning to deliver
- We need to consider in more detail how those from “out of area”/ those with no GP, and those who present for care who are not entitled, are advised and supported through this system

Creating such a system would of course require a significant reconfiguration of the existing resources in the system – but all participants felt this was achievable and perhaps the most significant development that could be completed in the short to medium term.

## 3.2 Understanding need and planning support

The second design workshop acknowledged disjointed approaches to assessment of need across agencies currently, with limited involvement and information sharing with VCS organisations. It required participants to create:

- Specifications for how assessments will be carried out by different organisations, and how information sharing will take place
- Specification of how this understanding of need then moves to delivery of service in each provider, and how they plan service delivery with the Service User and Carers

Workshop participants noted that the term ‘assessment’ has negative associations for lots of people because it is often linked to eligibility of services. In the new model designed, the term ‘assessment’ means ‘getting to know you, understanding your needs, and the urgency of those’. The assessment will take place in the most suitable environment for your needs at that point, and to differing degrees of depth:

- First Responders are understanding the story, identifying needs, then arranging access to the right services for further assessment and support
- More specialist services in the statutory and voluntary sectors will build on this initial contact and add more detail, to help in make plans to support needs identified

The model aims to respond in the right time frame for the need, narrowing the gap that can exist between urgent and routine services. It plans to cross the traditional boundaries with the assessments provided, and won’t ask the same questions, so that our service users and the person who supports them tell their story only once.

### People

- Ensuring people feel their needs are understood and they are not being ‘processed’
- Sharing of skills and expertise across the system will include involvement of Service Users and Carers, who will be respected as ‘Trusted Assessors’ by services who all take the ‘Triangle of Care’ approach - their information being as valued as that from professionals

### Partnership

- Right people getting to the right place in a timely fashion, with a holistic view of Service User and Carer needs
- Workforce in A-team – good skill mix and flexibility of role.

### Practicality

- Having access to information from a range of organisational systems in an efficient and effective way poses a significant but not insurmountable challenge

### 3.3 Delivering support

The third week of workshops again acknowledged that disjointed approach in current ways of working, and opportunities to make better use of skills across the system. It required participants to develop the following:

- Specifications for how service users and carers will co-produce their care, treatment and support plans, and be empowered in owning those
- Specifications for how service delivery will be carried out by organisations in partnership, and how information sharing will take place

As the workshop was only one week, far greater detail is required to underpin the principles of the design created, which will be developed through the implementation process. An example of this is the agreed transition from age-based services (where those who are 65 must be seen by Older People's services) to new services based around needs.

#### People

- Individuals will be supported in their own homes as far as possible, and greater alternatives to admission and A&E attendance will be developed
- 'Navigator'-type roles will support Service Users and Carers in understanding and accessing a broader range of more integrated services effectively
- Service Users and Carers will be supported to focus on Recovery and Living Well, in ways that are appropriate to their circumstances and tailored to their needs
- Service Users and Carers will support services in the delivery of training with a focus on experience
- Empowered 'shop-floor' staff will innovate and solve their problems themselves, and will make links with others to do this collaboratively. This, along with improved career pathways and training, will aid staff retention/recruitment

#### Partnership

- Joint working and pooled budgets would improve value for money across the system - this comes from integrated commissioning, a collaborative contracting system/alliance
- Consideration of co-location of services, and development of joint training will enable improved working relationships
- A cross-agency forum to enable better ways of working and cultural shifts is needed, starting at the top with senior managers and boards – this would be tailored to Newcastle and to Gateshead, but with parity across the region

#### Practicality

- Time and resource will be needed to create the detailed specifications of how services will be delivered, and what is required to move from current ways of working to new models
- Improved ways of feeding information to and from the 'shop floor' will aid middle and senior managers in accurate and timely decision-making that is focussed on delivering the best outcomes
- IT teams will work together to overcome the challenges of information sharing to enable more informed referrals/planning and reduce 'bouncing'
- A comprehensive and accurate database of all services/options will be created, building on existing knowledge of what is good out there, what works

### 3.4 Staying well

The fourth week of workshops noted that many individuals are in receipt of services for long periods with little added value, and that a joined up focus on Recovery and Living Well across organisations would bring greater outcomes. It required participants to develop the following:

- Specifications for how Service Users and Carers will co-produce their wellbeing and recovery plans, be empowered in owning those, and how they will access support when needed
- Specifications for how information sharing will take place, and how transfers of care will be facilitated

Participants described the principles of a good 'discharge' from services, from the perspective of the patients, carers, statutory providers and voluntary providers.

#### **People**

- The system will have a collective understanding of the individual and their Carers, and will facilitate different approaches to Recovery and 'discharge' as appropriate to needs and outcomes aimed for in each case
- Service Users and Carers will co-produce WRAP/discharge plans that meets their needs, using the Triangle of Care approach, with mutual respect and listening. All will understand how they can re-access services or request help if needed
- Staff will be supported with their own wellbeing, coordinated across organisations to maximise use of expertise available

#### **Partnership**

- Ideas for how organisations can best support one another, and in that, better support Service Users and Carers, need further development towards implementation
- Service planning across organisations will help to join up the pieces in advance of discharge. It will also facilitate conversations around individuals who access multiple services, and coordinated response
- Co-working between Mental Health and complex physical healthcare, e.g. diabetes, COPD, etc. gives opportunities for more positive outcomes
- Support and training from the Mental Health system for GPs/Practice staff, employment and housing staff, and those operating community groups, all offer great opportunities to improve outcomes and promote Recovery

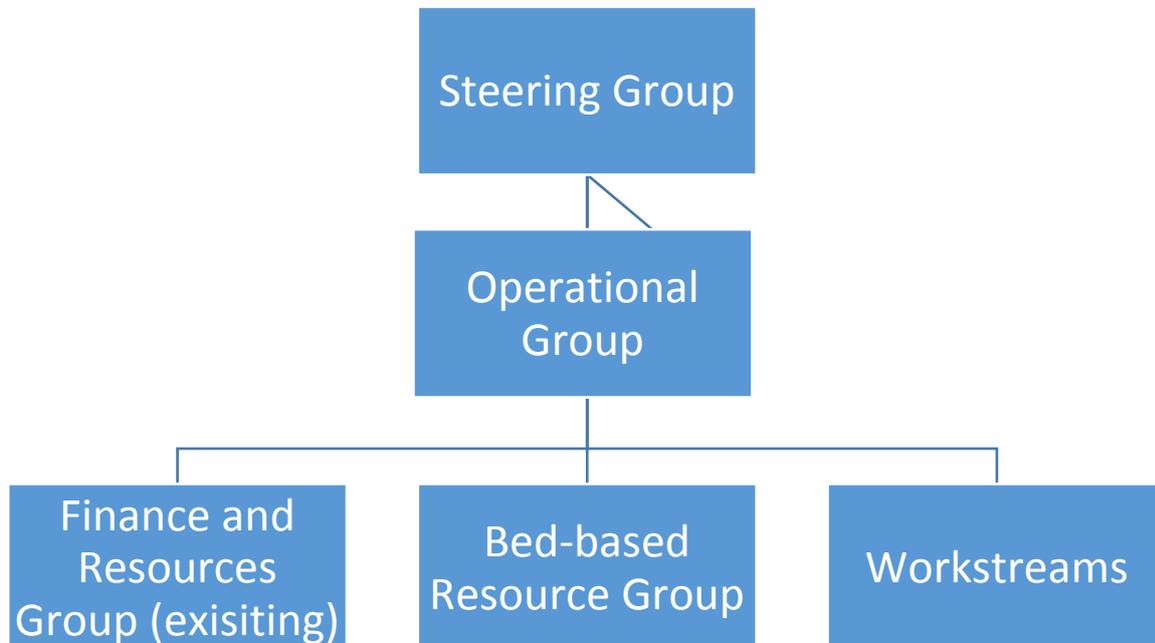
#### **Practicality**

- Balancing those parts of the system where ongoing involvement with an individual is important, with those services who carry out specific/limited pieces of work with individuals and their Carers, is key to creating a holistic system with shared ownership and knowledge
- Staying well requires quick access back into services when needed, so this part of the design relies on the 'front door' – in that, information sharing challenges are significant, as this relies on pertinent information being available immediately

## 4 From design to reality

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All partners involved in the workshops have made a commitment to turning the design outputs to a practical reality – and quickly. To ensure we have a strong implementation arrangement, the following structure is proposed.



### 4.1 Steering group (formerly known as the Governance Group)

This group has begun to meet, and a time-limited oversight arrangement will continue to operate until March 2018, to ensure we create the appropriate conditions to deliver the redesigned Community Mental Health services. They will specifically provide:

- **Oversight and direction** to the working groups – primarily the Operational group and the Finance/Resources group, but also for any specific redesign project work streams that emerge. The Steering group will consider what arrangements are required to deliver the outputs of the workshops, as advised by the Operational and Finance/Resources groups, will create opportunities and unblock barriers.
- **Contracting – expediting the arrangements** - we need to create a partnership of providers to deliver the outputs of the Deciding Together, Delivering Together programme. There are many and various contracting options to make a reality of a partnership arrangement, and they will be explored over the coming months, with a view to having in place an arrangement from April 2018 that facilitates the changes to be made. The Steering group will consider all options and

determine, by December 2017, the contracting arrangement (this may potentially be an interim arrangement).

### Steering Group membership:

CCG	Chris Piercy (chair) Guy Pilkington (representing GPs)	Support <ul style="list-style-type: none"> <li>Julie Ross/ Catherine Richardson (CCG)</li> <li>Trust Innovation Group</li> </ul>
Local authorities	Steph Downey (Gateshead) Alison McDowell (Newcastle)	
Major providers	James Duncan (NTW) Nichola Kenny (Gateshead Health) Brendan Hill (Concern Group) Sally Young (NCVS)	

## 4.2 Operational Group

A time-limited Operational group was convened in December 2017, to review the outputs of the Deciding Together, Delivering Together work, and to break this down into three categories of delivery:

- Short term actions (by March 2018) – policies, processes, and anything immediate
- Medium term actions (by March 2019) – relating to the way in which services operate and are configured
- Long term actions – considering the elements of the new service that rely on larger scale changes being made (e.g. developing the physical Hubs).

The group will coordinate workstreams arising, ensuring fidelity to the model designed. They will report to the Steering group and will not be a decision-making body. They will call upon expertise such as IT and that of Acute Trusts as required.

### Operational Group membership:

CCG	Catherine Richardson NGCCG Karen Elliott NECS Dean Cuthbert/Jane Walker NECS	Support <ul style="list-style-type: none"> <li>Trust Innovation Group</li> </ul> <p>Healthwatch to be invited to offer a level of scrutiny as work progresses, and to feed in wider views</p>
Local authorities	Doreen Andrews, Newcastle Lynn Wilson, Gateshead	
Major providers	NTW – Tony Quinn GHFT – Catherine Kirkley Concern group – Scott Vigurs Primary Care – Con Conrad VOLSAG – Steve Nash	
User and Carer leads	Alistair Cameron, ReCoCo Craig Lynch, Gateshead MH User Voice Diane Sandford/Pauline Steele, Gateshead Carers	

	Helena Medley, Newcastle Carers Jacqui Jobson, Advocacy Service User representation – tbc Carer representation – tbc
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### 4.3 Bed Based Resource Group

A task group of the operational group has been established to develop a system-wide approach to the design of inpatient and wider bed-based system capacity, in response to the redesigned Community Mental Health system, and with the aim of meeting the needs of the population in the least restrictive way.

#### Bed Based Resource Group membership:

CCG	Jill McGrath Catherine Richardson
Local authorities	Behnam Khazaeli Gateshead Angela Jamson Newcastle
Major providers	James Duncan, Tim Docking and Malcolm Aiston (NTW) Nichola Kenny plus Estates Lead (Gateshead Health) Scott Vigurs (Concern group)

Support
<ul style="list-style-type: none"> <li>Trust Innovation Group</li> </ul>

### 4.4 Finance and Resources group

This group was established October 2017 and will continue to operate until March 2018. The group is working to understand current configuration of finance and resources in the Mental Health services system, to support the Operational group in identifying the resource implications of the future model.

The group will report to the Operational group and will not be a decision-making body. It will comprise:

CCG	Jill McGrath Karen Elliott Julie Ross/Catherine Richardson
Local authorities	Kristina Robson (Gateshead) Adam Fletcher/Lynn Condon (Newcastle)
Major providers	NTW – Dave Rycroft/Keith Armstrong/Tony Quinn/Maria Miller GHFT – Andy Fletcher/Jane Faye Concern group – Jayne Coulter/Scott Vigurs

Support
<ul style="list-style-type: none"> <li>James Duncan/Dave Rycroft (chair)</li> <li>Trust Innovation Group</li> </ul>

## 4.5 Workstreams

The Operational Group have identified key priorities along with cross-cutting concepts and principles which will be developed into workstreams and projects and include:

- 'Trusted Assessor' approach across whole system, including respecting and listening to Service Users, Carers and all partners
- Recovery approach across whole system, including how Peer Support concepts can be delivered
- Carer involvement in their Service User's support, care and treatment (including Triangle of Care and Peer Support for Carers)
- Service User and Carer involvement in service planning/delivery/training including Expert by Experience
- Common sense confidentiality approaches, including common approach to risk management and sharing of risk information

<b>Workstreams (draft) (including project specifics)</b>					
<b>Getting Help</b>	<b>Urgent Response</b>	<b>Community-based Support</b>	<b>Age Related Mental Health Conditions</b>	<b>Bed-Based Resource</b>	<b>Enablers</b>
Telephony access system and operational plan	Holistic delivery of Crisis/Liaison/ Street Triage support and treatment models across providers (building on learning from TIAC model)	Development of detailed, holistic support and treatment pathways, to be delivered by those with the best skills - based on presenting needs, while being age appropriate in delivery	Services / pathways for people presenting in later life with age related MH conditions.	Inpatient ward transformation programme, including relocation plan and improvement programme so new/remaining wards are part of the holistic pathways	Estates and environments
Online access system and operational plan	Step Up/Step Down models, including admission prevention in community-based services, discharge support from bed-based services, and escalation models during crisis	Pathways include:	Collaboratively, developed a vision of a cognitive and non-cognitive pathways for people presenting first time and already known to services for ongoing support.	Interfaces with community (links to Step Up/Step Down)	IT, including infrastructure, software and governance
Walk-In Hub(s) – demand, in-depth design and operational plan		Holistic assessment model	Diagnostic pathways include the initial GP screening and is based on a holistic assessment utilising the specialist skills of MDT members which will be available to SPOA. It was identified the carers	Other bed-based models of support: evidence-base, demand data and agreed delivery model	Workforce Planning inc wider community
Role of the First Responder – delivery plan		Clinical treatments/ interventions			Organisational Development
Role of the Navigator – delivery plan		Physical Health, for Adults in general, and for those with			Communication Plan
'In the room' and 'In the Hub' additional expertise -delivery plan					Engagement and Involvement Plan
Service Directories and Knowledge Trees	Mental Health Act Assessment –				Mental health Needs

<p>Agreement on links to:</p> <ul style="list-style-type: none"> <li>• 111/Emergency Services</li> <li>• GPs</li> <li>• Pharmacy</li> <li>• Translation services</li> <li>• Advocacy</li> <li>• Minority Groups including the deaf community, homeless and asylum seekers</li> </ul> <p>Record-keeping and information sharing plan</p> <p>Marketing of the Access System to the wider system and the public (including Social Media)</p>	<p>streamlining of the organisation/ delivery of these</p>	<p>additional complexity</p> <p>Social Factors/ support</p> <p>All potential transition points, including:</p> <ul style="list-style-type: none"> <li>• Learning Disability services</li> <li>• Children's Services</li> <li>• IAPT</li> <li>• Drug and Alcohol</li> <li>• Criminal Justice</li> <li>• Immigration</li> <li>• Specialist Mental Health services (e.g. forensics, eating disorders, gender services, etc.)</li> </ul>	<p>(significant others) have an integral role throughout the whole process.</p> <p>The MDT assessment will be used to inform the development of a person-centred support plan – providing a range of community based therapeutic support and treatment options.</p> <p>The cognitive pathway identified the need for co-location of (voluntary and community sector services VCS) to offer post-diagnostic support to the service user and carer.</p>		<p>Assessment</p>
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## 5.1 Tactical communication ideas

This plan sets out the communications products needed in order to ensure partners and key stakeholder are updated around the next steps in developing community Mental Health.

This is draft only and a full communication strategy, involvement plan and engagement plan will be developed and owned by the Steering Group.

<b>Product</b>	<b>Comment</b>	<b>Who</b>
Background briefing	Sets the narrative context for stakeholder updates	NECS – Caroline Latta
Media release	Drawn from the above	NECS
B2B article	For use in internal communications across partners Drawn from media release	NECS
Web copy	Also publication scheme – what documents can be published Reports from each RPIW	NECS
Questions and answers	Identify key questions and answers to help stakeholders understand the work on-going	NECS with input from comms leads and Catherine Richardson
Digital story board – plus video Social media messages drawn from the above	Visual representation of the social media work over the workshops	NTW (AJ) with support from RW

<b>Organisation</b>	<b>Channel</b>	<b>Owner</b>
CCG	Website section to host info GP bulletin Stakeholder bulletin Media release Social media messages and links	NECS
Newcastle Local Authority	Integration bulletin City life article Social media messages and links Internal communications	Harry Wearing
Gateshead Local Authority	Council news article Social media messages and links Internal communications	Elaine Barclay
NTW	Social media messages and links Internal communications FT members Governors	Adele Joicey
Gateshead NHS FT	Social media messages and links Internal communications FT members Governors	Ross Wigham
Newcastle NHS FT	Social media messages and links Internal communications FT members Governors	Caroline Parnell
Identified Boards and Governance groups	As required to meet their ToR and needs	TBC
Identified partner channels Healthwatch Mental Health CVS partners	TBC Check with Volsag, recovery college, etc.  Social media messages and links	TBC