

Mental Health Hearsay! update event

Report on Mental Health Hearsay! update event held 6th December 2012 at The Old Fire Station, Oxford.

Report by Oxfordshire Local Involvement Network

Date of this report – 18/1/13

Introduction

Mental Health Hearsay! – overview

In 2011, Oxfordshire LINK was asked by Oxfordshire County Council and Oxfordshire Primary Care Trust to organise a Mental Health Hearsay! event based on the Hearsay! model of engagement delivered previously for Social and Community Services and the Nuffield Orthopaedic Centre NHS Trust. The first event on the 12th January 2012 was held in place of the previous Mental Health Sounding Board. The aim of the day was to enable people who currently use Mental Health Services, or who have used them in the last three years, their Carers and family members, to meet with those who commission and deliver these services. Representatives from Oxfordshire County Council, Oxfordshire PCT, Care Quality Commission, together with community and voluntary sector representatives attended the event to hear what people had to say.

After the event, LINK produced a report prioritising the actions to present to service providers and commissioners. An action plan was produced jointly with Oxford Health and Oxfordshire Clinical Commissioning Group explaining how improvements will be made to the services. The subsequent update event held on the 6th December 2012 reviewed actions taken during the year in response to the first Mental Health Hearsay! and engaged with service users and service providers in further consultation. The event was independently facilitated by Jeremy Spafford who has previously facilitated Mental Health Sounding Boards, and other Hearsay! engagement events. After an update from Oxfordshire Health NHS Foundation Trust and Oxfordshire Clinical Commissioning Group, Jeremy asked attendees seated at six tables to feedback on mental health services across Oxfordshire and Buckinghamshire. He then selected six themes which emerged from the discussion and asked each table to respond with possible solutions to each of the themes.

Update from Oxford Health & Oxfordshire Clinical Commissioning Group

Juliet Long, Service Development Manager, Oxfordshire Clinical Commissioning Group (OCCG)

Responses to previous Hearsay actions:

Better Mental Health in Oxfordshire commissioning programme:

2012/2013

- Carers' needs are a commissioning priority during 2012/13 and we are refreshing our Carers' strategy which will have the needs of mental health carers included. We are also re-commissioning the Mental Health Carers Support service in line with the strategy priorities.
- OCCG recognise good information is essential and have therefore commissioned Oxfordshire Mind information service to publish the new MIND Guide which was released in October 2012.
- As part of public health and wellbeing developments OCCG commissioned Oxfordshire Mind wellbeing service, who are involved in providing mental health first aid training and public health campaigns.

2013/14 :

- 'Support to Independent Living' work stream will remain a priority to support the needs of service users to enable them to move towards independent living.
- Integration of physical and mental health is a priority, which includes improving physical outcomes for people with mental health problems, mental health needs of people with physical long term health conditions and psychological needs of people with severe mental illness.
- Improving service user and carer involvement systematically and not just when services are redesigned or part of a project.
- Finding effective ways to map service user and carer involvement into Healthwatch.

Jackie Thomas, Head of Community Adult Mental Health Services, Oxford Health

1. Information for Patients and Carers

The Trust has listened to feedback from the people who use our service about the information available to them and have initiated a number of pieces of work to address these.

The Modern Matrons have just completed a project and all inpatient wards now have a 'welcome pack' for all new admissions. This includes meaningful, personal information for both the patient and their carer. There is also similar detailed and personal information for all patients when they are discharged from an inpatient ward, with information about their on-going care.

The division are working on a similar project across our community teams, whereby all patients receive a folder with useful information, ranging from the aims and outcomes of their team, through to contact details, through how to access additional support. We are in the final stages of this project and hope to be ready to roll this out by the end of the year across the whole division.

2. Access and Support by the Community Acute Service

The Trust continues to look to improve the service we provide to our patients. Following feedback from patients and referrers we reviewed how telephone calls to the Community Acute Service (CAS) are managed during the out of hours period to ensure that, as call volumes increase, patients are able to access the service when they need it.

CAS is there to provide an urgent response to existing or new patients who are experiencing a mental health crisis such as thoughts of self-harm or suicide and so it is important that they are available to those who need help quickly.

In order to improve response times for those patients who require care from CAS, since 1st August 2012 telephone calls out of hours are managed now through our dedicated Out of Hours Co-ordination Centre who will transfer calls from patients needing urgent care to a member of the CAS Team. It will also signpost other patients with more general and non-urgent enquiries to the appropriate place.

Since these changes, the Trust has received positive feedback from patients, GPs and commissioners about the improved accessibility to the service and our CAS staff are able to dedicate all their time to those patients experiencing a mental health crisis.

3. Ensuring that the information on the website is correct and up to date

The content of the website is managed through the communications team. Teams and services will update us of changes and we are always very responsive to make these within 2 working days. We are in the process of doing a large piece of work to create a brand new service directory, which will be much more user friendly and service information should be much more accessible. We are hoping to be able to launch this in the New Year.

4. Therapeutic Activity on the Wards

All inpatient wards across both adult and older adult services have a WTE Activity Worker, in addition to the nursing establishment on the ward. All wards will have a range of activities on them, which can be adapted to meet individual patient needs.

5. Involvement activities

The new CEO, Stuart Bell, has been listening to feedback from patients, service users and carers and has asked for a piece of work to take place to review the way in which the Trust approaches involvement and to look at establishing appropriate opportunities for people to engage in the work of the Trust. This includes a review of the resource and support in place and linking with patients, service users and carers to understand how they would like us to engage with them. This will be taking place over the next three months and we hope by the April 2013 to have put a support model in place to enable the feedback to be taken forward and good involvement practice to be shared across the Trust.

Key themes arising from the discussions

1. GP & Medication Reviews
2. Support for Carers and Confidentiality
3. Information – Isolation – Internet
4. Working across services
5. Care pathways and Care co-ordination
6. Crisis response and staff attitudes

1. GP and Medication Reviews

Service users would like GPs to consider what else is going on in the patient's life at the time of medication, investigate what other medication the patient may be taking, explore alternative options such as talking therapy, and inform the patient of the possible side effects of medication. More aftercare is needed with a suggestion of drop-in centres. Communication must be confidential – add CONFIDENTIAL to post. Professionals must take responsibility for misdiagnosis. There was a suggestion that GPs could receive regular CPD on mental health in order to work more effectively with patients.

2. Support for Carers and Confidentiality

More support and involvement is needed for carers, with clear and consistent guidance including information on confidentiality policies. Carers want to be more involved in the care of their partner, friend or relative when in hospital. Oxford Health is currently working to provide carers with an information pack and has agreed to consult with carers.

3. Information – Isolation – Internet

Not all service users have access to the internet or are able to use the internet. There was a request for a range of information channels including on-line and hard copies as well as direct information from the GP. A 24 hour telephone service or a face-to-face drop in service could be effective in managing enquiries. Transport was also considered with access to transport to be included as part of a service user recovery plan to address isolation and return to employment. A bus pass, car share scheme or volunteer support to support mental health service users were put forward as possible solutions. There was a suggestion to link up to the community transport review, and ask Better Mental Health in Oxfordshire to collate information to explore the bigger picture.

4. Working across services

Better integration of physical and mental health care, and in-patient and community services, are needed. Service users and service providers considered partnership working to support working across the services to meet the needs of the service user. Service user led organisations could play a key role in making a difference to services by meeting together and sharing knowledge. A forum could be set up with representatives from across the whole

of Oxfordshire to encourage partnerships and information sharing with funding available across organisations to support research and provide training.

5. Care pathways and Care co-ordination

Early and accurate diagnosis, referral to the right specialist, and more service user and carer involvement with better communication is needed. Again, the internet is not accessible to everyone and so a telephone service or drop-in centre was suggested. A person and carer centred information pack would be helpful. Oxford Health feedback indicated that services users reported feeling more satisfied with the recent information pack (blue folder) which has been introduced. A consultation with carers will be launched soon to support publication of an information pack for carers. Jackie Thomas also suggested memory clinics at Oxford University Hospitals HNS Trust and Oxford Health could work together across the health economy for better diagnosis.

6. Crisis Response and staff attitudes

Crisis response is available for those registered with the Community Mental Health Team (CMHT), who may be in danger of harming themselves or others. Calls from people not registered with the CMHT have to wait a long time to be answered. Those who are in crisis need a faster response to stay safe. Those who are not in crisis need to know who to contact. This also applied to the 111 number where callers wait to receive a call back from a GP which could be too long in difficult circumstances. There was a suggestion to explain the process on the Oxford Health website and include information on signposting which would enable the CMHT to concentrate on urgent calls and provide information and support to those who need it. There was also a suggestion to enable CMHT service users to self-refer after six months of discharge.

A high percentage of complaints to Oxford Health are about staff attitudes. Oxford Health confirmed that this is being addressed with customer service training for all ward based staff. There was a suggestion to address particular wards with a culture of poor attitude.

ANNEX: Developing Mental Health services in Oxfordshire and Buckinghamshire – detailed comments.

This section shows responses captured on the flip charts describing possible solutions to the six emerging themes on the day.

GP and medication reviews
Continuous Professional Development for GPs on mental health
GP to consider carers as equal partners during a medication review
GP to consider what else is going on in a service users life at the time of the review
GP to investigate what other medication the service user is taking
GP to explore more options with service user like talking therapy
GP to inform service user of possible side effects of medication
More aftercare is needed
Drop in centres
Professionals
Support for carers and confidentiality
Carers need to know the policies on confidentiality
Carers want to be involved when service user is in hospital
Carers want clear guidance and consistent information
Carers want more support
Information- Isolation - Internet
Range of information channels needed – GP, internet, hard copies
24 hour help line
A 111 number for mental health
Bus passes for mental health service users
Car share scheme
Volunteer support with transport
Link up with community transport review and ask BMHO to collate evidence to explore the bigger picture
Working across services
Integrate physical and mental health care services
Integrate in-patient and community services
Partnership working
Work across services to meet service user needs rather than focus on condition
Service user led organisations could play a key role in making a difference to services through meeting together and sharing knowledge. A forum could be set up with representatives from across Oxfordshire to encourage partnerships, with funding available

across organisations
Less competition
Awareness and respect of age and culture
Better co-ordination of health and social care services through partnership working
Increase awareness and understanding of processes in place and how service users can feed into them
Is physical health included in Oxfordshire's health and wellbeing strategy priorities
Funding for research across agencies
Public sector to share data with community and voluntary sector
More training needed
Care pathways and Care co-ordination
Early diagnosis needed
Appropriate referral to the right specialist
Awareness of cultural diversity to improve accuracy of diagnosis
Memory clinics at OUH and OH operate independently, can they work together across the health economy for better diagnosis
<ul style="list-style-type: none"> • Better communication: • Not everyone has internet access • Service users don't want to speak to an answerphone • Quick response to enquiries • Drop-in centre for information and advice, support with form filling • Data protection – put CONFIDENTIAL on all correspondence, RETURN TO SENDER on post so that service providers can amend incorrect address • Person centred welcome packs with information and advice • Service user and carer want more involvement in care plan
Crisis Response and staff attitudes
Crisis response
20% of calls were not in crisis
Crisis response is for those who are already registered with their local Community Mental Health Team, sign post others where appropriate.
Calls that don't meet the criteria and need to go via their GP are put on hold for a long time waiting to speak to the Crisis Team and may self-harm or harm others before help is given. Explain the process on the Oxford Health website with information on criteria to register with the CMHT and sign posting.
999 – manages accidents
111 – GP will ring back but this could be too long a wait for some
Can service users self-refer back to the CMHT within 6 months of discharge
Staff attitudes
High percentage of complaints to OH are about staff attitudes
Address particular wards that have a culture of poor attitude

Feedback

Comments about the Hearsay! event

Comments are collated from evaluation forms provided for attendees at the end of the event.

Were you able to say what you wanted? Did you feel listened to?

- Good relaxed atmosphere enabled me to express my thoughts freely.
- Gained useful insights from other people's experiences and knowledge.
- I enjoy most the opportunity to meet people from different backgrounds with different experiences. It was great to share and to hear what other people had to say.
- No problems with anything I wanted to say.
- Great opportunity to discuss issues.
- Very fair and attention given to everyone who wished to voice their feelings, well done!

Do you think anything will change as a result of this meeting?

- I am sure some things (will change) as there seems to be a desire to offer the best to service users and carers within the obvious practical constraints.
- I would like real evidence of what will change as a result of this event.
- Probably, possibly, hopefully!
- Hope so, I think in the past comments and suggestions tend to fall into a black hole.
- Only having meetings once a year means that so much change has taken place in the preceding 12 months that some of the topics discussed have moved on to such a point that changes are always tangible.
- Hopefully, new changes begun since August were discussed and explained by professional staff.
- Look forward to viewing feedback from this meeting.
- Hopefully, but unlikely with the massive re-organisation (chaos!) underway.
- I believe this meeting does help people to make changes within the system.

Did you like the venue?

- Non-medical creative venue.
- Venue too small.
- Cold (several people said that the venue was cold)
- Very welcoming venue, caring and courteous staff, and lovely coffee and cake.
- A very interesting meeting, particularly with such a number of people from various organisations exploring their part in mental health.
- Yes, very comfortable.

Was the meeting well run?

- Facilitation was very skilled and supported everyone to have their say.
- Not enough time to say what I wanted.
- Well organised but felt that more time should be allocated to the discussions. Open discussion felt a bit rushed and feedback was not able to be explained.
- I feel that these are big issues and we needed more time to discuss solutions.

- Meeting was well co-ordinated with excellent leadership from Jeremy Spafford. Ditto input from specialist staff attending.

Further comments on experience of mental health in Oxfordshire

- Care of elderly for better quality of life. More pension for incontinence such as washing powder, make-up and hair dressing. It's all about looking and feeling good.
- My aim was to improve my knowledge and skills of Mental Health problems. Thank you for this excellent opportunity.
- Better communication of knowledge, cross-fertilisation of knowledge for those with complex needs, for example, organisations which deal with mental health or physical disability. An example – a young man with cerebral palsy, hemiplegic, and epileptic, also has behavioural problems. There was extreme difficulty in finding him accommodation and a transition to study or work after school that would manage these conditions. Mental health services could not handle physical impairment and vice versa.
- Need to consider counselling services for military personnel.
- Child and adolescent mental health provision is very poor in Oxfordshire as evidenced by Head teachers and Directors of Family and Children's Centres.
- My mother volunteered with MIND. She developed Alzheimer's in her mid-80s. I was her Carer. Some services such as Day Break and the Memory Clinic were excellent, but respite care took too long to implement.
- I would like to see more improvements to transport issues for people with disabilities.

Next steps

Any amendments required to existing Action Plan, to take forward in 2013, to be agreed by OH & OCCG following the Mental Health Joint Management Group meeting on 24th January & The Better Mental Health Programme Board on 28th February.

Report to OJHOSC meeting on 21st February