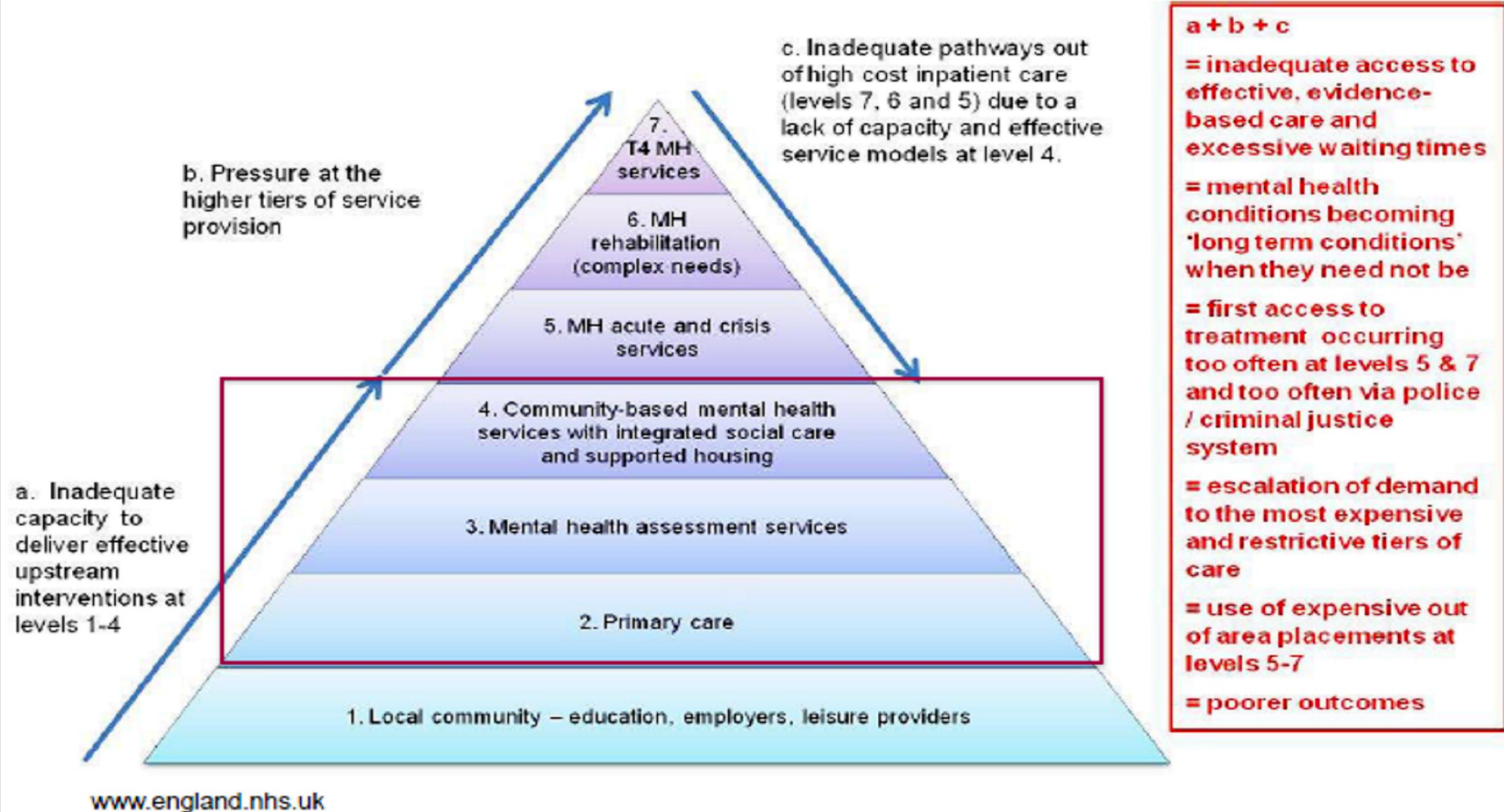


The system is currently not in balance



A new model

The main principles of the new model are to empower people to seek solutions at a much earlier stage, feel informed and not fall between services. Crucially for this to work the three main factors need to be addressed;

“**Information** needs to be clear and freely accessible through a

“**Single point of access and assessment** and involve

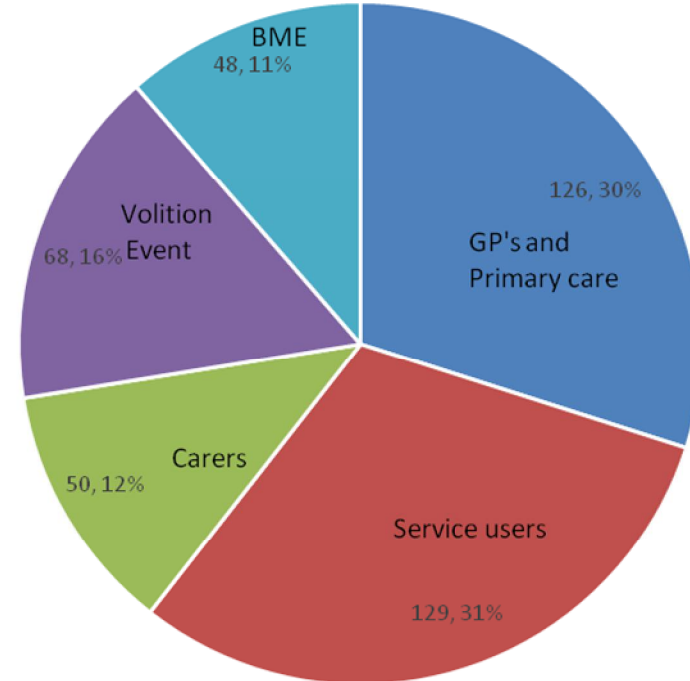
“**Integrated services.**”

Engagement events

Table 1. Analysis of participants in engagement events community based mental health redesign

Type of respondent (n=..... responses)	Base No.	%
GP/Practice Staff	126	33
Service User	129	32
Carers	50	12
Volition Event – Voluntary and statutory service providers Inc. Primary care/ IAPT providers Adult Social care (ASC) Public Health LYPFT Other LCH	68	16
BME	48	11

Figure 1. Analysis of participants in engagement events community based mental health redesign



Information Hub

“What would you find helpful?”

- “ Available in different languages including self-help information
- “ Up to date waiting time information for services
- “ Easy accessibility in terms of a 1 stop shop in order for everyone to access the information hub
- “ Service available 24/7
- “ Consider demographics - interactive map
- “ Personable approach - face to face support also available if needed

“What would you like to see?”

- “ Up to date reliable information
- “ Up to date waiting time information for services
- “ Clear information on signposting to third sector organisations
- “ Information on services - what area, clinical problems they cover and access arrangements

Point of Access and Assessment

“What resource do you need access to in order to provide better outcomes for people with mental health needs?”

Access

“**Carers**- Having to make appointments yourself - can't ring because of stress. Carers concerns should be listened to and of equal standing. Experience of not being believed when crisis emerging, or taken seriously even when crisis plan in place/ links to carers emergency plans/ speedy response to crisis

“**BME** – Assurance phone will be answered/ take time with caller-different languages/ option to meet at places of choice for support/ use of common language / face to face contact due to language problems

“**GP's and primary care teams** - A single unified point of access for all mental health problems would be preferred

Integration of services

“**BME** - Multi – disciplinary conversations would be very helpful to ensure holistic needs are met/ capacity to engage service users/ multi-professional team with psychologists, psychiatric nurses and social workers at entry point

“**GP's and primary care teams** - Visible Mental Health worker in order to close gaps between services and tackle waiting times

“**Volition Event:** How can the new service be managed - offer the traditional access routes during the interim period as people get used to the new system.

“



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Staff training and workforce development

“**Volition Event:** Training and approach of staff is key/Staff need to have right skills and approach and need to be supported.

“**Carers** – GP training in Mental Health and Dementia

“**Locality managers** – Skills to deal with those in crisis/ peer navigators to support with information and advice needs

“**LYPFT** - Collaborative working/ confidence in assessment/ support for clinical decision making

“**BME** - Skilled person on phone or face to face/ fast therapy access- self-help, group therapy

“**GP’s and primary care teams** - An agreed set of clinical guidance would be beneficial to avoid delays

”

Signposting

“**Dual diagnosis** - Effective when source is trusted/ must be detailed information about services/ link workers at referral agencies/ hand holding between services is needed at early stages

”

Students - Communication with students re appointments, services not considering change of address over the summer

“**GP’s and primary care teams** - Self- help information should be provided during waiting period. Fragmentation between services and some gaps in acceptance criteria “not suitable for IAPT/ YCED” etc. no LIP statements here

Care wrap around services

“What would enhanced primary care mental health support look like?”

Accessibility

“**Carers:** Language used by psychiatrist sometimes not understood, particularly from less experienced or junior doctors where opportunity to get to know us is limited due the moving on regularly

“**LIP:** Value a person’s expertise and experiences in their mental health was a key theme that allows support to be inclusive.

“**BME** - Easy and direct booking service / more support to carers/ extending GP appointments/ thorough assessment/ systematic model of care/ self- management groups

“GP/ Primary Care: There needs to be clarity on a GP’s role within Mental Health - what is primary and secondary etc. It would be useful to have a psychiatrist on-call but no real need for a pharmacist. Overall feel very positive about having more input into Mental Health locally. Visible workers would be beneficial - aware with limited resources this might not be possible

“Carers – More skilled staff needed

“Volition Event - Social prescribing – don’t see a GP but go to Social Prescribing. GP’s need more training. New models need much more peer support – formal and informal. The need for advocacy – formal and peer – when people lose faith in the system

ices

GP/ Primary Care: Mental health nurses – care coordinators - Care planning to deal with high risk patients – Integration would be beneficial. Visible Mental Health workers would be beneficial. Want more development at low level social type support/ more coordinated working with voluntary sector. More accessible online help/ support for teen population

Volition Event: Bridge the gap between primary and third sector. GP in practice who specialises in Mental Health – difficult to find a GP who has any expertise in Mental Health

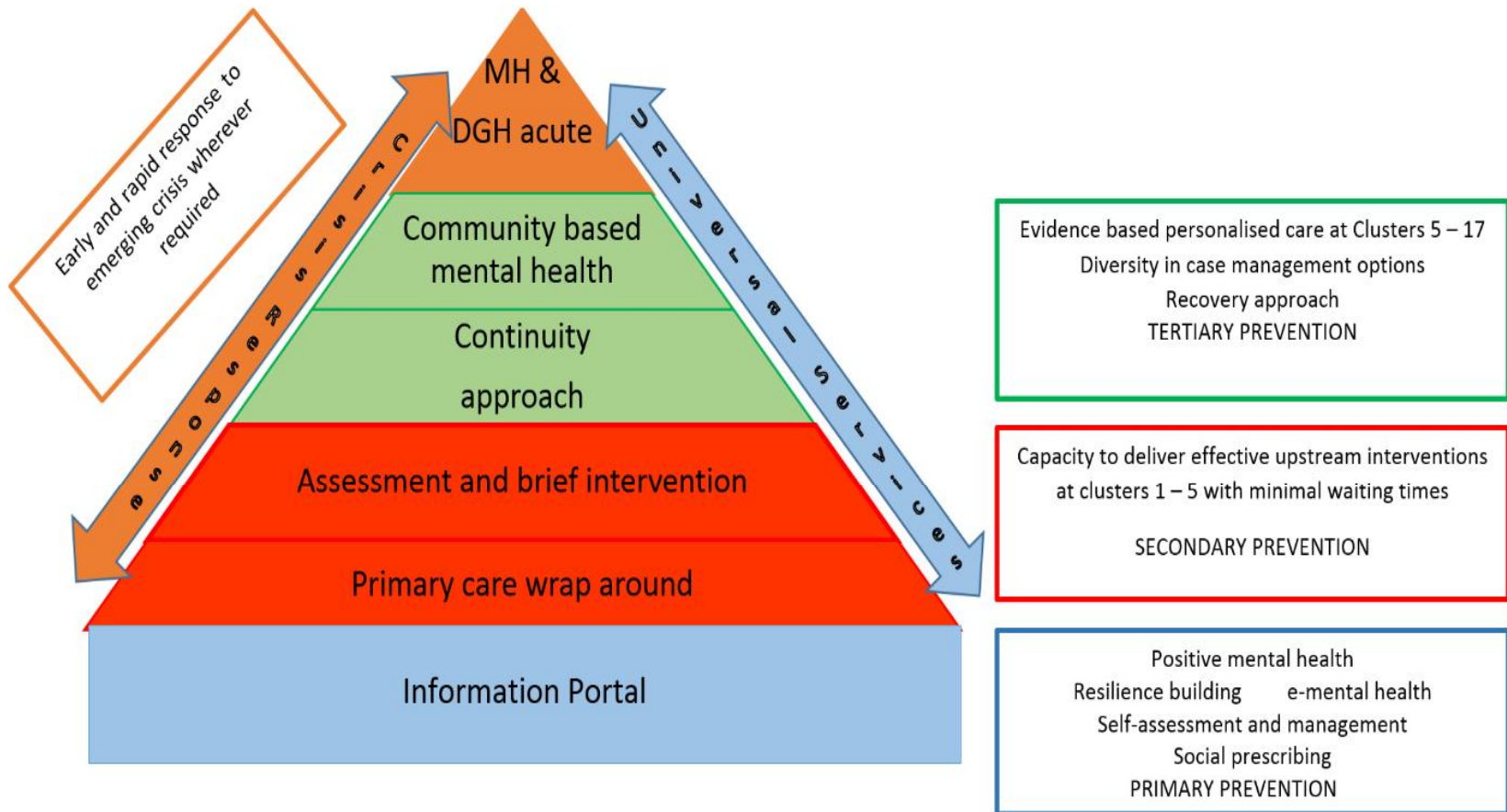
LIP: Joined up care key to making sure pathways are clear in order for our members to feel their care package is clear and joined up.

Carers – would like someone at GP to talk to/ out of hours services

Locality managers – supervision and guidance/ keeping professional links

LYPFT – Interface meetings for primary and secondary care providers/ joining forces with primary care – running stress groups etc.

Our Model



- ✓ Prevention
- ✓ Early intervention
- ✓ Effective care
- ✓ Recovery

- ✓ Right care
- ✓ Right time
- ✓ Right setting

t's happening now?

More detailed work is being carried out by the CBMH Project team including development of common language, definitions and processes for the new pathway. The key areas for development are agreed as

“Information advice role – links to the Information Portal, 111 and Leeds Gateway

“Information gather and Triage – referral forms

“Assessment – graduated response and common tools

“Formulation/ Pre-planning including Cluster definitions

“Multi-agency Care planning including brief interventions

“Continuity approaches

“Crisis pathway including community alternatives

“Wrap around/new models of primary care

“Process systems e.g. IG, IT and professionals route

What next

- “ To endorse the priorities for redesign of community based mental health services.
- “ To agree this second stage proposal so that we can approve the commissioning decisions for next year by end of November 2015 at the latest.
- “ To propose a pace of development for the key pathway changes for 2016 – 17 and secure approval by senior Boards.
- “ To work in partnership and seek opportunities across the whole health and social care system to stress test elements of the new model by a combination of pump priming and redistribution of resources.