Collaborative Working

Crisis Care Pathway – Crisis Cafes/ Mental Health Sanctuaries

Monday 14 October 2019, 1.30am – 5.00pm

Conference Room 1, Duncan Macmillan House

Welcome and introducing who is in the room – 10min tables
All tables were asked to introduce themselves to each other, explaining where they are from/who they are representing and then give their reasons for coming along today. The reasons for coming along were captured on the tables and fed back to the room. Reasons included:

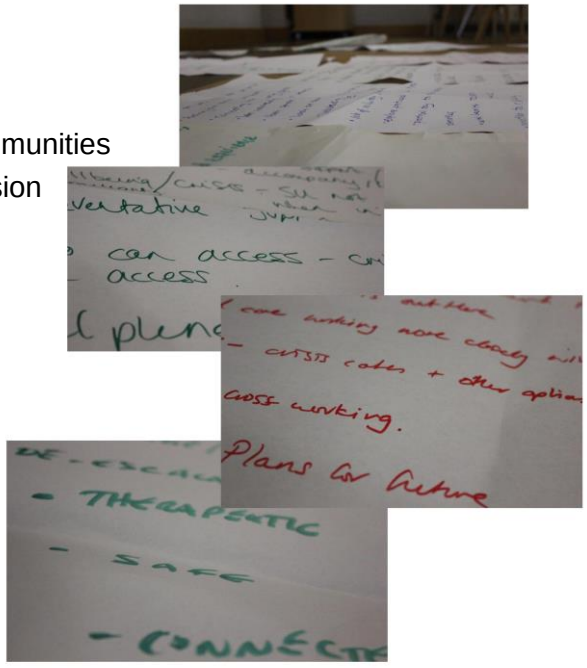


Table a

- To be part of the conversation
- To keep patients at the front of our thinking
- To form a strong network across NHS & 3rd Sector
- To consider what the offer might be for BAME communities
- To learn about Crisis service and alternative provision
- To plan, not react

Table b

- To be part of the conversation
- To reduce risk
- To get information on what is happening/planned
- To spend the investment in the right way
- For Advocacy to be part of this conversation

Table c

- Discovering connections
- To gain a better understanding of Crisis services
- Networking
- To understand the Crisis pathway
- To consider the offer for communities, e.g. BAME, LGBTQ+, under 25's

Table d

- For patient voice to be included
- To consider the offer for those with complex needs e.g. substance misuse, mental health issues, homelessness
- For there to be parity between mental and physical health
- For housing to be considered in developments

Table e

- Access – how will this happen, who will it be for?
- To ensure service user voice in the pathways
- To understand how this fits into the system
- To keep people out of hospital
- To consider housing
- To include 3rd Sector
- To develop a cross working strategy
- To be part of the conversation

Table f

- To build partnerships
- To pull together the diversity of people and organisations
- To consider the offer for communities, e.g. BAME, LGBTQ+, under 25's
- To include lived experience in the design
- To understand resources and money

From this discussion the themes that aligned for attending were:

- **To be part of the conversation**
- **To include lived experience in the design and conversation**
- **To consider the offer for communities, e.g. BAME, LGBTQ+, under 25's**
- **To be informed about plans and wider Crisis services**

- **To consider housing**
- **To network and build connections and partnerships**
- **To use money wisely**

All notes from tables can be viewed on the website this document tis kept on. We will continue to refer to the flipchart paper that the group collectively produced.

Context – what are the drivers for change?

Dr Julie Hankin, Medical Director, Notts Healthcare presented the context, which covered; the NHS Long Term Plan, ring-fenced investment worth at least £2.3 billion a year for Mental Health Services by 2023/2024, where investment is going into services.

Within this context there is some money to invest in:

"*new community-based offer [that] will include access to psychological therapies, improved physical health care, employment support, personalised and trauma-informed care, medicines management and support for self-harm and coexisting substance use…and proactive work to address racial disparities*." described by The NHS Long Term Plan.

The key points were:

- Clear requirement to work with and develop Third Sector and Primary Care – all developments need to be based around Primary Care Network developments
- Clear requirement to increase access to evidence based psychological interventions across MH services – specific references to personality disorder and community rehabilitation pathways
- Recognition that community services are under pressure and a period of stabilisation is needed to prepare for transformation models
- Recognition that patients recovery is dependant on multiple factors and a system wide response needs to be developed.

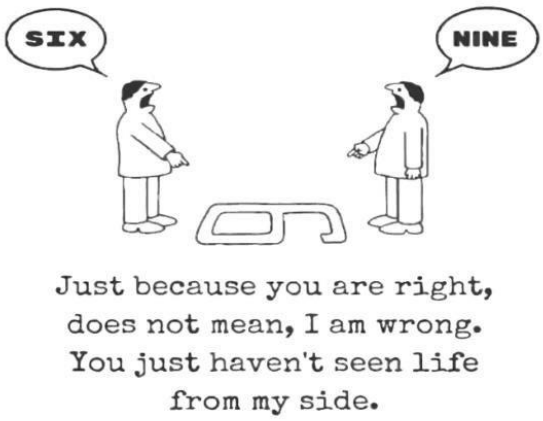
Copy of Julie Hankin's presentation is available as a separate document from the website page

How we plan to work Collaboratively

Jonathan Wright, Involvement & Experience Lead, Notts Healthcare took the group through some of the learning around collaborative working that his team have been working on. He shared the Collaborative Service Change model, developed with service users, carers, 3rd Sector, Health & Social Care and The Kings Fund.

Ideas that were shared were:

- Conflict Model – where do we need to be in the grid to be collaborating?
- Notts HC & Kings Fund Collaborative Model
- The Noble Purpose Paradox – We all have good intentions so why can it go wrong?
- Action Bias – how we sometimes think action is the solution and how we sometimes look for things that confirm what we think in order to act
- Debate vs Dialogue



Copy of Collaborative Change presentation is available as a separate document from the website page



Click on model to view more tools and ideas on collaborative working.

Table Discussions

Table exercises then took place trying to use the 'Dialogue' as illustrated in the presentation.

Regarding a mental health sanctuary/crisis café we discussed these questions:

- What is each person's definition?
- Find the things you agree on and be interested in the differences.

What is it:

- A safe space
- In the community
- Peers are essential
- Has a preventative role
- Should cater for individual need
- Have a single point of contact
- Service has to be clearly understood – whatever the offer
- Non-judgemental
- Works for the whole social system
- Alternative to ED
- Skilled professional available

Similarities:

- Must have measure outcomes
- Use of environment to support therapeutic benefit
- Home like rather than clinical
- Cover all the times crisis can occur
- Must be determined by individual need -= a personal sanctuary may be different to what is commissioned
- Grow existing community assets
- Avoid 'not ill enough' – 'too ill' barriers to accessing

Differences

- The meaning of the word ‘crisis’
- Is it just for mental health problems?
- Virtual versus real/network versus physical
- What is the criteria to access?
- Any exclusions
- Name – stigma and what the words might mean ‘ ‘crisis’ ‘sanctuary’ ‘café’
- Wellbeing – prevention versus crisis

Consideration – issues/topics to keep sight of

- Diverse Workforce
- Accessibility
- Safety – physical or virtual or both
- Triage skills & pathways
- Ability to prevent accessing Emergency Department
- How to reach people who wouldn’t currently access
- How to use existing community spaces
- Peer Support Workers without barriers
- Ensure prior to Emergency Department or crisis need
- How to manage feelings of harm
- How to manage prevention
- What is the difference between this and The Glades (Psychiatric Clinical Decision Unit)
- Connected not isolated
- How are faith communities involved in this process

From here

Our aim as a group is to draft key principles which will inform the specification of the service.

We will meet in 4-6 weeks and start developing specification

At the next meeting we will play ‘service model bingo’ – looking at what we have said is important and how this compares to different models nationally

The group was interested in hearing from a person with lived experience in the meeting.

Actions

Kazia Foster to distribute NHS Long Term Plan to group

Jonathan Wright to take forward how we bring service user/carer voice into the meeting and design. Sharon Rose (Police), Jennifer Burton (City Council) & Matthew Goodwin (Healthwatch)identified themselves as being part of this group.

Jonathan Wright to write up notes of meeting an distribute

Next Meeting:
Thursday 28 November
Conference Room 1
Duncan Macmillan House