

Mental Health 24 Hour Assessment Service

What are people saying about it?



A report for Dudley and Walsall Mental
Health Partnership NHS Trust

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Thank you

Healthwatch Dudley would like to thank the Dudley and Walsall Mental Health Partnership NHS Trust and the NHS Dudley Clinical Commissioning Group for their cooperation and help. Also all of the people with experience of accessing mental health services, the professionals and others who contributed to discussions on how they are working. And Jacky O'Sullivan, Clinical Service Director at the Trust and Trish Taylor, Senior Commissioning Manager, Mental Health at the Clinical Commissioning Group for attending and speaking at the Mental Health 24 Hour Assessment Service stakeholder event.

Task at hand



Dudley and Walsall Mental Health Partnership NHS Trust asked Healthwatch Dudley to help with reviewing its new Mental Health 24 Hour Assessment Service, which was launched in May 2017.

We were tasked with gathering the views of people with an interest in or using mental health assessment services to gauge how they had or are working for them.

The intention was to find out what is good (or not so good) about the service, where there might be gaps in the service and whether it could be

further improved.

This report sets out what we did and our findings. In turn, it elaborates on what the findings mean for the Trust and the people accessing the Mental Health 24 Hour Assessment Service.

We highlight good practice and where relevant what actions could be taken to change or improve the service in the future.

A handwritten signature in black ink, appearing to read 'Jayne Emery', written in a cursive style.

*Jayne Emery
Chief Officer*

healthwatch
Dudley

Inquiry in brief



Healthwatch Dudley needed to get the views of people with an interest in or using mental health assessment services. Our inquiry activities comprised an engagement event with focus group activities for people with experience of accessing mental health assessment services.

Three separate mental health (Early Access, Urgent, and Crisis Resolution and Home Treatment) services had been brought together in a new single Mental Health 24 Hour Assessment Service.

It was known there were problems with the operation of the separate services. People had, for example, experienced problems getting through on the telephone, there were issues with the way some referrals worked and there were sometimes problems with handovers between different services.

In total, 26 people participated in focus group activities (14 female and 12 male). We used a grounded theory approach, as a general method of analysis, to systematically interrogate the information collected on the new mental health assessment service.

The principal findings are: there is scope to do more on co-production and finding ways for professionals to share power with the public; the public can be better involved, from the outset, in discussions and decision making processes; boards and committees can better involve the public on an equal footing in discussions with professionals; there is room to reflect on how information on changes to services are communicated to the public; all relevant organizations need to know about changes to services; and there may be ways to include more voluntary and community organizations in discussions and decision making on the design and provision of services.

Getting the stories

Healthwatch Dudley needed to get the views of people with an interest in or using mental health assessment services. Our inquiry activities comprised an engagement event with focus group activities for people with experience of accessing mental health assessment services.

We had conversations with people who had been accessing what had been separate mental health crisis, urgent care and early access services and the new better integrated Mental Health 24 Hour Assessment Service - that brought together the three separate services. Their stories were gathered and used to gauge how easy or not it is for someone to get help for a mental health problem and the effectiveness of the day-to-day provision of mental health assessment and support services.

All of the information that was collected was systematically examined and analysed to uncover relationships and patterns that improve understanding of how the new Mental Health 24 Hour Assessment Service is functioning and working for people.

Background

In May 2017, three separate mental health (Early Access, Urgent, and Crisis Resolution and Home Treatment) services were, with the agreement of the Dudley and Walsall Mental Health Partnership NHS Trust and NHS Dudley Clinical Commissioning Group, brought together in a new single Mental Health 24 Hour Assessment Service.

The intention was, through removing or reducing artificial barriers and cut off points where one service begins and another ends, to provide better more integrated and

seamless help for people experiencing mental health problems. At the same time, the new service operates 24 hours a day, 7 days a week and 365 days a year.

Figures taken from the Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014 show that, nationally, *'Nearly half of adults (43.4%) think that they have had at least one of eight common mental disorders at some point, 35.1% of men and 51.2% of women. A fifth of men (20.0%) and a third of women (34.5%) have also had diagnoses confirmed by a professional'*.¹

In 2015, there were 24,277 people, aged eighteen or over, with depression recorded on Dudley borough doctors surgery registers. And there were 2,545 people, of all ages, with severe mental illness recorded on doctors surgery registers.²

Healthwatch Dudley

Healthwatch organizations are funded by Department of Health monies allocated to local authorities who commission services locally. They were set up in 2013 based on proposals set out in the Health and Social Care Act 2012.

Healthwatch England is the national umbrella body with its own National Director and board. And there are 148 local Healthwatch organizations' in a network that operates across England.³

Meanwhile, the Healthwatch Dudley board decides on strategy and priorities for action on health and social care matters in the Dudley borough. At the same time, Healthwatch Dudley is a champion for local people and is interested in

gathering their stories on how health and care services are meeting their needs (or not).⁴

Dudley and Walsall Mental Health Partnership NHS Trust

Dudley and Walsall Mental Health Partnership NHS Trust was set up in 2008, with the Dudley and Walsall boroughs coming together to combine resources and expertise. The Trust says it aims to deliver:

'Flexible, high quality, evidence based services to enable people to achieve recovery.'

It provides a wide range of mental health services for children, adults and older people across the communities of Dudley and Walsall. It employs around 1,000 staff caring for

¹ Stansfield, S., Clark, C., Bebbington, P., King, M., Jenkins, R., and Hichliffe, S. (2016), Chapter 2: Common mental disorders. In McManus, S., Bebbington, P., Jenkins, R., and Brugha, T. (Eds.), Mental Health and Wellbeing in England: Adult Psychiatric Morbidity Survey 2014, Leeds NHS Digital, <http://digital.nhs.uk/catalogue/PUB21748>

² Public Health England, Mental Health and Wellbeing JSNA, <https://fingertips.phe.org.uk/>

³ Healthwatch England, <http://www.healthwatch.co.uk/>

⁴ Healthwatch Dudley, <http://www.healthwatchdudley.co.uk>

more than 20,000 people each year, across three acute hospitals (Dorothy Pattison Hospital in Walsall, Bloxwich Hospital in Walsall and Bushey Fields Hospital in Dudley) and twenty-three community sites.⁵

NHS Dudley Clinical Commissioning Group

NHS Dudley Clinical Commissioning Group is responsible for planning and commissioning (buying) health services for people living in the Dudley borough. The types of services commissioned include: elective hospital care, rehabilitation care,

urgent and emergency care and most community health care.

It has a vision for health and social care in the future that includes a radical redesign of the local healthcare landscape and changes to the way people access healthcare services.

At the same time, its operational and long-term strategic plans set out how it intends to deliver and develop safe, high quality health care. These plans have been drawn up following discussions with staff and clinicians, the local authority, the public and the voluntary and community sector.⁶

Mental Health 24 Hour Assessment Service

It was known there were problems with the operation of separate (Early Access, Urgent, and Crisis Resolution and Home Treatment) mental health services. People experienced problems getting through to services on the telephone, with general practitioner referral times, and handovers between different services. An analysis of complaints showed this to be the case and these issues had been discussed at different commissioner and service provider meetings.

The NHS Dudley Clinical Commissioning Group working with the Dudley and Walsall Mental Health NHS Partnership Trust developed and commissioned a new Mental Health 24 Hour Assessment Service. A new block contract was devised based on activity and monitored using key performance indicators based on activity, quality, safety and importantly outcomes for people.

⁵ Dudley and Walsall Mental Health Partnership NHS Trust, <http://www.dwmh.nhs.uk/about-the-trust/>

⁶ NHS Dudley Clinical Commissioning Group, www.dudleyccg.nhs.uk/

The new service was launched in May 2017 and is principally a reconfiguration of an Early Access Service - that operated in-hours Monday to Friday between 9.00am and 5.00pm, an Urgent Care Service - that was provided out of hours between 5.00pm and either 1.00am or 3.00am, and a Crisis Resolution and Home Treatment Service - that was provided out of hours between 5.00pm and 8.00am inclusive of weekends and bank holidays.

The aim was to better deal with various acknowledged service issues. They included: people experiencing sometimes significant delays in getting through to services on the telephone; getting access to services when some finished at 5.00pm; problems with handover between different services; a lack of continuity across the 24 hour service pathway and confusion about referral routes into different primary and secondary care mental health services.

Mental health assessment processes have been standardised and streamlined with a co-located team of staff operating a multi-line telephone system. And using a new electronic referral form in combination with targets for urgent assessments to be undertaken within 4 hours and routine assessments within 10 days.

What we did

After initial inquiries, scoping and planning work, a schedule of topics of interest and relevant questions on getting access to and interacting with mental health assessment services was devised.

Then we organized an event at the Bank Street Methodist Church Hall in Brierley Hill, which was held on Wednesday 14 March 2018 between 10.45 am and 1.30 pm. Lunch was provided.

The event was for people with experience of accessing early access, urgent, and crisis resolution and home treatment services and the new Mental Health 24 Hour Assessment Service.



Conversations

A public engagement event was advertised using the Healthwatch Dudley website and also its network of community contacts in the Dudley borough (see Appendix 1 on page 25).

At the same time, the Dudley and Walsall Mental Health Partnership NHS Trust sent out forty letters to people who had accessed the new Mental Health 24 Hour Assessment Service. They invited them to participate in focus group activities to gauge how the new service is working (or not) for

people. People were invited to confirm their interest in attending the event using the Eventbrite website.

In total, 26 people participated in the event and focus group activities (14 female and 12 male).

All of the people who took part in focus group activities received information on the purpose of the mental health assessment service inquiry. And Healthwatch Dudley's role in gathering views on how the service is working for people and feeding back findings.

We want you to do the talking

Lets hear from everyone!

One person at a time

We may call on you if we haven't heard from you in a while

There are no right or wrong answers

Everyone's ideas and experiences are valuable

It's important to hear all sides - positive and negative

We will not always agree, but we must show respect for one another

What is shared in this room stays in this room

Please keep everything you hear today confidential

We will summarise themes without identifying individuals by name

Does anybody have any questions or anything they want to add?

Does everyone agree on how we treat each other?

Table 1: Respecting each other's views

Rob Dalziel, Participatory Research Officer and Melissa Guest, Communications and Development Officer at Healthwatch Dudley elaborated on its work, introduced the invited speakers and described the plan of action for the day.

Jacky O'Sullivan, Clinical Service Director at the Dudley and Walsall Mental Health Partnership NHS Trust, talked about its work and views on the new Mental Health 24 Hour Assessment Service (see Appendix 2 on page 28). Trish Taylor, Senior Commissioning Manager for Mental Health at the NHS Dudley Clinical Commissioning Group, talked about its work and vision for the new service (see Appendix 3 on page 32).

Before starting focus group activities it was explained people were expected to respect each other's right to speak and have different views on mental health matters and services. And they were informed there was no requirement for anyone to answer any particular question and they could end their participation in discussions at any

time. At the same time, people were asked to maintain confidentiality by not sharing the views of others outside of the meeting unless they had permission to do so (see Table 1 on page 11).

Meanwhile, Healthwatch Dudley undertook not to identify any individual in any report based on findings obtained from focus group activities without their permission. Neither would it pass on information about an individual or their views to any third party without their permission. The only time that this standard would be breached would be in instances where information was disclosed that suggested a person was at risk of serious harm to themselves or others or had seriously harmed themselves or others in the past.

Healthwatch Dudley staff facilitated table based discussions - each involving between six to eight people - using a tested schedule of mental health topics and questions of interest (see Table 2, below).

Views on the new service

How have or should you be involved in discussions and decisions to change services?

How have changes to services been publicised?

What information is available telling people about new services?

Have you understood why services have changed?

Are services more joined-up with less confusion about who does what?

Getting advice and help

How easy or not is it to get access to advice or help?
How are the staff?
Do you feel listened to and cared for?
Do you feel services are focused on you?
How have or should you be involved in discussions and decisions about your care or treatment?

Difference made

How are services helping you now?
How are you being helped regarding your mental health?
How are you being helped regarding your physical health?
How are services helping with other aspects of your life and wellbeing (for example relationships or employment)?

Table 2: Schedule of questions

Making sense of information

We used a grounded theory approach, as a general method of analysis, to systematically interrogate the information collected on new mental health assessment services and those that were available in the past.

The approach involved a robust process of information coding and

categorisation that facilitated the identification of relationships and patterns in what people were saying.

They improve understanding of mental health services and the way they are developed, their design and how they are structured, people's attitudes and thoughts about them and their subsequent behaviours and actions.⁷ The stages leading to the formation of an overarching theory on what is happening are:

⁷ Taken from Corbin, J. and Strauss, A. (1990) Grounded Theory Research: Procedures, Canons, and Evaluative Criteria, Qualitative Sociology,

Vol.13, No.1, <http://link.springer.com/article/10.1007/BF00988593#page-1>

- Labelling and coding: which in the early stages is mainly descriptive with labels or codes attached to particular instances of a phenomenon or behaviour.
- Comparison: similarities or differences between items of coded or labelled information are identified then compared and contrasted to build up and break down thinking on possible emerging categories of information.
- Categorisation: the definitive identification and naming of categories of information (derived through a process of comparing information and grouping together related coded or labelled information).
- Explanatory themes or ideas: the identification of one or more themes or ideas that categories can be linked to or arranged around and explain behaviours and actions (see Diagram 1 below).

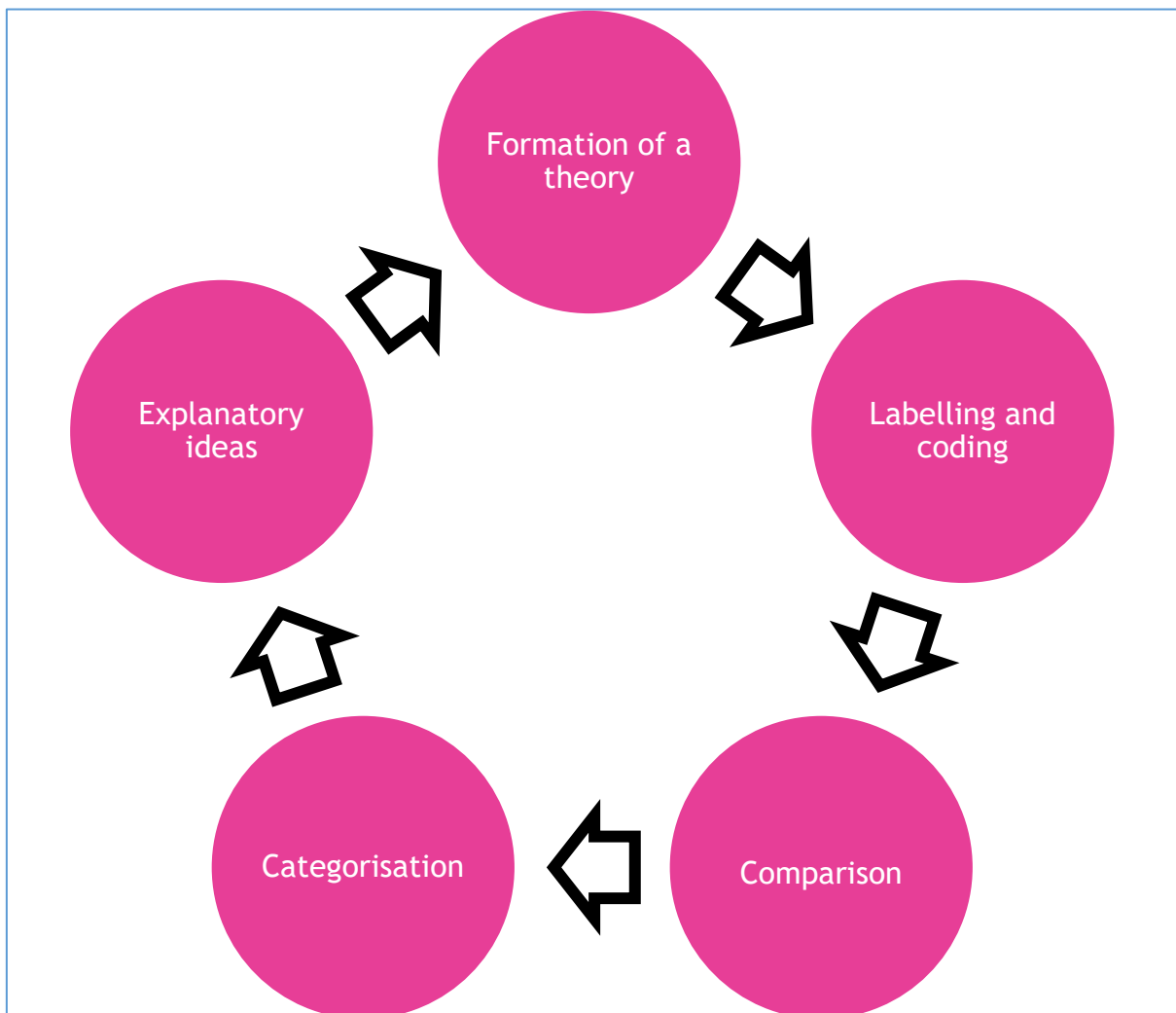


Diagram 1: Analysing information

What we found

Findings from the analysis of focus group conversations show people feel that in some important ways the new Mental Health 24 Hour Assessment Service works better than the previously separate mental health crisis, urgent care and early access services.

At the same time, different themes emerged that are related to the way the new service was developed and how it has been operationalized and publicised. There are also opportunities identified for thinking about and undertaking service re-design and change discussions in the future. As well as thoughts on how the new service could be further improved in the future.

People's involvement in service design

For the most part people feel there have been some useful co-operation and discussions on mental health matters and assessment services. And relevant organizations and groups have been involved in these discussions. They remarked that there had been instances where good work was done to get the views of different stakeholders on mental health services, how they might be changed and what they might look like in the future.

There had been genuine efforts made to improve understanding of the needs of people with mental health problems. And deal with barriers that can hinder progress being made on thinking about the possibilities for service re-design and change. These barriers can include different organization cultures and ways of working, beliefs about mental health and wellbeing and expectations regarding getting support and treatment for mental health problems.

At the same time, there was a request for more information on exactly how people had been involved in discussions throughout the time decisions were being made on how to develop the new Mental Health 24 Hour Assessment Service. In turn, there was a question on the actual extent to which people were able to influence discussions and decision-making to decide what the new service would look like.

It was pointed out there had been planned and structured engagement with the public on the proposed development of a new mental health assessment service. At the outset workshops had been held on three separate occasions. They brought together people accessing mental health services, people who might access such

services in the future and professionals to think about how service might look in the future. Nevertheless, there remained a view that there could have been more ongoing involvement of people in discussions to prepare options for service change, consider them and select a preferred option to move forward with.

'[It is] very important for people to be involved in every step of the process and consulted properly, including reaching out to service users. Consultations need to be regular and up-to-date.'

There was a call for more evidence to be provided on the work that was undertaken to understand the way proposed changes to mental health services might affect the people accessing them, their families and carers. And questions on the extent to which there had been ongoing review of possible impacts in light of the long period of time that had elapsed between first thinking about the re-design of services and the launch of the new Mental Health 24 Hour Assessment Service.

'So are you saying it [the new Mental Health 24 Hour Assessment Service] is based on information gained three to four years ago from service users?'

It was remarked that it was feedback from people accessing mental health services that had been the principal driver for thinking about how they might be re-designed or provided in new ways. But there was still a feeling that there could have been better planned and more regular liaison with a wider group of people (reaching out to lesser heard voices) on the redesign of mental health assessment services. This should have happened throughout the period of time spent thinking about the re-design and development of services. The intention being to have an ongoing conversation to gather emerging or changing views on what a new mental health assessment service might or should look like.

Knowing about the new service

Amongst the people who participated in focus group work the new Mental Health 24 Hour Mental Health Assessment Service was not well known about. It was felt the service could be better publicised (for example at doctor's surgeries) with more information explaining what it includes and how it can help people with mental health problems. Otherwise there is a risk the public could be easily confused about exactly what services are available when they need advice or help on mental health matters.

‘As a recent service user I did not know much about the new service.’

It is difficult to know how a new service is operating when you are not aware of its existence. It is still the old (Early Access, Urgent, and Crisis Resolution and Home Treatment) services that appear on the Dudley and Walsall Mental Health Partnership NHS Trust website and not the new Mental Health 24 Hour Assessment Service.

‘If adult mental health assessment services [the new Mental Health 24 Hour Assessment Service] started in May 2017, why is it still not on the DWMHT [Dudley and Walsall Mental Health Partnership NHS Trust] ... website?’

At the same time, there were questions on how aware general practitioners are of the new service. It was felt there is quite significant variation in general practitioner knowledge of the new service.

‘We feel it all hinges on the GP knowing about the new service [or] process as they are our [the public’s] first port of call.’

Also, if general practitioners did know about the new service how satisfactorily or appropriately were they referring people into it. Some people remarked that there are general practitioners who know about the new mental health assessment service and provide satisfactory help for people with mental health problems. But this was not the case for everyone.

There were some additional questions on the extent to which relevant professionals and others were appropriately and effectively communicating with each other in instances where they were advising or helping a person with mental health problems. As well as what other services such as the NHS 111 telephone advice line or the police knew about the new mental health assessment service and were they referring into it.

In turn, some people are still confused over where different mental health services begin or end and how people already known to mental health services might be helped or not by the new Mental Health 24 Hour Assessment Service.

‘Do we go through this new system, is it for me [carer looking after adult son known to mental health services]?’

In the case of a younger person known to mental health services is there a guarantee that their transition to accessing adult services and maybe using the new Mental Health 24 Hour Assessment service will be easy and seamless.

‘How does this service relate to someone already known to CAMHS [Child and Adolescent Mental Health Services] but in the process of moving into adult services?’

A number of people indicated that they continue to experience difficulties in understanding exactly how different mental health services all fit together. They are unsure about the advice and help that is available and the best way to get access to appropriate services if they have a mental health problem.

Good things are happening

Despite what might be happening in other parts of the mental health care system there is a feeling there has been an improvement in the way mental health assessment services are working for people.

‘I hear better stories about the system in the last few months. But have also heard two horrendous stories just the other day. They [Dudley Clinical Commissioning Group and the Dudley and Walsall Mental Health Partnership NHS Trust] are actually trying to do good things.’

It is felt it is good that all of the separate (Early Access, Urgent, and Crisis Resolution and Home Treatment) services have been brought together into the new Mental Health 24 Hour Assessment Service. People commented that it is helpful to be able to self-refer into the service to get help with a mental health problem. It was also of considerable benefit to people to get quick access to an initial assessment of their circumstances and advice on what would happen next. It is important there is not too much delay between an initial contact with the service and an appropriate assessment of a person’s circumstances.

‘Hopefully [the] new service will help to avoid people meandering about [and] going round the houses.’

In the main, the feeling is good things are happening and there is extra support available through the new Mental Health 24 Hour Assessment Service for people with mental health problems. It was remarked that Dudley Clinical Commissioning Group and Dudley and Walsall Mental Health Partnership NHS Trust were trying their best to improve mental health services and they deserve thanks for their efforts.

Thinking about the future

Whilst it is acknowledged good things are happening there remains much work to do to tackle the stigma that people with mental health problems continue to face on a daily basis. Meanwhile, there is more to do to better understand where people with mental health problems are on their particular journeys and avoid inappropriately trying to fit people into diagnostic or treatment boxes.

‘Am I being directed to the service I need or being forced down a route?’

We need to be continually thinking about how communications between professionals and people with mental health problems can be enhanced or improved. At the same time, we should always be working to eliminate unhelpful stereotypes and preconceived ideas on what needs to be done to help people with mental health problems.

It was noted that sometimes services are not as supportive as they could be and the actions taken to help people with mental health problems are not always appropriate to the context or circumstances in which they find themselves. We need to make sure mental health assessment services continue to further develop a holistic approach with the person at the centre of conversations and decision making that takes all of their circumstances into account.

There is the telephone call and taking a person’s details such as name, date of birth and address. Then it must be about ensuring there is as little delay as possible in getting them the help they need. At the end of a telephone call a person must feel they have been listened to, taken seriously, and properly supported.

'If people have a need to them it is urgent, so [they] shouldn't wait too long [for help] ...'

It is felt people still wait too long for help in situations where they feel they need urgent support or sometimes just someone to talk to.

And maybe there could be an option for a face-to-face conversation with a professional. This would be especially helpful for people who are anxious about having a telephone conversation that includes an assessment of their circumstances and how they are feeling.

'I don't like the telephone triage [it makes you] anxious [is] stressful.'

Then there is the need to further develop thinking and ideas on how to provide support over the longer term for people with mental health problems. How, from the outset, can mental health assessment services best help with thinking about the immediate and longer term mental and physical health support they need. And consider, where appropriate, the health and support needs of other family members or carers.

'Longer term support is missing [it is] not catered for.'

A final point is people with mental health problems must feel they can trust the professionals who are asking them questions and advising or helping them. This is achieved through the skills that they possess and how they are able to show empathy and concern, whilst not too rapidly stifling conversation or making judgements or decisions and letting people tell their story.

Implications for managers

Here we outline the principal implications of the inquiry findings for policymakers and managers whether they are involved in the commissioning or provision of mental health services.

Engagement and involvement

Useful work was done to develop and undertake different engagement and involvement activities with people, especially early on, to get their views

and consulting and to a lesser extent partnership working to develop the new Mental Health 24 Hour Assessment Service (see Diagram 2, below).

Access to mental health assessment services have improved with the creation of a single point of access telephone contact number and a more integrated approach that brings together what were three separate services. In turn, the new service operates on a 24 hours a day, 7 days a week and 365 days a year basis.

It would be useful to consider how people can be even more effectively involved, from the outset, in thinking about the design and provision of services. Also their role in working with specially convened or existing boards, committees or sub-committees, steering and working groups, focus groups and workshops. At a broader level reflecting on their involvement in survey work and public meetings.

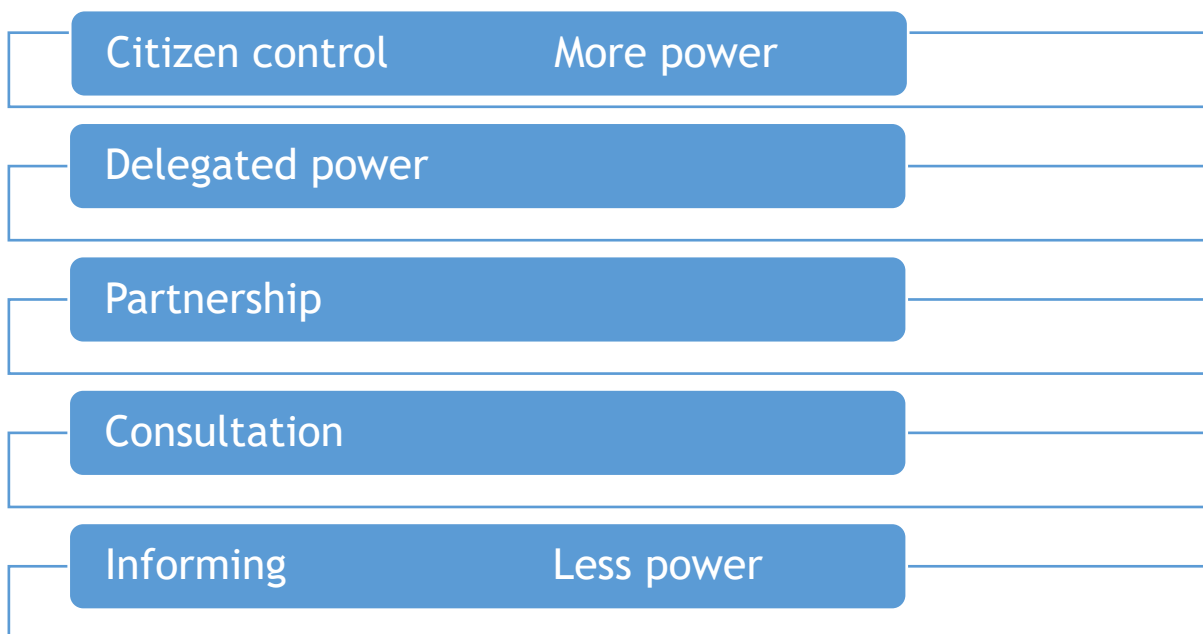


Diagram 2: Ladder of participation

However, there remains scope to do more in the future to further extend and enhance people’s participation in the design and development of services. And, where appropriate, progress up the ladder of participation to include more partnership working with people having more delegated power and control over what happens when work occurs to change or develop services.

The aim being to further extend opportunities for meaningful, empowering and ongoing interactions, dialogue and decision making.

With opportunities to properly consider new ideas and changed circumstances or the need or not to make adjustments to options or plans to change or develop services.

Publicity and information

Some information, for example in leaflet form, on the new mental health assessment service was provided for the public. It included details on its purpose and how it could help people with mental health problems. But it was not obvious that an entirely clear and unambiguous message had been delivered on what the new service was about and how it worked.

For example, the absence of information on the new service on the Dudley and Walsall mental Health Partnership NHS Trust website had contributed to an avoidable lack of awareness of the launch of the new service and operation.

Conversations emphasised the importance of all the relevant organizations and individuals needing to know about the new mental health assessment service and what it can do for people with mental health problems. In turn, a lack of awareness by the NHS 111 telephone helpline or general practitioners may significantly impact on the successful working of the new service.

Meanwhile, it is necessary to ensure there is consistency in the adoption and delivery of a new service by relevant organizations.

The future and co-production

A target moving forward is to recognise and learn from the comments people have made on engagement and involvement processes and the new mental health assessment service. \at the same time, reflecting on how communications and interactions between professionals and the public can continue to be improved and developed.

The aim is to better promote the merits of combining a holistic and person centred approach and the consideration of all of a person's circumstances with a more co-productive set of activities to design and provide services.

*'Co-production challenges the assumption that service users are passive recipients of care and recognizes their contribution in the successful delivery of a service.'*⁸

One option could be to set up a board or group where professionals and members of the public come together in equal numbers and on an equal footing to share power and agree on shared values and objectives.

'Co-production means delivering public services in an equal and reciprocal relationship between professionals, people using services, their families and their neighbours. Where activities are co-produced in this way, both services and

⁸ Cahnn, E (2000) 'No more throw away people: the co-production imperative', Washington:

*neighbourhoods become far more effective agents of change.*⁹

In turn, there could be further investigation of the ways that

voluntary and community sector organizations can be involved in discussions and decision making to design and provide services.

What next?

The qualitative and focused nature of the inquiry activities undertaken is a valid and valuable way to obtain rich information on people's views on how mental health services are working for them. However, it would be good to provide and extend on the opportunities available for a larger number of people to get involved in discussions about services.

In this section we outline the main recommendations drawn from the inquiry for consideration by relevant policymakers and managers thinking about policy or service change.

Recommendations

- Do more on co-production and finding ways for professionals to share power with the public and enhance their participation in the design and provision of mental health services.
- Better involve the public, from the outset, in meaningful and ongoing discussions and decision making throughout the period of thinking about and changing mental health services.
- Find ways that boards, committees or groups can involve the public and professionals on an equal footing so that different types of knowledge and understanding are valued and properly considered in the design and provision of mental health services.

⁹ Boyle, D and Harris, M (2009) 'The Challenge of Co-production: How equal partnerships between

professionals and the public are crucial to improving public services', NESTA.

- Reflect on how the provision of accurate and timely publicity and information on changes to mental health services can be improved.
- Ensure all of the organizations that need to know are informed about the existence of a new mental health service and there is consistency in the approach taken to its adoption and how it works for people.
- Further develop relations with voluntary and community sector organizations to involve them more in the design and provision of mental health services.

Appendix 1: focus group work

Dudley and Walsall Mental Health Partnership NHS Trust

Mental Health Assessment Service

The views of people accessing the service and professionals

1	Introductions and outline for the day
	<p><i>Healthwatch Dudley</i></p> <p>(Jayne Emery, Chief Executive Officer)</p>
	<ul style="list-style-type: none"> • Introduction to Healthwatch Dudley. • Plan of action for the day (speakers and focus group activities). • Ground rules
	<p><i>Dudley and Walsall Mental Health Partnership NHS Trust</i></p> <p>(Jacky O’Sullivan, Clinical Development Director, Interim Associate Director of Operations)</p>
	<ul style="list-style-type: none"> • Introduction to Dudley and Walsall Mental Health Partnership NHS Trust.
	<p><i>NHS Dudley Clinical Commissioning Group</i></p> <p>(Trish Taylor, Senior Commissioning Manager, Mental Health)</p>
	<ul style="list-style-type: none"> • Introduction to the NHS Dudley Clinical Commissioning Group.
	<p><i>Mental Health Assessment Service</i></p> <p>(Jacky O’Sullivan and Trish Taylor)</p>

	<ul style="list-style-type: none"> • Background to the development of the new Mental Health Assessment Service, launched in May 2017. • Bringing together Early Access, Crisis Care, and Urgent Care services. • Operating 24 hours a day, seven days a week, 365 days a year. • Urgent assessments within 4 hours and routine assessments within 10 days.
2	What are your views on the new service?
	<ul style="list-style-type: none"> • How have or should you be involved in discussions and decision-making to change services?
	<ul style="list-style-type: none"> • How have changes to services been publicised?
	<ul style="list-style-type: none"> • What information is available telling people about new services?
	<ul style="list-style-type: none"> • Have you understood why services have changed?
	<ul style="list-style-type: none"> • Are services more joined-up with less confusion about who does what?
3	What's it like getting advice and help?
	<ul style="list-style-type: none"> • How easy or not is it to get access to advice or help?
	<ul style="list-style-type: none"> • How are the staff - do you feel listened to and cared for?
	<ul style="list-style-type: none"> • Do you feel services are focused on you?
	<ul style="list-style-type: none"> • How have or should you be involved in discussions and decisions about your care and/or treatment?
4	What have the outcomes been for you?
	<ul style="list-style-type: none"> • How are services helping you now?
	<ul style="list-style-type: none"> • How are you being helped regarding your mental health?
	<ul style="list-style-type: none"> • How are you being helped regarding your physical health?
	<ul style="list-style-type: none"> • How are services helping with other aspects of your life and wellbeing (for example relationships and employment)?
5	What next?
	<ul style="list-style-type: none"> • Round-up of today's activities
	<ul style="list-style-type: none"> • Writing a report, where it will go and feedback

LUNCH

1. Plan of action for the day and focus group activities

To include contributions from people accessing the Mental Health Assessment Service to inform the format for the day and design of focus group activities.

2. Ground rules

WE WANT YOU TO DO THE TALKING

- Let's hear from everyone!
- One person at a time.
- We may call on you if we haven't heard from you in a while.

THERE ARE NO RIGHT OR WRONG ANSWERS

- Everyone's ideas and experiences are valuable.
- It's important to hear all sides - positive and negative.
- We will not always agree, but we must always show respect for one another.

WHAT IS SHARED IN THIS ROOM STAYS IN THIS ROOM

- Please keep everything you hear today confidential.
- We will summarise themes without identifying individuals by name.

Does anybody have any questions or anything they want to add?

Does everyone agree on how we treat each other when we talk about mental health services?

3. Findings and report

To include contributions to data analysis and report writing from a panel that includes people accessing the Mental Health Assessment Service.

Appendix 2: Dudley and Walsall Mental Health Partnership NHS Trust

Dudley and Walsall **NHS**
Mental Health Partnership NHS Trust

better together

Mental Health Assessment Service

Jacky O'Sullivan, Clinical Service
Director

Dudley and Walsall **NHS**
Mental Health Partnership NHS Trust

What did the service look like?

- Early Access Service (EAS)
 - In-hours Monday – Friday 9-5
- Urgent Care (UC)
 - out of hours 5pm-1-3am
- Crisis Resolution/Home Treatment (CR/HT)
 - Out of hours 5pm to 8am +
Weekends & bank holidays

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What did it do?

- Crisis/urgent assessments 24/7
- Routine assessment in-hours
- Alternative to A&E from 5pm to 1-3am

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What were the issues?

- Handovers
- 5pm finish
- Service user satisfaction – e.g. getting through on the phone
- Lack of continuity across the 24 hour pathway
- Confusion about referral pathways
- inequity of workload

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How we changed the service

- Established project group – clinicians and service users
- Brought Urgent Care, Crisis and Early Access Service into one 24/7 service – Mental Health Assessment Service
- New multi line telephone system
- Team co-located
- Extended hours for routine referrals


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How we changed the service

cont.

- Streamlined processes
- Standardisation across the service
- Electronic referral form
- More attractive shift patterns
- Increased service resilience
- PLT & ST – under same umbrella
- Home treatment part of in-patients


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How are we doing?

- Stakeholder feedback
 - CW Audit
 - Dudley Healthwatch
 - GP feedback

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Appendix 3: NHS Dudley Clinical Commissioning Group



NHS
Dudley
Clinical Commissioning Group


24/7 Mental Health Assessment

Trish Taylor
Senior Commissioning Manager – Mental Health



NHS
Dudley
Clinical Commissioning Group

Who commissions the service, why local
feedback is important and how it makes a
difference –



Who commissions?

Dudley Clinical Commissioning Group (CCG)

Block contract based on activity

Monitored through key performance Indicators

Include activity, quality, safety and outcomes

Why local feedback is important?

People who use the services

First hand experience

Everyone is different

Timeliness of feedback

Positive and negative

How it makes a difference?

Does it do what it says on the tin?

Theory into practice

Individual experiences and perceptions

Informs changes

Provides reality checks



Response to Healthwatch

**PLEASE COMPLETE THE FEEDBACK FORM
AND RETURN TO HEALTHWATCH DUDLEY**

-----CUT HERE

	Question	Action	Responsible Person	Comments	Change state*
1	How will co-production be developed and power shared with the public?				
2	How will people be better involved from the outset and throughout a period of discussion and decision making on service design and provision?				
3	How will boards and committees involve the public and professionals on an equal footing in discussions and decision making processes?				
4	How will the provision of accurate and timely publicity and information be improved?				
5	How will all of the organizations that need to know be informed of the new service and ensure it works for people?				
6	How will relations with the voluntary and community sector be further developed to involve them more in relevant discussions and decision making?				

*Change stage: Red (outstanding), Amber (being progressed), Green (done)

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