

Enter and View Report

Mental Health & Social Inclusion Hub
Mental Health Team

17th July 2023



Healthwatch Staffordshire

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Report on Enter and View Visit Undertaken by Healthwatch Staffordshire on 17th July 2023

Service Visited:

Mental Health & Social Inclusion Hub (call centre) Open 24/7 365 days a year.

David Parry Suite, Block 6 (Ground Floor) St. Michael's Court, Trent Valley Road, Lichfield WS13 6EF

Tel: 0808 196 3002

Email: mhsi.staffordshire@mpft.nhs.uk

Context of Visit:

Since the Covid 19 pandemic and the cost-of-living crisis, reported mental health issues have significantly increased. Under the national mental health strategy there has been investment. Recently, there was a public consultation undertaken by Staffordshire and Stoke Integrated Care Board on finding a long-term solution for in-patient services. The visit to this service was a routine Quality Assurance visit, to find out from the team what was working and if any improvement or measures needed to be considered.

Review Method:

This visit was undertaken jointly between Midlands Partnership Foundation Trust, who were conducting an internal quality visit and Healthwatch Staffordshire, who were conducting an independent Enter and View. By combining the visits, the aim was to gain a comprehensive view of the service with minimal disruption to operational delivery.

Before the visit, the Quality Standards Assurance Visit Lead had been in contact with the Operational Lead of the service and had independently completed surveys with staff to gain insight. This feedback was positive for staff stating that the Operational Lead was not only proactive but reactive. The Healthwatch Engagement Officer also looked at the database it holds to see if there was any feedback from service users and carers via the Healthwatch Enquiries Line.

The visit consisted of an overview meeting with the Operational Lead and the review team. The review team then split up and was talking to various members of staff. Healthwatch spoke to the Business Support officer, Assistant Navigators and Admin Support, while others in the Review team met with Clinician/ team leads, Navigators, and specialist staff (substance misuse)

The review team then met up again at the end of the visit with the Operational Lead for final clarification and feedback.

Both Healthwatch and the MPFT Quality Assurance & Effectiveness Team are producing their reports individually and this report is an independent view from Healthwatch. Thanks go to all Mental Health & Social Inclusion Hub staff who made us welcome and participated in the process.

The Review Team:

The visiting team consisted of:

- Christine Sherwood Engagement Officer for Social Care, Staffordshire, Healthwatch Staffordshire
- Quality Standards Assurance visit (QSAV) Programme Lead, Quality Assurance and Effectiveness Team, MPFT
- Integrated Care Board (ICB) Senior Quality Improvement Assurance Manager.
MPFT Head of Quality Governance & Engagement.
- MPFT Service User Governor for Shropshire, Telford and Wrekin
- Operational Lead for Assessment Team Telford and Wrekin CMHT. Community Mental Health Team.

Service Outline:

The Mental Health and Social Inclusion Hub provides a First Point of contact for Community Mental health in Lichfield, surrounds and Staffordshire and was established approximately 17 years ago. During this time, the service has changed its ways and ideas of working and evolved into the service it is today. It now offers 24/7 contact, 365 days a year via a Freephone number and email for the public. It also advertises its service via the website, Leaflets, verbally, and at the bottom of MPFT Letters. It also has a partnership with an

interpreter service that allows the team to access translators, and literature in different languages and can offer face-to-face for people who need British Sign Language. For the visually impaired the service can get letters in a larger font.

This one service covers the whole of Staffordshire via the helpline or email enquiries. The team are managed by one Operational Lead with the support of a Quality Lead and a team leader that supports the call handlers.

The team provides call handling, signposting, information advice and guidance, triage for more complex needs, assessment, face-to-face support, and care planning for people experiencing mental health difficulties which may impact their daily life. This may include gambling, women's health problems, substance misuse, financial worries, anxiety disorders, complex trauma, mood disorders and many more.

Staffing:

The team receives referrals directly from a service user, concerned family members looking for advice, or via GPs. The staff working within the service includes:

- 1 Operational Lead
- 1 Quality Lead
- 1 Team Leader for Call Handlers
- 1 Admin (ADHD support - temporary)
- 1 part-time Admin Assistant
- 1 Business Support Officer
- 1 Substance Misuse Support Worker
- 1 Financial Wellbeing Support
- 11 Clinicians - Shift Coordinators (trained nurses Medium/High risk)
- 8 Navigators (Call Handling, Triage, low-level need assessment)
- 11 Assistant Navigators (call Handlers)

We were informed that currently the team is fully staffed except for one long-term sick and 3 on maternity leave. Staff retention is good overall, but significant factors can impact this. Exhaustion, shifts, and staff missing interaction with face-to-face service users.

The team all seem to be well supported as support and well-being is a high priority to the managers and all colleagues. Staff are working a mixture of shifts, some hybrid working. This is working well with the only exception of the reliability of the Wi-Fi in the office, which can disrupt calls. This can lead to the recording and access to notes on the system, becoming potentially lost.

Staff have regular supervision monthly, plus a 6-week clinical supervision that discusses rational decision-making and progress & a yearly appraisal. It also offers additional staff training. Wellness plan for staff, access to resources (team chat, Occupational health, Team Prevent, buddies/champions).

I was told by the Operational Lead that although they have only been in post since 2022, they have made some positive changes. They have ideas for the future to make the service a more holistic approach so that service users' larger problems can all be dealt with in-house. This will hopefully reduce the need for hospital admissions. The team seem very supportive of the changes, and it shows that the management style is appreciated. Staff are feeling valued and supported. Staff were well motivated and working as a cohesive team.

Referrals and Wait Times:

Referrals are received by the call centre and initially dealt with as they come through. The staff have a system that has multiple signposting avenues. As the cases come into the call handler, it is decided what action needs to be taken and triaged and passed to a more senior member of staff within the office if needed. It is then decided if the service can assist or refer to other services, any action is agreed upon and communicated to service users. Staff in addition can refer to the Crisis team, IMHT if a Face-to-Face appointment is needed.

The waiting list has increased recently to 82 cases, with approximately a 2 ½ week wait. However, the manager is aware of this and feels it is due to the ADHD workload (as 0 before) and is hopeful it will be manageable & back down by the end of September. Staff felt they are working with manageable caseloads, drawing on the full range of resources across the team, including signposting, empowering clients to use self-management tools & working with other partners offering a more holistic approach.

The team felt that due to the phone line being a freephone number, they can spend a lot of time answering calls for other services. This has a significant impact on the one phone line they have and their day-to-day tasks. The Operational Lead is fully aware of this and is trying to feed this back to services.

Feedback from service users is positive, staff tend to get a lot more compliments than complaints. Staff feel that a more personalised response, that attempts to address the issues that are causing the Service user mental distress, is better than treating the symptoms alone.

Contact Details for Professionals and the Public:

- A small number of people who have spoken to Healthwatch about mental Health Services have been unclear on how to contact services out of hours. This would suggest that there is still some work to do on helping the public understand who is available and how to get the help. This applies to service users, carers & general public.
- One carer told Healthwatch *"One Saturday evening I felt I couldn't cope with my husband's intense mental health issues and was at breaking point, I didn't know who to call, so I rang the Samaritans, and they were engaged!"*

The contact details for mental health services in Staffordshire are widely advertised and are set out below:

Mental Health & Social Inclusion Hub is a Freephone service (0808 196 3002) 24/7 365 days a year, receiving mental health referrals.

Email: mhsi.staffordshire@mpft.nhs.uk

Service User Experiences:

The call centre does not have Service Users attend the Hub, but if a Service User requires face to face appointment this would be booked with the local community team in their clinic slots. Unfortunately, Healthwatch was not able to meet any patients on this occasion.

The feedback received from patients via compliments is very positive and the service can have anything from 5-20 compliments a month. "Grateful of the staff and empathy shown towards them".

There has only been 1 complaint about the service recently, which was not upheld.

New Partnerships:

- Following new pathways for ADHD which has led to the service taking on more work.
- Talks are ongoing with IHI working within the call centre implemented by March 2024.

Maintaining People in Community Settings:

- It was reported, that being able to offer a more personalised and integrated approach to supporting and treating service users locally, means it is now possible to successfully case manage more people at home. Staff recruitment and retention have improved, and combined with the addition of partners, has made it possible to deliver consistently a more effective service.
- Staff use a system tracker to look at a Service user's case to see what is working and what may be needed.
- There is also a Platform called Silver Cloud that service users can use independently once a staff member has signed them up, this gives access to tools for Managing Anxiety, Low mood etc to empower a service user's independence & well-being.

Summary

This was the first time Healthwatch has done a joint quality visit with MPFT's Quality Team for this service. It was a positive visit, with Mental Health & Social Inclusion Hub. Staff and managers were able to demonstrate considerable progress in the service with a holistic approach that is Needs led. The Operational Lead has a good insight into what is needed to support both staff and service users.

Strengths:

- Successful team focus and support.
- Acknowledging and trying to improve staff recruitment and retention.
- Working on reduction in the waiting list, aware of what is impacting this.
- Evidence of positive team management that has created a supportive environment within, which staff and partners operate.
- Compliments from service users of positive experiences.
- Considering apprenticeships.
- Have 1 speaker from the different bandings within the team to voice staff opinions and gather feedback from external services within MPFT (what's working well, what is not)

Needs:

- Staff report that they have issues with the reliability of the Wi-Fi system in the office, which they rely on.
- More staffing resources are needed to manage additional demands.
- To get other services to have free phone numbers to cut down on the impact of this service.
- To reduce the waiting list to a more manageable level

Next Steps

The report will now be published on our website and copies will be forwarded to MPFT.

