Meaningful Coproduction - Transforming Mental Health Services in Dorset

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Dorset
Mental Health
Forum
promoting wellbeing & recovery

Dorset HealthCare University
NHS Foundation Trust

Dorset
Clinical Commissioning Group

Introducing ….

NHS
Dorset
Clinical Commissioning Group

- Configurations of several PCT’s in previous years.
- 2013 became 1 CCG across Dorset, covering Bournemouth, Poole and Dorset.
- Population of just under 800,000 people.
- Total budget of £1,153 million.
- Mental health spend is around 10%.
- 7,007 people on SMI register.

Introducing ….

Dorset HealthCare University NHS Foundation Trust

- Provider of all secondary mental health, learning disability and many physical health services across Dorset.
- Employ around 5,000 staff, providing healthcare at over 300 sites – GP surgeries, community venues and hospital settings.
- Significant growth between 2011-2013 and associated challenges of expansion. Transformation period 2013 to 2015. Real progress endorsed by CQC in 2015. Continuing to develop and build on strong foundation and principles.
- Purpose: To provide integrated healthcare services that empower people to make the most of their lives. We care for people when they're unwell, support their recovery and give them the knowledge and confidence to stay as healthy as possible.

2011 – Prior to Merger

Total Trust Income: **£87,717,000**
Total Income as per I&E: £87,997,000

March 2011: **1,737 WTE**

Services include:
- East Adult and Older peoples Mental Health Services,
  - Inpatient and community Mental Health Services
- Early Intervention
- Eating Disorder service
- Perinatal
- Dorset Forensic Team
- IAPT Service
- Learning Disability and Brain Injury Services
- Addictions
- Children and Specialist Services
- CAMHS
- Children's LD Service
- Specialist Psychology
- Dental

Services transferred to us from demised Dorset PCT and B&P PCT from April 2011

2012

Total Trust Income: **£182,878,000**
Total Income as per I&E: £184,210,000

March 2012: **4,665 WTE**

Services include:
- Adult and Older peoples Mental Health Services,
  - Inpatient and community Mental Health Services
- Early Intervention
- Eating Disorder service
- Perinatal
- Dorset Forensic Team
- IAPT Service
- Learning Disability and Brain Injury Services
- Addictions
- Children and Specialist Services
- CAMHS
- Children's LD service
- Specialist Psychology
- Dental
- B&P Community Health Services
- DCHS Community Services
- DCHS Mental Health
- DCHS Prison Health Care

Service assets transferred on the **1st April 2013**

2017
Month 6 position

Total Trust Income: **£241,852,000**

Sept 2017: **5,042 WTE**

Services include:
- Pan Dorset Adult and Older peoples Mental Health Services,
  - Inpatient and community Mental Health Services
- Early Intervention
- Eating Disorder service
- Perinatal
- Dorset Forensic service
- IAPT Service, Steps to Wellbeing
- Learning Disability and Brain Injury Services
- Addictions
- Children and Specialist Services
- CAMHS
- Children's LD service
- Specialist Psychology
- Dental
- Pan Dorset Community Health Services
  - 7 Localities
- Sexual Health Services
- Pan Dorset Looked after Children
- Children's Public Health, Urban and Rural

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Dorset Wellbeing and Recovery Partnership

- Dorset Mental Health Forum – local peer run, independent, recovery orientated charity and employer; strategic partner; statutory advocacy; participation and representation.
- WaRP established May 2009, putting people with lived experience of mental health problems at the heart of service design, training and delivery.
- Development of local lived experience infrastructure.
- Partnership working of lived experience expertise alongside professional expertise at multiple levels throughout system.
- Power sharing for ownership and service transformation.

Drivers for Change

Commissioning for Effective Transformation 2014

Call to Action describes how the transformation of health services is essential to ensure a sustainable NHS.

Future health services should be designed so they are based on the needs and wants of the populations they serve, and focus on creating health and wellbeing rather than solely on ill health.

Key Themes and criteria

1. Bold and brave clinical leadership.
2. Strong and effective participation and co-production.
3. Creating a vision for local service provision.
4. Designing the services of the future.
5. Focusing on delivering improved value and outcomes.
6. Selection the commissioning mechanisms that will drive improvement.
7. Using active management of today’s services to plan future service transformation.

Co-Production

“ 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 neighbourhoods become far more effective agents of change.”

(Boyle and Harris, 2010)

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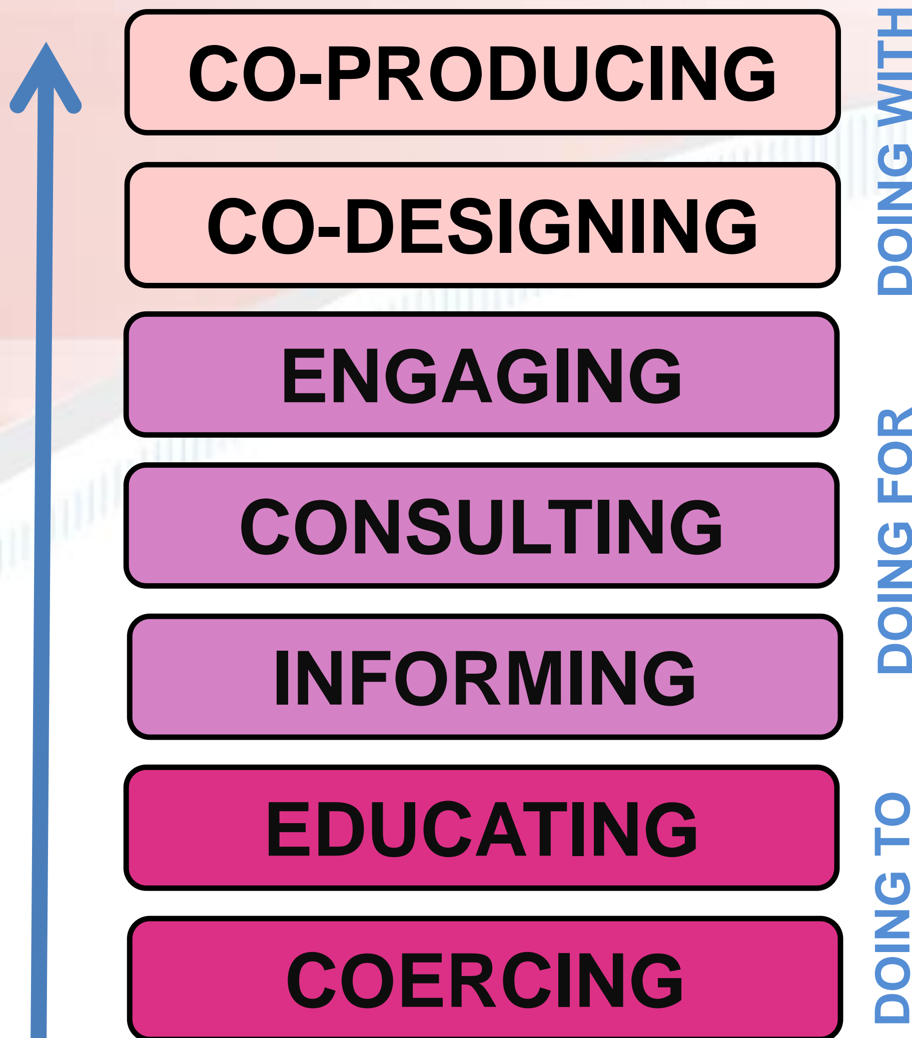

SOURCE: NEW ECONOMICS FOUNDATION

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Co-Production: Focus on process not outcome

- Recognising people as assets:
  Facilitate people and teams to understand their strengths and what they bring.
- Building on people's existing capabilities:
  Acknowledge a variety of skills, assets and experiences.
- Mutuality and reciprocity:
  Enable people to participate on their terms, be creative and listen.
- Peer support networks: Move from "them and us" to "all of us" with shared humanity. Also support to self-manage when working in health environments.
- Breaking down barriers: Validate, acknowledge the struggle and people's reality.
- Facilitating rather than delivering: Creating safe spaces to explore and learn things together. Bringing together shared expertise.

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NEF (2012); NEF and MIND (2013)

Why services needed to change ….

Different needs across the Dorset population.

Delivery models need to reflect demography and geography of Dorset.

Evidence of problems accessing services and choices available.

People need to be supported to avoid and better manage their crises.

Concerns around out of hours provision.

Need to make sure all services work well together.

Financially viable and sustainable services required, that support recovery and have increased investment into mental health services.

Significant recruitment issues: >400 vacancies in Dorset HealthCare and pressure across the system in England.

People want services as close to their home as possible (where clinically viable) and prevention opportunities.

Why services needed to change ….

- People want to avoid and better manage crises.
- They want to be supported at the right time.
- Earlier and easier access.
- Dedicated phone line support.
- Define crisis for themselves.
- Only tell their story once.
- A place to feel safe.
- Support from Peers.
- Life beyond illness.

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From ….
‘what’s the matter with you’,
to ‘what matters to you’….

Paul Siebenthal,
Senior Peer, Dorset Mental Health Forum

Services Included…..

Acute Care Services

View Seeking

Model Options Development

NHS Assurance

Consultation

Implementation

Coproduction / Benchmarking / Data and Needs Analysis

CoProduction Group Attendees

- Dorset Clinical Commissioning Group
- Dorset Healthcare University Foundation Trust
- Bournemouth Borough Council
- Dorset County Council
- Borough of Poole
- Service User and Carer representatives
- Dorset Mental Health Forum
- Rethink Mental Illness
- South West Ambulance Service Foundation Trust
- Dorset Police

- Facilitated by IMROC and NdTI.
- Process monitored by Folio who helped us develop the SOC (PCBC) so we were prepared for NHS Assurance.
- Facilitation enabled meaningful coproduction and participation of all parties.

Objectives and Criteria

Objectives and Problem Statements
Consistency Significant differences in the level, scope and style of services across the county.
Accessibility People finding it hard to access services that can help them across Dorset.
Community Facing Local communities are disengaged from mental health issues.
Style and Culture Style of service provision (in both health and social care) does not lend itself to person-centred recovery-focused approaches.

Parameters

The new options must be achievable within current budget and existing sites to remain

- NHS Mandates; Statutory responsibilities.
- NICE concordant services (not all).
- NHS quality standards to be reflected in all proposed models of care.
- Outcomes as defined by people who will access services.
- Services to reflect the views of people who use services and their carers
- Clinical services staffed in a safe, helpful, therapeutic and sustainable way.
- Services working with person centred, recovery focused principles.

5 Year Forward View and published Report on In-patient Services

- Inpatient units must be within 33 miles of person's place of residence.
- No out of area placements.
- 7 day a week / 24 hour access to services when in crisis.
- People should not be held in restrictive settings for longer than they need to be for their own safety.

Service User X-check

- Travel c.25 minutes to a safe place.
- Need a fast response to crises through alternative types of service.
- Improve use of current community assets to support people.

Option in the pathway

Retreats (safe haven): Self referral

Based with the Community MH Teams.
Somewhere to go when things start to go wrong: Alternative safe place and alternative to ED where there is no urgent or emergency physical health need. MH triage and support from peer support workers.

Community Front Room: Self referral

Safe space located in local communities on various existing sites with access to MH professional/peers.
Opportunity to work with communities developing support for people using community assets with clinical and peer support in-reach.

Connection: phone; skype; email

For individuals in distress, relatives, carers and organisations in the community.

Crisis and emotional support: triage, signposting and allocated time and self management through supported conversations.

Host Families
Of more interest to rural members; families recruited and paid to provide short term respite and support to prevent admission and/or facilitate early discharge.

Changes since then….

- Reorganised services … within existing budget.
- Increase in beds for the system.
- Pathway meets CPG objectives and criteria.
- Aligning resources to demand …
- Improved shared care arrangements …
- Investment in peer workers …
- Coproducing new pathway implementation …..

The Reality of Co-production

- Changes in relationships.
- Investment in openness and honesty.
- Development of trust.
- Sharing of commercially sensitive information.
- Sharing power and influence.
- Dealing with discomfort and anxiety.
- Learning to let go …
- Learning and commitment to the goals of co-production versus special interest.
- Shared accountability and responsibility.
- Benefits and added value to the whole system.

Benefits of Co-Production

- Coproduction principles transferrable across all service design.
- Patients (people who access services), commissioners and providers empowered to innovate.
- Patients (people who access services), commissioners and providers all have ownership of the agreed model for the new services moving forward.
- Patients (people who access services), commissioners and providers all responsible for delivering the new service and monitoring the outcomes and effectiveness.

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Thank you …..

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Further information:

https://www.dorsetsvision.nhs.uk/about/mhacp/

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