Improving Mental Health in Portsmouth - workshop three results

The workshop:

Workshop three was delivered at Portsmouth Central Library. Attendees included people with lived experience, carers, and staff from across Health and Social Care.

Attendees were reminded about the purpose of the Improving Mental Health in Portsmouth project, including the background and context of the Community Mental Health Framework. The focus for the workshop was to review a proposed "hub" model design which had been talked about in the previous workshops. Attendees were able to see the hub design diagrams to help their understanding and worked in groups to consider the proposal guided by a set of five questions. A facilitator supported each group with their discussions and took notes to ensure all feedback was captured.

The feedback captured at these workshops is below. The project group will analyse this feedback and use it to amend and update the "hub" model. The project group is now talking with similar types of services across the country to understand how they have been implemented and to learn from where things have worked well and where they have not. There is a lot of work now needed to move this proposal from a design on paper to an actual pilot service. The timeline for this service being up and running is provisionally looking to be sometime after the New Year in 2023 but will be shared via the Health and Care Portsmouth Website once a formal timeline is known.

Question one: who can access?

The following proposal was presented to the workshop:

In stage one the following people can access the hub:

- People not in crisis but requiring mental health support
- Those over the age of 18
- Carer of a person requiring support.

In the future the ambition is to include:

- All ages - linked with Child and Adolescent Mental Health Service (CAMHS)
- Professionals supporting individuals - linking to services to offer advice on management (for example, medical) and appointments where appropriate.
- Potential for a “Press 2” option straight from GP phone lines that would then come through to the hub.

Question 1.1:

Have we considered the correct people to access the service both at stage one and in the future?

You said:

- Yes, 18+ and ages to include 65+
- Incorporate children (16+) and older adults now, not just in the future
- Young carers?
- Carers can discuss for individual and for themselves
- Help and support for carers, friends, and family
- Homeless, refugees, asylum seekers and students
- Option 2 GP line very good idea
- Option 2 GP line great concept - need to think about the rest of the messaging on this
- Will need clear parameters on area for example, only for those living in PO1-PO6 or with a Portsmouth GP and signpost if someone accesses the hub from out of area?
- Consider language barriers and more communication options for those that prefer text
- What would the Crisis pathway be?

Question 1.2:

Is there anyone missing? Do you have any worries or concerns?

You said:

- Young carers under 18
- How do we promote the hub to people who don't / have not accessed mental health support before? QR codes / the word 'help' in the cloud?
- Age 65+ cognitive, telephone contact not appropriate - face-to-face? PositiveMinds - should we develop a plan now?
- People in crisis - how will they be supported?
- Language barriers
- Either no one will phone, or everyone will phone
- Future ambition - link in with teachers
- Accessibility if hard of hearing
- Future ambitions under 18 - how does this work with CAMHS and parents' involvement / consent?
- Link with support services (e.g., Off The Record)
- Where do 16-18-year-olds sit?

Question 1.3:

Does the proposal accurately reflect the discussions at earlier design workshops?

You said:

- Yes.

Question two: How can they access?

The following proposal was presented to the workshop:

In stage one access to the hub will be via:

- Phone call
- Text or call back

Stage two:

- Video call
- Email
- Text conversation

Stage three:

- Website
- E-consult type referral

Stage four:

- App - personalised to local services

Question 2.1:

Does this feel like the right initial access to the service?

You said:

- Would like to see email at stage one
- Would like to see text conversation at stage one
- Should include web chat
- Include a text conversation
- Homeless people - maybe no phone?
- Walk in at PositiveMinds - how would this link back into the hub?
- Video call to be initial access
- Can text messaging work at stage one?

Question 2.2:

Do the next stages make sense?

You said:

- Yes, they make sense
- Consider face-to-face option
- Consider web chat/bot

Question 2.3:

Have we missed anything?

You said:

- Face to face future ambitions such as:
    - Drop in
    - Location
    - Community café
- Appointment booking system
- Led by the patient/carer
- Consider English as a second language - interpreters and information available in different languages
- Follow up call / text / email / video call, within 4 hours
- Acknowledgement calls
- When you phone 111, they could refer or signpost to the hub
- Links to universities, colleges, St James Hospital Units
- A communication plan for the future
- Recovery Hub started a live web chat - liaise with them to find out demand
- Weekends - who else is open weekends, joint commission? i.e., Substance Misuse
- Automated message of where they can access help e.g. Samaritans/Harbour
- Where there is a need, create a safe space for that person
- Get back to you within a set timeframe
- Be able to refer?
- Could there be someone with a phone on direct dial for those without them?
- Support for those without GP's
- Reconnecting with the hub whilst awaiting call backs? Risk could be escalating
- Language translation

Question 2.4:

How will we know when to move to the next stages?

You said:

- Can stage two be phased in quickly?
- Capacity dependant, can we move through the phases once each one is accepted?

Question 2.5:

Worries or concerns?

You said:

- History doesn't always help.
- Data sharing/consent to share, where will this data be stored?
- Cheat sheet information already available on the person/sharing updates. Telling my story once.
- Universal care plans - what if you're not open to any services who will create, own and access the care plan?
- Website/pages not engaging. Engaging website e.g. portsmouthrecovery.org
- Crossover with PositiveMinds
- Need automatic replies when service is closed

Question 2.6:

Does this reflect discussions from earlier workshops?

You said:

- Yes, there has been chance to reflect the changes, feedback, and impact outcomes good and bad.

Question three: When can they access?

Current plan:

Access is for non-crisis support therefore hours are planned 8am-6pm Monday to Friday.

Question 3.1

Do the hours feel right initially? (8am-6pm Monday to Friday)

You said:

- Consider future to have 7 days per week
- Weekends and late-night options until 7pm
- 7am-7pm? Or once a week?
- Extended hours once a week
- Same as GP hours
- Hours work for non-crisis service
- 8am-8pm Monday to Friday plus consider some weekend hours to ensure accessibility to as many people as possible
- Slightly extended hours

Question 3.2:

Do we think the hours should be extended?

You said:

- Extend to suit people's lifestyles e.g., work/childcare/college/university
- Could have reduced out of hours contact via email/text

Question 3.3:

How will we know if we have the right hours/if we need to adjust?

You said:

- Usage of numbers coming through
- Phone and web systems to track numbers of people accessing support
- Data to inform peak times
- Ask people what hours are ideal for them to call/make contact
- Data collection - use same data as PositiveMinds and The Harbour
- Add time slots to website for people to book into their own appointments
- Ask people to feedback

Question 3.4:

Are there benefits to keeping to these core hours?

You said:

- Using resources as required/targeted

Question 3.5:

Worries or concerns?

You said:

- Flexibility to change the access times
- Quick access
- Reassurance around return calls, e.g., "we will get back to you in an hour"
- How will waiting times be managed?
- Good quality services are not cheap
- If all lines are busy need contingency, signpost/brief message - same for out of hours. No messaging facility
- How will we make appointments with Access to Intervention etc, if there are large waitlists?
- How does this link with proposed autism hub?

Question four: Who answers the call? What Conversation is had?

Current Plan:

Non-registered staff BUT

- Fully trained and experts in local pathways and managing complex calls.
- Supported by a team leader who has a clinical registration.
- Firstly: ensure the person is safe and not in a current crisis requiring an urgent response (in the event that the person is requiring urgent support pathways will be in place to connect to appropriate services).
- Brief 10–15-minute conversation
- Conversation is conducted compassionately to establish want / need and connect to appropriate service

Question 4.1:

Does this feel like the right workforce?

You said:

- Fully trained, employ lived experience
- Skillset: empathetic, good listener
- Training on mental health, communication, counselling, listening, awareness of community
- Yes, someone compassionate, calm, kind and reflecting the need
- Lived experience and diverse call handlers'
- Senior role to support service
- Could The Harbour sit in this space?

Question 4.2:

Does being an "expert" not a "professional" meet the requirement?

You said:

- Needs to be someone that has compassion and kindness so yes - even if in crisis
- It would be good to have a clinician lead in the background
- Need comprehensive knowledge of local services
- With the right training programme and shadowing mental health staff, visiting 111
- Record calls
- Do they need to have experience of working within mental health services?

Question 4.3:

Worries or concerns?

You said:

- Who determines if the patient is in crisis and how?
- Multilingual staff would be great, or good access to translation services
- Concerned this will end up just signposting
- How does initial part of journey get recorded and be part of the persons journey?
- Is 10-15-minute triage long enough to gather info and link to the right service?
- Need older persons mental health expertise e.g., contact from carer whose loved one has dementia
- Ensure no confusion for those already accessing services - e.g., direct calls to allocated team instead of via the hub
- Enough staff including leads to cover annual leave, sickness etc.
- Other staff to audit, collect data (admin?)

Question 4.4:

How would we ensure staff demonstrate compassion and kindness in this space whilst staying brief?

You said:

- Lived experience groups to offer training and support/shift peer support
- Recruitment around personal attributes
- Staff support and supervision essential
- Huddle at start and end of the day
- Consider uni support in training
- Confidentiality at outset of the call
- Calls waiting system
- Robust training from lived experience
- Similar training packages and processes to 111

Question five: What is the expected outcome of the call?

Stage one:

- Everyone comes away from the contact with a co-produced forward plan to meet their needs.
- Where appropriate the person will be offered an appointment booked at PositiveMinds, Talking Change, Access to Intervention
- Connect with / Signpost to: HIVE Portsmouth, housing, voluntary and community sector services, social support, substance misuse services, homelessness, veterans, recovery college, debt / benefit advice etc

Future ambitions:

- Be able to offer and book appointments at a wider variety of organisations.
- Be able to connect people into services based at GP practices, such as social prescribers and GP based mental health worker roles.

Question 5.1:

Who else should we connect with?

You said:

- Identify key pathways between services
- Professional referrals would be helpful to avoid repeating and encourage engagement
- Refer into additional services e.g., GP's, social care
- Substance Misuse - co located with mental health
- Carers service can take referrals directly
- Samaritans - listening service 24/7
- Call handlers to support those who are being ping ponged by services
- Substance misuse not a prohibitive factor for support
- Recovery college - they could have a summer period including life skills?
- Carers centre
- Dual diagnosis services?
- Serving personnel and families
- Perinatal Service
- Early Interventions in Psychosis Team (EIP)
- Domestic abuse services
- Neurodiverse
- University wellbeing team
- Citizens Advice Portsmouth
- Learning centre
- You Trust
- LGBTQi+ community
- Will the hub be able to refer to eating disorder services?
- Services linked to have copy of the plan (not care plan)

Question 5.2:

What would a plan incorporate given the nature of the contact?

You said:

- Clear process, collaborative, agreed with other agencies
- Assessment process to avoid ping pong between services
- Measuring success:
    - Meaningful engagement pre-referral
    - Follow up - referral been successful?
    - Individuals' views
- Option to follow up/have a follow up call later - is there capacity for this?
- Clear expectation of the service - set limitations
- Plan made around wants and needs
- Send plan via text or email outlining what was agreed
- Patient to feel better after sharing their problem and confident that there is support in place
- Patient feels like their needs have been identified
- How will we connect with GP's so they know about patients journey?
- Care plan to include who to contact/where to get help
- Community plan of care?
- Should be an information centre

Other feedback captured:

- The hub is to avoid a crisis
- Work in progress, reflect regularly - lessons learned
- KPI - could be we having to escalate certain things repeatedly?
- Length of contract for the service ideally 5-10years minimum
- Need good marketing/comms strategy to support
- PositiveMinds could be expanded and moved to city centre include the hub and extended hours
- Separate service to undertake feedback