APPENDIX 1

People & Communities Overview & Scrutiny Committee

Dorset County Council

Date of Meeting	21 March 2018
Officer	Siobain Hann Commissioning Manager, Partnerships
Subject of Report	**Mental Health Enquiry Day December 2017**
Executive Summary	A member lead enquiry day into mental health in Dorset was carried out on 13 December 2017 at the Dorford Centre, Dorchester. The day was well attended with a mix of people with lived experience, their carers and wider community and statutory stakeholders. Presentations were provided on: • the Acute Care Pathway by the Dorset Clinical Commissioning Group • Co-production by the Dorset Mental Health Forum • Integrated Prevention Service by Dorset County Council Commissioning The major element of the day was group work to explore key areas of support and service provision and identify key gaps, constraints and possible solutions. The outcome of the day was to identify areas of work that could be drafted into a delivery plan moving forward. The issues raised have been collated according to the key delivery areas of personalisation:

	• Service • Practice • Commissioning/Joint working To move the work forward it has been recommended that practice and service are owned by the project group delivering new joint working arrangements between social care and health. A joint commissioning group lead by Dorset County Council and the Clinical Commissioning Group is proposed to bring together the work of the Acute Care Pathway (ACP) and a commissioning review of social care services and early help in line with the findings of the enquiry day. The key themes that emerged from the day are as follows: (i) Consistency There are significant differences in the level, scope and style of services across the county (ii) Accessibility Across Dorset, people are finding it hard to access services that meet their specific need (iii) Community Facing There is disengagement of local communities' due to the image and perceptions of mental health which focus at the complex end of the scale (iv) Style and Culture (Personalisation) The style of service provision (in both health and social care) does not always lend itself to a person-centred recovery focused approach Further detail of the issues raised are set out in the appendices attached. These will be drawn together and embedded into existing or planned areas of work, for example, the project group for integrated working with Dorset Healthcare University Trust, and a proposed Joint Commissioning Group with the Clinical Commissioning Group.
Impact Assessment:	Equalities Impact Assessment:

	The completion of the equality quality impact assessment will form part of the project plan development to inform and support key lines or enquiry and activity.
	Use of Evidence: Formal Consultation event
	Budget: Within existing commissioning and operational budgets of the Clinical Commissioning Group and Dorset County Council
	Risk Assessment: To be completed once formal delivery plans in place
	Other Implications: The work will seek to engage with: • The voluntary and community sector to support early help • Advocacy groups to keep the voice of the user at the centre of the work • Statutory agencies to ensure a joined-up approach to delivery and best use of available resources
Recommendation	The Committee is asked to note and comment on the workshop activity, findings and summary of future ideas.
Reason for Recommendation	Members of the People and Communities Committee and Dorset Health Scrutiny Committee requested that work be carried out to further understand the needs of mental health services users and their carers in the communities of Dorset, ensuring that Dorset County Council can fulfil its commitments under the four key outcomes: • Safe • Healthy • Independent • Prosperous
Appendices	• Summary table of key issues identified • Summary of workshop notes • Areas for action
Background Papers	Report Attached

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Debbie Ward
Director for Adult and Community Services
March 2018

MENTAL HEALTH ENQUIRY DAY

REPORT ON OUTCOMES

1. Introduction

1.1 One in four people in the UK will suffer from mental ill health each year[1], with approximately 11,400 people over 65 years old in Dorset living with Dementia by 2025.[2]

1.2 These statistics illustrate the significance of varying forms of mental health on the community of Dorset and this need requires a response from both the statutory, and voluntary and community sectors.

1.3 Dorset County Council Adult and Community Services, under the Care Act 2014, have a statutory responsibility to provide information, advice and support as well as the right to an assessment and the provision of care for the most vulnerable members of our community.

1.4 The local authority has set out four high level outcomes that drive it's work in meeting its key statutory responsibilities, these are:

(a) Safe
(b) Healthy
(c) Independent
(d) Prosperous

1.5 To meet the challenges of these high-level outcomes and the responsibilities upon it to support our communities, Dorset County Council Adult and Community Services has set out an ambitious transformation programme with the vision to:

" … work with people, communities and other organisations to improve and maintain their wellbeing, to live as independently as possible, recognising some individuals and groups may need more support than others."

1.6 This report and the work that will be derived from it will be carried out within the context of the County Council's statutory duties and the transformation vision which sets out the key principle of personalisation.

2. Mental Health Enquiry Day

[1] Government response to the Five Year Forward View for Mental Health 9th Jan 2017.
[2] The State of Dorset – Health and Social Care Report 2017. Dorset County Council

2.1 The Lead Member for Mental Health within the People and Communities Committee undertook to carry out an enquiry day to help the authority better understand the challenges faced by people in Dorset who experience mental ill health and to consider opportunities to address them.

2.2 The event was carried out with support from Adult and Community Services officers on 13 December 2017 and involved stakeholders from Council Members, the Local Authority mental health teams, the Clinical Commissioning Group, Dorset Police, Dorset Mental Health Forum, Housing, Mental Health Providers and service users and carers.

2.3 The structure of the day included an introduction and intentions of the day by Councillor Mary Penfold and Harry Capron, Assistant Director, Operations – Adult and Community Services and presentations by the Dorset Clinical Commissioning Group on the work and outcomes of the Acute Care Pathway (ACP) and the Dorset Mental Health Forum on Co-production and their experience of the work of the ACP, and Dorset County Council Commissioning on Integrated Prevention Service.

2.4 This was followed by group discussions on key topic areas which the group members were asked to break down into gaps, constraints and solutions. These were fed back to the group and have subsequently been collated to provide more formal feedback to attendees as part of the view seeking process.

2.5 The day provided a significant amount of feedback and solutions to address key issues. This report seeks to present the findings and set out actions to address the issues raised within the context of the key principle of personalisation as set out in section one of this report, and to deliver this through a culture and process of co-production.

3. Personalisation and Co-Production as the key principles and culture of future work.

3.1 The Department of Health description of Personalisation is as follows:

> "… every person who receives support, whether provided by statutory services or funded themselves will have choice and control over the shape of that support in all care settings."

The intention behind personalisation is to ensure that services are tailored to meet the needs of individuals rather than the more historical "one size fits all" approach.

There is evidence from the enquiry day that service users and carers managing mental health and specifically dementia and dual diagnosis are still not reaping the benefits of the opportunities created through personalisation.

Personalisation is achieved through the building blocks of Commissioning and Joint Working, Practice and Service as defined though the activity of co-production. This is illustrated in the diagram below which is a variation on the National Health Service House of Care.

3.2 The Dorset Mental Health Forum was a key partner in the Mental Health enquiry day and were asked to present the concept of co-production and their experiences of this

within the work of social care and health and most specifically in relation to the recent work to design the Acute Care Pathway for Mental Health.

The presentation provided many thought provoking ideas and quotes to help set the culture of engagement for the day. This included a definition of the term Co-production as set out by Boyle and Harris in 2010 and a definition of recovery attendees to reference back to in their discussions.

3.3 "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".

"…Recovery is about taking back control over your own life and your own problems, about not seeing your problems as being uncontrollable, or that their control is just the province of experts. It is about understanding yourself what is possible and what you can do to help yourself." (Repper 2009)

4. Findings by theme

4.1 The enquiry day sought to utilise group discussions within specific community and service areas to help focus the discussions. These were:

(a) The Mental Health Act
(b) Employment, benefits and Debts
(c) Access to Services
(d) Crisis Care
(e) Housing

4.2 The feedback was collated and has been set out within this report against the key areas of personalisation (see Appendix One):

(a) Practice
(b) Service
(c) Commissioning and Joint working.

5. Problem Statements and Objectives

5.1 In considering the above issues that have been raised under the areas of practice, service and commissioning, it is possible to see key themes or problem statements emerging from the view seeking. These in turn can be reflected back to become the overarching objectives of the work carried forward from the enquiry day.

(a) Consistency – There are significant differences in the level, scope and style of services across the country

(b) Accessibility – Across Dorset, people are finding it hard to access services that meet their specific need which is not dependent upon having a GP.

(c) Community Facing – There is disengagement of local communities due to the image and perceptions of mental health which focus at the complex end of the scale

(d) Style and Culture (Personalisation) – The style of service provision (in both health and social care) does not always lend itself to a person-centred recovery-focused approach

6. Ideas for the Future

6.1 To identify key projects or groups to take away and own the work derived from the findings of the day.

(a) Practice – Inform joint working development between health and social care such as requiring Integrated Services Managers to take back findings and feedback to their teams, utilising the expertise within those team to address issues and plan changes, good practice. For example, promoting person-centred working and recovery.

(b) Service – To inform the development of models of care and operating pathways and procedures for teams. This includes improving access to services for people with complex needs where access does not come via a GP, as well as investigating the responses from the local authority Adult Access Team.

(c) To develop future commissioning intentions through a formal Joint Commissioning Group where Dorset County Council and Dorset Clinical Commissioning Group can bring together the work of the ACP and the findings of the enquiry day. In particular issues where crisis services have been used when early intervention such as tenancy support, could have more effectively met and reduced the need.

Appendix One: Summary of key issues.

Personalisation Area	Key Issues
Practice	• Successful Integration There were many key areas that were raised as key elements for a successful integration of the health trust and social care operational teams. These included, information sharing, consistent practice, simplified systems for entry into statutory support and the need to ensure the new model enabled a positive shift in culture. • Communication The provision of information and advice easily accessible and understandable
Service	• Adequate Resource Concern was raised that changes to services as part of the Acute Care Pathway review and wider could have an impact on capacity across the county. That capacity needed to be in the right places. • Dual Diagnosis – Lack of access to mental health services where a person has needs around substance abuse.
Joint Working/Commissioning	• The public image of Mental Health The public perception of someone with mental health was seen as a barrier to people accessing help not only from statutory service but also from their own local community, including neighbours. People felt unable and unwilling to ask for help, seeing this as a move into dependency. • Information, Advice, Guidance and Support Concerns was voiced at the lack of information on what services are available, and advice and support in

	accessing them. This was particularly the case for those who may not be eligible for statutory support under the Care Act where there was a perception that you need to be crisis to access mental health services. • Early help and Prevention Care and Support is perceived to be targeted to the most complex need. Lack of support for those who have lower levels of mental health. Images and perceptions of mental health also create a barrier to those with lower levels of mental and need seeking support. Thereby reducing an escalation in ill health. • Accommodation Access to and stability of accommodation was key to discussions with issues around discrimination, quality, appropriate types of accommodation and benefits all being key factors to a person's ability to secure and maintain accommodation. • Financial Stability Employment and the ability to access with significant sickness records or the need to be flexible were key themes as well as the ability to access benefits. These had to be applied for electronically and did not take into consideration the specific issue around mental health, focusing more on physical health both in the application and appeals process. • Access to Services Each group raise issues of entry points and' access to services with complex and restrictive eligibility criteria to a wide variety of services. Often weighted to those most unwell, not recognising the spectrum of ill health. • Dementia Services Concerns around the current response to Dementia with a specific focus on the needs of those with early onset dementia.

	• Age specific services Further work to be completed to understand broad concerns around the under 18 years and over 65 year old groups.

Appendix Two: Summary notes of the Enquiry Day. To be completed and attached.

Service – Relates to social care and health services i.e. the CMHTs		
Gaps	**Constraints**	**Solutions**
MH Act		
• What about older people (Over 65's) • Time constraints on sessions from GP's/ CMHT's may not meet individual needs • Complex systems with entry points and criteria: • Not person centred • People have to fit into services • CFR's/retreats not accessible for people 'under the influence' • Info about services and how to access them • Trained staff/training and awareness	• CMHT eligibility criteria are not accessible for people with substance use • Organisational and accountability • May not wish/ be able to access retreats • Organisational agreement/ practicalities/modelling • Different accountabilities and information sharing constraints • Not visitable until too late. Prevent admission and subsequent consequences. Lack of understanding by statutory agencies • Many services/ complex access and eligibility criteria • Change in definition of public place for SI36 likely to increase no of sections	• Skilled assessment and signposting/response as appropriate • Capacity in the right place. • Acute hospitals • Move trained staff to areas where there is a need • Cultural shift for individuals/partners so they use the new model
Employment, Benefits and Debts		
• People become known through housing, but otherwise don't come to notice • Medical assessors for PIP etc are focused on physical health • People who don't meet CMHT criteria don't always get some level of support • Pathway- Do we pick up people early enough when they go off sick with MH? • Changes to ELA creating added pressures (And no longer ring fenced)	• DCH seeing spike in patients with needs and difference between known and unknown • Many people don't have diagnosis • Not always known to authorities • No address for claims etc • Not officially diagnosed • UC- Problems on how to claim and need for computer/online access. 6 weeks delay • Zero hours and poor contracts mean irregular pay, no ick pay etc	• YouTrust crisis intervention- Goes to people's homes to help with advice and forms etc. • Retreats and CFR's may offer more local places to assess and provide support & advice- Not in an acute environment • Assists can often be done at home (More relaxed environment)- As long as you 'justify' or ring to ask • Some good resources bit not in all areas (e.g.

• Young men with dementia not able to get attendance allowance of DLA/PIP also difficult • Inconsistency of support	• Services often non-statutory • get benefits (Lots of appeals court) Questions asked in court/asst. not appropriate and can deter people, especially those with MH. • Admissions lead to loss of independence • Drive towards full employment, but employers have not been employing people with poor history/sick record • Can be difficult for people to return to work • Gaps in CV's difficult to explain, need to have confidence in conversation • Rules at UC (Telling people to save up 6 weeks of rent) • Benefits paid to individuals rather than providers- Lacking skills to manage the money • Application for UC is online only and 'threat' of UC process is frightening • Carers often have to give up work sue to lack of flexibility by employer and unpredictable nature of MH • PIP- Looking for consistent need, but MH is not consistent	Comm. Resource Teams) • Need income to help integration or for self • Good links needed with Community Resource Teams and YouTrust • Can help people to get vol. work, but may affect benefits, can lead into employment though • Educating employers and schools is important • CAB brilliant at helping people with debts • CAB can help with advice and form filling etc (But capacity to help varies) • Dorset Advocacy will also help • YouTrust help with benefits and challenging • Comm. Res Team can help in Dorset, but some employers reluctant to employ people with Asperger's • Job carving- Dorset Healthcare to change the tasks and create jobs that individuals want to do- Making best use of peoples skills • Make interviews more accessible- Eg 'Live Interview' where someone watches a potential employee during a trial period thus avoiding interviews that can be intimidating • Need to support carers better- Provide compassionate leave and flexibility (Reduces staff turnover and sick leave) • 'Local induction' to support people in the first days and weeks. To help reduce number who

		• leave almost immediately as feel they cannot cope with job (Environment, expectations etc) • Get the right person for the job • Work coaches through Job Centres- Will help with all aspects of looking for work • Working Links? DWP funded possibly only n Weymouth
Access to Services		
• Availability of voluntary services for people with Dementia	• Eligibility Criteria- Prevent people getting help • Lack of trust/knowledge about neighbours • People not wishing to be dependant (Not asking for help) • Rurality • Images of MH • Cultural differences and understanding • People unaware of rights • Belief that only very serious crisis' will receive a service	• Flexible form services • Community involvement (Eg Dementia friendly towns) • Link services to wider community services (Pub, community centres, social and faith groups) • One point of contact • Share power • Shift to prevention- Self-definition (Eg Of crisis) and share power • Involvement of faith and other community groups
Crisis Care		
	• Accessibility to services • Clear referral process	• GP's need to be more accessible • Community rooms provide education and support for professionals
Housing		
• Discrimination in community and housing	• Area, situation make it difficult for them E.g. Other people in block are 'chaotic' • Losing accommodation • Change of consultation- Modelling • Limiting thinking being brave to change • There isn't enough of a voice going up Nationally	• Choice and control in living situation • Need flexibility • Housing needs to be tied to their personal infrastructure • 'Trade advisor' and 'Check a trade' for housing and landlord checks • Driving up standards

Practice – This relates to systems and process of the operational teams		
Gaps	**Constraints**	**Solutions**
MH Act		
• Out Of Hours services are stretched too thin and generic model	• People/services not aware of step down options particularly recovery education centre	• 24/7 AMHP service separate from Out Of Hours co-located with crisis teams
Employment, Benefits and Debts		
• Is hospital DCH linking in with all the services available? Social workers notice inconsistent • Inconsistency of support	• Social Workers no longer able to give advice on benefits etc- Have to stick to stat. roles	• Build awareness for staff, some people maybe under the Psych. Liaison Service, but not all.
Access to Services		
Crisis Care		
• Safeguarding (Self neglecting) • Shared activates • Primary and secondary care • Catering for carers at times of crisis • Portland and North Dorset accessing crisis help	• Team boundaries	
Housing		
• Managing quality		• Help sooner

Commissioning/Joint working – Services that have to be designed and procured or where we need to work in partnership to design or change things such as housing and benefits.		
Gaps	**Constraints**	**Solutions**
MH Act		
• Gaps in commissioning: • CCG- MH • Public Health- Drug and alcohol • Safe places • And what about younger people 18 and under • Need for SB6 suite in West and more capacity in St Ann's	• Workforce (Lack of)	• Need a safe space. (Alcohol workers involved) • Joint strategic commissioning plans, 'Change the dialogue' and inclusive not exclusive responses • Social/community/faith based safe spaces. Statutory services support these developments. Building community resilience • Need pathways to recovery education sector

		• Integration and services designed around individuals
Employment, Benefits and Debts		
• Now small organisations have to cover sick pay it's a disincentive to employ people (Sick pay is often more than wages)- Is there a cut off point below which employers are not liable, due to size of workforce, for EG for only 1 day per week? • Reduction in vocational support services (More for LD then MH?)		
Access to Services		
• Transport links • Carers services • Cultural • Services • Knowledge		• Making services more easily accessed by those who need them, when they need them.
Crisis Care		
• Rural community • Criteria too difficult • What happens if Rethink closes? They run the carers groups • Accommodations • Transport	• Transport • Funding	• Advice line • Budget taxi services
Housing		
• Appropriate housing • Rules around Housing/Tenancy/Benefits • Understanding of valuable types of accommodation/housing • Owned by consumers • LGR/ New targets		• Co-production of a range of accommodation such as shared lives, PA's and flats • A centre for communities. Building community capacity

Appendix 3: Areas for Action

1. Summary of Themes and Areas for Action (Major Challenges and responses) Timescales or feedback in a years' time (March 2019 OSC Meeting).

Theme	Action Area	Responsible Group	Contributors
Practice	Successful Integration	Integration Project Group	Service Users and Carers
	Communication Plan		
Service	Adequate resource	Integration Project Group	Service Users and Carers
	Dual Diagnosis		Service Users and Carers. Public Health?
Commissioning/Joint Working	MH Image		Service users and carers
	Information, Advice, Guidance and Support		Service users and carers
	Early Help and Prevention	Commissioning Group	Service users and carers
	Accommodation	Commissioning Group	Service users and carers
	Financial Stability	Commissioning Group	Service users and carers
	Under 18's	Children's Services	Service users and Carers Transitions
	Dementia Services Including early onset.	Dementia Services Project Group	Commissioning Group Service Users and Carers
	Over 65's		
	Access to Services Statutory	Integration Project Group	Service Users and carers
	Access to Services – Commissioned and Community	Commissioning Group	Service Users and carers Integration project Group?

Note: Activity and timescales to be determined by individual groups.