

<u>Community Mental Health Action points in response to Health watch summary of service</u> user and carer experience of Northamptonshire Healthcare NHS Foundation Trust (NHFT)

September 2013 – June 2015

Following the publication of this summary of service user and carer experience the Community Mental Health Services have reviewed the comments and formulated the action points below, not as a static set of actions but the base for ongoing service improvement and service user and carer involvement.

Report Recommendations -

- 1. Ensuring a person centred approach that considers all the needs and wider situation of a patient.
- 2. Working across teams, services and organisations and improving channels of communication.
- 3. Linking treatment with prevention to meet the wider wellbeing needs of patients, particularly those with more complex mental health needs.
- 4. Prioritising meaningful patient involvement in changes to individual care and service redesign.

Response / Action Plan

The current senior management team for community services was formed in April 2015 following the transformation of community services process. This process has been a journey for both staff and service users that has at times has been painful and other times brought opportunity for creative and forward thinking developments. As a new management team we are aware of the difficulties of change so have spent the first months reviewing each pathway, listening to staff, service users and carers about their experiences. We are also have booked a service user and carer session to look at meaningful involvement strategy for community services where we aim to look at where, when and how to ensure service user involvement in all areas of work including working alongside the senior management team. This process has enabled us to start the communication around the recommendations from the report and will be used in the development of our future strategies as follows:

Pathways and how they link together – each pathway has been reviewed internally
and will go to the service user and carer meeting for review. The pathways have
been reviewed with a person centred approach in mind. Community services have
always strived to ensure a person centred approach and are saddened this has been
reported as missing in the last year for some people in the County and is now a real
driver for development across the services.

- Operational Policy All operational policies have been reviewed to ensure clarity, pathway and process descriptions that work across services so make up "the whole picture" giving clear timeframes and expectations for service users and staff in NHFT and other organisations.
- Development of interventions in CMHT e.g. Structured Clinical management (SCM) for those with Personality Disorder providing staff with skill sets to work in a coordinated way with evidence based interventions that are reviewed and have a step up and down function depending on degree of need. We are now developing a process of psychological interventions for those with Severe and Enduring mental Illness to reflect this systematic and supportive pathway in SCM. These processes are embedded by education for future prevention. We now aim to review how this will be mirrored in our Primary Care services to compliment the work within CMHT.
- Further implementation of I want Great Care to get more feedback on a regular basis from service users and carers, this has been particularly useful and promoted in the Acute Liaison Service
- Mental health PEG now in place with very significant service user and carer involvement. This will provide the governance framework for Recovery and Coproduction going forward as part of our ImROC workplan.
- Planning Implementation of the 3 change check list, this has been successfully
 piloted in N Step, and looks at the three most important things to focus on for the
 service user. This is a recovery focused tool and is focused on goals rather than
 illness driven.

The senior management team in the Community works very closely with our inpatient colleagues to ensure that services are meeting needs when service users and carers pass between teams. The Directorate management team that we all sit on is also new and has been working closely to ensure integration.

In conclusion for any of this work to be successful the implementation of our service user and carer strategy in Community Services is essential. The first meeting is in July and will be the foundation of developing the above actions going forward.

Anne Rackham

Head of Community Services.

29th June 2015.