

Mental Health Operating Model

Department

Everyone

Person Responsible

Andrew Davies

Created

29th June, 2015

Last Review

29th June, 2015

Status

Assessed

Next Review

29th June, 2016

Impact Assessment Data

5. What effects could your policy have on different equality groups and on cohesion and good relations?

5.1 Age (select all that apply)

- Neutral

5.2 Disability (select all that apply)

- Positive

The model will improve services for people with a recognised protected characteristic, disability. The changes are designed to encourage recovery and independence and for people to take greater control of their lives and not become dependent on services. This is based on previous work we have done, to encourage step down from residential care and high level supported accommodation - we want to move away from institutionalising service users, even in community services.

New service standards to be implemented with the model will give service users minimum standards they can expect from services, including at least 14 "contacts" per year, a staying well plan and better links with primary care and support in primary care at the point of discharge. From the time that a person is accepted into the service, work will take place to prepare them for discharge and to embed the idea that services aren't for life, but for a period of time whilst a person is unwell.

Capacity modelling has also been carried out so that it is clear as to the number of service users the service can hold at any time. This hadn't been the case previously, but should ensure service quality is sustained for those in the service. Strong partnerships with primary care will be needed to sustain capacity numbers. The mental health system has to function properly for the community service to be able to work as intended.

5.3 Gender identity and expression (select all that apply)

- Neutral

5.4 Marriage and civil partnership (select all that apply)

- Neutral

5.5 Pregnancy and maternity (select all that apply)

- Neutral

5.6 Race (select all that apply)

- Neutral

5.7 Religion or belief (select all that apply)

- Neutral

5.8 Sex (select all that apply)

- Neutral

5.9 Sexual orientation (select all that apply)

- Neutral

5.10 Other (please specify) (select all that apply)

- Neutral

6. Please provide a brief summary of any research or engagement initiatives that have been carried out to formulate your proposal.

What did you find out from consultation or data analysis?

Were the participants in any engagement initiatives representative of the people who will be affected by your proposal?

How did your findings and the wider evidence base inform the proposal?

- Four staff engagement events - December 2014, February 2015, May 2015 and June 2015. Service users attended the May event.
- Service User engagement - Two events in October 2014. Recently the Brent User Group has surveyed users on the proposed changes, and this information has been fed back to the Work Stream Group meetings by the BUG representative on the group. Service users are positive about the changes, in particular the simplification of teams and the reduction of artificial barriers between teams and services.
- BUG and another service user have been on the Work Stream Group.

A summary of the staff and service user feedback is set out below -

Staff

- There should be fewer handoffs between teams and service users should move less between teams.
- There should be clarity around third sector services in Brent and how service users can access them.
- The single front door, with senior people carrying out the first assessment, should be more effective than it currently is where services find they are "playing catch up" with the core assessment "eliminate the need for more than one assessment.
- Bureaucracy should be reduced in the new model
- The advantages and disadvantages of generic care coordinators should be considered "new skills have been learned, even if social care assessments aren't as good.
- The continuity of care should be improved.
- Staff may feel unsettled if they don't like the new structure "Brent already has recruitment and retention issues
- The service should have sufficient capacity to manage demand
- Links to other services, such as Housing, need to improve
- Effective discharge planning with service users is essential.
- The implementation plan has to be well thought through. The impact on service users has to be considered as services are reorganised and staff moved around.
- Ensure specialist functions aren't lost in the reorganisation.
- Interfaces shouldn't be replicated elsewhere, such as between Primary Care Plus and the secondary service.

Service Users

- The service needs to be genuinely holistic, taking into account all health and community support needs.
- The service needs to be person-centred, with the service user setting their own goals.
- Better information should be available at the point of referral about what services are available, and how they are accessed.
- Assessment and Brief Treatment needs to be improved "assessments aren't timely enough and brief treatment is not always provided.
- Community services for those who are not in acute crisis need to be improved so that support doesn't drop away when an individual's mental health starts to improve.
- The service needs to be better linked with the third sector in order to address broader needs.
- There needs to be clear information for service users on what they should do if they go into crisis and they need emergency support.

The staff and service user feedback has been reflected in the final model, where it has been possible to do so. For example, service users like have the same care coordinator. This will be done where possible. Reducing the number of teams in the service will help to achieve this.

An EIA, looking at service user implications was also carried out at the start of this work - see attached document.

7. Could any of the impacts you have identified be unlawful under the Equality Act 2010?

- No

8. What actions will you take to enhance any potential positive impacts that you have identified?

We are working with staff on a range of training issues ahead of implementation including -

- Core Skills Training - Assessment, care management etc.
- Signposting to third sector and alternative service provision, to complement the core services provided by CNWL
- Better use of SDS, especially in the delivery of peer support for service users
- Recovery in mental health
- Embedding service standards and objectives for the service

The purpose of this training offer will be to enhance service provision and ensure that the focus on recovery is embedded throughout the service.

9. What actions will you take to remove or reduce any potential negative impacts that you have identified?

I don't believe there are negative impacts as a result of the changes, although communication with service users will take place in the lead up to the implementation of the new model. This will be coordinated by CNWL rather than the council, and will be personalised through care coordinators where required.

10. Please explain the justification for any remaining negative impacts.

N/A