

## **Pathway to Greater Independence – Consultation Findings and Response**

### **Introduction**

Under our current arrangements, it may be a long and difficult process to find the right care and support for a person with specialist mental ill health aged 18-64. The experience of moving between services can be abrupt and poorly supported. We don't currently have clear recovery accommodation and support pathways in place to support people with mental ill health to regain their independence after periods of treatment or hospital stays.

The Pathway to Greater Independence models a proposed new pathway to address these problems in the context of working with the four design partners (Arch Care, Bath Mind, Milestones and St. Mungo's), across the following service types:

- Non-accommodation based Supported Living (including outreach and floating support)
- Accommodation-based Supported Living (any scheme where housing, support, and sometimes care services, are provided as an integrated package)
- Specialist residential care homes

We shared this for a short public consultation between 8<sup>th</sup> November and 19<sup>th</sup> December 2021. The archived consultation pages can be found here:

<https://beta.bathnes.gov.uk/mental-health-care-pathway-consultation-closed/introduction-and-policy-background>.

The consultation was publicised via Council and CCG social media channels and a press release was made. Our four design partners were also asked to share with their service user and carer groups to ensure we were asking the right people to consider the proposal and contribute to its development.

### **Summary of Responses**

We received 13 responses via the online consultation, and two via email. The two received outside of the formal online consultation were from the Council and CCG's Specialist Commissioning Senior Commissioning Manager and the Royal British Legion respectively.

Of those who completed the online consultation forms, their backgrounds were captured to understand the nature of their interest in responding to the consultation (fig. 1). A significant proportion were service users or individuals with lived experience of mental health care or recovery (46%).

Background type	Number of respondents
Healthcare professional, not working in mental health setting	1
I am a mental health care professional (care provider, care co-ordinator, nurse)	3
I am a psychotherapist who sees clients with sometimes complex mental health needs	1
I'm a service user, or have lived experience of mental health care or recovery	6
I'm an unpaid carer, friend, or family of a service user	2
<b>Grand Total</b>	<b>13</b>

Fig. 1: Backgrounds of respondents via online consultation

Respondents to the online consultation were asked to rate how they felt about the proposed pathway, on a scale from 'Very Positive' to 'Very Negative'. The graph below (fig. 2) shows the breakdown of the responses and indicates the background of the individuals submitting each response. Most service users felt neutral, whilst one felt 'Very Negative' and one 'Very Positive'. Overall, 11 out of 13 respondents (85%) felt neutral or positive about the proposed model, with only 2 feeling negative.

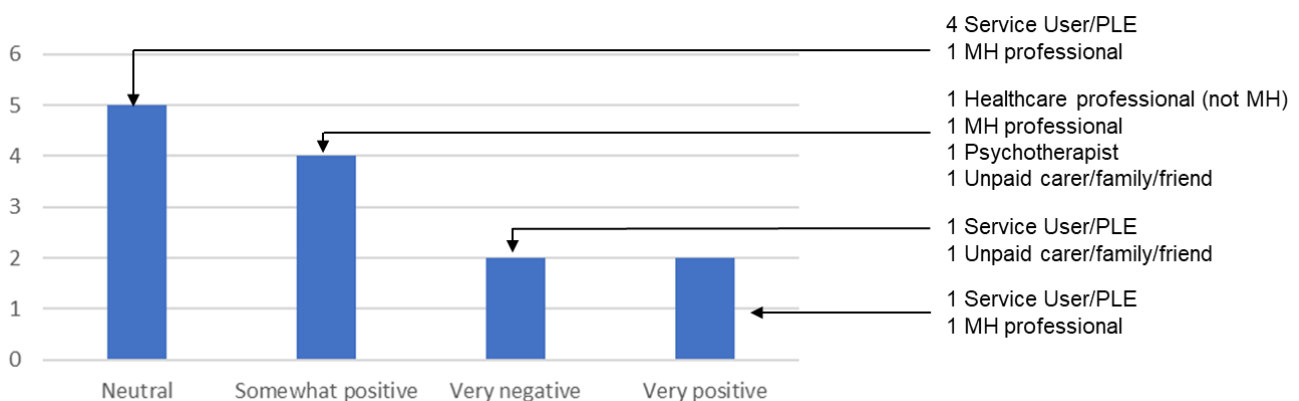


Fig. 2 Graph showing distribution of responses to the question: 'How do you feel about the proposed pathway?'

Respondents were also asked if they had concerns about the model, and 8/13 stated that they did (62%). 100% of respondents also replied that there were elements missing and/or improvements to be made. In response to both elements, respondents were asked to provide more information, and the themes arising from these answers are considered below.

Two individuals requested further discussion following the consultation and they will be contacted via their preferred method to continue the conversation.

### Themes arising from qualitative feedback

In response to being asked whether there were any improvements we could make to the model, or if people had concerns to share, all respondents had suggestions to add. These have been aggregated as far as possible into themes in the table below (fig. 3).

Themes arising
Simplified access to care and support is positive. Great that it's being worked on – current situation needs improvement.
How do we plan to address reaching those who may not be able to actively engage with the AWP Mental Health team? E.g. PTSD/CPTSD not supported; does this cohort get left behind?
Some concern about loss of choice / potential impact on quality
Missing links with other agencies; including A&E (trigger for MH referral?), Counselling and Psychotherapy, other 3 <sup>rd</sup> sector provision, Autism specialists
What about information sharing / integration between providers and health
Model presumes service users will recover which some may not
How will care be accessed outside the partnership providers?
Concern about lack of detail
How does this work with the Brokerage model – will care coordinators or brokerage make provider decisions? What if a service user doesn't want to use a partnership provider offering the appropriate service?
How will individuals access other types of support, such as those subcontracted by HCRG? Will there be a step-up/step-down arrangement from outreach support to more community-based offers?
Can we include a peer support model for carers?
Single point of contact important in relation to continual assessments and appropriate information sharing

Fig. 3: Table outlining the main themes arising from consultation responses

In addition to the feedback summarised above, the formal response from the Royal British Legion has specifically recommended that:

All service users should be asked whether they are:

- Former members of HM Armed Forces, Regular and Reserve
- Spouse or Partner of serving or former members of HM Armed Forces
- Widow(er)s of serving or former members of HM Armed Forces
- Dependent children of serving or former members of HM Armed Forces
- Recently divorced or separated spouses or partners of serving or former members of HM Armed Forces.

They recommend that tailored veteran support may be appropriate via specific referral options to NHS and 3<sup>rd</sup> sector support, and the Council should proactively consider the mental health needs of Armed Forces families, referring to services as appropriate. They also requested the consideration of how carers in Armed Forces communities can be supported, and that mental health and relationship support is provided to carers of veterans with PTSD.

### Our Response

All responses to the consultation were read and the themes were shared with the design partners. Two respondents requested contact from the commissioning team which was undertaken.

Below, we set out against each of the identified themes our response having considered all the feedback received (fig. 4).

Themes arising	Response
Simplified access to care and support is positive. Great that it's being worked on – current situation needs improvement.	Simplification of the referral route and people's experience in the pathway changing between services is one of our main priorities.
How do we plan to address reaching those who may not be able to actively engage with the AWP Mental Health team? E.g. PTSD/CPTSD not supported; does this cohort get left behind?	We will continue to support people to actively engage with AWP to enable them to be assessed and directed towards appropriate services. Talking treatments or other psychological therapies are not part of the care and support provided by this partnership. However, we understand that some of the people receiving the care and support in scope may experience conditions, such as PTSD, which need this type of specialist support. Everyone who receives support in this pathway would have a care coordinator who will support people to access the treatments they need.
Some concern about loss of choice / potential impact on quality	The partnership of providers (Alliance), with the Council, will meet monthly as an Alliance Board alongside regular contract monitoring meetings. These will focus on delivery against key performance measures to ensure we are achieving the right outcomes for people. In the future we hope the Alliance set up will mean that more provision is available locally and fewer people will have to access care and support outside the B&NES area. We understand that a number of people may require specialist care and support outside of what the partners can offer, and therefore people will be supported to access services outside the partnership.
Missing links with other agencies; including A&E (trigger for MH referral?), Counselling and Psychotherapy, other 3 <sup>rd</sup> sector provision, Autism specialists	What has been presented through this consultation is a high-level overview of the Supported Living and Residential pathway. Links with the services mentioned in this theme are in place currently and these will be further strengthened by the partnership.
What about information sharing /	Information sharing protocols will be developed between

integration between providers and health	partnership providers. Protocols between providers and health will continue as per current practice.
Model presumes service users will recover which some may not	This is important to recognise. The model only provides a high-level view of the pathway, and we have tried to reflect that people may need different types of support at different times, and that the partnership will respond as needs increase or decrease. It is understood that the process will not always be linear for an individual and people may re-enter the system or not recover; however, the aim will be to support people to achieve greater independence according to their personal goals and circumstances.
How will care be accessed outside the partnership providers?	We understand that a number of people may require specialist care and support outside of what the partners can offer, and therefore people will be supported to access services outside the partnership
Concern about lack of detail	Further detail is present within the procurement and contractual documentation. Summarised information was included for the purpose of this consultation to engage the views and opinions of a wide range of stakeholders.
How does this work with the Brokerage model – will care coordinators or brokerage make provider decisions? What if a service user doesn't want to use a partnership provider offering the appropriate service?	The detail of the Brokerage process will be finalised in readiness for the contract start and is not yet available. However, it is likely that Brokerage will be responsible for sourcing the provider. If a person does not wish to use a partnership provider, this will be dealt with on an individual basis in partnership with the care coordinator. The opportunity to have a direct payment will also be explored which enables the person to choose whichever service they feel meets their needs.
How will individuals access other types of support, such as those subcontracted by HCRG? Will there be a step-up/step-down arrangement from outreach support to more community-based offers?	The pathway will enable closer working between the providers, HCRG and third sector provision. Through the single point of contact, appropriate step-up/step-down provision can be identified and a seamless transfer of service possible within the partnership. This is a key characteristic of the plans for the partnership.
Can we include a peer support model for carers?	A peer support model for carers is outside of the remit of this pathway
Single point of contact important in relation to continual assessments and appropriate information sharing	We see the single point of contact as the keystone to the success of the pathway. This will ensure the individual is at the centre of their care and support and that they are able to seamlessly access relevant services when their needs change.
The Council should proactively consider the mental health needs of Armed Forces personnel and families/carers, referring to services as appropriate.	The mental health needs of any individual in B&NES can be assessed if referred and directed to the appropriate service to best meet their needs.

Fig. 4: Table outlining the Council's responses against the main themes arising from the consultation.