ISSUE 1

CMHT Development Newsletter

November 2016

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Typically programmes consist of a number of projects. Unlike most projects, programmes can be difficult to define and scope. Quite often, at the outset of a programme, an idea of the final outcome exists but the precise details are still to be determined.

The first CMHT development newsletter

Welcome to the first communication bulletin of the Adult Community Mental Health Service Development Programme. The purpose of a newsletter is to provide a regular update on the progress made as part of the Cardiff and Vale Community Review and subsequent programme of change and development.

In 2015 an extensive engagement process was undertaken that sought the views of community staff, service users, carers and a range of other stakeholders including GP's.

The next stage is to undertake a programme of work that will address some of the issues raised during the engagement process and seek to improve the way we deliver our community mental health services based on a Locality Model.

This newsletter will give details of the work that is taking place, as well as identifying areas where we need support from staff working in the service.

To participate in any of the task and finish groups for Phase 1 as outlined further in the newsletter, please contact Helen O'Sullivan by 2nd December 2016.

Programme implementation steering group

A programme implementation steering group (PSG) has been established to oversee the programme. This group is made up of employees of the Local Authority and Health Board. It is a multidisciplinary team, with representatives from clinical services, human resources and managerial disciplines.

Steering group membership:

The group members are as follows:

Dr Suchitra Sabari – Clinical Director, Adult Mental Health Services (Chair)

Simon Amphlett – Senior Nurse Manager, Crisis Services

Jayne Bell – Lead Nurse, Adult Mental Health Services

Dan Crossland - Head of Occupational Therapy, Adult Mental Health Services

Martin Ford – Directorate Manager, Psychology, Primary Care and Counselling

Peter Hewin – Staff Side Representative

Ian Hughes – Head of Psychology, Adult Mental Health Services

Sarah Lloyd – Directorate Manager, Adult Mental Health Services

Myfanwy Moran – Adult Mental Health Services Operational Manager, CC

Helen O'Sullivan – Senior Nurse Manager, Adult Mental Health CMHT

Rebekah Vincent -Newson – Adult Mental Health Services Operational Manager, VoG

Katrina Griffiths and Sadie Williams – Assistant Head of Workforce and Organisational Development

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Workstreams

The development programme has been split into four workstreams

Workstream One: Duty workload	Workstream Two: Managing new referrals	Workstream Three: Standards of care for secondary care patients	Workstream Four: Moving to a locality model
•Defining the role of a duty worker •Moving towards locality duty rotas	•Managing referrals against referral guidelines •Locality single point of referral •Review alternative assessment processes/models	•Development of treatment pathways for the management of patients based on need and outcomes •Skills and knowledge gap analysis	•Workforce model and the organisational change process •Development of new team bases

WORKSTREAM ONE:

Defining the role of the duty worker and moving towards a locality duty rota: the group will critically review the role of the duty worker and consider alternative ways of working. Given we are working towards a locality model considerations should be given to models which lend themselves to work across teams and a larger geographical patch.

WORKSTREAM TWO:

Review alternative assessment processes/model: The aim is to ensure:
- no duplication of assessments for service users across teams
- assessments duration is consistent and prudent
- documentation is consistent and prudent
- the right staff and the right discipline undertake assessments

Managing referrals against referral guidelines: We are aware that we have different referral acceptance thresholds within each team, as well as varying levels of compliance to NICE referral guidelines by GPs. The aim is to gain further agreement and consistency across the service to ensure we are being equitable in meeting the needs of individuals requiring secondary mental health care.
This is intended as an interim measure/quick win but is not an exhaustive list. There has been a variety of suggestions and ideas about alternative ways of working proposed throughout the consultation and subsequent conversations; this is an opportunity to be creative and innovative in exploring these options.

Single point of entry/referral: Given that there is interest in a SPOE model, considerations should be given to processes which lend themselves to this way of working. We need to implement new processes devised in the earlier elements of workstream two, ensuring consistency across all CMHTs before considering moving to a SPOE.

WORKSTREAM THREE

Developing a treatment pathway for the management of patients based on need and outcome: This group will build upon the work of the 'managing referrals against referral guidelines' task and finish group (workstream 2), in further defining eligibility criteria for secondary mental health services. The group will define the pathway based on presentation and need, from entry to services, be they CMHT, crisis etc; from assessment to treatment and onto discharge.

This workstream will cover:
- The interface between specialist services
- Development pathways as per nice guidelines and MH (Wales) Measure and identify the psychological interventions necessary to deliver quality care to the secondary mental health care population
- Opportunities to work alongside other specialities and the third sector to deliver needs based care
- Care coordination equitable across disciplines and specialties

Skills and knowledge gap analysis: This will enable the service to match skills to the most appropriate parts of the patient pathway from assessment through to treatment and will include identifying any potential training gaps in the service

WORKSTREAM FOUR

Workforce model and the organisational change process: The above workstreams are designed to develop a new clinical model. Changes to the clinical model will inevitably lead to development of roles and responsibilities. This in turn may impact on structures, roles, physical location of services. Any changes will be supported by colleagues in human resources and staff side representation using the principles outlined in the organisational change policies of the respective organisations.

Development of new team bases: The group will focus on an appropriate Locality model taking into account the needs and demographics of the area and moving the service towards new team bases

Task and finish groups

Each workstream will be a 'task and finish' group – this means that participants will be expected to offer practical solutions to the identified theme.

It is anticipated that some areas of development can be addressed quickly as there is already very good practice in all CMHT's that can be shared. However other developments will take greater time and resources to implement and may involve working with HR and staff side representatives.

The first stage is to seek participants for each task and finish group and nominate a lead within each group. Once membership has been established each group will be given a terms of reference and timescales of completion.

Each task and finish group will be supported by representatives of the PSG.

Task and finish group – a focused group addressing key issues and questions. Providing recommendations and solutions to problems

Next steps

The work programme will be split into two phases

Phase 1 will include:

Workstream one	**Defining the role of the duty worker and moving towards a locality duty rota**
Workstream two –	**Review alternative assessment processes/model**
	Managing referrals against referral guidelines

Phase 2 will include:

Workstream two	**Single point of entry/referral**
Workstream three	**Developing a treatment pathway for the management of patients based on need and outcome**
	Skills and knowledge gap analysis
Workstream four	**Workforce model and the organisational change process**
	Development of new team bases

To participate in any of the task and finish groups for Phase 1, please contact Helen O'Sullivan by 2nd December 2016.

Should you wish to discuss any of the workstreams in any more detail please contact any member of the PSG.