1.0 Introduction

Bristol City Council's Health and Social Care Scrutiny Commission identified mental health services as a priority area for its work programme this year, due to general concern about the effectiveness and quality of services. As NHS Bristol were also beginning the Modernising Mental Health Services project which is leading the recommissioning of mental health services in Bristol, Commission members decided to hold an Inquiry Day, the aim of which was to develop recommendations on the recommissioning of mental health services which the Scrutiny Commission would subsequently present to the NHS.

2.0 Approach

In the course of the Inquiry Day, councillors together with 28 representatives of partners, stakeholders and council teams (including both practitioners and strategic-level staff) worked collaboratively to identify issues of common concern and areas of good practice in mental health.

The Scrutiny Commission was keen to ensure that all participants in the Inquiry Day had an opportunity to input their views and expertise to the inquiry. The facilitator, Steve Onyett, adopted a very participative approach to the day, which was highly successful in generating ideas and discussion whilst keeping a clear focus on what a future service might look like.

A presentation was given by Christina Gray, Associate Director of Public Health (Equality & Inclusion), NHS Bristol, who provided an overview of mental health in Bristol. She stressed the importance of focussing on prevention and building resilience in both individuals and communities in order to reduce risks to mental health - effective treatment could, at best, only prevent or treat 28% of the total level of need. Early intervention was also key, particularly for children and young people, with significant economic returns on costs of intervention.
programmes. An integrated whole system approach was required across health and social care and also across life events.

John Langley, Chair of the Bristol LINk, gave a talk from a service user perspective about his own experiences of mental health services.

The programme for the day is attached at Appendix A.

3.0 How the recommendations were generated

Participants took part in a number of workshops, the first of which was a “timequake” exercise, where they envisaged an ideal mental health service in a preferred future 5 years from now, and identified the characteristics of this new service. This helped to focus everyone’s minds on the future, and to draw out the various elements of a service that make it excellent.

The second exercise involved people assessing the current mental health service by placing themselves on an imaginary line from 1 to 10, with 1 being the lowest and 10 the highest rating - the general consensus of the group was that the current service rated 3.5. The next part of the day involved distinguishing the positive factors that made the service a 3.5 (as opposed to being rated at zero), followed by a final intensive session to identify the steps that could be taken to improve the service. After the conclusion of the Inquiry Day, members of the Commission then met informally to work these into recommendations.

4.0 Recommendations to commissioners

There was a high degree of consensus about strategic direction for future mental health services, and the measures that commissioners need to ensure are in place to deliver an improved service. The Commission’s recommendations are set out below:

4.1 A need for **Bristol-specific services** was a key theme, in order to ensure that services and specified outcomes are tailored to fit the particular needs of this urban conurbation.

**Recommendation 1**

- Mental health services for Bristol must be bespoke to Bristol’s specific needs and culture and designed around those needs.
- Services should be locally provided and managed, and co-terminous with other Bristol commissioners.
- Service provision should be organised on a localities basis.
4.2 **Leadership and innovation in commissioning** was another central issue. The Scrutiny Commission recommends that commissioners maintain a strong focus on outcomes and avoid overspecifying the means by which these will be achieved.

*Recommendation 2*
- Commissioning strategies across the Council and the NHS should be fully integrated in order to facilitate better integration of services. The Health and Wellbeing Board in its new statutory role is well placed to take a lead in this and to ensure that the many examples of positive leadership come together to create a shared vision.
- Commissioning should be outcome-based. The Commission notes that NHS Bristol is already committed to outcome-based commissioning, and welcomes the further development of expertise in this model.
- In order to maintain the focus on outcomes and to assess if outcomes are being achieved, methods by which this can be measured by commissioners must be embedded.
- Commissioners should clarify the process and timescales of the modernising mental health services project, and in particular the involvement of the Scrutiny Commission and the Health and Wellbeing Board, and at which points in the process this connection should take place.
- Mental health services staff should be involved in service planning and design – this should be an integral principle of the recommissioning process. Staff need to be able to participate in the process, and give their views freely.
- Consideration should be given to leadership capacity in mental health commissioning and clarification of roles.

4.3 **Access to services** was identified as a major concern. The Scrutiny Commission proposes that this is addressed in a two fold way:

*Recommendation 3*  
An asset map should be produced to support service user choice by enabling all stakeholders to see what is available throughout Bristol, and where. Information should be up-to-date and accurate, and should be readily accessible through a variety of means, including websites, libraries, GPs surgeries, community groups. The map should include all mental health services, (both NHS and others) at all levels. Alongside this, an effective advocacy and care co-ordination service should be developed so that service users can, with support, access the mix of elements that is most suitable for them.

*Recommendation 4*  
Create both multiple responsive points of access as well as a single point of access to specialist mental health community support across Bristol. This recommendation encompasses the following:
• There should be multiple means of access, including self-referral, and access should be available to service users, carers, voluntary sector organisations and GPs.
• Specialist mental health support, such as a community mental health nurse, should be available in primary care, to work closely with community health services. This would promote closer engagement with communities.
• It is imperative that continuous clarity and communication is maintained in respect of inclusion criteria to avoid clients being “bounced” between services and that systems are put in place for identifying and addressing “bouncing”.
• Clients need to be able access the appropriate level of care first time.
• Ways of accessing services should be varied e.g. via websites, telephone, face-to face.
• An assertive outreach service is required that will work with people who are homeless or leading chaotic lifestyles including drug/alcohol misuse etc.
• There is an economic case for a focus on preventative work to reduce the need for subsequent engagement with services and to promote wellbeing for the population as a whole. Small, high-value community run services are an integral part of this and this must be recognised in the commissioning framework.
• The demographic profile of mental health staff should better reflect the service user profile, particularly in terms of ethnicity and experience of using mental health services. Review staff recruitment and selection procedures to ensure that applicants are not disadvantaged for these reasons. This should be measured via staff demographic information and monitored by commissioners.

4.4 Effective service design and delivery was flagged up as fundamental to avoiding duplication and waste which is both detrimental for the service user and also has financial implications, and which contributes to service user “bounce”.

Recommendation 5
• A framework for addressing a comprehensive range of needs is required – including cultural and ethnic differences in access, expectation and outcome.
• The purpose of the services as perceived by the service user is what should drive the design process – service design principles must adopt this approach in order to ensure a user-centred service. (Reference: John Seddon, "Systems Thinking in the Public Sector", 2008)
• Pathways should be simplified to eliminate repeated/multiple assessments and referrals and thereby reduce “bounce”. A single, clearly defined point of access would prevent service users being passed around the system.
Interventions and treatments should follow a recovery focussed approach.

The importance of reducing stigma was a recurring theme at the Inquiry Day. Commissioners should jointly sign up to the “Time for Change” programme and spearhead a call for all health and social care agencies across Bristol to do likewise.

All mental health services should have inclusion criteria.

The process of service design should be open and transparent and should include as an integral and organic element the views of service users, professionals, commissioners and the public, in order that these can feed into the process on an ongoing basis.

Develop success criteria for successful service design – an example of this would be a reduction in the number of multiple/inappropriate referrals.

All service development should be informed by accurate evaluation of need and demand, and shifts of resources should divert capacity accordingly - for example, if resources are diverted from high intensity specialist care to low intensity primary care, the assessment of need and demand must justify this.

5.0 Next Steps

This Report has been formally agreed by the Health and Social Care Scrutiny Commission at its meeting on 1st November 2011, with the recommendation that it be submitted to the Health and Wellbeing Board meeting of 15th November, and to NHS Bristol. A formal response to the Report is requested, and the suggested date for this to be discussed by the Commission is its meeting on 31st January 2012.
**Appendix A**

**Health and Adult Social Care Scrutiny Commission**

**Inquiry Day on Modernising Mental Health Services**

**13th September 2011**

<table>
<thead>
<tr>
<th>Time</th>
<th>Activity</th>
<th>Presenter/Commentary</th>
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<tbody>
<tr>
<td>8.45am</td>
<td>ARRIVAL</td>
<td>Tea, coffee and pastries</td>
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<tr>
<td>9.15am</td>
<td>Introduction</td>
<td>Chair: Cllr Lesley Alexander</td>
</tr>
<tr>
<td>9.20am</td>
<td>What we are doing today</td>
<td>Facilitator: Steve Onyett</td>
</tr>
<tr>
<td>9.30am</td>
<td>Mental health in Bristol: An overview of needs assessment, evidence and some key principles for way forward</td>
<td>Christina Gray, Associate director of Public Health, NHS Bristol</td>
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<tr>
<td>10.00am</td>
<td>Bristol LINK</td>
<td>Members of the LINK</td>
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<tr>
<td>10.20am</td>
<td>Sketching our picture of our preferred future</td>
<td>Steve Onyett + work in small groups</td>
</tr>
<tr>
<td>11.00am</td>
<td>BREAK</td>
<td></td>
</tr>
<tr>
<td>11.15am</td>
<td>Where are we now? (quick exercise)</td>
<td>Steve Onyett</td>
</tr>
<tr>
<td>11.20am</td>
<td>What are the key assets that are going to take us into the future?</td>
<td>Steve Onyett</td>
</tr>
<tr>
<td>11.50am</td>
<td>Recommendations for recommissioning Mental Health Services</td>
<td>Steve Onyett + work in small groups then plenary session</td>
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<tr>
<td>12.30pm</td>
<td>Summarise and close</td>
<td>Cllr Lesley Alexander</td>
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<tr>
<td>12.40pm</td>
<td>LUNCH</td>
<td></td>
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<tr>
<td>1.30pm</td>
<td>Councillor-only meeting to confirm recommendations (to include co-opted members and key officers)</td>
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