

Bristol City Council Mental Health Act Services Peer Challenge

Summary of Feedback presentation
Terry Dafter & Paul Clarke

This Peer Challenge Feedback

- The peer team
- The process
- Feedback in format of
 - Your strengths
 - Your areas of development-challenge team suggestions and main focus of presentation
- Your reflections and questions
- Rest of workshop

The Peer Challenge Team

Terry Dafter-Director of Adult Services, Stockport Metropolitan Borough Council

Steve Chamberlain- AMHP(freelance)

Dr Paul Williams- NHS Hartlepool and Stockton-on-Tees CCG

Cllr Keith Cunliffe-Cabinet Member - Health and Adult Services, Wigan Metropolitan Borough Council

Jane Taylor, College of Policing

Mathew Page-Deputy Director of Operations, AWP Mental Health Partnership NHS Trust

Paul Clarke-Challenge Manager, LGA

The Peer Challenge approach

- Joint programme SWADASS and LGA
- Not an inspection – invited in as ‘critical friends’
- Information collection is non attributable
- Document and data analysis
- Interviews, focus groups, meetings, visits
- People have been open and honest
- The team provide feedback as critical friends, not as assessors, consultants or inspectors

The process of peer challenge

- As a team of 7 we spent 3 days with you during which we:
 - Spoke to over 120 people stakeholders
 - Gathered information and views from more than 25 meetings, telephone calls, visits to key sites and additional research and reading
 - Collectively spent more than 220 hours to determine our findings – the equivalent of one person spending over 6 weeks in Bristol
 - We provided a feedback session at end of the onsite visit, followed by a short report and follow up activity-today
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You asked us to look at:

The challenge should hone in on the crisis point, specifically:

- From identification of crisis
- to the referral through the assessment
- to the point at which the person is accommodated or not detained

Plus also offer challenge on

- Whether the processes within the system are fit for purpose



Range of Key strengths

Many & varied-all outlined in report, examples below:

- Service developments:
 - Street triage model (Sept 2015), Mason Unit (136), Liaison Psychiatry service (BRI), Future vision of crisis team, Crisis house provision
- Snr AMHPs triaging referrals effectively
- Multi agency policy development for s136
- Willingness to look at new and different multi agency responses to mental health crisis
- Professionalism and positivity of staff-we saw lots of examples of good practice
- AWP now acting as system leader to build upon
- Many examples of good outcomes based upon effective local co-operation
- Crisis Concordat-great step in ownership and overview
- Good use of some specific processes

Points for consideration (1)

- The extent to which you are engaging with people who use services and their carers

Collaboration
Co-production

- Prevention of MH crisis / referral – is there more that can be done to prevent crisis.

Street Triage
Crisis Team
Options for diverting people from MHA services

- How can you maximise the benefit of your resources but improving communication

Focus Group
Transparency about provision and responses and protocol
Common expectations

Points for consideration (2)

- Maximize productivity and reduce duplication
 - Repeated assessments
 - Right resources, right time, right place
 - Better use of Information, Advice and Guidance
 - Access to technological solutions
- What more can you do to support your professional and highly motivated teams to
 - Out of hours advice and support
 - Risk of isolation for AMHPs
 - Multi – agency training and development
 - Focus and learning groups
 - workforce and facilities planning
- Enhancing Councillor involvement into the planning and oversight of services
- The extent to which you use joined up intelligence to make decisions and plan services

Over to you

- Opportunity for questions and discussion now
 - Then move into workshop
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