



Stage 2: Co-design Feed-in to High Level Pathway for 'Access to services and support'

Summary of co-design week on Access

Thank you to everyone who has contributed to this week's all-age transformation week focusing on improving access to mental health and learning disability services. In addition to the very committed core group of service users, carers, partners and staff, who have worked continuously throughout the week, we have also received around 150 responses through face to face workshops and feed-in groups, as well online, from a huge range of stakeholders including service users, carers, voluntary groups, and staff across the health and social care sector. Here is a brief summary of the key proposals from this week.

Key themes

1. A central access point

When someone needs help there will be a simple way of gaining access - one phone line, working 24/7, that will be handled by an expert navigator to direct people to the relevant service they need. This will be to ensure we give people the right information at the right time. It will help navigate people to be able to get immediate support, crisis support or clinical screening for assessment of care needs. It will also signpost and support handover to other services that are not health related such as housing, benefits, social care, etc. They will need to offer multiple languages to be as accessible as possible. We will ask service users for regular feedback, through a range of ways, to help us to continue to improve.

2. Helpful and informative website

A website would help people to navigate available support better. This would include self-help guides that help people to understand what services are available and how to access them. We will explore the use of apps and webchats, social media and WhatsApp to support and raise awareness, in a range of accessible ways to guide people. It is important that we raise awareness of this in a range of ways, including roadshows at GP surgeries and schools. This will also provide electronic ways of self-referral and promote other ways of getting support.

3. Assertive outreach support for harder to reach groups

Not all groups can access these services so more targeted, assertive support is needed to reach those who find it harder to engage with services, such as homeless people and asylum seekers, street workers, travelling communities, women's refuges, offenders and BME groups. Tackling mental health stigma is often a barrier to gaining support, so an important part of outreach would be to work closely with community groups and faith settings.

4. A self-referral crisis support service

Our current crisis service doesn't take self-referrals. We would introduce an all-age crisis service, operating 24 hours a day, 7 days a week, that would also accept self-referrals. It would be supported by a multi-disciplinary team and have close links to other relevant agencies. Expert nurses would triage into the service through a telephone conversation. We want to create a real partnership model where all the relevant professionals work close together as part of the team. A home treatment component would be included to prevent future crisis.

5. Supporting physical health

As someone makes contact with the crisis service, their physical health will be screened by the crisis team, through an expert triage nurse, to ensure any physical deterioration is dealt with. We will have access to their GP record to provide this assessment, working through a series of questions to pick up issues that can also affect mental health such as sepsis, drug and alcohol, delirium, medication side effects, and neurological problems, such as head injuries. We could also scope the possibility of a physical health assessment service within the mental health system.

6. Support for carers

Currently, if a carer does not have consent then they do not necessarily get the support they need. There is a lack of support out of hours and in holiday periods for carers. Sometimes people do not necessarily realise they are a carer. Support for carers is required throughout the process, especially at times of crisis, including advice, support and signposting within the community. For new carers, more awareness is needed of mental illness, support for them and information about their rights.

7. Support for frequent callers

We will monitor frequent callers more specifically to identify unmet needs and gaps. This will be in a supportive way, and ensuring they have the right information for self-help as well.

Next steps:

We will work these ideas up further, and then feed this into the next co-design week, which will focus on the theme of assessment. This will be followed by weeks on designing treatment and then discharge. See dates at www.leicspart.nhs.uk/allagetransformation to get involved.

There will be a showcase week in May that brings everything together, giving everyone again another chance to review and feed in to the proposals that will then be turned into real plans for next year.

Please continue to engage with us via #AllAgeTransformation and we look forward to your involvement in the next co-design week.

