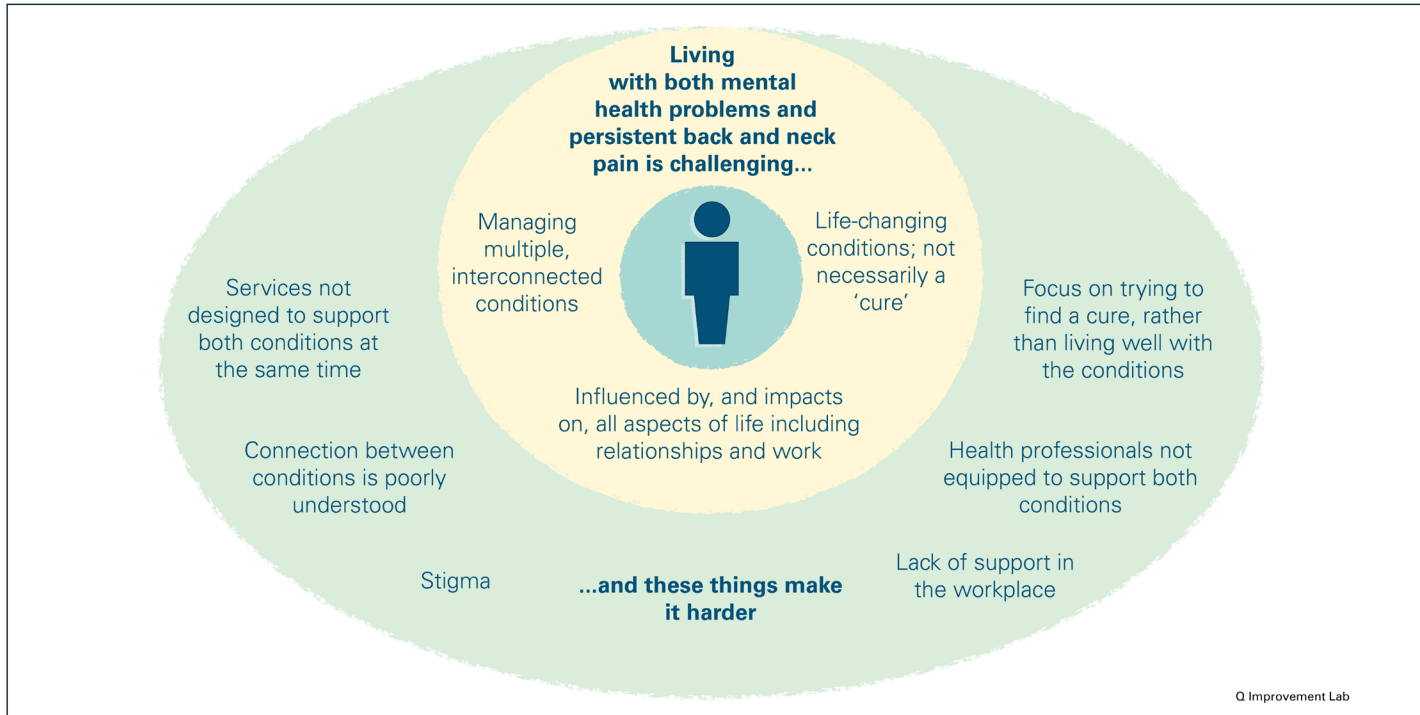


An overview of the problems and solutions

September 2019



Understanding of the challenge



Problems and solutions

*Local
relationships*

*Skills and
training*

*Environment
and processes*

*Patient
expectations*

*Care
coordination and
collaboration*

*Funding and
sustainability*

#1 *Local relationships*

*The service does not have the **expertise in house** to support people's holistic health needs, or to **signpost to the support** that is available elsewhere*

Build and improve local relationships and take advantage of local assets

- ✓ Research what services exist locally
- ✓ Develop relationships

My colleague and I each do monthly talk with GPs so when it came to doing [our pathway redesign and new service] the GPs knew us: we had personal level of influence that allowed it to be smoother.



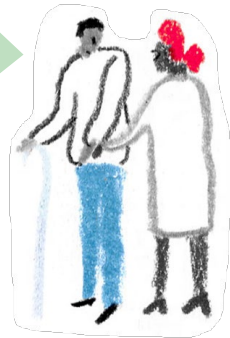
#2 Skills and training

*People working in the service **are not confident and fully able to discuss and support people** with their mental and physical health needs*

Improve training for health care professionals so they are more confident and able to provide holistic care

- ✓ Mental health and pain awareness
- ✓ Communication skills
- ✓ Screening tools
- ✓ Patient information

The most important thing was a really good GP who, rather than saying, “there’s nothing we can do” or “this is what is going to happen”, she said “I will support you with what you think is the right thing to do”.



#3 *Environment and processes*

*The service does not have the **environment and supporting processes** to provide high quality holistic care for people's mental and physical health needs*

Improve the environment and what sits around the consultation so that it's more supportive of people's combined mental and physical health needs.

- ✓ Clinic location
- ✓ Flexible appointment times
- ✓ Remote access
- ✓ Screening tools

Using this approach I've been able to reduce doctor contacts from our frequent attendees from over 30 times a year to five or six.



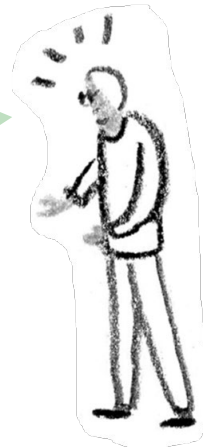
#4 Patient information and expectations

People accessing the service are **not expecting to discuss their mental and physical health needs**, and there are issues around **stigma** and moving the focus away from finding a cure towards **supporting self-management**

Change the focus about what your service can offer, to increase understanding and meet shared expectations

- ✓ Relationships with other services
- ✓ Patient information
- ✓ Screening and triage
- ✓ Peer support
- ✓ Co-design with patients

You can think you have the best service on the planet but you have to be able to hear the uncomfortable truths – we need to go and talk to people to get different perspective.



#5 Care coordination and collaboration

People are **'falling in the gaps'** between services, being **seen too long after** they started to experience health and wellbeing problems, or not having access to the **right support**

Redesign pathways that embed multi-professional working and ensure people are seen in the right place at the right time

- ✓ Develop local relationships
- ✓ Co-design with local stakeholders
- ✓ Co-delivering services
- ✓ Screening and triage
- ✓ Proactive identification of people
- ✓ More flexibility around access

Relationships should be based on the value of mutual support and seeing how the expertise that you each have in-house can improve the offer that you both provide.



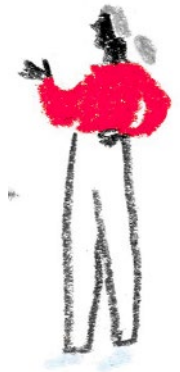
#6 Evidence base for funding

*The service has **funding and sustainability** issues in demonstrating a business case or broadening its offer to provide care for people's mental and physical health needs.*

Develop the business case for your service and influence referrers and decisions makers

- ✓ Develop local relationships
- ✓ Co-design with stakeholders
- ✓ Proactive identification of people
- ✓ Service principles

Make it a local priority by doing it and showing the outcomes. People will do it when it makes sense for them to do it.



If only it were that easy.....

“Find it and fix it” – persistence of
biomedical model

Don't have the right **evidence**

How do you measure the value of
relationships?

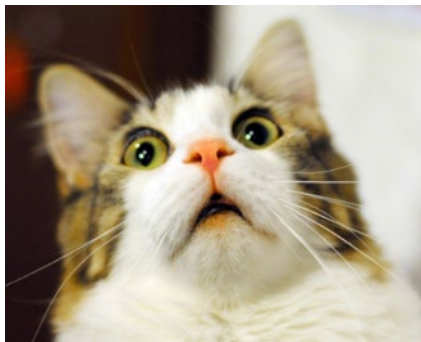
“It's not my role”

Professional hierarchies and
protectionism

Language barriers
between mental and
physical health

Relationship development takes time

Anxiety and fear



Not a local priority – no
leadership support

No physical **space**

Poor IT for sharing data

Training becomes **‘tick-box’**
rather than meaningful and
helpful

Staff turnover – no
consistency

Competition between services

No time!

Complex commissioning
environment

Overcoming barriers



*Understand
local
context*



Persevere



*Bring different
people
together*



*Time may
not be the
barrier*



*Make
relationship
building
fundamental*



*Compelling
evidence
takes many
forms*



*Don't
rush in*



*Leadership
at all levels*



*Work
with the
willing*