



BLACKBURN WITH DARWEN PCT

PROFESSIONAL MENTAL HEALTH NETWORK

SUMMARY

This professional mental health network set up in 2009 for the Blackburn with Darwen area is very unique in that it is exclusively for mental health professionals, and includes approximately 280 members from across all sectors. For instance, from Mental Health Trusts, Blackburn with Darwen (BWD)PCT, local authority council services such as Housing, as well as from faith and voluntary organisations such as; Age Concern, the Samaritans, Neighbourhood Learning Centres, Mind and Creative Support.

People can drop in and out of the network, as and when they like, with no obligation to attend, as the entire ethos of the network is to allow people to participate when they need to, or when is convenient to their service. Initially the network was focused on professionals with Black Minority Ethnic (BME) clients, however over time it developed into a more generic mental health professional's forum, which was fully inclusive and didn't ostracise professionals without BME clients, whilst still retaining a specialism around BME.

The network allows professionals to share information, combine resources and, undertake joint projects so as to improve signposting to mental health and mainstream services. However it also enables individual services to promote themselves within the local area, and to gain recognition both from their peers and from their commissioners, for any good work they have been undertaking.

The expectation was that post-launch people would access the network, and then interest would fade over time, until it

was no longer used. However, this hasn't happened, even though usage has diminished somewhat. Therefore it has exceeded expectations and appears to continue to offer value to its members. To ensure that the group remains useful, an evaluation will soon be conducted amongst existing members to determine whether there is a justification in continuing, and if so how the network can be made more effective.

KEY OUTCOMES

- Has enabled peer support, which has helped people resolve issues more easily. Where individuals in services find it difficult to interact with clients, engage or make progress then others services through the network have been able to intervene and support at a professional level.
- Has improved signposting, by creating more thorough awareness of services. Information is now frequently cascaded from a central point, and the more services that are mailed through the network, the more people are aware of ongoing projects and referral pathways in Blackburn with Darwen.

- It feels natural for services to interact and work together now, both via the network and independently. This is reflected in the fact that different services hold open events at least once a quarter and invite along other services.
- NHS staff obviously benefit from all of the above outcomes, which makes them more effective and efficient in their roles, and gives them much needed support.
- Service users and carers get a more joined up service, less duplication, and are more aware of services available to them, as referral pathways are explained and defined for them.
- In replication of this model an E&D colleague in Central Lancashire has set up a similar network for professionals from a BME background. This has a different remit, but it was informed through work done in Blackburn, and is helping to support BME professionals in their own roles.





GOOD PRACTICE CASE STUDY

BACKGROUND

Community Links Report

In 2006 Community Links produced a report, which was commissioned by health services, and officially launched in 2007. Lead commissioners included key staff from BWD PCT including Shahida Hanif, a BME Lead within that organisation. (See Appendix 1)

Community Links specifically interviewed carers within Mental Health, as well as some service users. In response to participants' answers to the question 'what do you need?' one thing that shone through was that there was a huge lack of communication between mental health and mainstream services, and amongst mental health services themselves. This left a lot of people without good signposting and lots of misunderstanding in the system, especially around cultural services. This led to carers and service users feeling that the services provided were not for them and did not cater to their needs, which resulted in a lot of missed appointments, reflecting badly on the service overall.

Subsequently a set of recommendations were drawn up, one of which was that a network of mental health services should be set up that would support provision of services and improve signposting across the area.

Initial discussions highlighted that there were a lot of service user and carers' forums already in existence, but there was no such network for mental health professionals, particularly one that included voluntary workers and those from children and housing services. Therefore, in order to avoid duplication and to fill an important gap, it was suggested that a BME professional mental health network be set up to help professionals work together to address issues for BME communities. Over time this developed into a more generic mental health professional's forum, with a specialism around BME.

Community Development Workers Recruited

In 2007, in response to the David Bennett Enquiry, a team of three BME Community Development Workers (CDW) were recruited to work for the benefit of all communities in Blackburn with Darwen i.e. not just South Asian communities which are in majority in that area, but also indigenous, Italian and Polish communities etc. This team was recruited by the Local Authority but worked in close partnership with BWD PCT and across all sectors.

The David Bennett Enquiry (see Appendix 6) arose due to the death of a BME man who was held in restraints back in 2005. The enquiry

led to a report being produced which recommended that 500 BME workers needed to be employed across the country so that more people were in place who could provide compassionate care through cultural awareness.

The CDWs, who all came from voluntary backgrounds, were hired by the local authority as part of this initiative to look at service users and carers, as well as all the different sectors involved in providing mental health services in BWD. Their aim was to conduct a cross-organisational, service-led audit, and to share the findings of the report as widely as possible, in a bid to remove any obstacles that people might face in receiving care.

CDW Team Restructured

In 2009 the CDW team was restructured several times. Whilst the CDWs continued to be employed by the Local Authority, they moved into NHS Community Mental Health Teams at BWD PCT, and from there into a social inclusion service, called Community Restart. As such they picked up the Community Links Report and began work on creating a professional's forum, as per the recommendation in that Report.

AIMS & OBJECTIVES

- To create a network of staff in the Borough at grass roots level, that is as accessible as possible via different communication methods e.g. emails, Twitter, face-to-face meetings etc.
- Communicate information at a strategic and operational level through innovative engagement. e.g. by visiting team meetings, network meetings, and conferences
- Identify gaps in knowledge and training, report this to senior stakeholders, and deliver or facilitate any training required.
- Promote more collaborative working between statutory and voluntary sector agencies, and join up resources including staff and funding
- Facilitate task and finish groups on joint community projects, and mentor, monitor and measure work taking place through forum partnerships. Also offer advice and practical support where required
- To support the development of funding bids and research at a community level when required
- Inform and influence joint commissioning arrangements within Blackburn with Darwen
- Report any issues regarding wider BME communities to the Diversity and Equality Strategic Group, and influence better ethnicity and data recording.
- Promote the forum itself across mental health communities and service providers through the local press and sustained visits to teams and projects





GOOD PRACTICE CASE STUDY

KEY STAGES OF SET-UP

Initial Consultations

In 2009 Jal Iqbal, one of the CDWs recruited to help improve mental health services to all communities in Blackburn with Darwen, took the lead on creating a network for BME professionals in the BWD area. Together with the other two CDWs, Wajid Bashir and Safeera Ahmed, they hosted a one-off meeting, to which key people were invited such as those who had written the Community Links Report, and the Commissioner of the Research - Julie Wall, the E&D Lead at BWD PCT. Representatives from each of the main mental health services were also brought in, to give an update throughout the first half of the meeting on how people could be referred into their services and on any projects they were currently running. The second half of the meeting was more informal, allowing people to discuss how they could work together going forward.

Bringing everyone together in one room allowed the team to generate an interest in the wealth of good work that was happening in the area. Until then, each service was unaware of what was happening on its own doorstep, and of how diverse and service rich the area really was. This meeting also allowed the team to identify any gaps in service and key issues relating to BME clients, as well as to ask what people wanted. As a result they were able to generate a number of criteria for the network, which allowed Terms of Reference to be drawn up (See Appendix 2)

Generating Membership

The team conducted a large amount of personal visits and meetings with a host of different stakeholders, to explain what the network was and what its purpose was. They approached Directors, but also Heads of Service and Service Managers as it was important to involve everyone, and to provide information to those who worked at frontline level as well. They also sought feedback on whether professionals had any interest in such a network, to which the answer was a resounding yes.

Communication with Members

Once people started to join, membership grew exponentially. At this point the team began sending out emails to existing members, to ascertain levels of support and to maintain people's interest.

Launch Event

In October 2010 a launch event was held in order to bring together 100 mental health professionals in one room. 30 places were held for Directors and NHS leaders, and another 70 places for professionals at various levels from a mental health or linked background, where mental health was paramount or an associated risk with the clients involved. These professionals mostly came from mental health services, Crisis, Outreach, primary care, Assertive outreach, counselling etc.

The purpose of the event was as a stepping stone which would give the network legitimacy. It was used to cascade information to professionals and also to help highlight the benefits of collaboration,

Delegates also had the opportunity to find out more about other services from a marketplace of displays from various services across the Blackburn and Darwen area, as well as attending specific workshops run by key services, which were learning based.

Workshops

6 workshops were run in total at the launch event, by various organisations including:-

- Mental Health Across the Ages - CAHMS*
- Counselling - Community Counselling Service
- Mental Health in Primary Care – Mindcare
- Social Inclusion Service – Creative Support
- Suicide Prevention – Papyrus & Hopeline UK
- Volunteer Services – Darwen Resource Centre

*All of the slides from these workshops are available as appendices

The launch received a very positive response and straight afterwards the team were

inundated with people asking to join the network from services such as early Intervention and CAHMS, as well as private and voluntary sector agencies including welfare and housing. There were also numerous requests for information around the issues discussed e.g. creating rooms for multi-faith ablutions.

Regular Meetings

Network meetings are now held every six weeks at Darwen Resource Centre, so that people can meet face-to-face. Attendance at these events varies from 8 – 40 people. They are block booked a year in advance so that people can put them in their diaries, and reminders are also sent out in the minutes from events.

The core part of these meetings is a service update, with information cascaded in regards to activities going on at the current time, as well as events that will happen over the next three months. People often form partnerships at these events, coming together on specific projects to share costs, clients and resources.

Sometimes members request to come along so that they can present on their own service, or if there is an issue that members would like more information/training on then people are invited along to present.

Email Communication

In between meetings, to maintain contact and to cascade information, Jal Iqbal sends out good news reports and bulletins from different organisations, which are pertinent to mental health. Emails may also take the form of requests e.g. if a Housing Service would like 20 referrals from Complex Care Teams.



GOOD PRACTICE CASE STUDY

RESOURCES

The CDWs who set up and ran the network are employed by the Local Authority. However, as CDWs work across different sectors they were commissioned to carry out this project by BWD PCT. The lead commissioner, Julie Wall, was instrumental, in putting together funding of £1000 to kick-start the network, and she ensured that rooms and refreshments were available for the launch. However, she didn't interfere in how it was actually produced which allowed the team room to make mistakes and to undertake their own huge learning curve. After this the network has become self sustaining

KEY CHALLENGES

- **Sustaining interest** - during the restructure of services following service reductions fewer people attended network meetings, due to a general loss of engagement within the service. However people still continued to come, so to maintain interest the team brought in speakers and made events as interesting as possible. Jal also kept momentum going by sending emails on a regular basis and keeping the majority of news positive so as to boost morale.
- **Administration** – This network requires a lot of coordination and Jal does most of the administration himself, including chasing up actions from meetings to ensure that key elements of work are done. This was quite onerous when the network first began as there was so much to put in place and it formed a big chunk of his CDW day job. For example, the launch had to be coordinated and packs had to be put together for workshops etc. However over time it has become much easier to manage, and he is aided by colleagues, and volunteer minute takers who take the minutes before Jal sends them out for comment and review. Administration now only requires a couple of hours work every six weeks.
- **Partnership working** – this requires the good will from all services involved as the team can't demand work that is done or that people attend. There are no funds, so services are dedicating their own time and resources.

KEY CHALLENGES

- Meetings and workshops were great success so these are a great way of launching the event.
- It would be good to get more commissioning-based presence at network meeting e.g. for clinicians from the PCT to take time out and give an update on what their service is about This would allow other mental health services to be recognised by those who have commissioned and funded them, and more funding could be accessed where needed.
- The network has delivered beyond what was expected so it has raised expectations, and it would be good if this momentum and engagement could be secured going forward.

SUSTAINABILITY

Although the network is currently administered by one person, it wouldn't be difficult for someone else to pick up this work. The minutes, documentation, distribution lists and TORs are so simple and transparent that it is easily transferable. Ideally, it would require a Chair, such as a CDW, who is not a mental health professional to prevent bias towards one particular service. CDWs can be objective as they don't have a vested interest in promotion of one service or another, which allows people to be equal partners.

NEXT STEPS

An evaluation will be conducted in early 2012 in the form of a questionnaire, and will be sent out with the list of dates for upcoming network meetings. The CDW team would like to see the network continue, and for it to be sustained with involvement from more services so that it may be used to its full potential. Ultimately, it would be of more value to members if they took more ownership of the network themselves.

SUPPORTING MATERIAL

- **Appendix 1** - Community Links Recommendation Report
- **Appendix 2** - BME Forum Terms of Reference
- **Appendix 3** – Agenda from launch event
- **Appendix 4** – Summary of Launch Event
- **Appendix 5** – Slides from Workshops
- **Appendix 6 – Independent Inquiry into the Death of David Bennett**



CONTACT FOR FURTHER INFORMATION

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