



## Forming a multidisciplinary overarching project team

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### How did you identify the key stakeholders to be part of your overarching team?

Around the time of the launch of the AMHE Collaborative, the vaccination programme in Somerset highlighted some of the inequalities of health service provision in general, but especially in mental health. This facilitated working with different external organisations during the pandemic (from 2020 onwards) and enabled us to strengthen connections and relationships, in particular with those with an interest in improving inequalities in health provision and reaching out to underserved communities.

### How did you engage external stakeholders?

Working with senior managers at the mental health directorate, I was signposted to key individuals, in particular colleagues from the CCG. In addition, Somerset County Council reached out to medical managers at the mental health directorate to have discussions and attend meetings around the health needs (especially mental health needs) of some of the minority populations in Somerset, such as refugees. Furthermore, Somerset Foundation Trust has established robust connections with our VCSE partner organisations, working in alliance with the Somerset Open Mental Health project, an innovative service development project with emphasis on co-production, which led to our Trust winning the HSJ 2021 awards for “Mental Health Trust of the Year” after being a finalist for the same award in 2020.

### What have been the benefits so far in having a range of stakeholders in the group?

Setting up the AMHE project requires a multidimensional approach, so having an overarching project team with a skill mix of individuals from different backgrounds and expertise enable us to generate and develop ideas, exchange information relevant to the project, identify resources, enrich discussions, inform feasibility, and identify needs in key areas of specific underserved populations.

### What were some of the challenges in forming this group, and how did you get around those?

One of the key challenges we faced when forming the group was motivating individuals to join and see the benefits of taking part in the project despite obstacles and challenges, such as line management approval and time pressures. We overcame this by contacting individuals via different means such as emails, telephone and Microsoft virtual meetings, and assertively following up conversations while being prepared to provide more information, answer questions or address any concerns.

It was important to approach these initial meetings with no expectation that colleagues would join the group, but with the purpose to connect and network, talk about the project's aims and the benefits to the public as well as to their organisations.

We discussed how the project could meet their organisation's needs or complement and support some of the work they were trying to do. Being knowledgeable about the project was key to answering the many questions individuals asked and addressing any concerns around joining the project. We gave colleagues space to think and consult with their colleagues and line managers.

We were successful in forming a group with representation from a range of organisations, including Somerset NHS Foundation Trust, Somerset CCG, Somerset County Council, Experts by Experience (Somerset Recovery College), VCSE Health and Wellbeing Alliance in Somerset, Open Mental Health, Equality Expert (Royal College of Psychiatrists).

The group has been meeting regularly and working collaboratively. But at times, facilitating a decision-making process that embraces the many different and diverse opinions of individuals within the group to reach an agreement, can be challenging. We try to overcome this by:

- Providing clarity on the project's objectives, with periodic reminders about the focus and scope of the project, as well as explaining the different stages of a quality improvement project.
- Seeking expertise from within the group for problem solving and to provide key information that would help refocus our discussions.
- Having support from our QI coach in keeping the group focused on the project's objectives and providing information about the key differences between a quality improvement project and the usual service development project. The guidance from our coach has also been helpful in addressing anxiety within the group around the project potentially serving the needs of some underserved populations, leaving out many of the other underserved communities that the group identified – we are always reminded that the learning taken from the project could then be implemented to the other groups.

We also identified early on the potential for duplication of service development projects across the Trust and other organisations, and the work that our AMHE QI projects are trying to address. We have since ensured that we keep in close communication with colleagues involved in other projects for underserved communities, using existing relationships as well as inviting key stakeholders to inform the group about their work. As the project lead, I also keep in close contact with key colleagues who are involved in similar projects to explain about our QI projects and to find out more information about the work they are doing.

### Is there anything you would do differently next time? Any top tips?

I do not think that there is anything I would do differently. The project involves a significant amount of organisational work, including organising different meetings, setting up agendas, ensuring proper documentation of the proceedings in each meeting, following up on actions, setting up sub-teams, as well as chairing and facilitating meetings, and a significant amount of follow-up on conversations, queries and requests. Having effective and efficient administrative support, as well as allocating protected time to lead the project, has been key to progress this work.