

Vision, Values and Principles

Henllan Workshop

16th February 2007

**Joint Commissioning Strategy
Adult Mental Health & Social Care
Conwy and Denbighshire**

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1 INTRODUCTION

It was agreed by the Joint Strategic Commissioning Partnership (JSCP) that an event should be held to enable key stakeholders to participate in the development of the Joint Commissioning Strategy for Adult Mental Health and Social Care in Conwy and Denbighshire.

It was also apparent that this event could also play a key role in informing the development of the Conwy and Denbighshire Health, Wellbeing and Social Care Strategies (HSCWBs), (2008 – 11).

This event became the Vision, Values and Principles workshop, which was held at the Henllan Centre on 16th February 2007.

The event was widely promoted across all sectors throughout Conwy and Denbighshire and key regional and national organisations.

The response was overwhelming, and numbers had to be restricted to remain within the limits set by the venue. Where organisations had nominated more than one representative, one representative was invited, and unsuccessful nominees were contacted in writing to explain why they had not been successful on this occasion.

There was a good response from all sectors, including statutory, voluntary and independent, across primary and secondary care. There was an excellent response from service users and carers.

2 PRE-EVENT PLANNING

We drew on the skills of staff with experience in facilitating events throughout Conwy and Denbighshire, in both health and social care sectors. These facilitators were involved in planning the event and agreeing the outcomes. Facilitator briefing notes were circulated a week prior to the event, and facilitators were again briefed on the morning of the event.

To promote the joint working theme, John Williams, Statutory Director of Social Services, Conwy opened the event, and Sally Baxter, Chief Executive of Denbighshire Local Health Board closed the day.

Delegates were allocated to the workshops on the basis of their areas of interest and expertise. Each workshop included service user and carer representation, and a cross section of statutory, voluntary and independent sectors.

Delegate packs were prepared and included copies of the programme, presentations, Significant Findings from the Needs Assessment, a summary of the NSF, Developing the next HSCW strategy, World Class Workforce – Health and Social Care, Clinical Governance – a summary, the Mental Capacity Act, and an evaluation form.

3 ON THE DAY

John Williams welcomed delegates and outlined the day, what it hoped to achieve and how the information generated would be used.

Three individuals with experience of using mental health services in Conwy and Denbighshire as service users or carers, gave presentations on their personal experiences.

The event was also used to launch the Significant Findings from the AMH and SC Needs Assessment undertaken by the National Public Health Service (NPHS), on behalf of the JSCP.

The majority of the day's activity took place in small group workshops.

The workshops were themed to reduced duplication, and were –

1. Supporting a service user at home
2. Using primary care services
3. Using a Community Mental Health Team (CMHT)
4. Using Inpatient Services
5. Managing a Crisis
6. Social Inclusion and Stigma

Each workshop had a facilitator, and where possible, individuals were allocated to support the facilitators. Flipcharts, pens and bluetack were provided.

The first workshop session was devoted to identifying what actions were required to improve the patient's journey through services. The facilitators were also asked to identify areas of good practice which could be rolled out to other areas. Facilitators were asked to identify no more than 6 key topics in this session.

Prior to the lunch break, Dr Huw Lloyd, GP in Old Colwyn, gave a brief presentation, which highlighted mental health issues in rural communities, and informed the group of the Mental Health in Primary Care conference in May 2007.

The afternoon session was introduced by Jane Jones, who gave a brief resume of the revised National Service Framework (NSF) "Raising the Standard," and introduced the afternoon workshops.

Delegates were asked to identify how the actions they had agreed in the morning session could be achieved. Delegates were asked to identify no more than 4 actions for each of their 6 key points. The groups were reminded that actions should be SMART (Specific, Measurable, Achievable, Realistic and Timed).

Following the afternoon break, nominated representatives from each group fed back to the plenary session.

The flip charts were collected, and the information generated has been used to inform the Key Principles in Section 5.

4 SERVICE USER AND CARER PRESENTATIONS

Two service users and one carer presented their personal experiences of using mental health services.

All three presentations reflected improvements in engaging service users and carers in their own care and through events like the Vision, Values and Principles workshop and staff recruitment panels. The presenters valued high quality support from the statutory and voluntary services, and commented that the Integrated Partnership was a positive step forward in sectors working together, and engaging service users and carers.

However, there is still room for improvement, and a recurrent theme was the need to consider an individual as a whole person, and not just treat the mental health symptoms.

Anne talked of a “relapse signature” which is a list of signs and symptoms, indicating when she is becoming unwell, however, she felt it would be useful for specific actions to be agreed between the CMHT and other professionals at each stage.

She also referred to the requirement to vary levels of support, based on her own experience, from very low level support when she is well, to intense lifestyle support when she is unwell, for example, cooking meals and ensuring that she has food in the house.

Ian told the group of his experiences of inpatient and community based services. Ian has had positive experiences of medication, and values the support of friends and family.

Stephen talked of his experiences of caring for an individual with severe mental illness over a protracted period of time, and the impact on the whole family. Stephen also outlined the role of carer in providing expert advice, and the requirement to include the carer as part of the multi-disciplinary team. Confidentiality is frequently used as a barrier to effective engagement of carers.

5 THE PRINCIPLES

A series of consistent themes emerged throughout the presentations and the workshops. These themes are the Principles that will inform the commissioning priorities for Adult Mental Health and Social Care Services in Conwy and Denbighshire.

The Principles will be included in the Joint Commissioning Strategy for AMH&SC in Conwy and Denbighshire.

5.1 Holistic Approach

“Individuals should be treated as a whole person, and not just as a user of mental health services.”

The recovery approach/model should be adopted throughout all levels of service, from primary care upwards, and across all sectors. Individual’s physical, social and community needs should be considered as relevant to their wellbeing, as their mental health needs.

5.2 Community Based Services

“Individuals should be able to receive flexible services as close to their home location as possible.”

Support should be flexible and responsive to changing levels of need. This support should be available within the CMHT services and outside core hours.

Regional and sub-regional approaches should be explored to extending the range of specialist services in North Wales, which would enable individuals who are currently receiving services outside the Conwy and Denbighshire areas to be repatriated.

The role of the CALL Helpline should be promoted.

5.3 Carers’ Issues

“Carers should receive appropriate support to enable them to continue their caring role.”

Carers’ Assessments must be undertaken and where needs are identified in the Assessment, every attempt must be made to meet those needs. Areas of unmet need must be identified and used to inform planning and priority setting.

Carers must be recognised as providing “expert” advice, and should be included in multi-disciplinary planning. Carers should be engaged in developing care plans, and identifying how to manage and avert crises. Confidentiality should not be used as a barrier to sharing risk and information.

Care Plans could identify a range of “safe havens” which can be called on in times of crisis, including friends and family, the voluntary sector and Buddy schemes.

The Expert Carer scheme should be adopted.

Flexible support is as essential for Carers, as it is for service users, and this should be available within the community, from the statutory and voluntary sectors.

Respite is essential for Carers, and whilst access to emergency respite is valued, often it is a couple of hours per week, that is essential to maintaining the caring role.

5.4 Health Promotion and Education

“Mental health education should be available to all levels of service and all sectors, at an appropriate level.”

Primary care services need to be as well informed about mental health issues and local services as secondary care services.

Consistent, good quality information needs to be available to service users and carers, and all levels of service and sectors.

Information management systems need to support the Care Programme Approach and Unified Assessment.

Generic mental health awareness training needs to be available to all partners, including those outside the traditional mental health sector, eg, Police. Training should be co-ordinated and shared between partner agencies, to ensure consistency and best value.

Training in specialist areas of mental health, eg, Mental Health First Aid, ASIST (suicide awareness), NOMADS¹, should be co-ordinated and available across all partner agencies.

Employers should examine their own policies and procedures to ensure that they promote good mental health in the workplace and do not discriminate against service users and carers.

A local response should be prepared to the WAG Mental Health Action Plan.

Local social policies should be assessed for their impact on service users and carers, and also the potential impact on rural communities.

5.5 Communication

“Communication should be timely, and appropriate to the situation.”

¹ Service User Theatre Group

Professionals must take time to communicate with service users and carers, in particular at times of additional anxiety, eg, at admission to an inpatient unit, to reassure carers, that “it is okay not to visit every day.” When planning a discharge full discussions should take place with the service user and carer and, where appropriate, the voluntary sector, to ensure that a holistic approach is adopted, and includes housing needs, social and community needs.

Relevant phone numbers should be included on care plans, including who to contact in a crisis.

Information on voluntary agencies and support groups should be available to service users and carers, especially when engaging with mental health services for the first time, or when there are changes to circumstances.

5.6 Housing

“Good quality housing should be available to all mental health service users and their carers.”




Good quality appropriate housing is essential to mental wellbeing and plays a significant role in recovery and maintaining mental health.

Mental health service users and their carers should have equal access to housing, and must not be discriminated against when renting or purchasing a home.

People with mental health needs must be considered when the Local Authorities are planning housing needs.

The development of a local retreat house or safe haven should be considered, which is available for short periods of respite.

6 EVALUATION AND FEEDBACK

			
	<i>Totals are shown as a percentage of the number of responses per question</i>		
Was the venue satisfactory?		8%	92%
Was the catering satisfactory?		4%	96%
Was the pre-event information satisfactory?	4%	38%	58%
Have you found the displays useful?		42%	58%
5 Please rate the following sessions -			
Welcome and Introduction – John Williams		40%	60%
Service User and Carer Perspective			100%
An introduction to the Needs Assessment – Jane Jones		19%	81%
Workshop 1 – the Patient’s Journey		16%	84%
Workshop 2 – How can we make the changes necessary?	4%	32%	64%
Plenary/ Feedback Session	16%	20%	64%
Summary and Closure – Sally Baxter		26%	74%
Were you able to contribute throughout the day?		12%	88%
What is your overall opinion of the event?		16%	84%

6.1 Additional Comments

- *Thank you, thought it was excellent. Any chance of a summary of conclusions & update, please?*
- *Felt that ultimately precipitated a wish list. No real account taken of the dearth of current resources.*
- *Very interesting day, lots of good ideas. But many things are already being addressed, it would have been good to have the opportunity to feed that back.*
- *Marker pens were too light, can't be read (x 2)*
- *Plenary/Feedback too long winded & unstructured (x2)*
- *Short of time, perhaps fewer priorities to concentrate on.*
- *Hope all this can be implemented, or is it just a wish list?*
- *An excellent and well organised & valuable day.*

- *Great day. Hope it makes a difference.*
 - *A very useful and enjoyable day.*
 - *Different rooms for group discussions. Being next to a loud group made it difficult to hear own group discussion, making it hard to contribute to discussion as much as I would have liked.*
 - *I am pleased to be able to represent people with learning disabilities who have additional mental health problems in an attempt to have their voice heard for equal access to services.*
 - *The availability of bottled water could have been better.*
 - *Cakes were great! But some fruit would have been welcome.*
 - *Very enjoyable day, relaxed, informal and informative.*
 - *Very interactive. Hope something comes of this – positive changes.*
 - *Great but need another one to move things forward.*
 - *Very enjoyable and educational.*
 - *I found this a very stimulating and thought provoking event. Thanks for the invite.*
 - *Can we ensure that we avoid duplication of effort/services etc, eg, what are the possibilities of synergy between First Contact Team and CALL (first time I have heard of CALL) and will be passing their information on to First Contact Team.*
 - *There is already a HSCWB workforce development partnership, can we develop this to extend to include the AMH partnership?*
 - *Some very effective voice & choice programmes for older people – it maybe useful to build on this for users/carers of mental health services*
 - *Group facilitators did not seem to have been briefed. They did not know what SMART objectives were, and failed to do them. The ground rules were not applied, people interrupting and not listening. I'm not sure attendees understood what "commissioning" actually is, and what the point was today. This event could quite easily have been a partnership event rather than a commissioning event. Maybe commissioning should be within the mental health partnership, in fact some people here today actually think that commissioning is within the mental health partnership and are confused about why it isn't – will commissioners listen?*
- Such a shame the needs assessment document wasn't available for today, was this bad planning?*
- Suggestions for next time – circulate document, eg, Needs Assessment, give time for people to read it and think about it; brief the facilitators; invite representatives (and ask them to bring feedback to a workshop event like today). Use group notes to create an Action Plan; feedback to attendees. (NB. Unfortunately this comment was anonymous, and it has not been possible to respond to the points raised).*