

Caring for people; keeping people well

Shaping Our Future Wellbeing –
Developing the UHB's Clinical Services Strategy

Mental Health Workshop
1st December 2014



GIG
CYMRU
NHS
WALES

Bwrdd Iechyd Prifysgol
Caerdydd a'r Fro
Cardiff and Vale
University Health Board

www.cardiffandvaleuhb.wales.nhs.uk/home

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Agenda

- 12:00 **Welcome Service Users and Carers**
Introduction to the afternoon and each other
- 1:00pm **Welcome to Clinical Staff and Partners**
Dr Rachel Rayment, Shaping Our Future Wellbeing Clinical Lead to welcome everyone to the workshop
- 1:10pm **Setting the Scene**
Dr Annie Proctor, Mental Health Clinical Board Director
- 1:15pm **What does it feel like to use the UHB's services?**
Service User Story
- 1:30pm **What do the Clinical Services Principles mean to you?**
Attendees describe and discuss what the Principles mean to them
- 2:15pm **Coffee**
- 2:30pm **Working together, what could the services of the future look like?**
Putting the service user at the centre, attendees draw a service model of the future considering the impact of technology and new ways of working
- 3:30pm **Sharing the service models developed by each table**
Attendees present and debate their service models of the future
- 4.00pm **Next Steps**

Introduction

- It was fantastic to welcome such a variety of people; service users, staff and 3rd sector partners, to our recent Shaping Our Future Wellbeing, Mental Health Workshop.
- The aim of the afternoon was to begin to describe what, if we work together, mental health services could look like in 10 years time. Ultimately, the output of the session will support the development of a Shaping Our Future Wellbeing – Clinical Services Strategy for Cardiff and Vale University Health Board.
- Having had the scene set by Rachel Rayment, Shaping Our Future Wellbeing Clinical Lead, and Dr Annie Proctor, Mental Health Clinical Board Director, the session really began to build momentum as we heard a user of our mental health services describe her journey.
- This report, the presentations from the day and the storyboards generated during participants discussions, will shortly be available on-line. The website will also provide an insight into the breadth of engagement work underway and track progress through to the publishing of Shaping Our Future Wellbeing – Clinical Services Strategy in September 2015.



Rachel Rayment

Clinical Lead, Shaping Our Future Wellbeing

Why are we here today?



We are working on **getting our house in order** but we need to build a new house for the future

The challenges we face aren't going away

- Demographic changes
- Epidemiology
- Financial climate
- Workforce
- Changes in clinical practices
- Innovation

OUR VISION - PICTURE THIS IN 10 YEARS TIME...



- WE WILL HAVE A DESERVED REPUTATION AS A HIGHLY TRUSTED, EXPERT AND SUPREMELY CAPABLE ORGANISATION, WHICH ATTRACTS AND RETAINS THE VERY BEST PEOPLE.
- WE WILL BE SEEN AS THE UK'S LEADING INTEGRATED HEALTH CARE ORGANISATION
- WE WILL BE RECOGNISED AS A LEADER IN KEEPING PEOPLE WELL, AND AT OR NEAR THEIR HOMES.
- WE WILL PROVIDE PRIMARY AND COMMUNITY PHYSICAL AND MENTAL HEALTH SERVICES, WHICH ARE SUPPORTED BY HOSPITALS THAT MAINTAIN HIGH STANDARDS, AND DELIVER LOGY MEDICINE REQUIRE.
- IT WILL DELIVER DIGITAL SOLUTIONS, WHICH EMPOWER OUR PATIENTS AND CLINICIANS TO ACHIEVE THE BEST POSSIBLE HEALTH OUTCOMES, TOGETHER.
- OUR TEACHING, RESEARCH AND INNOVATION WILL BE OF THE QUALITY EXPECTED FROM THE UK'S LEADING INTEGRATED HEALTH CARE ORGANISATION.

CARING FOR PEOPLE, KEEPING PEOPLE WELL

How will we

Care for people and keep them well ?



By becoming the UK's leading integrated care organisation

INTEGRATED HEALTH AND SOCIAL SERVICES

health system

Service User Experiences



Clinical Services Principles



What do the Clinical Services Principles mean to you?



A wordle 'word cloud' generated using the words most frequently identified on the participants post-its.

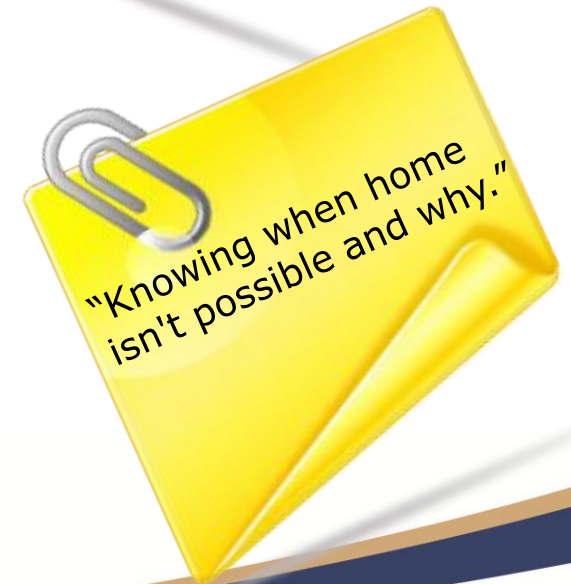
Participant Feedback

- Treated with respect, dignity and empathy.
- Providing choices/options/information. User involvement in decision making.
- Listen. Recovery ethos. Recovery charter across all clinical sectors.
- Recognise our expertise as mental health service users. Use us but don't abuse us.
- No such thing as normal!
- Person centred care.
- Get over the power bias (doctor versus client).
- Build services around people
- Positive risk-taking.
- Simplify pathway and terminology.
- Talking therapies – taking the time to develop awareness.
- Encourage self management.
- Signposting.
- Speed/timing of service delivery.
- Appropriate access.



Participant Feedback

- Support, knowledge and guidance for carers.
- Having information/Knowing who to contact.
- Honest and open communication.
- Exploring ways to help people in their own home prior to further intervention, and to prevent admission.
- Pharmacists part of CMHT to ensure medication correct.
- Access to support in a crisis.
- Not having to fight to get help.
- Timely access to the right services.
- Participation in community events (not being isolated).
- Holistic assessment and treatment close to home.
- Support from primary care services locally.
- Really good discharge plan and support network when a person leaves hospital, including provision of safety net.
- Community support - not just professionals.
- Joint working with third sector groups.
- Needs-led healthcare with a range of options.
- Rational services – valuing 'real' relationships



Participant Feedback

- Patient centred.
- To feel safe and in control. To enjoy myself.
- Seamless care (MDT working) that is holistic.
- Appropriate treatment of mental and physical health needs.
- To have services shaped around need.
- To be informed/have access to information.
- Knowing support is accessible and available when I need it.
- Knowledge and understanding (user and professional).
- Included in decisions about health/to be empowered.
- To feel supported and get the support I need.
- Knowing services understand me and my needs.
- Feel valued and respected, and treated with dignity, care and compassion.
- To be given hope that things can get better.
- Able to access education/training/employment opportunities.
- Open access to return even when I have got better.
- Goal orientated, recovery focused.



Participant Feedback

- Person centred.
- Social contract i.e. shared expectations.
- Recognise and address power imbalance between professionals/service users and between providers/health staff.
- Equity between people.
- Remember value of diversity.
- Space (to avoid clutter).
- Environment (furniture, design, accessibility).
- Early intervention is better.
- Single point of entry reduces duplication.
- Coordinate services with good communication.
- Consistency of care E.g. Maintain same person contact.
- Sharing best practice is vital, through robust mechanisms.
- Stress importance of multidisciplinary team working.
- Guidance and awareness for schools, colleges and workplaces.
- Avoiding 'labels'.



Participant Feedback

- Equitable targets require equitable funding.
- CAMHS to be given same standing as AMHS.
- Accessible services – as close to home as possible for all.
- Engagement with service user participation groups (i.e. partnership forums/planning groups).
- Respectful relationship and dialogue.
- Help corporate staff to understand the benefits of working with service users and particularly in relation to capital developments.
- GPs to have shared care protocols with skills to help manage under 18's.
- Delivered care equals needs-based (assessment, care planning, recovery focused).
- Clear understanding of each other's expectations.
- Transition – ensuring effective transition planning
- Clear communication to improve mutual understanding – listening with meaningful feedback.
- Use modern technology, for example, text reminders and email to communicate.



RACHAEL NICHOLSON
STORY:

PEOPLE'S EXPERIENCES + FEEDBACK - MENTAL HEALTH

"STRESS"

IN MY JOB AS PROBATION
OFFICER... AFFECTED
RELATIONSHIP... BROKE
DOWN... HOLIDAY...
MANIA



THEN WAS
SECTIONED...

CRISIS
TEAM
WERE

Amazing

SHE WASN'T WELL
REALISED I WAS ILL

Built trust
- THEN HAD TERMS
THAT DIDN'T CARE

DISCHARGED... VERY

SCARED

[FINALLY]
GOT ASSESSED
THEN PUT IN



MAP: WWW.FRANCHARA.COM



8
YEARS ON...

HUGE SUPPORT
A CONSTANT
TRUST

SAME C.P.N.



6Cs

- CARE
- COMPASSION
- COMMUNICATION
- COURAGE
- COMMITMENT
- COMPETENCE

FEEDBACK

WHAT DO THE CLINICAL
SERVICES PRINCIPLES MEAN
TO YOU?

WHY ARE YOU HERE TODAY?
TELL US YOUR VIEWS...

EMPOWER
THE PERSON

BEING TREATED
AS A HUMAN BEING...

SIGNPOST

+ BE INVOLVED
WITH TREATMENT
NO! NOT YET!

OUTCOMES
THAT MATTER
TO PEOPLE

IMPORTANT
TO ME

1
ACCESS TO
INFORMATION

GOOD QUALITY
CARE
SHAPED BY PEOPLE

PROMOTE EQUITY BETWEEN
THE PEOPLE WHO USE AND
PROVIDE SERVICES



ACCESSIBLE + EQUITABLE
SERVICES

EXPECTATIONS
- REALISTIC
- MANAGEABLE

Q. Is it most
appropriate
choice

HOME FIRST



SUPPORT
+ IN COMMUNITY
[PRIMARY CARE]

TIMELY
CARE
ABOUT
RELATIONSHIPS

AVOID HARM, WASTE
AND VARIATION

SERVICE USER
AT CENTRE
+ CONSISTENCY

STOP
DOING THINGS
THAT DON'T
WORK

COMMUNICATION

Future Services

People

- A different level of engagement with our communities
- Patients as the experts



"The patient is the most undervalued resource in medicine"

1970s -1980s



NOW

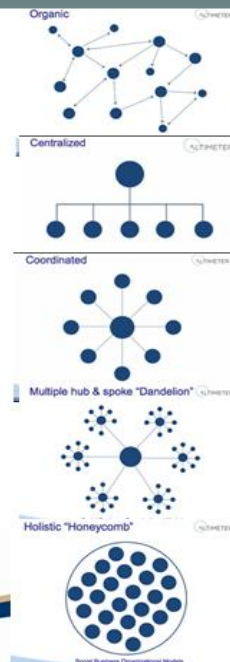
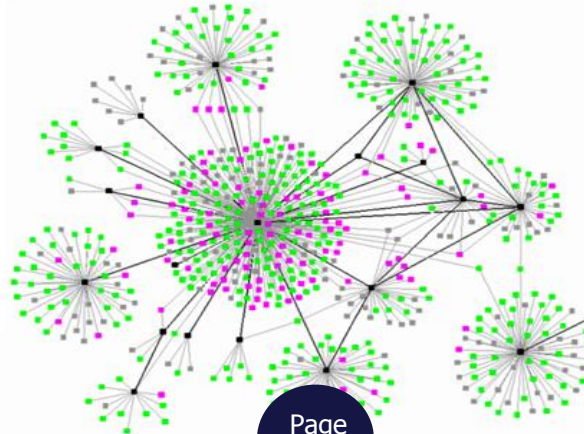


Technology and Communication



New Ways of Working

- Networks/Alliances and Partnerships
- New Flexible Roles



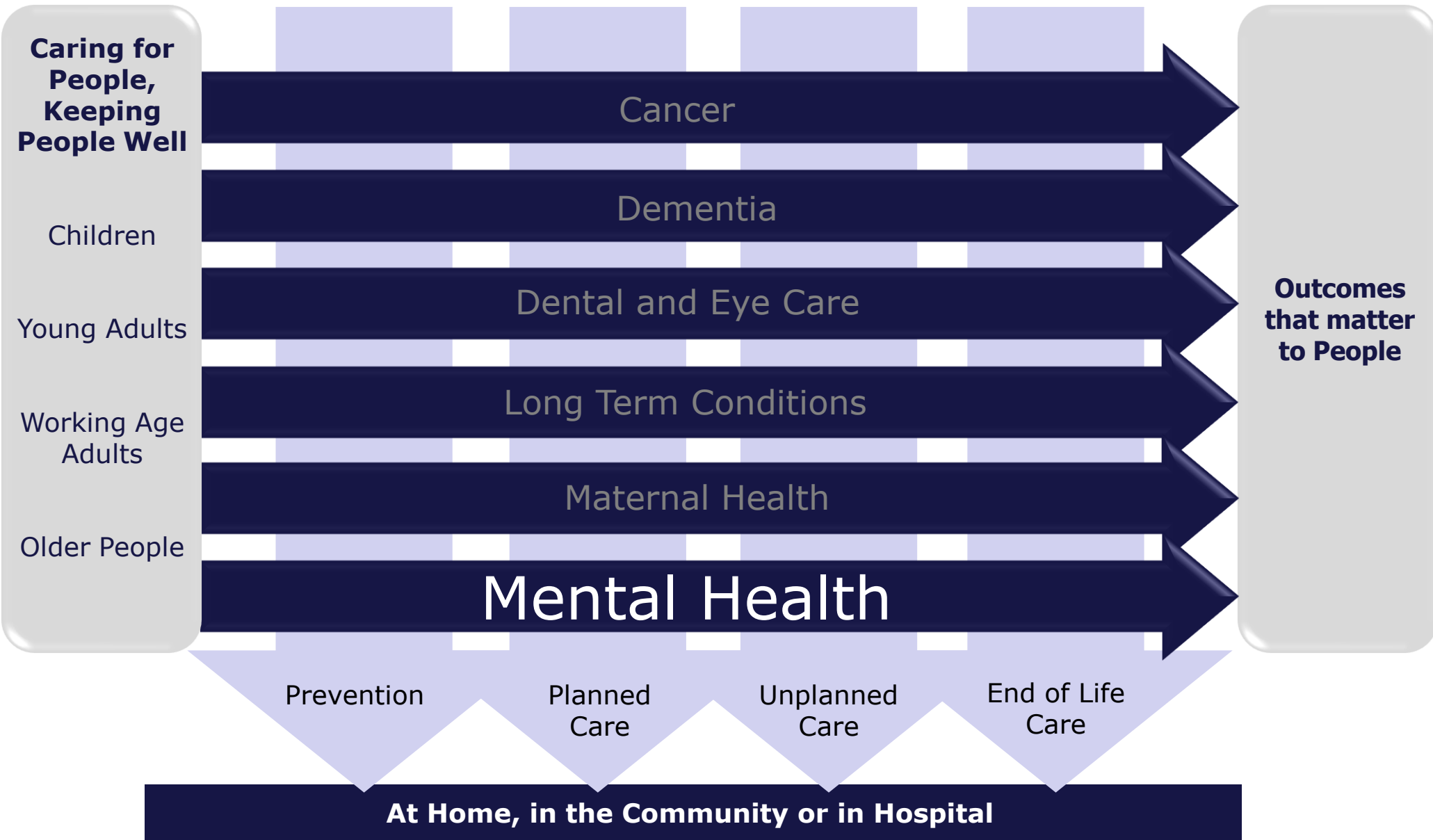
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Clinical Services Framework



Working together, what could our services of the future look like?





Next Steps

- Within the month, provide **you** with the **output of today's workshop** ✓
- **Refine** the workshop output through **key interest groups**
- At the **Feb Clinical Senate**, and at **Feedback Session 13th March** provided combined feedback on all the workshops
- **Engage** on a draft Clinical Service Strategy document
- **UHB Board** approve Clinical Service Strategy **September 2015**