



B&NES Mental Health Network Meeting Thursday 10 December 2009

Attended:

Susan Barrow, Banes Social And Housing Services; Ron Bevan, Bath & North East Somerset Council; Paula Blight, Somerset And Wessex Eating Disorders Association; Heather Bonsey, Banes Social And Housing Services; Rosie Brandon, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP); Lisa Elliott, B&NES Supporting People; Martha Flower, Support For People With Alzheimers; Jade French, Rethink; Claire Hicks, Rethink; Paul Hudson, Aspects And Milestones; Claire Kerlake, Bath And North East Somerset Council; Patricia Kettleby, Banes Social And Housing Services; Kirsten, BSL Interpreter; Janet McHale, Royal National Institute For Deaf People -(RNID); Andrea Morland, NHS Bath & North East Somerset; Veronica Parker, B&NES Link; Malcolm Patterson; Izzy Robinson, Stonham Housing; Bridget Smith, Chew Valley & Keynsham Befrienders; Jill Tompkins, B&NES Link; Becki Vines, Royal National Institute For Deaf People, The (RNID); Anita Worcester, SWEDA

Apologies:

Amy Baddeley, Avon & Wiltshire Mental Health Partnership NHS Trust (AWP); Erin Bland, NHS Bath & North East Somerset; Sue Bradley, Bath Mind; Anthony Clarke, Cllr, B&NES Council; Peter Duppa-Miller, Local Strategic Partnership; Diana Elliott, National Autistic Society; Louise Lee, Richmond Fellowship; Derek Loring, Samaritans; Ruth Sexton, Off The Record; Art Sienkiewicz, Poland Bridge; Pauline Swaby-Wallace, Bath Ethnic Minority & Senior Citizens Association; Howard Wreford-Glanvill, B&NES Link

Presentation: Andrea Morland, Joint Mental Health Commissioner, Adult Health, Social Care and Housing Partnership

Andrea began by asking participants what they felt 'Recovery' meant to them. They answered:

A: Someone with mental health problem able to make steps towards health.

A: Able to manage and cope.

A: Flags up medical model.

A: Someone working towards their own aspirations and where they want them to be rather than imposed on them.

A: Positive thing to introduce to mental health issues. Once someone "labelled" can keep in same place for clients – a practical thing to support people.

Andrea: The word "recovery" has been around for some time now. It is about not phrasing everything clinically, but moving this on has been limited. There has been a big gap between when the concept was developed and the conference held by AWP recently on recovery. This was very well attended. So 'recovery' is gaining momentum but is not a new concept.

Andrea gave an overview of recovery and the tool used to measure this (see appendix). Personal recovery – about individual these words aren't traditionally used in relation to mental health. "Clinical" recovery has become driving force of language used. Getting back to "normal" has become a clinical judgment not always bad but has defined how things seen medical model. "Recovery" can therefore have a clinical, medical feel. Most important – personal recovery framework is to have hope. There is often a "suspension" of hope in clinical services. Some clinicians can see only a narrow view of what's possible – whatever condition you might have.

Locally, the Mental Health Provider Forum is trying to take forward the recovery approach and use the recovery star – to give a shared hope of working together coherently across services, to speak a similar language of recovery. Lisa Elliott is leading on this work in B&NES. She has produced a briefing paper picking up this important piece of work. (See appendix 1). There is lots of enthusiasm for this. The Provider Forum wanted to build on this enthusiasm developed in work with supporting people providers. Providers who are interested, please make contact with Lisa, whose contact details are in the briefing paper in the appendix.

Personal recovery framework - Recovery in action need to do more of some of this in B&NES. Good commissioners are recognising the most important things are sometimes not measurable or are hardest to measure. Assessments measure what's valuable to people. There is a need to focus on that, not just clinical aspects of people's lives.

Remember treatment is just a part of recovery.

Q: “Doctor knows best” idea – big part of self management issues.

A: Negotiating treatment/medication - Need to see medication as a “support” to life. Medication has lots of effects on people. Must remember medication is useful and important, but must be able to negotiate.

Q: Having been to conference, wondering where GPS fit – will they use recovery model when prescribing medication? Know of people who are happy GPs give all medication they want. Where will recovery fit with this?

A: Primary care – elephant in room. Not organisational ways to encourage GPs to take this approach. Some practices very coherent. When first came to B&NES asked what practices worked best with mental health service users/mental health issues. Recognise is a problem to roll out access primary care, but part of work will be to explain to primary care. Mental health provider forum working on access to all services.

Q: Whole social prescribing agenda is key to this.

A: This is particularly good for people who keep returning to GPs. If it works in Keynsham, it is a whole other issue about how it gets rolled out in B&NES.

Q: Psychiatrists also key. Also tend to give people “current” identity not looking at, for example, life changes and prescribing never changes. Question is always based on existing diagnosis, not, for example, life changes. Are psychiatrists listening to this?

A: Know that one is getting involved in this in relation to eating disorders.

A: Was a medical director who pushed for this in AWP. Rethink paper produced by clinician.

A: Role of us as providers to work with service users to give them confidence to present this to clinicians.

A: Expert patient programme – GPs and consultants very anti this when it started. Thought would get out of control. What happened has helped people to be more assertive – medication went down, issues improved for people.

Q: Must remember how far things have moved on. Patients personal responsibility. Without my medication wouldn't be here today.

A: Empowering people to talk about it. Professionals need to be tentative with their professional opinions. I like that. At times must step in and instruct – but rest of time: easy to be “bossy” but don't have to be. Biggest weakness is that organisations don't talk to one another. Barrier for service users.

The Recovery Star

Andrea distributed the Recovery Star information (pages 18/19) - Relationships ladder (see appendix 2). In discussion, people scale themselves in relation to range of different areas. Our priorities not always priorities for others. Work to help people meet their personal goals these may not match your priorities. Not talking about people where there is a risk. Is an outcomes tool. For each point on the star, there is a ladder. People plot where they are in relation to each thing. An opportunity to make notes so agreed and between professionals and service users about each issue. Also an action plan so service users decide the priorities for them and their goals and actions for all (service users and services). All based on relationships. Then join the dots – this is the first mapping. Then redo – can see the difference and movement. Not obligatory for service users or organisations. Is a choice.

Q: Can use as first step in getting to know person.

A: Yes, but does have its limitations. For adults of working age. Needs to be more links with mainstream teams too. Have a vision where people access “B&NES” services, and there is not this separation between mental health/older people’s etc services.

Workshop Discussion

Q: What training or information would service users need and who will provide this?

A: Stakeholder event. Providers get together to design a B&NES recovery induction. Also need some kind of peer support. Needs thinking through.

Q: In house training too?

Q: Very excited - fantastic working tool. Want to start straight away. Pack – how to get it?

A: Free from Rethink website. The Care Forum will send (see Appendix or download the full tool from: <http://www.mhpf.org.uk/> and see Recovery Star resources).

Q: How monitor. Uniformity needed.

A: Yes – another part of the design process.

Q: How does it relate nationally.

A: Government keen on using user focussed outcomes, but no funding.

A: Most interested that people with mental health issues have options to make changes.

Q: Very enthusiastic. Very pleased. Majority of users long-term users. Great if this is owned by service users and follows them: will have experienced lots of assessments. Helping us feel doing the right thing.

Q: People owning the document – possibly an online facility for safe storage of document? How ensure not lost.

A: Good point. Down to support worker who did it in first place? Counter with MH provider forum.

A: Potentially possible through national website.

Q: Our organisation is using the outcome star already. Highlights gaps in service – but there is nothing in the middle for those people between, for example, acute and other services.

A: Problem that there is no money around, must therefore be very focussed.

A: 3 key themes: very important on star: this is a preventative tool – everybody specific not just mental health.

A: Points in the star – might want to change. Mainstream staff also need to use it, so not just around mental health. Need a lever to mainstream concepts.

Q: Mentioned annual event – rather than one. Needs to be more than one.

- Q: How let us know? Council news is received by many, not much about mental health on it.
- Q: Star have some blanks on it – let people identify themselves.
- Q: Ladders – can go up and down. Need to say what happens if doesn't work out.
- Q: What about those who don't read.
- Q: From provider perspective – good it's not prescriptive. Appropriate to person.
- Q: Reflect cultural diversity: e.g. around addictions.
- Q: More GP awareness.
- Q: From point of view of fitness professionals: online directory can highlight other services available.

Appendix 1

Briefing paper for Mental Health Providers – Recovery Star December 2009

Introduction

The Recovery Star is a support planning method which promotes the recovery model. Following review of a number of providers of Supporting People mental health services, and other work carried out via the provider forum, it has been highlighted that providers would benefit from a joint working protocol around service user ownership of their star and porting to new providers. It is suggested that promoting ownership along with continuity of support when moving to a new provider will have positive benefits to support provision, recovery and choice and control.

Recommendations within individual Supporting People provider review reports have been made for those providers that have indicated their interest in taking this forward. It is not intended to be prescriptive in any way, sign up and joint working is very much voluntary, the intention is to draw together those providers who already use the Recovery Star or who are intending to roll it out within their service. The aim is to promote this method to all mental health providers, with the wider aim of rolling out to other sector groups.

The way forward

To compile a list of services from Statutory, Voluntary housing and Service user involvement networks who are interested in rolling out the Recovery star method.

To establish a working group with the input from commissioners and interested providers, arrange meeting across the year to feedback progress, with monthly updates through an agreed method/approach.

To establish a work plan how to roll out with timescales, with the aim of roll out April 2010.

To consult with carers and service users to talk at Care Forum meeting in Jan/Feb 2010.

Feedback

Feedback regarding feasibility and interest in this work could be sought at the next MH provider forum meeting.

The aim is to gather a list in the first instance of interested providers, please e mail interest if you would like to take part to: lisa_elliott@bathnes.gov.uk **as soon as possible.**



Star and Plan

Service user

Online identifier

Service ID

Date joined project

Age

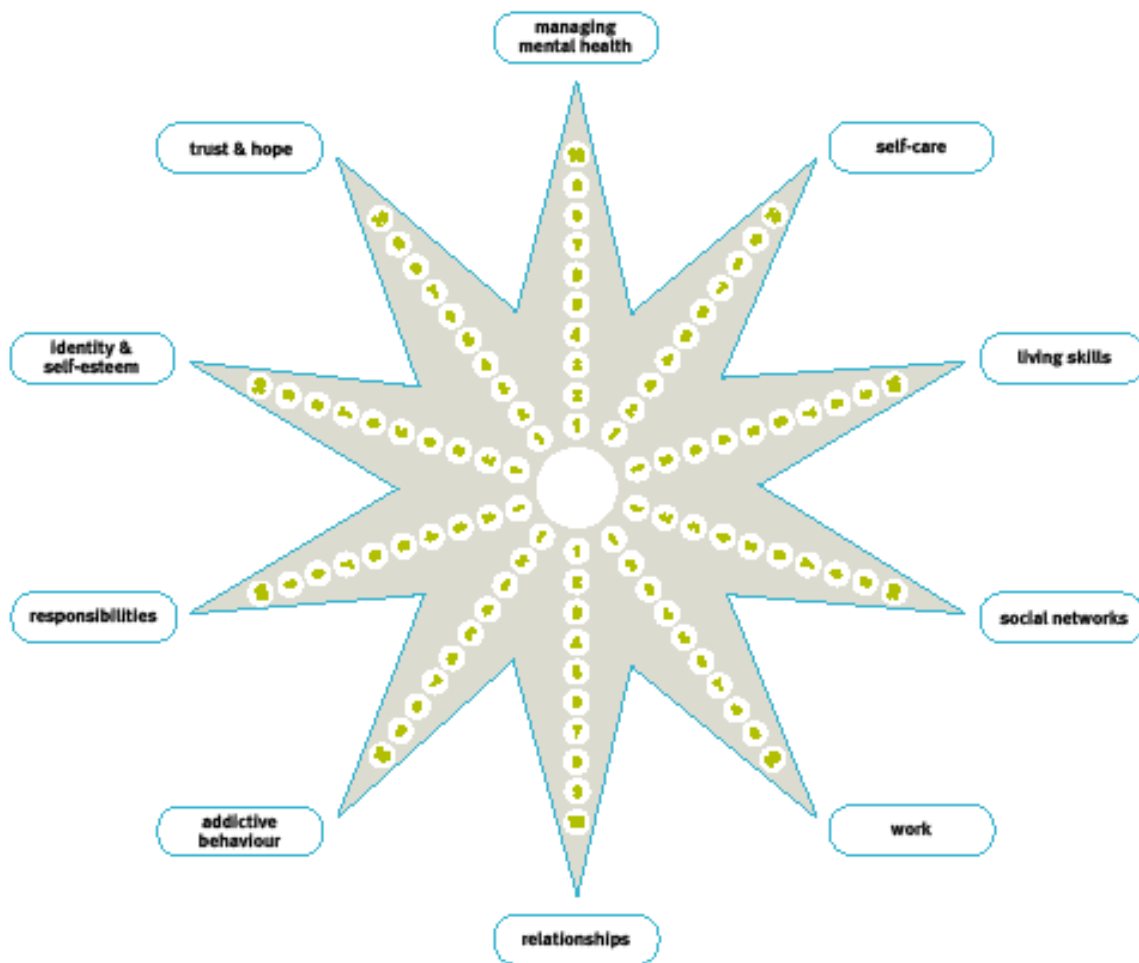
Ethnicity

Gender

Completed by

Reading	Worker name	Date of completion
Retrospective		
1st		
2nd		
3rd		
4th		

Worker and Service User	Worker alone	Service User
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Service User: I was involved in completing this Star Chart _____ (signature)

Star Notes

You may want to use this sheet to record the reasons for giving the score chosen or any points that have come up in the discussion that you want to record. It can be completed by you or your worker if you prefer.

If you and your worker have different views on the score for any area you can also use this space to note the reasons for the difference. If you are doing a follow-up Star you can use the notes page to record important progress that has been made even if the score has stayed the same or reduced.

1 Managing mental health

Reading number	Notes

2 Self-care

Reading number	Notes

3 Living skills

Reading number	Notes

4 Social networks

Reading number	Notes

5 Work

Reading number	Notes

6 Relationships

Reading number	Notes

7 Addictive behaviour

Reading number	Notes

8 Responsibilities

Reading number	Notes

9 Identity and self-esteem

Reading number	Notes

10 Trust and hope

Reading number	Notes

Action Plan



Priority outcome area from Star	Current score	Goals before next Star reading	Action needed	By who?	By when?

Signatures

Service user: _____ Date: _____ Staff: _____

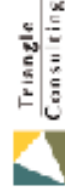
Other agency/advocate: _____ Date: _____ Manager: _____

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Mental Health Recovery Stars (MHRF) Mental Health Providers Forum and Triangle Consulting. Based on the Outcomes Star (OS) Triangle Consulting and the London Housing Foundation.

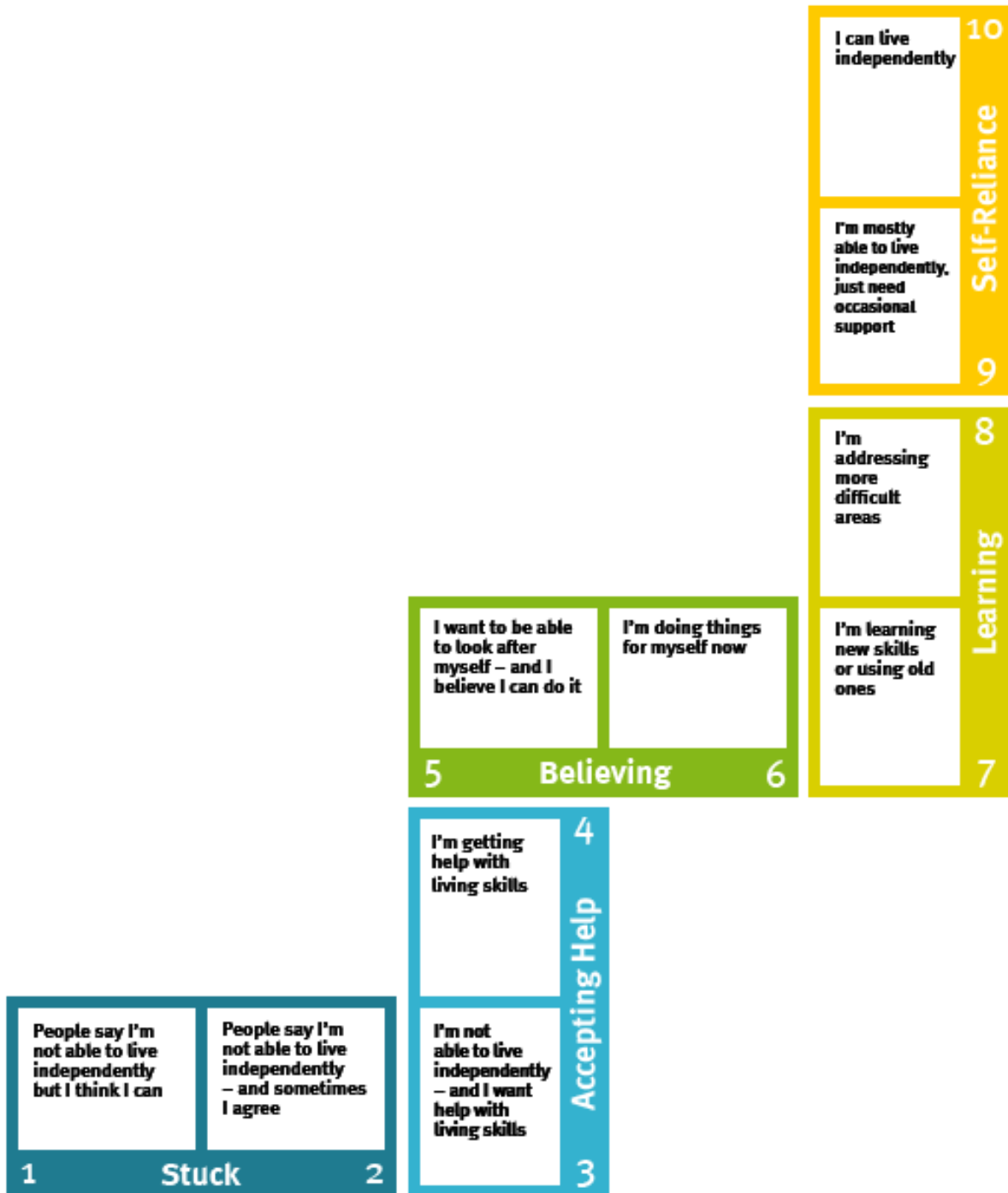
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3. Living skills ladder

This ladder is about the practical side of being able to live independently – shop and cook for yourself, deal with neighbours and people who visit, keep your place clean and tidy and look after your money.



Living skills detail

10	<p>I can live independently</p> <ul style="list-style-type: none"> • Able to shop and prepare meals • Able to keep accommodation clean • Able to deal with neighbours and keep safe within accommodation • Able to abide by terms of tenancy • Able to budget and deal with bills etc. If debt was a problem then it is either paid off or you are following a realistic payment schedule without support • Understand your rights and able to advocate for yourself
9	<p>I'm mostly able to live independently, just need occasional support</p> <ul style="list-style-type: none"> • Able to live independently most of the time, but may need someone to keep an eye out, just in case there is a need for support with a difficulty
8	<p>I'm addressing more difficult areas</p> <ul style="list-style-type: none"> • Tackling things that you find more difficult – this may include budgeting, dealing with bills and advocating for yourself in health care or benefit settings • Doing the easier things without it feeling like such an effort
7	<p>I'm learning new skills or using old ones</p> <ul style="list-style-type: none"> • Sense of making progress (e.g. can cook meals independently or do washing-up without support) • Still a number of areas where help is needed
6	<p>I'm doing things for myself now</p> <ul style="list-style-type: none"> • Starting to be able to do things independently (clean accommodation, cook a meal without help) • Lots of trial and error, some things go well, some go wrong
5	<p>I want to be able to look after myself – and I believe I can do it</p> <ul style="list-style-type: none"> • Motivation for independence • Sense of being prepared to put in the work that is needed
4	<p>I'm getting help with living skills</p> <ul style="list-style-type: none"> • If living in your own accommodation – accepting help where needed and, as a result, situation is improving (things are cleaner, bills are being paid etc) • If living in residential service – going along with activities aimed at improving living skills but the initiative comes from workers
3	<p>I'm not able to live independently – and I want help with living skills</p> <ul style="list-style-type: none"> • Not able to do things for yourself but prepared to accept help
2	<p>People say I'm not able to live independently – and sometimes I agree</p> <ul style="list-style-type: none"> • As in 1 below, but some occasional awareness that you need help • Not sustained for long enough to take any action and still refusing help
1	<p>People say I'm not able to live independently but I think I can</p> <p>No ability to live independently but not aware of or won't discuss lack of skill or ability to cope. Includes some or all of the following:</p> <ul style="list-style-type: none"> • Not able to prepare meals • Not able to keep accommodation clean • Not able to budget, or deal with bills. If living independently, may be in debt and may be at risk of taking out loans you can't repay • No understanding of rights or ability to self-advocate • If living without support – not able to keep safe within accommodation (may leave door un-locked or let in people who are likely to do harm to you or your accommodation) • If living without support, hygiene may pose threat to you and others • If living in the community without support, may be at risk of losing accommodation