



South West Acute Inpatient & Crisis Resolution & Home Treatment Network Update

Summer 2010 (11)

Welcome to the 11th update on 'Acute Care' developments from both a National and Regional perspective

Regional Acute Care Network Update

Feedback from South West Acute Network Event 'Taking Forward the Acute Care Declaration' April 2010

With the launch of the Acute Care Declaration last year the South West Acute Care Network ran the first regional event to promote and develop a local response to the declaration. The Acute Care Declaration provides a set of high level core values and principles upon which to base, develop and sustain high quality local acute service development. The aim being *"to ensure that people with mental health problems, who are acutely ill, receive the services they need at the time of their greatest vulnerability."* Since the declaration is built around a commitment from service providers to work together with service users and carers towards providing timely high quality service provision, the event focused upon developing local responses to key themes set out within the declaration.



Key themes covered during the day:

- The event was joint chaired Shaun Clee CEO, 2gether NHS Foundation Trust (AM Chair) and Roger Browning, CEO, Dorset HealthCare University NHS Foundation Trust (PM Chair) who both emphasised the importance of the Acute Care Declaration at local, regional and national level
- The day started with Hannah Walker and Alan Worthington sharing their experiences and expectations of local acute service provision
- Staff from Devon Partnership NHS Trust shared their experience of how individuals and organisations can take forward at a local level the theme of recovery within all aspects of the patient's acute journey .
- Hazel Watson, Nurse Executive, Avon & Wiltshire Partnership NHS Trust identified how the Trust had addressed the issue of improving acute service provision.
- In the afternoon Professor Steve Onyett and the SW Acute team facilitated a number of exercises to enable participants to share and learn from each other and identify local actions to improve service provision within their area.

I would like to thank all presenters and those who attended the day for their input into a positive and well received day. Presentations from the day are available on the South West Acute Network Web Page.

Notes from Presenters at the Acute Declaration Event

Reflections on Recovery by Hannah Walker – Chair, Dorset Mental Health Forum

My name is Hannah Walker and I have had many labels – Squadron Leader, Nursing Assistant, Bipolar, Psychotherapist. Since the first breakdown I had, my journey has been faltering, but always in the direction of Recovery principles. I have always believed that the service user should be at the heart of his or her treatment, as we are the experts in our various conditions. I spent 16 years in the RAF and had the first of many episodes when I was serving at MOD in 1990 – I was discharged in a way that was frankly punitive. I can only hope that the Services have moved on. I have had a number of breakdowns since then and have been hospitalised 24 times, although I have never been sectioned, largely due to the support of my psychiatrist and CPN.

When I was diagnosed with bipolar disorder, I thought my world had come to an end. However, a diagnosis helped me to come to terms with the illness and to discover more about it – and myself. People with lived experience are in an ideal position to inform services as to how they would like to be treated. It is not for someone else to dictate terms.

We need the input of professionals, for example to prescribe medication and to assist us when we are in need; however, the Medical Model, where service users had things done “to” them is no longer paramount in psychiatry. Recovery is our new paradigm; we need people with qualities, not necessarily qualifications, to serve our needs. The Forum employs people with lived experience to act, for example, as advocates and mentors; previously, only trained staff could act in this way. More and more people with lived experience are rejoining the workforce without hiding the fact that they have a mental illness; however, there is a long way to go before stigma and shame are eradicated. Since discovering the principles of Recovery, I have been better able to inform my own treatment. Along with my psychiatrist, I have the choice in prescribing my drugs and I manage my medication according to my mood. My care plan is written in conjunction with me when I am in hospital and discussed at Ward Round to see if there is anything I would like to change.

Recovery should be our watchword in all that we do and say in mental health, whether as a person with lived experience or as a mental health worker. The service user should be put at the centre of care at every stage of his or her journey, and should be consulted at every opportunity. Where there is risk, it should be brought into the open and talked about constructively with the service user and the mental health worker. Never again should we be the victims of a society that was frightening and in control.

Reflections on the Acute Care Declaration Event from Alan Worthington, Author of the ‘Triangle of Care - Carers Included: A guide to best practice in acute mental health care’

“May you live in interesting times!” So goes the Chinese proverb. Could things be any more interesting? New Horizons, new government, new cost savings, new priorities, new demands on staff, service users and carers. Can anyone anticipate the shape of services by the next parliament?

The Taunton meeting served to focus on acute services through the Acute Care Declaration. It was drawn up in the final year of NSF to refocus on acute care. New services introduced under NSF but not fully implemented included ‘community alternatives to beds’. There was a need to look closely at the whole pathway if it was to meet people’s future needs.

The Declaration sets down a menu of expectations. For carers an important section emphasised ***the commissioning and provision of high quality care by providing a service which includes families and carers as partners in care and gives them support.***

How this translates into positive practice is very important. Carers are often consulted yet their views may be ignored or trusts fail to deliver. Whilst some carers enjoy pamper days and stress reducing therapy sessions, their greater need is to see the service user provided with good services in a timely and responsive way.

Translating the ‘Declaration’ into positive practice which matters to users and carers is the key. By following a carer’s pathway through an acute experience and identifying what actions would make a difference the questions in “What if?” set out what should be minimum expectations.

In a period when services are challenged more and more by hard nosed accountants, it is vital to look at simple, low cost solutions and deliver them consistently. ‘What if?’ identifies many of these.

An uncertain future with fewer beds will impact on other parts of the pathway and especially on family and friends. This is a situation which asks for attention to detail; good protocols, good information, improved communication, good assessments and a range of actions giving support to the people giving care.

The Development of Recovery Practice in Devon Partnership NHS Trust (DPT) from John Goode Nurse Consultant

The recovery journey of DPT began many years ago but the process of making the services recovery orientated was greatly helped by the vision of the Devon and Torbay LIT. In 2005 the Local Implementation Team made the following statements;

- We will create a comprehensive and cohesive mental health system built on the foundation stone of promoting mental health and well being for our local population.
- Recovery is the guiding principle of all network services and activities.
- Services will promote social inclusion by keeping people involved and in touch with their normal lives and by supporting them in, or removing obstacles to pursuing their aspirations.

It was recognised early on that achieving “recovery oriented practice” would mean a significant change in both the culture and organisation of services.

So what has DPT done so far?

- Carried out extensive training in Wellness Recovery Action Planning (WRAP) for staff and people using services – 2004 onward
- Carried out ST&R training – 2005 onward
- Used the Developing Recovery Enhancing Environments Measure (DREEM) to ascertain the extent to which services help people in their recovery – 2005 to 2010
- Hosted an Intentional Peer Support Course – 2007
- Carried out two surveys of DPT staff to discover the extent of staff knowledge about recovery – 2008 and 2010
- Ran a degree module in recovery – 2008 and 2010
- Developed Recovery Coordination as the overarching system for organising care and support – 2008
- Introduced standards and outcomes based on recovery - 2009
- Identified “recovery competencies” for all staff – 2009
- Introduced guidance for staff in writing recovery orientated reports – 2010
- Introduced guidance on recovery orientated prescribing – 2010

But is all this enough?

We realised that we were producing lots of guidance from the centre of the organisation while not really knowing whether this was making a difference to the people using our services. So it was decided that we would create a role (Recovery Practice Partners) which was intended to support the development of recovery practice at a team and individual level. We formed the Recovery Practice Development Group to guide this process. The group consists of two Consultant Nurses, the Trust recovery lead, an OT with a coaching background and the Executive Nurse.

The Recovery Practice Partners have been trained in individual and team coaching and they have access to a monthly supervision/support group.

It is too early to say whether this has been a success but feedback from teams has so far been very positive.

The next South west Acute Network event will take place on 12th October and will build upon the work commenced in the Acute Care Declaration event.

If you would like to contribute to future event or share your local good practice initiatives, please contact Alan Howard SWDC Development Consultant at alan.howard@dhft.nhs.uk or on 07876 453497

National Acute Care Programme Update

Before providing a National Update we all need to consider the implications of the recently published White Paper.

White Paper *Equality and excellence: Liberating the NHS*

As you will be aware the Coalition Government has published its White Paper *Equality and excellence: Liberating the NHS* setting out its plans for the NHS for the future.

Liberating the NHS outlines significant proposals for the way the NHS will operate, with more details given in the linked documents.

The vision for the NHS will be to:

- Put patients at the heart of the NHS with 'no decision about me, without me'
- Achieve outcomes that are among the best in the world
- Empower clinicians to deliver results based on the needs of patients

Key points from *Liberating the NHS*:

- GP Consortia will be formed to take over commissioning services for the NHS
- SHAs and PCTs will cease to exist from 2012/13 once GP Consortia and the NHS Commissioning Board are created
- There will be greater links with Local Authorities, who will take over responsibility for social care and public health
- All trusts will achieve Foundation status and will be given more freedom to change – with opportunities to become social enterprises
- Monitor will become an economic regulator, to promote effective and efficient providers of health and care, to promote competition, regulate prices and safeguard the continuity of services
- The role of the Care Quality Commission will be strengthened to become an effective quality inspectorate across both health and social care
- The Department of Health will be downsized and organisations without proven benefits will be abolished
- There will be a focus on removing bureaucracy and improving efficiency. The NHS will need to save £20 billion by 2014
- Management costs will need to be reduced by more than 45% over the next three years
- HealthWatch England will be created as a new independent consumer champion within the Care Quality Commission.

Following the publication of *Liberating the NHS* there will be a period of engagement both on a national and regional basis on the key issues, proposals and reforms. Draft legislation will go to Parliament in the autumn and, subject to parliamentary approval, the Bill could receive Royal Assent by summer 2011.

Download this document at: <http://www.swdc.org.uk/silo/files/equity--excellence--liberating-the-nhs.pdf>

National Project to end September 2010

With the retirement of Yvonne Stoddart and Malcolm Rae, Paul Rooney has continued as Acute Lead on a part time basis. The Acute Care programme has continued to work with SHAs to develop and embed the work around the Acute Care Declaration and finish any outstanding projects before the end of September. At present the existing resources, including the [Virtual ward website](#), will continue to be available and maintained as a central resource to regional and local networks. However, we are exploring options to ensure the Virtual Ward continues beyond the National Acute Care Programme and changes outlined in the White Paper.

The minutes of the National Acute Care Project Board meeting on 16th June 2010 are available at: <http://www.swdc.org.uk/silo/files/acute-care-minutes--june-2010.doc>

Acute Care Programme website (including Virtual Ward)

For an update on all that is new concerning acute care, including a national newsletter and pod cast, go to the NMH DU Acute Care Network and website, including an updated Virtual Ward (VW) website. <http://www.acutecareprogramme.org.uk>

To ensure the Virtual Ward (VW) is relevant to everyday practice we are very keen to obtain further examples of good practice from you and your team which could be used to refresh the website.

If you or your teams have any positive examples you would like to share within the VW, click the link below, fill in your details, upload the document(s) and press the submit button.

http://creator.zoho.com/simonnpearson/virtualward-resource-submission/form-perma/Virtualward_Resource_Submissions/

I would be grateful if you could circulate this to all your teams and retain this link for any future postings you may have as we wish to maintain a constant supply of fresh examples – which I know is out there in the South West!

New and up and coming publications

“Acute Integrated Pathways”

Due out shortly, “Acute Integrated Pathways” will be available in a booklet. The publication aims to help trusts develop integrated acute care pathways based on evidence based steps; and assist PCT Commissioners in identifying what could be expected at each stage of an acute pathway. The document has been delayed to ensure it is relevant to the health priorities of the Coalition Government.

‘Web Based ‘Pocket Guide for the Management of Dual Diagnosis across the Acute Pathway

This is a collaborative project being undertaken jointly by PROGRESS (National Consortium of Consultant Nurses in Dual Diagnosis and Substance Use) and Acute Care Nurse Consultants. Aims to produce an easy to read and use, clinically relevant pocket guide to managing key aspects of ‘dual diagnosis’ (mental ill health and substance use) in acute psychiatric care settings. The guide aims to promote good practice by directly linking information about best evidence based dual diagnosis interventions to stages on the Acute Care pathway with the aim of embedding what is often perceived as specialist work into routine clinical practice.

The ‘pocket guide’ will be relevant across all types of acute mental health setting: crisis resolution, home treatment and inpatient settings. It is aimed at all staff working across the acute care pathway and will be distributed via the National Acute Care Programme, South West Development Centre and PROGRESS websites and through the work of individual members of PROGRESS and the Acute Care Nurse Consultants group, and negotiations are taking place to link with other fora and relevant practice based websites.

The Triangle of Care - Carers Included: A guide to best practice in acute mental health care. Local Carer representative Alan Worthington has prepared an excellent guide for health professions. This joint publication from the National Mental Health Development Unit Acute Care Programme and The Princess Royal Trust for Carers was launched at the **House of Commons** on the 28th July. The event was hosted by Tony Baldry MP, joint chair of the All Party Parliamentary Group for Carers.

This document can be downloaded at: <http://www.swdc.org.uk/silo/files/triangle-of-care.pdf>

‘Getting the Medicines Right 2’.

The document will focus upon improving medicines management within Crisis Resolution Home Treatment Teams It is intended that the final document will be completed and ready for launch at the College of Mental Health Pharmacy Conference (October 22 - 24th).

This newsletter was prepared by Alan Howard. **Please contribute your examples of local Good Practice for the next newsletter.** If you would like to contribute or promote a local good practice initiative please e-mail Alan Howard Nurse Consultant & SW Acute Development Consultant at alan.howard@dhft.nhs.uk or alternatively check out our new interactive South West Development Centre website at <http://www.swdc.org.uk>