Service User Involvement History

- **Strategic Health Authority area: The Peninsula**
- The Peninsula Strategic Health Authority brings together 3 existing health authorities; Cornwall, North and East Devon and South and West Devon.
- **Cornwall
  Context**

- Much of the user involvement work is done through the Cornwall Mental Health Forums that are co-ordinated by a mental health co-ordinator.
-
  Local Implementation Team

- There is currently one county-wide local implementation team that has one service user and a service user 'representative' on it. There is a plan to set-up a service user reference group to inform and provide a more structured mechanism for involvement. **User Development Workers**
- The Mental health co-ordinator has a much wider brief than user involvement but until the creation of a separate User Involvement Worker post the co-ordinator fulfilled this role as well. The Mental health co-ordinator post is funded by the Health Authority and Social Services and employed by the Cornwall Rural Community Council, an independent charity. There is now also currently a dedicated User Involvement Worker in post.
  Other information
  The worker supports and co-ordinates six district user forums across Cornwall. These are open meetings for people with mental health issues to look at mental health services. These forums:
- " provide statutory services with views about services and with representatives for working groups, etc.
- " monitoring and review of services.
- " provide independent visiting of in-patient units to talk to users about user forums, etc and to talk about their experiences on the acute wards. Those doing the visiting get together with staff from the units to review guidelines and information leaflets. Each in-patient unit now has a set of guidelines. On a practical level there is an impact as user visitors feed back about, for example, lack of locks on shower doors and things get done. The user co-ordinator supports the user visitors.

Examples of best practice part 1

1 SANCTUARY

In response to users reporting that they were often admitted to psychiatric in-patient units because there was no alternative the user co-ordinator met over 130 users around the county to ask what such an alternative would be, for whom and for how long. It came to be defined as "time-limited time out in a safe non-medical environment to prevent further deterioration and to begin recovery". There will be three components: " a safe house with workers employed by the Rural Community Council
" a budget held by each of the Community Mental Health Teams to buy individual sanctuary packages in a chosen place detailed in the care plan and used when the user decides it is needed
" host families to be recruited and trained
Sanctuary is for people with care plans who are known to the Trust and the time limit initially is two weeks. Halfway through the placement each user will fill in a self assessment and then again about a month later to see if it has been useful.
The full Sanctuary budget in 2001/02 will be £170,000.

2 NIGHTLINK

The out of hours service in Cornwall, developed with user input, will have three components:
" Nightlink. This is a telephone helpline, funded by the Health Authority, offering support and listening. Volunteers work from their own homes and each volunteer has access to a supporter when on duty. It operates Friday, Saturday and Sunday nights at present with one volunteer and one supporter per night. Expanding the service will depend on recruiting and training more volunteers.
" Specialist telephone advice services for users and carers (nurse staffed) from 8.30 p.m. to 8.30 a.m.
" Face to face contact. People on enhanced care plan will be able to get a home visit if there is something they cannot manage until morning

3 USER LED SOCIAL CLUBS

There are three social clubs in Cornwall **funded by Social Services** and open for limited times. Each is run by volunteers who use or have used services and have between 8 and 25 fellow users attending, most with well established mental health issues. Users design the rules and guidelines and users hold the budgets.

4 USER EMPOWERMENT GRANTS
Small individual grants are available to service users, for example for swimming pool tickets, art materials, tractor driving lessons.

5 ASSERTIVE OUTREACH TEAMS
Each of the three planned Assertive Outreach teams has made a commitment to employing workers with experience of using mental health services.

6 MENTAL HEALTH SERVICE DIRECTORY
A free publication on mental health services in Cornwall.

Lessons Learnt

" Employing a user co-ordinator allows for continuity, provides support for groups when needed, co-ordinates training and recruitment of volunteers, etc.
" Recruiting volunteers and user reps and supporting people to cope with complex meetings can be very difficult but success encourages people.
" Getting payments for users above expenses is still a problem.

Issues to consider

" As with many areas there is increasing calls on service users to get involved and there is a need to continually engage with new service users and enable more service users to become involved to share the load".

Independent Service User Involvement

- Developing meaningful service user-involvement is a long-term process.

- Time should be allowed for service users to be supported in developing an independent user-led agenda.

- Otherwise there is a danger that service user involvement becomes primarily a tool for meeting the consultation needs of service providers.

Long term Adequate Funding

Funding for mental health service-user involvement needs to be adequate (taking account of development and running costs in addition to staff costs) and supported through long-term sources that afford stability. Time spent securing further short-term funding detracts staff from service development and delivery.

The value of the Project Worker

It is evident from the past and in other area's that where contact has been made and relationships developed by project workers The Forums will once again become a focus and catalyst for mental health Service User Involvement.

Proposal to get us back on the road

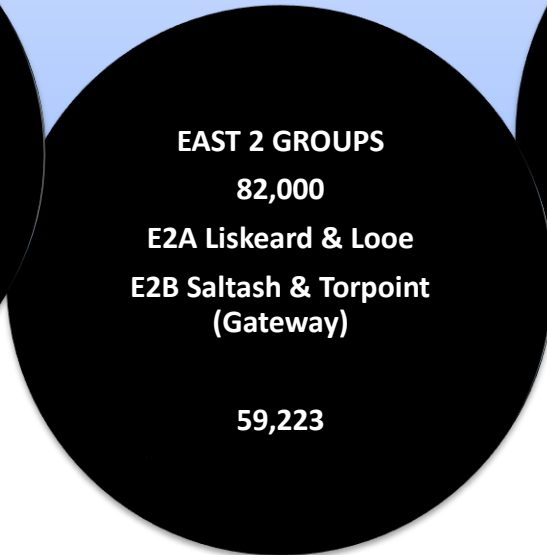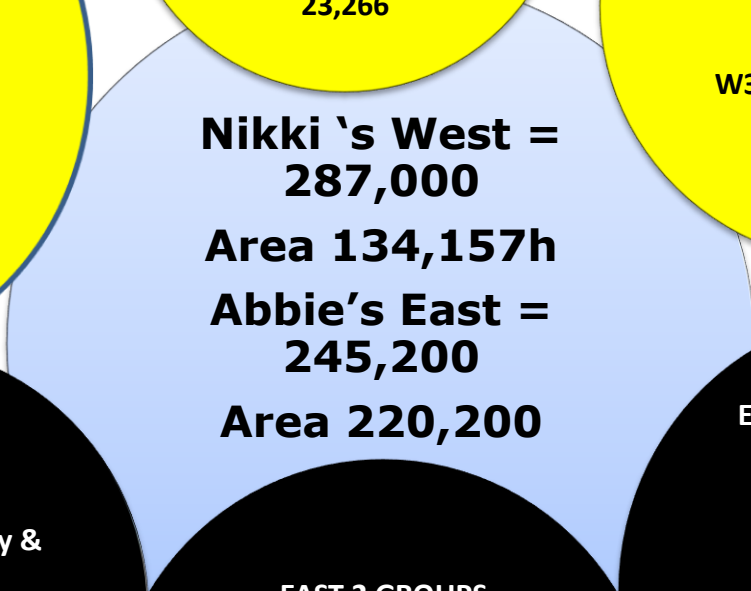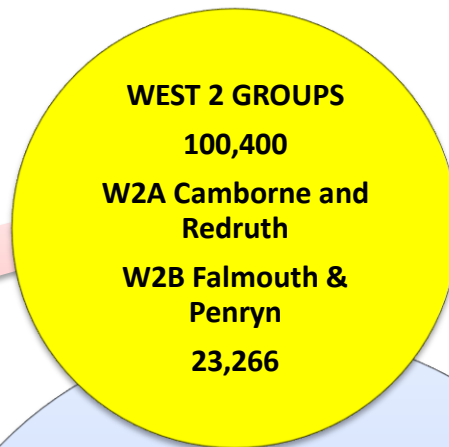It was two years ago when this proposal was first put on the table.

Yet we still find ourselves without a structured Service User Led Involvement Group.

We cannot go on like this, we have lost a lot of services through not being organised and involving as many service users as we can. We are also letting down fellow Service Users.

Each Service User has different needs, in fact we are all unique, so really there is no one solution . The thing we must be aware of..... Not to discriminate.
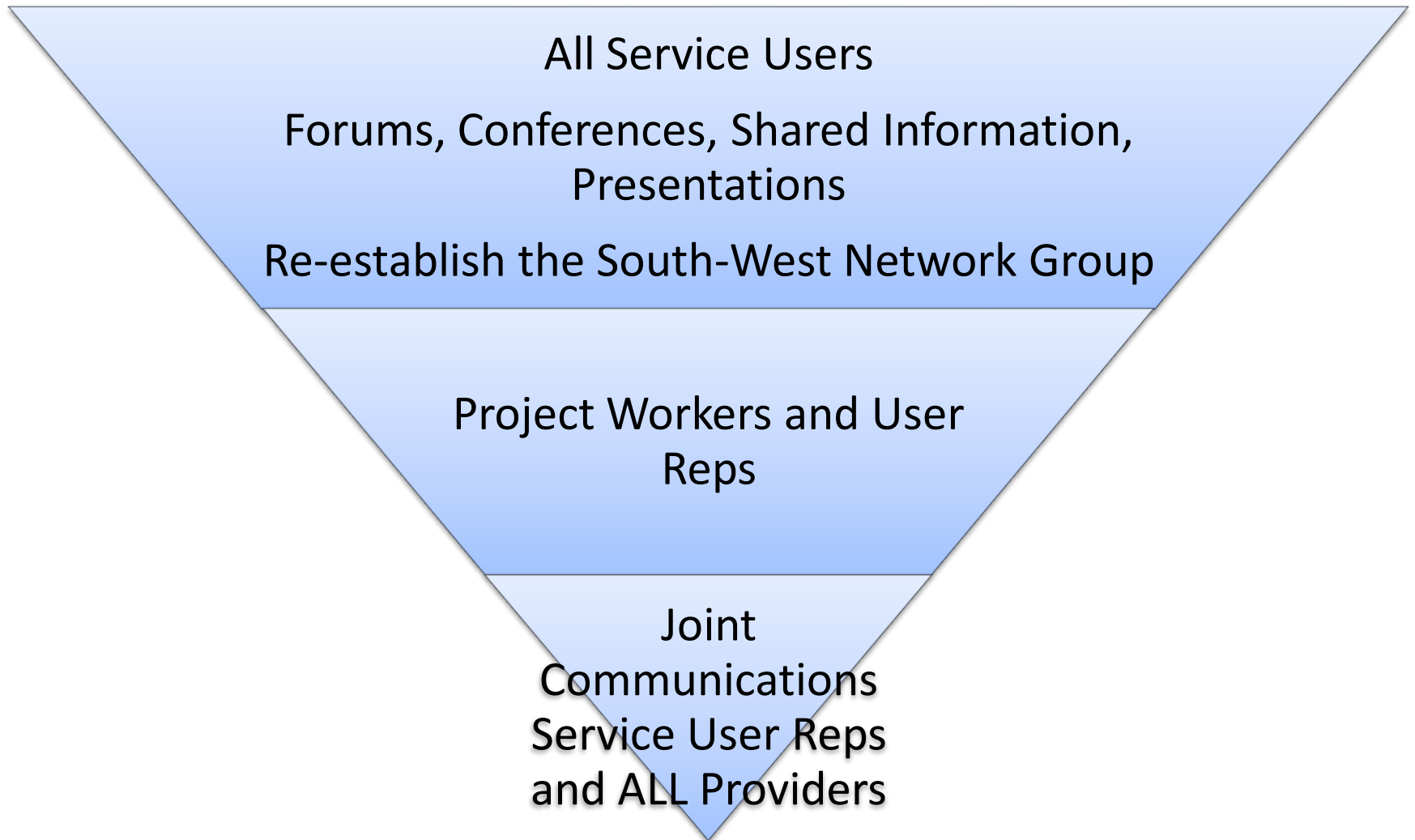
With returning to a tried and tested method of building from the roots, at least we are doing something. DOING NOTHING ISN'T AN OPTION.

Jump in with questions or ways too improve the proposal.

WEST 2 GROUPS

100,400

W2A Camborne and Redruth

W2B Falmouth & Penryn

23,266

WEST 1 GROUPS 97,900

W1A Penzance, Marazion, & St.Just

W1B Hayle & St Ives

W1C Helston & Lizard

59,240

WEST 3 GROUPS

88,700

W3A St.Agnes & Perranporth

W3B Newquay & St.Columb

W3C Truro & Roseland

52,011

Nikki 's West = 287,000

Area 134,157h

Abbie's East = 245,200

Area 220,200

Layout of Cornwall Network. Using Community Networks

EAST 1 GROUPS

76,000

E1A St.Blazey, Fowey & Lostwithiel

E1B St.Austell

E1C China Clay

41,341

EAST 2 GROUPS

82,000

E2A Liskeard & Looe

E2B Saltash & Torpoint (Gateway)

59,223

EAST 3 GROUPS 87,200

E3A Launceston

E3B Bodmin

E3C Camelford

E3D Wadebridge & Padstow

E3E Bude

119,514

Total inclusion with two way communication

All Service Users

Forums, Conferences, Shared Information, Presentations

Re-establish the South-West Network Group

Project Workers and User Reps

Joint Communications Service User Reps and ALL Providers

Administrator works for the network

Administrator available to Mental Health Project staff and Service User reps.

Administrator's function

- 1. To be the co-ordinator of all groups and a contact point.

- 2. To receive requests from partnerships and to pass on to the relevant Project Worker or Service User

- 3. To chase up late reports and to pass on reports to relevant persons or partnerships.

- 4. To keep a diary of all requests and meetings, making sure everyone is informed, to make sure reports are prepared and sent back to the originator of the request.

Expectation of Project Workers

- Project Workers are expected to work on their own initiatives along with the service user, (vice facilitators).

- Able to work with all service users, carers, providers, charities, self help groups.

- Will be expected to help to set up and monitor, forums, self help groups, able to encourage capacity building of Service User Involvement within their area.

- To work closely with the other facilitators to both encourage and enable service users.

- Work closely with the administrator to make sure requests for service user involvement are acted upon and reports returned.

Qualifications of Project Workers

- The main qualification is someone who is or has been a service user or Mental Health professional in the last ten years. Who has good empathy to all persons, non-judgemental.

- Project Workers would be expected to already have or will be willing to attend training courses in basic mental health, counselling, advocacy, people and communication skills.

- Plenty of energy and vision, able to work along side of Service Users.

.

Selection of Project Workers

- The positions will be advertised to all service users and ex service users (up to 10 years), Where no such Service User is available, then it should be open to a Mental Health professional.

- Actual job descriptions need to be put into place (maybe with the help of Unison). Service users will have an input into the interview process.

- Service Users who wish to sit on the final panel, must be trained in interviewing techniques, should you need training, then please let CRCC office know.

How do we know if things are right?

- A monthly meeting would take place with the Project Workers and Service User Reps.

- At these meeting, all activities of each area would be looked at, looking at best practice. Any area which seems to have an issue, all facilitators would give support to build up capacity. The network itself will be self monitoring. Only when the network believes they cannot resolve an issue, the escalation procedure will come into play. (to be written and agreed)

How do we move forward?

- We need you! Yes you! If you have an interest in any aspect of Emotional and Mental Health. Then we need your input with the building of a new Service User Involvement Network. We have the Project Workers in place. The next step is for the people who are known to the project, to show an interest of either building the East or West Forums and to set up a series of Forums, with top speakers and social events to bring more users on board.

- So please join us in helping everyone.

The Beginning

This is the end of the Presentation.
Now Over to you.