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CENTRE FOR  
MENTAL HEALTH



# AMHE Learning Set 6

## Welcome!

23rd January 2023

11:00 – 15:00



# Housekeeping

- A fire alarm test is planned for 11am.
- Toilets are located to the right of the lifts on level 1 (men's and women's toilets) and the ground floor (gender neutral toilets and disabled toilets).
- Lunch will be from 12:30 – 13:15 and will be served on this floor (room 1.6).
- Room 1.1 is available if anyone needs to take a break at any point or needs some quiet space (just outside the main auditorium).





- We will be live tweeting this event so you may see the QI coaches on their phones or laptops during some sessions. Please also find and follow us **@NCCMentalHealth** or search for **#AMHE**.
- We encourage use of Twitter and social media to share the work that you are doing throughout the collaborative.
- However, we kindly ask you not to tweet people's names, photographs of people's faces or their talks without their permission.

**Thank you!**



# Agenda

Time	Item	Speaker
11:00 – 11:10	<b>Welcome and introductions</b>	Dr Lade Smith, Clinical Director, NCCMH & President-elect, Royal College of Psychiatrists
11:10 – 11:20	<b>Getting to know each other</b>	All
11:20 – 11:40	<b>The development of AWP AMHE dual diagnosis group</b>	Avon and Wiltshire Mental Health Partnership (AWP) NHS Trust
11:40 – 12:30	<b>Co-production workshop: Relationships</b>	Mark Farmer, Patient and Carer Representative, NCCMH
12:30 – 13:15	<b>Lunch</b>	
13:15 – 14:15	<b>Testing ideas in AMHE: from concept to action</b>	Norfolk and Suffolk NHS Foundation Trust; Somerset NHS Foundation Trust; Pennine Care NHS Foundation Trust
14:15 – 14:55	<b>Next steps for our project and connecting with others</b>	All
14:55 – 15:00	<b>Feedback and close</b>	Dr Amar Shah, National Improvement Lead, NCCMH
Time	Optional drop-in sessions	Facilitators
From 15:00	<b>Wave 2 teams</b>	QI coaches: Clementine Fitch Bunce, Adele de Bono, Aarti Gandesha
	<b>Reflecting on the day</b>	Mark Farmer, Patient and Carer Representative; Rosanna Bevan, QI Coach, NCCMH

# Reflections on first year

## Norfolk and Suffolk NHS Foundation Trust

- Community engagement events to speak with black men and their families about accessing mental health services, their experiences and where they seek support
- Offering mental health awareness sessions for refugees in Norfolk, in a range of languages
- Continuing outreach clinic for refugees in Norfolk, with the potential to introduce a clinic in Suffolk

## Somerset NHS Foundation Trust

- Visits to Traveller site to build trust and understand needs
- Collaborating with key voluntary sector organisations that support the farming community
- Coffee morning sessions in Henley to support wellbeing and reduce isolation in rural community

## Mind in Kingston

- Engagement with Korean community in Kingston to increase access to Mental Health services and increase mental health awareness.
- As part of existing 'Magpie' project, Created drop-in session at Café to provide a space for social contact and raise awareness of the mental health support Mind offer.
- Publicity created through local Korean newspaper, outreach work with other community organisations and creating signage

# Reflections on first year

## Mind in Tower Hamlets & Newham

- Engagement with Muslim women in Tower Hamlets, Newham and Redbridge to increase mental health awareness and support
- As part of existing 'Sakinah Our Voices' project, created sessions to provide a space for social contact and raise awareness of the mental health support Mind offer.
- Publicity created through mosques, outreach work with other community organisations and creating materials to share

## Herefordshire and Worcestershire Health and Care NHS Trust

- Identifying needs of community via staff drop in events
- Coproduced a community engagement survey to be shared by local charities and organisations, and by attending local agricultural and farming events



# The AMHE Collaborative Evaluation

## 1. Characterisation of services/organisations

- Data collected via a proforma at specific timepoints throughout the collaborative.
- Qualitative data collected from staff, service users and carers

## 2. Evaluation of objectives

- Content analysis of 'Driver Diagrams' created by teams
- Initial and final range of targets identified and analysed



### 3. Process evaluation

- Validated Questionnaire
- Survey
- Qualitative measures (interviews/focus groups)

### 4. Analysis

- Descriptive and qualitative analyses of data (quantitative analysis where possible)

### 5. Evaluation of individual services and organisations

- Measures at the individual service/organisational level will vary depending on the service's identified inequalities, aims and change ideas.



Throughout the learning set, we will be displaying the **RESULTS FROM THE FIRST 'SNAPSHOT'** of the evaluation.

Results from focus groups and interviews will be conducted at the later stages of the collaborative.

**If you have any questions about the evaluation, please contact:**

[Viviana.Aya@RCPsych.ac.uk](mailto:Viviana.Aya@RCPsych.ac.uk) or [Laura-Louise.Arundell@RCPsych.ac.uk](mailto:Laura-Louise.Arundell@RCPsych.ac.uk)



# Welcome to wave 2 teams

Northamptonshire  
Healthcare NHS  
Foundation Trust

Greater Manchester  
Mental Health Trust

Lincolnshire Partnership  
NHS Foundation Trust



 #AMHE



# Getting to know each other





# The development of AWP AMHE dual diagnosis group

Avon and Wiltshire Mental Health Partnership NHS Trust

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# AHME Project – Dual Diagnosis

An integrated approach to treatment across our system

The AWP logo, featuring the letters 'AWP' in bold black font inside a white oval with a multi-colored border.

**AWP**

# Aims of the presentation

## Our Journey so far....

- Setting the scene
- How we engaged the team: connected across the system
- Our (draft!) direction of travel
- Involvement/co-production
- Our learning so far: top tips and barriers



# Our Journey so far.... **Setting the scene**

Initially a small group of AWP staff from the Specialised Locality came together to agree the first step:

Need for involvement from localities/stakeholders across the system:

AWP: Deputy Directors of Nursing/Heads of Operations for each locality (n=9) contacted requesting involvement from:

- a senior manager;
- Involvement lead; and
- Staff passionate about working with this client group.

Contact made with stakeholders across the system, asking everyone involved to contact others about being involved.



# How we engaged the team: connected across the system

- **Networking:** We contacted our colleagues and partners in services locally about the project. They then contacted their partners and colleagues.
- **Partnership:** Not sure how to do this differently! We work in partnership currently to provide services in multiple areas geographically/specialties.
- **Presentations:** Provided e.g. Health Integration Partners & Dual Diagnosis multi-agency meeting. Initially done by the lead, now other group members planning presentations to other groups.
- **Flexibility:** not everyone has to come every time (critical mass).
- **Sharing information:** Letting others know what is going on in the meeting.



# How we engaged the team: connected across the system

- **Positivity:** Around the project and the way forward, something that can make a change – bigger than one situation.
- **Prioritising time:** somehow! “Service Improvement is my job” (Nicola).
- **Clear Actions:** A clear vision/actions key (how things fit together).
- **Shared hopes:** of what the meeting could become (e.g. a network). The outcomes, the learning that from the project to inform future work.
- **Integrated Future:** We spoke about our service and goals, how each service meets these. Our resources/data currently and integrated hopes for services moving forward – holistic care. Shared passions/frustrations!



## Our (draft!) direction of travel

- **No wrong door:** What does this actually mean operationally and what is the first step?
- **Not falling between the gaps:** What does this look like? How would this be experienced by service users, carers and staff? What are we trying to achieve and what is the first step?

We are at the start of the process currently, drawing together existing resources e.g. existing evaluation/research results/data, evidence base (e.g. current drivers nationally) and continuing to advocate for this client group. Who are our partners across the system?



# AMHE Project – Dual Diagnosis:

## Involvement & Coproduction

# Involvement/Coproduction

Within AWP we utilise role descriptions for our involvement projects. These descriptions help us to:

- Provide a background to the project
- Outline the initial thinking and initial objectives (these are initial outlines when thinking of coproduction)
- Any particular experience needed to get involved
- Who is the staff lead
- Start and End dates
- Who will provide those involved with support *e.g. pre-meeting catch up or debrief*
- What areas of the Trust it will cover
- The Payment level (explained further on)

We created the role description and are lucky that we have a really fab Expert by Experience who has joined us in our Project.



# Role Description



## AWP Involvement/Coproduction

<b>Project</b>	Advancing Mental Health Equalities – Dual Diagnosis Project
<b>Origin</b>	Royal College of Psychiatrists' National Collaborating Centre for Mental Health (NCCMH) lead project within Avon and Wiltshire Mental Health NHS Trust
<b>Objectives</b>	<p>The aim of the collaborative is to advance equality in mental health services and address the systemic inequalities that people face. This project will be focussing on the inequalities felt by those accessing services with what is known as a 'Dual Diagnosis'. A 'Dual Diagnosis' is someone who not only has a mental illness, but they will also have drug and alcohol misuse.</p> <p>The project group are looking for a Service user who identifies as having a history of Drug and Alcohol use, with poor mental health to join our project group to help us shape, help us to identify our objectives and action plans.</p> <p>Meeting monthly for one hour, 1<sup>st</sup> Tuesday of the month planned. However, this may fluctuate as the project progresses.</p> <p>The project group will be attending events in London at the Royal College of Psychiatrists. These events are called 'Learning Sets' and we would ideally like all of our project members to attend these sessions.</p>
<b>Date</b>	Commencing Tuesday 6 <sup>th</sup> Dec Initial meeting
<b>Project end date (if known)</b>	
<b>Reimbursement payment/level</b>	£18/hour + travel expenses (attending face-to-face meetings and any Learning Sets).
<b>Involvement</b>	<p>Lead: Emma Griffith</p> <p>LIC: Stephen Budd and Nicola Burchill</p>



**Background**

A national quality improvement (QI) programme led by the Royal College of Psychiatrists' National Collaborating Centre for Mental Health (NCCMH).

The aim of the collaborative is to advance equality in mental health services and address the systemic inequalities that people face.

AMHE Collaborative Overview 2 (002).pdf



# Reimbursement for Involvement

Reimbursement of Involvement Expenses Policy			
Board library reference	Document author	Assured by	Review cycle
P152	Head of Patient Safety and Patient Safety Specialist	Finance and Planning Committee	3 years

This document is version controlled. The master copy is on Ourspace.  
Once printed, this document could become out of date.  
Check Ourspace for the latest version.

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Reimbursement of Involvement Expenses Policy | Expiry date: 30/08/2023 | 1



Microsoft Word  
Document

[Involvement Expenses & Payments Policy \(awp.nhs.uk\)](http://awp.nhs.uk)

Reimbursement of Involvement Expenses Policy

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## Payment of Involvees

Avon and Wiltshire Mental Healthcare Partnership NHS Trust (AWP) recognises working collaboratively with service users, carers and the public to be central in the way that we work. We are committed to ensuring the voices of involvees are at the heart of shaping our healthcare services. We work in partnership with involvees, utilising their unique skills, experiences and insights to aid continual quality improvements and better standards of care.

We are committed to working towards full co-production. Our aim is for the people supported by our services to be involved and have a meaningful say in decisions throughout the organisation, at all levels - 'from ward to board'.



# Payment Structure

Levels 1 £9hr* + Expenses	Types of Involvement	Recognition
Active Engagement	Attending local service user and/or local carer forums. <i>Please note, there may be local exceptions, including joint stakeholder forums.</i> Working groups, focus groups or steering groups. Specialised services Hub meetings.	Sharing experiences, having a voice and feeling heard, influencing change and services at a local or Trust wide level.
Utilising personal perspective to provide feedback and influence change	Designing posters/promotional material. Reader's panel activities.	Aiding accessible information, having a voice, feeling heard and developing skills.
Involvee led quality improvement ideas/ proposals	Clinical supervision undertaken and recorded formally in line with Trust procedure. Clinical supervision must not be carried out by Local Involvement Coordinators (LIC's)	Identifying personal development opportunities. Receiving an acknowledgement in writing.



Levels 2 £12hr +expenses	Types of Involvement	Recognition
Representing others	Involves may be recruited for the relevant activity based upon specific experience and expertise. These types of involvement opportunities may also require additional training to meet the skills and input requirements of the roles.	Involvement ID badges.  Embedding the importance of involvement in staff culture at all levels.
Collaborative project work, based on quality improvement or service design; including decision making and shared responsibilities Formal assessment of services	Chairperson or minute taker for formal service user or carer forum/group meetings. Representing peers at the Acute Care Forum. Research & Development Committee meetings and activities. Carrying out Patient-Led Assessment of the Care Environment (PLACE) assessments and attending PLACE meetings. Triangle of care assessments.	Sharing experiences, having a voice and feeling heard, whilst influencing change and services. Support to gain knowledge, skills, confidence and leadership. Opportunity to develop team working skills and take responsibility for specific roles (i.e. chair, minute taker) within areas of interest.
Co-facilitating groups	Participating in recruitment and selection of staff interview panels and focus groups	References for employment.
Co-production (equal relationship)	Sharing personal insight and experiences of services with staff via informal learning sessions. Short term contracts for defined and specified projects (supported by locality management teams and/or corporate departments).	



Level 3 £18hr + expenses	Types of Involvement	Recognition
Leadership and strategic roles	Expert by Experience meetings and groups, working at a strategic level.	Involvee ID badge. Sharing experiences, having a voice and feeling heard, whilst influencing change and services at a strategic level.
Strategic focused activity and decision making	Co-production of a Trust policy for which a service user has a particular specialist interest	Embedding the importance of involvement in staff culture at all levels.
Using 'lived experience' in a teaching capacity	Taking an active part in reviewing outcomes associated with complaints panels, from a strategic perspective.	Active involvement in development, governance, delivery and evaluation of services.
Co-production (equal relationship)	Associate Trainers, Learning and Development (L&D), Co-facilitation of training for AWP staff (corporate induction and relevant training courses). Co-facilitation of training for service users, carers or external organisations (i.e. Recovery College). Giving specialist talks by invitation, related to specialist experience and interest. (minimum payment of £18 – i.e. if talk is for less than half hour)	Opportunity to develop leadership and strategic skills, within specialist areas of interest and experience. References for employment.



# Our learning so far: Barriers

**Availability of data:** our first recommendation!

**IQ project approval:** This has taken time, Rachel helped with this 😊

**Attendance at meetings:** this is varied; good to have a 'critical mass' rather than expecting everyone can attend.

**Time:** being able to prioritise this project in the current context.

## Barriers specific to Involvement:

- **Coproduction budget:** identifying this has taken some time (*Now identified*).
- **Payment:** Query around paying experts by experience getting involved from other organisations – *as lead organisation, is it AWP's responsibility?*
- **AWP commitment:** To making project (and all of the AHME projects are Trustwide projects) reflective/representative of the areas they cover.



## Our learning so far: Top tips

- **Co-leadership:** Senior manager/Service User Involvement Lead.
- **Just go for it:** We invited everyone (e.g. Lindsey taking it to the Dual Diagnosis integrated meeting) – to discuss/find way forward together.
- **Develop a large group:** Found a critical mass attends each meeting.
- **Use the meeting time to do the work:** We complete tasks e.g. this presentation! In recognition of our not having lots of time.
- **Shared hopes:** we have hopes beyond the project e.g. the group becoming a network to share good practice and updates.
- **Networking:** Joining together, talking, planning (shared passions/frustrations).
- **Linking up:** We are keen to link nationally with other Dual Diagnosis AMHE groups please 😊



Thank you

Any questions?





# Co-production workshop: Relationships

Mark Farmer

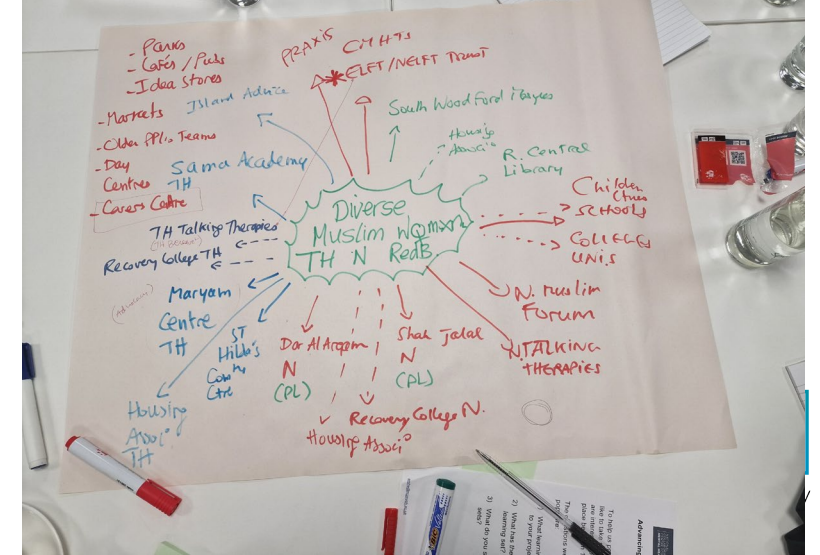
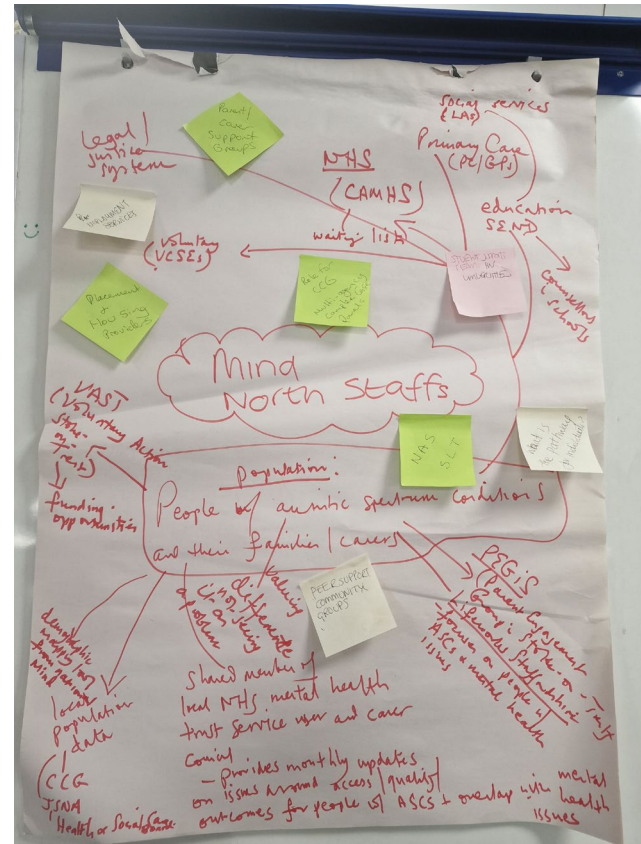
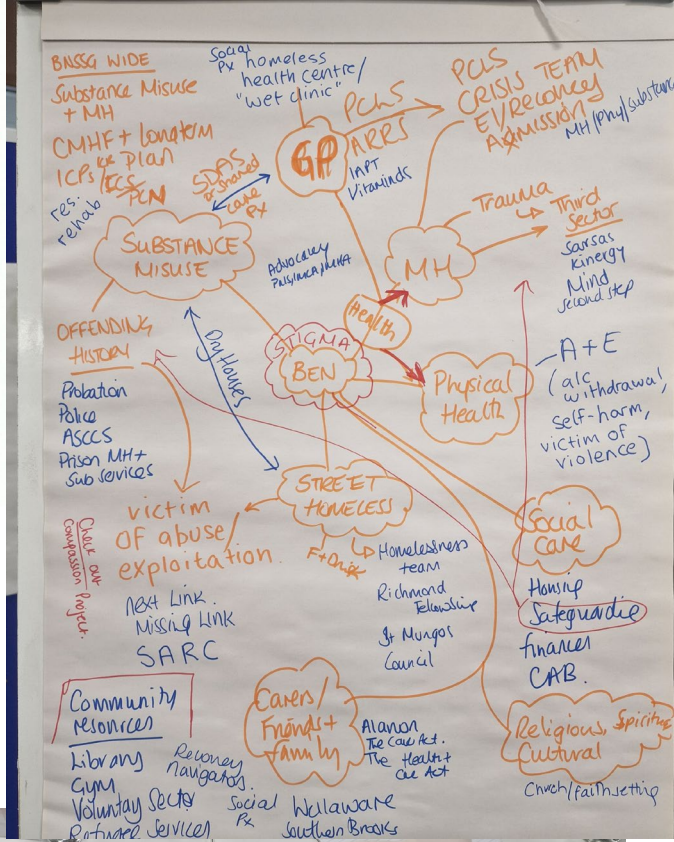
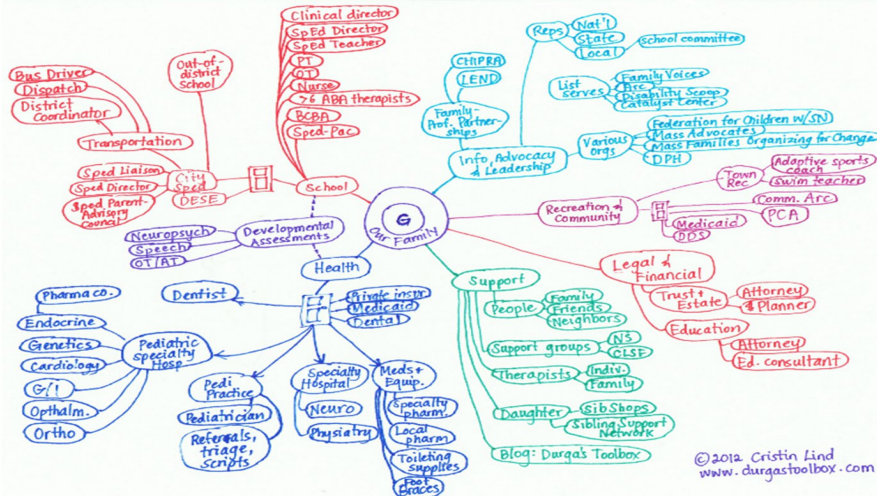
Patient and Carer Representative, NCCMH

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# Recap

- In the last learning set you mapped your assets
- What actions did you take away to engage with the assets/stakeholders you are already working with, and for those you were not yet engaging with, how have you engaged with them?
- We will consider how you can build relationships using the assets you have.



 #AMHE

# The importance of developing strong relationships with people and communities in co-production

“Strong relationships allow all partners to understand each other's perspectives, work together effectively, and achieve a shared goal of improving outcomes.”

- Having strong working relationships allows patients and carers to build trust with services, and feel comfortable sharing their experiences and needs. This in turn helps healthcare professionals to better understand the patient's/carer's perspective, so they can work together to design and deliver services that meet people's need. Trust between recipients of mental health services and providers of mental health services is often difficult and we will reflect on the barriers at the end of this session
- Having strong working relationships helps build a culture of continuous improvement, where patients and carers can provide honest and constructive services to work in partnership with people with lived experience to review feedback and identify areas for improvement and make changes to services that will improve patient outcomes.



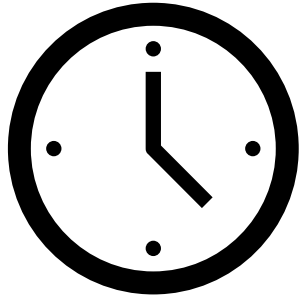
#AMHE



# The importance of developing strong relationships with people and communities in co-production

- Co-production happens well when relationships are formed on the basis of everyone being equal partners.
- Good relationships take time to grow! Think about how long it's taken you to build effective working relationships at work or how long it has taken you to build relationships with a close friend.
- There are often barriers to overcome when forming relationships in co-production. It is important to be aware of them and address them.





10 minutes

## A personal reflection on - How you built relationships with the following people:

- Your: Husband, wife, partner, girlfriend, boyfriend and your closest friends
- Your: Work colleagues



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Using the Mentimeter word cloud:

*Describe what are the key ingredients/  
elements that have made those relationships  
successful*

Please go to:

<https://www.menti.com>

enter code: **7700 9902**

or scan the following QR code:

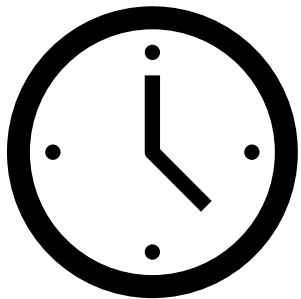


## Reflect on your AMHE work

For 5 minutes- Reflect individually on how co-production is going within your AMHE project work. Some questions to consider are:

- How are you going about building working relationships?
- Are people with lived experience being regarded as equal partners?
- What do you think some of the barriers in those relationships are?
- What can you do to address them?
- Who should take on this responsibility?

We would then like you to spend 25 minutes working on your tables to, initially talk about your reflections and then discuss how collectively to facilitate and support co-production forward in your AMHE work.



30 minutes



#AMHE



# Shared example of co-production and the relationships built within it

Dr Sarah Markham, Patient and Carer representative at the Royal College of Psychiatrists



#AMHE



**Any reflections?  
Any questions?**



#AMHE



# Lunch

12:30 – 13:15




 #AMHE




# Testing ideas in AMHE: from concept to action


## Group Start in room...

-  1.1 Coffee mornings in rural community to support wellbeing


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-  1.2 Women veterans: Barriers to accessing veterans specific services

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-  1.3 Improving access for Black men

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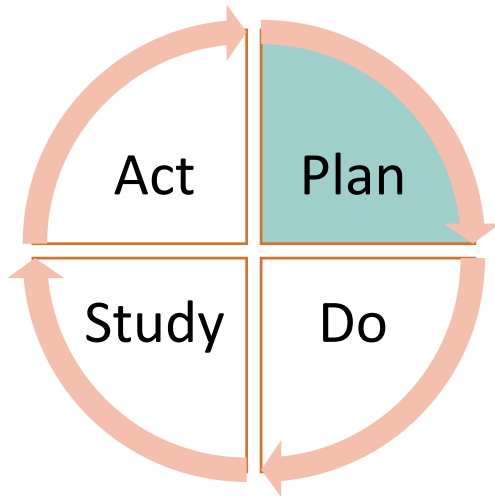
-  1.4 Refugees and Norfolk and Waveney

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## Next steps for your project

- Identify an idea your team can start testing
- Start planning how you will test the idea



What's your idea and overarching aim?

What can this idea help improve?

Who, what, where, when?

What do you think will happen?

Are there any barriers preventing you from testing?

How can you engage with community assets to help you begin testing?

What can you measure?



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# Feedback

- We value your feedback as it enables us to improve future AMHE events.
- Before we close today's learning set, please complete the online feedback form by scanning the QR code.
- We have some paper forms available for anyone unable to access the online form.

Feedback Form - AMHE Learning  
Set 23rd January 2023



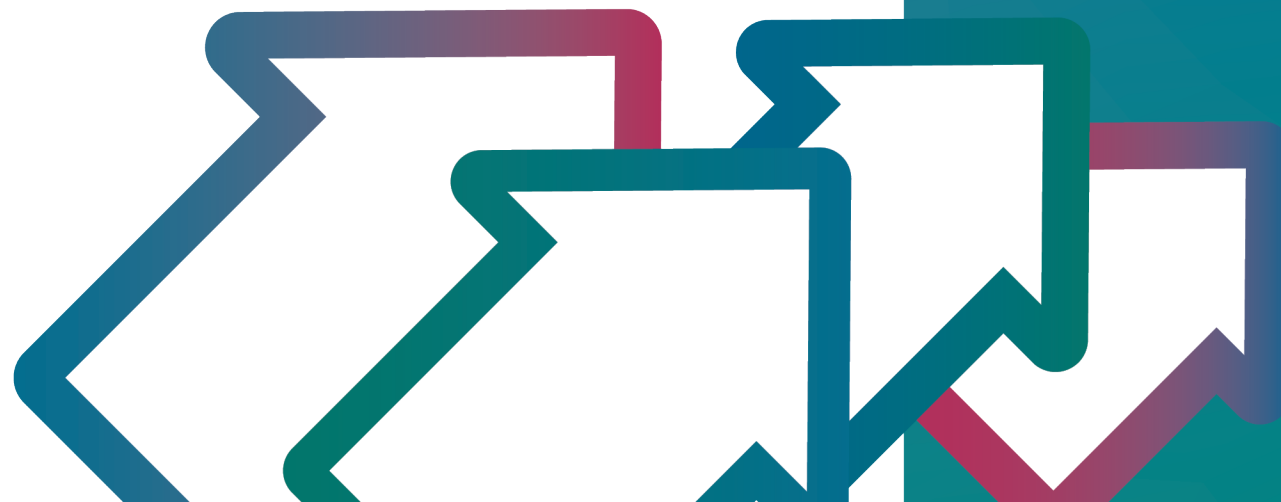
 #AMHE



# Optional drop-in sessions now:

Wave 2 teams - in here

Reflecting on the day- room 1.1





# Close

Dr Amar Shah, National Improvement Lead, NCCMH

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