

Delivering for Mental Health Leading Change

INPUTS FROM FORTH VALLEY @ 30 March 07

1. Project Description from Application Form

INTRODUCING THE RECOVERY APPROACH

A key component of the NHS Forth Valley Healthcare Strategy is that of developing a new model of care for our Acute In-patient services. This has progressed with the centralisation of Acute wards and the Intensive Home Treatment Team (IHTT) on one site with a view to moving to the new hospital in Larbert in 2009. This new model of care includes the adoption of a Recovery Approach. Following wide consultation with key stakeholders on the model of care, there is cross-agency support for developing a Recovery Approach across the whole system, with an immediate focus on Acute Services.

The main objectives of the project would be to effect a culture change within the Acute Services:

- To agree with key stakeholders the Recovery Approach best suited to Forth Valley
- To articulate what this would mean in practice in terms of behaviours, systems, processes and the patients experience of care.
- To implement a range of evidence based change interventions:
 - Values-based training, involving service users and their carers
 - Leadership skills development
 - Team-based training
 - Team-based and user & carer 'change champions'
 - Working at every level within the service to challenge a 'risk-averse culture'
- Working with multi-agency teams and groups to implement the approach
- The use of a range of culture measurement tools, including the Recovery Audit Tool being devised by the Scottish Recovery Network
- The introduction of a Peer Support Worker at the outset, integrating the role into the significant change process
- The gathering and use of qualitative data through focus groups and interviews with staff, service users and their carers to assess the change in culture from baseline and along points in the change journey.

The project will be fully informed throughout by Organisational Development and Culture change theory, taking an Action Research Approach supported by Organisational and Service Development personnel.

The benefits of this project would include meaningful patient engagement in their own care, improving the overall patient care experience and the use of the experiences from the project to inform the development of the Recovery Approach across the whole system.

2. Additional Info submitted on 23 March

2.1 Sharing the learning

As you will see, the draft Project Plan includes the development of a Communication Strategy. The project will be written-up as an Action Research Project Report for wide dissemination to all partner

Delivering for Mental Health Leading Change

agencies in the existing Forth Valley network but there will also be a consistent and regular process of updating throughout the life-span of the project.

The final report will be taken initially via the Mental Health Strategy Implementation Group (or more likely its' replacement as we are reviewing our planning and delivery structure) but will also include the NHS Forth Valley Board, local CHP Committees and the Joint CHP Clinical Improvement Group.

However, a key aspect of sharing the learning for further development is to facilitate discussion with 'frontline' clinicians and other mental health workers to agree how we roll out the Recovery Approach in all areas across the whole system. This will require a significant amount of joint planning and will take account of the positive and more challenging aspects of the approach.

2.2 Project Plan – see below

NHS Forth Valley - Mental Health Services Recovery Approach Project Plan

Date	Action	Lead	Outcome	Evaluation/Monitoring
April – May 2007 (Phase 1)	<ul style="list-style-type: none"> ○ Recruit to National Mental Health Leadership Programme addressing the Recovery Approach Project. ○ Agree Leadership cohort as Project Steering Group. ○ Recruit to Recovery Project Manager post <ul style="list-style-type: none"> ● Achieve Agreement at Mental Health Strategy Group. ● Invite Scottish Recovery Network to provide an awareness-raising session for all key stakeholders. ● Agree a local vision for the Recovery Approach with appropriate stakeholders 	Graham McLaren: supported by; Morag McLaren, OD Advisor. Jan Jamieson, Service Manager, James Cassidy, Older Peoples Services Manager Stephen French, Senior Planner	<ul style="list-style-type: none"> ▪ Leadership Programme cohort recruited and committed to project. ▪ Project Manager recruited ▪ All key stakeholders involved will be fully aware of and understand the requirements of the Project 	<ul style="list-style-type: none"> ▪ Project proposal/ guidelines ▪ Opportunity for questions at Awareness sessions for key stakeholders
June - July 2007	<ul style="list-style-type: none"> ● Agree local Recovery Approach Implementation Project Plan ● Agree Recovery Approach Project Communication Plan ● Explore current project activity with Leadership Project Cohort/Steering Group. 	Project Manager, supported by; Graham McLaren Morag McLaren, Jan Jamieson James Cassidy Mental Health Leadership Cohort	<ul style="list-style-type: none"> ▪ Project Plan agreed ▪ Key Stakeholders up to date with progress ▪ All key staff involved, will be fully aware of and understand the requirements of the Project. ▪ Tools agreed to 	<ul style="list-style-type: none"> ▪ Project Plan ▪ Communication Plan ▪ Opportunity for questions at Awareness sessions for key staff in Adult Mental Health Acute wards ▪ Leadership Programme Action Learning sessions

ANNEXE 1.

Date	Action	Lead	Outcome	Evaluation/Monitoring
	<ul style="list-style-type: none"> • Commence awareness-raising sessions with Adult Acute Mental Health ward staff. • Hold culture awareness raising/discussion session with Division of Psychiatry. • Agree research-based culture change tools to be used in project. • Benchmark using National Recovery Approach Environment Tools (ROPI) • Agree Therapeutic Engagement Plan with AMH Care Group & User & Carers • 		<p>assess cultural change.</p>	
<p>August - September 2007</p>	<p>Develop a Recovery Culture in Mental Health Services</p> <ul style="list-style-type: none"> • Identify <i>Recovery Champions</i> in each ward area. • Provide training session in use of Culture measurement tools. • Liaise with NES re Recovery Approach training tools developed for use in service • Clarify current cultural response to Recovery Approach with Nursing/AHPs and Medical staff, patients and carers. • Provide Recovery Approach 	<p>Project Manager, supported by; Graham McLaren Morag McLaren, Jan Jamieson James Cassidy Mental Health Leadership Cohort</p>	<ul style="list-style-type: none"> ▪ Change Champions recruited. ▪ Current culture measured in Adult Mental Health Acute Wards ▪ Staff trained to use ROPI and other tools ▪ Preliminary identification of development needs for ward staff ▪ Steering/Leadership 	<ul style="list-style-type: none"> ▪ Quarterly Project Report. ▪ Project Plan ▪ Communication Plan ▪ Leadership Programme Action Learning sessions

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Date	Action	Lead	Outcome	Evaluation/Monitoring
	<p>discussion/awareness raising sessions with Stakeholders – implementation groups, patient groups, carers groups.</p> <ul style="list-style-type: none"> • Continue exploration of Approach & implementation via Therapeutic Engagement Group <ul style="list-style-type: none"> ▪ Produce and provide Quarterly Report to Steering/Leadership Group 		<p>Group will have an update on Project's activity</p>	
<p>October - November 2007</p>	<ul style="list-style-type: none"> • Develop strategies for involving users, carers and Advocacy in development interventions. • Identify and recruit Users & Carers to be involved in training activities. • Provide specific Recovery Approach Training for all Acute Ward <i>Recovery Champions</i>, involving users/carers. • Commence specific Recovery Approach Training for all Adult Acute Service Staff, involving users/carers. • Establish an audit process using National Tools (ROPI) • Provision of 'Recovery Values Approach to Care' for all Adult Acute Staff 	<p>Project Manager, supported by; Graham McLaren Morag McLaren, Jan Jamieson James Cassidy Mental Health Leadership Cohort NHS Education Scotland</p>	<ul style="list-style-type: none"> ▪ Users and Carers will be fully involved in project both within Steering/Leadership Group and training activities ▪ Appropriate training/development interventions will be implemented based on needs identified from Culture change/ROPI tool. ▪ Audit process in place to evaluate training & development interventions ▪ Risk Management issues identified, discussed and 	<ul style="list-style-type: none"> ▪ Project Plan ▪ Communication Plan ▪ Leadership Programme ▪ Action Learning sessions ▪ Audit process for training outcomes ▪ Report to Acute In-Patient Forum on Project status ▪ Presentation to Mental Health Strategy Group re project status

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Date	Action	Lead	Outcome	Evaluation/Monitoring
	<ul style="list-style-type: none"> • Clarify continued processes for professional support for clinicians in moving to a recovery culture • Support Service Management and Clinical Management Teams in managing risk and expectations related to service delivery. 		highlighted.	
December 2007 – June 2008 (Phase 2)	<ul style="list-style-type: none"> • Support the management of risk within the services by extensive Risk Management Training • Agree and present Project Plan for phase (2) of project. <ul style="list-style-type: none"> • Evaluation of culture change using agreed tools used in phase (1) • Extension of project to Old Age Psychiatry Wards • Phased extension of project to all Mental Health Services ▪ Explore and implement Care Partnership Peer Support mechanisms, including training of Users and Carers to develop their capability ▪ Present Phase (2) Project Plan to members of the Steering Group ▪ Present project status to Key Stakeholders 	<p>Project Manager, supported by; Graham McLaren Morag McLaren, Jan Jamieson James Cassidy Mental Health Leadership Cohort NHS Education Scotland</p>	<ul style="list-style-type: none"> ▪ Risk Management training needs identified and training progressed ▪ Phase 2 Project Plan agreed with Leadership/Steering Group ▪ Leadership/Steering Group will sign of new Project Plan prior to Leadership Programme completion in March 2008 	<ul style="list-style-type: none"> ▪ Project Report to: <ul style="list-style-type: none"> ○ Leadership/Steering Group ○ Acute In-Patient Forum ○ Strategy Group ○ Care Group

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