

**Voices 4 Wellbeing
Consultation findings of
the NHS Future Forum
Phase 2
Listening Exercise**

31st October 2011



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1. Introduction

An online survey was developed by Rochdale LINK for its members, in order to enable people to comment within the limited timescales available to contribute to the consultation. The information was circulated to all those LINK members and contact on email (approx 60%) and remained open for seven days.

The responses here therefore cannot constitute a full LINK response, as only a small number of people have participated. As such, this submission simply reflects the views of a select few participants. Much more time than was available would be required for the LINK to develop a more inclusive methodology, whereby a broader cross section of people could be involved.

Further, there has been no demographic information collected from the participants, so the 'profile' of the contributors is unknown.

2. Part 1: Educating and training of health and care professionals

2.1 What aspects of educating and training the health workforce need improving? In particular, what are the skills and behaviour that need more development?

- More solution/ recovery focussed attitudes. A more holistic and person centred approach to care. This needs to be offered in training for all psychiatric practitioners.
- The priority of caring for the patient in all respects.
- Mental health awareness is generally poor outside the specialism
- The aspects of empathy and understanding peoples individual circumstances need to be improved. Communication skills has a definite need for development.
- I have been involved with the Nursing Cadet Training scheme in Greater Manchester and have severe concerns about the calibre of recruits, especially the lack of emphasis on feedback from Practice teachers and mentors.

2.2 How should these improvements be made?

- More 'talking' to patients and service users as part of training programmes for all practitioners.

- Better 'hands on' training and supervision.
- By including mental health awareness in the core training of nurses, midwives, G.P.'s and consultants
- There needs to be more on the job examples and real life scenarios and outcomes brought to life.
- More emphasis on higher level standards especially on conduct in face-to-face situations in health delivery settings.

2.3 What would be the best way to feed the views and experiences of patients, service users and carers into the educations and training process?

- Offer mixed learning environments with service users, carers and trainees. Watch some of the video clips of a wide range of diverse people talking about their experiences. Lots of safe discussion. Allow trainees to share their own mental health experiences without stigma.
- A short questionnaire for patients and/or relatives to fill in JUST before the patient is discharged
- In partnership with the growing number of patient and mental health service user groups and forums locally and regionally. And NSUN nationally
- I felt the experience I had when my mother was dying was appalling and as a qualified nurse , I felt angry and wanted to express myself to training personnel. I found the whole experience draining and was too upset to take issues further, in retrospect I would do now.

- Confidential, anonymous feedback systems which will clearly contribute to the evaluation process. There is some public cynicism about 'consultation'

2.4 What works well already? What doesn't work?

- We offer accredited City and Guilds Mental Health learning to service users and staff (at Rochdale and District Mind. People with lived experience are then able to contribute positively to their workplace.
- Often feels that the computer reigns supreme and the patients needs a secondary. Computer great for passing information forward to other Health professionals .There can still be a breakdown in communication between the professionals.
- Little time shadowing excellent members of staff which is a role model approach to training.
- At professional level, I think there is adequate emphasis on Continuing Professional Development and monitoring of standards. This could be extended to direct patient care, communication and interaction.

3. Part 2: Information

3.1 What information about health and care do you need and in what form? What kind of information would help you to take more control and have a bigger say?

- Question asked which Hospital would you choose? As there doesn't seem to be any handy info on other Hospitals how do you know?

- We need to know what services are provided, who they are aimed at, who provides them and who funds them. Otherwise it's a minefield.
- Easy to read, easy to understand list of services. Commissioners especially seem remote from everyday life.
- I want clear answers to queries. When I am given information I want to assess it as clearly as I can. Recently I have felt that there has been a tick box approach, that decisions have already been made regardless of the public view.
- In general there is adequate information, health care professionals tend to make sure that aspects of care are explained. This is particularly good for dental care and when prescribing. In my experience the point of referral to other services/personnel is not fully explained.

3.2 What help do you need to make best use of the information out there?

- Simple straight forward language with a glossary of any terms used in a report.
- More specialist information and advice workers.
- No jargon. Clear and concise information. Clear and concise explanations of policies, decisions and services.
- Clear explanatory format.

- A simple written explanation of what services are where and for what - many services are closing and new ones open which is confusing.

3.3 How should services communicate with you? How do you want to communicate with them?

- A personal conversation is always the best so that questions can be asked.
- One to one is ideal. Straightforward factual leaflets are good. Some are excellent.
- Clear writing and speaking in layman's terms. To many ports of call for information.
- I feel individuals should be listened to rather than blanket road show.
- Communication would be useful at key age stages e.g. starting/leaving school, work related, menopause, retirement. Also local services - the new dual purpose centres and what is available.

3.4 What works well already? What doesn't work?

- Booking system seems to be much improved but waiting times can still be very long.
- CAB needs to be extended and better resourced.
- Information should be targeted at different groups as the need is required.

- Less reliance on leaflets and written information, more face-to-face explanation.

4. Part 3: Joined up services

4.1 Do health and care services join up well enough?

- No
- Emphatically not! Especially for people with mental health problems, there's a lot of argument about what is health provision and what is care. What we need are holistic services providing support as well as treatment. The two should go hand in hand.
- Not at all unless you have a care trust plus area
- No
- No. Preventative services should be more available and understood by some health professionals.
- Not always, inter-service communication is not consistent in my experience
- Not always.
- No - but the Health & Social Care Bill is going to make that much more difficult due to the encouragement of a plurality of providers

- some of which will be focused on making profit for their own shareholders rather than what's best for patients.

4.2 What could be done to give people a seamless service?

- More contact between different departments
- Funding needs to be provided for joint working between health and local authorities otherwise they are forever passing the buck, especially now with pressure on everyone to make savings.
- One public service offer such as the one they are heading to in Blackburn with Darwen.
- Pooled budgets, a more holistic approach to services
- Integrate and have a shared knowledge of each other services.
- My experience is largely limited to responsibility for Safeguarding within a voluntary organisation. Although 'joined up communication' and working practice has been emphasised in countless reports, my experience is that this continues to be a problem. It is still a real difficulty gaining information from Health Visitors and GPs
- Better co-operation and possibly joint funding between Health and LA's
- Stop the fragmentation of commissioning and service provision that is proposed in the Health and Social Care bill.

4.3 What are the obstacles to joined up services and how would you like them to be overcome?

- Sometimes a lack of understanding of services which are on offer - more educated staff into how other parts of the system work.
- As above.
- Culture of organisations. Local authority boundaries sometimes differ from pct boundaries. Split budgets.
- Everyone fiercely trying to guard their budget instead of looking at the wider picture for the individual concerned
- Communication is only as good as the communicator.
- Some health professionals still guard their own information and rarely overcome their understanding of confidentiality in the interest of protecting children and vulnerable adults.
- Lack of communication. Ring fenced budgets. Shortage of skilled and experienced staff.

4.4 What works well already? What doesn't work?

- Notification between departments but not always clear to the patients
- Continuing healthcare funding doesn't work, at least in Rochdale because hardly anyone gets it and so local authority ends up paying for what should be health. But in any event there should be less

demarcation between health and social services because inevitably these overlap and it is often impossible to delineate.

- Home care services not always responsive to people's needs. Follow up after Hospital discharge can be slow.
- My experience is largely limited to responsibility for Safeguarding within a voluntary organisation. Although 'joined up communication' and working practice has been emphasised in countless reports, my experience is that this continues to be a problem. It is still a real difficulty gaining information from Health Visitors and GPs. Some health professionals still guard their own information and rarely overcome their understanding of confidentiality in the interest of protecting children and vulnerable adults.

5. Part 4: The Role of the NHS in improving health and wellbeing

5.1 Should the NHS do more to improve health and wellbeing and prevent illness as well as treating illness?

- Yes
- Absolutely YES !!!
- Absolutely so.
- It is vital to work on the promotion of health and wellbeing. BUT given limited budgets this fails to be seen as a priority. Vulnerable

people – e.g. substance abusers, homeless people, mental illness etc. can rarely compete against 'shroud waving'

- Yes but this will not be helped by the fracturing of service commissioning and provision that will result from the ill conceived and ideologically driven Health & Social Care Bill

5.2 If so, where should its efforts best be focussed? Who should do what, and how?

- Where there is most need. People still need educating about their own health needs. Maybe some sort of public meeting for people to hear about health issues and to raise their own fears and maybe praise of the NHS
- We have a Mental Health Promotion officer in Rochdale. she is tasked with delivering large parts of our local Mental Health Strategy. But she has no team and her budget has been cut. Invest in health promotion. Invest, invest, invest!
- A greater understanding of neighbourhoods and their need. Every area has different needs and different approaches should be used. Local people doing the job not people who live different lives in different places.
- Real health education is needed, starting in school and early intervention.

5.3 What works well already? What doesn't work, and how could we make it better?

- Information leaflets provided when surgical procedures are needed. After care - often feel abandoned when treatment ends.
- "No Health Without Mental Health" is a great start. Health trainers are good. Healthy schools are good. Smoking cessation programmes are having an impact. Five-a- Day is getting a bit tired. We need something more dramatic to have a real impact on obesity.
- Community health Development Teams who work across all aspects of building people's confidence and raising self esteem. This enables people to then start identifying the lifestyle they lead and what needs to improve for a better quality of life.
- Expensive buildings and staffing (e.g. Children Centres) are not always necessary. Early education embedded in the curriculum NOT token occasional sessions. Individual support for hard to reach families and young people. Peer groups and mentoring.

5.4 Should the NHS do more to improve the health and wellbeing of its staff? How?

- Definitely. Ensuring that they are not working too many unsociable hours that means that they get no relaxation or quality time with family & friends.
- Don't know.
- Be mindful to the pressures being put on staff to achieve sometimes impossible targets.
- Yes, especially in coping with upset and demoralisation due to reorganisation and closure of services. Support needed for practitioners who tend to work in isolation e.g. GPs, Dental practitioners



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**Voices 4 Wellbeing is supported by
Gaddum Centre Host Organisation**