

AMHE Learning Set 5

Welcome!

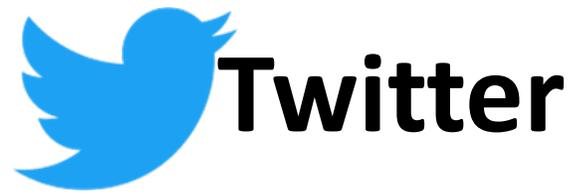


Learning Set 5
6 September 2022
11:00 – 15:00

Housekeeping

- No fire alarm tests are planned for today.
- Toilets are located to the right of the lifts on level 1 and the ground floor.
- 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 space on their own (just outside the main auditorium).
- At the end of the event, we would like to record some vox-pops reflecting on your day the College, let us know if this is something you are interested in being involved in. More information can be found about these on your table





- We will be live tweeting this event so you may see the QI coaches on their phones 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
10:30 – 11:00	Registration and refreshments	
11:00 – 11:10	Welcome and introductions	Lade Smith, Clinical & Strategic Director, NCCMH
11:10 – 11:25	Getting to know each other	Emily Cannon, Head of Quality Improvement, NCCMH
11:25 – 11:55	Question wall	QI Coaches
11:55 – 12:30	Engaging community assets: Part 1	Amar Shah, National Improvement Lead QI Coaches
12:30 – 13:15	Lunch	
13:15 – 13:50	Engaging community assets: Part 2	QI Coaches
13:50 – 14:50	Co-production workshop: Power and privilege	Mark Farmer, Patient and Carer Representative, NCCMH Raj Mohan, Presidential Lead on Race and Equality Tom Ayers, Director, NCCMH
14:50 – 14:55	Feedback	Tom Ayers, Director, NCCMH
14:55 – 15:00	Close	Tom Ayers, Director, NCCMH



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Getting to know each other

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Question Wall

QI Coaches

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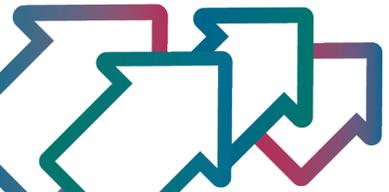
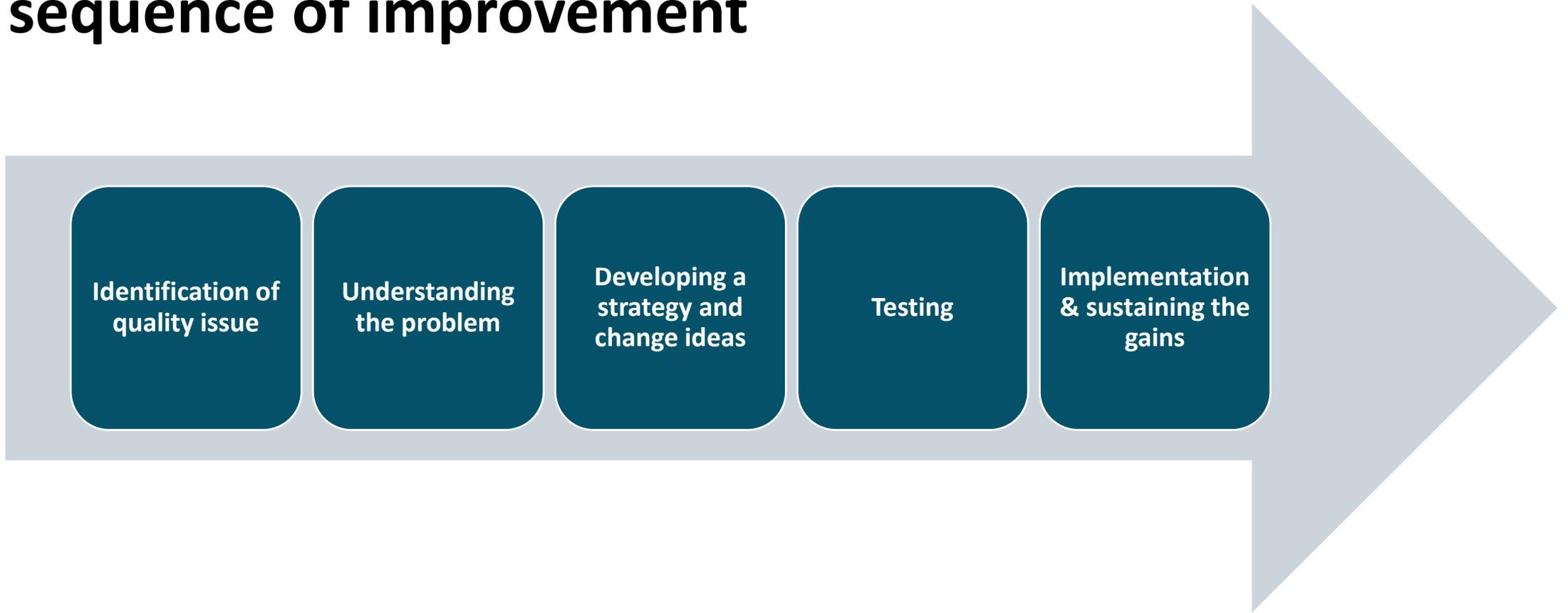


Engaging Community Assets: Part 1

Amar Shah, National Improvement Lead
QI Coaches

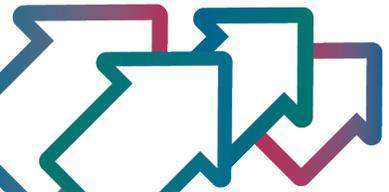
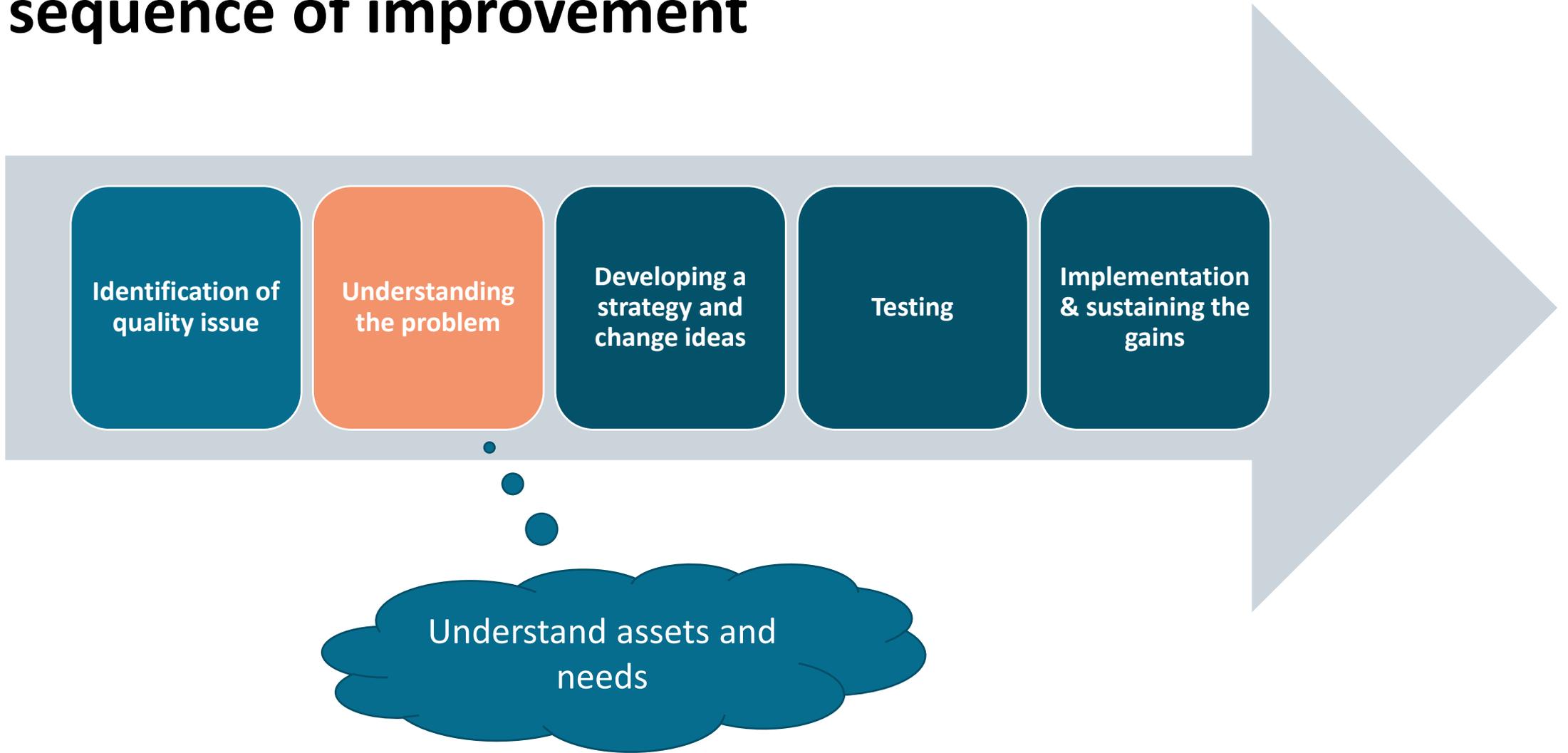


The sequence of improvement



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The sequence of improvement



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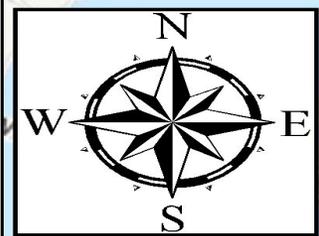
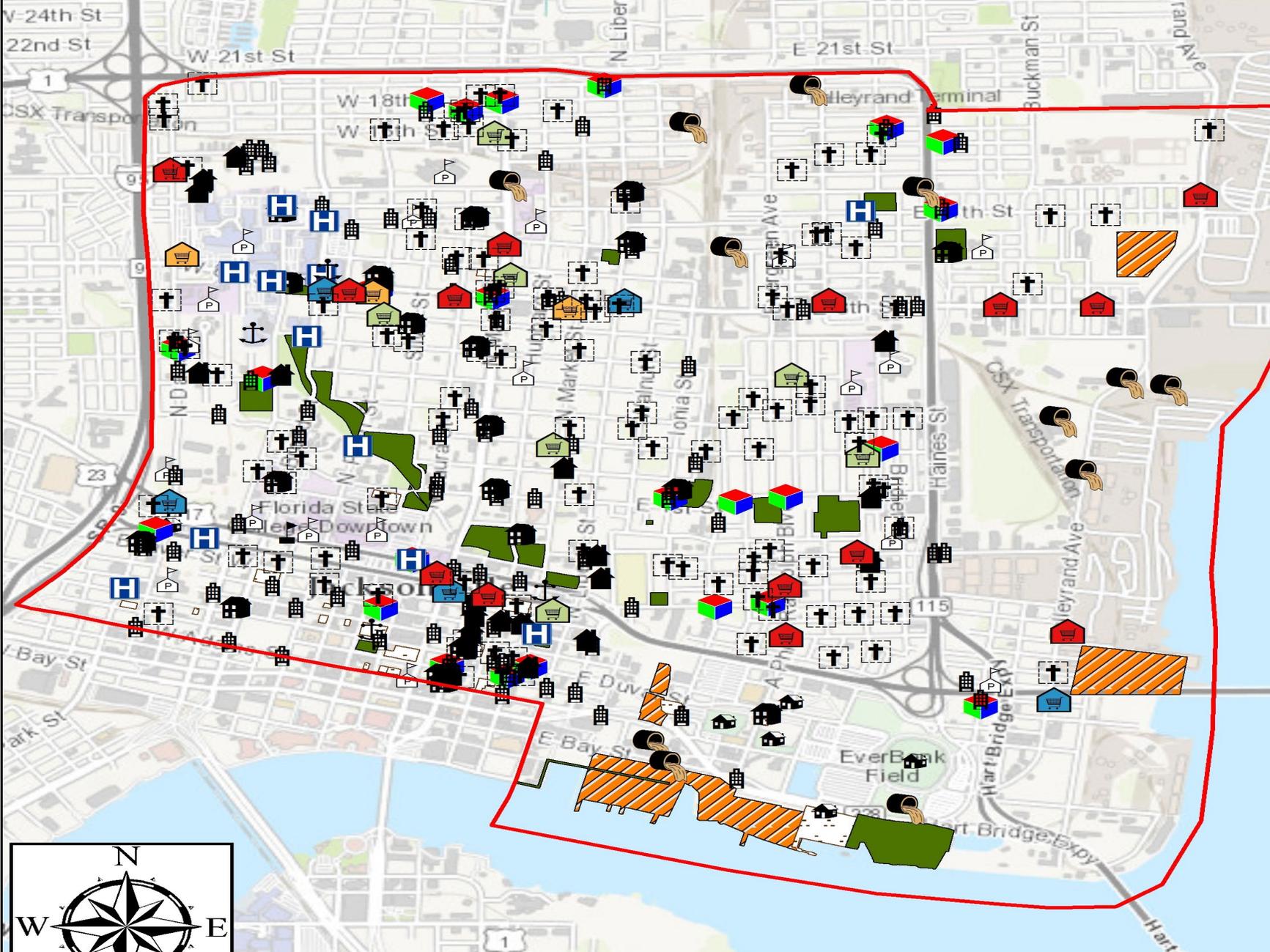


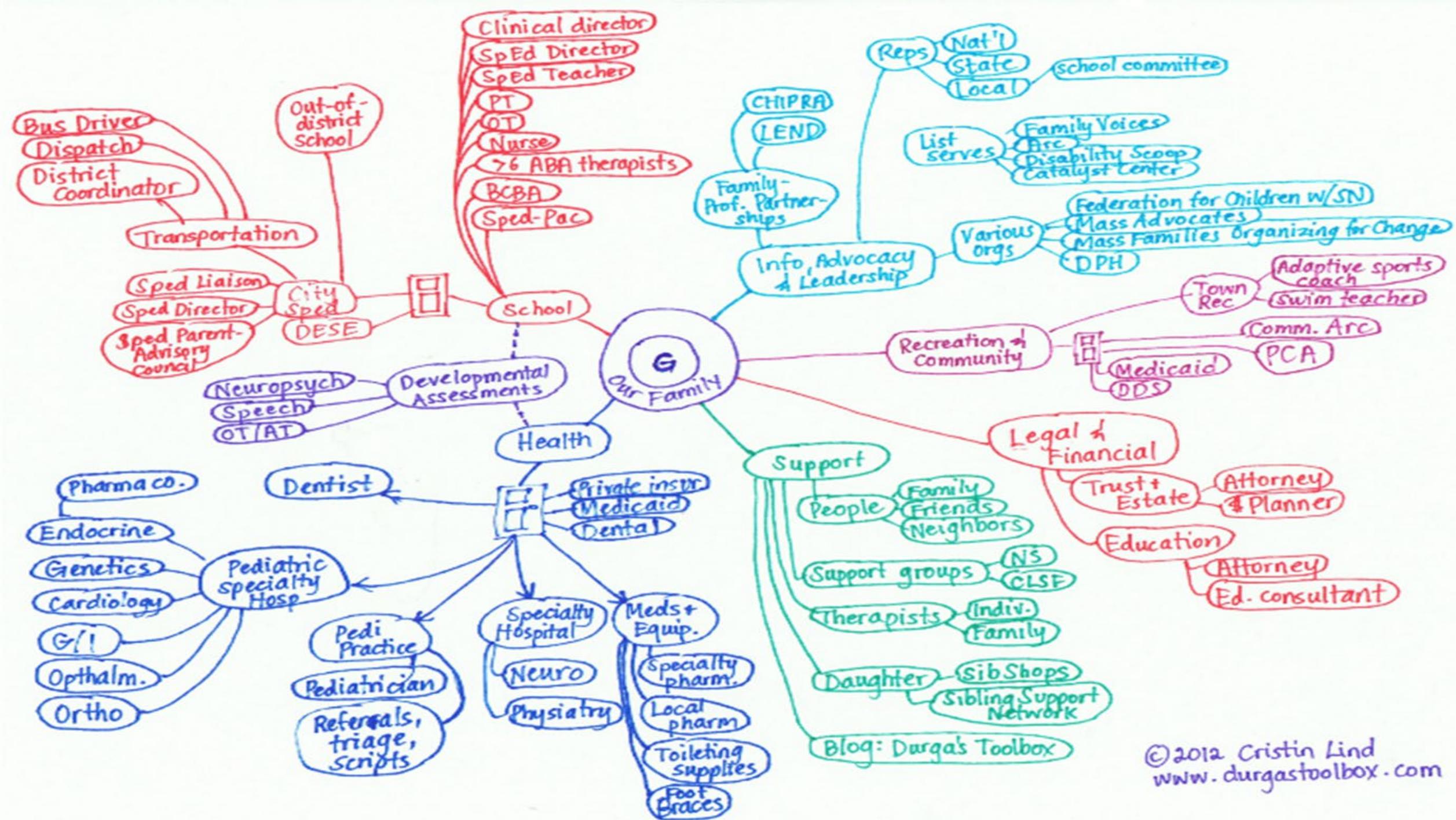


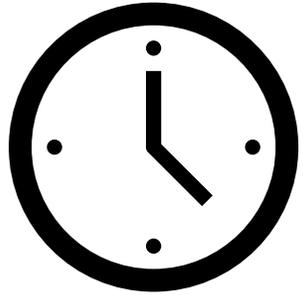
GROUNDWORK JACKSONVILLE

Community Asset Inventory

- Operating Area
- Religious Centers
- Community Centers
- Health Service Providers
- Social Service Centers
- Veterans Services Providers
- Civic Centers
- Convenient Store
- Gas Station
- Grocery
- Pharmacy
- Assisted Housing
- EPA Toxic Release
- Schools
- DayCares
- Colleges
- Parks
- Historic Structures
- OABrownfields







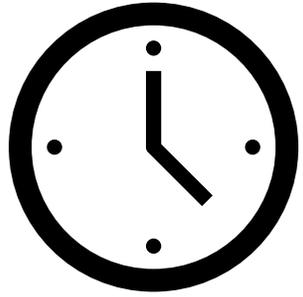
15 minutes

- Write the name of your organisation and population you are focusing on for your AMHE project on the flipchart paper
- Use pens and/or post-it notes to add details about any community assets you can draw on for this population
- QI Coaches and members of the AMHE Expert Reference Group will support you



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15 minutes

- Go around the room and add suggestions to other people's flipcharts about other assets they could consider looking at/for



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Lunch

12:30 – 13:15



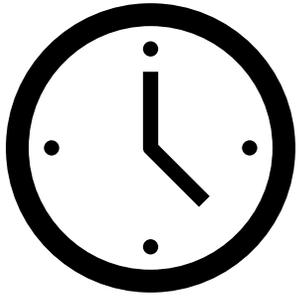
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Engaging Community Assets: Part 2

QI Coaches





15 minutes

What actions can you take away and work on next?

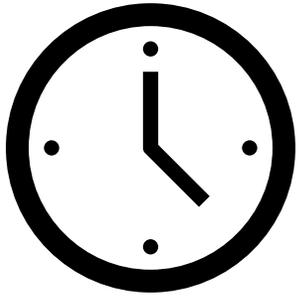
Consider the following:

- What more can you do to engage with the assets/stakeholders you are already working with?
- For those you are not yet engaging with, which should you prioritise next, and how will you engage with them?
- What have you learned so far about your population of focus? How can you use this learning to move your project forward?



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10 minutes

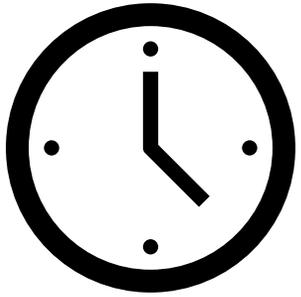
Go around the room and add suggestions for other teams, considering:

- Are there any other key actions you'd like to suggest?
- Where could this team be more ambitious in moving their project forward?



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10 minutes

- Feedback one key action you will be taking away



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Co-production workshop: Power & privilege

Mark Farmer, Patient and Carer Representative, NCCMH

with Raj Mohan, Presidential Lead on Race and Equality & Tom Ayers,
Director, NCCMH



Introduction to today's session on co-production

- This is our second learning set session on Co-production.
- In session one, we spoke about the general principles of co-production and what some of the challenges you were experiencing

We are going to cover in this session:

- The new legal guidance on working in partnership with people and communities
- Power and privilege in co-production- the first in a series of discussions on the principle of co-production
- An example of Co-production in mental health
- Developing a framework for paid lived experience



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The new legal guidance on co-production

- The new legal framework for engagement and involvement came out on July 7th called
- Part of NHS England's revised approach to quality improvement that it wants all organisations to follow as developed by the National Quality Board



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Improving experience of care

A shared commitment for those working in health and care systems

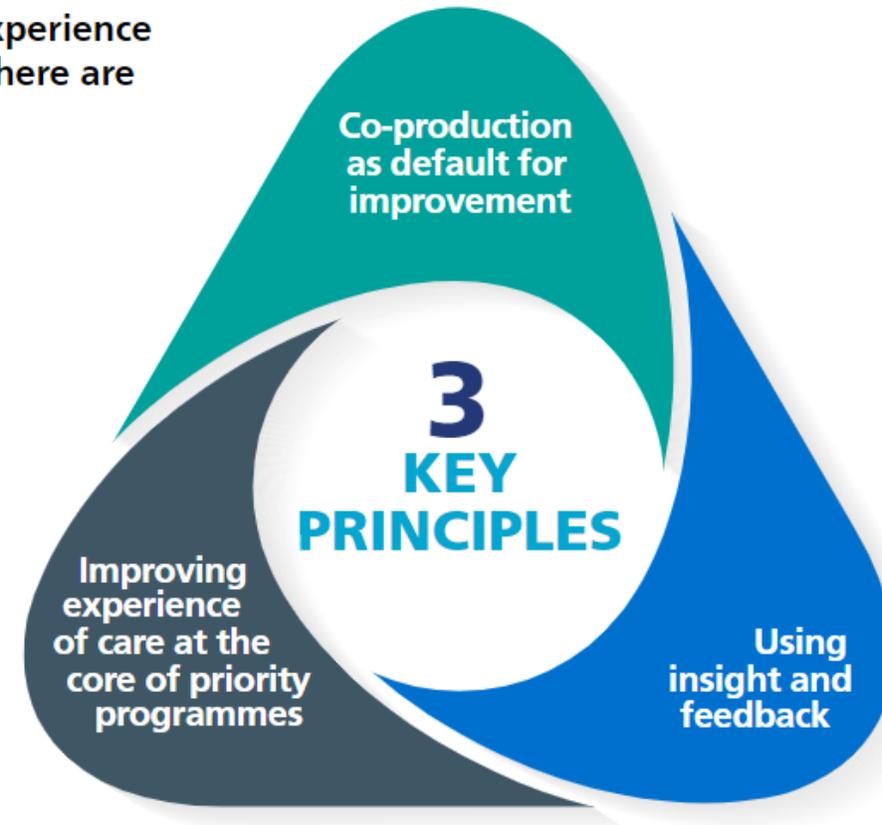


Developed by the National Quality Board

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Delivering the best possible experience of care in systems: **Key principles**

When planning for the delivery of the best possible experience across a health and care system or within a provider, there are 3 key principles that should always be considered:



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The new legal guidance on co-production

The new statutory guidance- Working in partnership with People and Communities

- All ICBs and the Trusts within are legally required to meet the requirements within it
- It outlines ten principles and explores what Trusts should do and shouldn't be doing
- ICS partners are recommended to follow it as best practice
- Restates that engagement and co-design must not be seen as co-production and co-production should be the default, but affirms that they are in which people and communities are involved
- NHS England has established a new national group on Co-production



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The new guidance is based on 10 ideas

Idea 1 - Put the voice of people and communities at the centre of decision making

Idea 2 - Work with people who use services from the start of plans and feed back to people and communities about how these plans have worked

Idea 3 - Understand what the community's needs and their ideas for the future for Health and Care

Idea 4 - Build relationships with people who do not usually have their say on local plans

Idea 5 - Work with Healthwatch and the voluntary and community organisations

Idea 6 - Make information is clear and accessible

Idea 7 - Help people and communities to work together

Idea 8 - Work in co-production with people to make sure Health and Care services work well

Idea 9 - Co-produce and change services and so they meet the needs of local people and communities

Idea 10 - Learn from what works and build on this



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Power and privilege

- Why talk about power and privilege in co-production?
- It starts with us needing to explore the power and privilege we hold ourselves
- How can you share the power with all around you to co-production happen?



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Power

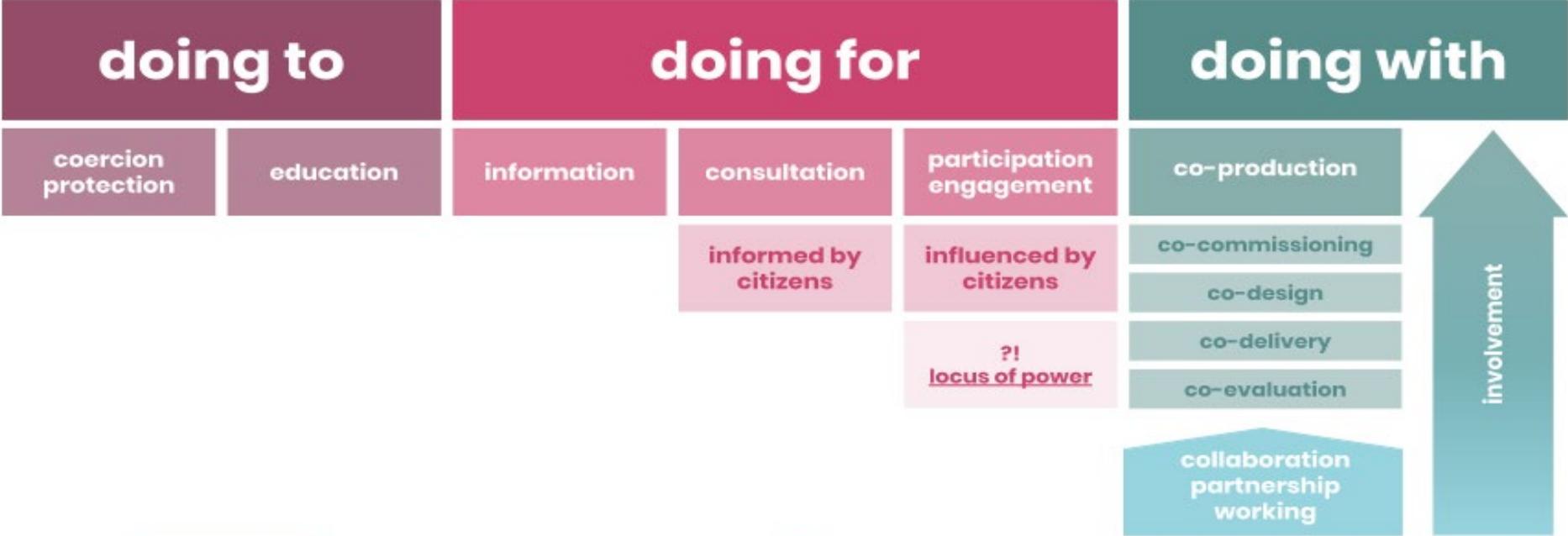
- The ability to decide who will have access to resources.
- The capacity to exercise control over others.



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A spectrum of interactions



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Privilege

- Benefits that belong to people because they fit into a specific social group or have certain dimensions to their identity.
- ‘Thinking something isn’t important because it’s not important to you’

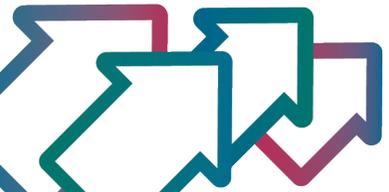


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White Privilege: Unpacking the Invisible Knapsack a
1989 essay written by American feminist scholar and
anti-racist activist Peggy McIntosh

Handout 1

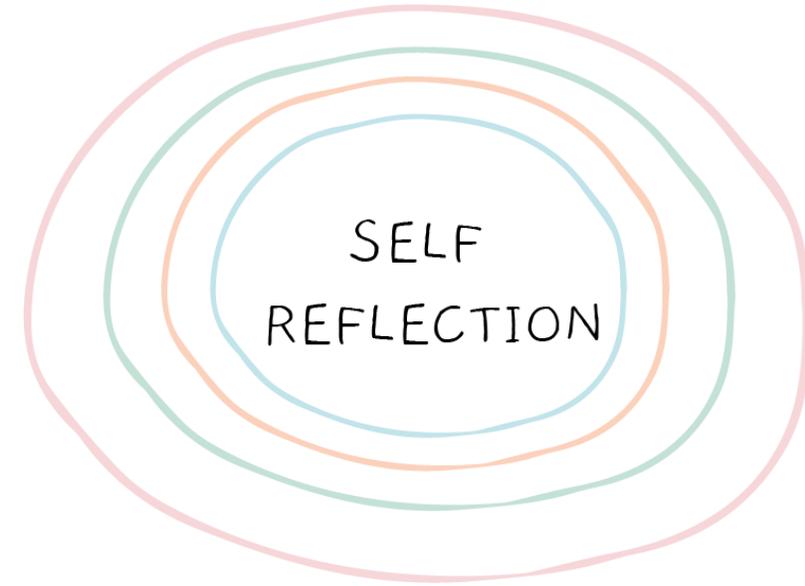


Takeaway for reflection

- Consider some of your own autobiographical lists of privilege.
- You could do this together with your lived experience colleagues.
- Example lists include:

Sexual orientation, religion, class, gender, employment, housing, health, physical ability

Search '**White Privilege: Unpacking the Invisible Knapsack**' by Peggy McIntosh for more resources



Developing a framework for paid lived experience

- Why it is important and NICE guidance on shared decision making- it is power and equality, valuing lived experience just as much as career develop experience
- Reflections from Equality Advisory Group members on the challenges patients and carers face in doing lived experience work
- Where is your organisation at with its thinking on paid lived experience?
- What you would like to cover in a future discussions about paying those with lived experience?



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.





Close

Tom Ayers, Director of NCCMH

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