

## GOOD PRACTISE IN COMMISSIONING

1. [A Framework For Presenting Carer Priorities To Mental Health Commissioners from South Warwickshire](#)
2. [Commissioning Arrangements In Shropshire](#)
3. [Stoke Carers Bring About The Rise Of The Phoenix](#)

## **1. A FRAMEWORK FOR PRESENTING CARER PRIORITIES TO MENTAL HEALTH COMMISSIONERS**

This is a model for identifying carer priorities which was used by Liz Feldman, a South Warwickshire carer, in putting together a report for commissioners on what carers wanted from mental health services in the locality; this was to help commissioners shape a modernisation strategy for mental health services in the future. This is work that Liz undertook herself and resulted in a document that was well received by local commissioners. These are her comments which outline the detailed process she undertook;

- 1. Identify the key commissioners in the area and understand the consultation process for developing and influencing commissioning strategies*
  - 2. Draw up a timetable for compiling carer priorities that ties in with the timetable of the commissioners*
  - 3. Locate information available from commissioners and providers which schedules the range of mental health services provided in the area*
  - 4. Draft a statement of vision which reflects what carers are seeking from local mental health and social care services*
  - 5. Call a meeting of a small but representative group of carers to go through the schedule of services and reach a consensus of priority needs*
  - 6. Circulate this list to carer groups and carer workers ensuring that it goes to all groups that include mental health carers and that represent the diversity of the area—this should be done in conjunction with the Community Development Worker*
  - 7. Contact groups which may represent those with very specialist needs*
  - 8. Encourage these groups to hold meetings to review the needs list and add their own priorities*
  - 9. Collate these responses within the timetable and draw up a draft document which reflects the priority needs for local services as identified by the carers - it is important to remember that this is about all services and not just services provided to carers*
  - 10. Take or send the final document back to the carer groups for final amendment and agreement*
  - 11. On return, finalise the document ensuring that it specifies all the groups that have been consulted*
  - 12. Present the document to commissioners at a pre-arranged meeting and distribute to all who have been contacted*
  - 13. Follow up by contacting the commissioners to clarify how they are dealing with the priority needs identified*
  - 14. Use the document to represent carers' considered priorities and always have it available at meetings, conferences etc and ensure that copies are held and used by all active carers*
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## **2. COMMISSIONING ARRANGEMENTS IN SHROPSHIRE**

In Shropshire, a good working relationship with commissioners has been built up over a number of years and we believe that this has been helped by having a joint Health and Social Care commissioning system in place for some time. These commissioners have always been willing to come and talk to carers groups and LISTEN to what carers have to say. They have also been prepared to INFORM carers of prospective plans for services for services early in the planning process and either to take suggestions on board or at least explain why something is not possible (usually but not always funding).

In this way a relationship based on mutual respect has evolved. Concerns raised by the 2 carer members of the Local Implementation Team are always dealt with seriously which gives them the confidence to act as a conduit between the carers in the county and the commissioning process, especially the monitoring element.

It took a lot of lobbying and questions to finally get carer support workers in place in the county but this was worth the wait as the contract allowed for a realistic workload for them. Other areas moved more quickly than Shropshire but have not increased their initial provision; the time spent on getting it right has resulted in a better bargain for Shropshire carers.

Carers have also raised the need for support for families of people with Aspergers Syndrome and the lack of services available in this specialist area. As a result, a Carers Support Group has been set up and progress has been made towards addressing the needs of people with Aspergers - there is still some way to go but this need is now being taken very seriously.

**A Carer's View**

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### **3. STOKE CARERS BRING ABOUT THE RISE OF THE PHOENIX**

As part of Carers in Partnership's drive to help carers influence commissioning within their own localities, a member of the Carers in Partnership team visited Stoke several months ago to talk to a group of active carers about commissioning. A local Commissioner and the Carers' Lead were also at the meeting.

At the same time, there was a change in respite arrangements for patients, which meant that there were no longer any "respite beds" available for people who had previously used facilities at local Mental Health Resource Centres. This was of great concern to local carers, so carers were asked what more could be done to support local carers – directly for them rather than via services for their "cared for". In particular, one local carer, Linda Maidment, suggested – 'wouldn't it be great if carers could have a bit of a break after a period of crisis in the family'.

So Carers' Lead, Dave Smith, reasoned that, as there was a particular "safe space" facility called Phoenix House used specifically from Fridays to Mondays and largely unused during the rest of the week, perhaps this house could be used effectively to support local mental health carers. He put this possibility to the Active Carers Forum for consultation and forum members were fully supportive of the suggested initiative. From there it was taken to the Local Implementation Team where carers were present to support the suggestion and then to the Combined Healthcare Trust and Brighter Futures, the housing association who ran the facility. All parties were fully supportive, so carers were then involved with the Carers Team in planning how best to use the new carer resource.

Phoenix House is a very pleasant, large, Victorian House which has been very tastefully decorated and furnished; a very good venue for informality and relaxation, which is easily accessible. It has 4 comfortable bedrooms and an outside barbeque area.

Within a very short period, plans were drawn up as to how best to use it as a facility for carers, with carers being consulted at every stage of the process. It 'opened' for carers in February 2008 as a day service on alternate Tuesdays. A range of therapies are available (body massage, raki and Indian head massage) and social activities and information are available too. Overnight two-night breaks for carers are available from May, with similar supported stays, if necessary, for the cared-for person at a different venue in the city available at the same time. All breaks are free of charge.

So it is open for Stoke carers to drop in for as long as they wish on alternate Tuesdays. So Phoenix House has had a new and additional lease of life and the local carers are highly delighted with their new facility having been fully involved in all aspects of the development of the project.

Already carers and the Carers' team are looking at ways of using the available alternative Tuesday. One very likely outcome is that the next roll out of Meriden carers training will take place there, and there are also plans for carers' well being workshops taking place there. It is to be hoped that Phoenix Tuesdays will contribute to carers well being and that carers will continue to play a major role in its operation and development.