

SCAA – High Flow

Community Cultural Values Survey

High Flow, Whole Person, Whole System Outcomes

1. Service users will have an improved sense of worth and will feel genuinely listened to and in control of their individual goals and aspirations
2. Peoples lived experience of services will be respected and valued and will ultimately support the wider SCAA group to bring lasting system improvements
3. Our community will have improved knowledge of multiple disadvantages and the effects of trauma on a person

What do we know about how people feel about their lives now?

What do we know about how people perceive services and the systems that deliver them?

What do we know about what personal, support and system improvements people want to see?

What will we (the SCAA group?) **do** in response to what we discover from asking these questions?

What difference will that action make to people; their sense of self, their experience of services and systems and appreciation of trauma and disadvantage?

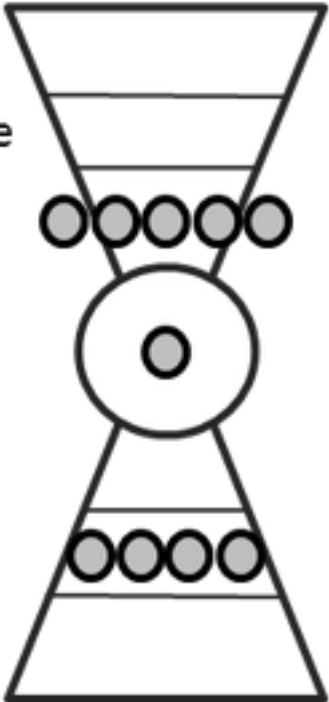
Basic Premise

People Choose their top 10 values

Those value get mapped onto the 7 levels of the model

- We can see then where people are focused personally
- What they see in the system now
- What they want for the future

- 7. Service
- 6. Making a difference
- 5. Internal cohesion
- 4. Transformation
- 3. Self-esteem
- 2. Relationships
- 1. Survival



1. family (2)	199,671
2. humour/fun (5)	164,720
3. caring (2)	152,588
4. respect (2)	149,577
5. friendship (2)	139,698
6. trust (5)	135,780
7. commitment (5)	134,181
8. enthusiasm (5)	134,082
9. creativity (5)	131,019
10. continuous learning (4)	130,125

One we prepared earlier

Community Values Survey Complex Needs Stakeholders - 2015

Headlines:

- Cultural Entropy Rate of 29% - must address this first
- Better care for disadvantaged and housing top wishes
- Focus on strengthening core value of “compassion” in culture
- Focus on staff wellbeing and opportunities to be creative
- Focus on tapping enthusiasm/passion as fuel for change

Level	Personal Values (PV)	Current Culture Values (CC)	Desired Culture Values (DC)
7			
6			
5			
4			
3			
2			
1			
	IRS (P)=10-3-1 IRS (L)=0-0-0	IROS (P)=0-2-1-3 IROS (L)=2-2-2-0	IROS (P)=5-1-2-2 IROS (L)=0-0-0-0
Matches	<u>making a difference</u> 27 6(S)	uncertainty about the future (L) 32 1(I)	<i>caring for the disadvantaged</i> 21 4(S)
	enthusiasm/ passion 22 5(I)	<i>caring for the disadvantaged</i> 29 4(S)	affordable housing 20 1(O)
	<u>compassion</u> 19 7(R)	wasted resources (L) 19 3(O)	<u>compassion</u> 19 7(R)
	creativity 18 5(I)	bureaucracy (L) 18 3(O)	enthusiasm/ passion 19 5(I)
	humour/ fun 18 5(I)	cooperation 17 5(R)	well-being (physical/emotional/ mental/ spiritual) 19 6(I)
	<u>well-being (physical/emotional/ mental/ spiritual)</u> 18 6(I)	<u>making a difference</u> 15 6(S)	<i>access to health services</i> 17 1(O)
	integrity 17 5(I)	blame (L) 14 2(R)	creativity 17 5(I)
	coaching/ mentoring 15 6(R)	giving/ volunteering 14 6(S)	long-term perspective 17 7(S)
	down to earth 15 3(I)	<i>access to health services</i> 13 1(O)	quality of life 17 6(I)
	caring 13 2(R)	<u>compassion</u> 13 7(R)	<u>positive attitude/ optimism</u> 15 5(I)
	commitment 13 5(I)	competitive (L) 13 3(R)	
	experience 13 3(I)	drug/ alcohol use (L) 13 1(I)	
	honesty 13 5(I)		
	<u>positive attitude/ optimism</u> 13 5(I)		

PV - CC 2
CC - DC 3
Cultural Entropy:
Current Culture
29%

Design principles for the CoLab Hub

- Staff are calling for a **different experience of community** –different ways of being together
- **Staff want to be enabled to stay balanced;** keep rooted to core purpose
- Leaders to explore how to **‘create environments where compassion can thrive,’** and facilitate group co-design of how aspirations are applied practically.
- **Listen** to service users, and take feedback to system leaders to explore how it might inform emerging strategy, objective setting and shaping of systems and working practices.
- **Use learning to transform the system and experience of service users, using compassion as an outcome goal and orientating principle.**

“The environment at the organisational or strategic level has the potential to ‘trump’ other determinants of whether compassion will thrive. Good people working in corrosive or toxic environments have been known to collude in undesirable behaviour.

“Attention needs to be paid to how people stay connected with each other, as this is what helps them develop effective methods for creative problem solving, feel safe enough to air alternate views, stay connected to the patient; and to honestly review progress and provide the means for safe challenge and mutual support.”

(2015 CVA Report)

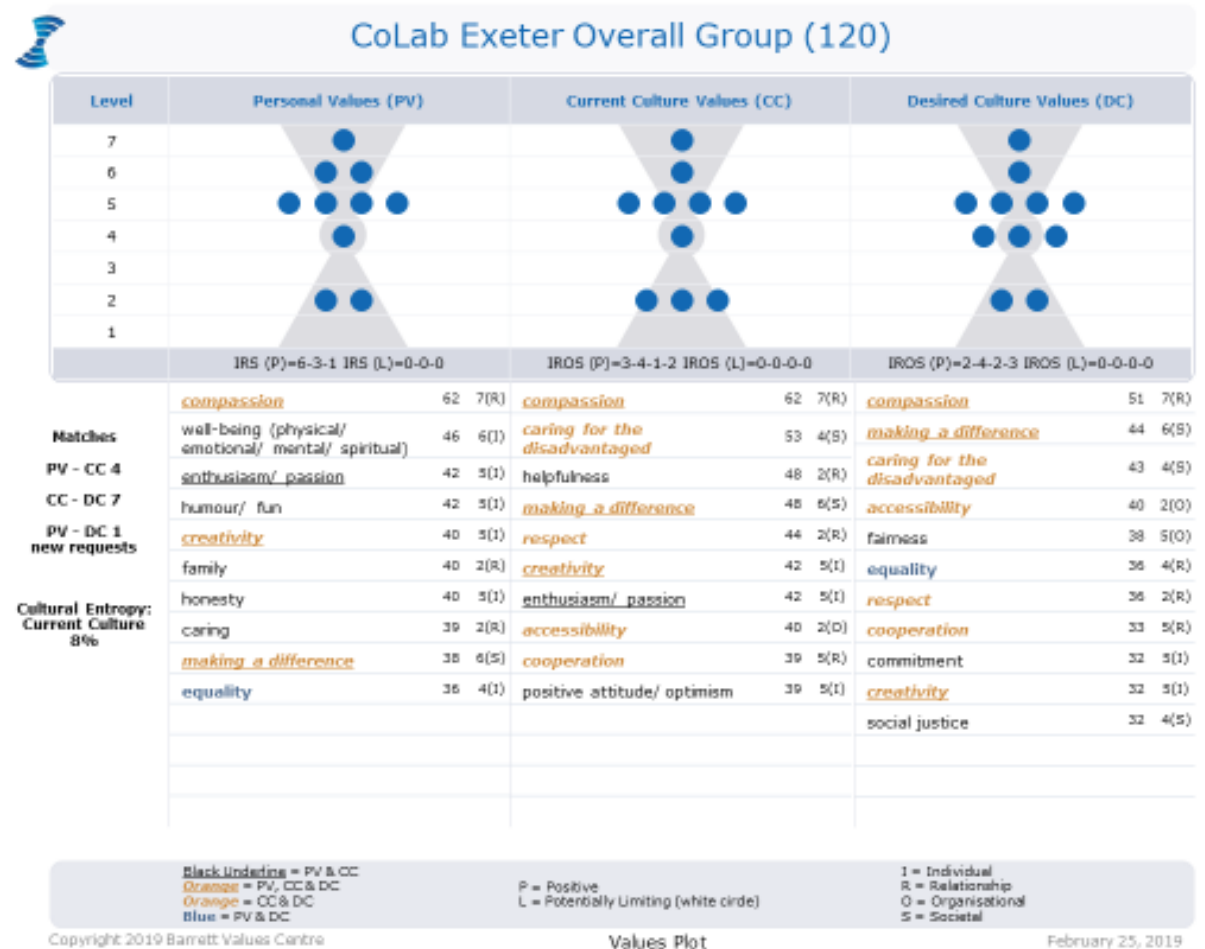
Cultural Evolution Report 2019

120 Participants

82 staff and 38 Service users.

87 were female and 37 male.

- Health and Wellbeing: 38%
- Housing and Homelessness: 18%
- Mental Health: 16%
- Criminal Justice: 15%
- Substance Misuse 13%
- Service users were 32%



Setting up a Survey

Example: 2021 Survey of Mental Health System

1: Identify the Imperatives...

- Mental Health Support the least effective and most dysfunctional of all the CoLab offer
- 85% of CoLab clients had mental health issue, largely unsupported
- Complex clients didn't meet thresholds or have much to help them
- Getting a MH assessment was really challenging/many on long waiting lists
- Some diagnoses (PD, dual diagnosis etc) affected decisions about support and housing etc

Really good things were happening under the radar

People were devising creative solutions

“Many dedicated people go above and beyond – because they flex the rules, they are able to achieve a good deal, but at their own personal risk...”

Commissioner

CMHF: New funding for complex mental health support for the first time in 20 years

2: Identify Objectives (or mission)

CoLab Connect pilot project ran from Sept 2020 to Oct 2021.

Brought together stakeholders to co-design, test and iterate a community response to mental health challenges in multi-agency hub

Formal Objectives:

- To deepen understanding of current system and experiences in it
- To identify cultural and practical changes needed for new offer
- To experiment with working differently
- To enable and support long term change

Informal Objectives

“We don’t deal well with multiple complex needs. Often we blame them, label them as chaotic...people who use our services too much.”

“I hope that we move away from a situation where people look at mental health as being one organisations business – its not – we all have roles to play, we all have responsibilities.”

“How do we do that then!! ...go on... (laughter)”

3. Create Survey

Intro to the Survey

Get peoples attention

Make it a “dream big” scenario or a “do something now” call to action

Explain that the point is to find what everyone values most



We are rethinking what mental health support looks like in Exeter, particularly for our most vulnerable people - and we would love to hear your thoughts.

What might support look like if we were really ambitious for success? If we took more responsibility for it as a community – and tested those ideas in practice?

Answering those questions begins by understanding what we value most.

The Values Survey is now open...

Just click this [link](#) to add your voice to the conversation.



Outline the reason

Service delivery has to change

The responsibility lies with us

We need to hear from everyone

We want to design a community response...

And test it together

We have a few starting points

Why do this now?

The government's new strategy for mental health (The Adult Community Mental Health Framework) recognises that the way that the way mental health services are delivered in communities needs to change, especially for the more vulnerable, and we believe the responsibility for the change lies with all of us. CoLab Connect (the co-design project) has 1 year to bring voices from across communities - to inform the design of a community response - and test it in practice. (web link)

What we will be working towards is the vision the framework has of a more holistic, accessible, joined up and responsive service which will enable people to;

- Access mental health care where and when they need it
- Move through the system more easily
- Manage their condition or move towards individual recovery on their own terms
- Contribute and participate in their own community (to help them stay well and connected)



Say why this survey?

We want to do something bold

We think we need to begin by understanding where we are now – after everything!

Specifically we want to know...

This survey will:

Give you the opportunity to say what's important

Reveal the health of the system

Where it's not so healthy

The purpose of this survey

We believe that situating a new service within the community is one thing; but co-creating a *community response* to mental health is something much bolder – something we may not have even thought about or seen before. Before we think about designing and testing anything, we need to get a sense of where things are right now, to understand;

- 1) How the current system is and isn't working for people?
- 2) What people think needs to change, and how that might be supported
- 3) How to piece together what a great crisis and recovery support offer looks like, and who needs to be involved

The survey tool

This survey will give you an opportunity to share what is important to you about local mental health provision for the more vulnerable members of our community. It will help generate a shared sense of the "health" of our system community, and the areas that will benefit from attention.

Your input will help to shape and develop new provision, and highlight where the system may need to change to overcome challenges and maximise opportunities.

The strength of the survey will be increased by a high response rate. Please feel free to circulate this survey to any colleagues, volunteers or people with lived experience within Exeter.

Choose Data Cuts from Demographics

Options:

General: age/gender etc

Area: ND/Exeter

Type of organization

Primary role

Area of work

Type of work

3. What type of organisation do you represent?
 - Community / voluntary sector organisation / group
 - Statutory sector organisation
 - Private sector
 - Contributing to this survey as someone with lived experience
 - Other (please state?)

 4. Which of the following choices best describes your primary role?
 - Frontline delivery of services
 - Supervisor / middle manager of services
 - Senior manager / system leader
 - Volunteer / trustee / non-executive director
 - Contributing to this survey as someone with lived experience

 5. Which of the following choices best describes the **main** area of work/activity you do?
 - Mental health
 - Health and wellbeing
 - Housing
 - Social work
 - Criminal justice
 - Substance misuse
 - Arts and culture
 - Contributing to this survey as someone with lived experience
 - Other (please state?)
-

Intro to Questions

On page 1 you read about the vision for creating a community response to mental health. We would now like to ask you four questions about your own values. The values/behaviours you saw in the system before the pandemic – the values you see right now – and finally what values would underpin the optimum *community response to mental health* system.

Please complete each section.

+ Personal Values Selection	System Community Values Selection
Value	Value
accountability	Accountability
achievement	Adaptability
adaptability	balance (home/work)
ambition	Blame
balance (home/work)	blame-free
being liked	Bureaucracy
being the best	Caring
caring	Caution
caution	Clarity
clarity	coaching/ mentoring
coaching/ mentoring	Commitment
collaboration	community service
commitment	Compassion
community service	Competence
compassion	Complacency
competitive	conflict resolution
conflict resolution	Confusion
continuous learning	continuous improvement
control	continuous learning
courage	Control
creativity	Cooperation
curiosity	cost effectiveness
decisiveness	cost reduction
dialogue	Courage
ease with uncertainty	Creativity

Questions 1 and 2

On page 1 you read about the vision for creating a community response to mental health. We would now like to ask you four questions about your own values. The values/behaviours you saw in the system before the pandemic – the values you see right now – and finally what values would underpin the optimum *community response to mental health* system.

Question 1 : PERSONAL VALUES

What are the values / behaviours that most accurately represent where you are now?

Please select ten of the following values/behaviours. Click on a word to add or remove your selection.

Question 2: CULTURE VALUES BEFORE COVID-19

From your own experience, what are the values / behaviours that best describe how the mental health support system in Exeter operated before the impact of COVID-19?

By ‘system’, we are referring to everyone working within and using the range of mental health support services in Exeter. This is a broad definition encompassing people and communities, voluntary and community sector groups, formal health and social care service systems and leaders, and the way these all interact together.

Questions 3 and 4

Question 3: CURRENT CULTURE VALUES

From your own experience, what are the values/behaviours that best describe how the system in Exeter is operating now?

Question 4: DESIRED CULTURE VALUES

What values / behaviours do you believe are essential for a community mental health response to be the best that it can be?

Question 5: LIVED EXPERIENCE

- To what extent does your personal lived experience of mental health influence the values you selected during this survey?
- (scale 1-10, with 1 being no influence, and 10 being huge influence)

Part 3: Final Questions – Free Text

Question 6:

- What difference must the new community response make to be truly effective?

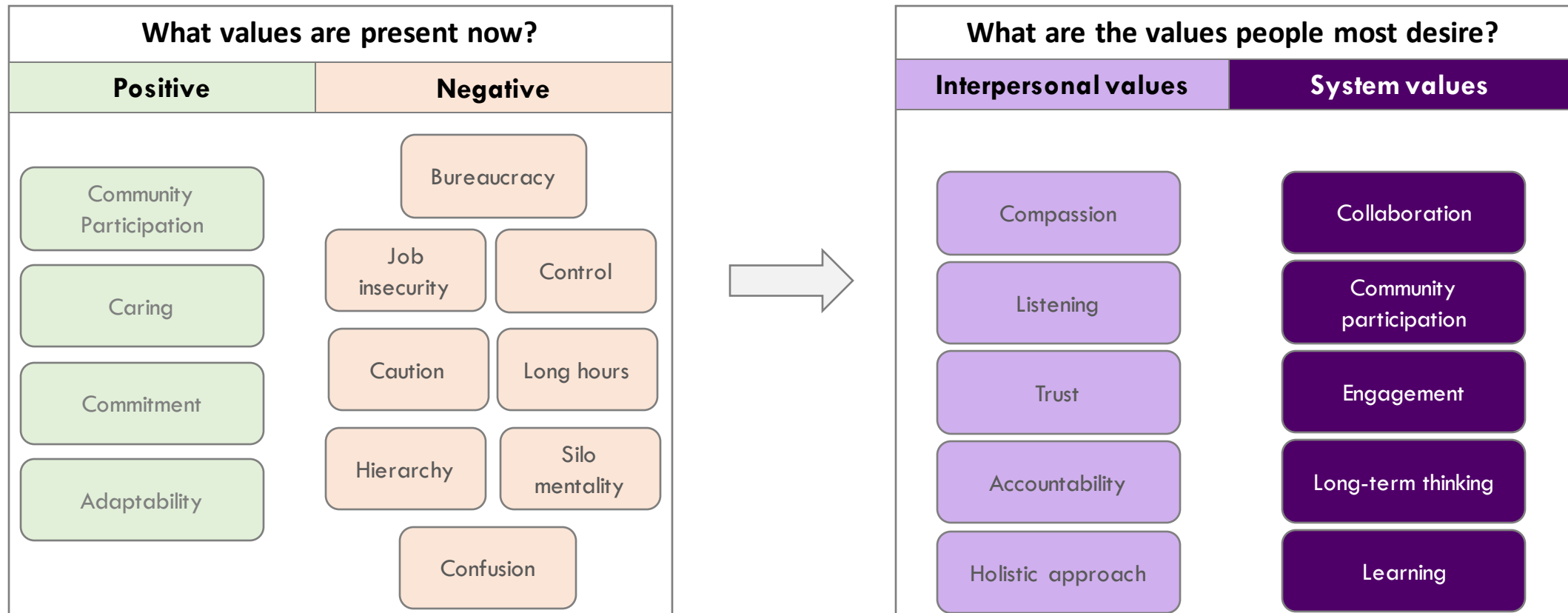
Question 7:

- Do you have one wildcard suggestion? An ambition for success that you think would be amazing, even if you don't know how to make it happen right now?

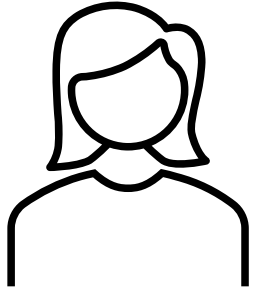
What does this produce?

Learning from the Cultural Values Survey

The Cultural Values Survey helped us identify values most commonly desired by all respondents for a new community mental health model (from people with lived experience, to frontline staff to senior leaders and across statutory and VSCE sectors. It also revealed high levels of “entropy” or dysfunction that hampered efforts to change things.



Voice of people with lived experience



Entropy score
47%

People feel the system is...

Bureaucratic, cautious, confused, complacent, controlling, hierarchical, focused on the short term and reducing costs. Covid has exacerbated issues people are grappling with (increasing anxiety, isolation).

For those with complex needs: not designed for them, excluding, doesn't recognise trauma, distress and life's challenges; fails to take responsibility.

The things that are important to them are....

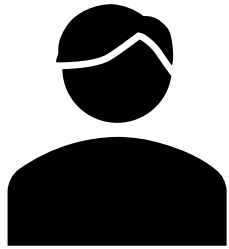
Compassion, trust, being listened to, holistic and joined up support and continuity.

Support of family, peers and wider networks (e.g. churches, groups); safe, accessible spaces and activities; coping skills; time in nature and physical activity

"[I want] trust, a sense of belonging, being understood, being able to deal with emotion, safe place."

"When I finally got some therapy, I was so happy to have been seen, ticked all the boxes...3 weeks afterwards. But 6 months later I didn't feel it had helped at all, it was worse, but that will not be on the records."

The Voice of frontline staff



Entropy score
24%

Frontline staff feel the system is...

Confused, focused on the short term and reducing costs, bureaucratic, hierarchical. Limited voice or permission to shape service design/delivery; caseloads are complex and overwhelming; emotional impact is high; feel unsupported in dealing with trauma; boundaries of risk/responsibility feel unclear.

But they value... Being able to be adaptable, providing commitment and care to people, and engaging people effectively (especially since Covid).

The things that are important to them are....

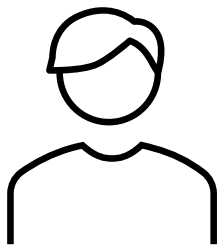
Compassion, community participation, patient engagement, cross group collaboration, adaptability, social responsibility.

“She’s not even on case load but I check in with her now and then because she’s got no one else”

“How does this affect staff morale? Are they at risk of vicarious trauma? And how do they feel about referring people when they know the support / services might not be there?”

“You can’t get someone into stat MH services unless they’re literally self-harming in front of you”

Voice of managers and leaders



Entropy score
48%

Leaders feel the system is...

Focused on the short term and reducing costs, bureaucratic, siloed and competitive, long hours. They are frustrated by rigidity of the system; boundaries of risk/responsibility feel unclear. They struggle to find energy for change.

The things that are important to them are....

Patient engagement, cross group collaboration, information sharing, adaptability, compassion, accountability. Interest in developing flexible, holistic support, remove referral and threshold blockages, and improve collaboration.

“People quite rightly get twitched by clinical responsibility. If something goes wrong, what do I say in the coroners court – that’s what is in people’s minds sometimes. Need confidence in the process – working alongside other agencies when you might not have full confidence in what they do or how they do that.”

“At the moment of crisis we stop seeing them as a person – we discharge our duty rather than doing what’s right for the person”

“There’s a perennial issue about people with complex lives being able to access mental health services – I sometimes just want to bash my head on the table.”

Focus on what people actually want

In the Cultural Values Survey, those with lived experience told us they most wanted to following things to change;

- **Don't** try and fit us into a **one-size fits all**
- **Stay open to change** – don't pre-design everything
- Can we **tell our story once**
- Value people and their contribution – **don't take families and carers for granted**
- **Understand challenges** we face in real terms
- **Create spaces for connections and for things to happen** – but don't prescribe everything people do
- What is needed will require a **huge change in mindset**
- **Listen to people** and have them involved at all stages
- Has to be **easier, more flexible access to support**
- Have to **look after staff** too
- **Connect services up** – work together – be consistent

So we focused and identified design principles

Overall there was a desire to bring a more human approach to mental health support

This would require 3 shifts:

- 1) Nurture a strong landscape of community supports ensuring what is on offer is accessible and of consistent quality everywhere
- 2) Create a coherent system of interconnected statutory and community support
- 3) Ensure peoples experience leads design and delivery to enable a more person centred approach

Application of Design Principles:

- Listen and respond to the actual issues
- Be compassionate, non-judgemental, trauma-informed, person-focused
- Look after our staff
- Ensure there is choice, control, empowerment
- Not a one-size-fits all approach
- Not punishing
- Respectful of family and carers
- Services connected and communicating
- Service is holistic, person-focused and consistent

Next Steps

Design the Survey

- Our imperatives
- Our Objectives or mission
- Our cohort, geography and demographics
- Our questions
- Our value choices
- Our timeline

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