

# WHO AM I?

KEVIN BOND - INTERIM MENTAL HEALTH AND  
LEARNING DISABILITIES DIRECTOR IOW TRUST

- Here to help reform services to meet requirements of CQC .....

BUT THAT WILL NEVER BE ENOUGH!

- So ..... here to help reform services so that people on IOW can receive the best possible mental health services, that will also meet CQC requirements!

# My History

- Last as CEO of multi national award winning services in NE Lincs 'NAViGO'
- Previously Director of MH - many trusts up and down the county
- Worked in all areas of MH/LD, including secure, with kids etc.
- All age groups
- Involved in several 're-provision' programmes – closures of big hospitals and placing new better services in the community
- Government groups
- Involved in advising and helping services nationally/internationally
- Someone who really believes we can do it all better than we do!

# So what needs changing?

- Whatever people who use services want changed
- Environments are both poor and in some cases unsuitable for purpose and in wrong places
- Lack of in depth involvement of people who use services and carers
- Response to risk
- Quick solutions in isolation
- Too much reliance on just treatment, not enough on social, vocational, educational
- Overly 'clinical' feel, influenced too much by general hospital culture
- Too many services clustered together and often too big, on DGH site
- Staff clarity and sense of direction/morale
- Recruitment difficulties

'Insanity is repeating the same mistakes and expecting different results'

First World War quote

Surely we fixed it when we closed the big hospitals didn't we?

St James / Knowle



# Bexley Hospital



# Central Hospital



# Replacement better?





So big changes then?  
Fazakerly 1982



# Look at the bedroom and imagine relaxing!



# LONG HISTORY IN MENTAL HEALTH

- Of doing some very wrong things!
- But being hopeful working together and aspiring for better, kinder, more effective
- William Tuke
- Its not all about environments, but they express what we do and create

# Good news?

- There are some good examples of service within the whole here
- There are some motivated and skilled staff
- **ITS ALL FIXABLE WITH A BIT OF HARD WORK AND CLEAR DIRECTION!**

# What first then?

- Clearly we need to address CQC conditions
  - Environments
  - Ligatures
  - Privacy /dignity
  - Care programming
  - Training
- Woodlands/recovery/off island placements
- Shackleton/dementia 'pathways'/Old age MH care
- CMHS base and practice
- Seven Acres – 'wards' safety and therapeutic value
- Help staff get back sense of clarity, purpose and excitement about the change

# THEN - WHAT REALLY MATTERS?

- Good treatment alone is not enough
  - SRV and Valuing people as people is part of the whole
- Valued Roles so people can be seen as having value by others
  - Voting and having a say in services, doing things together
    - Smaller is better and more efficient
  - Keeping people as close to their communities as possible
- Ethics should drive everything, doing the wrong thing is often easier than doing the right thing in the NHS
  - Standing up for what is right and exposing poor public service
    - Getting the right people on team
      - 'Primum non Nocere'
      - Environments that value
        - Declinicalising
      - Little things and keeping it human
    - Its not always what we do but how we do it
      - Tuke and Pinnel were right
        - Daring to hope

# AS THEY SAY ON BLUE PETER HERES ONE WE DID EARLIER!



# And finally a couple more thoughts!

- If you really wanted to go further still
  - Community supermarket
  - Old age confusion any cause
  - Real Ownership