



National Recovery & Outcomes Conference

Summary of the day

Wednesday 16 July 2014

**National Motorcycle Museum
Coventry Road, Solihull
West Midlands, B92 0EJ**

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1. Overview of the day

Ian Callaghan welcomed everyone to the conference and outlined the format for the day.

The format for the day included presentations in the morning with interactive questions for the audience. All the questions were designed by the presenters around areas which they particularly said that they wanted feedback on. The afternoon was an interactive workshop followed by a presentation and a final voting session.

1.1 Supporting Statement from Norman Lamb

Ian read out the supporting statement from Norman Lamb who was unable to make the conference – This included: *“Supporting people in their recovery journeys is at the heart of mental health service delivery. This is as true for people in secure services as it is for anyone else, which is what makes the theme of your conference today so exciting but also so challenging.”*

1.2 Olivia, Head of Public Voice, NHS England

Olivia, who was co-facilitating the event with Ian, welcomed delegates from different parts of the country and pointed out the great mix of service users, clinicians and providers and commissioners. *350 registered delegates with 120 of those delegates being people who presently use secure mental health services.* Olivia explained that we want to really hear the voice of service users today and to aid that process were going to be

using interactive voting pads which all of the service users would have for the day to give instant feedback on questions posed.

Olivia and Ian explained the importance of listening to service user’s voice and that what they hear from the day will be recorded in a post conference report and feed in to the work of the Care Packages and Pathways Project along with the work of NHS England.

“We need you to be involved in designing the way services are delivered”. Olivia Butterworth said *“we have 10 commissioners in the room, and they can’t buy the services blind, they need your feedback.”*

Ian who has personal experience of secure services and is clearly passionate about service user involvement said *“This is the first time we have had a recovery and outcomes conference like this. We do have another couple of other national events so gradually things are improving. By being here you are improving things for other people”*





2. Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England

Geraldine started off by expressing how delighted she was to talk at a conference with 'Recovery' in the title. She expressed the need to keep the pressure up to keep mental health on the agenda.

"If you give Norman Lamb or myself the data we can argue the cause, without that we can't do that"

Geraldine went on to say. *"You are all leaders for the social movement that is happening."*

Geraldine went on to discuss how people can help and outlined three important ways:-

- We need you to understand what you can do to promote the cause of mental health/recovery in this difficult time

- Secondly we need you to know how you can practically actions you can acquire to help this movement

- Thirdly, we need you to be clever to understand about resources, we need to maximise every penny

To view Geraldine's presentation, please [click here](#)

2.1 Service user voting

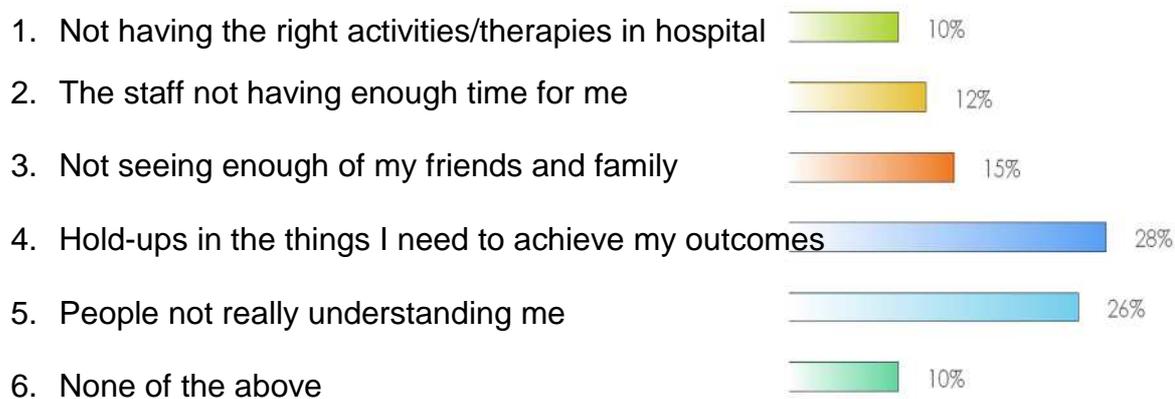
Geraldine provided the conference with questions for service users who voted using the voting pads. Below are the results of the voting:

2.1.1 The most important part to my recovery is:

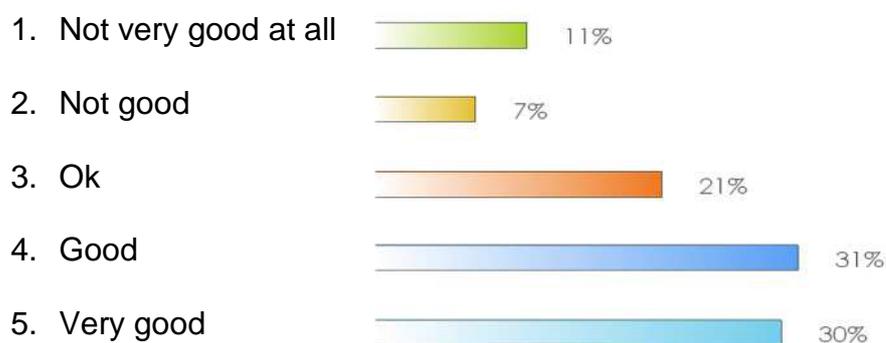




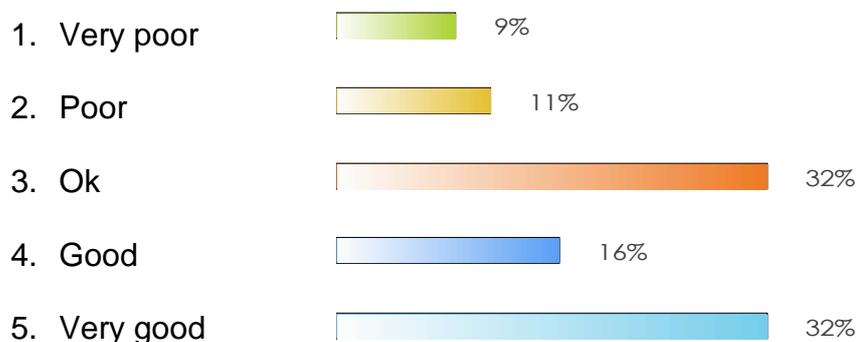
2.1.2. The thing which holds up my recovery the most is?



2.1.3. On a scale of 1-5 how good are your care plans:



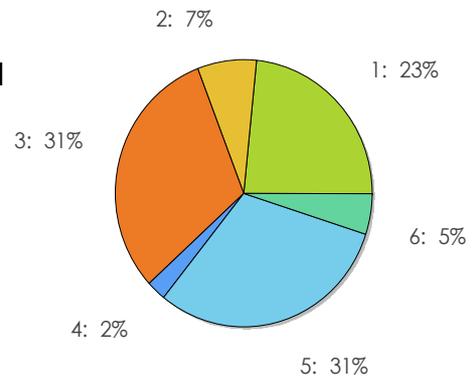
2.1.4. On a scale of 1-5 how well is your physical health looked after?





2.1.5. The thing I would most like NHS England to improve in the mental health system is:

1. Better crisis care in the community
2. Improve secure care pathway in the hospital
3. More suitable community placements
4. More help stopping smoking
5. Increase the number of staff in secure care
6. None of the above



“The most valuable part of the day for me was hearing from Geraldine Strathdee – her enthusiasm and commitment for improving mental health care was a great encouragement.”

To view Geraldine’s presentation, please [click here](#).

3. Geoff Shepherd, Recovery Lead, Centre for Mental Health and Implementing Recovery through Organisational Change (IMROC) Project

Geoff explained *“I have mainly been involved in the last few years trying to help local services support people in their recovery. The most effective way to change services is trying to get professionals and service users to work together, to deliver them together – ‘co production’.”*

Geoff has been working with a team across the country to apply these recovery ideas to organisations and the ImROC document ‘Making recovery a reality in forensic services’ will be coming out in a few weeks’ time.

Geoff expressed his particular thanks to James Wooldridge – service user

Consultant who wrote about himself, discharged from army, frequently diagnosed with schizophrenia at 18, several times within secure care. “It was a privilege to work with James unfortunately he can’t be here today but he has made a video to give you a first hand account of his journey”

Excerpts from James’ video can be found by following the links in Geoff’s presentation.

To view Geoff’s presentation, please [click here](#).

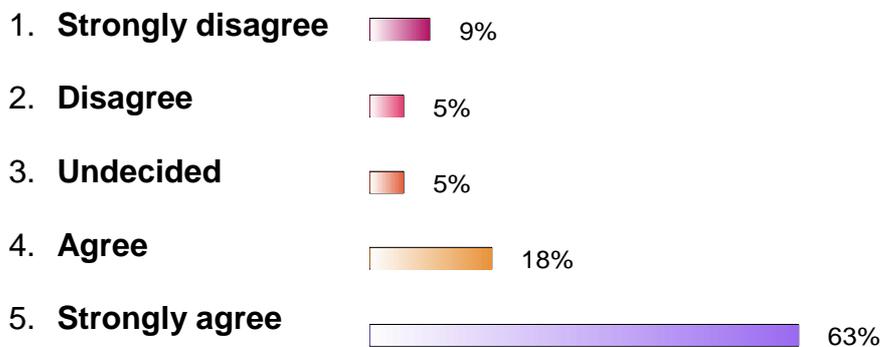


“Geoff Shepherd gave such a good account of the meaning of Recovery in secure services. It’ll be really useful in my own practice.”

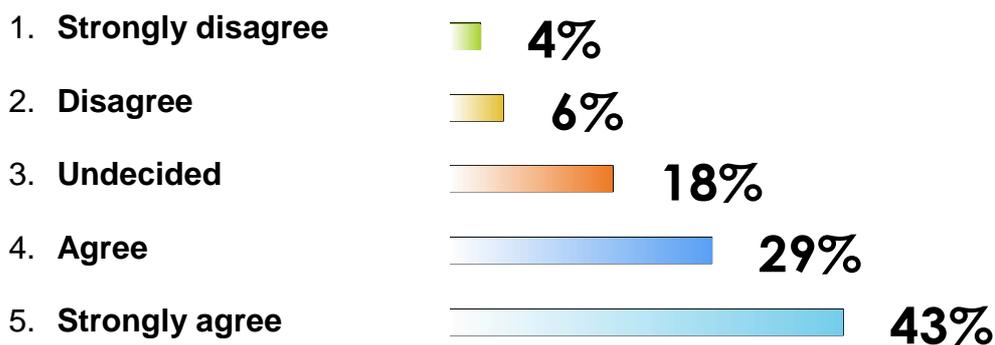
3.2 Audience Vote

Geoff then posed the following questions to service users in the room:

3.2.1 Does Recovery apply to people in secure mental health services?



3.2.2 Are the outcomes people achieve in secure services individual and personal to them?

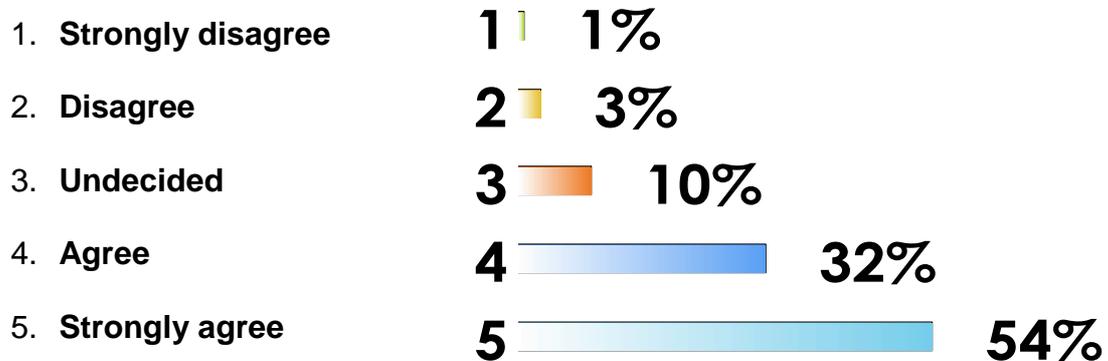


3.2.3 Is the most important outcome for people in secure services not reoffending?

1. Yes – 67%
2. No – 33%



3.2.4 Do the staff have a big role to play in you achieving your outcomes?



3.2.5 Do you believe it is possible to measure outcomes?

1. Yes – 79%
2. No - 21%

To view Geoff's presentation, please [click here](#).

4. MAAP – My Awareness and Action Plan – Mariah & Hannah, Cygnet Hospital Kewstoke

Mariah and Hanna from Cygnet Hospital Kewstoke gave an inspirational presentation about MAAP which gives staff a clear overview of the person by looking at flash cards in the front of someone's file.

"We came up with the idea at a community meeting" said Mariah and Hannah. *"MAAP asks people to think about 'early warning*

signs', 'awareness of triggers' – once identified they should be recorded in the MAAP"

MAAP supports patients to take more control by reminding them what they need to do and to give staff more knowledge about what the patient needs.

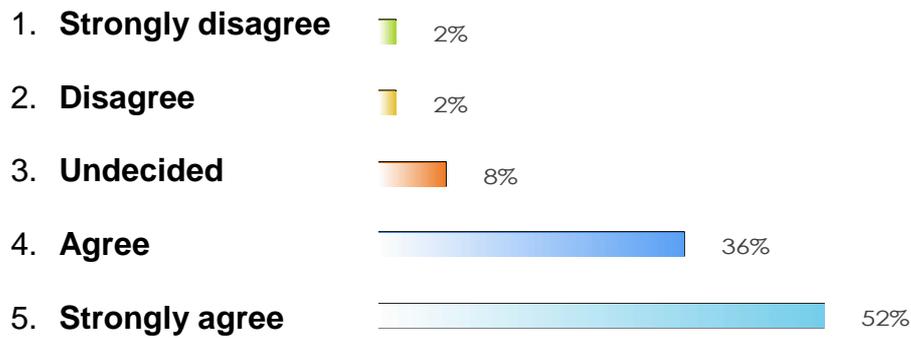
To view Mariah and Hannah's presentation, please [click here](#)

4.2 Audience Vote

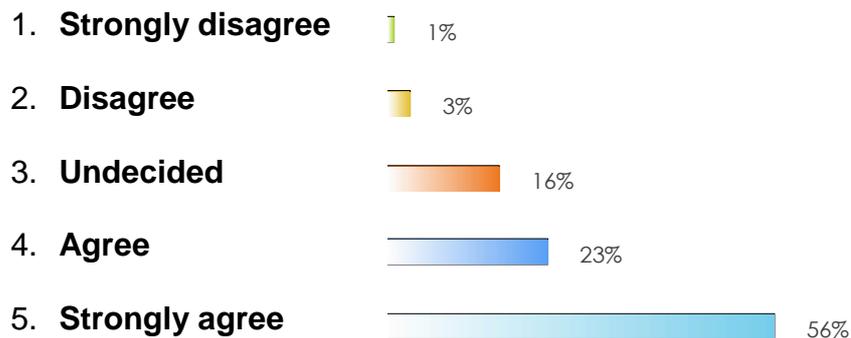
The following questions were developed by Mariah and Hannah:



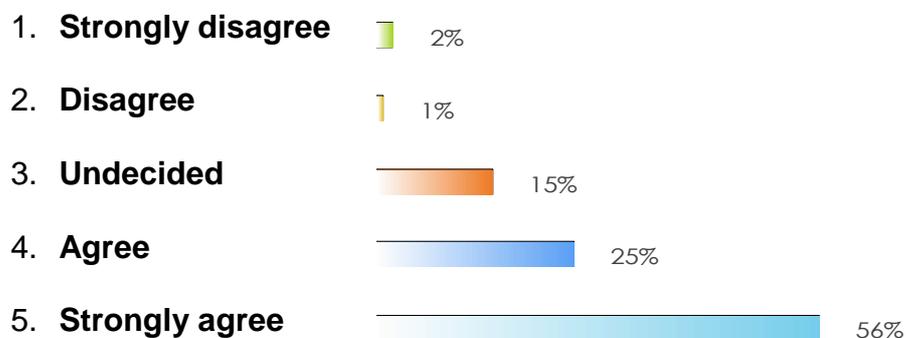
4.2.1. Did you find the information about the MAAP clear and useful?



4.2.2. Do you think MAAP would be useful to implement on your ward?

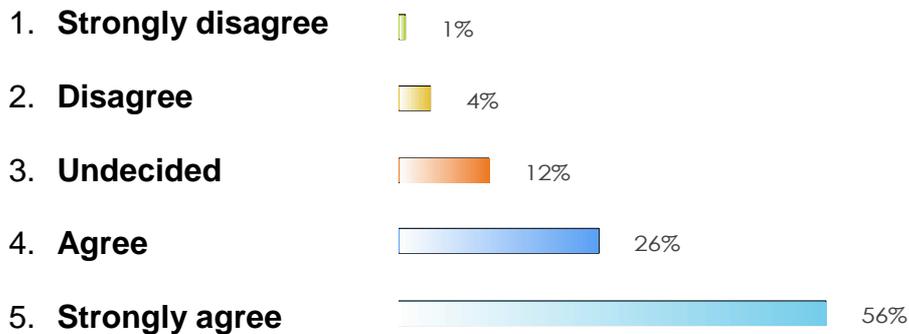


4.2.3. Do you think MAAP could be used in a wide variety of settings?

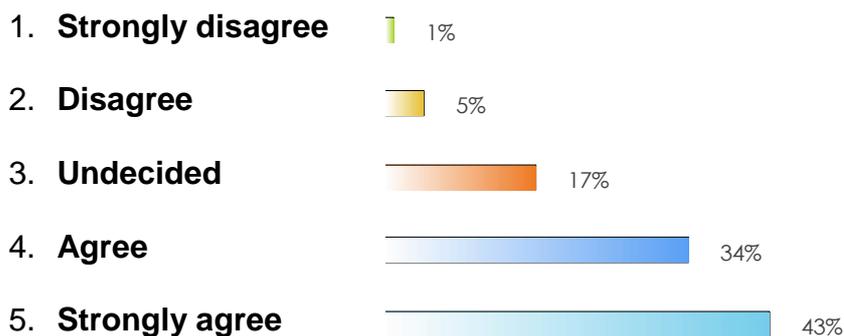




4.2.4 Do you think MAAP promotes and supports recovery?



4.2.5. Do you think the MAAP is clear and easy for service users to understand and use?



“Mariah and Hannah were truly inspirational and what they’ve developed will be really useful. I’d like it on our ward.”

To view Mariah and Hannah’s presentation, please [click here](#).

5. The Personality Disorder Training Project, Millfields Unit – Vocational Community Initiative winners in the National Service Users Awards 2014

“This project started over a year ago. The main aim of the project was to destigmatise Personality Disorder (PD), increasing opportunities for recovery and rehabilitation” Leon, Tony, Ken and Tommy said.

The Personality Disorder Awareness Project began by having several focus groups on the challenges, and discussed what people should know. Training the trainers days were



developed including TAP training (truths, attitudes and perceptions about personality disorder) and tips and ideas for how to work positively

with someone who has a personality disorder.

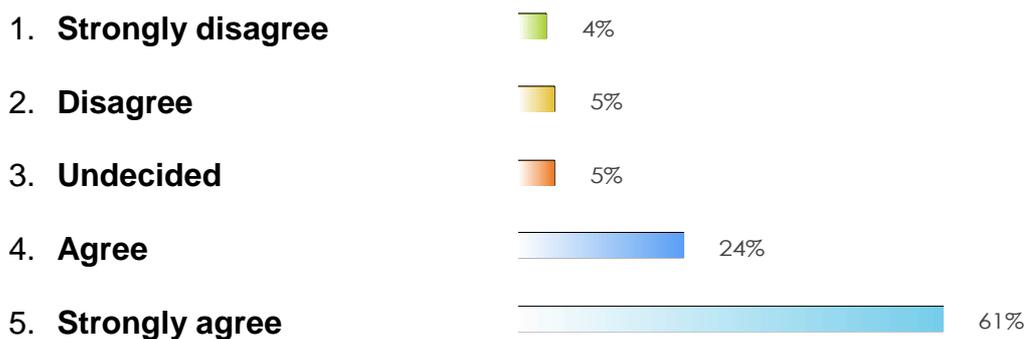
[To view the full presentation, please click here.](#)

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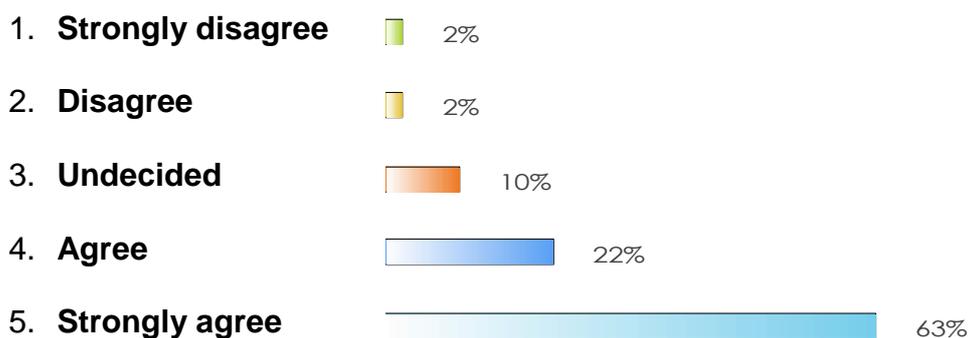
5.2 Audience Vote

The following questions were developed for this presentation:

5.2.1 There is still a lot of stigma around personality disorder.

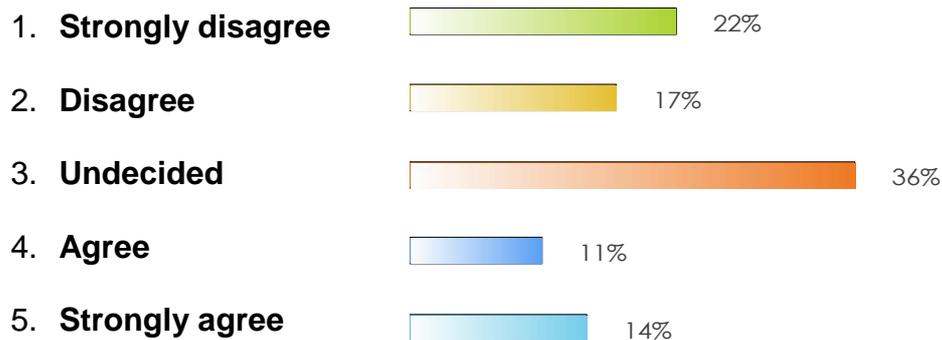


5.2.2 Training about PD for people in the community is a good idea

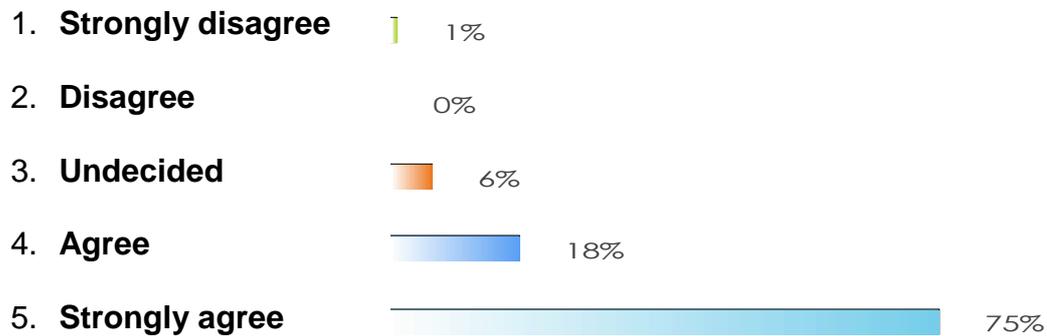




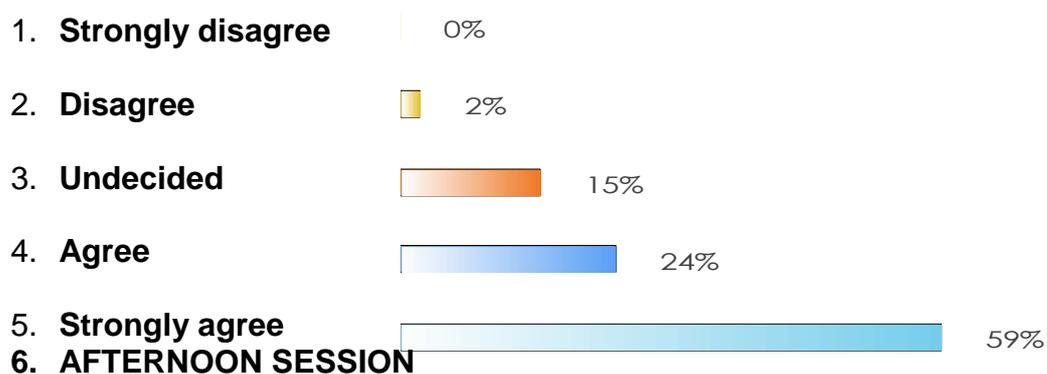
5.2.3. There is enough appropriate support for people with a PD in secure services



5.2.4. It is a good idea for service users to be involved in the training



5.2.5 Anyone with PD or personality difficulties can be supported to live a better life

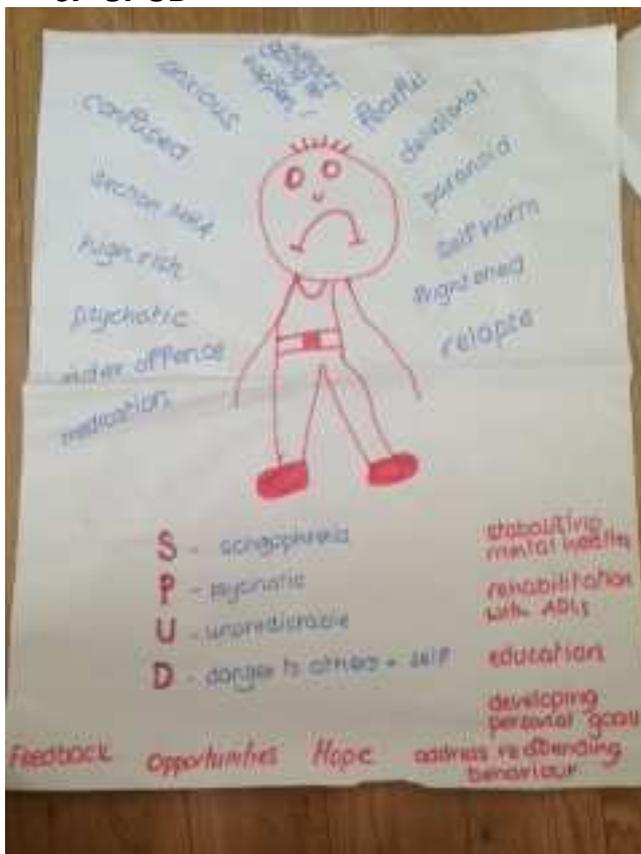


6. AFTERNOON SESSION

2. Mr Hopperdopper-less



3. SPUD



4. Sid Vicious



Task 2:

Think about your person in hospital, what will make their experience in hospital better? How do we know if services are meeting their needs?

Tables were asked to think widely and then record their top three patient experience factors that were collected by the zone facilitators.

Task 2 feedback

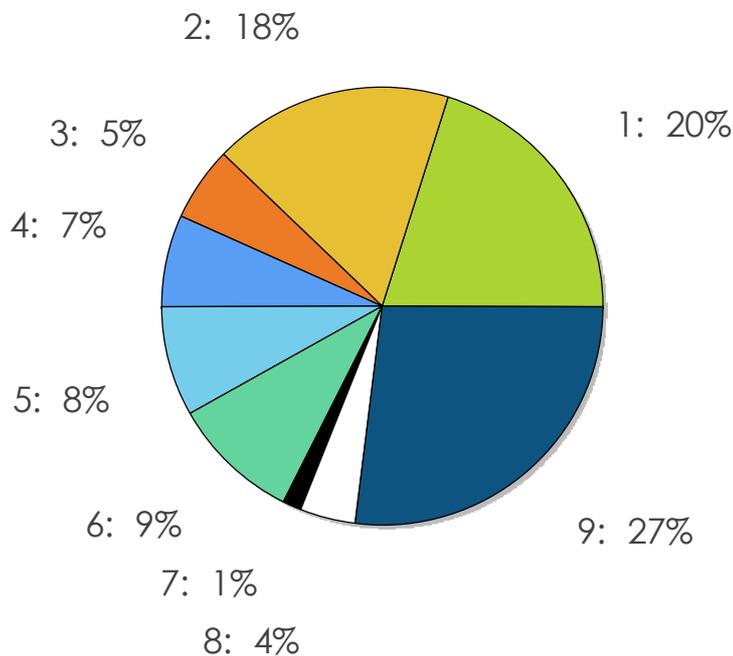
- Awareness of progress
- More money for services kept on the ward
- Access to mobile phones on the ward
- Being on medication
- Being happy
- Less aggression
- Being involved in your care
- Risk reduction on wards
- Consistent staffing
- Being respected and having empathy
- Understanding what you need to do to recover
- Peer buddy support
- Family contact
- Understanding of diagnosis
- Nice environment
- Being involved in formulation of own care plans
- Having single room & bathroom

- Being consistent with rules and boundaries
- Consistency with staff
- Quality not quantity
- Individualising budget so more targeted
- Community meetings
- Surveys
- Service users moving on

The above factors were collated and clustered together to form the key top nine factors impacting on patient experience. Voting pads were then used to rank them.

What is the most important thing that improves your experience in a secure service?

- 1. Being a partner in organising your own care**
- 2. Being listened to – able to change things in the service that are not right**
- 3. Support from staff to maintain close relationships**
- 4. Enough staff who know us**
- 5. Safe and supportive environment with the right facilities**
- 6. Access to community facilities**
- 7. Staff attitudes**
- 8. Peer support**
- 9. Happiness and Hope**



Task 3:

When working towards leaving hospital, what are the most important goals/outcomes?

What are the most important areas to address to move on?

How can the hospital help?

The groups were asked to think widely but to finally record their top 3 outcomes that were then collected by the zone facilitators.

Task 3 feedback:

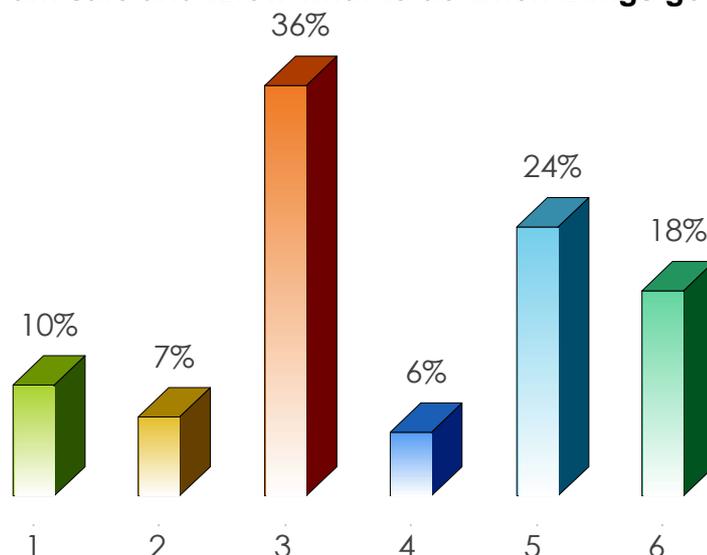
Outcomes and support

- Help with getting to work
- interview skills
- money after leaving
- more emphasis on accommodation
- building confidence and self esteem
- getting rid of stigma
- positive attitude
- being involved
- comfortable in the community
- vocation skills & volunteering
- help to stay well once out want to stay out
- robust community support package
- insight and reduced risk
- good liaison between all agencies

All of the outcomes identified were clustered together into 6 broader outcome areas and the service users voted on the most important to them,

For you to move through secure services what are the most important goals/outcomes you need to meet?

- 1. I have developed supportive networks going out into the community**
- 2. I have developed my life skills**
- 3. I understand my own condition and how to manage it**
- 4. I am fit and healthy**
- 5. I feel good about myself and have positive self esteem**
- 6. I am safe and know what to do when things go wrong**





7. Pathway Navigation System (PathNav) – A computerised system for planning outcomes together – Dr Quazi Haque & Liz Allen & Sue

Dr Haque gave an overview of where the work had come from and explained that it has been developed on evidence based practice.

Liz Allen outlined the principles of the computerised system and how it is working in practice

“We will propose it is implemented at ward level for patients and staff to use together” Liz explained. And went on to share its purpose which includes:-

- Making everyone accountable and how the system works.
- Ensuring people are at the most appropriate level of care
- Ensuring people move on as soon as they have the skills they need
- Ensuring therapies and activities are prescribed by need rather than availability

Liz went on to explain what the system does, and how the system works before handing over to Sue to give a patients perspective on the system.

“It is the ‘first time we have a tool that can tell us when we can get out by seeing if there is a discrepancy between what you and health professional think. You can then work on this. Commissioners want to know the money is spent on the right thing and this system gives timeframes.” Sue explained. She went on to say *“You can add your own notes & your opinions’ it is good to keep up to date with IT. This project is fantastic it allows you to place pressure on a few people to ensure what has been agreed is met”*

If you would like to find out more about this project please see the presentation at the end of the report.

To view the presentation, please [click here](#).

8. Conference announcements

Following on from another fantastic event in March 2014 Ian Callaghan announced that the nominations for the national Service User awards was now open

Information for next year’s event has just been confirmed as:

- Next year Wed 11 March @ Silverstone Circuit, Northamptonshire
- Nominations now open, closing date Friday 31 October
- www.nsua.org (twitter@nsuawards)
- Email info@nsua.org

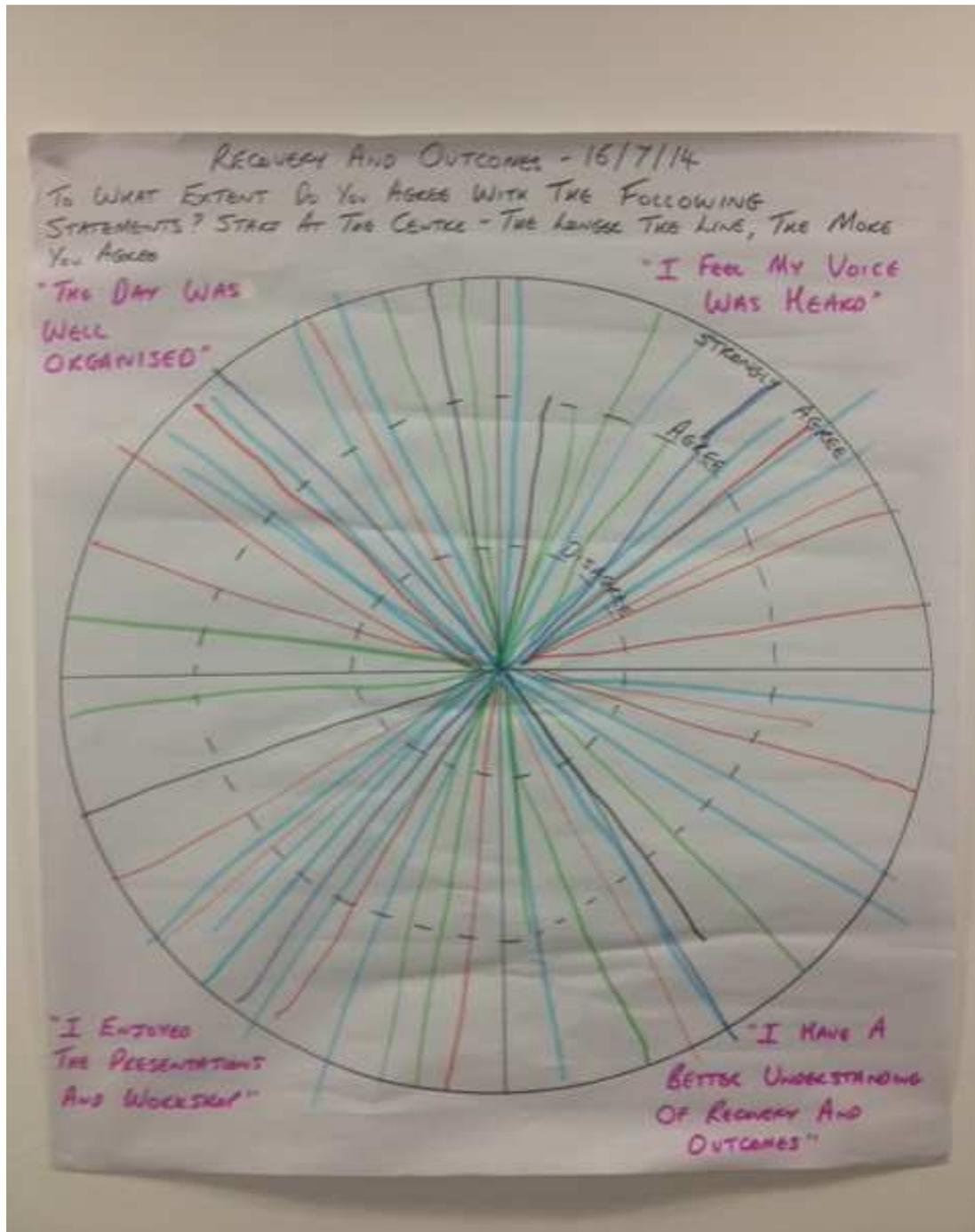
We look forward to receiving even more nominations this year.

9. Feedback from the day

People were asked to either fill in an evaluation form or to mark their response on the evaluation wheels at the exit to the conference rooms.

9.1. Evaluation wheel

Below is one of the wheels. All four of the wheels were similar in terms of feedback.



9.2. Summary of feedback on the evaluation forms

People were asked what was good about the conference:

- Very inspiring
- Voting system
- Engaged service users
- Great interaction
- Service user presence
- Great conference well planned
- Interactive workshops
- Service user presentations
- Geraldine's talk very inspiring
- Dancing to happy
- Ian – fantastic Job (noted many times)

What could have been improved?

- Couldn't see presentations
- Time keeping
- Some of the language difficult for service users
- Too long without a break
- No time to ask questions
- Some of presentation content aimed at staff
- Staff would have liked to have voted
- Queuing for lunch

Overall likes:

- Clikapads
- Interaction of service users
- Service user presentations
- Ian, Ian, Ian

Overall dislikes:

- Not being able to read slides
- Timing
- Queuing

Lots of additional comments:

Brilliant
Well done
Fantastic conference

NB - A few people noted that it was unfair to ask such frank questions about the service user presentations. All the questions asked were developed by the presenters.

Thank you for all those people who left us feedback. This will help us to make the next event even better.

If you are a Twitter follower you may be interested in the Twitter feed from the event. There were several people tweeting on the day on #recoveryoutcomes. If you are interested in looking at the story of the day through twitter please follow this hashtag or look at the Storify of the day at: <http://t.co/OAVBdEgyRC>

Programme for the day

10.00am Arrival, refreshments and registration

10.25am Welcome and purpose of the day, Ian Callaghan, National Service User Lead, Recovery and Outcomes

10.30am Opening Speech, Olivia Butterworth, Head of Public Voice, NHS England

10.40am Dr Geraldine Strathdee, National Clinical Director for Mental Health, NHS England

11.00am Your Views – interactive feedback!

11.10am Quality and Outcomes for Secure Recovery – Geoff Shepherd, Recovery Lead, Centre for Mental Health and ImROC and James Wooldridge, Service User, ImROC

11.30am Your Views – interactive feedback!

11.40am MAAP: My Awareness and Action Plan – Award winners from Cygnet Hospital Kewstoke

12.00pm Personality Disorder Training Course – Award winners from Millfields Unit, East London

12.20pm Your views – interactive feedback!

12.30pm – 1.30pm Lunch

1.30pm Interactive Workshops – facilitated by Rosie Ayub and Mick Burns

2.30pm Refreshments

2.45pm Your views – interactive feedback!

3.00pm The Pathway Navigation System: Advances in Outcomes Planning – Quazi Haque, Group Medical Director, Partnerships in Care and Liz Allen, Outcomes Project Consultant

3.30pm Conclusions, summary and close, Ian Callaghan, National Service User Lead, Recovery and Outcomes

3.45 pm Close – **Free access to the National Motorcycle Museum!**



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