



**RECOVERY AND OUTCOMES GROUP**  
**EAST MIDLANDS**  
16<sup>th</sup> December 2014

**Welcome and Introduction**

Ian welcomed everyone to the meeting and everyone introduced themselves.

**Meeting Facilitator:**

Ian Callaghan, National Service User Lead, My Shared Pathway [ianmcallaghan@me.com](mailto:ianmcallaghan@me.com)

**Regional Lead:**

Louise Bannister [louisebannister@cygnethealth.co.uk](mailto:louisebannister@cygnethealth.co.uk)

**National Updates:**

**Feedback from the Steering Group**

The Recovery and Outcomes Steering Group meets every quarter in Birmingham following the nine Recovery and Outcomes Groups around the country. The meeting is attended by all the Regional Leads together with some service users. The Regional Lead for East Midlands is Louise Bannister [louisebannister@cygnethealth.co.uk](mailto:louisebannister@cygnethealth.co.uk). We also have two service user leads from the East Midlands.

As well as reviewing the regional Groups and planning for future ones, there are several sub-groups:

**Main Messages and DVD**

The 'Main Messages' sub-group, led by Sally Gendle and supported by Cygnet Healthcare, has just produced a 'Main Messages about My Shared Pathway' document, which aims to introduce the principles of My Shared Pathway and how it might be incorporated into Care Planning and CPA processes. The document may be downloaded at:

<http://www.cygnethealth.co.uk/service-users/my-shared-pathway.html>

We have also produced a 'Key Messages about My Shared Pathway' leaflet and poster aimed more at service users.

In addition, Cygnet have sponsored the production of a second My Shared Pathway DVD introducing the main elements of My Shared Pathway. It is 30 minutes long and can be viewed in the same place on the Cygnet website or viewed and downloaded at:

<http://vimeo.com/cygnethealthcare/mysharedpathway>



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Please do feel free to download and copy both the Main Messages document and the DVD as many times as you would like.

**Other sub-groups**

Another sub-group called 'Looking After My Future', aims to bring together people interested in developing resources for service users moving out of hospital.

**Action:** If you are interested in joining the 'Looking After My Future' group, please let me know.

We are still hoping to restart the work with the MoJ and explore doing an evaluation of My Shared Pathway but this is currently on hold.

The next meeting of the Steering Group is on Thursday 22<sup>nd</sup> January – please do let us know if you would like to add anything to the agenda.

**Clinical Reference Groups and Commissioning**

There are 3 Clinical Reference Groups (High/Medium Secure, Low Secure and the Forensic Pathway Group). These groups advise NHS England on what services to commission and consist of clinicians, commissioners and Patient and Public Engagement (PPE) representatives. Ian and two other service users from other regions are PPE reps on the High/Medium and Low Secure CRGs.

The Recovery and Outcomes Groups are always on the agenda for the High/Medium CRG and are a stakeholder, so our views are well represented.

The CRG listened to the feedback from the Recovery and Outcomes Groups about what service users would like to see as next years CQUINs (the Commissioning for Quality and Innovation quality improvement scheme) and two of our suggestions have been included. These are 'Collaborative Risk Assessment' and 'Supporting Carer Involvement'.

Some of the other CQUINs include improving Physical Healthcare, the Friends and Family Test, Quality Dashboard and Pre-admission formulation, i.e. improving communication with service users prior to admission.

**Action:** Please let Ian know if there are any issues you would like raising at the CRG or with commissioners.



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**Ministry of Justice**

We have recently had a very productive meeting with the Deputy Head of the Mental Health Casework Section, who was at the meeting to do a presentation about the work of the MoJ, about two areas of work:

- Correspondence with service users. Following a questionnaire survey 18 months ago, where around 60% of service users and 60% of RCs said they thought direct correspondence between the MoJ and service users was a good idea, it has been agreed to look at ways of taking this forward. It has been suggested that RCs are asked when corresponding with the MoJ whether a discussion has taken place with the clinical team and the service user, if appropriate, about whether sending letters directly to the service user is a good idea.
- Use of outcomes plans. Service users have said they would like to be able to contribute to the decision making processes of the MoJ and one way of doing this may be to forward to the MoJ the My Shared Pathway outcomes plan after every CPA that would include service user views. As this might require some changes to the way services and the MoJ work, it has been suggested that there might be a pilot scheme with volunteer services. Further discussions will take place about this.

**Rethink Mental Illness**

Rethink Mental Illness are now undertaking the secure care work of the Innovation Network, which include improving care planning and CPA, collaborative risk assessment and management, and peer support. These interventions will all be evaluated over the course of the next two years and there will be updates during that time.

Rethink Mental Illness are also planning a big piece of work in secure care that aims to give service users a better voice in improving services by collecting life stories from service users. The Head of Campaigns, Lara Carmona, recently sent this message to all the Recovery and Outcomes Groups:

**“Rethink Mental Illness is preparing a massive piece of work to transform secure care. We know that not enough is being done to improve the voice of people using services in secure care settings. We want to change that.**

**We are very interested in your involvement in our project and we would like to know how we might best work with you.”**

We will be hearing more about this work at future meetings.



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**Action:** Please let Ian know if you would like to be involved in the Rethink Mental Illness campaign.

**Quality and Outcomes Group**

There is a national group looking at more clearly defining outcomes and outcome measures and how they might be linked to care packages and their cost. This has links with My Shared Pathway and the electronic outcomes tool being developed by Partnerships in Care. The outputs from the afternoon interactive workshop at the National Recovery and Outcomes Conference will be fed directly into this work.

**National Service User Awards 2015**

The next National Service User Awards take place on Wednesday 11<sup>th</sup> March 2015 and the finalists will be announced in December.

All the details about the Awards can be found on the new Awards website at:

[www.nsua.org](http://www.nsua.org)

**Presentations:**

**‘Communication and how this improves patient experience’ – presentation by a service user**

We heard a really great and informative presentation about all the ways in which different ways of communicating have improved the patient experience at the unit. These ranged from regular 1:1 sessions with named nurses through to regional governance meetings. She described the benefits and outcomes for each method of communication and also described the role of the patient representative.

**Action:** Ian to circulate the presentation with the minutes.

**‘Evaluating the effectiveness of high secure care’ – presentation by Research Assistant, Rampton Hospital**

We were very pleased to have a presentation about this really important proposed research study looking at what makes for good care and treatment at Rampton Hospital. She outlined how the study will work and described all the ways in which patients will be able to have input into the study. It is hoped that the results of the study will also help inform care at medium secure and other secure units. If anyone would like any more information or would like to be involved, please contact me. We’ll look forward to receiving regular updates from Nicole as the study progresses.



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**Action:** Ian to circulate the presentation with the minutes.

**'The Work of the Ministry of Justice' – presentation by the Deputy Head of Quality Assurance and the Casework Systems Team, Mental Health Casework Section, Ministry of Justice**

We heard a really informative presentation and overview of the work of the Mental Health Casework Section at the Ministry of Justice. This is the part of the MoJ that deals with restricted patients under section 41. I've attached the presentation here. This was followed by a question and answer session and some of the questions included:

- Why are current decisions still based on historical risk, in regards to conditional discharge/recall?
- Are there set criteria for making decisions and differences between case workers?
- What happens if the caseworker isn't available?
- How long does it take to get a decision from the MoJ for leave?
- What expectations do the MoJ have to enable leave?
- If you lose section 17 leave, how long does it take to get it back?
- What happens if a patient absconds – what do the MoJ do?
- How long can you keep a patient on a section 41?
- Can the MoJ attend Tribunals?
- Do the government cuts affect your performance?
- How do you determine a patient's risk before agreeing or not to leave?
- What is the length of time between reviews?
- Why is the MoJ used if it's the doctor's decision in the first place?
- How many patients have been discharged by the Secretary of State that were on a section 37/41?
- Why is emergency or healthcare leave now needed to be requested from the MoJ?
- When is it going to be ok for patients to contact the MoJ themselves?
- Why does it take so long for service users to obtain answers back from the MoJ regarding leave?
- To whom are you accountable? How do you measure outcomes and what happens if you are not meeting those?
- Why can't service users contact the MoJ?
- Transfer from prison to hospital is key to a service user's well being and is often like two different worlds – what can the MoJ do to improve this transition?
- Why is the government cutting funding – where is the money going?
- Why does it take so long for home leave (compassionate and normal) to be granted? What can be done to make it better?



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- Why do the MoJ get funny when ringing for answers on applications?
- When patients are waiting for a decision about leave, it can make their mental health worse – how can we make it better?

**Action:** Ian to circulate the presentation with the minutes.

**Dates of Next Meetings:**

**Tuesday 24<sup>th</sup> March 2015**

**Tuesday 30<sup>th</sup> June 2015**

**Thank You:**

We would like to thank Louise Bannister and our host who helped organise the meeting.

**Contact details:**

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