



RECOVERY AND OUTCOMES GROUP
EAST MIDLANDS
30th September 2014

Welcome and Introduction

Ian welcomed everyone to the meeting and thanked them for their patience while we found a key to get in to the venue. Then everyone introduced themselves.

Meeting Facilitator:

Ian Callaghan, National Service User Lead, My Shared Pathway ianmcallaghan@me.com

Regional Lead:

Louise Bannister 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. 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 and these are attached with these minutes.

Action: Ian to circulate the leaflet and poster with the minutes.

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:



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

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 9th October.

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.

Rethink Mental Illness



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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.

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

Louise and a service user from the organising committee gave a presentation about next year's National Service User Awards, which take place on Wednesday 11th March 2015 and the nominations closed on 31st October and finalists will be notified in December.

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

www.nsua.org

We had finalists in the Awards from the East Midlands and it would be great to have even more from this area next year!



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National Recovery and Outcomes Conference – 16th July 2014

The first National Recovery and Outcomes Conference took place on 16th July at the National Motorcycle Museum in Birmingham and was a great success! With over 100 service users from around the country and 300 delegates altogether, there's already been great feedback. We used electronic voting pads to get instant feedback throughout the day from the service users and this proved very popular!

We were delighted to have been able to have support from Partnerships in Care and NHS England, whose Head of Public Voice, Olivia Butterworth co-hosted the morning session with Ian Callaghan. We had great presentations by Geraldine Strathdee, the National Clinical Director for Mental Health, who is a very inspiring supporter of secure care. We also heard from Geoff Shepherd, the Recovery Lead from the Centre for Mental Health and ImROC about their project looking at recovery in secure care.

We also had two inspiring presentations by winners of this year's National Service User Awards: one from Cygnet Kewstoke about the MAAP: My Awareness and Action Plan that has been developed to improve the understanding of patients and where they are in their recovery; and the other from Millfields Unit in East London about their innovative Personality Disorder Training Course. Many people said these really were the highlight of the day!

In the afternoon, following a warm up session dancing to 'Happy', there was an interactive workshop about how to make outcomes and outcome measures more relevant and meaningful for service users. Feedback from the day will help inform the national Quality and Outcomes work currently being undertaken by the Care Pathways and Packages Project, who very kindly provided the funding for the conference.

Following a great presentation from Quazi Haque and Liz Allen about 'PathNav' the Pathway Navigation System being developed by Partnerships in Care, we had the results from the afternoon's interactive workshops. These will all soon be available in a report about the conference that will also have all the results from all the voting pad sessions, together with feedback and evaluations from the day.

'Restricted Items Project'

Ian informed everyone of the 'Restricted Items Project' that is being carried out by a trainee forensic psychiatrist from East London Trust, who is drawing up some guidelines for better ways to assess potentially 'restricted' items and is keen to hear the views of service users and staff. She was unable to attend the meeting today, but her presentation is attached with these minutes.



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Action: Ian to circulate the presentation with the minutes.

Presentations:

'Patient Involvement in Risk Assessment of Internet and Mobile Phone Usage' – presentation by service users

Two service users gave a great presentation about how service users have been involved in developing a collaborative risk assessment process for use at their unit, particularly around the use of technology, such as the internet and mobile phones. They described how this had been developed in conjunction with service users and told us about the enormous impact it has had. They have kindly agreed to share their presentation with the group.

Action: Ian to circulate the presentation with the minutes.

'Collaborative Risk Assessment'

A clinical psychologist gave a great presentation about the approach that his service has taken to develop the collaborative nature of its risk assessment process. He told us about the development process, the training that had been developed, but difficulties along the way and the results of this approach so far. He has kindly agreed to share his presentation with the group.

Action: Ian to circulate the presentation with the minutes.

Discussion groups:

'Collaborative Risk Assessment'

As part of this year's CQUIN (Commissioning for Quality and Innovation) scheme, services are being asked to improve the involvement of service users in their risk assessment and safety management. Ian told the group about a presentation developed by Ruth Hasley and her team at Cygnet Hospital Kewstoke. For further information on the presentation please contact louisebannister@cygnethealth.co.uk or ruthhasley@cygnethealth.co.uk

Action: Ian to circulate the presentation with the minutes.

This theme was then discussed in small groups in answer to the questions: 'Why should service users be involved in their risk assessments?', 'What is difficult about doing this?', 'How can these difficulties be overcome?' Jane again collated feedback, which included:



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Why should service users be involved in their risk assessments?

- Patients know their risks better – why would it not occur?
- To know how to progress, what and who to engage with
- To know and plan where I am going
- To understand the professionals' point of view
- To build confidence and self-esteem
- To help move forward with new staff
- To promote honesty
- Finding a middle ground
- To know where we're going
- Getting to the root of the risk problems
- Patients need to know about the care pathway and what can be achieved with the timescales
- Gives a time frame to work to
- Past risks are used without considering what has been learned or changed – need to consider past and current risks and protective factors
- Ultimately, the unescorted or discharged patient has to manage the risk – no one else!
- To highlight what areas of risk have changed – which ones remain
- Better preparation – more risk-specific treatment

What is difficult about involving service users to do this?

- Different opinions between patient and team
- Confuses patients when MDT members disagree, split who you like
- Understanding a new CQUIN – why not use My Shared Pathway Safety and Risks?
- Isn't this achieved already by proper care planning and patient involvement?
- Can feel like being 'attacked' with all your risks
- Frustrating
- Going round in circles
- It's annoying – historical risks never change
- Historical risk is always brought to the forefront when considering risk – how is change considered?
- Trusted risks?
- Don't lose the person in the risk
- Difficult for staff and service user to trust each other re: risk
- Staff might lack skills or interest



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- Going over 'risk' repeatedly
- 'What's in it for me?'
- 'I change but my risks is seen as staying the same'

How can these difficulties be overcome?

- Talking to people
- Medication to think straight
- Small, regular consultations
- More support/structure after risk assessment has been done
- Collaborative weekly meetings with service users and MDT staff – tackle issues together
- More access to psychology sessions – weekly
- Mini CPA between main CPA
- Staff to be more aware of the issues
- Train staff and service users
- More trust and trusted risk from clinicians
- How to overcome the media sales – adverts
- Need to overcome clinicians from backlash in decisions about risk
- Train staff and service users to a higher standard and understanding

Dates of Next Meetings:

Tuesday 24th March 2015

Thank You:

We would like to thank Louise and the catering team for a great lunch!

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