RECOVERY AND OUTCOMES GROUP
EAST OF ENGLAND REGION
2nd December 2014

Meeting Faciliator:

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

Regional Leads:

Gayle Woodcock gayle.woodcock@huntercombe.com

Welcome and Introduction

We were warmly welcomed by Juanita from Beech House and everyone introduced themselves.

Minutes of the last meeting

These were reviewed and there were no questions.

Please ensure copies are printed off and given to service users who do not have their own email address.

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 of England is Gayle Woodcock gayle.woodcock@huntercombe.com

Would like to have a service user representative for the East of England area.

Please let Ian or Gayle know if you are interested. Next meeting 22nd January in Birmingham.

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

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 explore doing an evaluation of My Shared Pathway but this is currently on hold.

The next meeting of the Steering Group is on Thursday 22nd 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.

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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.

Ministry of Justice

We have recently had a very productive meeting with the Deputy Head of the Mental Health Casework Section 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. South Staffordshire and Shropshire are participating in the Network.

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

National Service User Awards 2015

The next National Service User Awards take place on Wednesday 11th 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

Presentation:

'Improving Communication for Patients' – presentation by staff and service users

A Senior Occupational Therapist together with some of the patients gave a great presentation about all the involvement work going on at their unit and the impact this has had on service users and communication at the hospital. We also heard about some of the voluntary work opportunities that service users are involved with both within and outside the hospital.

Action: Ian to circulate the presentation with the minutes.

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Discussion groups: Effective Communication

One of the topics for discussion that the Steering Group has suggested to be considered by the Recovery and Outcomes Groups is the theme of what makes for good and effective communication in secure services, both with people in services and with people outside. It is hoped that the outputs from these discussions will form some recommendations or guidance to help services and service users support good communication.

Small groups considered the following questions: What does 'effective communication' mean in a secure setting? What are the barriers and difficulties for maintaining 'effective communication'? and What could help develop better communication in secure settings? The following is a summary of the feedback:

What does 'good communication' mean in a secure setting?

- Honesty, telling the truth, being clear, reassurance
- Open body language, good non-verbal communication
- Speaking clearly and not too loud or soft or too fast
- Repeat things that are not easy to understand
- Make time to understand the patient's point of view
- Avoiding jargon, use of universal language
- Knowing people's preferences
- Picking your moment and choosing the right environment
- Finding things in common
- Checking before information is shared with e.g. family

What are the barriers and difficulties for maintaining 'good communication'?

- Distractions on the ward, disruptive environment, noise
- Too many people talking at once
- Staff being busy and not seeming approachable
- Resources, e.g. staffing levels
- Staff having to deal with difficult situations on the ward, unsettled patients
- Patients not wanting to be a nuisance
- People feeling intimidated
- Mood and mental health – patients and staff
- Lack of insight

- Forgetful people, miscommunications
- Relinquishing control – giving back 'power'
- 'Having a relapse', change of medication

What could help develop better communication in secure settings?

- Simple language
- Encourage less able patients to speak
- 'Talk times'
- Using technology to help, e.g. email
- Being praised for work/progress and 'being told where I stand in progress'
- Knowing where I am in my pathway
- Participating in days like today
- Staff training and more staff – more resources
- Patients being more involved in work of hospital team
- Designated staff member, knowing each individual
- Skill mix of staff teams
- Patient buddy system
- Patients' Council meeting
- Shared access to patients' files
- Regularly updated meaningful communication boards
- Glossary for terms in reports
- Regular 1:1 engagement time with staff per shift
- Staff spending more interactive time with patients
- Being consulted and included in care planning and risk assessment

During the discussion someone mentioned a publication from the Royal College of Speech and Language Therapists called 'Five Good Communication Standards' and I've attached it to these minutes.

Action: Ian to circulate the presentation with the minutes.

Date of Next Meetings:

Thursday 5th March 2015 – *venue required*

Tuesday 9th June 2015

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Thank You:

We would like to thank our host and the team for organising the meeting and the catering team for a superb lunch!

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