



RECOVERY AND OUTCOMES GROUP
LONDON REGION
2nd September 2014

Meeting Facilitator:

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

Regional Lead:

Rachel Kitten, Occupational Therapist, Cygnet Hospital Beckton rachelkitten@cygnethealth.co.uk

Welcome and Introduction

Ian welcomed everyone to the meeting and everyone introduced themselves.

Minutes from Last Meeting:

These were reviewed and there were no questions.

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 London is Rachel Kitten rachelkitten@cygnethealth.co.uk and Robert also attends as a service user representative.

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.



RECOVERY AND OUTCOMES GROUP
LONDON REGION
2nd September 2014

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 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 took place 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.



RECOVERY AND OUTCOMES GROUP
LONDON REGION
2nd September 2014

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

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.

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 11th March 2015 and the nominations are now open!

Nomination forms can be downloaded and all the details about the Awards can be found on the new Awards website at:



RECOVERY AND OUTCOMES GROUP
LONDON REGION
2nd September 2014

www.nsua.org

We had winners of the Awards from East London NHS Trust this year along with another finalist and it would be great to have even more from the London area next year!

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.

Presentations:



RECOVERY AND OUTCOMES GROUP
LONDON REGION
2nd September 2014

‘Oscars Themed Event’ – presentation by Senior Occupational Therapist and service user

A celebration of achievement and positive experiences. Service user input with regards to decorations etc for the event. To recognise and celebrate positive work of service users and staff. Service users’ family members were also invited to the event. There were canapés and fizz on offer. Also, showed the animation. The sports’ hall was used as the venue. Had Open College Network Awards – formal recognition as a centre for education by NOCN in 2009. Recovery Awards – clinical teams identified individuals in 1. Community 2. Personal 3. Physical Health 4. Working In Partnership. Making A Difference Awards – staff & service users. 4 staff winners, 4 service users plus 2 non-ward based staff. The Band played. The band have been jamming since the beginning of this year (2014). A service user from the band fed back that everyone should have a hobby because it can be life saving. This event was the first gig for the band.

Background to the Animation Film – project funded by a Museum. It was created over a 9 week period by 6 service users who worked with museum staff, a professional animator and a photographer to create the 6 minute animation. The animation is called “An A-Z of Objects”. This project was underpinned by the Remotivation Process. There has been positive feedback.

A booklet was published about the Oscars Event as a recognition of the event. The suggestion was that this event should be entered for the National Service Users Awards. The animation is on the Horniman Museum website at: <http://www.horniman.ac.uk/about/shaftesbury-clinic-community-engagement-project> The whole project was funded by the Arts Council.

Our Friends and Family Group

Presentation by Occupational Therapist and Psychiatrist. The Forensic Service Friends and Family Support Group was established in 2012. The group have had an event every year but have had gaps between each event. They wanted something on a regular basis. Through the group the organisers had contact with everyone involved, not just the social worker. Questionnaires were sent to friends and family (no one as a registered carer). 98 were sent out, 32 were returned, 28 thought that the group would be a good idea. A friends and family database was established so that all of the information was in the same place and it is regularly updated. Over 100 invitations were sent out.

The first meeting was held at the Recovery College. The group generated lots of ideas. They wished to know about medication, the Mental Health Act etc. The group attendees felt isolated from the service and wished to know about the daily care of their family member. There was positive feedback. The group meets every 4-6 weeks at the Recovery College. Topics that have been covered include: Improving the Experience of the Visitor, Life After Hospital. About 13 individuals



RECOVERY AND OUTCOMES GROUP
LONDON REGION
2nd September 2014

attend. The feedback from the group included: social work provision on the low secure ward is poor, no up to date photographs of loved ones, visitors don't know what to expect.

What has been able to be addressed includes: meeting focussing on social work in forensic services – social work provision has been reviewed and social workers have been moved around the wards, there is a visitors room (more toys, friends and family notice board and less sterile), the psychology group room has been converted to accommodate visitors, visitors are able to use a camera. The group has provided a Welcome Pack. Used to have a single A4 page but now a booklet has been developed by the friends and family group members. One of the biggest achievements is staff training (friends and family members, psychiatrist and nursing staff). The group has had its first year anniversary. The future of the support group includes: newsletter, more friends and family to attend, better links with the Trust, better links with other carers' groups. 1. Family & Friends Support Group 2. Targetted Family Group 3. Family Therapy.

Restricted Items Project

Ian informed everyone of the 'Restricted Items Project' that is being carried out by a trainee forensic psychiatrist, 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.

There was a discussion about 'What items should be banned?', 'What items should be better controlled?' and 'How should it be decided?'

- **What items should be banned?**

Internet dongles – to avoid visiting inappropriate sites

Razors and scissors in [medium secure units]

- **What items should be 'controlled'?**

Mobile/smart phones should be allowed so that people don't have to use payphones

Internet use provided people not visiting inappropriate sites

Access to social media

Skype should be regarded as a visit and risk assessed as such

DVDs should be controlled depending on rating

Laptop with photos should be allowed to be brought in by visitors

Razors and scissors should be subject to individual assessments in **step down**/low secure units.



RECOVERY AND OUTCOMES GROUP
LONDON REGION
2nd September 2014

- **How should it be decided?**

Risk assessments carried out in collaboration between staff and service users.

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. This was 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?'

- **Why should service users be involved in risk assessment/safety planning?**

- To increase service users' wider understanding of risk assessments as part of their care plan
- To help service users recognise risks
- To increase transparency and demystify the process
- To give service users a voice and the opportunity to challenge if not in agreement with staff
- To help improve relationships
- To have a shared plan and therefore shared responsibility between staff and service users
- To ensure service users feel **involved** in their own recovery

- **What is difficult about this?**

- It may require difficult conversations
- Service users may not feel safe or ready to discuss risks and share past experiences
- Staff may not feel comfortable or lack confidence in discussing risk issues
- Disagreement may damage working relationships between service users and staff
- Culture of how MDT and CPAs works. Usually service users asked to leave so that the team can complete 'paperwork'.

- **How can these difficulties be overcome?**

- Ensuring a positive, therapeutic relationship that is always non-judgemental
- Understanding and knowing service users so that timing is right
- Training for staff and service users
- Ensuring that disagreements are documented in a neutral language
- Changing structures of CPA's so that care plans are focussed on at the beginning

Date of Next Meetings:

Tuesday 24th February 2015 – venue required

Contact details:



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LONDON REGION

2nd September 2014

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