



RECOVERY AND OUTCOMES GROUP
SOUTH CENTRAL REGION
4th September 2014

Meeting Facilitator:

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

Regional Lead:

Anbu Batumalai, Lead Occupational Therapist, Thornford Park anubatumalai@porygroup.com

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 South Central is Anbu Batumalai anubatumalai@porygroup.com

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.cynethealth.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.



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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 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.



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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:



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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:



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‘Our Recovery Video’

A Senior Occupational Therapist and service user, showed a really interesting and stimulating video based on service users’ experiences of recovery and issues faced in a secure environment. This was very well received.

‘Researching Service User Groups’

Alice Hicks, a service user researcher based in Oxford, is doing some research to investigate service user-led groups around the country. Alice is very interested in hearing about people’s experiences of any groups they have or currently belong to and would be delighted to hear from you. Alice can be contacted at: a_hicks2@sky.com

‘Oxford Mental Health Campaigners for Change’

Frances Ashworth, the co-ordinator of the newly formed Rethink Mental Illness ‘Oxford Mental Health Campaigners for Change’ group told everyone about the group, it’s aims and hopes for the future. Frances told us about forthcoming speakers and plans for local and national campaigning work. Frances also gave some moving reflections about being both a carer and someone with lived experience herself of mental health difficulties. For more information and to be put on the mailing list, please contact Frances at: OxfordMentalHealthCampaignersforChange@rethink.org The leaflet with the dates of all future meetings and poster for display are attached with these minutes.

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

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.

There was a discussion about ‘What items should be banned?’, ‘What items should be better controlled?’ and ‘How should it be decided?’ Small groups discussed these questions and feedback said:

One group said the three most frustrating restricted items are:

- Mobile phones
- Home-cooked food not allowed into the hospital



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- Restricted access to cigarettes

Another group said these were frustrating:

- Mobiles, laptops – Facebook and email
- Smoking, alcohol
- Skype
- Home-cooked food
- Razors
- Caffeinated drinks

While others reported not having gum and blu tack/sellotape was frustrating, along with energy and protein drinks. Some thought e-cigarettes should be allowed.

Most groups thought that there should be a greater individualisation of risk assessment with the use of contracts between staff and service users when appropriate.

‘Priory Safety Planning’

Anbu Batumalai, Lead Occupational Therapist from Thornford Park told us about the Safety Planning initiative that staff and service users from Priory hospitals have developed. This includes a Safety Planning Group for service users, as well as joint training for staff and service users, and is being implemented in all Priory hospitals. It is also contributing to the Rethink Mental Illness Innovation Network. This led on to the discussions below.

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?’ Feedback included:

Why should service users be involved?

- ‘It’s about us!’ ‘I’m the expert!’
- We know ourselves best and what works for us – how can I address my risks if I’m not included?
- Professionals aren’t always open about risk, so how are patients supposed to know what their risks are and what they are working towards?



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- Only the individual knows how they feel or think about any given situation.
- To boost self –confidence.
- To help the service user to accept responsibility.
- Planning for the future – it gives a sense of progress/

What is difficult about this?

- If the person was unwell and they aren't able to be involved.
- Individual staff members' views about how involved patients should be in their risk assessment and management.
- Differing views about positive risk taking.
- Could be quite difficult for newly admitted patients who don't know the team and feel they can't be open and honest. Or some patients might not want to be honest because they're worried about the impact on their progress.
- Some staff may worry about sharing their thoughts about the patient and how this might influence relationships and the dynamic.
- Issues about commissioning, funding, out-of-area placements – is it relevant to clinical care?
- Staff fears about 'upsetting' the patient if they're honest.
- Patient may be very sensitive.
- Stages of recovery are important.
- Lack of trust, open-mindedness, honesty and active listening.
- Lack of staff time.
- Distraction.

How can these difficulties be overcome?

- Be person-centred. People should have a choice of whether they are involved or not.
- It's not just about CPAs/CTMs – these conversations happen all the time but it needs to include the whole team.
- 'Be one team together not teams on different tracks'
- Better relational security.
- Be culturally aware.
- Be honest and open-minded (to disagreements)
- Give more time.
- Do the work in between CPAs or at pre-CPA meetings.



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Date of Next Meetings:

Thursday 19th February 2015

Contact details:

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