



**RECOVERY AND OUTCOMES GROUP**  
**SOUTH EAST COAST**  
5<sup>th</sup> December 2014

**Meeting Facilitator:**

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

**Regional Lead:**

Kate Law [katelaw@priorygroup.com](mailto:katelaw@priorygroup.com)

**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 South East Coast is Kate Law [katelaw@priorygroup.com](mailto:katelaw@priorygroup.com). We would very much like to have service users from all the Regions.

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.



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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 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.



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**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, 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.”**



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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 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:**

**‘Our Real Work Opportunities’ – presentation by staff and service users**

One of the service users gave a great presentation about her involvement in several of the real work opportunities at her hospital. She told us about the great difference these had made to her, increasing her confidence while improving her skills. There was a lot of interest from people in the group.

**‘Meet the Commissioners’ – presentation by two Case Managers from NHS England**

Two case managers gave a great presentation outlining the work of NHS England, commissioners and case managers. I’ve attached their presentation here. This was followed by a question and answer session and some of the questions included:

- What plans has NHS England for individuals with learning disabilities regarding their placement in the community?
- Is NHS England putting enough resources to fund forensic follow up for patients who are ready to move into the community?



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- How much support can NHS England offer for transition and post-discharge?
- Within the 'pot' for inpatient services, is their scope to allocate monies to support service users with the transition, i.e. pre-discharge work, for example places in vocational or other community projects run by the 3<sup>rd</sup> sector? Is this already available? How can we access it?
- How can NHS England help people access community projects?
- Can we personally invite you to a CPA etc?
- What type of budgets are you working with?
- The remit is huge, how do you prioritise?
- How does the money go to the community services after discharge?
- Where does the money you receive for each service user go? How is it spent?
- What happens if a service user wants to move out of their home area?
- If the majority of my care team are behind me with a transfer to a step down unit and yet the manager of that unit is opposed...could NHS England step in and help to resolve this?

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

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

- What do you think could be contributing to the increase in restricted patients?
- What do you think is contributing to the increase in community rates?
- How likely is the MoJ to support discharge as recommended by the care team and tribunal?
- What is the relationship between the MoJ and parole board?
- Can someone in hospital be convicted twice for another offence committed while in hospital?

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

**Dates of Next Meetings:**

**Tuesday 17<sup>th</sup> March 2015**

**Thursday 11<sup>th</sup> June 2015**



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**Thank You:**

We would like to thank our host and her colleagues for being such welcoming hosts and the catering team for a great lunch!

**Contact details:**

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