



**RECOVERY AND OUTCOMES GROUP**  
**WEST MIDLANDS REGION**  
16<sup>th</sup> September 2014

**Meeting Facilitator:**

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

**Regional Lead:**

Jane Clark, Consultant Occupational Therapist, BSMHFT [Jane.Clark@bsmhft.nhs.uk](mailto:Jane.Clark@bsmhft.nhs.uk)

**Welcome and Introduction**

We were warmly welcomed 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 West Midlands is Jane Clark [Jane.Clark@bsmhft.nhs.uk](mailto:Jane.Clark@bsmhft.nhs.uk)

Would like to have a service user representative for the West Midlands area.

Please let Ian or Jane know if you are interested. Next meeting 9<sup>th</sup> October 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



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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:

<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 9<sup>th</sup> 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.



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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.

#### **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



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interactive workshop at the National Recovery and Outcomes Conference will be fed directly into this work.

**National Recovery and Outcomes Conference – 16<sup>th</sup> July 2014**

The first National Recovery and Outcomes Conference took place on 16<sup>th</sup> 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:**

**National Service User Awards 2015**



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Some of the service users from the organising committee told us about the next National Service User Awards, which take place on Wednesday 11<sup>th</sup> March 2015 and the nominations are now open!

There is an opportunity for service users to be part of the long listing panel to support the judges. Applications close 19<sup>th</sup> September. Successful applicants will be invited to attend a judging day at Cygnet Hospital Derby 1<sup>st</sup> week in November.

Musicians / Entertainers required for the event at Silverstone on 11<sup>th</sup> March 2015, please send CD or DVD to Louise Bannister, Cygnet Hospital Derby, 100 City Gate, London Road, DERBY DE24 8WZ and this will be passed on to our Service User Entertainment Manager who will be planning the days entertainment.

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

[www.nsua.org](http://www.nsua.org)

**‘The Secure Transitional Recovery and Pathway Development Group’**

Gary Thorpe from Ashworth Hospital told everyone about an exciting project that is just getting off the ground. The Secure Transitional Recovery and Pathway Development Group held its first meeting on the 15<sup>th</sup> October and it was a great success with over 80 attendees from over 20 organisations from all over the country. Gary’s presentation is attached here, but hopefully we’ll be hearing feedback about the meeting at the next group in November.

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

**Discussion Groups – ‘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.

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

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

Louise Bannister and Jane Clark kindly collated all the following feedback:



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**What are the most frustrating aspects of restricted items and which in particular?**

There was acknowledgment that there did need to be restrictions, controls on some items

**There was particular frustration on restrictions on the following items:**

- Headlines removed from the newspaper
- Boiling water
- Bans on caffeinated drinks
- Toiletries ie toothbrushes, mouthwash, aftershave, shaving foam, Aerosols
- Sellotape (particularly when available on ward )
- Blutac
- Posters and pictures
- Over 18 CDs (when over 18)
- Full sugar soft drinks
- Mobile phones
- Carrier bags
- Restricted numbers of take-aways (in particular when not overweight)
- Lighters
- Electric shavers
- Glass items
- Downloaded music
- Pens
- The number of pairs of shoes
- Food snacks, and being unable to have food in the room
- Snooker balls
- Batteries
- Chewing gum
- Paper clips
- Nail clippers and scissors
- Access to the internet

The need for fresh air breaks and access to making hot drinks.

**Better ways to control items**

In a discussion about how items may be “controlled “ better the following suggestions were made:

- A more individualised approach



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- Greater discretion for the unit manager
- Greater consistency ie no bans on sellotape that is available on the ward anyway
- Replacing items ie carrier bags with own designed canvas bags
- Procedures to increase availability of items that are needed ie knife in the kitchen locked away but available for use by SU who are able to, in addition greater supervision by staff
- A process based on collaborative risk assessment following MDT discussions with a contract agreed (ie items removed if contract not followed ie use of internet) and well communicated to SU.
- To include these decisions clearly in treatment plan
- Clear and sensible explanations for SU about restrictions
- To ensure that LSU are less restrictive

**How should decisions be made about items considered restricted, contraband etc**

- It was agreed that there should be patient and staff consensus where possible.
- The principle of considering the individual circumstance should be applied wherever possible to avoid blanket bans. This might present challenges to staff groups in managing variation but the group agreed that this was a fairer way of managing risk.
- Greater use of individual and environmental risk assessment followed by procedures to enhance safety
- To review the contraband list in recovery groups with recommendations to the risk committee.
- Opportunity to discuss in community meetings, with RC and a suggestion box were proposed.

In relation to the internet, the use of traffic lights for various levels of access was suggested. Again the principle of assuming that there was access was agreed to be preferable. Education and training is required for people to ensure safe internet use.

**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 gave 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](mailto:louisebannister@cygnethealth.co.uk) or [ruthhasley@cygnethealth.co.uk](mailto:ruthhasley@cygnethealth.co.uk)

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



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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:

**Why should people be involved?**

- Primarily the risk assessment is about "you" and concerns the SU and therefore they need to be included. The individual knows best where they are at and where they need to be. In addition they can bring valuable insights to the discussion.
- This increases understanding of risk
- Encourages the SU to take responsibility
- It is best to be honest and open
- Helps to identify risks
- There is a need for time to discuss risk in a quiet and confidential way
- It helps to build relationships with staff
- It acknowledges that the SU can be an expert in their own risks and has something helpful to contribute
- It is important that the SU buys into the plan
- It allows the SU to check the information and ensure accuracy
- Allows opportunity to discuss progress and see what work needs to be done for both SU and staff

**What is difficult about collaborative risk work?**

- The person may not have insight at the time making this difficult
- Person may be in denial
- The individual may be unwell at the time
- Communication and potential language difficulties
- The content be sensitive which can make the process difficult for both service user and member of staff
- Achieving the level of trust required can be challenging
- There can be discrepancies between the SU and professional view of the likely risk or related issues
- There can be misinterpretations
- The patient may not find it easy to accept some aspects of the risk assessment and management outcome
- Confidentiality issues



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**How difficulties can be overcome**

- Use of Communication aids / interpreter if required
- Use of different media such as social stories and pictorial tools to help the process
- Use of 1:1 sessions
- Use of different risk assessment tools ie DRAMs a simplified tool which may be helpful
- Shared staff / SU training on process and tools
- Ensure tailor made risk processes to make the process accessible ie short sessions when necessary
- Use of risk safety levels eg 1-6 can help with transparency if there are consequences to certain behaviours
- To ensure that key problems are tackled ie substance use work and ensure best use if medication
- It is important that details about risk work remains confidential and paperwork needs to be kept secure
- The SU may need some time to adjust and recognise that they have an illness
- Guidance and support from service users who are further along their pathway can be helpful and encouraging for those just embarking on risk assessment work
- Time to understand protective factors such as support from friends and family and regular exercise through sport is helpful
- **For individuals understanding your own triggers is important in risk assessment work.**

**Date of Next Meetings:**

**Tuesday 3<sup>rd</sup> March**

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