



**RECOVERY AND OUTCOMES GROUP**  
**YORKSHIRE & HUMBER AND NORTH EAST**  
11<sup>th</sup> December 2014

**Welcome and Introduction**

Ian welcomed everyone to the meeting and everyone introduced themselves.

**Meeting Facilitator:**

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

**Regional Leads:**

Chris Nolan [christopher.nolan@swyt.nhs.uk](mailto:christopher.nolan@swyt.nhs.uk)

**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 Yorkshire and Humber is Chris Nolan [christopher.nolan@swyt.nhs.uk](mailto:christopher.nolan@swyt.nhs.uk) 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:**

**‘Tackling Stigma – our work with universities’ – presentation by service user and an Involvement Co-ordinator**

We heard a really interesting and inspiring presentation about their work with universities to raise awareness of mental health issues and tackle stigma. Their work with university students has been very well received and they have been asked by other universities to do similar presentations.

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

**‘Friends and Family Test’ – Friends and Family Clinical Test Co-ordinator, NHS England**

We heard a really informative presentation about the Friends and Family Test, which will be introduced in mental health units in January. The presenter brought along some of the feedback cards to show people along with one of the boxes that will be placed in hospitals and on wards for people to post their cards. Everyone is encouraged to take part and results will be posted on the NHS Choices website at: <http://www.nhs.uk/NHSEngland/AboutNHSservices/Pages/nhs-friends-and-family-test.aspx>



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

**‘Update on Regional Involvement and our benchmarking tool’ – presentation and discussion led by one of the Yorkshire & Humber Regional Involvement Leads**

We heard an update on the involvement work going on in the region and explained about the benchmark tool that is being developed. Small groups then discussed and gave feedback about their priorities for the tool and this information will be really helpful in continuing to set priorities for work in the Yorkshire & Humber region.

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

**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 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 ‘effective communication’ mean in a secure setting?*

- Being polite and clear, plain language
- Consistency, respectful, honest – mutual level of respect
- Trust and understanding – staff you can trust
- Active listening, having time
- Being involved and given the information you need
- Good relationships with peers and staff
- Being spoken to like an adult and being treated as an equal
- Listening
- Not making assumptions
- Empowerment
- Being involved, being heard, better understanding



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*What are the barriers and difficulties for maintaining 'effective communication'?*

- Forgetting boundaries
- Lack of information/too much information
- High staff turnover and being short-staffed
- Not having choice of which staff to talk to
- Communication can be difficult if patient is unwell – to be respected
- Misunderstanding
- Stigma/assumptions/history
- Staff stuck in their ways
- Staff too busy – the '2 minute' syndrome
- Not feeling able to express yourself
- Jargon
- Talking too fast

*What could help develop better communication in secure settings?*

- Open forums
- Easy read newsletters
- Honest and transparency – let the patient know when a talk can be completed
- Communication training and supervision – more support and training for staff
- Shared learning – staff and patients learning and training together at same level
- Involvement in recruitment
- Need to know service users – how they present is not always how they feel
- Getting to know each other is important – including patients getting to know staff
- Allocate a member of staff to monitor other staff
- Empathy – appreciated both sides of a situation
- Staff being approachable
- In training, every interaction to be recovery-focused
- Check for understanding

**Dates of Next Meetings:**

***Change of date* – Wednesday 25<sup>th</sup> March 2015**

**Tuesday 23<sup>rd</sup> June 2015**



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***Both meetings will be at the new time of 11.30am-2.30pm***

**Thank You:**

We would like to thank our host and her colleagues for being such welcoming hosts and to Holly for arranging the catering and helping clear up at the end!

**Contact details:**

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