



RECOVERY AND OUTCOMES GROUP
YORKSHIRE & HUMBER AND NORTH EAST
25th September 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

Regional Leads:

Chris Nolan 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 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 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 22nd January 2015.

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 close on 31st October.

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 finalists and winners of the Awards from Yorkshire & Humber and the North East this year and it would be great to have even more from this 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.



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Presentations:

‘Our Recovery Fun Day’

We had a really interesting presentation about the Recovery Fun Day that had taken place this summer at a Hospital in the North East. There were numerous fun events and following a thorough risk assessment, there was a relaxation of some of the security at the hospital, including opening gates between different units and extending smoking breaks – in fact people smoked less than usual. They have kindly agreed to share the presentation, which gives more details of the day.

Action: Ian to circulate the presentation with the minutes

‘New Service User Newsletter’

We heard about this exciting new initiative – called ‘Our Views, Our News’. There have been several editions of the newspaper and it is proving very popular with both readers and those involved in its production. They have agreed to share the presentation with further details.

Action: Ian to circulate the presentation 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.

Action: Ian to circulate the presentation with the minutes.

‘Feedback from the Collaborative Risk Assessment CQUIN Group’

We had a really informative update of the Collaborative Risk Assessment CQUIN Group that has been meeting recently. They have kindly agreed to circulate their presentation with the minutes, which gives more details of the work they have been doing in the group.

Action: Ian to circulate the presentation with the minutes.

This led on to today’s discussion groups.

Discussion Groups – ‘Collaborative Risk Assessment’



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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 theme 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?' Holly kindly collated the feedback, which included:

1. Why should service users be involved in risk assessment/safety planning?

It's about their future

It helps you feel more in control

Develops insight

Shared responsibility

Not dictated

Expert in own risk and how to keep safe

More idea of how risk can be managed

Informed decision

Motivating

Collaboration

To learn our risks and how to overcome them

Focus on what you're working on

Responsibility

Getting closer to the truth about why you're in hospital

Empowerment

It's about the service user so should be included

Helps improve understanding of what staff need to do

Won't work as well without service user

Importance of collaboration, therapeutic alliance

Validation, viable – making it real

Service user can take ownership

Improved accuracy

Know what is being discussed – no surprises



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Decision made about service users so involve them

Increase service users understanding of risks

To know what the service considers the risks to be and the process of risk assessment and management

Whittles away at length of stay

Own awareness and insight increases

About the service user

Help service user to know their own risk

It's your care

Responsible

Sense of control

Helps you identify triggers

Part of the team

Valued

Transparency

Service users know themselves what risks they pose

What will be difficult/limitations

More engaged if involved, more meaningful

Increase understanding

2. What is difficult about this?

Might not know the people

Too big a group (MDT)

May not have insight

May not have confidence

Lack of assertiveness

Being honest may be hard (for both service users and staff)

Subjective view of risk influenced by up-bringing, religion etc.



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Being able to trust staff
Trust works both ways
Coming to terms with your past
Staff holding past against us
Lies
Difficult to acknowledge risks
Getting staff to understand your point of view on your risk assessment
Different circumstances
Risks higher on anniversaries
Takes longer
Can be hard – do I want to talk about this?
Staff and patients – uncomfortable
Level of understanding from service user (insight)
Might not want to know
Impact of mental illness
Language used – very professionalised
Can be misunderstood
Worried about consequences – affect progress, leave etc.
Professionals don't want to share; they don't want to give service users a "set answer"
Empowers service user, potentially disempowers some professionals?
Not in a service user friendly format
If there are no changes – potential relapse
Change of culture
Service users may be partisan/they may have a vested interest in the decision
Increase conflict – damage therapeutic relationship
Apathy - fear of inertia, can't be bothered as "nothing changes"
Service users don't feel listened to
It can bring back painful memories
Staff concerns about being honest in front of the patients



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Change relationships
Cause patient conflict
Patients not understanding their own risk/tools/HCR-20
Could cause conflict (difference in opinions)
Worried about repercussions of being open

3. How can these difficulties be overcome?

Encourage service users
Build confidence
Training
Build a safe environment “this discussion goes no further”
Avoid jargon
Focus of this CQUIN – collaboration
1:1’s instead of full ward round as that can be intimidating.
Sit down with nurse and go through HCR-20 to discuss possible changes to identify reasoning
If not understanding HCR-20 maybe get a group together to gain better understanding through training
Being involved with risk training
Learning by experience
Collaborative working in ward round
Training
Continuity of staff
Recording of difference of opinions
Support and good communication
Setting good boundaries
Persevere
Change is “managed” properly
Real and relevant (6 monthly via daily change)



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Get real time feedback and change

Evidencing what difference it has made

Open and honest discussion

Full explanation of the process (how it works, what happens, what is needed to make it work from staff and service users)

Accessible language/use of images

Use of different environments (off the ward)

Service users comfort ability (how, where and when it can be done)

Dates of Next Meetings:

Thursday 19th March 2015

Thank You:

We would like to thank staff at the venue for being such welcoming hosts and others for arranging the catering and helping clear up at the end!

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