



## **RECOVERY & OUTCOMES STEERING GROUP**

**22<sup>nd</sup> January 2015**

### Welcome:

Ian welcomed everyone including new members to the meeting and members introduced themselves.

### Previous minutes

Minutes agreed as correct.

Actions reviewed as follows.

1. Questions provided from Steve Miller workshop circulated to all members.
2. Slides re controlled items from East of England ROG circulated to all members.
3. Permission sought to share DVD. Permission received to share audio element of the file.
4. Questions relating to language/communication between staff and service users in secure services not generated. Questions raised as to whether this was straying into arena of 'research' – this was picked up under the routine agenda.

### UPDATES

#### London

Feedback from the London ROG was given. The meeting was very well attended with representation from staff and service users from both NHS and IS settings. Following the generic national update session two focussed workshops were held. The first of these was led by Cygnet Healthcare. A My Shared Pathway booklet looking at 'My Safety and Risk'. The group gave a huge amount of feedback relating to the content of the booklet and the language used.

The second workshop focussed on relationships in secure care and how to support their development. The workshop was tailored to meet the needs of an individual service user in the



group following a request from the service user's clinical team. The workshop pursued a more general theme than in other ROGs.

The group were pleased to have support from Rethink Mental Illness who provided an informative overview of their priorities for the coming year. There was no representation from the commissioning team at the meeting.

### South West

Feedback on the South West ROG and the host hospital gave a very impressive presentation on involvement initiatives within the service. This included a presentation about a 'state of the art' café which is run entirely by service users (and which provided a fantastic lunch) as well as a service user film making initiative, which allows service users to make themed or personalised films to share with family and significant others. Both presentations came across as being very innovative.

The second part of the meeting was a focussed workshop looking at intimate relationships in secure settings. Questions and scenarios for the workshop were developed by staff and the questions generated significant debate – and some controversy. Although the debate generated no significant solutions it was felt that the dilemma facing service users and staff in secure services was captured. It was of note that service users felt more comfortable with the material than staff and that the debate illustrated the importance of people being prepared to have 'difficult' conversations. It was felt that following refinement of the questions that the topic would benefit from discussion at a longer meeting. There was no commissioner input to the meeting.

### East of England

The East of England ROG was held and a service user provided feedback to the Steering Group. There were two presentations; the first focussing on the 'My Shared Pathway' Key Messages document and the second looking at an initiative to improve communication at a Learning Disability service in the east of England. The second presentation looked at the impact of involvement initiatives within the service including involvement in recruitment, training and workplace initiatives in the community.

There were key messages about communication delivered within the group and about the importance of maintaining clarity. It was felt that there were clear opportunities for further



exploration of this material through another sub group. There was no commissioner support at the meeting.

### Yorkshire & Humber

The Y&H/North East ROG was held and provided feedback from the group. There were focussed discussions about MDT working and a set of standards for assessing the quality of an MDT meeting from the perspective of a service user following a presentation from Sarah about the subject. The two regional involvement leads (Jo and Holly) also presented a benchmarking tool for services to measure the benefits, impact and outcomes of the involvement initiatives within their service. A member of staff and a service user also presented some work they are undertaking within three Universities in the region, talking to students and trying to break down barriers.

The lead for Friends and Family Test in Yorkshire attended and gave an overview of how this would be rolled out in the region.

A number of local initiatives that are underway which included a service user run shop, money raising initiatives for both Rethink Mental Illness and Mind, involvement of service users in recruitment of staff and a presentation on involvement for senior managers within the organisation. There was a presentation that talked about a project that was looking to develop MDT standards (with service users) to make MDT meetings more patient focused.

The Regional Involvement Leads are also leading a series of project groups with providers across the region which are focussed on the CQUIN developments allowing services to benchmark against one another sharing best practice and learning from one another's experience.

There was commissioner support from both the NE and Y&H at the meeting.

### West Midlands

Feedback on the West Midlands meeting was that a very interesting presentation about a service user led project which provides an opportunity for service users in the clinic to practice creative writing and poetry. The project has produced a summary of the project in book form and was very inspiring. Service users performed some of their poetry at the meeting.



There was also an audio version of a DVD about communication standards/expectations. The presentation highlights the importance of and impact of positive staff behaviour on the experience of service users. The presentation generated a huge amount of discussion.

Attendance at the group was a bit disappointing considering the fantastic quality of the presentations and the subsequent discussion. This will continue to be pushed within other services. There was commissioner support at the meeting.

### East Midlands

The meeting was very well attended. On behalf of the Ministry of Justice Mental Health Unit gave an overview of the role and work of the MOJ Mental Health Casework Department and answered questions posed to him by service users – some of the questions were very challenging and he acknowledged that service user complaints about how long it took to process leave requests etc. were legitimate.

A service user provided a presentation on the importance of communication in recovery.

There was no one from the commissioning team at the meeting.

### North West

A Presentation was given by a Physical Instructor about their physical healthcare project and a service users spoke about a social enterprise they have set up (Soapy Suds – a car wash – income generated through the project is to be given to charity, a small amount is reinvested in the business and a small amount is kept by the participants). There was also a presentation from a service about 'Our Shared College', a newly launched recovery college. They have a prospectus and are due to have a launch event.

Someone spoke about the secure services transitional recovery project, a very interesting and innovative project that is trying to reduce barriers between high secure services and the rest of the secure mental health system.

There was also feedback about projects that aim to help people lose 5% of their body weight through making healthier lifestyle choices – rather than dieting! Some people going through the project have lost up to 7% of their body fat which is very encouraging.



The meeting was also attended by the local Rethink Mental Illness Service. There was no commissioner support at the meeting.

### South East Coast

Two of the commissioning team attended and gave a presentation to service users about their role and the role of case management within the secure mental health system. There was positive feedback about the presentation from service users and feedback that they felt case managers should be more actively involved in their pathways than they are currently.

The Ministry of Justice attended and provided information about their work followed by a question and answer session that was also well received. Both sessions followed the same format, after the presentations service users and staff on each table generated 3 questions each rather than having an open floor. It was felt that this approach allowed all service users present to be involved in the process and made it less intimidating for the presenters. A service user also provided a presentation about vocational work projects and the Koestler Awards.

### South Central

Feedback on the South Central meeting, was that there were presentations about service user led initiatives; a market stall initiative. This involves service users running a stall in a local market and a Car Wash initiative. 50% of the profits go to charity the remaining 50% is recycled back into the business with a small amount being retained by participants to cover expenses. The initiative is properly governed and has trustees and a proper board.

There was also a presentation on a physical fitness programme – a ‘Trim Trail’ which provides an interesting circuit around the hospital grounds. A service user provided a presentation about their personal recovery journey. A workshop on Communication was also facilitated.

There was support from Rethink Mental Illness at the meeting and also input from the local commissioner.

Overall it was felt that this had been a good round of meetings. The meetings were well attended and well received. A slight improvement in commissioner attendance was noted but this could be much better.



### Possible Agenda Items for Next Meetings

- The group talked about World Happiness Day which is on 20<sup>th</sup> March and supported by lots of resources available online. It was suggested that regional groups could look at happiness and what it means to be happy and link this to the outcomes generated at the national conference (this was the no 1 outcome as voted for by service users on the day).
- There was a discussion about using communication to help more people input to the groups. The Yorks and Humber/NE group were looking at live Twitter feed to involvement meeting to allow those without S17 leave to attend. One service does live video link of their residents council meetings to Trust Board Meetings, it was felt that these type of initiatives would allow more people to get involved. It was suggested that the Steering Group should be recorded and shared out so all services were able all to be involved.
- Working with universities or external venues to provide information about mental health issues and reduce stigma. It was felt that researchers from UCLan might be able to help with this initiative.
- Physical Healthcare outside of conventional diet and exercise. Innovative initiatives and workshops about what would encourage people to become more healthy for the summer meetings, siting exercise bikes in communal areas, running 'health idol' competitions and similar suggestions were made. If physical health improvement is going to get off the ground it needs to be a bottom up initiative not driven by services but by service users.
- Rethink Mental Illness asked about filming some of the activities / projects to help inspire others. There are lots of innovative ways that filming has been used in the networks. These need to be shared and pushed forward.

### SUB GROUPS

#### Improving Communication

There was further discussion about this item that was also discussed at the previous meeting. It was felt that it was still important to try and generate some discussion about the type of language that staff used to service users in secure services. This was particularly important in situations where rules were being enforced. It was felt that sometimes ordinary things that were banned or controlled in services (like chewing gum or blue tac) were 'criminalised' by being called 'contraband items' etc. and that this language was the language of 'power and control'. It was felt that using this



type of language was counter to trying to run services in a recovery focussed way. It was agreed that a sub group would generate some questions to try and identify language that service users found the most unhelpful in services and that these would be run at future groups across the country. Ian suggested that this discussion could take place as a teleconference to generate questions for discussion at the next meeting.

### Right Relationships

There was further detailed discussion about the way relationships (particularly intimate relationships) were managed in secure care. Previously a series of questions were developed for use at a Recovery and Outcomes Group in the South West. It was fed back to the group how the questions had been received. It was noted that staff found the issues more challenging than service users. The subsequent discussion focussed on how traumatic MDT discussions around these issues were for service users. There was a sense that services felt uncomfortable in dealing with these issues and that it was easier for them to adopt a paternalistic way of managing these issues and that 'safeguarding' and 'capacity' were often used as a way of dealing with the issue in a sensitive manner. It was agreed that this was an extremely important area to further work on. A sub group will meet to further refine the questions tested in the South West, these will then be tested out at further ROG meetings.

### Looking After My Future

Nothing further to report.

### Annual Report

An annual report or Quality Account summarising the work of the Recovery and Outcomes Groups will be immensely helpful in ensuring that we continue to get funding. This will require support from all attendees at the Steering Group, particularly the regional leads. Please can regional leads ensure they provide reflections on the groups for this purpose. Rethink Mental Illness have indicated that they will be able to support this piece of work and have the expertise to do this well.



### Evaluation

This item has moved forward. The NHS England Patient and Public Voice team has identified some funding to take this forward and has had discussions with the University of Central Lancashire about taking this forward.

### Recovery and Outcomes Website

The Recovery and Outcomes website is almost ready to go live. Ian shared some screen shots with the group to show people how the website will be organised. The group are extremely grateful to Cygnet Health Care who have been instrumental in establishing the website. We urgently need more reflections, biographies of regional leads and service users to populate the site. We would also like artwork or poems to be put on the website. There is a twitter site linked to the site @RecoveryandOutcome the web address is [www.recoveryandoutcomes.org](http://www.recoveryandoutcomes.org) There is also a new email address: [hello@recoveryandoutcomes.org](mailto:hello@recoveryandoutcomes.org)

### National Recovery and Outcomes Conference

After the great success of last year's conference it was suggested that another conference be organised for 2015. This is likely to be in July. Hopefully the Care Pathways and Packages Project and Partnerships in Care will support us both logistically and financially again. We need ideas for the afternoon workshop.

### Quality and Outcomes Task & Finish Group

There was an update on this piece of work. The primary aims of this group is to work out a common cost for secure services and a series of outcomes so it is clearer when someone is ready to move out of secure services. The group consists of clinical staff and commissioners with input from Ian to ensure the service user voice is heard. The group has identified five major areas where we need to focus;

- Mental Health
- Physical Health
- Risk
- Promoting Recovery
- Service User Experience



The group now need to decide how these things can be meaningfully measured. The output of last year's Recovery and Outcomes conference (the Clicka pad exercise in the afternoon) has been used as a starting point to identify how experience can be measured. A smaller focus group event has been organised for 9 March to look at the detail of how 'happiness and hope' which was the number one priority identified by service users at the conference can be measured along with other aspects of service user experience. It has been suggested that a scale could be developed through this work that can then be incorporated into the Family and friends Test. Ian will ensure that people get involved with this initiative through the regional groups. Ideally one month's notice for attendance at the event on 9 March to arrange leave etc. will be needed.

### National Service Users Awards

The awards will be held on the 11<sup>th</sup> March 2015 at Silverstone circuit. The finalists have been announced and can be found on the website [www.nsua.org](http://www.nsua.org) . When all finalists have confirmed attendance there may be a number of additional places available. Please contact Louise Bannister if would like to be placed on the list. There will be a range of stands on display on the day Ashworth in particular have a very interesting display planned. We will attempt to have a video link with Ashworth so that people there who cannot attend the day can be involved. The Clicka pads will be in use on the day so that service users can vote live for a service user choice award on the day.

### Secure Recovery Transitional Project

There was an update on this event which was held in October 2014 and attended by about 200 people from across the secure care system. The focus of the day was the transitions in secure care, particularly the 'sticking points' between high secure care and the rest of the system. Six work streams were identified on the day and will be taken forward;

- Community Links
- Meaningful Activity
- Culture
- Risk and Safety
- Smoother Transition between Services
- Resources

The next meeting of this project will be on 23 February 2015.



### IAFMHS Conference

The International Association of Forensic Mental Health Services conference in June 2015 will take place in Manchester. This is the conference that Ian attended in Toronto last year. We have had three papers accepted which will be organised into a 'symposium'. There were only three service users at last year's conference. There are negotiations underway to make the event free for service users, so it is hoped we will have much better attendance this year. There are plans to run themed film nights and art exhibitions during the evening, these should be service user focussed and organised.

### Recovery Awards

A large service is hosting a Recovery award ceremony, Ian is to be a judge. There are five categories (such as Unsung Hero), there were 178 nominations, 5 finalists and 1 winner for each category. This is entirely a service user led event, all ideas generated by service users and the event will be hosted by service users.

### ImROC

The Implementing Recovery through Organisational Change group has had a Forensic services strand for about 3 years. They have recently published a paper (which Ian circulated). The paper has generated a series of Learning sets to take work forward. These workshops will be run by recovery experts (staff and service users).

### Workplan

There was no time to review the workplan, it has been circulated. Please let Ian or Mick know if there any suggestions.