

Mariposa House Service Evaluation Project & Co-Production: New Women’s NHS Forensic Community Step-Down Hostel

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Aims

- To understand and learn from service users’ views & experiences. Ultimately, to improve quality, safety, and people’s experiences & outcomes.

Background

- Service evaluation project of Mariposa House, London, the new women’s forensic high-support community step-down hostel after hospital admission. Run in partnership with Langley House (charitable) Trust, and part of Forensic South London Partnership.
- It is a co-produced, rare and innovative service- to our knowledge the only NHS women’s service of its kind in England.
- Co-production is an equal partnership between people who design, deliver and use services. It is an activity, approach and ethos.
- Our residents’ co-production activities include: interviewing for staff & tenders; choosing hostel building; stakeholder meetings; and participating in meetings about training, policies & expectations.
- In female & forensic community populations: transitions are the highest risk periods; the same treatment as men is unlikely to produce the same outcomes; and performance indicators & outcome measures are poorly understood.

Methods

- Confidential patient questionnaire & self-reported Recovering Quality of Life (ReQoL) measure. Given to all residents in Mariposa House, before (in hospital) & 2-3 months after discharge to hostel, 2019-21.
- 12 questionnaires received from 9 service users: 5 completed both pre- & post-; 3 (20%) given & not received.
- Thematic content analysis & focus group feedback.

“My primary nurse has been such a support while I was an inpatient. She has gone the extra mile for me many times.”

“I think it’s really good here and it’s all going at my own speed.”

What does co-production mean to me?

“Having input into mine and others environment and home. Working with management so everyone has a chance to give there input. And make the hostel a place I want to live. My ideas and views are listened to and I’m part of making decisions about a new project. I work alongside staff and other patients.”

What has been helpful in my transition (or preparing for transition) from the inpatient ward to hostel?

“Becoming independent and self aware that I will be starting a new life from my past. It is helpful to know that there is a hope for me and understanding a much better chance of having a happier and healthy life. Focusing on pros and cons all the time. Being allowed back into the community again.”

How have I been involved in co-production of my hostel?

“I have helped interview for tender, helped choose a building. Visited other establishments. Interview for staff. Pick colour schemes. Been in meetings about training, policies, assessments.”

SUMMARY OF FINDINGS

- Overall, there are positive and similar views about the hostel and hospital(s).
- Co-production and service user involvement has been very helpful.
- Strong agreement that transitions are challenging and difficult.
- Gender-specific needs are met, with very positive views.
- Quality of life measures have been maintained.

KEY LEARNING POINTS

- Co-production in the design, running and ongoing governance of services has been very helpful, and improved service users’ experiences.**
- In particular, in: managing the complex and challenging transition from hospital to hostel; ensuring that gender-specific needs are met; and delivering overall positive and high-quality care. Being and feeling meaningfully involved have been crucial.**
- The new hostel has maintained residents’ satisfaction and quality of life measures compared to established inpatient services. These are positive findings, and crucially: in a less- secure, contained, established, and cheaper new community setting, involving complex and challenging transitions.**