

MSU/LSU Issue 41, April 2019

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WELCOME

Welcome to the 41st edition of the Quality Network for Forensic Mental Health Services' newsletter on **'Co-production'**. As you can see from the contents for this issue, it is a very popular theme! We have really enjoyed reading the articles throughout this edition and learning about all of the excellent initiatives that are taking place across the network. Thank you to everyone that has contributed.

We have progressed with the consultation of standards for low and medium secure services. We received plentiful helpful feedback from colleagues as part of the e-consultation and the final draft is currently being prepared for approval, before publication in May. It has been an extensive process and we hope you are happy with the final version. On launching the standards, we will be updating all of our materials. If you have any feedback or suggestions for improvements, please get in touch.

In February, we hosted a special interest day on managing a healthy weight in secure services. The event, supported by colleagues from NHS England, was hugely popular and covered a variety of

perspectives across high, medium and low secure care.

Over the next few months we will be hosting the final review visits, collating the aggregated data in preparation for the annual forums (see inside for more information) and aggregated reporting, and re-registering members for the next cycle.

We're looking forward to seeing you all in May and June at the events—remember to submit your workshop and poster proposals!



Dr Quazi Haque and Megan Georgiou

St Andrew's Healthcare Trust

Giving Patients a Voice

An Integrated Practice Unit cares for patients with similar clinical needs, to maximise outcome potential. The Men's Medium Secure Integrated Practice Unit (MMS IPU) is a five-ward IPU, based at St Andrew's (Northampton). Each ward cares for 15-17 adult male patients with complex diagnoses. Box 1 summarises the wards.

Co-production is a core concept within the mission statement and development of this IPU. Staff and patients work together to establish and work towards goals, related to the individual, the ward and the wider organisation. A spirit of reciprocity and shared values helps to break down the relational barriers that can exist within secure services. Essentially, the aims of the service are to move patients to lower levels of security and preferably closer to home.

'Service-user' involvement has been part of the hospital's rehabilitation ethos for over 20 years. Co-production increases patient involvement in strategic decision-making, ensuring that services develop with relevance and accountability towards the people for whom they have been established.

The article will briefly describe some of the ways in which co-production takes place within the Men's Medium Secure IPU.

Co-production across the IPU

IPU Design Group: Patients and staff from all wards discuss future events and plans for the IPU. The flexible agenda enables patients to bring their own ideas for discussion. An idea from the initial meeting was the IPU newsletter. Patients contribute articles and ideas, and this has now been running for 5 months. Patient representative's feedback points from the group during weekly ward community meetings. Thus, patients who do not attend the IPU design group can contribute ideas and receive/give feedback, allowing them still to contribute to IPU development.

Rewarding Staff: CARE Awards give a

monthly opportunity for patients and staff to nominate and choose winners for staff members who have shown skills in Compassion, Accountability, Respect and Excellence. Winners are displayed on ward posters and in the IPU newsletter.

Staff Training: In community meetings, patients feedback about areas in which they believe staff require more training. These views are accounted for when developing training packages (i.e. induction). Increasingly, patients are taking part in training delivery.

Outcome Measures: Patients have been part of a wider hospital group, highlighting areas of progress important to them. The resulting 'Outcome Wheel' is used with individuals to identify their own rehabilitation priorities.

Co-production on Rose Ward

Rose ward is an acquired brain injury unit within the MMS IPU. Here, patients and staff have developed a neuro-behavioural programme. Patients wanted a system that recognised and rewarded settled behaviour and helped to evidence their readiness to move forward. From this, a Traffic Light System (TLS) was developed, which provides daily feedback about behavioural progress. The patients like the simple standard of 'aim for green' and have observed that people who remain settled (on green) move on more quickly.

Following the introduction of the TLS, patients asked for longitudinal charts, so they knew how long they had been on green. They chose a ward motto 'Don't count the days, make the days count' – based on a slogan by Mohammed Ali. They then requested acknowledgment for staying on green, so the Rose Exchange was introduced. Each week patients receive a 'Rose' token for staying on green, which are tallied and exchanged for prizes monthly. On intervening weeks a patient-led Better Lives Group, based on the Good Lives Model reviews the TLS and develops other therapeutic interventions, such as the Healthy-Living Programme. Recent, patient feedback on these programmes was positive. Comments included, "It is a great incentive to do well" and "It makes me feel good about myself".

In a Better Lives session, when discussing how to cope in hospital, patients said that before moving, they would have liked more information, to know what Rose Ward would be like. They said what they would have found useful and developed an information leaflet for newcomers. It includes information about timetables, events, contacting family and a poem written by a patient about their experience of moving here. Feedback about this is positive. One new patient said "*it is informative and puts the mind at ease*".

We encourage patients to take an active role in decisions about their own care, especially via Positive Behavioural Support Plans and Feedback time. Increasing involvement encourages ownership and responsibility, even within a necessarily restrictive setting

and can help equip patients for their future in settings of lower security.

Co-production is an integral part of the IPU and Rose. It ensures the presence of what is important to patients. Regular submission of articles like this and participation in e.g. RAID Awards, provides external peer review and data-driven efficacy checks, as well as sharing good practice to show what can be achieved when we work as a wider team.

Victoria Joy, Trainee Forensic Psychologist; Bethany Madge, Psychology Student; Megan Fraser, Psychology Student, & Dr Lorraine Childs, Consultant Clinical Psychologist, St Andrew's Healthcare Nottinghamshire

Cheshire and Wirral Partnership NHS Foundation Trust

A Communication Workshop for Staff at a Low Secure Unit for Adults With a Learning Disability

As a Low Secure Unit for adults with a learning disability, we at the Alderley Unit are constantly looking for ways to ensure that we are meeting and maintaining the 'Five Good Communication Standards'. These are the 'reasonable adjustments to communication that individuals with learning disability and/ or autism should expect in specialist hospital and residential settings' (Royal College of Speech and Language Therapist, 2013). For our Recovery College target between October and December 2018, the theme was 'Communication'.

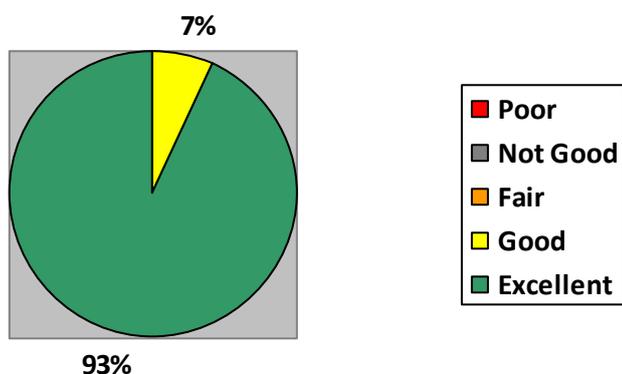
The Recovery College provides access for service users and staff to education and training programmes. A crucial aspect of the Recovery College is the continued incorporation of co-production and co-facilitation between staff and service users.

One of the workshops that was carried out in line with the theme of 'communication' was titled 'How to get my message across'. This workshop was co-produced and co-facilitated by service users on the Alderley Unit, with the aim of increasing the understanding and awareness of staff in how to communicate with service users who have a learning disability and/or autism.

As a first step in production of the workshop, a group session was completed with service users. Through the use of interactive methods such as 'Talking Mats', service users shared what difficulties they had with communication and came up with 'Top Tips' for how staff should communicate with them. Three service users volunteered to help facilitate the workshop itself, along with the speech and language therapist and assistant psychologist. The volunteers had sessions prior to the workshop to work out what contribution they would like to make and to practise what they wanted to do.

The information gathered from service users in the group session was used as the basis for the content of the workshop. The workshop involved a slideshow presentation and various activities, along with the volunteers sharing their communication

communication difficulties and advice for staff. Two, one hour workshops were run for staff teams and between both sessions, 19 internal and external CWP staff members attended. Within the groups we had a variety of disciplines such as a Trainee Doctor, a Social Worker, Occupational Therapists, Associate Practitioners, Staff Nurses, a Trainee Clinical Psychologist and a Health Visitor. Another, fourth service user also requested to come along for the first workshop to share 'Talking Mats' that he had completed with the speech and language therapist. Feedback forms were completed by staff who attended and feedback was extremely positive:



Qualitatively, a general theme from the feedback was that having the service users involved in the staff training was invaluable. One staff member said, "I really enjoyed the service user input; it was great to hear their thoughts about communication and how I can improve my communication with them".

Staff stated that the session had made them aware of the language they use and to be mindful of not using language and non-literal phrases that don't mean what they say. Indeed, many staff members stated that they would alter their practice following attendance of this course stating, "I'm going to communicate more clearly with service users by using visual aids and simple language", "it will make me think about how I communicate with others and adapt my style accordingly", "I will try and use talking mats with service users".

The three volunteer service users completed easy read questionnaires providing feedback about their involvement with the workshop. All three provided positive feedback, agreeing that they were glad that they helped with the sessions, that they learned new skills or developed skills by doing the sessions and that they felt that their involvement was valued. Qualitative comments from service users included "I learned how to respect the staff and how staff should treat us", "It was good fun." and "I really enjoyed it. It felt really good."

Due to the success of the workshop, we plan to run it again and see if there are any other service users who wish to contribute to the production and delivery of the workshop.

Leanne Veale, Specialist Speech and Language Therapist, The Arderley Unit

Ludlow Street Healthcare

Co-producing a Peer Reviewed Article: A Joint Venture Between Service User and Psychologist

Co-producing the meaning of recovery within a secure setting was a venture embarked upon by Meg Barrett (service user) and Ruth Lewis-Morton (Clinical Psychologist) based at a low secure unit in South Wales. They have been fortunate enough to have their recent paper 'Changing the font size on recovery: a co-produced dialogue between service user and

psychologist' published in the Journal of Mental Health and Social Inclusion. This current account aims to identify the key findings from the recently published paper whilst also allowing for reflection on the process of co-producing the paper.

During the planning stages of the paper, Meg and Ruth decided to construct the piece using an open dialogue to allow for a true reflection of the similarities and differences between perspectives. This enabled each author to have their own individual viewpoint with an overall transparent narrative.

Deconstruction of the word 'recovery' was relevant to both authors. Meg emphasised

her view that the word 'recovery' is often simplified and for people with complex trauma or mental health issues the word does not do justice to the complexities faced by people with lived experience. The words 'to develop' appeared to be more meaningful to Meg.

Meg's request for a more individualised understanding of the process of recovery is in line with long-standing debates around the need for societal change to provide people with power and resources in order to affect change in their own care pathway. The importance of a formulation to support with an individualised understanding was also emphasised by Meg and her creative flair allowed for an expressive depiction of an element of this part of her development (see figure 1).

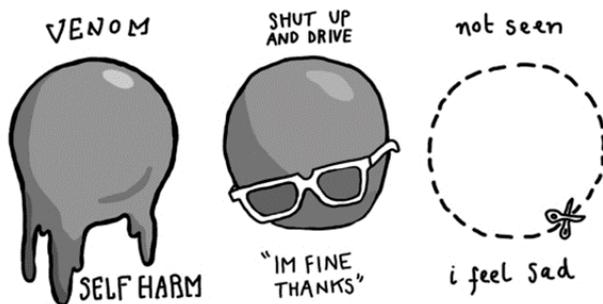


Figure 1. showing a part of Meg's formulation.

Whilst reflecting upon the challenges of 'recovery' within a secure setting, Meg described her experience of life becoming 'comfortable, yet in parallel to the real world'. Potential feelings of disempowerment and marginalisation were reflected upon by both authors. The execution of the fine balance between an individual's sense of control versus control by the system raise important dilemmas whilst considering how secure settings, by their very nature, operate. Empowerment and independence are crucial for 'recovery' and yet achieving these within secure settings requires careful thought, precision and true collaboration or coproduction. Meg and Ruth also recognised that people do move on from secure settings to live a life that is meaningful to them and the conditions for this are likely to involve the individual being able to develop their own independence whilst the system and

what it represents becomes obsolete.

Both authors set out to deconstruct the concept of recovery within secure settings whilst in fact the process of co-producing the article on recovery has actually highlighted the irrefutable importance of coproduction. The paper highlights the relevance of being able to have difference of opinion between people with lived experiences and people who work in the service, the benefit of valuing both opinions equally, truly collaborating to produce something that is meaningful to both parties and making it a priority to co-produce on every level of service development and delivery.

Reflection on the process of co-production

To allow for a reflection on the process of co-production, Meg and Ruth have shared their views below.

Meg: Co-producing a paper together has highlighted ways in which a service should work. Working with Ruth allowed a greater understanding into aspects of what 'recovery' means for me. Being in a secure setting has raised important dilemmas in thinking of how alienated you can become. This is something I've always known but never really accepted. When you co-produce something with someone you don't just feel left to it. Anything co-produced, from cooking with someone, to playing pool can be a positive reach into someone's 'recovery' in hospital. Obviously writing a paper was a little different but after completing the entry and getting published I felt I could go on to write a book. It was truly inspiring. And it was all due to having someone wanting to co-produce with me. If Ruth hadn't asked, I would never have thought to try and achieve what we did. If staff members had a spark that ignited people into working closely together and opening doors into the future, I think people would spend less time in secure settings. It's just finding the balance.

Ruth: The rewards of having co-produced this peer-reviewed paper with Meg are plentiful. Not only did this co-production allow for an exploration of our understandings of the use of the word 'recovery' within a secure setting, it allowed for an enthusiasm and passion to co-produce work together and to disseminate to a wider

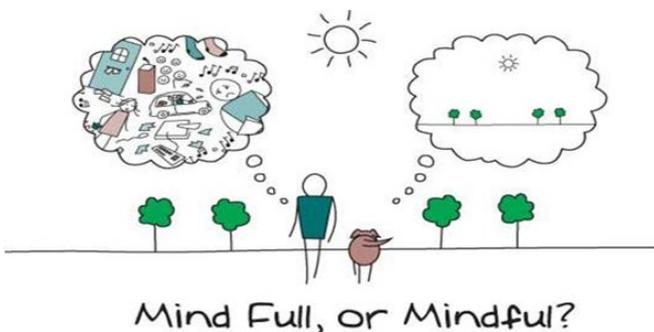
audience. I agree with Meg's reflection that true involvement in co-production can actually spark inspiration and empowerment. Within services we need to think about how to genuinely co-produce the service development, delivery and

evaluation alongside people with lived experience.

Meg Barrett, Service User, and Dr Ruth Lewis-Morton, Clinical Psychologist, Heatherwood Court Hospital

Birmingham and Solihull Mental Health Foundation Trust

Mind Full or Mindful?



Some people may have heard of the terms *Mind full* and *Mindful* before, but what does this actually mean and what are the differences? Basically, your mind is either full or you are being mindful. This is how the Mindfulness group is now introduced to service users at Reaside clinic. Since September 2018, I have been involved with the co-production and facilitation of the Mindfulness programme with both service users and staff.

Currently, sessions are offered on a rolling basis for six weeks which explores each of the five senses and how mindfulness can apply to them. The structure of the sessions has been shaped according to a service user's positive experience of mindfulness previously at Reaside that has helped to support him in his own recovery. He has suggested following a similar format for each session which consists of; a breathing exercise at the beginning of the session, discussions on mindfulness and for each week to focus on exercises relating to a different sense and a body scan exercise to finish.

He has also contributed in the sessions itself where he has spent time reading out breathing exercise scripts and body scan

scripts to support others in recovery. He has also selected a series of mindfulness work sheets and a body scan script which has been included as part of a resource work pack given out to attendees throughout the group.

It seems that the co-production of this group has worked really well as feedback from previous attendees on the course stated that "I had a great time with the group, hope we have more people in" and were able to reflect on skills learnt such as "breathing techniques" and "silent meditation". In favour of the recovery focused approach, I have also adapted sessions where required as service users have provided feedback on that they are wanting "more interactive objects" and "CD's".

Due to the group becoming such a supportive and safe place to practice mindfulness skills, I am also in the process of working with staff and service users to meet the recovery college principles. The recovery college is based within Birmingham and Solihull Mental Health Foundation Trust and encourages individuals in recovery to become involved in co-producing sessions and sharing their lived experiences with others to instil hope.

In further support of a commitment in wanting to develop the group further, I have adopted more openness to co-production with both service users as well as other staff disciplines. For instance, I have spent time with the occupational therapy team to combine both sensory and mindfulness elements into one group called "Mindful Senses". The "Mindful Senses" group aims to focus on providing both sensory modulation and mindfulness skills to support individuals in their recovery. The same service user who has helped to shape the current mindfulness group has also

been approached to continue to share his ideas and experiences.

This programme aims to start in February 2019 with a future hope of including this to form part of the recovery college.

On reflection, I feel I have been mindful in my own journey to support the development and overseeing of this programme. I am

looking forward to working with more service users and staff to develop this further in the future. I would just like to thank both staff and service users at Reaside for allowing me to be part of this amazing opportunity. As they say recovery is contagious and I truly believe in this situation it has been the case!

Louise Willetts, Specialist Psychological Practitioner, Reaside Clinic

Essex Partnership University NHS Foundation Trust

My Co-production Journey

My name is Phil O'Neil. I am 50 years old and first came to Brockfield House from prison in Dec 2016. Initially I felt very unsettled as I had never experienced a secure hospital setting.

I always felt eager to help out by being a more productive person. However, prior to hospital, opportunities in prison were minimal due to the regime. So when asked if I would like to be involved with various activities, I felt a sense of gratitude and purpose for being trusted and relied upon by staff. Getting involved though; I felt a bit apprehensive at first.

Over the last year or so, I have tutoring for Recovery College (teaching communication skills, hospitality courses). I join the security manager of the hospital and offer security training for staff. Recently, in this training, myself and another patient did a role play where I was the patient and the other was the nurse on the ward. We acted out a search procedure and explained this from a patient and staff view point. Sue our security manager said that staff received this very well.

When new staff are interviewed, I sit with the other managers and interview staff. I join the manager during the induction week of new staff and share my experience of the

ward and how it feels to be a patient and what we expect from staff. With other patients, I also attend steering group and give ideas and help with planning new projects for the hospital. I am the official bingo caller for our hospital weekend bingo activity! During the Christmas week, I was asked to give the 'Christmas Sermon' by our OT manager; something which usually our Chaplain gives. It was such privilege to do this role and all the patients enjoyed and received the Christmas message very well. Co-production has helped strengthen my confidence, developed a good sense of self-worth within me lifting my self-esteem and inspired my own sense of responsible duty to my peers and staff alike within the community here. It's all been good ethics building and educational.

Currently, I am giving speeches on my own experiences of hospital from admission on an acute ward to where I am now in a pre-discharge ward where I am preparing to move into society. The feedback I receive from staff regarding my involvement is encouraging and I hope useful for staff in applying mindful approaches in their own everyday interactions with service users now and also for future benefits to the system. Now, I am training and encouraging my peers into their involvements along similar lines as I believe in staff and service users 'people' drawing together, working towards a positive solution and collective goal which can benefit one and all.

Phil O'Neil, Service User, Brockfield House

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Northumberland, Tyne and Wear NHS Foundation Trust

Co-production Within the Gateway Recovery College Secure Care Services

Recovery Colleges have been around for a few years now and are based around specific principles in relation to recovery. We know that the implementation of Recovery Colleges both within inpatient and community settings have been successful, however we know that outcomes are measured differently across individual services. Recovery colleges within forensic settings are also quite novel and this brings another level of obstacles to overcome in terms of generating similar outcomes in relation to measuring recovery.

Studies have found that those individuals who attend Recovery Colleges have reported increased hope, increased purpose and a sense of identity. As well as feeling empowered, they feel they have increased their knowledge and learnt new skills. Recovery Colleges have also provided vocational opportunities for individuals, data suggesting that there has been an increase in employment or attendance at mainstream education from those individuals who have attended a Recovery College. Most importantly those who had attended a Recovery College required less professional input or intervention (Jay et al. 2017).

We know that we can attribute a large proportion of the above successes to the notion of "co-production" which is the ethos of every successful functioning recovery college. Within our secure service, we strive to practice in a recovery focussed manner, utilising the strengths of people who both live and work in services to promote better wellbeing and self-esteem, increase hope, increase confidence and motivation, empower people to make their own choices and to develop knowledge and skills along the way.

Within our Recovery College, both staff and patients work together in everything we do. In fact both staff and patients within the service enrol as students within the college

and both attend courses together. We also hold graduation events at the end of each term to celebrate student achievements within the college. Patient co-facilitators are acknowledged within this for their efforts in making co-development and co-production within the service possible. Patient and carer engagement is pivotal, developing and sustaining good working relationships is key and is the basis and foundation of what we do. Utilising staff as experts by profession and patients as experts by experience working together in partnership. The Gateway Recovery College not only offer recovery focussed courses, but also lead on patient and carer engagement within the service, consulting with patients and carers within other forums, such as patient and carer led meetings to ensure all have a voice to improve services and pathways.

We have a patient council with representatives from each service, this group considers any new initiatives, and feeds back information to fellow peers and are also responsible for both the co-development and co-delivery of every college course we run. Where we don't use patients currently living in the service, we utilise peer support workers (all people with a lived experience of mental ill health) to co-develop and co-facilitate courses to inspire the students within the college. It is worth acknowledging that the existence of the Recovery College is by no means designed to replace traditional therapeutic approaches, but to simply enhance what already exists within services, with the focus being more on the individual and their wellbeing and recovery simultaneous to whatever treatment needs they may require or are undergoing at that time.

Within our service the use of peer support workers in particular has had a profound effect on our patients. For many detained patients it can be difficult to find hope for the future, particularly those within secure services who feel their future prospects are no longer so fruitful. However due to co-production within our service, we have seen a marked shift in our outcome data in terms of how our patients engage with activities but also how they report their levels of hope and motivation for the

future. Acknowledging that this was due to being inspired by someone with a lived experience now working within services helping others, increasing their own self belief that they could now achieve their goals.

We have in fact ran a peer mentoring course within our college to help those who are interested in peer support work, work towards this. Other recovery focussed courses which have been co-developed and co-delivered within the college include:

- WRAP
- DBT skills
- Caring for yourself and others (based around the notion of compassion focussed therapy)
- This is me (focussing on acceptance and self-care)
- Mindfulness
- Tai Chi
- Yoga
- Creative Writing
- Recovery through Music



Co-produced art work

We also run a number of skill based courses (many courses were in fact ideas developed by the patients), all from the outset have been co-developed and co-delivered together with patients include:

- Creative Wellness (Mindful art work)
- Design your own Henna Tattoo
- DIY
- Mechanics
- Build your own Race Car
- IT Skills (Internet Safety)

The Recovery College within our service also has 3 recovery cafés ran by patients, serving

food items and beverages to fellow peers and staff. Patients have also showcased their horticultural work to families and carers by nurturing their own recovery garden in collaboration with staff from our gardens department. Patients also enjoy organising other events with the college such as charity fundraisers, we have raised significant amounts of money (all led by patients within our service) for a number of charities. As well as patients organising more informal events such as social drop ins, snooker competitions, football tournaments and movie nights.

We also work together with external agencies within the college to keep links with the community. Many of our patients attend the local community recovery colleges to put the focus on moving forward from the hospital setting. We also work collaboratively with external companies such as local community farms to bring in animals to meet the patients, therapy ponies etc. Our patient representatives also attend larger regional and national service user led meetings outside of the hospital in partnership with staff.

The patients enjoy attending the Recovery College because they have a choice, because it gives them a purpose and it gives them a voice. We believe co-production helps the people we care for to become experts in their own self-care, it increases self-belief and self-worth that perhaps they did not know they had previously. By offering a variety of courses chosen by the patients themselves enables development of their own knowledge and skills and allows for identification of strengths and talents to continually strive to achieve their own goals and aspirations for the future.

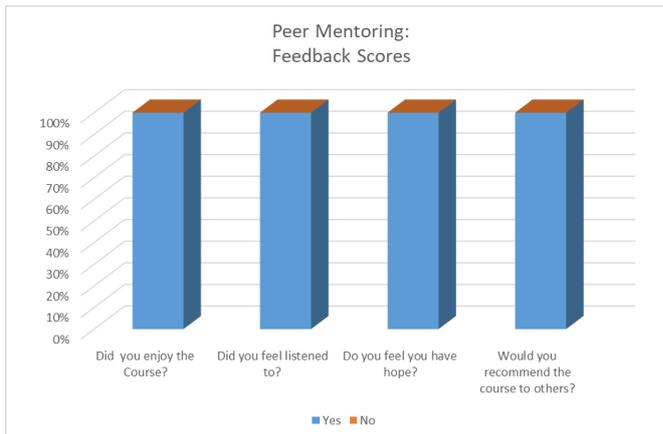


Co-produced Henna tattoo course (left) and Recovery garden course (above)

We look forward to continuing working in partnership with our patients and carers to continually improve our services and promote wellbeing and recovery but most importantly HOPE for the future.

Please see pictures of co-produced pieces of work from our Recovery College as well as positive outcome data.

Jo Inskip, Recovery College Coordinator, Bamburgh Clinic



Southern Health NHS Foundation Trust

My Job as a Ward Representative by AS

At Ravenswood House service users have the opportunity to work for Southern Health in a range of roles including Kitchen Cleaner, Librarian and Clothes Shop Assistant. Here a Ward Representative explains what his role involves and how the Patients' Reference Group has allowed him to take services users' issues directly to management.

How long have you been doing this job and what does it involve?

I have been working now for 7 weeks. I meet up with the patients who are also reps once a week, and meet with managers every month. We are busy organising the Christmas party at the moment. Being a ward rep enables me to bridge the gap between the staff and patients. I take concerns of the patients and ask staff to enquire and find solutions.

What made you apply for the job?

I needed a challenge and this job is something I would have never done before. I get involved in many things; meetings, organising upcoming events and am enjoying all of the things I've done so far.

What kind of questions were you asked during your interview?

I was asked questions on how I could cope with working on my own and how I feel about interviewing people, as part of the job

involves interviewing potential new staff.

What do you enjoy about your job?

Getting involved with people I've not met in the unit. I did find it challenging at the beginning but am now more comfortable during the weekly community meetings and enjoy bridging the gap between staff and patients.

What have you found challenging about your job?

Typing up my minutes and knowing what to write - but this is becoming easier the more I do it.

What advice do you have for patients applying for a job at Ravenswood House?

Just be yourself and listen carefully to the questions. I thought about what questions would be asked and how to answer them before the interview.

Patients' Reference Group by AS

What is the aim of this group? What is it for?

It is for reps to take issues that arise from the community meeting that happen each week. It's where all the questions that get asked in these meetings get resolved.

What do you do in this group?

We as ward reps get to speak to the managers and take issues that we write down and put before the group. This is where we get feedback to take back to the community meetings that take place on the wards. As an

example we have been having issues with the NRT. E- burns and a forum was done and resolved some issues that were going on.

When and where does it happen?

The patients reference group is held every last Monday of each month, and is held in the group room one.

Who attends the meetings?

Managers from various areas come together and discuss ways of improving the unit. Sometimes the modern matron attends and we get the answers to the questions we put across.

What successes has the group had in the last year?

We had a discussion about having game stations that could be wi-fi enabled and now

it has been granted and has been a success. We also had a talk on the quality of the food and the group had an open forum.

Here a number of service users describe a range of Equality and Diversity events organised by a patient employed as an Activity Co-ordinator at Ravenswood House. These descriptions are extracts from various articles found in the Ravenswood Patient Magazine which is produced by patients in Education sessions two to three times a year and distributed throughout the hospital.

Jane Anceriz, Occupational Therapist Assistant, Ravenswood House

Co-working Between Staff and Patients in personality disorder services' – a Co-produced Article

All patients involved in this article have participated in writing it, read the final version and requested/consented to their name and work being part of it.

Initially when I decided to write this article my plan was to discuss how the ward community meetings have evolved on the personality disorder ward that I currently manage. My immediate thought was to involve the patients, five of whom were really eager. We got together and ended up having a really interesting discussion about the importance of co-working; working together, mutual expectations, relationships - all the fundamentals of personality disorder nursing. We felt it would be appropriate for co-working to be the focus of our article, rather than co-production. The patients felt that, in order to co-produce, we need to all be able to work together effectively. And, as one of the patients pointed out, it may not quite fit with the proposed title. But not fitting actually fits perfectly when you are a patient or a member of staff working in a personality disorder service.

We held discussions amongst ourselves, agreed that I would summarise why we feel working together is vital and that the patients would write their thoughts on co-working.

In summary, the patients involved all agreed that the process of personality disorder nursing between staff and patients has to be two- way: that both parties get out what they put in, and that working together is the only way of working. As a long standing personality disorder nurse, I have absolutely no expectations that any of my patients can work their way through a recovery pathway if I don't put in as much effort as they do, if not more. Patients spoke consistently about trust being the key. To me, trust is not necessarily about a patient feeling that they feel able to tell me their deepest darkest secrets. Trust is about if I say I am going to do something, I stick to my word. I remain

consistent, predictable and reliable. We spoke about the pushing and pulling of relationships, how patients will test us, as professionals to see where the trust lies. I find this element similar to the 'for better, for worse' vow of a marriage and patients need to trust that you can roll with that split. On the flip side the patients all spoke about how they make every effort also to be reliable and trustworthy despite how difficult this can be for them. Pulling together to produce this article speaks volumes about the positive co-working on our ward.

Neil, Swale Ward

"I work well with staff and patients when I feel they're being honest and assertive and take time to talk to me and listen to my problems. I like to feel trusted by other, this makes it easier for me to trust them."

Mark, Swale Ward

"Co-working builds therapeutic relationships with staff, get to know them better. If staff work with me I work with them. I know I will get something out of it. I find it easier to work towards my recovery goals if I know I have staff working alongside me."

A poem by Bobbie, Swale Ward

A team cannot stand if it is divided,
but will if it accepts the help provided.
If you put your trust in the Humber
Foundation,
we promise to take you to your destination.
We see a life of wonder,
No matter what you are under.
Just like the birds of the sky,
It's a pleasure to see you fly so high.
Everyone has the potential.
The support is essential.
All we want is for you to see
the person inside you can truly be.

A poem by Frank, Swale Ward

Trust the Why?
Trust the why if we as patients don't trust
staff we don't talk to staff, we do as a group
need to talk.
Belief if we don't get to be believed trust
goes out the window.
As OT's great outlook is 'The River' going
down to the sea, rain and back to the top to
begin again it is a continuum of life.
So for me
trust=talk=belief=trust=understanding-
talking=trust=cooperation.

Craig, Swale Ward

"I think that if staff and patients are going to work together it's about being able to trust the person you're working with. You need to have a good working relationship. With me, I trust some people more than others and it is about trying to build up a better relationship.

If you have a good working relationship with staff and other patients it makes things easier and is much more productive."

Rachel Dobbs, Ward Manager; Neil; Mark; Bobbie; Craig; Frank

Royal College of Psychiatrists

Challenges and Progress of Co-production in Fromeside and Wickham Secure Services

After many years as a "Carer" of my son in Secure Services, I have gained a lot of, painfully earned, experience in this area of mental health care.

At first, like many Carers, the shock and stigma of having a much-loved child end up in such a situation is quite paralysing. Even as a former qualified general nurse, it was hard to imagine ever being able to have anything useful to contribute to affect any changes beyond those physical and professional locked doors. Staff have mostly been kind and respectful, and I was able to attend all of my son's meetings and contribute to his care planning.

Since his move to Fromeside two years ago, my involvement has hugely increased by joining the Family and Friends Focus Group. With the very committed Director of Services, Service User Involvement Co-ordinator, Luisa Suarez, Carer Lead, Dougal Scott and staff from Bristol Rethink, we worked on creating a Strategy for Working with Carers, and have met monthly for over 2 years to embed good practice of working with Carers within the Service. We made small but significant welcoming changes to the reception area such as provision for making hot drinks, and leaving the toilet unlocked!

Luisa suggested that I apply to the Royal College of Psychiatrists to become a Family and Friends Representative Peer Reviewer of Secure Services and wrote a reference for me, and I am now in my third year with the

Quality Network which has been a very rewarding and confidence-building opportunity. I enjoy visiting other Secure Services and working with the Project Workers at the College, other Carers and the Patient Reviewers who are all very inspiring. Attending the Peer Review and Quality Improvement Days are wonderful opportunities to learn from the rich experiences of the whole spectrum of health professionals and people with lived experience of being a Patient or a Carer; to share good practices and explore new ways of working with challenges.

One of the challenges is getting more Carers involved in Secure Services at local level. Many Services we visit are not so proactive in involving Carers in coproduction. My friend and colleague, Nuala Sheehan and I are presently the only Carers on our Focus Group. We have participated in meetings to improve Staff Induction training, and we are both regularly assisting on Staff Inductions, and also on interview panels to recruit new staff. Patients are also involved in both of these roles which are excellent opportunities for them to gain valuable experience and confidence.

New staff always give very positive feedback on hearing the lived experiences of both Patients and Carers at their Inductions and say it helps them realise the value of involving Carers.

We are currently working with Staff at all levels on the implementation of the Carers' Toolkit which has already increased the number of Carers attending the Support Group.

Recently, the Director of Nursing at Avon Wiltshire Mental Health Partnership Trust invited a large group of Patients and Carers

to share our ideas at a meeting on Co-production.

She gave an inspiring and passionate talk on her thoughts about co-production, through harnessing the expertise of experienced people, being the key to shift barriers and challenges to mental health care services. She admitted that the biggest barrier to this work is Staff and that attitudes need to be challenged! She wants the Service User voice to be heard from Ward to Board and collaborative relationships between patients and professionals to be embedded in the structure with shared decision making at every level.

She sees the "ladder of participation" progressing from: passive patient to patient voice and influence, to patient leadership; and from coercing, educating, and informing, to consulting, engaging, co-designing and co-producing.

The main benefits of co-production include:

providing unique feedback and potential for creative solutions; shifting the balance of power by reducing "paternalism"; and creating a more value-based way of working, increasing choice and leading to a more rewarding experience for Patients, Staff and Carers. It holds a mirror up to the service in an open and transparent way, and helps create a more dynamic environment which promotes Patient recovery.

So how do services get co-production right? Policies alone don't change anything. It is essential to develop relationships of shared values and language through respectfully listening to Patients and Carers, letting go of being the expert, being open to creative and flexible ideas; and sharing relevant and effective learning. Then a wide range of hidden skills, knowledge, experience and networks can be accessed and all participants can influence decision making.

Louise Maclellan, Family Representative, QNFMHS

Priory Healthcare

Co-production in Action

Kemple View offers locked and secure services for men aged 18 years and older with mental illnesses and personality disorders. We focus on recovery and promoting independent living and required skills, to maximise rehabilitation for the men that we care for. We have a dedicated, award winning 'Recovery Team' who have strong links with voluntary and statutory community services. 'Co-production' of service provision is the ethos of the team this has had a positive, empowering influence on our patients and helped us to develop a sound reputation with the external services with work with.

How our service supports service users in co-production initiatives

We continually seek feedback from our patients and work with them to develop the service and their skills. We provide patients

with training (internal / external) and supervision to increase their skills and confidence as our shared input is vital to the success of projects, of the service.

A recent example of co-production enhancing service delivery and increasing patient knowledge one of our patients' successfully applied for a 'real work' opportunity working with our 'Mission Fit' lead, delivering various physical health sessions for patients. He is paid weekly for his work which demands he is involved with service development, plans and delivers sessions. To support the development of the service the physical health lead together with our patient successfully applied for and completed a 'Level 3 Personal Training' qualification. This was a demanding course assessed through written examinations and practical testing, the team worked together revising out of class time.

The Physical Health lead and our patient are now utilizing the new knowledge and skills gained through the qualification to improve

National Forensic Mental Health Service, Republic of Ireland

Co-production Practice at the Evolve Recovery College

Scope and context

This article will detail some Co-Production/collaboration/partnership/synergy/stakeholder-engagement experienced at the Evolve Recovery College in Dundrum, Co. Dublin. Two Peer Educators were employed in April 2018 and the College officially opened November 2018. A tripartite working approach was utilised for all Co-Production, i.e. service-user, service-provider, and family-member/carer.

Evolve Recovery College Logo

A detailed design brief was agreed by the Recovery College Working Group (RCWG), it was then posted to all stakeholders. At closing date eleven excellent entries were received – all were from service-users (subsequent feedback from staff and family was that it was felt that a service-user inspired design should win, so many gracefully declined entry). The RCWG membership is constituted with a tripartite balance and it decided the winner democratically as follows. Eleven entries reduced to two finalists, by personal impression and meeting of design criteria. The eventual winner was then decided after co-produced discussion and a final raising of the right arm. The winner won by a 7-1 unanimous margin. We then produced an Adobe Illustrator digitally interpreted rendition (shown right) with the service-users' final approval. The RCWG and many stakeholders have commented positively on this valuable example of Co-Production. A challenge was obviously the non-entering of staff and family members.



Evolve Values, Vision and Mission Statements

The space in the Recovery College (RC) allowed for two tripartite groupings to separately develop drafts 1 and 2 of the statements. Descriptors of Values were first to be crafted and these were then woven into the statements. Drafts 1 and 2 were then melded into a draft 3 for editing by all members of the groupings. Draft 4, the final draft, was then put to the members and subsequently to the RCWG for adoption. A challenge was getting the initial group size to a magnitude that was workable.

Values

The National Forensic Mental Health Service Recovery College members share the following beliefs:

Hope, Empowerment, Personal-choice, Education, Co-production, Inclusivity, Safe-space, Opportunity.

Vision

Our vision is to support and connect our service users, service providers and family and friends by facilitating world class recovery education programmes. All students will have this opportunity. Success is when we nurture hope, personal-choice and empowerment in our students.

Mission

It is our mission in the Recovery College to inspire students in the pursuit of their personal goals on their journey to recovery. This will be done in a safe-space. We will be recovery focused through inclusive-consultation, self-determination and co-production. We will achieve this through peer education in an enjoyable, non-judgemental and trusting manner. Moreover, this will be done in a sincere, equal and compassionate way.

Evolve Prospectus

The RC Prospectus was again tripartite in development. An initial survey of the three constituents in terms of what courses they would like to attend, and see run, was carried out. Fourteen courses were elucidated from the survey. The most popular course in terms of desire being 'Exploring Schizophrenia' and 'Get up – Stand up'. Prospective students from the tripartite were handed or posted an individual prospectus and registration form.

There was massive interest in all of the final offerings and a lot of the courses have had several running's to date to meet demand, such as 'Introduction to Recovery' and 'Co-Production'. A lot of work went into the co-production of the courses to qualify content. Co-Produced and finalised session plans, schemes of work and content were sent to our external Education Advisory Board members for final approval. A challenge with all this is Co-production itself, which is demanding and time consuming, but very rewarding. Content such as PowerPoint slides and videos, and kinaesthetic activities all got weighed from the different perspectives, so much changed.

Recovery Principles and Practice Workshops (RPPW)

Advancing Recovery in Ireland (ARI) – similar to ImROC in the UK, has developed

Co-Produced RPPW for tripartite groupings. RPPW are also co-facilitated by another three distinct members of the tripartite. The lead author of this article facilitates as a service-user and feels strongly that the lived experience is critical to the success of the workshops. Participants often feedback, in the Evaluation Sheets, that the narrative of life-experience-in-context was the best part of the learning. A challenge to date has been the fact that only a few RPPW ran in 2018.

In summary, from the four examples it can clearly be seen that we value Co-Production as a principle and practice at Evolve Recovery College.

Dr Peter A.S. Byrne, Peer Educator and Mr Patrick Leddy, Peer Educator, Evolve Recovery College

Devon Partnership NHS Trust

Substance Misuse Pathway (SMiP) Development



Langdon is a Regional Secure Unit (RSU), a forensic mental health hospital that offers care in medium, low and open conditions to male patients who have had contact with the legal system as a result of their mental health. Our relational, recovery focused model at Langdon informed our latest service pathway, with the aim of increasing access and outcomes for staff and patients at Langdon. This article describes a snapshot of our work on our Substance Misuse Pathway (SMiP).

The Project

A prominent issue among our patient group is using substances. To ensure access to interventions for substance misuse from admission, through the duration of the hospital stay and in to the community, staff and patients have started to co-develop a Substance Misuse Pathway (SMiP). The work at Langdon on SMiP began in December 2017 and was presented at the MSU Forum in June 2018.

In accordance with our relational model the SMiP has been developed by patients, carers and staff across the multi-disciplinary team. While other colleagues have developed other interventions, the element of the pathway report on here involved patients and staff working together in The Discovery Centre our recovery college, which runs courses and workshops that are co-produced with patients. The aim of this educational space is to give patients a sense of control over their lives, with hope and opportunity, and the time to explore their interests. To start our SMiP work, from August 2018 the Discovery Centre ran weekly patient focus groups to gain insight into what the patients wanted from the pathway. A need for resources about various addictions and substances was identified.

The Process

The Discovery Centre team and the patients, with involvement from members of the psychology team, started to gather a variety of resources for the pathway. These resources included developing leaflets about different addictions and substances from external well-known providers. These were suggested, reviewed and then agreed by patients and staff.

The patients expressed concerns about keeping all the leaflets in the library, which may be out of the way and said they needed something eye-catching to draw people's attention. It was decided that the best place for the leaflet rack was in a communal area. Patients and staff devised a design and slogan for the posters. In addition, staff and patients put together folders containing copies of the leaflets, one for each of the medium secure wards.

As well as leaflets, we are reviewing library resources. Staff and patients from across site have been asked for suggestions. The list is currently being reviewed with the intention to make them available to our patients. Our list covers all reading levels and requests and includes autobiographies, workbooks and audiobooks.

Patients expressed an interest in community substance misuse fellowships, so we provided a list of local meetings that they can attend. Staff acknowledged that not all of our patients have leave to go off-site, so the Discovery Centre team made contact with external agencies, and arranged for representatives to come to Langdon to talk to patients. Members of Alcoholics Anonymous have come onto site to talk to Patients and staff. The Discovery Centre has also linked with narcotics anonymous and cocaine anonymous, and we are now displaying their most up to date information leaflets for patient information.

Feedback

Patients are very much involved in this project, and they wanted to give their feedback. Amongst the comments patients said:

"I wanted to learn more about (substance misuse) and my illness personally. I found it beneficial to take a leap forward and start

asking questions. I wanted to not feel so scared and anxious, and the responses to my questions helped with this"

"I felt very included in the process. We all respected each other and had different ideas, and everyone was willing to listen and learn. I felt my opinion was respected and when I asked questions people were willing to answer them honestly and truthfully"

"Staff were caring and willing to listen"

"I realised I wasn't alone, and that there were other people out there with similar problems which was very reassuring"

"I was given snippets of information – they may not be useful yet but could be something to fall back on, or for me to use later, to help myself or someone else"

Future Development

Patients and staff will continue to co-develop and co-produce the pathway further; we are already arranging for external agencies to provide presentations and inspirational speakers, as well as developing an animation relevant to a relational understanding of substance misuse 'Rat Park' to play on the screen above the substance misuse library, and continuing to expand our resources generally.

Patients: Mark, Andrew, Craig, Trevor and Lee.

Staff: Julia Honeywill, Peer Support worker; Joanna Duke, Discovery Centre Manager and Lydia Jevon Honorary Assistant Psychologist, Langdon Hospital

For more information about Langdon Hospital Discovery Centre please contact Joanna Duke (see above) and for Relational Discovery/SMiP please contact Louise Yorke lead Psychologist, or James McCarthy, Pharmacist.

Co-production

The Events Committee was set up in September 2018, with a patient from each of our 3 wards at the Oxford Clinic as part of the committee. The aim of the Events Committee is to organise social events for the patients across the forensic wards and in doing this provides a role to the patients in the Committee, giving them responsibility, requiring them to work as a team and helping them develop their planning and organisational skills. Overall it is to provide empowerment.

As a group, the first idea for an event was a 'Cultural and Diversity Festival' and the group were able to come up with some brilliant ideas around this topic, however the interest was not shared amongst other patients that were not in the Committee. So, the event was adjusted to a Christmas event called 'The Christmas Get-2-Gether'. Important tasks involved in organising the event were to plan a date and time, deciding what activities we wanted at the event and then to allocate individual tasks to each member of the Committee. Next, we created a schedule of what needed to be achieved in each Events Committee session leading up to the event, we designed a poster to advertise the event and sent this around to all the different forensic wards on the Littlemore Site, to Woodlands House in Aylesbury and to Marlborough House in Milton Keynes. We also planned refreshments for the event and this included a cake sale to raise money for Save The Children (as part of their Christmas Jumper Day).

On the day of the event there was a very good turnout of patients and staff from the different wards. The Events Committee have described feeling that the event had a 'vibrant atmosphere' and felt like it brought people together for an afternoon. There was live music being performed by patients and staff, games for people to participate in such

as a tombola and 'pin the nose on the reindeer' and a quiz mid-way through the afternoon. As mentioned above there was a cake sale, and this included bakes from staff and patients. Everybody appeared happy and enjoying themselves and all feedback following the event was very positive. Rebecca Lafferty, Acting Professional Lead Occupational Therapist, sent the following to the Committee: 'I would like to say a big thank you for the above (Christmas) event yesterday. It was a pleasure to join you and everyone said how much they enjoyed it.' The one suggestion the Committee had about how they would change the event in the future is to allow families to be able to attend also, which has been taken on board for future events.

The Events Committee were asked what they felt the positives of the Committee are:

- Being able to work together, with patients and staff both generating ideas.
- Meeting and working with new people.
- It's something to look forward to in the week.
- It is positive and productive, gives us responsibility.
- Makes us feel proud and fulfilled when we see the end result.

When asked what the negatives of the Committee are the responses were:

- Have a better space/room for the Committee meetings.
- Ensuring all members of the Committee commit to attending regularly.

Overall, both staff and patients really enjoy being part of the Committee and feel it has been a very positive group in many ways to have as part of the therapeutic programme at the Oxford Clinic.

Patients and staff, Occupational Therapy Events Committee, Oxford Clinic

Have you joined our discussion forum?

If not, head to page 47 for more information on how to join Knowledge Hub

Growing from Strength to Strength

There is a great emphasis within health care to engage with partnering organisations to deliver collaborative care. Over the recent years, this collaboration has chartered new and exciting waters of working with our patients. Whilst our professional training emphasise this in years of education, it can but become theory when the real world of being a staff managing a ward, providing therapies and delivery day to day care. Secure Service units at EPUT have been co-producing with patients for a couple of years. It's been amazing to see our patients in action as tutors and experts with lived experience in various initiatives as detailed below.

Recovery College

As is the practice in various settings, most of our Recovery College programs have patients with lived experience come along as tutors delivering courses such as football coaching, learning to play musical instruments, Yoga, international cooking, communication skills, etc. Their peers have welcomed the change in dynamics from staff delivering therapy for patients to staff and patients collaborating in providing courses for them. A good number of our courses have patient tutors as the experts and staff tutor joining along for supervision and risk management purposes.

Staff Interviews and induction

There is training for interviewer skills provided by the patient experience group. Patients are approached by the lead interviewer for their availability and willingness to participate on a given date. Patient questions and opinions are incorporated into the decision making at the end of the session. A quote from a patient who has taken part says *'I really enjoyed the interviews, I feel great seeing potential staff at interview then seeing them on the wards working, it feels like we know each other already'*. The recruitment lead provides written statement of their role to patients who help with interviews for them to include

this experience in C.V.'s
Patients speak with new staff about their individual experiences of Secure Services. They take questions from the staff in an informal setting - over a coffee and spend some time getting to know each other. They may have met at interview and may recognise the new staff member when they come to the ward and show them around. This has helped with reducing barriers and promoted familiarity.

Security training

Prompted by the networks security update 2017, patients have been involved in Security training since January 2018. There have been 4 patients presenting so far, one is regular and has naturally taken the lead on this training. He has come to deliver this training to clinical staff monthly and has co-produced his own training slides! For 2019, he has involved another patient and plans are for him to take this forward so he trains a group of patients with new ideas and initiatives for security training. In January 2019, two service users decided to use role play to demonstrate their admission experience around relational security, and used the security lead as part of their role play. During discussions afterward, staff have remarked how this experience has made them reflect on some of their own practice. Patients have felt empowered and listened to in these sessions. They enjoy sharing their interpretation of relational security and have used this session in instigating changes.

Special Events

Our services regularly have various special events. Patients are involved in bringing ideas and take part in organising and delivering the event. Examples of their role include welcoming guests (public, carers, etc) to giving speeches and programs. Key events that our patients have helped co-producing in the last year include: Christmas disco, Carers days and Recruitment days. During the recruitment open day, secure services were open to the public. A team of five patients took the lead on greeting visitors, providing refreshments, informing them about Brockfield house and their experiences of being nursed in this environment. This brought patients and the public together, helped breakdown stigma

around mental health and secure services, improved relations with staff from support services who had no experience of working in this setting and led to a number of successful people being employed.

CQUIN projects

All our CQUIN projects have one or more Service users in the steering group either as a member or deputy Chair!

In conclusion, co-production has been a rewarding way of working with patients for

our service. It has brought about a refreshing change in culture for both staff and patients. We see this growing from strength to strength as we work with and learn from our patients to shape our services.

Rajkumar Samsonraj, Head Occupational Therapist, Brockfiled House

Tees, Esk and Wear Valleys NHS Foundation Trust

Good Practice Examples Services have of Implementing Staff and Patient Alliances

We are a large medium and low secure NHS service based in the North East of England. All staff working in our main provider facility, Ridgeway, must complete our security induction on their first day of employment in the service.

As part of a Rapid Process Improvement Workshop in May 2018, it was decided as good practice to involve our Patients as part of the security induction as security is a large part of their stay in hospital. New staff commencing employment in our service were sometimes apprehensive as to what services were like and what to expect from patients. We requested patient involvement in the development of the presentation by taking our idea to various patient groups such as "recovery and outcomes" and "OVON (Our Views, Our News)" We currently use a patient as part of every induction who gives his thoughts and expectations about relational, procedural and environmental security. I have worked closely with the patient who is currently based on one of our low secure wards to involve him as much as possible in this article, below is an account of what he does on the induction and other jobs he does for the trust.

"I was asked if I wanted to become

involved with the security induction as part of my ongoing involvement in the trust. A staff member visited all wards with in secure care and asked for ideas of what service users think needs to be discussed and what security means to them.

A small presentation was developed taking all ideas and information into this. I find this involvement rewarding and I feel like this is important and people say to me that this makes a difference to them. I feel like we were never involved in security before this event and people may have thought that this was to be not spoken about to service users, however we can state that security measures keep us and others safe.

At the inductions I give the participants some information from a service user's perspective, things that I have learnt whilst being in secure care.

I am also involved in involvement events around the trust which takes me all over the country where I share my experiences and share good practice. I speak about being involved in the security induction to other trusts in the hope that other hospitals can start doing this.

I have participated in the following for our involvement in the trust. I have been on interview panels, Judging panels – making a difference and the national service users awards (x2 years), presented to the CQC prior to inspection about the work we have completed, recovery and outcomes local and regional groups

Physical health and wellbeing meetings, Ourview our news (patient experient meetings), Quality assurance and governance group, Completed a leadership course, National service user conferences Going to these events, conferences and delivering presentations improves my skills and learning from others and I also feel others learn from me. I feel it is always worth learning new skills, CHIME factors included in everything I do.

C= Connectedness- I feel like we work collaboratively
 H=Hope- Allows me to have hope and skills for my future
 I=Identity—I feel like I have a role in my life and the service
 M=Meaning—I feel listened to
 E=Empowerment—I feel security is important and keeps me and others safe, it's

not them and us!"

Looking at the above statement, that has been wrote by the patient, it is clear to see that there is a lot of good examples of how patients and staff are working in alliance to improve therapeutic relationships and the service in general. We are currently working with other patients to get them involved in the induction also, as we feel that it would be good to have the perspective of a variety of patients and not just one. Each individual patient would bring their understanding of security and how it impacts their stay within the unit.

Service User; Rachel Lythe, Ward Manager and Stuart Bruce, Trainer, Ridgeway

Inmind Healthcare

Recovery College and Co-production; a Reflection

At Waterloo Manor; having run 7 terms over 3 years we wanted to reflect upon our Recovery College Journey to ensure we met our initial aims and fulfilled our values. We are asking have we successfully co-produced the 'platinum circle'. Have we satisfied our joint understanding of Recovery? Our service user and staff steering group initially surmised;

"Recovery is a very important part of our life journey, sharing experiences as one, valuing other people's skills and discovering/understanding a sense of self"

It is easy to see the impact the Recovery College has had on our service users and staff, there is a vibe in the room that stems from co-production; everyone is as one in the room, the imbalance of staff 'doing to' patient is gone, we learn from each other and value the 'expert by experience' and the person. As staff we see the full life of a

service user- the often forgotten before bit, the skills they have had all along even before us. And the service users get to see the staff in a different light too- without all the answers- there are things we don't know! And that is ok- we are people too. People challenge and say it cannot be truly co-produced as we are not all equal. That is true; we cannot be- we cannot just swap roles, there is a clear 'expert by experience' and 'expert by profession' line. However, we can jointly make decisions that draw on our different skills, strengths and unique viewpoints to create something special- we can blur the line together. And that is something we have gone on to do; an example being of a co-produced music video and collaborative performance of 'I will follow him' at the Yorkshire and Humber Involvement Conference 2018.



We have embarked on many projects and courses together within the Recovery College but without the planning and hard work from the beginning nothing would have been possible, the positive energy initiated in the steering group set the tone for co-production and its priority in our adventure. The platinum circle was aptly named by one of our service users to represent something precious and never ending, we subsequently learnt that platinum was also used as a catalyst and it certainly has been for us. Looking back; what started out as a small idea has turned into a change of culture and outlook on how staff and service users work together in this safe space.

A big achievement for us was the completion of our Mural; the idea being that in Recovery College we are all students and especially at the 'Platinum Circle' we wanted to showcase the fact we are all one; we drew round staff and service users and alternated inspirational words or blackboard paint for people to write on their own. Once finished it was no longer possible to see who a service user was and who was a staff member.

Some of our other highlights are pictured here;



Another positive is that our Recovery College and its endeavours have been recognised by the National Service User Awards and in its most recent effort in the Recovery and Arts Category for 2019 for our Collaborative Artwork and construction of Gallery 1; our own in-house art gallery.

So, three years in we have definitely achieved co-production in the creation of a recovery college; through planning, creating values and branding of the 'Platinum Circle' we have also co-produced and co-delivered some unique and creative courses and accomplished what we set out to do in breaking down barriers between service users and staff; but like we have said the

Recovery College Planning;



recovery college is named for a catalyst and I believe it has yet to make its biggest reaction and that is to take co-production beyond the limits of this recovery college environment; our next challenge to take on together, the next line to blur. We shouldn't need to reflect on co-production and worry if we have defined it right, we should value each other every day in every interaction and then we know we have and that we are getting recovery right as surmised from the very beginning.



Charlotte Byrne, Involvement Lead, InMind Healthcare Group, Waterloo Manor

Priory Group

'Hearing Voices' Group: a 'Co-Production' Support Group Run by Service Users and Staff

Studies have found that between 4% and 13% of people across the world 'hear voices' (McGrath, Saha & Al-Hamzawi, 2015; Beavan, Read & Cartwright, 2011). Within the prison population this number rises to 25% of women and 15% of men (Wiles, et al, 2006; Mind, 2017). This number is then significantly higher again in psychiatric hospitals as up to 90% of people who have schizophrenia and up to 80% of people with bipolar disorder 'hear voices' (Mental Healthcare Care, 2015).

Despite how common studies have shown 'hearing voices' to be, it is a topic that is widely under discussed both in the community and hospital settings. This is felt to be primarily due to the huge stigma and fear of judgement that it attached to the experience. As a result people with this experience often feel isolated.

The "Hearing Voices" group is a peer support group where people share their experience of hearing voices or other unusual experiences e.g. unusual beliefs, seeing visions. Part of the purpose of "Hearing Voices" group is to offer a safe haven where people come together to feel accepted, comfortable and supported by others. They also have an aim of offering an opportunity for people to accept and 'live with their voices', in a way that gives some control and helps them to regain some power over their lives. It is a peer support group lead by the service users. To move away from stigma or a more medical model the service users bring their own terms e.g. hearing voices, seeing vision and unusual experiences rather than auditory hallucinations, visit hallucinations and delusions. Thus the service users write their own narrative of their experiences and move away for set terms and labels

Kneesworth House hospital runs a weekly "Hearing Voices" group which is accessed by service users from across the treatment pathways (medium secure all the way down to unlocked rehab both men and women). It has been running continuously from 2015. It

is a co-production project as it is run by both staff and service users working collaboratively to create a safe and open environment for all who require it. Its longevity and good attendance speaks volumes about how valuable having this group in the hospital is. For this article service users shared what they valued about their group and quotes ranged from "I value hearing other people's experiences", "I am able to be sensitive and honest with others", "It is an open non-judgmental forum. You can speak your mind here without being judged", "It's better than sitting on the ward", "company of friends" and "I do not feel alone".

The group is also seen as a place where we (service users and staff) all learn from each other. Service users have said that through the experience they have learnt "to be open about my own mental health", "It's helpful to learn from others, what works, what people have tried...", "It's a different group from others, you can open up, take things in from other people's views. It's working", and "You think you are alone, you're not though really, many famous people like Frank Bruno, Catherine Zeta Jones and Sir Antony Hopkins hear voices."

Part of the group's success is the fact that it is a co-production rather than a taught session. Mental illness and being in hospital can really impact on a person's self-esteem, confidence in group settings and their social skills. Encouraging service users to share their experience, feelings and bring what topics they would like the group to discuss helps in part to rebuild some of these strengths. We asked service users what they liked about co-running the group. They spoke about liking that "We are equal, respect everyone, both staff and service users", "I like listening to one another's; staff and service users", "you can talk about whatever you want, within reason", "The service users lead it and get advice from staff" and "We are taking an active role in talking about our own recovery".

In a society where 'hearing voices' is not discussed due to fear of negative consequences and stigma the power and impact of service users finding a safe community where they can be open is immeasurable. It also amazing to us the

number of times we have heard service users, even those who have been in service for years, say that they thought they were the only ones who 'heard voices' until they came to the group. The group gives service users the space to be heard, understood and open. However it also empowers them through co-facilitating to be leaders, helpers

and show compassion. To be supported and to support are key skills that can rebuild a person's self-esteem, self-image and help them along their road to recovery which is the ultimate aim for all involved.

Hearing Voices Group; Kneesworth House Hospital

Northumberland Tyne and Wear NHS Foundation Trust

Co- production, Co-delivery

Bamburgh Clinic are keen to continue involving our patients in all ways to support their own and others recovery journeys, as well as the impact this has for others in the environment who are at different stages of their journey and the empowerment this provides. We offer a number of opportunities and support our wards, patients and carers through our journey.

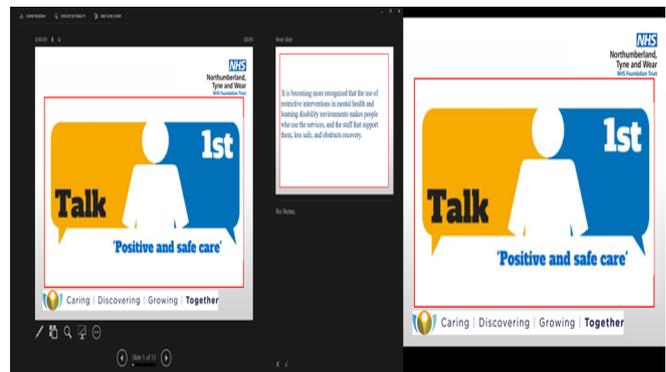
In 2018 I approached a patient from Cuthbert ward to ask if he would co develop a presentation about the Trusts Talk 1st initiative this is part of our harm reduction strategy. There was a number of aims to this including giving the patient the opportunity to build his confidence further and share from a patient perspective his experience and understanding of Talk 1st. The sessions were delivered to a mixed audience of both staff and patients they were well attended and well received. The patient involved has provided his own account of what this co-produced experience meant to him.

I am a patient who is currently on Cuthbert ward at the Bamburgh Clinic. I have been detained under the Mental Health Act for a number of years and had experiences in Low secure, Medium secure and High secure. Because I have in the past shown willing to help others who are in the mental health system by means of me sharing my experiences and knowledge of going through the system. I was approached by Helen and ask if I could co-facilitate a group about Talk 1st. I agreed to do this because I thought that

my experiences might just help others and also it's ok with psychologists, nurses and managers saying what it is like from their point of view. That is good but I thought if I could also give others what it's like from a patients point of view who has actually been there and felt what it is like to live through all my stays in hospital and what it is like now.

I really enjoyed doing this with Helen it also gave me the opportunity to share my personal recovery through the hospital system. When you get a group of people having different ideas of what helped me or others get through a stressful time or it was observed or it was you involved. I know a lot of things can happen at any time but it's about sharing how it feels and affects you. I hope that the others who attended the sessions took away anything that might be positive or could help. For my own personal recovery, I took away a lot of self-esteem, confidence and the feeling that I might have been a help in any shape or form makes me so happy and makes me feel good.

Patient Co/Facilitator Talk 1st. Helen Goudie CM, Bamburgh Clinic, Secure Care Services



Our Recovery Conference

We recently organised our second annual Norfolk Recovery Conference, and over fifty service users, carers and staff attended. The theme was hope and opportunity, and there was plenty of scope for coproduction. Service users from the Broadland Clinic Medium Secure service were involved in every step of planning this event, and one service user hosted the event. Powerful personal recovery stories, films and artwork were a centrepiece of the programme, which coincided with World Mental Health Day. Hertfordshire Partnership NHS Foundation Trust service users and staff arranged this event in partnership with the Norfolk and Suffolk Mental Health trust (NSFT). Opening Doors, a local service user advocacy charity, contributed to the event, presenting alongside us. We asked community partner organisations to come and give presentations, these included Engaging Carers in Secure Services, Innovative Communication Strategies in Learning Disability and The Good Lives Model - Psychological Therapy to Reduce Risks. Afternoon workshops included Creative Writing for Recovery with our education team People Plus, Eating on a Budget with a dietitian, and How to reach your Work Goals through Vocational Pathways. After lunch, we had live Dancehall rap music, as well as the premier of a short film by patients at the Broadland Clinic. We want to thank all those who contributed to this successful day, particularly those service users sharing

personal stories.

Feedback on the event was overwhelmingly positive. Attendees commented on the benefits of learning from service user experience, the inspiring ideas and projects they learned about, and how this conference demonstrated the benefits of collaborative working for recovery.

Here is the story from one of the service users, James Connor, who co chaired the conference.

"I have been involved in the conference now for a while. I attended planning meetings and helped choose the content for the day. On the day I did a lot of talking, a presentation on Talking Mats, and my Elvis music video. It's a big thing standing up in front of people but I did it and I think I would do it again. I loved taking part in the Recovery conference, I enjoyed it so much".

Another service user for whom this was his first ever conference, said the following;

"The conference was for people to learn new ideas and share different experiences along the way. We all want the same things in life, to get help, to move on into a flat / house of our own. We had chance to help others, and make new friends from different parts of the UK. We can share and give people the support to live in comfort, to have a much better and brighter future for everybody in care."

**Vicki Malcolm, Occupational Therapist,
Broadland Clinic**

National Forensic Mental Health Service

GAMECHANGERS If The Policy Changes, Your Life Changes Too!

As part of the NFMHS quality and recovery developments, my role as Policy Development Officer was created in the

Central Mental Hospital (CMH). The CMH is the main forensic mental health facility in Ireland, with 94 beds. It has over 60 policies outlining the rules and guidelines that underpin how the service works. We are moving to a new state of the art premises in April 2020. All policies are due to be reviewed before we move. The service has a multi-disciplinary policy committee, chaired by a member of the senior management team. A key part of my role is to support service users taking part in policy reviews

and on this committee.

Recruitment started through the Residents Forum in the hospital. Four service users volunteered initially. Nineteen are now involved. We identified that service users need to be supported and trained to feel safe and able to take part at this level. Therefore the Irish Advocacy Network will be coming in to give Capacity Building training in early 2019. A peer support group has also started, with monthly meetings for volunteers to share experiences. Staff from all disciplines have been very supportive of our work. The first policies reviewed were some of the most restrictive, including Mechanical Restraint, Therapeutic Management of Aggression & Violence (TMAV) and Rapid Titration. Here is how our service users found the experience (pseudonyms have been used):

Tadhg's story:

Hello, I am a patient at the CMH, and I am involved in the policy reviews. Policies, exciting stuff I hear you say. I wanted to get involved in the policy reviews so that I could learn about the rules that govern our care here at the hospital. And I have not been disappointed; I find the policies very interesting. In 2018, I was involved in the review of the Rapid Titration policy. I was very interested in this policy because I was myself rapidly titrated when I first came into the hospital. Unknown to myself at the time of my admittance, I was very unwell, and it was necessary to tranquilise me until I achieved stability once again. I am not sure how long that took exactly. It was recommended in the policy that a patient should be debriefed about their rapid titration experience when the psychosis has subsided and they are well enough again. I don't recall this happening for me. I highlighted the fact that I didn't remember getting a debrief. My recommendations were taken on board and were incorporated into the revised policy. Now that I know that patients are entitled to receive a debrief about their experience of rapid titration, I will be pursuing one for myself.

I really enjoyed my experience reviewing this policy and I am involved in the next round of reviews. I feel like I am more knowledgeable about how the hospital runs and the guidelines that govern the CMH.

I would recommend other patients to get more involved in the policy reviews. It has been a rewarding experience for me.

Marco's story:

Under the principle of Co-production, I have seen with my eyes how important are our ideas. In fact, our service is founded on the Service Users and it can only be efficient enough with the different lived-experiences we can provide.

I just want to remind you that, even though we lived traumatic and similar index offences, in the most part, everybody is different and reacts differently to hospitalization: medication, clinical support and recreational activities.

Recently, myself and others were invited to partake of an important project: *the renewal of the current hospital policies*.

My work was related to *Mechanical Restraint and TMAV*. I was promptly provided the existent policies. I studied them and proposed new ideas from my personal experience; specifically, at the outset of the hospitalization, therefore located to seclusion and in an acute unit.

I shared my work with the Policy Development Officer and together we presented it to the committee. The outcome was amazing! They basically accepted all my ideas and wanted to discuss them in detail, to be sure they understood me exactly.

I took part of this initiative not only to give sense to what I am experiencing but also to support people still struggling in the acute phase. There is still a huge amount of work to do.

"Freedom is Participation!" (This sentence is from the song "La Libertà è Partecipazione!" by Giorgio Gaber, an Italian Songwriter.) Here in the hospital: ***If the policy changes, your life changes too!***

Breffn  Coffey, Policy Development Officer; Two members of the Service User Policy Panel from the National Forensic Mental Health Service (NFMHS) in Ireland

East London NHS Foundation Trust

Maximising Service User Resource: Co-producing a Recovery College in East London

The John Howard Centre is a 155 bedded inpatient medium secure unit in an inner city corner of East London, providing services to a diverse population. When we set about creating a Recovery College we were determined to have service users fully involved in planning and co-producing this from the very start.

The Recovery College enables learning of new skills to allow individuals more control over their futures. To truly embed co-production, our Recovery College courses are written and taught by service user tutors, in collaboration with staff tutors.

Similarly, we wanted to draw on our service users and staff's assets, for the benefit of both service users and staff. So our courses are attended by and delivered by both groups. This is not staff teaching patients. Everyone is teaching, and everyone is learning.

Recovery College courses span a great variety of topics including budgeting, community living, spirituality, bike mechanics, languages, spoken word, visual arts, healthy eating and boxercise. The topics have been service user generated.



Matchstick model of a caravan

The initial response varied from boundless enthusiasm to concerns about managing boundaries when working within a more equitable structure. Overall the positive aspects of co-production were embraced and inspiring courses were delivered with positive feedback from service user and staff attendees.

As well as drawing on our internal resources, a number of external providers have co-produced courses with us. The charity Mind ran a six week Spoken Minds course. This group explored performance poetry and creative writing to enhance wellbeing through expressing and understanding our experiences and feelings, working with others and developing an artistic skill.

A group of external service users from a local hostel visited the unit to lead a course discussing their lived experience in the community with external housing advisors. This practical session was very motivating for those preparing for discharge.

We also work with the charity Boxing Futures to facilitate a Boxercise program. This is a 13 week co-facilitated course, focusing on exercise, diet, managing frustration and smoking cessation. We achieved fantastic results, including weight reduction, and are excited to see where the program goes in the future!



Recovery College Boxercise course

By giving our service users the opportunity to train as peer tutors we are helping to equip them with vital life skills. Some of the feedback includes:

"The best things about being a peer tutor are helping others and being part of a team" – (MB)

"The peer tutor's role supports service users in their recovery journey as it gives them a chance to learn and explore new ideas. This helps them prepare for their discharge into the community" – (MB)

"The best things about being a peer tutor are the skills you learn along the way, the ability to build your confidence and speaking in front of an audience" – (OO)

"My overall experience has been a wonderful use of my time. I have gained social skills and skills that will contribute to my life in the community and support me on my road to recovery"- (OO)

"I thought this was a good opportunity to earn money. However, when I started to learn more about the peer tutoring I thought this was a great way for me to develop my knowledge and skills, as well as help me become professional and organised" – (VC)

"It has helped me to think better. I feel more relaxed in group settings where everyone is equal" - (VC)

"It's an amazing feeling of being peer tutor by supporting and motivating my peers in art/creativity and showing them different forms of arts! It makes me happy and gives me reassurance of acceptance by others!" – (AO & RC)

Our professional tutors have also really valued being part of a co-produced college. They have reported finding it an inspiring and innovative service that not only helps with people's recovery but is a vehicle for sharing people's expertise where students



Free drawing course

gain knowledge and skills. They have seen how service user empowerment had led to people seeking work opportunities, e.g. interpreting.

The benefits of co-production have been numerous and highly valued by staff and service users alike. The next steps for our service have been to develop our co-production more widely. We have exciting initiatives to enhance our peer-support roles and to truly embed co-production into our highly successful Quality Improvement programme. We have been thrilled to so meaningfully improve our use of the genuine asset and motivational force that our service users are, and cannot wait to get started on the next stage of our coproduction journey!

Gita Patni, Welfare, Recovery College Manager; Alison O'Reilly, Head of Occupational Therapy; Dr Phil Baker, Head of Forensic Services, John Howard Centre

Visit our website for regular updates and events information
www.qnfmhs.co.uk

Birmingham and Solihull Mental Health NHS Trust

Reflections on Co-production

Here at Tamarind there is a strong focus on service user involvement and co-production in order to provide a recovery-focused service for service users and their families. We encourage service user participation in their care and treatment in order to improve services whilst reducing barriers between service users and health care professionals. After all, the service users are experts by experience and by working together through service user involvement and co-production we can continue to develop a recovery focused service where we can learn from each other whilst improving outcomes.

Ward representatives:

As a member of the Service User Engagement Team I am committed to promoting service user involvement at Tamarind. Following the decision by BSMHFT to employ peer support workers, as part of its policy of promoting a recovery focused strategy and culture across the trust, we decided to develop this concept further by creating the role of paid ward representatives within Tamarind. Therefore paid roles were established on the wards, in August 2017, for ward representatives. Prior to this, we had noticed a gap between service user involvement and information sharing to service users who were not so involved in such initiatives. In order to bridge this gap we created paid roles for ward representatives. Ward Reps were also able to raise awareness of recovery focused practice amongst their peers whilst promoting service user initiatives, such as Family and Friends Events.

Ward Reps felt valued and empowered with the responsibilities that the role entailed. As well as attending ward meetings and providing feedback between staff and peers they also support new service users to the ward. In addition, such roles and responsibilities have been directly responsible for positive changes in their areas illustrating that when service users have a meaningful role to play in shaping the services they receive it can have a symbiotic

effect for all involved. Not only do ward reps provide feedback to their peers about activities and events they also feedback the views of their particular ward during visits from the trust, CQC, third sector organisations and other governing bodies.

Service user involvement has educational benefits, too. For example, there has been a positive increase in skills and behaviours evidenced in self assessments.

Service user involvement on interview panels:

Training opportunities are available for service users who would like to be involved in the recruitment process. Full training in Recruitment and Selection are provided for service users to sit on various recruitment panels within the trust. The trust is supportive of service user involvement in recruitment and selection panels that many are supported to attend with leave. In addition, one service user at Tamarind has been accepted to be part of the judging panel for the Service User National Awards.

Recovery college:

Here at Tamarind we recognise the challenge that implementing recovery-focused practice has within secure care so we focused on maximising as much independence as is possible for service users that are in a restricted and controlled environment. One of the ways we thought we could do this was by establishing a Recovery College at Tamarind.

The trust has recently developed and began to implement a Recovery for All strategy, which as a recovery focused practitioner, I look forward to being a part of through our Recovery College that has been established here in Tamarind since 2015. For me this is an example of recovery focused practice with its strong ethos on co-production, demonstrating that working together makes us stronger.

The sessions are co-produced, co-designed and co-delivered by people with lived experience of mental distress and healthcare professionals at Tamarind. To ensure that our sessions are recovery focused and recovery principles are maintained we are subject to Recovery for All's Advisory Group thus ensuring that all sessions are also co-

produced and co-designed. It is through co-production that we are able to deliver recovery focused practice and thus provide an educational pathway towards recovery by

providing a learning environment for students/service users within secure care.

Tracie Adkins, See Me Worker, Tamarind Centre

Northumberland Tyne and Wear NHS Foundation Trust

The Elephant in the Room

Co-production is undeniably an important focus within healthcare settings but achieving true co-production can be difficult in a secure setting and with patients that have comprehension and communication difficulties.

Co-production tends to become the focus when substantial changes or large projects are being discussed and rightly so, however the cognitive and communication skills required to meaningfully co-produce designing a new hospital are significant and can be prohibitive. Imagination, hypothetical language, considering the abstract, considering positives and negatives all require higher level language skills and theory of mind skills which can be difficult for individuals with a communication difficulty and/or learning disability. Consider also that a significant proportion of inpatients have lived in institutional care for all of their adult life so far and the pre-requisite of using life experience to help initiate and guide thinking becomes more challenging still.

What then should we do? It is right to want to involve individuals in our care and develop ideas collaboratively, but it is not easy to do this meaningfully and we risk being tokenistic if we do not address the difficulties highlighted above.

The key here is understanding levels of communicative ability, adjusting for these and tailoring the discussions and opportunities to the individuals.

Within our medium, low and hospital-based rehabilitation services, we have developed our co-production at a number of different

levels; from the individual up to the service level. This is supported by speech and language therapy specifically where required and delivered in a multi-disciplinary way.

Level of the individual

Formulation sharing – an individual has worked with the psychology team to develop and understand their formulation. Following on from this they have shared it with their staff team, clinical and service managers in a number of training sessions.

My training about me – an individual worked with SLT to produce a video where he talks about his diagnosis and how it impacts on him. This was shown to his staff team...

My CPA/CTR presentations – individuals were observed to find formal meetings difficult to understand and contribute within, often resulting in significant anxiety and deterioration in their behaviour. Individuals are supported to develop a multimedia presentation about their life in hospital ahead of this meeting. They take photos, videos, talk about their lives and present this in a PowerPoint at their CPA/CTR. This has allowed the power balance within these meetings to be redressed and removes the communication pressure on the individual.

Level of the ward

'Say' groups – these ward-based groups developed from a social communication therapy group. Following the completion of the group, individuals identified that they wanted to continue to work together to develop and improve things on their ward. They meet weekly; have addressed issues that have arisen on the ward e.g. cleaning rotas, set up charity events, led awareness raising campaigns etc. These groups were originally established by SLT and OT and are now led by the wards collaboratively with patients. Service-wide initiatives such as the Patient Related Experience Outcome Measures (PREOMs) are fed into the groups and addressed at ward level.

In addition to this, wards also have a community meeting and mutual help groups. An individual has recently been supported to co-produce a confidence group for his peers on the ward.

Level of the service

Recovery Council – representatives from each ward meet monthly to share ideas and difficulties. SLT have supported the delivery of the meeting to ensure that individuals with communication needs have systems to aid them to understand the meeting and fulfil their role within it. This includes simplified visual agendas, minutes and visual strategies within the meeting.

Recovery College - individuals are involved in planning, producing and delivering courses within the recovery college for their peers. Recovery star secure – the SLT team have worked to produce a simplified visual version

of the Recovery Star that enables people with communication difficulties to understand and participate meaningfully.

Projects – SLT have supported information-gathering around a number of service-wide issues including; food surveys, use of emergency response equipment, an incident debrief tool, using Talking Mats style approaches to enhance comprehension, increase the amount of information provided by the individuals and make the participation more meaningful for the individuals involved. Co-production in secure learning disability services will never be simple but there are ways to ensure that we are not being tokenistic. SLTs play a valuable role in supporting co-production within such services.

Joanna Brackley, Principal Speech and Language Therapist, Northgate Hospital

Birmingham & Solihull NHS Foundation Trust

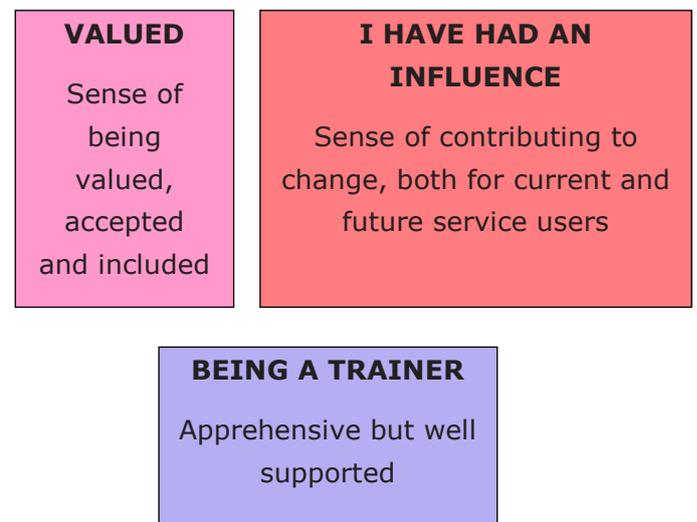
'I Felt Like What I Actually Said Had Some Value': Experiences of Service Users Developing and Facilitating DBT Training

Skills generalisation is a key component of Dialectical Behavioural Therapy (DBT). Within a secure hospital environment, this can occur via the reinforcement of skill use by ward staff at times of distress. Service users accessing the DBT service reported that whilst staff wanted to support them in using their skills, they were not always aware of these skills and therefore felt unable to effectively support them.

To address this a training day was co-developed between service users and DBT therapists, which aimed to provide information about DBT and Borderline Personality Disorder and introduce a number of DBT skills that service users felt were the most helpful for staff to be aware of. Four service users co-developed and co-facilitated four training days to a total of 30 members

of staff. An evaluation was completed in order to identify the experiences of these service users, with three taking part.

RESULTS: Three main themes were identified from the data



VALUED: I have something to offer: Feeling that they had something valuable to offer staff in terms of their development:

'The good things about being involved in the training were being able to teach staff skills that they didn't know before'

'I felt like what I actually said had some value. Sometimes what I say doesn't matter but in DBT, because it was something I was learning and it was new to the staff at the time, it made me feel like I could help them out...'

Feeling equal to staff: Feeling understood, included, accepted, listened to and equal to staff.

'I felt included... Just the staff being there for us and got to tell our opinions'

'...so good things in that was, you know, teaching staff a variety of skills and also giving them an insight on personality disorder from my experiences...'

I HAVE HAD AN INFLUENCE:

Changes seen on the ward: Noticing staff behavioural changes in the management of urges and emotional distress, with increased confidence and ability to support the use of DBT skills.

'Because before staff, if you were struggling they wouldn't know what to say or do'

'If [the staff] they see a service user putting their face into a bowl of water that raises alarms... that usually is interpreted as self-harm'

'Because staff can help you with urges and tell you what to do to stop them'

Hopes for the future: Helping future service users by increasing staffs awareness and confidence to support them in using their DBT skills.

'So they can think about how to help others in the future....so that when we get discharged they can carry on helping other people'

BEING A TRAINER:

Can I do this? Feeling "nervous", "weird" and "embarrassed", not knowing what it would be like and worrying they would teach the skill 'incorrectly' or 'mess up':

'I didn't feel too good and I thought it was all

gunna be all crowded in the room and I didn't know what that was like and I was nervous'

'Weird...because you thought everyone was looking at you and talking and were waiting for you to mess up'

Felt supported: Although anxious they felt supported, which was helped by knowing the audience, and found it useful to hear staff reflecting on the skills:

'It helped that I knew the staff that I was teaching the skills to train them'

'But yeah it was helpful expressing their [the staff] opinions....It was mainly things like how can I better myself using that skill... it also made me think about me trying to use it like do I use it too much or too little'

DISCUSSION

Participants described a number of positive experiences associated with being involved with developing and facilitating the training session. These included: feeling valued in terms of being able to help increase staffs knowledge, listened too and accepted, understood, having been able to change staffs responses at times of distress and making changes that may benefit future service users. Whilst feelings of nervousness and embarrassment were identified, the familiarity of those attending was felt to be an influencing factor in reducing some of this anxiety.

Findings of this evaluation highlight the value of involving service users in the delivery and facilitation of training, both in terms of the benefit for service users and those attending. Recommendations suggest the use of prompt sheets to support the service user in presenting information, making them aware of who is accessing the training and, if possible, introducing them prior to the session, and for co-facilitating staff to be known to them.

Mr Edward Howard, Trainee Forensic and Clinical Psychologist and Dr Susan Tolley, Principal Clinical Psychologist, Ardenleigh Women's Medium Secure Service, Secure Care and Offender Health

Working in Partnership with Service Users to Create a My Shared Pathway Song

Over the past few months staff and patients at the Lowry Unit have been thinking of novel ways of promoting My Shared Pathway, to help re-launch MSP as the preferred recovery model for the service.

One idea was to develop a collaborative music production project, with the recording of a bespoke My Shared Pathway song that fitted in with the Lowry unit's patient group's understanding of MSP. A number of service users had previously been involved in various different music production activities that the OT department facilitated, so the concept of creating a song using the key themes of My Shared Pathway was put to those with a known interest in this intervention.

The project was also discussed at service development forums where it was suggested that a previous acoustic recording, called the Lowry Rap, could be used along with new lyrics to create a modern tune.

The project became a regular part of conversation at the daily community meetings and lots of ideas were put forward for the lyrics and style of recording.

This project certainly generated new lines of conversation about My Shared Pathway and both staff and patients could often be heard humming the new tune in communal areas of the ward, sometimes leading in others joining in to sing along with the chorus.

The song has been recorded in several different musical styles, including rap, reggae and hip-hop, to cater for all tastes and to allow people to choose their favourite style, at any particular time. The actual production of the various recordings of the song was done in OT sessions and this has created new discussions over what to do next. The list of knock-on projects as a result of this one idea has been quite wide-

ranging and a few of the proposals will be taken forward as bespoke interventions in their own way.

Overall, the project achieved its goal of kick-starting interest in My Shared Pathway and both patients and staff have embraced this with renewed enthusiasm. Here are the lyrics for our song:

My Shared Pathway (the Lowry rap)

When its rainy outside and I've got a tear in
my eye,
I know my shared pathway will help me get
by.
No decisions without me they live in my
mind,
We will sit down together and make them
come alive.

Got my own identity.
I know who I am.
When times are tough, I'll look at the book
It's time to stay healthy and clear my mind.

My relationships are getting stronger,
Now I've got the insight,
My life skills are looking rather fly.
My shared pathway is helping me through
life.

This is my recovery, my mental health.
My words are my ignition for my
ammunition.
No decisions without me, I'll be involved in
every care plan.
Every word I say.
Responsibilities need to be shared.

I know staff are here to help and I want to
help myself.
It's not going to be easy, temptation is
everywhere that I go.
Drugs and alcohol, start my problem
behaviours.

My shared pathway will help me stay away
Fighting my demons every step of the way.
My Outcomes, Plans and Progress make my
shared pathway.

**Nigel Sharp, OT Team Leader and
Darren Moore, Ward Manager,
The Lowry Unit, Prestwich Hospital**

Royal College of Psychiatrists

All that Glitters isn't Gold; Towards a Pragmatic Understanding of Co- production in Secure Psychiatric Hospitals

Currently, and for at least the past decade there has been significant and widespread interest in public and patient involvement (PPI) in secure care, including co-production. This interest has come from and to a lesser extent been sustained by NHS England, commissioners and services themselves. Patients themselves have (thankfully) also been included in this process.

Co-production is an approach to PPI in which staff, practitioners, patients and carers work together, sharing power and responsibility from the start to the end of the project, including the generation of knowledge. As most secure inpatients may be aware, power is rarely, if ever shared in a consistently meaningful way within secure hospitals. In such settings power and choice are essentially the preserve of the MDT together with the wider staff body. As a patient, you may be given the opportunity to express your wishes and preferences regarding your care and treatment, but the extent to which anyone may pay attention to what you want and how it can be achieved, may often vary significantly.

Co-production is a very trendy term but needs to be more than just 'really good PPI'. It should be a transparent and deliberative process in which patients, carers and staff are involved on an equal footing throughout every stage of the design and delivery of the project. In England, the NHS is required by law to involve patients and the public in decision-making about the planning and providing of health services. These statutory duties are contained within the Health and Social Care Act 2012. Attempts to advance patient involvement in health and other policies have led to the creation of many models and step by step guides on how to implement change. However, although

these instruments may have a useful part to play in improving patient and carer involvement in the various aspects of healthcare provision including research, they may inevitably paint an impractically simplistic representation of the realities of implementation and causal change.

For instance, patients may feel uncomfortable or conflicted in co-production groups where other members include clinicians who have previously been involved in their care. Clearly no one should feel uncomfortable to speak in a mixed setting. How to resolve this may not always be clear and in cases where there is a significant potential for conflict should be tackled on an individual basis. One thing which might help is for the clinical staff members who are involved in any co-production groups to be informed clearly and comprehensively of what is expected of them and the exact nature of their role. It is essential staff are aware of their obligations regarding confidentiality and not repeating or referring in the group meetings to any previous clinical contacts.

Inevitably PPI in secure settings, including co-production, will be dependent on the prevailing structures and processes of the detaining service, and mirror the internal imbalances of power and epistemic status. Patient morbidity and motivation may affect the range and depth of patient contribution and those who are most ill or disadvantaged may rarely be heard or even listened to. PPI will in general be initiated by the very body which seeks and acts to control and restrict those to whom it proffers involvement. Co-production in such circumstances may invariably be compromised by misplaced and disproportionate risk aversion and other forms of defensive practice.

Whilst there is strong support and direct enablement of meaningful PPI and co-production by NHS England and the Royal College of Psychiatrists (for example the QNFMHS's successful deployment of Patient Reviewers and NHS England's co-design of the new community forensic services model and blended women's forensic services), at a more local level and within the locked confines of secure hospitals the PPI picture may be very different.

Yes, PPI in secure services has its allies who continue to seek to overcome barriers and promote more inclusive and diverse participation and co-production in health and social care, but we need to be honest with ourselves that we are nowhere near doing as well as we need to. I posit that a useful manoeuvre in advancing patient participation, engagement and involvement in service development is for organisations

and individual practitioners to develop a greater epistemic regard for patients in general. Then, and perhaps only then, will meaningful PPI and co-production begin to be manifest throughout secure and forensic services.

Dr Sarah Markham, Patient Reviewer, QNFMHS

Lancashire Care Foundation Trust

Co-production at Guild Lodge

In April 2018, The Occupational Therapy team at Guild Lodge embarked on a journey with a local Soroptomist Club (Amounderness), to consider partnership working around vocational opportunities for the female service users at Guild Lodge to engage in. The Service users first met with the Soroptomists on International Women's day in 2018. The Soroptomist Club is a global volunteer movement working together to transform the lives of women and girls.



The offer of working as volunteers in the charity shops was also available to the ladies to enable them to experience working in the community, and having a greater understanding of the value of charitable organisations. There are charity shops throughout Lancashire where the soap would be sold. There are also opportunities within the Trust to sell at various events (Christmas fayre, physical health event and International mental health day).

The vision was to create a Commercial Project for the Soroptomist Club to accumulate funds via a commercial venture rather than the traditional fundraising route. The ladies had chosen to develop a 'soap' project, and the Soroptomists have committed to supporting them throughout. The ladies were keen to create a branded, marketable, packed product, which will be sold to generate income.

The soap is a simple bar of handmade glycerine which was sourced from a family run business in Lancashire, and the ladies were involved in developing the scents for each soap, and designing the packaging. It was agreed that each bar would have a collar/ wrapper around it so that they would have their own identity, and also so that people could see where the proceeds would be spent and also why the project was started.

The naming of the soaps came from involvement of the service users during workshops, and discussions held worked with the ladies determined what the words meant to them individually to enable the brand '**Bare & Able**' to be created. The names chosen so far are '**Hope**', '**Trust**', '**Wisdom** and '**Courage**', and we aim to develop the range we offer. It is expected that there will be 25-30 soaps named in time.

The soap has been sold at events at Guild Lodge Christmas Fayre, and also at The Harbour, mental health hospital in Blackpool, and the profit made has gone directly back into the project to purchase the ingredients to make more. The profits made have enabled us to buy our first batch of branded soaps and wrappers to be

marketed and launched.



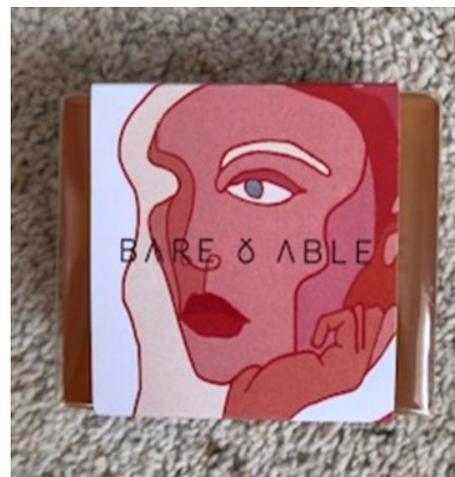
extended periods of time in secure services, and it will offer them an opportunity for engagement- to share their story of recovery and strength to provide hope and courage for others.

The group is organising a Quality Event in May 2019 to launch the product, which will be great opportunity to display, promote and showcase the collaborative work that has been done with the female service users at Guild Lodge- of which they are all very proud and excited to be part of such a developing adventure

The Soroptomists meet with the service users and staff on a monthly basis, and assist us with the skills needed to promote the soap. Involvement in the project from the start has provided the opportunity for the ladies to develop key skills in the area of employment, and also mentoring, assisting with budgeting skills, and make-up and beauty tips.

The project is hoping to tackle some very real challenges that women in secure services face in relation to gaining meaningful employment, and social integration. In supporting this project we are providing hope for the future and also opportunities for service users to become valued members of the community.

This project will help with the transition of preparing vulnerable women who have spent



Service Users; Margaret Michael, Lead Occupational Therapist; Diane Riding, Practice Development Lead, Guild Lodge

NHS England

Using Design Thinking to Co-produce a Model of Specialist Forensic Community Care

The NHS England mental health secure care programme was established 2016 in response to recommendation 23 in the Five Year Forward View for Mental Health, which described the need for care closer to home, and in the least restrictive setting. Our overarching objective for the programme was to improve the experience and outcomes for people in mental health secure

care, and we have a programme budget extending over the five years 2016-2021 to support us in transforming the secure care pathway.

Our first action in setting up the programme was to commission a data gathering and analysis exercise to identify not only the numbers and locations of low and medium secure beds in England, but also who was using those beds, their demographics and length of stay. This data indicated that it may be possible to reduce length of stay in hospital by up to 24%, if service users have access to forensic community services.

There was consensus from clinicians and

service users and their families that a speedier return to the community, given the appropriate levels of support, would be a very positive outcome for many individuals. In this context we set out to develop a safe and effective specialist community forensic offer, which we could test, and potentially roll out nationally.

Whilst there is a literature regarding community forensic services and the RCPsych quality network had helpfully developed some good practice standards, no definitive service model existed. The few services in existence nationally were variable in terms of what they could offer service users, and few were sufficiently comprehensive to offer a viable alternative to hospital, and so it was necessary to design a new model for testing.

We were determined to place the experience of those using services and their families at the heart of the design process, so that we could learn first-hand what works well. However, we were aware that is a significant power imbalance in mental health services between professionals and those using services, and that in order to authentically co-produce a service model, we would need to use a methodology which addressed this.

We decided to use design thinking methodology to structure our design process. This is a structured approach to product or service design which is proven to maximise creativity and enable mixed groups to work effectively together. It is empathetic and based on the data, and uses the detail of individual experience to inform design.

In preparation we did a piece of work to gather the narratives of people using services through individual interviews and focus groups. We were keen to include seldom heard groups, and so we carried out a specific piece of work to access the narratives of Black men.

We recruited a working group of 45 participants- 17 of whom had experience of using services, or caring for relatives in the system, and the remainder were clinicians and service leaders.

There are 4 phases to the design thinking process:

- Empathise: Explore and reflect on data.
- Define: Work in groups to develop an archetypal user of the service, and then map their journey through the care pathway.
- Ideate: Based on the individual's experience of the journey through services, identify opportunities to improve both experience and outcomes.
- Prototype: Use the identified opportunities for improvement to inform a new service model.

We ran 4 workshops each focussing on a phase of the design thinking process. The process is dependent on small group work, and we developed a seating plan so that each group had a mix of service users and professionals. We kept to these groups throughout the process, so that the groups could become cohesive, and all participants could establish relationships and confidence in the process.

Our first workshop focussed on the narratives of those using the service, and wider data on numbers of beds, demographics, and length of stay, and the groups then went on to map individual's journeys through the care pathway. They used this empathetic process to develop a detailed and comprehensive model for specialist forensic community care.

The model includes:

- Comprehensive case management for as long as the individual needs it;
- Access to specialist forensic interventions in the community;
- Psychosocial interventions;
- Education and vocational support;
- Substance misuse interventions;
- Peer mentorship;
- Carer engagement and support.

We have established 3 pilots that are testing this new model. Early evaluation results are positive, and we will be rolling out the model in 2019-20, investing circa £20m.

The feedback from the participants in the design thinking process was overwhelmingly positive. Service users remarked on how collaborative and inclusive the process had been, and how much their contribution had been valued. This group cohesion was visible, as by the end of the 4-day cycle of

workshops, service users could be seen actively taking the lead in discussions.

Many of those involved have remained connected with the mental health secure care programme, and the ongoing evaluation and testing of the model. Early results are positive and stakeholders frequently observe that the contribution of service users and

their families to the design and ongoing development of the specialist community forensic teams has had a tangible impact-creating unique teams that are grounded in the learning from service user experience.

Justine Faulkner, Programme Lead, NHS England Mental Health Secure Care Programme

Elysium Healthcare

Co-production at Chadwick Lodge

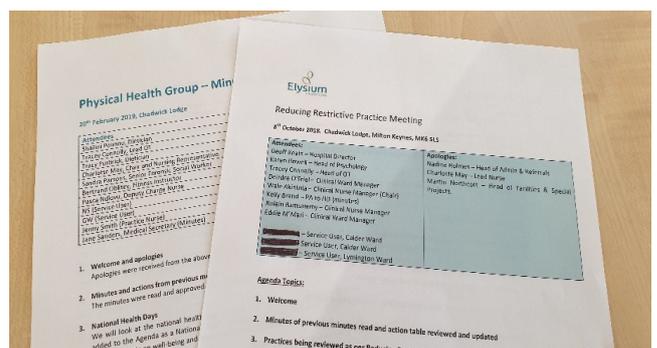


Chadwick Lodge is a mixed gender secure service in Milton Keynes. Service User Involvement (SUI) is valued and embedded into the culture, clinical delivery and service delivery at Chadwick lodge. Some incentives, initiatives, service development and on-going service user involvement opportunities that are operational include:

- Interview panels
- Specialist training in relation to experience of personality disorder
- Expert by experience presentations - Sex Offender Treatment Programme
- Ward reps feedback to ward Clinical Governance
- Induction training for new staff
- Buddy training for ward reps
- Recovery College co-facilitation
- Events planning
- Assessments of the care environment
- Chair at SU forum and CPA meetings
- Weekly SUI meeting

Co-production is not a new concept to at Chadwick Lodge; however, until eighteen months ago SUI at Chadwick was predominantly focused on local involvement, with the exception of Conference Planning. This has significantly changed and we have worked hard to involve SUs in corporate initiatives that enhance the wider organisation while also improving at site. In order to evolve SUI, we asked their input in relation to their experience at Chadwick Lodge. The creation of local, regional and corporate policies/procedures was an area SUs felt they did not have a voice in. SUs requested to complete audits of practices that impact them directly. With this information, we implemented the following developments to our service delivery at Chadwick Lodge:

- SU Polices/ Procedures Review group
- SU Audit group
- SU audit of Elysium Annual SU audit 2017/18
- SU reps attending Senior Leadership meetings
 - ⇒ Reducing Restrictive Practice
 - ⇒ Physical Health Group
 - ⇒ SU Rep/SUI Lead feedback to monthly local Governance all aspects of SUI



SUs attend Reducing Restrictive Practice meetings with senior leaders at the hospital. The group discuss areas of restrictive practice, TMVA, mechanical restraints, rapid tranquilisation, and procedural, operational and clinical restrictions. SUs say:

'It feels good to be involved in RRP meetings across the hospital. It's good to learn what is going on and what is being done about restrictive practice. It is informative and gives me a sense of responsibility. It can help other SUs to understand restrictive practice and helps me to build skills for future employment, builds my confidence and makes me feel valued' MSU Men's pathway

'Being part of the RRP group has made me feel part of the service and has allowed me to have a voice and it now feels like things are not just being done to me. I have a voice and can input into the service' LSU Men's pathway'

SUs are invited to Physical Health meetings with senior staff ensuring a co-productive review of the Elysium Physical Health Strategy. SUs are involved in action planning, Health Awareness days, and delivery of education/training around health, fitness and nutrition. SUs, together with the fitness instructor, have re-developed the health and fitness programme at Chadwick Lodge.

SU audit group

During 2018, SUs conducted service audits, evaluated data and formulated audit reports forming part of Elysium's annual audit requirements and are as follows:

1. Community meeting audit – benchmarked against Elysium Community Meeting standards
2. 1:1 primary nursing sessions – benchmarked against the Elysium standards of weekly 1:1 with primary nurse.
3. Environmental PLACE – benchmarked against NHS England PLACE
4. Food PLACE – adapted from NHS England PLACE

5. Care Plan – benchmarked against the My Shared Pathway care plans and Elysium standards of co-production of care plan development

Over the last year SUs have evaluated policies. SUs also reviewed Elysium Patient satisfaction survey results 2016/17 and provided feedback for future development.

1. Provision and use of CCTV
2. Safe and Therapeutic management of violence and aggression
3. Smoking
4. Search
5. Mobile phone policy
6. Online shopping



Does co-production make a difference at Chadwick Lodge?

All SU involvement at Chadwick Lodge is reported to hospital governance framework and escalated into regional and corporate governance. We are continuously looking for new ways to involve our SUs in the development of the service. The evolution of SUI has given SUs the opportunity to play a significant role in improving clinical care, understanding and awareness of governance, and the influence SUs can have on this process. Work on audits, policy reviews, service evaluation and participation in forums enables a broader perspective. Our co-productive approach makes a real difference in decision making and their experience at Chadwick Lodge.

Policies and Procedures Group, Chadwick Lodge

Sussex Partnership Foundation Trust

Together Everyone Achieves More (TEAM) Co-production in the Chichester Centre Working Together Group

The Working Together Group (WTG) meets weekly. It is attended by two Ward Representative Consultants (WRCS) from each ward, peer workers and members of the leadership team.

WRCs attend the ward community meetings where ward issues are raised. If something is raised that cannot be resolved it is taken to the Working Together Group. There it can be discussed and either resolved, or learn why it cannot be resolved. If it can't be sorted in the WTG we can take it to the leadership meeting.

The WTG provides an equal opportunity for patients to unite with staff and for everything to be on a level playing field. We have a proven track record of positive solutions to obstacles, and a long list of achievements. These include: installing water coolers installed, introducing mobile phones and internet access. Over time we have moved from being mainly a problem-solving group to being a collaborative service development group. One example of this is the bike project.

The bike project

Following the Chichester Centre Physical Health Week, someone suggested to the WTG that the unit should have bicycles for patients to borrow. The WTG agreed to take this project on. We made a project plan by identifying all the things we would need to consider when introducing bicycles to the units. We also identified the related meetings we would need to consult within the service, such as the security committee. We needed to make sure that we covered all bases.

We looked up and emailed West Sussex County Council who run a Bikeability project. They were willing to work with us share their specialist expertise. They came to our meetings and helped us plan the project. They also provided a bike maintenance

course and have begun a series of Bikeability courses for patients wanting to borrow the bikes. We worked with the security team and the clinical team to develop a bike protocol. This considered the safe working, storage and use of the bicycles, including how to book them. We also developed a bike use agreement forms which told patients the conditions of borrowing the bike. This included wearing cycle helmets.

We have now bought four bikes, a number of cycle helmets, and associated tools such as bike pumps. We have also identified somewhere safe to store the bikes.

The benefits of the Working Together Group:

For Ward Resident Consultants

The first benefit is money; we get paid for our time. We also gain a wealth of knowledge and experience, for example chairing a meeting, teamwork and gaining leadership skills. We apply for and are interviewed for the roles. It builds self-esteem and self-confidence. It provides a chance to be sociable with other patients and peers. Involvement in the WTG also empowers you, to feel like you can influence things. It gives you responsibility and provides meaning and purpose.

For the patients

It gives patients the confidence that their voice is being heard. They can be assured that their concerns are in safe hands. They are reaping the benefits of things improved in their lives on the ward. The peer led influence of the service ensures that priority is given to initiatives that are meaningful to patients like internet access. It makes patients feel involved and that they can make a difference. It is important to make people feel like they have even a tiny sliver of power over their destiny. Patients can, and do, approach WRCs if they are nervous of approaching staff. The WRCs listen to the concerns of patients and stand in the gap between staff and patients. This also means that patient's concerns can be confidential.

For the service

They are responding to and working with the real voices and concerns of patients so they can do their job better. The service can assess whether the care they are providing

the patients is actually doing what patients want. This results in a positive knock on effect on staff with a better run service for all.

The Chichester Centre WTG runs in parallel to the Hellingly Centre WTG at our medium secure unit. We share progress which makes patient experience as consistent as possible

and raises quality across the sites. We also 'up' each other's game by sharing successes. The motto of the Working Together Group is TEAM - Together Everybody Achieves More. This sums up our experience of co-production in service development.

The Chichester Working Together Group

Cygnets Healthcare

Co-Delivery of a Relaxation Course to Students at Cygnets Hospital Bierley's Recovery College

The Relaxation Course is currently being offered to staff and service users who are collectively known as 'students', as a part of the Recovery College at Cygnets Hospital Bierley. This course was co-produced and is co-facilitated by a Service User, Clinical Psychologist and an Assistant Psychologist. The aim of the course is to normalise experiences of stress and anxiety and to teach students relaxation skills to manage and reduce stress and anxiety. The course also aims to increase students' confidence in looking after their own mental well-being. Students are offered seven x 40 minute classes. Each is a stand-alone session and students can opt to attend as many or as few as they like. At the time of writing, we have offered three out of the seven classes and will continue to offer the remaining four classes over the upcoming weeks. The seven classes teach the following:

- Class 1: 'What is stress and anxiety?'
- Class 2: 'Paced breathing'
- Class 3: 'Progressive muscle relaxation'
- Class 4: 'Guided imagery'
- Class 5: 'Safe place imagery'
- Class 6: 'Self soothe'
- Class 7: 'Mindful music'

Students are offered a booklet at the beginning of the course or on the first class they attend which provides an overview of each of the techniques covered over the seven classes. Psychoeducation is provided at the beginning of each class, giving a

rationale for the technique which is then practiced in the class. The technique is then set as a homework task to practice outside of the class. In addition students will be offered a CD to guide them through the different relaxation techniques to practice in their own time.

During the class students and facilitators are invited to rate their stress on a 0-10 scale (0 = no stress, 10 = most stressed), both before and after practicing the relaxation technique. Students are also invited to provide qualitative feedback on their experience of the course at the end of each class. The majority of students have reported experiencing a decrease in stress after having practiced the techniques so far.

To date, the classes have been attended by 7 service users and 14 staff members. The course represents a popular (and hopefully beneficial) alliance between service users and staff, with the aim of promoting the wellbeing of hospital staff and service user's alike. On completion of the course an evaluation will be completed.



Dr Frances Corrigall, Clinical Psychologist, Lacey Johnson Assistant Psychologist and an Anonymous Service User, Cygnets Hospital Bierley

Pennine Care NHS Foundation Trust

Co-produced Psychological Wellbeing Group On Tatton Unit

About the Group

The group was developed in January 2015 following several focus groups with services users. The aim of the sessions was to establish group needs, expectations, boundaries, duration and frequency of the group and a group name.

Psychological Wellbeing Group

Friday Afternoon 1pm – 2pm



Everyone is Welcome!

The group runs every week for 50 minutes, and is currently attended by an average of seven service users.

The group is facilitated by the unit Clinical Psychologist and Assistant Psychologist who offer a variety of wellbeing topics, drawing on a range of psychological theories, models and evidenced based therapies including: Cognitive Behavioural Therapy (CBT), Compassion Focused Therapy (CFT), Mindfulness and Dialectical Behaviour Therapy (DBT).

Group Co-production

Service users encourage each other to be ready on time for the group and promote attendance and engagement.

The group participates in a mindfulness of music practice at the start of each session. Service users select a song, offer instruction for the practice and one service user takes the lead on supporting others to share their experiences following the practice.

Our group topics are chosen by attendees and they decide what they would like to cover. Examples of recent topics discussed include; turning points in recovery,

understanding and managing emotions, stress vulnerability model, understanding and reducing stigma, understanding psychosis, compassion, trust, self-soothing.

Service users are active in sharing how they want information to be discussed, e.g. talking, handouts, TED talks, podcasts, short videos, art work, writing and poster development. Attendees decide how they would like topics to be summarised e.g. posters, leaflets and booklets.

Group Feedback

Our group evaluation measures have been developed with service users.

Service users were proactive in asking for certificates following each topic and their artwork is used to create the certificate design.



Service users have shared outcomes from the group e.g. poster/PowerPoint presentations at various quality events within Pennine Care NHS Foundation Trust.

"Psychology sessions, sharing views with one another and friends"

"I've been coming in this group for 2 years and it makes me feel happy"

"[The Group] helps you cope better in society"

"I was having mental health difficulties and my dad was like I can't see what is wrong with you and the nurse said it is not like a broken leg it's in here [pointed to head]"

"He had a demon, they were talking to him, you can't do that, you're no good... I relate to it when I play football I think you're not good no more... you get worries sometimes"

"Everyone gets anxious because of the fear of the unknown... 99% of the time there isn't a challenge that can't be faced"

"We are mindful, learn to understand our minds"

"Relax, listen to the music or follow the lyrics"

"Psychology has been helpful... to help challenge my beliefs"

South London and Maudsley NHS Foundation Trust

Co-production and Involvement in Secure Services: The story at South London and Maudsley NHS Foundation Trust

There has always been a real commitment to service user and carer involvement at South London and Maudsley NHS foundation Trust.

In partnership with South London and Maudsley Recovery College, the Forensic Campus was established in River House medium secure unit in 2016. The Forensic Campus was created to bridge the gap in teaching and learning provided for forensic service users and staff. Providing in house training for staff and service users.

The recovery college is based upon an educational approach to mental and physical wellbeing. Courses provided explore mental health and recovery, to help people feel more confident in the management of their own wellbeing, with a strong emphasis on the value of lived experience in co facilitators. The ethos of the recovery college, is to recognise that recovery is different for everyone and the courses created and delivered reflect this. With co-production at the heart of the recovery college practice and vision.

Although there is a great emphasis on co-production many professionals struggle to grasp the concept and process of genuine co-production, but this isn't the case at the Forensic Hub at River House. The journey of creating and learning together, is well advanced and staff and service users demonstrate a strong commitment to working together. Building on existing capabilities, mutuality and reciprocity (Delgarno and Oates, 2017). These values underpin all service delivery at the forensic campus.

At the Recovery College service users are trained to become peer trainers, staff

members volunteer and are trained to become staff trainers. Both Peer and Staff Trainers work in partnership throughout the entire journey, from co-designing, co-delivering and co-reviewing courses. All Peer Trainers attend the Train the Trainers programme at SLaM main Recovery College which is co-delivered with Peer Trainers. The training is a five week comprehensive course covering Co-Production in Action, and Facilitation Skills, ending with a Micro Teach as a means of consolidating the learning.

Peer trainers are fully engaged in the operational delivery and management of the Recovery College work, there is a monthly forum where Peer Trainers, Staff Trainers and interested patients and staff members attend to shape the Forensic campus. The aim of this meeting is to further develop the Forensic campus through co-production, collaboration and partnership working between patients, service users and mental health practitioners. Courses and workshops are jointly identified and prioritised based on the needs of the students.

Mark Delgarno the Deputy Manager of the recovery college states:

"The Recovery College Forensic Campus had been an inspiring experience. We have seen true co-production with both staff and service users co-learning together and also co-creating together.

Those involved have shown passion about learning and a commitment to supporting the process of recovery through education. Ideas and narratives have been shared to create unique learning environment that feels supportive.

The workshops are creative, engaging and well thought out. The common goal for all is to provide learning that focuses on getting well, helping those get well and for all to move forward together."

Peer trainers gain a great deal from being part of this journey and from this value their recovery journey in ways they did not feel was possible:

Some quotes from Peer Trainers encapsulate this:

"I feel that I am providing value and support and a window to my experiences that could be of benefit to other patients."

"It's nice to help people and see people move on. I feel that my recovery has started and I hope that other people will benefit from it as I did."

"It's a good confidence builder. When I first came here, I never spoke to anyone. Now I can talk to people. I have the confidence to approach people that I don't even know. It's massive for me."

Co-production albeit valued and meaningful, comes with challenge which staff and service users balance and reflect on, on a continuing basis. Some of these challenges include staff limited knowledge and understanding of co-production, genuine buy in from staff and service users. The power differentials between staff and services users, impacting on the dynamics and working relationship, and the duration of the entire co production process.

Although these challenges exist, the willingness to learn and adopt new and dynamic ways of working always wins through.

Nadra Gadeed, Patient and Public Involvement Manager, River House

Leeds and York Partnership Foundation Trust

Co-production in Forensic Services LYPFT



Recovery College – Nurturing safer futures with co-produced courses at Clifton & Newsam.

Recovery colleges deliver co-developed and co-produced programmes of training and education which supports the recovery pathway. The college

aims to compliment inpatient treatment approaches aiding development of self-awareness relating to pursuits which help to improve lifestyle and well-being.

Offering education regarding treatment options gives people more control and hope for their future. Our long-term plan is to strengthen our existing links with the citywide recovery college in Leeds and community services in Leeds and York. Embedding a collaborative recovery

approach within inpatient settings and having a familiar recovery college extension in the community leads to a reduction in readmission rates.

The forensic recovery college empowers students to become an expert in their own self-care. Our prospectus changes according to the needs and requests of an ever-changing service user population.

Our prospectus offers courses exploring hope control and opportunity in recovery. The college empowers students to share lived experiences which helps address stigma and aims at a more utilitarian approach in line with the recommendations in the 'Five Year Forward View of Mental Health'2016. By involving our service users in course design and delivery we affirm that service user's opinions are important. We also remove the barrier between services and service users as students are a combination of staff and service users or carers.

The power of co-production reaching people and initiating the process of change. We pride ourselves in learning together through co-production. Our college was launched with a course aimed at understanding co-production. We initially titled the course 'Train the trainer' which was suggested by a member of staff. Initial

enrolments were low which was to be expected as most people in services were not overly familiar with the term co-production.

Through process of evaluation and appraisal from our service user steering group we changed the course title to 'How to become a recovery college facilitator'. The course does exactly what it says on the tin. This was much more successful and increased



enrolments threefold as the course appeared more service user friendly and less corporate.

Service users have a vested interest in course enrolments when they have produced the course content. The collaborative process of course development gives service users the knowledge on specifics of a course which leads to more ownership and engagement which helps to remove barriers between the service and service users. The co-production approach has resulted in service users recommending the courses to other service user which has ultimately increased enrolments.

Our college evaluations demonstrate that participants feel valued and supported to help shape our services which have had a positive impact on the person's self-worth and recovery.

Changing lives by improving skills

Co-producing courses means we can improve skills, engaging service users in formal learning opportunities which have led to a marked improvement in service user well-being. We hope that by introducing these opportunities within inpatient services and extending some courses into the community we strengthen the pathway from

inpatient services to community mental health.

Case example

We have a 66 year old gentleman who has been in services for over thirty years. He has had limited experience of technology such as mobile phones, the internet and iPad's which we take for granted in modern society. This becomes an issue when most of our community services such as housing and well-being support groups require an internet application.

Our service user embraced this and challenged the use of internet banking using hospital computers. Staff were cautious to enable him to access internet banking due to confidentiality issues and the potential for being 'scammed'. As a result of his persistence and co-production with staff a workshop was developed with the help of the local Police Service. The workshop was popular with his peers and helped to increase awareness of how to remain safe when using computers for banking. It can also be used in the future for users as part of the recovery college.

Our service user progressed to learn how to use Power Point, and created a presentation about his journey through services. He has presented this as part of Recovery College, and also presented it at the User Involvement Strategy Meetings at Wakefield, and a Stake-Holders Event.



As a result of the continuous co-production throughout recovery college sessions we have purchased a European Computer Driving Licence to be trailed in Clifton and Newsam which provides a widely recognised qualification which can be used for employment. If it is successful, the course opens up a wide variety of opportunities.

Samantha Ware, Occupational Therapy Clinical Lead, LYPFT Forensic Service

Knowledgehub

Join the Quality Network for Forensic Mental Health Services (QNFMHS) new online discussion forum!

Joining Knowledge Hub will allow you to:

- Share best practice and quality improvement initiatives
- Seek advice and network with other members
- Share policies, procedures or research papers
- Advertise upcoming events and conferences

We will be using Knowledge Hub as our main way of communicating with our members, so in order to keep up to date with the Quality Network, ensure you sign up!

Email 'join Knowledge Hub' to forensics@rcpsych.ac.uk



Upcoming Events

Medium Secure and Low Secure Annual Forums

In May and June, the Quality Network for Forensic Mental Health Services is hosting annual forums for medium and low secure units. This will be an interactive event packed with presentations and workshops. It is an opportunity for professionals from all disciplines, patients and family and friends to meet and discuss key service development issues relevant to inpatient forensic mental health services in greater detail and share ideas about the future.

MSU Annual Forum, Tuesday 21 May 2019

LSU Annual Forum, Thursday 20 June 2019

Both events will be taking place at The Royal College of Psychiatrists, 21 Prescot Street, E1 8BB.

Reviewer Training

Reviewer training is a free event for staff from member services of the Quality Network. The training is a great learning experience for those who are interested in participating in external peer-reviews at medium and low secure forensic mental health services.

Monday 29 April 2019 (14:00 - 17:00)

@ Royal College of Psychiatrists, 21 Prescot Street, London, E1 8BB.

Booking forms for events and reviewer training can be found on our website www.qnfmhs.co.uk

Useful Links

Care Quality Commission

www.cqc.org.uk

Centre for Mental Health

www.centreformentalhealth.org.uk

Department of Health

www.doh.gov.uk

Health and Social Care Advisory Service

www.hascas.org.uk

Institute of Psychiatry

www.iop.kcl.ac.uk

Ministry of Justice

www.gov.uk/government/organisations/ministry-of-justice

National Forensic Mental Health R&D Programme

www.nfmhp.org.uk

National Institute for Health and Care Excellence

www.nice.org.uk

NHS England

www.england.nhs.uk

Offender Health Research Network

www.ohrn.nhs.uk

Revolving Doors

www.revolving-doors.org.uk

Royal College of Psychiatrists' College Centre for Quality Improvement

<https://www.rcpsych.ac.uk/improving-care/ccqi>

Royal College of Psychiatrists' Training

<https://www.rcpsych.ac.uk/training>

See Think Act (2nd Edition)

<https://www.rcpsych.ac.uk/improving-care/ccqi/quality-networks-accreditation/forensic-mental-health-services/see-think-act>

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QNFMS Knowledge Hub Group

www.khub.net/group/quality-network-for-forensic-mental-health-services-discussion-forum

Royal College of Psychiatrists' Centre for Quality for Improvement

21 Prescott Street, London, E1 8BB

www.qnfmhs.co.uk