

## **Royal College of Psychiatrists**

### **General Adult Faculty Four Year Strategic Plan (2019-2023)**

#### **Aim**

The General Adult Faculty will co-produce a compassionate, people centred approach to mental health that works for everyone involved in General Adult Mental Health Services.

#### **Project organisation**

Delivery and evaluation of the action plan will be overseen by the Faculty Officers, Patient & Carer Faculty Members, Faculty Executive, and Faculty Committee Manager.

#### **Responsibilities**

The Faculty Executive Committee will be responsible for co-sensing, co-producing, co-designing, co-delivering and co-evaluating the plan. The Faculty committee is made up of College members, faculty representatives and patient and carer representatives. The plan will also be reviewed by the Faculty Executive Committee. This group will comprise of Chair, Vice Chair, Patient & Carer Faculty Members and Finance Officer.

The Faculty Manager will be the Project Manager for the workstream. They will manage and report progress on the project against the cost estimates and project plan. They will oversee identification of risks and associated mitigating actions.

#### **Guiding Principles**

The Strategic Plan will be guided by the following principles:

- Seeking to improve the quality and continuity of care and the wellbeing of patients and families including improving the wellbeing of psychiatrists and the wider mental health work force.
- Co-producing care through the lens of a whole system approach with the impact on patients at the fore
- Promoting early intervention, continuity of care and improved understanding of patients journey through authentic evaluation.
- Supporting developments that make delivering care more sustainable, both for the workforce and the environment
- Ensuring that the needs of people with serious mental illness and enduring mental health problems are addressed
- Promoting care that is evidenced based and takes Nice guidance fully into account
- Seeking to promote the use of digital technology to enhance or promote care

## Work streams

### 1 Demand, capacity and data

Working with/for members we will...

| Action  | Objective  |
|---|--|
| Promote digital enablers to achieve our aims<br>Involve patients and carers | To have a digitally literate and empowered workforce |

Working with policy makers we will...

| Action   | Objective  |
|--|--|
| Use available data to make compelling arguments, and champion the need for better data | Facilitate the journey that enables clinicians and information analysts to move from simply producing data to promoting knowledge, understanding, and ultimately wisdom (better management, both clinical and operational) |
| Commission research  | Holistic evaluation of current informatics developments across the country   |

### 2 Coproduction

Working with/for members we will...

| Action                              | Objective  |
|-------------------------------------|--|
| Organise a co-production conference | To develop practice with respect to coproduction |

Working with/for patients and the public we will....

| Action   | Objective   |
|--|---|
| Co-produce a practice guideline on how to co-sense and co-create compassionate therapeutic environments in Acute and PICU settings (The project will also look at interface issues on admission and discharge) | Promotion of good examples nationally.<br>Raising profile of Faculty aims with stakeholders outside RCPsych.<br>Stakeholders to include other charities/colleges, (OT)/Psychologists.<br>Example of co-production.<br>Honouring/recognising authentic shared decision making<br>Looking at the critical role of family/significant others in inpatient settings |
| Encourage policy makers to recognise/promote/encourage areas to adopt the planned guidance   | Embed guidance principles   |

### 3 Promoting good quality care

Working with/for members we will...

| Action  | Objective  |
|---|--|
| Collect good practice examples, focused on an agreed range of service types. Collect from patients/carers both good/below standard  | Promotion of what good quality care looks like                                     |
| Work with other faculties in the RCPsych and other Royal Colleges to produce examples of and make recommendations for good interface management, where patients transition from one service to another to improve professional communication and patient care | Improve continuity of care   |
| Produce a report on Models of Care  | Working with policy makers to take onboard findings, linking to LTP implementation |
| Develop a NICE concordance calculator   | Promotion of what good quality care looks like                                     |

Working with/for patients and the public we will....

| Action  | Objective   |
|---|---|
| Collaborate with the CAP Faculty, and College Lead on 0-25 work<br>Patient/Carer collaboration  | Improve care for young people   |
| Engage with partners on youth and student mental health   | Improve care for young people   |
| Have a detailed public facing approach to influence, monitor and evaluate the NHS Long Term Plan for General Adult Services <ul style="list-style-type: none"> <li>• Work with comms, PTC, curriculum committee, Leadership and Management Committee</li> <li>• Work with RCGP</li> <li>• Reach out to media to generate debate</li> <li>• Coproduce with charities/others</li> <li>• Set agenda for national discussion</li> </ul> | Seek to improve the quality and continuity of care and the wellbeing of patients and families |

## **Glossary**

### **Co-production - a process or a product?**

Co-initiating; acknowledging barriers for authentic co-initiating – who is in control? Being aware of positionality, hidden power imbalance. Questioning the intent; seeking 'excellent' system validation or new and creative ways of working? Sensing the system from the whole.

Co-sensing - Co-sensing is intentional. We come into the relationship with a specific purpose in mind. A specific intention. This intention is to purposefully communicate in ways that help all parties to step outside their current story. Sharing wisdom, recognising ego, being present in our humanness, finding the best in all of us. Co-sensing is about putting energy into mutual learning relationships as opposed to service relationships.

Co-creating/designing - continuous co-sensing during this period. Exploring the system by doing listening with openness, being open to thinking outside the system. Are we prepared to unravel the hidden layers of systemic conditioning/learned behaviours, to stay aware that what we are hearing and saying comes from how we know what we know?

Co-delivering - acknowledging, affirming, collaborating as equals – acknowledging equal resources, mutual respect, acceptable language, identifying wider skill base in each other, shared learning for all.

Co-evaluating - all participants in 'co-production' must be involved in this process for genuine co-production to occur.

Co-evolving - 'institutionalise' the New in practice.

**The essence of co-production; authenticity, mutuality, vulnerability, integrity, humility, positivity, courage and curiosity.**