

## Involvement Strategy 2015 -2019

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## Foreword

Effective involvement with service users, family and carers is of central importance to the South London and Maudsley NHS Foundation Trust. Over the years, we have built a good reputation for involving people who use our services and we know that there is still more to do.

Our aim is to ensure that the services we provide are of high quality and that they are delivered in a comfortable, caring, compassionate and safe environment. We recognise that learning from the experience of people who use our services is essential if we are to deliver our aspiration.

This Strategy sets out our aims to involve people who use our services from individual involvement in their care and treatment to ensuring they are routinely offered opportunities to participate meaningfully in the planning and delivery of our services. We recognise that relationships between people who use our services and those who deliver services should be based on mutual respect for lived experience and professional knowledge.

One way we shall assess this is by evaluating the Trust against the National Standards for Involvement to identify key areas for improvement. This will enable us to co-develop improvement plans with clear outcome targets that can be measured over the lifetime of the strategy.

Achieving the actions in this strategy will be a significant challenge, even more so given the rapidly changing health and social care environment and current economic climate. It will take long-term commitment, perseverance and teamwork from everyone involved. We thank everyone who has contributed to the development of this strategy and look forward to working with you and others to deliver it.

Dr Matthew Patrick  
**Chief Executive**

# 1. Executive Summary

The Trust wants to make sure that people who use their services are informed about and involved in their care and treatment, that they are treated with dignity and respect and that they feel they have a say in decisions about their care and treatment.

The Involvement Strategy sets out the progress the Trust has made to date, what it needs to do to make further progress and how it will know if this has been achieved at the end of the lifetime of the strategy.

The aims of the Involvement Strategy are:

- Giving people who use our services a say in decisions about their care and treatment
- Making certain that peer support, co-production and self-management are central to the daily experience of treatment and care
- Using direct feedback from people who use our services through a system to improve our services
- Ensuring the people who use our services are routinely given opportunities to participate meaningfully in the planning, commissioning and delivery of these services
- That the relationship between people who use our services and those who deliver services is based on mutual respect for lived experience and professional knowledge
- That people who use our services and come from groups whose voice is seldom heard are specifically supported to participate meaningfully in their own care and in the life of the Trust

We have developed a high level implementation plan, and our priorities over the life of this Strategy are summarised as:

- Actively increasing both the opportunities for involving people who use our services and the number of people involved
- Ensuring that there is leadership and commitment at all levels; the staff have the involvement skills and attitudes required for this work and that we develop a leadership programme through the Recovery College for people who use our to develop their skills and confidence
- Working in partnership to develop a benchmark informed by the 4PI standards
- Regularly reporting progress on implementation of the Strategy to the Board via the Engagement, Involvement and Participation Committee [EPIC] who will have oversight of this work.

## 2. Introduction

### How the strategy was developed

The Involvement Strategy was developed by a sub group of the Engagement Participation and Involvement Committee (EPIC). The sub group comprised Governors and Trust staff leading Involvement work from both Clinical Academic Groups [CAG] and corporate areas.

Membership was drawn from EPIC which has a wider membership including people who use our services and are part of CAG Service User and Carer Advisory Groups [SUCAGs]; and people from voluntary organisations and Healthwatch in our 4 Boroughs; staff from other areas of the Trust.

A three month consultation period (June – September 2015) has been undertaken with the draft strategy being sent out inviting comment from over 70 organisations. Trust staff have also attended a number of meetings with voluntary sector and statutory organisations such as the local Healthwatches and a special event was held in partnership with the Lambeth Black Health and Wellbeing Independent Advisory Group which over 50 community leaders attended. In addition the strategy has been shared with EPIC and discussed at the Strategy Executive and at CAG Executives and CAG SUCAGs.

### The policy context

The strategy has been informed by the Francis<sup>1</sup> report and the need for greater candour and transparency as well the NICE Service User Experience in Adult Mental Health<sup>2</sup> guidance. The Strategy also recognises the importance of the National Standards for Involvement (the 4PIs) which was commissioned by the Department of Health and included a comprehensive analysis of the policy and legislative overview of involvement within mental health over the last 25 years.

### Our Strategy

This strategy is informed by the Trust's Strategic Plan 2014-19, and aligns with other organisational plans including the Quality Strategy and the Equality Objectives for 2013/16.

The aims of our five-year Strategic Plan include:

- Transforming the nature and value of our local services through partnerships that deliver around the needs of individuals and communities
- Moving from treatment to prevention, working to empower people to help them stay well through effective self-management and peer support
- Building on our high quality specialist services for those with complex and intensive care needs through focus, scale and continuous quality innovation

To achieve this aspiration we recognise the importance of listening to and learning and working closely with people who use our services. Our Involvement Strategy sets out how we currently involve people who use our services and how we will continue to build on this to improve the daily experience of care and the development of services. We will work in a collaborative partnership with people who use our services to ensure that involvement is genuine, relevant and meaningful.

The aims of the Involvement Strategy are:

- Giving people who use our services a say in decisions about their care and treatment
- Making certain that peer support, co-production and self-management are central to the daily experience of treatment and care

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<sup>1</sup> Francis Report: Report of the Mid-Staffordshire NHS Foundation Trust Public Inquiry, February 2013

<sup>2</sup> NICE: Service user experience in adult mental health, NICE quality standard, December 2011

- Using direct feedback from people who use our services through a system to improve our services
- Ensuring the people who use our services are routinely given opportunities to participate meaningfully in the planning, commissioning and delivery of these services
- That the relationship between people who use our services and those who deliver services is based on mutual respect for lived experience and professional knowledge
- That people who use our services and come from groups whose voice is seldom heard are specifically supported to participate meaningfully in their own care and in the life of the Trust

The Trust will do this by:

- Ensuring that the approach to involvement is consistent across the Trust and compliant with its legal obligations
- Creating a benchmark from the National Standards for Involvement to identify areas for improvement
- Developing and implementing improvement plans with clear outcome targets that can be measured over the lifetime of the strategy.

The strategy applies to all clinical and corporate services provided by the Trust.

### 3. The current position

Expectations regarding involvement have increased over the past few years and we are all now much better informed about care/treatment options and are much less likely to accept care being done to us or to be passive recipients. This cultural shift is reflected in the wide range of groups and activities that people who use our services can be involved in.

Within the Trust there are various ways of involving people who use our services both in their own care and more broadly by working in partnership with staff on the planning and development of services. The following section explains:

- How people can be involved
- Provides examples of how individual CAGs have approached involvement

#### **Involving people**

This includes:

- Giving people who use our services a say in decisions about their care and treatment
- Using direct feedback from people who use our services through completion of a PEDIC [Patient Experience Data Information Centre] survey which is then gathered and reports produced. The reports are provided to both CAGs, enabling them to identify and address issues so that services are improved, and to our commissioners on a quarterly basis.
- Ensuring the people who use our services are routinely given opportunities to participate meaningfully in the planning, commissioning and delivery of these services.

Actively involving people who use our services must begin with greater involvement in their own care and treatment, and this is at the heart of this strategy as it is key to improving their experience. The Trust will do this through peer support, self-management and co-production:

#### **[a] Peer Support**

The ImROC [Implementing Recovery through Organisational Change] programme, which supports local NHS and independent mental health service providers and their partners to become more recovery orientated, defines peer support as:

*‘offering and receiving help, based on shared understanding, respect and mutual empowerment between people in similar situations’.*

There is a range of evidence that highlights how peer support is one of the best ways of helping people recover from mental distress and the positive impact it can have on their lives. This is because people who have experienced mental health issues offer insight and understanding by drawing on their own experiences to help and offer an effective complement to professional support and care.

The Trust has supported, and continues to support, the development of peer support roles in a range of teams. These roles help services become more recovery focused and provide additional support to the treatment and care provided in the community.

#### **[b] Self-management**

Self-management is a term that is used when an individual, who has been diagnosed with a long-term condition, is enabled to take many decisions on how best to keep well, and to put these decisions into practice.

In mental health, self-management approaches are often used to make services more recovery-orientated. The Trust’s Recovery College provides a range of self-management

courses giving people who use our services information about their diagnosis and treatment options, helping people to develop skills to make lifestyle changes as well as strategies to cope with a range of concerns, for example, unpleasant symptoms or side effects of treatment.

The Recovery College courses are designed and delivered by people who have personal experience of mental illness working in partnership with mental health professionals. The long-term aim is to position the Recovery College so that it can help people become experts in their own care and the management of their diagnosis as well as giving them the skills and confidence to live their lives well.

### **[c] Co-production**

The Department of Health has worked together with people who use services and their carers, to produce the following definition:

*'Co-production is when you as an individual influence the support and services you receive, or when groups of people get together to influence the way that services are designed, commissioned and delivered'.*

In practice, co-production involves people who use services being consulted and included from the start through to the end of any project that affects them. Co-production works best when people who use services are valued as equal partners and have influence over decisions made.

There are a number of examples of where co-production approaches are used in the Trust including:

- The Recovery College, as mentioned above, where courses are developed and delivered through co-production
- The Trust-wide Engagement, Participation and Involvement Committee (EPIC) which seeks to operate collaboratively and co-productively to support the Trust in many aspects of its' business
- Clinical Academic Group's local Service User Advisory Groups [SUAGs] where people who use our services work together with staff and teams to identify and implement service improvements
- Volunteering provides many opportunities to share interests, knowledge and experience, to get involved in the community and gain a sense of achievement

There are a range of Trust services that combine peer support and self-management and who are co-productive in their approach, a few of which are listed below:

- Social Inclusion, Hope and Recovery Project (SHARP): provides a range of effective, time-limited, evidence based therapeutic interventions. These are aimed to develop coping skills, resilience and confidence and to help people to get on with their lives. They are involved in researching and developing novel and innovative therapies and ways of working. The service is shaped and developed in close collaboration with the people who use them
- The Reablement Services: provides alternatives to care co-ordination with the aim of developing lasting resilience and removing or reducing the individual's dependence on mental health services
- The Borough-based Psychological Therapy Service provides the Improved Access to Psychological Therapies (IAPT) Service. They provide advice and brief treatment, including self-help therapy, for people aged over 18, with depression or anxiety. A particular focus of the service is caring for people who are unemployed, or who are at risk of losing their job

As set out in our Trust five year plan, we will continue to develop and embed peer support within our services as well as supporting people to feel in control of their condition through the promotion of self-management and the development of co-production in service delivery.

We want to expand the range of involvement opportunities that are on offer, and this is echoed by feedback we receive. We also want to increase the number of people using our services who participate in these opportunities and particularly to hear from people who come from groups whose voice is seldom heard so that they are specifically supported to participate meaningfully in their own care and Trust activities.

The Trust aims to ensure that the voice of people who use our services are at the centre of the everyday business and embedded across all care systems.

The Involvement Strategy and its' on going implementation provides the Trust with the opportunity to drive through the necessary cultural shift to achieve "nothing about me, without me".

Currently there are a range of ways that people who use our services can be involved in the planning, commissioning and delivery of care:

- The Involvement Register provides a wide range of involvement opportunities that help drive improvements and for which people can be rewarded. (Appendix 1)
- The Engagement Participation and involvement Committee (EPIC) makes an annual report to the Board, half yearly report to the Trust Executive and is one of the committees able to escalate issues of concern to the Quality Sub Committee of the Board. EPIC is the Trust-wide involvement forum
- The expansion of volunteering within the Trust alongside the Involvement Register has seen a big increase in people who use our services undertaking volunteering and involvement activities. The development of the Recovery College has provided opportunities to participant in courses all of which are co-produced (Appendix 2)
- The Service User Involvement in Training and Education [SUITE] service has increased its involvement with people who use our services. (Appendix 3)
- All Clinical Academic Groups (CAGs) have differing forms of internal Service User and Carer Advisory Groups (SUCAGs). The SUCAGs undertake various CAG specific involvement tasks. These could be based upon PEDIC feedback, patient story narratives or findings from a range of other involvement carried out within the CAG. The SUCAG are the primary source for CAGs when seeking internal feedback and direction. Most of the SUCAGs feed into the CAG Executive

## **How Clinical Academic Groups have approached involvement**

### **Behavioural and Developmental CAG:**

#### ***Service User Panel on Clinical Psychologist Interviews***

Two individuals who use our Mental Health in Learning Disability services were supported to make up a recruitment interview panel for the presentation part of the interviews for two new clinical psychologists. Candidates had to give a five-minute accessible presentation on involving service users. They were rated by the panel on such factors as friendliness, how easy they were to understand, and whether the candidate talked directly to them. The candidates then went on to have a formal interview with a consultant clinical psychologist and the scores from both parts of the interview were taken into account when selecting the two new psychologists.

#### ***Community meetings in forensic inpatient services***

Representatives from each of the inpatient forensic wards bring concerns raised at the ward community meetings to the monthly community meetings held in River House. The people

who use the service set the agenda and decide which topics to escalate. A member of the senior management team is invited to these meetings to hear their views directly. The manager then feeds back to the senior management team and CAG Executive so that actions can be taken forward. At the next meeting they report changes that have resulted, or offer an explanation and further discussion if the requested changes were not possible. The representatives in turn feed back to the ward community meetings, so completing the loop.

## **Mental Health Older Adults and Dementia CAG**

### ***Power of Story (PoS)***

MHOAD CAG developed storytelling as a model to support information dissemination and knowledge transfer both within the CAG and with external stakeholders. The CAG created a project, which shares the stories of people who use our services, friends, families, carers and staff through multimedia sources including:

- full film (pieces to camera)
- short digital stories
- film vignettes
- Narratives about experience in newsletters and blogs
- poetry
- photography
- art

The stories have had a significant impact internally. Externally they have been shown at conferences, events and training. They have been viewed at Whitehall, where they were said to 'Change the water-cooler conversations' and led to an international research opportunity being explored by the CAG with New York Educational Development Centre. The CAG also have discovered many additional outcomes that were not expected as part of the project including;

- How powerful storytelling/listening is as a source for addressing complaints
- How connected staff feel to their original motivations for coming into their career in mental health, as a result of our coaching questions which are then filmed
- The circles of experience and influence that spiral from one person sharing their story – from community groups to YouTube.

### ***If only I'd Known: Caring for someone with Dementia***

The 'If only I'd known' course covers a series of six workshops, which was devised by a group of carers and ex-carers of people with dementia. The course has become very popular and necessary for carers, and over 100 people have now attended. The workshops cover:

- Signs to look for if you think someone may have dementia
- How to get a diagnosis if you are worried someone may have dementia
- Dealing with Social Care
- Health of the person with dementia: physical and emotional
- Care for the carer
- The money side of things

In 2015, the monthly sessions for the course have been so well attended that they are offered across all the boroughs of Lambeth, Croydon, Lewisham and Southwark.

## **The Psychological Medicine CAG**

### ***Co-production: Bespoke patient experience surveys for A&E Psychiatric Liaison***

The CAG Service User and Carer Advisory Group (SUCAG) and A&E staff agreed that asking people to fill in a long feedback survey when they have attended A&E in a crisis was neither practical nor helpful for service users.

The SUCAG & clinicians from A&E worked together to address this problem. Through a series of meetings, they devised nine statements to measure peoples' experiences with an eye-catching design that fitted onto one side of A4. It was vital to have the service user perspective on what was important to measure, which language to use, and how the design might encourage people to fill in the survey. It was equally important to involve the clinicians' perspective to guide on how the service operated and which part of the service user experience was the responsibility of the mental health team and which related to the acute hospital.

Lewisham A&E piloted the survey and some amendments were made. The final survey was added as an option to the database and services now use it to capture patient experience.

### ***Audit of peoples' experiences when admitted to hospital with input from police***

Some members of the SUCAG shared difficult experiences of being brought to hospital with input from the police. They were interested to find out how the Trust and the police work together and how things could be improved. They invited the local security management specialist to the SUCAG meeting. After the discussion, they decided to ask more service users about their experience and developed an audit:

- They worked with the clinical governance project officer to develop a questionnaire
- Using the survey as a starting point for discussion, they went onto the wards to listen to peoples' experiences. Staff helped by encouraging patients to fill in surveys and alerting the SUCAG when people had come into hospital with input from police
- They have now listened to 100 people and the data is being analysed
- A volunteer will be filming some people's stories
- The police are interested in the findings, which we hope will inform some training for them around mental health.

### **The Mood, Anxiety and Personality (MAP) CAG**

#### ***Developing services for bipolar***

The MAP Service User and Carer Advisory Group (SUCAG) was asked to help with some development work to improve services for people with bipolar disorder. Members of the group joined the steering group overseeing the work and discussions were held at SUCAG meetings. It was agreed to get views from more people. The next steps included:

- Running some focus groups with service users and carers
- The group also went to 'Hear-Us' and 'Family Health Isis' to talk to other service users and family members
- They tried to find out what would improve things and what helped people now. They wrote a report from their findings, which became part of the plan to develop a new day service called OPTIMA
- They helped recruit staff to this new service and commented on how the success of the service will be measured
- The newly recruited manager visited the Dragon Café to find out what was important in developing the interior of the building in a recovery focussed way

OPTIMA are committed to using service user led organisations wherever possible in the delivery of its service. A service user group will be maintaining the garden area.

In May 2015, the new manager of the service came to the SUCAG meeting to inform them about developments following the SUCAG's findings. In June, group members went to visit the site. The SUCAG members remain on the steering group offering further support to OPTIMA.

## **Recovery College Training**

Clinicians from the MAP CAG worked with people who use our services to develop and deliver 11 courses for the recovery college. Discussions from advisory group meetings helped to inform the content of some of the courses which are:

- Understanding MAP Community Assessments for the Assessment and Liaison service
- Overcoming Panic Disorder
- Introduction to Psychological Therapies
- Understanding Bipolar Disorder
- Understanding Depression
- Understanding Anxiety
- Understanding Panic Disorder
- Understanding Personality Disorder
- Understanding Self Harm
- Understanding Obsessive Compulsive Disorder (OCD)
- Overcoming Obsessive Compulsive Disorder (OCD)

## **Psychosis CAG**

### ***Recruitment and Selection***

Discussions took place between staff and people who use our services to assess the possibility of their involvement on all future recruitment and selection positions within the CAG. The feedback was presented to the Psychosis CAG Executive, the decision was made that people who use our services and carers should be involved in all recruitment of posts for staff with service user and carer contact. The next steps involved:

- Partnership development between people who use our services, carers, clinical service leads, executive members and staff
- Service users and carers co-designed recruitment and selection training
- A pilot of the training was delivered to 14 service users
- Feedback was gathered from staff around their experience of involving people who use our services which was used to inform the development of a workshop for staff
- The first session of the new training is expected to be delivered in September 2015
- Guidelines for all parties have been developed, including an evaluation process
- A database of trained individuals has been created

### ***Experience Feedback***

The CAG have assessed various ways to capture feedback on the experience of people who use our services to help drive quality improvements. One method is the introduction of Friends and Family Test [FFT] in all services.

The summary below is about how one ward has used Friends and Family Test to inform and drive improvements

- Staff on the acute male inpatient wards have created a culture of using feedback given by people who use our services to re-inform the clients of improvements and future improvements from their feedback
- In a three month period over 80 people who have used our services have completed FFT/PEDIC surveys. This has generated a cultural shift
- The purpose of patient experience surveys are discussed as soon as an individual is admitted to the service
- Every month all people using the service are invited to complete the survey. This is monitored by the whole team to ensure everyone has been offered this opportunity
- The patient experience feedback is discussed at business meetings and with people who use our services at community meetings

- Complaints have now fallen as issues are often addressed through this process
- Improvements have been introduced to address poor feedback

## **Addictions CAG**

### ***The ARFA Project***

The Alcohol Related Frequent Attender (ARFA) Project was set up in October 2013. The project funded one band 6 nurse. The aim of the service was to support the most frequent attenders at King's College Hospital A&E department whose attendances are wholly or partially attributable to alcohol. The nurse looked at new and innovative ways of working with this client group, whose lives had become unmanageable and who found it difficult to attend appointments on time.

With the support of the Maudsley Charity, the nurse recruited volunteers to help support this client group by offering a new social network as well as more practical help. Additionally, the nurse and service user volunteers sought to work closely with the carers of the clients. The brief case below illustrates one client's recovery journey.

Dave a 40 year old was alcohol dependent who had been out of contact with all services for 3 months, although he had presented to A&E seven times. He had a flat, which was in such a poor state of repair that Dave had chosen to live on the streets.

The nurse met Dave in A&E and worked closely with him to identify what help he felt he needed to get his life back on track. Paul arranged for his flat to be repaired and deep cleaned so he could return home. He introduced him to one of the volunteers who spent time with Dave helping him with practical issues such as benefits, as well as accompanying him on leisure activities. The project gave Dave a mobile phone so that he was able to contact others for support and to arrange appointments along with a tablet that he could use for accessing online recovery tools. The volunteer was able to show him how to use this.

Dave has not drunk for over one year and is now working as a volunteer, offering the same support to others that he once received.

### ***Promoting and supporting self-care with service users and carers***

For several years Addictions CAG have been promoting the distribution of take home naloxone kits. This is an antidote to opiate (e.g. heroin) overdose and can be used by any member of the public if someone they are with goes into an overdose. Addictions staff issue kits to people who use their services who have opiate problems, and provide overdose management training to them and to their families and carers. In July 2015, staff at the Lorraine Hewitt House successfully saved a resident's life when they were called to assist in an overdose that occurred whilst they were running a hostel-based clinic.

Hostel residents produced a naloxone kit, which was used to reverse the opiate overdose; the staff member had to administer two doses before it had the desired effect and roused the patient. This was an achievement for all staff members and people who were using the service on that day.

## **Child and Adolescent Mental Health CAG**

### ***Young Peoples' views on Routine Outcomes Measures (ROMs)***

Children and Young People's Improving Access to Psychological Therapies (CYP IAPT) is a national programme being rolled out in all CAMHS services across the country.

At the heart of the programme is a vision of using patient recorded session by session routine outcome measurement to improve the quality and experience of services.

One of the reasons for using ROMs is to support clinicians and clients to understand what is happening through their treatment, have meaningful discussion with each other, and to help supervisors to support therapists. Research shows that this can enhance treatment. The CAMHS Patient and Public Involvement [PPI] facilitator and two CYP IAPT assistant psychologists met with young people to find out their views on ROMs. The young people felt that they did not always understand why they were asked to complete the ROMs and that clinicians' attitude was a key to creating a barrier for young people to engage in ROMs. With this in mind, they created a presentation to share their views on the use of ROMs, and to encourage and increase clinicians' use of the measures in clinical practice.

The young people gave their views on how ROMs can be helpful:

If ROMs are used collaboratively and discussed

- ROMs can help to close the communication gap between young people and therapists:
  - It means young people and therapists both have access to the same information, this can help to balance the relationship
  - They can make what young people and therapists are doing together more explicit.
  - They can show that therapists are listening to young people
  - They can help young people and therapists to have a shared understanding - 'I know you've understood me

And what is unhelpful

- It's about HOW the toolkit is used...
  - If it is used as just another piece of paper
  - There is no clarity about why they are being used or how they can help
  - Different expectations about what they are for
  - No meaningful conversation about them (unless this is pre agreed)
  - The tool doesn't feel the right fit for the young person
  - There is no choice which ones to use or how to use them

Feedback from staff who the young people have presented to has been positive and they feel more confident and encouraged to use the measures. The young people have offered to meet and present to clinicians across the CAMHS CAG.

### ***Young people's involvement with food provision***

In the Kent and Medway Adolescent Unit, young people are now involved in shaping the food service provision both formally and informally, which means that the young people, caterer and staff make joint decisions about food provision in the unit.

The formal involvement route is through regular quantitative and qualitative short surveys and two young people attend the catering liaison meetings to present their feedback about the food. There is also an informal feedback route through the suggestion box and the day-to-day interaction with catering staff and housekeeper.

The catering liaison meetings consist of dieticians, chefs and nursing staff who meet every three months to discuss catering issues related to clinical care. Prior to the meeting, the Housekeeper attends the young people's community meeting to elicit their feedback; two volunteers attend the meeting to present feedback, and discuss possible responses. If issues or differences cannot be responded to immediately written responses are provided post-meeting, displayed on the noticeboard by the food service counter and on the PEDIC information board.

Below are some responses from young people:

'It's nice to be able to get a say in other hospitals you don't'

'I felt very heard'

'I've noticed things have changed since the meetings – salad bar has been better, and you've added pizza to the menu on that day we mentioned when the other choices weren't very popular'

'If you can't change something you explain why'

The young people have also reported that they find the meetings friendly and unthreatening.

## 4. How the Trust will implement the Involvement Strategy

Overall, the Trust will do this by:

- Giving people who use our services a say in decisions about their care and treatment
- Making certain that peer support, co-production and self-management are central to the daily experience of treatment and care
- Using direct feedback from people who use our services through a system to improve our services
- Ensuring the people who use our services are routinely given opportunities to participate meaningfully in the planning, commissioning and delivery of these services
- That the relationship between people who use our services and those who deliver services is based on mutual respect for lived experience and professional knowledge
- That people who use our services and come from underrepresented groups whose voice is seldom heard are specifically supported to participate meaningfully in their own care and in the life of the Trust

Our implementation priorities are:

### **[a] Actively involving people who use our services**

- We will actively seek to increase both the diversity and the number of people who are engaged in involvement activities through a range of mechanisms including volunteering, SUITE, the Recovery College and the Involvement Register.
- Over the lifetime of the strategy we will achieve an organisational shift so that all staff recognise and value the lived experience of people who use our services, strive to gain greater insight from this perspective and use this knowledge to improve services.
- We will encourage people who wish to get involved to develop the skills and confidence to make a valid contribution, including through the development of peer mentoring support.

### **[b] Ensuring that there is leadership and staff commitment**

- The Trust will have committed senior leadership to champion and embed the involvement culture of the organisation.
- Involvement skills and attitudes are essential competencies for staff and we will explore ways to assess and measure them.
- We will develop a leadership programme through the Recovery College for people who use our services to ensure that leadership within the context of engagement is a shared endeavour between people who use our services and people who deliver them

### **[c] Ensuring active involvement in care and treatment**

- People who use our services will be acknowledged as active partners in their own care, being involved in decisions about their care, treatment and support.
- People who use our services will be treated as individuals and as experts on themselves and their own lives with due attention paid to the skills, knowledge and expertise gained from living with a mental health condition.
- People who use services will be communicated with in a person-centred fashion and with care and compassion: time will be made to facilitate a proper two conversation including responding to questions and discussions of care, treatment and support
- People who use our services will have the information they need, presented in a way that can be easily understood, to aide decision making and to facilitate access to

care, treatment and support with the right manner and approach and in the right place.

- The environment in which care is given will be clean and comfortable and will maintain dignity
- To create a customer service approach/culture which is committed to fulfilling the rights and commitments set out in the NHS Constitution

#### **[d] Developing and implementing a benchmark**

The Trust will work with National Survivor User Network [NSUN] and others to develop a benchmark, informed by the 4PI Standards, that takes account of governance and legislative requirements the Trust has to adhere to.

The 4PI standards are as follows:

- **Principles** – meaningful and inclusive involvement starts with a commitment to shared principles and values
- **Purpose** – the purpose of involvement needs to be clearly stated and communicated
- **Presence** – a diversity of service users and carers should be involved at all levels and at all stages: the people who are involved need to reflect the nature and purpose of involvement
- **Process** – the involvement process needs to be carefully planned to make sure that service users and carers can make the best possible contribution
- **Impact** – any involvement needs to make a difference to the lives and/or experience of service users and carers.

The benchmark will be used to allow the CAGs to develop specific action plans that can be measured over the lifetime of the strategy.

#### **[d] Delivering our implementation plan**

<b>Action</b>	<b>Timescale</b>
Development of indicators to use as a benchmarking tool	<b>September 15 - February 2016</b>
Undertake benchmarking exercise across the Trust	<b>March - April 2016</b>
Development of CAG specific action plans	<b>May - July 2016</b>
EPIC annual report to the Board, including a summary of CAG specific action plans	<b>September 2016</b>
Implementation of action plans	<b>July 2016 – June 2017</b>
Midpoint review of progress against action plans	<b>January 2017</b>
Progress report to EPIC (as part of EPIC Annual Report)	<b>August 2017</b>
Progress report to Board (as part of EPIC Annual	<b>September 2017</b>

Action	Timescale
Report)	
Refresh action plans and continue implementation	<b>October 2017</b>
Final benchmarking exercise	<b>November 2018 – January 2019</b>
Evaluation report shared at EPIC	<b>February 2019</b>
New strategy development commences	<b>March 2019</b>

This Involvement Strategy is a key development for the Trust and has, at its heart, the principle of involving people who use our services in their care and treatment, that they are treated with dignity and respect and that they feel they have a say in decisions about their care and treatment.

## The Involvement Register

The Involvement Register is the name we give to the bank of people who use our services, who provide their skills and expertise to support the Trust to improve services through a range of involvement activities. Involvement Register members can take part in up to 30 hours of opportunities a month, receiving payment for their time. Below is a list of some of the activities:

1. Involvement meetings
  - a. The CAGs Service User Advisory Groups
  - b. The Trust-wide EPIC forum
  - c. Internal team-based service user involvement groups
  - d. The patient information group
2. Formal interview panels
3. Good practice visits: CQC mock inspections
4. Patient Led Assessment of the Care Environment (PLACE)
5. The Information Trolley for patients
6. Link Working: current or ex-service users who use their experiences to help service users.
7. Post-graduate training
8. The Care Delivery System: Four steps to patient safety
9. The Smoking Committee
10. The Tree of Life
11. SUITE: Training co-delivered with service users
12. The Social Recovery and Inclusion Board
13. The Hearing Voices Project
14. Art Projects
15. Waiting List Consultation

### Recovery College

The Recovery College offers a learning approach that is designed to complement the Trust's existing services. Co-production is at the heart of everything the college does. All courses and workshops are co-designed and co-run by trainers who have experienced mental health difficulties. The Recovery College provides so many courses it is not possible to list them all. Below are a number of them:

1. The Expert Patient Programme: self-management course for those living with a long-term condition or impairment.
2. Understanding MAP Community A&L Assessments
3. Coaching Techniques: A Master class
4. Facilitation Skills
5. Getting involved in Health Research
6. Overcoming Panic Disorder
7. Help! I've been invited to a meeting
8. Healthy Body: Healthy Mind
9. How to get a good night's sleep
10. Managing your mood
11. Introduction to Mindfulness
12. Introduction to the Wheel of Well-being
13. Overcoming Panic Disorder
14. Telling your Story
15. Tree of Life
16. Confidence in Social Situations
17. Getting Involved in Peer Support
18. That is Not What I Meant! How to Build Better Communication and Understanding in your Relationships
19. Staying Well & Making Plans
20. Using Your Lived Experience in Health Research: The C4C Project

### **Service User Involvement in Training and Education (SUITE)**

Below is a list of the main training courses that SUITE regularly provides in partnership with service user and carers:

1. Carer and service user stories: Service users and carers talk to staff about their experiences
2. Promoting Recovery and Wellbeing workshop at the Trust Induction
3. SUITE courses delivered to Trust staff:
  - a. Improving customers' services
  - b. Mental health awareness for non-clinical staff
  - c. Family and carers: How to make their involvement effective
  - d. Challenging stigma and promoting social inclusion
4. Student Nurse Induction: This course challenges mental health myths and aims to get nurses to think about what it is like to be service user.
5. SUITE provides training for overseas clinicians for the Maudsley International Training Programme.
6. Deliver courses at the Recovery College
  - a. Mental health awareness
  - b. Understanding and challenging stigma
7. Co-facilitate Education and Training Department courses
  - a. Mental Health Act
  - b. Dual diagnosis Pan-London Training
8. Ad-hoc events
  - a. SUITE representation at the Family and Carers' Listening Event
  - b. A&E Nurse Liaison Training: For non-mental health nurses
9. External Training Events
  - a. Croydon Clinical Commissioning Mental Health Awareness Training
  - b. Mental Health First Aid: Basic training for Mental Health Awareness