Recovery and Wellbeing Strategy

2017-2020

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making a difference together

Contents

The Aim of the Strategy

Supporting the recovery and wellbeing of individuals is the core aim of the services we provide. In 2013 the Trust Board agreed a priority to 'embed a recovery focussed approach across all services'. A Recovery and Wellbeing strategy for 2013-2016 was agreed which recognised that cultivating the required change would take an iterative approach over many years. The Trust recognises that this remains a key priority and is committed to large scale change, ensuring all systems and processes are reviewed from a recovery perspective.

Building on the progress achieved from the 2013-2016 strategy, this strategy sets out the direction for the further embedding of a recovery/wellbeing focussed approach within the organisation over the next three years.

The successful implementation of this strategy is central for the delivery of Trust Strategic Goal one, along with contributing to the delivery of the remaining Trust strategic goals.

Strategic Goal 1

To provide excellent services, working with the individual users of our services and their carers to promote recovery and wellbeing. This means that we make a positive difference to the lives of service users and carers by:

- Supporting individuals to achieve their personal recovery goals
- Delivering safe and effective care (at the right place and right time) that meets individual needs
- Fully engaging people in the development and delivery of their individual care plans
- Ensuring everyone has a positive experience of our services
- Providing high quality, accessible information to help service users manage their own health and care

What do we mean by recovery and wellbeing?

In mental health and learning disability services the term 'recovery' is most frequently used to describe the personal lived experiences and journeys of people as they work towards living a meaningful and satisfying life. Recovery principles focus on the whole person in the context of their life, considering what makes that person thrive.

Evidence based interventions designed to minimise distressing and disabling symptoms are critical but with a range of interventions and support in place,

we recognise that people can have meaningful and satisfying lives often despite the presence of ongoing symptoms. Within a recovery and wellbeing approach we recognise the importance of the individual, social and spiritual aspects of an individual's wellbeing

There are 5 key processes, referred to as CHIME factors, which have been identified as being central to individualised recovery and wellbeing.

CHIME factors

- **Connectedness** – being able to and /or having the opportunity to feel connected to something or other people
- **Hope** - having hope for the future or to feel hopeful that there can be better moments in what can be difficult times.
- **Identity** – maintaining or developing an identity beyond that of a mental health patient and/or diagnosis/someone with a learning disability
- **Meaning** – having meaning in life such as opportunities, roles and things to enjoy. This also includes finding meaning in the distressing experiences people are suffering.
- **Empowerment** – Having choice and control in your life and surrounding your care.

As a Trust we acknowledge that the word 'recovery' may not appear the most suitable term for some individuals, especially for individuals who are experiencing organic mental health problems or who have a learning disability but no mental health problems. However the principles and philosophy that lies behind the concept of a fulfilling life with meaning, remains valid and so this strategy will use the term recovery throughout. Individual specialities may develop more specific working definitions that best suit their client groups. The CHIME factors remain core to wellbeing and offering support in these areas is important for all service users groups accessing our services.

The Case for Change

National Context

- As evidenced in the Five Year Forward View for Mental Health (2016) there are a range of national drivers which require mental health services to offer interventions and approaches which support individuals to live meaningful and fulfilling lives. In order to deliver on these drivers there is a requirement for a co-production approach

working alongside individuals with lived experience of services, their families and carers.

- There is increasing demand on mental health and learning disability services at the same time there is a requirement to provide both efficient and effective services which meet the needs of individuals accessing our services.
- Future national arrangements for funding will increasingly require Trusts to demonstrate high quality outcomes and improvements in patient experience.

Local Context

- Our ability to sustain funding to deliver high quality services is not only reliant upon the clinical outcomes we achieve but will also be contingent on improvements in patient reported outcomes (PROMs) and improvements in service user experience. Embedding a recovery-based approach will play a central role in achieving positive outcomes.
- In the last three years we have conducted a significant amount of work to embed recovery principles and values within both our corporate and clinical services. An overview of the progress made can be found in appendix 1.
- Ensuring that individuals with lived experience have been involved in the design and delivery of core pieces of work has been fundamental to the progress made to date and is central to future developments in this area.
- The Trust is committed to implementing developments which eliminate non-value added activity within service delivery and we have a wealth of expertise within Quality Improvement Systems. There is an opportunity to further align our expertise in this area to support the delivery of more recovery focussed services. Understanding the views of service users and carers on what adds or does not add value to their recovery and wellbeing and co-producing improvements, is central to both QIS activity and broader approaches to developments.
- Engagement with service users, carers, our Experts by Experience group, staff and governors, highlights that while progress has been made, further work is required to embed recovery values and principles across **all** services.
- There is widespread support for the further embedding of this approach at all levels of the organisation and is reflected in Recovery remaining as a priority within the Trust business plan.

A Vision for the Future

Our vision is to deliver services to all service users and carers that are driven and underpinned by the values and principles of a recovery/wellbeing approach.

The core values and principles underpinning our vision are:

- We believe that everyone has the potential to lead a life that is fulfilling and meaningful to them, irrespective of symptoms and diagnosis.
- We recognise and acknowledge the many barriers to recovery that people can face, including social, environmental and economic factors. We offer support to minimise the impact of these on an individual's wellbeing and recovery.
- We don't just tell people what is best for them. We listen to service users and carers and try to understand what is important to them. We take their ideas, concerns and experiences seriously.
- We provide a service which values making shared decisions and seeks to explore options together with service users and provide meaningful choice wherever possible.
- We support people to feel empowered and take charge of their lives. We are aware of the power we hold and always look to share this as much as possible.
- Whilst staff work with individuals to offer support and a range of interventions, we also recognise the value in sitting with, listening to and bearing witness to a person's emotional pain.
- We hold on to hope for people when they feel at their lowest, believing that there is hope for an individual's future and /or that that there can be better moments in what can be difficult times.
- We see the whole person, we see beyond their distress, beyond their 'symptoms' and 'diagnosis' recognising and respecting their individual interests, strengths and beliefs.
- We recognise that we have a lot of professional expertise to offer but equally we respect the expertise of those who have experienced mental distress and who have accessed our services.
- We value working alongside people with lived experience, as partners, at all levels of the organisation from coproduction of individual care plans through to strategic decisions about service design and delivery.
- We are mindful that our actions might harm a person's recovery e.g. losing identity, hope, sense of control. We acknowledge this and try to avoid it at all times. We take a harm minimisation approach.
- We appreciate that people's distress is often an understandable reaction to their life experiences, circumstances and beliefs and not merely symptoms of an illness.

- We acknowledge that many of our service users have experienced trauma and adversity in their lives. We ask about this and respond with compassion. We recognise that people's 'symptoms' and behaviours, while sometimes creating difficulties in their lives, are often creative attempts to survive intolerable situations.
- We support people to come to an understanding of their distress that is meaningful to them.

Objectives

In order to inform the strategy objectives we held a series of workshops with staff, governors, service users, carers and our recovery Experts by Experience group members. The outcomes of the engagement process has informed the strategy objectives and associated area of work. The timeframe for implementing each objective is March 2020.

Objective 1:

We will further embed recovery values and principles into the delivery of our services.

We will achieve this by:

- Building infrastructures to ensure that our leaders have the knowledge and skills to support transformational change and the implementation of the values and practices associated with a recovery and wellbeing approach. This will include the development of community demonstration sites, recovery for leaders training and a recovery accreditation scheme for services.
- Developing models of community and inpatient services which are underpinned by a recovery based approach via the Model Wards programme and the Purposeful, Productive Community Services programme and CPA.
- We will implement triangle of care to support staff, carers and services users to work together towards wellbeing and recovery.
- Ensuring that our Quality Improvement System aligns and supports recovery focussed developments.
- Ensuring key polices and projects support a recovery focussed approach.
- Adopting a consistent language which reflects a recovery focussed approach which is meaningful for different service user groups.
- Ensuring that recovery principles are embedded within the work of other core trust strategies and processes.

- Ensuring that a trauma informed approach is embedded within clinical services.
- Identifying community assets and resources that will support the delivery of recovery in our and partner organisations, and work with all organisations to encompass a recovery-based approach.
- Scoping options for enhancing employment support offered to individuals accessing our services who want support to access education and employment opportunities.

Objective 2

We will further embed infrastructures to support a model of 'co-production'

We will achieve this by:

- Determining how co-production is defined and implemented within TEWV in terms of an individual's own care, as well as service design, delivery and governance.
- Expanding the influence of the Trust's Recovery Experts by Experience programme, ensuring we have a specific carer's programme.
- Increasing the involvement of service users and carers in the recruitment of staff, building on current good practice.
- Increasing the number of unpaid Involvement Peer roles.
- Introducing paid peer roles into a wider range of clinical services.
- Identifying mechanisms to support our workforce to feel more comfortable being open about their own experiences of mental health difficulties.
- Ensuring our Quality Improvement work is informed by the priorities identified by individuals with lived experience and that a co-production approach is embedded within this work.

Objective 3

We will further embed a harm minimisation approach to support an individual's recovery, which engages service users and where appropriate, carers as partners in the process.

We will achieve this by:

- Embedding the Positive and Safe agenda to reduce the use of restrictive interventions and practices and promote the use of positive approaches.
- Reviewing how we approach core Nursing and Governance Directorate processes such as Patient Safety (Serious Incident enquiries / Learning

lessons) and safeguarding, ensuring these are informed by a harm minimisation approach and the views of individuals with lived experience.

- Ensuring staff have continued access to harm minimisation training and support.
- Ensuring that as part of the CPA process, we work with individuals to identify how threats to basic needs (e.g. housing and finances) could harm their recovery and wellbeing, offering support, advice and signposting.

Objective 4

We will have increased access to recovery training programmes which support recovery knowledge and self-management skills for staff, service users and carers

We will achieve this by:

- Consolidating delivery of physical recovery college provision where the Trust is commissioned to provide this.
- Working in partnership with Third Sector providers to support college delivery in locality areas where we do not have contracts to deliver physical recovery college provision.
- Delivering Recovery College Online as a new service. This will provide access to a wide range of self- management information and recovery focussed courses, which will be accessible to all locality areas and specialities.
- Ensuring that training needs analysis meets the aims of the strategy.
- Working to support post registration training for core professional groups being informed by recovery values and principles.

How will we implement this strategy?

Within these overarching objectives key elements will require implementation via a programme of work with the following delivery mechanisms:

- Core pieces of work delivered by a central recovery team and associated business case
- A range of other core business cases/projects which will directly report to recovery and the Recovery Programme Board (e.g. Trauma Informed Care, VRC)

- Ensuring that recovery principles are embedded within other key strategic programmes and projects managed outside of the Recovery Programme Board e.g. PPCS
- A range of business as usual developments led by a number of departments e.g. embedding Positive and Safe agenda

The objectives and deliverables within the strategy will be evaluated via a range of mechanisms including a score card, individual business case benefits realisation (PM4's) and other agreed mechanisms for business as usual developments.

Governance arrangements

It is proposed to establish a Recovery Programme Board to ensure the Recovery Strategy is implemented successfully. The diagram below describes how the different delivery mechanisms will report so that the Programme Board has assurance that the strategy objectives are being delivered. The Programme Board will also identify, agree and monitor the evaluation of strategy implementation.

Tees, Esk and Wear Valleys NHS
NHS Foundation Trust

Line of accountability → Reporting line for assurance of strategy delivery - - - →

Core PM3 Business cases

(Accountable to Programme Board – Report Monthly)

Trauma Informed Care
Recovery College Online

Central Recovery Team business case and Work streams

(Accountable to Programme Board – Report monthly)

Values / Culture work stream, EbyE,
Peer roles, Ensuring specialist consultation and influence into other programmes / BAU, Recovery Colleges

Other core strategic projects/ Programmes influencing embedding of recovery

(Accountable to project/ programme specific agreed board. Provide updates to Recovery programme Board to ensure these are being implemented in line with recovery principles and strategy

PIPA/Model Wards, PPCS, Safe staffing, The 'TEWV Way'

RECOVERY PROGRAMME BOARD

(Accountable to EMT)

Core business as usual developments required to implement the Recovery strategy

Provide updates to Recovery programme Board to provide assurances that these are being implemented in line with recovery principles and strategy)

Harm minimisation, Positive and Safe, pre reg training, 3rd Sector Partnerships

Executive Management team

Will receive monthly overall programme reports from the Recovery Programme Board with an overall programme RAG status and will hold Programme Board to account

Scorecard

Recovery Strategy Scorecard							
Metric	Lead Responsible	Targets				Source of data	Comment
		Baseline 16/17	17/18	18/19	19/20		
1. Embedding Recovery Values and Principles into Services							
Number of leaders receiving recovery for leaders training	A. Brabban	0		60	60	Recovery Team Training record	
Percentage of new trust staff receiving an introduction to recovery training as part of their induction	A. Brabban	100%	100%	100%	100%	Trust induction evaluation report	
Number of teams who have been assessed against the criteria for the TEWV Recovery Accreditation (Corporate and Clinical)	A. Brabban	0			150	Process to be set up	
Number of staff receiving Trauma Informed Care training	A. Kennedy	100	300	350	350	Trauma informed care project manager	
Percentage of patients who state they have been involved as much as they wanted to be in the planning of their care?	E. Moody	Baseline to be determined	Baseline to be established 2017	TBC	TBC	Quality strategy report from Quality team	Also quality strategy metric New measure
2. Co-production							
Number of new involvement peers registered within the Trust financial year	A.Brabban	23	15	15	15	Recovery records	

Recovery Strategy Scorecard								
Metric		Lead Responsible	Targets				Source of data	Comment
			Baseline 16/17	17/18	18/19	19/20		
	Number of new paid peer roles/Expert roles (paid peer/expert)	A.Brabban	6	5	TBC March 18	TBC March 19	Recovery records	
	Percentage of staff interviews involving service users and carers (Band 7 posts and above, both clinical and corporate)	D.Levy	New measure, process to be set for collecting data	Baseline to be established by Sept 17	TBC	TBC	Recruitment - report	New measure
	Percentage of staff who report TEWV is supportive of, and values staff members that have lived experience of mental distress?	D.Levy	New measure, process to be set for collecting data	Baseline to be established by Sept 17	TBC	TBC	Staff survey	New measure
	Percentage of carers that report feeling listened to and heard	E.Moody	Data collection commence 1.4.17	Baseline to be established by Oct 2017	TBC	TBC	Quality strategy reports via IIC	New measure
3. Risk/Harm Minimisation								
	Percentage of staff receiving face to face harm minimisation training	E.Moody	39%	65% of staff	Review March 18		Education data report	

Recovery Strategy Scorecard								
Metric		Lead Responsible	Targets				Source of data	Comment
			Baseline 16/17	17/18	18/19	19/20		
	Number of incidents of physical intervention/restraint per 1000 occupied bed days (Quality Strategy Metric)	E.Moody	Community 0.12, In-patient 16.36	Awaiting info	Awaiting info	Community 0.072, In-patient 12.8	Quality strategy report from Quality team	This is the quality strategy metric. Targets for 17/18 and 18/19 not set yet
4. Education and Training								
	Percentage of students accessing ARCH, who complete follow up PROM, who show an improvement in PROM score on graduation	C Chapman	80%	80%	80%	80%	ARCH monitoring	
	Number of new students enrolling at ARCH	C. Chapman	25 per quarter	100	Review March 18	Review Mar 18	ARCH monitoring	
	Number of full courses available via Recovery College Online	C. Chapman	1	7	15	20	VRC data	
	Number of different topics available on public facing self-management pages on Recovery College Online website	C. Chapman	30	50	60	Review Mar 18	VRC data	
	Number of people accessing online learning via VRC	C. Chapman	0	200	200	200	Recovery College Online monitoring system	

Related Strategies/Policies

- **Nursing Strategy 2017-2020**
- **Quality Strategy 2016-2019**
- **Harm Minimisation Policy http://flcintouch:35000/Docs/Documents/Policies/TEWV/Clinical/Harm%20Minimisation%20Policy.pdf**
- **Physical Health care policy** http://flcintouch:35000/Docs/Documents/Policies/TEWV/Clinical/Physical%20healthcare%20(inpatients)%20policy.pdf
- **CPA policy**

Appendix 1

What did we achieve through the implementation of the 2013-2016 Recovery and Well-being strategy?

Objective 1. Moving toward a Recovery focussed culture	
Area of work	**Benefits realised**
Training on Recovery	We have delivered a broad range of introductory recovery training including; Trust Induction, Model Line Teams, a range of other services, Trust Board Seminar, EMT; a range of Corporate Services. • 1268 slots have been attended at specific recovery training sessions / conference • 80% of staff completing evaluations reported an increased knowledge in recovery principles and values • 90 % staff identified 5-10 (on a scale of 1-10) that training would positively impact on their practice • In 2016/2017 100% of new staff have received an introduction to recovery values and principles as part of their trust induction (n=376) • We have recently embedded a recovery slot within the embedding values training • Delivery of team joint care planning workshops • We have trained staff and have rolled out recovery groups and courses across a range of MHSOP and adult community services • We have embedded recovery values and principles within the trust Equality and Diversity training and are currently working to embed principles within the mandatory CPA training
Shared Decision Making (in partnership with Newcastle University and The Health Foundation)	In addition to our original strategy deliverables we secured a bid to work with Newcastle University and the Health Foundation to begin to embed Shared Decision Making within our services. The project is called MAGIC (Making Good Decisions in Collaboration). We have: • Trained a core central group of trainers • Piloted training with two teams and 32 senior medical staff and psychologists. • Developed video training materials specific to mental health • Begun to adapt the MAGIC training programme to meet the needs of mental health provision • We are working to embed Shared Decision Making principles within the new medication optimisation

	mandatory training for nurses • We have designed a workshop for students at ARCH to pilot how we can engage service users
Embedding of Recovery principles in core trust projects an developments	• We embedded recovery principles within other core strategic projects for example the Model Lines psychosis project, the CPA project, Harm minimisation project, Force reduction project, • We have worked to embed recovery within pathways – Functional pathway for Mental Health Services for Older People and the psychosis pathway
Objective 2: To move towards a model of co-production where there are increased opportunities for individuals with lived experience to be involved in the design and delivery of services	
To develop an Expert By Experience Group to support training and project Delivery – (target 8 people)	We have developed adult services Recovery Expert by Experience Group whose input has been fundamental to the progress made to date. • We have trained 4 cohorts of Experts by Experience in storytelling and currently have 26 active members of the group (this group offer input via involvement and engagement processes) • We have created 5 paid expert by Experience Roles (Two posts to co-ordinate the experts group and three expert by Experience trainers) • We will be recruiting to and delivering a 5th Cohort of training by the end of March 2017 • We have plans to commence recovery training with carers to support carers input into the programme • The Expert by Experience group have co-delivered and delivered a broad range of recovery related training throughout phase one using story telling as a mechanism for supporting culture change. This aspect of training is always rated as most impactful overall • The group members have also been involved in consulting on and designing a wide range of service developments • The group won the Royal College of Psychiatrists award for service user and carer involvement in 2015 • We implemented two CQUIN targets in 2014/15 and 2015/16 which focussed in increasing opportunities for individuals with lived experience which secured an income of £360,500
Ensuring systems are in place for an increased number of volunteering	We have: • Reviewed and revised all processes for recruiting and supporting volunteers within the trust, with services now taking increased responsibility for supporting this process

opportunities for individuals with lived experience	• We have offered volunteering placements to 160 individuals who report having lived experience of mental health issues during the lifespan of the strategy.
To ensure lived experience representation on the recovery project steering group and work stream groups	We have had lived experience representation on a wide range of work stream groups examples include; The recovery steering committee; the peer role steering group; the Recovery College steering group; the Virtual Recovery College steering Group; The Harm minimisation steering group and training development groups; The Force Reduction Steering and work stream groups; the involvement in recruitment work stream group; the mindfulness project steering Group; the physical health project; the North Yorkshire recovery development group.
We will standardise practice for involving service users and carers in recruitment	We have conducted work to understand current good practice and models currently in use. We have reviewed reporting arrangements for capturing data on how frequently we are involving service users and carers in the interview process and identified actions for increasing involvement growing forward. Further work is required in phase 2 developments following the current review of recruitment processes within the trust.
To introduce unpaid peer role opportunities	We have set up a structure for Involvement Peer Roles which are managed through our Involvement and Engagement structures. These roles allow individuals, who have experience of a specific course or intervention, the opportunity to co-facilitate groups/ courses alongside paid staff. We have: • Introduced 36 Involvement peer roles across services and currently have 32 active • Introduced these roles into a wide range of services such as; ARCH Recovery College; a range of DBT skills groups; Mindfulness courses; Recovery the New me Courses running in a variety of community adult services; a Cognitive Stimulation Therapy group; the psychotherapy service within York; hearing voices groups; the forensic recovery college courses; a dual diagnosis inpatient support group. • Initial evaluation of roles these indicates that - 100% of staff would recommend these roles to other services and 88% would like to see expansion into paid peer roles being offered - 87% of service users receiving input found the input beneficial, with 73% reporting a positive impact on their recovery - 100% of Involvement peers responding reported the role as a positive experience which had a positive impact on their own recovery

To scope the introduction of Paid Peer roles within the trust	Work has been conducted to gain a greater understanding of how we can effectively introduce paid peer roles within The organisation. This has involved: • The introduction of 6 paid peer roles (2 peer trainers at ARCH, 3 Peer workers at the Discovery Hub York and 1 Peer Worker within the currency and outcomes department) • 10 individuals have received an introductory training course in peer support and 13 individuals have received an accredited Peer training course • Gaining an in-depth understanding of the training and support structures required to introduce a broader range of Peer Worker roles moving into phase 2
Objective 3: To establish a Recovery Education centre which is co-designed and delivered with staff, service users and partner organisations	
To Develop a Recovery College in Durham and Darlington Locality	ARCH recovery college was launched in September 2014 at St Margaret's Health Centre in Durham. It offers a wide range of self- management courses to staff, service users and carers. It is set up using a co-production approach and all courses are designed and delivered by an Expert by Experience and an Expert by Profession. Since the launch ARCH has: • Now offer 42 different courses/ workshops to students • Enrolled 372 students, with 99% of course evaluations to date indicating students are satisfied with the courses they have sat • 76% of students who complete a baseline and follow up recovery patient related outcome measure (QPR) report an overall improvement
Converge College York / Discovery Hub	Converge is a partnership between York St John University and the trust and delivers educational opportunities to people overcoming mental health difficulties: In contrast to ARCH recovery college the focus of converge is not on self-management courses but rather offering access to educational opportunities such as arts, music, textiles, creative writing, dance, theatre, sports and film within a University environment. Courses are taught by staff and university students. In 2015/2016 140 individuals completed courses and 85 University students were involved in delivering courses. Converge is delivered in partnership with the discovery hub which offers peer support to individuals to access community learning opportunities across the whole locality area

Forensic Services Recovery College	• Our Deputy Medical Director / Senior Clinical Director Forensic Services has been instrumental in setting a National CQUIN target for the development of recovery college provision with secure services. • We have piloted initial recovery college courses throughout 2016 and have recently launched a prospectus of recovery college courses within Ridgeway Forensic services which commenced in September 2016
Development of a Virtual Online Recovery College (recovery college online)	In 2015 the trust was successful in securing a bid for funds to develop a Virtual Recovery College site. We subsequently secured Academic Health Science Network funds to staff the development of initial content. We have now built the online college site which offers two functions 1. Access to a wide range of self-management resources 2. Access to online self-management courses We have recently agreed to fund the virtual recovery college as an innovative service within phase two of recovery developments. This will provide online access to a wide range of recovery resources and courses to staff, service users and carers across all our locality areas.
Objective 4: Transform the way the Trust approaches Risk Assessment and Management	
We will ensure that the Trust review and development of risk management and patient safety policies and frameworks are in line with recovery principles	• We have extended the concept of risk and harm to include experiences that inhibit recovery e.g. lack of autonomy, hopelessness, an identity solely linked to diagnosis, impoverished opportunities and introduced the language of a 'Harm Minimisation approach' to supporting safety • We have reviewed and re-written our risk management policy and now have a trust wide Harm Minimisation policy • We have reviewed our engagement and observation protocol and have a new ' Supportive Engagement and Observation protocol' in place
We will ensure that recovery principles are embedded within the	• We have designed a face to face harm minimisation training programme for staff and are currently delivering this training to a wide range of clinical services / staff • We have employed 3 harm minimisation lived experience trainers who co-delver the face to face training with

Trust review and development of Risk Management Training.	professional staff. • We are currently in the process of reviewing the current mandatory e-learning training on risk management, adapting this so that it encompasses a harm minimisation training approach. It is planned that this will be in place by April 2017