ImROC

Issue 2
Summer Edition 2017

Summer Newsletter

Working in partnership with communities to develop systems, services & cultures that support Recovery & wellbeing

Editorial

Dear All,

After the successful launch of our newsletter at the beginning of the year, it is great to find even more is happening in the second edition! At a time of unprecedented financial challenge in health services Recovery offers real solutions. We have been supporting the development of new initiatives at home and abroad. ImROC is working with a group of 6 international partners to develop Recovery Colleges in areas of Europe including Poland and Bulgaria that are only beginning to grasp the potential of Recovery focused ideas. Closer to home, ImROC is managing a large social prescribing project for all primary care patients with long term conditions. This brings together our experience in community development as well as peer working and recovery education. In Ireland, ImROC has been supporting a number of large Community Health Organisations to plan Recovery focused developments supported by the Service Reform Fund, and working with ARI to shape the national Recovery Key Performance Indicators. Of equal importance is the ongoing coaching at team level;

building up confidence of practitioners and people using services to change the small things that make all the difference to the experience of using services.
It is not immediately apparent how the Recovery focused transformation of organisations and systems can both improve outcomes and reduce costs, so a number of ImROC consultants have been working with Professor Mike Slade and Dr David McDaid to write a substantial briefing paper on the Business Case for Recovery. In addition, Anna Lewis has led the writing of a coproduction paper that draws together the lessons learnt through a number of coproduction case studies. Mark Hopfenboek is heading a team of experts writing a briefing paper on open dialogue and Recovery, and Rachel Perkins is leading the development of a second paper on Recovery Colleges. Please do get in touch with Dawn Fleming if you would like to explore what these development mean for your organisation or partnership. As well as this, we have hosted the second in our Critical Debates on Peer Support, giving thoughtful consideration to the role of peer workers and the implications that this has for training, development, supervision and sustainability of their distinct contribution. ImROC consultants have also been speaking at events in Holland, Norway, Dublin and at national events here in England.
In the background we have been considering the future development of ImROC and the best way of making our experience and expertise accessible and available to support Recovery focused systems. One change that we will be introducing is the availability of our peer support worker training for purchase by organisations who wish to provide their own courses locally. This suite of training materials will be offered with support to understand and embed it successfully within organisations. Similarly, we are developing a learning and development brochure that will lay out the whole range of learning and coaching support that we can offer to teams, services and organisations.
More details about all of these exciting initiatives have been written for this newsletter. If you have worked with or for ImROC and would like to contribute a story for the next newsletter, do get in touch.

Out In The Field - UK

Recovery Colleges Audit

Written by Alessia Anfossi

A recovery education approach inspires students to develop a different relationship with their condition, a wider range of coping skills, greater confidence and knowledge, to overcome challenges and strive towards their own goals.

The Recovery Colleges enable this shift from a therapeutic to an educational approach, supporting people to live the lives they want to lead and assisting them to achieve their ambitions. In this sense they represent a cultural change and we have to recognise their transformative power.

It is fantastic to hear of so many Recovery Colleges emerging in UK and abroad. There is some evidence about what leads to the success of Recovery Colleges, especially around organisational change, but little is known about how big the network of colleges is. In order to understand their impact on our system and to have a “picture” of the current state of Recovery Colleges on a national scale, ImROC has begun an audit. The purpose of this audit is to collect the main information of the Recovery Colleges (i.e. the structure, the courses, the staff) and to investigate the defining features of the Recovery Colleges (co-production, education, inclusion and recovery-focused).

We have asked all Recovery Colleges to participate in a national audit by completing a questionnaire. This is not an evaluation, the information collected will be used to create a national data base of existing colleges in the UK which will be accessible on the ImROC website.

To get the most of the audit we welcome contributions from all Recovery Colleges. If your college has not been contacted please get in touch with alessia.anfossi@imroc.org to take part.

A summary of the audit will be available in the Autumn/Winter Newsletter and online at https://imroc.org/.

Out In The Field - UK

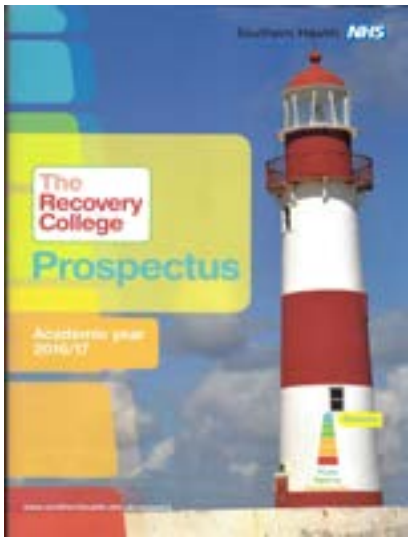
ImROC & Southern Health NHS Foundation Trust; From wishful thinking to a thriving Recovery College

Written by Katherine Newman-Taylor, Samuel Berry, Rochelle Sampson, Kate Sault & Lesley Herbert

"The mental health team can get you so far and show you the skills to stay alive … The Recovery College shows you the skills to live."

Recovery College student

In 2011 we joined ImROC as one of 36 development teams, hoping to make the shift from a group of individuals promoting fragmented service developments, to an organisation with the principles and practice of recovery at the heart of all we do.



Early discussions within our team elicited strong opinions about the value of a physical base for initial recovery developments, or whether this denoted recovery as a set of ideas and activities additional to our core business, the base an optional drop-in venue. After some to-ing and fro-ing we concluded that while we hoped recovery would become the basis of all Trust business, we were very far from this point, and so agreed to prioritise the development of a Recovery College, with rooms for the delivery of courses and a resource library, as a necessary part of this process (cf Perkins, Repper, Rinaldi, & Brown, 2012).

The Southern Health Recovery College was established in 2013. The college was set up and is run by people with direct experience of mental ill-health and clinicians. Courses are co-developed, co-delivered and co-attended. Our co-co-co ethos ensures that lived experience and professional expertise are represented in the development, delivery and students of all courses. In a recent qualitative evaluation, students emphasised the contrast between co-production of the college and traditional service delivery, and identified this as fundamental to the personal and professional benefits for students (Newman-Taylor, Stone, Valentine, Hooks, & Sault, 2016).

In its third year over 550 students attended over 100 courses on hope, agency and opportunity. Our outcome data show that students report high levels of satisfaction and improvements in recovery, using the brief 'Hope, Agency & Opportunity' (HAO) measure (http://www.southampton.ac.uk/psychology/research/impact/hope-agency-and-opportunity-measure-of-recovery.page).

"I found the courses to be extremely helpful … challenging at times but they helped me to develop meaning in my life. Because of the courses that I have attended at the Recovery College I have been able to carry out paid work … [and have] skills which I can teach to others."

Recovery College student

In many ways the college is thriving; we have high student numbers, courses are evaluated highly and result in improved recovery outcomes, and the focus is now is on increasing access for underrepresented groups including people in secure settings. Yet these are difficult times. In addition to the ongoing economic pressures and well-documented problems of NHS staff morale, there is perhaps an inevitable relaxation of efforts following a period of organisational commitment. As we are all now familiar with the language of recovery, it is tempting to assume we are all working in this direction when this is clearly not the case.

"My recovery is very much a daily thing. I do it, I have to commit to changing every day, every single day, or very soon I will revert back to the old way of thinking. And I have to recommit five or six times a day otherwise I know I will end up back in [hospital] … it is hard work but well worth it … it can be done. I never thought it possible, but it can."

Recovery College student

Organisationally, recovery is very much a daily thing – we need to commit to this every day, every single day, or very soon we will revert back to the old way of thinking. It is hard work but well worth it.

Out In The Field - UK

Recovery & Wellbeing College in Practice – an example of collaborative working in primary care

Written by Syena Skinner, CNWL Recovery & Wellbeing College Manager and ImROC Consultant and Mary-Anne Cable, HLiP Project Manager

After initially securing a year's funding from Health Education England through their Partnerships in Innovative Education funding, a partnership between the CNWL NHS Foundation Trust's Integrated Education Team and Recovery and Wellbeing College (R&W College) was established to replicate the R&W College model within a General Practice (GP) setting.

The aim was to target those who attend the general practice more frequently with the aim to effect a positive change in the health behaviours and outcomes of this group of patients, through a healthy living programme. Evidence suggests that the top 3% of GP attenders require around 10% of the primary care resources, and that these encounters are not necessarily productive of improved health and wellbeing.

However, understanding of the patient population suggests that that explicit targeting of this group can cause them to feel alienated from the service. So we adopted an inclusive approach, with the only criteria to enroll, being adult patients and members of staff, with enough English to grasp to be able to contribute. We were able to take this inclusive approach as we could still monitor the impact on those who attended their GP frequently, through analysis of patterns of attendance from patients' records with their consent. So far 68% of enrolled students are amongst this group.

The programme would also address the need for recovery principles to be integrated into the routine everyday practice of staff to ensure improved patient experience, where individuals are supported on their recovery journey.

Following an open recruitment process, Dr Tamara Joffe of Kilburn Park Medical Centre (KPMC) was appointed as Clinical Lead. As a training practice, KPMC has a long tradition of aspiring to deliver excellence of clinical care in a patient-centred manner.

After agreement from HEE to fund year 2 another practice was also recruited. KPMC and Blessing Medical Centre (BMC) are inner-city GP practices in an area of high deprivation and disruption, with a diverse patient population of over 10,000 combined. Both are practices with very high health needs as is inevitable in deprived areas, and have an especially high incidence of mental illness.

The GP 'spoke' of the R&W College was co-produced through an equal contribution of the expertise of lived experience of using health services and professional expertise. Working with a range of people who use and provide services within the GP practice setting, the programme of workshops and courses would be responsive to the wellbeing needs of people supported within the GP practice.

The programme will run from April 2016 to December 2017. To date, 199 unique students have enrolled. Student demographics include, 78% live alone, 49% have English as a second language, 80% report feeling depressed and/or anxious. And over half live with some form of chronic pain.

Trainers and venues are organised to create a specific timetable, alongside offering one-to-one Learning Plan Sessions in the practice to recruit students. To date, 116 x 30 minute individual learning plan sessions have taken place. These sessions are proving to be invaluable, as people struggle to identify 'goals' and which workshops to attend. We believe this is because the concept of the Recovery & Wellbeing College is so new to them that they don't know what to expect.

Students can enrol with the college and register for courses via referral from one of the practices GP's, nurses, health care assistants or reception staff or self-enrol. They could also contact the CNWL R&W College directly.

We use the patient reported outcome measures (prom), EQ-5D-5L and The Hope, Agency & Opportunity (HAO) prom, developed by Southern Health Recovery College, as well as patient clinical note analysis, to try and understand the impact of the programme.

Out In The Field - UK

Early indicators show the programme is positively impacting on patient wellbeing generally and is having a significant impact on those who frequently attend. They also suggest positive results on patients who have health problems and are not attending the practice for appropriate treatment.

Year 1 baseline data, prior to the programme, identified 14% of the patient population who attend significantly more frequently than average (national average is quoted as 6 attendances per annum; 14% at KPMC attended >15 times pa, range 16-74). Re-analysis of student's patient records showed that 42% of enrolled students were amongst this group. When comparing clinical contacts in these students, we found that they averaged 9.25 fewer clinical contacts in the period following attendance.

This cycle of comparison of patterns of attendance will be re-run to include programmes extension into year 2, as well as the expanded cohort of students who have enrolled in year 2.

When examining the overall reduction of clinical contacts for all patients enrolled, whose records were available in the period before and during the programme (to allow fair comparison), the overall average reduction in clinical contacts was 2.2.

In addition, we are noting a change in patterns of health-seeking behaviors, reduction in frequency of unproductive attendance and some anecdotal evidence of improved quality in the GP consultation. Clinicians continue to note that the quality of consultations has improved, with patients who attended the programme becoming more involved and proactive in discussions about their care.

Receptionists also note an improved engagement when these patients tried to gain access to a clinician, partly because of a greater personal confidence. There is also evidence of social engagement through learning together with a new sense of community and students and trainers report a sense of joy and fun.

Students report, they feel more hopeful and have more opportunity in their lives, that they feel less depressed and anxious since attending workshops and feel less alone, being able to share experiences with others, and hearing others stories as beneficial to their own recovery. Those attending workshops have said it's been 'most helpful - my mind and body' and the experience has been 'very positive, informative, practical, insightful [with] real people who have been through stuff and come out the other side – hope'. Another said attendance had 'helped me to connect to the community' and another; 'It has empowered me. I now volunteer providing welfare locally'.

A primary objective of the programme was to target the on-going development of workforce recovery focused practice and service delivery supported within the GP practice. However, we have found that changing the mind-set of clinical staff to understand and embrace the concept of the programme and encouraging them to take ownership and influence the programme to complement their work has continued to be a challenge.

This partly is due to the difficulty in staff attending workshops due to large workloads reducing their capacity to be involved and fear of crossing professional boundaries; i.e. staff feeling exposed if learning alongside the patients they serve. We will carry out a questionnaire with practice staff to try and understand their disengagement further and have a staff-only workshop planned to explore recovery focused practice and what it means for practice staff.

Going forward, we aim to consolidate all the learning from the programme to develop a fidelity criteria framework for setting up similar programmes in other GP practices. The criteria will incorporate the essential elements that are required to replicate the model that will also enable flexibility to respond to a practice's local population needs and locality challenges. Our vision would be to see the model spread and developing into a 'National Health Recovery College' to address the current challenges facing the NHS and those uses its services.

Out In The Field - UK

Peer Worker Critical Debate: What is the Role of Peer Support?

On the 1st June 207 ImROC held the Peer Worker Critical Debate: What is the Role of Peer Support? at Nottinghamshire Healthcare NHS Foundation Trust.

This debate was arranged as a growing number of organisations are demonstrating the value they place on lived experience through introducing, developing and sustaining peer roles strategically across their services and communities. ImROC works with many inspirational individuals, teams and organisations who hold co-production as a core principle of the way they work. We know from speaking to you that there are some operational challenges with changing the composition of the workforce, the culture of a team, organisation or community and realising the benefits of a peer workforce that hinge on bringing clarity to what the true role of a peer support is.

The Debate

On 1st June 2017, one year on from our last stimulating national peer worker critical debate, we came together to debate: what is the role of peer support? This full day conference ran as a formal debate which discussed the proposition that peer support is a recovery-orientated approach to every interaction and an opposition peer support is a distinct role with clearly defined duties, tasks and responsibilities.

Interestingly there was a majority vote for the proposition both before and after the debate. This reflected fear that peer workers might become indistinguishable within teams if they took on existing roles. However, there was general agreement that employing peer healthcare assistants, occupational assistants, employment support workers etc would be an excellent way of bringing lived experience into the workforce and giving people using services access to the inspirational support provided by peers. The importance of peer to peer supervision, support and ongoing development was considered an absolute necessity to maintain the distinct identity, role and contribution of peers employed in existing roles.

The Programe and feedback from the day can be found by visiting: https://imroc.org/peer-worker-critical-debate-role-peer-support/

Out In The Field - UK

Erasmus Empowerment College Project

ImROC is delighted to be a partner in the Empowerment College project led by FOKUS in Bremen, Germany. This Erasmus funded project aims to develop 'Empowerment colleges' which offer courses for people who are excluded from social participation due to mental health problems and social difficulties. It focuses on embedding an educational approach in 6 different European countries - all of whom are at different points of their recovery journey. This European collaborative project focuses on embedding a recovery education approach in different European regions (East, Middle and South Europe) to guarantee implementation in countries who begin their journey at different points of establishing and developing "Empowerment Colleges", what we may be more familiar referring to as "Recovery Colleges".

ImROC plays a decisive role in providing guidance and best practice examples drawing from both first-hand experience of establishing recovery colleges and facilitating others to do the same in the UK and internationally.

The project started on the 01/10/2016 and will complete by 30/09/2018. In these two years we intend to create a strategic partnership between the participating countries (Germany, Poland, Bulgaria, Italy, Netherlands, United Kingdom), who demonstrate a clear commitment to the project, to share recovery education best practice and prepare materials and guidance resources.

There have been two international meetings so far. These meetings let us all get familiar with best practice projects from the respective countries, developing a general concept for the Empowerment College which benefits from and incorporates the particular experience and competence of all project participants. In this sense the cooperation aims to promote innovation, exchange of proven procedures and result in college that offer high quality courses and positive experiences to college students.

Every European partner contributes expertise in a specific area of mental health. This is a requirement to realise the ambitions of this complex educational project. Our experience and learning on Recovery Colleges in the UK and the positive impact they have on people lives, both at an individual and organisational level, is well known. Concerning the other European countries, we can give an overview of the different starting points. Germany is running the EX-IN (Experienced Involvement) Project, which qualifies people with experiences of crisis for work, encouraging the development of abilities and knowledge. In Bulgaria, the Global Initiative on Psychiatry (GIP) promotes humane, ethical and effective mental health care worldwide. Poland, through the Polish Institute of Open Dialogue founded in 2011, supports the possibility to recover and the mental health system change. Italy, famous for the conversion from the psychiatric hospital to the residential model of care, started to run the "Recovery House" in Trieste, believing in the person and in the cultural change through a personal approach. Finally, in Netherlands, the "Friendship Houses" represent a physical place where people can live and be supported in recovery.

Regardless of these different prospects, the participating partners have stated the shared principles of an Empowerment College, which reflect the existing defining principles of our Recovery Colleges:

1) Co-production
2) Education
3) Location
4) Inclusion
5) Recovery-focused

In addition, ImROC will be responsible for preparation of the Manual of Empowerment College and Curriculum, two important intellectual outputs. All partners involved share the goal to sustainably the emergence of Empowerment Colleges in their countries and ImROC represents a main partner in supporting them during this process.

The next international meeting is scheduled on 11th and 12nd September 2017 in Wroclaw (Poland), we look forward to taking part and giving our contribution.

Out In The Field - UK

Let's Live Well in Rushcliffe; an exciting new ImROC pilot!

Written by Liz Walker, ImROC Consultant & Project Lead.

Within Rushcliffe we know that there are approximately 3600 people who are lonely, disconnected, inactive and have health problems or long term conditions that make it difficult to go out and do the things they want to do. Very often they cope by doing things that are bad for their health – take no exercise, have a poor diet, smoke, drink too much, have poor sleep patterns and few social connections. They may go to their GPs for help or they may not seek help at all.

The project works in partnership with GPs, GP practices and others to empower and support this group of people to take back control to improve their own lives and do the things they want to do. Through the project we hope that people will increase their understanding of their own condition, improve the way they manage their condition and engage in more social activities and relationships.

They will be supported to do this by a Health Coach and/or link worker who will be employed in the GP practice and work alongside the existing multi-disciplinary team. The Health Coach will work with individuals to identify ways in which they can develop healthier ways of living and reduce their reliance on health services i.e. improving self-management and self-confidence. The Link Worker will help people think about things they like to do and support them to engage in these activities.

As well as supporting individuals to do more in their communities, we will also work with these communities to create more confident and accommodating organisations, activities and facilities that will be able to help people to achieve their goals. We will do this by increasing our partnerships with different organisations, providing information and support and developing community cafes that offer information, opportunities, workshops and peer support. We want to build capacity and competence across communities so that they become friendlier places for everyone.

So far we have had a series of co-production meetings to further develop our ideas, develop mutual understanding and agree priorities. We believe that by building on the strengths of people, places and services we are able to build "power" together. This project isn't about impulsive risk taking but considering all kinds of evidence and putting it together in different ways.

Ten Top Tips for Coproduction

The ImROC briefing paper on coproduction will be launched in October. Here is a sneak preview of the Ten Top Tips which will be included in that paper

1. **Gather the right people for the job.** Identify key stakeholders for an initial meeting to discuss the challenge and use this group to generate a network of peer, family member, personal and professional expertise offering a diverse coproduction group with relevant skills, knowledge and experience. Identify all of the assets in the room (not only those related to their role). Be prepared to invite new individuals and/or ask for advice and contributions from other relevant groups. Allow free movement so that people can choose to join after it has started or choose to leave if they feel it is not for them. Make this an inclusive experience. It's important to avoid the perception of cliques often associated with conventional methods of 'involvement'.

2. **Just get started and build momentum around your shared purpose.** Don't wait for the perfect moment, or the perfect set of people but build momentum and expertise around your shared purpose and understanding of the process. This will act as an anchor when things get tough.

3. **Spend time agreeing the structure and the values of meetings.** This may involve assigning a leader or facilitator; discussing the rights and responsibilities of members and considering how everyone can both 'give' or contribute to the task as well as 'take' or benefit from their engagement. Ensure that everyone understands what decision making power lies within the group.

4. **Support every member to contribute to their full potential.** Nurture, support, offer learning opportunities, make necessary adjustments and enable everyone's voice to be heard. Take an even-handed approach across the group, adapting according to need, not label – avoid the temptation to 'other' those who may be less experienced or confident in the setting.

5. **Tackle the challenge in small steps.** This process will create new ideas, present new challenges, suggest new solutions which require further exploration. Test lots of ideas. Make it safe to fail. It is not possible to work to a predefined set of outcomes in a predetermined time frame.

6. **Listen, listen, listen.** Coproduction will only achieve its full potential if every member is prepared to listen and learn, see different perspectives, try new ways of thinking and consider new ideas. It is important for everyone's voices to be heard, so members will need to gauge their input so that those who find it more difficult to speak up have that opportunity. However, the overall 'culture' of the group is one of valuing everyone's contributions and genuinely exploring their utility in the given context.

7. **Back up decisions with evidence.** One of the concerns about coproduction is that any decisions will be based on personal experience rather than 'hard evidence'. The challenge for the coproduction group is to back up personal experience with research that demonstrates this goes far beyond one individual. This does not need to be large scale statistical research; accumulated personal narratives, qualitative research and routinely collected data that can be used to demonstrate a level of need or the efficacy of a suggested approach. It is also possible to increase authenticity and credibility by 'sense checking' certain aspects with a wider audience.

8. Beware the comfort zone. Keep a watchful eye to avoid slipping back into old familiar ways, and be mindful of the triggers – such as challenging conversations, differences of opinion, or external pressure to deliver. Be willing to talk openly about this, and regroup around your shared purpose. This is a particular challenge when you increasing the scale of the project – this rarely happens easily or smoothly but needs careful attention.

9. **Look to the bigger picture.** Consider how your project can influence behaviour, attitudes and outcomes in the wider system. Grasp opportunities to lead others. Even better, create them!

10. **Cherish what you create.** Co-production comes from the heart. You are building a community like no other. Recognise and embrace its value, strength, wisdom, and potential. Nurture it, celebrate it, love it. It will reciprocate in spades.

Upcoming Events

REFOCUS ON RECOVERY 2017

18 SEPTEMBER @ 9:00 AM - 20 SEPTEMBER @ 5:00 PM

To find out more information on this event and to make a booking visit http://www.researchintorecovery.com/ror2017. **Please note bookings for this event are managed by Institute of Mental Health directly..**

Refocus on Recovery 2017 is the largest regular scientific conference on recovery in the world, and will take place on 18-20 September 2017. The conference is all about recovery for people with mental health problems, and is presenting world-leading research about how people can live well with illness. It is being organised by the Institute of Mental Health, School of Health Sciences (University of Nottingham), Nottinghamshire Healthcare NHS Foundation Trust, ImROC, Making Waves and Mental Health Foundation.

IMROC HOSTED VISIT FOR REFOCUS ON RECOVERY 2017

21 SEPTEMBER

We are delighted to be working in partnership with Refocus on Recovery 2017 to support their conference and provide an ImROC Demonstration Day on 21 September 2017 to showcase the work of Nottinghamshire Healthcare NHS Foundation Trust. At this full day conference we will share the breadth of Recovery-focused practice including supporting and enhancing the peer workforce, developing and expanding a recovery college model across the Trust, valuing and benefitting from lived experience, and developing a recovery strategy. Places will be limited, to register your interest please email imroc@nottshc.nhs.uk