



Recovery College CQUIN Bulletin 3

At the last meeting of the Recovery College CQUIN group on the 1st November we asked everyone to come along prepared to talk about a couple of challenges that they have been facing. Everyone wrote these down on different colored paper and then swapped with other tables. They then looked at coming up with solutions for each other. You can find all of this on pages 2 and 3.

We then spent some time looking at what Outcome Measures everyone is using. There are some great measures that different services are developing for this, some services are using existing Outcome Measures and others were not sure what they will use at this stage. We discussed that it would make sense for us in Yorkshire and Humber to develop a shared Outcome Measure that everyone will use—we asked that everyone send in their measures so we can have a look at taking the best bits from them all and developing something shared. Information about the outcome measures group work can be found on pages 4 and 5.

We then had an experiential session from The Reader. More information on this can be found on page 6.

We finished the meeting by asking everyone to think about action planning for the next 3 months. This can be found on pages 8 and 9.



Recovery College CQUIN Agenda

Tuesday 1st November 2016 14.00 – 16.00

1. Welcome and Introductions
2. **Group Work** - From Challenges to Solutions
Bring a couple of challenges to discuss
3. **Group Work** - Outcome Measures
Bring your Outcome Measures



4. Experiential Session - Amanda Brown from The Reader



5. **Group work** - Action Plan for the next 3 months

Next meetings 2017:

2nd February – 6th April – 6th July – 28th September

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Group Work From Challenges to Solutions

Low patient confidence (too shy to facilitate sessions)

Expectations

Lack of communication between OT department and ward staff (ward staff not supporting idea!)

Education for staff

Priority

Working across LD and mental illness wards

Potential issue: documentation of lessons by tutors in patients care notes e.g. If lesson runs from 3.30-4.30pm - only 15 minutes to write up by end of day

How do we solve service users moving on part way through a course e.g. Medium to low secure, York to Leeds - is this transferable?

Realistic expectations

Instead of rather than in addition to

See which courses fit with what is already offered

Short courses (up to 8weeks)

Transition planning- find out what's offered before transfer

Training courses

Experts by experience

Low key facilitation

Recovery college- need to know more about it

Needing to make sure the right information is given to staff and service users

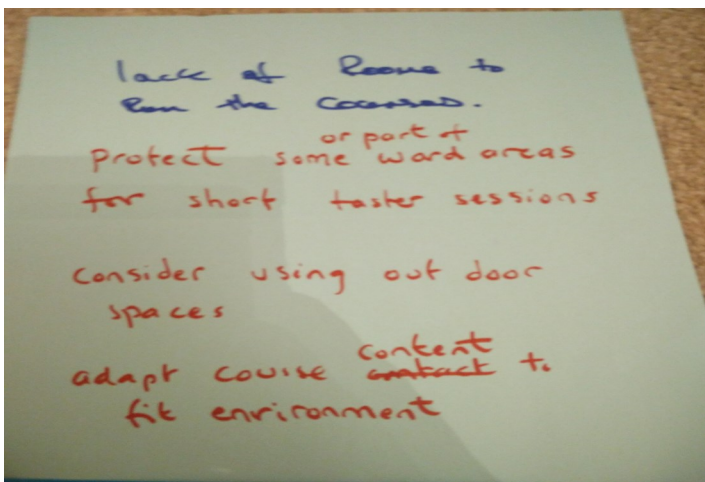
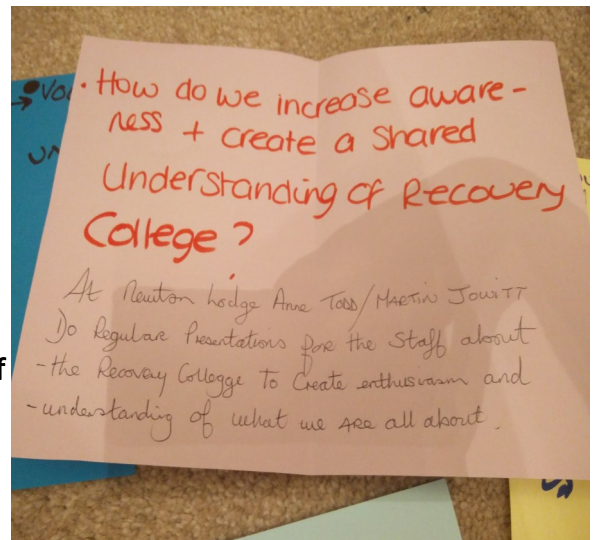
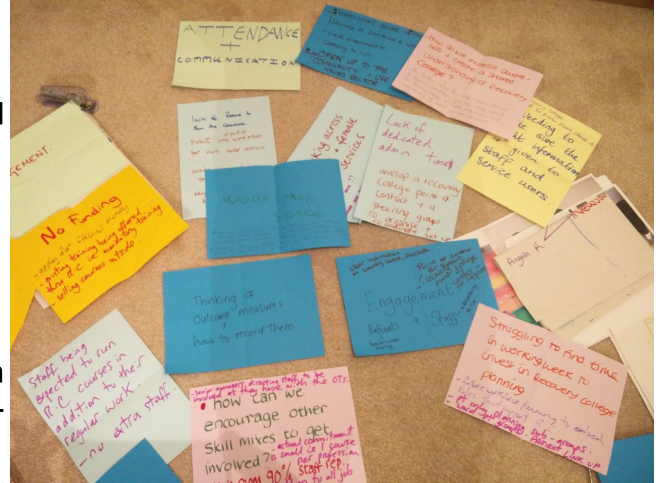
Engagement

Clear information on courses, value and purpose

Recovery college point of contact for support

Patients- potential numbers enrolling

Staff - volunteering to run courses



Struggling to find time in working week to invest in recovery college planning

Future workforce planning to embed rules that support recovery college

Patient only planning sub groups

Ward patient groups-patient link up

Staff expected to run courses in addition to their regular work - no extra staff

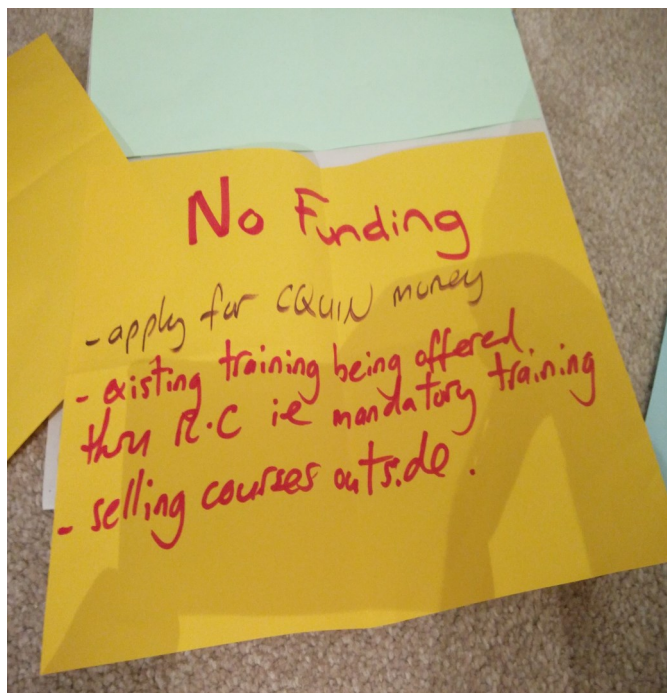
Staffing

Just start! Make something good and others will want to join!

How can we encourage other skill mixes to get involved?

Senior managers directing other staff to be involved as they have with the OTs

Actual commitment is small i.e. 1 course per profession
In this room 90% staff representatives are OT - it's an add on to all staff roles



Workshop space

Identify a room that is used for something else but free for a session a week - then use 'pop up' materials

- ban stand, posters, materials to identify it as a recovery college room

Create a recovery college in a box that can be moved to any room or space

Thinking of outcome measures and how to record them

No funding

Apply for CQUIN money

Existing training being offered through recovery college i.e. Mandatory training

Selling courses outside

Staff engagement and continuity

Lack of rooms to run courses

Protect some or part of ward areas for short taster sessions

Consider using outdoor spaces

Adapt course content to fit the environment

Embedded into ward culture

Achieve our planned milestones

Finish the prospectus

Finalise the outcome measures

Roll out new achievable courses

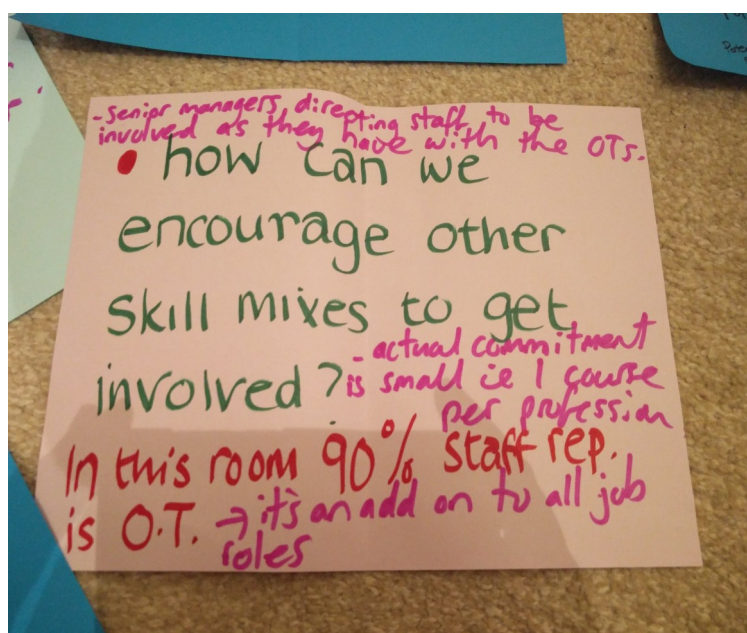
Lack of patient uptake - low engagement

- more communication with patients to increase engagement, ask them what they would like to do

Getting staff more enthusiastic about recovery college

Freeing up staff time

- staff would have more time if it was protected time



From Challenges to Solutions cont.

Time for the recovery college leads to meet

Protected time

Lack of interest from patients

Promotion events

Survey of what should be available

Coproduction of sessions

Lack of understanding about the college

Frequently asked questions sheet to give to staff, clients and carers etc.

Recovery college courses clashing with other groups and treatment sessions

Running sessions on evenings and weekends only

Planning

Arrange meetings

Find people who are motivated

Think of end goal and break it down into aims and objectives

Involve manager and / or others with experience

SMART goals Timeline

Staffing

Workshop

Recruiting

Working across low and medium secure sites

staff shortages - hard to get them to commit to courses / participate as students

Some patients reluctant to work with patients they don't know

- freshers day, getting to know people, taster sessions

Challenge of coordinating 3 wards when only work on one

Canvas interest for courses

Enrolment day

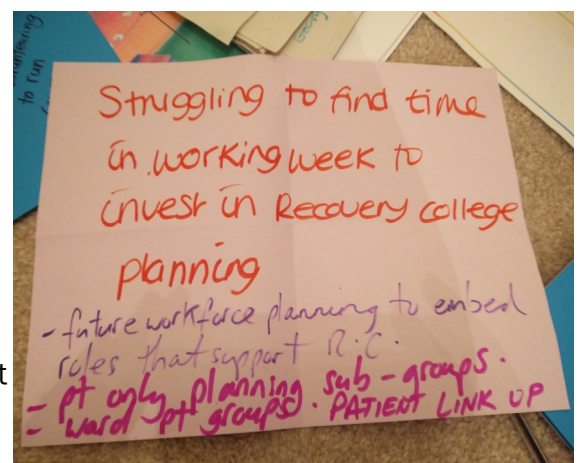
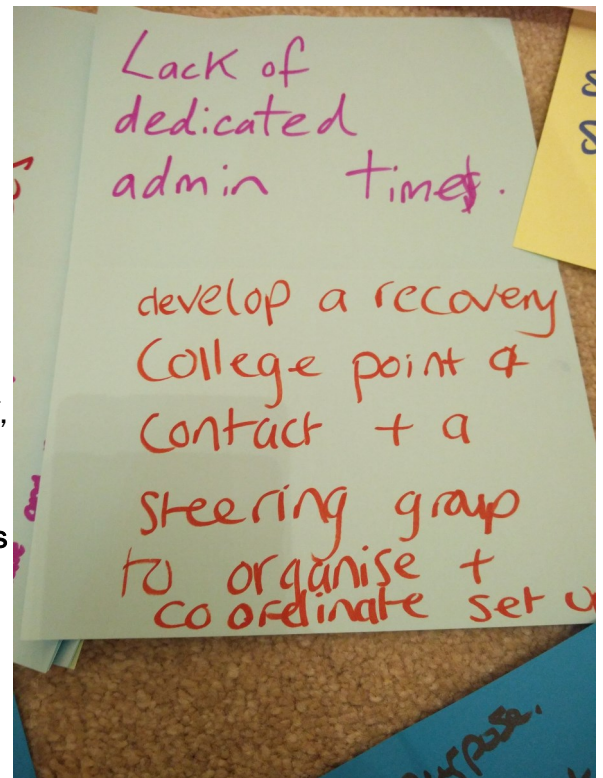
Steering group

Recruiting

- one nominated coordinator

Making the courses LD friendly

- bring more community into the hospital doing different courses with experience of LD friendly courses



Example Outcome Measures

The Process of Recovery Questionnaire (QPR)

[15/10/2007- Version 1]

We developed this questionnaire in order to understand more about the process of recovery; what's helpful and what's not so helpful. Everyone is different and there will be differences for everyone. The items on this questionnaire were developed through a process of interviewing service users about their recovery journeys. We hope that by filling in this questionnaire you will help us find out information that is important to you and your own recovery. Not all factors will be important to you, since everyone is different. This questionnaire is not intended to be used to impose anything against your wishes.

If you would like to fill in the questionnaire, please take a moment to consider and sum up how things stand for you at the present time, in particular over the last 7 days, with regards to your mental health and recovery. Please respond to the following statements by putting a tick in the box which best describes your experience.

		Disagree strongly	Disagree	Neither agree nor disagree	Agree	Agree Strongly
1.	I feel better about myself					
2.	I feel able to take chances in life					
3.	I am able to develop positive relationships with other people					
4.	I feel part of society rather than isolated					
5.	I am able to assert myself					
6.	I feel that my life has a purpose					
7.	My experiences have changed me for the better					
8.	I have been able to come to terms with things that have happened to me in the past and move on with my life					
9.	I am basically strongly motivated to get better					
10.	I can recognise the positive things I have done					
11.	I am able to understand myself better					
12.	I can take charge of my life					
13.	I am able to access independent support					
14.	I can weigh up the pros and cons of psychiatric treatment					
15.	I feel my experiences have made me more sensitive towards others					
16.	Meeting people who have had similar experiences makes me feel better					
17.	My recovery has helped challenge other peoples views about getting better					
18.	I am able to make sense of my distressing experiences					
19.	I can actively engage with life					
20.	I realise that the views of some mental health professionals is not the only way of looking at things					
21.	I can take control of aspects of my life					
22.	I can find the time to do the things I enjoy					

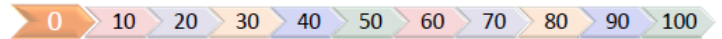


Recovery College Course Evaluation Form

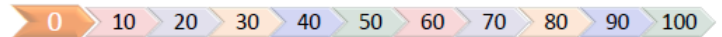


What Course did you attend? _____

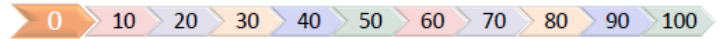
Was the session interesting?



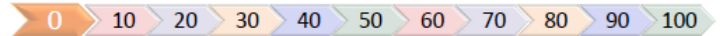
Did you enjoy the session?



Was the session well led?



Would you recommend to a friend?



Additional Comments

Thank you for completing this questionnaire

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Individual Learning Plan - Completed by Recovery College Worker: (Please Print)

Name:		Date:		
Courses and Goals (to be completed at enrolment)		Have I achieved my recovery goals? (to be completed at the end of each course)		
Course selected	Recovery Goals What do I hope to learn from the course	Achieved 	Partially Achieved 	Not Achieved
1				

Before and After - Course Feedback - To be completed with Recovery College Worker

	Before the Course:			After the Course:		
Your Confidence						
Your Self Esteem						
Your Social Skills						
Your Living Skills						

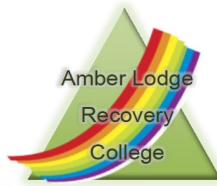
Is there anything else you think has improved after completing the course?

Amber Lodge Recovery College Newsletters

RECOVERY COLLEGE NEWSLETTER

Welcome... to the first edition of this newsletter where we will keep you up to date on the latest progress on Amber Lodge New Recovery College! **In this issue:**

- What is a Recovery College?
- What's been happening with Amber Lodge Recovery College so far?
- What does Recovery mean to us?
- What courses will be on offer?
- What's next?



CONFIDENCE | SKILLS | INTERACTION | COMMUNICATION | EXPERIENCE

What is Recovery College?

A Recovery College is a range of different courses, designed for people with different needs, helping to educate and learn new skills that might help with confidence, independent and knowledge to return and participate in community living and possibly working.

What's been happening with Amber Lodge Recovery College so far?

So far we have had discussions in the community meetings and put an ideas board on the unit so patients can write down what recovery means to them.

We have explored ideas for courses and been identifying leads for delivering these.

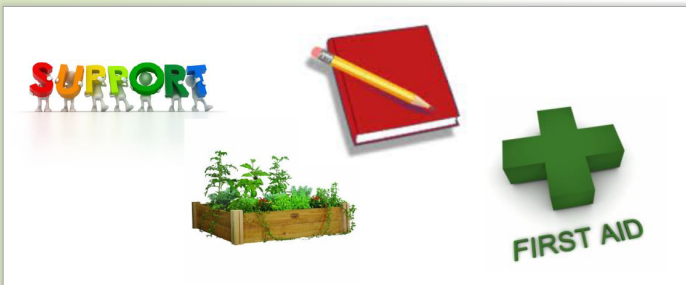
We have also been out to Scunthorpe to visit the Recovery College there to see how they set their college up and what worked well and not so well.



What Courses will be on Offer?

- Course 1:** Peer Support Worker Training Course
- Course 2:** Gardening Course
- Course 3: Part a)** Interview Skills Course
- Part b)** Meeting co-ordination, minute planning and chairing a meeting training
- Course 4:** Model Making
- Course 5:** First Aid training for Patients

All courses will be reviewed 6 monthly and new courses will be added.



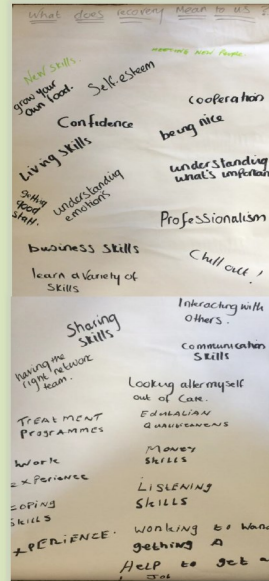
What's next?

- Our course detail will be decided and we will publish a **Recovery College Prospectus** to go with a **college pack**.
- An **enrolment form** and details of how to join a course will be developed and published.
- An **individual learning plan** will be developed to capture goals from the courses and patient **feedback** before, during and after the course.
- We will arrange **certificates** and a **Graduation Ceremony** for the end of the college year.

Next edition due:
October 2016

What does Recovery Mean to Us?

The results from our 'ideas board' and discussions on Recovery in Amber...



- New skills
- Meeting new people
- Grow your own food
- Self-esteem
- Confidence
- Cooperation
- Living Skills
- Being nice
- Getting good staff
- Understanding emotions
- Understanding what's important
- Professionalism
- Business Skills
- Learn a variety of skills
- Chill out!
- Sharing skills
- Interacting with others
- Communication Skills
- Having the right network team
- Looking after myself out of care
- Treatment programmes
- Education qualifications
- Work experience
- Money skills
- Listening skills
- Coping skills
- Experience
- Working towards getting help to get a job



COURSE CHOICE & INDIVIDUAL LEARNING PLAN

Your Course Choices

Name:

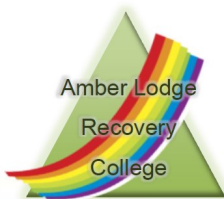
Your Course Choices	✓	Date of Course
Course 1: Gardening Course		
Course 2: Buddy Training		
Course 3: Part a) Interview Skills Course		
Part b) Chairing a Meeting and Presentation Skills		
Course 4: Model Making		
Course 5: Food Hygiene		
Completed by:	Date:	

RECOVERY COLLEGE NEWSLETTER

Welcome... to the second edition of this newsletter on the latest progress on Amber Lodges New Recovery College!

In this issue:

- Recovery College Courses
- Recovery College Pack
- Patient Recovery Leads
- Graduation
- What's Next?



CONFIDENCE | SKILLS | INTERACTION | COMMUNICATION | EXPERIENCE

Recovery College Courses

We have now agreed our Recovery College courses, with the help of our Occupational Therapists Kieran and Clare. Our Prospectus is nearly ready which provides details on all of the courses:

Course 1: Buddy Training

Course 2: Gardening Course

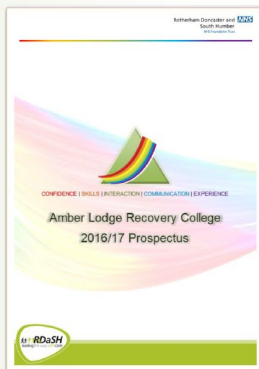
Course 3: Part a) Interview Skills Course, Part b) Chairing a Meeting & Presentation Skills.

Course 4: Model Making

Course 5: Food Hygiene Course

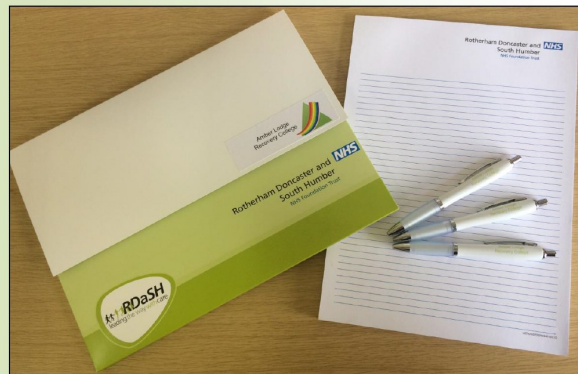


The team are also exploring the following courses already for next year: Personal Safety Course, Decision making Course, Bullying Course.



Recovery College Pack

Once you have completed your enrolment form and filled in the Individual Learning Plan with the Recovery Leads, you will receive an Amber Lodge Recovery College Pen, Notebook and Folder to keep all of your work together.



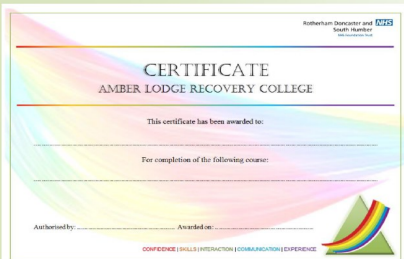
Patient Recovery Leads

Recovery Leads for each course will be provided with equipment and an I.D. badge to say who they are and what they are responsible for.



Graduation

Once you have completed your courses we will hold an end of term Graduation Ceremony where you will receive your Certificate and an end of term report.



Before and After - Course Feedback – To be completed with Recovery College Worker						
	Before the Course:			After the Course:		
	😊	😐	☹️	😊	😐	☹️
Your Confidence						
Your Self Esteem						
Your Social Skills						
Your Living Skills						
Is there anything else you think has improved after completing the course?						

What's Next?

The **Gardening Course** has already started - Thank you Martin.



The **Food Hygiene course** will start next.



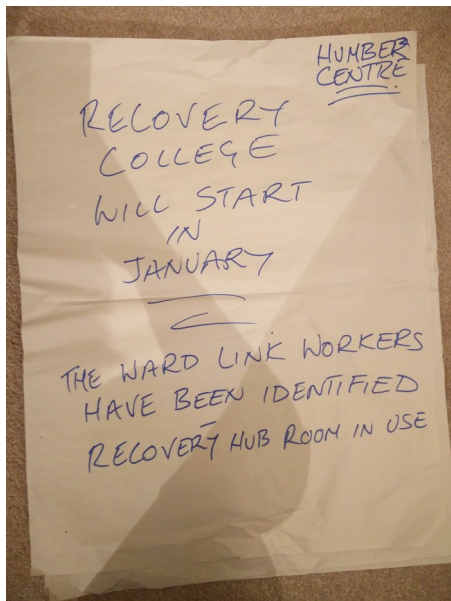
Next edition due: January 2017

Individual Learning Plan - Completed by Recovery College Worker: (Please Print)

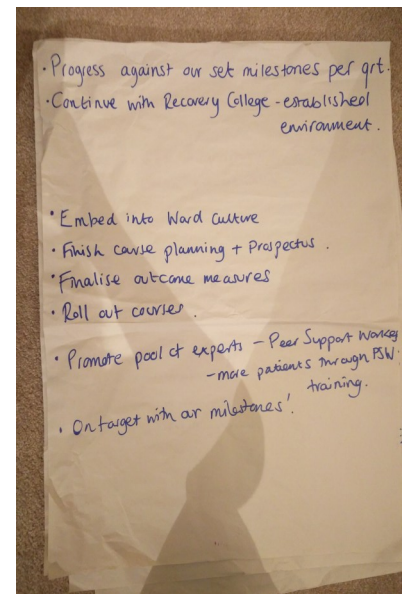
Name:		Date:		
Course selected	Courses and Goals (to be completed at enrolment)	Have I achieved my recovery goals? (to be completed at the end of each course)		
	Recovery Goals What do I hope to learn from the course	Achieved 😊	Partially Achieved 😐	Not Achieved ☹️
1				
2				

Reflections and action planning for the next quarter

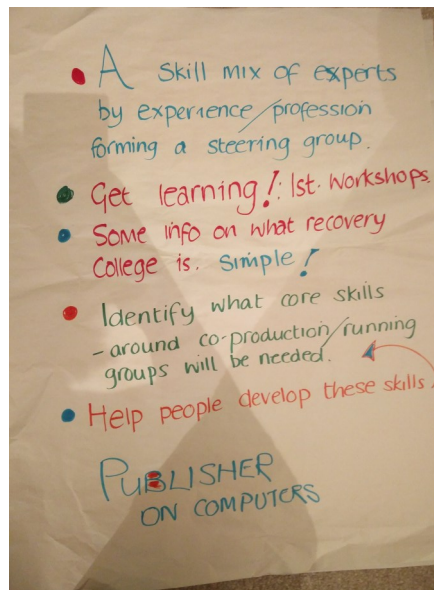
Recovery College will start in January
 The ward link workers have been identified
 Recovery Hub room in use



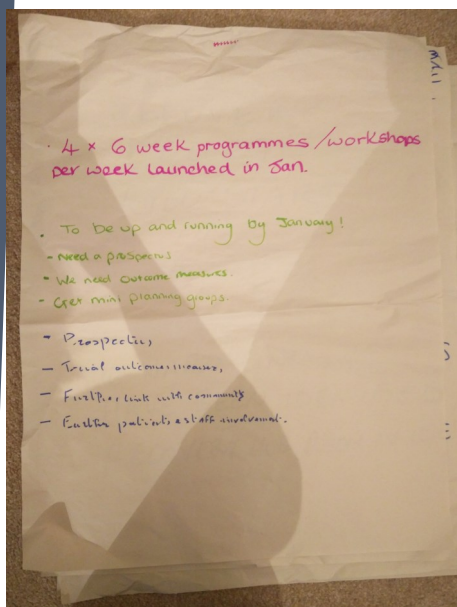
Progress against our set of milestones per quarter
 Continue with Recovery College – established enrolment
 Embed into ward culture
 Finish course planning and prospectus
 Finalise outcome measures
 Roll out courses
 Promote pool of experts—peer support working, more patients through Peer Support Worker training
 On target with our milestones



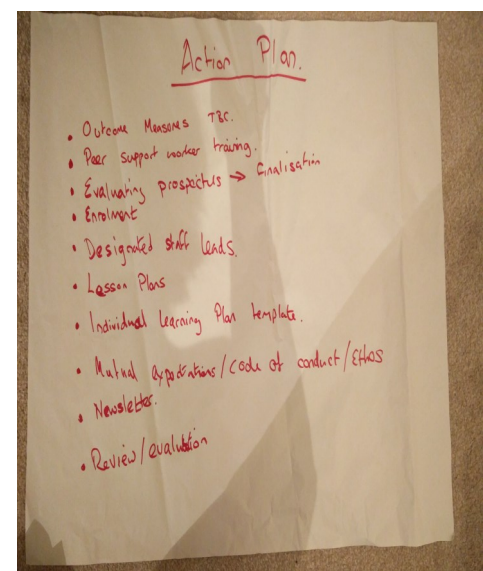
4 x 6 week programmes / workshops per week launched in January
 To be up and running by January
 Need a prospectus
 We need outcome measures
 Get mini planning groups
 Prospectus
 Trial outcome measures
 Links with community
 Patient and staff involvement



A skill mix of experts by experience/profession forming a steering group
 Get learning! 1st workshop
 Some info on what recovery college is. Simple!
 Identify what core skills—around co production/running groups will be needed.
 Help people develop these skills
 Publisher on computers



Action Plan
 Outcome measures to be confirmed
 Peer support worker training
 Evaluating prospectus—finalisation
 Enrolment
 Designated staff leads
 Lesson plans
 Individual learning plan template
 Mutual expectations/ code of conduct/ethos
 Newsletter
 Review/ evaluation



LYPFT—Clifton House and Newsam Centre “Bit of a do” launch for Recovery College

Bit of a DO

Featured:

Featuring: Cake Decorating, Graffiti Wall, Hand Massage, Hoop Competition, Smoothie Making, Cake Decorating, Creative Writing

Guest Appearances: MIND, PALS, St. Nicholas Fields, Sycamore House, Converge, And more....., York Learning

Relaxation: Circus Tricks, Creative Writing

hand massage
With the Voluntary Sector

Guest

Appearances



- MIND
- PALS
- St. Nicholas Fields
- Sycamore House
- Converge
- York Learning



GRAFFITI WALL



The
ReaderCONNECT
REALISE
CHANGE

a much richer picture

Former AP Resident

“*somebody else may pick up on something that you haven't and they'll voice that and I think 'Oh yes, I didn't see that before but now I do'.*

I was a resident here last year and I've left now, but I still come to the reading group. It takes me about an hour and a half to get here on the bus, but I come every week. I've only missed one session and that was when I was in hospital.

The social aspect is a big thing for me. Coming to the group maintains ties should I need any support moving forward - I know I can always ring or pop down, I'm not a complete stranger walking through the door. It's about maintaining that little network and connection.

I thoroughly enjoy it. We read things from the anthology - *A Little, Aloud* and

some poetry and now we've started a novel. I've always read but never as part of a group so it's a completely new experience.

I've only recently become interested in poetry but now I'm writing quite a bit. I entered a collection into the Koestler Award scheme and won the bronze award, so there must be something they liked in there.

I enjoy the interaction, all the different points of view from people and different takes on a passage or a poem. It's good to feed your feelings and opinions into the group. You may see something that they haven't and it's a two-way thing - somebody else may

pick up on something that you haven't and they'll voice that and I think 'Oh yes, I didn't see that before but now I do'. And then it becomes part of a discussion. You don't get any of that if you are reading on your own, do you?

It gives more balance - I mean, you may have a fixed and rigid opinion of something but in a group you have to be open to other opinions which may not necessarily agree with yours, because everyone's entitled to voice their opinion.

Listening to all the other views gives a greater depth, like adding an extra layer so you end up with a much richer picture.

Get in touch and be part of the story

0151 729 2200 info@thereader.org.uk

thereader.org.uk [@thereaderorg](https://www.instagram.com/thereaderorg)

Time for me, Time for all

At a meeting on 1st November, Amanda Brown and Shaun Lawrence from The Reader joined us to introduce their work and give us a little taste of Shared Reading.

The Reader runs more than 350 Shared Reading groups each week across the UK in a variety of places, including: hospitals, care homes, prisons, GP surgeries, libraries, supermarkets, homeless shelters, community centres, corporate board rooms, probation hostels, schools and mental health day centres

What happens in a Shared Reading Group?

Shared Reading is an opportunity for people to get together once a week in a relaxed and friendly environment. These are small groups where we listen to a story and a poem and we stop from time to time so that those who want to can share their thoughts and feelings about what's been read.

Whether you're a big reader or whether you've done very little reading, you can still enjoy *Shared Reading*. The Reader Leader reads aloud, so you can just listen. There's no pressure on anyone to read aloud or even speak if you don't want to.

In the group you will get a chance to

- Have your say

- Reflect

- Listen to what others have to say

In Shared Reading, everyone's views are listened to, respected and valued. Everyone in the group helps to build up this safe, supportive atmosphere and contributes to the mutual respect that enables the group can work.

How is Shared Reading different to a book club? Everything is read *in* the group, *not* on your own before the session. The experience is shared - together, we reflect on the story or poem - what it makes us think about, what it means to each of us.

What do we read? To begin with, a short story and a poem are read aloud by the Reader Leader. We stop every so often to talk about the people and situations in the stories and our reactions to them. Sometimes, once the group has been established for a while we choose a novel and read it together over several weeks or sometimes longer.

Why read with others? We find this adds to the enjoyment because we can consider each other's thoughts and perspectives. People listen to each other. "*I hadn't seen that before but, thanks to you, now I can,*" is a typical response. The group becomes a familiar, encouraging community.

Who is it for?

Everybody can be part of a *Shared Reading* group: it doesn't matter how much or how little education you've had, or where you're from.

What if someone doesn't want to read aloud? None of the *Shared Reading* group members have to read aloud unless they choose to. There's no pressure. Those who choose to read always find it confidence-boosting and surprisingly enjoyable!

If you would like to find out about groups in your area or establish a group in your setting, get in touch and be part of the story! Please contact Amanda Brown, Head of Criminal Justice Projects, The Reader, 0151 7292200 amandabrown@thereader.org.uk

MH2 Recovery Colleges for Medium and Low Secure Patients

Scheme Name	MH2 Recovery Colleges for Medium and Low Secure Patients
Eligible Providers	All providers of medium and low secure mental health services
Duration	April 2016 to March 2018.
Scheme Payment (% of CQUIN-applicable contract value available for this scheme)	CQUIN payment proportion [Locally Determined] Target Value: 1% CQUIN %: 2.5%
Scheme Description	
<p>The establishment of co-developed and co-delivered programmes of education and training to complement other treatment approaches in adult secure services. This approach supports transformation and is central to driving recovery focused change across these services.</p> <p>Recovery Colleges deliver peer-led education & training programmes within mental health services. Courses are co-devised and co-delivered by people with lived experience of mental illness and by mental health professionals, and are based on recovery principles.</p> <p>In mental health the term recovery is used to describe the personal lived experiences and journeys of people as they work towards living a meaningful and satisfying life. Recovery does not only equate to cure or to <i>clinical</i> recovery, which is defined by the absence of symptoms. Recovery principles focus on the whole person in the context of their life, considering what makes that person thrive. Positive relationships, a sense of achievement and control over one's life, feeling valued, and having hope for the future are some of the factors we know contribute to personal wellbeing.</p> <p>Most secure services will have access to an appropriate base from which the college will run. Staffing costs are incurred as re-profiling roles and job plans of individuals displaces other activity. Service user involvement is crucial but voluntary. There are some costs associated with printing and publicity.</p> <p>It is expected that after one year of this CQUIN, a needs analysis and patient engagement programme would have produced a prospectus, and the means to deliver the programme identified, and by quarter four course will have commenced. In year two, the college will have begun to establish itself and begin delivering courses and the expected outcomes in terms of patient engagement and satisfaction.</p>	
Measures & Payment Triggers	
Year 1 (2016/17)	
Trigger 1:	
<ul style="list-style-type: none"> ■ Evidence of engagement of staff and patients in developing the Recovery College. ■ Minutes of planning groups ■ Course Prospectus ■ Outcome Measures ■ Agree standardise measures of intervention to allow evaluation of impact. ■ Agree groups of patients to be targeted for courses by Q4, with exclusions justified. 	

<ul style="list-style-type: none"> ■ Q1: agree plan of milestones for process measures for rest of year.
<p>Trigger 2:</p> <ul style="list-style-type: none"> ■ Proportion of target patient group enrolled <u>and</u> participating in courses in Q4. <p><i>Note that the purpose of linking payment to enrolment and participation is to ensure courses are designed in such a way that patients find them valuable; that aim would of course be subverted were engagement with patients to encourage participation coercive.</i></p>
<p>Year Two (2017/18) scheme to be developed in course of 2016, but to include:</p> <ol style="list-style-type: none"> Evidence of implementation of Recovery College strategy and description of evaluation and assessment tools: <ul style="list-style-type: none"> • Quarterly Report • Course Prospectus • % of patients participating in courses Development Plan to Improve: <ul style="list-style-type: none"> % of patients who understand their condition and how to manage it % of patients reporting positive outcome measures
Definitions
<p>Patient eligibility:</p> <ul style="list-style-type: none"> ■ Excluded, patients expected to stay less than three months ■ Other restrictions of scope (if any) as agreed at contract between provider <p>In both cases, groups of patients who are excluded from the scope of the CQUIN scheme are not being judged ineligible for the Recovery College <i>per se</i>, or unable to benefit. Eligibility for the scheme is rather determined on the basis of prioritisation:</p> <ul style="list-style-type: none"> • nationally priority is given to patients with expected length of stay > 3 months; • locally priority may be given to particular groups of patients according to the commissioner's and provider's judgment of the best value roll-out of the Recovery College service.
Partial achievement rules
<p>Year 1 payment: 80% process (Trigger 1) and 20% outcome (Trigger 2)</p> <p>Payment trigger 2: % targeted population enrolled and participating in courses in Q4 determines payment: Enrolment percentage plus one ninth i.e. 100% payment at 90%+ enrolment and participation, 50% payment at 45% enrolment and participation. Proportionately lower payment for lower achievement.</p> <p>"Participation" is to be defined locally and reasonably – the intention is to count those patients who are likely to be deriving benefit from the College.</p>
In Year Payment Phasing & Profiling
<p>Year 1</p> <p>Q1 – 20% (Trigger 1 – Process) Q2 – 20% (Trigger 1 – Process) Q3 – 20% (Trigger 1 – Process) Q4 – 20% (Trigger 1 – Process) and 20% (Trigger 2 – Outcome)</p>

Rationale for inclusion	
<p>The Government's Mental Health Strategy 'No Health without Mental Health' sets an objective for more people with mental health problems to achieve recovery. This builds upon the objectives in the Health and Social Care Act to allow service users to be partners in their care, to have clear involvement in planning at both individual and service level and have genuine treatment choices made available to them. Embedding a recovery-based approach will play a central role in achieving positive patient reported outcomes and improving patient experience. This in turn leads to improved clinical outcomes, reduced lengths of stay and fewer readmissions.</p>	
Data Sources, Frequency and responsibility for collection and reporting	
<p>Reports of achievement of payment triggers should be made available to commissioners on a standard report form.</p>	
Baseline period/date & Value	N/A
Final indicator period/date (on which payment is based)	As above.
Final indicator reporting date	Month 12 Contract Flex reporting date as per contract
CQUIN Exit Route	
<p><i>How will the change including any performance requirements be sustained once the CQUIN indicator has been retired?</i></p>	<p>The start-up costs of a Recovery College relate to the initial scoping, identification of need, developing courses and securing an appropriate base to operate from. A temporary financial incentive will allow providers to prioritise the development of a recovery college which will yield longer term benefits. Once established, it is expected that the running of Recovery College should be met within the general operating costs of a service.</p>

Supporting Guidance and References	
<p>"Service user experience in adult mental health: improving the experience of care for people using adult NHS mental health services, NICE clinical guideline 136" National Institute for Health and Clinical Excellence (2011) www.nice.org.uk/cg136</p> <p>'No Health Without Mental Health' DH (2011) 'Recovery Colleges briefing', Centre for Mental Health (2012)</p> <p>This scheme is relevant to all adult medium and low secure providers nationally. Benefits from this CQUIN scheme are service-user focused and include:</p> <ul style="list-style-type: none"> • Improved Patient Experience • Improvement in recovery related outcomes • Improvement in self-awareness and self-management • Reduced length of stay • Fewer readmissions <p>Secure services represent high cost low volume services, with lengths of stay running into many years and an annual bed price of between £150,000 and £200,000. Costs of establishing and running a Recovery College centre are estimated to be modest in relation to the outcome gains expected.</p>	

Recovery College

CQUIN Group

2017 Dates



Thursday 2nd February

Thursday 6th April

Thursday 6th July

Thursday 28th September

Sandal Rugby Club Wakefield

2 – 4 pm - Refreshments Provided

Role Description for attending Yorkshire and Humber Network meetings:

Represent your service and share experiences and ideas

Celebrate achievements and share learning

Find out what is happening in other services

Give your perspective

Meet staff and service users from other services

Take back and share what you have learnt with people in your service

