Edition 4—March 2017

Yorkshire and Humber Involvement Network

Recovery College CQUIN Bulletin 4

Next meeting:
Thursday 6th April
2-4 @ Sandal

At the last meeting of the Recovery College CQUIN group on the 2nd Feb we started off by getting an update from everyone about where they are up to so far with the CQUIN. This is on pages 2-4. There were a lot of services represented—really good attendance which is always great to see!

We then had a presentation from Cheswold Park about the Outcome Measures that they have been developing in their service—thank you Cheswold! This is on pages 5-7.

After the break we had a group exercise called Opening Doors—this was where we had some barriers written down that had been identified in the earlier feedback and we asked everyone to go round and write down ideas and solutions for the barriers—and open doors for everyone with ideas for how to move forward. This is on pages 8 and 9.

Finally we finished with a discussion about having a 1 off special event which will be a Recovery College Showcase event. This was agreed as a good idea. This is where everyone can come and deliver and participate in short taster sessions of their recovery college courses—this will be held on the 28th July at Sandal and there is a poster on page 10!

Recovery College CQUIN Agenda

Thursday 2nd February 2017 14.00 – 16.00

WELCOME 1. Welcome and Introductions

2. **Group Work** – Update from services
   - **Questions**

3. **Presentation** – Outcome Measures – Cheswold Park

COFFEE BREAK

4. **Group work** – Opening Doors and finding solutions

5. **Discussion** – Showcase!

Next meetings 2017:
6th April – 6th July – 28th September

Contents

Group Work — where are you up to?

1. Have you got a prospectus?
    - Have you brought it?
2. Have you launched your Recovery College?
    - How did it go? — how did you do this?
3. How have you promoted the college?
4. Have you made links with the community?
    - How?
5. What have you learned from others?

Bradley Woodlands
Waiting for course synopsis from tutors for the prospectus
To be launched in March
Promoted through meetings and newsletters.
Went to community recovery colleges for advice but had limited success.
Advice to others is keep it simple, run short courses to maintain interest.

Rosebery Park
Have 3 terms full of prospectus
Launch went well initially, attendance dwindling now. Trying to re-boost.
Promoted through meetings, newsletters, notice boards, recovery college courses on ward, pens, lanyards etc.
Visited Trust recovery college and other recovery colleges for advice.
Have made links with Mind. Setting up a community group at the moment .
Advice is that college terms are being a deterrent for them, despite repeated training.

Waterloo Manor
Has prospectus
Launch could have gone better due to timing over Christmas/New Year
Promoted through meetings, posters, training, email, notice boards
Links with community started with visiting Mersey Care recovery college. They gave helpful tips and said to make it as fun as possible. Then they joined Wakefield recovery college as a link for moving on. links have been made with local cafe for community drop in. Advice is to have fun and try shops for freebies.

Amber Lodge
Has a prospectus and have launched their recovery college
They promoted it through Trust Matters, patient interviews, stationary and newsletters
Links with local community through gardening project
Learnt troubleshooting issues from recovery college at Scunthorpe

Moorlands view
Has prospectus
Due to launch in April
Promoted in multiple ways
Community links with local radio station- segment, initial link with community services is with food
Have learned from others to ask everyone for resources and time, business and charities, and to have a dedicated person/team committed to promoting the college

Cheswold Park Hospital
Has a prospectus and launched with a choir performance, PBS training, food hygiene and health and safety level 1 courses.
Promoted at an open day, in volume 4 newsletter, notice board, posters, have recovery champions on the ward, in community meetings, management meetings and clinical governance meetings.
Have made links with Doncaster college and patients access courses there and also with the local Mind association
Learnt that it is different from the community organisation approach and funding issues.

LYPFT Clifton and Newsam
Don't have a prospectus but launch well with a bit of a do - invited Newsam Centre to Clifton House. It was well attended. Offered various taster sessions including revealing the graffiti wall. It was patient led.
Promoted through word of mouth, posters, patients council, community meetings, and a working group
Looked at links with the local community but decided this input doesn't fit our recovery college
Advice is to start small, coproduction, listen to patients views

Humber Centre
Has a prospectus and have launched through a summer school and ran taster sessions.
Promoted the recovery college through a launch day, posters, enrolments, linked with festivities, developed a logo, and by inviting external people in
Early dialogue with academy for local community links
Have learnt from others at Nottinghamshire community mental health team, at attendance at CQUIN workshops and at the Imroc conference at Broadmoor.

Forest Lodge
Have prospectus and the launch went well. People signed up for courses and those from step down and community services were in attendance
Promoted the college through email, invites, posters, 2 huge events and MDT/staff meetings.
Have made links with local community and this is well established.
Learnt lessons from Wathwood visit.

LYPFT Newsam
Draft prospectus completed
Disseminated in 'your views' meetings
Good existing community links with CAT, Lovell park hub, Leeds Mind, cloth cat, inkwell, Swarthmore college, arts and minds, workplace Leeds

Group Work – where are you up to?

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   - How?
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Fardon Unit
Have a prospectus and launched their recovery college for northern services on their ward last week and it went well
Promoted the college through community meetings, steering group and posters.
Want to collaborate more with Cygnet Derby.
Advice is to start small and promote the college better.

Cygnet Bierley
Have a prospectus and launched their recovery college which went very well and was attended by many patients. They had a video and some stalls. Now the college is up and running
Promoted it through a video, open day and recovery college boards
Hope to link with Bradford Voluntary Centre
Advice is to start small

Have a prospectus and the launch went well with lots of people
Promoted through posters, prospectus, open day, community meetings, service user meetings
Working on links with local community- for them to come in rather than us go out!
Advice given on how to manage courses, how to run it and get

SWYPFT
Have a prospectus
Started their recovery college. It went really well. 3 people attended one course. Further courses to take place
It was promoted through community meetings and staff training/ word of mouth.
Links with Wakefield recovery college.
Learnt there are lots of different ideas.

CHESWOLD PARK HOSPITAL

Supports

Cheswold Recovery College

Providing Hope and Opportunities for your future

Students Feedback

Session Title:

Date:
Time:

Name of co-deliverer – (student/s):

Name of co-deliverer – (staff):

Which of the following statements do you feel apply to you after the session?

Hope

Did the course give you hope for the future? Not really ß 1 2 3 4 5 6 7 à Yes

Did the course offer you hope to move to the next stage of your recovery?
Not really ß 1 2 3 4 5 6 7 à Yes

Improve Group Working Skills

I was able to improve my social skills. Not really ß 1 2 3 4 5 6 7 à Yes
I felt included. Not really ß 1 2 3 4 5 6 7 à Yes

Managing Emotional Behaviour

I was able to relate to others. Not really ß 1 2 3 4 5 6 7 à Yes
I did not feel anxious or angry. Not really ß 1 2 3 4 5 6 7 à Yes

Developing Recovery Skills

I feel more confident. Not really ß 1 2 3 4 5 6 7 àYes
I am able to more realistic. Not really ß 1 2 3 4 5 6 7 àYes

Your comments help us to improve our sessions and courses.
Thank you for your contribution.

Look at us it can be done, work with the CRC and the battle is won

CHESWOLD PARK HOSPITAL

Supports
Cheswold Recovery College
Providing Hope and Opportunities for your future

Cheswold Park Hospital
109 bedrooms
8 wards - each bedroom with an en-suite bathroom
27 beds - Medium Secure Learning Disability Service
15 beds - Medium Secure - Mental Illness and Personality Disorder
12 beds – Low Secure - Mental Illness Acute Service
15 beds - Low Secure - Mental Illness Rehabilitation Service
12 beds – Low Secure - Mental Illness (Rehabilitation and Forensic Assessment) Service
27 beds - Low Secure - Personality Disorder Assessment and Treatment Ward
Autistic Spectrum Disorder (ASD) Services – 50 bedrooms in the planning stage

OUR PRINCIPLES SUPPORTING THE RECOVERY COLLEGE

WE WANT TO ...

.... 'EMPOWER' YOU.

... BELIEVE IN YOU.

... GIVE YOU HOPE.

WE WANT TO BE WITH YOU IN YOUR JOURNEY ...

... BECAUSE RECOVERY IS AN ONGOING JOURNEY.

.... YOU WILL NEED SKILLS TO BECOME MORE INDEPENDENT.

.... TO HELP YOU IMPROVE YOUR ABILITY TO 'BOUNCE BACK'.

'TREE OF HOPE'

Hope

Control

Opportunities

Skills

RECOVERY AND THE 'TREE OF HOPE'

HOPE THAT YOU WILL ACHIEVE YOUR GOALS IN LIFE
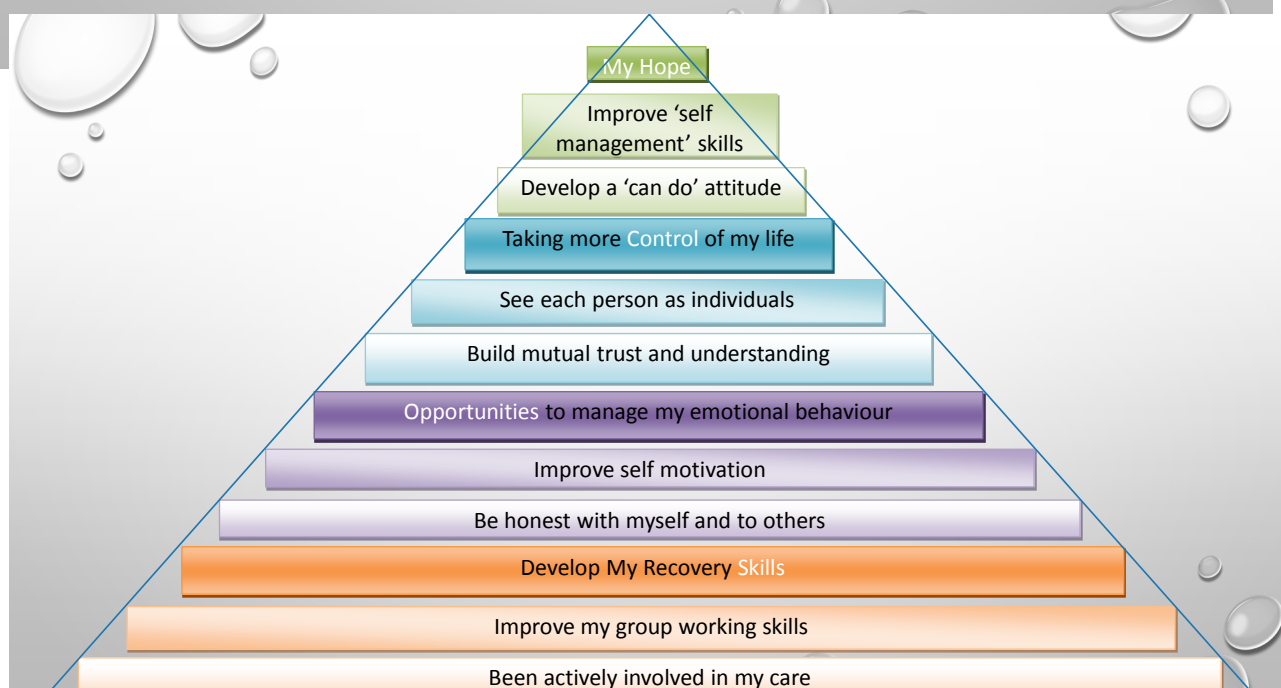
HOPE

MORE CONTROL OVER YOUR LIFE AND HEALTH

CONTROL

TO PRACTICE AND DEVELOP YOUR SKILLS

OPPORTUNITIES

DEVELOP SKILLS FOR YOUR RECOVERY

SKILLS

My Hope

Improve 'self management' skills

Develop a 'can do' attitude

Taking more Control of my life

See each person as individuals

Build mutual trust and understanding

Opportunities to manage my emotional behaviour

Improve self motivation

Be honest with myself and to others

Develop My Recovery Skills

Improve my group working skills

Been actively involved in my care
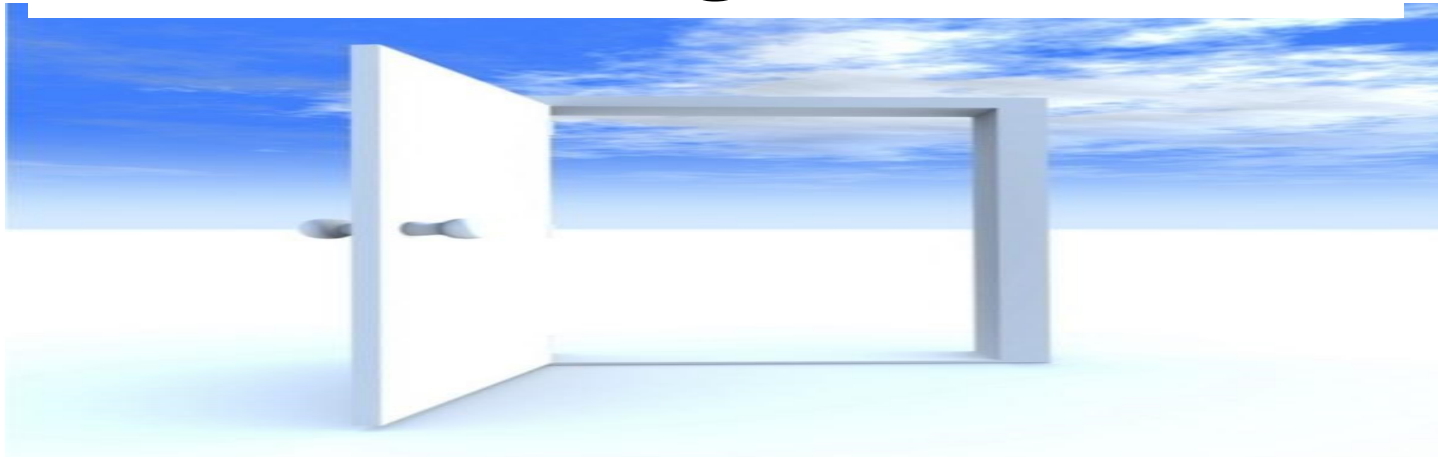
WHY THE TREE OF HOPE

- IT HELPS IDENTIFYING WHAT NEEDS TO BE DONE

- HELPS YOU AND YOUR TEAM DESIGN A COURSE THAT MEETS YOUR NEEDS

- YOU CAN SEE WHAT YOU NEED TO DO NOW

- HELPS YOU UNDERSTAND WHAT YOU NEED TO DO NEXT

Opening Doors!

Staffing to support the recovery college

Patients co-facilitating

Virtual college - run in different environments. Getting community involved. Progress meeting staff to co-facilitate classes with patients

Utilise existing service user qualifications and skills. Payments for co-facilitators and co-producers of courses. Diverse range of staff to support different courses. Match courses to tutors. Spread the topics around . Protected time to facilitate courses . Staff recruited to college. Give staff protected time coproduce course. Professional development (passport for attendance- stamp each time). Allocated staff. Hook 'em up

How to keep up momentum

Getting OTs to take the lead with updates on the recovery college

Everyone to feel they are becoming more confident

Offer new things to learn regularly-small and fun

Biscuits. Support from staff

Keep things fresh

Offer courses service users want to do. Variations each session

Award ceremony/ graduation at end

Keep it new, change courses, fun Interesting courses

Constant promotions - keeping it fresh in mind. Doing a good job so word of mouth spreads. Keeping community and other services involved. Community and volunteering opportunities. CV building

How are you measuring the outcomes?

Imroc outcome measure

Evaluation forms to complete before and after course. Some questions asked to see how course has impacted / developed skills / knowledge

ILPs. Individual goals. Process of recovery measure and the Trust evaluation form but not finalised this yet. Evaluation forms with tick boxes

Evaluation forms linked with learning outcomes

Qualitative feedback comments valuable

Coproduction and co learning

Ensuring experts by experience are as much a part of the process as experts by profession. Unconditional respect

Safe and accessible. Training being provided. Dynamic service users inspiring others. Service users lead courses so they own the content and buy into the ethos

Recovery college service user leads promoting and motivating peers to become involved. Minimal staff intervention

Ensuring the practical support is there - resources and rooms etc. Training. Definition. Training for local recovery college to be provided to staff and service users. Start with co-facilitation

Making recovery college different - thinking outside of the box!

Outcomes that are not currently available through OT courses

Courses run on an evening so very different from therapy. Giving it a new identity. Courses service user led - not prescribed. Unconditional respect .

A mixed bag of courses

Getting new faces in to teach

Offer things that people 'like' but wouldn't think you could do a course about

What do you mean by a course run by patients?!??

Community based activities

Linking into universities

A big variety of courses, GCSEs and ones that have certificates, plus new courses directed by service users and staff- being open to any course idea and promotion

Examples of enrolment process

Accessible and easy read available. Service user friendly

Accessible recovery college staff and support

Paper based on a stall - used interest areas to encourage signing up to the full course

Spreadsheet on excel - looking for another suggestion!

Enrolment day - set up in social area, get merchandise from recovery college, taster sessions. Take enrolment to wards. Complete enrolment form and will be notified with course dates and times

How have you offered time and supported service users

Escorted by staff if necessary to meet with other facilitators to arrange and develop session plans

Co-facilitators payments

Working to people's strengths

We had a launch day where staff and service users advertised the courses they ran. Service users have supported the design of all courses

e.g. Cooking and baking, science.

Recovery College

Get INVOLVED!
Yorkshire and Humber Network

SHOWCASE

Friday 28th July
2-4 at Sandal!

Please contact Holly or Jo to register your interest in showcasing one of your courses!

SOOO WHAT'S IT ALL ABOUT?

- **ARE** you part of a Recovery College as a facilitator or a student?

- **WOULD** you be interested in finding out about all the Recovery College courses that other hospitals offer, and trying them out?

- **WOULD** you like to tell other people about your Recovery College?

- **WELL** this Showcase event will give you the opportunity to do all of this!

- **WE** are looking for people to run short drop in taster sessions of their Recovery College courses—to Showcase all the great work you are doing!

- **IF** you just want to come along and experience the sessions instead of delivering one of your own—that's absolutely fine too.

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

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.

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.

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 *clinical* 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.

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.

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.

Measures & Payment Triggers

Year 1 (2016/17)
Trigger 1:
- 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.

- Q1: agree plan of milestones for process measures for rest of year.

Trigger 2:
- Proportion of target patient group enrolled and participating in courses in Q4.

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.

Year Two (2017/18) scheme to be developed in course of 2016, but to include:
1. Evidence of implementation of Recovery College strategy and description of evaluation and assessment tools:
   - Quarterly Report
   - Course Prospectus
   - % of patients participating in courses

2. Development Plan to Improve:
   % of patients who understand their condition and how to manage it
   % of patients reporting positive outcome measures

Definitions
Patient eligibility:
- Excluded, patients expected to stay less than three months
- Other restrictions of scope (if any) as agreed at contract between provider

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 *per se*, or unable to benefit. Eligibility for the scheme is rather determined on the basis of prioritisation:
- 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
Year 1 payment: 80% process (Trigger 1) and 20% outcome (Trigger 2)

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.

"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.

In Year Payment Phasing & Profiling

Year 1
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)

Rationale for inclusion
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.

Data Sources, Frequency and responsibility for collection and reporting
Reports of achievement of payment triggers should be made available to commissioners on a standard report form.

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 *How will the change including any performance requirements be sustained once the CQUIN indicator has been retired?*	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.

Supporting Guidance and References

"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

'No Health Without Mental Health' DH (2011)
'Recovery Colleges briefing', Centre for Mental Health (2012)

This scheme is relevant to all adult medium and low secure providers nationally. Benefits from this CQUIN scheme are service-user focused and include:
- Improved Patient Experience
- Improvement in recovery related outcomes
- Improvement in self-awareness and self-management
- Reduced length of stay
- Fewer readmissions

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.

Recovery College

CQUIN Group

2017 Dates

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

Get INVOIVED!

Yorkshire and Humber Network

Recovery

The Recovery College