

Developing meaningful co- production within medium secure forensic learning disability secure services

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On behalf of the MDT KDU Northgate



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Clinical Context

- Medium secure ward
- Learning disability client group
- Multidisciplinary team (Nursing, OT, Psychiatry, Psychology, Speech and Language Therapy)
- Hospital – MSU, LSU, hospital based rehabilitation



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National context

- Emphasis on coproduction
- Current NHS buzzword
- Reduction in inpatient LD beds > transforming care agenda
- Our health our Say
- Nothing about me without me
- Increasing complexity of patients in inpatient wards

Co-production and service user involvement challenges

- The Mental Health Act
- Detention
- MOJ restrictions



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Choice

Preference

Comprehension

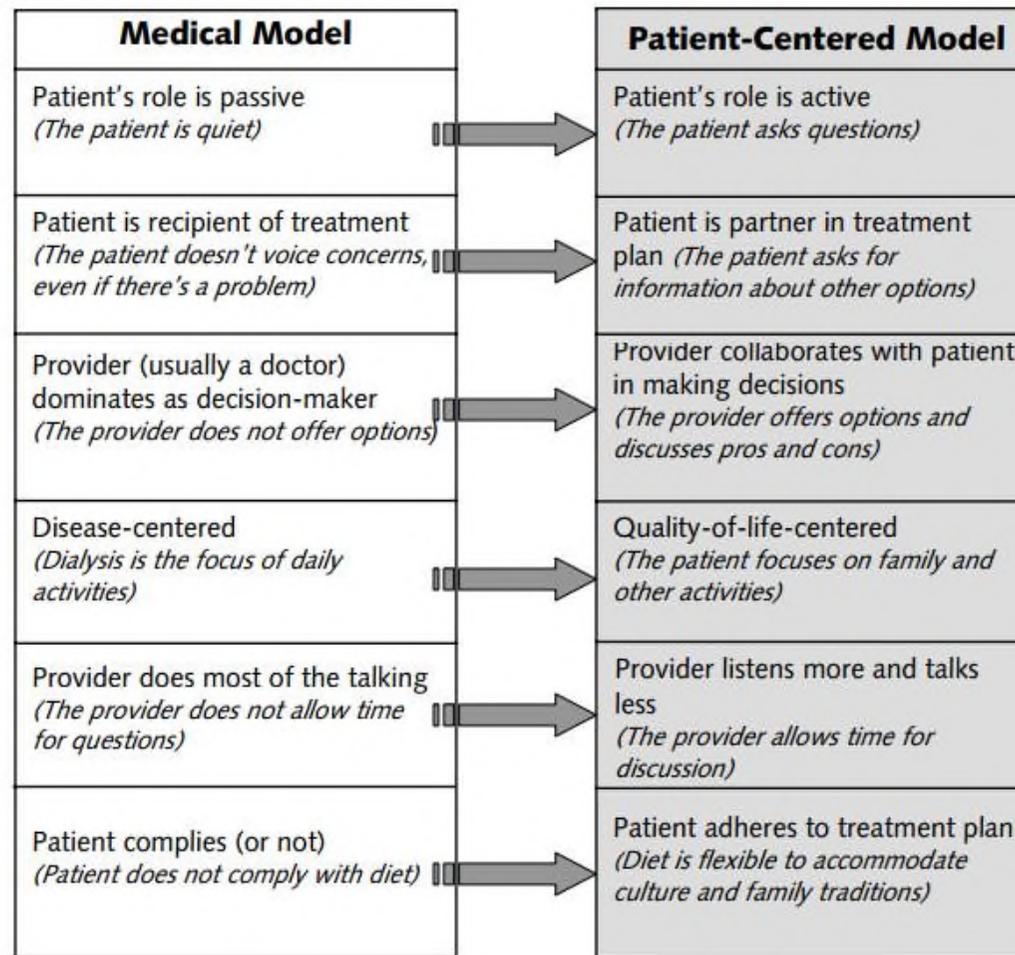
Life experience

Motivation

Power



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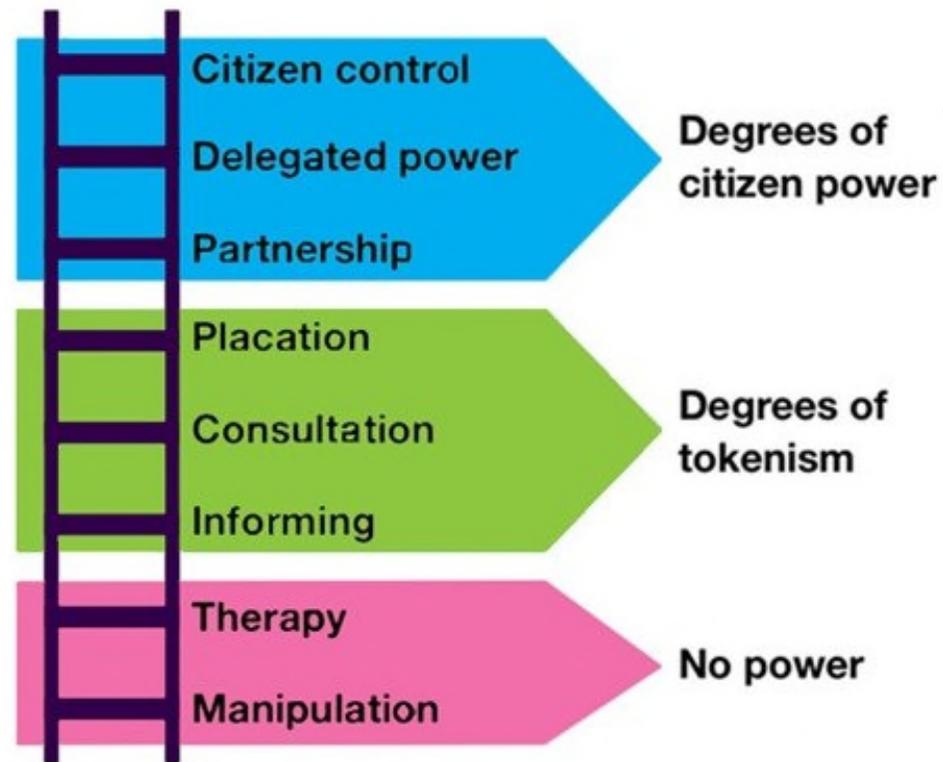


<https://devontexas.files.wordpress.com/2013/08/pcc-vs-med-model.jpg>



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Arnstein's Ladder of Public Participation



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Meaningful co-production must afford the individual the opportunity to decide how they want to be involved more so than just allowing them to be involved.



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Good practice examples

Level of the patient

- Patient presentation of their mental health condition -Bipolar video
- Sharing of formulation
- Presentations in CPAs/CTRs



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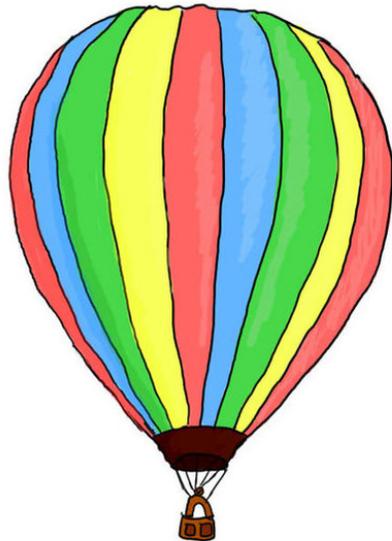
Ward level

- Ward based SAY groups
- Mutual help meetings

Service level

- Recovery council (ward representatives) communication strategies to support engagement and understanding
- Focused sessions on topics as they come up
- Co-production training- conferences

My formulation



Person with personality disorder, learning disability and attachment difficulties
High level of staff demand on resources
Previous formulations deliberately not shared with patient

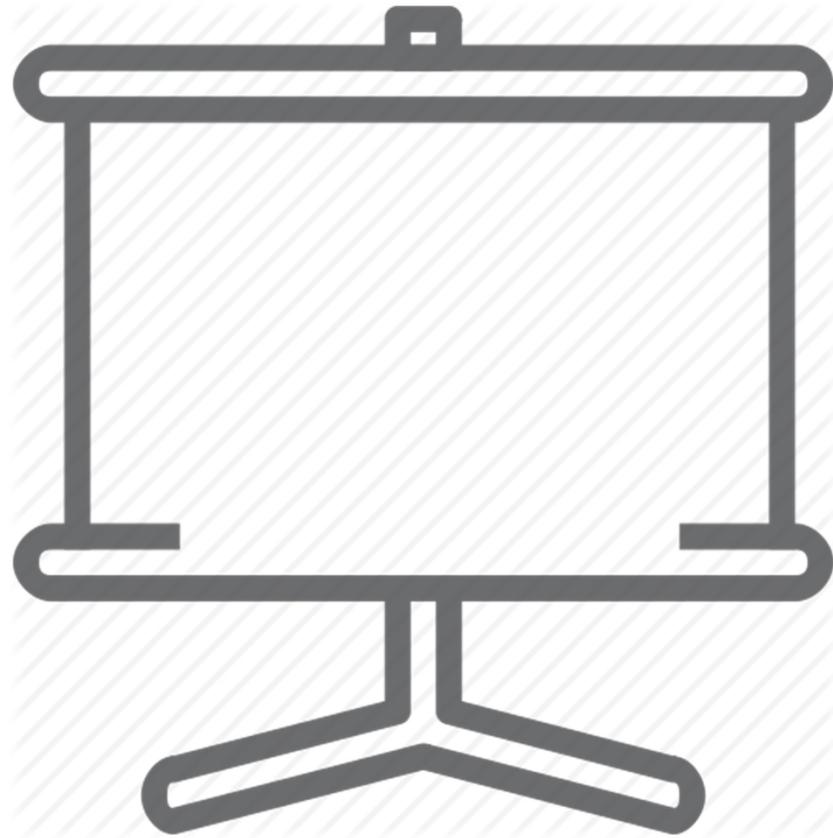
Co-production of context based formulation & Plan for emotional regulation strategies
Formulation shared by patient and therapist to all staff from service manager to nursing assistants

Impact

- On him
- On staff
- Knowledge and empathy
- His actions – demonstrate internalisation of formulation

My bipolar DVD





A typical meeting



Patients' Points of View

Talking
about me

Lots of people

Don't
understand what
people are
talking about

Lots of
questions

When to say
things

On the
spot

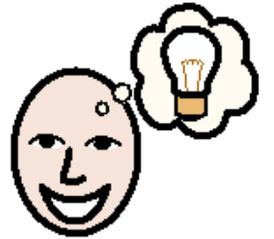


Noisy

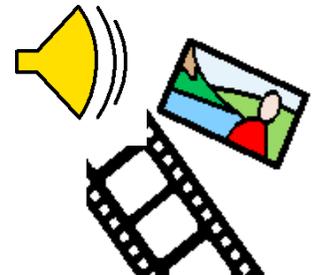
Hard to say what I think

Formal

What we do



- The person works with a SALTa in the weeks ahead of their meeting
- They make a power point together about the person's life in hospital
- Template based on the Key Lines of Enquiry NHS England but could be anything
- Photos, videos, audio clips, music, pictures, words (whatever the person wants it to be)
- They have something to show at their meeting which enables them to feel part of it.



Say Groups



Mutual help Meetings

Thank
you!



STAR OF THE
WEEK

Comments

- It creates such a nice atmosphere and a culture of communicating feelings to each other
- It's good being able to say thanks to people

Challenges

- Culture and Attitude
- Preconceived ideas about how individuals will respond
- Communication needs
- Time
- Doing it properly not in a tokenistic way
- Changing our practice
- Seeing the value



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Tokenistic

Focusing on needing an outcome – one way for everyone - service users must be involved in everything

Meaningful is finding the way that suits the individual and accepting that involvement is not always appropriate



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- Consideration of a variety of different co-production strategies to improve patient insight and engagement in their pathway.
- Co-production should be personal to the individual – one size does not fit all
- Factors taken into account when considering different methods of co-production e.g. patient preference, skills and needs etc.



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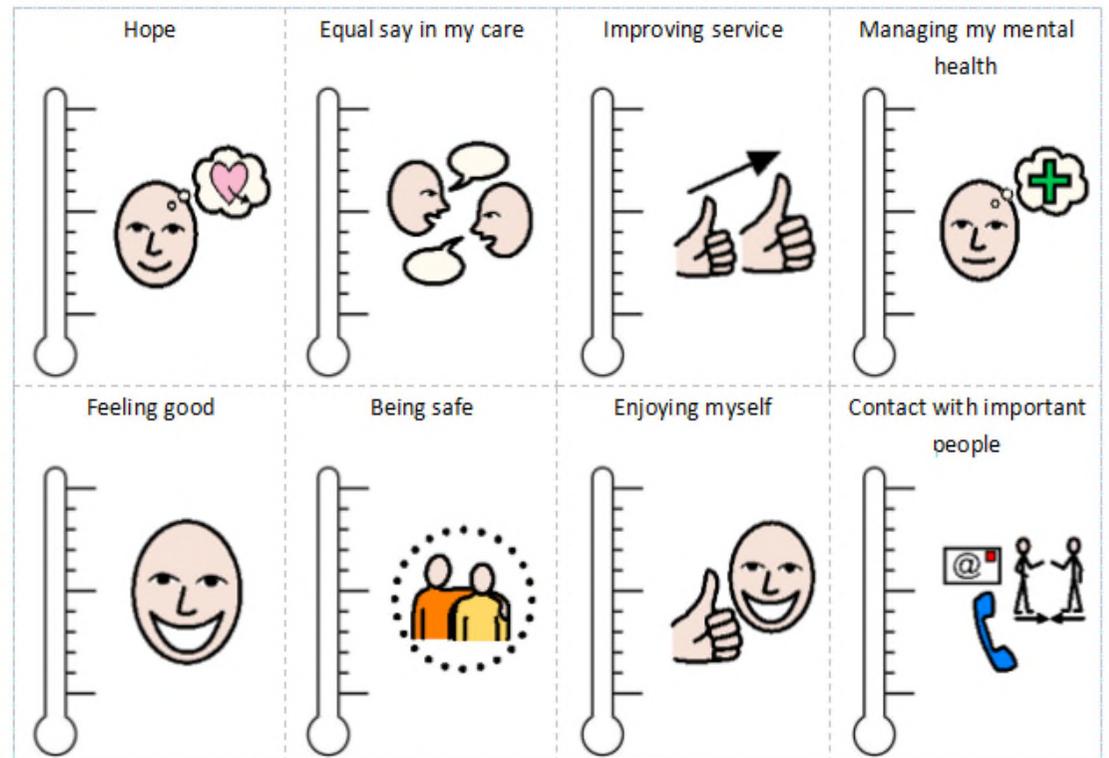
Measuring Outcomes

- PREOMs and Recovery star individual level
- PREOMs ward level changes and themes
- Staff response to co-production will also be considered.

PREOMS

Patient related experience
outcome measure

- Individual
- Group themes – change etc.



Patient Comments about presentations

- “Very positive. I spoke while Sarah flicked through my presentation”
- “canny”
- “Really good. Claire showed everyone my slides”
- “ at least everyone who doesn’t work here can see what we do”
- “I feel like I can explain what is going on with me”
- “I have already talked about lots of things so they don’t have to put me on the spot and ask me lots of questions”
- “ I feel like I got my point across”
- “ my mam can see where I live and have a copy of my presentation if I say it’s ok”

Staff comments

- Fantastic – I get a better understanding of the person's life (commissioner)
- I think it works really well. Even if the patient does not want to be in the room for their CPA, they still have a main role to play. It really personalises the process. (MDT)
- Whichever way we do this, the more we empower patients to contribute to the planning of their care the better result we are likely to get. Powerless, frustrated patients leads to disengagement, so this is entirely the right thing to do. (consultant Psychiatrist)
- BRILLIANT! (MDT)

- It's working really well, in my opinion from the ones I've seen on the ward. There have been some teething technology issues. In one meeting the patient did not want to present their slides but that was because there were loads of people present in the meeting. Very helpfully Sarah did this for them.
(consultant Psychiatrist)
- We've seen parents well up looking at what their child is doing and where they live

NHS England self rating

- Change towards meaningful co-production in clinical interventions on our unit

Conclusions

Services need to be open to recognising and promoting more individualised approaches to co-production that extend beyond a one size fits all approach.

Secure services must address the power imbalance inherent within our care system and be open to co-production.



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Take home messages

- Some ideas
- Personalised
- Bottom- up vs top down
- Co-production is co-produced not a blanket imposition