



HEALTHWATCH PEOPLE WITH LIVED EXPERIENCE (PLEs) SUPPORT TO THE MENTAL HEALTH STEERING GROUPS

September to December 2016

Introduction

This is a short quarterly report to provide feedback to both the commissioners and to the Mental Health Alliances' Steering Groups to support their development. This has been produced collaboratively with the six People with Lived Experience and using their supervision feedback.

The role of local Healthwatch in the Mental Health Alliances is to provide and manage a service to support the delivery of an impartial, **live experience perspective on the Alliance Steering Groups**. This promotes wider consultation with people who use mental health services to help the Steering Groups to keep to an ongoing commitment to work in the spirit of co-production.

Performance Report

As per the specification requirements we are reporting against the following key performance indicators.

Performance Area	Target	Actual
Individuals with PLE are recruited and maintained	6	6
Performance Reviews undertaken (supervision sessions)	0	0
Training programme following recruitment	6	6 *
Individuals get an average 12 hours support	0	0

* Our training programme consisted of three sessions of three hours. Individuals had access to and received support throughout the training. All participants received one-to-one supervision after completing the training.



Added value through PLE involvement and consumer experience

This report covers the recruitment, training and establishing the team. We have also included feedback from the first meeting in January 2017 as we believe this offers valuable insight.

Recruitment

Anna Hayward was successfully recruited to provide 10 hours of support per month to the 6 recruited *People with Lived Experience*. Anna contributed to the design and delivery of the training programme.

The role description, person specification and advertisement for the PLEs were created in collaboration with the Alliance PLE Sub-Committee members, to ensure these represented the requirements of the specification and the needs of the Alliances.

We advertised the PLE role on our website and the Alliance members kindly circulated these throughout their networks. We estimate these would have reached a minimum of 3,000 people.

We received over 50 direct enquiries from the initial advertising, which led to 28 applications.

The shortlisting process was carried out in collaboration with the Alliance PLE Sub-Committee, resulting in 12 people being invited to interview.

Through the initial interviews we were able to appoint 3 individuals for the Coastal Alliance but only one person for the Northern Alliance. We therefore agreed, in collaboration with the Alliance PLE Sub-Committee, that we would re-advertise the role on our website and through the Northern Alliance members, over a two week period. This additional activity was successful in appointing a further two people to complete the team.

Training

Through the success of the recruitment process, we feel that a strong and trusting relationship has been established with the sub-committee members. This enabled us to work together to design and develop an appropriate induction training programme, which proved to be very effective. All committee members and Healthwatch were instrumental in the delivery of the three training sessions.

In developing the training, we commissioned an expert in patient/public involvement. This expert designed and delivered a 90 minute training session to the participants as part of the induction programme. This commissioned also work included *training the trainer*. We now own this session so we will be able to deliver the full training programme to any future new PLEs, at the appropriate time.

As part of the training, we mapped out the networks the people have access to. This has enable us to see that there is a broad coverage of demographics and in links to networks, across West Sussex.

Feedback from the participants was extremely positive, with all six PLEs feeling able to take on the challenge of their equal membership on the Steering Groups.

All six PLEs left the training fired up and full of ideas to contribute to the development of the Steering Groups.

The training brought us together as a team and helped us understand the issues for Pathfinder. We are keen to get going and enter into the spirit of co-production.

PLE team member

We have been able to identify how we can support the PLEs in individual ways and to bring them together to share ideas and experiences.

We have established that each supervision session starts and ends with an opportunity to self-evaluate and to receive peer support.

What is working well

From a Healthwatch perspective, we have developed and strengthened our relationship with Tier 2 provider services. This is extremely valuable to us and we will build on this to strengthen our insight. We have plans to communicate the need to share experiences with Healthwatch to the providers' membership/networks. The more accounts we are able to collect the greater the insight will be, to the benefit of the Steering Groups and commissioners.

From the PLEs perspective, they have welcomed the decision to hold joint meetings for the next three months. They feel this will enable them to understand the member dynamics and strengthen their team working.

The PLEs felt that they were listened to and valued. We would like to thank the Alliance members for this. The PLEs have been invited to shape future agendas and this has gone down well with the team.

Generally, they felt that many of their questions and comments served as a reminder to the group to focus and keep things moving.

The PLEs feel they could also add value to the sub-group working and that this would be fulfilling for them as well. However the specification/funding, and current steering group meeting duration, does not allow for their contribution to be on a paid basis and this presents challenges. We would recommend the Alliance members and commissioners consider the duration of the main meeting to allow time for attendance at some sub-committee meetings or identify if it is possible to fund some additional hours for this purpose.

Challenges

We understand from both the Alliance members, and feedback from the PLEs, that despite the Alliances coming together for at least a year, the steering groups still face fundamental challenges. To overcome this, the Alliances have decided to change the way the meetings are held and will be recruiting someone to manage aspects of the groups. The meeting requirements have changed from two 2.5 hour meetings per month, to a single joint meeting from 10am to 4pm (6 hours), with the first joint meeting taking place in January. The PLEs attended this first joint meeting.



The increased duration of the meetings presents a number of risks to the PLE involvement and the contract with Healthwatch, which is to deliver 12 hours per month of 6 PLEs.

- 1) The changes to the meeting duration has created an additional 9 hours per month and this reduces the time available to the PLEs to network and gather relevant information.
- 2) Whilst we appreciate care has been taken to structure the meeting, we would still challenge the effectiveness of a 6 hours meeting and would recommend that careful consideration is given to the mental wellbeing of all attendees.
- 3) PLEs are being asked to contribute to sub-committee work, which is not possible unless on a voluntary basis, which carries the risk of them not being an equal member of the sub-committee.

We will monitor the expenditure closely and have advised the PLEs that their hours must be focused on the Steering Group (attendance, travel and reading time) and network input.

The PLEs have raised through supervision the following questions:

- How will the Alliances and commissioners accept the variability of the time commitment given to the Alliance work? They believe this will create future challenges/issues.
- How will providers keep their organisational identifiers, whilst negotiating a common Alliance identity?

The PLEs have observed and experienced duplication of services and recognise that changing this may cause tensions within the Alliances. This is where the PLEs believe they will be able to provide a balanced input and help the groups to find solutions.

Learning from this experience

The urgency to get the PLE input meant that the recruitment and the lead-in-time was extremely tight. It was challenge to ensure all four sub-committee members were equally involved.

We would like to formally acknowledge and thank the commitment of Alliance PLE Sub-Committee members, whose prompt responses and dedication to this project, enabled the shortlisting and call-to-interview to happen.

We have been able to share the learning from the recruitment and training process for co-production with the Sussex Partnership Foundation Trust, who are bidding for a programme of service user involvement.

