ROTHERHAM DONCASTER AND SOUTH HUMBER NHS FOUNDATION TRUST

'Living Better'

WELLBEING AND RECOVERY STRATEGY

A strategy to promote and support the health and wellbeing of the people within the communities served by the Trust, delivered through the services directly provided by the Trust and through supporting wider community action, through effective partnership working

1. Introduction

The Trust has promoted the enhancement of wellbeing through the concept of 'recovery' within many of its services for a number of years and service commissioners are increasingly requiring the Trust to deliver services and outcomes aligned to the principles of 'recovery'.

The enhancement of wellbeing, or 'recovery', can be defined as including the components of:

- Assessing each person's holistic needs, not just their specific treatment needs
- Personalised care planning to address their holistic needs over a number of life domains, beyond the care and treatment targeted at the primary, presenting health and social care needs
- Working towards improving the overall quality of life for each person, across their holistic needs, utilising where possible mainstream services available in the wider community
- Supporting each person to build self-management skills and ultimately to be less dependent on traditional service provision, including where possible, no longer receiving such services

The term 'recovery' has however, attracted criticism on a number of levels and many people find it a difficult term to relate to. It can be seen by some as a contradictory term as the approach recognises that there may not be a recovery from the underlying illness but places the emphasis on 'recovering' a quality of life. This leads to a second point of contention, that 'recovering' the state prior to the point where the illness required intervention may not be desirable, partly as these circumstances may have contributed to the need for intervention in the first place. The preferred outcome is often to find *new* ways of coping with any remaining health needs, to develop new skills and to find new sources of support in meeting the person's holistic needs.

In the light of this, members of the Trust's Recovery Practice Partnership, including service user, carer and community representatives, agreed in May 2013 that this work should be referred to as promoting wellbeing, or wellness, and the group was subsequently renamed as the Wellbeing Partnership Group. That said, the term 'recovery' has however, gained a currency within professional language and within some service user settings, notably within Wellness and Recovery Action Planning, and by commissioners in describing requirements for service outcomes and for service philosophies. This Wellbeing and Recovery Strategy will therefore take forward the work previously badged as the 'recovery' approach. The terms 'wellness' and 'wellbeing' will be used predominantly within the strategy but 'recovery' will also be used where specific work carries or includes this title, recognising that this term still holds some currency.

It is important to recognise that the language of wellbeing and recovery will mean different things to different people. Whilst these terms provide a useful shorthand for the Trust, professionals and commissioners in describing this strategy, each of the Trust's services will need to adopt language that appropriately describes this strategy in ways that are relevant and understandable to the individuals they are supporting. For the majority of people, this approach will include a variety of real life aspirations that might collectively be described as 'living better'.

2. The principles of promoting recovery and wellbeing

The principles of promoting wellbeing, commonly referred to as the 'recovery approach', are simple in essence but not always easy to deliver, as explained in Section 3 below.

There is a wealth of literature on the concept and various approaches to 'recovery' but all feature the common themes of:

- Finding hope for the future
- Discovering new opportunities
- Gaining control of the individual's own life
- Pursuing personal goals and ambitions
- Regaining wellbeing
- Achieving independence from, or a reduced dependence on, health and social care support services

Anthony (1993)[1] defined recovery as:

> 'A deeply personal, unique process of changing one's attitudes, values, feelings, goals, skills and/or roles. It is a way of living a satisfying, hopeful, and contributing life even with limitations caused by the illness.'

Repper and Perkins (2003)[2] identified three essential components for promoting recovery and facilitating social inclusion:

Control: Helping people to take back control and facilitating personal adaptation

Opportunity: Helping people to access the roles, relationships and activities that are important to them

Hope: Fostering hope and hope inspiring relationships

3. Scope

The development of the concept of 'recovery' has principally been associated with adult mental health services and this is reflected in much of the literature on the subject. There is no reason however, why this approach should be restricted to mental health services and it is now being used to drive forward changes in the philosophy and approaches of other services, as reflected in the CQUIN (Commissioning for Quality and Innovation) targets specified by the Trust's main commissioners for 2013/14.

This strategy and the consequent service plans are therefore aimed at all the Trust's services as provided by its seven business divisions:

- Adult Mental Health Services
- Older People's Mental Health Services
- Forensic Services
- Doncaster Community Integrated Services
- Child and Adolescent Mental Health Services
- Learning Disability Services
- Substance Misuse Services

4. Challenges in supporting a wellbeing approach

A number of challenges and barriers can be identified in attempting to deliver services which promote wellbeing:

4.1. Service culture

One of the greatest challenges is to turn services around from being predominantly focussed on care and treatment to also being focussed on meeting the holistic needs of individuals. On a simplistic level, the differences between traditional services and those that promote wellbeing can be characterised in the following table:

Table 1 – Comparative features of treatment focussed and wellbeing focussed services

Treatment focussed features	Wellbeing focussed features
Patients and service users	Citizens and individuals
Diagnosis or formulation	Holistic needs assessment
Illness and treatment	Health and wellbeing
Professional led care planning	Self-determined wellbeing plans
Established care pathways	Personalised, holistic plans
Specialised treatment services	Mainstream community services
Risk assessment and management	Proactive risk taking
Retention in service	Time limited, service exits
Multi-disciplinary teams	Community resources
Treatment concordance	Self-managed treatment
Support workers	Peer support
Defensible, electronic records	Person held notes and diaries
Under secondary care	Primary care when needed
Day services	Community groups
Professional experts	Experts by experience

Some people with complex needs might require a comprehensive package of support involving both sets of features whereas many people with moderate or lower level needs may only require signposting to support that would constitute an entirely wellbeing focussed approach. Some of the latter group might benefit from short-term assistance to help facilitate access to mainstream forms of support.

Many of the above features within treatment focussed and wellbeing focussed approaches can comfortably co-exist but some may be in conflict. Ultimately, the balance needs to move increasingly towards promoting wellbeing. A number of the detailed considerations below have their roots in these principal differences.

Alakeson and Perkins (2012)[3], concluded that:

> 'Recovery-oriented services demand a new attitude. Professionals and providers must challenge themselves and the individuals they work with to have high expectations of what is possible. The culture of services must offer people opportunities to rebuild their lives through an individual journey that accepts what has happened and moves beyond it.'

4.2. Staff cultures

The majority of staff will have been trained to deliver treatment focussed services and are likely to have spent their careers to date within these services. Significant changes in service and staff cultures are therefore

required in order to provide services where the balance moves towards the promotion of wellbeing. This is likely to be achieved through a number of approaches including training, policy changes, a review of processes and procedures, supervision, team based work, care pathway developments and the development of partnerships with a wide range of resources within the wider community.

4.3. Management and leadership cultures

Recent work by Alban-Metcalfe and Black[4] has highlighted the need to realign management and leadership styles to an 'engaging leadership' model on the basis that this model has marked similarities with a wellbeing approach. It is argued that leadership approaches centred on '…management, control, protection of power, largely one-way communication or instruction, and the leader as "expert" are no longer effective'. There is clearly a conflict between such leadership approaches and the aim of empowering the individual. If staff do not feel empowered in their own work and perceive that paternalistic models are dominant, they are less likely to value models of empowerment in their own practice.

The Trust is in the process of commissioning Juliette Alban-Metcalfe, one of the authors of the above work, and her colleagues who together comprise the Real World Group, to deliver the Fit for the Future organisational development programme. The synergy between this programme and the proposed wellbeing and recovery strategy should present an excellent opportunity to support the development of both.

4.4. Resources

Effective work to support wellbeing does not require significant financial investment but it does require time and effort. The utilisation of existing mainstream community resources and the added value of partnership working across the community can mostly be achieved with no additional financial investment. There is however a significant requirement for staff to divert the time and effort they currently spend on providing traditional services to practice that will support wellbeing outcomes. Staff and managers currently report problems in being able to meet the existing demands on the services, due to both the direct service demands and the indirect demands, such as the completion of assessment and care planning documentation and the maintaining of electronic records. Capacity problems will be encountered if services are required to work differently without any consideration of reducing the existing burdens or providing additional resources.

The psychology of organisations and change needs to be considered, understood, and taken into account, in order to bring about culture shifts

without de-stabilising services. The Trust has a number of senior psychological therapy staff and this is a resource that could be used to support and inform the required changes to culture and philosophies of care.

Over time, a wellbeing approach may free up staff resources as people become less dependent on traditional service delivery but an element of 'double-running' is likely to be required.

A wellbeing approach will require the development of active pathways and links to mainstream services, support for those services to begin or enhance their work with people with health needs and care planning processes that connect into these resources. Some of these services may be provided at a cost to the individual but there may be scope for such costs to be met through personal health or social care budgets. Similarly, support costs to enable the individual to begin to engage with such services may also be covered through personal budgets. Alakeson and Perkins (2012)[3], usefully explore the connections between recovery, personalisation and personal budgets and describe the latter as a 'tool for recovery'.

4.5. Risk and quality

Services have increasingly focussed on the assessment and management of risk and on meeting quality standards. Whilst this has led to quality improvements in statutory services, it has also led to an increasing perception that risk must be minimised at all costs and that services are ultimately responsible for the safety of individuals. This is, to some extent, in conflict with a wellbeing approach that encourages positive risk taking and empowers the individual to take responsibility for their own health and social welfare.

For this approach to succeed, the management of risk and measurement of quality will need to be redefined against the principles, objectives and actions involved in the promotion of wellbeing.

4.6. Partner and stakeholder relationships

A shift towards supporting and promoting wellbeing will require the support and active involvement of the Trust's commissioners, partner agencies and other stakeholders. Whilst most stakeholders are likely to be supportive in principle, some may perceive difficulties in the impact of this approach. Primary care services, for example, may see this approach as an attempt by secondary care services to divest themselves of responsibility for individuals perceived to have complex needs, with fears that additional demands will fall on primary care services. Similarly,

informal and family carers may see that a withdrawal of statutory services will place the burden of care on themselves. This approach must also focus on the wellbeing and 'recovery' of carers if it is to succeed for the wider community.

The implementation of a wellbeing approach will therefore need to be undertaken on a whole-system basis, with the active engagement of key stakeholders throughout. All stakeholders may need to redefine their roles and responsibilities in a redesigned system that supports and promotes wellbeing.

4.7. Patient/service user and carer perceptions

Last but not least, the perceptions and beliefs of patients/service users and carers will need to be taken into account. Traditional health and social care services have encouraged dependency on statutory services and have eroded potential for individuals to self-manage their health and social welfare. A shift towards self-determination, self-management and the encouragement of personal growth could lead to many feeling abandoned by the services and fearful of relapse, without regular contact with health or social care professionals.

The withdrawal of routine consultant psychiatrist outpatient clinics from the Trust's adult mental health services provided an example of how such changes can be perceived by individuals. A number of people believed that they were kept well by attending infrequent, brief consultations and feared that they would relapse without these. Similarly, many general practitioners believed that these same people were 'under the care' of consultant psychiatrists, when the clinical value of such consultations would have been extremely minimal in most cases.

Whilst the principles of promoting wellbeing ought to be seen as bringing positive outcomes for individuals, it is important to recognise and to take account of short or medium term losses that might be experienced. Many people will have spent years adjusting to their ill health and finding value within this, either through being part of a 'community' centred on their illness or through the financial benefits gained through eligibility to welfare benefit payments. Individuals may worry that they will lose more than they might gain, particularly if they are lacking in hope and if the staff who are supporting them are unable to see their potential. It is not uncommon for individuals, and staff at times, to perceive a wellbeing or recovery approach in negative or political terms as purely about getting people out of services, off welfare benefits and into work.

Work will therefore be required with patients/service users and their carers, alongside the services, to help them to adjust to this different approach.

5. Progress to date within and outside of the Trust

5.1. Wellness and Recovery Action Planning (WRAP)

The Trust and a network of service user/carer groups have been delivering training and group work on WRAP for some years with a degree of success. The model was developed by Dr Ellen Copeland in the USA and uses the concept of recovery as a framework for individuals to develop person centred plans aimed at keeping well and at responding to signs of relapse. Attempts have been made to align WRAP to Care Programme Approach care planning but only a minority of service users have active WRAP plans. There is evidence that WRAP can be a useful tool but adoption of this has been limited by low levels of staff engagement in promoting this tool with service users.

5.2. Recovery tools

A number of tools have been developed to assist staff in assessing an individual's progress against recovery objectives, such as the Recovery Star and similar tools within adult mental health and substance misuse services. Various care planning tools are also increasingly focussed on holistic outcomes.

5.3. Communities of Influence

Several years ago the Trust was involved in a national initiative hosted by the King's Fund, to explore ways of involving Foundation Trust members in advancing social inclusion for mental health service users. The Trust's approach to this was to develop a programme of work that was to make connections between the Trust's services and a wide range of informal clubs, societies and other community groups operating in the wider community. The aim was to encourage the involvement of service users in such community groups by making connections with the groups and supporting service users wishing to get involved in their activities. A pilot was proposed in North Lincolnshire but capacity issues prevented this from progressing. In hindsight, the project was probably too ambitious at the time but there could be scope to resurrect this as part of this strategy.

5.4. Vocational training, volunteering and Flourish Enterprises

The Trust has around 200 volunteers supporting the work of its services, notably within St John's Hospice, adult mental health and substance misuse services. An increasing proportion of these are service users seeking vocational training, notably within the Walled Garden and in the Tickhill Road

café but also within the Trust's wider support services. Plans are being developed to open a town centre café, operated by substance misuse services. Vocational support services are also provided through the community mental health services in each of its main localities and connections have been made with partner organisations to help progress the plans of individual service users. A horticultural vocational training scheme is commissioned from a social enterprise for people with substance misuse and mental health needs. Plans are being developed to consider the establishment of a social enterprise centred on the Walled Garden, the Garden Café and a conference centre being developed within St Catherine's House, using the trading name of Flourish Enterprises. This could provide a vehicle for the further development of vocational training services.

5.5. Integrated models of working

The Trust established integrated health and social care mental health services in 2002 and through One Team Working, has been developing integrated community health and social care services for adults and children in Doncaster since 2011. Integrated services and associated partnerships provide greater potential for 'whole system' approaches to supporting wellbeing and recovery. There is a potential threat to this however, through the increasing use of competitive tendering, notably for local authority commissioned services, with a potential outcome of a more mixed economy of provision and fragmentation of the health and social care provider community.

5.6. Personal budgets

Rotherham, Doncaster and North Lincolnshire local authorities have all implemented programmes to provide access to personal budgets for a range of personal care needs. Each local authority is at a different stage of development in respect of personal budgets, with Rotherham furthest ahead. At present, such budgets are principally being used to provide direct care services. Whilst these programmes are continuing to evolve, it is yet to be seen to what extent personal budgets could be utilised to support wellbeing and recovery outcomes. Arguably, the more progressive the wellbeing and recovery plans, the less likely they are to attract funding through personal budgets.

5.7. Health and Wellbeing Boards

Health and Wellbeing Boards have been established in each of the local authority/clinical commissioning group localities. One of the central responsibilities of these boards is to help drive and coordinate the agenda for promoting health and wellbeing. Each locality is facing significant public health challenges and has recognised the key contribution to be made by partnership working. The need for promoting self-management and reducing

dependence on statutory services has also been recognised, through for example, the Dependence to Independence sub-group of the Rotherham board.

5.8. Community groups

There is a relatively healthy network of community groups in each of the Trust's localities, providing support for a range of health and social care needs. Funding for such groups has declined in recent years due to the reduced availability of financial support from health and social care commissioners. The Trust has attempted to fill some of this gap by the use of its Charitable Funds to make small grants available and by engaging these groups in fixed term work, in return for appreciation payments, which in turn help sustain the work of these groups.

One Doncaster based community group has notably challenged the Trust and the local authority in respect of the latter's legal obligation to offer community care assessments and challenged both agencies on the availability of mental health personal budgets for those eligible for support. This group is keen to develop models for peer support and to develop greater resilience in local communities, having worked with a local social enterprise to open a food bank alongside a number of other activities provided at its Wellness Centre. The running costs of the Wellness Centre are supported through the Trust's Charitable Funds and through the local authority offering a rent free period for the property. This group has recognised that community groups cannot, and probably should not, limit themselves to meeting categorised sets of needs. It started as a mental health support group but soon saw that its membership expanded to include individuals with more diverse needs.

The partnership work between the Trust and these groups has been featured in a Foundation Trust Network/King's Fund/ACEVO[1] report published in July 2013.

5.9. Recovery Colleges

Recovery Colleges have been developed in some mental health services in the UK to offer an education and support programme to help build personal resilience for individuals and to reduce dependence on traditional health and social care services. This model has been able to demonstrate positive outcomes.

A group of Trust staff and community group representatives have visited the Recovery College in Nottingham and plans are being developed to implement similar models in the Trust's localities. There is no reason why this model

[1] Association of Chief Executives of Voluntary Organisations

should not be extended beyond mental health services and across other health and social care needs.

6. Developing action plans

The comprehensive implementation of this strategy will clearly require a number of actions and programmes of work, in the context of the above challenges and opportunities. These actions will need to be delivered at different levels, involving work within each of the business divisions, Trust-wide work and work across a range of partnerships. In addition, each business division will need to implement this strategy in responding to the specific needs of those who use, or have to date used the division's services. Wellbeing and recovery are likely to mean very different things when comparing, for example, service users of the Substance Misuse and those of the Older People's Mental Health business divisions. Equally, different opportunities or different needs may present in different localities, resulting in the potential for a complex and varied picture of developments, but consistent with the overall aims and principles of the strategy. The respective Health and Wellbeing Boards and underpinning work supporting the boards in each locality will be significant in the success of this work.

The complex possibilities and key stakeholder relationships have been mapped out in diagrammatic form in Appendix 1 below.

A number of high level actions are required on a Trust-wide basis to progress the implementation of this strategy, which will be monitored through a project plan:

6.1. Phase 1 – Activate

6.1.1. Establish project management arrangements to oversee the implementation of the strategy

6.1.2. Engage and seek support from key internal stakeholders:

- Listen to Learn Steering Group
- Staff Council
- Board of Directors
- Council of Governors

6.1.3. Communicate the strategy and its key aims and objectives across the Trust

6.2. Phase 2 – Mobilise

6.2.1. Analyse the nature and scale of cultural change required within the Trust to support the strategy

6.2.2. Develop a central staff development programme to support the key aims and objectives

6.2.3. Analyse the changes needed in Trust policies and procedures to support new working practices aligned to the strategy

6.2.4. Assess the nature and level of central support required by the business divisions to implement the strategy

6.3. Phase 3 – Execute

6.3.1. Identify the non-recurrent and recurrent resources required to implement the strategy

6.3.2. External stakeholders:

- Identify and map external stakeholders by locality and by business division, where appropriate
- Identify and discuss with each stakeholder opportunities for improved partnership working aligned to the aims and objectives of the strategy
- Engage with the respective Health and Wellbeing Boards to integrate the implementation of the strategy into each board's work programme
- Establish structures and processes to promote and maintain partnership arrangements as required

6.3.3. Business division plans

The Trust recognises that the different needs of those individuals in receipt of, or eligible to receive, the services provided by each business division of the Trust, and the varied nature of each of the Trust's localities, will result in very different plans being developed by each division.

Each business division will be supported to develop their bespoke plans, aligned to the aims and objectives of this strategy and in the context of the internal and external work to be undertaken to support this work. The divisions will be asked to consider:

Business Division Action Plans

1. Defining wellbeing, personalisation and 'recovery' in the context of the different and specific services provided by the division. This should include reference to any national policy and guidance, local commissioning intentions and any other developments relating to the division's service users

2. Identifying key stakeholders, including patient/service user and carer groups/organisations

3. Identifying the resources available to support this work, internal and external to the division, including staff, financial resources, structures and processes and clinical tools

4. Undertaking an analysis of the existing services, identifying:
   - 4.1. Workforce analysis – assessed need and capacity for change
   - 4.2. Assessed requirement for staff development
   - 4.3. Patient/service user and carer analysis - assessed need and capacity for change
   - 4.4. Stakeholder analysis – barriers and opportunities
   - 4.5. Any other barriers to change, both internal and external to the division
   - 4.6. Opportunities to further develop a recovery/wellbeing approach
   - 4.7. Resources required to implement and to sustain new models of working

5. Setting out an action plan to implement a recovery/wellbeing approach, articulating SMART actions, including where necessary phases of development to achieve this

7. Concluding comments

There are significant challenges in bringing about what, in effect, amounts to a 'whole system' change in order to implement a strategy to develop more recovery and wellbeing focussed services. Changes will be required at a number of levels and across a wide range of stakeholders. The potential gains however, are also significant, in moving away from models of service that have encouraged dependency and have disempowered individuals, to models of service that offer choice, empowerment and the ability for individuals to be more in control of their own health and welfare.

In the current economic climate, it is also clear that traditional models of service are becoming unsustainable as demand for services increasingly exceeds capacity.

These changes cannot be implemented by the Trust alone, so effective work with key partners and stakeholders will be essential. The active engagement of the Health and Wellbeing Boards in each locality will be critical to the success of this whole system change.

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References

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2. Julie Repper and Rachel Perkins (2003) *'Social Inclusion and Recovery'* Edinburgh, Bailliere Tindall
3. Vidhya Alakeson and Rachel Perkins (2012) '*Recovery, Personalisation and Personal Budgets'* London, Centre for Mental Health
4. Juliette Alban-Metcalfe and Jennifer Black (2013) *'How leadership style affects mental health recovery'* Health Service Journal, 14 May 2013

Appendix 1 - PROMOTING WELLBEING - MAPPING THE POSSIBILITIES