



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

January to March 2017

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, **lived experience perspective to 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

We report against the following key performance indicators.

Performance Area	Target	Actual
Individuals with PLE are recruited and maintained	6	6
Performance Reviews undertaken (supervision sessions)	3	3
Training programme following recruitment*	6	6
Individuals get an average 12 hours support	6	6

* All PLEs received induction training in December 2016 - January 2017.



Added value through PLE involvement and consumer experience

This report covers ongoing support and supervision of the PLE team and their contribution to the work and development of the Alliances.

What is working well

Each PLE has established themselves as an equal member on the steering group. They are able to contribute effectively and confidentially to the discussions and have been influential in some of the debates around taking work streams forward.

The team has identified how to manage their shared time and have recognised their individual strengths and skills, and where each can offer value. One area has been that together with the Alliance members they have been able to agree the sections of the meeting where they cannot really add value, e.g. finance; commissioning funding/issues. This has resulted in there being greater PLE input into the sub-group working and they are attending the main steering group meetings for relevant agenda items, to make best use of their hours. The PLEs have worked additional voluntary hours to support the development of the Alliances, beyond their contracted hours.

Since the PLEs have been involved, the Alliances appear to have made significant progress. We know this, from comparing the members' discussions at the induction briefing to now, where there are specific areas of development and the establishment of sub-groups to take these areas forward.

From the PLEs perspective, they understand the impact of their contribution and acknowledge that they are now beginning to understand some of the challenges facing service providers. This is enabling them to bridge the gap between those who depend on services and those who deliver them, to help find practical solutions.

The PLE's involvement in this project is helping individuals to grow in confidence, for example moving from seeking the support of others to attend the meeting to being able to make their own way to the meetings.

In addition, Healthwatch West Sussex have welcomed the PLE Team as an integral part of the wider Healthwatch team and they are able to act as ambassadors to bring insight to Healthwatch from all of their community interactions. They have been actively supporting the staff team to develop some specific mental health promotional resources (printed material and webpages).

Challenges

The issue of hours and keeping within the budgeted time was identified in the last quarter, steps have been taken during this quarter to reduce or remove this risk and to make ensure best use of the PLE resource.

The PLEs have not yet been able to find specific areas of work to take to their own [outside] networks. The team have highlighted the need to involve wider groups of users and carers to enable local people to contribute to the work of the Alliances. This is something that we will be focusing on over the next quarter.

The PLEs were unclear of the communication expectations and limitations, due to ongoing discussions and negotiations between the Alliance member groups and the commissioners. We have worked with the Alliance members to agree the right way of raising and sharing any questions, enquiries or concerns as outlined in the learning section.

Inevitably there has been some absence to manage, due to illness within the team. However, this has been carefully and appropriately managed without impact to the involvement or effectiveness of the PLEs. Team members have proven that they are self-aware, that they have effective personal coping mechanisms and that they are resilient. They have demonstrated strong peer support through their communication with each other and through the group supervision facilitated by our PLE Lead. Each member is aware that their contracted hours are worked flexibly and therefore they will provide additional networking support over the next quarter to make up for any absence.

The budget continues to be closely monitored.

Learning from this experience

There has been a lot of learning this quarter as the team has continued to establish themselves.

We anticipated some initial challenges, not least because this project introduced a new approach to user engagement. We have also encountered one or two unexpected issues, mostly relating to expectations and communication. The Alliance Steering Groups had been working together for some time before the PLEs joined and we recognise the internal frustrations and challenges arising from a lack of leadership within the Alliances. This has affected the progress of the Alliances and the involvement of the PLE team, but we have seen improvements since the PLE's have been involved and expect further positive developments with the recruitment of an independent Project Manager.

The PLEs, through supervision, produced a summary paper after their attendance at the first two meetings. This paper outlined their initial experiences and intended to support the Alliances to understand their contribution and enable the PLE team to make recommendations and raise questions. For example: the group questioned the appropriateness of one of the hub locations (being too public).

This paper was shared with the Alliance sub-group (who have responsibility of the PLE aspect) and they, along with the Chair, added it to the agenda for the next meeting as a discussion item. This was generally well received, but it was suggested during the meeting, that the PLEs should feel confident to challenge and ask questions as they are discussed and that some of the issues would be more appropriately raised through supervision to the Healthwatch team and discussed with the Alliance sub group (with PLE responsibility) rather than as part of the main meetings.

The PLEs have accepted this and now feel empowered to raise issues on an individual basis, during future discussions. However, we will continue to submit collective feedback to the Alliances, where appropriate. This will be produced via group supervision and shared through the Healthwatch operational team.

Looking Forward

As the PLEs continue their work with the Alliances through the next quarter, we expect further progress in the development of the local hubs and with external communications.

The PLEs will also continue to support Healthwatch by ensuring that the voices of mental health service users are heard and that more people share their experiences of mental health services.

The two Alliances have found that the joint meetings are useful and support the ethos of co-production, meeting as one group also enables members to make decisions, affect progress and manage their time more effectively.

For these reasons, the groups have decided to continue to meet together for the next quarter and this will be reviewed again in June.

v1.0 21.04.17