



Sussex Partnership NHS Foundation Trust

PARTICIPATION STRATEGY 2020/2023



Sussex Partnership
NHS Foundation Trust

INTRODUCTION

This strategy is written to demonstrate how we will deliver on our trust commitment to be an organisation that puts the involvement and experience of people using our services and their families, friends and carers at the heart of anything that we do; it is about how we will work together, as an organisation, to put participation at the front and centre. Working in this way will mean that we deliver compassionate and responsive care that is aligned to people's feedback, and will mean that our organisational decisions and processes are enriched and enhanced by the inclusion of the lived experience perspective.

THERE ARE SO MANY BENEFITS TO WORKING ACROSS AN ORGANISATION IN A PARTICIPATION INFORMED WAY; FOR THE ORGANISATION THIS INCLUDES BETTER CLINICAL OUTCOMES AND MORE SUCCESSFUL AND SUSTAINED CHANGES, AND FOR THOSE PARTICIPATING WITH US, THERE ARE IMPACTS ON BETTER RECOVERY OUTCOMES, TRUST AND ONGOING RELATIONSHIPS WITH OUR ORGANISATION.

As participation has grown within the organisation, participation has become a trust wide ethos and way of working, with particular teams who hold particular expertise around working with people with lived experience, co-production and listening to and improving the experience of people who use our services coming together as a function, which is overseen by the Associate Director of People Participation and sits in the Nursing Directorate, under the Chief Nursing Officer. The services currently operating within the participation function are:

- Peer support work
- People participation (including volunteering and people's experience)
- Recovery and Discovery College
- Arts and Health / Make Your Mark
- Spirituality and chaplaincy
- Families, friends and carers/ Triangle of care

In 2020/2021 we will also be adding accreditation in to these services.

This strategy is applicable across all areas of Sussex Partnership NHS Foundation Trust. Participation is something that operates across our entire organisation and so the principles of this strategy should apply to all directorates and people including adults, older adults, children and young people, people with cognitive and memory impairments, people who are neurodivergent, people with learning disabilities, veterans services and primary care services.

The services within the participation function are support services, and part of their role

is to liaise with operational colleague to identify what support people in operational services need in order to embrace this strategy and then to provide this support. If desired, our teams within participation will also work with CDS groups to develop their own strategy or plan for their particular population that is associated with, and aligned to, the delivery of this wider and all-encompassing strategy document.

Participation also support the concept of lived experience leadership within the organisation, and over 2020/2023 an additional area of work that will be overseen by the Associate Director of People Participation will be around the growth and development of lived experience leadership, both within our organisation and enabling this at a strategic, system-wide level. A section on plans for this work is also included in this strategy.

As part of the wider trust governance and accountability framework, we have trust governors in place, and have valued roles that are for Lived Experience governors (both for the service user and carer perspective). Over 2020/2023 Participation would like to develop closer working relationships and support relationships with the people in these roles, recognising the valued representation, perspectives and leadership that they bring to the business of the organisation and to the work of Participation.

Participation will also support further developing the accessibility of these roles to ensure that they are fully representative of the population we serve, including those with a learning disability and those with dementia.

THE OVERALL VISION

The overall vision for this strategy is to support and continue to develop a cultural change at Sussex Partnership. The culture we would like to see thrive is one that places the people who use our services and their families, friends and carers at the heart of absolutely everything that we do.

In practice this looks like:

- People who use our services and their families, friends and carers being involved in all service changes and improvements that we make
- All of our committees, interviews and significant meetings having representatives of people who are experts by experience as equal and valued members (both own lived experience and that of being a family member, friend or carer)
- The experience and views of people who use our services and their families, friends and carers is an integral part of how we do things, and part of how we evaluate how we are doing and plan resulting changes and improvements
- All people who use our services and their families receive an individualised, person-centred and holistic experience which includes seeing them as their whole self and offering interventions tailored to spiritual, creative and emotional needs, as well as clinical
- The families and friends of people who use our services are involved and supported at every stage of care, in line with the wishes of them and the person that they care for

- We promote recovery orientated practice across care, and offer a variety of options for people to develop skills and confidence for self-management and knowledge of mental health
- Supporting workforce development which promotes recognition and inclusion of lived experience and caring responsibilities.

It should be noted that this document often uses the term “lived experience”. This term refers to a person having had their own personal experience of the subject that is being explored and does not necessarily just relate to someone having had experience of using mental health services. For example, if we were developing a new strategy around autism awareness, we would look for people with lived experience of autism, and if we were developing work around care pathways for veterans we would look for someone with lived experience of armed forces service.

This strategy document will now cover each area of participation and outline the vision and direction of travel for 2020/2023.

There are also some key themes which will shape work across the wider participation leadership team which will support the enablement of this strategy. These include:

- Embracing equality, diversity and inclusion; across all of the teams in participation we recognise that we need to do more to increase the diversity of the people we reach and the voices that we represent. A long term challenge in participation is around how we reach those we don't have existing connections with – we will embrace this challenge for 2020/2023
- Building robust infrastructures; we need to have the right people in the right places in order to deliver the best support to the organisation around participation
- Ensuring robust governance processes, operational plans and reporting across all teams (including data collection and management)
- Embracing quality improvement methodology for trying out and testing new ideas and different ways of working
- Ensuring there is joy at work and psychological safety deeply rooted in all teams across participation (and supporting the team development needed to achieve this)
- Improving relationships with clinical and operational services to enable partnership working to achieve shared goals in line both with the strategy and our clinical strategy
- Embracing the third sector and working using a partnership approach to promote choice and positive experience
- Raising the profile of the teams across participation; raising awareness of participation and the credibility of the teams as subject experts. Raising energy and enthusiasm for participation so that this becomes an exciting way of “how we do things”
- Supporting peer and lived experience roles to become valued members of the workforce, and creating professional recognition, credibility, identity and leadership in line with the other professional workforce groups
- Creating leadership and development pathways for those working in the many different roles and with the many different perspectives that participation represents
- ‘Putting participation on the map’ – recognising, celebrating and showcasing that what has been achieved (and will continue to be achieved) through participation at Sussex Partnership is amazing and is progressive. We will work to raise our profile as local, national and international experts in the area, and promote ourselves and what we do as an exemplar to others (as well as commitment to our own continued learning).

TEAM/THEME SPECIFIC VISIONS FOR 2020/2023

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ACCREDITATION

HEADLINES

CULTURE

DEVELOPMENT

OPPORTUNITY

ASSURANCE

ENABLEMENT

EVALUATION

INTRODUCTION

The Leader Leader Model is a leadership style shared by David Marquet in his book 'Turn the Ship Around'. He was the commander of a nuclear submarine when he decided that it was necessary to "turn followers in to leaders" in order to make things safer and more productive. The model is made up of four key components:

- Control
- Competence
- Clarity
- Courage

These four components, when in the right balance, then lead to safe, innovative and supportive workforce cultures where bottom up thinking and empowerment is fully enabled. In 2017/2018, work was undertaken to implement this way of thinking, to develop a new culture within clinical services. The model was shaped to fit a clinical care setting and trialled at Langley Green Hospital which had positive impact; some of the key positive changes that came from this work included reductions in staff sickness, reduction in vacancy rates, increased staff supervision levels, increased numbers of meaningful activities available for people using our inpatient services and reduced length of stay.

The culture where Leader Leader thinking can thrive sits closely with a culture that enables participation. Therefore for 2020/2023, we would like to embrace the work started around Leader Leader and grow a cultural development programme that can be used across the organisation. This work would be done using a quality improvement informed approach; testing the concepts out at a small scale across 2020/2021, and growing using a scale up and spread approach across 2021/2022 and 2022/2023.

It is recognised that the results/outcome metrics for this work will be different depending on service type, due to the nature of the model, but there would be overall benefits across the organisation. It is hoped that such benefits would include increased staff wellbeing, improved engagement and participation of people using services, more use of peer and lived experience roles in the workforce, a better skilled and confident workforce, a workforce that thinks differently and creatively around how we do things, increased engagement in quality improvement and, most importantly, a better experience for people who use our services and their families, friends and carers.

A particularly exciting part of the Leader Leader work would be around linking this cultural work to the work we need to do around patient reported experience measures (PREMS), and so over 2020/2023, we would like to develop our own internal accreditation system that provides both assurance of, and celebration of, the culture of services across our organisation. This will help us feel confident that we are developing and measuring the cultural growth in the organisation, in line with key thinking such as our visions and values, assurance requirements, the Leader Leader model, and the 4 PI approach to participation. Our internal accreditation programme would also serve as a PREM in its own right, as it would be designed

and led by people with lived experience of using our services; this both demonstrates in action a Leader Leader and participation informed culture, and also further demonstrates our commitment to putting the experience of people using our services and their families, friends and carers first. The internal accreditation programme would be open to all services, not just clinical services.

The approach would be that we provide a training programme open to all people from all services that is based on Leader Leader thinking and best practice around Participation. This training would then lead in to mentoring and individualised development for services, to help them strive for an internal accreditation that would mark and celebrate them as having a gold standard culture within our organisation.

BY 2023, WE AIM TO HAVE BOTH A TEAM CULTURAL DEVELOPMENT PROGRAMME AND AN ASSOCIATED PEER-LED INTERNAL ACCREDITATION PROGRAMME FULLY ESTABLISHED.

Guidance from NHS Improvement (2019) makes it clear that the success of internal accreditation programmes is more likely when there is initial resource and investment, but note that this initial investment quickly demonstrates return due to improvements in both care and experience, and so the first part of work in this area will be around obtaining funding and developing the infrastructure for delivery. There will also need to be communications support at the start of this work, and clear messaging from our very senior leaders, to ensure that people are aware of this new initiative and way of working.



ARTS AND HEALTH, MAKE YOUR MARK

HEADLINES

- VIRTUAL ART SCHOOL
- PARTNERSHIPS AND RELATIONSHIPS
- BRINGING THINGS TOGETHER
- CREATIVITY
- ASSURANCE
- BEAUTY AND CELEBRATION
- REDUCING STIGMA

INTRODUCTION

The Make Your Mark programme moved under the remit of the Participation team following the appointment of the new programme lead in December 2019. The programme only has the lead post funded by Sussex Partnership and so a large component of the role of the lead is to work closely with the Heads On programme to bring together proposals, applications and bids to secure funding to enable arts based projects to be delivered.

Our Make Your Mark lead will be part of all arts-based funding activity both for projects delivered centrally through Make Your Mark and for projects delivered within services, providing subject expertise around the safe use of the arts in a healthcare setting. Across 2020/2023 we need to work to ensure we have a more stable/sustainable way of working for Make Your Mark that ensures the programme is well resourced and evaluated. Make Your Mark is ideally placed in Participation as all project work under the programme is rooted in participatory use of the arts and the inclusion and active involvement of

people with different perspectives and different lived experiences is integral to this. Creative arts can also be a way to engage with minority and diverse communities.

Initial scoping work from Make Your Mark since it moved under the Participation team has shown that there is a significant appetite and enthusiasm for creative arts and health based activity across the organisation, and that there is already a diverse and eclectic use of creative and artistic activity to be found across many parts of our services. One of the challenges that has been identified with this is a lack of a centralised and strategic approach to how we use, integrate, embed and maximise the benefit of the use of arts across the Trust, and this is the oversight that the Make Your Mark lead can provide.

important we value and respect both of these ways of thinking. A value of Make Your Mark is around bringing together our local communities, local, national and international artists, peer and lived experience artists, outside artists and the people supported by Sussex Partnership together to celebrate creativity in all forms.

The Make Your Mark programme is not centred on one particular art form, and works across different mediums. We also recognise that use of the arts in all its forms can be a fantastic way to help reach different and diverse parts of people and communities. Over 2020/2023 Make Your Mark will also work to develop a greater identity and a presence across Sussex, and then wider.

THERE IS A NEED TO BUILD CONNECTIONS AND BRING PEOPLE TOGETHER TO EXCHANGE, SHARE, LEARN FROM AND CELEBRATE ARTS BASED WORK, AND ALSO A NEED TO ENSURE THAT THERE IS STRONG GOVERNANCE TO ENSURE CONSISTENCY, QUALITY AND SAFE USE OF THE ARTS.

As with other areas of participation, Make Your Mark has partnership working with the third sector as a key part of the model, not only as a means of bringing diversity and value to the artistic experiences available, but also as a potential way to play a part in a pathway of recovery and a connection to life outside/beyond mental health services. However, we too must recognise (as noted by our peer artists) that although the use of the arts in the NHS can be a key part of supporting people's wellbeing, many people who use our services may also see their artistic selves as a part of their identity they wish to keep outside of the services who support them clinically, and so it is

VIRTUAL ART SCHOOL – MAKE FOR TOMORROW

In 2020, Make Your Mark secured the financial support of Arts Council England to commence a large project to build a virtual art school. This programme, called Make For Tomorrow, is around bringing creativity and art to people in our hospital services, community services and to people in their homes. This virtual art school, which will work in partnership with acclaimed arts and tech organisations, will use joint working between our own peer artists and national and international established artists. The beauty of the virtual art school is how it brings people's

individual voices, stories and creative expression together for a shared common purpose. Over 2020/2023, the virtual art school project will progress with regular evaluations that demonstrate the impact of the work that is being undertaken in relation to people's experience from many different perspectives and will gradually be scaled up in a way that responds to this.

ARTS BASED CONNECTIONS AND NETWORKS

Over 2020/2023, through a process of mapping and network building, Make Your Mark will work to bring people who have interests and passion for particular art forms, types of art and creativity together to share, showcase and celebrate the work they are doing. Establishing these networks and groups within them will enable working together to ensure consistent quality, maximising resource and platform, appropriate and safe use of the arts, and robust governance.

A central steering group (that reports in to the Positive Experience Committee) will be established, that oversees all proposals and funding bid activity, and arts based project work in the organisation. This meeting/group will also oversee four key art form networks, open to both our staff and our Experts by Experience, which will bring together work using similar/particular art forms. These four networks, although will have many cross overs, will be themed around sound and music, movement and dance, visual arts, and drama/performance and word based arts. Increasing the diversity of the types of art we utilise will be key for Make Your Mark across 2020/2023.

Make Your Mark recognise that art is about agency, stories, beauty, connectedness and celebration, and so an additional focus will be around creating showcase events, exhibitions and performances. It is hoped that holding such events within our local communities will also help with work around stigma reduction.

DEVELOPING CREATIVITY

Across 2020/2023, Make Your Mark will support the organisation with the development of creative interventions such as social prescribing initiatives, and will also look how we can support our clinicians to include use of creativity and the arts in the care we deliver. Identifying people's creative selves, skills and enjoyment should be part of our care planning conversations. Make Your Mark will work to increase the different ways that people can access artistic and creative activity, and our Recovery College model will play one of the key roles in delivering these to people in different settings.





CHAPLAINCY AND SPIRITUALITY

HEADLINES

AVAILABILITY AND ACCESS

REDUCING STIGMA

CONNECTEDNESS

WELLBEING

INCLUSIVITY

TRAINING AND STANDARDS

CREATIVITY

INTRODUCTION

In 2019/2020, our Chaplaincy and Spirituality team developed and published their own strategy, and this will continue to form the shape of the work they do within participation in 2020/2023.

It is important to recognise that when we are talking about chaplaincy and spirituality, we are talking about religion, about belief and about spirituality; we recognise that these mean many different things to many different people, and the way in which we work and deliver our service is built to recognise this.

Recently we have started to see an increase in the profile of our Chaplaincy and Spirituality team, and will continue to grow and build on this throughout 2020/2023. Our Chaplaincy and Spirituality team are in place for people who use our services, the families and friends of people who use our services and for our staff, and over 2020/2023 we would like to widen the awareness of this, particularly around access for families and for staff.

Recognising the role of chaplaincy and spirituality as a support service, we would like to develop the role and relationship that the team have with other support services outside of participation and with clinical teams across 2020/2023. Some of the things we would like to focus on when doing this will include:

- Staff spiritual support when going through difficult situations such as HR processes
- Staff support, service user support and family member support for serious incidents
- Inclusion of spiritual support in staff wellbeing initiatives
- Creating valued spiritual spaces
- Building on connections with our local faith communities
- Bringing spiritual skills and resources to all people using different mechanisms such as inpatient groups, webinars, Recovery College courses and more
- Exploring links between spirituality and the arts (starting with music and choirs).

THE EXISTING STRATEGY

In the organisation, our Chaplaincy and Spirituality team offer a multi-faith approach; our chaplains are able to support and connect with people from all religious backgrounds, as well as offering spiritual counsel to those who may not chose to identify with a named religion. We are also moving towards a model which recognises the role of spiritual advice more widely.

We operate a model which is about, where possible, building connections between people and their local faith communities. Therefore if someone enters one of our services and is referred to one of our chaplains, or requests to see a religious leader from the religion with which

they identify, our chaplaincy team will support them as required, but will also facilitate connection with the person's local faith community.

WE WILL PROVIDE PEOPLE WITH SUPPORT TO TRANSITION AND SETTLE IN NEW FAITH COMMUNITIES THAT CAN PROVIDE THEM WITH LONG TERM SUPPORT WITH THEIR WELLBEING, RECOVERY AND SPIRITUAL IDENTITY.

Another benefit of working in a way which promotes connections with faith communities is around stigma reduction; sadly, in some faith communities there are still high levels of stigma and anxiety around mental ill health. Our chaplains provide outreach support, education and training to other religious leaders and faith communities around understanding and supporting people who live with mental health distress, and can also help in situations where there may be conflict between religious and spiritual beliefs, and mental health symptomology, for example, when people have thoughts and feelings of suicide. Our Chaplaincy team can also support the mental health impact of some of the other stigma that we may see in some religious communities, such as beliefs around different sexual orientations.

Our Chaplaincy and Spirituality team can help faith communities and services in our organisation think about people in individualistic and holistic ways, such as recognising that there may, for some people, be spiritual experiences associated with things that clinicians may see as mental health symptomology, such as the experience of hearing voices or seeing visions.

OTHER PRIORITIES FOR 2020/2023

Over 2020/2023, our Chaplaincy and Spirituality team will work to ensure that we have a spiritual assessment in place for every person who uses our services, and that this forms part of our assessment and care planning process across all services. The tool we use to do this is called the HOPE questionnaire. Our Chaplaincy and Spirituality team are developing training and awareness of how to use this tool and will oversee this being rolled out. They will also support teams to put assurance processes in place to ensure use of the tool is being overseen and audited, as with other key clinical documentation.

In 2020, a key focus is about setting up a purposeful spirituality network which can bring people together who identify as having religious or spiritual beliefs and to develop a clear action plan of how this group can progress the work of the organisation. This will include developing guidance around situations of spiritual and religious conflict, awareness raising work and supporting organisational decisions from the spiritual perspective.

Following Covid-19, we need to recognise the challenges people in the communities we serve across 2020/2023, and the people we work with, will be facing around loss, and ensure we are prepared to provide spiritual support that is shaped around this.

This will also help with some of the stigma and negative experiences that people who share their religious beliefs at work have reported experiencing.

It has also been identified by our Chaplaincy and Spirituality team that there are three further issues that need training and development in this area:

- Supporting staff and managers to be able to talk about their spiritual selves and their spiritual needs as part of supervision and line management processes, and to help people feel comfortable and confident talking about religion, both in workplace and in clinical conversation.
- Understanding religion and spiritual beliefs and practices – many staff do not understand the different religious and what adjustments people may need to their care and treatment as a result of their beliefs.
- Developing trust communications to make them accessible and inclusive for people from all religious and spiritual perspective.





FAMILIES, FRIENDS AND CARERS

HEADLINES

PARTNERSHIPS AND CONNECTIONS

STANDARDS AND ACHIEVEMENTS

REPORTING AND METRICS

SHOWCASING AND LEARNING

AWARENESS AND GUIDANCE

INTRODUCTION

In April 2020, we held a celebration day to recognise the successes that our organisation has achieved around work with families, friends and carers, and also the important role that others have played in helping us to achieve this; our third sector partners and local carer organisations, and the families, friends and carers who share their time and expertise to work with us.

At this event, we discussed how things were going so far, and thought together about what we wanted to focus on for 2020/2023, to ensure that this strategy was co-produced by all perspectives.

Although our Families, Friend and Carers team hold expertise in carer engagement and wider work in the area, an ongoing area of focus remains ensuring that “think carer” is everyone’s business; it is something that is the responsibility of all of us. Across 2020/2023 we will continue to nurture a culture that embraces the key concept of the triangle of care in that the perspectives and involvement of families, friends and carers should be seen of

equitable importance to that of the people using our services. We need to ensure that people are confident in identifying and supporting carers at all stages of care, and also that people are able to think widely around who a carer may be for someone. We need to continue to develop our systems and processes to ensure that they capture involvement and promote the need to do this.

As noted in other areas of this strategy, we hope to continue to grow the number of people with family, friend and carer perspectives who participate with us, both through our internal Expert by Experience programme, and through the involvement programmes run by our local carer organisations. We need to provide ongoing focus on increasing the diversity of the carers who are involved with us, and develop ways of working that promote engagement from different groups, cultures and perspectives. One important thing to do alongside this is around increasing the accessibility of carer involvement work and the support we offer to carers – our local carer organisations will work with us to achieve this.

and carers across services. In 2019, we were really proud to obtain our Stage 1 Triangle of Care (inpatient services). It is really important that we continue to focus on maintaining and further improving work in this area, as well as developing the next two stages. Although Covid-19 has had some impact on the progression of Stage 2 Triangle of Care (alongside a change in awarding organisation), we hope to achieve our Stage 2 (community services) by 2020/2021.

In 2021/2022 we will then commence focus on achieving Stage 3 (specialist and additional services). By 2022/2023 we would hope to have achieved and maintained all three stages of Triangle of Care and be recognised as a national centre of excellence around carer involvement. We will also continue to be involved in the Triangle of Care networks and initiatives to ensure we are showcasing and sharing our own learning and achievements, and that we are also able to learn from the achievements of others.

BY CONTINUING TO GROW WIDER AWARENESS OF THE BENEFITS OF PARTICIPATION AND HOW THIS SHOULD INCLUDE ALL KEY PERSPECTIVES, BY 2023 WE HOPE THAT WE HAVE FAMILY/FRIEND/CARER PERSPECTIVES REPRESENTED ALONGSIDE THE PERSPECTIVE OF PEOPLE USING OUR SERVICES IN ALL KEY AREAS, WHICH WILL FURTHER DEMONSTRATE OUR COMMITMENT TO TRIANGLE OF CARE THINKING.

TRIANGLE OF CARE

We joined the Triangle of Care programme in 2017, following a Thematic Review of Homicides which indicated a need to better involve our families, friends

SUPPORTING THE CARER WORKFORCE

Over 2018/2019 and 2019/2020, we have seen an increase in the number of roles appearing in the organisation which are

dedicated to supporting families, friends and carers. We are also seeing an increasing number of services wanting to think about the creation of carer peer roles. In 2020, a network was created to start bringing together the people in these roles, and provide them with the chance to reflect, share experience and also access specific practice development and training opportunities. We will continue to grow this network and associated specific training and development in 2020/2023, as well as growing our wider training available for all staff around working with and involving families, friends and carers.

The roles noted above have grown organically, and so in 2020/2023 we will begin to formalise the growth and development of these roles in a more strategic way. In 2020/2021 we need to complete a scoping exercise of what roles, job titles, bandings, job descriptions and ways of working are in place for roles specific to working with and supporting carers, and we will also complete an audit to look at the different impacts that different types of roles are having. Once this is completed, we will work to standardise these roles to an extent, and to develop clear professional standards around each role description.

DATA, GOVERNANCE AND OUR PROCESSES

In line with the audit discussed above, we would like to increase the data we have available about both the impact of these roles on an ongoing basis, and also the metrics that help show us how well teams continue to work with families, friends and carers. This will be particularly helpful in us being able to demonstrate impact, measure change and also provide assurance that we are maintaining the triangle of care standards once achieved.

One particularly helpful metric will be around the number and nature of referrals from our organisation to our carer organisation partners, so we can better inform our partnership working, and also identify any gaps in support that we may need to think about as an organisation.

With these metrics, we would like to increase the visible performance reporting around families, friends and carers and include this with the PREMS and PROMS reporting streams across Care Delivery Service (CDS) leadership and other leadership structures. Metrics will be reported routinely to board level. These metrics include the use of the carer portal on Carenotes within each clinical team, the number of people receiving carer's assessments and the proportion of care plans and care records that demonstrate carer involvement.

When training, policy development and other organisational processes are being developed, we will work with the people designing these changes to ensure that families, friends and carers are included as an essential part of all areas; for example, the involvement of families, friends and carers should be noted in all mandatory and non-mandatory training, and in all policies and procedures. We would also like to increase our engagement with student healthcare professionals to ensure the people coming through to join our workforce feel more confident in the best ways to work with families, friends and carers. We will also develop more communications and guidance for our staff around the different ways to support different groups of families, friends and carers, with a particular initial focus on complex consent and confidentiality situations, which is something staff feedback tells us is important to them.

A particular part of organisational process we would like to continue to develop the experience of our families, friends and carers around is when they are involved

in a difficult or emotive process in the organisation such as receiving bad news, are in conflict with the decisions of a clinical team, are involved in an incident or investigation process or are raising or involved in a complaint. We will again start this work in 2020/2021 by completing a piece of audit and assurance work to look for and identify key areas of learning, which our Positive Experience Committee can then help to guide in to an action plan.

SUPPORTING STAFF

Alongside thinking about the families, friends and carers of the people who use our services, we would like to think about the support we can offer to our staff who may also have caring responsibilities. We would like to continue to increase the awareness of this and also develop ways to bring this staff voice together to ensure that things happening in the organisation are supportive of and inclusive for staff with caring responsibilities. This includes thinking through support available for staff through difficult work situations such as incidents, complaints and HR processes, and staff guidance, initiatives and policies.

A KEY COMPONENT OF OUR SUCCESS IN PROGRESSING OUR WORK WITH FAMILIES, FRIENDS AND CARERS HAS BEEN THE STRENGTH OF OUR CONNECTIONS AND PARTNERSHIPS WITH OUR LOCAL CARERS ORGANISATIONS.

PARTNERSHIPS

It is so important that we continue to maintain and develop these relationships and continue to find ways to work together. Working in this way helps to support the relationship between us and carer organisations, and ensures we are utilising a variety of ways to capture the experience and views of the family and friends of

people who use our services and are able to involve those who wish to go on and participate with us in a variety of ways.

SUICIDE PREVENTION

Our families, friends and carers team will continue to support our suicide prevention work. It is recognised that family friend carers can often be a protective factor for people who may be at risk from suicide, but also that being a family member or close friend of someone who attempts or dies by suicide can cause an increased risk of dying by suicide.

In terms of working to reduce the risk of those known to our services, work continues to ensure the early identification of family and friend carers and their involvement in patient care and safety planning. To support and protect our carers, we need to continue to develop processes to ensure early referrals are made to carer centres and support, and make sure that we offer ongoing support to families that is tailored to their needs, as well as the needs of the person they care for.

We also need to ensure there is bespoke support offered to families after their loved one is involved in a serious incident.

This work will start with a review and evaluation of our existing carer support pathways.

COMMUNICATIONS AND INFORMATION FOR FAMILIES

As well as the information available to share with our families through our third sector partners, we would also like to work on developing our own information and communications that we can provide to families and friends. Following learning from Covid-19 we would like to continue to explore digital sources of information for people using services and develop more resources, and also think about how we can use digital means to find more ways to involve our carers.

In 2020/2021 we will produce our own 'Z-card' for family members and friends to help ensure people have easily accessible information.

WE WILL ALSO CONTINUE OUR WORK TO CELEBRATE AND RAISE AWARENESS OF CARERS THROUGH NATIONAL EVENTS AND INITIATIVES, INCLUDING YOUNG CARERS AWARENESS DAY, CARERS WEEK, NATIONAL DEMENTIA CARERS DAY AND CARERS RIGHTS DAY.





LIVED EXPERIENCE LEADERSHIP

HEADLINES

GROWTH AND PROGRESSION

CULTURE

RECOGNITION

DEVELOPMENT

In line with the themes identified in the sections around peer roles and experts by experience in this strategy, a key aim for 2020/2023 is around building progression and development pathways for people who are coming from the lived experience perspective.

AS WE GROW PEER ROLES AS MEMBERS OF OUR WORKFORCE WITH A CLEAR AND PROFESSIONAL CREDIBLE IDENTITY, WE NEED TO ENSURE THAT WE CREATE OPPORTUNITIES FOR PEOPLE WHO COME WITH THIS TYPE OF BACKGROUND AND EXPERTISE TO ACCESS ROLES AT ALL LEVELS OF THE ORGANISATION.

This is in line with both new roles guidance from Health Education England and the NHS Long Term Plan, as well as in line with our clinical strategy.

A really important part of building robust lived experience leadership is around

ensuring we have the right people in the right places; this is not about putting people in roles just because we want to raise the profile of lived experience. It is about having people with all the skills and attributes of senior leaders who hold lived experience as their source of expertise and can represent this at a senior and strategic levels and can thrive as credible leaders in their own right. We need to acknowledge that people with lived experience need to be able to express their voices in the ways that they are best able, and so roles may need to be created with flexibility and creativity. Sometimes, the best leadership comes from those who are least understood or heard from in our society, and so the ways in which we create access in to roles of this nature will be essential.

Over 2020/2023 we need to work across the leadership levels and networks within the organisation to identify where lived experience specific leadership roles would add the most value. We then need to develop some standard expectations and role descriptors around what the fundamental aspects of such roles would look like. We can start this work by refining the small number of roles we already have in place of this nature.

This strategy has talked in several places around the growth and development of lived experience roles in our workforce. We need to recognise that all professional groups should have access to clinical supervision from someone who is from the same professional group as themselves and is therefore able to reflect with them wearing the same lens. Therefore, having leadership level lived experience roles is also important for the supervision and mentoring pathways for this part of our workforce. We do also need to recognise the role that connections in the third sector can bring in relation to offering our senior staff with lived experience the space for supervision, reflecting, coaching and mentoring outside of the organisation from those who hold the same professional background, as well as maintaining access to the generic development, coaching and mentoring programmes open to all staff in leadership roles.

One area of this wider strategy where lived experience leadership will quickly have the most impact is around the work of system wide participation.

Having lived experience leadership will be key to bringing systems and perspectives

WE ALSO NEED TO ENSURE THAT ALL ROLES AT ALL LEVELS, RIGHT THROUGH TO THE MOST SENIOR LEADERSHIP, ARE OPEN TO PEOPLE WITH THEIR EXPERTISE GAINED THROUGH LIVED EXPERIENCE.

Some of the cultural work already outlined in the peer and people participation sections of this strategy are also key for this area; for lived experience leadership to thrive, we need to ensure that we have a safe and supportive culture that recognises people with lived experience as equal and valued members of our workforce, and develop a workforce that are comfortable and confident working alongside lived experience.

together to ensure that we have good quality mechanisms in place for listening to a diverse range of voices. In 2020 we need to refine the existing role that relates to this area to ensure it is utilised in the best possible way and that the person in the role is valued and supported. We can then use the successes of this role as learning for the development of other similar roles in other places.



PARTICIPATION, EXPERIENCE AND INVOLVEMENT

HEADLINES

DIVERSITY AND REACH

FLEXIBILITY

INNOVATION

REPORTING AND DATA

PARTNERSHIPS

CELEBRATIONS AND SHOWCASING

INTRODUCTION

People Participation is a team that covers how we involve people through our volunteering programme, how we listen to and act upon the experiences and feedback of people using our services and their families, friends and carers, and how we involve people with lived experiences within the work that we do across our organisation.

From 2020/2023, we will also increase this portfolio to include more work around supporting equality and diversity for people who use our services and their families.

There has been some significant progress within the organisation around how participation has been embraced within service delivery, and over 2020 we need to amend the participation infrastructure to better support how participation ownership and value is growing.

WE WOULD LIKE OUR PARTICIPATION TEAM TO BE ABLE TO PROVIDE SUBJECT SPECIALISM AND EXPERTISE TO ALL SERVICES, AND BE ABLE TO CONSULT ON AND ADVISE ON PARTICIPATORY ACTIVITY (AS WELL AS PROVIDING THE GOVERNANCE AND DELIVERY PROCESSES FOR THIS WORK), AND FOR SERVICES TO OWN THEIR PARTICIPATION ACTIVITY.

We would like to start shift thinking to participation work being seen as a professional expertise and identity in its own right, with recognition of the specialist skills, emotional intelligence, emotional resilience and complex engagement abilities that the work requires.

By the end of 2020/2023 we would therefore like for there to be a "participation lead" role aligned within each CDS. The participation team will provide specialist support and supervision to these roles (in addition to what people are provided with through line management structures), and will connect people to ensure both high quality and governed participation, and also the sharing and celebrating of the brilliant work happening across different areas. Alongside supporting the development of new roles and restructures that are needed to enable this way of working in some areas, there is also work to do to map where these roles are already in existence, and to then bring a level of standardisation and enhanced professional identity to these roles. An additional benefit of working in this way will also mean that we can have a better understanding of the nuances of undertaking participation with different groups of people, and also means we can use our central participation resource to continue to build more connections and expand the voices we have represented within the work that we do.

In 2020/2023 we also need to develop our relationships with third sector partners

and bodies to further enhance how we hear from different people and perspectives in different ways, and to bring in different opportunities and ways of working.

The response to Covid-19 has meant that we have been required to develop digital methods of participation, and over 2020/2023 we need to think about how we continue to expand and develop this, utilising some of our experts by experience who are confident in this area. In addition, we need to also think through other methods of engagement and participation and what we need to have in place to work in more open and creative ways. One limitation of our participation work at present is that it operates largely between Monday to Friday, 9 – 5, and so we exclude key groups of people from opportunities. We need to think about how we can encourage participation not just with different methods and forums but at different times to continue to increase our reach, and therefore need to increase the flexibility and ways of working within the team. As talked about in other areas of this strategy, strong connections with the third sector will help us develop the best way to do this in order to obtain the most reach. We also need to better support participation that is held through the third sector; there may be people who will never choose to participate within our organisation due to bad experiences and/or a lack of faith with us, but they may engage with the third sector. Developing these relationships will help us hear more voices.

As discussed in the introductory section of this strategy, an overall aim for the wider participation family is around how we take the work we have done around participation within Sussex Partnership and widen this as a way of working that can be shared across the Integrated Care Service (ICS). The 4 PI model gives us clear standards for participatory activity, and we aim to use the expertise we have around implementing high quality activity aligned with these standards across the wider healthcare system.

By 2023, the vision is that the organisations across the ICS work together with shared ways of working and shared standards for participation work. By doing this, we will be assured that all opportunities are of high quality, and we can therefore enable our experts by experience to work across the wider ICS pathway and be involved across organisations. We need to recognise that many people use many different health services and we need to start joining together their experiences across services – for example, we need to think about how we capture the experiences and voices of people living both with mental health illness and with long term physical health conditions, as they move between the variety of services that they may need to access.

As part of the cultural change work being undertaken through participation we would like to see our participation services being able to host events, conferences, debates and more; things that challenge our current practices and ways of working and embrace hearing the lived experience perspective and expert viewpoint in a way that is equal to the subject expertise of clinical colleagues.

PARTICIPATION

In 2020/2023 the People Participation team aim to build on the cultural work around participation that has already been undertaken, as well as acting on the feedback from staff and from our Experts by Experience. Alongside the increased governance and guidance to support good quality participation that has been developed through 2019/2020, we would like to now develop a ‘team readiness’ programme, similar to that outlined in the peer support section of this strategy. This is about creating training and resources for our staff to support them to think about what a culture that is inclusive of and welcoming to participation looks like, what some of the challenges might be, and how we can support people to overcome some ingrained thinking about beliefs around service user involvement, as well as addressing complex topics such as boundaries and power dynamics. In 2020/2023 we will also think about how we can offer more training and continued professional development to staff around participation, which will both help with the recognition of participation and involvement work as a skill, and help us to grow confidence and pockets of expertise outside of the immediate team.

We have a good number of people who now participate with us, and although we will continually strive to increase this number, throughout 2020/2023 we will focus on increasing the diversity and spread of different voices we have working with us, with particular concentration on some of the population groups that are currently under-represented with us.

We also need to start to think through our Experts by Experience programme as a more fluid concept, which is part of a journey. We need to think about the people who use our services who are not yet (or may never be) at a place where

they can engage with our EBE programme and ensure we have other mechanisms where they can still be involved with our work and support us to develop, if this is something they would like to do. This work would include building development roles and volunteering roles in to the structure. We also need to think through how we recognise our highly experienced EBEs and utilise their skills and experience to support those newer to the work through creating mentorship schemes. We need to support the thinking that, for many people, EBE work should be a stepping stone in a person’s journey and we need to help them, through their involvement to think through what their next step may be (i.e. returning to work, returning to education, moving to a peer role, moving to another healthcare role...) and support them to gain what they need in order to make that step. As part of this work, we also need to support people to gain feedback as part of their EBE work, access appropriate skills development and training, and develop portfolios of the things that they have achieved and been involved in. We need to review our EBE programme, including employment status and payment processes to ensure we have the governance and infrastructures correct to support this work as it grows.

We have a noted gap across participation around skills in data collection and management, and around high level evaluation, reporting and research. Alongside continuing to build the team’s skills in quality improvement and organisation development, and building the relationships between the PPI in research team and the Quality Improvement team, we also need to support the skills of those across participation so as we can increase the profile of participation through disseminating evidence base, publication and learning, and most importantly, so we can be sure we are continually learning from and improving what we do. Alongside this, we also need to develop how experts

by experience are involved in quality improvement work within our organisation; we need to both continue to develop the roles of the Working Together Groups so that they can deliver quality improvement outputs, but also enable EBEs to be trained in quality improvement at levels from bronze through to gold, and to be able to participate in improvement activity accordingly.

Across 2020/2023 we would like to further celebrate the amazing work being done using participation across the organisation. We would like to design an EBE led communications campaign to raise the profile of what can be achieved using participation, and we would also like to find different ways to bring people together and share work, such as the development of a participation, experience and involvement collaborative. We also need to further promote what a good participation opportunity looks like (using the four PI standards) and work to have greater rigour around the participation opportunities we provide. We would like to have closer links with governance and complaints through our participation work, and develop joint working so that there are pathways to participation from those involved in complaints and serious incident processes; we need to hear from those who have difficult experiences with our organisation so that they have the opportunity to tell their story, feel heard and understood and be involved in the resulting change.

FOR SOME OF THE TRUST-WIDE WORK AROUND PARTICIPATION, ACROSS 2020/2023 WE NEED TO STRIVE TO MOVE SOME OF THE THINGS THAT ARE WORKING WELL TO THINGS THAT ARE EXPECTATIONS SET BY THE ORGANISATION (WITH CLEAR GUIDANCE AND PERMISSIONS TO DO).

For example, by the end of 2020 we would aim to have a clear organisational stance and process that we have an expert by experience as an equal member of interview panels for all roles and for all services.

Throughout 2020/2023 we will continue to develop our EBE training programme and supervision offer. Alongside this, our EBEs have fed back to us that they would like more ways available to connect with one another and to share experiences, ways of working and ideas. We will look at creating in person forums to do this, but also online and digital forums that can be used as safe spaces for EBE networking. We also need to continue to grow the different types of support we have available for our EBEs, recognising that people will be in different places in their recovery and will have different levels of support and social circumstances, and therefore different people will need different types of support in order to be fully involved in opportunities. It is important that we ensure people are well prepared for involvement opportunities.

Our participation work will be key in supporting the development of a lived experience welcoming workforce and culture, and one way of demonstrating this will be the development of a thriving staff network around valuing lived experience.

EXPERIENCE

In 2020/2023 we need to continue our work around people's experience by re-invigorating the ongoing work around the Friends and Family Test, which is our nationally mandated metric in this area. We need to focus on increasing response rates by being creative with different methods of engaging people and collecting this data. We need to ensure that data collected is easy to access and understand, and that there are robust regular reporting

pathways for this data to be looked at and learned from. We need to ensure that data around people's experience leads to action, and that we ensure that there are opportunities for the people who give us feedback to be involved in the delivery of the resulting improvement action. Feedback that we continually get from people who take the time to share their experiences is that they would like to see what we are doing with what they tell us and what changes have resulted from this, and so we need to ensure we have both internal and external communication processes that showcase key themes and actions on a regular basis. We need to ensure there is focus on and celebration from the positive feedback we gain, as well as learning from that which indicates to us what we need to improve.

In 2020, we have started some early conversations around Patient Reported Outcome Measures, and Patient Reported Experience Measures. It is really important that we continue to ensure that these two pieces of work link closely together, and we aim to have at least one service-wide PROM and one service-wide PREM by the end of 2020. Options for PROMs are currently being evaluated. We will continue to use the FFT as a PREM across our services, in line with national requirements. We need to ensure that results from PROM and PREM tools are interpreted together; for example, we need to look for correlations between people's reported experiences and the outcomes that they have achieving within our services. We also want to think about this work at a system wide level to ensure we have metrics we can use across systems to enable wider comparison and use of data.

We also would like to think creatively about other ways of collecting PREMs, and this will link closely to the development of our accreditation

programme, discussed above. Excellence around PREMS is where the PREM is designed and delivered by people with lived experience of using our services, and where we deliver the improvements required by PREMS data in a co-produced and participatory way.

Developing enthusiasm and excitement for experience work is key. We need to recognise that different groups of people will wish to give feedback in different ways, and ensure that we are offering different mediums and mechanisms to ask for feedback. We need to develop the People Participation team in to a place where they can manage experience feedback centrally, and where we hold awareness of the different work going on in this area, and are able to triangulate different data sources to build up a picture of what people are telling us, which we can then ensure is shared with the right people in the right places to make sure it is listened to. We also need to ensure we have ways of connecting with under-represented and minority groups, who may not engage with traditional involvement and experience networks, and we need to build relationships with these communities. As mentioned earlier, as we grow the function of our Working Together Groups, we can ensure they are key in this work and making sure we gather different information in different ways.

to help increase engagement (both services requesting volunteers, and people wishing to volunteer), and late 2020 will be a good climate to do this, as the national response to Covid-19 has shone the spotlight on the impact that volunteering can have.

By raising the profile of volunteering, we can create closer relationships with CDS and HR Workforce colleagues, so that when we are thinking about roles, responsibilities and tasks, we can think through if there is a role that volunteers can play around delivery. We also need to more closely align the work our volunteers offer with meeting service pressures; for example supporting bed flow and discharge processes, and supporting work around activities and people's experience.

We also need to develop better relationships between our volunteering programme and local college and universities, to help people recognise the ways in which volunteering can help people with future skills and career development, and with gaining work experience. We also need to further develop our relationships between our volunteering programme and third sector organisations, as well as with our own community mental health services, as we recognise that volunteering can be an important first step to help people transition back to work, education or life, can help with self-esteem and self-worth, connectedness and isolation. Given the social challenges we know people

BY 2023, OUR VISION IS THAT PEOPLE'S FEEDBACK AND EXPERIENCE DATA FORMS THE HEART OF ALL QI WORK AND ORGANISATIONAL DECISION MAKING.

INVOLVEMENT AND VOLUNTEERING

Our involvement work relates to the work we do around our volunteering programme. We need to raise the profile of volunteering

in our world will be facing across 2020/2023, where these steps will be needed more than ever, we need to ensure we have a communications campaign around how to volunteer with us that will reach those in need of taking these steps.

In terms of improving our operational delivery of volunteering, we would like to start 2020/2023 by developing some clear role descriptions for standard volunteer roles in line with what services tell us will be most helpful for them, and also what people using our services tell us will be most impactful in relation to our experiences. It is important that as we grow our volunteer numbers we ensure that we have services that are prepared for them, and clear roles for them to go in to. We also have a new volunteering database system which will help us more effectively manage our volunteers and associated quality and compliance issues, and are increasing the technology we have available to provide volunteers with as needed to help bring volunteers to digital spaces as well as face to face.

OTHER AREAS

Another area of focus that we need to think about through our participation work in 2020/2023 is around how we best support staff who are in workforce roles that are not lived experience specific in the organisation, as well as how we continue to grow and develop our peer specific roles. We need to recognise that all of our staff with lived experience are a valuable resource in our organisation and we need to embrace the richness of experience and diversity that all people bring. Some of the key areas that this will include focusing on are:

- Understanding what safe disclosure of lived experience means for each professional group, and what guidance is available. Having access to discussion groups, guidance and expertise, which can come in part through our Valuing Lived Experience (VaLE) staff network.

- Understanding and sharing the available evidence base around the benefits of sharing lived experience in clinical roles (as well as any known challenges/risks) and seeking opportunities to be able to add to this evidence base.
- Access to support, guidance and training around if you would like to share your lived experience with people using services, how to do this in a way that is safe.
- Access to support, guidance and training around talking about and sharing our own mental health stories and experiences as colleagues.
- Ensuring that all of our HR processes and procedures, our occupational health provision and our guidance for managers is inclusive of and supportive of how to support colleagues with mental health needs, including access to specialist mental health knowledge as needed.
- Clear guidance in place around managing boundaries as an employee and being a person who use our services for all staff.
- Clear guidance and support for people who have caring responsibilities outside of work, and ensuring that there is supportive and flexible management and processes to enable people to focus on caring responsibilities as well as work responsibilities.
- Continuing to develop opportunities and safe spaces for staff to come together and share experiences, wellbeing and coping skills used at work.
- Recognising that the messaging and guidance we give at work need to include acknowledgement of the impact that things can have on mental health and wellbeing, and how we can get support around this.

- Ensuring that our recruitment processes continue to make lived experience a desirable requirement and encourage people to openly share their lived experience as they go through recruitment. This is something for recruiters as well as those being recruited.

We need to ensure that people are able to feel safe to talk about what a 'bad day' looks like for them as well as a 'good day', and we are using tools such as joy at work, knowing ourselves and each other and wellbeing at work plans so that people feel able to say when they

A CULTURE THAT WE WOULD LIKE TO MOVE TOWARDS IS REMOVING THE 'THEM AND US' FEELING; PEOPLE WHO USE OUR SERVICES ARE THE PEOPLE WHO HAVE MENTAL HEALTH NEEDS, AND THEN OUR ROLE IS TO SUPPORT PEOPLE WITH SUCH NEEDS.

Instead we want to move towards a place where we are all people who use services and who may have lived experience, and are all equal and can all share our experience and knowledge. An inclusive culture around this would recognise that although our experts by experience are there to bring the lived experience in to a room, our colleagues and other people in other workforce roles may be able to also bring this perspective and we need to create a place where this can be enabled and welcomed. We need to recognise that our staff can wear multiple 'hats' and should be able to openly share their views and experiences with all 'hats' on – whether that is through their clinical knowledge, their lived experience or their caring experience. We need to make our culture feel psychologically safe enough to enable this.

are having a good day and a difficult day, what may trigger stress and difficult days, and what they need in relation to support from their colleagues. There will be work to do to ensure that from recruitment through to every day work, our processes and messages are welcoming and supportive of lived experience. Our Trust induction and our local inductions are a great place to start with ensuring we are promoting the right culture around welcoming openness of lived experience across the workforce.

We need to move to a place where our workforce becomes so inclusive that whether a person is in a lived-experience specific role or a different role in our workforce, mental health and wellbeing at work is included and discussed as a routine part of working with us.



PEER SUPPORT WORK

HEADLINES

PROMOTION OF CHOICE

ALIGNING THE APPROACH
ACROSS PATHWAYS

INFRASTRUCTURE AND
DEVELOPMENT

TRAINING

CULTURE AND READINESS

DIVERSITY

INTRODUCTION

Peer support workers have personal lived experience of mental health challenges, and support those receiving services, working towards the individual's wellbeing, giving hope and supporting recovery. Their approach is built on shared experiences and empathy (Health Education England, 2019). Peer support workers (PSWs) are one of the key new roles being focused on by Health Education England, and there is a new competency framework giving the role a clear definition and purpose which recognises the expert skills held by people in these roles. There are likely to be set trajectories of the numbers of peer support workers joining our workforce over the next five years, as they become an integral part of the NHS workforce. This is in line with recommendations of the NHS long term plan, around the use of new roles. We also want to work towards having an apprenticeship model available to support these roles from March 2021.

Although a key component of our work will be around how we set up and support the peer support worker role within our organisation, the role of partnership working with third sector organisation is particularly important; it is so important that the work that we do is

informed by the origins of peer support, which are very much rooted in peer led organisations in the third sector. We aim to get to a place where the peer support that is offered to people who use our services is informed by choice; where we have a variety of models of peer support that are offered across different sectors that people can choose, based on what is right for them. We also aim to grow the role of carer peer support workers, so that families have access to peer support from the perspective of others who have supported people using mental health and learning disability services. We need to respect the tensions and origins of these between third sector and statutory sector organisations around peer support moving to the NHS and begin to overcome these by promoting opportunities for partnership working.

An ongoing challenge in peer support is around ensuring that what we offer is truly reflective of the people we serve across Sussex and Hampshire.

WE WILL CONTINUE TO FOCUS ON INCREASING THE DIVERSITY WITHIN OUR PEER SUPPORT WORKFORCE.

A diverse peer support workforce will also be able to work within other workforce groups to help us understand around cultural behaviours and sensitivities, and to be able to support people in ways which are tailored to their cultural needs.

Delivery on the vision outlined for peer support in this strategy will be dependent on securing funding to enable the creation of an enhanced infrastructure.

A key overall vision for peer support work, in line with the overall objectives of this

strategy, will be around embedding peer support workers across the workforce, with a recognised professional identity and credibility, and with strong professional leadership, as we have with other workforce groups. 'Professionalising' peer support work will need a very different approach to other workforce groups, as the origins and nature of peer support are so different to other areas of the workforce, and there are many sensitivities and complexities unique to peer support. The newly developed Health Education England competency framework will help us in terms of recognising the skills, expertise and development needs of peer support workers.

BUILDING PEER SUPPORT ACROSS CARE PATHWAYS

When planning our approach to peer support, we have chosen to map the development of the roles against the journey people would be following when accessing our services, rather than mapping this against individual services. This helps ensure that we are putting people's experience first. We know from the evidence base that peer support roles are at their most impactful when they are placed at transition points in people's care, and so this principle has also been incorporated into thinking and planning. The vision for these roles in each part of the patient journey is detailed below:

Working age adults – crisis care pathway

From money made available to fund developments in crisis care in line with the priorities outlined in the Five Year Forward View we have recruited 14 peer support workers (including 2 carer peers) in our six Crisis Resolution and Home Treatment teams. The model we are using is for peers to work with clients as their crisis starts to lessen and be alongside them through up to 10

sessions of self-management crisis and wellness action planning to promote learning and reflection and connection with support. The ten sessions model is intended to allow peer support workers to provide support 'across the transition' thus avoiding the sudden reduction in support that many service users experience after their contact with the crisis service. It is based on work carried out by the University College of London and the Nottingham Institute for Mental Health which found that patients who received the peer support developed increased resilience requiring fewer hospital admissions.

This programme is part of a broader development of crisis teams to deliver 24/7, joined up care. The plan going forward will be to expand access to peer support in other urgent care settings including health based places of safety and Havens where it is anticipated that peer support workers will be particularly effective.

- **Working age adults – community pathway**

We have peers working in our rehabilitation services, who are helping people to become more connected to their local communities, through 1:1 and group work. At present we also have peer support workers in some (but not all) Assessment and Treatment Services, Assertive Outreach teams and Early Intervention in Psychosis teams. There has been no central strategy behind their employment and we have been working to connect and standardise the offer where we can. We would like to work to embed a minimum of two peer support workers per community based team, as well as within all rehabilitation services, by the end of 2023.

The key role that community-based peers will play will be around the links to local communities and networks of support and will also help people to develop self-management and coping skills. Another role peer support workers will play in our community services will be around helping people prepare to move on from secondary mental health services and thinking through other health pathways and community support pathways.

- **Working age adult – inpatient/acute care pathway**

We will aim to employ a minimum of three peer support workers per acute hospital site by 2023. These roles will be owned by Sussex Partnership, but will work alongside other peer support models that are available for our inpatients, such as workers from The Capital Project in West Sussex. They will provide peer support to people who are using our inpatient services in both 1:1 and group format, and will also be able to support people as they progress towards discharge, and will be able to liaise with peer support colleagues based in community teams to ensure that the person is supported throughout the transition from hospital to home. The peer support workers will also be able to provide input from their peer perspective to the patients and the inpatient team, which may include wellness and recovery action plans, involvement in care planning, s132 rights reading and understanding, community meetings, buddying, signposting and navigating services in the community, discharge planning, QI, safe wards initiatives, gathering experience data and service user involvement.

- **Forensic and secure services**

We have grown our peer support workforce from an initial trial at Hellingly Centre of two part time roles, to a group of eight peer support workers in roles across our medium secure and low secure wards, enhanced rehabilitation service and the community forensic teams. Our forensic peer support workers have become an integral part of our teams, working alongside service users who are on long journeys through our service, often with accessing voluntary work, leisure facilities and education. They are co-running groups such as 'unusual beliefs' as well as facilitating a community living forum in the community for patients close to discharge who meet with those who have been in the community for a year.

Amongst our peers in forensic healthcare services, some have experience of the secure pathway and the criminal justice system, and others connect through their lived experience of substance misuse, detention and long term mental health issues. We would like to develop more specific peer support for women in the forensic system (who stay longer on average than men) as well as people from BAME communities (who are over represented). As part of the national plan for liaison and diversion services, we are scoping out new roles now to work in custody suites and the community with vulnerable people in the criminal justice system.

- **Children and adolescent mental health services (CAMHS)/children and young people's services (ChYPS) pathway**

The development of family and carer peer roles will be particularly key in CAMHS/ChYPS services, as learning from other organisations demonstrates, and we aim to introduce a model where

there are young people peers, sibling peers and parent peers available to support those who need these shared perspectives. There will be a need to develop governance frameworks and processes to support young people peers, and there is learning from other organisations available to support this. These roles would start by being set up across the urgent and emergency care pathway, across CRHTTs and in 'drop-in' community spaces.

- **Specialist older adult's mental health services (SOAMHS) pathway**

Peer support roles for people who are older adults, and carer peer roles for people who care for older people, will be key to the development of SOAMHS as a specialist type of service, and there is again emerging learning from other sectors that we can apply to our thinking around this. There is evidence that peer roles and carer peer roles can be particularly impactful in supporting people with dementia, particularly during the early stages of diagnosis, and their families. Peer roles in this setting can also help with social confidence, memory techniques and hope. We will continue to learn from and share examples of other places that are getting this right, and develop a plan for this area in the coming months.

- **Learning disability and neurodivergent pathway**

There are emerging national examples of peer support roles for people with learning disabilities and people who are neurodivergent, and also the importance of carer peer roles in these services. We are keen to embed both types of roles across learning disability and neurodivergent services and will continue to learn from and share examples of other places that are getting this right, and develop a plan for this area in the coming months.

SUPPORT AND SUPERVISION FOR PEER SUPPORT WORKERS

At present, peer support workers are offered line management supervision in the places that they work, and also access peer group supervision through our peer support lead. All peers need access to this peer to peer supervision outside of their line management arrangements to have a reflective space to safely process the work from a lived experience perspective. Over the 2020/2023 period we will create more supervisory roles for peer support workers, as part of the development of a progression pathway for people working in these roles. More opportunities for mentoring and coaching within the peer workforce are needed, as well as continuing development and support for skills development, such as IT. We wish to move to a place where we have specialist supervision groups in line with the pathway under which the peer support worker is working in, that are led by the senior peer support worker for that area. This means we can then also run bespoke action learning sets and development days in line with the specialisms in which our peer support workforce are working in.

TRAINING AND DEVELOPMENT FOR PEER SUPPORT WORKERS

The entry point for peer support worker roles in the NHS tend to be at a band 3. We aim to create a development pathway for people undertaking peer support roles, which will include the development of senior/supervisory peer support workers (as above) and more leadership opportunities for people from the peer perspective. The concept of patient and carer leadership will be a key focus for 2020/2023, and the infrastructure and governance for these roles will need consideration, as will the support needed for leaders who will work alongside these roles, who come from other lenses of expertise.

In 2020 we have started involvement in a new trail blazer apprenticeship scheme for peer support work. We will continue to progress and develop this throughout 2020/2023. We will also continue to develop our own in-house peer support training and development programme, in partnership with peer colleagues in the third sector. By the end of 2020/2023 our vision would be to have a clear training framework for peer support which is mapped to the competency framework. We also aim to have a better pathway to support and develop people with lived experience who wish to become peer support workers, which links to our volunteer programme and our EBE programme, and draws on expertise within and outside the Trust.

PARTNERSHIP WORKING AND CONNECTIONS WITH THIRD SECTOR

As discussed in the introduction, relationships with our third sector partners are key for progression of peer support work at Sussex Partnership, and a key component of the role of our peer support lead will be the management of these relationships. Our longer term plan is to join our peers with a network of wider peers who work in voluntary sector roles to share skills and tools, and enable smooth transitions. By joining partnership networks and meetings, we hope to be in a place where we are equal partners with other organisations who offer peer support, and where we can hold each other to account to ensure the principles and values of peer support are held true in all that we do. The Principled Ways of Working Group developed a peer support charter which provides what these principles and values are, and this group will be key for continuing to develop work and resources that can be shared across organisations and sectors.

We hope to move to a stance where we can offer our own peer support work across all clinical services and pathways, but also recognise that our model of peer support may be suitable for some people who use our services but not others, and so a key role of our peer support workers is to also signpost to other peer support networks that are available in the third sector. We would like to offer access to other peer support models that compliment what we provide at Sussex Partnership and think about how we involve local peer organisations to enhance the governance, neutrality and authenticity of what we provide.

COMMUNICATIONS AND GOVERNANCE

It is important we grow our peer support workforce, and recognise and celebrate them as a key professional group in their own right. A peer-led communications campaign will enable us to deliver increased awareness of what peer support is and what can be achieved through peer support, alongside an annual conference to celebrate the profession.

The Peer Advisory Group is the governance meeting for peer support work, and this meeting will continue to develop in confidence and remit during 2020/2023. The Peer Advisory Group reports in to the Positive Experience Committee.

OTHER WIDER WORKFORCE TRAINING AND DEVELOPMENT, INCLUDING TEAM READINESS

It is proposed that, as an organisation, we develop a team readiness programme to support teams that are ready to work alongside our peer support worker roles. Although peer support workers are very much an equal and valued part of our

workforce, it is recognised that working alongside people with lived experience of using our services represents a cultural shift for the existing workforce. The team readiness programme would consist of a face to face training programme with accompanying mentoring and reflection sessions for the team. There would be a basic training and an enhanced training programme to make the training accessible to as many people as possible. Resources will also be provided such as recruitment guidance and checklists to ensure teams are ready for employing someone with lived experience. This training and development would raise awareness of participation to teams and services, such as the benefits of patient involvement and peer perspective for service development.

Having a professional lead for peer support available full time will also mean there is a clear escalation pathway for any issues or support needs, and we can ensure that these are still coming from someone able to offer the peer perspective.

We also need to ensure that our peer support workers have access to the wider workforce training and development opportunities in the organisation. We need to ensure that we have our peer support workers connected both to the delivery of and the receipt of educational programmes being developed inside and outside the organisation, as we do with other professional groups. We also need to develop stronger educational links between peer support, nurse education, medical educational and allied health professional education within the trust, and further explore how our peer support workers can aid the delivery of higher education and health professional training. Better educational connections will also help peer support be able to lead new initiatives, such as exploring the developing role of lived experience connectors.



RECOVERY AND DISCOVERY COLLEGE

HEADLINES

ALIGNMENT

OPERATIONS AND INFRASTRUCTURE

DIVERSITY, ACCESS AND REACH

INNOVATION AND LEARNING

INTRODUCTION

Our Recovery College delivers co-designed and co-delivered educational courses based on psychoeducation and enabling recovery, and is open to all people across East and West Sussex (when operating in classroom settings, it is open to all when operating digitally). A Recovery College for people in Brighton and Hove is delivered through Southdown. We work very closely with Southdown, and we host a termly 'academic Board' which is a meeting where the colleges come together to look at shared working, shared learning and any governance issues. Southdown are represented at all our key Recovery College meetings.

The Recovery College is also a great example of how our services can work in partnership with third sector organisations in order to offer a variety of different things to reach many different people. We will continue to grow our commitment to third sector organisations across 2020/2023. We will also continue to work with the aim that all people who live in Sussex who wish to access a Recovery College course can have the opportunity to do so, and

they will have a similar and positive experience that should not be affected by the geographical area that they live in and the provider delivering the service. We all are committed to work together to put people and their experience first.

Our Recovery College, although well supported by our organisation in terms of concept, has long had challenges in relation to having a sustainable funding source. This remains needed in order to enable growth and delivery in line with the vision in this strategy, and will continue to be a key part of work around the Recovery College. The Recovery College has lots of passion, energy and vision, but throughout 2020 the focus will need to be around refining the infrastructure, establishing funding, agreeing an operational model and building relationships, roles and responsibilities in order to enable the service to then flourish. This needs to be done in a respectful and considered way, which is mindful of the origins of the Recovery College and the model from which it has grown.

A large part of the workforce for Recovery College is made up of peer trainers, who operate on a bank system. We need to continue to develop this part of our workforce – we need to work with their professional leadership and with the wider organisation to ensure there is growth and development for people in peer trainer roles, and wider recognition of the skills and expertise they bring. We need to ensure there is the right support and governance for the people in these roles, and that these roles are well connected to other peer roles in the organisation. We need to review models and structure around what is best for the experience and growth of our peer trainers, and continue to create connections for them to access additional opportunities.

The Recovery College (including that of Brighton and Hove) use clinicians from within our organisation to provide clinical input for course design and delivery. We have good relationships with CDS and operational leads, and will continue to develop these over 2020/2023; we need to ensure the Recovery College operational model is aligned with the priorities identified in our clinical strategy and that we are working together to reach people.

WE ALSO NEED TO RECOGNISE THAT THE MAGIC OF RECOVERY COLLEGE COMES THROUGH ITS UNIQUE AND CO-PRODUCED NATURE AND ORIGINS, AND THE WAY IT SITS OUTSIDE OF BEING A CLINICAL SERVICE, AND CONTINUE TO REMAIN TRUE TO THIS MODEL.

The Recovery College needs to ensure we have different ways of engaging clinicians which can withstand the ongoing clinical pressures that our services face, and that we have a diverse range of professional groups represented. This will include initiatives such as working with clinical teams to get Recovery College course design and delivery in to job designs and career development pathways, and also increasing our role in supporting the training of student healthcare professionals. We also need to think how we connect to different groups of clinicians such as GPs and those working in primary care.

DISCOVERY COLLEGE

The Discovery College is a specialist type of Recovery College for children and young people. Over 2020, we need to further explore our Discovery College model and infrastructure, and develop a model that can be grown to help reach more people. At present the Discovery College is only set up to reach young people and their families in East Sussex, and there is input to Discovery College from both CAMHS and from Recovery College. We need to continue to strengthen the shared working in this area between Recovery College and CAMHS as we increase our reach.

The Discovery College model uses peer mentors and peer trainers that are young people – over 2020/2023 we need to further think about how peer roles for young people work, and how we continue to support and develop people in these roles both as they start thinking about their future careers and how we manage challenges that are unique to peer roles of this nature.

Given the positive feedback of the Discovery College, we need to think about how the model can be scaled up and spread so that it can be accessed by young people and their families across Sussex. The first two challenges that need to be addressed to enable this to progress across 2020/2023 are around finding a source of funding to enable this, a clear operational direction with a clear accountability and reporting pathway, and developing a sustainable infrastructure that is appropriately resourced.

OTHER AREAS OF REACH

The Recovery College is set up to reach adults. Work has started to develop courses that are accessible for specialist groups of people such as those with dementia and those with a learning disability. Over 2020/2023 we need to continue this work to increase what the Recovery College can offer people with a learning disability and people living with dementia. We also need to think more about dedicated offers for particular groups of people who may not wish to engage with more generic student groups, such as veterans, people with addictions and families, friends and carers. At present, most Recovery College activity is also during working hours, and in 2020/2023 we need to consider an out of hours approach to help us reach those who may not be able to participate during working hours. We also need to continue to develop other ways to increase the accessibility of the courses we offer, including the development of an in-house buddy system, and easy read and translation services, and enhance our capacity to develop individual learning plans for each student. We want to learn and understand more in particular about students who engage with a lot of Recovery College opportunities and stay with us as students for a long time, and make sure we are able to support them to continue to grow in their recovery and build up their confidence to return to other forms of education, work or life.

A secure Recovery College (for people in our forensic services) and an acute Recovery College (for people in our adult inpatient units) have started to be developed, with positive early feedback. Over 2020/2023 we need to refine this work based on the continued feedback and develop clear operational models, which then can be scaled up and spread across all of our services. Links between secure/acute and community based courses can also help people when preparing for discharge and transition between service types.

LEARNING FROM DATA AND REACHING MORE PEOPLE

The Recovery College has good data and reporting metrics, and also has a programme of work around audit, evaluation and research which needs to continue to develop over 2020/2023. We need to continue to use this to develop a national and international profile for our Recovery College.

Our data tells us that there are certain groups of people who are more likely to engage with Recovery College courses and those who are less likely to engage. Building on the points above, we need to prioritise drilling down in to this data in 2020/2023 and learning from what it is telling us, and then using this learning to shape our programme of work. We need to develop more ways to engage with the parts of local communities and populations that we are not currently reaching to understand why this is, and what they would like to see from us in order to engage.

The Recovery College needs to continue to build relationships across the healthcare system to again help us expand our reach, and needs to dedicate time building relationships with our local acute and primary care providers.

The Recovery College had to move to a digital-only offer in Spring 2020 due to the Covid-19 situation. Our student feedback is that moving forwards students would like to see a blended approach of online and in person learning opportunities – over 2020/2023 we need to develop our prospectus to include blended learning styles and approaches, and think through the different technologies we have available to enhance the learning opportunities we can deliver.



Sussex Partnership
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**PEOPLE PARTICIPATION SITS WITHIN SUSSEX PARTNERSHIP
NHS FOUNDATION TRUST AND RELIES ON THE INPUT AND
COOPERATION OF A NUMBER OF PARTNERS ACROSS SUSSEX.**

