

## **Learning from the experience of co-production with a service user volunteer.**

(Poster Abstract)

### **Introduction**

A recent service development initiative at St Charles Hospital, Central and North West London Foundation Trust (CNWL) in conjunction with Implementing Recovery through Organisational Change (ImROC) highlighted the need for co-production on the inpatient wards. Co-production is essentially where professionals and citizens share power to plan and deliver support services together, recognising that both partners have a vital contribution to make (2013).

Team Recovery Implementation Plans (TRIPs) are designed to provide a framework to assist teams to co produce services that will enhance the experience of people using them, and so better facilitate their recovery. A literature search on the topic did not bring up any articles specific to the PICU setting. However, involving those with lived experience in mental health services- namely peer support workers has been cited as good practice in the PICU environment in a recent CQC report (2014) and by Beer et al (2008).

### **Aims and Objectives**

3 TRIPs were established for the PICU at St Charles that aimed to design and deliver services to enhance the recovery experience on the ward:

- 1) Developing the garden from smoking zone into a multifunctional health focused area,
- 2) Refurbishing the quiet room,
- 3) Implementing the CNWL Health and Wellbeing packs through the use of service user involvement.

This poster will describe implementation of TRIP number 3

### **Method**

A recently discharged service user with an interest in returning to support patients on the ward was recruited to the initiative. In collaboration with the ward manager, matron, and Lead OT, it was agreed to pilot a 6 week programme of groups on the PICU that focused on topics in the

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Health & Wellbeing booklets including: Coping strategies, 'What is Recovery', 'Negotiating Ups and Downs', and 'Staying Well'.

## **Results**

The 6 week programme was delivered and overall the sessions were well received and favorably experienced by patients on the ward. Staff also felt the involvement of the service user was beneficial to the group as it added the lived experience expertise.

Unfortunately the service user was not able to complete the course in his role as co facilitator. The literature defines involving services in developing and delivering services as a positive experience. However this pilot highlights the need for more robust processes to ensure that those with recent admissions are resilient enough to return to work within this specific environment. There needs to be a formalised training package to ensure expectations of the service user are clear, and support systems available to them. Content of the group also needs to be considered.

## **Conclusion**

There is a lack of literature on PICU co production initiatives in regard to specific service user volunteering opportunities. This poster will report on the process and outcomes of an initiative and outline the experience and reflections of co-production from the staff perspective and the learning gained. For co-production to work in a PICU setting there needs to be a coherent recruitment process and cogent supports in place from the outset.

**Word Count:** 487 minus references

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