

**REPORT TO THE TRUST BOARD: PUBLIC**  
**25 July 2019**

<b>Title</b>	People Participation Committee 20 June 2019 – Chair’s Report
<b>Committee Chair</b>	Aamir Ahmad, Committee Chair
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**Purpose of the report**

To bring to the Board’s attention key issues and assurances discussed at the People Participation Committee (PPC) meeting held on 20 June 2019.

**Issues to be brought to Board’s attention**

At its meeting on 20 June 2019 the Committee considered a range of items including the People Participation Strategy in Community Health Directorate, the work of the Dialectical Behaviour Therapy Peer Support Group, and the Committee’s terms of reference as well as a discussion on Recovery – what does this mean.

The Committee wished to draw the Board’s attention to the following:

- **Chair of the Committee:** Aamir Ahmad would now be the chair of the Committee; Marie Gabriel would continue to be a member of the Committee.
- **People Participation Strategy – Community Health Directorate:** The Committee received a presentation on the People Participation Strategy for Community Health Services Directorate from Michael McGhee, Service Director for CHS. The presentation highlighted the work being taken, the challenges and future strategies:
  - There is a focus on increasing the availability of peer support workers across all settings; consideration is being given as to how this will
  - A common issue in Tower Hamlets is the fear of losing benefits that prevents carers from wishing to be identified; the Trust is working in collaboration and partnership to ensure information is available with regards to carers rights and lasting power of attorney
  - A Quality Improvement initiative in Newham is focusing on supporting carers including the development of a carers’ handbook and the establishment of a carers support group. In addition, the Trust is working with the local authority to develop greater awareness and increase uptake of services
  - The Trust is raising awareness of our services in Bedfordshire by working and meeting with carers and visiting carers’ lounge in Bedfordshire Hospital, as well as training staff on working with carers
  - Opportunity for learning could be through Norfolk Community Services FT who have been successful in the inclusion of carers and service users in community services development
  - Future plans include improving the resources to support carers’ needs, collaboration with partners including local authorities, spreading the peer support worker model to other teams and spreading work into particular groups such as the Roma community and homeless projects
- **Dialectical Behaviour Therapy Peer Support Group in Bedfordshire:** The Committee received a presentation from Emma Myers, CMHT Assistant Psychologist, and Felicity Stocker, service user and DBT skills graduate on the work

of the graduate DBT group:

- The group was established as a pilot in late 2018 in collaboration with Mind BLMK following feedback from service users that finishing treatment felt like an abrupt end without support to keep up their skills
  - Peer support was highlighted as one of the most helpful ways to do this
  - The group is held every two weeks for two hours and involves a variety of different subjects and skills and offers a forum for members to support each other
  - Regular evaluation is undertaken and to date is extremely positive
  - Mind will be taking forward the group which has also been commissioned to run in Luton.
- **Recovery:** The Committee discussed what recovery means to them and the key principles that underpin it with the aim of using the results of the discussion as a template for future work and workstreams. Key points discussed included:
    - The term 'recovery' has positive and negative aspects which can be confusing. It can have different meanings for physical health or older people's services
    - A person's individual journey is unique but with some key overlapping principles, challenges and hopes
    - The focus should be on 'improving the quality of life' and not 'recovery'
    - The key areas to feed into improving quality of life, with the person at the centre are:
      - Valuing lived experience
      - Identity (service user, patient, PP representative etc)
      - Loneliness, stigma and isolation
      - Coping with illness, adjustments, flexibility and strengths
      - Living the best life possible.
      - People participation pathways (into education/employment)
      - Hope, opportunity and potential.