



# What matters to me?

Our Recovery Approach for 2021-2026  
**Strategic Framework**

## Mission

Humber Teaching NHS Foundation Trust - A multi-specialty health and social care teaching provider committed to Caring, Learning and Growing.

## Vision

We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff and known as a great employer.

## Values

**CARING** for people while ensuring they are always at the heart of everything we do.

**LEARNING** and using proven research as a basis for delivering safe, effective, integrated care.

**GROWING** our reputation for being a provider of high quality services and a great place to work.

## Strategic Goals



Innovating quality and patient safety



Developing an effective and empowered workforce



Enhancing prevention, wellbeing and recovery



Maximising an efficient and sustainable organisation



Fostering integration, partnership and alliances



Promoting people, communities and social values

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## Foreword

### Messages from Lynn Parkinson (Chief Operating Officer)

I am absolutely delighted to introduce to you our work taking forward the approach and principles to Recovery that were first set out in “Bridging the Gap”, our strategy for 2017 – 2020. Our Recovery College is now established and has been extended and built upon. Our new Recovery Framework “What Matters To Me? 2021- 2026” sets out a broad ambition for how the approach and principles will truly be further embedded and will be at the heart of all of the relationships our patients, service users and carers have with our staff.

This approach genuinely embraces the Trusts values of Caring, Learning and Growing placing them at the core of recovery principles. Our service users and staff with lived experience, carers, families and other stakeholders have authentically coproduced this framework and I am sincerely grateful for their time, energy and commitment in achieving this ambition that with them the Trust will now deliver.





## Opening Remarks

### Message from Natalie Belt Service Manager (Prevention, Recovery and Wellbeing Services)

Developing a Recovery focused strategic framework that reflects the thoughts, opinions and goals of our services users, patients, carers and colleagues evidences the importance of recovery and the role it plays, but the need to further educate on concepts surrounding recovery and how it can keep us staying well for longer.

Recovery is all about empowering yourself to choose your own self-defined next steps and seeking support from others when you want or need it. Recovery is a process of learning from your lived experience and developing your own personal understanding and definition of recovery.

Co-producing and co-designing a Recovery framework with so many people will serve as a golden thread throughout the organisation, evidencing our commitment to ensuring recovery is at the heart of all we do.

The role the Humber Recovery College plays within educating and promoting positive recovery values will be something we continue to build upon, alongside continuing to develop the work and initiatives around our Peer Support Workers and Lived Experience representatives. Additionally, we intend to introduce CHIME, a recognised framework, across the Trust. Working within an established and evidence-based framework ensures that we bring recovery principles and values to an integral and ever-developing learning environment. This gives reassurance that what we do to support recovery and how we measure it is evidenced based, meaningful and effective.

We believe that all people can benefit from understanding the philosophies surrounding recovery, no matter who they are, how old they are or where they are from. Recovery can be articulated as building resilience and wellbeing, with an emphasis on self-management and self-expertise and this is what we aim to deliver with the Recovery Framework 2021- 2026.

## Message from Hayley Williamson-Escreet Lived Experience Co-ordinator

As an Expert by Experience, a service user, a staff member, a mother and all of these combined... it is heart-warming relief to see Recovery taking the spotlight at Humber Teaching NHS Foundation Trust, as we build upon the achievements over the years and implement the Trust's second Recovery Strategy.

I am hopeful that the collective experiences from service users, carers, Experts by Experience, staff, family and friends of Humber will make a huge difference in how we improve experiences, provide hope and support one other as we move forward towards 2025. The goals and knowledge that this co-produced framework is built upon - combined with the shared commitment to carry this work forward - has the potential to take the care and support that our Trust already provides to the very highest level.

Having been through times when I thought recovery wasn't possible for me, and experiencing the impact had upon me and those around me, it is crucial that we continue to push forward to educate people about recovery, change the culture in which we work and live and share the message that this strategy brings.

Recovery is individual and recovery is achievable. My experience of recovery is that it isn't being 100% well all of the time. Rather, it is accepting that the tough days will still come, but knowing that you have the strategies to deal with them when they do. It's learning to ride the waves in the storm, and knowing that the storm will pass.

## Message from Luke Scott Peer Support Worker

The Peer Support Worker role is there to bridge the gap between professionals and patients. We are here to support other people who are struggling with their mental health and make sure they can get back into the community with the support they require.

Having lived experience means that we are able to come in from a different angle. We don't always have the qualifications and scientific knowledge of our clinical colleagues but we have an ability to empathise with and provide support to service users who are going through a tough time, because we've been there ourselves in the past.

We are able to uniquely reflect on our own journeys, and decipher what might've helped us if we had access to a Peer Support Worker during those times. Our understanding of their experiences encourages service users to open up; they tend to trust you that bit more and let you in, knowing that you are a friendly and informal form of care. Our role is unique but we also believe it's extremely valuable.

## Recovery Terminology and Language

Recovery and its meaning have been discussed at length throughout the development of the strategic framework because it is consistently used by those experiencing mental health challenges within research, forums and throughout healthy policy. However, the term can be misleading and misunderstood; for example, some individuals with life limiting or degenerative illnesses may find the term inappropriate as 'recovery' can be unrealistic for them.

Following consultation with service users, carers, partners and workforce, we would like to recognise and note that the term was not always favourable for people generally, with preferences for a number of terms that are often used to refer to similar and overlapping concepts, such as person centred care/approaches, social inclusive approaches and personalisation. Although we have used the term Recovery throughout this Strategy, we want to recognise that different groups of people / teams prefer to use different terminology to achieve the same goal and outcome.



## Executive Summary

### What is Recovery?

Within mental health, Recovery does not generally refer to the process of ‘complete recovery’ from a mental health difficulty in the way that we may recover from a physical health problem. The term ‘Recovery’ is most frequently used to describe how a person with lived experiences of mental health journeys towards living a more meaningful and satisfying life as defined by them, with or without continuing symptoms.

Recovery takes into account the obstacles that people face in their daily lives and focuses on using existing strengths to develop resilience. Recovery helps people rebuild their life and as a result, find meaning in what has happened and a new sense of self and purpose.

Recovery is articulated as building resilience and wellbeing with an emphasis on self-management. People with lived experiences of mental health have a sophisticated expertise of mental health and are in a position to know what will work, what wont, and what may help others. This is similar to the clinical notion of the ‘Expert Patient’. This also fits within the overarching context of the Care Act with its emphasis on building community resilience, prevention and reablement.

A priority action for mental health services set out in the Five Year Forward View is:

“Promoting good mental health and preventing poor mental health – helping people lead better lives as equal citizens”. And that: “This requires services able to provide early support at key moments in life, preventing problems becoming worse, building resilience and contributing to mentally healthy communities.”

### Defining Recovery

*“Recovery does not mean cure. Rather recovery is an attitude, a stance, and a way of approaching the day’s challenges. It is not a perfectly linear journey. There are times of rapid gains and disappointing relapses. There are times of just living, just staying quiet, resting and regrouping. Each person’s journey of recovery is unique. Each person must find what works for them; the aspiration is to live, work and love in a community in which one makes a significant contribution.”*

(Deegan, 1996)

Whilst Recovery is a personal process that is entirely exclusive to the person experiencing it, three concepts have become central tenants of Recovery. We share these as a way to quickly identify if something is Recovery-focused or not:

## Hope, Agency and Opportunity

### HOPE

That it is possible to work towards personal goals as defined by the individual and the belief that things can get better

### AGENCY

The individual becomes an expert in self-care and working out ways of managing problems and making choices so they do not get in the way of finding purpose and direction in life and pursuing goals

### OPPORTUNITY

To be able to build a meaningful and satisfying life for yourself



*Based on the Hope Agency Opportunity (HAO) measure as developed by University of Southampton and the Southern Health Recovery College*

Some may already be familiar with this concept with being ‘Hope, Opportunity and Control’. It is the same thing but different people prefer to use the word ‘control’ over ‘agency’, or vice versa. We use the research-led term ‘agency’ instead of ‘control’ within this document because many collaborators believed ‘control’ has too many negative connotations to be consistently helpful.

Without context, it suggests that people ‘keep a stiff upper lip’ or ‘man up’ in controlling their difficulties, rather than its intended meaning of having control over your life or taking control of a situation.

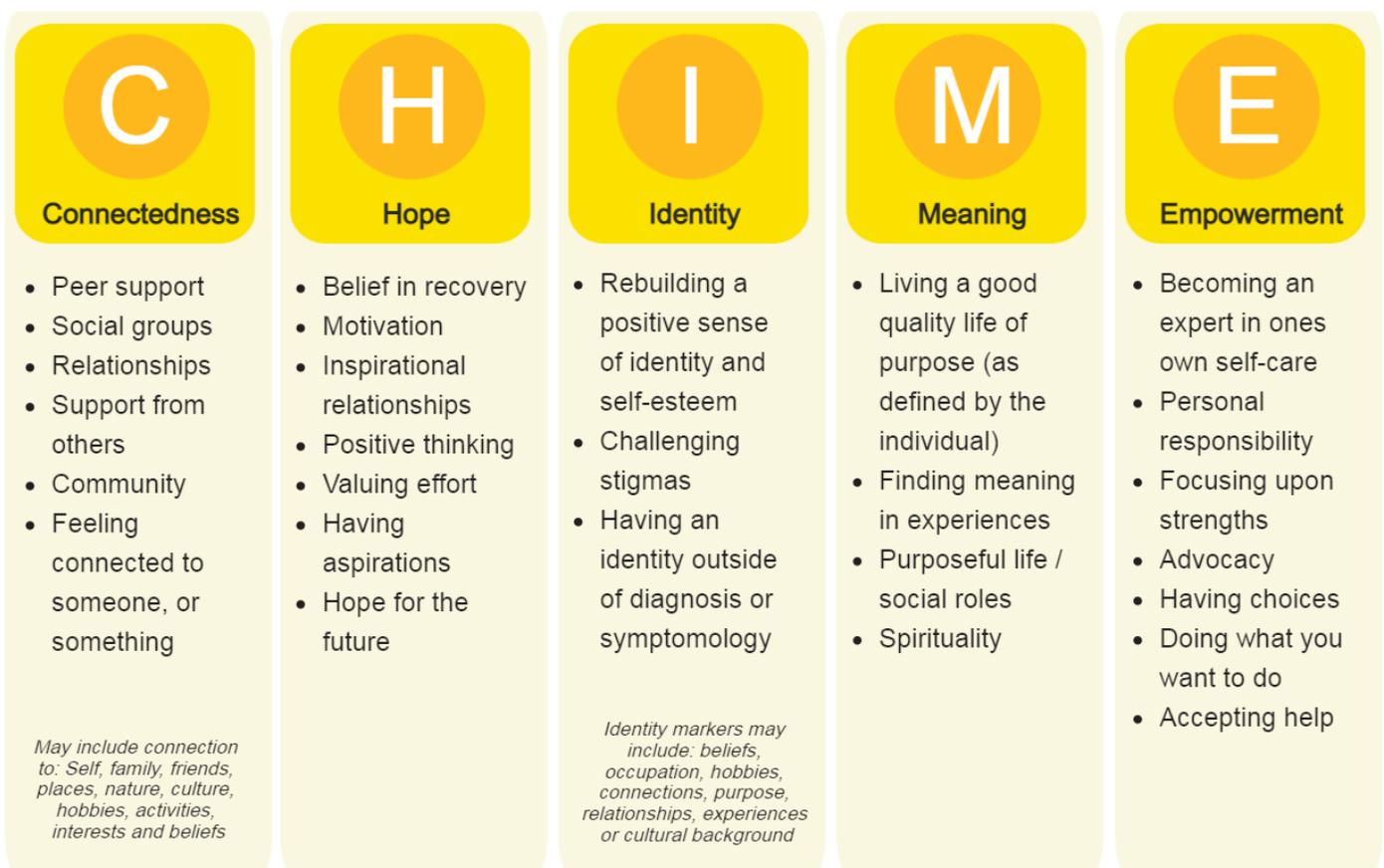
However, collaborators felt that it was important that people should use whichever terms feels most accessible for themselves or others in the moment.

## Introducing the CHIME Framework

Whereas the 'Hope, Agency and Opportunity' measure defines the core principles of Recovery, the 'CHIME Framework', an internationally-used model for Recovery, can help us to consider Recovery in a detailed, balanced, holistic way.

Introducing a framework that allows us as an organisation to focus our attentions on ensuring Recovery is at the heart of our care planning and beyond, will support in preventing needing access with support in staying mentally well for longer.

Using a **collaborative, holistic and person-centred approach to care**, people are empowered to lead those who are there to support them.

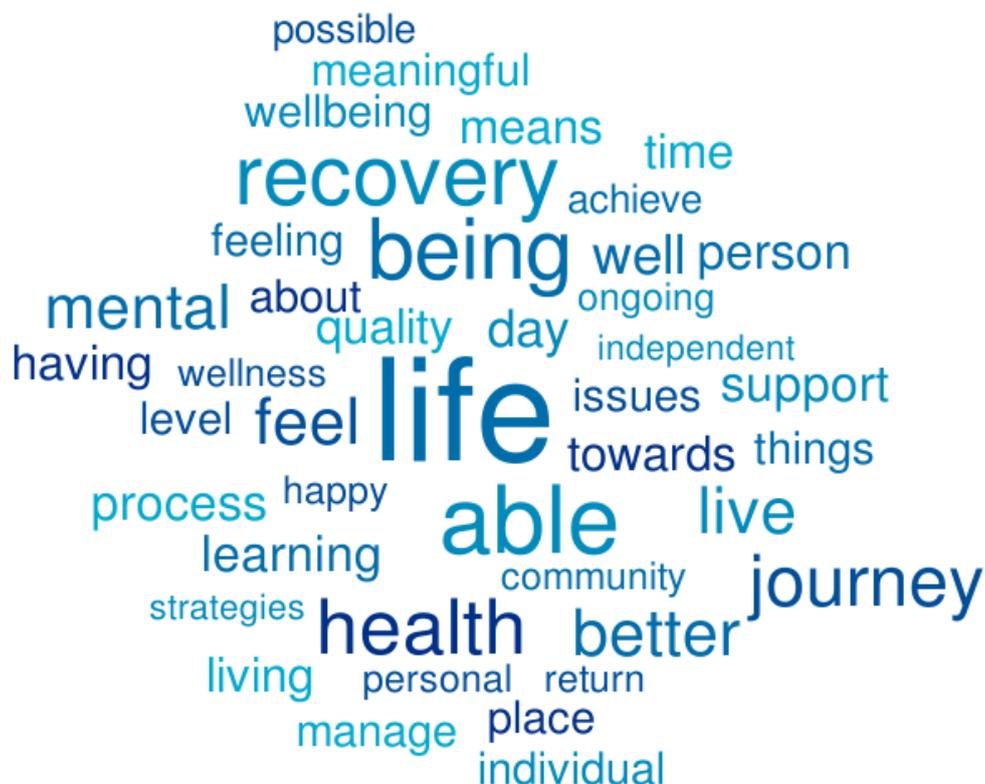


We have also been sure that each of our priorities links to core recovery principles, which we have identified using the CHIME Framework (Connectedness, Hope and Optimism, Identity, Meaning and Empowerment).

## Understanding Recovery

### What 'Recovery' means to us

This is best described by those we have coproduced the strategy alongside and who have shared their own personal views on the meaning of recovery. This word cloud has been created using 81 responses to the survey question **'What does Recovery mean to you?'**



***“It’s the process of choosing what steps you take to move forward - with me or others as support - towards your own understanding and definition of Recovery”***

*“I think it can be helpful to think about recovery as a continuum that everyone is on somewhere, some more than others. This is particularly true at the moment due to the pandemic. This would help normalize recovery and reduce the risk of an "us and them" culture within the Trust.”*

***“Humber has been brilliant with me personally. Just to keep up the compassion and listening to the individual needs”***

There is no single definition of the contested term 'Recovery', but within a mental health context the term 'Recovery' is most frequently used to describe the personal lived experiences and journeys of those managing mental health challenges.

Recovery is a **non-linear** process of **rebuilding** after a crisis, taking **responsibility** for personal wellbeing and **learning to live alongside any continued symptoms or impairments** without the pressure to eventually be symptom-free. By focusing on existing and potential **strengths, skills and resources**, an individual can pursue what they consider to be a **satisfying and meaningful life**. Learning from one's **peers**, someone can work towards their own **self-defined goals** at their own pace. This process of rediscovery is often referred to as a '**Recovery Journey**'.



**Recovery is ...**

- ✓ A journey for some, a destination for others
- ✓ Placing the person and their self-defined goals at the centre of their care
- ✓ Having choices and advocacy
- ✓ Valuing personal lived experience and the resulting personal growth
- ✓ Strengths-based learning
- ✓ Coproduction and shared decision making
- ✓ Challenging stigmas and blurring the harmful 'us-them' distinction
- ✓ Building relationships and connecting to others in the community
- ✓ Addressing power imbalances through the disuse of disempowering language and outdated, patronising and/or discriminatory clinical practices

**Recovery is not ...**

- ✗ Something 'extra' I, or others, now need to do
- ✗ 'Just the latest model' that will be replaced with something else before long
- ✗ That others are responsible for my wellbeing
- ✗ Something that doesn't apply to 'my patients' or 'my role'
- ✗ A complete cessation of symptoms achieved as a result of 'making' people independent and 'normal' through 'interventions' and 'treatments'
- ✗ Closing/Replacing existing services
- ✗ That contributing to society can only happen after the person has recovered
- ✗ An excuse to shift all responsibility onto the me
- ✗ About living 'symptom-free'

## Recovery Journeys

Each individual's Recovery Journey is different, a journey that they must set the pace, route and destination for. Much like a frog in a lily pond, they look at their options and decide where to go to next, and when. It is the role of health and social care providers to help them define their own vision of recovery and help them get to their self-defined goals.



*The lily pad concept was developed using the insight from various coproductive workshops  
 Lauren Saunders (2020)*

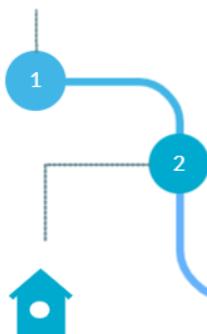
## Luke's Recovery Journey A Personal Reflection



### Where I was

A lot had happened in my life over the course of about 10 years, and everyday I was up against all sorts of demons. I turned to alcohol in a hope to literally drown my sorrows. This eventually led to trouble with work and the police, and multiple attempts on my own life.

Death felt like the best option to deal with my ever darkening life. I thought killing myself would end all my dark thoughts and problems, and I convinced myself that my death would lessen the burden I believed I was being on my family.



### Inpatient Stay

I found myself in Miranda House for a short stay. Whilst in there I began reflecting on what was next for me once I got out. Death has never scared me and I knew I still wanted to die. I couldn't cope with what was going on in my head.

Yet, I couldn't help but wonder if something or someone could help me now I've shown my vulnerability?



### Community support

Upon leaving Miranda House my care was transferred to my local community health team and I was assigned to a care coordinator, who met me with regularity. She sat and spoke with me and most importantly listened to me.

I was cynical though, doubtful that this could help me... but I was willing to try anything. After all, what's the worst that could happen? Things couldn't get much worse than wanting to take my life...



### Recovery College

My Care Coordinator suggested I try joining in with various groups/organisations... one of which was the Humber Recovery College, which offered opportunities to educate myself and make sense about what was happening with me, learn how to get myself back on track and connect with others with similar experiences.

By this point I had lost my job as a bus driver and had plenty of time on my hands, so I flicked through the prospectus to see if there was anything I wanted to get involved with.



### Self - care

I enrolled onto 'Boxing for Health'. When I first attended the course at Vulcan Gym, a community-led gym, I was nervous, anxious and unsure of what to expect. But the course facilitators and gym staff were very welcoming and friendly.

I began attending every week and soon discovered that as a Recovery College student, I could attend the gym for free anytime I wanted... and soon I was there every night. I used the opportunity to take control of my physical wellbeing.



### Connecting

Keen to help out with the facilitators, I then began volunteering for the Recovery College. I initially started by helping and motivating the students during the gym sessions, but then started as a Peer Supporter within other courses.



### NHS Peer Support Worker

I was absolutely thrilled when I got the job. This felt like a fresh start for me. I now had a paid job again, but this time in the NHS in an area I am passionate about, where I'm able to use my lived experiences to support others.

I didn't plan my path, or my Recovery Journey... I grabbed the opportunities presented to me. I've now got a good routine, I'm settled, and feel a lot better than I did. I still have times when I feel down, but I'm more resilient for my experiences and the meaningful life I have created for myself.



### Seizing Opportunities

I was developing my skills and knowledge as a volunteer, and finding ways to grow as a person. I invested my lived expertise into developing my own peer support service 'We Go Again' and was interested in local peer support worker roles.

I applied immediately when the Humber NHS Peer Support Worker vacancy was advertised. I was successful with my initial application and although I was confident I would be good doing the role, I felt nervous for the interview... and for this new, unplanned career path that was unfolding in front of me.



### Volunteering

I was really enjoying helping out and soon started volunteering alongside the Humber Recovery College within other organisations that has supported me in my Recovery Journey - Vulcan Boxing Club, Andy's Man Club, Working for Health and Paul for Brain Recovery.

I had discovered a newfound enjoyment in using my own personal experience to help others facing similar experiences. I wanted to demonstrate that mental health difficulties shouldn't – and don't have to – get in the way of people living a good life.

# About this Recovery Framework

## Purpose

The aim is to support and continue the change in culture of the organisation so that it brings to life and fosters a Recovery focused approach in every conversation whether between staff and those using our services, family members, carers and partner organisations.

The aim is to change the conversation about Recovery throughout the organisation. Creating powerful and meaningful conversation requires an organisational wide approach to shape and guide how we connect with people effectively, and support people to connect to one another.

It is essential that people see how recovery requires a change in relationships, roles and the practices we demonstrate and are involved in every day. The question at the heart of every conversation must be **'What matters to me/you?'** whether those conversations are at individual, team, service or community levels. Not only does this key question allow us to understand not only how to better communicate with and support people, but also instantly addresses the ability to understand where someone is coming from.

***People, not organisations and services, should be at the centre of Health and Social Care delivery***  
(NHS England 2015)

People turn to us as an organisation for help, guidance, security, care and support whilst they work towards their personal long term recovery plans. Through changing the way we understand experience and talk about Recovery, we believe this will be a key enabler of the Trusts overarching strategic vision.

## We see three core areas that require an organisational call to action:

- Changing and shaping the conversation between our health workforce and those they support, with a focus on shared decision making and equal partnership
- Changing the way services communicate with and empower those that use them ensuring coproduction and co-delivered service exist.
- Changing conversation between services and the communities in which they operate

It is important that we accommodate the wide delivery of services provided by the Trust and recognise change in practices / delivery will vary depending on service prioritisation, strengths, need and context. However, it is important to be ambitious in shaping our recovery-focused conversations.

## Developing the Recovery Framework

### Creating this Strategy



- People with lived experience
- Current and former service users
- Carers and people who have been in caring roles
- Clinical and non-clinical staff
- Staff with lived experience
- Partner organisations
- Community activists
- Members of the public

Coproduced with...

# 260+ people

have been actively involved in directing, shaping, designing and writing this Recovery Strategy

Project-led by staff with personal lived experience of mental health and of caring for others with mental health challenges

#### Individuals got involved by:

- 1 An initial survey sent out through emails, social media and word of mouth
- 2 Two Staff Workshops on 4.12.20 and 7.12.20
- 3 Conversations with teams in workshops and 1:1 discussions
- 4 Group and 1:1 conversations with service users and others with lived experience currently on inpatient wards or at home
- 5 Invitations for feedback on progress via Steering Groups, forums, emails and more
- 6 Task and Finish groups (the group that pulls it all together) consisting of people with lived experience, carers and staff

**81**  
 people responded to our initial survey about Recovery

### REOCCURRING THEMES

What kept coming up in conversations

**EDUCATION** Learning about Recovery and from one another, and valuing the strengths and expertise each person can bring to the table

**COMMUNITY** Connecting and sharing with one another

**CREATIVITY** Thinking flexibly about how we do things, and exploring new, holistic avenues to support meaningful recovery

**CULTURE** Communicating to each other to challenge harmful attitudes, stigmas and language, and challenging the traditional way of doing things



## Strategic Context

Humber Teaching NHS Foundation Trust has embraced the concept of recovery over the last 10 years and the principles of Recovery, developing cultural and recovery-led practices across the organisation. We set out with an aim to supporting individuals to embrace life in a meaningful way alongside any existing or continuing health challenges, so that they can live the life they want to live and partake in the things they choose to do within their communities.

The Trust plans to build on the current Recovery strategic framework that was developed in 2015 which has supported the transition to underpin Recovery and the meaning of Recovery across the wider organisation over the last five years.

The original Strategy identified key principles which we as an organisation have achieved and continued to build and grow on how we support Recovery.

The introduction and transformation of the Humber Recovery College has been an integral leader in tackling how the organisation supports Recovery-focused initiatives and continues to act as a catalyst in supporting the education and learning shaping cultural change.

Peer support and lived experience opportunities spearhead the shaping of conversations and the co-delivery and co-design of services and will continue to underpin decision-making across the organisation. These practices must also be influenced and led by CHIME principles and the ever-important question of 'What matters to me/you?'

The Trust has also invested in the expansion and development of paid Peer Support Worker (PSW) roles across a range of mental health services within both inpatient and community settings. The role of Peer Support Workers is pivotal in transforming and guiding conversations.

The work of the Patient and Carer Experience (PACE) Strategy and forum from 2017 and beyond has further evidenced a cultural shift in how we support Recovery across the wider organisation, as we continue to coproduce and involve our service users, patients, carers and workforce in how we seek feedback, design, operate and coproduce recovery-led services.

We have also introduced a dedicated Patient and Carer Experience Coordinator role within the organisation. This is to focus on putting those with Lived Experience at the heart of our delivery and purpose but also ensuring those with Lived Experiences are actively shaping how we move forwards as a Trust.

## Humber Recovery College

Our Humber Recovery College promotes an educational approach to Recovery and mental wellbeing by supporting individuals to recognise their own resourcefulness, talents and abilities. Mental health professionals, tutors with lived experience, Peer Support Workers, volunteers and the students themselves work together to codesign and codeliver educational courses to support those who have an interest in keeping themselves mentally and emotionally well.

The Recovery College has seen vast transformation and has continued to grow in scope and popularity since it was launched in 2015, continuing to serve as a platform to provide Recovery-focused and experience-led learning opportunities for everybody; those accessing Humber Teaching NHS Foundation Trust services, staff, carers, families, friends, partners and the general public.

The Recovery College is now accessible online 24/7 and educational courses, workshops and learning experiences are available through accessing our online platform. This bespoke e-learning platform complements the ongoing, face-to-face community and outreach work delivered by the Recovery College team, Volunteers and Peer Supporters.

This Recovery Strategy will help further the role of the Humber Recovery and Wellbeing College across the wider organisation in promoting a meaningful change in culture, conversation and education.



## Trust Mission, Vision and Values

Humber Teaching NHS Foundation Trust has an overarching set of missions and values, and are committed to providing safe, effective and caring services that meet the needs of our patients, service users and carers and we are committed to learning from experience; this means the experiences of people who use our services and those who care for them.

### Mission

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### Vision

We aim to be a leading provider of integrated health services, recognised for the care, compassion and commitment of our staff and known as a great employer.

### Values

**CARING** for people while ensuring they are always at the heart of everything we do.

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### Strategic Goals



Innovating quality and patient safety



Developing an effective and empowered workforce



Enhancing prevention, wellbeing and recovery



Maximising an efficient and sustainable organisation



Fostering integration, partnership and alliances



Promoting people, communities and social values



## Our Recovery Priorities for 2021 – 2026

These following priorities use our collective vision for Recovery in the Trust in a way that aligns to the Trust goals and sits within the CHIME framework.

ONE	Recovery-focused, person-led care		Using a model of shared decision making and equal partnership (between service users and those they support) to champion a recovery-focused, empathetic and user-led holistic approach to personalised care.
TWO	Exploration and Innovation		Working more inclusively and creatively by exploring new / existing holistic and technological avenues to better enhance existing preventative, wellbeing and recovery-focused measures.
THREE	Valuing Lived Experience through Meaningful Coproduction		Ensuring that there are integrated opportunities for people with lived experiences (including service users, carers / families, staff and the community) to codesign, cocreate and codeliver services and peer-led initiatives.
FOUR	Recovery-focused training and education		Training up staff, service users, families, stakeholders, partners and others in our community with coproduced educational materials. to increase understanding of and better implement recovery-oriented values and practices.
FIVE	Supporting Staff Recovery Journeys		Changing working practices to better support staff wellbeing and staff recovery journeys, whilst also making recruitment practices more inclusive for those coming in from a place of lived experience and / or disabilities.
SIX	Transforming the Culture at Humber		Challenging adverse attitudes, stigmas and language to better support and enhance recovery, whilst increasing opportunities for cross-service working, integration and conversation.
SEVEN	Working creatively with the local community		Seizing inclusive opportunities for meaningful relationships and alliances with external partners within our local community



## Contextualising our Recovery Priorities: Now and in the Future

### Implementing Recovery for Organisational Change (ImROC)

Through the Trust's Recovery College, Humber is a member of a national initiative called ImROC. ImROC stands for Implementing Recovery for Organisational Change. ImROC has a clearly defined methodology including a number of principal, organisational challenges.

These are:

- Changing the nature of day-to-day interactions
- Delivering comprehensive, co-produced staff training programmes
- Ensuring organisational commitment at all levels
- Shifting understanding of involvement to co-production
- Establishing a 'Recovery College'
- Increasing 'personalisation' and choice
- Transforming the workforce
- Changing the way we approach risk assessment and management
- Redefining user involvement as '*partnerships-between-experts*'
- Supporting staff wellbeing and resilience
- Increasing opportunities for building '*a life beyond illness*'
- Valuing, including and supporting family members and friends

*(Boardman & Shepherd 2009).*

By aligning the Trust's vision and core values to this Recovery Strategy and addressing ImROC's organisational challenges, we aim to increase awareness of Recovery values and principles and implement them throughout the Trust with recovery-focused action.

### Challenges and opportunities identified by our shared community

Service users, carers, staff, volunteers and partners shared through a series of open discussions, workshops, conversations and surveys things that they felt could be a barrier to implementing change. We listened and responded when co designing each priority.

## Thoughts for Strategic Planning

- It may be challenging to get people who are 'set in their ways' to change outdated views and non-recovery-focused attitudes
- That some staff may already believe they understand what Recovery is and how to implement in, when they actually don't, and this naivety or arrogance may make it difficult to engage and re-educate these staff
- Coproduction takes time ("it is a slow burner"), yet time pressures and deadlines from the organisation may cause coproductive corners to be cut, tokenism and self-deception.
- Although staff want to properly invest the time they want to invest in supporting an individual's recovery journey, the pressure and often unrealistic demand to measure, move people on, and/ or manage large caseloads (which can vary by postcode or KPI) makes that holistic, person-led care very difficult.
- Unrealistic commissioning expectations and demands may hinder effective recovery-focused work (and the wellbeing of those involved) at organisational, team and individual levels ("the person can easily get lost under all that financial and target-led pressure")
- Whereas the organisation wishes to be more recovery-focused, this may not be effectively or practically supported (e.g. enough coproduced training and guidance, organisational practices)
- There may be a tendency to lean into what is convenient, easy to achieve or what 'looks good' and look over painful truths and on-the-ground recommendations
- Merely trying to tweak the 'system' won't change much because of how deeply rooted it is within a medicalised framework. Without an organisational pledge to big, transformational values-based action nothing will change
- Miss-application of the Recovery model could cause individuals to still "feel they are under pressure to live up to and perform [and respond] to the expectations of staff".
- Enthusiasm and momentum surrounding recovery will stop-and-start, as it has done in the past
- Non-clinical or service-user facing staff may think that recovery has nothing to do with them, when it's actually a philosophy that needs to inform and permeate actions / decisions across all areas
- In the quest for inclusive and accessible technology that enhances recovery, we may leave behind those who are not as technologically literate or those experiencing digital poverty. We must think about digital inclusion (alongside accessibility in general) and recognise that people may experience a number of barriers simultaneously.

# Recovery Strategy PRIORITIES

ONE	<p>Recovery-focused, person-led care</p> 	<ul style="list-style-type: none"> <li>• Implementing tools to support Recovery</li> <li>• Supporting coproduced care</li> <li>• Holistically enhancing person-led care</li> </ul>	<p>Using a model of shared decision making and equal partnership (between service users and those they support) to champion a recovery-focused, empathetic and user-led holistic approach to personalised care.</p>
TWO	<p>Exploration and Innovation</p> 	<ul style="list-style-type: none"> <li>• Increase in arts based opportunities</li> <li>• Developing Green Health opportunities</li> <li>• Supporting Spiritual Care</li> <li>• Better harnessing technology</li> </ul>	<p>Working more inclusively and creatively by exploring new / existing holistic and technological avenues to better enhance existing preventative, wellbeing and recovery-focused measures.</p>
THREE	<p>Valuing Lived Experience through Coproduction</p> 	<ul style="list-style-type: none"> <li>• Increase coproduction opportunities</li> <li>• Centering lived experience in service delivery</li> <li>• Promote Storytelling and PACE</li> <li>• Valuing Peer Support Workers and Volunteers</li> </ul>	<p>Ensuring that there are integrated opportunities for people with lived experiences (including service users, carers / families, staff and the community) to codesign, cocreate and codeliver services and peer-led initiatives.</p>
FOUR	<p>Recovery-focused training and education</p> 	<ul style="list-style-type: none"> <li>• (Re)educate, (re)train and upskill people</li> <li>• Develop new opportunities for learning</li> <li>• Improve accessibility and ownership over learning</li> </ul>	<p>Training up staff, service users, families, stakeholders, partners and others in our community with coproduced educational materials. to increase understanding of and better implement recovery-oriented values and practices.</p>
FIVE	<p>Supporting Staff Recovery Journeys</p> 	<ul style="list-style-type: none"> <li>• Better access to health and wellbeing support</li> <li>• Recognising the Lived Experience of staff</li> <li>• Changing practices to better support staff</li> </ul>	<p>Changing working practices to better support staff wellbeing and staff recovery journeys, whilst also making recruitment practices more inclusive for those coming in from a place of lived experience and / or disabilities.</p>
SIX	<p>Transforming the Culture at Humber</p> 	<ul style="list-style-type: none"> <li>• Assertively challenging assumptions and stigmas</li> <li>• Using accessible, recovery-led communications</li> <li>• Improving internal teamworking</li> </ul>	<p>Challenging adverse attitudes, stigmas and language to better support and enhance recovery, whilst increasing opportunities for cross-service working, integration and conversation.</p>
SEVEN	<p>Working creatively with the local community</p> 	<ul style="list-style-type: none"> <li>• Strengthen relationships with our local communities</li> <li>• Increase community understanding of Recovery</li> <li>• Making community interactions more inclusive</li> </ul>	<p>Seizing inclusive opportunities for meaningful relationships and alliances with external partners within our local community</p>



**260+ people** have been actively involved in directing, shaping, designing and writing this Recovery Strategy

## Priority One: Recovery-focused, person-led care

Using a model of shared decision making and equal partnership (between services and those they support) to champion a recovery-focused, empathetic and user-led holistic approach to personalised care.

### Priority Aims:

1. Implement frameworks and tools to guide, monitor and evaluate recovery-oriented practices
2. Changing how person-led and person-focused care is assessed, planned, delivered and evaluated
3. Holistically enhancing recovery-focused and person-led care

**Links to Trust Goals 1, 2, 3 and 6 and all CHIME principles**

### What are some principal guiding thoughts behind this community-led priority?

- A recognition that individuals are in the best place to know what they need, what self-care will help them at different times and plan for their own futures. The phrase 'What matters to me?' should lead every decision
- After initial communication, time was of value; in order to better support people to learn skills and self-manage recovery, they cannot feel rushed, or told what direction to take. The person must direct the pace, route and destination of their own unique journeys (not the staff or organisation). This is the difference between personalized care (doing to) and person-led care (doing with).
- Recovery can be supported with a more flexible, holistic and integrated approach to care; planning must be realistic, strengths-based and reflective of people's cultural,

spiritual and transcendent needs. Threats to recovery must be better understood and addressed, and considerably more value and attention must be given surrounding meaningful activity, social care and connectivity

- The impact of social injustices, discrimination, power imbalances / oppression on health and wellbeing must be acknowledged and challenged through decision making at every opportunity
- Staff self-identify as needing guidance, training and clear frameworks about how to implement recovery values so support is consistent, effective and meaningful
- That the needs of those family, friends and guardians supporting an individual must not be overlooked

### What are we doing already in supporting this priority?

- Recovery College has a WRAP template which can be further developed
- We have very recently commenced a refreshed Recovery Steering group
- Work around transforming the Care Programme Approach (CPA) has already begun
- Community Mental Health Team (CMHT) Transformation work is already underway
- The Trust have been awarded the VCHA Kite mark Veteran Aware status
- Recovery Stars are already used across Trust services
- Very good recovery-oriented activities happening on the wards



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## Our Five Year Ambitions

## Priority One: Recovery-focused, Person-led Care

Aims	Year 1	Years 2 and 3	Years 4 and 5
1	<ul style="list-style-type: none"> <li>• Ensure the 'What is Recovery?' toolkit is easy to access and widely available across the Trust</li> <li>• Introduction of the CHIME framework across all services, supported by the availability of resources (such as literature, badges) to support this change</li> <li>• Develop, implement and make widely available optional Recovery Plans/WRAPs</li> </ul>	<ul style="list-style-type: none"> <li>• Explore the opportunity to roll out Recovery Implementation Plans (TRIPs) following training from IMROC</li> <li>• Addition of a reflective, recovery-focused section within supervision and annual appraisal documentation to support staff in developing their recovery-focused practice (no matter their role)</li> </ul>	<ul style="list-style-type: none"> <li>• Explore Using TRIPs, to evaluate, improve and monitor how they promote Recovery values within their team and area of work</li> </ul>
2	<ul style="list-style-type: none"> <li>• Revising and streamlining the Care Plan Approach to support moving away from a medical perspective and towards a more person-focused one</li> <li>• Ensuring that, threats to basic needs which could harm or inhibit recovery (e.g. housing, finances, security) are included as part of the CPA process</li> <li>• Individuals (or advocates) are invited to attend all meetings about their care</li> </ul>	<ul style="list-style-type: none"> <li>• Expanding on our Harm documentation to include experiences that inhibit Recovery (e.g. lack of autonomy, hopelessness, an identity solely linked to diagnosis, impoverished opportunities)</li> <li>• Co-reviewing the Risk and Risk Management documentation to better support positive risk taking</li> <li>• Co-reviewing how MDTs are carried out within our services</li> <li>• Co-reviewing the way in which service users on wards are given information about their rights and advocacy support</li> </ul>	<ul style="list-style-type: none"> <li>• Explore opportunities to develop support roles including a Harm Minimisation Trainer with lived experience to codeliver training to staff</li> </ul>

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- Introduce, co-develop and support a network of 'Recovery Champions' across Trust services and peer forums, to help share information, resources, opportunities and best practice surrounding recovery (and shared decision making) on a team level.
- The Recovery College offers an introductory programme to service users within inpatient/CMHT settings to build confidence in accessing the college offer
- Ambition to, introduce and develop a network of 'Veteran Champions' Led by our Veterans Service
- Work with Estates to conduct and act upon a review into how Trust buildings and grounds can better support recovery (e.g. lighting, environment)
- Aspiration to develop across all wards a monthly 'quality of life' budget that current service users are free to spend on extra things that will inclusively improve their collective experience that month (e.g. streaming subscriptions, an on-site birthday party, takeaways, ward upgrades, visiting workshop facilitators)
- To further expand on the mental health wellbeing coach roles in primary care, offering a semi-structured support specifically for people who are struggling with moving on from secondary mental health services
- Address and review how we Support families that experience suicide (or attempts) is in place

## Priority Two: Exploration and Innovation

Working more inclusively and creatively by exploring new/existing holistic and technological avenues to better enhance existing preventative, wellbeing and recovery-focused measures.

### Aims:

1. Increasing recovery-led, arts-based opportunities to creatively support Recovery throughout the Trust
2. Focus on identifying and developing Green Health initiatives
3. Increasing understanding and opportunities surrounding Spiritual care
4. Better harnessing technology to support and enhance recovery

**Links to Trust Goals 1, 2 and 6 and all CHIME principles**

### What are some principal guiding thoughts behind this community-led priority?

- The value and health impact of the arts, nature and spirituality has historically been underestimated or under-resourced within the Trust, yet these are things that people have instinctively turned to in the wake of COVID-19. It is widely felt that investment in and exploration of these areas, such as other Trusts have done, would significantly improve quality, empowerment and choice within individual recovery journeys and service delivery.
- We are in an excellent position to innovate care opportunities due to our socio-geographic location; we are able to harness City of Culture legacies, East and North Yorkshire landscapes and live amongst vibrant arts, environmental and faith communities.
- Technology is an accessible tool that many people use already for self-help, advice and information (via social media, podcasts, videos, apps)

- COVID-19 has shown us that effective support can be offered remotely and so we should build upon that learning. However we have to remain mindful of the digital divide / poverty and ensure that technology-assisted care isn't to the detriment of people accessing services; it must be treated as an extra form of communication and not as a replacement to face-to-face services

### What are we doing already in supporting this priority?

- Arts, green and spiritual activities are already informally promoted across teams and services and offered when available or when resources allow
- The Trust's Occupational Therapists promote meaningful, holistic activities as part of their work
- The Recovery College has a strong track record of offering creative and green education opportunities to support recovery
- The Trust Chaplain delivers regular, well-received Virtual Services
- The Trust's Environmental Manager has laid the groundwork in promoting Estates sustainability and Green Champions.
- The Trust employs Art Psychotherapists within Forensic Services
- The Recovery College Online e-learning platform was launched in November 2020, and is an effective platform for future developments



**Our Five Year Ambitions** **Priority Two: Exploration and Innovation**

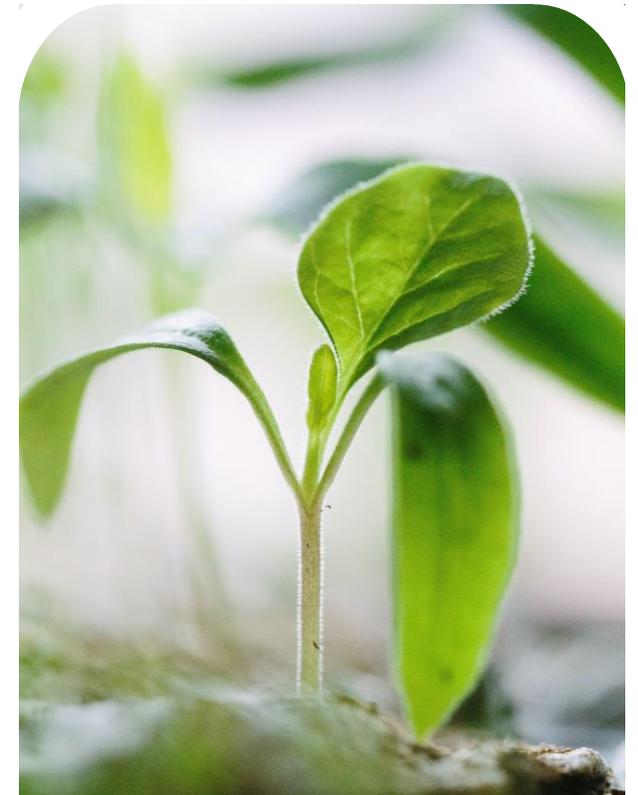
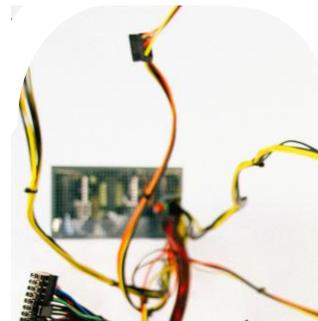
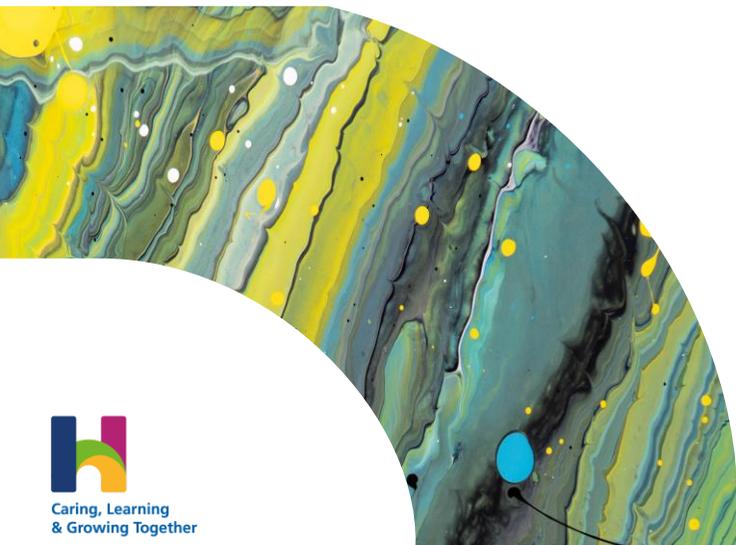
Aims	Year 1	Years 2 and 3	Years 4 and 5
1	<ul style="list-style-type: none"> <li>• Work with stakeholders and those with lived experience to coordinate the development and codelivery of coproduced Arts in Health activities</li> <li>• Continuation, (re)development and (re)delivery of creative recovery-focused Recovery College courses and opportunities(e.g. Digital Storytelling, Wellbeing Through Creativity, Creative Writing)</li> </ul>	<ul style="list-style-type: none"> <li>• Supported opportunity to develop a coproduced Trust Arts Charter</li> </ul>	<ul style="list-style-type: none"> <li>• Growth and wide-spread implementation of Trust Arts in Health initiatives</li> <li>• Explore opportunities to further work with Arts Psychotherapists</li> </ul>
2	<ul style="list-style-type: none"> <li>• Reestablishment and promotion of the Trusts Green Champions to include health-based priorities alongside that of estates-based responsibilities</li> </ul>	<ul style="list-style-type: none"> <li>• Ambition to develop a Green Health Agenda to lead on the development and codelivery of meaningful Green Health activities</li> <li>• Development of a coproduced Green Health Charter</li> </ul>	<ul style="list-style-type: none"> <li>• Growth and wide-spread implementation of Trust Green Health initiatives</li> </ul>
3	<ul style="list-style-type: none"> <li>• Set up of a multidisciplinary network of staff and volunteer Spirituality Champions, to support the awareness and implementation of spiritual care</li> <li>• Continuation and development of Virtual services, with a focus on coproduction and promotion</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a 'Spiritual Care and Recovery' course, coproduced amongst the Trust Chaplain, Spirituality champions and service users/carers, available on the Recovery College Online Platform.</li> </ul>	<ul style="list-style-type: none"> <li>• Ambition to develop a 'Spiritual Care Charter'</li> <li>• Additional Chaplain support to be made available, to enhance and support Spiritual Care work</li> </ul>

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- Continuation, (re)development and (re)delivery of holistic recovery-focused Recovery College courses that support Spiritual Care (e.g. Tai Chi, Meditation, Yoga, Self-Connection, Grief and Loss)

- A dedicated 'Spirituality' hub is available on the Recovery College Online platform

- Using the existing Recovery College Online platform to host coproduced, experience-specific courses (e.g. Veteran, Young Peoples, PSYPHER)



## Priority Three: Valuing Lived Experience through Meaningful Coproduction

Ensuring that there are integrated opportunities for people with lived experience (including service users, carers/families, staff and the community) to codesign, cocreate and codeliver services and peer-led initiatives.

### Priority Aims:

1. Increase opportunities for valued, meaningful coproduction across the Trust
2. Increase the visibility surrounding the purpose, work and opportunities within the Trusts 'Patient and Carer Experience' (PACE) Team
3. Ensure coproduction and lived experience are at the center of personalised care and quality service design and delivery
4. Better highlight the importance of Storytelling throughout the Trust
5. Promoting, valuing and celebrating the role of Peer Support Workers and Peer Volunteers

**Links to all of the Trust Goals and three CHIME principles (Connectedness, Meaning and Empowerment)**

### What are some principal guiding thoughts behind this community-led priority?

- The sharing of stories was widely identified as an essential lynchpin to how we operate with everything moving forwards. However, this is not about celebrating “inspirational” recovery stories that paint services in a positive light, but about highlighting all stories equally and learning from them about the true nature of recovery and peoples experiences.
- “Peer support needs to happen and be available at every level of everything that is

done”. People want to connect and learn from others who have experienced similar things; it is the responsibility of services to support, enhance and create space for these organic connections, and not devalue or undermine them in favor of traditional approaches.

- It tends to be people who have had a negative experience or a really positive one who are really passionate about lived experience work, and it is important to include those with ‘middle of the road’ experiences. However, there is an understanding that not everyone wants to get involved with this work and that must remain respected.
- Coproduction and recovery go hand-in-hand – everything that the Trust does must aim to be coproduced in order to value and stand by lived experience so new voices and perspectives continuously influence, shape and control the outcomes of services. Quality training, guidance and clear processes must be in place though to ensure true coproduction and avoid tokenism (and therefore a waste of time and resources).
- That true coproduction is a “slow burner” and so any unrealistic pressures, demands and deadlines must be managed to enable coproduction to take place
- It is vitally important to commit to and demonstrate that the Trust values lived expertise just as much as it does trained expertise through meaningful career prospects, leadership opportunities, decision making and financial remuneration

### What good shared decision making looks like – for the system

**Figure 1: NHS England shared decision making Implementation Framework**



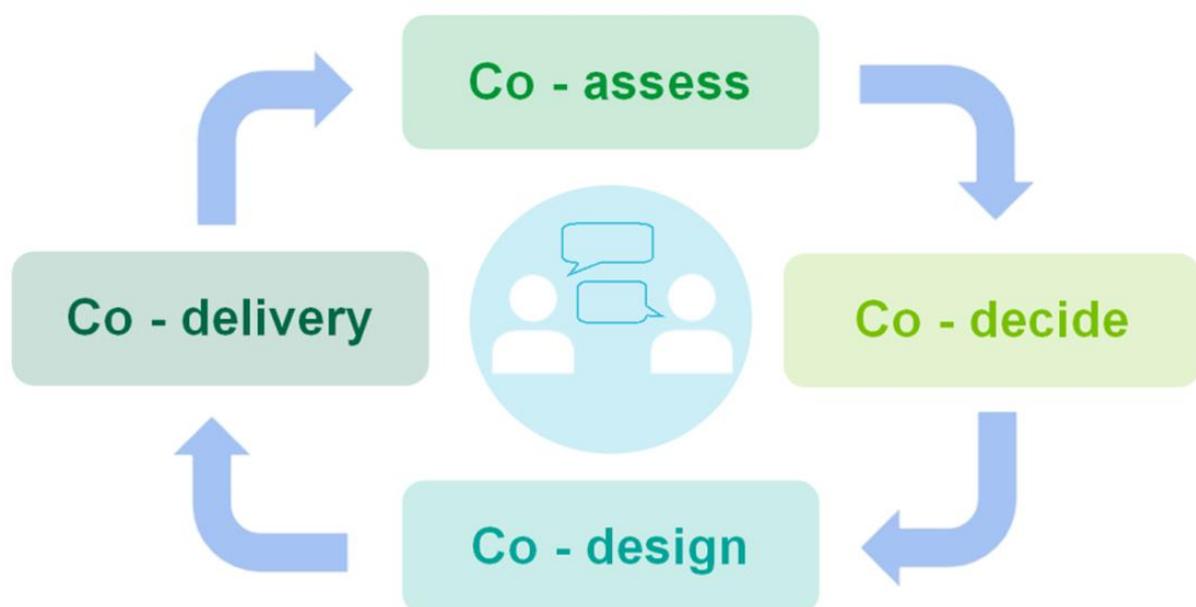
Shared Decision Making/Collaboration (shared-decision-making-summary-guide-v1.pdf (england.nhs.uk))

## What are we doing already in supporting this priority?

- Through the ongoing work of our Patient and Carer Experience Team, which includes developing new work and frameworks surrounding coproduction and championing lived experience
- The Recovery College, facilitated by staff and volunteers with lived experience, has a coproductive framework surrounding the development and delivery of courses both in the community and online.
- The Recovery College Online e-learning platform was launched in November 2020, and is an effective platform for future developments
- Employment of a 'Lived Experience Lead' within the Trust
- The Trust has employed 17 Peer Support Workers throughout the Trust
- PACE is connected to a National NHS Storytelling initiative and has engaged with training. This learning has been passed on through two Recovery College Online courses.
- Service user / carer stories are shared with the Board each month
- Voluntary Services have 131 currently active volunteers, plus 3 governors and 2 staff volunteering; many Trust volunteers come from a place of lived experience and volunteer as a way to share their expertise
- PACE facilitate a Staff Champion Network, promoting the value of PACE work across the Trust
- The Recovery College has developed a coproductive course writing toolkit to support students, service users, staff, carers and partners
- The Complex Emotional Needs Team (CENs) has co-developed a 'graduate group', a peer support network for those transitioning out of the service

Opportunities for people with lived experience to take ownership over and control, design, influence and/or coproduce the services they access are available via a number of forums, steering groups and working groups within the Trust. Some examples of these include (but are not limited to):

- Area-based PACE Forums (Hull and East Riding, Whitby and District, Scarborough and Ryedale) forum
- CMHT Transformation's Reference Group, who are guiding work surrounding 4-week-waits, transitions between CAMHS to Adult services for those with Complex Emotional Needs (CENs), eating disorder pathways, physical health checks for those with Severe Mental Illnesses (SMIs), engagement and coproduction, CPA paperwork, social work recruitment and digital systems.
- THRIVE, a staff lived experience group
- Recovery Steering Group



## Our Five Year Ambitions      Priority Three: Valuing Lived Experience through Meaningful Coproduction

Aims	Year 1	Years 2 and 3	Years 4 and 5
1	<ul style="list-style-type: none"> <li>• Co-development and implementation of a 'Youth Board' to enable young people to make decisions and influence outcomes about young people's services / CAMHS.</li> <li>• Co-development of a Recruitment Panel Framework, so people with lived experience are trained and placed to interview new potential staff members. Begin training people up, with a focus on quality over quantity</li> <li>• Development of a new Recovery Steering Group, who can also hold the Trust accountable to the actions laid out in this Recovery Strategy.</li> <li>• In conjunction with Voluntary Services and Patient and Carer Experience (PACE), better utilise the Recovery College (including online) as a safe but experimental space for people to test out and initiate independent peer-led groups, classes and projects</li> </ul>	<ul style="list-style-type: none"> <li>• Continue growing the bank of recruitment panel volunteers available. These volunteers will be on interview panels wherever possible</li> <li>• Bridge the gap between people using services and becoming NHS Peer Workers by creating, implementing and supporting a lived experience career pathway ('Service User' &gt; Volunteer Expert by Experience &gt; Bank Peer Worker &gt; Peer Worker &gt; Other NHS roles, clinical and corporate), recognising that some people may 'skip over' steps.</li> </ul>	<ul style="list-style-type: none"> <li>• Panel volunteers will be on most interview panels</li> <li>• Explore opportunities to appoint a Lived Experience Trainer.</li> </ul>
2	<ul style="list-style-type: none"> <li>• Introduction of a 'PACE Space' on the Recovery College Online platform</li> <li>• Launch the beginnings of a coproduced 'PACE awareness / training package to be shared on the Recovery College Online platform and Trust websites</li> </ul>	<ul style="list-style-type: none"> <li>• Development of additional online PACE packages</li> <li>• To support an individual's transition of care, PACE/Voluntary Services to create clear guidance and pathways surrounding 'giving back' and / or using ones lived experiences within the Trust</li> </ul>	

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| <ul style="list-style-type: none"> <li>• Focus on increasing internal and external visibility of PACE opportunities through media and awareness campaigns and promotion of existing virtual services, events and other opportunities</li> </ul>  |  |   |
| <ul style="list-style-type: none"> <li>• Roll out of a coproduced 'Expert by Experience' stamp, to demonstrate that documentation / services have been coproduced by, or otherwise approved, by people with relevant lived experience. A panel of 'approvers' will be created. A clear process for accessing this initiative will be co-developed.</li> <li>• Further development and wider roll out of a Recovery College Coproduction Toolkit to readdress how new courses are produced and how collaborators move forward with ideas</li> </ul> | <ul style="list-style-type: none"> <li>• Explore, co-develop and implement an Expert by Experience Reimbursement Policy, to remunerate people for their time utilising their lived experience for benefit of the Trust</li> <li>• Co-development and roll out a reflective framework which uses the Ladder of Participation to monitor the levels of service.</li> </ul> | <ul style="list-style-type: none"> <li>• Redesign any remaining pathways that do not already incorporate shared decision making / coproduction</li> </ul> |

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| <ul style="list-style-type: none"> <li>• To Better promote the two new Storytelling courses that are available on the Recovery College Online platform through media campaigns and internal communication</li> <li>• Coordinated by the Recovery College, PACE and Voluntary Services, an initial cohort of Trust 'Storytellers' (/Experts by Experience in Storytelling) will be trained up in Digital Storytelling, These stories will be used as a Quality Improvement tool as well as be stories to shape and influence service delivery.</li> </ul> | <ul style="list-style-type: none"> <li>• Development of a portal within the 'PACE Space' to host (with permissions) a collection of Digital Stories from within the Trust</li> <li>• Train additional Trust Storytellers</li> <li>• Exploration and implementation of storytelling as a core part of Quality Improvement processes</li> <li>• There are more accessible opportunities for people to share their stories, good and bad (e.g. to teams and Board, at events, within PALS / Complaints)</li> </ul> | <ul style="list-style-type: none"> <li>• Storytelling is embedded in everything we do at Humber</li> <li>• There are a number of Storytellers capturing service user, carer and staff stories throughout the Trust and within local communities</li> <li>• Storytelling training has been exported out into the community</li> <li>• An established Storytelling network has been established to support both our internal and external Storytellers</li> </ul> |
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- Continue the development of the Peer Support Worker role within the Trust , including the clarification of opportunities and potential roles within service areas
- Proposal to train a cohort of 'Chief Volunteers' who are able to mentor, support and lead volunteer/peer-led initiatives
- Development of a Volunteer-specific training programme, coproduced with Chief Volunteers, to run alongside the general Trust induction. Teams who frequently work with volunteers support this work by developing area-specific modules / training
- Increase the number of permanent Peer Support Workers employed by the Trust
- Invest in our existing Peer Support Worker knowledge, skills and training through an educational partnership with Teesside University.
- Explore the options for a Peer / Expert by Experience Apprenticeship Programme within the Trust, connecting with local education providers to achieve this
- A Volunteer wellbeing program has been co-established



## Priority Four: Recovery-focused Training and Education

Training up staff, service users, families, stakeholders and other partners about Recovery with coproduced educational materials to increase understanding and better implement recovery-oriented values and practices.

### Priority Aims:

1. (Re)educate, train and upskill people on how to better implement and enhance Recovery values and principles
2. Develop additional materials, resources, training and CPD opportunities to support the implementation of recovery values and principles
3. Improve accessibility to and ownership over a wider variety of innovative and holistic training and education materials

**Links to Trust Goals 1, 2, 3, 4 and 5 and three 3 CHIME principles (Hope and Optimism, Identity and Empowerment)**

### What are some principal guiding thoughts behind this community-led priority?

- We cannot assume everybody truly understands Recovery. Therefore, everyone - staff, service users, carers, families, friends, partners, stakeholders and members of the public - need access to education about recovery so messaging and expectations are meaningful, consistent and effective.
- Real transformational change needs a strong educational programme to support it. To implement recovery effectively, clarity is needed around what we mean by recovery, what it looks like, who it's for and how to do it – and that guidance and training must be coproduced and widely accessible.
- Critical conversations surrounding recovery, the sharing of knowledge and opportunities for reflection / development must be well supported so recovery in the Trust can continue to evolve and grow over time

- It is essential that a mixture of coproduced, in-house training *and* accredited training is available, plus ensuring that there are mixed learning methods and levels of learning available. Learning must be inclusive.

### What are we doing already in supporting this priority?

- We have an established 'hub and spoke' Recovery College, offering a growing catalogue of responsive, coproduced courses and workshops to service users, carers, staff and members of the public.
- In response to the COVID-19 pandemic, we have moved Recovery College operations online onto a bespoke e-learning platform (with a view to blended learning when restrictions allow). This development has made learning and coproducing more accessible, flexible and inclusive.
- The Recovery College already has Recovery and coproduction resources which can be adapted for training purposes
- We have membership to ImROC via our Recovery College



## Our Five Year Ambitions

## Priority Four: Recovery-focused Training and Education

Aims	Year 1	Years 2 and 3	Years 4 and 5
1	<ul style="list-style-type: none"> <li>• Supporting other strategy Year 1 priorities by making training surrounding the following themes available:               <ul style="list-style-type: none"> <li>- Understanding Recovery</li> <li>- CHIME</li> <li>- Coproducing Learning Materials</li> <li>- Using Wellness and Recovery Action Plans (WRAPs)</li> <li>- Storytelling</li> <li>- Patient and Carer Experience</li> <li>- Utilising Peer Support Workers and Volunteers within the Trust</li> <li>- Chief Volunteering</li> <li>- Managers supporting staff with lived experience, disabilities and additional caring responsibilities</li> </ul> </li> <li>• Co-development and immediate roll out of a coproduced 'Recovery and Coproduction' guidance toolkit</li> <li>• Embedding Recovery values and a section surrounding Recovery within Trust EDi and CPA Training</li> <li>• Those in leadership positions across the Trust to engage in Recovery for Leaders Training</li> </ul>	<ul style="list-style-type: none"> <li>• Supporting other strategy Year 2 and 3 priorities by making training surrounding the following themes available:               <ul style="list-style-type: none"> <li>- Team Recovery Implementation Plans (TRIPs)</li> <li>- Positive Risk Taking</li> <li>- Veterans Champions</li> <li>- Arts in Health</li> <li>- Green Health / Champions</li> <li>- Spirituality Champions</li> <li>- Volunteering in the Trust (specialist)</li> <li>- Coproduction</li> <li>- Language</li> <li>- Partnership working and funding</li> <li>- Team-level community asset mapping</li> <li>- Using the city-wide logo access training</li> <li>- Connecting to communities</li> </ul> </li> <li>• A coproduced Recovery training programme will be added to the standard induction process and be added as part of annual mandatory training, with signposting for additional training available through the Recovery College / Training Dept.</li> </ul>	<ul style="list-style-type: none"> <li>• Embed an established, coproduced training programme which continues to respond to staff and service user-identified need. In addition to the training acknowledged elsewhere in the strategy, this established programme is also able to offer training surrounding the following themes:               <ul style="list-style-type: none"> <li>- Personality Disorders</li> <li>- Trauma informed Care</li> <li>- Disability Awareness</li> <li>- Mental and emotional effects of discrimination</li> <li>- Moving away from a medical approach to mental health</li> <li>- Activism within health</li> <li>- Power imbalances in mental health</li> <li>- Helping people to budget</li> <li>- Law</li> </ul> </li> </ul>

<p>2</p>	<ul style="list-style-type: none"> <li>• The Recovery College to reconnect and explore the support available from IMROCC (e.g. tapping into and contributing within national networks, disseminating research, away days, visits)</li> <li>• Learning Department, Recovery College and Forensic Recovery College to strengthen connections and share resources to explore options moving forwards</li> <li>• Co-creation of visual literature for people using services on Recovery and the strengths based approach so they can self-advocate their rights</li> <li>• Introduction of Recovery-focused Development Practice Days for staff and volunteers</li> <li>• Revisit, reassess and explore the support available from IMROC</li> </ul>	<ul style="list-style-type: none"> <li>• Introduction of Expert by Experience Board Seminars, led by service users and staff with lived experience.</li> <li>• The Recovery College and Forensic Recovery College to be Peer Reviewed by IMROC</li> <li>• Co-development of an in-house 'Recovery Champions Training Programme', to further upskill Recovery Champions to uphold values, challenge and keep teams accountable</li> <li>• Links to Recovery College training and courses to be made available within the Staff Training Diary</li> <li>• Roll out of a 'Recovery Hub', utilising the Recovery College website as a one-stop-shop for all things Recovery (e.g. relevant resources, stories, tools, research, examples of best practice, self-management resources). The development process also includes ensuring that the e-learning platform / website is more user friendly and accessible to those who just want to browse and explore options and resources.</li> <li>• Hosting annual public Recovery Symposiums</li> </ul>	<ul style="list-style-type: none"> <li>• Respond and implement changes as directed following the Recovery Colleges IMROC Peer Review</li> <li>• All staff are offered the opportunity, and are practically supported, to learn British Sign Language</li> <li>• To support ongoing work within other priorities and other Trust developments, coproduced training/educational programmes will continue to be made available</li> <li>• To improve public accessibility and opportunities for peer-led initiatives, the Recovery College has its own accessible building to serve as an educational, public-facing base of operations.</li> </ul>
<p>3</p>	<ul style="list-style-type: none"> <li>• Grow the Recovery College Online course catalogue, revising/ coproducing courses with students, service users and staff where need and opportunity has been identified</li> </ul>	<ul style="list-style-type: none"> <li>• Continue to increase functionality on the Recovery College Online platform to meet the needs of a more accessible blended approach to learning (e.g. live streaming, booking systems for face-to-face sessions)</li> </ul>	

- Staff are supported by the Recovery College to coproduce and share courses where need or opportunity has been identified. All teams are encouraged through a Communications campaign to work with service users to share learning
- Development and roll out of an 'Accessibility Design and Language Guide', to support staff creating documentations and presentations to ensure their work best responds to the broad needs of their audience.
- Moving existing IT packages / resources onto the Recovery College Online platform to help increase tech literacy in our community
- Revisit existing Recovery College and Learning Department courses and available resources (including online) to meet broader accessibility requirements and ensure use of recovery-focused language
- Increase career and training opportunities for service users and carers by moving as much online Learning Department training / resources as possible onto the Recovery College Online platform
- Guidance created on how staff can more effectively feedback external training and learning onto the Intranet or into the Recovery Hub

## Priority Five: Supporting Staff Recovery Journeys

Changing working practices to better support staff wellbeing and staff recovery journeys, whilst also making recruitment practices more inclusive for those coming in from a place of lived experience and/or disabilities.

### Priority Aims:

1. Improving access to health and wellbeing support, and related opportunities, for staff and volunteers
2. Better support, value, celebrate and learn from the lived experiences of staff
3. Changing organisational practices and processes to better identify and support staff managing lived experience considerations, disabilities and / or other responsibilities

### Links to Trust Goals 1, 2, 4, 5 and 6 and all 3 CHIME principles

*The work behind this priority will be addressed, incorporated and delivered within the Trusts "Peoples Plan".*

### Summary of Objectives

- Continue the good work we already do around this priority
- Introduction of specific care pathways (e.g. staff needing to access services) and tools (Carer and Wellbeing Passports)
- Supporting the further development of the Trusts Lived Experience Group (THRIVE) and staff EDi groups.
- Implementing flexible / accessible working options
- More managerial training and organisational support around staff care and wellbeing



## Priority Six: Transforming the Culture at Humber

Challenging adverse attitudes and stigmas to better support and enhance Recovery within the Trust, and increasing opportunities for cross-service working, integration and conversation.

### Priority Aims:

1. Assertively challenging assumptions, prejudices and stigmas
2. Adopting and promoting accessible, recovery-led communications
3. Improving internal integration, cross-team and interdisciplinary working

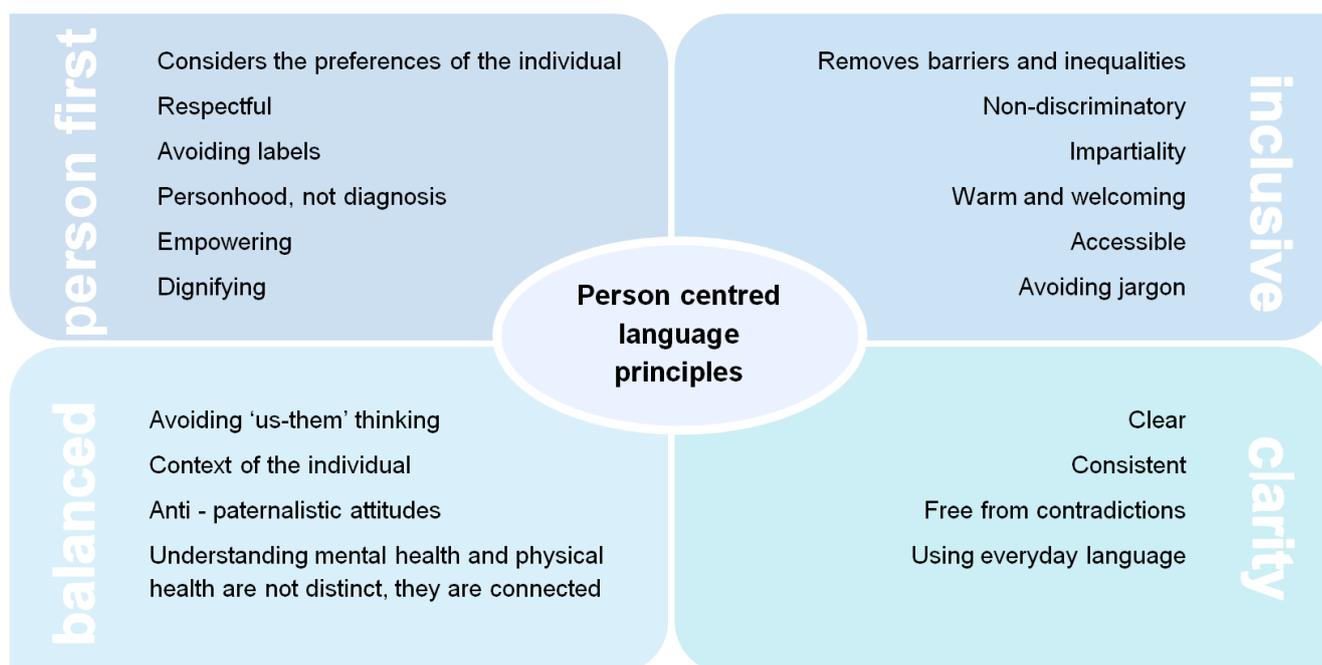
**Links to Trust Goals 1, 2, 3, 4 and 5 and all CHIME principles**

### What are some principal guiding thoughts behind this community-led priority?

- We must continue to move away from rigid, prescriptive and patronising models of mental health interventions. Recovery is unique and only works if it's led by the person, so support must be creative, flexible and responsive.
- As has been exposed throughout the COVID-19 pandemic, health is deeply entwined with society, economics and politics. We must accept this to transform how recovery is approached and supported within our shared communities
- Expectations about what is possible must be managed because recovery can be a frightening prospect and isn't all 'positive' or 'plain sailing'
- Power imbalances within mental health care need to be addressed so power can be fairly redistributed, and support those who are apprehensive around the changes that brings
- Language is everything – we need to ensure that the words we use reflect the values we're trying to uphold, and offer clear, accessible guidance surrounding that so messaging is consistent and transformational. We also need to adapt to the ways in which linguistic meaning and power change over time.



- Stigma can undermine everything we try to do, so it's important to assertively challenge them at every opportunity. We do that through conversation.
- Joined up thinking and strong, interdisciplinary connections throughout the Trust needs promoting and supporting and is essential to offering flexible, creative, recovery-focused support



### What are we doing already in supporting this priority?

- Stigma-challenging staff EDi networks (LGBT+, disability and BAME) and the THRIVE group have been established
- An introduction to language has been coproduced as part of the literature that supports this strategy

## Our Five Year Ambitions

## Priority Six: Transforming the Culture at Humber

Aims	Year 1	Years 2 and 3	Years 4 and 5
1	<ul style="list-style-type: none"> <li>Led by staff-experience groups, commencement of a highly visible, ongoing, multi-faceted internal communications 'Everyday Experience / We Get It' campaign (interviews, videos) to blur 'us-them' distinctions, remind staff that it's okay to talk about lived experiences at work and increase membership/engagement with THRIVE and EDi groups.</li> <li>THRIVE and Staff EDi groups are offered additional resources and support to develop any culture-changing initiatives within the Trust</li> <li>Commencement of a 'Lived Experience within Senior Leadership' campaign, where those in leadership positions are encouraged to share their stories</li> </ul>	<ul style="list-style-type: none"> <li>Invite external local bodies (e.g. Mind, Public Health, councils) to collaborate on a public 'Everyday Experience / We Get It' campaign</li> <li>Introduce an initiative where staff and volunteers can opt-in to wear a small badge / lanyard link (or similar) to voice that they do self-identify as having lived experience (personally or as a carer) as an inclusive symbol of mutual support.</li> </ul>	<ul style="list-style-type: none"> <li>A coproduced 'Staff Wellbeing' training package, based on Trust experience, is offered externally so organisations are better equipped to support the health and wellbeing of their staff.</li> <li>The initiative to wear a badge (or similar) is rolled out to our local community (e.g. public, councils, nearby Trusts) in a wider symbol of stigma-busting inclusivity</li> </ul>
2	<ul style="list-style-type: none"> <li>Develop a coproduced training package and guidance surrounding 'language' (including and supported by PACE, Recovery College, THRIVE, Staff EDi-groups).</li> <li>Development of a consistent Humber 'Glossary of Terms' for staff, service users, carers, partners and stakeholders to refer to, available on all Trust websites</li> </ul>	<ul style="list-style-type: none"> <li>Include our language training package within Trust induction, and to then be completed every 2-3 years by all staff, volunteers, trainees and students</li> <li>All new documentation requires the Expert by Experience Stamp of approval, which will help ensure that the language used is jargon-free, well-explained and demystifies support and care.</li> </ul>	

3

<ul style="list-style-type: none"> <li>• Connect to local educational establishments (Hull University, Hull College, Sixth form Colleges) to begin conversations around linguistic consistency</li> </ul>	<ul style="list-style-type: none"> <li>• Development of a sharable Easy Read guide to help support staff create more accessible documents and signage, developed from the work around this within Townend Court (Learning Disability Unit)</li> </ul>	
<ul style="list-style-type: none"> <li>• Develop and make available a straight-forward, easy-to-use directory of Trust services on the Intranet, what they do, what cross-working opportunities may be available with them (if applicable) and how to contact them</li> <li>• Introduction of bi-annual, relationship-strengthening 'Connect to Colleagues' initiatives and team challenges</li> </ul>	<ul style="list-style-type: none"> <li>• Focused development on better aligning and overlapping the work of the Recovery College and the Forensic Recovery College</li> <li>• Funding available to support team away or teambuilding days, or otherwise support individuals to attend team activities</li> </ul>	



## Priority Seven: Working creatively with the local community

Seizing inclusive opportunities for meaningful, recovery-enhancing relationships / alliances with external partners in the local community.

### Priority Aims:

1. Strengthen, create and develop relationships with existing and potential partners, allies and networks within our shared local communities to better enhance care
2. Increase awareness and understanding surrounding the principles and practices of meaningful mental health recovery
3. Making the ways in which we interact, support and learn from the public and other local services / bodies more accessible and inclusive

**Links to Trust Goals 2, 3, 5 and 6 and 2 CHIME principles  
(Connectedness and Meaning)**

### What are some principal guiding thoughts behind this community-led priority?

- Better partnership working is about mutual support, sharing knowledge and resources, an openness about what we're trying to achieve and respectfully coming together to respond to shared visions and values
- The Trust needs to have a more proactive presence in the community, and the community needs to have a more proactive role within the Trust.
- Health and social care services can respond more innovatively and ambitiously to community / service user need by thinking creatively in terms of partnership working and what we are able to offer as a Trust
- "If the agenda isn't inclusive, change it"
- To embed recovery values across communities within the Trust footprint, we can support employers and organisations to also spread that message



### **What partnership working looks like, according to our Humber community:**

- Having shared vision and values - Openness about what we are trying to achieve - Respond to joint working requests
- Spend time with other services to share best practice - Decide what each organisation can offer
- Rotation of staff to gain better understanding of roles and partnerships
- Share resources, presentations, knowledge
- Better communication with organisations - Breaking barriers between organisations - Share success stories
- Value each other - Knowledge around which organisations are working together - Common principles - Better feedback services

### **What are we doing already in supporting this priority?**

- The Trust has strong connections with the local Voluntary, Community and Social Enterprise network
- The Recovery College has a strong history of working in partnership with local organisations to co-deliver courses and workshops
- We have a culture of Trust services and teams being present with information stalls at relevant community health, wellbeing and lifestyle events
- Our Research and Development Team host annual Research Conferences
- Our Employment Services have strong relationships with local employers
- A new Mental Health Support Team (MHST) has recently launched to integrate within schools and colleges and provide support for children and young people
- Voluntary Services have engaged in early talks with the areas other local Trust (Hull and East Yorkshire Hospitals) about sharing volunteers
- Our Veterans Service work assertively and effectively with local partners

## Our Five Year Ambitions

## Priority Seven: Working creatively with the local community

Aims	Year 1	Years 2 and 3	Years 4 and 5
1	<ul style="list-style-type: none"> <li>• Develop a comprehensive 'Community Assets Map' to assess existing and potential partnerships and connections as an organisation.</li> <li>• Developing Trust connections with local Voluntary, Community and Social Enterprise (VCSE) networks to support the Integrated Care System (ICS)</li> <li>• The Recovery College to explore connections with local educational and non-NHS training providers to explore accreditation opportunities and supporting students into formal education</li> <li>• Mental Health Support Team Service to become fully operational in supporting 34 schools in Hull</li> <li>• Identify more opportunities to work with partners in exploring social values</li> <li>• Evidence integration and engagement that is place based</li> </ul>	<ul style="list-style-type: none"> <li>• Developing and promoting our offer within local voluntary health and social care organisations and public bodies. through the development of a 'Volunteer Passport'</li> <li>• Roll out of written guidance (and accompanying training) created by the Business Development Team for staff and external partners, explaining the process behind developing better and more coproductive, recovery-focused partnerships in relation to seeking funds, bids and tenders</li> <li>• Teams to be supported in creating a Community Assets Maps at a team / service level and following any opportunities that arise</li> <li>• Appointment of a 'Lifelong Learning' role within the Recovery College, to help Recovery College students who want to move into more formal education; with finding suitable opportunities, making applications, liaising with providers in regards of additional support, and in preparing for study</li> </ul>	<ul style="list-style-type: none"> <li>• Expand the reach and operations of the Voluntary Service into more localised areas within the Trust footprint</li> <li>• Engage with independent health organisations (such as HealthWatch) to help support wider community integration for the next revision of the Recovery Strategy</li> <li>• Policies and processes are in place to enable staff to shadow or volunteer within partner organisations to build stronger relationships and understanding of external organisations</li> </ul>

2

- Better supporting the learning of Voluntary Sector partners by signposting the training and educational opportunities available on the Recovery College e-learning platform
- Supported by a related promotional media campaign across our networks, introduce a 'Recovery' section on the Trust website and Intranet (complete with downloadable leaflets and resources), which explain what Recovery is, what it means to us as a Trust, and to signpost towards relevant internal services, teams and initiatives
- Communications to create and share an annually-updated resource (with quarterly reminders) which outlines and lists UK/Global awareness days for that year to enable teams to better plan their recovery-related events, social media campaigns, themed spotlights or other community initiatives in advance.

- Developing our partners' understanding and recovery-supporting work by training and supporting a community network of Recovery Champions
- Championing recovery through more Trust-facilitated local events (conferences, festivals) and by holding stalls at a broader array of community events
- Ensure that all literature and definitions surrounding Recovery are consistent across the Trust
- Educational campaign led by the our Employment Services (in collaboration with Veterans Services) to educate local employers and positively challenge stigmas about employing people with mental health challenges

- Exporting a comprehensive Recovery-focused training and consultation package to partners and organisations within the community
- Establishment of a community-friendly, coproduced, annual, recovery-focused mental health event' where we celebrate Recovery and lived experience, share latest research and showcase best practice and opportunities
- The Trust contributes to the international discourse surrounding Recovery through the development of new research

3

- Staff Guidance issued by the Trust surrounding how to better include external organisations in Trust meetings
- The city-wide (Hull) access logos are promoted and made available to all staff through Communications and available on the Intranet for staff use

- The Trust has signed up to local Safe Space Scheme and has displayed accompanying stickers at Trust sites
- Training which supports the use of the city-wide access logos is available for staff and service users.
- Focused work surrounding how to focus on how to better connect to, support and learn from people who don't tend to engage with the services (e.g. people who feel failed by or are distrustful of services, are in closed community groups)

- All Trust event and venue literature now contains the city-wide access logos



In addition, different directorates, service areas and projects - including the Recovery College (part of the Recovery, Prevention and Wellbeing team) – will have developed their own action plans with specific goals that's represents the nature of their service or project and relevant clinical, organizational and national priorities.

In particular the work of the Patient and Carer Experience (PACE) team, OD and Workforce team leading on the organisations People Plan and Recovery College will continue to work closely together to build on coproductive, experience-led opportunities.

Areas identified for real focus and innovation, supported by the recovery steering group, include:

- Coproduction
- Research
- Organisational learning and development
- National Training and Learning opportunities

## How will we evaluate our progress?

Successful Implementation of the recovery framework will be measured against what our service users, carers and workforce offer in terms of their experiences and understanding of Recovery.

Service users, patients, carers and staff will be invited to participate in the workshops throughout summer 2021 to present the final strategy and supporting action plans. The action plans will span over the five years and will include; short term actions (achievable in year 1), medium term actions (achievable by years 2 / 3) and long term actions (achievable by years 4 / 5).

We will fundamentally know that we are making a real difference by measuring ourselves against the milestones identified within the strategic priorities. A set of measures have been determined and aligned to the seven priorities; there will be a mixture of qualitative measures (to measure quality) and quantitative measures (to measure numerical information).

Monitoring and reviewing the strategic objectives will be through the delivery and implementation of the associated action plan with quarterly updates provided to and considered by the recovery steering group.

A network of staff passionate about recovery will play a vital role in ensuring the Recovery framework is fully implemented across all divisions (and in time, Community Recovery Champions will also echo and implement recovery across the local population). We will also reflect progress to the Trust Board.

### **Evaluation will include:**

- To evidence a change in culture and conversation that promotes meaningful recovery across the organisation, aligning to the organisations strategy and specifically, six strategic goals.
- Evidence how the integration of the CHIME framework principles has shaped service user, carer and workforce recovery in supporting them to feel better in themselves, stay well for longer and improve overall service user experience outcomes.
- Delivery of the action plans and work streams associated with this document
- Delivery of the practical recovery toolkit associated with this document.
- Delivery of the recovery college action plan associated with this document
- Achievement of the measures identified and associated with this document aligned to the individual seven priorities over the five years (2021 -2026)

## **Additional Information**

### Contacts and further information

If you need this strategy to be made available in alternative formats, you can contact us in the following ways:

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**Twitter: @humbernhsft**  
**Facebook: @humbernhsft**

If you would like any further information relating to the implementation of this strategy please contact the Recovery Team using the above details.