

**Cambridgeshire and Peterborough NHS Foundation Trust**

**Building Recovery and Resilience – Supporting Self-Management  
and Wellbeing  
A Strategy for the next five years to 2020**

**Forward from Jo Lucas, Non Executive Director and Recovery Champion**

I am proud to be presenting this Strategy for the next five years to 2020. Many people have put a lot of thought into this piece of work, building on the original pioneering work of the Trust to promote Recovery ethos and practice within mental health. The Trust now provides a full range of community services across all age groups and this strategy seeks to widen our approach. This document is about enabling people to develop the skills to become more resilient and to promote their own well being. This converges with the ethos within the Care Act 2014 and as a provider of social work services on behalf of our two local Councils, this Strategy endeavours to highlight the read across to the Councils' own Strategies.

Building recovery and resilience is an active process that involves all staff and people who use our services in working together to find good solutions, as it states in the current strategy; *“We will adopt the principle, in all our services, of empowering patients to achieve independence and the best possible life chances, removing dependence and giving them and their families (in the case of children) control over their care”*.

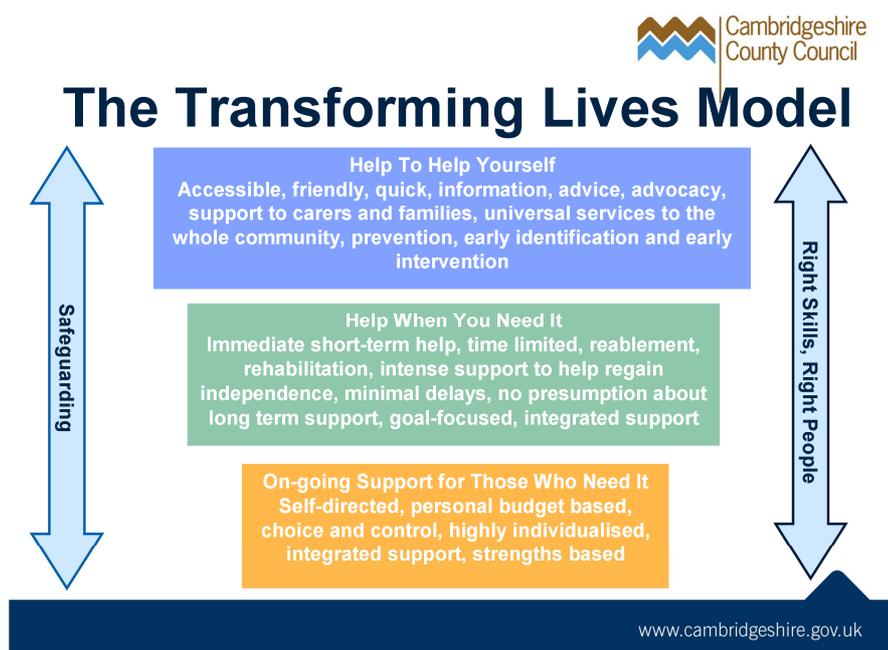
Finally this Strategy can be seen as the glue within the Trust's organisational strategy: bringing together ideas around spirituality, volunteering, community involvement, and social capital, in a way that enables everyone involved in CPFT to bring the idea to life and to ensure the services that are offered meet these aspirations. Above all building recovery and resilience requires us to work collaboratively: staff with patients, people who use our services and their carers, CPFT with other organisations in the NHS, and with the local authorities and the third sector. While some of the language of recovery and resilience may differ between these sectors the underpinning principles and the will to promote health and well being across the area is common to all.

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We are not looking to make a better caterpillar but to develop a strong and beautiful butterfly, to transform the services we offer people in the community

## Introduction

1. This document is presented at a time of great change within the Trust. Five years ago the Trust was a pioneer of Recovery and one of the first NHS organisations to establish peer support workers. The challenge today is not only to update the old, but to extend the Strategy to encompass the new services, the physical health services, that became part of the Trust in April 2015 by harnessing the concepts of “resilience” “self-management” (Appendix 2) and “wellbeing” as an adjunct to “recovery”.
2. Other changes reflected in this Strategy are a coming of age of the Recovery College: the need to put this onto a sustainable footing, the role of Carers, pathways to volunteering and employment, and wellbeing.
3. The Trust is a partnership organisation providing services on behalf of our two Councils under section 75 agreements. The language may be different, but the underlying concepts are the same and the read across into the strategies and ways of working of our Partners can be seen from the diagram below.



4. All of this means that this Strategy could be described as a “hub” with spokes that connect to other strategies of the Board including: Carers (in development), Employment (to be developed with Commissioners), Working with the Third Sector (a CQUIN) Volunteering Strategy, and Spirituality. The Spirituality Strategy was approved by the Board in 2014 and this promotes the importance of the often overlooked subject of Spirituality and “Being Human Together.”

5. This Strategy is also timely as the Government is about to launch its new 5 year plan for mental health. Key features of this strategy are “prevention, access, quality and integration.”
6. Finally Recovery has been one of the most powerful “culture carriers” within the Trust over the last 5 years (Appendix 3) and this Strategy has the potential to be the culture carrier for the newly expanded mental and physical health, and in-patient and community services organisation. In recognition of this, the current work on renewing the Trust’s Vision and Values includes consideration of the issues raised here.

## **Background**

### ***The Trust Strategic Plans***

7. The Cambridgeshire and Peterborough NHS Foundation Trust (CPFT) mission is ‘to offer people the best help to do the best for themselves’ (CPFT 2 and 5 year Strategic Plan Nov 2014). This means that we strive to ensure that people can stay in the driving seat of their lives whilst receiving our services. We also aim to exceed peoples’ expectations by making every interaction with us count. We value and trust our staff and support them in their development. We aim to inspire people who receive our services, their loved ones and staff and be inspired by them and to provide excellence in everything that we do.
8. We aim to give those people who receive our services the best possible chance to live a full and happy life, and aim to support them to thrive beyond any limitations ensuing from condition or circumstance. Central to achieving this ambition are the concepts of Recovery, Resilience, Self-Management and Integration, which are also enshrined in the Trust strategic plan:  
  
*‘We will adopt the principle, in all our services, of empowering patients to achieve independence and the best possible life chances, removing dependence and giving them and their families (in the case of children) control over their care.*
9. We will work closely with providers, along pathways, to deliver integrated, person centred care and support to local people, close to their homes, principally in non-institutional settings (hospitals, care homes etc). We will integrate with key partners to improve efficiency and effectiveness and simplify access’. (CPFT 2 and 5 year Strategic Plan Nov 2014).
10. This Strategy seeks to add the ideas of “resilience,” “self-management” and “Wellbeing”.

### ***Integrated Services***

11. From 1<sup>st</sup> April 2015, Community Services for Older People and Adults with Long Term Conditions transferred into the Trust in partnership with Cambridge University Hospitals Trust. These services expand the Trust's portfolio from being a provider of predominantly (but not exclusively) Mental Health Services. These services provide assessment, diagnosis, and treatment and also support to individuals living with a range of debilitating lifelong mental and physical conditions.
  
12. As the Trust becomes a provider of a broad range of community services, careful consideration will be given to the concepts of Recovery, Resilience and Self-Management and their application more broadly than within a mental health context. In terms of mental health, Recovery is taken to broadly be concerned with the development of services based on hope, a sense of control, choice, autonomy and personal growth for people in receipt of those services. It is clear that these concepts equally apply to other areas of health. In these broader health contexts Recovery is articulated as building resilience and wellbeing, and emphasis on self-management and the 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 re-ablement.
  
13. This strategy builds on previous work which was, rightly at the time, based solely on the notion of "recovery." It is important now that the concepts this strategy aims to convey can resonate and gain the same purchase within all of the integrated services as it has within mental health. The challenge therefore is not to lose or dilute the recovery ethos but to expand or add to it to envelope the new services. For this reason the Strategy is entitled "Building Recovery and Resilience - Supporting Self-Management and Wellbeing".

**Recovery, Resilience and Self-Management – a mixture of the old and the new**

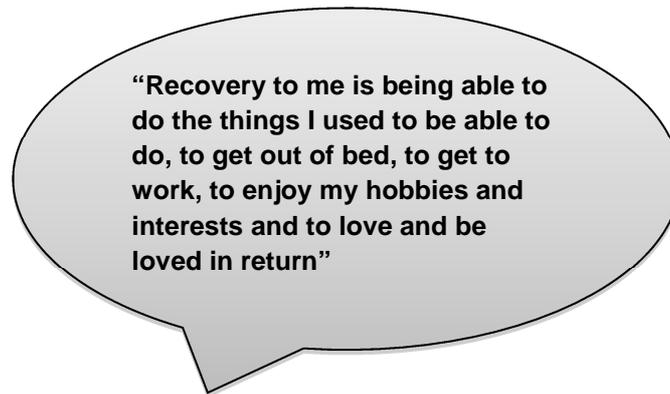
***Recovery***

14. The term "recovery has become almost a trade name embedded within mental health and within much recent UK mental health policy. It builds on older concepts of rehabilitation and promoting independence
  
15. The literature is rich with definitions of Recovery. The CPFT website says that "Recovery is being able to live a meaningful and satisfying life, as defined by each person, in the presence or absence of symptoms (Scottish Recovery Network 2009). Recovery is not about 'getting rid of problems. It is about seeing people beyond their problems". (Julie Repper and Rachel Perkins 2002)

"Recovery is remembering who you are and using all your strengths to be all you were meant to be"

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"What does recovery mean to me? It means being able to make my own decisions, having my voice heard, accessing the support I feel I need, when I



16. The above are quotes from attendees at the Recovery College. Below are some thoughts from the literature:

“Historically people with mental illness were often not expected to recover... Services of the future will talk as much about recovery as they do about symptoms and illness.” (Dept. of Health 2001: p24)

“What’s needed most of all is a change of attitude in each Trust from the community nurse to the Chief Executive... It is perfectly possible to live a fulfilling life after a diagnosis [of severe mental illness] [and other illnesses/disabilities]. We have no doubt that this is achievable.” (Murray 2012: p5)

### ***Reablement and Wellbeing***

17. A more recent term used in local authorities is “**Reablement**” whereby targeted services are provided with the express purpose of helping people to recover from a specific illness or event ( typically a fall) and then the service is withdrawn when the individual is deemed to have sufficiently recovered. Often there is a standard time attached to how long a Reablement service can be provided for. This comes with a notion of “throughput” (Peter Beresford 2015)<sup>1</sup> which some commentators up to now have not seen as appropriate within the field of mental health.

18. However with new duties under the Care Act 2014 to promote wellbeing (see below), this is leading to a renewed interest in the concept of reablement in

<sup>1</sup> Article “From Recovery to reclaiming madness” in Clinical Psychology Forum Special Issue Recovery April 2015

mental health and our two local authority partners have asked the Trust to develop mental health reablement services. In Peterborough this is to develop a dedicated Reablement Team. The approach in Cambridgeshire is different, based on introducing Reablement practices into two of the existing teams on a pilot basis (Huntingdon and Fens initially).

19. This fits well with recent new funding from the CCG for “recovery coaches” who will be able to support reablement approaches and support individuals out of services and provide quick re-access if required.

20. The concept of reablement within physical health is long established and reablement services were in the past in Cambridgeshire County Council areas run as an integrated service with health teams. Although this is no longer the case the working interface and relationships remain close. Reablement within Peterborough is delivered by the Council.

**Definition of Wellbeing**

Wellbeing” is a broad concept, and it is described as relating to the following areas in particular:

- personal dignity (including treatment of the individual with respect);
- physical and mental health and emotional wellbeing;
- protection from abuse and neglect;
- control by the individual over day-to-day life (including over care and support provided and the way it is provided);
- participation in work, education, training or recreation;
- social and economic wellbeing;
- domestic, family and personal relationships;
- suitability of living accommodation;
- the individual’s contribution to society.

The individual aspects of wellbeing or outcomes above are those which are set out in the Care Act, and are most relevant to people with care and support needs and carers. There is no hierarchy, and all should be considered of equal importance when considering “wellbeing” in the round

Official Care ACT 2014 Guidance, DoH 2015)

**Resilience – a partner to Recovery**

21. Google resilience, or resilience and mental health, or resilience and wellbeing, and thousands of websites come back: the literature on resilience is large.

**Factors that contribute to resilience include:**

Close relationships with family and friends  
A positive view of yourself and confidence in your strengths and abilities  
The ability to manage strong feelings and impulses  
Good problem-solving and communication skills  
Feeling in control  
Seeking help and resources  
Seeing yourself as resilient (rather than as a victim)  
Coping with stress in healthy ways and avoiding harmful coping strategies, such as substance abuse  
Helping others  
Finding positive meaning in your life despite difficult or traumatic events

<http://www.pbs.org/thisemotionallife/topic/resilience/what-resilience>

22. Key points to note are:

- The use of “resilience” and “self-management” across all ages i.e. across the life course which matches our portfolio of activity;
- The read across to mental health;
- The commonality underlying the principles of recovery and the list of factors that contribute to resilience; and
- Resilience can be applied at different levels: individual, community and economic resilience. This reads across to the plans below to strengthen pathways to employment, and to the Wellbeing Services that were being developed under the banner of UCP that are based on harnessing social capital within local communities. This work has now passed to the CCG to continue.
- The importance of developing “personal resilience” within our staff – for example around the concepts of home/ work life balance.

23. **Self-Management** comprises a portfolio of tools and techniques to support people to manage their own physical and mental health. It requires a fundamental transformation of the ‘patient’ / ‘care giver’ relationship towards a collaborative partnership. In this way it has considerable resonance with the concept of Recovery in Mental Health.

## The Story So Far

### ***Achievements***

24. This builds on the strong progress that has already been made by CPFT in the pursuance of a Recovery orientation across its services. This progress is evident across a number of service streams and departments and includes:

- development of Peer Support Worker roles
- delivery of cohorts of training towards this Nationally and UK accredited qualification
- inception of Recovery College East
- PROMISE project which involve a number of initiatives which have
  - significantly improved the experience of people in adult inpatient services
  - empowered staff to make small but significant changes to their own practice.
- Training, delivered by HR colleagues through the Recovery College, for people with a lived experience to sit on interview panels in CPFT
- Feedback from people with a lived experience using a variety of methods including IPad based surveys, focus groups
- Development of Daisy Change and Rising Roses Women's Institutes which provide an opportunity for women with a lived experience to re-frame themselves as women first and members second and take part in everyday activities and educational opportunities. This also enables them to move away from illness saturated environments and which provides a link to local WIs in the area
- Board Recovery and Resilience Champion appointed (see appendix 2)

25. It is impossible to represent here the entire breadth and wealth of the developments towards Recovery that are going on across the Trust. There is more detail in the recently published biennial report for the period Jan 2013 to Jan 2015 for the Recovery College East.

### ***Challenges and Opportunities***

This strategy seeks to address the following challenges within an ongoing wider environment of austerity and reduced funding generally.

Our challenges include:

- Embedding recovery and resilience within our organisational DNA and as referred to above, we are now an organisation that provides mental and physical health services. This supports the opportunity to use this Strategy as the “glue” within the organisational development strategy.

- Identifying, supporting and embedding the initiatives that have come across with the community health services (for example health coaches and the “Breathe Easy” service within COPD)
- Taking the Recovery College East to the next stage – should the College be at arms length from the Trust, and if so what governance positions it best to attract funding from sources other than health and social care
- Developing the capacity within and the offer of Recovery College East to meet a greater and widening demand – for instance from Carers
- Bringing the Recovery College East to more of the rural geographies and service localities – consider a base in Wisbech or a peripatetic service offer within this part of the County where travel without a car is very difficult
- Growing and making the most of our relationships with the vibrant independent sector within Cambridgeshire and Peterborough, especially the rich culture of volunteering.
- Opening up generic jobs within the Trust to peer workers when they become vacant.
- Encouraging all CPFT staff to engage more with the Recovery College.

## Five Year Strategy

26. Our objectives fall under the following headings:

- Embedding the culture of Recovery and Resilience throughout the organisation
- Walking our own walk – CPFT as an exemplary employer
- Improving people’s life chances – health, employment, education
- Changing the way we approach risk and supporting staff to work differently
- Financial sustainability of Recovery College East

### ***Embedding the culture of Recovery, Resilience and Self-Management throughout the organisation***

27. Over the life of the previous strategy considerable progress has been made in a number of areas in relation to the development of a culture of Recovery across the Trust but like all such initiatives the drive to embed this has to be a **continuous** rather than continuing process if Recovery, Resilience and Self-Management are to become everybody’s business and firmly established throughout the organisational DNA. This must span the entire organisation from the Board to the direct care staff, staff enacting administrative functions and across all services, teams and departments. Recovery, Resilience and Self-Management orientated practices will need to be explained and articulated in a way that is appropriate for individual teams and departments and to ensure that everyone understands how Recovery applies to their service or department and what is demanded of their own practice.

28. This also requires different approaches for different services which means that one overarching plan will no longer, if it ever did, fit the wide range of services provided by the Trust. For example, there are a number of the community health staff moving into CPFT who are trained as health coaches and this is an example of a service that might be grown and embedded into mental health services.
29. We need to consider how we understand and map over the recovery orientated practice into our integrated older person's services, learning disability and specialist services.
30. The concept of building resilience in Children's Services is well established and learning might be taken from these services across the rest of the Trust. Principles from Person-centred Dementia Care (Tom Kitwood) have been mapped against the principles underpinning Recovery. The diagram below is the famous Kitwood<sup>2</sup> "dementia flower" used now over the last 25 years within dementia care services.



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<sup>2</sup> T Kitwood (1997) Dementia Reconsidered

<b>Comparable Principles in Recovery-orientated practice and person-centred care</b>	
<b>Recovery</b> (CSIP, RCPsych & SCIE, 2007; Sainsbury Centre for Mental Health, 2008)	<b>Person-Centred Care</b> (Kitwood, 1997, McCormack, 2004; Brooker, 2007)
Recovery is fundamentally about a set of values related to human living applied to the pursuit of health and wellness	A value base that asserts the absolute value of all human lives regardless of age or cognitive ability
The helping relationship between clinicians and patients moves away from being expert/patient to being 'coaches' or 'partners' on a journey of discovery	The need to move beyond a focus on technical competence and to engage in authentic humanistic caring practices that embrace all forms of knowing and acting, in order to promote choice and partnership in care decision-making
Recovery is closely associated with social inclusion and being able to take on meaningful and satisfying roles in society	People with dementia need an enriched environment which both compensates for their impairment and fosters opportunities for personal growth
People do not recover in isolation. Family and other supporters are often crucial to Recovery and should be included as partners wherever possible	Recognises that all human life, including that of people with dementia, is grounded in relationships
Recovery approaches give positive value to cultural, religious, sexual and other forms of diversity as resources and supports for wellbeing and identity	An individualised approach – valuing uniqueness. Accepting differences in culture, gender, temperament, lifestyle, outlook, beliefs, values, commitments, taste and interests

### **Walking our own walk – CPFT as an exemplary employer**

31. Building on the more generic section above regarding improving peoples' life chances, as a large NHS employer CPFT is ideally placed to lead by example as an exemplary employer. There are a number of frameworks we can use to help us achieve this: such as further developing the Mindful Employer initiatives or adopting another framework such as the "Wearing 2 Hats" initiative, ensuring we are an organisation that actively seeks to employ people with lived experience and life impacting conditions.
32. The following is recommended:
- To continue to host 'Time to Change' initiatives ensuring we are challenging the stigma of mental health within the wider community.

- To proactively support staff in the organisation who are also experiencing mental and physical health challenges.

33. There is a clear need to also ensure that the mental and physical health needs of staff are met appropriately including:

- To treat staff with compassion in order for them to also treat people with compassion:
- To address the need for education and training in new ways of working
- Assurance that staff concerns will be listened to and acted upon:
- Support for staff to be open about their own lived experience and life impacting conditions:
- Improved Occupational Health and HR processes:
- For staff to be appropriately and sensitively supported by mental health services when they need to be

### ***Improving people's life chances – wellbeing, employment, education***

34. Central to the concept of Recovery is the challenge to service providers to maximise opportunities for people to build lives beyond illness. This involves ensuring that service providers contribute positively to peoples' sense of identity as citizens and focus on them in the context of their whole lives, not defining people by illness or deficit. This means mental health services being 'on tap not on top' in people's lives (Repper and Perkins 2003).

35. The Recovery College is key in delivering the aspiration of "improving people's life chances". The Recovery College would like to widen its curriculum to incorporate expert patient self management courses, and to increase the focus on building resilience and wellbeing.

36. This is also about situating the Recovery College within a pathway towards employment that makes it easier for service users. This may include both volunteering and employment opportunities acknowledging the rich network of employers and volunteering support organisations across Cambridgeshire and Peterborough with whom the Trust is developing closer working relationships.

37. But volunteering is not just about pathways to employment. For an older person, no longer in paid employment, it may be about social engagement and activity that builds their resilience and supports their wellbeing.

### ***Changing the way we approach risk and supporting staff to work differently***

38. A recovery orientation and the building of individual resilience within the context of service provision, is largely agreed to be concerned with the development of

delivery based on hope, a sense of control, choice, autonomy and personal growth for people receiving services.

39. It is also agreed that, in order for staff to work within this framework, organisational commitment to supporting them in their efforts to do so is also key. Traditional risk management is usually concerned with danger avoidance, restrictions, containment, protection and control. Our challenge is to reconcile these tensions and to find a way to support people appropriately in their recovery journeys and to support staff in their attempts to do so (Boardman and Roberts 2014).
40. There are two main strands to this challenging goal. The Trust-wide articulation of a recovery and resilience orientated attitude towards risk and the policy framework to underpin this and some subject specific initiatives including the No Force First project.
41. This is acknowledged to be difficult. The implementation of personalisation under the Putting People First Concordat (2007) has led local authorities to develop positive risk taking policies and procedures so that they can step back and relinquish control over the lives of people with life long conditions and disabilities. Examples include the choices of individuals who may not wish to settle in one place, choices about food, and about the way that people choose to live.
42. There is also a read across to the new adult safeguarding provisions of the Care Act 2014 which lower the threshold for safeguarding. It might be thought that a widening of safeguarding would increase risk-averse behaviour. However, paradoxically, knowing that this framework is in place might actually assist clinicians to feel more confident in their approach to risk.

### ***Financial sustainability of Recovery College East***

43. CPFT is rightly very proud of this innovative and ground-breaking work carried out at Recovery College East since its inception.
44. However, a victim of its own success, the College has out grown its funding base, and the College is at a watershed in terms of its future direction. A vital strand of the Recovery and Resilience Strategy therefore needs to focus on ensuring that the Recovery College is sustainable into the future and can continue to thrive and develop in more diverse areas.
45. We are proud of the reputation of our Recovery College and the developments around our partnership working. We have recently secured funding from the Skills Agency to pilot courses around transition and change in partnership with the City College in Peterborough. Additionally, the CCG have asked the

Recovery College to host a number of recovery coach posts to support people who are struggling with being discharged from mental health services.

46. This Strategy is an opportunity to take stock of progress made so far in all the key areas and to consider the strategic direction and priorities over the five coming years. This has been co-produced with a number of stakeholders including people with a lived experience, carers, staff, Governors and Board members. This is summarised in the tables in Appendix I below.

### **Next Steps**

47. The next steps for the Recovery, Resilience and Self-Management Strategy will include:

- The production of a detailed action plan to include dates and lead responsibilities
- Ensure that the action plans are built into the annual CPFT Business planning cycle
- Develop and implement an internal and external communication plan
- Formulate a process of outcome measures and evaluation to measure progress as an organisation, team or individual. This should include an audit of recovery and resilience work across the Trust by peers and other workers.

## APPENDIX 1

### Role of Recovery Champion – Jo Lucas

#### 1. To champion the ethos of Recovery in Mental Health

- as a way of thinking about and framing services within the Board and with staff and partners in the role of NED
- promotion of the Recovery College to the Board and external partners, attending their events etc
- To work with the Board in extending and adapting this concept to the other services that will be in the Trust from 1st April 2015

#### Actions:

- to host a workshop on recovery later on in the year to embed more into the Board
- visit other RCs eg the Harrow campus of CNWL's RC which is in partnership with Westminster University

#### 2. Promotion of the values of social care and developments

- giving visibility to social care at the Board
- prompting the inclusion of social care in the relevant papers that come through the Board (workforce plans, business planning etc)
- Be visible to social care staff eg through the Social Care Forums – as an emissary from the Trust Board

#### 3. Carers

- to be Trust Board lead on this area of work (Strategy to be refreshed and updated in 15-16)
- To work with Governors in this area of work (a key priority for Governors)
- To develop the linkages between Recovery for service users and support for Carers

#### 1. Social Enterprise

- To support the development of social enterprise initiatives including the possibility of a café, as one way of promoting employment and social capital and providing services to CPFT users.

## APPENDIX 2

### What is resilience?

Resilience is the capacity to withstand stress and catastrophe. Psychologists have long recognized the capabilities of humans to adapt and overcome risk and adversity. Individuals and communities are able to rebuild their lives even after devastating tragedies.

Being resilient doesn't mean going through life without experiencing stress and pain. People feel grief, sadness, and a range of other emotions after adversity and loss. The road to resilience lies in working through the emotions and effects of stress and painful events.

Resilience is also not something that you're either born with or not. Resilience develops as people grow up and gain better thinking and self-management skills and more knowledge. Resilience also comes from supportive relationships with parents, peers and others, as well as cultural beliefs and traditions that help people cope with the inevitable bumps in life. Resilience is found in a variety of behaviours, thoughts, and actions that can be learned and developed across the life span.

### Factors that contribute to resilience include:

- Close relationships with family and friends
- A positive view of yourself and confidence in your strengths and abilities
- The ability to manage strong feelings and impulses
- Good problem-solving and communication skills
- Feeling in control
- Seeking help and resources
- Seeing yourself as resilient (rather than as a victim)
- Coping with stress in healthy ways and avoiding harmful coping strategies, such as substance abuse
- Helping others
- Finding positive meaning in your life despite difficult or traumatic events

<http://www.pbs.org/thisemotionallife/topic/resilience/what-resilience>



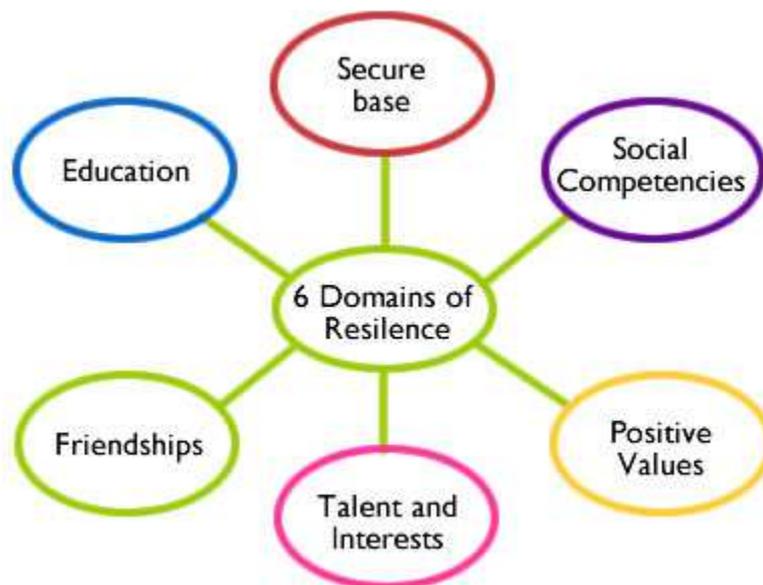
### Arch Project What is resilience?

Resilience is a key factor in protecting and promoting good mental health. It is the quality of being able to deal with the ups and downs of life, and is based on self esteem.

We look into many different factors that affect resilience:

- secure early attachments
- confidence of being loved and valued by one's family and friends
- clear sense of self-identity (personal, cultural and spiritual)
- sense of self-efficacy (being able to make decisions and act independently)
- confidence to set goals and attempt to achieve them.

Based on these, the project uses 6 domains to work with to try and build people's resilience:

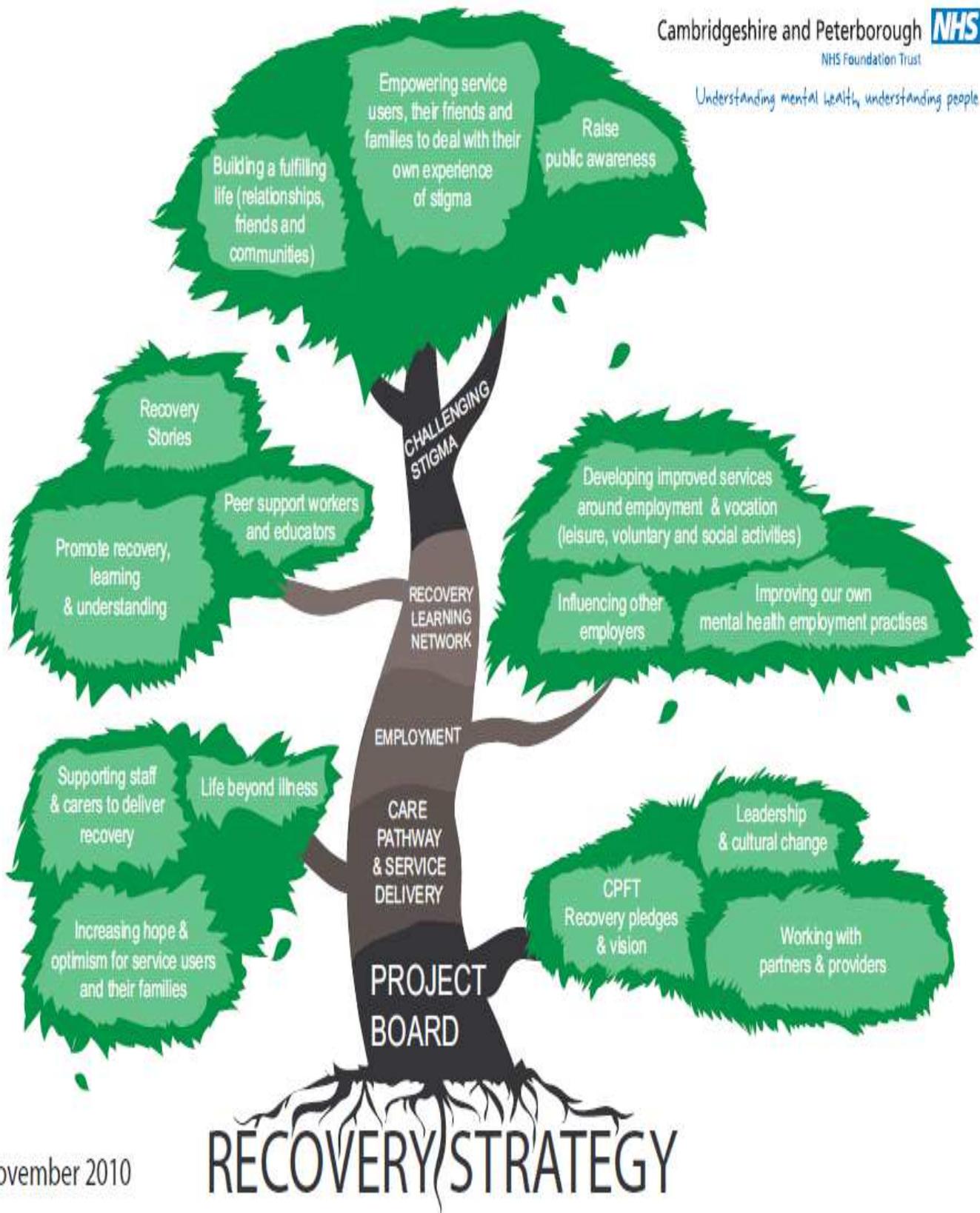


(Brigid Daniel & Sally Wassell – Assessing & Promoting Resilience in Vulnerable Children)

[http://www.barnardos.org.uk/arch/arch\\_what\\_is\\_resilience.htm](http://www.barnardos.org.uk/arch/arch_what_is_resilience.htm)

APPENDIX 3

*Understanding mental health, understanding people*



November 2010