

<b>Institution: Canterbury Christ Church University</b>		
<b>Unit of Assessment: 3 - Allied Health Professions, Dentistry, Nursing and Pharmacy</b>		
<b>Title of case study: ICS3.01 Enhancing the care and role of service users in mental health settings</b>		
<b>Period when the underpinning research was undertaken: 2012-2019</b>		
<b>Details of staff conducting the underpinning research from the submitting unit:</b>		
<b>Name(s):</b>	<b>Role(s) (e.g. job title):</b>	<b>Period(s) employed by submitting HEI:</b>
Professor Douglas MacInnes	Professor of Mental Health	1997 – present
Dr Ian Marsh	Reader	2000 – present
Dr Fiona Houben	Senior Lecturer – Research	2017 – present
Jacqueline Tallent (nee Mansfield)	Research Fellow	2013 – present
Victoria Stirrup	Research Assistant	2015 – 2020
<b>Period when the claimed impact occurred: 2013-2020</b>		
<b>Is this case study continued from a case study submitted in 2014? N</b>		
<p><b>1. Summary of the impact</b></p> <p>Our research in mental health and forensic settings has responded to policy drivers around managing increasing demand by developing and testing novel interventions, which demonstrate both sustained gains to well-being for service users and economic benefits for services. Specifically, we have demonstrated significant impact through:</p> <ol style="list-style-type: none"> <li>1. Delivering novel, collaborative and effective interventions which have positively influenced the experience and outcomes of services for end users, and changed policy and practice in organisations delivering these services;</li> <li>2. Interventions which are proven to be cost-saving and cost-effective, both to central delivery services, and through reducing demand on ancillary services;</li> <li>3. Improvements in policy and practice in mental health services by demonstrating the added value of service user engagement, collaborative practices and interventions.</li> </ol>		
<p><b>2. Underpinning research</b></p> <p>This research programme focusses on developing interventions which increase the therapeutic and rehabilitative effectiveness of secure and in-patient mental health services, serving vulnerable, high-risk and hard-to-reach populations. Central to the research are the values of Patient and Public Involvement and Engagement (NHS England, 2017), both in the conduct of the research and the resulting interventions.</p> <p>An early study focussed on factors leading to successful engagement in research of service users and professionals based in forensic mental health settings (3.1). This provided guidance and embedded service user engagement in future research, which further translated these values into investigating the effectiveness of collaborative interventions in practice.</p> <p>The <b>Comqol</b> randomised control trial (3.2), currently the largest trial of this nature in forensic in-patient services, involved staff (n=47) and patients (n=57) from six medium secure units, and used a structured communication intervention (DIALOG) to improve the quality of life for patients in the units. Our results demonstrated significantly improved quality of life for the participants at six months (standard effect size 0.7, 95% CI: -0.9 to 2.4) and 12 months (1.4 95% CI: -0.4 to 3.1). Cost consequence analysis showed significant reductions of between 46%-58% in total costs of untoward incidents per person (£23,697-£38,354 intervention group, and £51,222-</p>		

£92,340 control group), with a 50% reduction in the likelihood of service users self-harming (including suicide) or being violent to others.

Continuing the theme of researching 'invisible' or neglected, but highly vulnerable groups, the **Elderly Care** study (3.3), commissioned by Oxleas NHS Trust (£33,000), focussed on the experiences of older people in secure services to inform how services can adapt to meet need. This study targeted inpatients aged over 50 years, including both long-term inpatients, and uniquely, people who had entered the forensic services later in life, a previously unstudied group. Using qualitative thematic analysis, from observations and interviews we found this age group of forensic service users had additional needs due to increased physical health complaints and cognitive deterioration, and had major difficulties in transitioning to less secure settings. With secure unit beds costing £170,000 per annum and the need to manage service costs, further research was indicated and a follow-up study has been commissioned by South London Partnership of Mental Health Trusts (SLP) (Oxleas, South London and Maudsley and South West London) (£70,000).

Secure housing is the most important factor in ensuring a positive transition from prison to the community for people with mental health problems. The multi-agency **RESET study** (3.4) developed and tested an innovative, individual, user-focussed, 12-week support service with sixty-two prisoners, followed up for nine-months at three time points post-release. The intervention group were housed for approximately twice as many days as the comparison group (244 vs 129 days at nine months;  $p < 0.01$ ). The participant group showed increased GP registration ( $p < 0.01$ , 100% vs 65% comparison group), increased engagement with mental health services (48% vs 17%), and all were receiving benefits (100% vs 36%), all indicators of successful long-term outcomes. Most significantly for societal and individual benefit, the return rate to prison was lower for the participant group (7% vs 24%).

This user-centred focus was taken a step further in the **Lived Experience Practitioners (LXP)** (3.5) project developed with Oxleas NHS Foundation Trust through a Knowledge Exchange Partnership. This research investigated the introduction of a new mental health peer worker role, the LXP. The three-phase mixed methods design focussed on the factors required to establish this role, the support provided and retention rates for LXPs. The research identified valuable impact on changes to policy and practices within the Trust and of the seven LXPs employed by the Trust, all remained in post two years later.

### 3. References to the research

**3.1** \*MacInnes, D., Beer, D., Keeble, P., Rees, D., & Reid, L. (2011). Service-user involvement in forensic mental health care research: Areas to consider when developing a collaborative study. *Journal of Mental Health*, 20(5), 464-472. doi.org/10.3109/09638231003728109

**3.2** \*MacInnes, D., Kinane, C., Parrott, J., Mansfield, J., Craig, T., Eldridge, S., ... & Priebe, S. (2016). A pilot cluster randomised trial to assess the effect of a structured communication approach on quality of life in secure mental health settings: The Comquol Study. *BMC Psychiatry*, 16(1), 1-15. https://doi.org/10.1186/s12888-016-1046-8

**3.3** Visser, R., MacInnes, D., Parrott, J. & Houben, F. (2019) Growing older in secure mental health care: the user experience, *Journal of Mental Health*, 30(1), 51-57 doi:10.1080/09638237.2019.1630722

**3.4** MacInnes D., Khan, A., Tallent, J., Hove, F., Dyson, H, Grandi, T. and Parrott, J. (2020) Report - Restarting a prisoner's life onto a supportive path leading to RESETtlement in the community: The RESET Study. https://researchspace.canterbury.ac.uk/8v17y/restarting-a-prisoner-s-life-ont

**3.5** MacInnes, D., Jones, F., Stirrup, V., Dimond, I and Green, D. (2017) Report for Innovate UK KTP 009169 To redesign employment processes to ensure the sustainable implementation of individuals with lived experience of mental health as peer support workers to improve service delivery. https://researchspace.canterbury.ac.uk/8x927/knowledge-transfer-partnerships

**Funding: 3.2:** NIHR Research for Patient Benefit Programme - GBP246,997, **MacInnes 1.1.2012-31.3.2015. 3.3:** Oxleas NHS Foundation Trust. GBP103,000, **Houben 1.11.2017-30.4.2022. 3.4:** Oxleas NHS Foundation Trust. GBP92,781, **MacInnes 1.10.2015-30.9.2018. 3.5:** Knowledge Transfer Partnerships Programme – Innovate UK and Oxleas NHS Foundation Trust- GBP194,640, **MacInnes 1.10.2013-30.6.2017. Total: GBP664,418**

**Quality:** All publications have been published or reviewed by high-quality, international journals using established peer review protocols and those with \* are being submitted as REF outputs. The Comquol study (3.2) was awarded the 2012 UK Mental Health Research Network Award for Best Service User Involvement in a Portfolio project. 3.4 and 3.5 were endorsed by the commissioning agencies, and 3.5 was rated as “B - very good” in the *Innovate UK Assessment of Knowledge Transfer Partnership Final Report*.

#### 4. Details of the impact

NHS England’s ‘Five Year Forward View for Mental Health’ report predicts over a million more people will access care in 2021 compared to 2016, bringing mental health services close to crisis. The Forward View plan emphasises the need to avoid admission and support recovery. Our research impacted on this agenda in the following ways.

##### **Improved care for service users and the introduction of novel, patient involved and effective interventions.**

The impacts of the Comquol study (3.2) approach include benefits for service delivery in the six NHS Trusts involved in the study. It has become the ‘central approach’ used by teams and embedded in service delivery through practice guidelines based on these outcomes. Other benefits in service delivery are ‘improved therapeutic relationships between staff and services users’ (Director of Forensic and Prison Services, Oxleas NHS Trust) with an audit 12 months later showing a 39% reduction in untoward incidents across forensic services (5.1). The Kent and Medway NHS and Social Care Partnership Trust (KMPT) Medical Director also reported improved therapeutic relationships, shorter in-patient stays, and improved staff skills (5.2).

The RESET study (3.4) demonstrated how more user-led engagement and alignment of support services maintenance of living in the community achieved a reduction in re-offending. Nacro, the largest social justice charity in the UK working to reduce crime, has adopted the RESET intervention and is now delivering it in three prisons in Greenwich and HMP Wandsworth, with 291 prisoners supported from September 2019-March 2021 (5.3). A prisoner who has benefitted from the new approach commented “*I’ve been to jail a few times and I’ve come out and not had help like this. It makes the difference. PID 14*” (3.4). This was further endorsed by a Nacro operations manager reflecting on one service user consultation stating “*he said he never had support like this before and, because he appreciated this, it helped him focus on not ending back in prison*” (5.4).

Introducing the Lived Experience Practitioners (LXP) (3.6), a novel role for services, provided paid employment for seven service users as LXPs that was also translated as a new service to services users across a widening range of mental health specialties. Since the end of the study, this initiative has been sustained with close to 90 people trained by October 2020 and 27 users with lived experience of using mental health services in full or part time employment at Oxleas and another funded two posts waiting to be filled (5.3). This represents over £1.5 million investment in this new role. The LXP Service Manager describes the impact this unique ‘hybrid’ role is having as of ‘*prodigious value*’; as it is positioned ‘*between the professionals and the service user, they almost act as translators with their sense of shared experience and understanding*’ (5.5). Further funding has been agreed for the expansion of the LXP role into the Emergency Departments of two further NHS trusts (South London and Maudsley NHS Foundation Trust and South West London and St. George’s Mental Health NHS Trust).

##### **Improved cost-effective services**

Both Comquol and RESET are novel, evidence-based interventions that demonstrated that better patient and staff outcomes were achieved through innovative collaborative approaches. Additionally, considerable service provider cost-savings can be made through managing incidents and damage to property and by reduced call outs of emergency services, return to in-patient services, and recidivism. The Service Directors in both Oxleas and KMPT reported cost savings per patient (£529 - £1038) through implementing the Comquol approach, and a reduction in bed usage (3.2 / 5.1, 5.2). Additionally, the LXP study noted 25% efficiency and 75% quality improvements. Efficiency was increased through streamlining HR and Occupational Health links, and quality improvements achieved through service users' increased satisfaction with the service from engaging with, and being cared for by, LXPs (3.5 / 5.6). In the RESET study (3.4), those receiving the intervention were significantly more likely to be in independent and low cost accommodation compared to those not receiving the treatment who spent more time in hospitals, prison and B&Bs at a high cost. For example, over the nine-month follow up, the control group spent a mean of 20 days in hospital, and intervention group two days. With the average NHS acute ward bed cost per day being £400, this makes a saving of £7,200 (1,000%).

### **Improvements in policy and practice, embedding service user engagement as a central pillar**

The Elderly Care study (3.3) led to three secure services in South London identifying the transitioning of older people as a priority for service development and committing resources to an in-depth needs analysis (£103k). The Director of the South London Partnership commented "...recently discussed the TOPS (elderly care) project ....All agreed it's an incredibly valuable study that can inform how we develop services for older service users across south London. It was agreed we should continue to fund the project into year 2." (5.7). Through the RESET (3.4) research, service providers recognised that to improve resettlement services, staff needed to be upskilled. This resulted in two sets of best practice guidelines by; Nacro a 'Resettlement Guide for Health Care Staff' (5.8) available nationally and Oxleas, a "Mental Health Awareness Training" booklet (5.9) to support staff development.

Based on the RESET research, Nacro changed working practices and invested more resource in their administrative systems to monitor outcomes and engagement as recommended by the research (5.10). An Oxleas NHS Foundation Trust Prison Service Manager described the RESET study as adding value to service user engagement and employment, and the clinical pathway providing them with the evidence to demonstrate that this improved clinical pathway reduced recidivism; evidence that was critically important in their successful £2.6 million bid to secure re-commissioning the provision of mental health services into local prison facilities: 'I will go as far as saying the project has a positive impact in the overall outcome.' (5.11). The LXP study impact on the Trust helped reduce stigma and discrimination associated with mental health and also created a cultural shift within the Trust "it's not just the professionals who have expert knowledge" (5.6). In turn this has driven a cultural shift, overcoming stigma and discrimination and embracing the values set out in the NHS Five Year Forward View for Mental Health. One LXP practitioner commented "I'm privileged to be in this position where I can influence a real change in people's attitudes by breaking down stigmas and myths." (5.12). As the service manager described 'it's important to be able to show (staff) colleagues recovery in action.' (5.12).

### **5. Sources to corroborate the impact**

**5.1** Former Director of Forensic and Prison Services, Oxleas NHS Foundation Trust. Testimonial on the impact of the Comquol study and how its findings helped develop services.

**5.2** Former Medical Director, Kent and Medway NHS Foundation Trust. Testimonial on the impact of the Comquol study and how its findings helped develop services.

**5.3** Oxleas NHS Foundation Trust. LXP data October 2020.

**5.4** Operations Manager, Justice & Health - London & South (South London Prisons), Nacro. Testimonial on value of the service for prisoners upon release.

**5.5** Head of Volunteering Services, Lived Experience Practitioner Programme and Service User Involvement Lead, Oxleas NHS Foundation Trust. Testimonial on the value of employing LXPs in the Trust.

## Impact case study (REF3)

**5.6** Report for Innovate UK KTP 009169 Developing Mental Health Lived Experience Practitioner (LXP) roles in an NHS Foundation Trust, section 6 page 7 and section 11, page 11  
(also available – *Innovate UK Assessment of Knowledge Transfer Partnership Final Report – rated very good*)

**5.7** Director, South London Partnership of Mental Health Trusts. Email correspondence. Elderly Care Survey; Importance of topic to South London Partnership of Mental Health Trusts

**5.8.** Nacro Resettlement Guide. <https://3bx16p38bchl32s0e12di03h-wpengine.netdna-ssl.com/wp-content/uploads/2020/02/Resettlement-Guide-Healthcare.pdf>

**5.9.** Oxleas NHS Foundation Trust. 'Mental Health Awareness Training' booklet

**5.10** Business Manager, Nacro. Testimonial of how findings influenced service development

**5.11** Former Head of Prison Services, Oxleas NHS Foundation Trust. Email detailing the impact of the RESET study and how it supported the successful prison contract bid.

**5.12** LXP Volunteer and service manager comments <http://oxleas.nhs.uk/working-at-oxleas/volunteering/> [and video](#)

<https://www.youtube.com/watch?v=Lq8h9Qh4fG0>