

YORKSHIRE AND HUMBER NEWSLETTER 12



At the last Yorkshire and Humber Network meeting on the 18th August we started the meeting with Hannah from Cygnet introducing the film they have made all about tackling Stigma! You can find it on line on Cygnet’s website if you missed it. We then had some workshops about different work streams that are going on at the moment around the service review work. You can find out all about them and see what everyone talked about throughout this newsletter. We also had 2 different team building exercises which were both fantastic—1 from the Humber Centre and 1 from Garrow House. Thanks to all of you who contributed and facilitated these they went down really well, and you can find the information from those in here too. We also had our friends from Imagineer to do their awesome graphics again, we hope you enjoy them as much as we do! Thank you to everyone for your hard work and contributions!



WANTED!

1. Volunteers needed to do the team building exercise for the November meeting.
2. Volunteers to stay behind for 10 mins and record the next PodCast with us at the November meeting—no experience needed!

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Yorkshire and Humber Network Agenda

Sandal Rugby Club Wakefield

Friday 18th August 2017 11 – 14.30

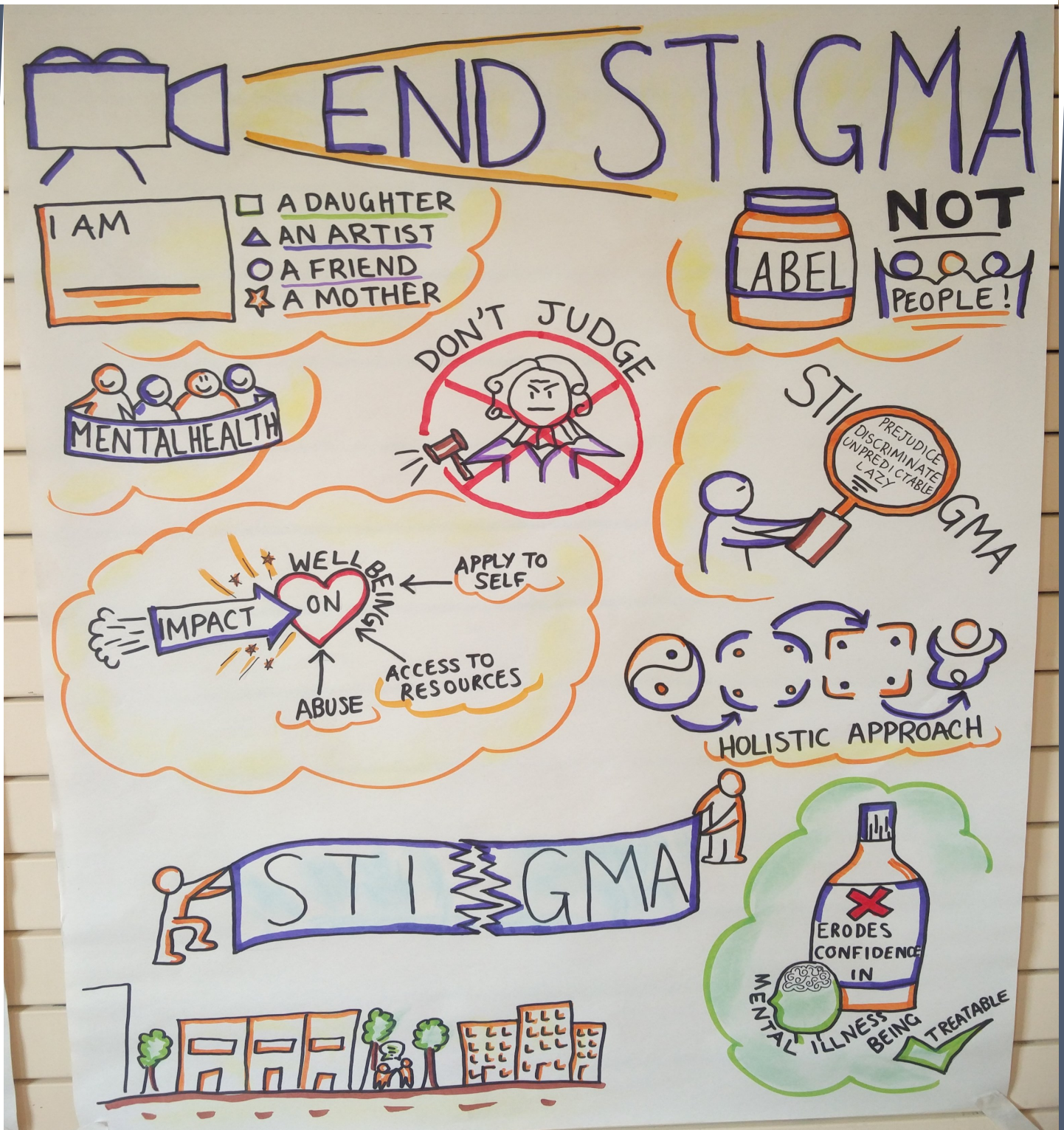


1. **Welcome and Introductions**
2. **Film** – ‘An End to Stigma?’ – By service users at Cygnet Hospital Bierley – Presented by Hannah
3. **Service Review: Pathways**
4. **Service Review: Workforce**
5. **Team Building!** – Humber Centre
6. **Service Review: Commissioning and Contracting**
7. **Service Review: Unwarranted Variation**
8. **Team Building!** – Garrow House
9. **Service Review: Enabling Works**
10. **Round Robin** – Update from you
11. **Meeting Summary**



'An End to Stigma?' – A powerful new video from service users at Cygnet Hospital Bierley Presented by Hannah

[https://https://vimeo.com/225990338](https://vimeo.com/225990338)



Service Review: Pathways



Service Review: Pathways

	Prevent escalation	professionals	
Pre-Admission Community	<p>Quick access to services. Education for Families & Carers. Recovery Colleges. Early Years Intervention. Better CPN support Better Doctor Support / access to Doctor (+) Short Admissions. Meaningful Admissions Family & Friends. Psychology Drop in centres (+++) More community based teams (CPN & SW) Visit hospital first. Drug/alcohol help More help from community professionals Given good advice (not being told to have a cup of tea & wait). External agencies. Crisis team Prison. GP better links to other agencies Phone calls not ignored. Taken seriously Listened to</p>	<p>Forensic Team. Imaginative support with 3rd sector. Secure services to offer support Short crisis admissions. Consultative work. Specialist training. GP understanding & training. Police Training. Doctors (+). Drug and alcohol support (+). Charities (++). CPN (+). Drop in professional sessions CAMHS. Support workers. Independent advocate. Social worker. Better support in prison. CAB. Access made easy. Investment. Voluntary services</p>	
Referral	<p>Police having good approach- knowing how to work with you not 'gung ho'. Choices of where to go. Choice of hospital. Faster process for referrals. Education on the process More regular updates. Not left alone on first day. Staff to communicate earlier- more info to hand over. Information on 'why' referral made- help to understand. Probation</p>	<p>Social worker Advocacy (+) Full MDT Other service users Support staff</p>	
Inpatient	<p>1:1 staff support Choice Information about area/ service Staff. Therapeutic relationships Recovery College Peer support Speaking to staff Privacy Environment Incentives. CBT</p>	<p>Full MDT Primary nurse Doctor OT (+) Psychology Nursing staff community team MIND</p>	
Transfer	<p>Discussion about different options- not wanting to go to certain places should be taken into account Community team support Takes too long</p>	<p>Case manager CTR Doctor (+) Home office charities</p>	
Post discharge Community	<p>CPN Community team. Named person External support centres Crisis teams. Relapse prevention Setback ladder. 117 meeting. Tribunal</p>	<p>Community team & doctor Charities Crisis team Housing</p>	

Service Review: Pathways

	Help myself/ Family	informed	progress
Pre-Admission Community	Clear information. Clear Sign posting. 24 hours. Someone willing to listen. Formulation with family involvement. Families understanding diagnosis. Families asking for help. Coming with me to see my psychiatrist. Talking. Confidence to ask. Education for families. Engage in help. Seek the help. Be willing to change Someone to talk to/write to Complying with medication Positive attitude	One link person Identified team members Written letter Weekly meetings Timescales Feel better Positive feedback Staff knowing me	Regular doctors appointment Mood. Regular discussion Maladaptive behaviours decreasing Waking up with a smile
Referral	Good Family. Regular family contact. Help explain to families Family input in care plans Family support/ leave together/ learn about illness together Phone calls to family Willing to engage in help Timed goals. Normal discussions	MDT/CPA Written Doctor Social worker Funder	Moving forwards S17 leave Regular updates by doctor Talking medication
Inpatient	Taking medication (+) Attending sessions Section 17 Listening to staff Setting goals Attending recovery college Allowing myself time Family involvement Listening to the advice	Positive ward round feedback (+). CPA (+) Well informed about my pathway. Identify lower secure services earlier so something to aim for Information. People talking to me. Sending me a letter. 1:1 Named Nurse. 'If I can talk about how I am feeling then I know I'm ok'	CPA Access levels S17 (++) Family contact Recovery college Doctor will tell you. Feeling Happy Recovery star My shared pathway
Transfer	Thinking positive Talking to staff Family/friend support Transition- helping to open up to new people	Information shared straight away MOJ information slow MOJ- confirmation of request. Informed of move- date and time	Phone calls Dates Visits to new hospitals By moving to lower security
Post discharge Community	Family support- spouse & children Using all skills/coping strategies	1:1 Full team	By living a reasonably normal life

Service Review: Workforce

WORKFORCE

INTRO!

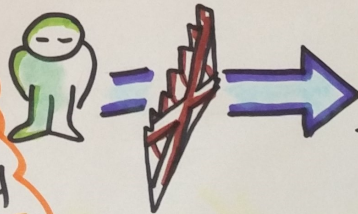


"AGENCIES NEED TO KNOW WHAT THEY ARE DOING FIRST"

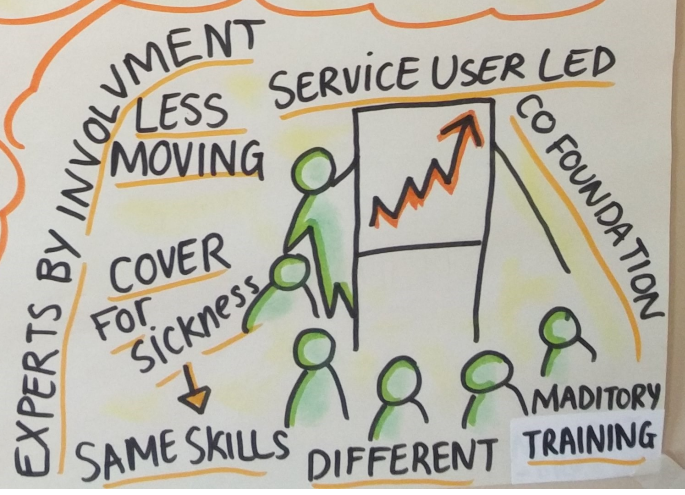
We Need Your Help



Are We Missing Something?



LACK OF STAFF
PAPERWORK
TRUST PROBLEMS
LESS VARIETY



Service Review: Workforce



Workforce

- What are the characteristics of a team that you value?
- What kind of workforce prevents you from moving through services?
- What training or skills development in services could help you move through them?

Workforce



Aims

For Providers in the region to work together to explore workforce needs in secure care.



Challenges

- Recruitment
 - Staff shortages
 - Which skills/qualifications may be useful
- Training – links to colleges and universities



Key Areas

- Forensic Community Teams
- Extended Roles
- Delivery of Training



WE WANT & NEED YOUR HELP



Service Review: Workforce

1. What are the characteristics of a team that you value?

Positive culture. Flexibility – working across pathways/sites. Passionate – those who want to make a difference. Willing to get involved and have fun. Recovery focussed (and believe in recovery). Imaginative (think outside the box).

Culture of service adopting an ethos which reflects care. Recovery colleges providing core boundaries of care planning. Risk assessment – pathway to recovery, skills development. Being able to talk to have a bit of banter. Informal opportunities. Basic knowledge of rules. Consistency. Trust notice that staff (different professions) are working and communicating. Staff respect confidentiality don't talk. Get out of the office and interact with patients on the ward. Rules should be explained. Approachable.

Communication – staff & staff – service user – staff. Supportive – empathy – interested.

Consistency – in knowledge of SU – approach. Enough number of staff. Quality time.

Caring and supportive. Understanding team work together consistently. Trained staff e.g. PD. Team wide range of experience age ranges. How you are treated – clarity – fairly – equal – involved – teams. Supportive staff group. Working together. Good listener. Everyone needs to work together. Trustworthy. Approachable. Responsible. Consistent. None judgemental

2. What kind of workforce prevents you from moving through services?

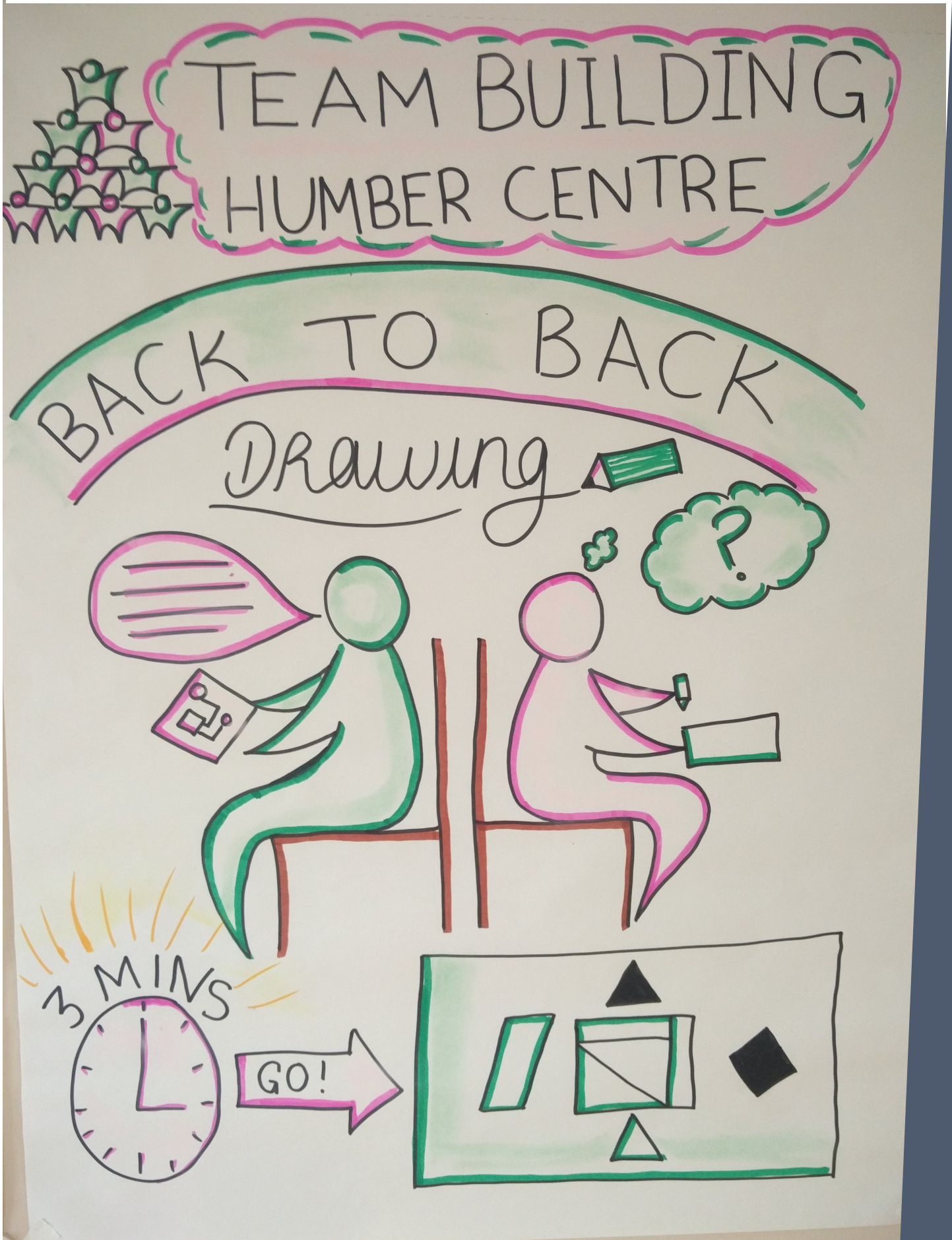
Lack of understanding of discharge processes – CCG handling – FOT referrals – CMHT involvement. An unstable workforce, lack of effective communication Monday to Fri 9-5 / lack of knowledge regarding next placements/effective pathways – community based resources. Stigma. Mandatory training does not reflect the expertise required for the job. Over prescribed use of medical model. Involvement ambassadors – experts by experience – real experience of services – staff who are passionate about involvement. More restrictive approach by team. Team that does not trust SU. Team that does not know you well. Less variety of workforce. Moody staff. Discussing problems with other people/patients. Staff that treat you like a prisoner rather than a patient. Self-fulfilling prophecy – low aspirations – low expectations of patients - undermine skills, expertise. Lack of respect. Patronising. Lack of staff – MoJ. Poorly trained staff. Not enough staff. Red tape. Waiting list and therapy. Discriminations – respective – bullying – negative. Lack of staff. Lack of respect. Not having time for patients. Winding patients up. Staff being lazy. Not being helpful

3. What training or skills development in services could help you move through them

Training provided by Service Users. Training which reflects the needs of the patients – PD CBT – MI DBT. Service users – done therapy. Listening skills. Self motivation – focus recovery. Not containment. Consistency. Clear pathway. More treatment groups in secure services. Becoming part. Rules and regulations more effort from service users. More friendly staff. Regular staff. Approachable.

Willing to help. Staff to be aware of different illnesses. Understanding of patients. Staff to be able to meet needs of patients. Training, cooking, gym, access, fresh air – via staff. Freedom of information. Not enough OT. Under staffed. Breaks in communication. Less re-allocations. Better cover for sickness. Infrastructure. Researching resources (personal interests). Service user lead training. Involvement – service user involvement. Training and awareness of own diagnosis. Effective communication. MoJ could be faster with answers. Service specific training. Respect privacy. Empathy. Team building for each other

Team Building! - Humber Centre

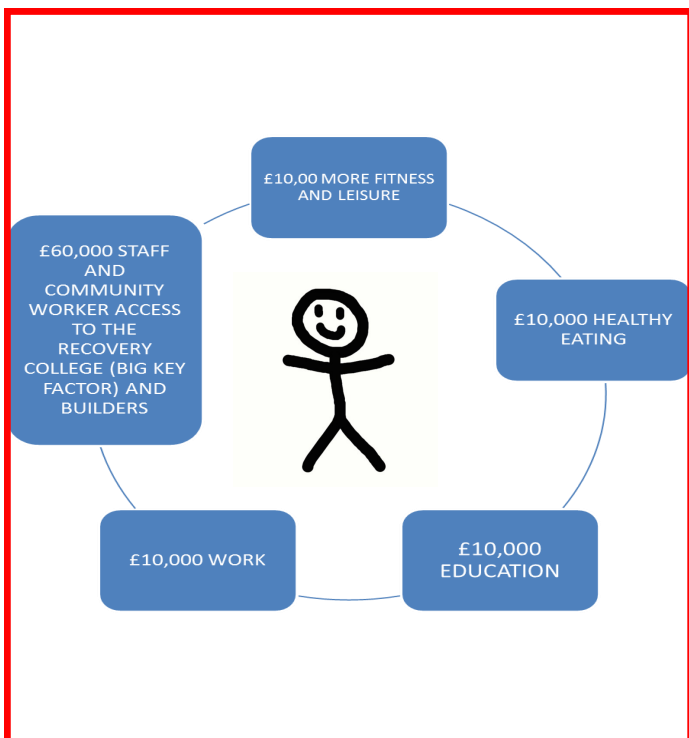
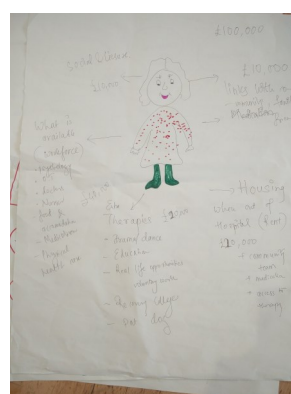
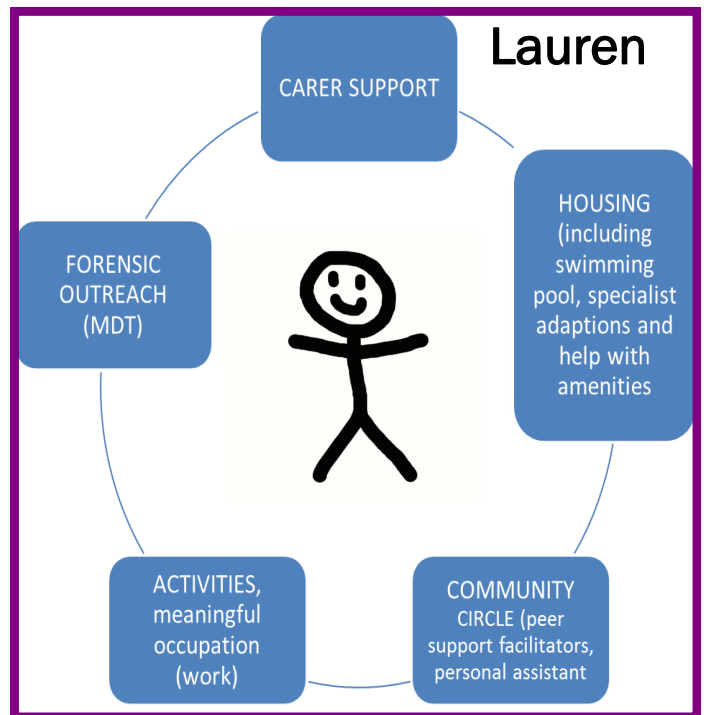
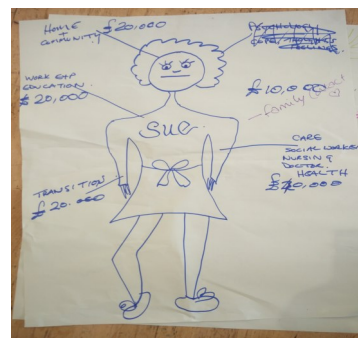
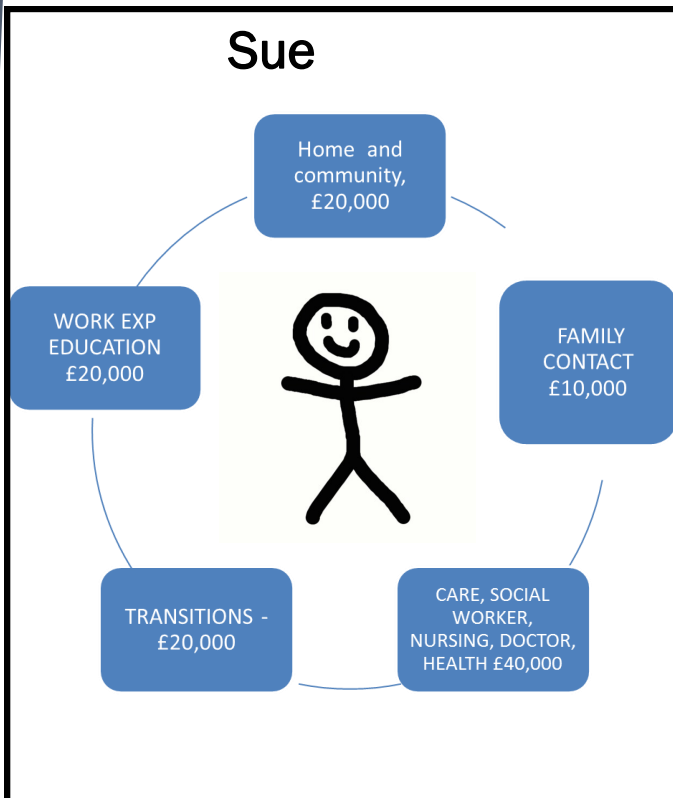




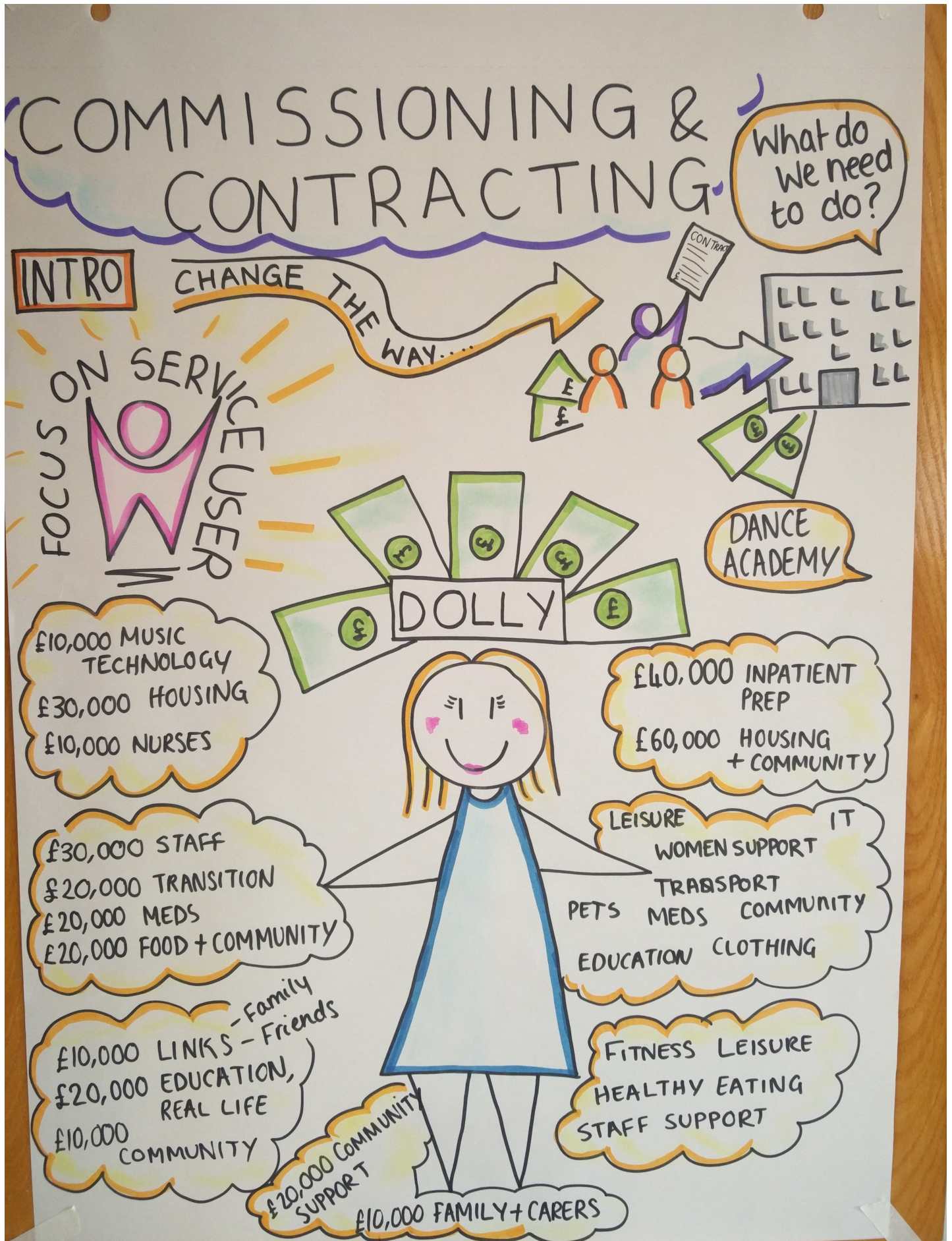
Commissioning and Contracting

Remember Dolly? We want you to:

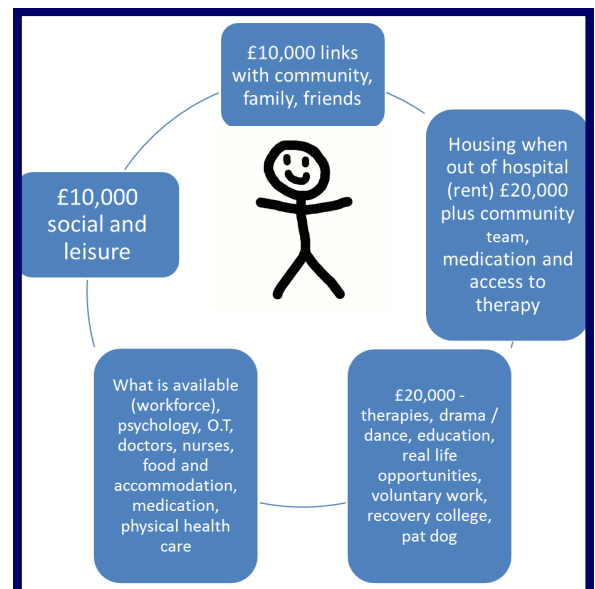
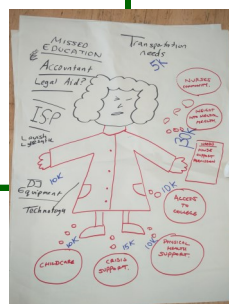
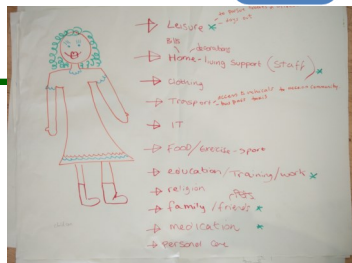
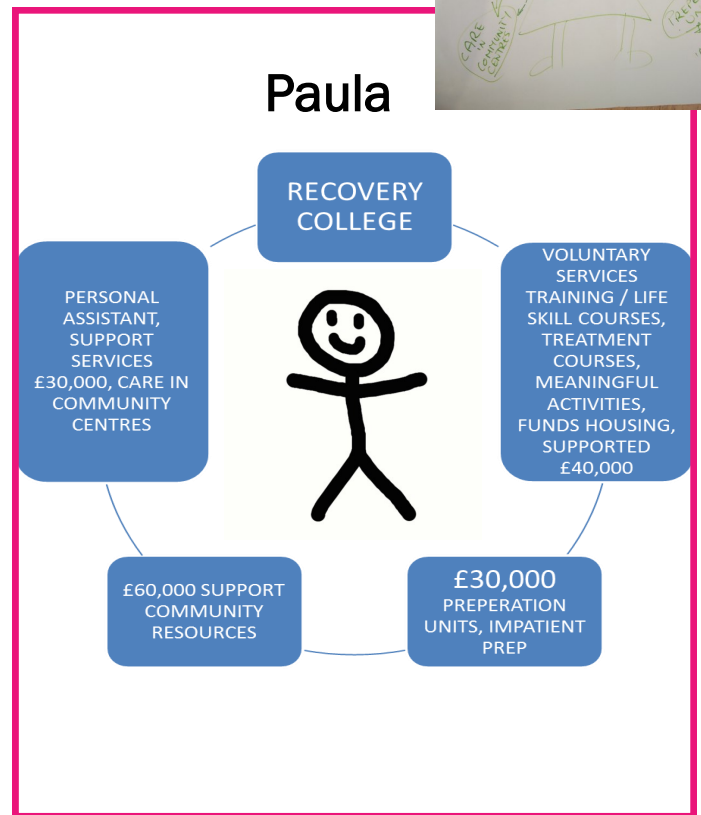
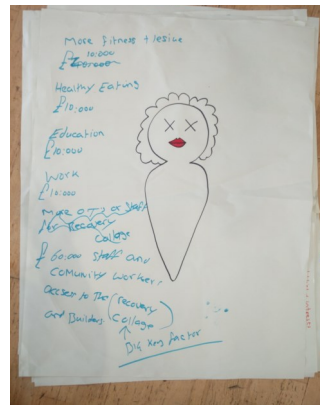
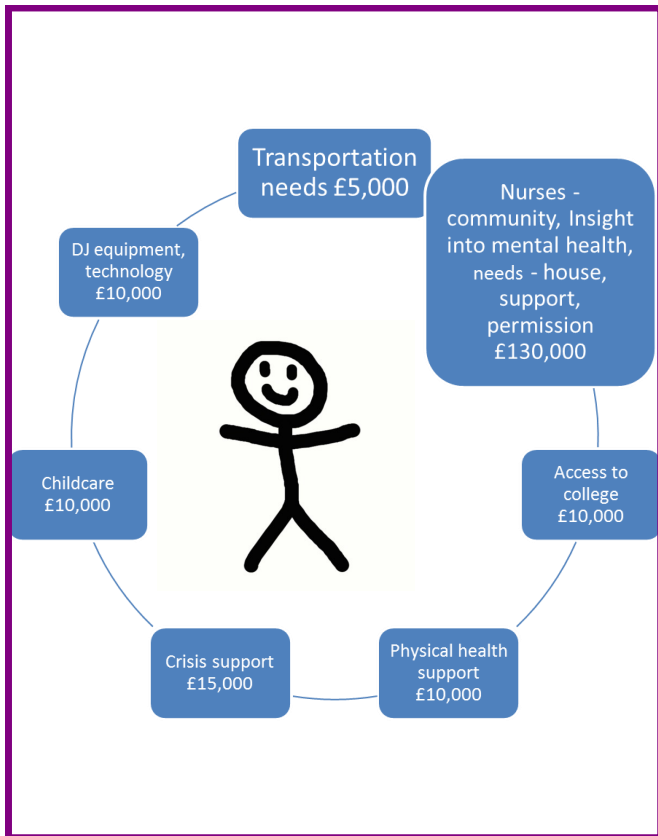
- Create a Dolly
- Identify what he or she needs to move out of hospital
- **If you had an amount of money to spend on Dolly's care, what would you spend it on?**



Service Review: Commissioning and Contracting



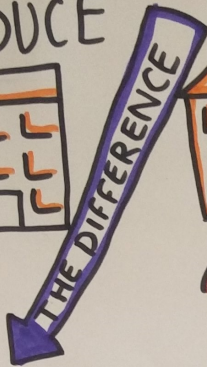
Service Review: Commissioning and Contracting



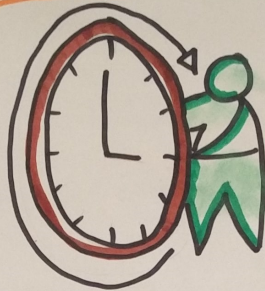
Service Review: Unwarranted Variation

UNWARRANTED VARIATION

REDUCE



VARIATION



Do You Know How To GET LEAVE?

IS IT EXPLAINED ???



TO BE GRANTED

- NO CONSISTANCY BETWEEN CONSULTANTS
- IT'S NOT PERSONALISED
- IF YOU COMPLY WITH TREATMENT

- Time
- REASON FOR LOSING NOT CLEAR
- Process CONFUSING
- HEALTH
- UNDERSTANDING SECTION 17
- MINISTRY OF JUSTICE
- 2 STEPS FORWARD 1 STEP BACK
- PURPOSEFUL CARE PLANS
- YOU BUILD UP LEAVE
- TRIAL LEAVE
- MDT
- NUMBER OF STAFF

Service Review: Unwarranted Variation



Unwarranted Variation

- **Do you know how you can get section 17 leave?**
 - **Is it explained to you what you have to do to get it?**
- **What prevents leave from happening?**
- **If you have moved hospitals, how long did it take for your leave to be granted?**

1. Do you know how you can get section 17 leave?

General awareness. Work hard engage. Not individualised. Build up leave – start small and progress. Ask RC in ward round/MDT. Different hospitals different rules. Depends on your section. Respect and trust to go on leave from staff – following rules. Freedom. Responsibility to save money. Responsibility to keep yourself safe. MoJ. Doctor/clinical team – apply for leave dependant on mental health (type of section). Purposeful (care plans ie is it useful (skills)). Build up trust. Re-integrate into society. OT (cook and shop). Keep your mind on employment. MDT requests. Leave form. Mental health stable. Comply with therapies. Do psychology. Comply with medication. Remaining settled

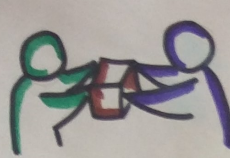
2. What prevents leave from happening?

No consistency with consultants. Breaking rules and boundaries. Lack of staff. Section 17 papers not been signed. Staffing. Being unwell. Instability incidents. Staffing levels. Waiting for MoJ approval. Medication. Staffing/problems other patients. Health reasons. Mental state – risks. Incidents. Disengage and quality/quantity of engagement. Being unwell
 Not talking to staff. MoJ – timescales – barrier . Staff understanding of section 17? Interpretation. Leave is not meaningful to the individual (lot of shopping – not realistic for a community life has to be local: nothing there to do). Loss of leave and reasoning not clear. Balance – how much leave? – priority over therapies. Choice in escort? Punishment or emotional tool
 Use of leave not discussed – not collaboratively discussed/planned – no budgeting input – physical health input. Not allowed group leave if you have unescorted
 Not allowed escorted leave if you have unescorted – social aspect

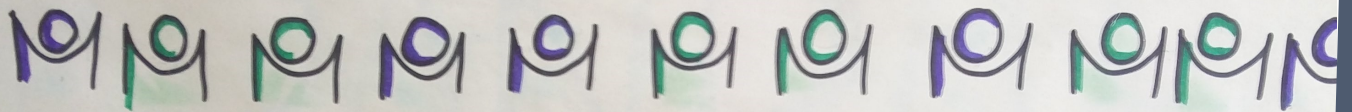
3. If you have moved hospitals, how long did it take for your leave to be granted?

5 month for MoJ – still waiting. It takes along time waiting for MoJ. Need leave home should be more easy. The time frame should be explained to you for leave. 4/5 months to get leave (MoJ). 72 hr assessment period upon transfer to low secure. 9 months from high to medium. 1 week. Long time. Around 1 week. Staff to get to know. Sus to get to know staff and area. Confidence in settling in well Admission days in the week could affect this. Step down = unwritten rule – ‘unescorted’ from MSU – LSU. Long time

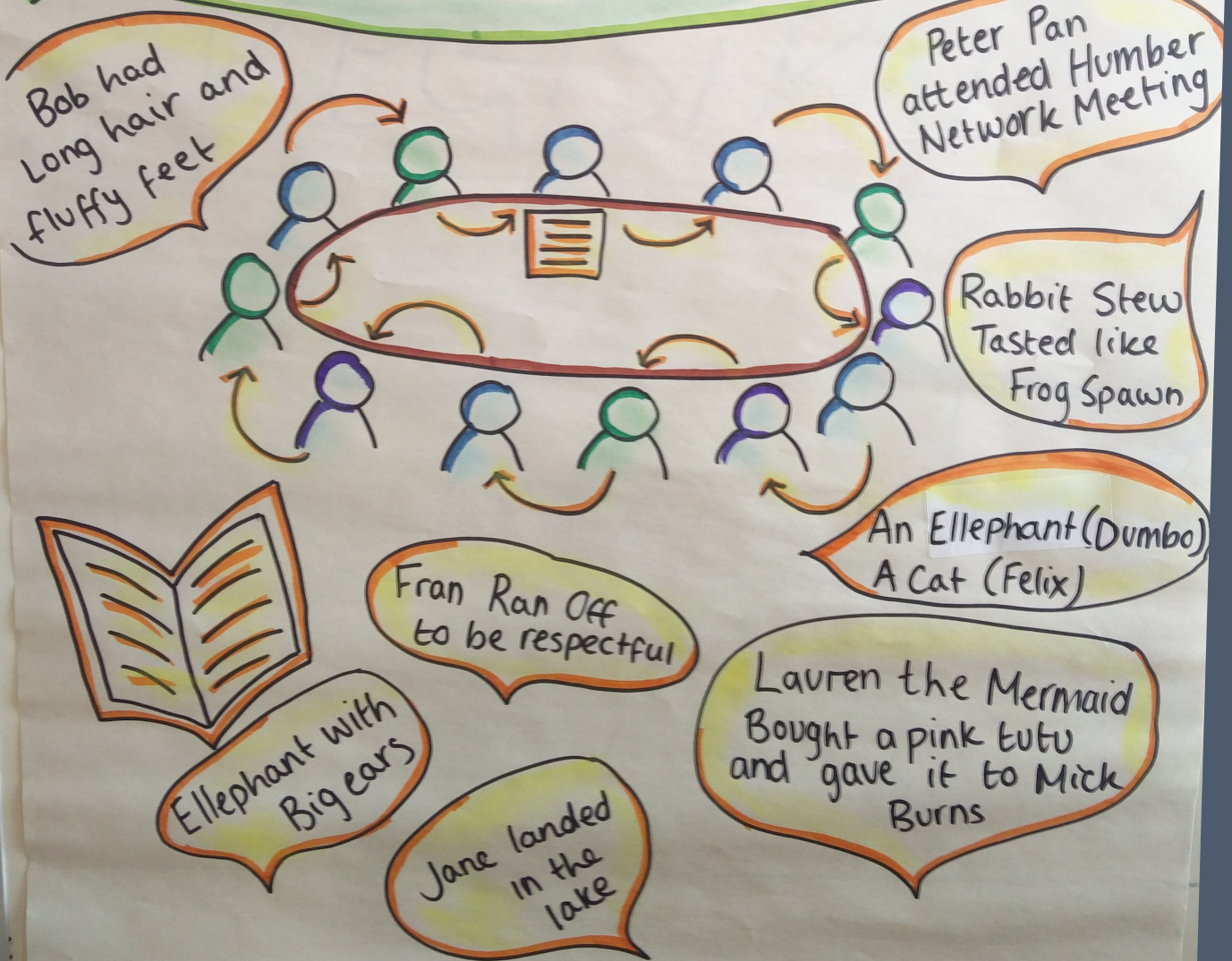
Team Building! - Garrow House

 TEAM BUILDING

GARROW HOUSE



Once Upon A time....



Team Building – Garrow House



ONCE UPON A TIME, service users and staff at Newton Lodge were scared and frightened by the coming of a new service user called Bob who had long ears and fluffy feet and a reputation for singing Bob Marley songs. One day he decided to take up DJ'ing but the equipment kept on jamming and wasn't capable of the impossible therefor he ate doughnuts!

ONCE UPOON A TIME Lauren the mermaid bought a fluffy pink tutu and gave it to Mick Burns to wear it and go skipping across the road because he wanted to show everyone in Morrison's how gorgeous he looked. This happened in a land far far away!

ONCE UPON A TIME rabbit stew tasted like frogs spawn, sweet and delicious just like wicked soup!

ONCE UPON A TIME there was an elephant in south America and there was a parrot which had purple feathers, the elephants name was Dumbo and it can fly and there was a cat called Felix. They were best friends!

ONCE UPON A TIME there was a man called Harold who had a dog and the dogs name was Frank. The only problem with Frank was that he did not like Harold as Harold had bad breath! On this sunny August day Frank finally managed to complete his plan by running off to the nearest vet!

ONCE UPON A TIME there was an elephant with a big ear and a large grey nose but a thin little tail! It was green, never to be seen in the jungle where he lived there came Tarzan with Calamity Jane, Oh dear! They fell off their rope swing and landed in the lake!

Service Review: Enabling Works



Service Review: Enabling Works

Enabling Works

- Organisations will form partnerships with other organisations to develop pathways in and out of secure care. **Who do you think should be involved in these 'super organisations' and what do you think they should do that organisations don't do at the moment?**
- Services are likely to be doing much more work in the community through expanded community forensic teams. **How do you think these teams could make a difference and what do you think are the main things they need to be doing?**

1. Who should be involved in the Super Organisations and what do you think they should do that organisations don't do at the moment?

Commissioners. Housing providers. Community mental health teams. Police liaison (MAPPA) Service users. Services to make things accessible for all service users. Signpost services e.g. help with everyday problems. Network of all organisations involved. Education services

Good communication between the super organisations to ensure people don't return to hospital. People feel less isolated reduced time frames. Removed barriers/people into community quicker.

Connecting, interacting and networking. IS and NHS. Social care local authorities. Police. MoJ. Ambulance/emergency . Primary care. Patients. Managers. Third sector – Mind-Communication. Commissioners. Carers/friends. Local services. CCG's

Flexibility with the focus being on the service user ownership of projects to improve service delivery supported financially. Health and social care being more joined up accepting responsibility for providing an entire care package. Stop the competitive elements between organisations.

Super organisation to be recognised as one service. Super organisation to accept responsibility for meeting the population needs despite the complexity. Use of the network to provide the foundations for best practice and future development of super organisations. Holistic approach to be used regarding developments. Higher profile to be given in STP work. Change culture around risk management and containment. Provide care models which do not depend on physical security.

Representative for each service. MDT approach – inc. physiology, social worker, nurses, OT etc. Service users. What do they need to do? Think collaboratively. Think wider – social context. Communication. Looking at prevention rather than being reactive. Housing, work, family support.

Service Review: Enabling Works

2. How do you think these teams could make a difference and what are the main things they need to be doing?

Promote preventative strategies

To work with voluntary sector organisations to enhance social support and experiences. Promote the use of recovery colleges and remove barriers to accessing services (involvement). Family/Carers/ Social

Educate and inform adult services/create real opportunities which make a difference.

Safe environment – Housing. Accessible support

Community centres and services

Vocational support. Community work shops training and education – courses

Physical health and wellbeing – support and education

Sporting activities

Recovery colleges

Community care teams

Supporting charities e.g. Caring for Life, Mind, Dial HSE (night support)

Social workers. Care co-ordinators

Leisure activity co-ordinators

Local GP surgeries – medication checks on what being taken

Community mental health teams

Hospitals – refer to other services if you go a few times

Leisure – getting outdoors

Hospital – identify and getting help

GP – keeping you safe

SW – Make sure you have what you need in the house.

Forensic community teams

Talk – hand-over of case – smooth transition

Take your work and progress with you

Super duper

Regional hospitals to work together

Social services housing association.

Community voluntary services

Sharing resources

Staff and service user training

Sharing data information relevant info

Specialist areas

Formal agreements been made

Invest preparation services

More focus on recovery not containment

Should be in the community they are going to progress to look at needs collectively

Make sure all services are provided by someone in organisation

Community follow up.

Multi skilled staff

**Calendar of
Involvement Events
for 2017/18 at Sandal**



Yorkshire and Humber Network - 11-2.30

Thursday 16th November 2017

- Thursday 15th February 2018

Reducing Restrictive Practice - 2-4

Thursday 14th December 2017

Thursday 8th March 2018

Recovery College - 2-4

Thursday 28th September 2017

Thursday 11th January 2018

Thursday 22nd March 2018

Y&H Recovery and Outcomes - 11-2.30

Tuesday 5th December 2017



Yorkshire and Humber Newsletter



We need you!

- Do you like....**
- Writing articles?**
- Poetry?**
- Creative Writing?**
- Artwork?**



Please note we will say in the newsletter who sent it in, (first name and service) so if you would rather it was put in anonymously then please let us know.



We would love to hear from you!

We are Holly and Jo, we work as Involvement Leads across all the secure services in Yorkshire and Humber and we want to produce a newsletter so that everyone can share these things with each other.

It will be a great way to find out about what is happening in other hospitals, as well as sharing your work with others.

You can ask a member of staff to send things to us, or you can send them direct if you have access to email on

holly.alix@nhs.net



YORKSHIRE AND HUMBER NETWORK

Thursday 16th November 2017

Thursday 15th February 2018

Sandal Rugby Club Wakefield

11am – 2.30pm

Lunch and refreshments provided

Role Description for attending the Yorkshire and Humber meetings:

Represent your service and share experiences and ideas

Celebrate achievements and share learning

Find out what is happening in other services

Give your perspective

Meet staff and service users from other services

Take back and share what you have learnt with people in your service