

YORKSHIRE AND HUMBER NEWSLETTER 7



Thank you to everyone who contributed!



At the last Yorkshire and Humber Network meeting on the 8th April 2016 the theme was Recovery. We started off with a presentation from Forest Lodge in Sheffield about their Moving on Group—you can find more information about this on pages 2 and 3.

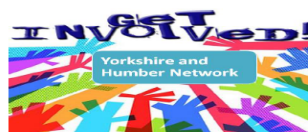
We then heard from Stockton Hall Hospital in York about their Positive Behaviour Support Plans, and their presentation can be found on pages 4 and 5.

After the 2 presentations we had some group work around Recovery. We asked everyone what recovery means to them and what recovery tools they are currently using within their services, Group work discussions can be found on pages 6 and 7.

After lunch we had a presentation from Cheswold Park Hospital about their horticulture program and they brought along some samples of aromatic creams and balms that they had been making which everyone was very keen to try. This presentation can be found on pages 8 and 9.

After this we had some more group work looking at the Transforming Care Agenda and the group work was focussed on what people thought a good community package would look like. We had chocolate coins and everyone had to decide what to spend their budget on for their own ideal community package. Louise Davies from the specialised commissioning team and Kelly Glover from one of the CCG's were leading on this section as they are part of a group of people that are looking at all of this in more detail. This is on pages 10 and 11.

Finally we had the usual Round Robin where everyone gives an update about what they have been doing within their services over the last 3 months. This is on pages 12 and 13



Yorkshire and Humber Network Agenda

8th April 2016 11.00 – 15.00

Theme: Recovery

1. Welcome and Introductions
 2. Presentation 1 - Forest Lodge - Moving On Group
 3. Presentation 2 - Stockton Hall - Positive Behaviour Support
 4. Group Work - Recovery
- Lunch Time!**
5. Presentation 2 - Cheswold Park - Promoting Sustainability through Social and Therapeutic Horticulture
 6. Group work - Informing the Transforming Care Agenda in Yorkshire and Humber



7. Yorkshire and Humber Conference!

8. Round Robin - update from you and Newsletter

Next meetings: Friday 1st July, Friday 4th November 11-3

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The Moving On group Forest Lodge



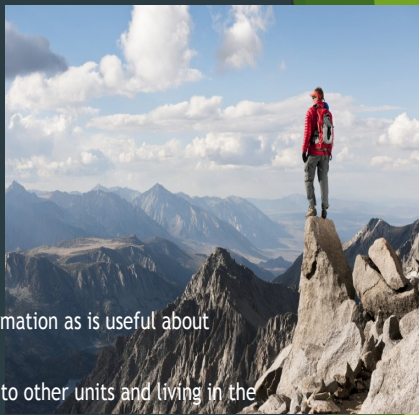
The last 7 years
Terry Brooker
Occupational therapist

the group philosophy



- ▶ Involvement of service users and staff underpins effective work towards moving on
- ▶ We all need the daily living tools to live safely and with satisfaction
- ▶ Living safely, having meaning and recovering is always a challenge
- ▶ Having options and choices are essential to developing the life we are aiming at

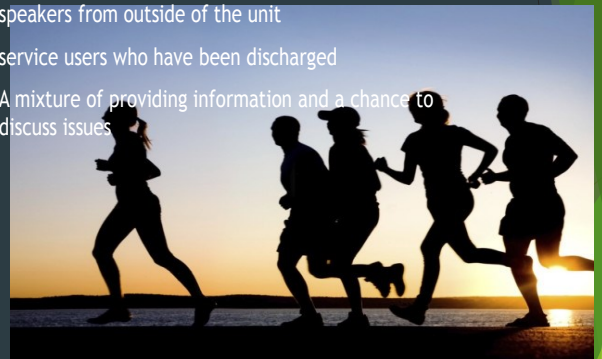
The groups aims



- ▶ To provide as much information as is useful about moving on
- ▶ Moving on includes both to other units and living in the community
- ▶ The sessions will be related to needs and interests of service users.
- ▶ To aid smoothing barriers to moving on

Running of the moving on group

- ▶ Weekly for a period of three to six months
- ▶ Involvement of service users with topics
- ▶ speakers from outside of the unit
- ▶ service users who have been discharged
- ▶ A mixture of providing information and a chance to discuss issues



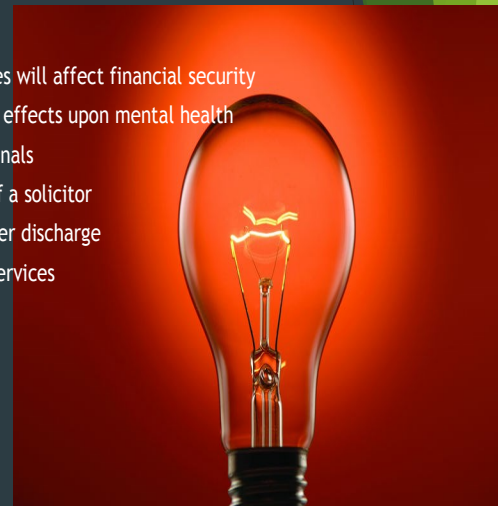
The range of topics

- ▶ What is the recovery approach
- ▶ Wellbeing and living in the community
- ▶ Coping with anger
- ▶ Living safely
- ▶ Financial confidence
- ▶ Awareness of financial vulnerability



More topics

- ▶ How benefit changes will affect financial security
- ▶ Physical health and effects upon mental health
- ▶ mental health tribunals
- ▶ Role and services of a solicitor
- ▶ What is life like after discharge
- ▶ Substance misuse services



Even more topics

- ▶ Self directed support
- ▶ Community accommodation
- ▶ Voluntary work
- ▶ Paid employment
- ▶ Training and education
- ▶ Hope, self-acceptance and forgiveness
- ▶ Purpose, identity and meaning
- ▶ Peace of mind



And yet more

- ▶ What can CAB do for you
- ▶ Digital inclusion
- ▶ Joining a gym- which one
- ▶ How to get a driving licence
- ▶ Healthy eating
- ▶ Daily living skills and daily living problems
- ▶ Medication and side effects
- ▶ The role of forensic social workers and living with a 41
- ▶ Role of the independent mental health advocate



success

- ▶ Satisfaction surveys- more interest in physical activity
- ▶ Individual success- accommodation in the community
- ▶ Sorting out benefit problems
- ▶ Sorting out utility problems
- ▶ Setting up bank accounts and joining a credit union



More success

- ▶ Introduction to the chaplaincy service
- ▶ Relaxation and mindfulness
- ▶ More uptake of the IMHA's service
- ▶ Access to education pamphlet
- ▶ Joining a gym



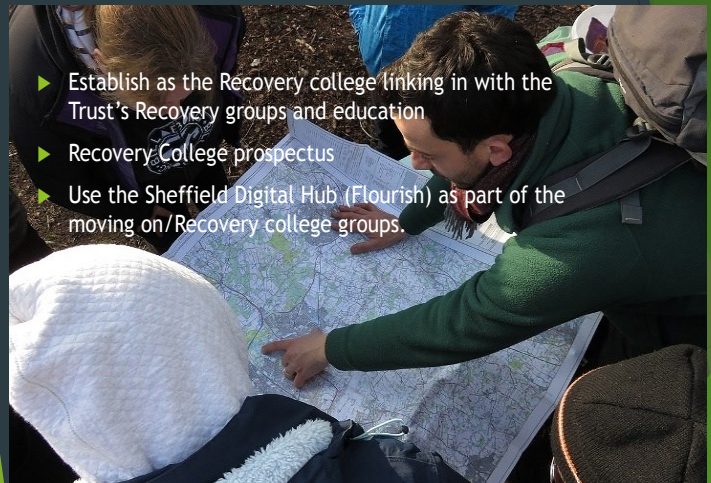
Problems and solutions

- ▶ Erratic attendance and involvement- always try to involve as many service users as possible
- ▶ A big gap between the moving on group and life in the community- even with role play daily life problems occur
- ▶ Do service users own the moving on group- change in group members alter involvement



The future-Recovery College

- ▶ Establish as the Recovery college linking in with the Trust's Recovery groups and education
- ▶ Recovery College prospectus
- ▶ Use the Sheffield Digital Hub (Flourish) as part of the moving on/Recovery college groups.



Positive and proactive care

Positive behaviour support (PBS)

By Angus Wright
RNLD BMedSci(Hons)



What is PBS?

- Developing and understanding challenging behaviour displayed by an individual, based on an assessment of the social and physical environment.
- Using perspectives of any one involved in their care
Gore, McGill, Toogood, Allen et al (2013)
- Looking at everything
- Involving everyone



PBS plans

PBS plans will define target behaviours and proactive strategies to:

- Increase person's quality of life
Make me feel better about my life
- Stop antecedent contexts likely to start an episode of challenging behaviour
Stop things that makes me upset
- Develop alternatives to challenging behaviour
Help me learn skills to cope better



Gore, McGill, Toogood, Allen et al (2013)

What is PBS?

A system where we can:

- Understand **why** people show challenging behaviours and how they learn these
- Focus' on creating a supportive environment, NOT with problem behaviour (Carr (2007))
- Is person centred – involving the individual



What our stages of intervention should look like

Primary 1
Helping people find better ways they can cope.

Person centred planning by supporting people to plan their future and treatment

Development of skills to help them cope in community settings.

Help identify what is important to them, not what is important to us!

Enhancing quality of life

Secondary 2
Promoting a more relaxed mental state, some of the strategies we use are-

De-escalation
Low stimulus
Distraction and Diversion
Discussion what is wrong and working to resolve this

Tertiary 3
These are to be used when the person is, or is going to place themselves and others, at significant risk

They include-

Rapid tranquilization
Physical intervention
Seclusion
Segregation



My PBS questionnaire

Stockton Hall Hospital Positive Behaviour Support Partnerships in Care
Where better comes together

Positive Behaviour Support Plan
This document consists of the service user's views and wishes regarding managing their behaviours which include challenging behaviours. **It** may potentially involve physical intervention or other designated restrictive interventions such as restraint, seclusion etc. Staff must refer to this document along with the relevant Restrictive Interventions Reduction of and risk documents.

Name	
Date of Birth	

What I want to see changed and improved.
Delete and list as appropriate for the patient.

Outcomes:

- ❖ Reduction in physical aggression
- ❖ A reduction in observed levels of distress.
- ❖ A reduction in incidents of deliberate self-harm.
- ❖ A reduction in incidents of seclusion.
- ❖ An increase in positive coping strategies.

About Me (A Pen Picture)
Document brief information about the person, inclusive of the name, age, likes and dislikes of the person. List interests in terms of engagement and activities of choice, etc.



My PBS questionnaire

Partnerships in care

Background Factors

Things that make it hard for me to control my behaviour (e.g. anniversaries, important memories of an incident, etc.).

1.
2.
3.
4.
5.

Me and Anger

Settings that make me angry.

Triggers that make me angry.



My PBS questionnaire

Partnerships in care

How I React When Feeling Angry.

My Feelings when I am angry:

My Thoughts When I Feel Angry:



My PBS questionnaire

Partnerships in care

My Behaviours When I Feel Angry:

Damage to Environment:

Self-Harm:

Verbal Abuse:

Physical Harm to Others:

Other behaviours:

Me and Unsafe Behaviour



What are unsafe behaviours

How staff can help me with my unsafe behaviour.

How staff can support me when I begin to feel like hurting myself.



My PBS questionnaire

Partnerships in care

What support I would like to have before and after use of physical intervention and seclusion or any other restrictive intervention.

I mostly want to have the talk-time following the incident, at these times.

What I prefer staff not to do before or during or after an incident.

1.
2.
3.
4.



Me and My Coping Strategies

How do I cope in situations when I feel angry?



How can staff help me cope when I start feeling angry?



What I prefer staff not to do when I'm angry.



My PBS Plan

Partnerships in care

Positive Behaviour Support Plan – XXX

The content of this document incorporates the person's views through the use of the service users questionnaire



XXX is generally very pleasant and has a good sense of humour. When unsettled, XXX can be verbally and physically abusive, he can threaten others and hit people in the past. XXX is emotionally impulsive and has regular fluctuations of mood which he finds difficult manage.

Live Issues and management

- XXX is waiting for a bed in LSU
-
-
-

Treatment Plan

- To complete his work with psychology exploring his anger
- To continue with working toward unescorted Section 17 leave
- To develop work experiences with OT
- To develop independent living skills with OT and Nursing staff

Care Pathway

XXX next step would be to a low secure unit nearer to his home area.

Important relationships

- Regular visit from mother and father
- Phone's family every Friday
- Has contact with brother and sister

Physical health

- Is a smoker – supported with smoking cessation
- Takes regular medication
- Has regular physical health checks

Problem behaviours and risks

Challenging behaviours include:

- Threats and hostility others
- Withdrawal from treatment plan
- Threats of and acts of physical assault on staff and other patients
- Threats attempts to self-harm

Signs of escalation: (subtle signs noted prior to challenging behaviour)

- Pacing the ward
- Withdrawal from treatment plan
- Short tempered with others
- Verbally abusive

Primary prevention (what works to prevent challenging behaviours):

- XXX to attend sessions and activities – including psychology programme
- XXX to have regular contact with family
- XXX to utilise free time – watching TV, playing Xbox etc.
- XXX to take prescribed medication
- XXX to maintain good physical health

Secondary Intervention (triggers and how to de-escalate)

TRIGGER	PREVENTATIVE ACTION
Worrying about moving on	Remind XXX of his positive progress and things he has to look forward to (such as cooking sessions, woodwork and section 17 leave) - Support from psychology re: coping skills - Refer to OT re: Moving on group
Other people's behaviour	Encourage XXX to go to his room to listen to music or utilise his leaves to get off the ward
Needs not met immediately	Explain to XXX why things can't happen straight away and give XXX a time frame for things to happen.

Tertiary intervention - Least restrictive interventions

Time to re/avoid-escalate in the quiet room or his bedroom

Explain to XXX of the possible consequences of his behaviours e.g. suspended sessions, loss of section 17 leave and impact on future placement

Increase support levels to prevent further escalation/harm to others

My PBS Plan

Partnerships in care

Recovery

What does Recovery mean to you? What Recovery Tools do you use in your service?

Cheswold Park

My Shared Pathway

Group working, relationships, trust

Group decisions

Ward round requests

Animal care, dogs, good for relaxing, good friendships

GP service

Medication

Community leave (building for the future)

Psychological services DBT, CBT, Trauma, Crime related, drugs and alcohol

Arts and woodwork, gardening

Working together

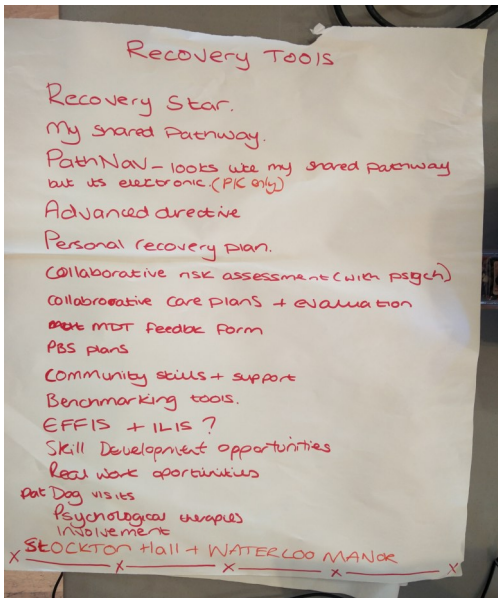
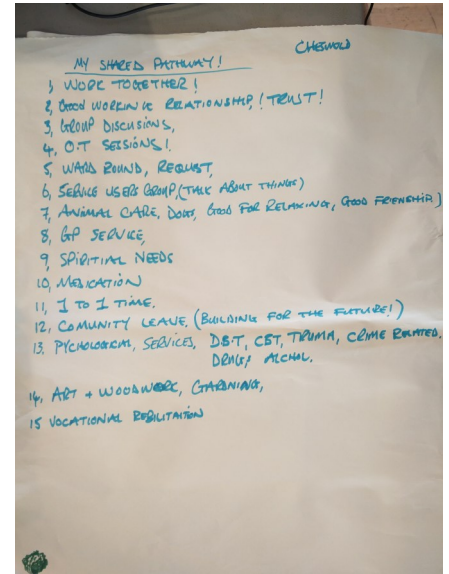
OT sessions

Service user group (talk about things)

Spiritual needs

1:1 time

Vocational rehabilitation



Stockton Hall and Waterloo Manor

Recovery star

My Shared Pathway

PathNav—looks like My Shared Pathway but it's electronic (PiC only)

Advanced directive

Personal recovery plan

Collaborative risk assessments (with psychology)

Collaborative care plans and evaluations

MDT feedback form

PBS plans

Community skills and support

Benchmarking tools

EFFIS and ILIS?

Skill development

Real work opportunities

Pat dog visits

Psychological therapies

Involvement

Amber Lodge

PBS

WRAP

MSP

Care plans

People as tools

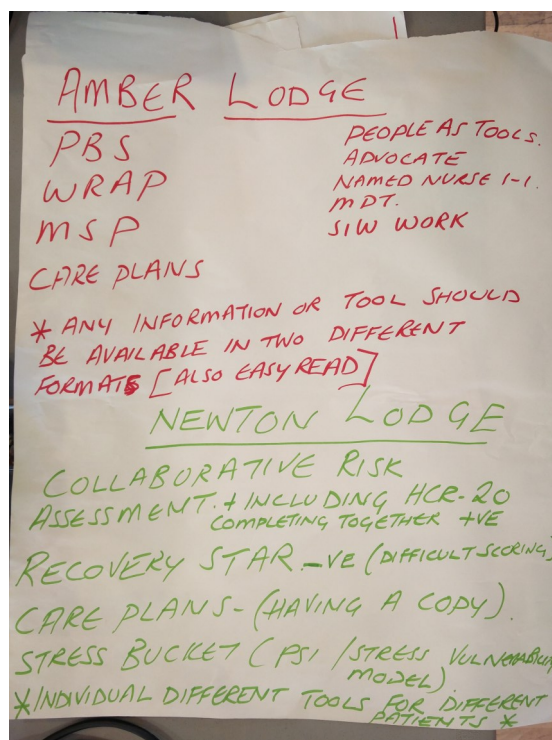
Advocate

Named nurse 1:1

MDT

SIW work

Any information or tool should be available in two different formats (also easy read)



Newton Lodge

Collaborative risk assessment including HCR-20 V3 completing together.

Recovery star (difficult scoring)

Care plans (sharing a copy)

Stress Bucket—PSI / stress vulnerability model

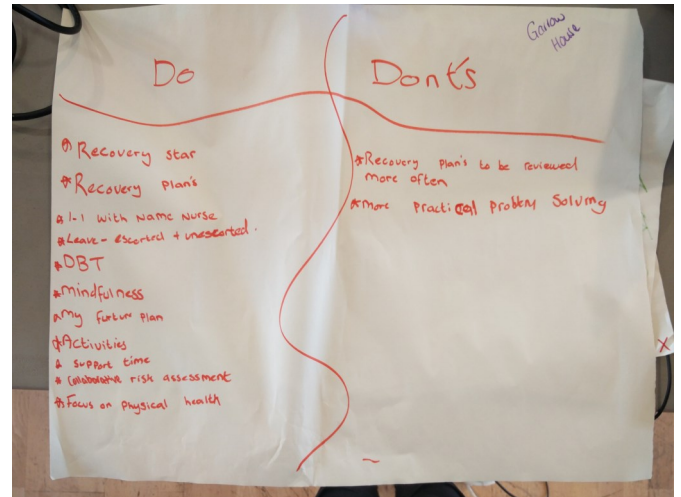
Individual different tools for different patients

Do

- Recovery star
- 1:1 with named nurse
- Leave—escorted and unescorted
- DBT
- My Future Plan
- Activities
- Collaborative risk assessment
- Focus on physical health

Don't

- Recovery plans to be reviewed more often
- More practical problem solving



Humber Centre

Recovery Star

A bit boring, hard to understand at times. Gives lots of information. It's helpful, it's therapy

To introduce positive behaviour support plans—hope to do this in the next few months on mental health units

Life star/ spectrum Star

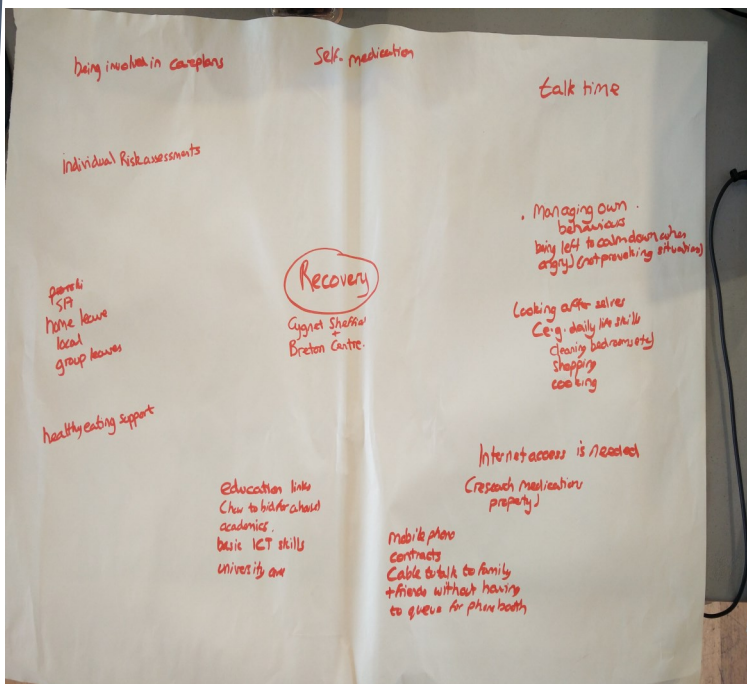
Activity plans—really help

More work needed on individual behaviours

More work on physical health

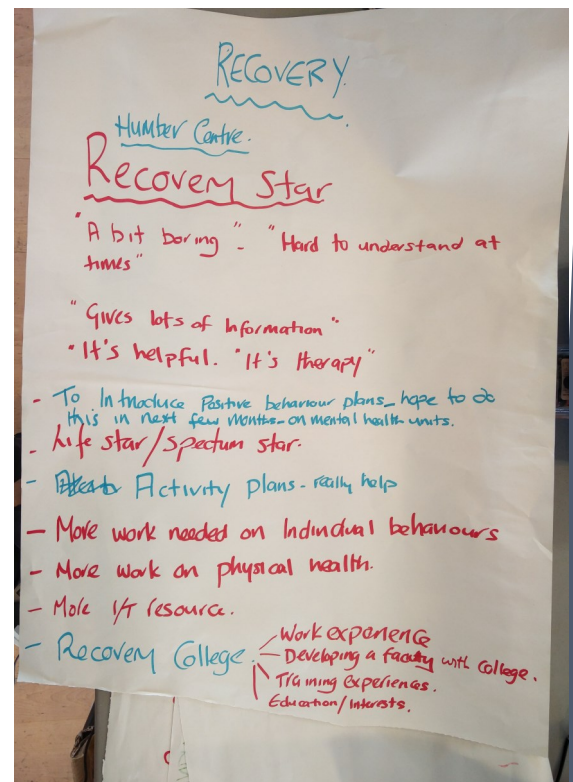
More IT resource

Recovery College—work experience, developing a faculty with college, training experiences, education/ interests



Cygnets Sheffield and the Bretton Centre

- Internet access is needed (research medication properly)
- Mobile phone contracts, (able to talk to family and friends without having to queue for phone booth.)
- Managing own behaviours—being left of calm down when angry (not provoking situation)
- Looking after selves—e.g. daily life skills, cleaning bedrooms etc. shopping and cooking
- Talk time
- Self medication
- Being involved in care plans
- Individual risk assessments
- Home leave, local and group leaves
- Healthy eating support
- Education links, how to bid for a house, academics. Basic ICT skills, university



Promoting Sustainability Through Social And Therapeutic Horticulture.

Sarah Young, Senior Occupational Therapist
Jason Rose, Technical Instructor for Woodwork and Horticulture

Cheswold Park Hospital, Doncaster

Benefits of Horticulture



Much has been written about the therapeutic benefits of horticulture and its success as a treatment medium in a number of settings. Fieldhouse (2003) indicated the 'enhanced mood, improved concentration and reduced arousal' as a result of involvement in horticulture. Benefits have been described for clients with specific mental health conditions such as Schizophrenia (Yan *et al* 2014)

Sustainability

- Raising awareness of sustainability issues
- Working cost effectively
- Sustaining resources
- Thinking about carbon
- Organic
- Environmentally friendly

Here at Cheswold Park Hospital we have been committed to practicing organic methods within Horticulture and to encouraging patients to think in an environmentally friendly way whilst continuing to be geared towards patients' progression on their treatment pathway, using a variety of assessment tools and outcome measures, including MOHOST, Group effectiveness evaluations and Patient rated linkert scales.

The worm farm boxes were rescued from being disposed of in the community and brought back to the hospital. Patients cleaned up the boxes to make them useable again. A layer of compost was added and worms were purchased via the internet. The worms are fed waste food products, cardboard and newspaper which would otherwise be thrown away. The worms produce compost and a liquid product. The compost is used in the garden areas and the 'worm juice' is tapped off, watered down and used as an organic fertiliser. Patients enjoy adding left-overs to the boxes, the sensory feel of the compost which is produced and the shared humour of the Yuk! factor.

Worm Farms



Woodwork Recycling



Discarded pallets are used by the patients to make items of furniture such as tables and products for the garden such as raised beds, planters, bird boxes and insect hotels. A recently reclaimed tree stump was used by one patient to make a high quality coffee table in a project which lasted 3 months. The finished product was then used in a blind auction as part of McMillan Coffee Mornings and raised £50.

Adam's Aromatics





Patients were involved in the planning, design and location of an innovative bottle greenhouse. Wooden frames were constructed with bamboo canes (more sustainable than doweling) making a screen, then 947 2 litre plastic bottles donated by patients, staff and a local company were cut and slotted onto the canes to make a filled in panel. Panels were joined together to build a greenhouse. The bottom half has been given an additional layer of insulation using bubble wrap to aid the propagation of seedlings. This insulation layer will be replaced at a later date by screens made with used polystyrene cups.

Nettles which would otherwise be cut down are harvested and steeped in water for two weeks. The resulting liquid is then further watered down to produce an organic fertiliser which can be both sprayed onto leaves and used in the ground, providing valuable trace elements.

Organic insecticides are also produced using recipes from old horticulture books picked up cheaply from charity shops and are useful in targeting specific pests.

Companion planting methods are used to aid organic planting. For example, marigolds are planted in tomato beds as they repel greenfly and blackfly. The use of nasturtium planted with cabbage saves the crop from attack by the caterpillar of the cabbage white butterfly.

Bottle Greenhouse



No waste



The Horticulture area runs on a no waste policy where everything where possible is recycled or reused. An example of this is Tea breaks in the garden shed. Used tea bags and paper towels go into compost bins or worm farms. Used polystyrene cups are being collected to make winter insulation for the greenhouse – they will be slotted together on bamboo canes within wooden frames to make screens which can be easily moved to areas needing extra insulation. Rain water collected from the pollytunnel is stored in an underground tank and used to water the plants inside the tunnel. Foods grown in horticulture (and eggs from our rescued battery hens) are sold to members of staff or used in Cookery sessions to promote healthy eating and growing your own food. An old heated food trolley from one of the wards was being thrown away and was rescued by the Horticulture department and is now used to propagate seeds and to help break the dormancy of tree seeds. The Occupational Therapy department also links with community volunteer programmes to offer weekly Green Gym sessions which include maintaining areas of woodland and green spaces in the community.

Polystyrene screens are to be constructed to provide additional winter insulation for the greenhouse.

A horticultural social enterprise is being developed which will offer external placement opportunity for patients and will look at providing horticultural qualifications and employment. The enterprise will link the hospital with community organisations, growing and selling crops through community supported agriculture. Part of the poly tunnel is to be turned into a hot room to aid the propagation of tropical plants.

Comfrey is to be grown and used as a natural fertiliser.

Future Plans





Draw a person

Informing the Transforming Care Agenda In Yorkshire and Humber

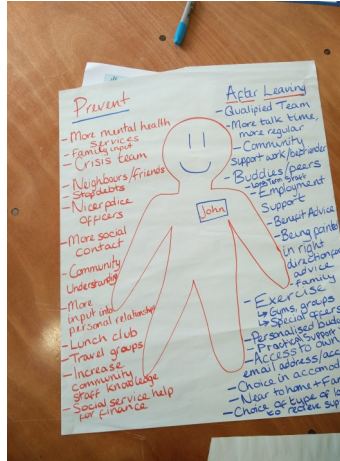
Table 1 John

Prevention

More mental health services. Family input. Crisis team. Friends, neighbours. Stop debts. Nicer police officers. More social contact. Community understanding. More input into personal relationships. Lunch club. Travel groups. Increase community staff knowledge. Social service help for finance

After leaving

Qualified team. More talk time more regular. Community support work, befriender. Buddies, peers. Long term staff. Employment support. Benefit advice. Being pointed in right direction for advice. Family. Exercise – gyms, groups, special offers. Personalised budget. Practical support.. Access to own email address / account. Choice of accommodation. Near to home, family. Choice of type of location to receive support.



1. What could have been in place in the community to prevent you coming into hospital?

2. What do you think you will need when you leave hospital?

what sort of staff?
where would it be?
what support?
what outreach ?

Table 2 Mr Hopeful

Prevention

Community support team – call centre, drop in. Regular visits. Substance misuse crisis card. Voluntary work. Training. Planned activities. Open advertising for person. Early intervention. Family support to know your situation. Easier access to crisis team.

Diversion from custody / police. Safer environment i.e. hospital. More better training for the police.

After leaving

Familiar face, staff support. Goals education set up. Benefits set up. Voluntary work set up. Release to comfortable area – visits, information about area. Mental health sports in the community. Have someone to chat to like psychologist or doctor.

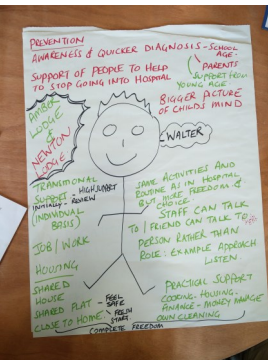
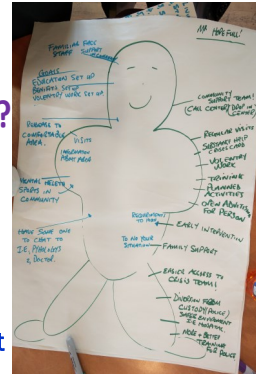


Table 3 Walter

Prevention

Awareness and quicker diagnosis – school age, support from parents, at a young age. Support of people to stop going to hospital. Bigger picture of a child's mind

After leaving

Transitional support – high support initially – review (individual basis). Job, work. Housing. Shared house, flat. Close to home. Feel safe. Fresh start. Same activities and routine as in hospital but with more freedom of choice. Staff can talk to / friend can talk to person rather than role – example approach listen. Practical support – cooking, housing, money management, own cleaning. Complete freedom

Table 4 Arthur

Prevention

CPN. Social work. Buddy. Network – face to face or social media. Treatments. Drop in centres. Psychologists. MDT.

Families feel supported so they are not alone. Physical activities. RSPCA animal care. Voluntary work. College. Library. Creative Minds. 24 hour crisis hotline. Supported accommodation

After leaving

Ongoing support with bills. Having places to meet like minded people. Evening activities and clubs – make things to sell, enterprise. Weekend club/activities. 24hour psychology. ChatNet social media professional and peer support, blogs. Therapeutic community. Women's only services pamper sessions. Plan with people to support you. Superhero can. 24hour 7 day a week assertive outreach team. Understanding GPs that work at weekends. Work schemes. Understanding A+E departments. Supportive and experienced staff.

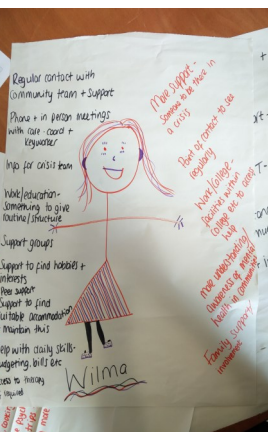
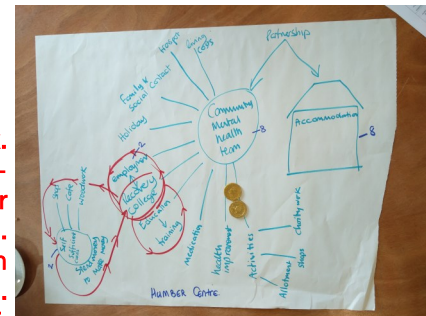


Table 5 Wilma

Prevention

More support – someone to be there in a crisis. Point of contact to see regularly. Work / college – things within college to access for help. More understanding and awareness in communities of mental health. Family support / involvement

After leaving

Regular contact with community team and support. Phone and in face contact with care coordinator and keyworker. Information for crisis team. Work/education – something to give routine and structure. Support groups. Support to find hobbies and interests. Peer support. Support to find suitable accommodation and maintain this. Help with daily skills – budgeting, bills etc. Access to therapy if required.

Pot of money

- Each table has 20 gold coins
- Use these to design your own personalised community service.
- How will you spend it?
- Things that are higher priorities get more money allocated.
- Please write down your budgeting!

Table 1 Weekend and evening activities and support 1

Community teams – Nurse, OT, Psychology, Social work, Doctor – People to spend time with me 7

Peer support 1

Drop in centres and virtual networks 2

College 1

Family support/education 2

Accommodation – graded, step down 6

Table 2

Accommodation – Comfortable -5

Practical support – Buddy, decorator, advice, Finance, Education, Employment, IT Skills-5

Social network – Family, friends, neighbours, groups - 4

Personal possessions – Furniture, technology etc. - 3

Professional support – Community team, befrienders, LONG TERM STAFF - 3

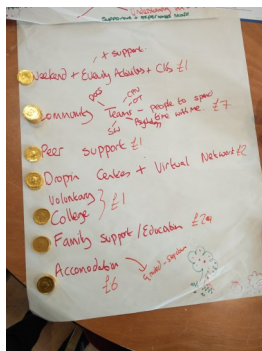


Table 4

Suitable accommodation and maintaining this 5

Practical daily skills and support – paying bills and budgeting 4

Regular contact with CMHT and care coordinator/keyworker 4

Raising awareness of mental health in communities 5

Support to find hobbies and interests 2

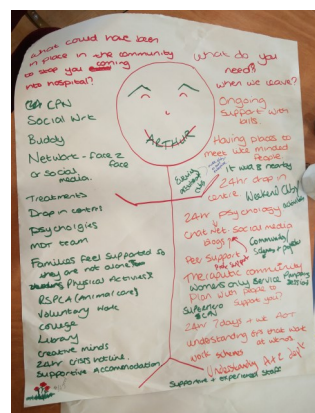
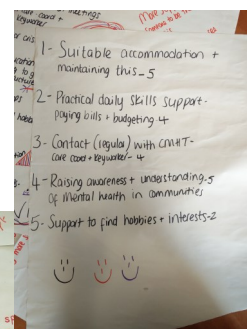
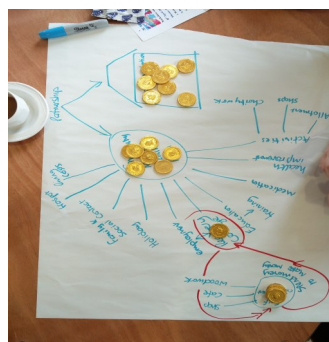


Table 6

A person to give me support and help 5

Property, house, location 6

Activity, work, job 6

Medication and physical health 3

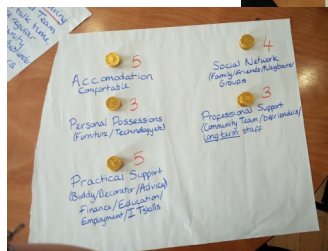
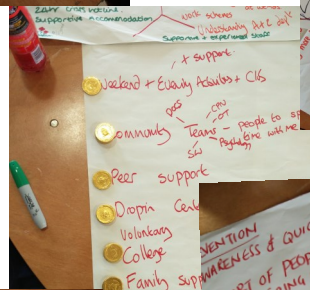


Table 3

Accommodation 8

Community mental health team support 8

- Running costs
- Transport
- Family / Social contact
- Holiday
- Employment and recovery college 2
- Self sufficient costs – shop, café, wood-work – spend money to make money 2
- Education – training
- Medication
- Health improvement
- Activities – allotment, charity work, shops

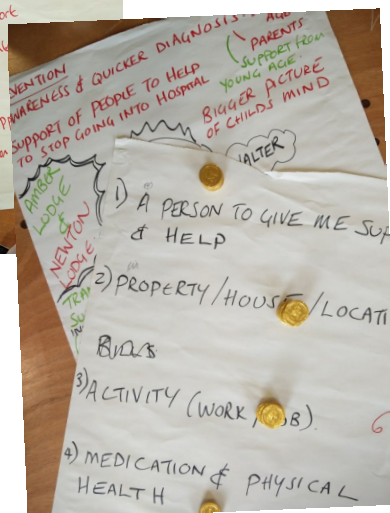


Table 5

Living accommodation 6

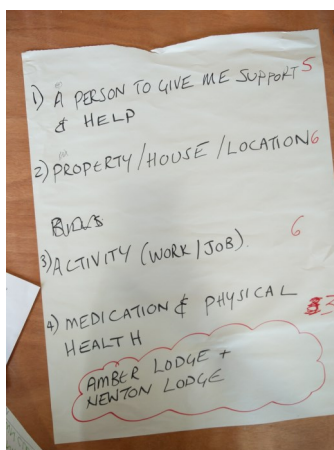
Staff – budget, training 6

Social funds 2

Vehicle and petrol 3

Public transport 1

Advertisement 3

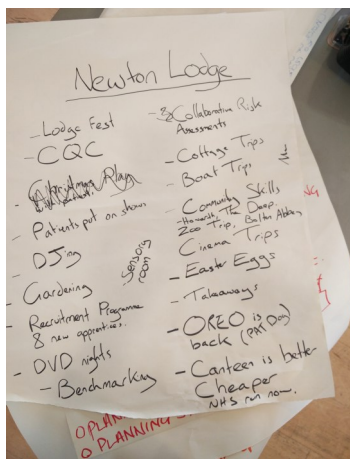


Y & H Network Round Robin

A permanent feature of the Yorkshire and Humber Network meetings is the Round Robin. Towards the end of the meeting everyone gets their lunch and then we go round and get a quick update from all the services about the things they have been up to since the last meeting. This is a good way to share information, best practice, to shout about the things that you are proud of and to ask for any information or support with anything you are working on. Also a great way for everyone to get ideas and suggestions for future presentations too! We thought it would be great to put all this information in this newsletter, to share all the great work that is happening in Yorkshire and Humber.

Newton Lodge

- Lodge Fest
- CQC
- Collaborative risk assessments
- Cottage trips
- Patients put on shows
- DJ'ing
- Gardening
- Recruitment program—8 new opportunities
- DVD nights
- Benchmarking
- Boat trips
- Community skills—Howarth, The Deep
- Cinema trips
- Easter eggs
- Takeaway
- Oreo is back—pat dog
- Canteen is better—cheaper—NHS Run now



Waterloo Manor

- Shop project— phase 1—service users did a presentation to managers and clinicians. Phase 2—working out costings
- New pat dog—Minty
- Recruitment strategy
- Garden project—friends and family can sit in the garden
- Carers day—carers pack and leaflet
- Events committee
- Following MDT audit— improved format of ward round
- Risk training—service users delivering training
- Smoke free and week of fun
- Involvement budget
- Charity events
- Working on feedback for agency workers

Bradley Woodlands

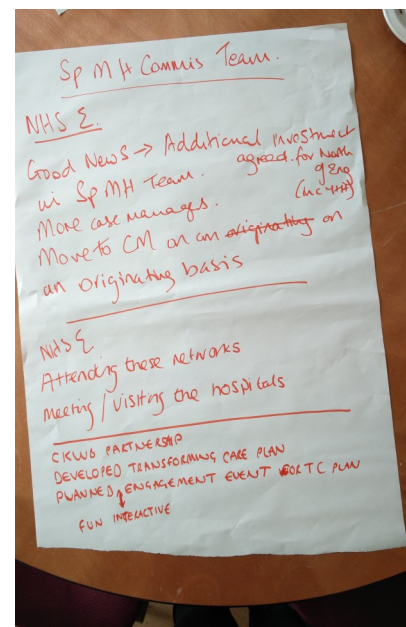
Newsam Centre

Commissioning Team

- NHS England—good news! additional investment in specialised mental health team agreed for North of England including Y&H. more case managers. Moving to case managing on an originating basis.
- NHS England attending these networks, meeting and visiting the hospitals
- Developing a transforming care plan—planned fun and interactive engagement event

Bretton Centre

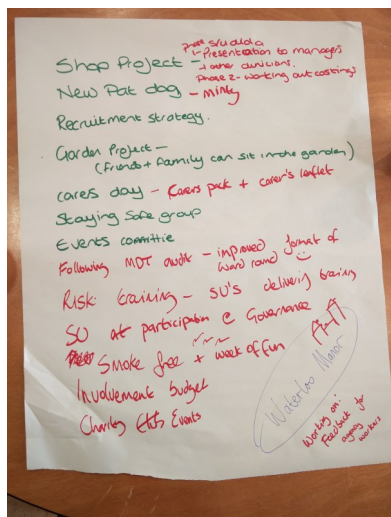
Stockton Hall



Cygnets Bierley

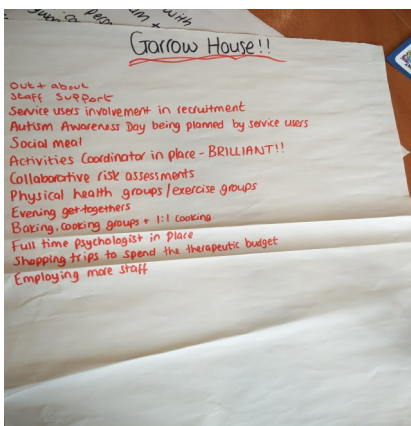
Moorlands View

Clifton House



Garrow House

Out and about Staff support
 Service user involvement in recruitment
 Autism awareness day being planned by service users
 Social meal
 Activities coordinator in place—Brilliant!!
 Collaborative risk assessments
 Physical health groups / exercise
 Evening get together
 Baking, cooking groups and 1:1 cooking
 Full time psychologist in place
 Shopping trips to spend the therapeutic budgets
 Employing more staff

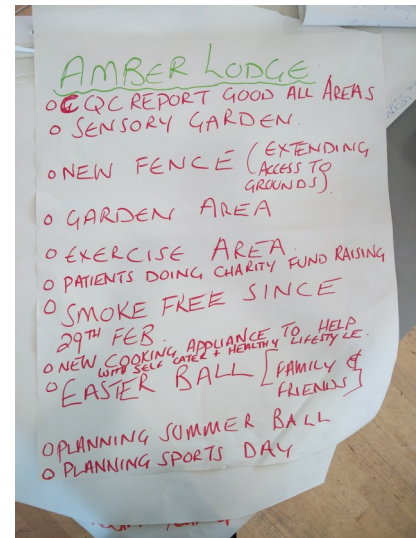


Humber Centre

Recovery college
 Increase in OT staff—3 OT associate practitioners
 Wi-Fi devices—skype
 Development of healthcare hub
 Positive Behaviour support plan
 Commencing electronic notes
 Painting and decorating of the Humber Centre
 Fishing activity group
 17 service users have passed the food hygiene certificate
 Smoke free in September
 New health trainer role
 TAQA trainers x 2
 General nurse now in place
 Involvement with east rising health trainer services
 Restrictive practice workshop with Holly and Jo
 Hands of hope project

Amber Lodge

CQC report good in all areas
 Sensory garden
 New fence (extending access to grounds)
 Garden area
 Exercise area
 Patients doing charity fund raising
 Smoke free since 29th Feb
 New cooking appliance to help with self catering and healthy lifestyle
 Easter Ball—family and friends
 Planning summer ball
 Planning sports day

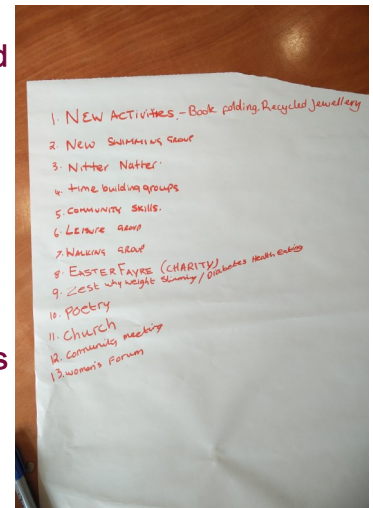


Wathwood

Forest Lodge

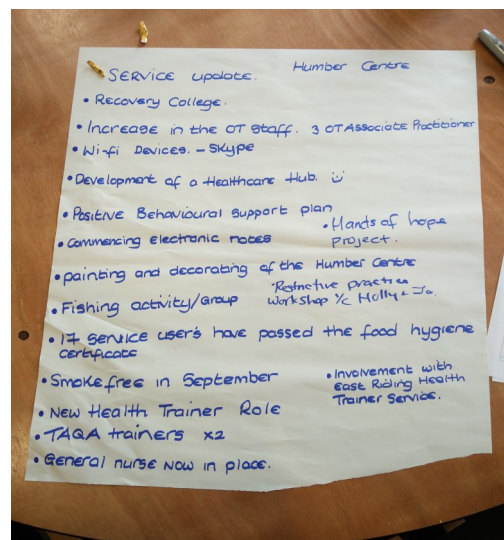
Alpha Sheffield

New activities—book folding, recycled jewellery
 New swimming group
 Knit and natter
 Time building groups
 Leisure groups Walking group
 Easter fayre (charity)
 Zest why weight slimming / diabetes healthy eating
 Poetry Church
 Community meetings
 Women's forum



Cheswold Park

Newhaven



Racketlon

James is a service user at Moorlands View in Bradford. James has had an interest in racket sports, and he attended the racket sports group that was running at Moorlands view. The racket sports group included the following sports; table tennis, badminton, squash and Tennis.

James was a complete novice in all the sports and had never played squash. After attending the group James improved very quickly and dedicated a lot of time and effort practicing and playing, he also invested in some of the gear buying rackets and bats.

James improved so much that it was felt it would be good to have him compete in a tournament, With the support of the consultant James competed in Racketlon where you have to compete in all of the above disciplines. James competed and played really well winning a couple of matches and coming fourth overall in the first timers group. James has said it has helped him to focus, training up for the competition and has been a great experience. James intends to enter future competitions and is looking forward to being able to drive so that he can enter competitions that are not as local.



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

Friday 1st July 2016

Friday 4th November 2016

Sandal Rugby Club Wakefield

11am – 3pm

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

