

Humber Coast and Vale Provider Collaborative Newsletter 1



Date of next meeting:
9th January 2020
Time 2-4
Venue: Stockton Hall

This was the first meeting of the Yorkshire and Humber Provider Collaborative bringing service users and staff together from all of the secure services in this area, which can be found below. This newsletter provides all the information from the meeting and then finishes with an explanation of the role of the Involvement Network and the engagement plan between the Network and Humber Coast and Vale Provider Collaborative.

We started the meeting with a presentation from Steve Shaw who is leading on this work and he updated everyone about all the work that has happened so far. The information from his presentation is on pages 2 and 3.

We then did some group work to find out what everyone thought about the work so far and how it would impact on them, we discussed key priorities, communication, people’s experiences, and how they would like to be involved in the future.

We spent some time thinking about the purpose of the group and what everyone wants to get from these meetings going forward. This has formed our Terms of Reference can be found on page 9.

We also went over the engagement plan between the Involvement Network and Humber Coast and Vale and this as well as the accompanying Communication Plan can be found on pages 6, 7 and 8.

Thanks to everyone for all your hard work and contributions!

| | |
|-----------------|---------------|
| Services | Humber Centre |
| Stockton Hall | Clifton House |

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Humber Coast and Vale

Yorkshire and Humber Involvement Network

Humber Coast and Vale Engagement Event Agenda

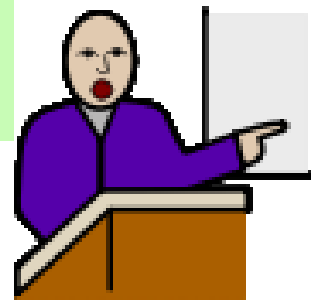
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| <p>Humber Centre</p> <p>Wednesday 11th September</p> <p>11.00 — 1.00</p> <p>Lunch provided</p> | <p>Welcome—Introductions</p> <hr/> <p>Update & your views Provider Collaborative <i>Stephen Shaw</i></p> <hr/> <p>Group Work Transitions & pathways</p> <hr/> <p>Communicating and Networking</p> <hr/> <p>Group Work (TOR) Purpose, membership, frequency, key priorities</p> <hr/> <p>Planning the next agenda and next steps</p> |
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Yorkshire and Humber Involvement Network

Collaboration. Hope. Encouragement. Empowerment. Respect. Support. Fun

Presentation—Steven Shaw



Humber Coast and Vale staff workshop

Humber, Coast and Vale Health and Care Partnership - Mental Health Collaborative Programme

Steve Shaw, Programme Lead Forensic Pathways



A provider collaborative is the term now being used to describe what was the STP in the past. What this means is that we will be sharing good practice and experiences to improve services for everyone.

Money will be transferring from NHS England to the provider collaborative so we can make good changes and work together with what works well and do this much more efficiently. We will be managing this budget from 2020/21.

What we need to do to meet the needs of people from HCV better
This will have an effect on service users, staff and services for the better. Pathways into the community will be quicker and people will move more seamlessly. People will be living closer to their home and families with a better quality of life.



Provider Collaborative

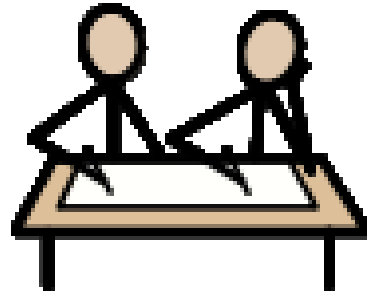


By 2021/22 we will be responsible for our own budgets for;

1. Secure Care Inpatients services
2. CAMHS Inpatient services
3. Eating disorders in patient services



Forensic New Care Models



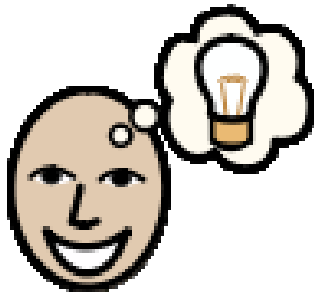
Recap

- Current services don't meet clinical demand
- Services are not ready for the future demand
- Little or no community provision
- Recovery pathway disjointed
- National shift to Specialist Community Forensic Services and less secure beds (Wave 2 funding)

Where are we now?



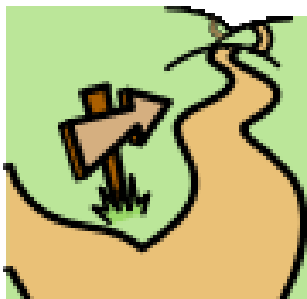
- Completed the HCV patient needs assessment
- Working on breaking down the NHSE finances for Provider Collaborative
- Working on patient pathways to ensure smooth, recovery, prevention and partnership working



We have done what is called a needs assessment of all service users and where you are on your pathway. We need to think what skills are needed to help people from HCV to progress in your recovery. We need to think what training is needed for our staff. We need to think what other services are needed.

There is also a community bid for 1.5 million pounds over 3 years to provide a package of care to join up the pathway for service users to live well and safely in the community.

Our main aim is to support our workforce so we can improve the care and experience of service users from HCV.



- Pathway focusing on recovery
- Secure services to meet demand and future demand – transformation
- Community Service (SCFT)

Group Work 2



What are your key priorities?

What are your thoughts on the work to date and what impact will this have on you?

How can communication be improved?



Key priorities

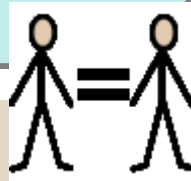
- Length of stay needs reviewing
- Treatment – getting it right
- Can be detrimental to return ‘home’
- Outside support – council, police, church, benefits
- Key priorities – communication (how, what, when, direct)
- To improve quality of experience in services
- More information on where we are going
- More contact with RC
- Earlier input from community team
- More staff to engage with patient
- Letting people know what is happening with their lives
- Date for release
- Clear expectation of where we need to be
- Jobs for patients to boost morale and confidence

What are your thoughts on the work so far?

- Feel looked after, staff are there for you
- More things to do during the day time
- Staff listening which is important
- Feel safe on the ward
- Lack of facilities / always waiting for repairs

What impact will this have on you?

- Better supported to succeed
- More staffing – more things to do
- Follow up after discharge – (support and transition)
- Understand more about sections (explained)
- Knowing therapy / treatment options



4 – Communication

- Identify lives / pathway development
- We need a logo for who we are – need to recognise and own our logo.
- Issue of too many meetings: localised / regional
- Issue of ‘carer’ involvement – carer may not be the right word to describe role and isolate i.e children, friends men not feel they are carers.
- High secure Medium secure Low secure
- Getting people back to right area. In reach—good familiarity.
- Need more staffed housing – what is supported housing – what are options – work opportunities – inpatient invited for meals without community patients
- Money – benefits for prison transfers ie clothing, furniture and white goods – lack of financial responsibilities when discharged
- Who and where are the crisis team – area: North Yorkshire still a big area, rules for different areas – different confusion - discharge.



Group Work 2 Continued...



How would you like to be involved?

What can you tell us about your experiences of services?

How do you want to be involved?

People coming to patient council and individual patient ward meetings

SU friendly meeting minutes – timely

More networking meetings

Staff / peer supervision across units

Regular meetings like this patient involvement feedback

Knowing pathways visual timeline

Solid links with community team (Hand over period – sharing information)



Experience living in secure units

Had a lot of support from MDT moving forward step by step

I've had lots of involvement with giving feedback on behalf of patients

I'm someone who has been involved with service user meetings

Each patient has ward round on a monthly basis with MDT – I have only worked at SHH for 2 months and feel each patient has a lot of input in their treatment plan.

Improvements, staffing levels could improve, moving to low more involvement to get ready

I have been doing Radically open dialectical behaviour therapy and feel more people should have a placement on this course.

Job opportunity and voluntary 's17' placements are good. Recovery college could run more courses in things like 'IT' I personally have found my job as Recovery college admin was very beneficial for confidence and educational needs. When new staff start / new patients get admitted they can ask to run a course with recovery college if they have a skill they want to share.



Everybody singing from the same hymn book (how each ward is run, regarding rota's care of service user etc. a lot of our wards have different structures.)

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West Yorkshire and Harrogate Engagement Plan

The following describes the Involvement of West Yorkshire and Harrogate with the Involvement Network to date around this work.

Engagement across Yorkshire and Humber that Humber Coast and Vale accessed and contributed to

- Two whole day interactive workshops around the pathway have been held with service users and front line staff
- Ongoing discussions at the quarterly Involvement Network meetings which aims to share good practice and learning across services
- The Mental Health Service Review CQUIN was developed through the Network and then all services worked on mapping and developing an innovative project across agencies which was coproduced and jointly reported on. Quarterly meetings were held throughout the year to develop these links and share ideas and be creative in finding new ways of working. They produced a direction of travel in the ways that services should be provided and commissioned, and different work-streams were run to discuss, debate and find a way forward.

Specific engagement with Humber Coast and Vale

- Workshops have been carried out across the services in Humber Coast and Vale to feed into the Community Bid and the Provider Collaborative Business Plan looking at integrated pathways, gaps in services, improving experience and outcomes, transitions and workforce. These workshops took place at:
 - Humber Centre, Clifton House, Stockton Hall
- A workshop at Stockton Hall took place bringing Staff from all these services together to network across services and feed into the business plan.
- A follow up workshop took place in September at The Humber Centre in Hull for Service Users and staff to agree the Terms of Reference for the Service User and Staff Engagement Strategy, to feedback and get input into the work as it is progressing, and to look at how best to work together within this footprint, ensuring that everyone has opportunities to get involved. This included thinking about ways for staff to network.

Involvement Network Future Aims and Goals:

The Yorkshire and Humber Involvement Network is facilitated by 2 Regional Involvement Leads and each of the 3 Provider Collaboratives are part of that Network. There is a proposal to increase this to 3 Involvement Leads across Yorkshire & Humber. This would mean that each Provider Collaborative would be supported by 1 WTE Involvement Lead. This would extend the Involvement Networks from solely being in-patient secure mental health settings to covering the whole pathway, including service users and agencies along that pathway. Therefore discussions about each STP footprint in Yorkshire & Humber funding 1 Involvement Lead needs to be had in order to progress all of the following plans.

- Continue to be involved in and access the wider Yorkshire and Humber Network events such as the CQUIN meetings and Network meetings as well as any relevant Project Groups
- Once the SeQuIn Tool has launched in September 2019 services will commit to taking part in completing this in a collaborative way and using this to Benchmark good quality Involvement in the 12 key areas over the year starting from January 2020.
- We aim to develop this Involvement Network specifically in Humber Coast and Vale that meets on a regular basis to ensure that work is joined up and that this then feeds in to the Partnership Board in a meaningful way. For these meetings to take place on a quarterly basis and a regular Newsletter to be developed to be sent out to staff and Service Users following the meetings to keep people up to date with all developments and ensure a consistent message is communicated to all.

Depending on future funding agreements we aim to:

- Include workshops with external agencies throughout the whole pathway in Humber Coast and Vale which include housing, local authorities, third sector organisations, CCGs, prisons, education and employment etc.
- Look at the interface between secure CAMHS and adult secure services to see what can prevent stepping up into adult services.
- Develop involvement networks inclusive to service users and staff from all these agencies to be able to better improve the whole pathway through coproduced plans and implementing improvement and progression of solutions.
- Develop involvement networks for Carers.
- Develop Peer Support roles and opportunities that can work across the secure care pathway, providing clear opportunities for Service Users who have experienced Secure Care, particularly around supporting discharge into the community.
- Involve and engage with service users in pathways out of area to be able to improve their pathways and experiences of care, and be able to commission services which meet their needs closer to home if required.

Humber Coast and Vale Communication Plan

Communication Plan



Forensic Pathways Partnership Board



Programme Lead

Working alongside the Yorkshire and Humber Involvement Leads



Staff

Regular communications but face to face where possible
 Humber Coast and Vale quarterly engagement events
 Yorkshire and Humber quarterly Network meetings and quarterly Newsletter
 Links to individual organisations newsletters

Service Users

Regular communications but face to face where possible
 Humber Coast and Vale quarterly engagement events
 Yorkshire and Humber quarterly Network meetings and quarterly Newsletter
 Links to individual organisations newsletters
 Attend the services Involvement meetings where possible as follows:
 Humber Centre Patients Council (quarterly)
 Clifton House Patients Council (quarterly)
 Stockton Hall Service User Involvement SUI Meetings (quarterly)

Flow of Information

Flow of Information



Group Work 1—Terms of Reference

Terms of Reference

These are an agreement for the group that patients and staff can attend. They describe what you can expect from the meetings, who can attend, how often they are held and what the priorities are.

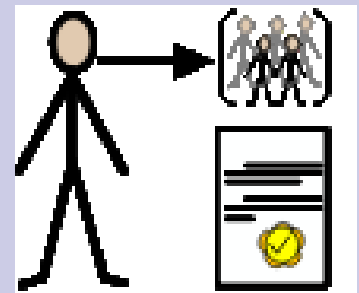
PURPOSE OF THE GROUP

- Learn about the services and what is happening – next steps
- Two way communication – staff and service users voices heard and valued
- Networking - meeting staff and peers from other local hospitals / community services
- Come together to share concerns / find solutions – improve services and shape the future
- Keep everyone involved, and get reassurance about changes happening – feel safe



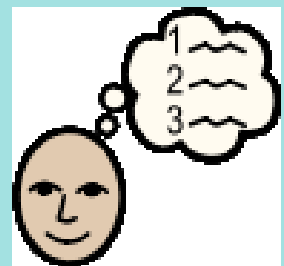
MEMBERSHIP

- Patients (Anyone using services / involved in services and those now in community)
- Staff (MDT and ground floor staff)
- Key person off each ward to feedback
- Community team
- Families
- Advocacy
- Case manager / Commissioner / CCG
- Partner organisations



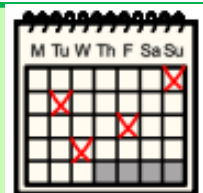
WAYS OF WORKING

- Meet staff and patients from other services
- Learn more about transitions and moving on / stepping down
- Share best practice and learn from each other
- Newsletter to be produced and circulated each time
- Take information back to services and share what we have talked about
- Feed information back to the partnership board—2 way process
- Rotate meetings between the 3 services - in services encourages more people to attend



FREQUENCY OF MEETINGS

- Every 3 months
- Link in with Service Involvement Meetings in between



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Humber Coast and Vale

The country has been split in to geographical areas. This is the area of the country that you are getting care and treatment in at the moment. If you are from this area originally then you should be able to have care and treatment here.

Provider Collaborative / STP / ICS

The 3 secure services in this area of the country are the Humber Centre, Stockton Hall and Clifton House. This simply means that these services are working together to help people get out of hospital quicker and get better community support.

Fragmentation

This means that the care that is currently provided to people is not provided in the right way, so these changes need to address this.

Transformation/ New Care Models

This means that there is a lot of work happening to change services to make them better, to make sure that people can be treated in their home area where possible, and to make sure that everyone has got a clear pathway out of hospital and back in to the community.

Out of Area

If you are from Humber Coast and Vale originally then you should be able to have care and treatment in this area. If you have to go somewhere else in the country to get the right care and treatment then you will be classed as being Out of Area.

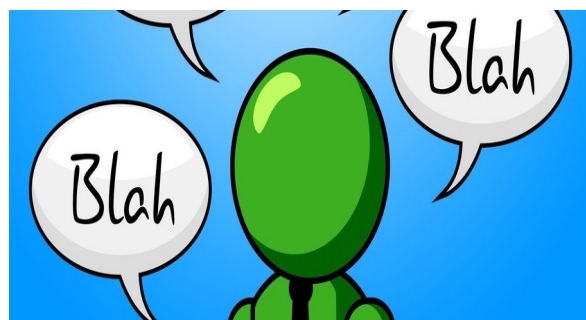
Sometimes this is what people want, but if not then you should be able to come back to your own area for care and treatment.

Lead Provider

In each Provider Collaborative or STP one of the services takes the role of Lead Provider—this means that they are responsible for making sure everything happens and will lead on funding in the future. This is the Humber Centre for your area, and is always an NHS provider.

5 Year Forward View

The NHS plan for Mental Health Services





Engagement Event for Service Users and Staff from Secure Services in Humber Coast and Vale STP

9th January 2020

Time 2-4

Venue: Stockton Hall

Find out about what has happened so far, what is happening now, plans for the future, and have your say!

Agenda to follow!



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