

West Yorkshire ICS Newsletter 2

West Yorkshire and Harrogate
Sustainability and
Transformation Partnership



Next meeting:
6th February 2020
1.30—3.30
Sandal RUFC

This was the second meeting of the West Yorkshire ICS bringing service users and staff together from all of the secure services in this area, the names of which can be found below. This newsletter provides all the information from the meeting. We started the meeting with a presentation from Adrian Berry who is leading on this work and he updated everyone about all the work that is happening at the moment and the things that we need your input on. 2 of these things are around the women’s pathway, and Personality Disorder services. We also did some group work to think about these in a bit more detail.

We then heard from Sue Threadgold and Jo Harris about peer support and did some group work to look at what these roles should look like when they are developed. We will think more about how to measure engagement next time.

Thanks to everyone for all your hard work and contributions!

Services	Newton Lodge
Newhaven	Bretton Centre
Waterloo Manor	Moorlands View
Newsam Centre	Cygnets Bierley

Sandal RUFC
Thursday 21st November

13.30—15.30

	Welcome—Introductions
	Update—Adrian Berry Where we are, next steps
	Group Work *Personality Disorder *Women’s pathway
	BREAK!
	Update & Group Work Sue Threadgold & Jo Harris
	Peer support event/plans
	Group Work Measuring engagement

Refreshments provided

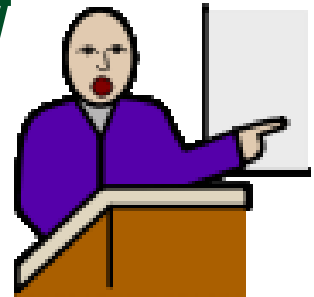
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Collaboration. Hope. Encouragement. Empowerment. Respect. Support. Fun

Presentation—Adrian Berry

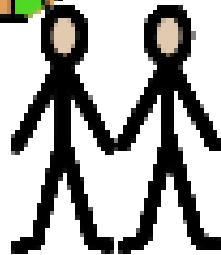
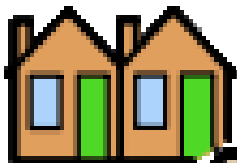


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Provider Collaborative Bid

Dr Adrian Berry
Clinical Lead



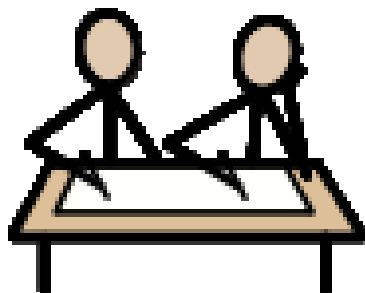
With all of us in mind.

April 2021						
M	Tu	W	Th	Fri	Sa	Su
			1	2	3	4
5	6	7	8	9	10	11
12	13	14	15	16	17	18
19	20	21	22	23	24	25
26	27	28	29	30		

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Progress since last meeting

- Confirmed the new way of working will be starting in April 2021.
- Set up the groups to work across the organisations.
- Working out how the new arrangements will work for the five providers
- AND

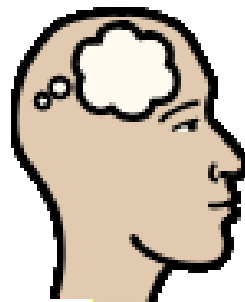
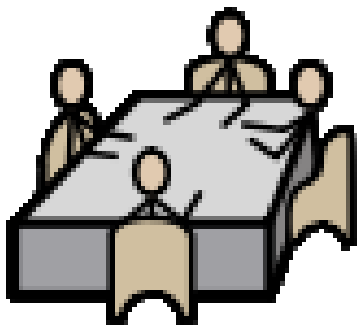


With all of us in mind.

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A new Community Team!

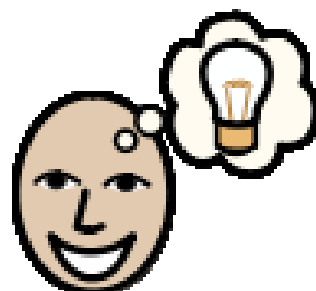
- We bid for money to set up a team to help those in hospital who need more support to move to the community, especially those who have been in hospital a long time.
- We used the work done by service users and staff at the workshop earlier this year in our bid.
- **We have the money and will be recruiting staff immediately.**



With all of us in mind.

How can we help?

- Next steps include looking at new ways to help people who need specific services.
- We are looking at women's services and those for men with a personality disorder.
- Before we set up the groups to look at these we want your ideas.



With all of us in mind.

Group Work 1 - Personality Disorder

Men personality disorder

Difference in opinions as whether to separate personality disorder to other diagnosis patients.

Similarity with staff and procedures.

Staff consistencies, regular staff.

Keeping to boundaries.

Community teams in community – specialised in personality disorder.



New service

Early intervention and links with schools/colleges/education.

Family awareness and friends more involved to help dispel fear and help understanding.

Building trust with professionals and consistency.

More liaison and visits from the community team.

Leeway for urgent appointments with professionals.

More choice on different hospitals/organisations.

More education for people on different personality disorders.

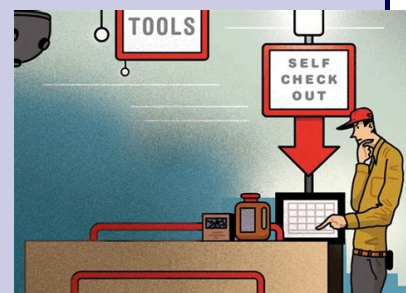


Shop around

Regular supervision to help the staff switch off.

Doctors and nurses dispense their own brand of treatment.

Give patients more help in solving their own problem just like self-service checkouts.



Group Work 2 - Women's Pathway

Women's services

Access to local low secure services.

Disadvantaged in comparison to men's pathway.

Pathways separate wards for different stages of recovery.

Rotation with psychiatrists.

Contact with families.



Out of area problems faced by service users

Some like to be close to family and familiar area.

Lack of support from home team.

Time to travel to see family.

Benefits of being out of area

If really ill lessens impact on family.



Environment in services

Internal day centre, ie access to day to day planning goods, access to computer courses, external links for support in communities.



For those who need more support in communities. Then how about a building process from hospital living, to progression of living/moving forward to a one bedroom facility/living accommodation with service user and one member of staff on site for support, with the outlook of building confidence to support service users living more effectively in community (key living skills).

This will require a different path for those who already have accommodation.

Ward based areas to develop internally areas to promote key life skills – cooking, baking, creative space.

Understanding of peoples sections to allow more freedom to access these facilities – much more to discuss!! Mixed low/medium.



Jo Harris and Sue Threadgold—Peer Based Approaches

Peer-based Approaches: National Capacity Building Programme

Update from Event

- Questions not answers
- Networking
- Considering different peer based approaches
- Thinking about specific groups of people that may need extra attention – black and afro-Caribbean men, women and carers
- Key learning points – targeted engagement, individually tailored, relationships, hope, trauma, opportunities, proactive, support

Group work

- What parts of the pathway do you think peer support roles would be best to concentrate on? Where should we start?
- What are your priorities to think about to prepare teams for peer support workers coming in?
- What do peer support roles need to consider to prepare people to work in them?

Support needed for Peer Support Workers

How to switch off when you go home and leave work at work
 Supervision & support sessions with a qualified member of staff
 Monthly meetings with a manager/service link to 'off-load'
 Must be a number of peer support workers in a unit so that they can also support each other
 Need to do mandatory training like trust staff and volunteers – ie food hygiene, data protection, moving & Handling & Breakaway techniques
 Have a development pathway into these roles – need to make sure there is long enough after being an inpatient themselves before trying to support others in that situation. Perhaps need volunteering experience in a different role first?

Consistent peer support - appointments
 Gender based only if the individual says so.
 Mandatory training like staff.
 Don't want an ex service user was on ward with.
 To be involved in the panel selection.
 Involved in more networking.
 Training programme appropriate to role, whilst still respectful of the DBS process.
 More expertise from working in an area that has historically affected them.
 Through physically going through it
 How do you gauge the possibility of relapse?



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powerment. Respect. Support.

What service users want from peer support workers

- Be available to attend CPAs if SUs want them to.
- Potential to attend Tribunal if SU wants them to - the solicitor is only there because they are paid to be.
- SU to be able to 'shop around' and interview people choose the right peer support person for them.
- Provide education and information on ward – how recovery really can happen.
- Provide an alternative perspective on Treatment – not just doctors and nurses.
- Peer support should be a consistent person throughout my journey – not keep swapping. It needs to be someone who wants to do it for a long time not just a few months.
- NOT someone who had been a patient in the hospital they are being a support worker in – too close to home.
- Not someone I have met as a patient – that would be weird. I need to see them not as a fellow patient but as support.
- Have a choice of gender of my peer support worker – promote patient choice.
- Be familiar with the area so if they are supporting a service user on leave they know good places to go especially if they are supporting someone who is out of area as they won't know anything about the town.
- Think about access to peer support for physical ailments too – not just mental health.

Peer support from admission to discharge.

Support for those giving support, eg training for how to do the job – can they manage – are they 'well' themselves.

Incorporate into the MDT.

Different service users mental health awareness.

Our advocate covers this role but would be good if we have someone with lived experience.

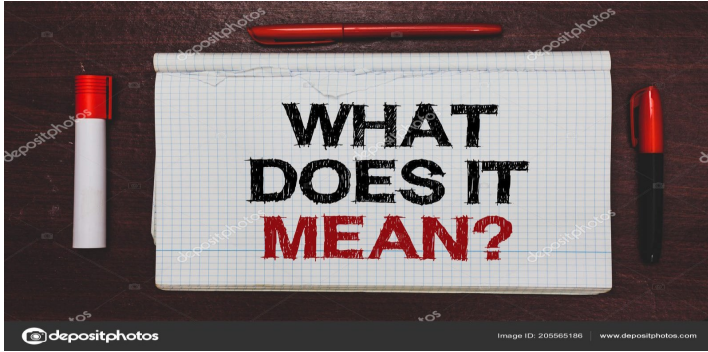
Good communication skills with individual and other staff.

Carer support needed to see early warning signs, especially early intervention staff/team.

Peer support – talk to care team to find out how you are and the struggles you face and care you need.

Find incentives for discharge eg work, leisure, etc.





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.

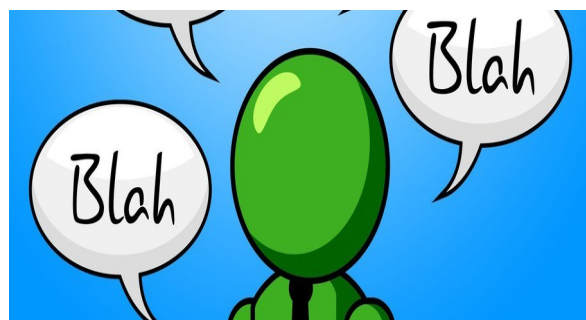
Sometimes this is what people want, but if not then you should be able to come back to your own area for care and treatment.

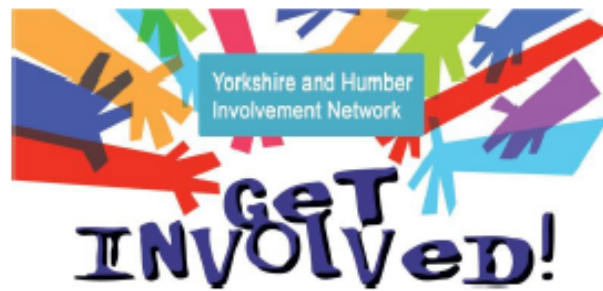
Lead Provider

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 West Yorkshire and Harrogate ICS

Thursday 6th February - 1.30 – 3.30

Sandal Rugby Club – Milnthorpe Suite

Refreshments provided

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

