# Humber Coast and Vale Provider Collaborative Newsletter 5



Date of next meeting:

7th July 2021

**Time 2-3** 

Venue: Virtual event!

Thank you to everyone who joined us for our last virtual get together in Humber Coast and Vale this month!

In this Newsletter we will feature the slides from the event in May 2021 about the new

Single Point of Access (SPA) and finding out from you about how to make Access Assessments better! You can see the conversations that we had around this.

We also had a quick update about other work happening across the Provider Collaborative which you can find in the newsletter too.

You will see a poster for the next meeting and also a feedback form to help us improve

It was lovely to see so many of you and hear all your views. We hope to see you all at the next meeting!



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### Humber Coast and Vale Engagement Event May 2021

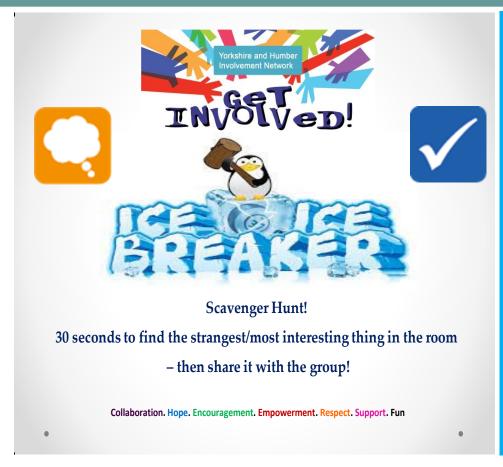
Yorkshire & Humber Involvement Network

https://www.yorkshireandhumberinvolvementnetwork.nhs.uk/

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

Contact Holly, Jo or Charlotte for more information: Hnf-tr.involvement.network@nhs.net

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What people found most interesting in their room...

A plant

Phone sim card

Metal pin

**Sweets** 

Their dog

**Themselves** 

**Picture** 

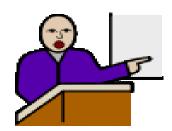
Corkscrew

Sculpture

Star wars Yoda

**Ornamental Tray** 

# Quick Update Steve Shaw



### HUMBER COAST AND VALE PROVIDER COLLABORATIVE

Dr David Harvey and Steve Shaw

Welcome to the Humber Coast and Vale Network

Our key areas of focus;

- Supporting people to be closer to home
- Helping services to work closer together
- Supporting people into the community when it is safe to do so
- Our HCV Single point of access

# KARLYNNE SCOTT & CLAIRE MOYSER



Not the SPAR where you buy your e-cigs and bottles of pop from but the SINGLE POINT OF ACCESS

#### SINGLE POINT OF ACCESS









**Humber, Coast & Vale Provider** 

Collaborative - 3 hospitals and 4

Forensic community teams

Orange circle - Stockton Hall

**Green circle – Clifton House** 

Red circle – Humber Centre

**Blue star - York & North Yorks FOLS** 

Yellow star - Humber SCFT/FOLS

Pink star - NAViGO

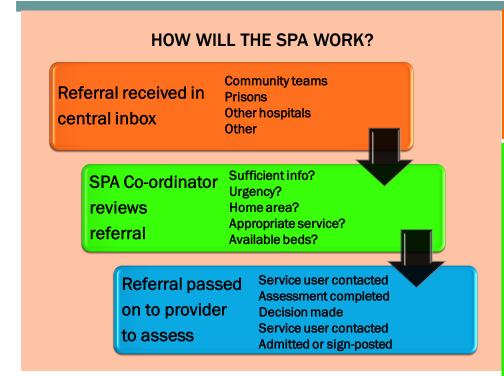
Green star – RDASH

Money will be transferring soon from NHS England to the 'providers' in HCV so we can make good changes and work together with what works well and do this much more efficiently.

The SPA will be responsible for coordinating assessments for people who have been referred for treatment in a secure hospital.

It will also oversee all HCV people who are already in secure hospitals but in out of area beds to ensure that their pathway through services is effective, safe and timely.

It will ensure that you have someone in the community supporting your pathway from one of the 4 community teams, even if you are placed far away from home. Some of you know Maria Pink and Lizzy Ferguson – they will still be involved but in July 2021 the SPA will take over managing referrals.



Blue box – If the referral is for a low secure bed (step up or step down) then the locality Forensic CMHT will be asked to be involved in the assessment. This will give a balanced view as to whether admission to low is necessary or if the person can be diverted from that part of the pathway and be supported in the community instead. Specialist services such as the Personality Disorder Service or Specialist Learning Disability Teams may also be asked to advise the assessors. If person is assessed as not suitable for admission to a secure service then the Forensic CMHT will be informed and they can still provide support and advice to the referrer/service user.



How do you want us to contact you? Are there any times that it would be okay not to tell you about coming to assess you? Are there other people important to you you'd want us to contact?

Orange box – may be step down or step up in security level; Other could be courts; referral form is same for all services

**Green box – Sometimes** referrals will be delayed until enough information is received to process it; emergency, urgent, routine referrals all have different timescale standards to be met: aim to keep people as close to home as possible but not all areas have appropriate services e.g. the only low secure male mental illness service for assessment and treatment is in York but there are rehab wards in York & Hull; service user maybe from Hull but if there are no beds on medium secure male mental illness ward then referral might get sent to Stockton Hall in York. We will do the best to prevent people from being sent outside of the HCV area unless their needs can only be met outside of this area.



## What do you want to know before?

#### WHAT DO YOU WANT TO KNOW BEFORE?

Names of assessors?

Date & Time?

Who should we notify about the outcome?

Timescale for decision?

ACCESSIBLE FORMATS?

#### WHAT HAPPENS DURING THE ASSESSMENT?

Any reasons why we shouldn't contact you?

Anything else?

Before the assessment we think it's good practice to make contact with the service user. What would you want to know?

Timescales may be impractical at times e.g. urgent or emergency referral

Humber Centre – To be informed of the process, the questions being asked, and who will be asking them

Dan – Received no information for his access assessment. Would like the information either in person or by email, would like to know who he will be meeting, when he will find out and can he contact the assessor directly/how.

Clifton House – Has been supporting service user to link into MDT and the Network meetings on links via his phone. Has found the process empowering. Technology is really useful to help this. Is useful to contact directly – especially when moving into the community. Questions that will be asked in advance would be good. Take care of confidentiality when emailing.

John – Emails work best for me.
Attend ward rounds and other
meetings on phone or community.
Ward has set up an email address
so can send emails directly from
clinical team to set these things
up.

Karlynne – Inbox/email set up for SPA. Wants to develop patient information on a leaflet about what will happen and what to expect. Will consider confidentiality in the process. Prison referrals – More info required on how to get appointments booked in – lots of other things like processes get in the way. Needs further thinking and feedback.

Holly – Perhaps a database with photos and information about the person who will be coming to assess may be useful? So then you know who to expect and a bit about them, might make people less anxious.

### What do you want to know before? - Continued...

WHAT DO YOU WANT TO KNOW BEFORE?

Names of assessors?

Date & Time?

Who should we notify about the outcome?

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#### WHAT HAPPENS DURING THE ASSESSMENT?

Any reasons why we shouldn't contact you?

Anything else?

Humber Centre – Prior to assessment could questions be sent out to think about in preparation for what will be asked? Would reduce anxieties around "failing" assessments if they know what will be asked. Or at least this could be given as an option.

Clifton House – "assessor" sounds like "pass" or "fail". It should be about what is the right pathway for each person. Shouldn't be called an "assessor" or an "assessment"

Dan – Feels like would have failed if you don't get in to the service

Humber Centre – Need to make it a positive process not like an exam

Holly – It should be about what is right for you – a choice



David – We need to take time to think about this – what people want, why, and where do they want to go. Information should be sent out with questions what will be asked for people to think about.

Humber Centre – Flip the process so the service user is more in control

Karlynne – Want to avoid admission where possible, so hopefully SPA should help support community packages first

### COMMUNICATION

MAKE SURE YOU LISTEN





TWO-WAY STREET



David – it should be a 2 way conversation and dialogue. People need to be thinking about what the questions are not, the assessment process

## What can we tell you after?

WHAT CAN WE TELL YOU AFTER?

Anticipated admission date?

Ward rules? Care model?

Exceptions?

Estimated length of stay? **Expected pathway?** 

Accepted or not?

What else?

During the assessment people can obviously ask the assessors questions but what information would you want to know after the assessment? If you are accepted and placed on a waiting list, how often would you want an update? When wouldn't it be acceptable to tell you about these things?

Humber Centre - Should we ask "what this service can give me?" Turn it on it's head and consider what services can offer the individual. what they can expect from the service and how it will help their recovery.

David - Do service users currently feel able to ask questions of the "assessor"

> Dan - Yes feels like can ask questions

John - Mainly answers their questions, but yes. Wants to know more about the personalities of other people there

Should there be a 2 page leaflet available saying "this is our service" which is user friendly and not so long as the welcome pack.

Everyone – There should be a paper with details about length of stay, with each treatment package taking however long, and then be able to offer a timescale on LOS. This would be an  $oldsymbol{7}$  estimate but something is better than nothing.

Clifton House - How about a podcast. Have done this for new staff but was thinking maybe do for new people coming into the service too.

John – would be great to hear perspectives about what the service is like from other service users who have been there, and what they feel is important to know.

David - We need to think more about language

Language will be discussed on the agenda at the next SPA meeting!

## Language and Jargon

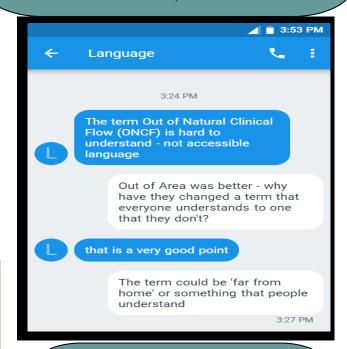
#### **Humber Coast and Vale**

The country has been split into geographical areas. This is either the area of the country that you are getting care and treatment in at the moment or the area that you are from originally.

If you are from this area originally then you should be able to have your care and treatment here wherever possible if you want to.

At Stockton Hall. they have started a project with service users and staff to develop an 'urban dictionary' of language service users use. It can be a living document which is updated over time. Once developed they want to share across the services so we can see if there are any differences in language across different geographical areas. It will be a really good document so we can understand, acknowledge and use the language service users use. So we will watch this space as it's a really good idea and a lot will come from it!

Other language used across HCV is 'out of natural clinical flow'. This is to replace the term 'out of area' but we don't feel it is any better, and still not ideal. Something like 'far from home' could be ok but we really want to know from those who are in hospital out of HCV what they think, and how they feel connected with the area, or not.



There are lots of words and terms going around which we all don't know exactly what they mean, and we might think we know what they mean, but not everyone understands them.



### anguage and Jargon

### **Provider Collaborative/ PC**

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. There are also community teams which are a key part of the PC—HTFT, LYPFT, Navigo and RDaSH.

#### **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.

#### **Lead Provider**

In each provider collaborative one of the NHS 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. For your area this is the Humber Foundation Trust.

### Out of Area (OOA) / Out of Natural Clinical Flow (ONCF)

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" or "Out of Natural Clinical Flow". 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 wherever possible.







### What has gone well today and why?

I could hear everyone!

The length of time was just right

It was good to send out the questions before the meeting

Enjoyed the ice breaker!



It would be helpful to engage more service users in this process. I am not sure how we do this, as not all service users like the thought of meetings: especially ones on computer!

### What would you like to hear about in the future?



### Have you enjoyed it today and will you come again?

Yes. I feel that a lot was achieved

Yes good conversations

I enjoyed it





Thank you for your feedback as it is really useful in helping us improve

Contact Holly, Jo or Charlotte through our website for more information

www.yorkshireandhumberinvolvementnetwork.nhs.uk





# Engagement Events for Service Users and Staff in Humber Coast and Vale Provider Collaborative

Next Date: 7th July

Dates for the rest of the year:

Wednesday 7th July

Wednesday 15th September

Wednesday 10th November

Time 2pm -3pm Venue: Virtual event - Microsoft Teams!

Come along and find out what is happening in your area, help us plan for the future and have your say!



Contact Holly, Jo or Charlotte for more information: Hnf-tr.involvement.network@nhs.net

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