

HUMBER COAST AND VALE PROVIDER COLLABORATIVE

EDITION 6



Provider Collaborative
Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism



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

We started off with a quick update about work happening across Humber Coast and Vale. We talked again about “Access Assessments“ focussing on the language used and improving the process.

We talked about “Experts by Experience” roles and how this could work in the Provider Collaborative.

You will find a poster for the next meeting and a feedback form to help us improve.

It was lovely to see so many of you and hear all your views.

**Next meeting:
15th September
Time: 2-3**

THANK YOU

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Humber Coast and Vale Engagement Event Agenda	
Microsoft Teams	Welcome - Introductions
Wednesday 7th July 2 - 3	HC&V Update Steve and David
Bring yourself a drink!	Access Assessments Claire and Karlyne
	Peer Support / EbyE's Holly and Jo
	Further engagement and next steps

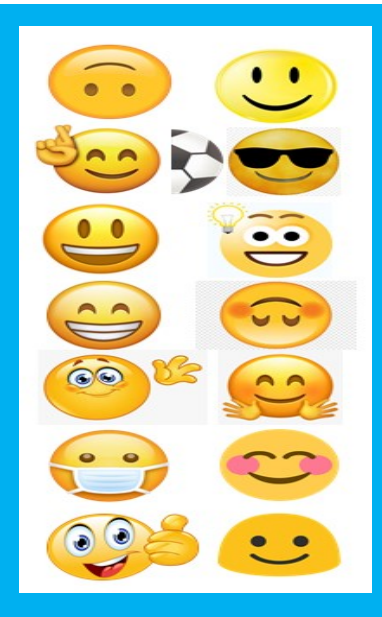
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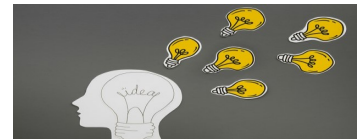


Tell us in the chat how you are feeling today using an EMOJI!



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Does anyone want to think of a quick ice breaker for next time??



Meet the team behind the Humber Coast and Vale Provider Collaborative



Provider Collaborative

Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism



HC&V Leads
Humber Centre
Stockton Hall
Clifton House
& All guests



Steve Shaw
Head of Secure
Commissioning



Melanie Bradbury
Programme Lead
Commissioning



Dr David Harvey
Clinical Lead
Commissioning



Humber Teaching
NHS Foundation Trust



Leeds and York Partnership
NHS Foundation Trust



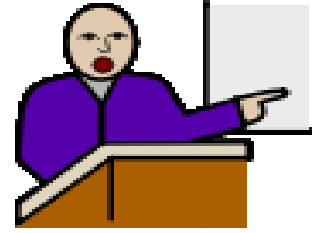
HEALTHCARE



Rotherham Doncaster
and South Humber
NHS Foundation Trust



Quick Update Steve Shaw



HC&V update



Provider Collaborative

Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism

- Humber Coast and Vale go live now 1st October 2021
- Our new logo – we just need a name! Thank you!
- Current areas of focus;
 - Working with the Local Authority Clinical Commissioning groups
 - Outside Natural Clinical Flow (Out of area), continuing to work with providers to bring people home!
 - Improving our relationship with Prisons!



Provider Collaborative

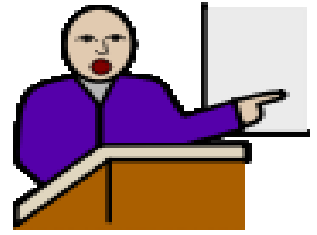
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Any name ideas
welcome!!!



"Access Assessments"

Claire Moyser



Access Assessments

(you told us you don't like this language – what can we call them instead?)

- Building on the work from last time –
- Developing a template or some quality standards to improve your experiences

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?*

WHAT CAN WE TELL YOU AFTER?

Anticipated admission date?

Treatment & Goals?

Ward rules? Care model?

Exceptions? Estimated length of stay?

Expected pathway?

Accepted or not? What else?

The suggestion came from Paul at Clifton House—everyone LOVED it :-). Think we have a new name!

Suggestion to change the name Access Assessments to: **PATHWAY PLANNING MEETING**

We could develop a questionnaire for service users – expectation of next steps, ask what you want, as well as recognising where someone is on their care pathway to how engaged they are. Questionnaire for feedback – pilot evaluation project. Feedback questionnaire – do you feel listened to, do you want to lead the meeting etc.

E Are there any ideas for a different name to 'Access Assessment'?

Next steps assessment?

E Pathway assessment?

Next Step Review

E Pathway Planning is good

Pathway planning is great

E Pathway planning adds a nice emphasis on the report being useful and usable to service users and others.

Pathway Planning sounds good



"Access Assessments"

/ Pathway Planning Continued...

Topics discussed during the visit

- **Medication** (what are you taking, what has worked in the past, what hasn't worked well)
- **Symptoms** (mood, sleep, perceptions, beliefs etc)
- **Family background** (birth, school, family tree)
- **Drug and alcohol use** (current & previous)
- **Risk** (current & previous; to others and to self, convictions)
- **Social circumstances** (education, employment, housing, relationships, friends, living skills etc)
- **Previous engagement with mental health services**
- **Physical health needs** (conditions, smoking, weight, adaptations etc)
- **What your care and treatment pathway might look like and what your preferences are to achieve this**
- **Why have you been referred?** (insight)
- **Whole person approach** – what problems, difficulties, incidents have you experienced that might explain what is happening for you now

Needs to include what service users want to talk about/ask about.

Space for us to ask our own questions. More of a 2 way conversation

What you can expect from an access assessment now

- A visit from the hospital team (usually a doctor & nurse or psychologist)
- They will want to know what your **thoughts, feelings** and **experiences** are about a range of topics
- All teams will ask their questions in a different order and use different language but the end goal is the same – to see if they can help you
- There are no trick questions and no right or wrong answers
- The team will also observe your behaviour during the visit, read your records and speak with staff or family currently caring for you
-

Access Assessments – We would like to know

1. What information you would like in advance of your meeting?
2. What you would like to happen during the meeting?
3. What information you would like after the meeting?

**In particular: what language should be used in communications with you?
Use the language you would like to see!**

C

David: Would people like a timescale if there was a possibility it would change - or would you rather not have a timescale?

Dan would like a timescale....even if it changed

C

You can add this to the standards for these meetings - Does the person want to lead the meeting etc.

The majority of service users i have spoken to would agree with Dan

C

we would like a rough time scale as well

David - thank you. Very helpful discussion!

Dan Stockton Hall: I understand what an access assessment is and was given a few weeks notice before it happened.

The meeting was long enough and I have no complaints.

Would like feedback direct and did ask but this has not happened yet (a couple of months)

I've had some info about the outcome but no feedback.

Some confusion regarding the date of the transfer.

Language should be simple with no abbreviations

Louis Stockton Hall: I know what this is and thought it could be called "moving on" meeting.

Needs clear criteria/Hurdles/times/objectives

They need to happen on arrival at hospital and patients should be given very clear objectives so they know they are moving in the right direction

Language needs to be on LEVEL terms and aim to show respect to patients.

Use understandable terms as opposed to jargon and acronyms.

I think the job should be several people as opposed to one to allow for different perspectives.

Clifton House: Patients are pleased about the change from 'Access Assessment' to 'Pathway Planning' as it shifts the power a bit.

Chris Stockton Hall: Wasn't aware that the access assessment was called and access assessment. I was told there would be a meeting and the staff nurse briefly went through some topics but this was just prior to the meeting happening. The meeting was re-arranged and I only had a couple of hours notice. The meeting I has went as expected but would have preferred to have a face to face meeting.....this wasn't offered or spoken about at all to me.
 I've currently had no feedback since the meeting a few months ago.
 Would like to have feedback personally as well as RC.
 Would like feedback in larger print and in language that I can understand.

Loose timeframe – What needs to be done to get to the next stage and how long this could take if all goes well. If not engaged or get unwell it could add time.
 Timescale – should people be given a timescale for estimated discharge date or not? – Most people on the call wanted a rough timescale and understood it was estimated – future question to consider pro's and con's of this?
 Timescale = What key areas of work need to be undertaken which take approx. ? months each,

Both personal and service goals need to be met to help someone move on successfully in an all rounded way
 Emphasis on end goal – objectives suggested. This may help engage people.
 Need goals to help engage people

C We do need a community focus and I know this is something that teams are working on.

We do have community team members currently completing some of the access assessments

C I also think it will help with engagement from service users and give hope, a target to aim for

Very good point about clear goals and aims

C really important to identify the persons own goals, not staff goails

if you set the standards for these meetings with service users you can measure against these, these should include things like do you feel that you were listened to,were your objectives discussed etc

Literature should be available for service users before their meeting
 Focus on the future – what people want beyond services, at the moment the focus is on the past – misses out what hope they hve for the future and how services can support this to become reality. Need something to look forwards to. Feedback on this.
 Recovery college helps build social skills and achieve personal goals, as well as impacting on achieving service goals at the same time
 Informal environment for the pathway planning meeting to take place – choose the room – “not under bright lights”, “more comfy” and “coffee available”

Expert by Experience

Peer Support Workers and Experts By Experience



- Two pieces of work happening alongside each other
- Peer Support Workers – To support you personally through your recovery and transition into the community
- Expert by Experience – To be involved in developing services to improve the quality of them
- We are looking at developing a plan to how we all want this to progress in Humber Coast and Vale

EbE – definitions - ? everyone in services vs professional experience
 Not everyone wants paid employment but may want to volunteer
 Aim - Use commissioning roles to get EbE experience to influence services positively
 People wanted the EbE role to be met through the Network
 Several people for each area
 Teaching from own experience - eg language used
 Never heard of the term EbE – perhaps should be ‘lived experience role’
 Stepped approach would be best
 Standards offered to service users as a minimum support for progression

Our thoughts as a commissioning team on EBE and involvement

The service user perspective helps us:

- See things from a different angle
- Feel reassured we are doing things that service users want and need
- Understand why we might be having problems
- Think of solutions that could make your experience better
- Share the load of this difficult work

We want to:

- Empower people’s voices in the system
- Use our roles to put service user voice at the centre
- Have open and honest conversations, even if they are difficult when we don’t agree
- Be challenged in our thinking
- Find joint solutions and make positive changes happen
- Make sure we all feel safe enough to speak up



peer support

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**Experts by Experience –
We would like to know:**

1. What do you think of when we say Expert by Experience?
2. What benefits could they bring to improving experiences and quality of services – how would they help you?
3. Do you think this should be one person working full time or a few people working part time?



Clifton House: There was a consensus that ‘Expert by Experience’ immediately created distance and you started thinking about people in a clinical or professional capacity. They felt that emphasis on the role itself might help: is it ‘mentoring’ or ‘advising?’ That kind of title suggested working with people rather than someone detached in an official post. They couldn’t think of a suitable alternative at this point

Dan Stockton Hall: I had no idea what an expert by experience was – but think the role should be several people part time.

C Peer support/experts by experience roles

we think that it should be several people part time taking on the role because we would get more perspectives

C We have a Peer Support Worker in our Community Team at Humber

People are confused about the name - makes it sound like a staff member - the term "expert"

C What else can we call it - Lived experience?

how empowering is it going to be to get that point across to people that they are the experts, we need to include this in all our communication with service users

Chris Stockton Hall: I think experts by experience are people who have gained a massive amount of experience such as qualified nurses and Doctors.

Louis Stockton Hall: I understand what an expert by experience is and feels guidance from someone who has done it is a good idea. Good to pick their brains about life after SHH

Clifton House: The term experts by experience suggests something quite distant and aloof! Something like mentoring would be better, more personal and can relate to it. Don't feel like "experts"

Understanding the Jargon

Humber Coast and Vale

The country 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 where possible

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.

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 lead on funding from August. 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 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.



If you would like to answer any of the questions asked in this newsletter or provide any feedback then please contact us through the Network email, contact us through our website or ask a member of staff to email us your responses! We can also pass on queries directly to the Humber Coast and Vale Provider Collaborative too.

www.yorkshireandhumberinvolvementnetwork.nhs.uk



What has gone well today and why?



What could have gone better and why?



What would you like to hear about in the future?



Have you enjoyed it today and will you come again?



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



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Provider Collaborative

Humber, Coast and Vale Specialised Mental Health, Learning Disability and Autism



We are Holly, Jo and Charlotte working with the Humber Coast and Vale Provider Collaborative

Get In Touch with us on: hnf-tr.involvement.network@nhs.net

Engagement Event Dates:

15th September

10th November

Time:

2pm -3pm

Venue:

Microsoft Teams!

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



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