

# WEST YORKSHIRE PROVIDER COLLABORATIVE



Thank you to everyone who joined us for our virtual get together in West Yorkshire. In this Newsletter we will feature the slides from the live event in June 2021 that include an update from the Lead Provider and discussions around Experts by Experience, Peer support worker roles, SeQuIn Tool Choice and Logo/ theme ideas! All the Questions we asked on the day will also be in the newsletter and some of the answers we had via the chat, live discussions and feedback we received after the event- it is never too late to contribute and the Network and West Yorkshire Provider Collaborative would love to hear from you- find contact details at the end of this newsletter and get in touch!

**THANK YOU**

<p><b>Microsoft Teams</b></p>  <p>Tuesday 22nd June 1.30 — 3.00</p> 	 <p><b>Welcome</b> - Introductions</p>
<p>Bring yourself a drink!</p> 	 <p><b>Peer Support</b> Experts by Experience</p>  <p><b>Niche Inequalities</b> Does it make sense?</p>  <p><b>West Yorkshire Logo</b> Your ideas!</p>  <p><b>Further engagement and next meeting / next steps</b></p>

CONTENTS	PAGE
Experts by Experience	3
Peer Support	4
Inequalities	8
Women's Pathway	11
Logo	12
Feedback	13

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Newton Lodge  
 Bretton Centre  
 Newhaven  
 Cygnet Bierley  
 Moorlands View  
 Waterloo Manor  
 Newsam Centre  
 & All guests

West Yorkshire and Harrogate  
 Health and Care Partnership



More Information about  
 the Lead Provider and  
 the Collaborative can  
 be found here:

[West Yorkshire and  
 Harrogate Partnership  
 :: West Yorkshire Lead  
 Provider Collaboratives  
 \(wyhpartnership.co.uk\)](http://wyhpartnership.co.uk)

## Lead Provider Collaborative

Meet the Adult Secure Lead  
 Provider Collaborative team



Dr Adrian Berry  
 Clinical Lead  
 (Medical)



Joanne Barber  
 Clinical Lead  
 (Non-Medical)



Izzy Worswick  
 Head of  
 Programme



Sue Threadgold  
 Deputy Director  
 of Operations



## Experts by Experience

- Provider Collaboratives are committed to develop and deliver services in collaboration with service users and carers
- One way of doing this is to involve experts by experience at different levels in the collaborative
- Some collaboratives employ dedicated experts by experience, others have a variety of approaches
- We would like to understand how best to do this in our collaborative
- We want to explore what the advantages and disadvantages are of possible different approaches e.g.
  - A full time employed Expert?
  - Multiple part time Experts?
  - A wider group of Experts who can be involved for specific roles?
  - Any other ideas?

With all of us in mind.

Newhaven think a number of people then more people have a chance to be involved.

A full time roll ensures that you'll always receive feedback but might not always be relevant - i.e. if a male EbyE but asking re female pathway. A number of people in a more part time capacity might get a better range but if only get involved when a subject is of interest but might not always get people for every subject- I hope that makes sense

Having more part time people will give a greater depth of experience across the PC rather than just one person

We feel that for learning disability then more part time would be easier to understand if there are a few people involved working together.

I like the idea that there is a group - will also ensure a team that work together.

If there were a number of different people in the role then it could act like a 'council', which would be supportive for those in the roles

Definitely - working in that style would be fantastic! It's seems really important for people to work in themes and then feedback to a larger 'council' or 'network'

If there was only one role then they would get to understand the service and the people within it better, and you would know who that one person would be to speak to. If there were many roles it means more people can be involved and a greater chance or roles to be involved in for service users once they leave hospital to share their experiences.

One person may encounter professional difficulties, many people gives the opportunity for team working, support and broader experiences to be shared. Multiple roles also give people the opportunity to grow and progress. Many opportunities should be available and part time to fit in with peoples recovery and benefits/ work.

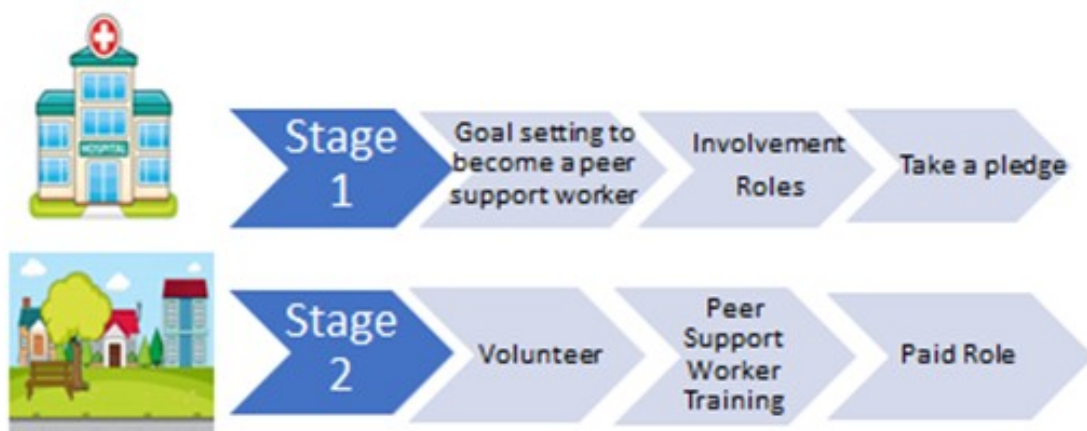
## Peer Support...

### What we have done so far

- We knew this was important to Service Users and it was important to us too.
- It was really difficult to engage with service users in the ways that we were so used to.
- During Covid-19 we held a number of workshops sent out questionnaires to find out what your views were

# We talked about how we might make it happen

- We knew we needed good links with the community
- Learning from what we are already doing and what other people are doing
- Creating a good plan
- Making sure we had a good training and support package
- We had ambitions to have a central hub that might be a shared learning space for service users and staff
- We talked about a stepped model linked to Recovery Colleges



- Do we want to do some more work on Peer Support Roles?
- Do we need to create a training package?
- Do we want to combine that with some work on Experts by Experience?
- Do we need to define the role's further?
- How do you want to do it?

Co-produced training is needed

Training needs to be tailored to individual settings, different services and specialisms and different service user populations

Peer supervision is very beneficial for pre-discharge. Peer support workers can help people into the community, new roles and routines, it is more engaging to do it with someone who has done it themselves before

Clear roles for peer support and EBE are needed

It feels like the 2 roles could have some overlap but if we try to over load a single role with both areas of responsibility it might put people off - be too much to consider taking on all in one go????

We would like a training package, be clear what the role is, people here already ward reps and also experience in other placements where people came in and explained how it is 'on the out'. Felt this was really useful.

Option to work Yorkshire & Humber wide?

## Voting time... **Secure Quality Involvement (SeQuIn) Tool**

Quarter 4 choice- all services in West Yorkshire will complete one of the following options (as well as Involvement, RRP & Technology) to ensure we can benchmark against each other and continue to share good practice:

- **MEANINGFUL ACTIVITY**

*“These standards are based on supporting and encouraging a mixture of activities with a minimum requirement to provide each individual with at least 25 hours of structured activities that are meaningful to them, and linked to outcomes of personalisation and recovery”*

- **FRIENDS, FAMILY & CARERS**

*“These standards are around carer involvement and aim to provide clear information about how carers can be engaged with, supported in supporting you, involved in care planning and empowered in their role”*

Meaningful activity was nudging ahead from the votes on the day...  
Additional comments came in later to mix up opinions again.

- Meaningful activity is important after covid and getting the recovery journey underway
- Services are already providing Meaningful activity, Carers is a concern after covid
- Family and Friends have lost their role, service users miss out on family events, hospitals could do more to help us maintain relationships
- Both are equally as important!



All votes and comments will be shared with the West Yorkshire Provider Collaborative Operations Board to make a final decision – we will let you know the results on our next round of engagement meetings. Fingers crossed for your choice!



South West  
Yorkshire Partnership  
NHS Foundation Trust



# Inequalities Niche Report



With **all of us** in mind.

## What we did

### Niche study and report



South West  
Yorkshire Partnership  
NHS Foundation Trust

- Providers of secure services in West Yorkshire asked an organisation called Niche to help us understand the differences in how people experience forensic care in West Yorkshire and inequalities that exist
- Niche worked with each provider and talked to staff and services users to find out their experiences- thank you to everyone who took part

With **all of us** in mind.



## What we found out

### Niche study and report



South West  
Yorkshire Partnership  
NHS Foundation Trust

Niche told us:

- Women in WY experience longer lengths of stay than men, particularly at Cygnet and SWYPFT
- There are differences in length of stay for men, across WY.
- People from minority ethnicities are overrepresented in services, particularly men of Mixed, Asian or Black ethnicity
- Where people experience a delay in being discharged this could be as a result of a number of issues e.g. issues finding move on accommodation, Covid restrictions, awaiting Tribunal or Parole Board decisions etc.
- We could improve delivery of care which takes into account service user culture and range of activities offered

With all of us in mind.

## What we found out

### Recommendations



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- Consider how we support people of Asian, Black and Mixed ethnicities and make improvements e.g. peer support, how dietary needs are met
- Look at provision with longer lengths of stay and plan how we can improve
- Ensure there is a range of activities for service users to meet needs
- Make sure all service users have a voice e.g. peer support, advocacy etc
- Revisit support available to service users over 55
- Make sure we monitored religion and beliefs of services users and that service user needs are accommodated

With all of us in mind.

- Do your experiences match what the Niche Report found?
- How do they match/differ?
- How can we make sure the recommendations happen?

If we have issues providing support to BAME groups it might be worth targeting the peer support EbyEs recruitment to ensure we combat any unconscious bias in how the services operate??

Activities need to be age appropriate and functionally appropriate, especially for the over 55's

Multi faith spaces in services are not always fit for purpose, they are not nice or relaxing

A directory of faith groups or places of worship would be helpful or lists of community groups and activities that are specific to BAME or LGBTQ+ and how to join and help to join

Access to care co-ordination is as big an issue as accommodation

quality accommodation an issue

Care pathways, and referral processes for aftercare/Responsible Health & LA 's have become confused and fragmented

services closed in community due to COVID

radicalize the mental health in England- introduce modern therapies



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NHS Foundation Trust

# Women’s Pathway Update

- What has happened so far...
- Needs Analysis- why is it taking place?
- What’s next?

What Questions should we be asking women?  
How can we get women more involved?  
How can the Women’s Pathway be more accessible?

A Needs Analysis is taking place for women, this is a paper exercise to try and find themes and trends within the female population in secure services to give evidence to what services, treatments and interventions are needed for women in hospital and what the pathway should look like to the community.

With all of us in mind.

Meeting Face to Face would help women engage and be involved

All the women who are originally from West Yorkshire, but are in Hospitals outside of West Yorkshire (Out of Area) are being looked at first to try and understand why treatment was needed away from the home area and to help people back into area where possible and where wanted by the service user.

Teams meetings with a lot of people increases anxiety and pressure to give the right answer or to speak even

Once the Needs Analysis has taken place the themes will help the planning of the ‘Women’s Pathway’ in more detail- this will be discussed with you all again when complete.

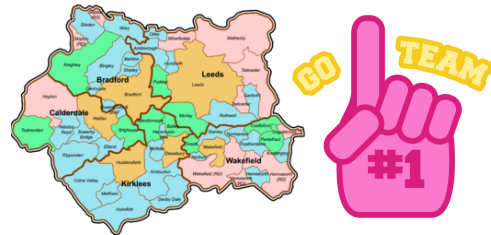
We are happy to join in with projects that have a purpose

We really want women involved in discussions and decisions about the pathway to;

- Improving experiences for women; to help
- reduce the amount of time women stay in hospital
- prevent people needing to go outside of West Yorkshire
- Improve community provision

A lot of questions are repeated, answers not changed

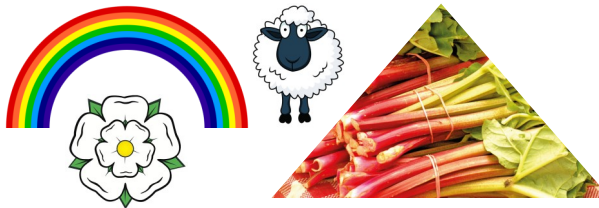
# Logo & Theme



- What do people think about when thinking of the collaborative?
- What does West Yorkshire mean to you?
- What ideas do people have about the Provider Collaborative Logo?
- Any Colour suggestions?



- I don't think the term PC relates to everyone and they understand what it means
- Rainbow as different colors means different areas
- I like the white rose & rainbow ideas
- rhubarb triangle
- The people's collaborative
- Keep the colour theme going like with the SeQuln logo
- grafitti style lettering
- add as much colour as humanely possible
- Provider refers to the service delivery aspect, but doesn't represent service user or carer involvement aspect
- like people- not provider



The term 'provider 'does not represent all

'Provider collaborative' just means 'joined up working' need a way to say it that everyone understands

Include all service colours

Rainbow already represents other things and connected to many groups already

Heavy Woollen area- sheep/shoddy/mungo

Could ask the Mental Health Museum for some historical context/ideas

If you would like to answer any of the questions asked in this newsletter please send them to the Network email below, contact us through our website [Yorkshire And Humber Involvement Network – Welcome](#) or ask a member of staff to email us your responses! We can also pass on queries to the West Yorkshire Provider Collaborative too.



## Feedback Form



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



Contact Holly, Jo or Charlotte for more information  
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