

HUMBER COAST AND VALE PROVIDER COLLABORATIVE

EDITION 7



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

We had an update from David about the current priorities for the Provider Collaborative, and some questions to think about in future meetings,

We met Fran who is working as a Peer Support Worker in the Specialist Community Forensic Team in HCV who told us all about her work, her previous experiences, and what it has been like to work in a new team and in a new role. We fed back where we are up to with developing the “Pathway Planning” process after your help over the last few meetings, and finished with a brief update about the work that is happening across Yorkshire and Humber to look at Inequalities!

We hope to see you all at the next meeting!

**Next meeting:
10th November
Time: 2-3**

THANK YOU

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Humber Coast and Vale Engagement Event Agenda

Teams

Wednesday 15th September 2 - 3

Bring yourself a drink!

Welcome

- Introductions
- Ice breaker

HC&V Update

David and Steve

Peer Support

Fran

Pathway Planning

Holly

Advancing Equalities

Jo

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

www.yorkshireandhumberinvolvementnetwork.nhs.uk



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A man says to his doctor, "Help me, Doc, I'm addicted to Twitter!"

The doctor replies, "Sorry, I don't follow you..."

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

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Meet the team behind the Humber Coast and Vale Provider Collaborative



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



Provider Collaborative

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



Steve Shaw
Head of Secure
Commissioning

Melanie Bradbury
Programme Lead
Commissioning

Dr David Harvey
Clinical Lead
Commissioning

Gareth Flanders
Quality and
Improvement
Lead



Humber Teaching
NHS Foundation Trust



Leeds and York Partnership
NHS Foundation Trust



HEALTHCARE



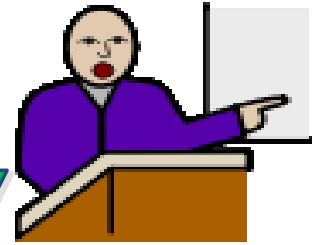
Rotherham Doncaster
and South Humber
NHS Foundation Trust



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HCV Update

David Harvey



What do commissioners do?

- We help:
 - Plan which services we need and where
 - Services deliver high quality and safe care always striving to get better and better
 - Make sure contracts and money is all organised
- We want to do this with the service user voice as central
- We are taking over some aspects of commissioning from NHE England from October

Important areas of work at the moment in the commissioning team

Experts by experience and peer workers	Addressing health inequalities	High quality and safe services	Trauma informed approaches
<ul style="list-style-type: none"> • How can we best incorporate the voice and perspective of experts by experience? • What can we do to make sure that peer support worker roles are as effective as possible? 	<ul style="list-style-type: none"> • Different groups can have difference experiences of services in relation to: <ul style="list-style-type: none"> • Access • Experience • Outcomes • We need to address these differences as they can be very unfair and unequal for certain groups 	<p>How can we support services deliver safe and effective care?</p> <p>How do we share successes and examples of good work?</p> <p>How do we deal with problems when they arise?</p>	<ul style="list-style-type: none"> • How can we make sure services acknowledge the impact of trauma on an individual's difficulties? • How can we make sure everyone (staff and service users) feel safe, heard, empowered and able to trust others?

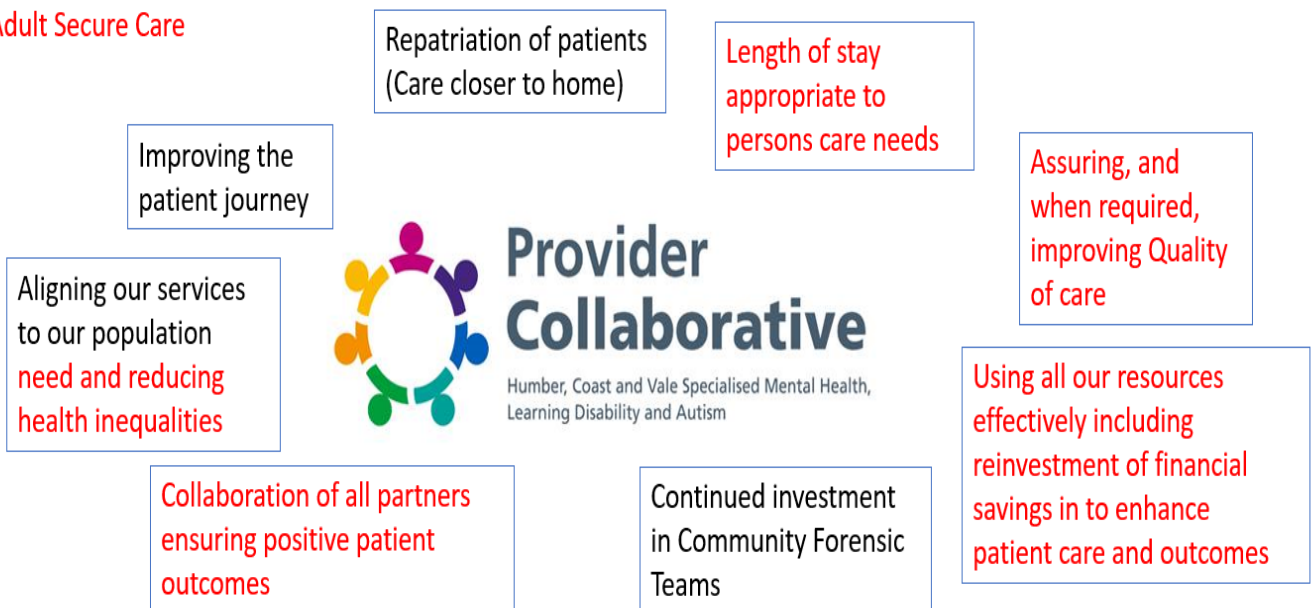


Live from the 1st October 2021

Responsible for:

- CAMHS In-Patient
- Adult Eating Disorders In-Patient
- Adult Secure Care

Our Adult Secure Care focus



Our core principle is: *Working in partnership with the people who access our services and those who provide care services across HCV - we will deliver best quality outcome-based care close to home through the introduction of meaningful efficiencies into care pathways, within a rigorous governance framework and a culture of learning and evaluation*



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Peer Support

Fran - Peer Support
worker role

My journey to Peer
Support



Age 19 I started to show signs of Bipolar – however it was misdiagnosed as depression

Between the ages of 19 and 30 my life was a rollercoaster. One minute I was the life and soul of the party then next not being able to wash.

Showing both periods of very risky behaviour and being very depressed and withdrawn.

Highs were fuelled with drugs and alcohol, lack of sleep, spending all my money, excess sweating, talking too fast and the feeling of invincibility.

Lows would be weeks spent hiding away, unwashed, bad eating habits and self-medicating with anything I could get my hands on to 'zone me out' (diazepam mainly).

My moods generally swung every 4 to 6 weeks.

I believed my high periods were 'me' and my lows were periods of depression – as that is what I was diagnosed with. I only went to the GP when I was low.

I continued to live like this. I would move house on the spur of the moment, put all my earnings on black at the casino, I was made to leave jobs, lost friends and I fell pregnant.

It wasn't until I was 35 when I literally couldn't handle it anymore and I decided to take my own life.

Luckily my dog stopped me...I had put plans in place for my daughter, believing at the time she would be better off, but I hadn't thought about what would happen to my dog. Dolly thought I was playing the day I sat on the kitchen floor with sleeping pills and a plastic bag over my head. I was scared enough to stop. I called the GP and told the receptionist what I had done.

I can't remember a lot about that day or the period of about a month after it. However I was seen by the crisis team. I was seen every day for 3 weeks and referred to a consultant.

I was finally diagnosed with Bipolar.



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I am high functioning; I had learnt to live – even though it was a struggle. Prior to this job and during the time of my breakdown I was working in the prison service, working my way up to senior officer. But once again my mental health left me no option but to hand in my grade and become admin.

Once I had taken the uniform off, I felt lost and like I had failed at something else. I saw the advert for peer support worker and even though it was a drop in pay, I felt drawn to it. I knew I would be great at helping others. The fact that it was in forensics made it feel like the perfect role.

It's not been easy. Peer Support Workers have been thrown into the role when even managers were not 100% sure what the role did or where we could fit into a team. As a PSW I have a small case load out in the community. It varies from going for a nice lunch with a patient, taking one to slimming world, taking another shopping or getting on the bus to build confidence with a patient having to use public transport. I feel PSWs bridge the gap between professionals and patients. A patient may feel more comfortable tell a PSW something as they can feel a sense of 'they understand how it feels'. Also as a PSW we have more time to have that cup of tea.

PSW are part of the professional team but we don't know all the jargon or medications etc. We're there to offer time and show that you can build a life with mental health issues.

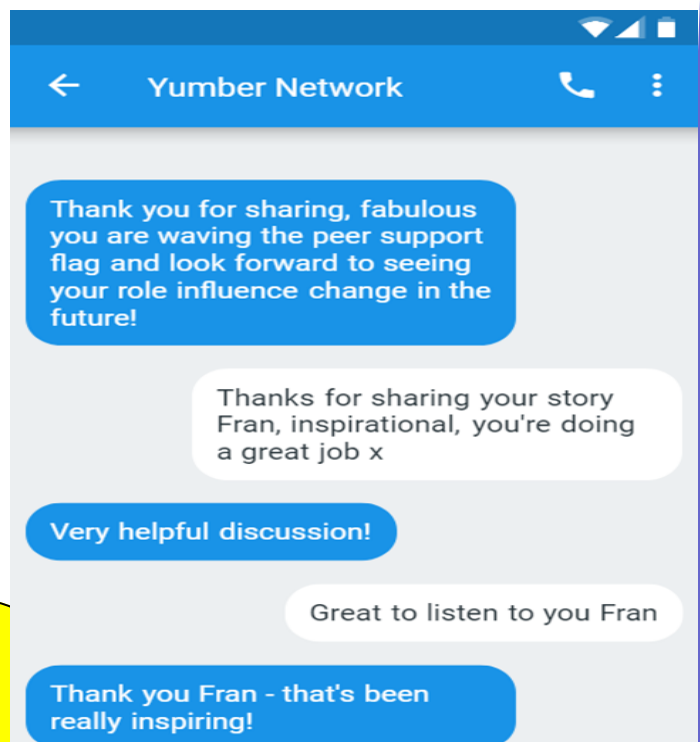
The word need to be spread about us. I am very lucky as I have a fab team. There is a referral system for all professionals to request my input, however as we are a small team, they normally just ask me once they have asked the patient if they would like to work with me.

Every patient I have worked with is shocked to hear I have bipolar, I tried to kill myself and that I live with anxiety. I like to think it gives them hope.



Thank you so much to Fran for talking so openly and honestly. The role sounds great.

Please pass on my thanks to Fran – it was good to hear her experiences and to see this kind of role working well and being so valued. Really hope we see more and more of this kind of role. Looking forward to doing what I can to help



Peer Support workers

- **What do you want to know about peer support workers – have you got any questions?**
- **Have you had any experience of peer support workers in the past?**
- **What kind of support would you like from a peer support worker?**
- **How can we make the best of peer support workers?**

Training – ‘lived experience’ is the best experience and ‘knowing how it is to live whilst using services.’ There is also an accredited peer support worker course online but this isn’t needed to get into post as a peer support worker.

If anyone would like for Fran to introduce the role with staff and service users please get in touch

Staff working in the whole MDT need to be ready and aware to understand the role of peer support worker – if not prepared it leads to lots of confusion and lack of structure and aim of the work.

Peer support brings a depth to the MDT – everyone working together to give people more hope. The expertise needed for these roles are your vulnerabilities about what the experiences living with mental health difficulties bring.

Potentiality some work to do on understanding the role and staff preparedness? Think we could really learn a lot from your experience Fran.

Really would like the opportunity to help the trust develop the role further and ensure that new PSW have the support and understanding from the others within a multidisciplinary team - Fran

“Vulnerability is our expertise” – need to work differently but still together with the whole clinical team. Resilience is essential as it can be a lonely role and still fairly new in secure services.

People need to be aware of the pressure that can be experienced in the role and being part of a wider network would be really helpful.

Fran was absolutely inspirational and I was blown away by her journey and the way she openly talked about her experiences. She is an asset to the team she works in, She will inspire others to become a peer support worker.

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Pathway Planning meetings

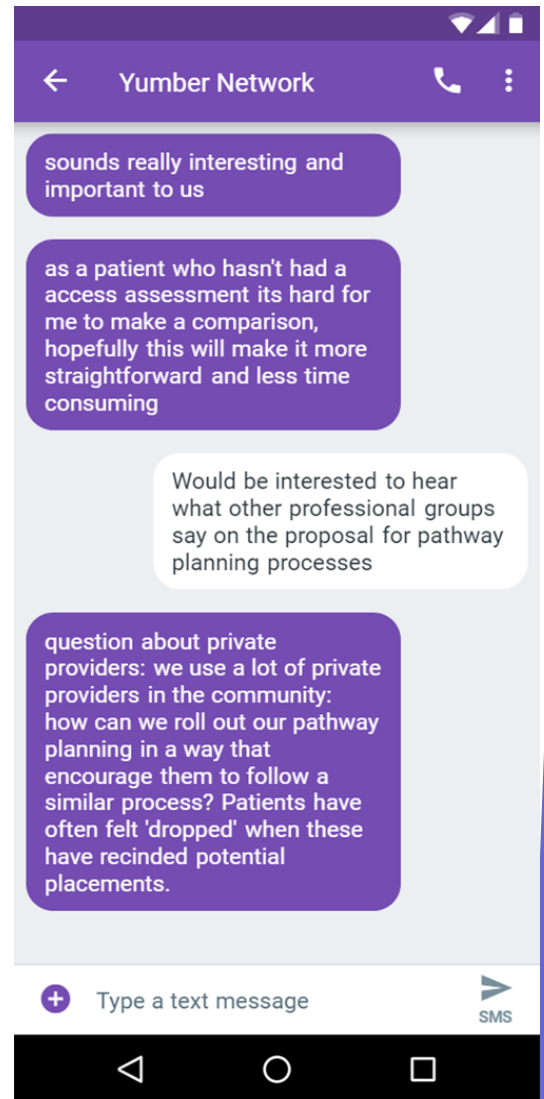
Based on your feedback from the last 2 meetings: The SPA is developing some templates and standards to improve your experiences:

- Standardised letter template inc. Agenda
- Checklist for services
- Standards for professionals – expectations of receiving team
- S/U defined standards and Questionnaire (Y&H Leads based on all your feedback)



Communication, Language and Preparation

- Standardised letter template inc. Agenda
 - Meeting date, venue (i.e. virtual, face to face), agenda, who is coming and why
- Not too many assessments
 - People going together
- Language
 - Access Assessments = Pathway Planning
 - Avoiding Jargon
- Standards of expectations
 - What assessors expect – getting to know about the S/U, support for the S/U from their team



Agenda

- Being prepared
 - Agenda in advance
 - Can prepare questions
 - Know what to expect
- 2 way conversation
 - What do you want to discuss?
- More goal focussed
 - What do I need to do in the service to get out of hospital
 - What treatment can the service offer me
 - What will my pathway be like



Humber, Coast & Vale Provider Collaborative
Hospital address
.....
.....
.....

Dear xxx

You have been referred to us by xxx to have a Pathway Planning Meeting to see if we can help you with your current needs and future goals.

We have arranged to meet with you (in person/via a video call) on (date) at (time).

The team attending your Pathway Planning Meeting are from (service). The name/s of the person/people who you will meet is/are:

Xxxxxx
xxxxxxx
xxxxxxx

There may be other people joining (name/s) and they will introduce themselves before the meeting starts.

We have attached a leaflet explaining what will happen in your Pathway Planning Meeting. Please speak to your current care team if you have any further questions about it.

We are very much looking forward to chatting with you soon to see if we can help you in any way.

Kind regards

Draft letter

Service Information

- **Information provided in advance – which service they are coming from**
 - More specific service and ward information provided when on waiting list
- **Information from other service users about the service**
 - Give a proper feel for what the service is like
 - Not just corporate information
 - Work in progress, not every service has this level of information!



Feedback of outcomes

- **How result is provided**
 - Not pass or fail
- **Timeline**
 - How long expected treatment takes to complete
- **Debrief of assessment**
 - Assessing team to ring and speak with the person and give them direct feedback if deemed appropriate and helpful by their clinical team.
 - Can better explain the rationale as to why a decision has been made so the S/U understands it
- **Put decision into writing**
 - Accessible format



My Pathway Planning Meeting

What is my Pathway Planning Meeting?

It's a conversation with a hospital team, usually a doctor, nurse, psychologist or occupational therapist. The team may visit you in person or the meeting may be held virtually via a computer. The aim of the Pathway Planning Meeting is to decide upon next steps in your pathway through services, what help you might need and which service is best to help you.

What happens in my Pathway Planning Meeting?

The team will want to know what your **thoughts, feelings** and **concerns** about a range of topics (see over the page). The team will also want to know what you are doing well at. During the visit, read your records and speak with staff or family currently caring for you. During the meeting you can ask questions to the hospital team to find out how they can help you or to explain anything you don't understand. You can ask for a break and have someone support you during the meeting, such as a member of staff, family member or advocate, if you so wish.

What happens after my Pathway Planning Meeting?

The team will decide if their service is the best next step on your pathway based upon what they have seen, read and heard. They will write a report recommending a plan to meet your current needs and future goals. The team will feed back to you the outcome of the meeting. Their recommendations will then be put into action and you will continue your pathway to recovery.

Topics you may get asked about in your Pathway Planning Meeting

- 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
- Childhood** (birth, school, family)
- Social circumstances** (education, employment, housing, relationships, friends, living skills etc)
- Previous contact with mental health services**
- Keeping Safe and Risk management** (current & previous; to others and to self, convictions)
- Medication** (what are you taking, what has worked in the past, what hasn't worked well)
- Symptoms** (mood, sleep, perceptions, beliefs etc)
- Drug and alcohol use** (current & previous)
- 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?**
- Insight** – your understanding and perspectives – any difference between your own and professionals
- Strengths** - achievements so far on your pathway
- Priority for you to ask questions of the team e.g.** (What do I need to do to get out of hospital, What treatment can the service offer me, What will my pathway be like)

- 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, no right or wrong answers, no pass or fail



Working together



Better health



Person centred goals



Clearer pathways



After your Pathway Planning Meeting you may be asked to give feedback about your experience. It is important for us to hear your comments so that we can improve our services. You can also contact the Single Point of Access if you have any concerns or complaints you want to raise about your Pathway Planning Meeting
Tel: 01482 478702

What's next?

• Launch Date

- All information/templates etc are used at the same time, can then stop using old templates etc.



• Pilot

- First 5/ 10 meetings to be discussed
- Y&H Involvement Leads to engage with S/U's to see if their experience was more positive, what else do we need to tweak...
- Using S/U defined Standards and Questionnaire



Pathway Planning service user defined Standards



What will happen before my Pathway Planning Meeting?

1. You will receive a letter telling you:
 - a. When the meeting is taking place
 - b. Where the meeting is taking place – face-to-face or virtual
 - c. Who is coming and why – what their role is
2. You will receive a leaflet about your meeting that will include:
 - a. Topics you may be asked about
 - b. Information about what to expect



What will happen in my Pathway Planning Meeting?

3. Language will be used that makes the process easy to understand – including calling your meeting 'Pathway Planning' instead of 'Access Assessment'
4. You will be asked questions about the topics in the leaflet you received
5. You will have the opportunity to ask your own questions
 - E.g. What can the service offer me, what will my pathway look like
6. You will have the opportunity to set goals that you would like to achieve
 - These may focus on the present and the future, around both treatment and personal goals

What will happen after my Pathway Planning Meeting?

7. You will have the opportunity to get verbal feedback directly from the clinical team who came to see you – this might be a phone call or a virtual meeting.
8. This will also be written down in a report that you can understand, with recommendations to meet your current needs as well as your future goals
9. Clear information will be made available about the admission criteria, the clinical pathway looking at admission and discharge, how the service involves service users and carers, as well as contact details for the service
10. You will be able to give feedback to say if you think these standards have been met



What will happen if I am going to be moving to that service?

11. You will receive information about the service and the ward you are going to, with information written by other service users
12. You will be given an estimated timescale for how long your treatment there is expected to take



Draft Service User Defined Standards



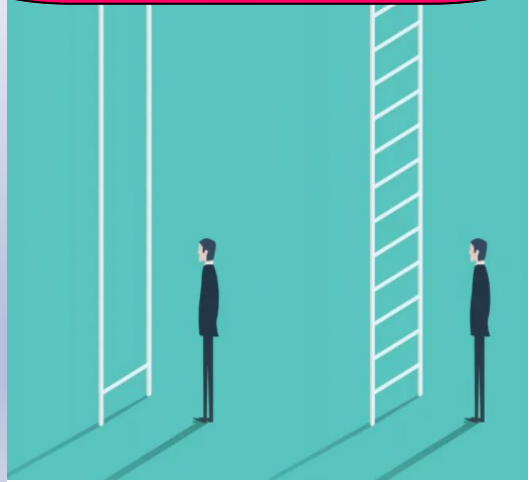
What's next - Agenda

This project is in partnership with NHSE and PHE

Jo - Advancing Equalities



NHS England project – talking to services over the next few months



We want to talk about inequalities from a wider perspective

Will collect data across Yorkshire and Humber but collect for each Provider Collaborative – including Humber Coast and Vale

We plan to meet with service users individually on MS Teams and will send out information very soon

We hope to start soon and will be in contact as this first part of the process is to engage people and this has to be done by end of November

What are Inequalities?

‘Inequality is the unfair situation in society where some people have more opportunities than others’
Cambridge dictionary



The NHS describes Health Inequalities as...
‘unfair and avoidable differences in health across all people, and between different groups of people’
‘Health inequalities may happen because of the conditions in which we are born, grow, & live. These conditions influence our opportunities for good health, and how we think, feel and act, and this shapes our mental health, physical health and wellbeing’

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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



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

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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:

10th November 2021

12th January 2022

9th March 2022

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!



Contact Holly, Jo or Charlotte for more information:
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