

WEST YORKSHIRE PROVIDER COLLABORATIVE

NEWSLETTER

6

MARCH 2022

Welcome to the Newsletter Summary from the West Yorkshire Event held in March 2022. We include all the slides, from the meeting. The agenda follows on from last meeting about involvement in the region– what good looks and feels like. We also look at what ‘co-production’ means to us. Thank you to everyone who joined us and contributed to the discussions. Feel free to send us further comments or have your say in the feedback on the last page. We would love to hear from you too.



West Yorkshire Provider Collaborative Engagement Event

- 1 _____
- 2 _____
- 3 _____
- 4 _____
- 5 _____

<p>Microsoft Teams</p> <p>Tuesday 22nd March 1pm — 2pm</p> <p>Interactive session</p>		Welcome to the West Yorkshire PC Event
		Update from the workstreams
		Recap on magic wands: WY involvement so far...
		Involvement at Cygnet Bierley
		Involvement at Newhaven
		Involvement and the SCFT
		Defining Co-production
		Next Steps

Contact Charlotte, Jo or Holly for more information:

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www.yorkshireandhumberinvolvementnetwork.nhs.uk



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

West Yorkshire and Harrogate
 Health and Care Partnership



South West
 Yorkshire Partnership
 NHS Foundation Trust



Leeds and York Partnership
 NHS Foundation Trust



Bradford District Care
 NHS Foundation Trust



The three pillars of change - Update

Improved use of
 inpatient beds



WORKSTREAMS:

- Bed planning – SWYPFT/Veronica Barrett
- OOA/Repat – BDCT/Amanda Barker
- Capacity planning – LYPFT/Steven Dilks

Provision of
 services not
 currently in area



WORKSTREAMS:

- Women's pathway – In Mind/Jo Barber/Andrew Dean
- PD pathway – Cygnet/Sam Poskitt
- LDA pathway – SWYPFT/Kevin Wright

An enhanced
 community
 service offer



WORKSTREAM:

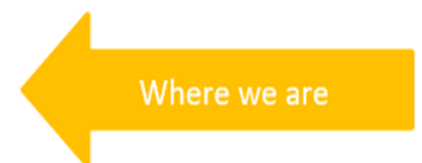
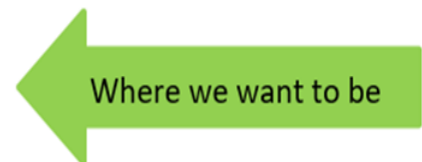
- Community pathway – SWYPFT/Jo Barber

Involvement Framework to support Workstreams

1. Communicate opportunities to service users and staff (a one-page description of the project and how to get involved)
2. Gather a representative group of service users and staff interested in the project
3. Name a designated lead for each project group with communication responsibility
4. Research what work has already been done in your designated topic area
5. Discuss the project topic, set group goals & answer meaningful questions to enhance ways of working/ care culture/ outcomes and experience (think SMART-ER)
6. Feedback progress and recommendations at the West Yorkshire Engagement Events



Co-Production	We Design and Develop Together
Participation	We Decide Together
Consultation	This or That (Choice)
Information	We Tell You
No Engagement	No Meaningful Contact



Q. Should inequalities have a workstream of it's own?

A. Inequalities work is taking place within the Provider Collaborative and should be considered within each workstream

Q. When will covid restrictions end?

A. Covid restrictions are decided by Public Health, who inform local Infection Control and Prevention Teams. We do not have an answer. What we do know is that we are in a place where life has changed, maybe we should look forwards and not backwards, lets not wait for something to return, lets be in the present and problem solve together.

Magic Wand Re-cap

- Better Technology
- Increase in Workforce
- Named Involvement Lead for the service
- Reduce Covid Restrictions
- Meet in Person and have face to face conversations
- Keep a mix of Teams/In person for meetings- more option to be involved
- Recovery College facilities
- Therapy Animals
- Provide education opportunities and pay individuals e.g. training for how to run a group
- Increased raising of awareness of how to get involved through creative methods
- Reduce technological barriers for service users through education
- Have a staff and service user lead
- Have service user representation at all relevant meetings
- More collaborative working between service users and staff
- Service users to feel heard and that their involvement is essential and matters



Newhaven



What does 'involvement' look and feel like in your service?



Do you have a named Involvement Lead? Is this their full time role?

We have 3 involvement leads who are HCA's on the ward. They are new to the lead role and are very keen to get involved!

Do you have any Experts by Experience? What does this role look like?

No

Do you have Peer Support Workers? What does their role look like?

Not currently – previously had a peer support worker come to the ward as part of the Volunteer Service.

Who links in to the Provider Collaborative and how?

Dave Ogden, service users, Kirsty Walker

Show us some examples of 'good involvement practice' in your service - please add photos and a small description of your achievements

Our service users have been involved in recruitment and joined interview panels



Creating art work for the Koestler Awards

We have weekly community meetings

One of our service users are part of the Volunteering service and supporting the catering department



Our Guinea Pigs (Smokey & Bandit) – service users and staff help look after them

Our service users are involved in research project



The service users have organised charity events.

Tell us about the barriers you face to 'great involvement' - we can problem solve together

Current IPC and Covid restrictions limit face to face involvement and events

Difficult to maintain engagement and concentration for longer period via virtual meetings

Lack of knowledge - need increased awareness throughout the service users and team about service user involvement and the opportunities available

Current IPC and Covid restrictions have impacted community based opportunities

Some information not accessible

Amount of information and meetings can sometimes overwhelm our client group

Difficulty ensuring our ward based involvement leads have protected time – the ward duties of these leads often taken priority



If you had a magic wand - what would you do to improve involvement in your service?

Being able to enjoy face to face involvement events and meetings

More user friendly to people with learning disabilities i.e. accessible information

Increase awareness of ways to get involved



Specialist Community Forensic Team SCFT



What does 'involvement' look and feel like in your service?

- **Do you have a named Involvement Lead? Is this their full time role? Do you have any Experts by Experience? What does this role look like?**

The SCFT allocated staff to lead on involvement some time ago. We developed a strategy for peer support following some training which the team attended. The SCFT are keen to use the knowledge and experience of the community patients and have involved them wherever possible e.g recruitment

- **Do you have Peer Support Workers? What does their role look like?**

The SCFT has a peer support worker employed in a full time position. This role is still in development but we are keen for this to be a very meaningful part of the service.

- **Who links in to the Provider Collaborative and how?**

The Senior Advanced Clinical Practitioner links in with the PC. And there are regular meetings with the Involvement Network in addition.





Show us some examples of 'good involvement practice' in your service - please add photos and a small description of your achievements



Involving in the interview process



Contributing to team meetings

Lived experience and peer support

Tell us about the barriers you face to 'great involvement' - we can problem solve together

Agenda for change

Supporting staff

This is new



Covid-19

Wanting it to be right

If you had a magic wand - what would you do to improve involvement in your service?

Change aspects of recruitment

Have more face-to-face time for staff

Be better at promoting it



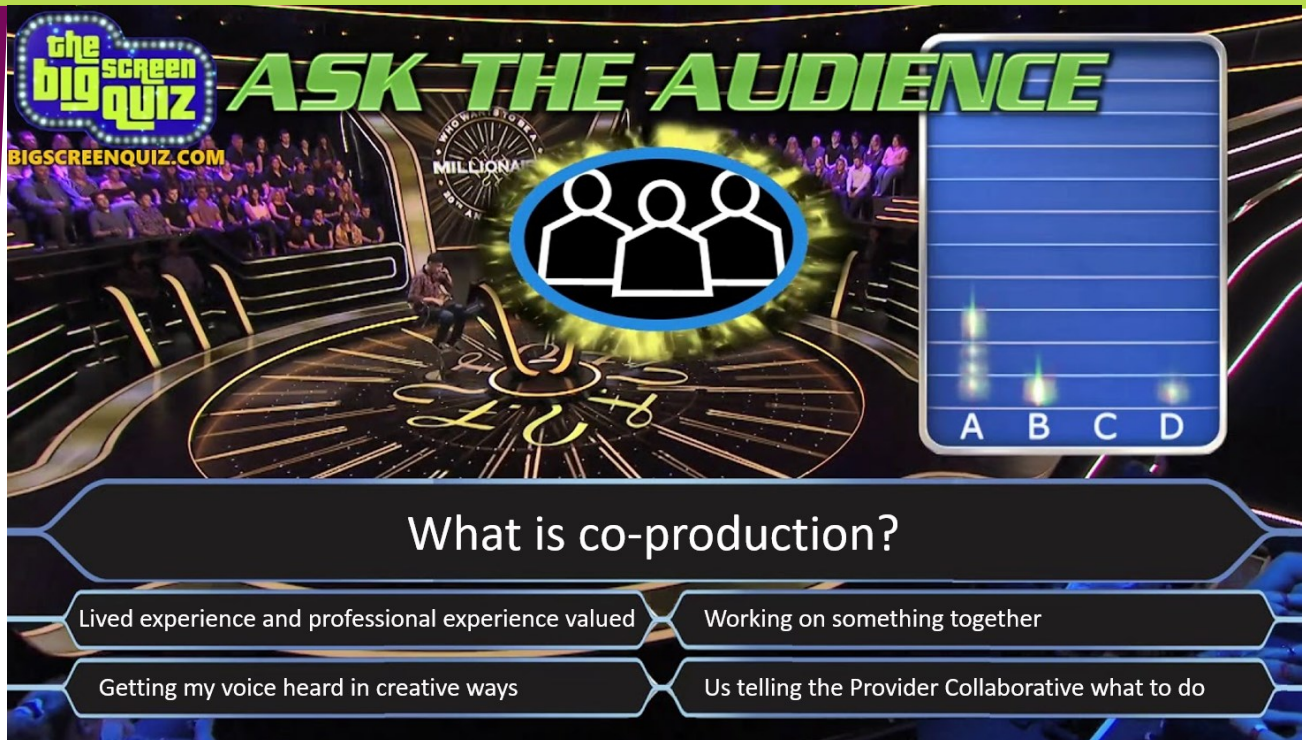
Have a hub for peer support workers

We met John- Peer Support worker for the SCFT. John's Blog can be found here:

[Truthfully speaking - Yorkshire And Humber Involvement Network](#)

Sounds like you're doing some good stuff John. Its good to hear!

it is a very rewarding experience to be a part of and cant wait to see where it leads



- Getting everyone's voices heard and getting them heard higher and higher on agenda's (ward to board)
- Provider Collaborative understanding what is important to us who receive care/services
- Teamwork – service user, family, staff & service working together
- D is a bit one sided – should be about everyone working on things together (D was the odd answer out)
- A, B and C – a bit of each.
- Coproduction and Involvement are different
- Not 'done to' but 'with' (power balance)

Co-production is when an individual influences the support and services received, or when groups of people get together to influence the way that services are. designed, commissioned and delivered

“a meeting of minds coming together to find shared solutions.”

Co-production is where professionals and people with lived experience of long term health conditions work together to plan support, in partnership.

It's also about people working together so that we move away from 'doing to' people to an approach that is 'doing with'.

Local Recovery Colleges often have great courses on 'What is co-production' Humber offer one online free via our website: [NHS Humber Recovery and Wellbeing College](#)

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



The Co-production Game

The Task... Work together to bring back the Generation Game



- Build a conveyor belt
- Select the prizes
- Choose a host



Does everyone need to be involved in every aspect?
Does everyone have the same authority to make decisions?

Does everyone have access to the funds?
Does everyone have all the skills needed?

No one had the experience of conveyor belt engineer or was confident with DIY to give it a go- we opted to out source to someone with 'experience'

Some people were really keen on choosing prizes- especially cuddly toys, others were not that interested. These two decisions were made by the group together and co-produced.

The host had been decided, by the host, in advance, and posters had been made in anticipation- this was not a co-produced decision!

The answer to the questions was No... consensus was that because people had been part of the process, and had been given a fair opportunity to take part and give the best of their experience, that the process was still coproduced—not everyone could be equal, but the power balanced.

Cuddly Toy

Chocolate

Teasmaid



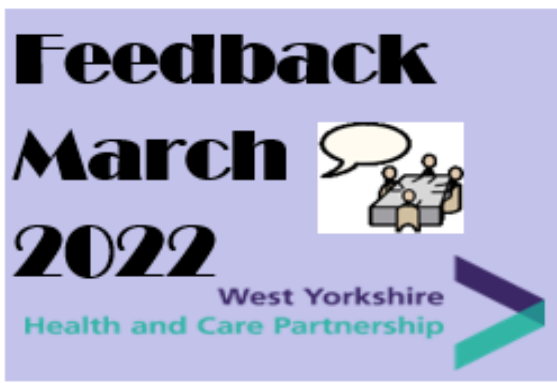
Next Steps in West Yorkshire?

- A committee of service users and staff representing West Yorkshire?
- Creating an action plan from the wands!
- Getting service users involved in Workstreams?
- Creating some questions to get to the bottom of the PC
- A joint set of values for the PC and branding/ ownership



... What ever it is, it needs to be co-produced, creative and fun! 😊

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.



What has gone well today and why?



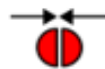
What could have gone better and why?



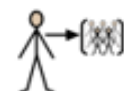
What should the next steps for the West Yorkshire meetings be?



What are your views on co-production?



What are your views on Involvement in West Yorkshire?



Have you enjoyed it today and will you come again?

