

HUMBER COAST AND VALE PROVIDER COLLABORATIVE

Edition 10



**Provider
Collaborative**

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



Thank you everyone for coming along to this meeting – it was great to see so many people there!

We began by listening to Darren’s story from South West Lodge, which was presented on his behalf. It was lovely to hear what goes on at the unit and how it supports people in their recovery.

Next we heard all about the Transition booklet developed in the women’s workstream in West Yorkshire. Charlotte gave some background to the project and how it had been developed, before Casey showing us around the booklet – which was really well received, and has had a great response following the meeting.

Finally we heard a story full of hope and such a positive recovery story from John. He gave his account of moving through services, into the community, and his hopes and plans for the future. This was really inspiring and everyone was pleased to hear how powerful his journey has been and continues to develop.

Overall this meeting was all about service users in different places telling us about their experiences and how they are working through their recovery. Everyone left with a happy smile on their faces and shared how moving the meeting had been – so thank you for those who presented as well as those attending – all which made this meeting such a success!

Contents

Introduction	1
My journey of recovery at South West Lodge low secure unit	2
Transition booklet	3
Casey—how to use the booklet	7
John’s story of recovery	10
Poster for Next Meeting	12

**Next meeting:
16th November 2022**

**Time: 2-3pm
“See you there”**

Contact Jo, Charlotte or Holly for more information:

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www.yorkshireandhumberinvolvementnetwork.nhs.uk

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

My journey of recovery: On the Low secure unit South West Lodge

I have now spent the last 6 years in hospital moving from the medium secure unit to the low secure unit and now living in the low secure self-contained 4 bedded bungalow (South West Lodge) in the grounds of the hospital.

I'm supported by the low secure team and the Specialist Community Forensics Team (SCFT) which I have daily contact with, engaging with the O/T and the APOT from the SCFT

The accommodation provides a generously sized single en-suite room which you can personalise, a large bright shared lounge/dining room, and a fully equipped shared therapy kitchen which is open planned, also there is a garden area with a decked balcony to the front of the bungalow. There is use of a computer with online access.

Since moving into the lodge it has felt like I am living in my own place with the support of the SCFT and the low secure ward.

They have enabled me to live independently, revisit the skills I gained since I have been in a secure hospital care and learning new skills for my community pathway.

South West lodge has also enabled me to get involved with community projects in the local area which the SCFT have supported me with. I have gained experience in how my life in the community will progress once I move out of South West Lodge.

My plans: are to live in my own flat independently and remain involved with the SCFT so they can help with any issues I may experience when back in the community.

Maintain community living with the of hope of gaining employment from the community projects I am engaged with.

Continue with my education needs so to gain knowledge and experience. Over time sharing my experience with others and doing some peer support engagement with other users of mental health services.

Quotes from patients on South West Lodge

“Being on here has given us the confidence and skills to be able to cope in the community“

“More independence, opportunities, and a nice place to live”

“Nice environment it’s like living in a flat with your mate, but still have support for the staff if I need it”

“I am very settled and in a good place, looking forward to moving back into my own flat. I have a good relationship with the staff and look after myself now”

“I’ve started to look after myself now again. At this stage, I know I have moved on, I’m nearly there, living the life I want to live”



Transitions—The Women’s Pathway (West Yorkshire Provider Collaborative)

Background

Waterloo Manor is a low secure provider for women with mental illness and personality disorder.

Waterloo Manor has taken an active role within the Women’s Pathway Strategy Group.

Women’s Length of stay was flagged as an inequality in the Niche Report, highlighting that women stay in services longer than men.

The PC identified areas of challenge from a logistical and commissioning point of view in moving women along the pathway.

The Women identified a relational challenge around transition points.

Waterloo volunteered to look into a transition booklet, an idea that came from the women themselves to reduce anxiety around moving on and help end relationships in a positive way and create new ones with a get to know me guide.

Who was involved?

Women’s Pathway Strategy Group (MSU & LSU workshops)

Waterloo Manor service users and staff

Complex Care ICS Leads

SCFT

Yorkshire and Humber Network

Art Education Student from University of Chester

Examples we reviewed

Physical Health Passports and Journals 2020/21/22 CQUIN	Service user scrapbook she keeps of all her memories and a box of keepsakes that she will share with staff that she has built up a good trust with
A comic Strip from Cheswold Park for RRP	
Safewards- Getting to know me	Service user booklet that was created in MSU to help her move to Waterloo that was intended to help people communicate with her as she had a mild learning disability
https://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/ ice breaking	
CTR Questions (am I safe? Do I get good care? What are my hopes and fears?)	Service user book she is writing of her life that she hopes would help people understand her more. 'It is easier to write and show someone than explain it time and again'
CPA Feedback documents (my shared pathway headings)	Occupational Therapist SMART 'transition plan'
Service user photo album that she uses to share with new staff	Mental Health APP for smart phones

Summary of discussions

- Communication, crisis and choice
- Empowering, ownership of story- different to a medical history
- Visual and Vibrant
- Important information- told in a simple way- so staff and peers can remember
- Completing the booklet is a choice- tokenistic completion takes away from the meaning
- Timing was important
- Consistently worked on and added to along the pathway
- Staff support crucial to success
- Paper or digital
- Service user led all the way



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Agreed Content

- **Get to know me! My story told my way and everything you need to know to work and communicate with me**
- **Traffic light System**
 - Red= Crisis plan
 - Amber= When I am struggling but can't always tell you
 - Green= Everyday likes and routine and activity
- **My Destination- Where your hope is for your final stop**
- **Scrapbook journal pages to capture all the memories on the way**

Important themes

- **Choice and Personalisation**
- **Memories and Positives**
- **Relationships with Staff-**
- **Digital literacy**

Process of implementation-

- Staff are trained to work with women and using language that asks 'what has happened to you'
- Staff understand the importance of the working transition booklet- that it is ongoing and never complete and you are helping someone write their story
- Time is protected to work on the transition booklets and that it is promoted amongst the women as a tool that empowers them to recover
- That the booklet is prioritised around

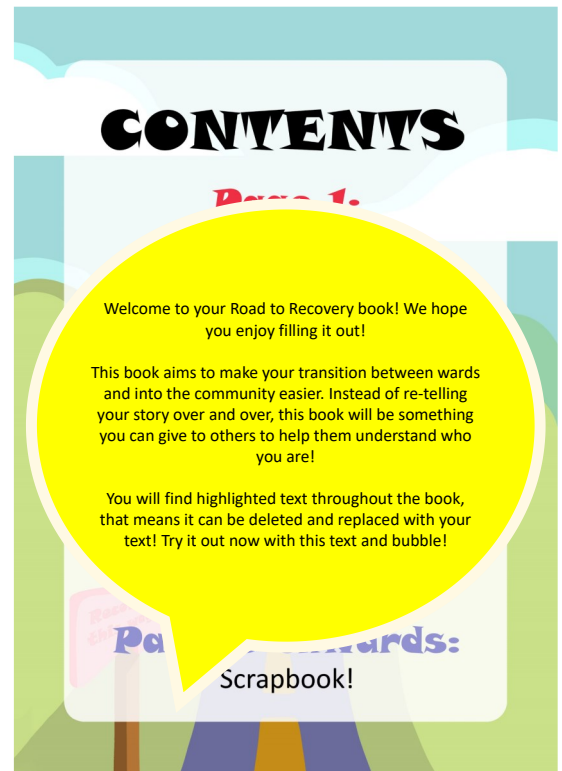
discharge points and that it becomes the document around which transition is focused upon- that staff from new units can view it with the person before they move on

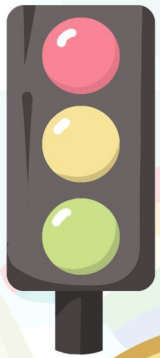
Technology-

- Digital Camera
- Laptop
- Photo-editing software
- Graphics Tablet

Recommendations

Casey's presentation on how to use the transition booklet

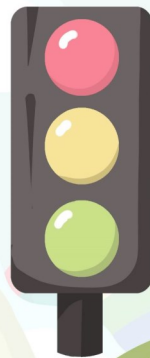




TRAFFIC LIGHT: AMBER

What staff can do to help me:

A large yellow circle containing five horizontal dotted lines for writing.



TRAFFIC LIGHT: GREEN

What I can do to help myself:

A large green circle containing five horizontal dotted lines for writing.

MY BOUNDARIES

Everybody has boundaries or something that might make you feel uncomfortable.

Use this space to put a few of these things to help readers to respect your boundaries

A rectangular box with a background illustration of a row of houses, containing five horizontal dotted lines for writing.

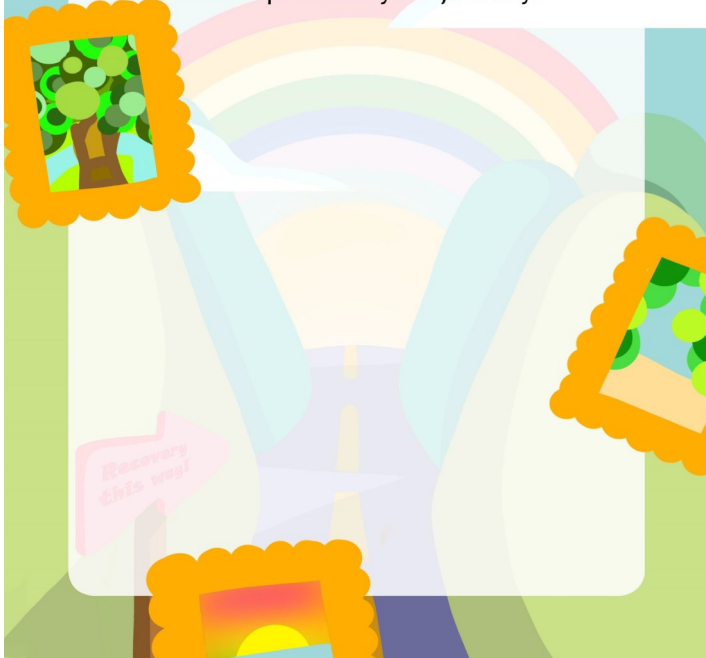
The Destination

This is where I want to be!

A pink speech bubble with a purple arrow pointing to it, containing three horizontal dotted lines for writing. The background features a stylized tree and a path.

SCRAPBOOK!

Use this space to add in photos, momentos of special memories and anything else you think represents your journey.



Humber and North Yorkshire (HNY)
 This is the geographical area that you are currently in and the name of your Provider Collaborative. HNY is responsible for your pathway.

Provider Collaborative
 A group of providers, in this case Humber Centre, Stockton Hall and Clifton House, working together to improve your care pathway to the community. They are responsible for local people and a budget. The Provider Collaborative also looks after people who need: Adult Eating Disorder Services Children's and Young People's services, as well as adult low and mediums secure services.

Lead Provider
 Lots of experienced people and services are working together within the Provider Collaborative, but one NHS service must take overall Lead- they are responsible to NHS England and for the quality of the pathway in HCV.
 Your Lead Provider is:
Humber Teaching NHS Foundation Trust

What Jargon do you want busting?

Out of area means that HCV is your home area but you are getting care elsewhere. HCV would like to bring you to your home area if that is your choice. Or that you are in HCV but you consider home to be a different area and HCV will support your move back.

John's journey of recovery and hopes for the future

Tell us a little about your journey through different hospitals

“My journey began at Stanley Royd in Wakefield early in the 1980's, the ward I was on had 5 males and 5 females, we had discos on the ward and unescorted family visits. A new unit was built nearby, it was a low secure called Newton Lodge and our ward was moved there, we had plenty of privileges however I got into difficulties with a charge nurse and I was transferred in 1987 to the high secure park lane, it has a 10 meter high grey wall around its perimeter which was not good for me as I am a claustrophobic however we did achieve many privileges until the Falon report, I then wanted to leave which was not possible until we were allowed to read the notes kept on us then I could challenge that which was documented about me, with the help of a solicitor I was sent to a medium secure in 2003 called the Hutton centre, It was replaced with a new unit, however I was transferred to the Humber centre near Hull, a modern unit, in 2013 I was transferred to Greentrees which is in the Humber centre grounds where I attained privileges that made me suitable for a low secure unit and in 2017 I was accepted at Clifton House where I began to self-medicate, self-catering, using a mobile phone which I updated to a smart phone, computer use which included banking, I got a bus pass and I was given the key to my door and could now keep a diary and I could now visit my family. In February 2021 I was accepted at the residential home Holgate house and in June 2021 I was conditionally discharged to Holgate House.”

2 What are the things that have stood out to you and you remember the most, whilst being in hospital:

What were the good things?

“Good things were having family visits at most of the units, stopping smoking becoming tee total making friends Completing many projects including making a kite which was developed in to the modern parachute, erecting a concrete and wood panel fence, keeping tropical fish and making my own meals.”

What are the things that could have gone better?

“Things that could have gone better, not staying in contact with people I got on with and not having pets such as a cat or dog not having my own house

What was it like moving out of hospital into your own place?
How did it go?

“The move into my flat went great, I was expecting to go to an upstairs flat until mine was vacated, however the day I moved in I went straight to my flat as it had been vacated.”

What helped the most?

“I packed all my items into plastic bags including things that had previously been restricted and a staff drove me and possessions to Holgate House and helped me take it all to my rooms.”

What could have helped more?

“Because of covid restrictions I couldn't see my family at the time, otherwise it was all good.”

Now that you have been in the community a while – what advice would you give to others?

“It's great to be in the community and to be liberated to a great extent, I am careful to keep within the parameters set for me as I don't want any set-backs, I do things within the conditional discharge setting to prepare for the unconditional discharge, which, if all goes well will be considered next year.”

What's next for you John?

“I would like to attain an unconditional discharge, then I would like to go on a holiday abroad, somewhere exotic like New Orleans”

Once you choose

H O P E,

anything's
possible.

- Christopher Reeve



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



Next Event Date:

16th November

2-3pm



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



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