

# West Yorkshire and Harrogate ICS Newsletter 1



**Date of next meeting:**  
**21st November 2019**  
**1.30—3.30**  
**Sandal RUFC**

This was the first meeting of the West Yorkshire and Harrogate ICS bringing service users and staff together from all of the secure services in this area, these can be found below. This newsletter provides all the information from the meeting and then finishes with an explanation of the role of the Involvement Network and the engagement plan

We started the meeting with a presentation from Adrian Berry who is leading on this work and he updated everyone about all the work that has happened so far.

We then heard from Sue Threadgold about the community bid that she has been leading on and she got everyone thinking about some key questions around peer support, carers and housing.

We then finished by spending some time thinking about the purpose of the group and what everyone wants to get from these meetings going forward. The group work about Peer Support can be found on pages 6 and 7. The work about Carers is on pages 8 and 9, and the work around Housing Support can be found on pages 10 and 11.

**Thanks to everyone for all your hard work and contributions!**

Services	Newton Lodge
Newhaven	Bretton Centre
Waterloo Manor	Moorlands View
Newsam Centre	Cygnets Bierley

## Contents

Introduction	1
Update - Adrian Berry	2 & 3
Update - Sue Threadgold	4
Group Work—Terms of Reference	5
Group Work 2 - Peer Support	6 & 7
Group Work 3 - Carers Support	8 & 9
Group Work 4 – Housing	10 & 11
Network Engagement Plan	12–14
Poster for next meeting	15



**West Yorkshire and Harrogate Engagement Event Agenda**

**Sandal RUFC**

**Wednesday 7th August**



**13.30—15.30**



**Refreshments provided**



**Welcome—Introductions**



**Update & your views**

**Provider Collaborative  
Adrian Berry**



**Update & your views**

**Community Bid  
Sue Threadgold**



**Group Work**

**Purpose, membership, frequency, governance and key priorities**

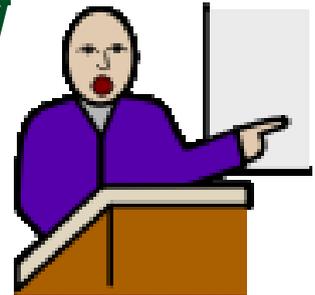


**Group Work**

**How can we best work together and next steps**

# Presentation—Adrian Berry

**NHS**  
South West  
Yorkshire Partnership  
NHS Foundation Trust



## West Yorkshire ICS

### Provider Collaborative Bid

Dr Adrian Berry  
Clinical Lead

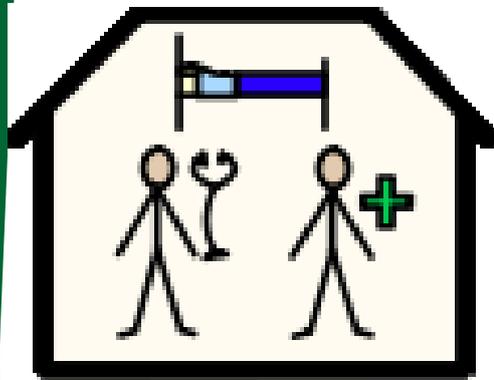
### Why are we trying to change?

**NHS**

South West  
Yorkshire Partnership  
NHS Foundation Trust

- We have more people in secure services for our size of population than many other areas, especially for women
- Over a third of people from our area are in services outside West Yorkshire
- Some sorts of treatment are not available
- There are big differences services
- Some people stay in hospital much longer than most

With all of us in mind.



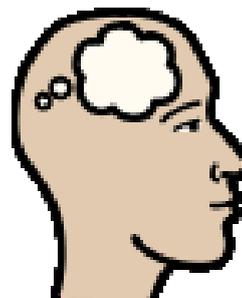
### What are we trying to change?

**NHS**

South West  
Yorkshire Partnership  
NHS Foundation Trust

- Develop better services in our area so fewer people need to go elsewhere
- Make services in our area work better together
- Help people move out of hospitals more easily
- Reduce the number of people who stay in hospital for a very long time

With all of us in mind.



**NHS**

South West  
Yorkshire Partnership  
NHS Foundation Trust

### What are we really trying to change?

- Spending more time, money and resources supporting people living in the community and less on secure hospital beds.
- Developing a range of community services to reduce the need for hospital beds
- Helping people live well in the community

With all of us in mind.



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

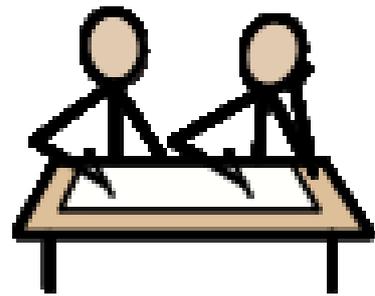
## How are we trying to change?



South West  
Yorkshire Partnership  
NHS Foundation Trust

- Getting the five health organisations to work together (provider collaborative)
- Getting our services to work with other organisations better (housing, local authorities, voluntary sector etc.)
- Being given more control over what money is spent on (taking on a commissioning role)
- Making sure service user and clinical staff voices are key to how we work

With all of us in mind.



South West  
Yorkshire Partnership  
NHS Foundation Trust

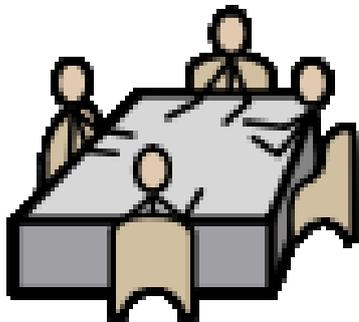
## What are the first things to do?

Develop services we don't have e.g people with personality disorders needing hospital care  
Improve services for women and try to reduce the number in hospital

Look at people who have been in hospital a long time and find ways to help them move on.

### Develop new community teams

With all of us in mind.



South West  
Yorkshire Partnership  
NHS Foundation Trust

## How can we help?

- Help understand what will work best
- Be involved in the running of the "provider collaborative" we want to establish a group to do this and need help to do so
- Be part of "peer support" to help each other
- Other ideas?



South West  
Yorkshire Partnership  
NHS Foundation Trust



## What next?

- We are waiting to hear how soon we need to have our new arrangements up and running
- We are reapplying for money to get the beginnings of a new community team set up
- We are setting up groups to look at those priority areas.

With all of us in mind.

# Key themes of community bid—Sue Threadgold

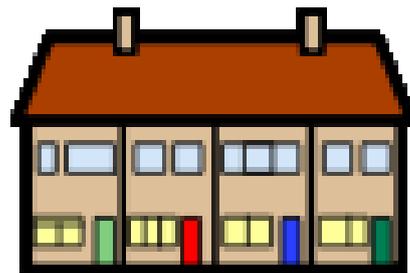
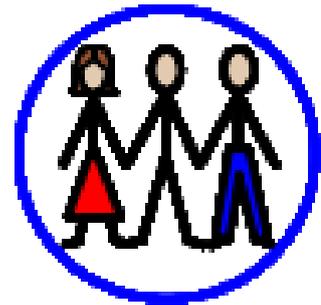
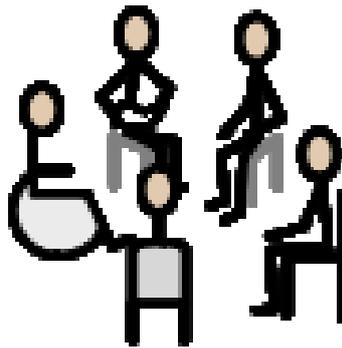


South West  
Yorkshire Partnership  
NHS Foundation Trust

## Key themes from feedback for the community bid

- Need to detail how **peer support** will be developed and meet the differential needs of different genders/ages/ethnic backgrounds and communities
- Need to confirm **support for carers**
- Need to confirm **what will be different in terms of housing**

With **all of us** in mind.



# Group Work 1 — Terms of Reference

## PURPOSE OF THE GROUP

To share ideas

Plan future vision and working practices

Find out what is happening with plans and updates

Find solutions to issues and sticking points from service user and staff point of view

Have our say



## MEMBERSHIP

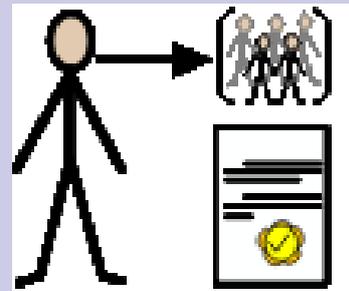
Service users

Staff from across secure services

Carers, family and friends

NHS England and NHS Improvement

Open meetings to people and services across the whole pathway in the future



## WAYS OF WORKING

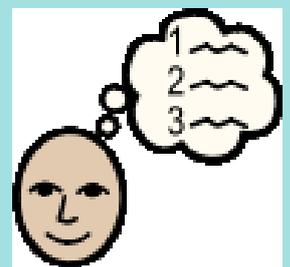
Talk about best practice and learn from each other

Share ideas and implement ideas in each service

Newsletter to be produced and circulated each time

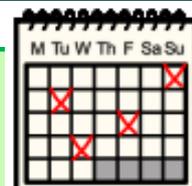
Take information back to services and let people know what we have talked about

Feed information back to the partnership board—2 way process



## FREQUENCY OF MEETINGS

Quarterly



# Group Work 2 - Peer Support



What should peer support look like in the community?

What would a peer support worker do?

What qualities would a peer support worker have?

## What should Peer support look like in the community?

Could potentially recruit from current volunteering people

Important to get regular people – build trust and have someone that we know when we move on

Want to be involved in choosing who their peer support person could be. Not just a random person allocated. Familiar people important.

Without peer support feel more vulnerable to being taken advantage of

Need to have a wealth of knowledge than clinical staff don't have. But have some training too.

Possibility of peer support workers building confidence via 'buddy' system before formal training

Peer support workers can work 4 hours a week – makes the role manageable

Provides opportunities for peer support workers to spend their time constructively

Paid role maybe more successful

Needs a new title! - what does it mean?

Bradford relapse prevention – supporting visits and appointments

Are they just a support to service user or part of the community MDT?

I want to be able to relax and be me – not feel like I'm under pressure from someone else

If we are going down hill to remind ex service user what could happen if they are doing the wrong things that might get them back in hospital

There needs to be a network. Independent – funded by a Trust - 3<sup>rd</sup> sector may already have peer support - My shared pathway

Tried in high secure – but difficult to get things going due to restrictions on service user movements and fear of collusion from the staff

“Lack of direction”

Substance misuse on ward areas is no 1 setback

Role of the peer support worker would 'strike a deal' with the vulnerable person and also the wise ones to control the situation (expectation or agreement?)

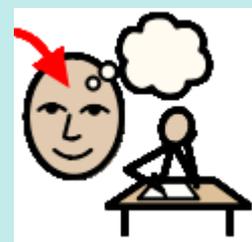
Social skills course and other core courses

A definite link to education and course work

Family – community projects which are productive

Educational internet (freedom of information)

Project work—specific pieces of work done



## What qualities would a peer support worker have?

Their personality and type of person is more important than the experience of the exact same type of service

Someone who understands you and knows where you are coming from

Friendly

Approachable

Empathetic

Good listener

Non judgemental

Good influence

Down to earth

Social skills

Flexible



## What would a peer support worker do?

Show you are around if you are in a new area – shops, chemist, doctors, supermarkets, gym, sports centre, work placements – fun things to do and go to

Remind and be supportive with you when you need your medication

Supportive with each other with being absent from illicit substances

Can represent service user voice instead of advocacy

Peer support workers could lead training sessions eg. Substance misuse

Helps service users transition through services, could boost morale and self belief

Can help service users build trusting relationships

Self identifying / needs led

X2 staff to support in new home, settle in and get to know staff

Help with money and bank card

Social inclusion – activity sessions, cooking and cleaning

Support from someone with lived experiences

Support through awake hours

Support with money

Help me to communicate and help me set boundaries

Support with activities, cooking, wellbeing and cleaning

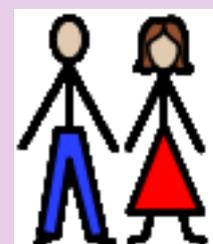
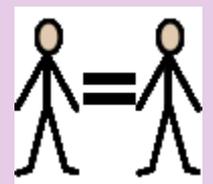
Social support network that works

Structured time

Offer alternative therapies (under 25s) – medication wrong as too young – need something natural

To give the patient a number of routes to take quick transition when they feel they are walking on a fine line

Abstinent throughout!



# Group Work 3 - Support for Carers

What support is available for carers now?

What would you want to see going forward?

## What support is available for carers now?

Importance of language—by carers we mean friends and family!

Carers day – explaining to carers about relapse prevention and signs to look out for

Invited to ward rounds and CPAs

Home leave – meeting half way

Contact with doctor and named nurses etc.

Carer know who to contact for support if they are struggling or need to ask a question

Carers events

Carers hub – Gathering and resource point

Carers questions and answers with professionals and create dialogue

Carers groups

Groups and events

Recovery college

Family carers fest

Links with MDT

Dialogue group

Our family and friends are an important life line

Support groups

Social networks

CPA invites

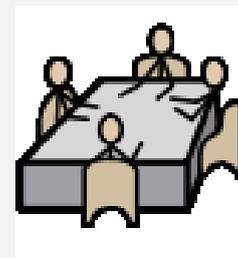
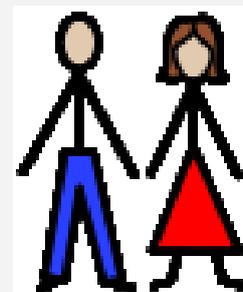
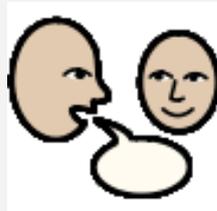
Social skills

Texting family and staying in touch

Supervised smart phones

Home visits

Overnight leave



## What support would you like to see going forward?

More education for carers

Carer 'aftercare' – point of contact post discharge

Network – peer support groups / hotline

Creating social interactions between service users and carers eg. Community events, festivals and coffee mornings

Involvement in all aspects of care planning, review and evaluation

Holiday and vacation experiences and opportunities

Carer support in finding accommodation

Improve carer network – creating contacts and support, psycho education

Transport – geographical issues – cost, time off work etc

Staff to facilitate visits and events

Events at weekends

Informed well in advance of visits and events

Age appropriate family visiting rooms / areas

Support groups for family and carers

Phone line support / counselling

Do family / parents / friends agree with very strong mental health medication under the age of 25 years old, due to settling down with children / life / work / college – I don't understand my medication after 20 long years!

Are there any alternative therapies in use which are better for people?

Structured external leave with family

Help with the patient to aspire to get out and have a good time

Help ultimately with making plans together that work

Realistic goal setting – smart goals – past and future

Assess safety daily

Cards on the table

I still want to be in control about what they know

They need to know enough to be confident I am OK without being on my back all the time

Stop family trying to control my life – I'm not a child anymore they need to stop treating me like one.

Its my recovery not theirs – need to know what they can do to support me. Sometimes that will be backing off and giving me space

Stop seeing carers just as parents and family. They can be friends or partners – just someone who cares about me



## Group Work 4— Housing Support

What would you want to see going forward in terms of housing support from a community team?

**What would you want to see going forward in terms of housing support from a community team?**

More access to bespoke areas with choice of where to live

Plan – knowing where you are going – timescales

Service user input – where they want to go and what's best for them

Support worker to be in touch

Bills, budgeting, shopping – may need support with this

Starter pack – when you move in

Check up on individual – not just give keys and leave

Supported living

Improving mental health awareness in housing support officers

Improving consistency, same housing support worker with each service user

Employing people with a housing background as the FOLS worker

Housing support officers being sensitive to the impact and location of housing e.g. Being close to family and friends, being safe away from negative associates, risk of relapse, risk to service user

Tackling 'intentionally homeless' status eg. Refusing first offer of accommodation due to risk to individual and being made homeless

Timely assessments from community teams

Increased engagement pre discharge

A more tiered support system in relation to community support – therapeutic communities

More support opportunities and choice in self care

A more graduated transition from inpatient to community

Community team in-reach prior to discharge as well as the new FOLS proposal

Coffee mornings for housing providers regards questions and answers, discuss risk management, what they can expect from services and service users



## What would you want to see going forward in terms of housing support from a community team?

Greater understanding of the work completed, motivation and impact of inpatient care

Cross party successes to share good news inpatient - outpatient

I might want to move out of my current area for a fresh start, especially if I don't have family ties, to get rid of the old bad memories and habits but I'm told I have to stay in Leeds regardless of my desire to move to Bradford.

There is a lack of housing providers that understand the mix of risks from forensic SU client base

Support me to try new things and that its OK that that might need to change if it doesn't work out

Opportunities to go to college (possibly live on campus) how can that be supported? Perhaps look at places like Swarthmore college (Leeds)/ Ruskin College (Oxford) who specialise in accepting people with disadvantaged backgrounds (including from prison) - they offer discounted course fees. Perhaps such courses could be a stepping stone to better opportunities to develop skills/employment

Housing with an emphasis on life skills if that's what we need - use it as a stepping stone to living fully independently, not a blocker to moving on further 'Don't tar everyone with the same brush' - we all need something different. We need lots of housing providers who offer the right level of bespoke care for the individual - we are not all 'one group'.

Support tends to reduce when you are discharged - it really needs to increase to help you get support to access activities and services that shape your future. Not get into a housing placement and be put on a waiting list to access the rest of the support with a service that has really long waiting lists. What's the point.



# West Yorkshire and Harrogate Engagement Plan

## The following describes the Involvement of West Yorkshire and Harrogate with the Involvement Network to date around this work.

Engagement across Yorkshire and Humber that West Yorkshire and Harrogate accessed and contributed to:

- Two whole day interactive workshops around the pathway have been held with service users and front line staff.
- Ongoing discussions at the quarterly Involvement Network meeting which shares good practice and learning across services, individual pathways and focussed group work.
- The Mental Health Service Review CQUIN was developed through the Network and then services worked on mapping and developing an innovative project across agencies which was coproduced and jointly reported on. Quarterly meetings were held through the year to develop these links and share ideas and be creative in finding new ways of working. They produced a direction of travel in the ways that services should be provided and commissioned, and different work-streams were run to discuss, debate and find a way forward. West Yorkshire and Harrogate were at the forefront of the work, particularly around the workforce, with leadership of this coming from this footprint.

### Specific engagement with West Yorkshire and Harrogate

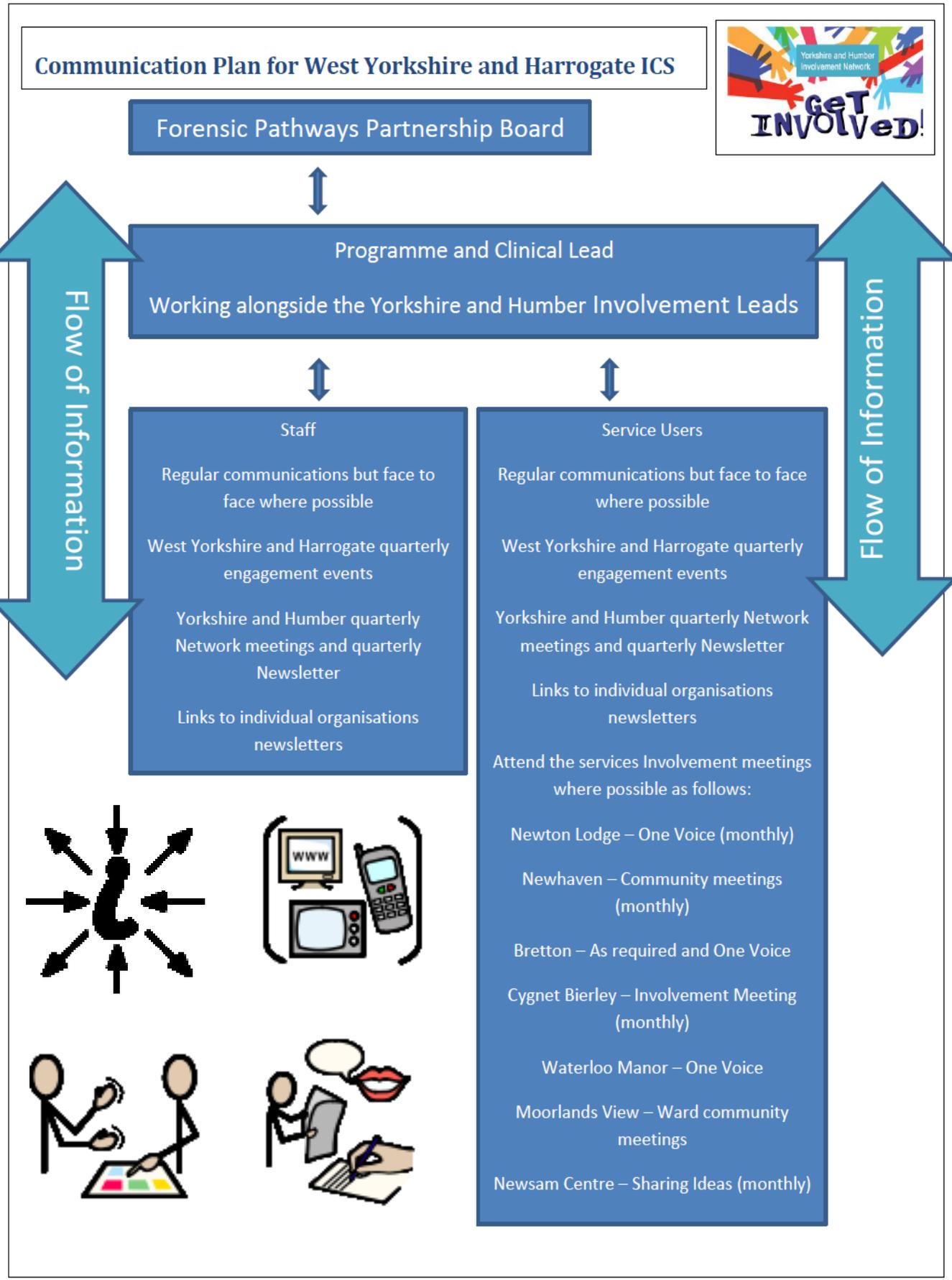
- Workshops have been carried out across the services in West Yorkshire and Harrogate to feed into the Community Bid and the Provider Collaborative Business Plan looking at community provision in particular, what makes a good community service, what does excellent look like, and what kind of support would people want from an enhanced support service. These workshops took place at:  
 Newton Lodge (including Newhaven, Bretton Centre), Waterloo Manor, Cygnet Bierley, Moorlands View, Newsam Centre
- A workshop at Sandal in Wakefield in August that brought Service Users and Staff from all these services together to agree the Terms of Reference for the Service User and Staff Engagement Strategy, to feedback and get input into the work as it is progressing, and to look at how best to work together within this footprint, ensuring that everyone has opportunities to get involved. This included thinking about carer involvement and peer support and the information is included in this Newsletter

### Involvement Network Future Aims and Goals:

The Yorkshire and Humber Involvement Network is facilitated by 2 Regional Involvement Leads Holly and Jo, and includes all 3 of the Provider Collaboratives are part of that Network. It is proposed to increase this to 3 Involvement Leads in the future. Each Provider Collaborative would be supported by 1 WTE Involvement Lead. This would extend the Involvement Networks from just being in-patient secure mental health settings to covering the whole pathway, including service users and agencies along that pathway. Therefore discussions about each STP footprint in Yorkshire & Humber funding 1 Involvement Lead needs to be had in order to progress all of the following plans.

- Continue to be involved in and access the wider Yorkshire and Humber Network events such as the CQUIN meetings and Network meetings as well as any relevant Project Groups
- Once the **SeQuIn Tool** has launched in September 2019 services will commit to taking part in completing this in a collaborative way and using this to Benchmark good quality Involvement in the 12 key areas over the year starting from January 2020.
- We aim to develop this Involvement Network specifically in West Yorkshire and Harrogate that meets on a regular basis to ensure that work is joined up and that this then feeds in to the Partnership Board in a meaningful way. For these meetings to take place on a quarterly basis and a regular Newsletter to be developed to be sent out to Staff and Service Users following the meetings to keep people up to date with developments and ensure a consistent message is communicated.
- Include workshops with external agencies throughout the whole pathway in West Yorkshire and Harrogate which include housing, local authorities, third sector organisations, CCGs, prisons, education and employment etc.
- Look at the interface between secure CAMHS and adult secure services to see what can prevent stepping up into adult services.
- Develop involvement networks inclusive to service users and staff from all these agencies to better improve the whole pathway through coproduced plans and implementing improvement and progression of solutions.
- Develop involvement networks for Carers.
- Develop Peer Support roles and opportunities that can work across the secure care pathway, providing clear opportunities for Service Users who have experienced Secure Care, particularly around supporting discharge into the community.
- Involve and engage with service users in pathways out of area to be able to improve their pathways and experiences of care, and be able to commission services which meet their needs closer to home if required.

# West Yorkshire and Harrogate Communication Plan





# Engagement Event for Service Users and Staff from Secure Services in West Yorkshire and Harrogate ICS

Thursday 21<sup>st</sup> November - 1.30 – 3.30

Sandal Rugby Club – Milnthorpe Suite

Refreshments provided

Find out about what has happened so far, what is happening now, plans for the future, and have your say!



Contact Holly or Jo for more information

[holly.cade@nhs.net](mailto:holly.cade@nhs.net)

[jo.harris9@nhs.net](mailto:jo.harris9@nhs.net)

Yorkshire and Humber Involvement Network