

# WEST YORKSHIRE PROVIDER COLLABORATIVE



**West Yorkshire  
Provider  
Collaborative  
Engagement Event**

- 1 \_\_\_\_\_
- 2 \_\_\_\_\_
- 3 \_\_\_\_\_
- 4 \_\_\_\_\_
- 5 \_\_\_\_\_

**NEWSLETTER  
FIVE  
JANUARY  
2022**

Here is the Newsletter Summary from the West Yorkshire Event January 2022. We include all the slides, presentations and chat from the meeting. The agenda includes talking about transitions and involvement in the region– what good looks and feels like. 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.

**Microsoft  
Teams**



**18th  
January  
1 –2pm**



**Bring yourself  
a drink!**



	<b>Welcome</b>
	<b>West Yorkshire Provider Collaborative Update</b>
	<b>Involvement Framework</b>
	<b>What is a helpful Transition?</b>
	<b>Waterloo Manor Transition Booklet</b>
	<b>Involvement in West Yorkshire</b>

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[www.yorkshireandhumberinvolvementnetwork.nhs.uk](http://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



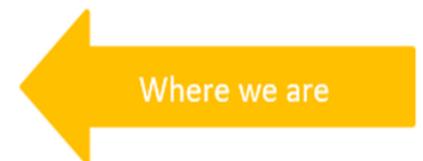
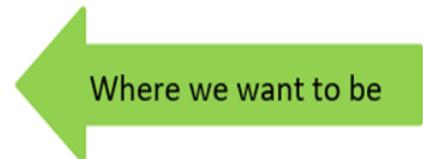
- WORKSTREAM:**
- Community pathway – SWYPFT/Jo Barber

## 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



<b>S</b>	<b>M</b>	<b>A</b>	<b>R</b>	<b>T</b>
<b>SPECIFIC</b>	<b>MEASURABLE</b>	<b>ACTIONABLE</b>	<b>REALISTIC</b>	<b>TIMEBOUND</b>
Be clear and specific to your goals are easier to achieve. This also helps you know how and where to get started!	Measurable goals can be tracked, allowing you to see your progress. They also tell you when a goal is complete.	Are you able to take action to achieve the goal? Actionable goals ensure the steps to get there are within your control.	Avoid overwhelm and unnecessary stress and frustration by making the goal realistic.	A date helps us stay focused and motivated, inspiring us and providing something to work towards.



<b>Evaluate Review</b>
Check- have you done what you set out to do? Gather Feedback

# Transition



## THE WOMEN'S PATHWAY

### 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
<a href="https://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/">https://helensandersonassociates.co.uk/person-centred-practice/person-centred-thinking-tools/</a> 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

### A summary of all discussions:

The original 'all about me book' was found to be a useful tool for ice breaking, forming relationships, creating and initiating conversation with staff and peers.

The all about me book included a contents page that the service user chose and each item was from their point of view, it included likes, dislikes, managing crisis, hobbies, interests, friendships, background, upbringing – all these items were bullet pointed and simplistic and clear to read.

The negatives to this all about me book were that it was not personalised, it had been initially discussed with the service user but typed by staff and only a hard copy was available, it had no colour or pictures and was a large document to navigate.

The service user gave their own presentation of the 'all about me book' and identified key items that can be summarised as communication, crisis and choice.

We decided to use this as a starting point due to its person centred and pragmatic approach and incorporate other ideas such as photos, pictures, future plans from other examples we had seen.

The booklet would be important for setting the scene of a person's history, their own story, told in their way -it was felt to be a great way for the individual to express what is important to them and be in control of what is shared and when. A tool to empower and a contrast to clinical

documents.

The booklet would need to be vibrant and visual, adapted to suit each individual's needs and be easily altered or added to throughout the whole Journey.

The booklet would need to capture important information but be simplistic to ensure its contents can be remembered easily by staff and other peers.

Service users felt that completing the booklet should be a choice, but it should be heavily emphasised about its importance in recovery and helping people move on, tokenistically completing it would mean the booklet lost its integrity and purpose.

Timing was also felt to be key, and that it should be commenced as soon as realistically possible on someone's entry to the women's pathway, but also when someone was well enough to engage, and its completion should be ongoing and changeable after each transition. It would also be something consistent to work on through their pathway.

Staff support was felt to be crucial to its success and training staff on working with women to complete the transition booklets would be useful, women rely upon relationships and trust, and this way of working on a project offers a recovery focus and on ward joint task and purpose.

We also discussed a way of making the book travel size for when people were on leave or small enough to fit in a bag, especially if help is needed in a crisis e.g. photo keyring.

An APP (stay alive- NHS approved) was also discussed to help transition into the community and as an option to enable the booklet to remain travel size. A barrier to this was from the service users was their confidence in using smart technology. From these discussions it was also felt to highlight the technological inequalities women are facing and the importance of technological education before discharge and indeed access through inpatient stay.

Benefits to using an established APP or indeed creating one would enable all work already undertaken to be captured on a portable device.

We looked at an APP already available and found that crisis features, practical resources such as timetables maps and local support would also be beneficial. The APP was user friendly, visual and also could

be personalised and adapted with choice. We extended this discussion to the Yorkshire and Humber Network as a virtual workshop and found overall people would like a choice of paper and/or APP transition document.

**VIRTUAL WORKSHOP:**  
**TRANSITIONS**  
**APP VS DOCUMENT**

**PRO'S**  
- APPOINTMENT  
- MORE DISCREET

**?**  
- BOTH WOULD BE GOOD

**CONS**  
- DOES IT NEED WI-FI?  
- PEOPLE NOT USE TO TECH

**BOTH** some people are not comfortable with smart phones yet

Yes I think both a paper and app would work great

For the app would you require wi-fi?

Good question about wi-fi

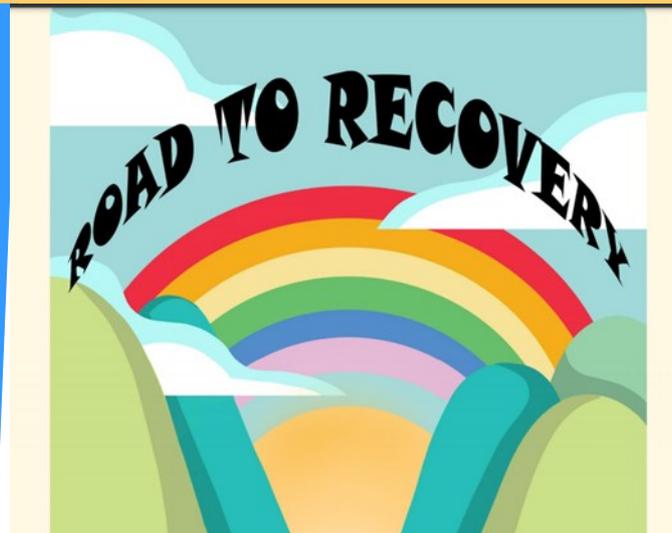
**App comments**  
Good so I can keep track of my appointments in the community  
Can keep crisis plan on my phone so I always have it, and it's private - only people I want to see it can  
Question - does the app need Wi-Fi - may be a problem to update it without Wi-Fi access

**Paper comments**  
None

**Both - You should be able to have a choice!**

## 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**

### Important themes:

Important themes have come from the initial workshops and discussions, wider regional meetings and small weekly planning groups to consider when implementing the transition booklets:

**Choice and Personalisation** ('My story- My Way')- although we have created a template to help visualise the transition booklet and its function, it is important that it can be adapted to different learning styles, personalities and motivators and that it is constantly changing with the person. It is important the booklet is service user led and that their story is told in any format.

**Memories and Positives** – we have heard from the women that we work with that they find it really difficult to find any positives in their life or in anything they do, or that they are overshadowed by negativity. It is important that we capture these positives so as to validate people and help them reflect. Memories are a powerful reminder of how strong people can be, what obstacles they have already overcome and as a motivator to carry on. They also help people share their experiences more easily.

**Relationships with Staff-** Trust and building it is difficult for women who have been let down repeatedly, transition booklets can help build new relationships and trust quickly, not having to repeat histories, help facilitate conversations and also help end relationships positively with staff when moving on, replicating DBT and interpersonal effectiveness exercises.

**Digital literacy-** It is important that women have the opportunity to learn about technology throughout their inpatient stay and get used to using it confidently to succeed in the community.

## Recommendations:

**Process of implementation-** Staff are trained to work with women and using language that asks ‘what has happened to you’ not ‘what is wrong with you’, that they 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-** That services invest in technology and training so that the transition documents can be worked on together from the beginning, that taking photographs and capturing progress in a visual format becomes the norm and that women can create something to keep in a platform that won't be lost, adapted easily and transferred with them in an editable format right down to smart phone upon discharge.

Digital Camera  
Laptop  
Photo-editing software  
Graphic Tablet



Casey spent a lot of time after the original context and background work and had one to one time with an art student to create the vibrant road to recovery template. This is a blank version, and it's completely editable. If people want to use this version then just ask and a copy can be sent. If people want to use this as a guide to make their own then that's fine too. We just wanted something that would be creative, inspirational that people would want to work on keeping the key themes that we identified as important for transition.

“It helps when you've got your final destination in mind and knowing where you want to get to. It help's when it comes to planning and doing your care plans with the staff, it links together with the booklet so that you're working towards achieving what you want to. The booklet can offer the context for staff as to the ‘why’ and guide them how best to work with you.”

**ROAD TO RECOVERY**

This book belongs to .....

Nia Robinson & Waterloo Manor

## CONTENTS

**Page 1:**  
Get to know me

**Page 2-4:**  
My traffic light - Red, Amber and Green

**Page 5:**  
My boundaries

**Page 6:**  
My destination

**Page 8 onwards:**  
Scrapbook!

## All about Me!

My Name: .....

Nationality & Ethnicity: .....

Favourite colour: .....

Favourite foods: .....

Favourite place: .....

A fact about me is that... ..

I enjoy... ..

I don't really like... ..

Page 1

**TRAFFIC LIGHT: RED**

What to do when I'm in crisis

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Page 2

**TRAFFIC LIGHT: AMBER**

What staff can do to help me:

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Page 3

**TRAFFIC LIGHT: GREEN**

What I can do to help myself:

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Page 4

## 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

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Page 5

## The Destination

This is where I want to be!

.....

.....

Page 6

## SCRAPBOOK!

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

Page 7

## Newsam Centre



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



- Please answer these questions to support your description:
  - Do you have a named Involvement Lead? Is this their full time role?  
**Yes –one of our OT team, no it is alongside their other responsibilities-full caseload etc. Supported by the AHP lead.**
  - 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?  
**No**
  - Who links in to the Provider Collaborative and how?  
**They have meetings with the operations manager Steven Dilks and matron Claire Layton**

### Show us some examples of 'good involvement practice' in your service.

- All wards have a weekly your views meeting, they share their views, ideas and choose the group programme for the next week.
- We have restarted our monthly service user council meetings, these are still online. We have developed our slides and how we deliver these sessions to make them more accessible to service users .
- Womens ward have designed and created artwork for their walls to improve the environment which we are waiting to have put up.
- A&T have been creating a safewards display collaborating with service users and staff around mutual expectations.
- Service users have a form prior to MDT to encourage them to share whats gone well, whats not gone well, what they want to talk about and requests for MDT.
- Service users have been consulted and involved in the planning of redesigning the seclusion room via your views, service user council meetings.



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

Technology-for our service user council meetings and the Yorkshire and Humber network meetings not everyone has access to decent technology to access online meetings, this means service users struggle to be heard and get fully involved. The womens ward has a big screen with a panel for video and high quality sound which helps our involvement. The other two wards struggle to find laptops which often don't have adequate sound, difficult for everyone to see and get involved. We have recently spoken to management about this.

Not being able to meet face to face-we are finding some service users would prefer to meet together in person, however we have also acknowledged that online can actually mean more service users can access the meetings. Some service users may not have been able to leave the ward and can now be involved.

Service users feeling things don't change or don't change quickly enough and feeling disheartened. Some of the clinical governance meetings where requests go to have been cancelled. Staffing levels affect this.



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

- Better technology for all wards for online
- Easier and quicker
- Higher staffing levels (in general but also current staffing crisis)



“Service users feeling like things don't change or that they're not changing quickly enough and feeling disheartened. So some of this stuff that's really important to them. It can be hard for us to get a quick answer to them and they feel like you know what I've come to these meetings. And I've asked for what I want. But what's the point? Because things don't change. We do try and reflect back the things that we have managed to change and to say thank you for their contributions. It is difficult though”

## Newton Lodge



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



Restricted and Limited for staff and SU's. Disconnected from SU's within our unit.  
 The named links for the provider collaborative have full time roles, that is not the case at NL.  
 The pressures of working during current staffing levels put extra pressures on staff involved in the network. We want it to continue as we know it is a valuable recourse for both SU's and staff.

- Please answer these questions to support your description:
  - Do you have a named Involvement Lead? Is this their full time role? **Ade Wilson, Ward manager is our main advocate (for Priestley)**
  - 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? **No**
  - Who links in to the Provider Collaborative and how? **Ade WM, Sue TI, Sally, Kim SOT and Anita SSW. Attending and participating any way possible.**

## Show us some examples of 'good involvement'

- SU's undertaking the Volunteering Service and supporting for the unit catering department.
- SU's Interviewing staff as part of the Trust's recruitment process.
- Staff facilitating Social events (internally) wards and unit
- Staff and SU's attending Social events (External)
- Staff and SU's co producing Technolo-guy presentation (Bench marking tool involvement standards)
- Staff facilitating Charity events (Internal) wards and unit
- SU's participating in Music appreciation group (external)
- SU's producing art work for Koestler Awards (external)
- SU's participating in the National Service User Awards (Judging and Nominations)
- Staff and SU's collaboratively sharing information through the reintroduced 'One voice' meeting (internal)
- Staff and SU's supporting all Y&H events
- Staff and SU's sharing and discussing all relevant service issues (community meetings and One Voice)
- SU's participating in ward jobs/duties
- SU's involved in ward based decision making (Colour scheme /furniture style etc)

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

- We have no specific (named) involvement leads within the unit. Designated roles of people involved in the Network always take priority, leaving network involvement work to take a secondary role unfortunately.
- We do not have an identified budget for protecting the times of involvement needed from Staff or for necessary resources/provision.
- We do not have enough motivated or informed staff involved in any of the network involvement related projects or related issues (SeQuIn and CQUIN's)
- There are not enough SU's involved due to lack of staff involved/supporting.
- Current covid restrictions limit numbers per room, therefore limited single-ward group participation.
- IPC and the current Covid restrictions stop us mixing internally within the unit, BDU mixing is not allowed nor are visitors allowed to the unit.
- National restrictions in general are also current barriers.



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

- A named, nominated paid lead would be our main priority to help promote the work involved and to oversee the involvement work input.
- We would remove all the restrictions to enable us to meet in person at the Sandal rugby club again.
- We would have mixed groups within the unit and the BDU so we could actually have some direct face to face conversations.
- Incorporate recent positive changes, such as benefits from remote Teams access, with historical positive approaches, such as the face to face networking at Sandal Rugby Club. This would increase opportunity for all to be involved in some way.



# Waterloo Manor



## Involvement at Waterloo Manor What does involvement look like in our service?

- Our named Involvement Lead is Julianne, Involvement is her full time role.
- Other members of the MDT support Julianne to facilitate Recovery College, Groups and Events.
- Occupational Therapy (OT) in particular support with facilitating Recovery College and groups, but projects and courses run in Recovery College can involve all departments of the MDT.

Our Hospital Director Andrew links into the Provider Collaborative by attending regular meetings. Waterloo Manor are currently taking a lead on the Women's Pathway and Andrew informs us that the service users will play a big part in moving this forward very shortly.

**Social Work**

**OT**

We don't currently have Experts by Experience here at Waterloo but we are aware that this role has been discussed with NHSE.

We don't have Peer Support Workers either.

We do have Ward Reps to represent both LSU and Rehab wards. They attend regular One Voice Meetings to ensure that all concerns, suggestions and voices of their peers are heard.

They feedback to their peers following each One Voice meeting, as well as after Yorkshire and Humber Involvement Network Meetings which Ward Reps attend along with any of their peers who wish to.

## Good Involvement Practice



10K CHALLENGE



Anti Bullying Project posters and the Jungle Mural, were both run collaboratively with Art Student Nia and made it to the final of the National Service User Awards 2021

We set a goal to achieve a combined total of 10k in a gym relay using the treadmill, rowing machine, bike or cross trainer... we managed to triple our goal and achieved a staggering total of 33.8K! Donations were raised for MIND charity.



This Christmas (2021) we held our first ever Christmas Market here in the grounds of Waterloo. It collaboratively involved service users, staff, external professionals, family and carers and local community groups. In the proceeding weeks, service users made Christmas crafts and cards to sell on our stall which was then run by service users with staff support.



Everyone got involved in decorating their wards for a Best Dressed Ward Competition. Other competitions included; Best Halloween Sculpture and Best Dressed Service User and Staff Member.





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

- **People not knowing that the opportunities exist, we have plans to start a Waterloo Manor newsletter.**
- **More staff on board with Involvement (champions on each ward?)**
- **Sometimes continuity is hard if a service users situation changes, for example they become unwell partway through a course- ward champions could help with this, offering more of a 1:1 approach.**
- **Covid- events being held virtually is not as fun!**
- **Covid has also affected working with the local community- less opportunities over the past 2 years.**
- **The pandemic has caused staffing issues across the hospital.**



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



- Having better Recovery College facilities- a room that looks more like a college with more computer access for online learning and improving basic computer skills. This would give more opportunities for services to do their own projects by having access to software such as Microsoft Office.
- Therapy Animals- other services in the Network have therapy dogs.
- A bigger Involvement Team.

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



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

We do not have an involvement lead but we have 3 staff from OT and 2 ward managers who take a lead.

We currently have an expert by experience who teaches peers how to use music production programmes.

We do not yet have peer support workers but hopefully we will in the near future.

Service users communicate through the community meeting and this is passed on by staff.

• Please answer these questions to support your description:

- 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?
- Do you have Peer Support Workers? What does their role look like?
- Who links in to the Provider Collaborative and how?



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



Service user created flower displays for the Chapel during the Christmas period



Involvement in community projects



Service User Involvement notice Board

Service users involved in recruitment

Service users involved in updating policies



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

We need better staffing levels to allow for more time spent encouraging and enabling service user involvement

COVID-19 has had an impact of group sessions and we have not been able to run group sessions that are led by service users.

More awareness for both staff and service users around service user involvement. ie, what Trust meetings they can attend.



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

Have service user representation at all relevant meetings

Service users to feel heard and that their involvement is essential and matters.

More collaborative working between staff and service users



## Moorlands View



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

Please answer these questions to support your description:

- **Do you have a named Involvement Lead?**

Within the trust there is also a Patient and Carer Experience and Involvement team, At Moorlands view Freddy is the liaison

- **Is this their full-time role?** Historically representatives have taken on the responsibility in addition to their role, Freddy is an OT

- **Do you have any Experts by Experience?**

Historically yes, there are roles established for this within the trust.

- **What does this role look like?** Opportunities to engage at different levels there is a Trust wide framework for this (see below) Historically co-production of lynfest/lynfrost, co-production and delivery of recovery college modules, part of the panel for recruitment of staff, tell us about us group, attendance to WYC meetings.

For reference there is :

**Category A involvement:** People choose to respond or comment on open access engagement opportunities, for example, responding to online surveys or attending open meetings. Examples include the Annual Members Meeting and sending out an email survey asking for feedback on a leaflet, not meeting in person to discuss. No expenses can be claimed.

**Category B involvement:** Involvement Partners are invited to attend events or groups on a 'one off' basis or are members of regular working group meetings, for example, workshops, focus groups, recruitment and selection training or i2i Training. Out of pocket expenses are covered and reimbursed (Travel expenses or online data usage covered).

**Category C involvement:** Involvement Partners are involved in roles and activities that include strategic or significant levels of time and commitment for example, membership of committees or working groups and involvement in Recruitment and Selection panels. Out of pocket expenses are covered and reimbursed AND an involvement payment is offered at National Living/ Minimum wage.

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

Not currently. Scoping was completed with service users in September 2020.

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

Historically people attended at Sandal, with online there has been less motivation to attend but service users asked routinely via tell us about us and supported to attend using trust laptops. I (Freddy) have recently taken on the link role.



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



Supporting access via teams for WYC and community opportunities



Community themed breakfasts



Rabbits!



Co-produced Drama production performed at community theatre

Maintenance of lynfrost using technology

"what an awesome job you have made of the lynfrost video, It was so professional! You should be so proud of what you have created well done!"

Transition walking groups



Tell us about us groups and newsletter

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

- Covid and infection prevention
- No current named involvement lead
- Technological barriers- alienating for service users
- Staffing issues
- Structure/pathway dissipated owing to no lead



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

- 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!



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?



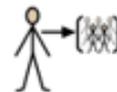
What should the next steps for the West Yorkshire meetings be?



What are your views on Transitions?



What are your views on Involvement in West Yorkshire? What is a good baseline?



Have you enjoyed it today and will you come again?

