

# WEST YORKSHIRE PROVIDER COLLABORATIVE

## NEWSLETTER 10- September 2023

Welcome to the latest West Yorkshire Provider Collaborative Event Newsletter, this edition features the slides & conversation from the virtual Event in September 2023; including Provider Collaborative and Commissioning Hub updates, a look at the Community Workstream progress and an introduction to the Friends, Family and Carer Role. There are some technology workshops upcoming to #GetInvolved with as well as a Christmas Competition. More information can be found inside. Thank you.

### Microsoft Teams



**Tuesday  
26th Sept  
1.30 — 3pm**



**Interactive  
session**



**Welcome to the West  
Yorkshire PC Event**



**Newton Lodge—  
Welly Fest Film**



**Commissioning Hub  
Update— Joe**



**Community  
Workstream update  
Amanda**



**Friends, Family &  
Carer Update—  
Julianne**



**Technology Workshops**

Contact Charlotte, Julianne or Rick for more info

[Hnf-tr.involvement.network@nhs.net](mailto:Hnf-tr.involvement.network@nhs.net)

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

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



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



## West Yorkshire Adult Secure Provider Collaborative

1. Lead Case Manager  
Model – 12 months on

2. Commissioning Hub's  
refreshed ambition

3. Ideas we are working  
on

4. Adult Secure PC  
Workstream Updates

## Lead Case Manager Model – 12 months on

The Lead Case Manager is responsible for coordinating all case management and quality activity within a service. They have either all or the majority of service users from the service, on their case load.

### We implemented the Lead Case Manager model in August 2022 to try and:

- Increase the number of 6–8-week Case Manager reviews that were completed, with a focus on face-to-face reviews
- Make Case Managers more visible to service users
- Improve relationships between Case Managers and ward staff
- Strengthen quality oversight of services



### Our evaluation to date has shown:

- A significant increase in the number of face-to-face contacts (July 2022 58% to July 2023 84%)
- Had some positive feedback from service users that their case managers are visible and engaging
- Ward staff have reported Case Managers are more visible – (this could be good or bad depending who you ask!)
- Services have described feeling very supported
- Case Managers have played a key role in monitoring and supporting services where quality concerns have been identified
- Local Integrated Care Boards have raised concerns that there has been a negative impact on relationships between them and Case Managers

**What is your experience with the Case Manager Model?**

**Does 6-8 weeks seem the right length of time?**

**Please let us know your thoughts via the Network**



Reflected on our overall engagement with the network over the last 18 months - room for improvement!



Want to work more closely with service users and the network



Testing the new Adult Secure PC and Involvement Network Partnership Group

# 2.



Service users spend a lot of time and energy sharing their feedback with professionals (Involvement Network, Case Managers, CQQ etc)



The PC and Hub have a responsibility to listen and act on feedback



We can't be confident we have acted on all of the feedback shared with us



We want service users and the network to hold us to account for acting on their feedback



We want to do better!

# 3.



Going forward, we will share a copy of the log with you and invite you to ask questions, challenge us and suggest ways we can improve things

**you said,  
we did!**

# 4. IDEAS



The Commissioning Hub, Involvement Network and the Adult Secure PC are working on two business cases:

- Improving service users' access to technology business case
- Coproduction and Quality Improvement Annual Programme Business Case

The Hub is also supporting Waterloo Manor with a business case to support the implementation of the Patient Safety Incident Response Framework Business Case

## PREM Task & Finish Group– experience measure update:

We want to improve how we hear experience and how we use forums better. We held a workshop in March and a paper was written that included recommendations from the day.

We shares this to Board, they have agreed to the ideas.

The recommendations were:

To strengthen the 'your views' process, you may know this as a patient council or one voice meeting. We would like to have a familiar approach across all West Yorkshire services, chaired by service users and staff together. Responses and themes can be shared to help everyone.

To have one standard survey to avoid too much repetition and again gather themes from all, so we can work together to problem solve.

To have an AGM meeting, where once a year we can feedback to you all with what we have done with your views and survey responses. "You said, We did" will be the format. It helps hold the PC accountable for your shared information and keeps you in the loop.

We have ambition over the next few years to progress to paid roles in an expert by experience group and have service users peer review other hospitals across West Yorkshire to challenge culture.

Some background work needs to take place to get these processes



# Community Workstream

‘Thank you for the information that you gave us on the community workstream, we want you to know that we have acted upon it’

You told us at the workshops that:

- ⇒ ‘you want to feel safe at discharge, psychologically and physically’
- ⇒ ‘you need time to prepare for discharge’
- ⇒ ‘you need links to the community earlier so things are familiar’

We will focus on ‘transition support’ in our new model, linking you to the community before discharge.

## Differences in Teams

Lots of talking and thinking about how we can make sure service users receive an enhanced service

We need to make sure all service users have access to the same services

Service User feedback was included – discharge preparation, feeling safe, individualised care

We want to work with staff in the community who may have different ways of working or are unfamiliar with those from a forensic background. ‘Getting to know everyone.

We want to build relationships with housing and accommodation and build understanding. Positive relationships will help transition and offer consistency post discharge.

## Main Elements of Model

### Transition Work to support discharge preparation whilst still in hospital

Clear Discharge Pathways – what are your needs going to be in the community?

Consultation Model – support for you and your care teams in the community

Transition work involves working into inpatient services and working with the inpatient team to help you move on. It helps build relationships early and decisions around discharge can be made together.

There are 3 discharge options:

1. Straight into the Community Mental Health Team (CMHT)
2. Working with the Community Forensic Team (CFT) for a while
3. Specialist Community Forensic Team (SCFT) to give intensive support initially.

Consultation will be offered to non-forensic teams to give support to them working with people around risk management. We want to promote co-working, help to formulate support plans to prevent a return to hospital that may not be needed.

We have listened and included peoples experiences into a draft paper to Board. We will wait for a decision. We hope next steps will be around what would the team look like and what skill mix is needed.

More updates will follow. Please ask if you have any questions.

# Christmas Artwork Competition

## Calling All Services!

It is nearly that time of year again,  
and we are proudly launching our  
Christmas Artwork competition for all  
our services in the West Yorkshire  
Region!

We are asking for each service to  
decorate a one meter strip of paper to  
form part of a larger display.

Let your creativity go wild and be as  
festive as you like! You can even make  
it personal to your service if you wish  
(but please avoid using any names or  
pictures) to celebrate your service's  
contribution to the display.



The final piece will be displayed at the SWYFT site in  
Wakefield for staff, service users and visitors to enjoy.

We have also included some guidance on completing your  
entry :-)

Good Luck!



# Meet the new West team members

## Julianne Sidebottom

Role: Carer Experience and Engagement Coordinator

Work Days: Monday-Friday (flexible)

Responsibilities: West Yorkshire Services- specifically working with family, friends and carers to improve involvement and engagement across the patch.

Background: 5 years experience in a female low secure service (latest role as Involvement Lead). Joined current post with Involvement Network in March 2023.

Speciality Interests: Ensuring carers aren't forgotten! Driving quality through the carer voice. Training and development. Event planning. Meeting new people!

Other Interests: Dogs, Music, Swimming, Travel and Adventuring, Nature, Fast Cars and all things Glam!



## Richard Mason (Rick)

Involvement and Engagement Co-Ordinator (West Yorkshire: Adult Secure)

Working Hours: 08:30 – 16:30, Monday to Friday (flexible)

6 years experience in low and medium secure forensic services, including 3 and a half years as Recovery College and Involvement Lead.

Background in training, development, coaching and performance improvement in the financial services sector, and later in the telecoms industry.

Interests: Walking, cycling, reading, cooking, getting out in nature, listening to music

Gryffindor, and generally a bit of a nerd!

Professional Interests: Promoting Equality and Empowerment



"It is often the small steps, not the giant leaps, that bring about the most lasting change."





**Hello! We are Rick, Charlotte and Julianne from the Yorkshire and Humber Involvement Network!**



**Together, we are the West Yorkshire Team of the Yorkshire and Humber Involvement Network.**

Charlotte and Rick mainly focus on supporting and empowering service users to be involved in all aspects of their pathway. Charlotte manages the West Yorkshire team and works very closely with the Provider Collaborative and Quality Assurance team to ensure the **service user voice is amplified at all levels** and is what **drives the improvements and changes** made within services. Julianne's role is more specifically to ensure the voice of your family, friends and carers are heard and that we all work together to involve your loved ones as much as possible throughout your recovery.

**You will see all of us from time to time but may see more of Rick and Julianne around your hospital, getting to know you and running different workshops and events.**

**The Network also makes sure the service user and staff voice are heard!** We come together to socialise and have fun, celebrate positive ways of working and challenge those that could be better. The Network is open to **anyone** who would like to contribute or is simply curious to find out what's going on. We work together to make sure **your recovery is always the main focus** and is as positive a journey as possible.

**For more information on how to get involved, please speak to a member or staff 😊**

# Carer Experience and Engagement Coordinator

## Progress so far...

### Core objective

- Benchmark Services on Carer Engagement



### Progress

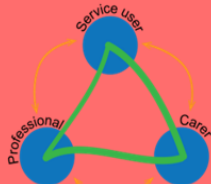
- 'Carer Engagement Tracker'
- A parallel document to monitor carer engagement within West Yorkshire services.
- Identifies a baseline of current carer engagement within the service, asks the service to identify how this could be better and sets goals to be achieved over 3 months, 6 months and 12 months.
- Regular meetings with services and carers leads to discuss this information and form a plan of how I and the network can best support.

### Barriers

- A lack of identified carers lead roles within services.
- Met with 5 out of 7 services so far. Planned meetings have had to be rearrange on more than one occasion due to other responsibilities taking priority.
- Difficulties pinning down staff despite meetings being offered both in person and virtually.

### Core objective

- Develop a Training Package for Carers (which could be adapted for staff in services)



### Progress

- Exploring various training packages available across the country, aimed at both carers and staff to see if/how these can be adapted into a bespoke forensic specific training package
- 'Carers Champion', 'Supporting Carers in general practice', 'Carer Awareness' provided by Mersey Care.
- Met and built relationships with other Carer Leads which has provided opportunities to attend training packages provided by SWYFT and KMPT.
- Decided on the need for two separate training packages; one for staff and one for carers.

### Barriers

- Carer involvement and co production opportunities- more relationship building work to be done into services to achieve this.
- Lack of guidance for forensic carers- current training examples are not specific to carers of those in forensic/secure services and most not even mental health specific.

**Core objective**

- Busting the stigma around consent to share

**Progress**

- It's clear from speaking to services that this is a barrier to carer engagement due to lack of understanding and is seen as a 'grey area'.
- Staff do not currently have a clear understanding of this and are under the impression that carers can not be involved at any level if their loved one does not consent to sharing their information.
- Highlighted as a key focus within training packages for both staff and carers.
- Educate staff on what support can be offered **regardless of consent** and make carers aware of what information and support they are entitled to **regardless of consent**.
- An emphasis on **listening to carers- their knowledge is invaluable!**

**Barriers**

- Getting the message heard loud and wide may take time but will ultimately improve the carer experience.

**Core objective**

- Building and maintaining positive working relationships with family, friends and carers

**Progress**

- Attending as many Carer Events/Forums as possible.
- An open letter to send to services to be shared with families and carers, introducing my role and opportunities to be involved.
- Idea to send out Carer Christmas Cards/Postcards.
- Creating an area on website dedicated to carers.
- West Yorkshire Forensic Family, Friends and Carers Group.

**Barriers**

- Not many carers groups currently being run in services to provide opportunities to meet carers.

**What else have I been up to?**

Research into the Triangle of Care and the 6 Standards

Regular meetings with SWYFT Carers Project Management Officer to share good practice and discuss their Triangle of Care Strategy

Observing community carers groups to see how they are run. What works well?  
Opportunities to meet with carers

How are services achieving good carer engagement?  
Wathwood examples of good practice (highest scorers in 2022 Family, Friends and Carers SeQuIn Tool)

Quality Reviews- improving carer involvement process

Attending Carers Events

Exploring similar already established forensic groups in other areas- Engagement Pool Kent

Looking at the benefits of specific roles in different services i.e. Carers Leads and Carers Champions

Getting to know services and build positive working relationships – Roadshows, Network Events

Meeting with community carer group leads to share their knowledge and experience (Carers Leeds, Carers Wakefield, Carers Count Kirklees)

Regular meetings with Carers Leads/identified individuals in WY services with the view to start a peer support group

# Technology



We will be visiting services in October and November to do some workshops around Technology. We need views of service users and staff so we can work together and try and improve access to technology whilst in hospital. Look out for posters on ward for more information. We look forward to hearing about your experiences and thoughts on Technology.



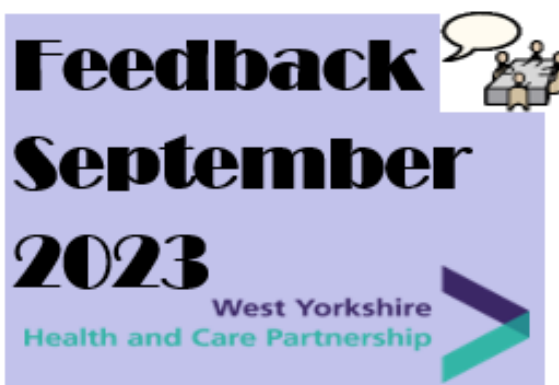
## Technology Workshops

**How much access to technology do you currently have in hospital?**

**What are the benefits of being able to use technology?**

**Are there any barriers to accessing technology?**

If you would like to answer any of the questions below or 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 are your views on how often you see your case manager?



What are your views on Technology?



What are your views on Friends, Family and Carers being involved?



**THANK YOU :)**

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