

Topic - Community Mental Health Focus

Attendees: 26 Total. 5 LYPFT 21 3rd Sector Reps

Attendee	Company
Alison Brophy	Leeds Involving People
Alison Lowe	Touchstone
Andrew Jackson	LYPFT
Claire Schofield	Inspire North
Colin O'Loan	Touchstone
Daisy Morgan	Forum Central
Edward Devine	LYPFT
Hazel Burleigh	Inspire North
Helen Kemp	Leeds Mind
Jay Silver	Touchstone
Jenny Groves	Battle Scars
Jessica Parker	Touchstone
Jim Leyland	Touchstone
Jo Gibson	Leeds Involving People
Karen Fenton	Forum Central
Kathryn Ashworth	Solace
Lisa Simpson	Inspire North
Louise Bergin	LYPFT
Lucy Hancock	Leeds Mind
Mark Clayton	Leeds Involving People
Mark Robinson	Touchstone
Pip Goff	Forum Central
Rebecca Lasseko	LYPFT Complex Rehab & Leeds Mind Trustee
Sanjeev Dayal	PAFRAS
Sharon Hatton	LYPFT?

Scene Setting, Context of today's discussions & Purpose (Alison Kenyon and Pip Goff)

- LYPFT currently operating within a Level 4 incident model.
- Incoming investment into CMHT services means this forum and our partnership across LYPFT and the 3rd sector is so important.

CMHT Transformation Funding

- From NHS England, to ICS level.
- Short timescales for proposals to West Yorkshire and Harrogate Level
- Year on Year Uplifts. Significant indicative funding stream.
- Focus on care around COMHAD (Dual-Diagnosis), Eating Disorders, Complex Rehab and Personality Disorders.

- CCG funding – need to develop an approach to deliver
- Commitment needed to work with primary care, across LCP's and with 3rd sector
- Recognition of the wider social and vocational needs and key indicators.
- Think within a biopsychosocial model
- Need to balance clinical expertise with the 3rd sector offer.

Opportunities

- See this forum and partnership with Forum Central as an important strategic lever.
- Recognising the diversity of the sector and the opportunity to design services for the least heard voices in mind.
- A unique opportunity and an increase in appreciation in the role the sector plays
- A time to really listen to each other and the needs of people
- Seismic change with the Left Shift plans, NHS Long Term Plan, 5 year forward View and locally the CCG commitment to the left shift and the Shaping our Future proposal.
- LCP development work, helping to break down barriers
- Really hear the voices of marginalised communities and create services that are responsive to those needs.

Learning from Covid-19

- Harness what we have learnt during covid times. Would be a waste to go back, danger that barriers re-emerge as pressures ease.
- Lock-in simplified processes and reduced bureaucracy

Presentation on community pathways (Eddie Devine, Joseph Faulkner, Jim Leyland and Jay Silver)

- Overview of learning through the pandemic
- Where we are now and how we see pathways developing

Presentation Slides – See Separate Attached Document

Group split into 4 breakout rooms facilitated by:

- 1) Alison K & Pip
- 2) Helen & Josef
- 3) Eddie & Jim
- 4) Karen & Jay

Group Discussions - How do we create a new way of working Collaboratively?

1. What does a network of providers working collaboratively together look like?
2. What are the enablers?
3. What are the barriers? And what needs to happen in order to overcome them?

Room Feedback - Split into themes

Governance & Partnership Working Principles

- Shift needed a governance level
- Extend partnership working to smaller organisations
- Needs to be made into a more solid agreement/statement/process to encourage smaller organisations

- How do we hear the voices of the non-commissioned services?
- Sometimes relationships are 'clunky' not efficient to the needs of individuals
- Partnership agreements needed at both organisational and team levels – for all multi-organisation teams to understand clarity of roles, ability to speak openly and equally and commitment to psychologically safe healthy working environments.

Pathways

- Need to be clearer for the service users, Using mechanisms such as Mindmate and Mindwell.
- How do we ensure value and reduce bureaucracy? Sometimes existing structures have the opposite effect
- Good examples within Older Peoples Services, Dementia – some examples of permeability – Memory Service Workers, partnership working with Alzheimer's society.

Contracting, Framework and Bidding

- Allow the Framework to develop for sub-contracting to smaller organisations. For this to be doable by larger third sector organisations, the allocations within contracts and 'lots' need to be sufficient to allow that.
- Procurement Framework needs to be thought of in a different way
- Within the bidding process – bigger organisations need to bring along the smaller with them. Create a stable footing and alliances without competition
- We need to reconfigure existing structures. An opportunity to look at where all the money is spent and allocated
- Requires a massive shift in cultural and contractual barriers

Relationships and Identities

- Never more needed – tackling issues in a different way
- Existing strong relationships enabled agile mobilisation during Covid-19 pandemic. Services were able to react quickly.
- *"Easiest phone call I've ever had across systems"* (from Joseph LYPFT to Jim at Touchstone)
- Case Study presented showcased the power of strong working relationships. Provide that listening ear, someone on the other end of the phone who you know is your key contact across the organisations, who you can have that regular call with for practical advice and solutions. Very much joint working.
- To nurture and grow strong relationships needs time, resource and space allocated to it.
- Relationships and culture key to facilitating high performing teams. Partner
- Enablers - Shared goals, values,
- Learn from and support each other
- Shared understanding
- Work more closely together, whilst ensuring we don't lose identities of individual organisations, concerns around that.

- Mechanisms, forums and places needed (outside of commissioning and strategic meetings) to discuss where things are sticking, what's not working, in an open honest and progressive way
- Form structured alliances
- Systems need to have the person at the heart of everything
- Relationships key – creating psychologically safe environments
- Recognition of some anxieties and distrust
- There can be a power imbalance, within sub-contracting models, which we need to recognise openly. (within MDT's and wider discussions) some workers have anxiety around that with "foot in two camps".

Communication

- Requires equality of voice. Valued contributions from all organisations no matter what the size
- These forums and spaces to discuss on a practise level very important, for creating space for progress to happen, to establish and grow human relationships and mutual understanding
- Reduce jargon and consider language
- Remote working – Zoom MDT's have meant increased attendance and a wider membership. Allowing MDT's to embed other elements too such as housing.
- Service User Feedback very important to understand if changes being made are influencing care positively
- Effective, collaborative MDT's and open communication facilitates open ended conversations and an easier route for service user feedback.

Engagement

- How do we get others to hear about and engage with these forums – smaller third sector and LYPFT staff wider
- Encourage regular discussions across organisations
- Seeing the value and the buy-in
- Multi-disciplinary meaning just that, embedding wider elements too, colleagues in accommodation, housing etc to influence wider holistic needs.
- Influence creativity
- How do we get these cultural messages around commitment to work in collaboration to filter down through services and past managers?