Annex B - LCFT workshops

Blue group
● What do VCFSE think LCFT should be doing?
● Collaboration
● Sustainability

What does good collaboration look like?
● Mutual Understanding
● Trust
● Honesty & Transparency
● Consistency – Handover
  - Continuity
● Continuous Communication
● Task & Finish groups
● Compromise/Flexibility
● Valuing VCFSE organisations – 3rd sector are professional too!

? What does LCFT do in West Lancs?
● Mental Health Support
● Dental
● Smoking Cessation
● School Nurse/Health Visiting Teams
● U25’s Sexual Health

? How can LCFT work best with VCFSE for early intervention?

How can LCFT best work with VCFSE to ensure good collaboration?
● Locality Focus
● Knowledge of services – where do VCFSE signpost too?
  – roadshows
● Liaison & Diversion Contract
● Recognition of value of existing work
● Infrastructure through which conversations can happen

What would you like LCFT to do to support VCFSE in West Lancs?
● Suicide Prevention – high incidence in West Lancs amongst those unknown to services
  - Schools
  - Barbers
  - Men in Sheds
  - Communicate to VCFSE
  - Communicate with Edge Hill

● Health Champions – Mental Health 1st Aid in Northern Parishes
● No longer Mental Health Advocates in West Lancs. – Peer Support
● Access to West Lancs High Schools
● How can we move forward from today in enabling service users to feedback on services informally?
Red group

Q1 Good collaboration look like?
Good communication / working relationships
No barriers between sectors
Trust / recognition of skills joined up approach
Not a paternal relationship
Well represented – all parts of the sector
Regular contact – meetings / other formats
Shared vision / listening culture (all parties)

Q2 How do we make collaboration happen?
Building capacity to support projects in localities that need support to start up and operate
Overview of what schemes / projects are available
Trying to join up the dots (One West Lancs / Directory Of Services)

What do you want LCFT to do?
Support the uni with mental degree content (Ellie Smith)
Support and link in the PP Boxing CIS – Paul Pittman
Communication about the NHS “Working to support people out of hospital”.
Effective communications / Returning emails
Honesty
Care package – communicating with staff
Dementia
Better understanding of who to contact
Advocacy service
Repeat story
Social enterprise - clear measures and outcomes - partnership working collect same info
One pathway / offer
Clarity – take time to work together
Education
Prevention
Innovation in the sector
Pitching sessions
Whole pathway / patient care
Just culture in West Lancs
5 ways to wellbeing – 2 events
Conversation
Sustainability
Creating a forum
Simple solutions
Commitments – from LCFT same person consistency
1. Equality = good collaboration
   - True equal partners
   - Trust
   - Ease of understanding of information SLAs etc.
   - Two way street
   - Understand that Third Sector organisations are professionals
   - Not to be seen as a cheap option / return on investment shows value for money
   - Appreciate localism
   - Added value of organisation to area

2. How do we make it happen?
   * Truly listen to each other
   * Make it a two way street
   Have a mutual respect for each other
   Education + Third Sector NHS – knowledge of each other. Know what each other can offer / training / shadowing opportunities
   Communication / honesty
   Be clear – leave no doubt about what is in it for both parties. Win / win
   More collaboration between LCFT / LCC funding bids – less paperwork!!! Depending on bid.

3. Funding
   - Some form of Third Directory of Services but would need to be up to date (for mental health services)
   - Roadshows / local – very local about what LCFT mental health team are doing
   - Third Sector Forum – with mental health services Partnership approach
   - More knowledge of referrals which team to go to

FEEDBACK ON EVENTS THIRD SECTOR ATTEND!!!
Yellow group

Questions:
1. What does good collaboration look like?
   - More cross-working/partnership. Representative partnership.
   - Equal partnership/roles/decisions
   - Involves the community/recognise assets
   - More information about opportunities
   - Collaboration around IT
   - Gaps in provision – how can we support development
   - Shared accommodation
   - Joint business planning
   - Care coordination
   - Importance of what partners can offer. Good understanding of people/ organisations/ values.
   - Good communication lines between groups/services. Shared goals
   - Make referrals straight-forward
   - Need to listen to local knowledge and experience
   - Don’t have different agenda – work on holistic approach “build a team around a person, not a team of individuals around an individual” – seamless service
   - Know when to speak and when to listen. Say information once.
   - Recognise skills of other organisations – providing services; recognise/equip organisations; financial knowledge
   - Need willingness of “professionals” to understand and engage with Third Sector organisations and see those organisations as professional.
   - DWP: understand what local organisations offer. Understand strengths, benefits “customer at the heart”. Up-to-date directory of services
   - NHS needs to recognise that it is about meeting needs rather than criteria and ‘ticking boxes’

   Impact: see real outcomes; evidence of collaborative working; sustainable partnership; shared learning/training; limit the “closed” groups/resources; longevity of commissioning; skill mix and increased capacity to stand on own two feet; diverse values; best outcome of the community; more resilient community; feel better about environment.

2. How do we make collaboration happen?
   - More knowledge, face-to-face of organisations. Understand what different organisations offer
   - Be clear on what help and what is required
   - Named person. Make it easier. Reduced waiting times
   - Organisations need to have a presence in the area they serve
   - Health and wellbeing hub? Once a week/month?
   - Quarterly forum – services come together
   - Use what’s already there
   - Tap into existing resources – volunteer
   - Early intervention
   - Support sustainability
   - Remove referral criteria
   - Information sharing
   - Know more about services and how they work
   - Develop partnerships/engage with the organisations
   - Shared learning
   - Mapping – data/shared; records/network
   - Trust/involved in decisions/consultation, incl. within voluntary sector
   - Collaboration, not competition
- Experts by experience: involve those we support, community up! (With guidance where needed)
- Networking events
- Open communication pathways
- Training: skills analysis to identify gaps/needs. Sustainability/timescales within funding constraints
- Develop understanding of policy/practicalities
- Training community members to help deliver the interventions/services. Empower community members
- Accountability/risk management
- Work experience/job share/practical-based learning
- Create opportunities for the community to help the area.

3. What would you like LCFT to undertake to support the VCF&SE in West Lancs for mental health?
- Be available to know about what’s going on for the patients, based in local community centres
- Identify local places on bus routes/walking distances
- Feedback about people who have been referred into LCFT services
- More “welcome talks” at/in community centres.
- Less ‘red tape’
- Job shadow/training
- Risk management
- Plan/processes for data policies etc.
- Training
- Collaborative working
- Integrated working?
- Co-location?
- Task force groups on particular topics: involve community; soup, opportunities to resolve issues/needs raised.