



**North East and North Cumbria VCSE Partnership Programme:
NENC ICS VCSE Mental Health Group
9.30 – 11.30 am Weds 5th October (online)**

Notes from meeting

NB The presentation below contains all the relevant slides for each of the items covered by Steve Nash at the meeting. Key points summarised individually below.



SN October 22
update.odp

1. NENC ICS Mental Health, Learning Disability and Autism Collaborative (and Partnership Boards) - Steve Nash

Slides (1 – 7) in the above pack are from a meeting of the Design Group that is working up the governance and TORs of the 'North Strategic MHLDA Partnership Board', which is a new forum that will oversee the new collaborative arrangements for Northumbria, North Tyneside, Newcastle, Gateshead and North Cumbria. The 'Tees and Central MHLDA Partnership Board' has been in place for some time. The two Boards will feed into the overall Collaborative Board for MHLDA for the whole ICS – the shape and membership of this is also still in discussion, and it may be that it evolves from the existing ICS MH Steering Group.

Steve is involved in the design and development work, and pushing for the VCSE to have both an MH and a LD&A rep as minimum; alongside service user and carer involvement. The Partnership Board that already exists in the Tees and Central part of the ICS does not currently include representation from any of these communities, Steve has raised this with Scott Vigurs (MH Programme Lead) and the need for consistency across both Boards is recognised.

Those present at the meeting from the south of the ICS were not clear about the Partnership Board and how(or whether) they currently feed into it.

Steve clarified that across the ICS (and the wider NHS) the term 'collaboratives' is being used in different ways – typically it refers to the way that Foundation Trusts are starting to cooperate (in the new NHS world) as opposed to compete (as was the model encouraged under previous legislation). MH, LD & A is for now the exception, with Sam Allen, NENC ICB CEO, asking the MHLDA systems to come together in a wider, more inclusive collaboration to inform the ICB's strategy and development of the relevant services.

2. Temperature Check VCSE Survey – Initial findings (Community MH Transformation) - Steve Nash

Slides (8 – 18) capture early results from the survey about Community MH Transformation that was undertaken to get a sense of how well involved and informed the VCSE across NENC feels it is in the Transformation programme, now half way through its three year investment timetable.

Further work needs doing to understand the data, especially to draw out themes embedded in the narrative comments. Steve is working with colleagues from this group, the VCSE Partnership Programme, and from the ICS to produce a report, which will be discussed at the ICS MH Steering Group. The intention is to undertake further work (for example focus groups) to explore key issues in more depth and harvest good practice examples.

3. Mental Health Crisis Pathways and NHS 111 – Steve Nash

The final set of slides (9 – 23) outline work being done to implement NHSE's plan for improving the response to people who are experiencing a MH crisis. This includes ensuring that NHS 111 can provide a consistent, helpful and informed approach, and that each locality (or place) has a minimum set of key resources, including helplines, safe havens/crisis cafes, crisis support/link work, and access to a crisis house/non-medical crisis beds.

The slides summarise mapping work that has been undertaken of currently commissioned services – however it is acknowledged that this really needs updating and in addition there may be other relevant VCSE offers that are charitable grant funded as opposed to commissioned by the NHS/LA.

A number of points came up in discussion:

- The NHSE website says the funding has largely gone to the VCSE – this is not the case.
- The funding that is available is mostly capital, for buildings, and does not include staffing, which is immediately problematic.
- In a few places, NHS colleagues have been focusing on finding a building, and this has not always included local partners or service users.
- Some of the information for Tees is locality specific and does not necessarily cover all the localities in the former Tees CCG.
- If NHS 111 is to increase, how will they recruit clinical staff from? And does it necessarily have to always be clinical roles (for example Together in a Crisis)

4. Developing a Mental Health Alliance in North Tyneside – Alex Henry (VODA)



Developing a
Mental Health Alliar

Alex shared the work that she and Lynsey Finlayson are leading in North Tyneside in order to establish a MH VCSE Alliance that will influence and support the strategic development and delivery of mental health services in the locality, especially Community MH Transformation. The precise model is very much up for discussion and the current focus is on getting the views of local VCSE providers, and looking at the range of different models in place elsewhere.

5. Future meetings:

7th December 22; 8th February 23

Further info:

NENC ICS List of place based directors

- Ed Tallis - North Cumbria; ed.tallis@nhs.net
- Joe Corrigan – Newcastle; joe.corrigan@nhs.net
- Scott Watson – Sunderland; scott.watson3@nhs.net
- Clare Nesbit – South Tyneside; clare.nesbit@nhs.net
- Craig Blair - Redcar and Cleveland and Middlesbrough; craig.blair@nhs.net
- Alex Sinclair - Stockton on Tees; alex.sinclair1@nhs.net
- Karen Hawkins – Hartlepool; k.hawkins@nhs.net
- Anya Paradis - North Tyneside; a.paradis@nhs.net
- Darlington – to be confirmed

Three directors of place are joint roles held with local authorities, as follows:

- Sarah Burns – director of place for County Durham, a joint role with Durham County Council; sarahburns3@nhs.net
- Lynn Wilson – director of place for Gateshead, a joint role with Gateshead Council; l.wilson20@nhs.net
- Rachel Mitcheson – director of place for Northumberland, a joint role with Northumberland County Council; r.mitcheson@nhs.net