**Minutes of the Early Mental Health Consortia Meeting**

**26th January 2016 in the Godwin Room, the Guildhall at 11:30am**

**In Attendance:**

Anna Day (AD), Executive Director of NorPIP and Facilitator of Meeting

Sophie Harding (SH), Office Manager of NorPIP

Louise Danielczuk (LD), Fundraising Co-ordinator of NorPIP

Carly Galpin (CG), Community Mental Health Nurse, NHS N-Step/Maternal Mental

Health CQUIN

Carol McFarlane (CMF), Pen Green Children’s and Families Centre

Sgt Dan Ash (DA), Domestic Violence Lead at Northamptonshire Police Authority

David Loyd-Hearn (DLH), Commissioning Manager, NHS

David Ward (DW), Voluntary Impact Northampton

Jayne Scanlon (JS), Project Manager, NHS

Kate Holt (KH), Healthwatch

Lynne Hudspith (LH), Children’s Services Manager, Action for Children

Supt Mark Evans (ME), Early Intervention Lead at Northamptonshire Police Authority

Michael Brooks (MB), Lead Educational Psychologist, Northamptonshire County Council.

Natasha Joblob (NJ), Director, Zai-zen Global

Patrick Conrad (PC), Chair at KidsAid

Pauline Jafarian (PJ), Children’s Centre Manager Northampton East, Action for Children

Rachel Sanson (RS) Commissioning Manager, Northamptonshire County Council

Rosie Sawyer (RoS), KidsAid

Ryan Protheroe (RP), Business Executive at Service Six

Sharon Toyer (ST), Director at Northampton Health Foundation Trust

Veronica Lawrence (VL), Specialist Senior Educational Psychologist - Early Years, Northamptonshire County Council.

Ann Bodsworth (AB), Joint Chief Executive at Northamptonshire Women’s Aid

Apologies:

Northamptonshire Breastfeeding Alliance

Donna Gallagher-Head of Social Services, Pen Green Consortium

Kat Austwick & Julie Smith- Family Action

Lucy Dolly- Baby Dolly CIC

Claudia Schlabon, Service Six

**Welcome**

AD welcomed all the attendees to the Consortia Meeting; and explained that we want to create a collaboration focused on mental health. Some discussion ensued about mental health and wellbeing and what the focus of the consortia could be. It was agreed that a definition and vision for the consortia needed to be developed to reflect the needs of the partner agencies.

**Consortia Development Introduction from DW**

* The already established “Comsortia” by Voluntary Impact Northants is now a County wide consortium and has 35 organisational members. It was explained that very rarely does 1 organisation meet all the needs of an individual.
* There are 2 commissioning opportunities – from European funding and with links to Health (these are still finalising).
* There are a number of different Consortia’s: Mental Health, Support Northants (in Wellingborough), Corby Access, Kettering Together and Carer’s Partnership.
* We are moving in the right direction; to be effective we have to work together.
* You can join the Comsortia and possibly form a sub-group – there is a membership fee though.
* If you want to create your own consortia, Voluntary Impact Northampton (DW) are happy to help and share their paperwork.
* AD – Voluntary Impact Northamptonshire and all the consortias we approached to talk about joining have said that they’ll work with us regardless of the option chosen.

**Group Discussions:**

* How many consortia are too many? Should we be a specific or a general focused consortia?
* Ethics around splitting up the age groups.
* Mental Health
* What’s the definition?
* The difference between “mental health” and “wellbeing”?
* What are we trying to achieve and with who?
* Be careful not to disable cross sector working.
	+ A wider consortia could foster more approaches for families.
* Set up own consortia to retain focus on early intervention – it’s important to have a clear identity.
* AB – is commissioning also going to join the consortia?
	+ Would we be able to incorporate statutory organisations?
	+ It’s important that the Consortia drills down to a local remit; and it’s crucial we engage locally, for example with very small and local agencies.
	+ For now, do we keep going to identify areas we can work together?

**Commissioning Opportunities**

* + European Funding is a good one to look at – it’s to get people back into work.
		- There are different pots of money coming out of Europe at the minute, so worth looking at.
		- Northamptonshire Economic Partnership (NEP).

**A Prospectus of Early Help Mental Health Partnership Work**

* + - A straw poll of the single most important element:
* To encourage the development of children and family need led, rather than provider led service development, which focuses on providing the right service at the right time for children and families, rather than many providers giving the wrong service to a family, simply because they have presented to them.
* Giving children and families a voice in what care and support they need and putting the ‘patient’/’family’ and service ‘user’ at the heart of our decision making.
* Identify a coherent offer of provision which is focused on parents with mental health problems from conception throughout childhood which is equitable, reducing postcode lottery.
* To create a seamless pathway and safe handovers between services, making sure families don’t feel passed ‘*from pillar to post’.*
* A service pathway is developed for families who are struggling from conception until young person 25, particularly focused on mental health, how each organisation can respond to the need and what options are available to the family at each stage, increasing patient/service user choice over care (perhaps using supply chain analysis frameworks, competitor analysis etc.).
* Some of these things we can do with no immediate funds.
* AB – a lot of this is already being done; it’s essential to identify where and to find what service mapping has already been done.
* DLH will send the wellbeing service map to AD.
* Prospectus point 14: Case review process could be set up to bring families ‘who we’ve been unable to help’ where a family has been refused service to identify which families still require service that have unmet need (when could this meet, how often, who would be involved please?)
* RS – what do we do with highly complex cases?
* How do we get to learn about structures that are already in place?
* Locality Forums.
* VL – a group without a voice are children under 3; these cases can only access support when they’re in a crisis and this group is the one that needs the early interventions the most.
* Universal Children’s Centres are their only option really.
* For Children Centre Workers and Health Visitors, everything is very structured and they can’t break free of this.

**Developing and Identifying Work Plan Priorities**

* How can we take this forward?
* The benefits of joining an already established Consortia?
* The Adult Mental Health Consortia is a strong one and could be beneficial to align with.
* They will take away the financial element for us which would save us 6 months’ work.
* Only problem is how do we retain our key focus?
* We could set up our own Consortia but this would take a lot of time and work.
* Could we employ someone to figurehead it?
* We need to finalise all of our policies and procedures before we can go ahead (VIN will let us use theirs as a template).
* Keep in mind we have a limited time frame – we need to be operational by April.
* Our new focus should be: empowerment and not treatment.
* AB – the fear is, how much can I or we commit to developing this?
* The Consortia is the most expedient method of creation; we would set up a sub-group in the Consortia (within their legal structure) that we run ourselves with our own focus.
* RS – once you sign up to the Consortia, what are your options in terms of leaving? Or the contract length? Do you still have the option then of creating your own later down the line?
* Can we find out where they have been successful and exactly what support they can offer?
* LD – keeping our own identity within the Consortia is key.
* DLH – what are the goals and aspirations for putting together a Consortia?

**The Process**

* AD – before bids can be submitted, we need to know who to bid under/or as.
* DG- Involve university from the beginning.
* RS – should we be a “partnership group” while we are still figuring out our main focus?
* DLH – there will be some aspects that he and RS cannot get involved with (due to the conflicts with external statutory organisations).
* AB - At the next meeting, there should be a specific time slot separated out that can be solely allocated to clearly defining our focus and mission with the Consortia.
* AD – will meet with the established Consortia to find out how to retain our identity and voice
* DLH – how will the mental health fit in with the physical health of the children?
* VL – is there scope for us to hinge ourselves around the 1001 Critical Days agenda?
* AD – their agenda is good and should be the focus of our work, but we also need to consider the wider (and older) cases.
* MB – a clear identity is more easily achieved with a narrower focus.

Date of next meeting: **Friday 4th March 2016** – The Court Room,Guildhall.