Consortia development

At the last meeting we developed a SWOT analysis for the consortia.

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| --- | --- |
| Strengths | Weaknesses |
| * Data Sharing * Greater visibility for small charities * Shared expertise * Reputation credibility * SPA for multiple small providers to access central government funding (e.g. Future in Mind) * Know our locality * Understand intergeneration * Knowing/networks of support – know our limitations * Families respond to community based organisations/trusts * Staff commitment | * We need a clear identity * Complexity * Some people within the consortia not having the time to commit and do the work for this to move forward. |
| Opportunities | Threats |
| * Wellbeing CIC * NCC Children’s Trust * University resources, PHD students * Health and wellbeing board linking organisational funding * Research should drive forward * Share resources * Urgent care – social prescribing mode * Contract readiness – the public | * Wellbeing CIC * NCC Children’s Trust * Risks with partners reputation/credibility * Private agencies come in * Loosing front-line strategies, experience, knowledge – skills |

# Fundraising opportunities for the consortia

It was discussed that whilst funding is important to everyone, much of the work we have begun to identify can be completed without further resources, but we did discuss a range of funding opportunities.

* Creating social capital with services
* Tender for specialist children’s health service
* CCG – health commissioning
* Wellbeing CIC alignment (ex – “Public Health”)
* Perinatal mental health initiatives and funding – voluntary sector involvement
* Daphne European Funding – preventing violence in the home
* NHFT Maternal Health
* Future in Mind transformation?
* Fundraising – local donations
* Social investments
* Grant funds – big potential
* Police investment – to reduce negative outcomes
* European Funding
* Route to employability – SEMLEP
* EU Funding 2018 – more pots
* Social mobility grants?
* More visible – smaller charities
* CAMHS budget – to re-tender new services and how we respond
* Contract readiness funding

# **Workplan Priorities Consultation for the Consortium.**

## SHORT TERM Priorities (2015/2016)

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| --- | --- | --- | --- |
| **Priority identified** | **Activities** | **Outcomes M** | **Current ©contributors**  **L (Leading)** |
| Develop a vision and identify the legal structure for the partnership as well as its workplan | **Consultations already held:**  28th April, 8th September, December.  Further meetings planned every six weeks to maintain momentum and additional ones as required. |  | **Leading:**  AD NorPIP  **Contributors:**  ALL |
| To create a seamless pathway and safe handovers between services, making sure families don’t feel passed ‘from pillar to post’ (143) |  |  | **Contributors**  DLH/NCC, DG/Pen Green Consortium, KH/Healthwatch, LH/ AFC. |
| 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., 140 |  |  | **Contributors**   |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | LH/ AFC | | MB/EdPsychNCC | | PJ/AFC | |
| 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. 137 |  |  | |  | | --- | | **Contributors**  DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | LH/ AFC | | MB/EdPsychNCC | | PJ/AFC | | RP/Spurgeons | |  | | AD NorPIP | | AB/Women’sAid | |
| To develop an single front door for voluntary sector services (does this need to be combined with statutory services?), 137 | * Engage with NCC’s RMC to see how we can develop services. |  | **Contributors:**   |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | LH/ AFC | | MB/EdPsychNCC |   **Leading**   |  | | --- | | PJ/AFC | | RP/Spurgeons | |
| Service mapping to identify gaps, strengths, locations and activities available in service provisions, 137 | 1. Each agency to develop a spot purchase price. 2. Develop a clinical steering group to review practice quarterly. |  | **Contributors:**   |  |  |  |  |  |  |  | | --- | --- | --- | --- | --- | --- | --- | | |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | MB/EdPsychNCC | | RP/Spurgeons | | AD NorPIP | | AB/Women’sAid | | |  | |
| Joined up clinical support and holistic support, sharing family information to determine how to best support families., 136 | Make use of Children’s Centres - Need expertise to identify the families in our locality and giving the right service. |  | **Lead:**  DLH/NCC  DG/Pen Green Consortium  **Contributors:**   |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | LH/ AFC | | MB/EdPsychNCC | |

# Medium term priorities 2017/2018

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| **Priority identified** | **Activities** | **Outcomes** | **Current ©contributors**  **L (Leading)** |
| To develop concept of a patient passport/or other similar initiative, which enables families to tell their story once instead of having to repeatedly relive past traumas to inform different professionals of their mental health. | 1. Investigate using Sunflower/Women’s Aid model (SPOC) |  | |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | PJ/AFC | | RP/Spurgeons | | VL/NCCTheraplay | | AD NorPIP | |
| 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. |  |  | |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | LH/ AFC | | MB/EdPsychNCC  **Leading**   |  | | --- | | PJ/AFC | | RP/Spurgeons | | AD NorPIP | | |
| Design and deliver a EU programme bid for developing county wide services. |  |  | |  | | --- | | DLH/NCC | | KH/Healthwatch | | MB/EdPsychNCC | | RP/Spurgeons | | AB/Women’sAid  **Leading**  AD NorPIP | |  | |
| Developing a bid to support the developmental aims of the consortia. |  |  | |  | | --- | | DLH/NCC | | MB/EdPsychNCC | | RP/Spurgeons  AD NorPIP | |
| Negotiating and developing block contracts with Commissioners/Mutuals,Health and Wellbeing Companies or Health Trusts to provide services. |  |  | |  | | --- | | MB/EdPsychNCC | | AD NorPIP | | AB/Women’sAid | |
| Identify ways of sharing resources and back office services across mental health providers | - Sharing of resources; community profiling, training on cultural needs and giving these children a voice. |  | |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | MB/EdPsychNCC | | RP/Spurgeons | | AD NorPIP | |
| Develop a programme of meetings to develop the policy and influencing voice of the consortia. |  |  | |  | | --- | | DG/Pen Green Consortium | | MB/EdPsychNCC | | RP/Spurgeons | | VL/NCCTheraplay |   AD NorPIP |
|  |  |  |  |

# Long term priorities 2018-2019

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| --- | --- | --- | --- |
| **Priority identified** | **Activities** | **Outcomes** | **Current ©contributors**  **L (Leading)** |
| Develop a social prescription model for mental health services for children and families that develops an ethos of patient choice and provides a focus on early prevention. |  |  | |  | | --- | | DLH/NCC | | PJ/AFC | | RP/Spurgeons | | AD NorPIP | | AB/Women’sAid | | Others identified | |
| Lobbying for increased statutory and non-statutory funding to plug significant gaps in services where there is unmet high need vulnerable children and families to access mental health or support services | * “on mental health”, does this mean emotional health and wellbeing too? * worried about older parents being missed. |  | MB/EdPsychNCC  AD NorPIP |
| Training needs analysis across providers to identify regular training and identify how these needs can be met by combining budgets, hiring from within the consortia to train etc. |  |  | |  | | --- | | DLH/NCC | | RP/Spurgeons | | AD NorPIP | | Others identified – NSCB as provider | |
| Develop the University as a research partner to the consortia to help us develop the opportunity for longitudinal research. |  |  | |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | MB/EdPsychNCC | |
| 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?) | * statutory services to work alongside the volunteer sector to support the families. |  | |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | MB/EdPsychNCC | | AD NorPIP | |
| Conference to establish future visioning- will partners pay to attend? Can we develop this as an income generator to the consortia to develop more money to back the consortia’s plans and fund its work? |  |  | |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | MB/EdPsychNCC | | AD NorPIP | |
| Create universal publicity to enable families to access the services (e.g. Phone Ap, website, leaflet, brochure?) | -Creation of a website  -Phone ap |  | |  | | --- | | DLH/NCC | | DG/Pen Green Consortium | | KH/Healthwatch | | MB/EdPsychNCC | | AD NorPIP | |