

Jude Facilitated Table Discussion – Session 1

- **Thoughts on what you have heard about Local Care Partnerships and implications of this localised work?**
- **What will good Third Sector engagement with Local Care Partnerships look like?**
- **What communication and sharing information mechanisms will support this?**
- **Who else needs to be engaged?**

Reflections

- Feels like the Third sector is not an equal partner with the structure already decided by the NHS - Third Sector not involved and it's hard to join in
- Leadership is very important – We need to be action orientated
- Reflection that in Pudsey – the LCP is led by GP and Practice Manager – However experience of the Third sector is that it's challenging to link with GP Practices
- Pip's role may (will) help with third sector access to GP's and leadership structure
- Social prescribing – Discussion of the new contract that can bridge gap between third sector and NHS
 - Questions around how it fits – Social prescribing and LCPs
 - Issues with reluctance initially from GPs but this has changed
 - How do we manage this?
 - Issues with lack of referrals from social prescribing to third sector

How to work together?

- Power sharing – resources from third sector can limit involvement
- Resources needed to increase capacity – The CCG Health money grants worked well but have now stopped
- Funding is needed for link workers and not services – Money needs to follow social prescribing
- Short term funding is an issue
- Unrealistic expectations about what we can offer – seems 'health heavy'

Information Sharing

- Third sector needs to be taken seriously and involved
- Central system that can be accessed at different levels
- Reflection that there is a lot of duplication
- Acknowledgement that the third sector can be gate keepers
- The HELM system – can allow patients to access and add information – their preferences and who is supporting them – Issue with older people not using
- Leeds Care Plan – is not including the Third sector?
- Training and information is a huge project

Jude's Table Discussion – Session 2

- Thoughts on what you have heard about the Leeds Plan and West Yorkshire and Harrogate Partnership and implications of regional work
- What will good Third Sector engagement with West Yorkshire and Harrogate Partnership look like?
- What would good Third Sector involvement at a strategic level look like?

- Some organisations work across the region eg: Home Start and Mental Health organisations and can share their experience
- Big disconnect – local populations but commissioning at a more regional level – how do we bridge this gap?
- Leeds has a good infrastructure – We can use our good practice to inspire work in others areas across the region
- Numbers are massive – No less than 300,000 people involved but should be no ceiling
- Challenges are resources and especially for smaller organisations - Need to be tailored to local community
- We have great ideas but can't always get to the meetings
- Want to use Forum Central to disseminate and share – Having the information online but knowing that it's there and we have a responsibility to read
- Acknowledge Forum Central doing a good job
- Third Sector organisations don't always match LCP areas
- The LCP development team can help to drive how we link into city wide work and get people round the table – It might take time as the early stages will need to focus on relationship building
- Leeds Directory is a good central place for information but we need to be careful of duplication
- Leeds Directory can also advertise services
- Pip is creating a bank of information about third sector and LCPs
- How about an NHS Repository so we can understand and learn from the work going on across the patch
- We need third sector representation on Boards and management:
 - We need money in the right places
 - We need challenge around new ways of working

- Closing remark – **Third Sector need to be EQUAL PARTNERS**

Pip Facilitated Table Discussion – Session 1

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- **Citizen involvement** is key – How are patients and local public getting involved? (General Public)
- How are we going to involve people with learning disabilities – can be challenging to engage with this group
- Need a mechanism to ensure all communities have a voice – Pip's role can help support this
- There is a capacity issue for citywide organisations and also small local organisations
- How are we going to get a range of voices into the LCP?

- We need to link with the social prescribers and change perception
- If we know the focus in particular areas:
 - We would like to know how we can help?
 - We would like to understand the opportunities?
 - We would like to work together with other third sector organisations
- Reflection that recent workshop in Otley was beneficial and really good to hear how much the third sector is valued by GPs
- Third sector need to know what the issues GPs and others in health face
- Need to avoid jargon!
- How about using engagement methods such as pop up stalls to spread the message of LCPs
- Underpinning all of this is a culture shift

Pip's Table Discussion – Session 2

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- Potential to bring different conversations together across the region
- Different Trusts and Local Authorities have different terms and jargon
 - Better conversations is an opportunity to cut through some of this
- Positive recognition of complexity and richness of assets across the region
- Positive merger and join up between health and care – saves time, energy and duplication
- Query – Will this just be a passing thing?
 - Fact that funding is shifting closer to communities and the CCG and Leeds City Council are both committing to this
- It should bring visibility and working together to benefit the third sector
- The use of existing networks and routes of engagement is encouraged
- Need to put people who use services at the centre – The Mindwell model puts people at the heart of their own health
- Clear information is needed around the priorities of LCPs and health bodies eg: Forum Central website could share information
- Transparency is needed about resources available
- Suggestion to map how we fit against Rachael's regional diagram

Lucy's Table Discussion

Table Discussion – Session 1

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Intro

King's Fund summary of NHS LTP – *share link with attendees with meeting follow up email?*
LTP focuses on NHS's role/ Leeds focuses on system (incl third sector). Criticism – in order to achieve aims, dependency across social care etc too.

How to citywide orgs engage at local level? How to local place based orgs engage at regional level? Money will flow from both.

LCPs

Primary Care Networks – fit within LCPs. Part of wider family/partnerships.

Importances of recognising wider determinants of health re LCPs– where you live, employment, personal networks and communities etc.

Priorities:

2 in year one – Pro-ative frailty model; Apriority to be locally determined (e.g. mental health in Armley). Alignment with PHM programme.

First wave: Seacroft, Garforth, Pudsey and Woodsley. Focused around multi-disciplinary working re frailty. Advanced learning from these areas.

Second wave: September onwards. 7 LCPs – discussions as to which. 6 will be in areas of greater deprivation.

LCP team role – go to different LCPs, see what they need, support learning, recognise different areas needs/ strengths/ plans.

Advantages of localities: engagement with diversity of orgs – smaller local orgs can connect and have a voice. Allowing for different ways of engaging (depending on capacity/ resources).

Massive opportunity to be at heart of improving heath inequalities.

Alison Stewart (Pudsey LCP)

3 themes for work in Pudsey: Carers (higher proportion than anywhere else in Leeds); frailty; workforce (started by looking at referrals).

Data sharing happens in Pudsey LCP – (*question: how far does this go?*)

Sarah – AVSED (Yeadon,Rawdon, Guisley NN)

Health and wellbeing group (forerunner to LCPs). Was third sector person – social work, GP leads, practice manager, pharmacist, LCH. Limited people in group, discussed individual problems (e.g. LCH repeat prescription visits) and solutions together. AVSED received innovation funding for a year – monthly sessions around H&WB (incl community flu clinic).

Now it's LCPs – more people getting involved. 30 people in meetings. Reporting and not doing, people dropping out, less getting done. Now trying to shift things. Honing priorities with LCP team's support. Positive sense around involvement of third sector.

David Smith – Seacroft LCP

Involved in CCG Frailty Strategy Group, now PHM project re frailty – integrate services around frailty, try and use data to understand interventions/outcomes needed better. Seacroft LCP one of the frailty target areas.

Seacroft – cohort of 50 moderately frail older people. Using care coordinators(Age UK/ LCC led local neighbourhood teams providing these) to implement personalised care planning.

HATCH – inner city Chapeltown/Burmantofts LCP area – Healthier Nelson apologies.

Engagement with LCPs ->

Challenges of involvement/ sharing info and messages.

Representation of the sector.

Proactive opportunities, but also need to be reactive.

Citywide vs. hyper local

Parity of representation

Equity not equality

Good engagement? Are all LCPs committed to third sector investment? Education might be needed.

It's an iterative process - the LCP development team are there to support opening up the conversation. The third sector landscape can be confusing to GPs.
 Passion and enthusiasm for the sector is important!
 Role of the CCG to help make links? Lots of third sector organisations funded via CCG.
 Info sharing: access to care records.
 A collective approach to common issues/ barriers.
 Drivers for change – coming from conversations. No point each LCP reinventing the wheel -> shared learning/ critical analysis.
 Opportunity for smaller organisations to be supported by larger organisations.
 Selection of priorities within LCPs – how is this being worked out?
 - Population Health Management/ prevalence of issues in LCP areas.
 - What about what's important to people? -> role for third sector organisations to bring LCPs back to the experience of people.
 Info sharing ->
 Care records.
 Awareness of what's available in the sector – mapping.
 Smaller groups – less capacity – support from larger orgs.
 Pressure to link with GPs -> but GP confederation exists and could support.

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Regional representation is a challenge BUT resources around coming through regional routes, and this is likely to increase.
 Importance of organisations being involved- not just Forum Central staff but organisations too.
 NCVO work re STPs – reassuring that WY&H, but specifically Leeds is actually much further ahead than other areas.
 Complex environment to operate in.
 A lot for organisations to juggle – i.e. organisational survival, support for the sector, support for other orgs – a tricky balance!
 Changing environment in terms of resources.
 Useful to have a process of reviewing involvement and impact of representation.
 Messages are getting through – changes in terms of funding i.e. neighbourhood networks. Confidence of the sector to engage.

Rachel facilitated Table Discussion – Session 1

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Strengths and Opportunities

- We feel relieved to hear about the vision of the LCPs! – That our time and effort that we've invested in existing relationships and local working groups has lead somewhere
- Real asset having Pip in post as dedicated Third sector champion
- Liked the description of the Primary Care Networks as the breadwinner and accessing funding- helped with understanding
- Use the Forum Central newsletters/bulletins to update on LCP engagement opportunities and how to get involved but also progress of the LCPs (differing points of view around effectiveness of current Forum Central newsletter and amount of information to digest/distributed too often)
- Commissioners and leaders should ensure that commissioning processes and contracts stipulate multi-partner working which leads to increased partnership working and reduced competition
- Organisations forming alliances to represent each other and ensure increased attendance across the LCPs
- We need to think bigger than protecting our own organisations and think of what is best for citizens

Queries and challenges

- Are the LCPs set up to be local enough and provide local enough solutions?
- In the presentations, there was discussion of the 20% of people/appointments that do not need GP intervention – Need to recognise the added value that the third sector can bring to 100% of people.
- The set-up of LCPs and engagement with LCPs can feel overwhelming – particularly to smaller organisations and city wide organisations
 - How are they to attend or be plugged into all 18 LCPs?
 - Remember some organisations are supported by only 1 or 2 individuals so when they attend external meetings, the service stops.
 - How will funding be shared out and reach smaller, local organisations?
- Has there been any mapping undertaking of which Third Sector organisations are present in localities v city wide?
 - Can build upon existing mapping done for Service Directory, Forum Central membership and by Social prescribers
 - Need to explore more effective mechanisms to share LCP engagement opportunities and progress updates – to be explored with Pip
- Some third sector organisations need support to understand not only the opportunities available to them but how to turn into action
- Concerns around the larger organisations 'empire building' and taking all of the LCP opportunities:
 - Freezing smaller organisations out

- Risk to sustainability if only one provider in place
- What about involvement of the public? LCPs need to be as inclusive as possible and also consider transient communities
 - LCPs need to do engagement work with the public – going out to communities to better understand their needs
 - Need to manage risk of members of the public as ‘activists’ within groups and not representing the views of wider public.
- Concern that a lot of people across the system do not know about LCPs at all – how will we get them up to speed quickly?

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Reflections

Challenging to imagine what being involved at this level means to us – seems distant

- Need to acknowledge that Leeds is very different to all of the other places in our network
- Some organisations would like to attend the regional strategic meetings where the public are invited but wouldn’t know where to find the details eg: dates
- Smaller organisations would find it impossible to attend these meetings and would need to rely on the selected representatives
- Need to fully investigate all of the communication and feedback channels that could be offered to keep the Third Sector updated – newsletters, videos, social media, moderated online forums
- Updates from Forum Central would be useful around the network level progress but would need to be better targeted so that organisations were getting the level of information that they would like – reflection that this is challenging to get right – Can the ICS communications team help with this? – They have more capacity
- Good engagement would ensure a 2 way process – that the Third Sector feed into the programme but that they also receive timely and co-ordinated feedback
- Learning from the Community Foundation Experience – Can leaders of reg networks come out into the community and see the needs and impact of the decisions they make?
- We could learn from the work of other areas in the region but may be more suited to peer review and learn from other places outside of our ICS – eg: Manchester. How could we facilitate obtaining this learning? Some organisations have a footprint wider than Leeds and could learn from other areas?

Queries - How can 1 or 2 people realistically and effectively represent the whole of the Third Sector at the various strategic levels and over such a wider geography?

- How do we create a learning environment to enable us to learn from others and continuously improve?
 - Would want to see learning translated into action – this a challenge