3rd Sector/LYPFT Partnership Forum – Notes

- BAME Pathway Knowledge/Expertise mustn't be lost!
- GP awareness raising needs to be ongoing.
- Referrals onto other services e.g. engage needs to be better managed (LMWS staff needs upskilling to be clarified & formalised. How will staff be trained on LD/autism to ensure beds practice/outcomes? EASY READ.
- How will you link with employment services – e.g. Workplace Leeds on LMWS has employment element.
- Existing peer support workers in LYPFT (delivered via Leeds Mind) what is the difference/similarity & how can we encourage closer working?
- Get estates sorted & communicated to all – will be vocation opportunities!
- What is link with Domestic Abuse Support Groups? e.g.WHM & Post removal work?
- Transitions mean we need to communicate well to services with young people e.g. Gipsil who work with 16 & 17 (up to 25).
- Getting the right info out to all obs/ppl in a timely way.

Adult MH

Community Hubs

- **Ability to offer clinical space/groups, space in early evenings.**
- **An I.T. suite with PC's to facilitate online access.**
- **? Childcare barrier to access.**
- **? People in contract & Criminal Justice System – area of deprivation.**

Opportunities

- Health inequalities – e.g. gaps for RaAS being referred out of IAPT as unsuitable.
- No funding within existing 3rd Sector & support orgs to support this need.
- Spot purchase specialist services 'create the box'
- Cuts to funding of specific services (BHI)
- Community based service delivery points (not within existing services/NHS building etc.)
    - Capacity in 3rd Sector
    - Support for individuals
- Spot purchase specialist services 'create the box'
- LMWS workers being aware of existing peer support/localised groups offering support e.g. Hamara. Shatona.
- Opp to link with LCP's & 3rd Sector contacts to identify/build Co-Prod/Peer Support Volunteers.
- Opp to engage with groups whose services haven't historically reached. Complexities of navigating the system for people if English isn't the 1st language (spoken, written literacy levels, other languages, BSL, Vision impairment, LD.
- ? Cost of additional services needs to support those most in need.

    - E.g. – Interpreting is very expensive.
    - E.g. – Leaflets in different languages.
    - E.g. – online therapies – Easy read A/S.
- Now spec referral pathways such as Touchstone, Trauma, BAME don't exist. Stabilisation projects (results soon) *Not to lose skills/knowledge developed through this*.
    - How do we ensure there referrals aren't lost in bigger service? & refers are confident the specialists needs are being met/understood.
        - Complex/multiple trauma.
        - IAPT/Step 1-2 – Across therapy groups & skills levels/offering.
- Utilise Trauma Stabilisation Project Model with in Health Inequalities work stream.
- Stabilisation vs 50% 'Recovery' targets for IAPT entry.
- Access/waiting times.