

VCSE FORUM

November 2022

WHAT DO WE NEED TO REMEMBER

Our values- why we do what we do



WHAT RESOURCES DO WE NEED TO PRODUCE



2 resources were identified as being needed:

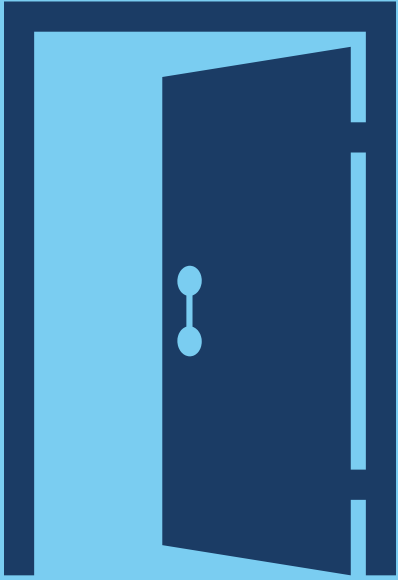
- VCSE Toolkit including:
- How to write effective referrals
- A policy writing guide - with templates
- Best practice
- Directory of services: this is being explored as a workstream in the VCSE MH Alliance

CONSIDERATIONS

- How do we get all the relevant information together?
- What will be useful for the VCSE?
- Who are these resources for?
- How can we utilise the VCSE MH Alliance?
- How do we ensure consistency in service delivery?



ACCESSIBILITY



- Need for effective referrals between VCSEs.
- Assessment of service user needs inform referrals.
- Increased use of Dimensions tool across the system to prioritise service users needs.
- Understanding of what is available- directory for VCSE services and CWPT services.
- Everyone needs a clear understanding of each others processes including specialist services.
- We need to understand there is a difference between signposting and referrals.
- Promote the use of non-clinical environments e.g. leisure centres, community hubs. This is encouraged in NICE guidelines.
- Promoting a “Hybrid approach” online and in-person. Giving people a choice of how they want to engage.
- Manage expectations on the time between referral and assessment.
- Need for better feedback loops after referrals have been made.
- A consistent point of contact within CWPT.

TREATMENT APPROACH

- The importance of building trust and rapport with clients.
- A positive and strength based approach from the start.
- Emphasis on the value of building relationships and providing longer term support.
- The use of less threatening venues- not a clinical setting.
- “We can’t do anything” should be a banned phrase!





COLLABORATION

- What are our shared responsibilities?
- RAG rating for services needed to reflect waiting times/capacity.
- VCSE to be transparent about their capacity and capabilities.
- Cross-sector communication.
- VCSE need to be trusted and given autonomy to deliver in the way they know best.
- Social prescribers to link VCSE and CWPT- more training for SPs.
- Acknowledgement and recognition for skills within the VCSE- specialist. Communicate via equivalent NHS banding.
- VCSE training for NHS on what we do- sharing skills.
- NHS staff encouraged to join VCSE boards/trusts. This has worked well in other systems to promote understanding.
- Communicate when and why support from VCSE is necessary in the interim.
- Boundaries and clear responsibilities when joint working.
- Crisis team- need for clear consistent processes that are communicated to VCSE organisations.
- A centralised system.
- A shared standard of service.
- Partnership working needed when transitioning from CAMHS TO AMHS.
- VCSE staff want to be respected and feel equal to statutory colleagues.
- Development of Best Practice Models in both policy and practice between CWPT and VCSE.
- Promote data sharing and admin support (agreement needed between sectors).

PATIENT JOURNEY

- Acknowledge individualised care services.
- Case managers for individuals.
- Being the mediator rather than assuming people will make contact when signposted.
- Consistent approach.
- Peer support to help with waiting lists - this links with resourcing, patient journey and accessibility.
- Effective Triage- point of contact, referral to the right service the first time, flexibility to escalate/de-escalate.
- Risk assessments need to be carried out when transitioning from CAMHS TO AMHS.



LIVED EXPERIENCE

- Experts by Experience (EBEs) to inform how best we can support people when partnership working.
- EBEs to guide Experts by Training (EBTs) on how to put service users first.
- Peer support workers to support people to access mental health services both in the community and in clinical settings.



RESOURCES AND INVESTMENT



- Planning is needed to ensure sustainability of services.
- Funding opportunities needs to be realistic, communicating accurate timescales and setting reasonable deadlines for reporting.
- Transparency around funding.
- Longer term funding- more than 12-18 months.
- Going straight to VCSE for service delivery and consultation.
- Recognising the financial value of VCSE services.
- Find out where there are MH beds. Transparency about what is available.
- More provision is needed. Potential to use private/VCSE beds or the Nightingale hospital.
- Pay staff more to reduce turnover.
- Training opportunities, supervision and progression opportunities for staff.
- Crisis team need more staff to ensure people who are referred are contacted promptly.
- More funding for prevention.
- Funding for societal pressures leading to poor MH e.g. post-covid, cost of living crisis, social isolation.
- More volunteers needed but expectations need to be managed. VAC, WCAVA, Alliance.
- Lack of consistency in contracting – VCSE need more time to prepare for funding opportunities.
- Need to consider staff ratio to number of referrals.
- Lack of opportunities to get core funding. This means the infrastructure that supports the volunteers/staff is constantly at risk.

SO WHAT NOW...?

ACTIONS YOU CAN TAKE:

- Join a working group:
- Referral process: NHS to VCSE, VCSE to NHS, within VCSE. How would we design the system to allow for appropriate referrals, meaning the service user gets the right support when they need it? This could include developing a bank of key questions to inform referrals.
- Model for funding: How can we change the funding model to give equal opportunities to small, grassroots organisations?
- Volunteering: How can we encourage people to volunteer in peer support/mentoring roles?
- Cross-sector relationships: What works well and what doesn't?

ACTIONS FOR US:

- VCSE Mental Health Alliance
- Directory of Services (include RAG rating for waiting time?)
- CMHT VCSE Team
- How can we evaluate the VCSE (including the financial value of VCSE services)?
- Showcase the work and expertise of the VCSE
- Run workshops:
 1. Policy Writing (including blank templates and examples)
 2. Bid Writing (include planning for sustainability and how to prepare for funding opportunities)
 3. Best Practice and Boundaries