

'Thinking Together May 2017'

Voice for Mental Health



60 people with severe

Mental Health issues died from
preventable physical health
causes

&

15-20 years less life
expectancy for those with
severe mental health issues in
West Berkshire

Dr Anees Pari, West Berkshire Public Health

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Acronyms Busters

MEAM- Make Every Adult Matter

GP- General Practitioner

NHS – National Health Service

MH – Mental Health

WBC – West Berkshire Council

ASC – Adult Social Care

PH – Public Health

MP- Member of Parliament

CEO – Chief Executive Officer

A&E – Accident and Emergency

SCIP – Social Care Information Point

BHFT -Berkshire Health Foundation Trust

WB H&WB B- West Berkshire Health and Wellbeing Board

BME – Black and Ethnic Minority

CMHT – Community Mental Health Team

VCme – supported volunteering for people with mental health problems project

Proposed Way Forward

- ❖ Mental Health Action Group(MHAG) Formed funded and supported to co-ordinate community Mental Health services that can make decisions is accountable, with measurable targets and agreed outcomes) by September 1st 2017
- ❖ Draft Action plan – following Integration Board 21/06/17 produced by MHAG
- ❖ Action Group planning session to discuss Action Plan e.g. ‘Thinking Together 3’ based on the successful turn out & positive responses received about these events to create co-produced action plan – reports back to MH Collaborative? (late September 2017)
- ❖ Action easy recommendations e.g.
 - ◆ Crisis service review
 - ◆ Professionals behaviour/ appointment timings
 - ◆ SCIP updated/Wellbeing website updated
 - ◆ Create West Berks community asset register (Bracknell Model)
- ❖ Action co-ordinated approach to other programs e.g. ‘Brighter Berkshire’, ‘MEAM’, ‘BLUE LIGHT’
- ❖ Action Prevention agenda -there is a need to cross reference joined up working to ensure that individuals are helped **holistically** and more thoroughly- not just at crisis! E.g. Housing/Education/Social Isolation/Employment
- ❖ Funding- Parity of esteem needs to be implemented financially, but organisations also need to be open & honest about what can & can’t be delivered and look at alternative strategies/funding

Executive Summary

This report covers the feedback from the 'Thinking Together' event that was held on the 18th May 2017 at Thatcham Catholic Hall. The event was organised and facilitated by Healthwatch West Berkshire and The Changemaker Group c/o Brighter Berkshire. It captures the topics discussed and make recommendations that will hopefully be included in a co-produced Mental Health strategy and help design how the Mental Health Collaborative Board operates as a sub-group of the West Berkshire Health and Wellbeing Board (WB H&WBB).

The feedback is based on looking at the good points and the challenges of the having good Mental Health locally which includes mental health services.

Based on the feedback analysis, the recommendations are as follows:

Impact

- The Priority Ideas from Session 5 need to be assessed and considered to help form proposed implementation projects within the Mental Health Strategy.

Service

- Improving the quality of service provision, professional's approach and service users experience of services
- The effectiveness of the Crisis Team needs to be addressed as a priority. Similar issues have been highlighted in the report done by Healthwatch Wokingham (reference 2, pg. 31)
- Time constraints for appointments is identified as a major problem
- Training and development issues for professionals are clearly highlighted
- Services that are offered do not run long enough to benefit the service users completely
- Servicer users highlighted they are often rushed in appointments
- A co-produced way to see how people's experience and outcomes can be improved needs to be investigated

Collaborative

- Working collaboratively with Community Conversations, Building Communities Together, 'MEAM' project, Blue Light Project, Brighter Berkshire and other organisations who have an interest in Mental Health
- Carers need to be more involved and supported

Funding

- Funding of voluntary sector – sustainability needs to be considered
- Funding should be allocated for events like 'Thinking Together' to take place regularly

Education

- Better Mental Health education for young people and those professionals with whom they come into contact with like GP, NHS, Social Service and the families requires priority attention. Young people need an easier platform to be heard and seek help efficiently. This must be achieved for all school ages
- Co-production and co-delivery of the Mental Health First Aider (MHFA) course with service users' needs to be considered

Awareness

- Mental Health Awareness needs to be a priority, e.g. Brighter Berkshire 2017
- Improving access to information and support to individuals
- People want more co-productive events like 'Thinking Together' to have a say and have services reviewed regularly

Employers

- Awareness of Mental Health (MH) by employers needs to be tackled and improved

Social Prescribing

- Social prescribing should be more fully considered, as its arguably shown to be as / more beneficial than some medication ‡

Introduction

The first 'Thinking Together' event was organised last year, to assess and discuss the changes to the Community Mental Health team (CMHT) that the introduction of the 'New Ways of Working by WBC ASC would have. It followed up by a survey of the users of the service.

With the launch of 'Brighter Berkshire Year of Mental Health 2017' and with the intervention of Richard Benyon MP around Mental Health in West Berkshire, it was felt that the second 'Thinking Together' event in 2017, needed to have a broader focus on Community Mental Health in general and some of the challenges faced by both the service users and the 'system'. It was also felt important that it became an inclusive co-produced event with everyone heard and their views captured, rather than a more formal event with a range of speakers.

A non-judgemental environment was created which encouraged engagement, honest disclosure and frank discussion. This allowed real insight into the experiences of the service users; their perceptions of, and attitudes towards West Berkshire Mental Health services. Participants discussed positive and negative aspects of their experiences, as well as what aspects of the service they personally feel need to be improved as well as taking accountability for their own wellbeing.

This report covers the 'actual' feedback captured from the 'Thinking Together' event that was held on the 18th May 2017 at Thatcham Catholic Hall. The event was organised and facilitated by Healthwatch West Berkshire and The Changemaker Group c/o Brighter Berkshire. **It captures the topics discussed and make recommendations that will hopefully be included in a co-produced Mental Health strategy and help design how the Mental Health Collaborative Board operates as a sub-group of the West Berkshire Health and Wellbeing Board (WB H&WBB).**

Acknowledgements

Healthwatch West Berkshire would like to thank West Berkshire Council, West Berkshire Council Adult Social Care (WBC ASC), West Berkshire Public Health (WBPH), Berkshire Healthcare Foundation Trust (BHFT) and Newbury and District Clinical Commissioning Group (CCG) for supporting this event.

Thanks also go to all the service users, the representatives and volunteer sector who attended the event, as well as our volunteers who helped on the day.

Special thanks go to The Changemaker group, c/o Brighter Berkshire who facilitated the sessions and Jacqueline Wilkinson (Open for Hope, WBLIN) who helped write this 'Thinking Together' report, alongside Adrian Barker (time2 talk and Lay Member Newbury CCG, Ali Foster Brighter Berkshire)



(A packed event- 'Thinking Together', May 2017)

Disclaimer: Please note that this report relates to findings observed on the specific date and time set out above. Our report is not a representative portrayal of the experiences of all service users and staff, only an account of what was observed and contributed at the time, and any feedback received relating to the event.

The Programme

The morning session was introduced by Andrew Sharp Chief Officer of Healthwatch West Berkshire, then the whole event was facilitated by the Changemakers group, c/o Brighter Berkshire, with activities that provided feedback accordingly.

Dr. Anees Pari (Head of Public Health, West Berkshire) shared his concern about mental health and the effect on physical health, with the session ending with Nick Carter (CEO West Berkshire), asking for action plan, which is in planning for the autumn.

The topic of discussion was as follows:

Session	
1	What are the good and what are the challenges of the Community Mental Health Services in West Berkshire
2	What would you like to see to improve your wellbeing
3	Improving Communication
4	Good Collaboration (appendices)
5	Priority Action based on Impact/ Cost /Ease of Implementation

Please note the comments below have not been categorised further. This is because on the day people were not asked to identify where their comments should go, except based on the question titles

Session 1 – What is Good and what are the Challenges of Community Mental Health Services in West Berkshire

GOOD

Mental Health Specific

- Common Point of Entry- Telephone assessment: central hub, one telephone number
- Easy access to Mental Health Nurse
- Integrated service
- Reorganisation between Social care and MH
- Keeping person in their own home with help of health and social care due to parent pushing for this.
- Improved service, and listen to more than 30 years ago
- Good access to the right medication from my psychiatrist
- Mental Health First Aid course
- Better service user involvement
- GP gave right help at the right time
- GP understands better mental health supportive with education



Community Support

- Initiatives in Secondary school
- Time to Talk service
- Awareness amongst young people for supportive, accessible and wider range of service plus support
- Recovery in Mind
- Open for Hope
- Eight Bells
- Sport in Mind
- Support of Bereaved by Suicide (SOBS)
- VCme MH support volunteers
- Brighter Berkshire good start
- Healthwatch now being visible
- Voluntary work - good in the work they do
- Peer support
- Family
- Holding this event
- Being involved
- Help with benefit information and education
- Yoga, knitting and keeping busy to recover
- Not on my own, people want to help
- Lots of service available



CHALLENGES

Mental Health Specific

- Common Point of Entry is complicated
- Care need to be taken regarding assessments so that appropriate treatment can be given for example identifying PTSD and need for specialist treatment
- How does 111 fits in?
- Lack of crisis support in West Berkshire
- Crisis not accessible directed to A&E in West Berkshire.
- Newbury is a long way to access staff



- Severe cuts in Children Health Services, which affect Parents' Mental health
- Day Centre Residential Place Closing
- Threshold too high for secondary care, gaps between Talking Therapies and CMHT
- Access to CMHT - long waiting list, lack of access, lack of clinical psychologist
- No discharge services
- No follow-up
- Need early intervention and support and pre-relapse
- Prevention- we need proactive rather than reactive
- Lack of local support for personality disorder and eating disorder
- Need more access to help people that don't ask for help

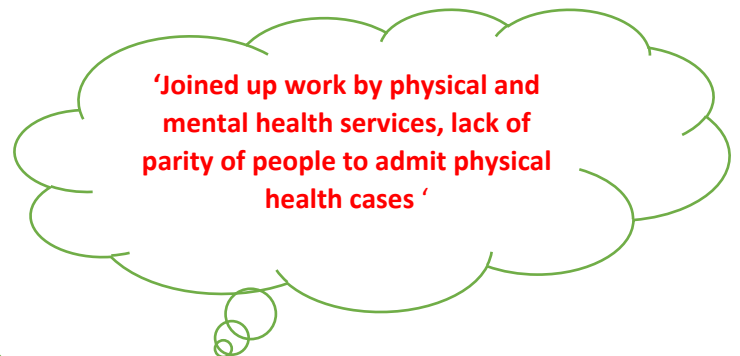
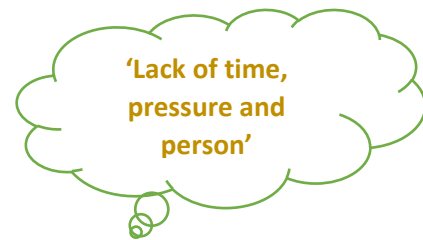


- High functioning mental health users
- Helping people to get back their confidence
- Poor management or confidentiality thus stop trusting
- Mental Health and Learning Disabilities are not working together
- Need better Health Training for professionals, lack of capacity, lack of publicity of services
- Better communication between all parties' inclusion for patients
- Experts sometime think they know best
- Lack of attention to individual needs
- Lack of support while waiting
- Not getting social care assessment done while waiting
- Lack of community support beyond secondary care
- Lack of awareness where to get help, limited resources, lack of compassion for young people
- Welfare advice (completing forms and knowing entitlements)




Primary and Secondary Care

- No continuity in care workers
- Waiting list too long
- Everyone not communicating together
- More training for doctors regarding religious, spiritual and cultural awareness
- More mutual not crisis
- Not recognised to way to be well
- Physical, mental, spiritual, social, emotional health (PIP)
- Silo working
- Support for the supporters
- Safeguarding keeping people safe from exploitation
- Lack of access and knowledge on where to go
- No parity of funding physical health
- One size fits all treatment




-

- Tackling debt
- No service for rural area
- More mutual not crisis
- Homelessness, not enough beds in West Berkshire
- Housing challenges, risk of vulnerable people from neighbours, unsuitable housing condition
- Stigma
- Cost to benefits, affordable housing
- Need more education for children about Mental Health
- Need to encourage children to speak up
- Lack of awareness and action from employers
- Voluntary group funding too precarious, burden on volunteers are too high
- Increase in demand
- Social isolation
- Too many cuts and lack of money, resources or beds
- Need more support for NHS staff
- Untrained staff
- No job satisfaction
- More posts needed for CMHT
- Need involvement of local communities
- No immediate access GP capacity, time and appointment
- Need more joint up multi skilled working



'Too long wait for staff which leads patients into crisis'



'Low pay for employees'

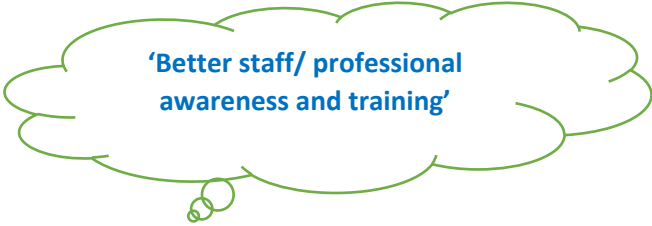
Session 2: What would you like to see to improve your wellbeing

Mental Health Specific

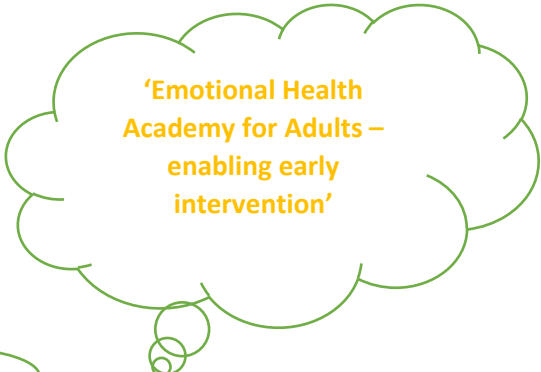
- CRISIS café **– out of hours support offered to prevent emergency psychiatric admission and aid recovery or return to crisis.
- Respite for both people with MH issues plus carers even one night can be beneficial- FUNDED
- More Home visiting to reduce isolation and reduce MH illness
- Mindfulness
- Consistency with key worker/advocacy
- Drop in centre with MH nurse plus outreach to home
- Constant follow up support
- Better/ Longer appointment with MH team
- More specialist care e.g. Autism
- More understanding by emergency services



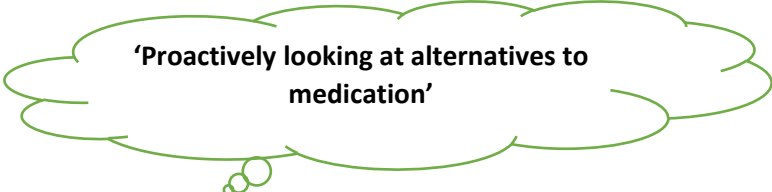
**'Evening/Night
Professional
Support and in
West Berkshire'**



**'Better staff/ professional
awareness and training'**



**'Emotional Health
Academy for Adults –
enabling early
intervention'**

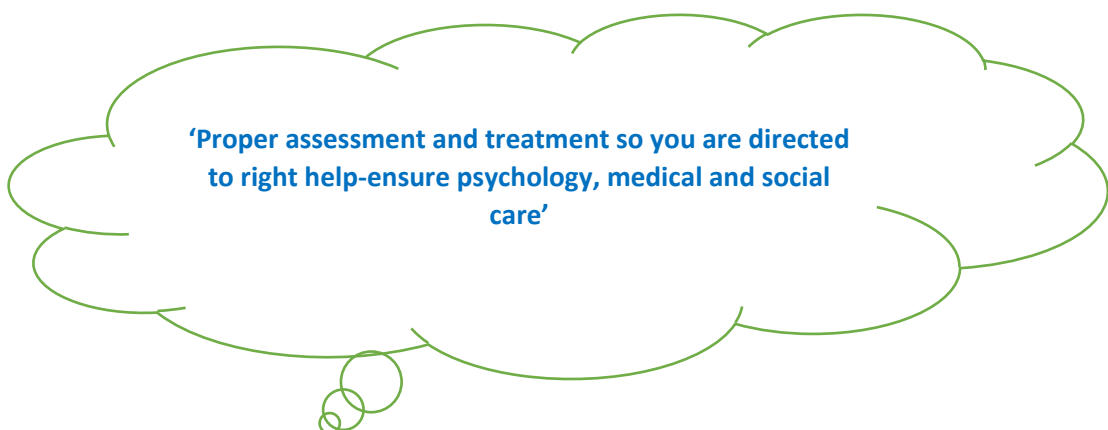


**'Proactively looking at alternatives to
medication'**

**see reference

General

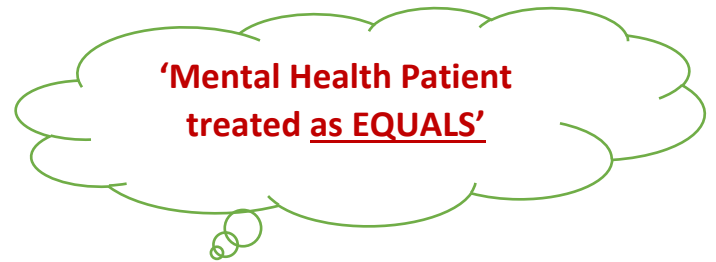
- More support to access services
- Getting the right medication
- Reduce RED tape
- Better staff awareness and training
- Constant follow up support
- Better communication/information between GP and Hospitals
- Efficient appointment system so that you are not chasing up
- Get help when I ask for it
- Listen to me properly
- Good Communication
- GP need to spot and support MH
- Stop passing the buck
- Improve dementia services -supporting carers
- Ensure carers assessment is done



General

Awareness

- Mental Health and Physical Health seen in the same light
- Healthy Eating
- 5 ways to wellbeing



Dr Anees Pari (Head of Public Health)

Community support Service

- Wellbeing canal boat
- Education about mental health to stop prejudice
- Reaching out to the traveller's community, BME, sensory impaired and physically disabled
- Gender equality
- Bus passes
- More child - friendly environment
- Helping individuals to get out to service
- Community network and asset base register
- Transport
- Younger people to be listen at school from a younger age



Self

- Encourage people to do sports and join groups
- More support from friends, family and professionals
- Peer support
- Someone to listen
- Helping filling forms
- Helping get out into community
- Support for volunteers and more training for volunteers
- Accessing information locally



General

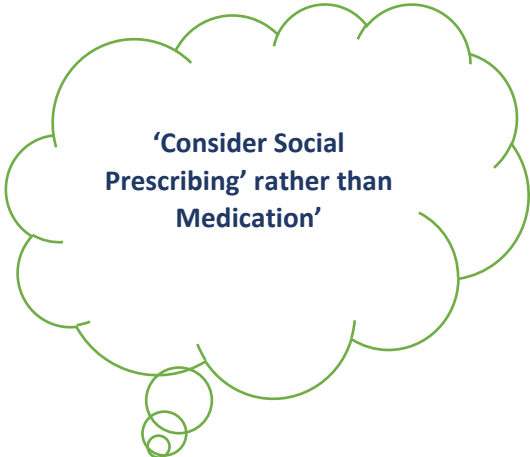
- Doing something to help others
- Volunteering
- Financial Stability for service users
- More MONEY for MH



(Interactive Wall)

Self-support

- Expanding my social network – non-alcoholic venues
- Stand-up Comedy/ Music night
- Walking group
- Learning cooking skills and living skills
- Less talk more action
- Cycling
- Gardening
- Singing on prescription
- More access to sport for all abilities (including physical disability).
- Dancing
- Time to exercise and enjoy stuff
- Enough sleep
- Having friends

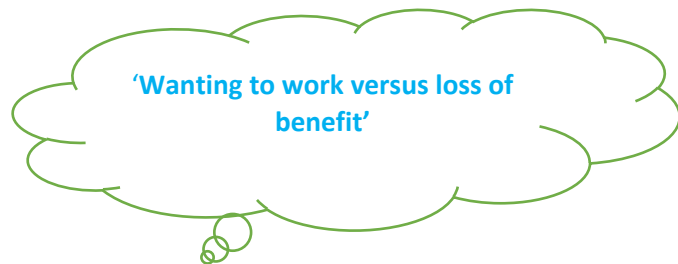


- Self-compassion
- Awareness of own stress signals
- Self-value and no stigma
- Exercise/Outdoor

Employment

Employer

- Employment support
- Encourage employers to help manage physical and mental wellbeing
- Back to work support – work place can make it work - people end up hold it together
- Should be easier to access only working 16 hours
- 4 day working week
- Boss who understands work life balance



Self

- Lunch break
- Leaving work at work
- Time with family





(Dr Angus Tallini's Alternative 'Paper Plane')

Session 3- How to improve Communication

Improve Communication

- Use Social Media
- More Thinking Together events
- Publish what is going to be achieved
- Sign posting cards for website
- Personal touch to information
- Do not assume people are literate/ mental health literate
- Language
- More collaboration with Voluntary Sector
- Information up-to-date
- Ensure effective networking
- Listening and feedback effectively – proactive
- Text Messages / App (Appyness for Adults)

'Use simple language
not Organisational
jargons'

'Make information
available to Everyone
not only Professionals'

- Working with other people not working silo
- MDT should be cross organisation
- Better network for peer support

Public Information Awareness

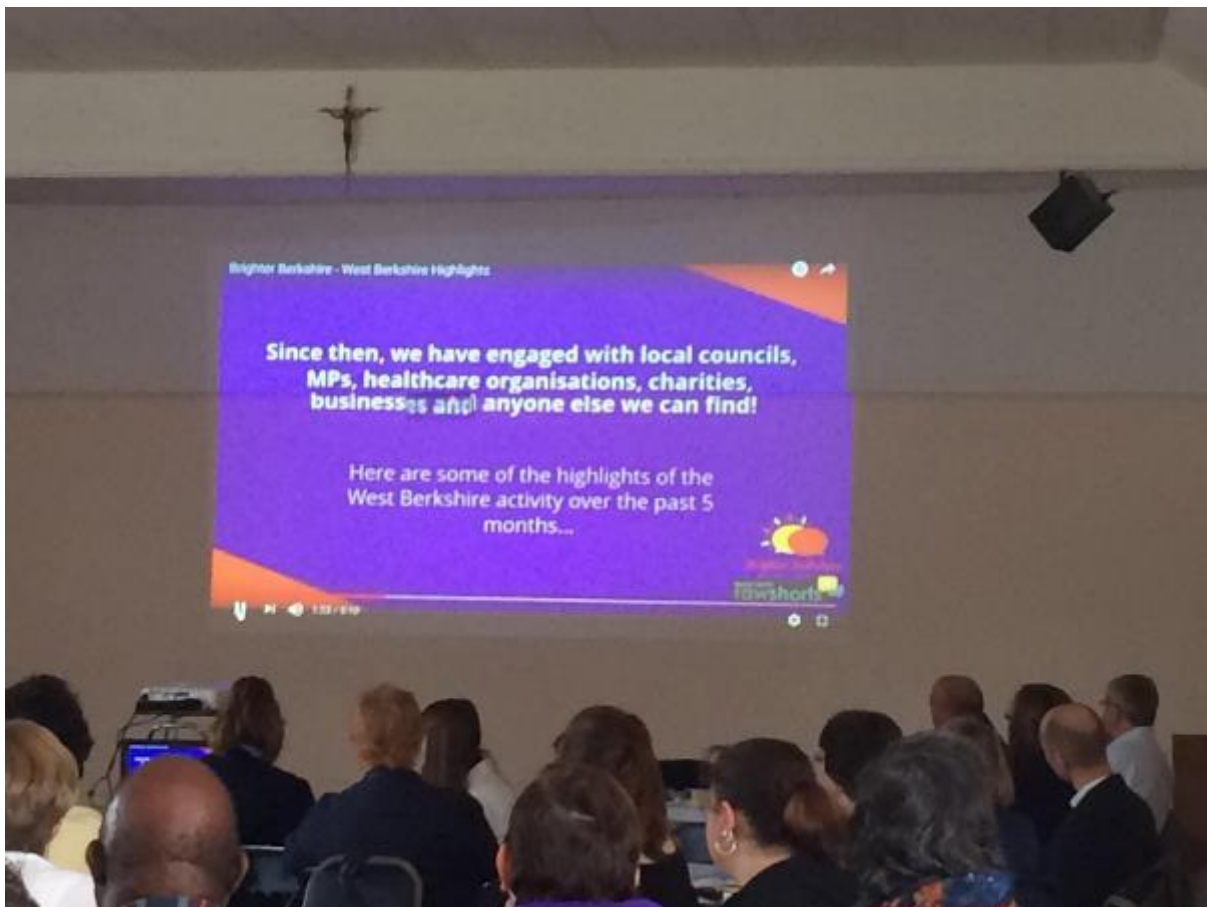
- Review Social Care Information Point / easy to find information / one stop Directory - including signposting – social media, different format covering professional and voluntary /local authority website to include events, news, fundraising
- Social Care Information Point
- Brighter Berkshire event – Communication with Public
- Focus Campaign on single issue



Session 4 – Collaboration is included as an **appendix** as

This needs to be revisited and used as a guide when considering service development. Please see page 35-36.

Respect, Support, Communication & Personal Commitment



(Brighter Berkshire Video, ref 3, pg. 31)

High/Low/ Easy	High/High/Hard	High/Medium/Easy	High/High/Easy	Medium/Low /Easy
Brighter Berkshire Campaign – events and support it	Pooled budget for MH	Directory of resources available (including paper copy)	More financial support for local support services (3 rd section)	Raising on-line profiles linking to social media
More Thinking Together events	Train all staff to understand MH and build skills	More investment in peer support	Community networking	Thinking Together events
Health prevention with people with MH problems	End DWP fit to work assessments	Out of hours support- face to face cafes – Crisis Café	Pay for more people not just volunteers	Dropping centres
Social network (Facebook, Whatsapp, group chat)	Longer medical appointments			Better use of You-tube
Connecting service users with services- ensure update information	Replicate patient information point across the district			
Tackle Stigma	More specialist support workers			
Publishes social care information points through sign post cards	Shorter waiting list			
Website for wellbeing	Mental Health First Aid			
	Solve all MH issues			
	Change the government			

Session 5 – Priority ideas based on Impact/Cost and Ease of Implementation

Analysis and Recommendation

Note comments from sessions 1-4, need to be looked at together to understand the whole picture.

The Priority Ideas from section 5 need to be assessed and considered to form proposed implementation projects within the Mental Health Strategy.

Improving service provision and professional's approach and service users experience of services. Based on the feedback, there are specific service issues, which are evident in all services secondary, primary and public health. Some of these issues can be improved/ changed internally, they are not a cost issue but a quality issue or a service redesign.

There was also concern that services that are offered are not offered for long enough to be beneficial for them, for example, being offered six weeks of therapy.

Some participants felt that they were left out of decisions and discussions about their treatment and support. Again, this need investigating in a coproduced way to see how people's experience and outcomes can be improved.

Time constraints for appointments is identified as a major problem.

Participants felt health professionals only have a limited amount of time to spend with them and a set number of questions they needed to ask in that time. This lead to people feeling not listened. This needs to be looked at in a co-produced way for staff training and attitudes as well as access to professionals.

Service users highlighted that they are rushed often; 'there is no long-term work', 'they are thinking about discharging somebody the minute they meet them'.

Training and development issues for professionals are clearly highlighted including attitudes towards service users and need addressing. There is a need for a more holistic approach from professionals.

Suggestions for some new services to complement those already available were put forward: -

- a) Safe Haven/Crisis Café – out of hours support to prevent emergency psychiatric admission and other MH support – chat/peer to peer support
- b) Community network and Asset-based Register (Bracknell model) could be a way forward for primary and secondary care to be embraced in West Berkshire

The *effectiveness* of the Crisis Team needs to be addressed as a priority. Similar issues have been highlighted in the report done by Healthwatch Wokingham.

Funding of voluntary sector. Voluntary sector organisations were recognised as key players but unvalued and underfunded. These services are under a lot of pressure and seemingly vulnerable to lack of sustainability in funding. This needs the statutory sector to consider whether it funds some of this so it can continue to benefit from voluntary sector input to improving people's wellbeing and mental health and preventing relapse & higher longer-term cost.

Collaborative work with Community Conversation, Building Community Together, MEAM project, Blue Light Project, West Berks Homeless Charity and other organisations who have an interest in Mental Health can reduce '*reinventing the wheel*' and people slipping through the net. This will lead to better inclusion and a holistic approach so people are not falling through the net.

Carers need to be more involved and supported.

There needs to be joint working across statutory sector in a balanced funded and co-produced way with service users, carers and voluntary sector.

Better Mental Health (MH) Education for young people and those professionals also with whom they come in contact with like GP, NHS, Social service and the family requires priority attention. Young people need an easier platform to be heard and seek help efficiently. This must be achieved for all school ages.

Mental Health Awareness is a priority area which requires meaningful attention. Funding could come from statutory and grant providers, as a means of achieving this. The 'Brighter Berkshire 2017' model has shown how to begin increasing awareness. Initiatives like Brighter Berkshire needs **more formal support** from professionals and statutory organisations. 'Make the **Pledge** and do it publicly!'

Improving access to information and support to individuals. Positive suggestions about what individual can do to help themselves is evident, however the information and support to do this is difficult to acquire. Organisational language and poor updating of services like the Wellbeing website lead to people feeling there is not enough enabling of individuals.

People want more co-productive events like 'Thinking Together' to have a say and have services reviewed regularly.

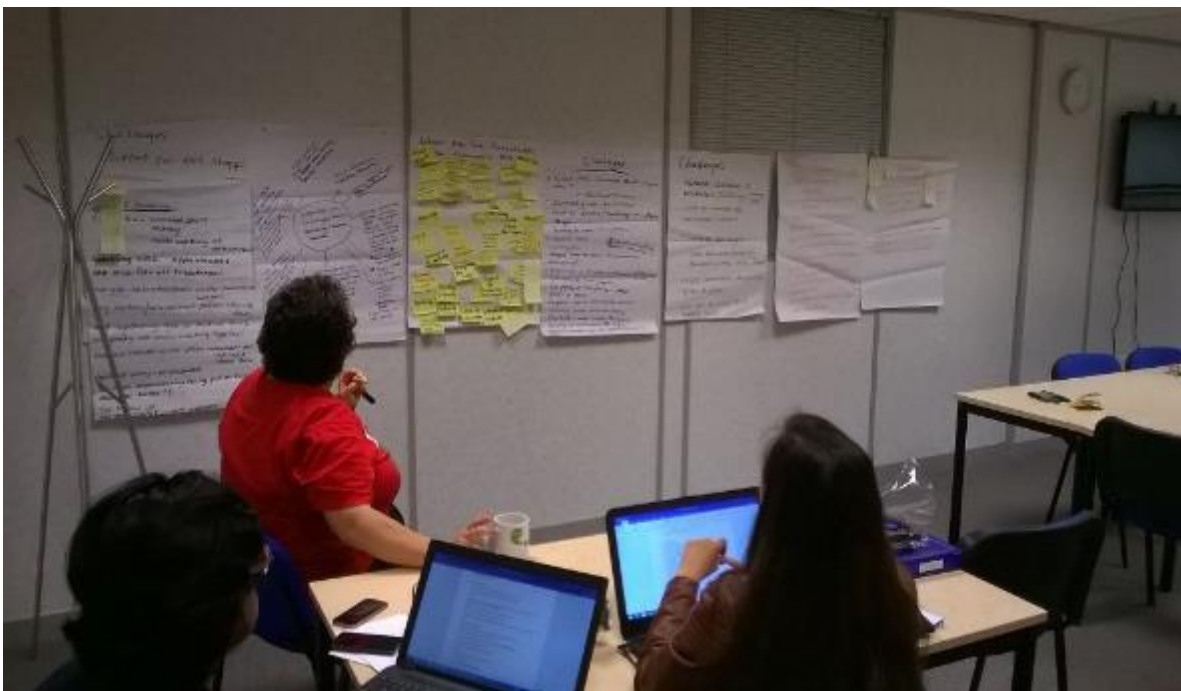
Use of jargon and abbreviations / organisational language was a problem for some participants in that they did not know what they meant. This leads to further problems with understanding. A co-produced approach with service users' needs to be careful about the language used in any approach.

Social prescribing should be considered in the right context, as arguably have shown to be more beneficial than medication. It is often far more cost effective and can have other advantages – weight issues through lots of activities etc. Recognising that people's mental health is determined primarily by a range of social, economic and environmental factors. It aims to support individuals to take greater control of their own health which is what the NHS is asking for.

Co-production and co-delivery of the Mental Health First Aider course with service users' needs to be considered.

Awareness by employers needs to be tackled so that Physical and Mental Health have equal standing. Employment can play a big part for some in journey of recovery.

Having flexible hours of working and understanding work/life balance having a positive impact in the workplace and needs promoting to employers and employees.



(Healthwatch Thinking Together Analysis for Report (ref 1, pg. 31)

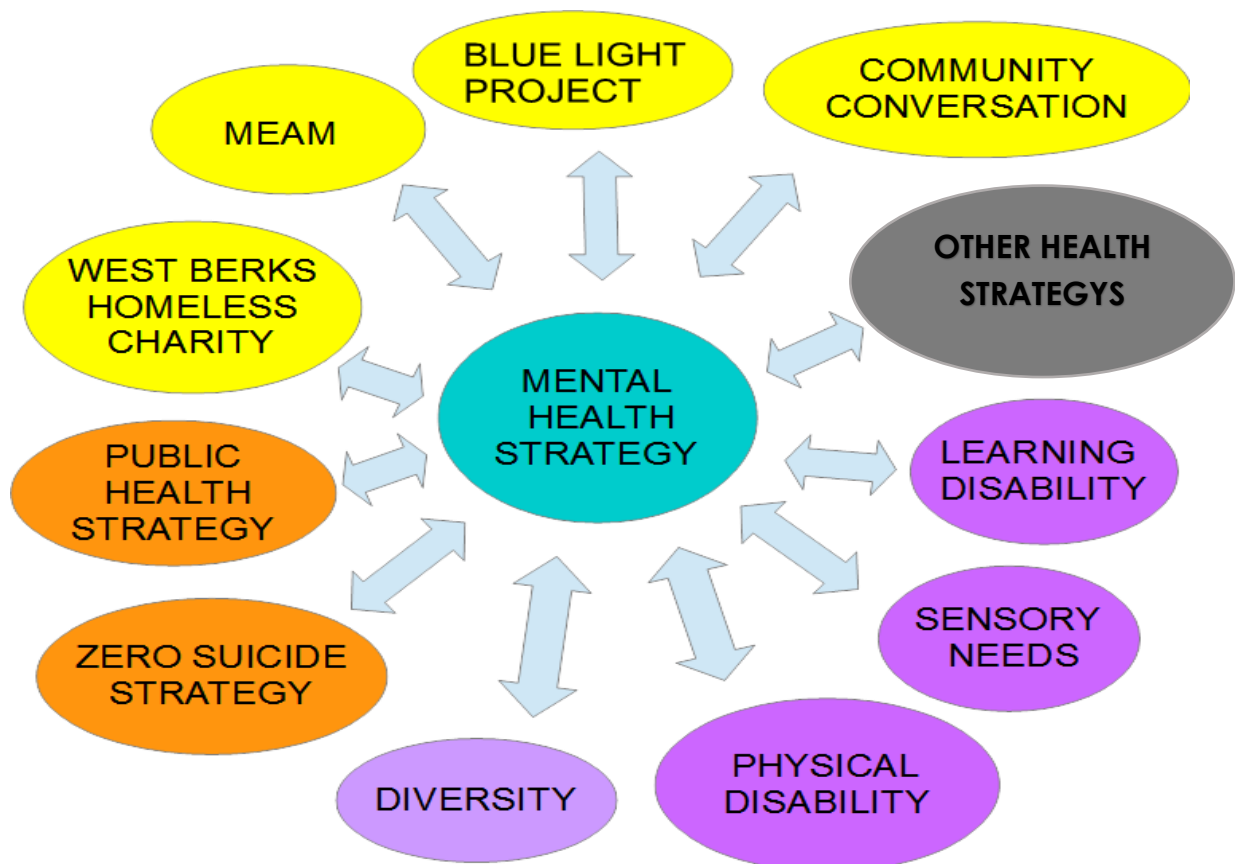
Proposed Way forward

A Mental Health Action Group to be formed, funded and supported to co-ordinate community Mental Health services that can make decisions is accountable, with measurable targets and agreed outcomes.

Based on the successful turn out and the positive responses we received about holding this event, we are planning to organise another one for later in the year. All who are interested will be told about any future events or chances for engagement with as much notice as possible.

There is a need to cross reference and join up working to ensure that individuals are helped holistically. So, people can move along the recovery pathway or avoid crisis re-occurring, in all aspects impacting on their lives should be considered. To do this we need to bring together strategies and projects in West Berks to meet individual needs.

The diagram below shows how this could to be brought together and as other areas are identified they need to be integrated as well.



Reference:

Healthwatch Thinking Together video link

<https://youtu.be/18qrHEALnys>

Healthwatch Wokingham report on Crisis services

<http://healthwatchwokingham.co.uk/wp-content/uploads/2016/04/Voices-In-the-Darkness-Report-Jan-2017.pdf>

Brighter Berkshire Video Link

<https://youtu.be/CaGycVoQZOY>

** [Guardian - Late-night cafe can keep people with mental health problems out of A&E](https://www.theguardian.com/society/2015/dec/01/mental-health-problems-late-night-cafe-not-a-and-e)

<https://www.theguardian.com/society/2015/dec/01/mental-health-problems-late-night-cafe-not-a-and-e>

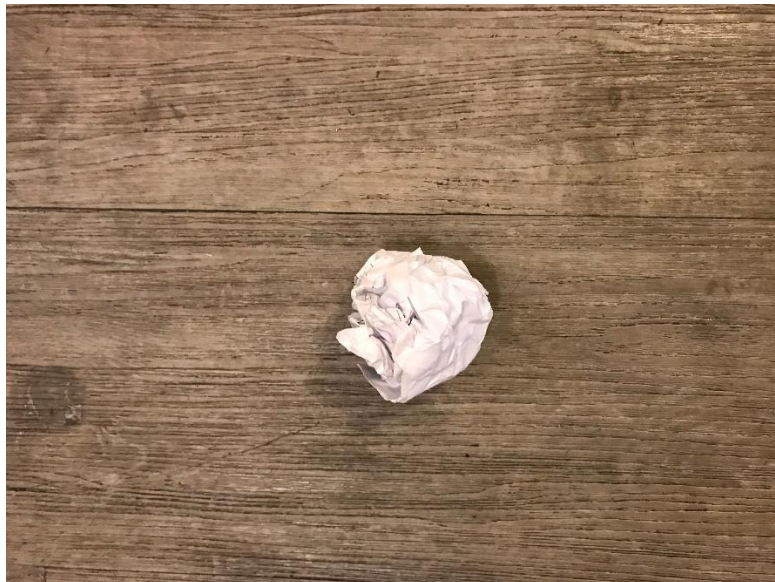
Bracknell Model [http://www.healthwatchwestberks.org.uk/wp-](http://www.healthwatchwestberks.org.uk/wp-content/uploads/2017/06/BFCN-BMUG-Presentation-23_05_17.pdf)

[content/uploads/2017/06/BFCN-BMUG-Presentation-23_05_17.pdf](http://www.healthwatchwestberks.org.uk/wp-content/uploads/2017/06/BFCN-BMUG-Presentation-23_05_17.pdf)

‡ <http://www.centreforwelfarereform.org/uploads/attachment/339/social-prescribing-for-mental-health.pdf>

Expanding treatment options

Research by the Mental Health Foundation found that 78% of GPs had prescribed an antidepressant in the previous three years, despite believing that an alternative treatment might have been more appropriate. It also found that, of the whole sample, 66% had done so because a suitable alternative was not available, 62% because there was a waiting list for the suitable alternative, and 33% because the patient requested antidepressants. Of the GPs surveyed, 60% said they would prescribe antidepressants less frequently if other options were available to them (Mental Health Foundation 2005).



(Dr Tallini's Out of the Box 'Plane')

West Berkshire Public Health – Dr Anees Pari (Head of Public Health) slides

The State of West Berkshire

Mental Health and Wellbeing

Dr.Anees Pari



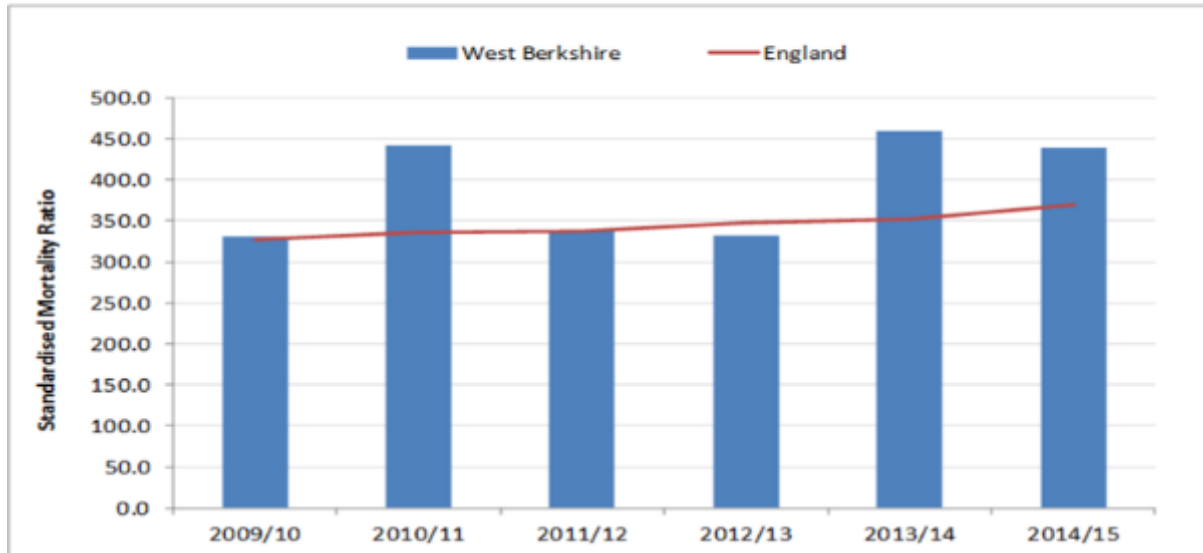
Joining up mental and physical health: why mind and body matters



When mental and physical health problems combine people are less able to manage their conditions properly and their health outcomes and experience become worse

mind and body: don't separate the inseparable

Excess under 75 mortality rate in adults with serious mental illness in West Berkshire (aged 18 to 74), 2009/10 - 2014/15



Parity of Esteem for people with severe mental illness

The **life expectancy** of people with mental health problems is **significantly lower** than average. People with mental health problems die **15-20 years** earlier than average

People with schizophrenia are:

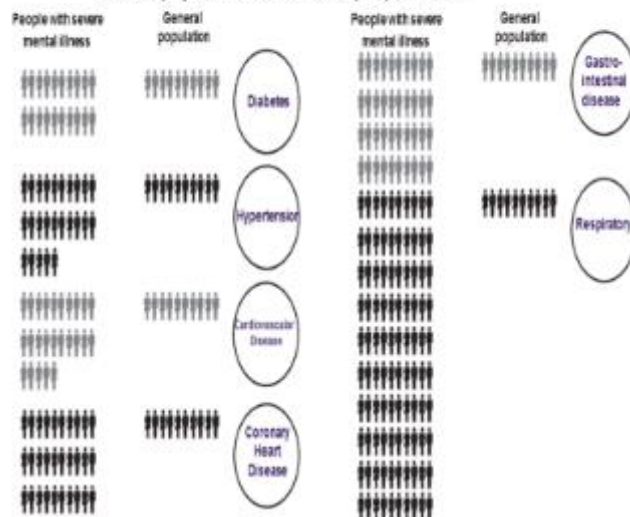
2x more likely to die from cardiovascular disease.

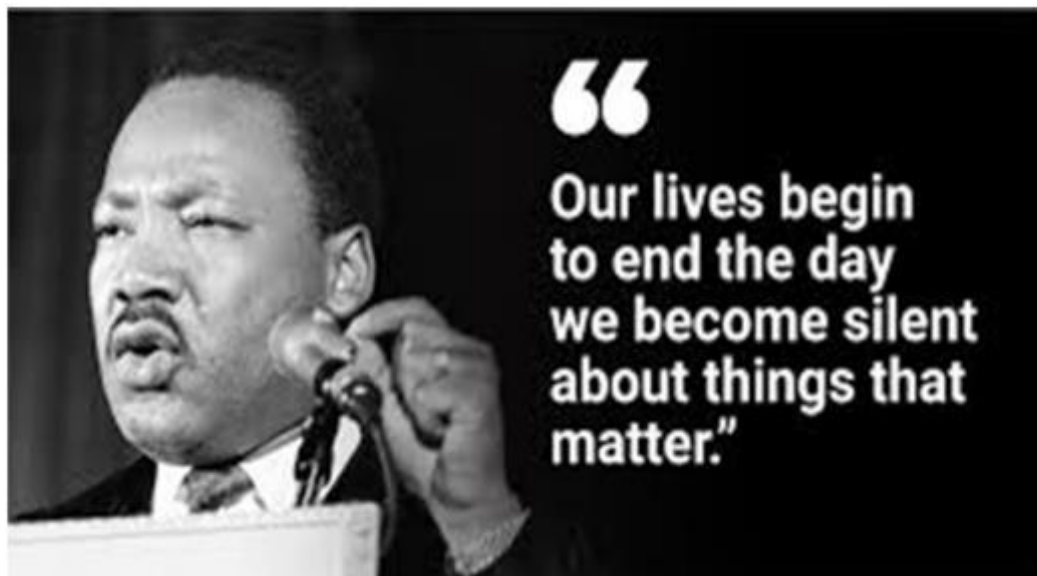
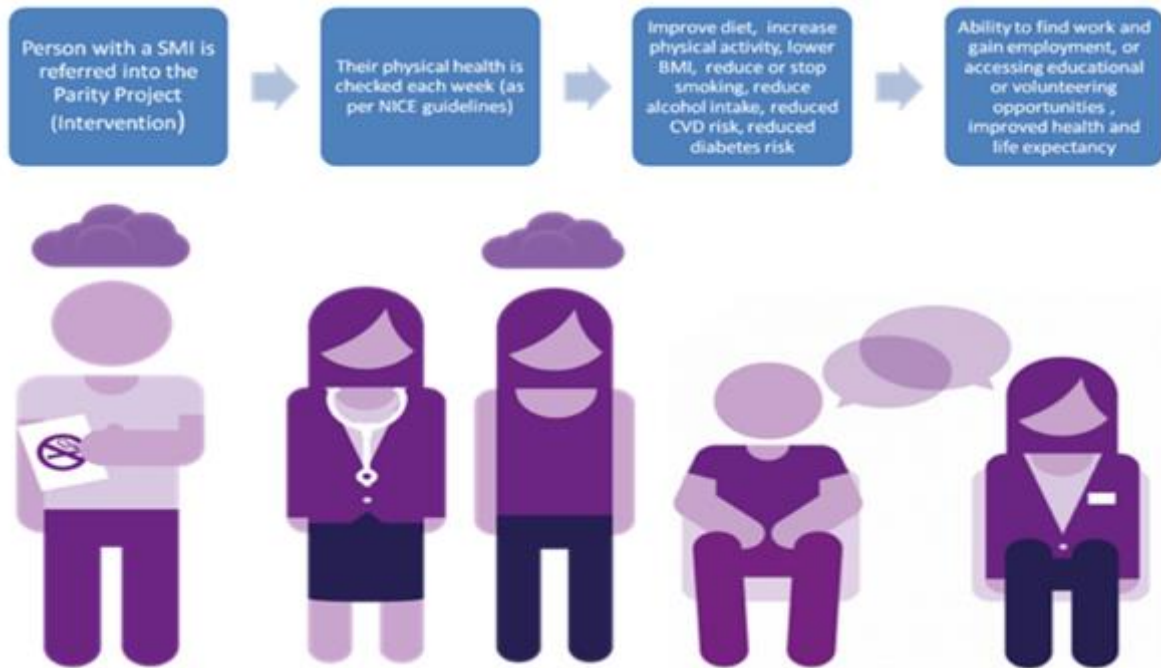
3x more likely to die from respiratory disease.

Smoking is the single biggest factor in reduced life expectancy in people with psychosis
40% of this group are smokers

42% of all cigarettes are smoked by someone with a mental illness.

Relative physical health risks for people with SMI





Appendices

Session 4 - Collaboration

This needs to be revisited and used as a guide when considering service development.

Respect

- Listening to others / Encouraging /Being inclusive and everyone has a voice
- Respecting other people /seeing behind the role /body language / responding to someone's needs so that they can participate /strength and weakness
- Respect and valuing people's views /opinion/experience/ Acceptance
- Don't be judgemental of peoples' ideas / open mind
- Welcoming /Comfortable atmosphere- reduce fear, anxiety, when communicating with others
- Mutually agreed times and places / meet / talk / shared realistic goals and vision
- No I in team- work together/ commitment
- Empathy
- Put the individual at the centre / we are the experts
- Think /digest /reflect / allow lateral thoughts and discussions
- Accepting and allowing challenge / Feeling able to ask challenging questions
- Equality for all/Balance of power / Diversity/ Accessibility for all
- Don't take advantage of volunteers
- Don't pressurise people / respecting different ways of working
- Meaning and real co-production from very beginning

Support

- Training /Mentoring and support/ Build confidence
- Identify and use person's skill
- Being Supportive /Bonding
- Develop champions
- Working to schedule /Ensuring enough time so not rushed

Communication

- Clear communication and clear roles / Good Leadership/ Good skill mix
- Identifying and collaborating with appropriate stakeholders/third sector/ be open and share information/ comprehensive list of all agencies and roles /knowledge
- Skilful facilitation/chairing
- Shared understanding of what you are trying to achieve/ agenda / mutual learning
- Give and Take/ Negotiation / Compromise
- Good Communication / use open and closed questioning
- Delivering results

Personal Commitment

- Be brave
- Honest/Trust/ Genuine/ Making other people comfortable
- Don't over commit, be realistic, allow things to evolve
- Stay true to your principles / understanding others motivation and challenges
- Okay to fail/ Okay to try new things/ Willing to adapt / learn from mistakes

CO-PRODUCED IN WEST BERKSHIRE