

The Lancashire Mental Health and Social Care Partnership Team

Supporting the Lancashire Mental Health and Social Care Partnership Board



'Working together to improve mental health'

“From Involvement to Partnership”

Building Stakeholder Partnerships:

A Practical Guide for Health and Social Care Staff.



Lancashire Mental Health and Social Care Partnership Board made up of representation from the Local Authorities, NHS Trusts, Third Sector & Service Users & Carers



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THIRD SECTOR CONSORTIUM

Who should read this guide?

The Lancashire Mental Health and Social Care Partnership Team (LPBt) have consolidated the experience and knowledge gained over the last three years to share with colleagues or those who may hold an interest in improving their engagement methods.

We, the LPBt have based this on our experience and intend this to be a practical guide for people to share some of the good practice and challenges encountered. This guide was developed and used by the LPBt, building on models and guidance produced by Bedfordshire Health Authority and subsequently the Department of Health's "Strengthening Accountability" Policy and Practice Guidance (2003). This guide describes our model and how it has been used to engage with our stakeholders in order to facilitate their contribution to the strategic development of mental health services in Lancashire.

The methods and approaches used could be useful to any team or public sector organisation that needs to engage with stakeholders. Although the examples are from mental health, the approach and methods are transferable to other contexts within public services and can be of particular use to commissioners. This guide may be helpful in responding to some of the key principles included in 'World Class Commissioning' (DH 2007), 'Joint Strategic Needs Assessment' (DH 2007) and the recently published 'High Quality Care for All' (DH 2008).

This guide also includes a resource directory of venues across Lancashire that the LPBt have used throughout their engagement activities.

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The terms ‘engagement’, ‘consultation’, ‘partnership’ and ‘involvement’ are often used interchangeably, we believe that they are different and in this guide we use them as follows:

Engagement: how stakeholders in communities are engaged in determining their needs and/or ways of addressing these by health and social care agencies.

Public consultation: a process through which the public is informed about proposals developed by health and social care agencies invited to submit comments on them.

Partnership: a mutually beneficial arrangement entered into for the purpose of accomplishing mutually agreed objects.

Involvement: the process of including people in developing plans, strategies and decision-making.

Background

The Lancashire Mental Health and Social Care Partnership Team (LPBt) was established in July 2005 to lead a number of programmes designed to implement the Lancashire Mental Health and Social Care Partnership Board (LPB) strategy to develop services for Lancashire.

To date the LPBt has facilitated a number of engagement initiatives focussing on a range of issues, for example: developing Crisis and Respite Services, a set of Mental Health and Wellbeing Indicators. These initiatives have required a number of approaches and activities to be developed in order to maximise meaningful engagement. Currently, the various engagement methods have enabled the LPBt to meet with a total of 2,009 people attending 117 public/stakeholder focus meetings—(see Appendix 1) and in addition, received 982 completed questionnaires, which enabled stakeholders' views to be voiced and inform 15 strategic documents.

An academic partnership with the University of Central Lancashire (UCLan) has recently been formalised. The purpose of this partnership is to develop a specific role that provides academic support to the team. The partnership has enabled the team to develop an engagement model that is underpinned by research methodology. This has increased the quality of the outputs and enabled the team to work more systematically.

This guide presents information that has arisen from the LPBt engagement experiences, which is synthesised into a model for community and stakeholder engagement. The model has assisted and supported the continuing development of the LPBt's engagement approach and is transferable to other contexts.

Why is Engagement Important?

The LPB have stated in their vision for mental health and social care across Lancashire that they will involve stakeholders when looking to improve services. This complies with Section 242¹ of the NHS Act 2006 that places a duty on NHS Trusts, Primary Care Trusts (PCTs) and Strategic Health Authorities, to make arrangements to involve and consult service users and the public in service planning, change and delivery. Section 242 has built upon Section 11 of the Health and Social Care Act 2001, which led to the “Strengthening Accountability” guidance that was published in February 2003.

The Local Government White Paper, ‘Strong and Prosperous Communities’ (Department of Communities and Local Government, 2006), promotes the “*rebalancing of the relationship between central government, local government and local people*” as a means of devolving control to a local level. Local authorities are expected to actively facilitate effective partnerships, which not only agree strategies but ensure delivery of their targets, acting as community leaders (Department of Community and Local Government, 2006, p. 97).

Sullivan and colleagues (2006) identified three challenges to Local Authorities in their role as community leaders which are listed as follows:

- Engage the public and involve citizens across communities in the process of priority setting.
- Provide strategic leadership that reflects local priorities.
- Develop collaborative capacity that builds on existing complex partnership in the context of the fragmented nature of public agencies.

This would allow stakeholders to have a say in how their local services are designed and delivered and allows staff to find out what stakeholders think is most important. The engagement work undertaken by the LPB to date has afforded the LPB opportunities to consider stakeholders’ views and experiences, to highlight gaps in existing services whilst providing a mechanism to involve people on any future decisions.

If consultation with service users, carers, and wider stakeholder groups is conducted in a robust way, it encourages the development of a partnership relationship. In this context,

partnership has been defined by our stakeholders as active involvement from development of the initial idea right through to its conclusion. Improvements in services, in line with stated preferences of service users, carers and local communities can thus be evidenced. For the partnership relationship to be effective, it needs to be equitable and transparent allowing stakeholders more responsibility in effecting future service improvements.

In 2006, the Department of Health formed an expert panel to make recommendations to ministers on strengthening involvement of people in reforming public services. In the report the panel stated,

“The development of a stronger voice needs to be understood as part of a long-term programme of culture change and service transformation for health and social care” (Department of Health, 2006, p. 2)

Engagement with communities is increasingly recognised as being vital to NHS and Social Care reform and, for this reason particularly, should inform commissioning processes.

¹ A briefing guide on Section 242 is available on the Department of Health website at http://www.dh.gov.uk/en/Publicationsandstatistics/Publications/PublicationsPolicyAndGuidance/DH_081089

Commissioning Context

The recently introduced World Class Commissioning Programme is purported to provide a springboard to transform the way health and care services are commissioned (DoH, 2007). In this sense, it is acknowledged that commissioning goes beyond procurement activities, taking account of the wider social impact that investment in services can have on local communities.

The Department of Health (2007) defines commissioning

'Commissioning means securing the services that most appropriately address the needs and wishes of the individual service user, making use of market intelligence and research, and planning accordingly'.

It is intended that World Class Commissioning will deliver a more strategic and long-term approach to commissioning services, with a clear focus on delivering improved health outcomes. This strategic and long-term approach is a departure from most current commissioning activities that are generally

conducted within relatively short time cycles.

There are four key elements to the world class commissioning programme:

- A vision for World Class Commissioning
- A set of World Class Commissioning competencies
- A Quality Assurance system
- A support and development framework

The LPBt are focusing their attention on five of eleven world class commissioning competencies identified in the following bullet points:

- **Work with community partners**
- **Engage with public and patients**
- **Collaborate with clinicians**
- **Manage knowledge and assess needs**
- **Stimulate the market**

The team uses an interactive approach to support the development of these competencies, particularly in relation to working effectively and differently with stakeholders in ways

which, previously, public organisations were not able to or had little experience of.

Our health and social care systems are currently undergoing radical change. Central government policy has signalled a shift from delivery of public services mainly by statutory organisations to a more diverse range of private and third sector² organisations. Although this has been taking place for a number of years in some areas, notably social services, it is a sea change for health services. Non-statutory, not for profit organisations are being encouraged by government to take over more provider roles (Department of Health 2006). At the time of writing, there are no clear, practical guidance on how to do this. In fact, the knowledge and expertise is still need to be developed. This is where researchers using an interactive approach can offer expertise, ideas, knowledge, opportunities for reflection and a range of methodologies with a degree of integrity, rigour and detachment (Scott et al 1999).

² The third sector includes a huge range of not-for-profit community groups, voluntary organisations, faith and equalities groups, charities, social enterprises, co-operatives, mutual's and housing associations.



The Practicalities of Community and Stakeholder Involvement

The following information sets out the key issues and challenges encountered.

Planning Engagement – Our approach

The team have adopted an interactive research methodology to underpin their work streams because it has the potential to meet the needs of researchers (commissioners) and beneficiaries (service users/patients) in the wider community (Scott et al 1999). Interactive research is an umbrella term which encompasses the variety of approaches to build wider social relevance into the research process. This research methodology is still developing, but provides a systematic framework to support the work of the team and introduces scientific rigour to community and stakeholder engagement.

Interactive research methodology involves a range of partnerships and modes of collaboration that operate throughout the research process, from formulating the research question to its dissemination and application in the appropriate setting. A fundamental aspect of this

approach is that the research agenda is *set by all parties*, not just those who are responsible for commissioning the research but all stakeholders (who are reachable) who have an interest in the development of the proposal or its outcomes. This requires proactive, systematic and comprehensive stakeholder engagement which enabled the development of this model. In this instance, stakeholders include: service users, carers, service providers, PCTs, Lancashire Care NHS Foundation Trust, the LPBt, UCLan and the wider public.

Typically, traditional research approaches, e.g. randomised controlled trials, are researcher led and funded by central organisations, such as, Research Councils. It is usual practice for researchers to identify the research that is required, design the proposal, obtain ethical approval, undertake data collection and analysis and disseminate the

results with little or no involvement from participants other than providing data. It is not always the intention that research will directly benefit participants. Interactive research approaches focus on direct benefits to participants. These are identified as a central element of the work, facilitated by active participation in the research process.

In summary, interactive modes of research have distinctive characteristics that are well suited to provide an evidence based approach to support future service design/redesign in the NHS commissioning environment. An important benefit is that it helps organisations meet the requirements of Section 242 of the NHS Act 2006 as it facilitates the involvement of all stakeholders at every stage of service design/redesign in a systematic and transparent manner.

Equality and Diversity

At the initial stages of planning, equality and diversity issues need to be considered as a priority in order to ensure as far as possible that representations from all stakeholders who use health and social care services are obtained. Specific locations are targeted to ensure the widest engagement across a range of communities in Lancashire. We endeavour to

access not only stakeholders from formal groups such as service user and carer forums but those who are not affiliated with formal groups. In order to respond to diverse needs it is important that the views of members of minority or vulnerable groups who may not have a strong voice or high visibility are heard. This is a considerable challenge that requires good intelligence of

local stakeholders and this situation is dynamic requiring regular review. The use of a monitoring form when collecting views, particularly with questionnaires, allows you to review the demographic profile of respondents and identify gaps. An example can be found in Appendix 2.

Stakeholder Mapping

Stakeholder mapping is a useful process that has allowed the LPBt to quickly identify and access appropriate stakeholders across Lancashire to be involved with a range of LPBt programmes. This is an on-going activity to increase stakeholder numbers, involvement and support where required to ensure achievement of programme objectives.

Following the identification of the key stakeholders, specific groups can be targeted, for example by geographical location or by interest in a particular issue.

The following questions form the basis of the discussions to identify our stakeholders and their involvement

- What is the nature of the programme?
- Who are the key stakeholders?
- Who is driving the changes (e.g. national policy or local people)?
- How can they inform the decision making process and effect change?
- What will be the benefits for stakeholders?
- What resources do the LPBt need to identify or secure to achieve

the specified outcomes?

- Who influences decision makers?
- Who can help us succeed?

The LPBt use data from the Office of National Statistics³, census information and local intelligence to help us plan our stakeholder mapping activities. This may result in the team working with a particular group, including schools, chamber of commerce, planners, councillors.



Targeting Individuals or Groups

The target stakeholders should not only be those who show interest and are ready to express an opinion, but all those who might be affected by the proposed service changes and improvements.

For the majority of our work this involves liaising with the following stakeholder groups:

- Mental Health Service Users who receive health and/or social care services.
- Carers
- Health and Social Care Staff (primarily in mental health services but in wider services as appropriate)
- Local citizens who might be effected by the changes/improvements

These groups represent both current consumers and providers of mental health services across Lancashire and represent the range of perspectives that can be used to inform the planning of future services.

Target groups should be drawn from the area that you wish to implement/ improve service changes. For example, when considering proposed Lancashire wide changes, the LBPT usually hold a minimum of nine meetings

across Lancashire to ensure we have canvassed views from stakeholders from across a wide geographical area. Typically the team hold events in;

- Lancaster
- Fylde Coast
- Wesham
- Preston
- Skelmersdale or Ormskirk
- Chorley
- Accrington
- Blackburn or Darwen
- Burnley, Pendle or Rossendale.

Venue Planning

Firstly, when planning any engagement or involvement activity it is important to try to ensure that the most appropriate venue in terms of accessibility for mobility, disability and transport links as well as value for money is selected.

Venues are normally booked two months in advance in order to give enough time for planning and advertising the event. Consideration is given to the timings of events so that they are appropriate for stakeholders to attend. For example, in our experience, it is

unwise to hold a public meeting before 11:00am because travelling time is needed for participants to attend and some stakeholders may have bus passes that cannot be used before 10:00am.

To ensure that everyone has the opportunity to attend you may need to consider if it is appropriate to hold the engagement meetings at different times during the day, for example, in the morning, afternoon and, if more appropriate for a specific target stakeholder group, in the evenings or week-end.

Events are advertised with a six week notice period as standard to ensure we have allowed sufficient time for the details of the meeting to be circulated using contacts on our database and their wider contacts. The LPBt also ask people where they can, to telephone or email, to inform us that they will be attending, this allows the opportunity to check if they have any personal needs for the day, for example, they may need a loop system in place if they have hearing problems.

Engagement Methods

The purpose of engagement is to stimulate interest from individuals and communities, increase participation and responsibility for decision making and to develop intelligence. Information gathering or data collection is needed to gather views from the widest possible range of stakeholders and this provides LPBt with an evidence

base to inform future planning activities. An interactive approach has provided a means to draw on stakeholders' experiences and creativity to help develop innovative solutions to meet the challenge of providing comprehensive mental health services for Lancashire. It may be appropriate to participate in events organised by other

organisations and for different purposes, for example the LPBt contributed to a health mela held in Preston, this enabled us to reach a large section of the Asian community which would be difficult for us to access using only our health and social care networks.



Recruitment

Over a two and half year period the LBPT has created a database of names and contact details of potential participants. The database incorporates details shared by health and social care partners, third sector, council of voluntary services, advocacy groups and service user and carer forums. It is a live database that is updated regularly during the course of on-going activities which are designed to engage with the wider stakeholder groups. The database includes service users and carers who have requested that we keep them informed of any future work. This has resulted in our database growing as stakeholders are added after attending any of our events, responding to any of our

questionnaires or any other methods of our engagement, for example, displaying posters in General Practitioner surgeries and advertisements in the local press.

It should be noted here that the database needs an allocated resource to ensure that it is kept 'live' so that new contacts can be added, details amended and contacts removed, as appropriate. This involves checking details of existing contacts and actively seeking out new contacts on a regular basis. This is essential in our continuing work as it allows us to build up a profile of our stakeholder information. This has similarities with marketing strategies used by many large retail organisations that use a

range of initiatives, such as loyalty cards, to gather information in order to develop a better understanding of their customers. This enabled these organisations to target particular customer groups, develop new products and respond quickly to changes in trends. Similarly it allows us to build up a list of stakeholders that are interested in developing mental health services. It is important to do this regularly, without jargon to build up trust and respect.

To conform to data protection, we always make it clear that the information will not be shared with any third party and is used for the sole purpose of mental health development. To date this has resulted in the following contacts:-

LPBt Database	
Stakeholders	No.
Individually registered Service Users and Carers	391
Dedicated Service User and Carer Groups	41
Individually registered Health & Social Care Staff	176
Lancashire Care NHS Foundation Trust Services	65
Statutory, Voluntary and Third Sector Groups and Organisations	437
Private Care/Residential Homes	178
Libraries	91
GP Practices/Surgeries (via LASCA)	249
Distribution Total	1,628

Depending on the level of engagement or specific activity we would normally reimburse

stakeholders for their travelling costs (public transport rates), in line with a local policy, based on the

Department of Health's Reward and Recognition Policy. (Department of Health, 2006).

Engagement Model

The LPBt have adapted an existing Service User Involvement Continuum framework originally developed by Bedfordshire Health Authority and subsequently used in the “Strengthening Accountability” Policy and Practice Guidance (2003). We built upon this and

incorporated our wider engagement activities which included engagement with carers, staff, voluntary agencies and members of the public from the wider community. The framework has now become a ‘Service User, Carer and

Stakeholder Continuum’, which has been divided into five separate categories ranging from limited engagement, comprising the giving of information to all-embracing partnership and empowerment .

Service User, Carer and Wider Stakeholder Continuum

Min Partnership

Max Partnership



Adapted from a diagram produced by Bedfordshire Health Authority

The engagement methods that the LPBt have adopted are outlined in the model and are described under five distinct categories which

involve specific activities that incrementally increase the quality, intensity and effectiveness of the partnership. Each activity involves

information giving, information gathering or working together and the next section describes these in more detail.

Information Giving Methods

Display Stands and Posters:

These are a useful way of presenting basic information and options to the public, especially local communities. If well planned, large numbers of people can be reached because the display is portable, inexpensive and can be taken anywhere. Where possible, the LPBt have manned stands and have encouraged face to face dialogue.

Top Tip: The LPBt found this method particularly useful when engaging with the Asian community, for example in Preston we had a stand at a Health Mela (festival). However, the use of terminology can have unforeseen events. We found that the use of 'mental health' can deter people from attending your stand and using terms like 'stress', 'sleep problems' and 'anxiety' can be more acceptable if there is an associated stigma.

The Wider Media:

We have used a range of media, such as our website, local newspapers, radio stations, GP surgeries and other venues to

advertise many of our events. This helps to reach large numbers of the population. We have also used postal and online questionnaires to gather feedback from people unable to attend events. The LPBt have noted that on-line methods have become increasingly popular ways of providing information and seeking feedback using their internet site, but this must be used alongside other methods since it is reliant on internet access.

Top Tip: For any activity/project it is useful to develop a communication and involvement strategy which outlines the key headline message. A summary can be circulated to ensure the public receive consistent information from any contact.

Leaflet and Written Documents:

The LPBt have used leaflets to promote their work in mental health and written documents to disseminate detailed information to the public. It is worth considering seeking advice from the Plain English Campaign⁴ to vet written documents; the website is also

available for guidance.

Top Tip: The Service User and Carer Representatives of the Board use a summary leaflet when attending any forums or events to be able to give direct information about their role and the work of the Board. This has led to stakeholders contacting the team directly.

Mail Drops:

These were used in the early stages of our engagement to stimulate initial interest and publish specific activities encouraging people to respond/get involved. The team have also, where appropriate, used the Lancashire and South Cumbria Agency networks to distribute information to all the GP surgeries across Lancashire and have also sent information to all of the Lancashire libraries.

⁴ Plain English have a range of useful guides, and these can be accessed at www.plainenglish.co.uk

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Conferences and Seminars:

The LPBt have presented to a range of audiences not only to inform people about their work but also to promote and raise the profile of mental health across Lancashire.

Feedback:

When people have taken the time to attend and contribute to involvement events, it is essential to provide feedback, whilst saying thank you for their valuable contribution. This is an important part of our engagement strategy because, as a matter of courtesy, it acknowledges people's contributions as well as serving as a means to keep them involved and interested. It enables us to keep up an on-going dialogue so that we can return to our contacts during the course of further work streams. Feedback may take the form of a briefing paper summarising the outcome of the events and how the information will be used to improve

services. Additionally, the service user and carer representatives of LPB have designed a 'Feedback' magazine to share their work with the people they represent, circulation is through partner organisations and directly to contacts in our database, for example advocacy services.

Public Meetings:

This enables the LPBt to present basic information to the general public. It allows significant numbers of people to be involved in receiving information in a summary format. Although the LPBt recognise that this needs to be carefully managed to ensure all views are heard and recorded to be acted upon if appropriate.

Top Tip: The LPBt have used this method to engage with stakeholders who may be drawn from the general public, rather than its normal database contacts.

Information Gathering Methods

LINKs:

Local Involvement Networks (LINKs) have replaced Public and Patient Involvement (PPI) forums and aim to make it easier for stakeholders to say what they want from health and social care services (Department of Health, 2007). They are run by local individuals or groups and a LINK group is currently being established in each of the three local authority areas in Lancashire.

The LPBt have previously worked with the appropriate PPI forums across Lancashire as an external critical friend to its engagement activities and hope to establish strong links with this new forum.

Questionnaires:

The LPBt have used questionnaires because a large number of people can be reached, yielding large quantities of information. They are easy to organise and in comparison with other methods relatively inexpensive (using a freepost facility for responses). Also, the design of the questionnaire can focus on eliciting information on specific issues or topics. The inclusion of an equality and diversity monitoring form with each questionnaire sent out has enabled

the team to check that they are reaching an appropriate range of stakeholders. Questionnaires have, for example, been used to seek views about proposed changes to services or to seek their views on how to change the services. Stakeholders and key informants (for example, patients and service users) are routinely involved in the design of questionnaires and have participated in piloting them. This helps us to identify user priorities as well as ensuring that questionnaires are user friendly and are written in plain English.

Although our questionnaires can be completed on-line or returned by freepost, we have found that offering people the opportunity to contact the office and complete a questionnaire over the telephone has been useful for some of our respondents. This facility has been used by a small number of stakeholders, in particular people who experience sight or literacy problems. Stakeholders are offered the choice of completing forms anonymously or supplying their details. Permission is sought to keep contact details on our database to facilitate future engagement.

We recognise that using questionnaires to elicit views representative of a whole community is not difficult but has limitations. For example, there may be limited local intelligence of minority groups, variations in response rates or specific language barriers. In order to start to address these difficulties, we routinely carry out a demographic profiling exercise of respondents half way through the response period using completed equality and diversity forms returned with questionnaires. This identifies any demographic gaps and allows us to take specifically targeted action. For example, we identified a lack of response from younger people during one information gathering exercise and we were able to specifically target schools and colleges (permission sought from head teachers) to complete the consultation exercise. By undertaking this check we are able to obtain a more diverse and representative range of views.



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Semi – Structured one to one interviews:

We have found these are useful in exploring more complex issues from key stakeholders either at the start of our development processes, but equally useful towards the end of work streams to verify emerging findings reached at that point.

One to one:

Informal conversation that allows us to explore opinions and issues at an individual level, this differs from the semi structured interviews as it has no pre determined agenda. This method can be useful in following up responses from questionnaires and can provide a powerful case study or personal narrative material.

Workshops:

These groups are brought together on a time-limited basis to explore a particular issue. For example, in order to understand perceptions of wellbeing, we asked people what helps them to remain mentally well and how this information could be used to inform development of future services. We have found this useful in canvassing a range of diverse views. Successful workshops require experienced facilitators (who are empathic and have overall good communication

skills) as well as careful explanation to the attendees at the onset about the aims of the workshop and the process that will be followed. The facilitators are drawn from a range of organisations or groups depending on their experience or skill.

Top Tip: The LPBt have found that workshops are more successful in groups consisting of less than 12 people as it allows more opportunity for an active contribution. We have found that groups of around 8 are the optimum number.

Discussion Groups:

These are usually large scale events organised to consult face to face on particular issues with large groups of people who use services, their carers and stakeholders. For example, this was one method used in 2006 to inform future development of crisis and respite care and service design. It is useful to have a number of facilitators when arranging this type of group to allow for clarification and probing of emerging issues and to provide an immediate response to questions as they arise. We recognise that this can be resource intensive and has to be carefully planned.

Attending Service User and Carer Groups:

These groups or forums are made up from a representation of people who use services and/or carers who meet on a regular basis to discuss concerns and share experiences. These are self-sustaining groups with whom we have made connections so that we might consult directly or we may commission an advocacy service to do this on our behalf.

Methods of Working Together



Solving problems with Stakeholders:

We have used information gathered from stakeholders to plan discussions to look at possible solutions. For example, questionnaire data was used to inform workshops to develop well being indicators.

Developing new visions, strategies and policy with stakeholders:

The service user and carer members of LPB, alongside chief officers from health and social care are instrumental in developing the strategic vision to guide future developments in mental health and social care services across Lancashire.

Stakeholder Innovation:

We have started to use engagement as a spring board to promote stakeholder innovation. For example, service user and carers have helped us to understand the range of crisis and respite services that would be required to avoid unnecessary hospital admission.

Stakeholders actively involved in decision processes:

The LPB Service User and Carer representatives are full voting members of the Board and fully participate in any decision making, for example when the Board

developed its public consultation, members voted on the options on the number of new mental health hospitals that were being developed in Lancashire. It is vital to ensure that lay members are fully briefed about the issues and detail relating to choices, so they are able to make informed decisions.

LPB Service User and Carer Representatives:

These members are recruited from various geographical areas across Lancashire to provide a perspective from experience to the LPB for up to a three year period. Members participate in LPB programmes and sub-groups, offering their contributions and experiences. We acknowledge that the issue of true representation is problematic. However, this is a first step towards providing service user and carer perspectives in strategic planning at Board level. Members are supported in establishing their own local network with other service users or carers by the LPBt. The members meet as a group with LPBt to discuss current issues and concerns raised by the wider stakeholder groups. The 'Feedback' newsletter keeps the wider group of stakeholders informed whilst inviting comments and encouraging debate. The LPBt website offers further opportunity for comment and feedback, and supports the involvement of a wider audience.

Nurturing the Engagement Relationship

It is important to build on initial contact and dialogue using feedback, mail drops and invitations to contribute to forthcoming work streams. This helps to sustain and develop the relationship and has provided the LPBt with an opportunity to gain a deeper understanding of the issues and sensitivities of particular groups. For example, service users

and carers in West Lancashire have concerns about closures to local services because of transport difficulties in a largely rural area. Transport problems may not be of the same concern for some other groups from urban areas. The stakeholder groups have also benefited from this continuity as they have become more familiar with the consultation activities and

process and have steadily gained confidence over time. Both individuals and groups have also had opportunities to network within and across groups. This has the potential to create a critical mass of stakeholders that have the power and confidence to operate as equal partners in the wider engagement process.



LPBt Contact Information

The LPBt hope that colleagues have found this practical guide a useful resource when considering engagement activities or developing partnerships with stakeholder groups, and in particular service users or carers. The LPBt want to strengthen this guide in the future and recognise that we need to make further inroads with the communities directly. It is hoped that colleagues, stakeholders and the community will help us achieve this through an invitation to send us their experiences of engagement and partnership working. This information could then be collated and discussed with various community stakeholders to produce a more comprehensive practical guide to share experiences across a Lancashire wide engagement network.

If you have any ideas or experiences that you want to share or be considered for the next guide, please contact us via the details below before December 23rd 2008.

We would like to acknowledge Lancashire Images who have provided all of the photos throughout this guide www.lancashireimages.co.uk and Patricia Rolph for the Lancashire meeting venue resource section.

Authors: Paul Hopley, Dr Christina Lyons and Janice Horrocks

We would also like to thank Ailsa Brotherton, Valerie Minns and Dorothy Mitchell MBE for contributing their valuable views to the guide.

You can ask for extra copies of this practical guide from:

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Turner Road, Nelson BB9 7DR

Phone: 01282 607047

Emails:

Lancashirementalhealth@eastlancspct.nhs.uk

Or you can download a copy from the website:

www.lancashirementalhealth.org.uk

















































Lancashire Mental Health & Social Care

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Lancashire Meeting Venues






Key Location	Venue	Room size	Catering	Transport	Cost per day
	Address Telephone Number Email Website	1 - 20 20 - 50 50+	 	 	Free £ 0 - 200 ££ 200 - 500 £££ +500
CENTRAL LANCASHIRE					
Chorley 	Chorley & South Ribble Hospital Education Centre , Preston Road, Chorley PR7 1PP 01257 261222 val.crompton@lthtr.nhs.uk		Hospital Catering available	 	Free (to local NHS)
Chorley 	St Mary's Parish Centre West Street, Chorley PR27 2SR 01257 270122 / 07801 645962	 	 	 	£
Leyland 	Central Lancashire NHS PCT Jubilee House, Lancashire Business Park, Centurion Way, Leyland PR26 6TR 01772 644400	 	 External catering available	 	Free (to local NHS)
Leyland 	South Ribble Banqueting Suite Civic Centre, West Paddock Leyland PR25 1DH 01772 625505/455908 banquetingsuite@southribble.gov.uk www.southribblebanquet.co.uk	 	 	 	£ ££
Longridge 	Longridge Civic Hall , Calder Avenue, Longridge PR3 3AN 07875 099462 longridgeseco@aol.com	 		 	£
Preston 	The Bridge Centre , Unit 5, 7 & 8, Fylde Road, Industrial Service, Fylde Road, Preston PR1 2TY 01772 882635		 	 	Free (to LCT NHS)
Preston 	Gujarat Centre , South Meadow Lane Preston PR1 8JN 01772 253912 ghsenterprise@hotmail.com www.ghspreston.co.uk	 	 	 	£ ££























Preston 	Harris Park Conference Centre 253 Garstang Road, Fulwood Preston PR2 9XB 01772 894500 hpcc@uclan.ac.uk www.uclan.ac.uk/other/cc/redirect.htm		 	 	£ ££
Preston 	Lancashire County Council County Hall , Fishergate, Preston PR1 8XJ 01772 532703 www.lancashire.gov.uk		 	 	£ ££
Preston 	East Cliff County Office Lancashire County Council East Cliff, Preston PR1 3EA 01772 532742		 External catering available	 	Free (to LCC)
EAST LANCASHIRE					
Accrington 	Accrington Town Hall , Blackburn Road Accrington BB5 1LA 01254 380295 enquiries@hyndburnbc.gov.uk www.hyndburnbc.gov.uk		 	 	£
Accrington 	Clayton Park Conference Centre Junction 7 Business Park, Blackburn Rd, Clayton-le-Moors, Accrington BB5 5JW 01254 381199 enquiries@claytonpark.co.uk		 	 	£ ££
Accrington 	The Globe Centre , St.James Square, Accrington, BB5 0RE 01254 60 70 80 globe.centre@zen.co.uk www.theglobecentre.com		 	  	£ ££
Blackburn 	Blackburn Central Library Town Hall Street, Blackburn, BB2 1AG 01254 661221 library@blackburn.gov.uk www.blackburn.gov.uk		 	 	£
Blackburn 	Blackburn Museum & Art Gallery Museum Street, Blackburn BB1 7AJ 01254 667130 (Mondays only)		External catering available	 	£

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 <p>Burnley</p>	<p>St Peter's Centre, Church Street Burnley BB11 2DL 01282 644666</p>		<p>Use of catering facilities available</p>		<p>Free (NHS)</p>
 <p>Burnley</p>	<p>Turf Moor (Burnley Football Club) Harry Potts Way, Burnley BB10 4BX, 01282 700008 c.emmerson@burnleyfc.com</p>				<p>£ ££ £££</p>
 <p>Clitheroe</p>	<p>Ribble Valley Borough Council, Council Offices, Church Walk Clitheroe BB7 2RA 01200 425111 www.ribblevalley.gov.uk</p>				<p>£</p>
 <p>Darwen</p>	<p>Darwen Library Theatre Knott Street, Darwen BB3 3BU 01254 774684 dlt@blackburn.gov.uk www.darwenlibrarytheatre.com</p>				<p>£ ££</p>
 <p>Nelson</p>	<p>Training 2000, Netherfield Road, Nelson BB9 9AR 01282 724200 info@t2000.co.uk</p>				<p>£ ££</p>
 <p>Rossendale</p>	<p>St Mary's Chambers Haslingden Road, Rawtenstall BB4 6QX 01706 223222 stmaryschambers@yahoo.co.uk www.stmaryschambers.com</p>				<p>£ ££</p>
<h2>FYLDE COAST</h2>					
 <p>Blackpool</p>	<p>Blackpool City Learning Centre Bathurst Avenue, Blackpool FY3 7RW 01253 478301 clcbookings@blackpool.gov.uk www.blackpoolclc.com</p>				<p>£ ££</p>
 <p>Blackpool</p>	<p>The Solaris Centre Harrowside, New South Promenade Blackpool FY4 1RW 01253 478020 solaris.centre@blackpool.gov.uk www.solariscentre.org</p>				<p>£ ££</p>
 <p>Blackpool</p>	<p>The Winter Gardens, 97 Church Street Blackpool, FY1 1HL 01253 625252 events@leisure-parcs.co.uk www.wintergardensblackpool.co.uk</p>				<p>££ £££</p>









	Kirkham Community Centre Kirkham Town Council Mill Street, Kirkham PR4 2AN 01772 682755 info@kirkhamtowncouncil.co.uk		 	  	£
	Poulton Youth & Community Centre Wyre Civic Centre, Breck Road Poulton-le-Fylde FY6 7PU 01253 895115/891629		 External catering available	  	£
	Wyre Civic Centre Breck Road, Poulton-le-Fylde FY6 7PU 01253 891000 mailroom@wyrebc.gov.uk www.wyrebc.gov.uk		 	  	£ ££

NORTH LANCASHIRE









	Lancaster Town Hall Dalton Square, Lancaster LA1 1PJ 01524 582174 arowlands@lancaster.gov.uk		 	 	£
	North Lancashire PCT HQ Moor Lane Mill, Moor Lane Lancaster LA1 1QD 01524 519333 www.northlancshealth.nhs.uk			 	Free (NHS)
	Royal Lancaster Infirmary Ashton Road, Lancaster LA1 4RP 01524 65944 trusthq@mbht.nhs.uk		 Hospital catering available	  	Free (NHS)

WEST LANCASHIRE

	Chapel Gallery Ormskirk Arts & Community Centre St Helen's Rd, Ormskirk L39 4QR 01695 571328 joanne.nicholson@westlancsdc.gov.uk www.chapelgallery.org.uk		 	 	£ ££
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<p>Ormskirk</p> 	<p>Ormskirk Civic Hall Southport Road, Ormskirk L39 1LN 01695 575824 www.westlancsdc.gov.uk</p>		 <p>External catering available</p>		<p>£</p>
<p>Skelmersdale</p> 	<p>The Ecumenical Centre Northway, Skelmersdale WN8 6LU 01695 725014 ecumenical@centre15.freemove.co.uk www.skelmersdaleecumenicalcentre.org</p>		 <p>External catering available</p>		<p>£</p>

Appendix 1: Evidence of LPBt Engagement



Public Engagement (To date - June 2008) carried out by the Lancashire Mental Health and Social Care Partnership Board Team

Name of Event	Date (Month + Year)	Questionnaires Received	Public/Stakeholder Meetings	No. of people at Public/Stakeholder Meetings
Older People Event	Mar 06	N/A	1	141
Public Consultation	Mar – Jul 06	456	76	1216
Crisis Events	Mar – Jul 07	220	26	277+
Voluntary Consortium	May 07	N/A	2	149
BME Cultural Event	Oct 07	N/A	1	85
SU/ Carer Involvement Charter	Ongoing	96	5	48
Well Being Events	Ongoing	210	18	261
Joint Strategic Needs Assessment	Ongoing	N/A	1	49
Totals		982	130	2226

Appendix 2: Equality and Diversity form

Equality and Diversity Monitoring Form

We are asking for the information below so that we get a clearer picture as to who is responding. We know that quite often members of minority or vulnerable groups can experience mental health problems so we need to know who our service users are so that we can provide relevant and timely services to all members of our local communities. The answers you provide in this section will be treated in the strictest confidence and will only be used for statistical monitoring by the Partnership Team.

Age?	18 <input type="checkbox"/>	19-40 <input type="checkbox"/>	41-60 <input type="checkbox"/>	61-80 <input type="checkbox"/>	81 <input type="checkbox"/>
	or under				or over
Ethnic Group?	White-British <input type="checkbox"/>	White-Irish <input type="checkbox"/>	White-Other <input type="checkbox"/>	Mixed-White & Black Caribbean <input type="checkbox"/>	Mixed-White & Asian <input type="checkbox"/>
Mixed-white & Black African <input type="checkbox"/>	Mixed-Other <input type="checkbox"/>	Black or Black British-Caribbean <input type="checkbox"/>	Black or Black British-African <input type="checkbox"/>	Black or Black British-Other <input type="checkbox"/>	Asian or Asian British-Indian <input type="checkbox"/>
Asian or Asian British-Pakistani <input type="checkbox"/>	Asian or Asian British-Bangladeshi <input type="checkbox"/>	Asian or Asian British-Other <input type="checkbox"/>	Chinese <input type="checkbox"/>	Other (specify) <input type="checkbox"/>	
How would you describe your gender?	Male <input type="checkbox"/>	Female <input type="checkbox"/>	Other: <input type="checkbox"/>		
How would you describe your sexual orientation? (Lesbian, Gay, Bisexual, Heterosexual or Other)	<input type="text"/>				
Do you have a registered or unregistered disability?	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Do not wish to answer <input type="checkbox"/>		
First Part of your Post Code?	<input type="text"/>				

Thank you

Freepost RLZT-SGEE-CREL
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Partnership Team
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Turner Road
Nelson BB9 7DR

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Fax: 01282 607051
Email: patricia.rolph@eastlancspct.nhs.uk
Website: www.lancashirementalhealth.org.uk



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For more information on formal consultation guidelines from:
www.cabinetoffice.gov.uk/regulation/consultation/consultation_guidance/intro.asp

If you require another language, format or more copies of this guide please contact the Lancashire Mental Health and Social Care Team on 01282 607047

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