

Your Health, Your Voice

Thursday 7 February 2019, 6:00pm – 8:00pm

The Boardroom, Kempthorne House,
St Martin's Hospital, Clara Cross Lane, Bath, BA2 5RP

Attendees

| Name | Initials | Organisation / Job role |
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| Bath and North East Somerset CCG and guests | | |
| Suzannah Power (Chair) | SP | Lay Member for Patient and Public Involvement, BaNES CCG |
| Sue Blackman | SB | Community Mental Health Services: Programme Lead, BaNES CCG and B&NES Council |
| Neil Manson | NM | Senior Commissioning Manager, Mental Health (interim), BaNES CCG |
| Tamsin May | TM | Head of Communications, BaNES CCG |
| Matthew Smith | MS | Communications and Engagement Officer, BaNES CCG |
| Members | | |
| Ian Perkins | IP | The Abbey Residents Association, Bath |
| Cllr Vic Pritchard | VP | Cabinet Member for Adult Social Care & Health |
| Megan Yakeley | MY | Child Psychotherapist |
| Praful Majithia | PM | Bath resident |
| Diana Woodhouse | DW | Oldfield Surgery PPG |
| Julie Hockey | JH | The Pulteney Street Practice PPG |
| Jean Lowe | JL | Protect Our NHS B&NES |
| Deborah Jane | DJ | Number 18 Surgery PPG, Bath |
| Steven Sharp | SS | Oldfield Surgery PPG |
| Janet Cowland | JC | Bath resident |

| 1. Welcome and Introductions | AP |
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| <p>SP welcomed everyone.</p> <p>The minutes were approved as a true record of the meeting. SP reported that the action points from the November meeting had been completed, with responses contained in the minutes of that meeting.</p> | |

| <h2>2. Community Mental Health Services Review</h2> <p><u>Background</u></p> <p>SB explained to the group that the Community Mental Health Services Review followed on from Your Care, Your Way, which had reviewed how community health services, both physical and mental, were designed and delivered for local people.</p> <p>Your Care, Your Way had led to Virgin Care being awarded a contract to provide the majority of community health and care services in B&NES.</p> <p>SB said that this latest review concentrated specifically on just mental health services. A lot of the themes that came out of the Your Care, Your Way consultation have been taken forward into the mental health review – for example, that people wanted to see a people-focused, holistic approach to mental health services.</p> <p>There has been 1.5 years’ engagement work, and feedback has been received from people who use services, those who care for them, those who deliver services and the wider public about what services are working well and what could be improved.</p> <p>This work has identified several themes and gaps in services – for example, a lack of support for younger people moving from children’s mental health services to adult services when they are 18. One key aim of this review has been to make sure that this transition is a seamless one.</p> <p>SB added that, after several years of reviews, it was important that there is now a period of consistency and stability.</p> <p>TM said that more than 600 people had already had their say as part of the review, including seldom heard groups, such as young people, black and minority ethnic (BME) groups and people who are LGBTQ+.</p> <p>A number of consistent themes came out of this engagement, such as how people want to be able to tell their story just once, rather than repeating their medical history every time they see a health and care professional. The transition from child to adult mental health services was another key issue.</p> <p>SB said that there would need to be much stronger collaboration between our key system leaders (AWP and Virgin Care) and all other community mental health providers.</p> <p>NM said that the review was about making it easier to understand and access community mental health services by taking a system-wide approach. He said that a tapestry of third sector providers has grown over time and this can be confusing for people who are using the services.</p> | |
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NM said the Thrive model was the preferred approach for delivering mental health services in B&NES in the future. The Thrive approach replaces the current 'tier' pathway of care with three groups:

- **Staying Well** – signposting people to services and equipping them with the skills to self-manage or control mental ill health.
- **Getting Help** – Supporting people to create a goals-based treatment plan, specialist counselling or medical advice, helping them build resilience through support networks.
- **Crisis** – Rapid and intensive evidence-based intervention, extensive treatment, risk management and crisis response.

NM added that organisations could work across the three groups and that improved collaboration between providers was key to making sure the Thrive model worked.

Providers would have to sign up to a Collaborative Framework as part of their contract.

Members' questions and comments

One member, whose son had tried to take his own life on several occasions, said that contacting the Crisis Team should be easier. She said that, after 5pm, the phone line went to an answerphone service. She added that 'a crisis happens at 2am in the morning, it's not always between 9am and 5pm'.

The same member said that she had experience of her son being passed between the police and mental health team and mental health patients were often discharged from a service before they had even had their first appointment. She added that it was important carers had the necessary support as 'carers can become patients'.

SB said that enhancing the crisis provision was being explored, alongside levels of clinical resourcing.

Another member asked whether the police had been involved in the review, as they were effectively becoming mental health workers. SB said that there had been police representation on the working groups.

Another member raised concerns about patients with autism spectrum disorder (ASD) who, she said, often fall between groups and miss out on the care they need. The police had a lead officer for ASD, based at Bath police station. She said young people should be a focus and working with schools is important, as they need more support and signposting.

SB acknowledged there is a gap in counselling services for 16-25 year olds, but a funding bid has been submitted to work with Off the Record to provide enhanced counselling services.

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| <p>Another member said he knew of a widow who needed mental health support, but where was the right place to start? SB suggested talking therapies or the Primary Care Liaison Service (PCLS) within Avon and Wiltshire Mental Health Partnership (AWP). NM said Cruse Bereavement Care might be a good starting point. One member recommended Focus Counselling in Bath.</p> <p>One member said more work needed to be done with employers to recognise when a member of staff has a mental health problem. SB said that one of the review workstreams had been looking at the issue with employers.</p> | |
| <p>3. The NHS Long Term Plan</p> | |
| <p>TM explained that the Long Term Plan had come about in response to the government's announcement that the NHS would receive an extra £20bn a year by 2023. NHS England had to develop a plan outlining how this money would be spent.</p> <p>The plan was launched at the start of January and we need to engage with the public across B&NES, Swindon and Wiltshire on the priorities laid out in the plan. Our local Healthwatch has received £12k to help us with this public engagement.</p> <p>The CCG needs to produce an operational plan by the spring, while the STP are required to produce a five-year plan by the autumn.</p> <p>TM said that the Long Term Plan has three key themes:</p> <ul style="list-style-type: none"> • Making sure everyone gets the best start in life • Delivering world-class care for major health problems • Supporting people to age well <p>TM said she would welcome ideas from the group on which topics and issues could help the CCG to engage with local people about the plan.</p> <p>Comments from members included:</p> <ul style="list-style-type: none"> • Welcoming the aim to reduce stillbirths and mother and child deaths during birth by 50%, but it would be a challenging target. • Two areas that need to be focussed on, which are having a huge impact on the NHS and public health, are the prevention and management of diabetes and childhood obesity. • Education is important. Need to get into schools to talk about diabetes and mental health. • The NHS needs to be better at helping people manage multiple diseases. Perhaps consider public consultation around patient empowerment? • There should be a focus on loneliness and the negative effect it can have on people, especially older people. | |

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| <ul style="list-style-type: none"> • Look at whether charities and the third sector could do more to support the NHS, if they were given more funding. • There should be more of a focus on diet and lifestyle – encouraging people to take more responsibility for their own health • Consider appointing a ‘champion’ to each GP practice, to help raise awareness of key public health issues and arrange drop-in sessions • More should be done to reduce the amount of time it takes to get a GP appointment • The plan must be something that the public can be enthused about • The preventative agenda is very important, more should be done to encourage people to use pharmacies for minor ailments • Building a sense of local community will help to tackle loneliness and isolation – for example, community libraries have been successful as bringing local people together • There needs to be more engagement with housing associations. There are a lot of ‘hidden’ mental health problems for tenants in these properties. | |
| <p>4. General comments from the floor and any other business</p> | |
| <p>SP thanked everyone for their attendance and confirmed the date of the next meeting would be on Thursday 14 March 2019, from 6pm – 8pm in the Boardroom at St Martin’s.</p> | |