

## COMMUNITY PARTNERSHIP FORUM

23 April 2015

### Attendance

Name	Organisation/role
Peter Haley (Chair)	Chief Executive, People to Places
Ally Green	East Berkshire CCGs
Pip Collings	Public Health, Slough Borough Council
Chris Taylor	Healthwatch Bracknell Forest
Dr William Tong	Clinical Chair Bracknell and Ascot CCG
Roger Battye	Healthwatch WAM
Lilly Evans	Sunningdale Parish Council
Cllr Lynda Yong	Royal Borough of Windsor and Maidenhead
Robert Cooper	PPI Governing Body member, Windsor, Ascot and Maidenhead CCG
Nadia Barakat	East Berkshire CCGs
Dr Adrian Hayter	Clinical Chair, WAM CCG
Madeline Diver	Bracknell Forest Voluntary Action
Philip Cook	BF Involve
Carol Crowe	East Berkshire CCGs
Sonya Lippold	Health Advisory Group
Nicola Strudley	Healthwatch Slough
Pat Rodgers	Berkshire Healthcare Foundation Trust
Pete Squires	Health Advisory Group
Susanna Lowman	Berkshire Healthcare Foundation Trust
Jill Barker	Berkshire Healthcare Foundation Trust
<b>Apologies</b>	
Tony Virgo	Bracknell Health Panel
Cllr Martin Carter	Slough Borough Council
Ramesh Kukar	Slough CVS
Cllr Dale Birch	Bracknell Forest Council
Karen Maskell	PPI Governing Body member Bracknell and Ascot CCG
Cllr Sabia Hussain	Slough Borough Council
Mike Connolly	PPI Governing Body member, Slough CCG
Cllr David Coppinger	Royal Borough of Windsor and Maidenhead

### Conflict of interests

There was no declaration of a conflict of interest.

### Notes of meeting on 26 March 2015.

The notes were agreed.

### Mental Health

Mental health is a specialist area and a team attended the meeting to introduce this session; Carrol Crowe and Nadia Barakat lead on mental health commissioning for the CCGs and Jill Barker and Susanna Lowman are senior managers in Berkshire Healthcare Trust (BHFT).

A presentation was given (the slides are available on the CCG websites) and a general discussion followed.

The presentation gave an overview of the local and national context, an overview of the east Berkshire patient pathways for community mental health, activity data about how the service is used and a summary of the recent and proposed service developments.

The national policy has been developed with the aim of making mental health services more effective and accessible whilst also moving towards mental health having equal priority with physical health.

Key facts about mental health:

- One in 6 people experiences a mental health problem.
- People with severe mental health illness die up to 20 year younger than their peers.
- In 2030 there will be approximately 2 million more people with mental health problems than today
- £105 billion per year is the economic and social cost of mental health problems.

East Berks pathway for community mental health team (CMHT):

- A common point of entry where all referrals are received. Initial assessments are made and advice for next steps are agreed.
- Crisis support is available for a short, sharp response 24/7.
- Care pathways are provided in conjunction with social care.
- Referral to specialist services include complex needs, psychotherapy and eating disorders.
- In patient beds provided at Prospect Park Hospital. At any one time there will be 50-60 in-patients from east Berkshire with average length of stay of 30 days.
- A&E liaison is available to support people presenting to A&E with mental health problem or crisis.
- Strong links are in place with the community – voluntary sector, carers and networks.

Core principles underpin the way that the CMHT works – the key one being to do their best to make sure a patient has a positive experience.

Data:

Open cases with CMHT total 2,128 by December 2014 with approx. 300 new adult referrals for each CCG during the three months ending Dec 2014.

### Recent and planned service developments

- Prime Minister's dementia challenge and dementia strategy has led to reviewing how we
- Alternatives to hospital admission
- Parity of esteem – valuing mental health equally with physical health
- National Institute for Health and Care Excellence (NICE) – National Standards

The ASSIST Project has been in place since June 2013. This project has been looking at alternatives to hospital admission for people who have complex needs and often present as high risk individuals and are then admitted to hospital to manage the risk. This often leads to long stays which are not ideal. The project targets people who have had at least 20 days in hospital with multiple admissions offering therapeutic support to engage and stabilize the individual.

This has made a significant difference in the number of days spent in hospital (1,264 days in 12 months before the project compared to 38 days after the project for same group of patients).

Early Intervention in Psychosis – evidence-based intervention to achieve improved outcomes after first episode of psychosis. Have had early intervention for 10 years but now have a new NICE standard that ensure service is more inclusive, across all ages, looking for co-morbidities, looking at sustained recovery including supported employment, training, education and links with family.

A number of initiatives have been put in place to improve the liaison with crisis and resolution services including in A&E at Wexham Park Hospital.

### **Discussion following the presentation**

Q: There would appear to be a gap between the number of people who experience mental health problems – 1 in 6 and numbers seeking support from BHFT. Does this mean people are unsupported?

A: Many people who experience a mental health problem are supported through primary care and may not need the level of care provided by the CMHT. However, we don't have the full picture to be able to identify the gap and we anticipate there will be some unmet need.

Q: How do people get to Prospect Park? It is a good 45 minute journey from some parts of our patch. Has this been an issue and what support is offered to patients and their relatives?

A: We recognize how important visitors are to patients. A scheme was established with funds available to support patients with cost of taxis. This has been under-used and we are looking at publicizing this better.

Q: Parents are often the first to notice when their adult son or daughter experiences severe mental illness. If they raise their concerns with the mental health team they may not be listened to because their child is over 18. Has the attitude changed?

A: If someone is over 18, they do have a right to say who they want and don't want to share information with. However, If someone was sharing information with the team that caused concern, they should listen and act appropriately even if they cannot share any information back with the caller. It is also worth noting that under the Care Act, it is the right of a carer to be involved in someone's care.

Q: How would someone access the 24/7 service?

A: There is a phone number that is available to anyone – patient or family. It is publicized through GPs, BHFT and CCG websites.

Q: What are the waiting times like for the CMHT? Do they vary between the CCGs?

A: The Common Point of Entry has a standard of 2 weeks for an initial assessment. For an urgent concern, the patient can be fast tracked into the crisis team. There may be a wait for a particular intervention but this should be no longer than a few weeks.

Q: Children transferring into the adult service can face delays or they may not get support because the criteria vary.

A: There shouldn't be a delay. There is a close link with Children and Adolescent Mental Health Service (CAMHS) and regular meetings to identify those patients that are approaching their 18<sup>th</sup> birthday.

Q: The ASSIST programme has resulted in reduction in bed use but what has been the impact on patients?

A: For patients with severe personality disorder, we know that hospital is not a good place for them to be but because we haven't had an alternative way to keep the patient safe, the only option has been to hospitalize them. It can mean the outcome for the patient is the same but the experience is better to stay at home in the community.

Q: When patients are in a time of crisis, they are not always the easiest patients to make contact with. The CMHT may not be able to make contact and a significant event might happen afterwards. How is the team ensuring that they are making contact?

A: When there is a serious incident, we look for the learning. This has included providing follow up for seven days after leaving hospital. The person is at special risk during that period. We talk to them in advance and make sure we have the right contact details for the patient, carers and family. CMHT are as proactive as they can be in terms of multiple visits and creative ways to reach people. We can also break into a property if we believe that someone is at risk.

Q: Has the provision of beds and staffing reduced with the move to Prospect Park?

A: No. Prospect Park was a purpose built mental health facility. It is a better experience for patients with better cross cover, concentration of therapeutic activity and expertise with a centre of excellence having been developed.

Q: Is there a seasonal pattern to when needs for the crisis service is greater?

A: Yes, bank holidays are always difficult, as is Christmas. Increased use of A&E services at latter part of the week and at weekends have meant us building in more support to respond to the increased demand.

Q: *Men in sheds* and *men in greenhouses* have been successful projects. Have these expanded?

A: These are rooted in the recovery model and have been good at connecting people to support their recovery. BHFT are linking with the local authorities with a range of local provision that looks at those sort of initiatives.

Q: There are not enough staff in the crisis service. When will this be resolved?

A: It is important to recruit the right staff and there will be a demand for new staff across the country as more money is being spent on mental health. Recruitment will start imminently. We are hoping that crisis work will now be seen as more attractive and less challenging as the service has had more investment.

Q: Will there be more counselling services? How would we know where the counsellors are and how to contact them?

A: BHFT will provide counselling services but we need to ensure this is joined up with what is being provided in GP practices, by local authorities and others. There may be some places where we have an over-provision and gaps may exist elsewhere. A directory of services will help.

Improving Access to Psychological Therapies (IAPT) services haven't been mentioned. They provide therapy to people in primary care to avoid referring to secondary care. Self-referral is welcome.

Lots of good feedback has been received by Healthwatch about Talking Therapies.

Q: Are there any plans to expand services at Prospect Park?

A: Nationally, the move is to provide more in the community. There will always be a need for hospital facilities but investment will be targeted towards supporting people in the community. Focus on getting to people quicker, intervening earlier so that we can avoid crisis needing hospitalization. There are fewer beds in Berkshire but they are well used and managed and good support in the community to avoid hospitalization.

Q: What support is there for carers when people are discharged from hospital?

A: There is now a statutory requirement to have a carers strategy. All carers are entitled to have an assessment and there are responsibilities for health and social care. This work is being led through better care fund (BCF) which is being developed in each Local Authority area working with their local CCG(s).

### **Open Forum**

- Previous circulation of link to film made by young man living with brain cancer talking about nutrition.
- Concern raised about processes not working for prescribing a medication that is not on the local formulary. CC to follow up with pharmacy and GP.

### **Future meetings**

Next meeting:           Thursday 28 May 2015  
                                  6.30pm – 8.30pm  
                                  Windsor FC Supporters Club, Stag Meadow, St Leonard's Road,  
                                  Windsor, SL4 3DR

Suggested topics for future meetings:

- Collaborative Care for Older Citizens
- End of Life Care
- Patient engagement
- HealthMakers feedback
- CAMHs update
- Car parks and transport
- Pharmacy – role of the pharmacist and opportunity for patients
- Suicide prevention
- Cancer services
- Obesity and nutrition in hospitals