BME Grassroots Mental Health workshop - third event 6 June 2019

Introduction

This follow-on event was organised to build on the feedback from the first and second Mental Health BME Grassroots workshops and to develop the ideas further. Presentations about 'what had happened in response to the suggestions from the two preceding workshops' and the 'progress on the new mental health delivery model' were given by Paulette Lewis (Governing Body Lay Member for Patient and Public Involvement) and Stephen Warren (Director of Commissioning, NHS Croydon CCG) respectively.

Following a Q&A session, stakeholders worked in small groups, overseen by a facilitator. Each group discussed four topics for fifteen minutes before key findings were fed back to everyone. Participants came up with a variety of suggestions about how aspects of the model could be designed and the community involved so that in future mental health provision best meets the need of BME communities.

Feedback from table discussions

Patient pathways – how can we make sure that patients are supported throughout their journey in a way that supports their current needs?

- What are the potential issues for patient pathways?
- How can community groups and the CCG help address them?

Potential issues:

- Pathway process coming to an end and not knowing where to go next or who to go to for support. Lack of care follow up
- Patients isolated and unable to get to the Hubs, too far to travel to one of the three hubs
- Lack of out of hours care; services need to be 24 hours
- Lack of continuity and a high turnover of staff

- Long GP referral time frame/often passed from pillar to post, blocking or delaying the pathway
- Lack of resources
- Lack of support for carers
- Insufficient information and information sharing e.g. on crisis support. Crisis Line only provide information but not support
- Lack of knowledge amongst carers, GPs and other medical staff about conditions such as Autism and ADHD, therefore there is not enough support and training to ensure conditions are fully addressed in the community
- Lack of support and advice about benefits
- Referrals restricted to certain professionals – need to ensure the right professionals involved in the patient's care can refer, such as social workers

How can CVS help to address issues:

- Support to reduce isolation by encouraging patients to join groups
- Clarify what support is available – where to go for support
- Provide emotional support for patients and signposting from organisations and support with next steps for care.
- Peer support/buddy system
- Strong support for carers; finding ways to better involve carers
- Specific groups in community for certain conditions, e.g. a group specifically for Autism.
- Innovating stakeholders, collaborating, community working together to identify gaps and solutions/ opening the community channel
- Translation and interpreters, providing information, advertising and promotions in the different languages within the community
- Support people in getting to hubs
- Provide preventative measures
- Access for the homeless
- Work to develop protocols on information sharing within/across organisations; provide information on care process and progression

Other suggestions

- Ensure that Hubs have the capacity to deal with any crisis that may arise
- Provide the option for patients to keep their information confidential, without information sharing.
- Need extended access
- Hubs for young people, support for trauma suffered
- Identify how dementia services fit in
- Require hubs in every area in Croydon, easily accessible for patients or mobile hubs, reaching the wider community
- Technology updates and reminders

- Crisis plans
- Single point of contact/ comprehensive response
- Autism Pathways

Care Navigators – designing the role - what is essential? What skills are needed?

- What is essential in the role?
- What skills are particularly needed for the care navigators to work effectively?

What is essential?

- Need to be in strategic locations to capture everyone
- Outreach is important. How will they attend to people if they can't come to the hub?
- Need a clear safety and lone worker policy
- Perhaps floating support in the different places of the Primary Care Networks
- Care navigators should fill current gaps left by overstretched services.
- Appropriate length of time to help someone
- Might need a caseload to ensure they can get to everyone and are not overloaded
- Need to carry weight to ensure referrals are made
- Need to be autonomous but perhaps linked to a named social worker
- Knowing their area is really important to ensure CVS services are not overlooked
- How will money flow to the most important services, e.g. if a lunch club is full then another one needs to be funded
- Ensure hubs do not become a signposting place rather than a place where people's problems are treated.
- CVS need to recognise that if they are in receipt of money to deliver a service then they may have to change.
- How will social workers and care navigators link? Some SW caseload could be taken up by care navigators
- Important for the care navigator to advocate for the individual in the wider system

What Skills should they have?

- Next level down to a social worker; salary equivalent of a social worker
- Healthcare training and knowledge e.g. Trained in suicide prevention, dementia and mental health first aid

- Broad range of knowledge e.g. housing, benefits
- Interpersonal empathy
- Flexible
- Cultural competency
- Good communicator – perhaps multi-lingual
- Community-based
- Able to assess risk

Place based hubs – how can we best work with you to design, monitor and evaluate the pilot hub?

- How could your group be involved in the design?
- How can we work with community groups to monitor experiences?
- How could your group be involved in evaluating the pilot hub?

Design

- Want to be engaged but cannot take part in cycles of endless meetings
- Need close contact with people who would use Edridge Road
- Design-in Healthwatch support to represent community voices
- Be a space rather than just a building – cafes, theatre creative area
- Understand whether a busy environment will make an unwell person worse; provide quiet spaces for people who need them
- Recognise that virtual may be as important as physical buildings
- Recognise the community sector may be better placed to engage with some people
- Out of hours services will be very beneficial
- Involve housing and support
- Help with mapping services
- Need quick replies and resilient teams able to provide enough cover when on leave
- Focus on stigma – ensure the hub is destigmatised

Monitoring and evaluation

- Have access standards – e.g. opening hours, waiting times; Evaluation – reduced episodes of MH relapses; Hubs should reflect the community
- Satisfaction surveys – perhaps find umbrella organisations to send out surveys; Call for support with questionnaires and workshops
- Recommend to Family & Friends – simple questionnaire
- Mystery shopping
- Focus groups with a range of different groups according to outreach methodology

- Regular forums with service users
- Recognise that not all service users have connections to the voluntary sectors, so communications will be essential to get information to service users and use steering groups to involve individuals not related to CVS; social media and local news; supermarkets, festivals etc – go where people are
- Drop-in evenings
- Carers groups
- Need to ensure it is not the usual suspects – identify groups who are not reacting and invite them directly
- Ensure follow up on comments and feedback changes

What role would your organisation or group be able to play to support the delivery of these plans?

- Are there any particular areas that your group would be interested in supporting or are particularly knowledgeable about?
- How should we engage with you? (working groups, online discussions…)

Areas of CVS knowledge/skills

NB: specific offers of help have been recorded separate to this report

- CVS can help to talk to communities in their own language
- CVS can provide messaging without stigma - need to ensure a lot of this is badged in a non-stigmatising way, not as mental health, but broader issues
- Work with groups helping provide MH and wellbeing support through faith groups, including preventative work
- Particularly important to identify what organisations are providing out of hours events and support
- We can help ensure the hubs do not feel/smell like mental health centres
- Need to have a broader scope to allow elements of the community to recognise people who need support e.g. cafes

How should we engage with you?

- Need to go to community groups – at different sites and not just during the day
- Tap into youth forums
- People with ADHD and autism have no voice in this yet – need to ensure they are included
- Take on champions to talk to peers; Offer voluntary roles for people who are well but suffering anxiety about getting back into work
- Have the CVS sector vote for representatives
- For individuals – user forums including carers and family members

- Social meets and coffee mornings but NOT big, formal meetings
- Recognise when services disappear – CVS is a dynamic world and is in constant flux; need people to identify and recommend what is missing
- Use the directory of groups already mapped by Mind, HearUs and BME Forum to identify the groups for social prescribing
    - Some groups are not recognised or plugged into mapping directories – need to let people know about what exists
    - Perhaps hold six monthly meetings with all local services, to introduce groups to each other and 'gap and map'
- Some groups require the groups they recommend to have national recognition – e.g. Samaritans
- Recognise small groups are struggling for resources – need to work in partnership

Q&As with Stephen Warren

Q: When will the changes come into play, how long will this all take?

A: Hoping to begin roll out within the next couple of months. The 3 hubs will be up and running within the next 6 months. We have been identifying potential sites for the hubs. We need a strong Mental Health alliance to help to speed up the process. Though it is currently CCG approved it important to get the alliance working together to speed this up.

Q: Where will the staffing come from for the hubs?

A: Some of the staff will be existing staff within the services, care navigators, personal independence navigators, and similar for Mental Health. We may need additional workers for some areas and existing workers for others. It is about how we coordinate better across the service.

There have been changes to the mental health team over the last few months and the team is now more permanent. There should be fewer changes in staff in the future.

Q: Will the hubs be additional to or instead of the current services?

A: Some hubs will be replacing some of the current services and others will be in addition to the current services.

Q: Where is the support for carers in the transformation plans?

A: There is currently some work being done around this with the Carers Centre.

Q: What would clinicians like us to deliver? Can we have clarity on how clinicians would like the voluntary sector to contribute.

A: We want to work in partnership with the community and voluntary sector. We have a Partnership Board with both clinicians and the voluntary sector represented.

Q: Cultural competency is vital. SLaM's training course is opt in rather than mandatory. Why?

A: This is an issue of definitions. 'Mandatory training' is something that is a national requirement. In SLaM, cultural competency training is not really 'opt in' because it is an organisational expected requirement and staff are actively encouraged to take the training by managers.

The point was raised however that not all managers within organisations may see this as important and therefore may not encourage staff to have this training. It was suggested that this was a result of like a lack of consistency and a percentage of staff should be trained annually. Paulette Lewis suggested the training is staggered to take into account the need to ensure that there is no shortage of staff on the ground.